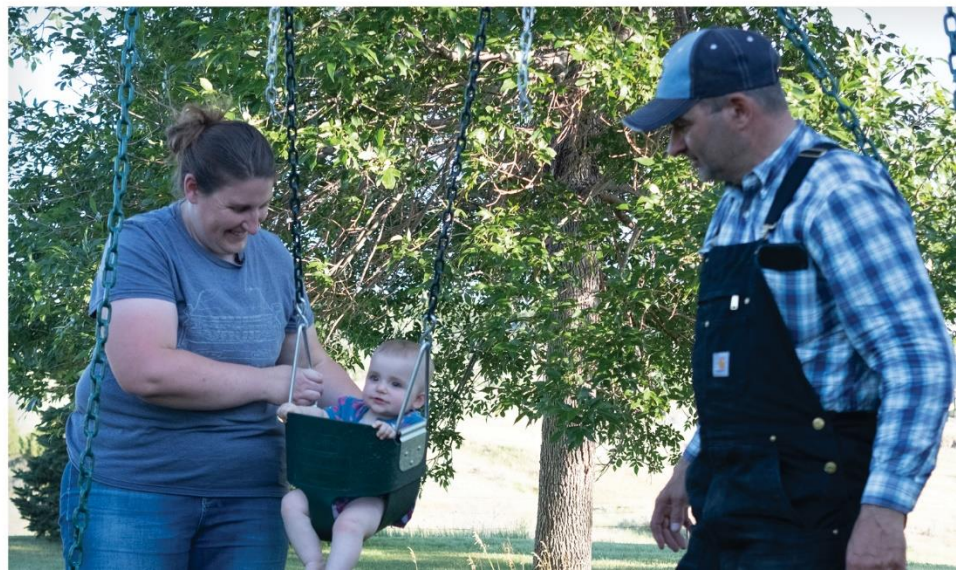




# Community Health Needs Assessment

SANFORD WEBSTER MEDICAL CENTER  
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Webster 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 partnered 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 Sanford Webster Medical Center team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Dale Gillogly  
Interim Chief Executive Officer  
Sanford Webster Medical Center



## BACKGROUND

### Community Description

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The Sanford Webster Medical Center is located in Webster, SD, a town of 1,800 residents located in the northeastern corner of South Dakota and the county seat of Day County, South Dakota. Tom Brokaw, a retired television anchorman for NBC, and Brock Lesner, a world class multidisciplinary athlete are natives of Webster. Webster is home to an abundance of recreational activities, every year thousands of hunters and fishers come to the area to enjoy the wildlife.

The city has an airport, campground/RV park, golf course, library, park, and pool/aquatic center. Businesses include healthcare, industrial, lodging/camping, real estate, recreation, repair, and construction and services.

The community as defined for purposes of the Community Health Needs Assessment includes Day County, South Dakota and represents a majority of the volumes to the Sanford Webster 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

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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

### **Webster 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:

- Mike Wiley, Sanford Webster Advisory Board Member
- Briana Aadland, Day County Community Health Nurse
- Dr. Jim Block, Superintendent Webster Area School District
- Tammy Block, Sanford Webster Advisory Board Member
- Lori Reetz, CLINICAL CARE LEADER, COMMUNITY
- Denise Below, Clinical Quality Specialist
- Dale Gillogly, Vice President, Operations, Health Network
- Ashley Ewing, Director of Nursing and Clinical Services
- David Herbster, Lead Community Relations Specialist
- Andrew Wiese, Head of Strategic Intelligence

### **Sanford Webster Description**

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Sanford Webster Medical Center is a 25-bed Critical Access Hospital providing emergency services, radiology, lab, rehabilitation and respiratory care services. It includes an adjoining rural health clinic.

Sanford Webster employs four clinicians, including physicians and advanced practice providers, and 70 total employees

## **CHNA Purpose**

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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. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. It also serves to support progress made toward organizational strategies.

## **Regulatory Requirements**

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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](http://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. As noted above, the multi-step process minimizes limitations that exist among individual components. Sanford Health and system partners determined there is greater interest in the survey findings, as such, 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

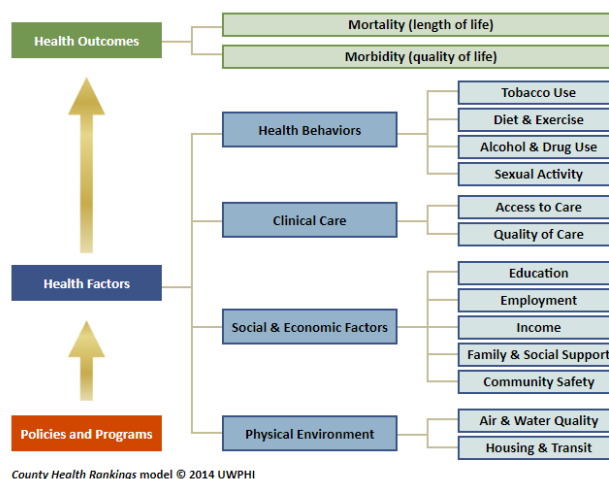
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked 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 Day County, SD 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 32 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. Webster is included with 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; 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 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?

Sanford Health Leadership selected the needs for their implementation plan based upon input from the survey and secondary data, insights from the stakeholder meeting, their current capacities, areas of expertise, alignment with strategic plans, and service areas, among other drivers.

## COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

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, five 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 Webster market area is defined as Day County 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 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 32 respondents from the Webster 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 Webster area regarding the following community health issues were positive (average score of 3.00 or higher):

- Environmental health (average score=4.21)
- Safety (average score=3.97)
- Health care quality (average score=3.56)
- Long-term care, nursing homes, and senior housing (average score=3.41)
- Access to exercise opportunities (average score=3.28)
- Access to healthy foods (average score=3.00)

Average scores for environmental health, safety, and long-term care/nursing homes in the Webster area were higher than the comparison group average – and average scores for health care quality, access to exercise opportunities, and access to healthy foods were all lower than the average for similar-sized markets served by Sanford Health.

When asked about their personal health, survey respondents in the Webster area rated their current health and wellness as good (average score=3.13) and their current ability to access health care services as slightly better (average score=3.72); however, both scores were lower than the comparison group average.

CHR data indicate that Day County is in the lower-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 Providers and Quality Health Care**

Survey respondents in the Webster area rated their own ability to access health care as good (average score=3.72) and the quality of health care in their community as good (3.56); however, both scores were lower than the comparison group average. And while most survey respondents have a primary care provider (90%) and have been in for a checkup in the past year (85%), 17 percent did not receive necessary health care for themselves and their family in the past year (the second highest percentage when compared to similar-sized markets served by Sanford Health). In addition, 86 percent of respondents reported traveling outside of their community to receive health care services in the past three years (which is the second highest percentage when compared to similar-size markets). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (76%). The need to travel for care is evidenced in CHR data which indicate that when compared to similar-sized markets, the Webster area has higher-than-average ratios of population to providers, with 2,673 people for every primary care physician and 5,414 people for every dentist. In addition, critical for telehealth options is reliable internet access – and CHR data indicate that the Webster area has one of the lowest rates of broadband coverage when compared to similar-sized markets (76%).

Adding to the complications of accessing quality health care is that 13 percent of individuals do not have health insurance in the Webster area, a rate which is higher than the comparison group average. CHR data also indicate that when compared to similar-sized

markets, the Webster area has an above-average rate of preventable hospital stays (2,084 preventable hospital stays per 100,000 people), one of the lowest flu vaccination rates (25%), and one of the highest injury death rates (110 per 100,000 people).

Stakeholder meeting participants noted that access to care in a rural community, such as Day County, can be difficult for many residents, particularly those living outside of the city. In response, Sanford Health has expanded virtual care offerings. Public Health also offers services in the community to further address the access need. Mental health needs were a specific discussion point during the stakeholder meeting. The community has mental health providers that offer in-person and virtual care although additional demand exists. The proximity to major medical centers in Aberdeen, South Dakota, presents opportunities for care, but also challenges given the demand for specialty outreach to communities further from a medical center. Community transit offers financial support for those that need to travel for care, but additional telemedicine and virtual care options could further increase local access. The cost of access was also elevated as a barrier to accessibility.

<b>Local Asset Mapping</b>	
<p><b>Hospitals:</b></p> <ul style="list-style-type: none"> <li>Sanford Webster Medical Center, 1401 1<sup>st</sup> St W, Webster</li> <li>Sanford Aberdeen Medical Center, 2905 3<sup>rd</sup> Ave SE, Aberdeen</li> <li>Prairie Lakes Healthcare System, 401 9<sup>th</sup> Ave NW, Watertown</li> <li>Avera St. Luke’s Hospital, 305 S State St, Aberdeen</li> </ul>	<p><b>Affordable Health Insurance resources:</b></p> <ul style="list-style-type: none"> <li>Medicaid &amp; Children’s Health Insurance, Social Services Dept., 711 W. 1st St., Webster</li> <li>Sanford Health Plan, 300 N. Cherapa Place, Sioux Falls</li> <li>Bill Markve &amp; Associates, 15 W. 7th Ave., Webster</li> </ul>
<p><b>Local Healthcare Providers:</b></p> <ul style="list-style-type: none"> <li>Sanford Webster Medical Center, 1401 1<sup>st</sup> St W, Webster</li> </ul>	<p><b>Mental Health resources:</b></p> <ul style="list-style-type: none"> <li>Sanford Clinic, 101 Peabody Dr., Webster</li> <li>Northeastern Mental Health Center, 101 W 11<sup>th</sup> Ave, Webster</li> </ul>
<p><b>Dental Resources:</b></p> <ul style="list-style-type: none"> <li>Donated Dental Services Program (DDS), 605-224-4012</li> <li>Dr. Nathan Miller, Embrace Dentistry, 101 Peabody, Webster</li> </ul>	<p><b>Regular Check-Up/Flu Shot resources:</b></p> <ul style="list-style-type: none"> <li>Family &amp; Community Health Services, 711 W. 1st, Webster</li> <li>Sanford Clinic, 101 Peabody Dr., Webster</li> </ul>
<p><b>Prescription Assistance resources:</b></p> <ul style="list-style-type: none"> <li>CancerCare co-payment assistance, 800-813-4673</li> <li>Freedrugcard.us</li> <li>Rxfreecard.com</li> <li>rxgo.com</li> <li>Southdakotarxcard.com</li> <li>mygooddays.org</li> <li>rarediseases.org</li> <li>pparx.org</li> <li>panfoundation.org</li> <li>pfizerRXpathways.com</li> <li>RXhope.com</li> </ul>	<p><b>For Additional Resources reference:</b></p> <p><a href="https://sanford.findhelp.com/">https://sanford.findhelp.com/</a></p>

## Physical Activity and Nutrition

Survey respondents in the Webster area rated their own personal health and wellness as good (average score=3.13), but lower than the comparison group average. In addition, survey respondents rated community access to exercise opportunities as good (3.28) and access to healthy foods as good (3.00); however, both scores were also lower than the comparison group average.

According to CHR data, one in five people in the Webster area had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods (19%), which is the highest percentage when compared to similar-sized markets served by Sanford Health. In addition, only 8 percent of people live close to a park or recreation facility, by far the lowest percentage when compared to similar-sized markets.

Community participants noted several locations for residents to engage in physical activity throughout the year, including the Armory, Courthouse, and local physical therapy locations. Attendees noted that many residents were likely not aware of the options available locally, particularly those in the rural areas. Accessibility for some residents is limited due to the cost should an individual's Medicare plan not cover the service. While the community has availability, efforts are underway to potentially re-launch the Better Balance program. Various other screenings, including fall prevention screenings, are available, but knowledge of the program may be limited as well.

Local Asset Mapping	
<p><b>Obesity resources:</b></p> <ul style="list-style-type: none"> <li>• Community Health Services, 711 W. 1<sup>st</sup> St, Webster</li> <li>• Nutrition Information – healthysd.gov</li> <li>• Open Gym &amp; other school district activities, 100 W 11<sup>th</sup> Ave., Webster</li> <li>• Park District activities, 401 4<sup>th</sup> St E., Webster</li> <li>• Just for Kix dance classes, 711 W. 1st St., Webster</li> <li>• All American Saddle Club, 43495 – 143rd St., Webster</li> <li>• Webster Youth Wrestling, 733 E 2<sup>nd</sup> St., Webster</li> <li>• Webster Armory (gym &amp; fitness center), 100 W. 11th Ave., Webster</li> <li>• TLC Fitness Center, 1290 N. Main St. Ste 3, Webster</li> <li>• Webster Golf Club, 1030 W. 3rd St., Webster</li> <li>• Webster Aquatic Center, 201 12th Ave. E., Webster</li> <li>• L &amp; L Lanes, 14038 SD-25, Webster</li> <li>• Webster City Park, 237-101 13th Ave. E., Webster</li> <li>• Northern Plains Adventures (hunting), 801 US-12, Webster</li> <li>• Cottonwood Lake Public Shooting Area, Webster</li> <li>• Wellness on Wheels – <a href="http://doh.sd.gov/programs/wellness-on-wheels/">doh.sd.gov/programs/wellness-on-wheels/</a></li> </ul>	<p><b>Healthy Food / Nutrition Education resources:</b></p> <ul style="list-style-type: none"> <li>• Day Co. Extension Service nutrition classes, 711 – 1st St. W., Webster</li> <li>• Nutrition Information – healthysd.gov</li> <li>• Family &amp; Community Health Services, 711 W. 1<sup>st</sup> Ste 102, Webster</li> <li>• Mike's Jack &amp; Jill grocery store, 1300 Main St., Webster</li> <li>• Community Education classes, Webster School District, 52 E. 9th Ave., Webster</li> <li>• Area 4 Senior Nutrition Program, 507 Main St., Webster</li> </ul>



**Physical Fitness resources:**

- Open Gym & other school district activities, 100 W 11<sup>th</sup> Ave., Webster
- Park District activities, 401 4<sup>th</sup> St E., Webster
- Just for Kix dance classes, 711 W. 1st St., Webster
- All American Saddle Club, 43495 – 143rd St., Webster
- Webster Youth Wrestling, 733 E 2<sup>nd</sup> St., Webster
- Webster Armory (gym & fitness center), 100 W. 11th Ave., Webster
- TLC Fitness Center, 1290 N. Main St., Webster
- Webster Golf Club, 1030 W. 3rd St., Webster
- Webster Aquatic Center, 201 12th Ave. E., Webster
- L & L Lanes, 14038 SD-25, Webster
- Webster City Park, 237-101 13th Ave. E., Webster
- Northern Plains Adventures (hunting), US 12, Webster
- Cottonwood Lake Public Shooting Area, Webster SD

**Chronic Disease resources:**

- Family & Community Health Services, 711 W. 1<sup>st</sup> Ste 102, Webster
- Sanford Clinic, 101 Peabody Dr., Webster
- Sanford Better Choices, Better Health
- Bridging Health & Home, support group for chronic disease, 605 Main St, Webster
- American Heart Association, Heart.org or PO Box 90545, Sioux Falls
- Arthritis Foundation Contact – kconti@arthritis.org
- American Lung Association, Lung.org or 490 Concordia Ave., St. Paul
- Wellness on Wheels – doh.sd.gov/programs/wellness-on-wheels/

**For Additional Resources reference:**

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

**Economic Climate**

Economic factors, such as income and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

Survey respondents in the Webster area rated the employment and economic opportunities in their community as less than good (average score=2.93). These concerns are evident in CHR data that indicate the Webster market area has a higher-than-average uninsured rate (13%), unemployment rate (4%), and child poverty rate (19%) – and a lower-than-average median household income (\$56,687) when compared to similar markets served by Sanford Health.

Community meeting participants indicated that Webster serves as a small regional economic hub due to its proximity to Aberdeen and Watertown, South Dakota. Participants noted they personally have been able to fill open positions, but potential employees may be limited due to childcare availability.

**Local Asset Mapping****Employment Resources:**

- South Dakota Department of Labor, 710 1<sup>st</sup> St W, Webster
- Webster Area Development Corporation & Day County Champion Community, 711 1<sup>st</sup> St W #110, Webster
- Sanford Webster Medical Center, 1401 1<sup>st</sup> St W, Webster
- www.Indeed.com

**For Additional Resources reference:**

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

### Child Care Quality

Survey respondents in the Webster area rated the quality of child care, day care, and preschool as less than good (average score=2.48) and the lowest score when compared to similar-sized markets served by Sanford Health. In fact, nearly two-thirds of respondents rated the quality of child care in their community as poor or fair (61%). 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 income<sup>1</sup>. According to CHR, the average household in the Webster area spent 27 percent of its income on child care, which is slightly higher than the comparison group average.

According to stakeholder meeting participants, the community has after-school care available through one of the local churches. The school district previously offered after-school care, but it was reliant upon grants as it was not financially sustainable. The school currently offers pre-school and junior kindergarten on a part-time basis. Previous community efforts towards expanding daycare have not fully materialized in the past.

Local Asset Mapping	
<b>Childcare Facilities:</b> <ul style="list-style-type: none"><li>· Brittany Zimmerman, 902 E 7<sup>th</sup> St, Webster</li><li>· NESD Head Start, 616 Main St, Webster</li></ul>	<b>After School Activities:</b> <ul style="list-style-type: none"><li>· Girl Scouts, 733 E 2<sup>nd</sup> St, Webster</li><li>· FFA, 733 E 2<sup>nd</sup> St, Webster</li><li>· Webster Area School District Athletics, 733 E 2<sup>nd</sup> St, Webster</li><li>· Webster Parks &amp; Rec, 401 4<sup>th</sup> St E, Webster</li></ul> <b>For Additional Resources reference:</b> <a href="https://sanford.findhelp.com/">https://sanford.findhelp.com/</a>

### Affordable Housing and Public Transportation

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. 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 without access to personal vehicles, children, individuals with disabilities, and older adults<sup>2</sup>.

Survey respondents in the Webster market rated the availability of affordable housing in their community lower than any other community health issue (average score=2.04). And CHR data indicate that 10 percent of households spend at least 50 percent of their household income on housing costs, which is higher than the comparison group average.

Survey respondents in the Webster area also rated access to daily transportation in their community as less than good (average score=2.92).

The community meeting focused on the need for additional housing and economic opportunity. Some employees will choose to commute from surrounding communities due to housing limitations. The lack of affordably priced housing is seen as a barrier for employer recruitment. Attendees highlighted a new development in the community that, although

likely priced out of many people’s budgets, offers the hope that older residents will “trade up” into new housing and free up lower cost options.

<b>Local Asset Mapping</b>	
<p><b>Affordable Housing Resources:</b></p> <ul style="list-style-type: none"> <li>· Webster Housing Authority, 1101 E 7<sup>th</sup> St, Webster</li> <li>· South Dakota Housing Development Authority, 7 W Kemp Ave, Watertown</li> <li>· Parkside Apartments, 213 13<sup>th</sup> Ave E, Webster</li> <li>· Pleasant View Apartments, 1101 E 7<sup>th</sup> St, Webster</li> <li>· Downtown Manor, 713 1<sup>st</sup> St W, Webster</li> </ul>	<p><b>Public Transportation:</b></p> <ul style="list-style-type: none"> <li>· Community Transit – Day County, 399 W 5<sup>th</sup> Ave #301, Webster</li> <li>· Veterans Service Office, 711 1<sup>st</sup> St W, Webster</li> </ul> <p><b>For Additional Resources reference:</b>  <a href="https://sanford.findhelp.com/">https://sanford.findhelp.com/</a></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 two specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Improve access to providers and the quality health care.
2. Improve childcare availability in the community and positively impact physical activity. (Inclusive of both identified needs)

## Implementation Plan for Priority Needs

**Priority 1:** Improve access to providers and the quality health care.

### Current Activities

Sanford offers a range of services through a combination of local and outreach providers. The local medical group consists of one MD and four APPs. Local care includes the hospital, outpatient clinic, and nursing home with several ancillary services, including lab and pharmacy. Telemedicine is available, including in the emergency room, which is ranked in the 95<sup>th</sup> percentile for patient satisfaction. Diagnostic services, including PFTs, sleep studies, EEGs, EKGs, and others are available locally. Radiology suites were recently updated with an onsite 64-slice CT, digital mammography, DEXA, ultrasound and mobile MRI and Nuclear Medicine. Respiratory, Physical, Occupational & Speech Therapy, and Cardiopulmonary Rehab are also available.

### Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increase in the total number of patients engaging in their first appointment and a reduction in the no-show rate.

**Goal 1:** Increase access to behavioral health through in person and telemedicine visits.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Increase the number of patients engaging in an initial behavioral health appointment for in person meetings	Number of patients engaging in an appointment.  Internal referrals	Notable utilization for reminders and registration.  Human capital.  Explore marketing, communications, community relations outreach plans	Clinic and physician leadership	Public health
Increase engagement with public school district to support pediatric behavioral health needs	Conduct needs assessment and GAP analysis plan year 1  Implement year 2	Human capital	Clinic and physician leadership	School district
Increase the number of patients engaging in an initial	Number of patients engaging in an appointment.	Notable utilization for reminders and registration.	Clinic and physician leadership	Public health



behavioral health appointment via virtual appointments	Internal referrals	Human capital. Explore marketing, communications, community relations outreach plans		
Reduce appointment no show rate and develop patient engagement plan	Model no show rate to identify patients likely to miss appointment and engage to determine SDOH driving the reason.  No show rate		Enterprise Data Analytics	

**Goal 2:** Exceed enterprise benchmarks for wellness with a focus on improvements for at-risk populations.

<b>Actions/Tactics</b>	<b>Measurable Outcome &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships and collaborations, if applicable</b>
Improve top indicators, such as blood pressure, to increase patient wellness	Conduct analysis in year one of the top indicators for improvement and the populations at risk or not reaching internal benchmarks	Human capital, outreach resources to at risk or medically underserved populations based upon the analysis	Clinic leadership	

**Priority 2:** Improve childcare availability in the community and positively impact physical activity.

**Current Activities**

Sanford does not offer childcare services for employees but supports efforts to increase local availability. Sanford *fit* is designed to get kids thinking differently about their choices in a fun and engaging way. It focuses on four key elements of a healthy life: FOOD, MOVE, MOOD, RECHARGE. The hospital also offers dietician services, weight management programs, in addition to preventative care screenings and vaccination clinics.

**Projected Impact**

Upon completion of the three-year Implementation Plan, the community would see an increase in available childcare slots in the local community and an increase in wellness opportunities through childcare providers.

**Goal 1:** Actively participate in community initiatives to expand childcare opportunities in the community.

<b>Actions/Tactics</b>	<b>Measurable Outcome &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships and collaborations, if applicable</b>
Engage in community discussions on childcare needs and opportunities.	Timeline dependent upon community priorities	Human capital and other resources as identified in the community discussions.	Clinic leadership	Webster Area Development Corporation
Share results and best practices identified through the Community Health Needs Assessment process	Community engagements	CHNA survey data and best practices	Sanford Strategic Planning Office	

**Goal 2:** Provide ancillary resources to daycare providers to positively impact pediatric wellness. (Further supports Priority 1, Goal 2)

<b>Actions/Tactics</b>	<b>Measurable Outcome &amp; Timeline</b>	<b>Resources to be Committed</b>	<b>Leadership</b>	<b>Community partnerships and collaborations, if applicable</b>
Explore opportunities to partner with local daycare providers for onsite screenings, vaccinations, wellness	Year one: program development and partnerships  Clinics held and number of participants	Human capital	Clinic leadership	Public Health
Provide Sanford <i>fit</i> as a resource to local children as a program service and to improve wellness	Total number of participants	Sanford <i>fit</i> resources	Sanford <i>fit</i>	School district, local daycare providers, Public Health

## Needs Not Addressed

Below are the needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process. 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](https://www.sanfordhealth.org) and MyChart.

### **Economic Climate**

As noted in the stakeholder meeting, Webster serves as a small regional economic hub due to its proximity to Aberdeen and Watertown, South Dakota. Sanford Webster Medical Center supports economic development efforts conducted through the Webster Area Development Corporation and supports partnerships to expand opportunities throughout the region. Information from the Community Health Needs Assessment will be shared with organizations as requested. Economic Climate was not included in Implementation Plan as it was determined that other organizations are better positioned to support the effort.

### **Affordable Housing and Public Transportation**

Sanford Health offers support to patients, via gas cards and other resources, in need of medical care for which transportation is a barrier. A new development, as noted in the community stakeholder meeting, is in development with more affordable housing becoming available as a potential outcome. Due to the efforts in place and resources available locally, it was not included as a need for purposes of the Community Health Needs Assessment.

### **Resource Sharing**

The hospital views the information collected within the Community Health Needs Assessment as a community benefit and will share survey and assessment information with community partners to support the expansion or establishment of programs that reduce community needs.

## 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 Webster CHNA area conducted 84 searches in 2022 and 2023.

### **Physical Activity and Nutrition**

Sanford Webster is addressing the priority through the goals of creating a comprehensive approach to care management and increasing the number of patients engaging with dietitians to improve nutrition. The need for a physical activity and nutrition goal is evidenced through the findhelp tool. In the last two years, 15% of the local searches on findhelp were for food-related topics.

The Sanford Webster Medical Center had 352 dietician referrals in the CHNA cycle. Sanford staff promoted disease management and nutrition programs within the community throughout the year to generate the referrals. Medical staff were involved in the referrals of these patients to make sure access to nutrition and patient/community engagement were a top priority.

The Sanford Webster Medical Center engaged with 18-28 patients a month with the organization's chronic care management program. Providers review the plan of care and the nurses leading the programs connect with the patients to help improve care and outcomes. The collaboration between the patient, medical staff, and nurses increased participation in the program. Staff were also able to refer to the dietician and care team, creating greater overall community engagement and better health within the community.

### **Community Safety**

Sanford Webster set two goals—to promote and leverage resources to address substance abuse issues, and expand access to mental health and behavioral health care—to improve community safety.

The Sanford Webster Medical Center provides access to psychiatry services through telemedicine. The Webster Medical Staff work closely with Dr. Nuss and Dr. Eggers on a full range of services including substance abuse. The Webster clinic assisted with 353 visits in 2002 and 2023 to help address substance abuse issues within the community.

The Sanford Webster Medical Center provides access to an Integrated Health Therapist. The engagement and access are driven by the medical staff to provide referrals and access into this service. Integrated Health Providers had 403 IHT appointments in the last two years. Integrated Health Therapists are available during clinic hours for available appointments with Dr. Daniels. The utilization and access were identified and has been utilized by the community and medical staff.



## 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](mailto: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<sup>1</sup>**

The population of Day County was 5,451 in July of 2023 with a 0% percent change from April of 2020, where the population only decreased by 2. South Dakota had a 3.7% increase in the same time period, with a population of 919,318 in July 2023. The population in Day County is on average older than the state with 26.8% of the population being 65 years and older. There are also more people identifying as American Indian than the state average.

The median housing unit value in Day County is \$84,700 less than the South Dakota median, with the county average being \$134,800 and the state being \$219,500. The median household income for the county is also significantly less than the state by almost \$12,000. Day County has less of the population with access to broadband internet and a computer in the household. The county also has less of their population in the civilian workforce than the state with an almost 10% difference, and more of their population in poverty than the state average.

Fact	Day County, SD	South Dakota
Population estimates, July 1, 2023, (V2023)	5,451	919,318
Population estimates base, April 1, 2020, (V2023)	5,453	886,668
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	0.00%	3.70%
Persons under 5 years, percent	5.50%	6.40%
Persons under 18 years, percent	22.10%	24.10%
Persons 65 years and over, percent	26.80%	18.00%
White alone, percent	86.60%	84.20%
Black or African American alone, percent	0.50%	2.60%
American Indian and Alaska Native alone, percent	9.40%	8.50%
Asian alone, percent	0.70%	1.80%
Native Hawaiian and Other Pacific Islander alone, percent	0.00%	0.10%
Two or More Races, percent	2.80%	2.80%
Hispanic or Latino, percent	2.60%	4.90%
White alone, not Hispanic or Latino, percent	84.80%	80.70%
Housing Units, July 1, 2023, (V2023)	3,483	417,220
Owner-occupied housing unit rate, 2018-2022	74.80%	68.40%
Median value of owner-occupied housing units, 2018-2022	\$134,800	\$219,500
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,248	\$1,557

<sup>1</sup> <https://www.census.gov/quickfacts>

Median selected monthly owner costs -without a mortgage, 2018-2022	\$558	\$571
Median gross rent, 2018-2022	\$594	\$878
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	2.00%	6.50%
Households with a computer, percent, 2018-2022	89.60%	92.60%
Households with a broadband Internet subscription, percent, 2018-2022	80.10%	86.80%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	91.50%	92.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	22.40%	30.40%
With a disability, under age 65 years, percent, 2018-2022	6.50%	8.00%
Persons without health insurance, under age 65 years, percent	15.00%	9.80%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	57.20%	67.10%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	51.80%	63.70%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	19.5	17.4
Median household income (in 2022 dollars), 2018-2022	\$57,558	\$69,457
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$34,210	\$36,850
Persons in poverty, percent	15.20%	12.50%
Total employer establishments, 2021	205	27,951
Total employment, 2021	1,363	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  
                             

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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**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)*

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

**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.