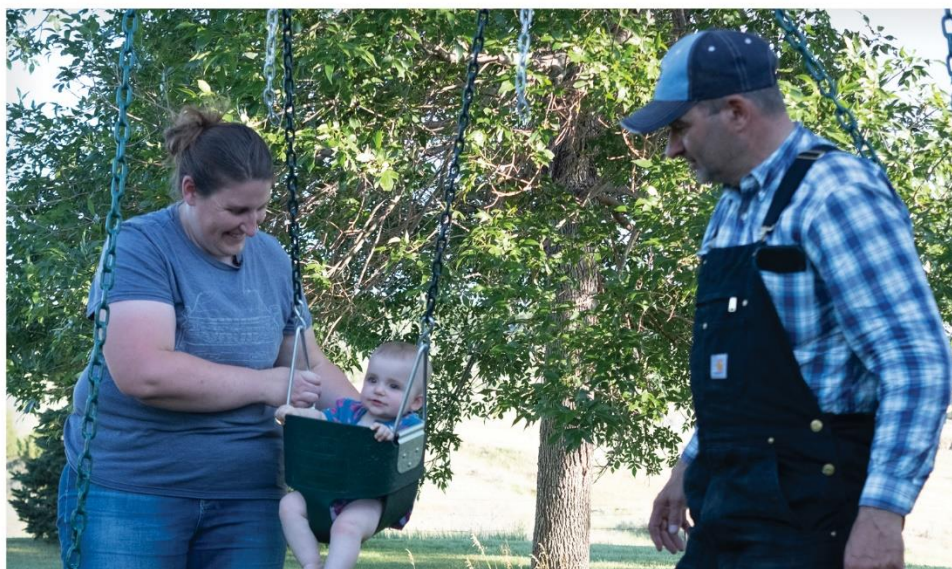# Community Health Needs Assessment

SANFORD MEDICAL CENTER WHEATON
2025-2027

010000-01844

Dear Community Members,

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

Sincerely,

Chelsie Falk
Chief Executive Officer / Administrator
Sanford Medical Center Wheaton

Community Description

Sanford Medical Center Wheaton is located in Wheaton, Minnesota. The community of Wheaton, population 1,600, can be found where Minnesota, North Dakota and South Dakota meet, and is centrally located to experience the unique geography of the Red River Valley, Continental Divide, and long-melted glacial Lake Agassiz. The city was incorporated in 1887 and was named for Daniel Thompson Wheaton, a railroad surveyor.

Close to Lake Traverse, Wheaton offers walleye fishing, goose, pheasant, duck and deer hunting - and, more recently, turkey and coyote.

Although many of Wheaton's jobs are agricultural, the town hosts countless successful, entrepreneurial ventures. The Wheaton Economic Development Authority supports both large and small businesses and is currently promoting the manufacturing industry through the availability of large, functional buildings to lease or purchase.

Education ranks high on the priority list for families. Families living in Wheaton enjoy the qualities of a safe small town environment while having access to greater cultural and recreational amenities nearby.

The community as defined for purposes of the Community Health Needs Assessment includes Traverse County in Minnesota and represents a majority of the volumes to the Sanford Bemidji 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

Wheaton 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:
- Shelly Staebler, Social Worker, Traverse County Social Services
- Chelsie Falk, Chief Executive Officer, Sanford Wheaton
- Ashley Arneson, Improvement Advisor, Sanford Wheaton
- Sandra Buchholz, Lead Community Relations Specialist, Sanford Health
- Dan Posthumus, Superintendent, Wheaton Schools
- Andy Wiese, Strategic Planning, Sanford Health

Sanford Wheaton Description

Sanford Wheaton is a 15 bed Critical Access Hospital, with an attached designated Provider Based Rural Health Clinic. Sanford Wheaton provides comprehensive health care services to more than 3,800 residents in Traverse County and neighboring communities.

Sanford Wheaton meets the community's healthcare needs through a wide range of services that go beyond basic medical care. Our services include 24/7 emergency, inpatient care, swing bed, outpatient services, and several outreach services, including surgery, hematology/oncology, orthopedics, tele-psychiatry, endoscopy, podiatry, infusion therapy, port cares and sleep studies. In-house, general x-ray, EKG, CT, Stress Tests, holter & event Monitor's along with mobile ultrasound, mammography, and echocardiogram are also offered locally.

Sanford Wheaton's cardiac rehab department includes both Phase 2 and Phase 3 Cardiac Rehab, and accepts patients needing Heart Failure rehab. Sanford Wheaton owns an ambulance with BLS & ALS and provides on-site services community events, including football games and the county fair.

We offer PT/OT/Speech therapy and contract with Big Stone Therapies for several specialties. Sanford Wheaton staff are very active with the school system by providing therapy services in collaboration with Big Stone Therapies including the Injury Prevention Impact training and monitoring, and on-field coverage at events. Sanford Wheaton has a presence during back-to-school night, sporting events and offers flu shot clinics during school hours and events in collaboration with the community.

Sanford Wheaton has six medical providers, 80 total employees.

Sanford Wheaton continues to be a main participant in the Backpack program, providing a bag of food on weekends and holidays when the children do not have access to food at school. This was a need found during our previous community assessment.

Sanford Wheaton is licensed by the State of Minnesota, certified for Medicare and Blue Cross, and is a member of the American Hospital Association, the Minnesota Hospital Association and the MN Rural Health Alliance.

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. 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

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.

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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.

Consultation with Public Health, Community Leaders, Other Health Systems → Community & Stakeholder Survey → Secondary Data → Asset Mapping → Local Community Stakeholder Meetings → Community Health Needs Identified → Implementation Plan

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.

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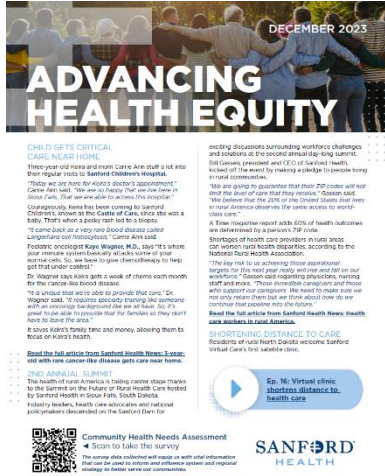
Following the completion of the 2022-2024 report, Sanford Health determined that the survey collection process was an area for improvement. As noted above, the multi-step process minimizes limitations that exist among individual components. Sanford Health and system partners determined there is greater 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 in the current cycle were more aligned to respective community demographics. The investment made by the system and partners to improve representation provides a base of learnings for future CHNA cycles.

**Community and Stakeholder Survey**
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow-up opportunity to comment on the reason for their ranking. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the Traverse County, Minnesota 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 72 respondents from the CHNA area completed the survey. Promotion investments by the system yielded a total of 9,714completed 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).

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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.

County Health Rankings model © 2014 UWPHI
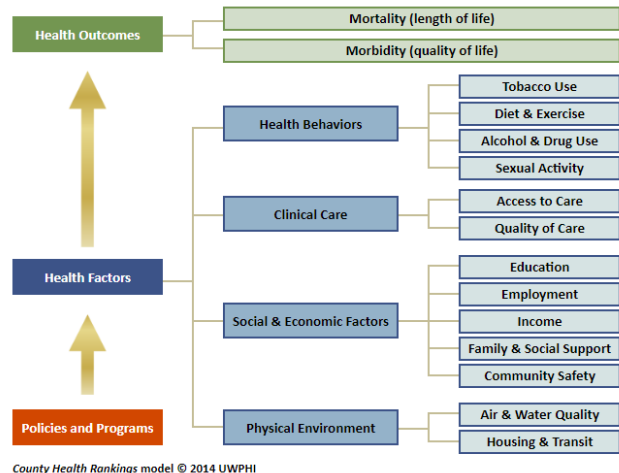
Health Needs Identification Methodology

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. Wheaton 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 Westbrook, 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?

Following the meeting, the hospital administrator selected the specific health needs to be addressed within the Implementation plan with an. 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.

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 Wheaton market area is defined as Traverse 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 72 respondents from the Wheaton 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 Wheaton area regarding the following community health issues were positive (average score of 3.00 or higher):
- Environmental health (average score= 3.98)
- Health care quality (average score=3.94)
- Community safety (average score=3.68)
- Access to healthy foods (average score=3.33)
- Early child care quality (average score=3.27)

- Access to exercise opportunities (average score=3.24)
- Affordable housing (average score=3.22)

Average scores for environmental health, health care quality, early child care quality, and affordable housing in the Webster area were higher than the comparison group average – and average scores for community safety, access to healthy foods, and access to exercise opportunities were all lower than the average for similar-sized markets served by Sanford Health.

When asked about their personal health, survey respondents in the Wheaton area rated their current health and wellness as good (average score=3.51) and their current ability to access health care services as very good (average score=4.11) – and both scores were higher than any of the similar-sized markets served by Sanford Health. Even so, CHR data indicate that Traverse County ranks in the lower-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 Medical Care and Health Care Providers
Survey respondents in the Wheaton area rated their own ability to access health care as very good (average score=4.11) and higher than any of the similar-sized markets served by Sanford Health. Even so, when survey respondents in the Wheaton area were asked about the most important health care issues impacting their community, access to health care services and medical providers was the top issue. Survey respondents also indicated that access to health care was the biggest health care concern that they or their family face on a regular basis.

Most survey respondents in the Wheaton area have a primary care provider (91%), have been in for a checkup in the past year (83%), and are receiving needed medical care for themselves and their family (89%). Even so, 89 percent of respondents have traveled to receive health care services within the past three years (the highest percentage among similar-sized markets served by Sanford Health). When asked why, the main reason was due to needing a specialist or service not available locally (88%). While there are limited data available on the ratio of population to health care providers in the Wheaton area, CHR data do indicate that the Wheaton area has a higher-than-average mammography screening rate (61%) but the lowest flu vaccination rate (22%) when compared to similar-sized communities served by Sanford.

Nearly two-thirds of survey respondents in the Wheaton area indicated that there are health care services they would like to see offered or improved in their community (63%). When these respondents were asked *which* health care services they would like to see offered or improved, most said behavioral and mental health services (70%), followed by addiction treatment (48%), walk-in/urgent care (38%), long-term care and nursing homes (35%), dermatology (30%), OBGYN/women's care (23%), and cancer care (20%).

The stakeholder meeting included a discussion of progress made towards increasing access to services in the community. One example that was elevated is the utilization of mobile dental clinics within the county. The service has seen utilization and participants noted their understanding that there may be additional openings available. In addition to dental, meeting participants discussed mental health availability. Sanford administration indicated that their mental health providers have appointment availability. Other providers have reduced their outreach to the community due to lack of volumes. One driver for the accessibility may be the result of transportation issues. For example, psychology has notable

no show levels. However, virtual care has positively impacted compliance. Additionally, the need for healthy living opportunities was also discussed as an area of opportunity to improve access to health services.

Local Asset Mapping
• Sanford Wheaton Medical Center, 12th St N Wheaton • Traverse County Family Services, 202 8th St N, Wheaton • Essentia Health, 407 3rd St, Graceville • Clinton Clinic, 324 Big Stone County Rd 6, Clinton • Lake Valley Dental, 1511 Broadway, Wheaton • MinnesotaCare healthcare program - MNsure • Horizon Public Health, 202 8th St N, Wheaton **For Additional Resources reference:** https://sanford.findhelp.com/

Access to Affordable Health Care

Cost and the ability to afford needed health care was identified by survey respondents in the Wheaton area as the second biggest health care concern that they or their family face on a regular basis (behind general access issues). Contributing to the challenge of accessing affordable health care in the Wheaton area is the economic climate. Survey respondents in the Wheaton area rated the employment and economic opportunities in their community as less than good (average score=2.94). In addition, CHR data indicate that while the Wheaton area has similar-to-average rates of uninsured individuals (7%) and unemployment (3%), the area has worse-than-average rates of child poverty (22%) and median household income ($60,270) when compared to similar-sized communities served by Sanford Health.

Local Asset Mapping	
Primary Care Providers: • Sanford Wheaton Medical Center, 12th St N Wheaton • Traverse County Family Services, 202 8th St N, Wheaton • Essentia Health, 407 3rd St, Graceville • Clinton Clinic, 324 Big Stone County Rd 6, Clinton • Horizon Public Health, 202 8th St N, Wheaton	**Major Employers and resources:** • Minnesota Department of Human Services, 202 8th St N, Wheaton • CareerForce, 1414 College Way Ste L180, Fergus Falls • Sanford Wheaton Medical Center, 12th St N, Wheaton • Alexandria Industries, 710 US-75, Wheaton • Kibble Equipment, 609 US-75, Wheaton • Wheaton Public Schools, 1700 3rd Ave S, Wheaton
Health Care Assistance resources: • MinnesotaCare healthcare program - MNsure • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • rxgo.com • mygooddays.org • rarediseases.org • pparx.org • panfoundation.org • pfizerRXpathways.com	**For Additional Resources reference:** https://sanford.findhelp.com/

· RXhope.com · mndrugcard.com	

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[1].

When survey respondents in the Wheaton area were asked about the most important health care issues impacting their community, mental health was the second leading issue (behind general access to care). In addition, of survey respondents in the Wheaton area who would like to see specific services offered or improved in their community, most respondents said behavioral and mental health services (70%), followed by 48 percent who said addiction treatment. CHR data indicate that, when compared to similar-sized communities served by Sanford Health, the Wheaton area has a slightly higher-than-average rate of adults experiencing frequent mental distress (15% of adults experienced poor mental health for 14 or more of the last 30 days).

Stakeholder meeting participants discussed mental health and general health care accessibility concurrently. As mentioned previously, Sanford administration noted that their mental health providers have appointment availability. Other providers have reduced their outreach to the community due to lack of volumes. One driver for the accessibility may be the result of transportation issues. For example, psychology has notable no show levels. However, virtual care has positively impacted compliance. The group noted a difference in mental health accessibility for new patients compared to those with established care. Within the context of younger patients, establishing care with a provider may take a few weeks or months. However, once established, appointment availability improves.

Local Asset Mapping	
Mental Health resources:	**Addiction Use/Abuse resources:**
· Stevens Community Medical Center – Wheaton, 203 8th St N, Wheaton · Traverse County Children's Mental Health & Family Collaborative, PO Box 856, Wheaton · Adult Mental Health Case Management - Dawn Boehmlehner, Social Worker, Traverse County Social Services - (320) -422-7777 · Children's Mental Health Case Management - Leah Krauth, Social Worker, Traverse County Social Services - (320)-422-7777 · Children's mental health crisis response number – 1-701-364-0431 · Mental Health Crisis Line: 800-568-5955 · Newport Academy, 1726 7th Ave S, St. Cloud	· New Vision Center, 712 Atlantic Ave #3, Morris · Community Addiction Recovery Enterprise, 1010 Maryland Ln, Fergus Falls · Lake Region Half-Way Homes Inc, 217 N Union Ave, Fergus Falls · MN Dept of Human Services Chemical Dependency Services · Sheriff - (320) 422-7800 · Wheaton Police - (320) 422-770 **For Additional Resources reference:** https://sanford.findhelp.com/

Public Transportation
Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults[2].

Survey respondents in the Wheaton area rated community access to daily transportation as less than good (average score=2.91). When asked to explain why they rated community access to daily transportation the way they did, respondents noted the Rainbow Rider bus option; however, service is limited to in-town only, with no evenings or weekend availability – making it difficult for residents without personal transportation options to get to needed health care treatments, appointments, work, and the grocery store.

Stakeholder meeting participants discussed the available transportation options within the community. Public transportation is available but certain limitations for medical care exist. Specifically, the meeting highlighted that busing is available for appointments, but, due to liability, the service may not be available following certain procedures that require sedation. Additionally, transportation was noted as a barrier for mental health care among younger patients.

Local Asset Mapping
• West Central Minnesota Communities Action, 411 Industrial Park Boulevard, Elbow Lake • Rainbow Rider, 1-800-450-7770 **For Additional Resources reference:** https://sanford.findhelp.com/

Long-Term Senior Care

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging[3].

Respondents in the Wheaton area rated the quality of long-term care, nursing homes, and senior housing as less than good (average score=2.27) and lower than any other community health issue. In fact, two-thirds of respondents considered the quality of long-term care as poor or fair (67%). In addition, of survey respondents in the Wheaton area who would like to see specific services offered or improved in their community, 35 percent said long-term care and nursing homes.

Participants at the community stakeholder meeting discussed the benefits of offering seniors services within their home. However, senior care providers face funding challenges due to Medicare not reimbursing for home care. Despite the challenges, home care services are available, but limited.

Local Asset Mapping	
Long-Term Care Facilities: • Traverse Care Center, 303 7th St S, Wheaton • Essentia Health Grace Home, 116 W 2nd St, Graceville • Browns Valley Health Center, 114 Jefferson St S, Browns Valley • Barrett Care Center Inc, 800 Spruce Ave, Barrett • West Wind Village, 1001 Scotts Ave, Morris • Fairway View Neighborhoods, 201 Mark Dr, Ortonville	**Home Health Services:** • Chi Health at Home, 1110 Hwy 75 N Ste A, Breckenridge • Coteau Des Prairie Health Care System, 205 Orchard Dr, Sisseton • Essentia Health Graceville Home Health, 115 W 2nd St, Graceville • Knute Nelson Home Care, 2715 Hwy 29 S Ste 103, Alexandria

• St Francis Home, 2400 St Francis Dr, Breckenridge • Lb Broen Home, 824 S Sheridan St, Fergus Falls • Pioneer Care Center, 1131 S Mabelle Ave, Fergus Falls • MN Veterans Home Fergus Falls, 1821 N Park, Fergus Falls	**For Additional Resources reference:** https://sanford.findhelp.com/

Child care

Although not noted as a need through the survey process, the community stakeholder meeting cited childcare as an area of concern. Community members noted the community is currently serviced by several in-home providers, but a number of them are currently planning for retirement and replacement options are not readily present. The school is expanding to five-day pre-school to four-year olds, which will assist with availability, but may impact provider finances due to daycare economics. Public and private partnership examples in other Minnesota communities were discussed as models for consideration. A community task force has been formed to examine the child care need.

Local Asset Mapping	
Child Care Facilities: •Donna Sweere Day Care, 302 12th St N •Kelly's Daycare, 903 2nd Ave N, Wheaton •Mord Rhiannon J Daycare, 17 15th St S, Wheaton •Gina Berger 1303 4th Ave N Wheaton, MN 56296	**Pre-School** Little Flock Preschool, 505 8th St, Wheaton Pearson elementary Pre-School **For Additional Resources reference:** https://sanford.findhelp.com/

Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which convened a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency and Sanford Health were also present. A list of attendees can be found in the introduction. Stakeholders discussed the health needs, potential causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; child care was elevated as a need.

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

1. Improve Mental Health and Chemical Dependency availability in the community
2. Improve physical activity opportunities.
3. Address food insecurities for area residents and patients.

Implementation Plan for Prioritized Needs

Priority 1: Improve Mental Health and Chemical Dependency availability in the community.

Current Activities

Telepsych services are currently available at Sanford Medical Center Wheaton, including within the Emergency Department. Sanford has expanded local accessibility through the addition of a psychiatric nurse practitioner in 2024. The team is also adding a licensed drug and alcohol counselor. Sanford Wheaton continues to work on developing partnership and planning with current partners to fill the need within the region and community, including Horizon Public Health

Projected Impact
Upon completion of the three-year Implementation Plan, the community would see an increase in the number of patients seen for virtual behavioral health appointments and patients seen through a chemical dependency social worker.

Goal 1: Reduce barriers to care and increase tele behavioral health utilization.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand tele behavioral health services outpatient and ED	Number of patients Within 12-24 months	Clinic and hospital providers and staff	CEO, Clinic Director and Nursing supervisor	Western Prairie Social Services,
Identify SDOH barriers to care for psychiatry patients and work with community partners to address	Decrease psychiatry no show levels and increase compliance	Full resources to be determined upon review of barriers and community partner meetings	CEO	To be determined

Goal 2: Meet community need for chemical dependency services.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand Chemical dependency services with local licensed chemical dependency social worker	Number of patients Within 12-24 months	Clinic and hospital providers and staff	CEO, Clinic Director and Nursing supervisor	Western Prairie Social Services,

Priority 2: Improve physical activity opportunities.

Current Activities

The community has a partial walking bike path available and residents have access to the local high school track.

Projected Impact
Upon completion of the three-year Implementation Plan, the community would see increased opportunities for residents to engage in free and reduced priced physical activity.

Goal 1: Increase availability of biking and walk paths in the community to increase physical activity options and increase safety for students.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Develop additional blocks for bike path and safe routes to school	Distance added to path Within 12-24 months	Staff and community members	CEO, and Staff members	City of Wheaton, Park board and schools

Goal 2: Expand fitness facilities for residents.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expansion/renovation of local school weight room/fitness room	Completion of renovation within 12 months	Funding, staff and contract staff	CEO and PT	Big Stone therapies, Wheaton schools, Sanford Wheaton and private donors

Priority 3: Address food insecurities for area residents and patients.

Current Activities
Sanford Wheaton provides nutrition services to underserved populations that provide a base off which to expand. The hospital participates in the local backpack program providing food to children in the local schools. The program provides food for children every other weekend by placing entrees, cereal and snacks in their locker. Sanford Wheaton also partners to provide food security boxes and participates in the Food RX program

Projected Impact
Upon completion of the three-year Implementation Plan, the community would see additional food availability for families in need.

Goal 1: Expand services available in the hospital and clinic for patients that are in need of nutrition assistance.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand the food RX program	Number of patients receiving, within 24 months.	Clinic Staff, hospital staff	CEO, Clinic director	Sanford Wheaton, traverse country food bank, Prime West, Western prairie social services.

Goal 2: Increase food support for students in need of nutrition assistance through partnerships with local stakeholders.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand backpack program	Number of students	Sanford staff, school staff and church admin	CEO, Church Admin	Sanford Wheaton, Local ministries, Wheaton schools, Great plains food bank,

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 and MyChart.

Access to Medical Care and Health Care Providers
Sanford Medical Center Wheaton provides a range of healthcare services locally, including primary care, emergency services, inpatient care, and outpatient services. The hospital continues to explore additional care delivery opportunities, either in-person or through virtual care. Components of the need will be addressed in the Implementation plan through the work of expanding mental health and chemical dependency services. Due to the focus on these areas, the larger need was not included in the Implementation Plan.

Access to Affordable Health Care

Sanford provides services to assist patients in identifying and enrolling in the insurance plans and programs that align with their need. The hospital also services at free or reduced rates for patients that are unable to afford care. As such, the need was determined to be a lower priority for purposes of the Community Health Needs Assessment. However, Sanford will continue to offer support for those in need.

Public Transportation
Public transportation opportunities are available within the community. Sanford Wheaton will continue to seek opportunities to engage with community partners to enhance these services moving forward. However, due the need was not included in the Implementation Plan as effectively addressing the need lie outside of the hospital's core competencies.

Long-Term Senior Care
Senior care is available in the Wheaton community. Sanford will continue to support efforts to increase reimbursement rates for senior care, including home care, as a means to increase access for area seniors. , The need was determined to be a lower priority for purposes of the Community Health Needs Assessment.

Child Care
Although not noted as a need through the survey process, the community stakeholder meeting cited childcare as an area of concern. Sanford will continue to engage in community discussions to address availability and cost of child care, including participation in the community task force. It was determined that the need should be addressed through the ongoing work rather than in the Implementation Plan.

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. Traverse County, defined as the Wheaton CHNA Community, had 86 findhelp searches during the last two years.

Mental Health and Substance Abuse
Sanford Medical Center Wheaton is working to improve access to services by advancing

telehealth services, expanding psychology services, and coordinating with governmental entities to expand access within their programs and facilities.

In 2023, Sanford Wheaton had 36 adult and 2 pediatric behavioral health referrals from a patient base of 7,587 encounters. The 2023 numbers were an increase from 2022, which totaled 28 adult and one pediatric. The referrals all occurred via the telehealth service. Sanford Wheaton is working collaboratively with Sanford Health leadership to explore options within the organization. In Jan 2024, we added a psychiatric NP that comes to our clinic locally. The team is also adding a licensed drug and alcohol counselor. Psychology continues to be an ongoing issue in terms of provider recruitment.

Sanford Wheaton continues to work on developing partnership and planning with current partners to fill the need within the region and community. For example, Horizon public health also recognizes issues of mental health care and mental illness as a top priority in their Community Health Improvement Plan (CHIP).

Physical Activity and Nutrition
Sanford Medical Center Wheaton set two goals for the physical activity and nutrition priority. The first goal is to improve access to nutrition through support of the community backpack program. Food represents the greatest share of findhelp searches from the local community, encompassing 41% of the searches. The top two searches from the community on findhelp were based upon food insecurity, including "food delivery" and "help pay for food" The second goal is promoting and supporting opportunities for physical activity.

In 2024 Sanford Wheaton partnered with Primewest for the food RX program and food boxes to give patients that screen as a need.

Sanford Wheaton also participates in the local backpack program providing food to children in the local schools. The program provides food for children every other weekend by placing entrees, cereal and snacks in their locker. There are 57 students that participate in grades K-12 out of a total student base of 357. This is an increase from last year in which 51 students participated. Sanford staff pack and deliver the bags to a volunteer at the school.

Sanford Wheaton also supports development of ball parks in the community to promote physical activity. In support, Sanford received $10,000 for the ballpark improvement program.

Sanford is partnering with the MN DOT, City of Wheaton and County of Traverse to work on safe routes to school as well as a demonstration project to make a seamless safe route from the high school, past the swimming pool and to the ballfield. This work will begin to take shape in May of 2024.

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.

dba Sanford Wheaton Medical Center EIN #27-2042143

Expanded Demographics[1]

Traverse County with a population of 3,136 had a decrease in population of -6.6% from 2020 to 2023, Minnesota with a population of 5,737,915 had a growth of 0.5% in the same period. The residents of Traverse County are on average older than the state, with 25.6% of the population being 65 years and older. The county has more residents identifying as American Indian than the state with a difference of 4.9% between the two.

The median value of a housing unit is significantly lower in Traverse County than Minnesota with the county average being $177,500 lower than the state. The median household income for the county is lower than the state with the average household in the county making $20,857 less than the state. Residents of Traverse County have less access to broadband internet and computers than the rest of the state. There are also less residents in the civilian workforce than the state and a higher percentage of those in poverty.

Fact	Traverse County, MN	Minnesota
Population estimates, July 1, 2023, (V2023)	3,136	5,737,915
Population estimates base, April 1, 2020, (V2023)	3,357	5,706,804
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-6.60%	0.50%
Persons under 5 years, percent	6.40%	5.80%
Persons under 18 years, percent	22.00%	22.60%
Persons 65 years and over, percent	25.60%	17.40%
White alone, percent	89.60%	82.60%
Black or African American alone, percent	0.90%	7.60%
American Indian and Alaska Native alone, percent	6.30%	1.40%
Asian alone, percent	0.60%	5.50%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	0.10%
Two or More Races, percent	2.50%	2.80%
Hispanic or Latino, percent	5.20%	6.00%
White alone, not Hispanic or Latino, percent	85.70%	77.60%
Housing Units, July 1, 2023, (V2023)	1,912	2,575,411
Owner-occupied housing unit rate, 2018-2022	79.50%	72.30%
Median value of owner-occupied housing units, 2018-2022	$109,300	$286,800
Median selected monthly owner costs -with a mortgage, 2018-2022	$1,266	$1,818
Median selected monthly owner costs -without a mortgage, 2018-2022	$529	$639

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

Median gross rent, 2018-2022	$589	$1,178
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	6.00%	12.00%
Households with a computer, percent, 2018-2022	89.30%	94.50%
Households with a broadband Internet subscription, percent, 2018-2022	79.30%	89.70%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	93.80%	93.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	16.20%	38.20%
With a disability, under age 65 years, percent, 2018-2022	10.60%	7.70%
Persons without health insurance, under age 65 years, percent	6.10%	5.30%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	62.30%	68.60%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	53.90%	65.00%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	19	23.3
Median household income (in 2022 dollars), 2018-2022	$63,456	$84,313
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$36,023	$44,947
Persons in poverty, percent	13.70%	9.60%
Total employer establishments, 2021	117	152,836
Total employment, 2021	703	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.

Heart disease, followed by cancer, were the leading cause of death in the county 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
Traverse	9	15	5	1	1	4	2	1	0	0	2020
Traverse	54	83	--	--	--	--	--	--	--	--	2016-2020
https://www.health.state.mn.us/data/mchs/genstats/countytables/index.html											

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Community Health Needs Assessment Survey

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

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

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

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

010000-01232 1/21

1

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

2

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

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

3

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

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

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

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

- O Addiction Treatment
- O Behavioral Health / Mental Health
- O Cancer Care
- O Chiropractic Care
- O Dental Care
- O Dermatology
- O Emergency / Trama
- O Eye Services *(Ophthalmology, Optometry)*
- O Family Medicine / Primary Care
- O General Surgery

- O Heart Care
- O Labor and Delivery
- O Long-Term Care / Nursing Homes
- O Orthopedics and Sports Medicine
- O OBGYN / Womens' Care
- O Pediatrics / Childrens' Care
- O Walk-in / Urgent Care
- O Other *(please specify):*

YOUR HEALTH CARE USAGE

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

- O Yes   O No

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

- O Within the past year
- O Within the past 2 years
- O Within the past 5 years

- O More than 5 years ago
- O Never

4

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

- O Cost/Inability to Pay
- O COVID-19
- O Don't feel welcomed or valued
- O Don't have insurance
- O My insurance is not accepted
- O Lack of transportation
- O Distance / lack of local providers
- O Getting time off from work

- O No child care
- O Wait time for appointments are too long
- O Clinic hours are not convenient
- O Fear / I do not like going to the doctor
- O Nothing / I do not need to see a doctor
- O Don't have a primary care physician
- O Other *(please specify):*

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

Poor	Fair	Good	Very Good	Excellent
O	O	O	O	O

Why did you give it that rating?

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

O Yes   O No   O Unsure

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

- O Cost/Inability to Pay
- O COVID-19
- O Don't feel welcomed or valued
- O Don't have insurance
- O My insurance is not accepted
- O Lack of transportation
- O Distance / lack of local providers
- O Getting time off from work

- O No child care
- O Wait time for appointments are too long
- O Clinic hours are not convenient
- O Fear / I do not like going to the doctor
- O Nothing / I do not need to see a doctor
- O Don't have a primary care physician
- O Other *(please specify):*

5

TRAVELING FOR CARE

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

  O Yes O No

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

City _____ State _____

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

O Referred by a physician   O Immediate / faster appointment

O Better / higher quality of care O On vacation / traveling / snowbirds

O Medical emergency   O Cost or insurance coverage

O Needed a specialist / service was O Don't feel welcomed or valued by local
 not available locally   providers

O Second opinion

O Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

  O Yes O No

Please indicate the source of your health insurance coverage.

O Employer *(Your employer, spouse, parent, or someone else's employer)*

O Individual *(Coverage bought by you or your family)*

O Federal Marketplace *(Minnesota Care / Obamacare / Affordable Care Act)*

O Medicare

O Medicaid

O Military *(Tricare, Champus, VA)*

O Indian Health Service *(IHS)*

O Other *(please specify)*

6

DEMOGRAPHICS

What is your sex?

O Male   O Female   O Prefer not to answer

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

O Yes   O No   O Prefer not to answer

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

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

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

O Yes   O No

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

O American Indian or Alaska Native

O Caucasian or White

O Asian

O Native Hawaiian or Pacific Islander

O Black or African American

O Other *(please specify)*

How long have you been a US Citizen?

O I am not a US citizen

    • Are you planning to become a US citizen?   O Yes   O No   O Prefer not to answer

O 0 – 5 years

O 6 – 10 years

O More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

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

7

Which of the following best describes your current living situation?

O House *(owned)*   O Homeless

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

What is your primary mode of daily transportation?

O Automobile/Truck *(owned or leased)*   O Walk

O Online Ride Service *(Uber / Lyft)*   O Bicycle

O Taxi Service   O Family, Friends or Neighbors

O Public Transportation   O I do not have a primary mode of daily
   (bus / subway / rail)   transportation

O Other *(please specify)*

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

O Less than high school degree

O High school graduate *(high school diploma or equivalent including GED)*

O Some college but no degree

O Associate degree in college *(2-year)*

O Bachelor's degree in college *(4-year)*

O Master's degree

O Doctoral degree

O Professional degree *(JD, MD)*

Your current employment status is best described as:

O Employed *(full-time)*   O Not employed, looking for work

O Employed *(part-time)*   O Not employed, not looking for work

O Self-employed   O Retired

O Furloughed   O Disabled or unable to work

What is your total household income from all sources?

O Less than $20,000   O $50,000 – $74,999

O $20,000 – $24,999   O $75,000 – $99,999

O $25,000 – $29,999   O $100,000 – $199,999

O $30,000 – $34,999   O $200,000 or more

O $35,000 – $49,999

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