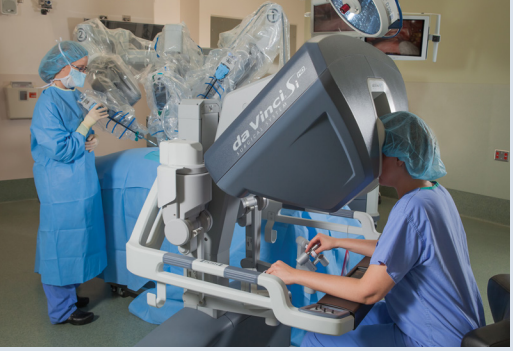







SANFORD HEALTH

Sanford Health Network

2018 Community Health Needs Assessment












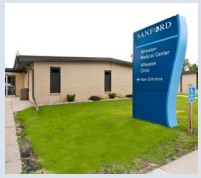


dba Sanford Chamberlain Medical Center EIN# 46-0388596

Dear Community Members,

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

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

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

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

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

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

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

Sincerely,

Erica Peterson
Senior Director
Sanford Medical Center Chamberlain

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Sanford Chamberlain Medical Center

Community Health Needs Assessment

2018

EXECTUVE SUMMARY

Purpose

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

Our Guiding Principles

- All health care is a community asset
- Care should be delivered as close to home as possible
- Access to health care must be provided regionally
- Integrated care delivers the best quality and efficiency
- Community involvement and support are essential to success
- Sanford Health is invited into the communities we serve

Regulatory Requirements

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

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

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

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

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

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

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

Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholder's concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health, and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health distributed the survey link via email to stakeholders and key leaders located within Brule, Buffalo and Lyman counties. Data collection occurred during November 2017. A total of 15 community stakeholders participated in the survey.

   B. *Resident Survey*
   The resident survey tool includes questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. The survey was posted on Facebook and a link to the survey was published in the local newspaper. A total of 75 community residents participated in the survey.

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

   D. *Community Stakeholder Discussions*
   Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

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

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

Limitations of the Study

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

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

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

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

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.5; however, the high ranking needs of 3.5 or above are considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in many cases the indicators are aligned and validate our findings.

Economic Well-Being
Community stakeholders are most concerned that there is for a skilled labor force (ranking 3.80).

Children and Youth
Community stakeholders are most concerned about substance abuse by youth (3.86).

Aging Population
Community stakeholders are most concerned about the cost of long-term care (4.00) and the cost of memory care (3.86).

Safety
Community stakeholders are most concerned about the presence of drug dealers (4.00), the presence of street drugs (3.86), and the abuse of prescription drugs (3.71).

Health Care Access
Community stakeholders are most concerned about access to affordable health insurance coverage (4.43) and access to affordable health care (3.71).

Mental Health and Substance Abuse
Community stakeholders are most concerned about drug use and abuse (3.93).

Resident survey participants are facing the following issues:

- 66% report that they are overweight or obese
- 24% report that they have been diagnosed with depression
- 27% report that they have been diagnosed with anxiety
- 50% self-report binge drinking at least 1X/month
- 28% self-report that they have drugs in their home that are not being used

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

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

- Mental Health/Behavioral Health and Substance Abuse
- Children and Youth

Implementation Strategies

Priority 1: Mental Health/Behavioral Health and Substance Abuse

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

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

Priority 2: Children and Youth

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

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

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

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

Sanford has made children and youth a significant priority and has developed strategies to offer support programs that provide children and youth resources for healthy living.

Sanford Chamberlain Medical Center

Community Health Needs Assessment

2018

Sanford Chamberlain Medical Center

Community Health Needs Assessment

2018

Purpose

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Acknowledgements

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

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Wheaton
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bemidji
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Wheaton

- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Joy Johnson, VP of Operations, Sanford Bemidji
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
- Amber Langner, Senior Director of Finance, Corporate Accounting, Sanford Health
- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Corporate Director, Community Health Improvement/Community Benefit
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, Ph.D., Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction
- Kathy McKay, Clay County Public Health
- Jac McTaggert, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health

- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

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

- Ellen Durkin, Tribal LBST employee
- Mary Hendricks, Community Board member
- John Jones, Health Provider
- Erica Peterson, Sanford Health
- Ed Schaub, Community Board Member
- Janet Schindler, Community Board Member

Description of Sanford Chamberlain Medical Center

Sanford Chamberlain Medical Center is a 25-bed private room facility that provides a variety of high-quality health care services in the tri-county area of Brule, Buffalo and Lyman counties. Inpatient and outpatient care include emergency/trauma, therapies, radiology and lab. Other services offered through Sanford Health include dialysis, home care and durable medical equipment.

Two clinic sites in Chamberlain and Kimball provide family medicine, behavioral health and OB/GYN services, outreach services, training programs and education resources. Sanford Chamberlain Care Center provides 24-hour nursing care for older adults.

Sanford Chamberlain employs five clinicians, including physicians and advanced practice providers in family medicine, radiology and behavioral health.

Description of Community Served – Chamberlain, SD

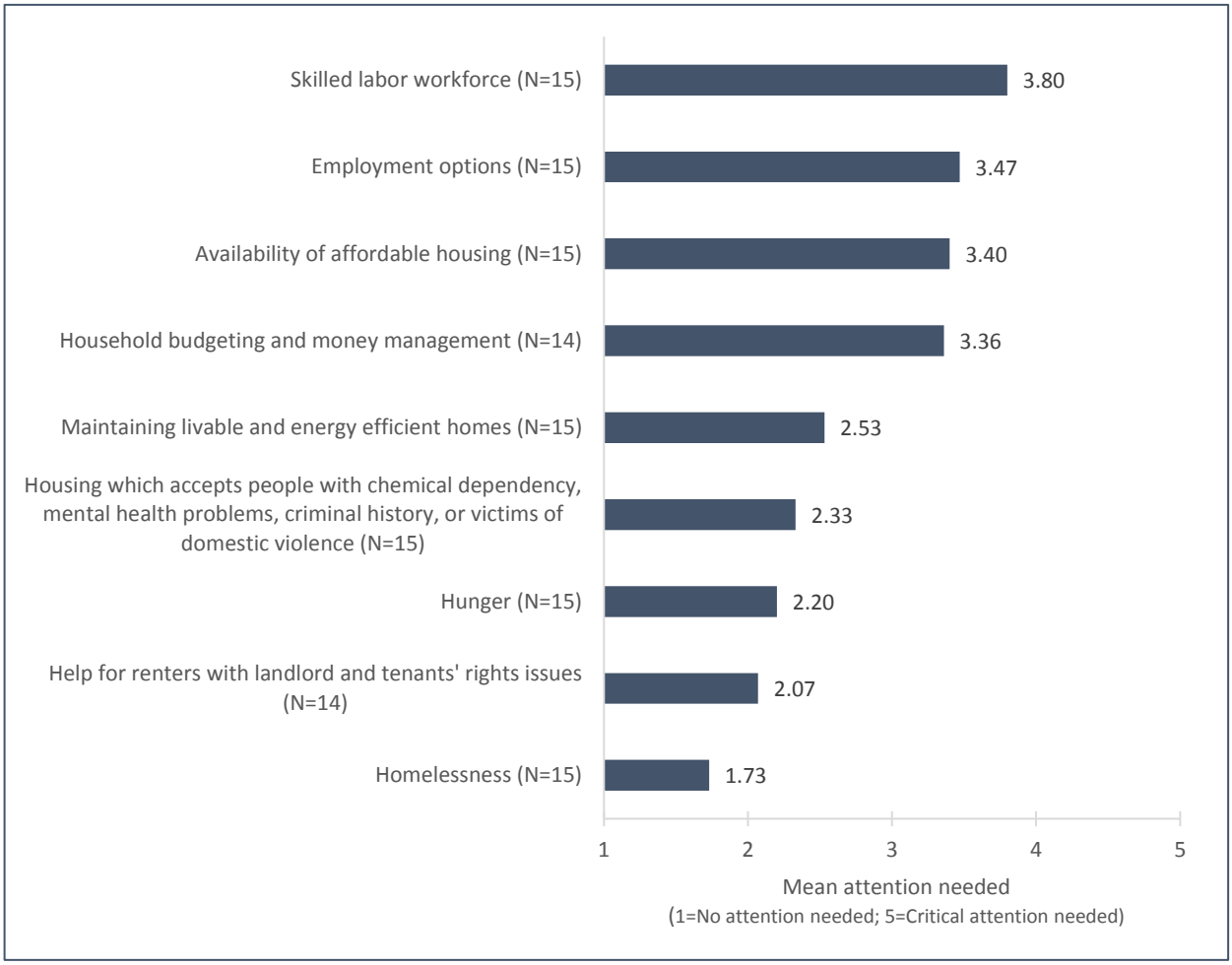
Chamberlain, with a population of 2,600, is the largest community in the tri-county area. Brule, Buffalo and Lyman counties are situated in central South Dakota along the banks of the Missouri River. All three counties are primarily rural in nature, with Buffalo County being the least densely populated. Agriculture is the primary industry. Primary employers in the Chamberlain community include the public school system, St. Joseph's Indian School, and Sanford Health.

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.5; however, the high ranking needs of 3.5 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases, the indicators align with and validate our findings.

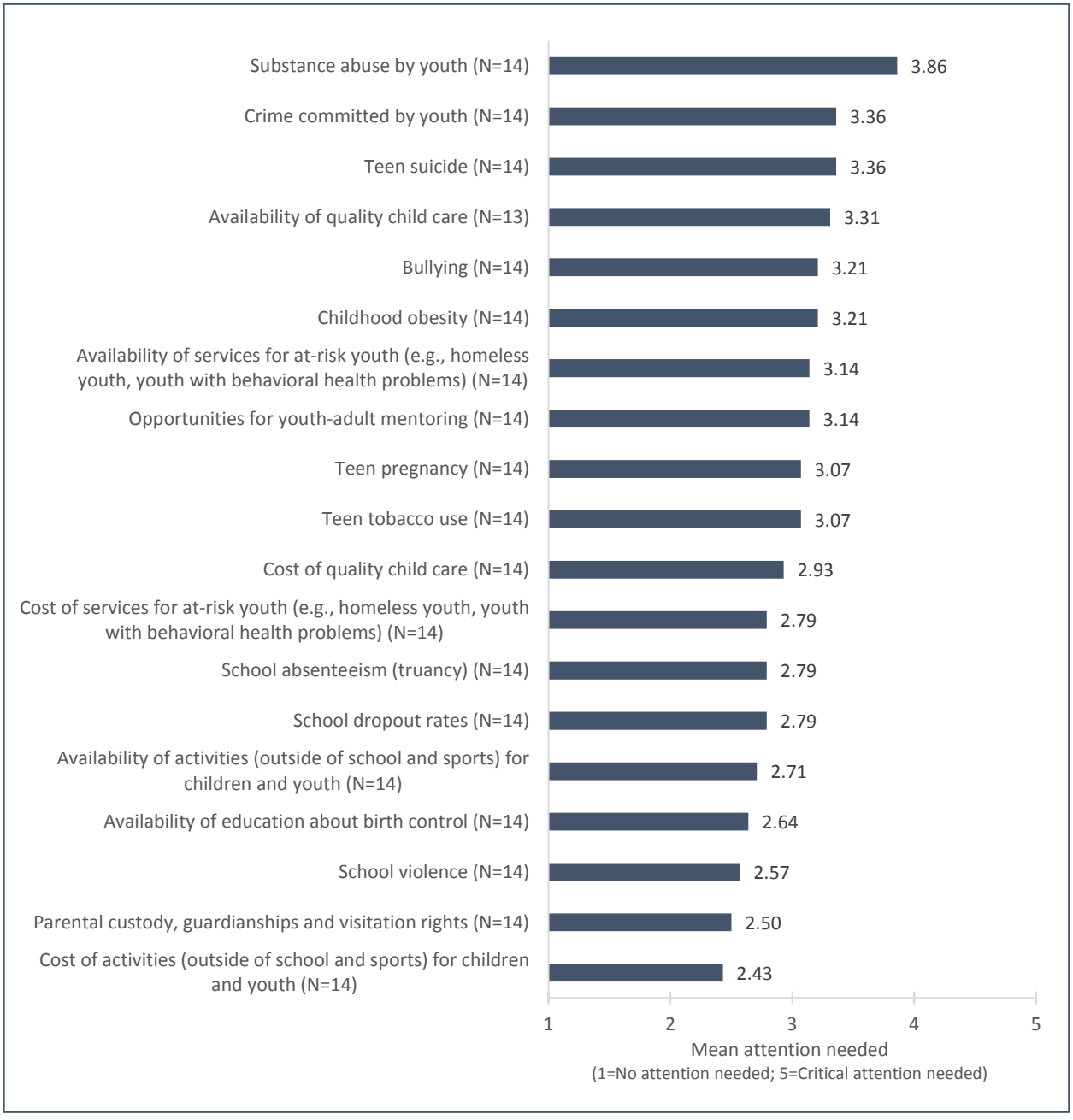
Economic Well-Being: The concern for the community's economic well-being is focused on the need for a skilled workforce.



Healthy People 2020 has defined the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on

population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Children and Youth: The highest concerns for children and youth is substance abuse by youth.



According the U.S. Department of Drug Enforcement Administration (DEA), nationally almost **20 percent** of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for

substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

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

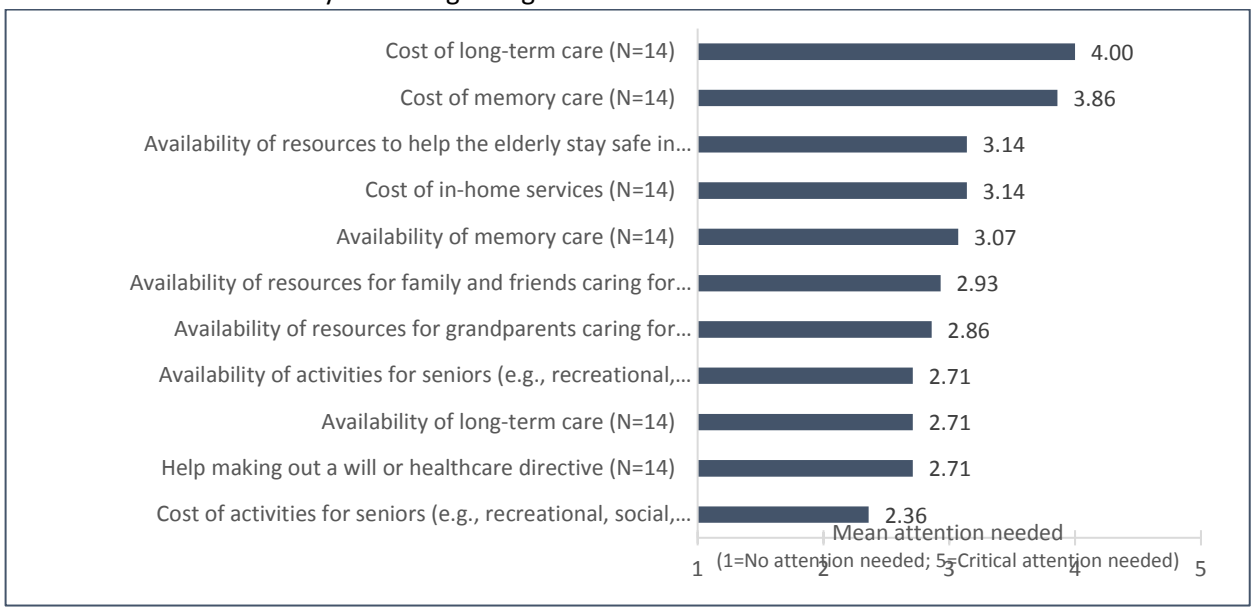
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse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

Protective factors include:

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

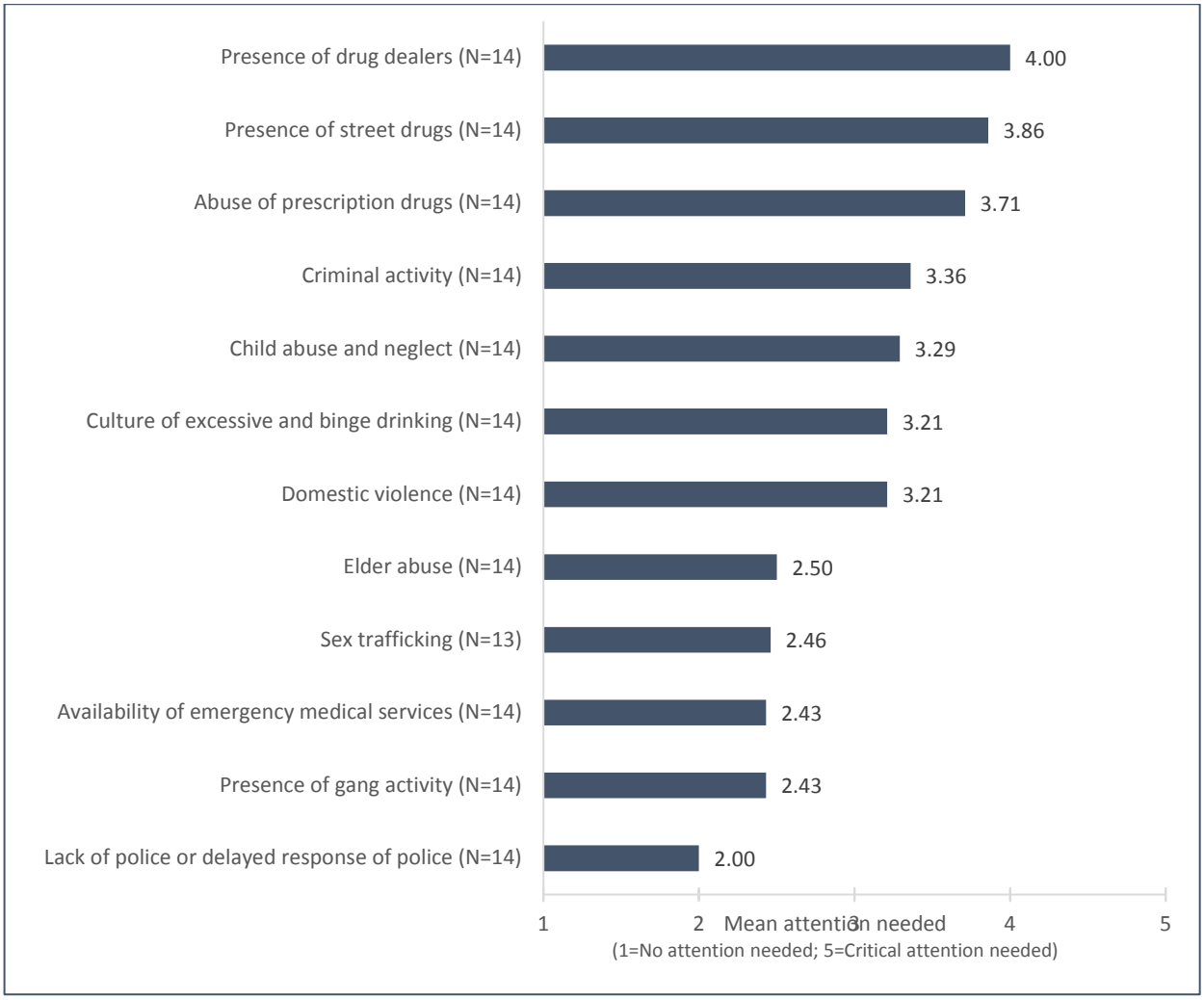
Aging Population: The cost of long-term care and memory care are top concerns once again and were top concerns during the 2016 CHNA cycle.

Current state of community issues regarding the AGING POPULATION



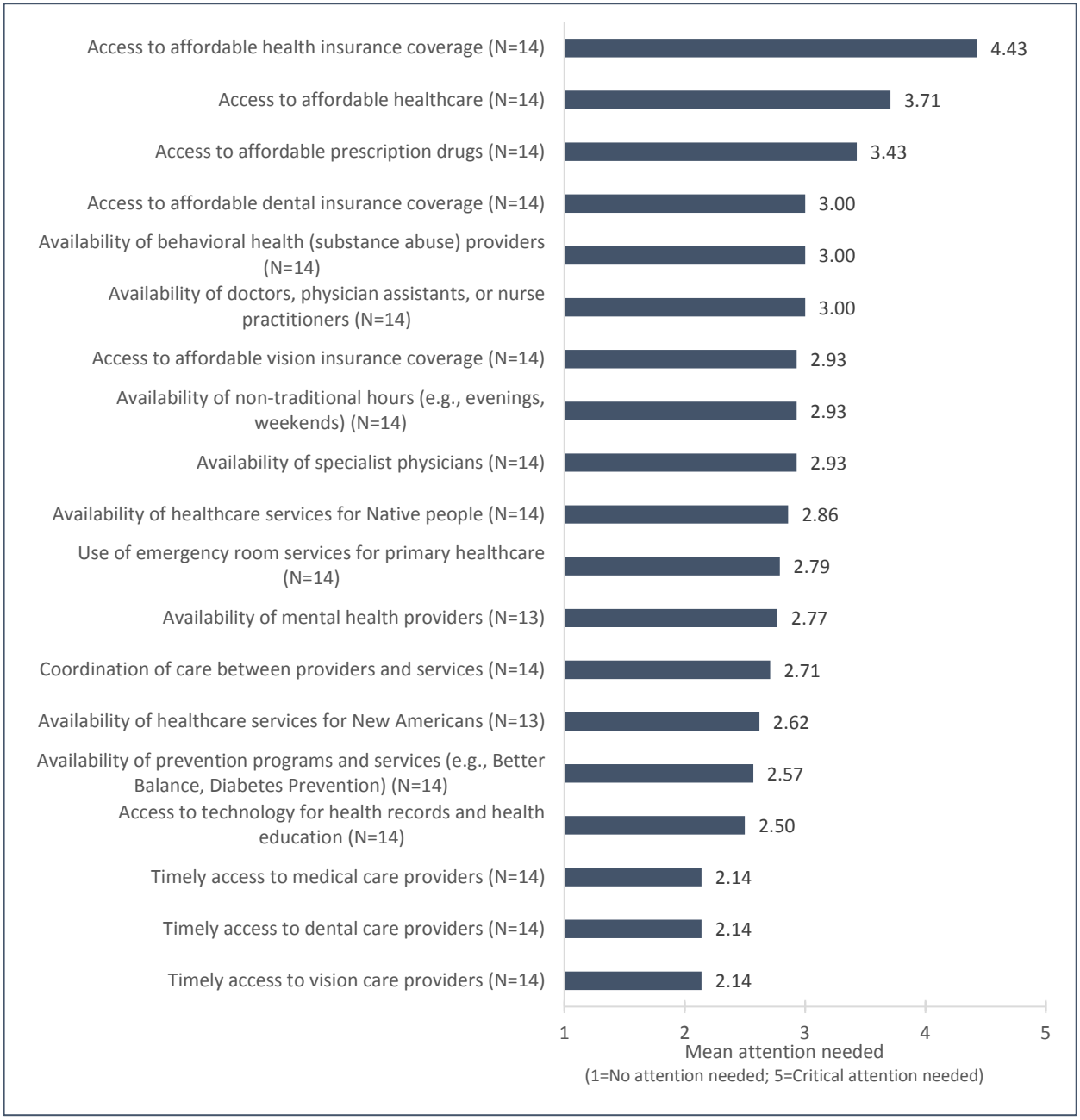
Acording to the U.S. Health and Human Services Administration on Aging, the cost of long-term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers,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

Safety: The presence of drug dealers, the presence of street drugs and abuse of prescription drugs are the top concerns for safety in the community.



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

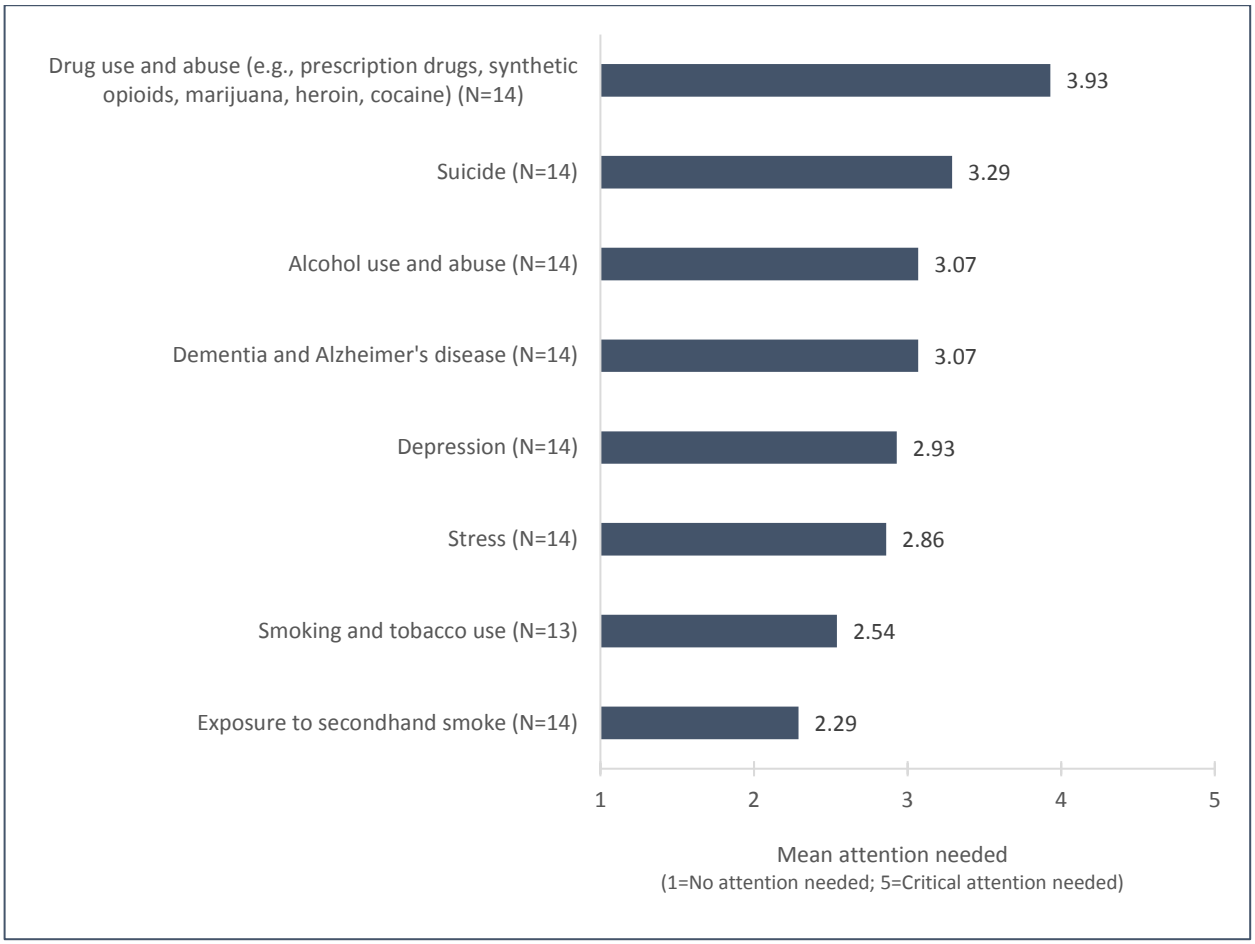
Health Care and Wellness: Access to affordable health insurance and affordable health care are high concerns for community stakeholders.



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

Mental Health and Substance Abuse: Drug use and abuse is a top concerns for the community.

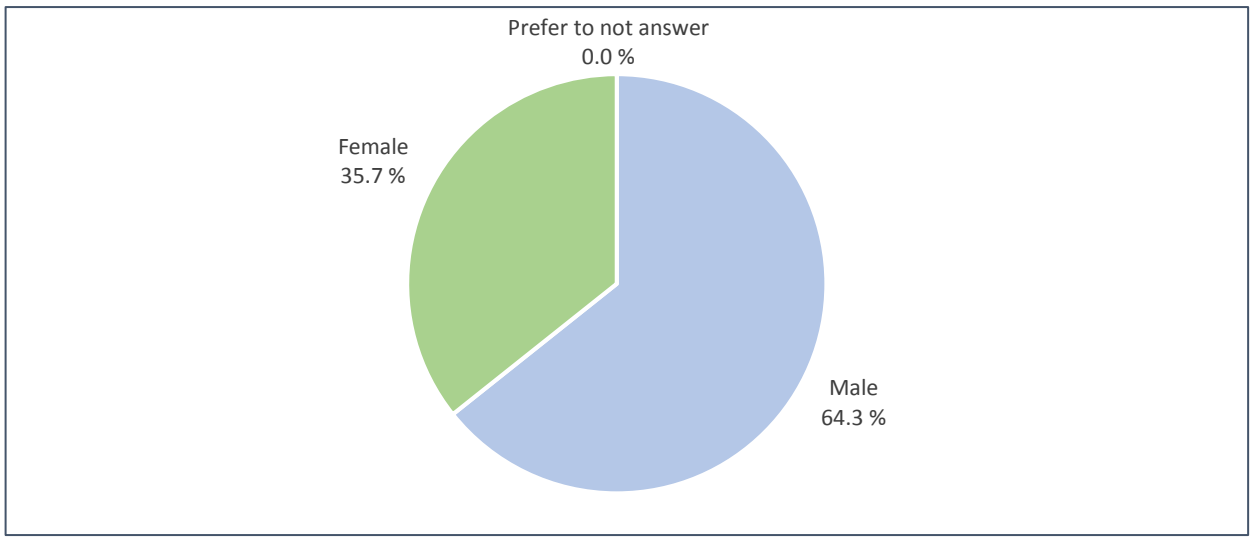
Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



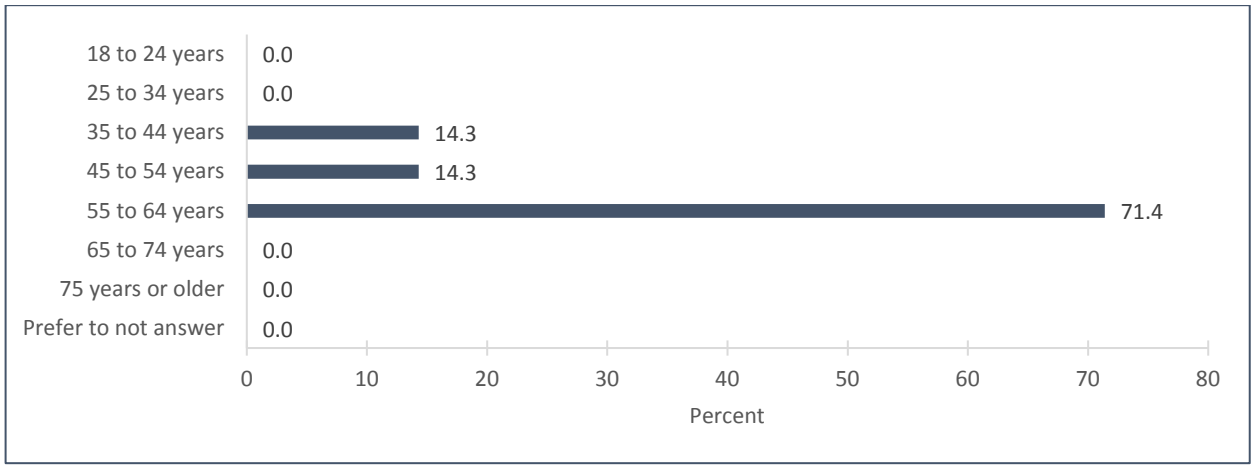
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental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

Demographic Information for Key Stakeholder Participants

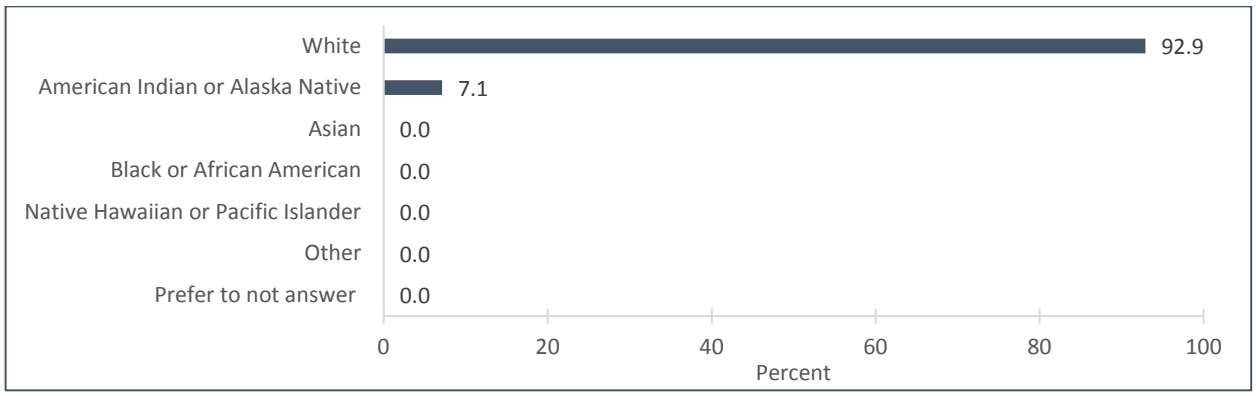
Biological Gender



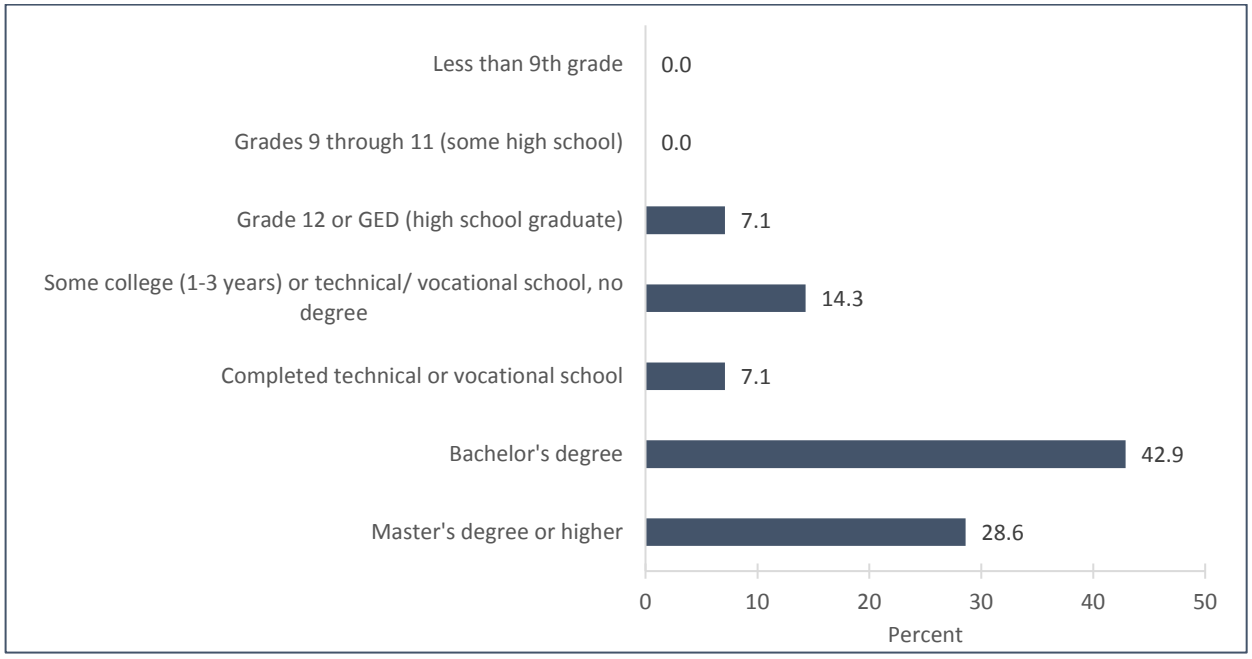
Age of Respondents



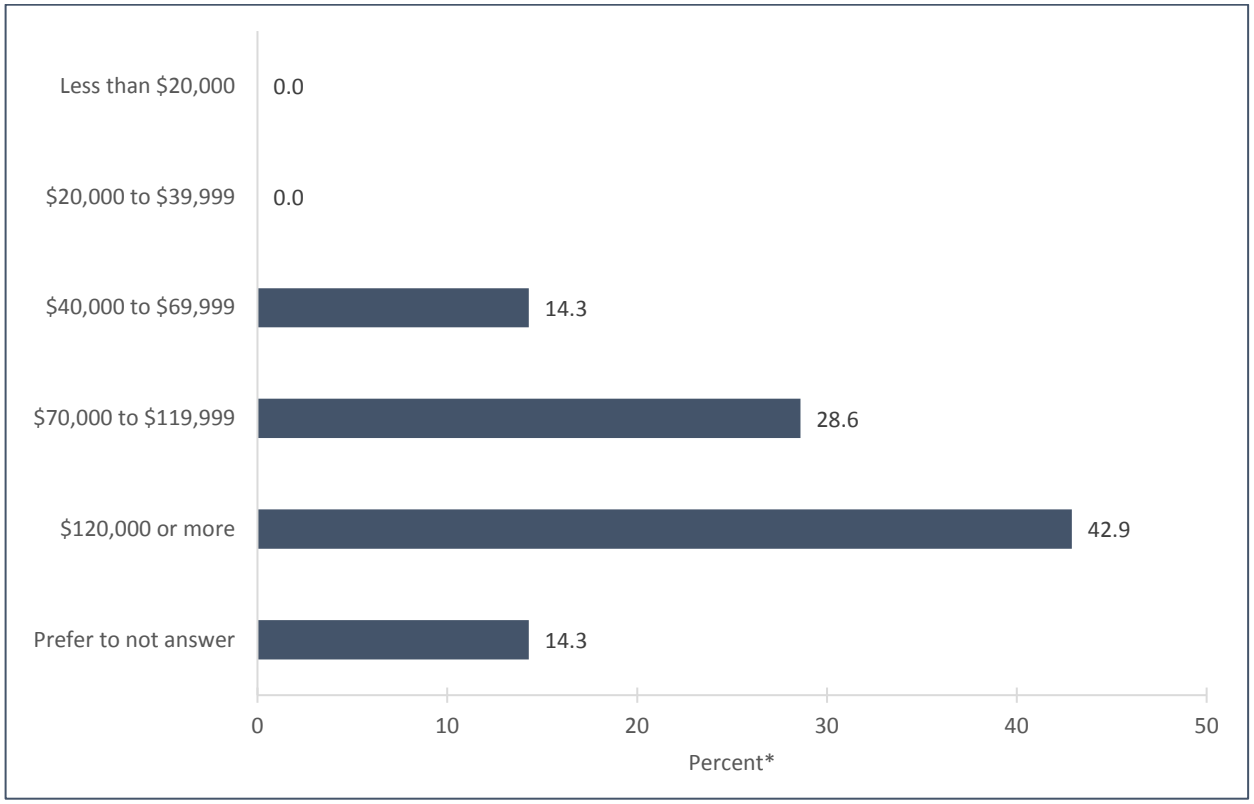
Race of Participants



Highest Level of Education Completed



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



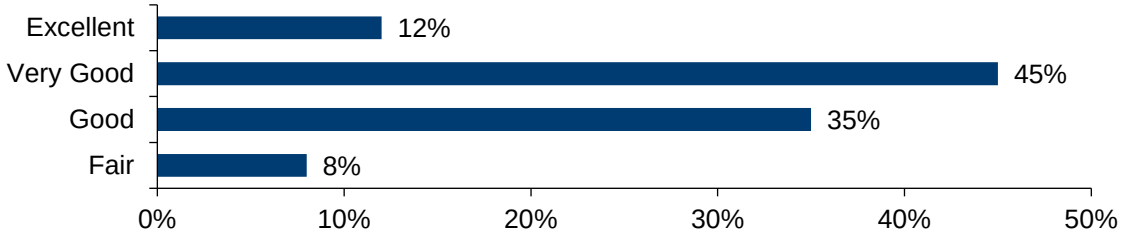
Residents' Health Concerns

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

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

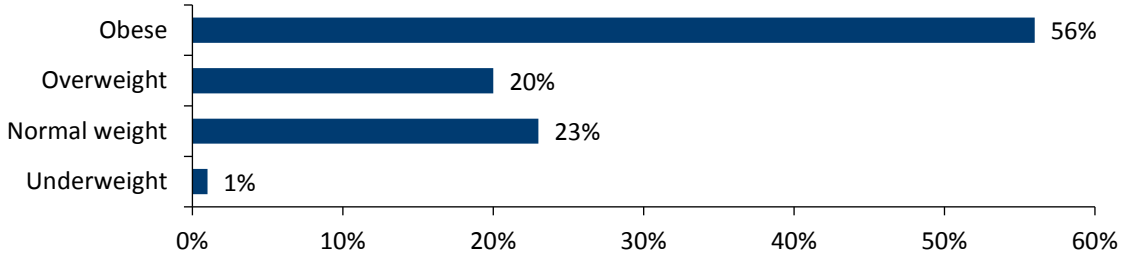
How would you rate your health?

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



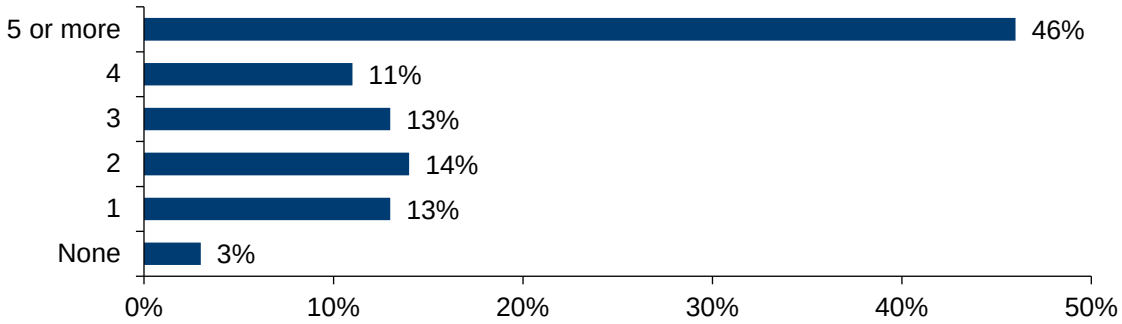
Body Mass Index (BMI)

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



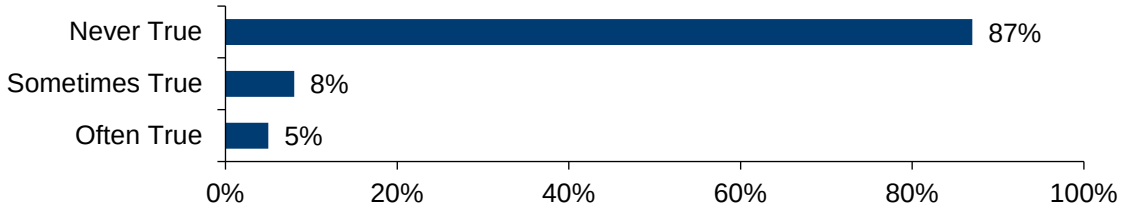
Total Servings of Fruits, Vegetables and Juice

Only 46% are consuming the recommended 5 or more daily servings of fruit and vegetables.



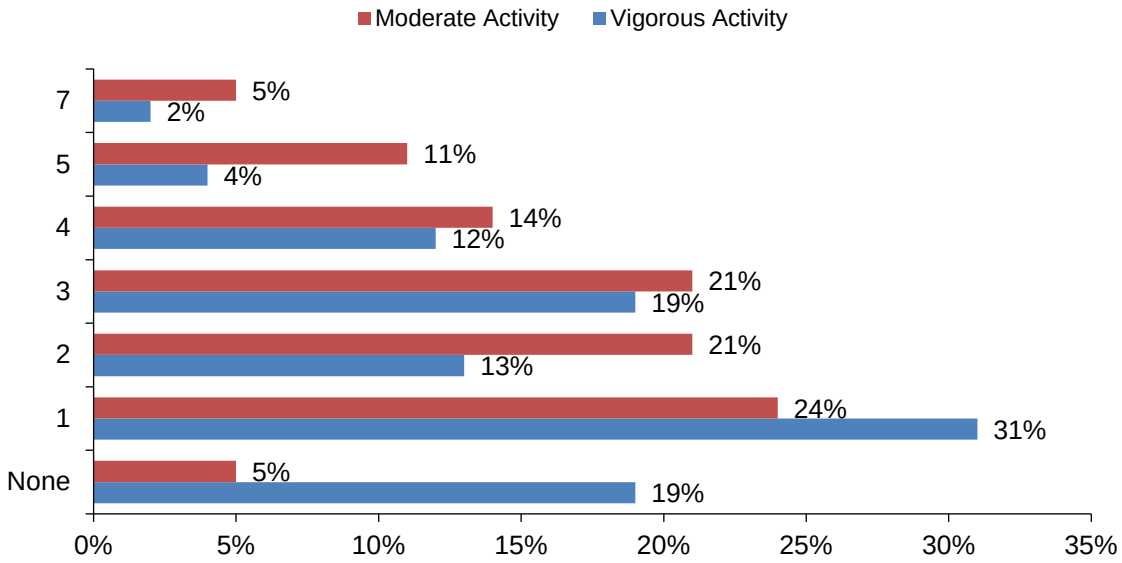
Food insecurity

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

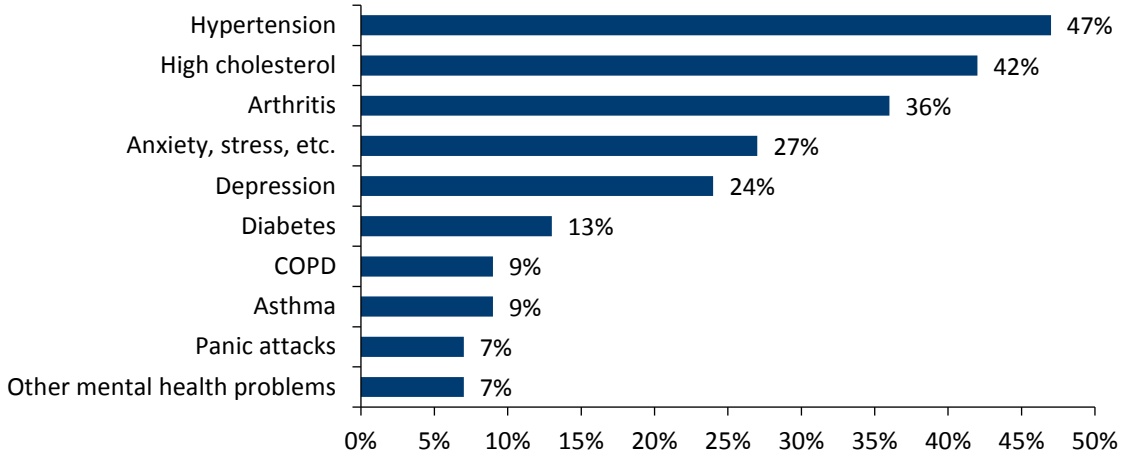


Days per Week of Physical Activity

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

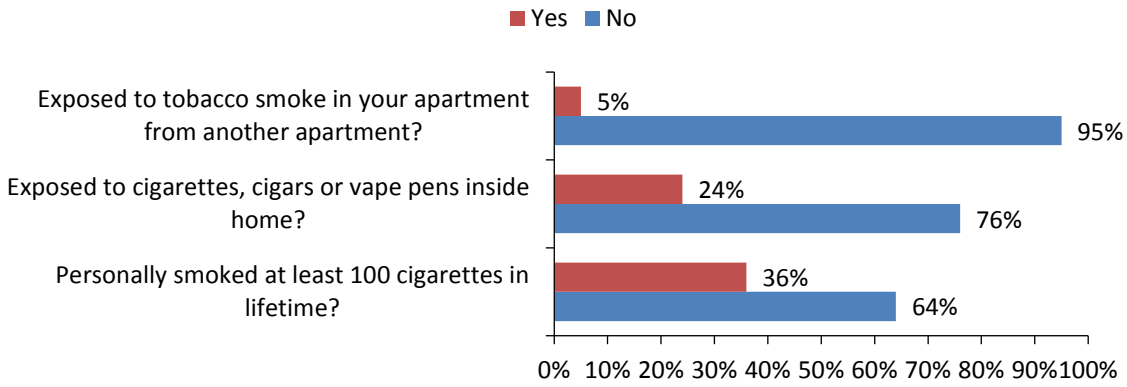


Past Diagnosis Anxiety, depression, hypertension, high cholesterol, and arthritis are the top diagnosis for the survey participants.



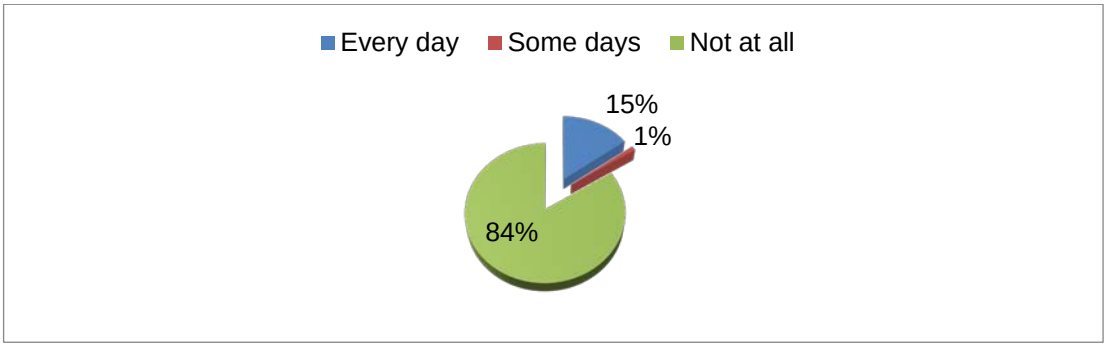
Exposure to Tobacco Smoke

Twenty-four percent are exposed to cigarettes, cigars or vape pens and thirty-nine percent have smoked in their lifetime.



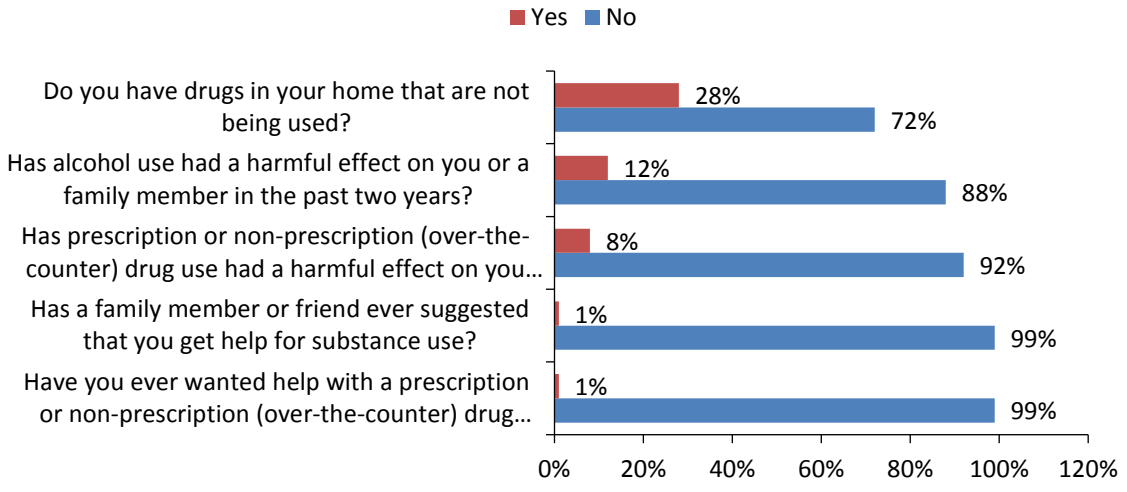
Do you currently smoke cigarettes?

Fifteen percent currently smoke cigarettes.



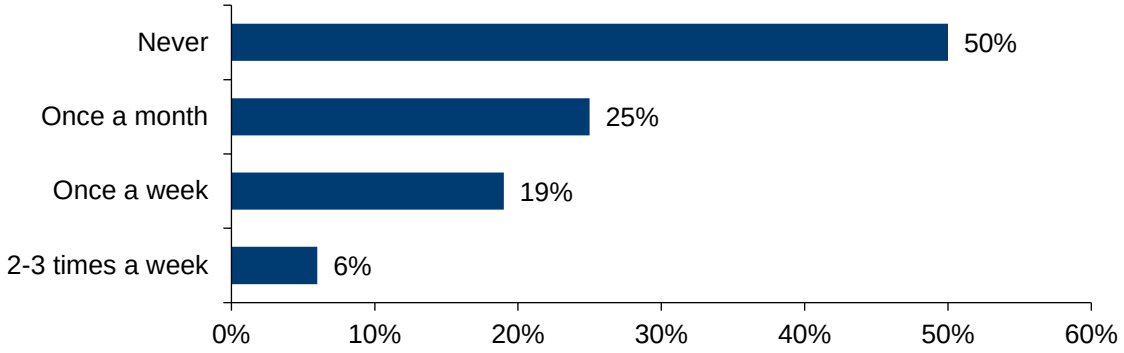
Drug and Alcohol Issues

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

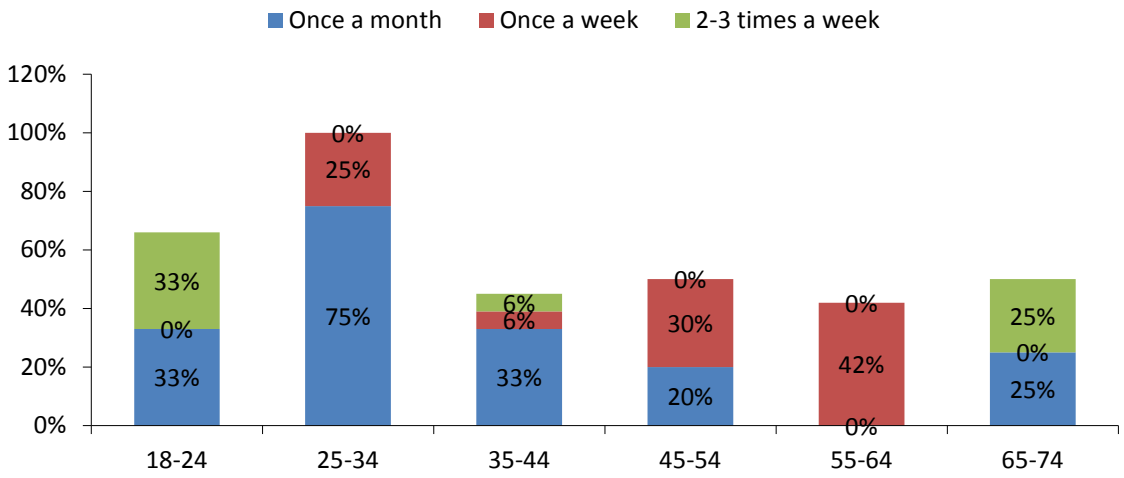


Binge Drinking

Fifty percent binge drink at least once per month.

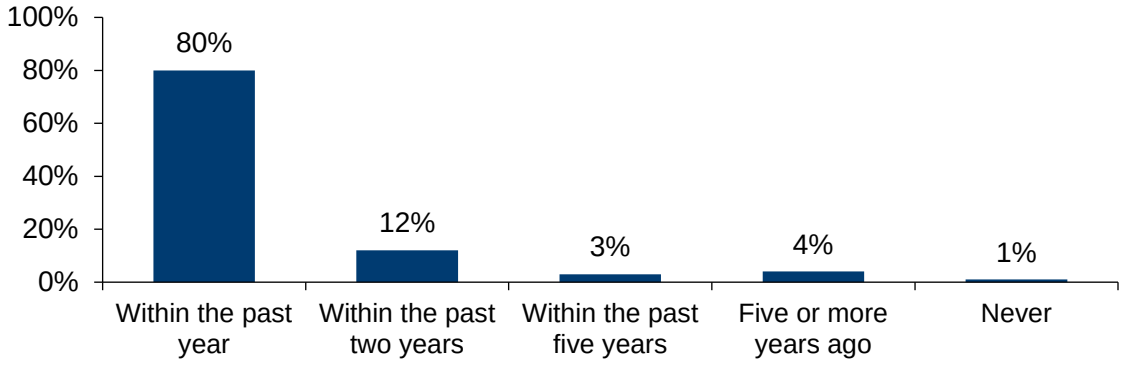


Binge Drinking past 30 days by Age



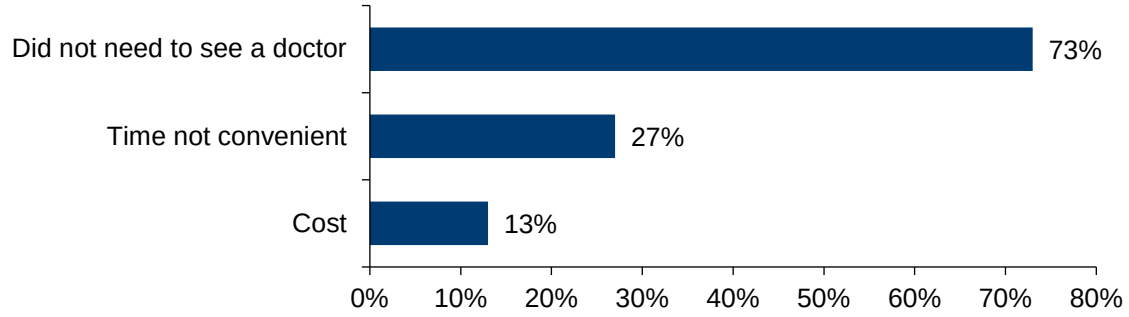
How long has it been since you last visited a doctor or health care provider for a routine check-up?

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



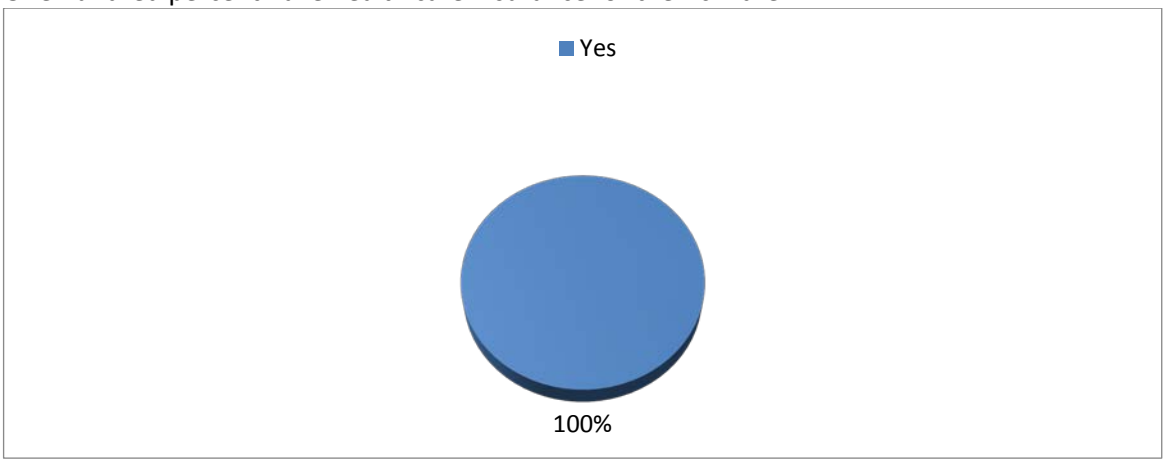
Barriers to Routine Check-up

Seventy-three percent of survey respondents report not needing a routine check-up.



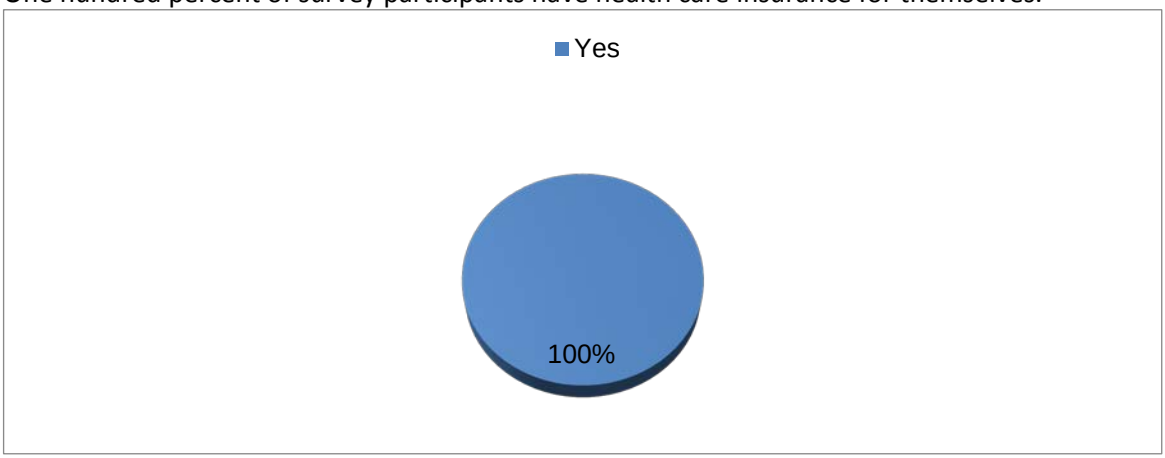
Do you have health care coverage for your children or dependents?

One hundred percent have health care insurance for their children.



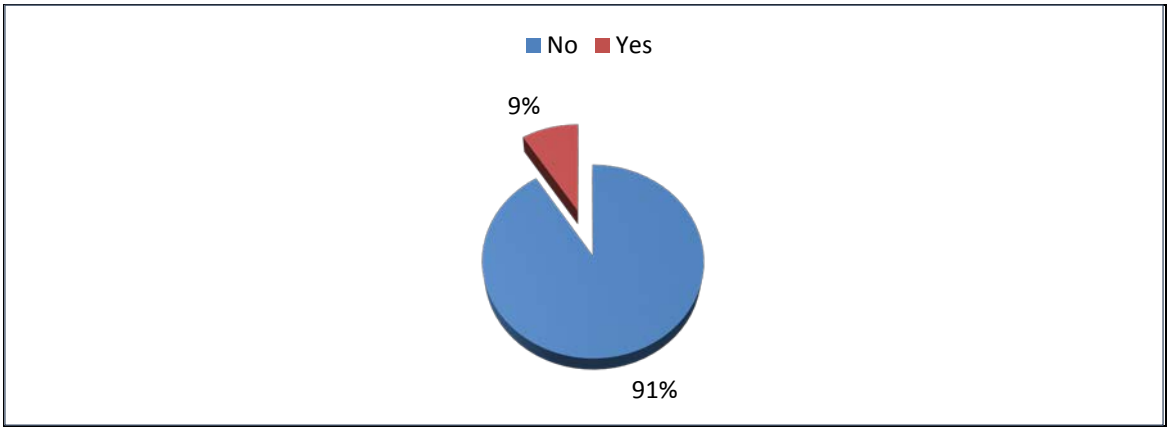
Do you currently have any kind of health insurance?

One hundred percent of survey participants have health care insurance for themselves.



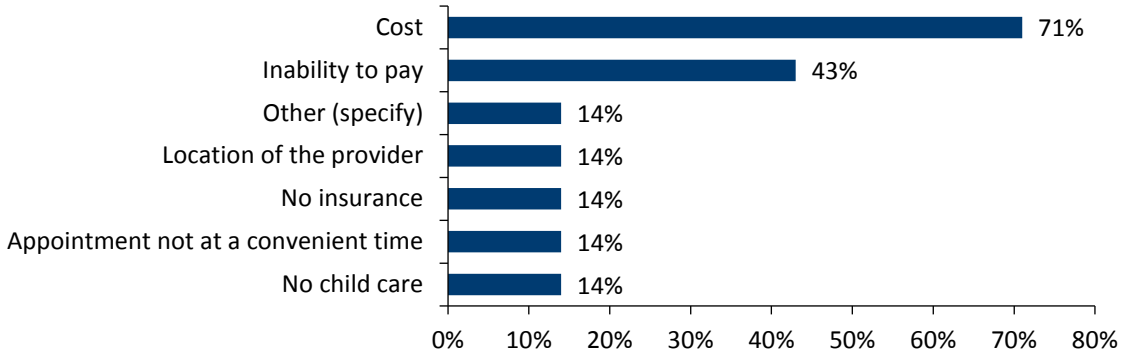
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?

Nine percent report not receiving the care that they needed.



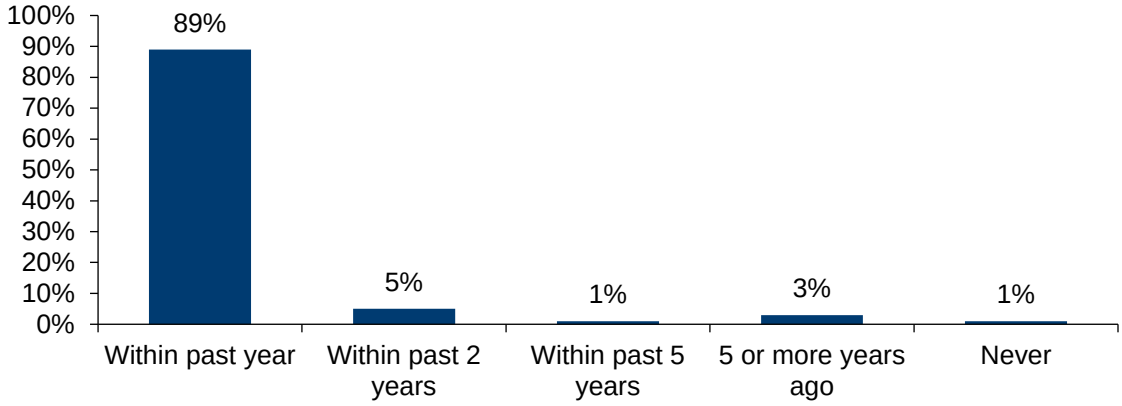
Barriers to receiving care

Survey participants cite cost as the biggest barrier to receiving care.

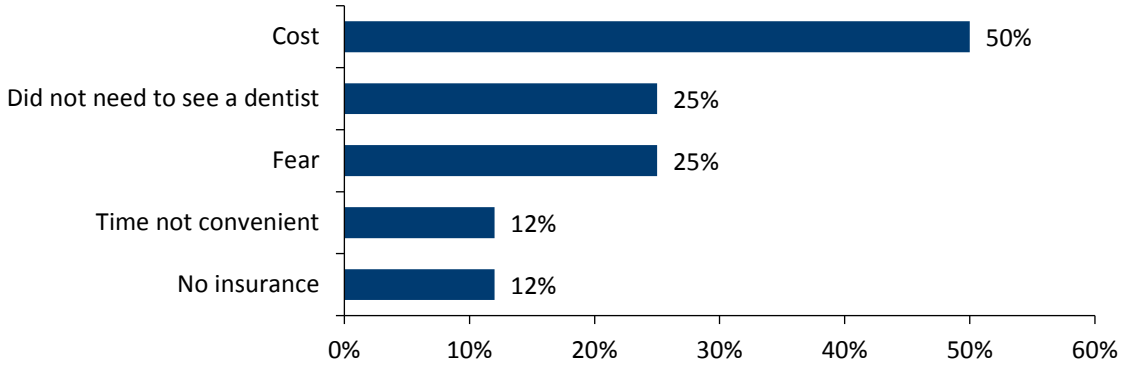


How long has it been since you last visited a dentist?

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

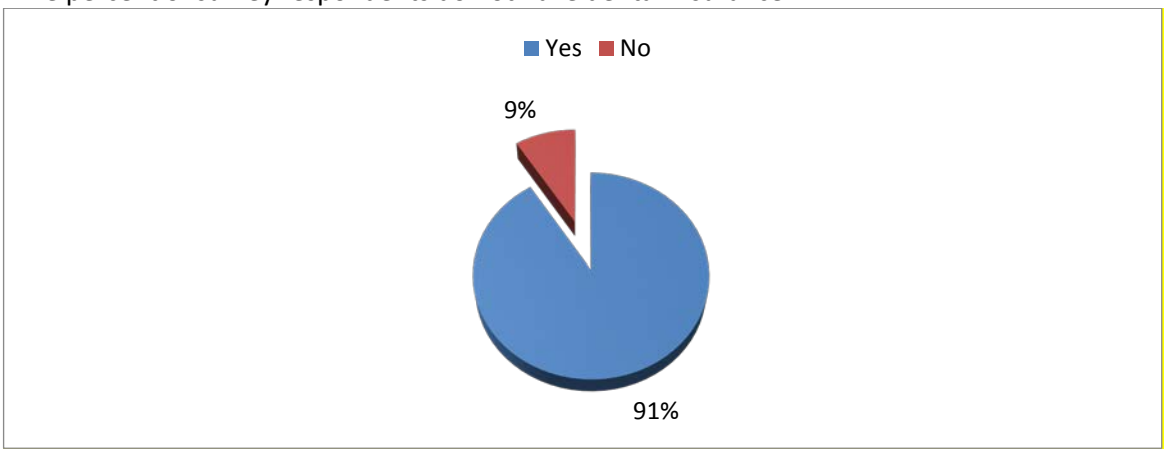


Barriers to Visiting the Dentist



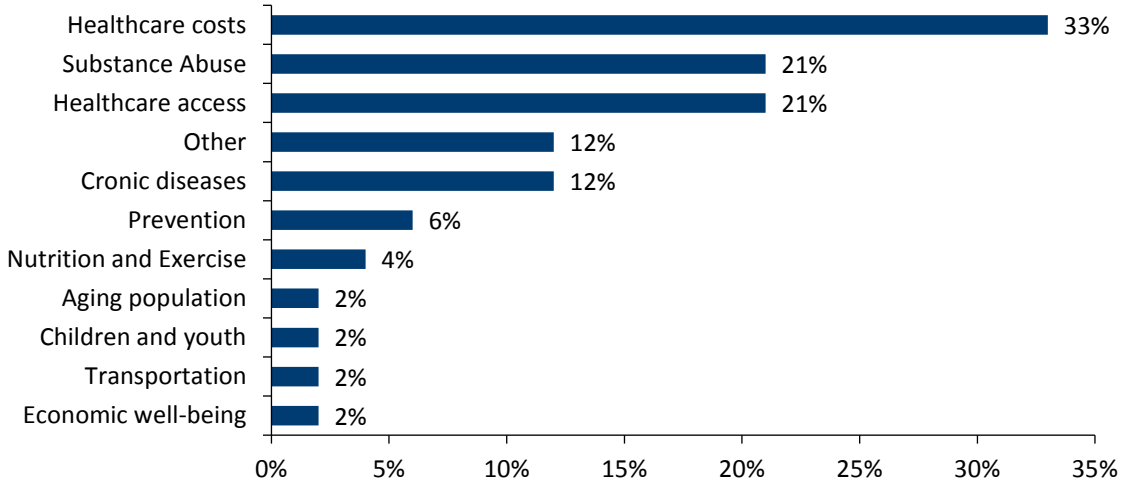
Do you have any kind of dental care or oral health insurance coverage?

Nine percent of survey respondents do not have dental insurance**.**



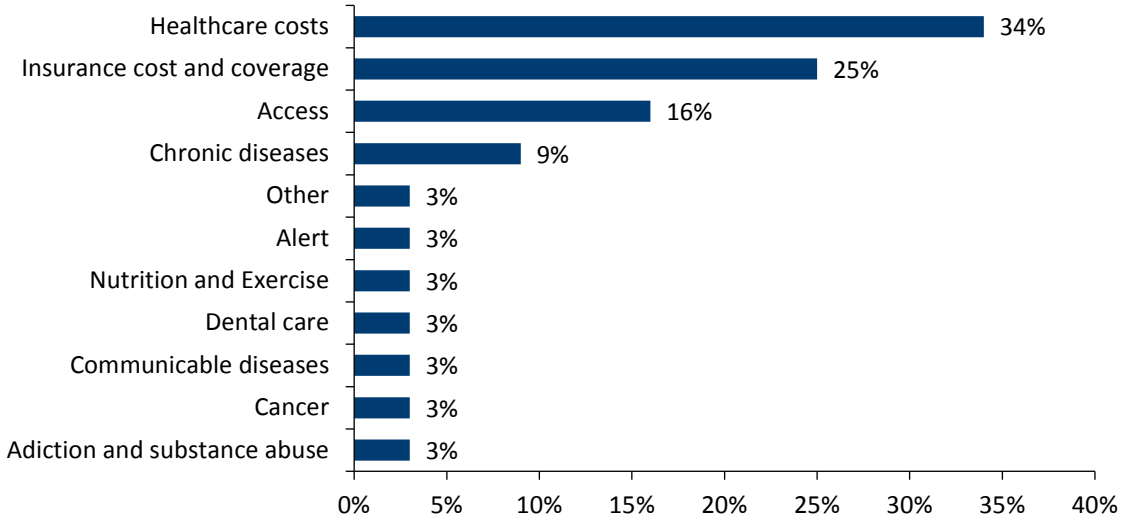
Most Important Community Issues

Health care costs, substance abuse and health care access are the top concerns of respondents when considering the needs of their community.



Most Important Issue for Family

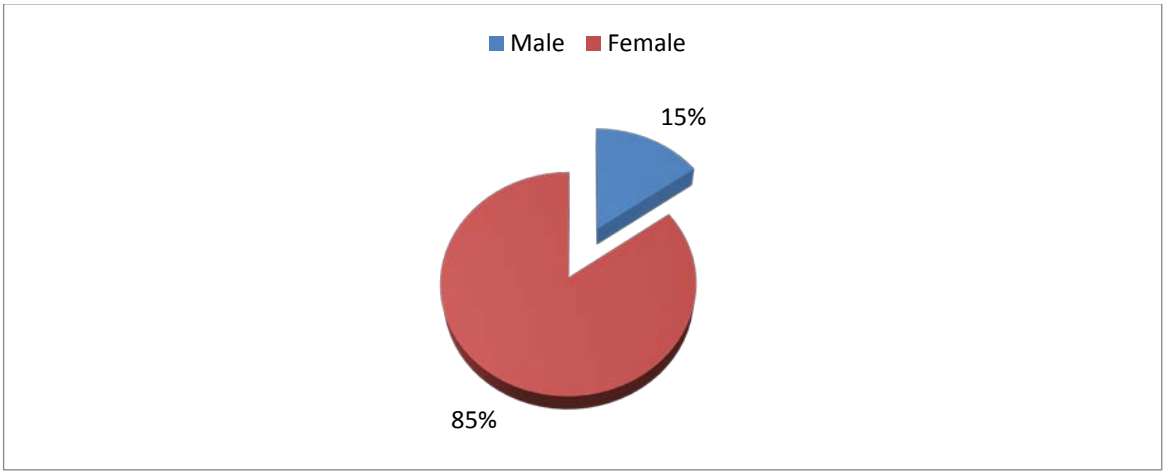
Health care costs and insurance cost and coverage are the top concerns of survey respondents as they consider the needs for their family.



Demographic Information for Community Resident Participants

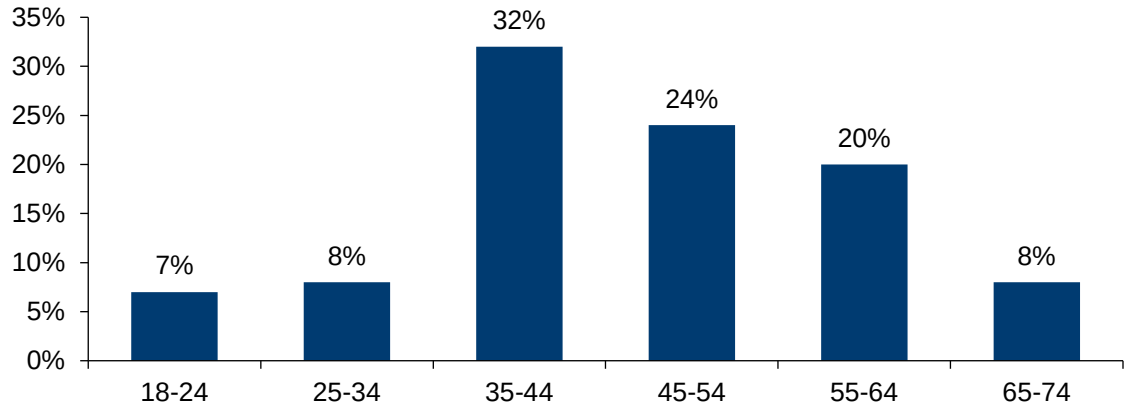
Biological Gender

Only 15% of the survey participants were male.

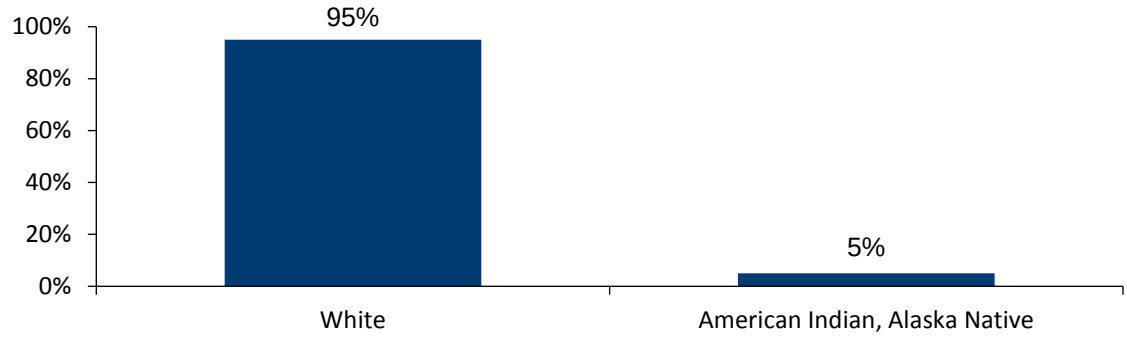


Age

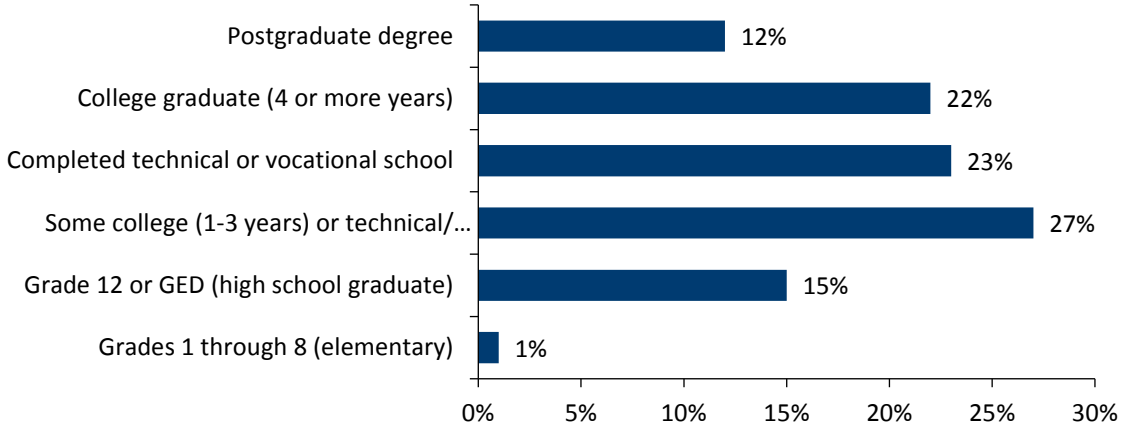
Every age group was represented among the survey participants.



Ethnicity

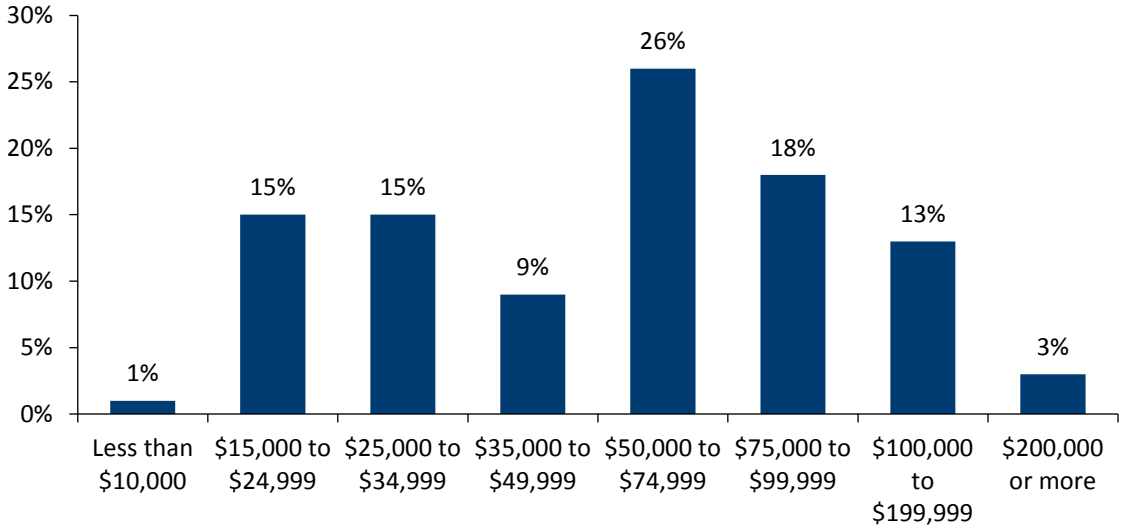


Education Level



Total Annual Household Income

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



Secondary Research Findings

Census Data

	Brule	Buffalo	Lyman
Population	5,238	2,043	3,894
% below 18 years of age	26.2	38.6	29.1
% 65 and older	18	7.9	14,7
% White – non-Hispanic	84.6	15,2	55.5
American Indian	9.5	81.2	39.7
Hispanic	2.6	3.7	2.0
African American	0.4	0.8	0.6
Asian	0.4	0.0	0.3
% Female	50.5	50	47.5
% Rural	100	100	100

County Health Rankings

	Brule County	Buffalo County	Lyman County	State of South Dakota	U.S. Top Performers
Adult smoking	16%	37%	22%	18%	14%
Adult obesity	35%	39%	35%	31%	26%
Physical inactivity	24%	27%	25%	22%	20%
Excessive drinking	18%	16%	18%	20%	13%
Alcohol-related driving deaths	0%	50%	25%	37%	13%
Food insecurity	12%	22%	14%	12%	10%
Uninsured adults	20%	30%	22%	14%	7%
Uninsured children	11%	8%	9%	7%	3%
Children in poverty	17%	48%	31%	17%	12%
Children eligible for free or reduced lunch	49%	N/A	54%	42%	33%
Diabetes monitoring	82%	76%	83%	84%	91%
Mammography screening	67%	N/A	64%	66%	71%
Median household income	$49,700	$22,500	42,700	$54,900	$65,600

Health Needs and Community Resources Identified

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

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

The asset mapping process identified needs from the following:

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

Please see the asset map in the Appendix.

C

Chamberlain 2019 Community Health Needs Assessment
Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern
Economic Well-Being • Skilled labor force 3.80 • 21% report worrying about running out of food before having money to buy more
Children and Youth • Substance abuse by youth 3.86
Aging Population • Cost of long-term care 4.00 • Cost of memory care 3.86
Safety • Presence of drug dealers 4.00 • Presence of street drugs 3.86 • Abuse of prescription drugs 3.71
Health Care Access • Access to affordable health insurance coverage 4.43 • Access to affordable health care 3.71
Mental Health and Substance Abuse • Drug use and abuse 3.93 • 27% report having diagnosed anxiety • 24% report having diagnosed depression • 16% report they currently smoke cigarettes • 50% self-report binge drinking at least 1X/month
Wellness • 56% self-report they are obese • 20% self-report that they are overweight • Only 46% report getting 5 or more fruits/vegetables each day • 51% get moderate activity 3 or more times each week • 47% of respondents have hypertension • 42% have high cholesterol • 36% have arthritis • 20% have not had a routine check-up in over 1 year • 10% have not seen a dentist in over 1 year

Implementation Strategies

How Sanford Chamberlain is Addressing the Needs

Identified Concerns	How Sanford Chamberlain is Addressing the Community Needs
ECONOMIC WELL BEING	
Skilled labor force	• Sanford Chamberlain is partnered with the MHCH Foundation and supports the Prairie Futures nursing program, which targets non-traditional students in the service area who want to further their education in nursing. • Sanford Chamberlain is a partner with SE Tech in Sioux Falls as a clinical site for their LPN program. • Sanford Chamberlain is a partner with Mitchell Tech for student rotations in Lab and Rad technology. • Sanford Chamberlain hosts students for 6 weeks in the summer who are majoring in a health care field and have an interest in working in rural communities. • Sanford Chamberlain staff are activity engaged and currently serve on the board of the Lake Francis Case Development Corporation.
Worry about running out of food before having money to buy more – 21%	Sanford Chamberlain promotes the Chamberlain Food Pantry and mobile food pantries that travel to neighboring communities. Sanford Chamberlain holds an annual fall food pantry drive.
CHILDREN AND YOUTH	
Substance abuse by youth	• Sanford Chamberlain promotes the local Lewis Drug take-back program. • Sanford Chamberlain Clinic has a charcoal bottle for patients who want to destroy unused medication. • The facility works with DCI and local law enforcement to hold annual substance abuse awareness trainings for staff. • Sanford Chamberlain has implemented trainings for all communities in Mental Health First Aid.
AGING POPULATION	
Cost of long term care	Sanford Chamberlain offers financial assistance for those residents who cannot afford their care.
Cost of memory care	N/A - the facility does not provide memory care.
SAFETY	
Presence of drug dealers	• The facility works with DCI and local law enforcement to hold annual substance abuse awareness trainings for staff. • Sanford Chamberlain has implemented trainings for all communities in Mental Health First Aid.
Presence of street drugs	Sanford Chamberlain works with the local school district during parent teacher conferences to provide student and parent information on healthy lifestyle during Family FIT night (including not using street drugs).
Abuse of prescription drugs	• Sanford Chamberlain promotes the local Lewis Drug take-back program. • Sanford Chamberlain Clinic has a charcoal bottle for patients who want to destroy unused medication. • The facility works with DCI and local law enforcement to hold annual substance abuse awareness trainings for staff. • Sanford Chamberlain has implemented trainings for all communities in Mental Health First Aid.
HEALTH CARE ACCESS	
Access to affordable health insurance coverage	Sanford financial counselors and social workers are available to assist patients in finding the appropriate plan and with enrollment. Sanford Health provides health insurance options to the community via marketplace and works with a

Identified Concerns	How Sanford Chamberlain is Addressing the Community Needs
	third party vendor to assist uninsured patients with finding insurance coverage.
Access to affordable health care	Sanford financial counselors and social workers are available to assist patients in finding the appropriate plan and with enrollment. Sanford Health provides health insurance options to the community via marketplace and works with a third party vendor to assist uninsured patients with finding insurance coverage.
MENTAL HEALTH & SUBSTANCE ABUSE	
Drug use and abuse	• Sanford Chamberlain promotes the local Lewis Drug take-back program. • Sanford Chamberlain Clinic has a charcoal bottle for patients who want to destroy unused medication. • The facility works with DCI and local law enforcement to hold annual substance abuse awareness trainings for staff. • Sanford Chamberlain has implemented trainings for all communities in Mental Health First Aid.
Diagnosed with anxiety - 27% Diagnosed with depression – 24% Currently smoke cigarettes – 16% Binge drink at least 1x/month – 50%	The Integrated Health Therapist (IHT) serves as an integral core team member within the patient-centered Medical Home. The IHT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The IHT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The IHT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on site crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. IHT key points: • IHT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • IHT works to ensure seamless interface between primary care and specialty and/or community-based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.
WELLNESS	
Obese – 56% Overweight – 20%	• Family FIT night in the school district • FIT walking trail on Sanford Chamberlain campus • Camp FUEL summer camp for youth; covers healthy food choices
Eat 5+ fruits/vegetables each day – 46%	• Sanford dietitians provide nutritional education that recommends 5 or more fruits and vegetables daily. • Public Health leaders were invited to learn about the findings of the survey research Family FIT night in the school district • Camp FUEL summer camp for youth, that covers healthy food choices
Get moderate activity 3 or more times per week – 51%	• Family FIT night in the school district. • FIT walking trail on Sanford Chamberlain campus.

Identified Concerns	How Sanford Chamberlain is Addressing the Community Needs
	• Camp FUEL summer camp for youth; covers healthy food choices
Hypertension – 47%	• Sanford dietitians are available to provide medical nutrition therapy to reduce hypertension. Sanford providers provide treatment for hypertension. • Sanford Better Choices, Better Health is available free of charge and is a six-week self-management course for people living with a chronic disease.
High cholesterol – 42%	• Sanford dietitians are available to provide medical nutrition therapy to reduce cholesterol. Sanford providers provide treatment for high cholesterol. • Sanford Better Choices, Better Health is available free of charge and is a six-week self-management course for people living with a chronic disease.
Arthritis – 36%	• Sanford providers provide medical management for arthritis. • Sanford Better Choices, Better Health is available free of charge and is a six- week self-management course for people living with a chronic disease.
Have not had a routine check-up in over a year – 20%	• Promotion of Same Day at Sanford – with walk in clinic access. • Sanford providers recommend routine check-ups as primary prevention.
Have not seen a dentist in over a year – 10%	Sanford does not provide dental care; however, the results of this research will be shared with community leaders.

Implementation Strategies – 2019-2021

Priority 1: Mental Health/Behavioral Health and Substance Abuse

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

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

Priority 2: Children and Youth

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

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

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

Protective factors include:

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

Sanford has made children and youth a significant priority and has developed strategies to offer support programs that provide children and youth resources for healthy living.

Chamberlain Community Health Needs Assessment
2019-2021 Implementation Strategy Action Plan

Priority 1: Mental Health/Behavioral Health and Substance Abuse

Projected Impact: Chamberlain is a safer community and substance abuse is decreased

Goal 1: Train community members on Mental Health First Aid

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Presence of street drugs/abuse of drug: Address cycle of abuse/use and mental health	Hold 1 community Mental Health First Aid training by July 2019	Jess Neilan – grants/PR coordinator Patty Juhnke – MSW Assumption: grant dollars will support the training	Erica Peterson, Sr. Director Sarah Talbott, Hospital DON	Work with I.H.S and area school districts

Goal 2: Substance abuse prevention education for students and parents is presented at local schools

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Increase the presence of substance abuse education in the school district	Add specific youth and parent education booth at the 2019 Family FIT night	Jess Neilan – grants/PR coordinator Patty Juhnke – MSW Dollars are already budgeted for the event.	Erica Peterson, Sr. Director Sarah Talbott, Hospital DON	Chamberlain School District collaboration
Integrate behavioral health curriculum for students and teachers at the Chamberlain Middle School	Curriculum will be implemented by the end of the 2018-2019 school year	Patty Juhnke, MSW Jess Neilan Rick Pearson – middle school principal	Erica Peterson, Sr. Director Sarah Talbott, Hospital DON	Chamberlain Middle School

<u>Priority 2</u>: Children and Youth

Projected Impact: All local schools have access to Sanford *fit* and students learn about food, physical activity, mood and energy needs.

Goal 1: Sanford *fit* is available to schools and parents

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Continue to promote Family FIT night at the Chamberlain School District and consider expanding to other districts	Expansion to one other school by end of year 2019	Jess Neilan Emily Dorwart – Athletic Trainer	Erica Peterson, Sr. Director Sarah Talbott, Hospital DON	Area schools
Continue to host Camp FUEL summer camp for area youth, where healthy eating, exercise and health outcomes are explored. Consider expanding the camp to work with St. Joseph's Indian School and outreach to reservations.	Review a potential reservation outreach camp by Spring 2019	Jess Neilan Emily Dorwart – Athletic Trainer Mindy Donovan – Dietician	Erica Peterson, Sr. Director Sarah Talbott, Hospital DON	St. Joseph's Indian School I.H.S Crow Creek and Lower Brule tribes

Implememtation Strategy Action Plan - 2017-2019

Priority 1: Physical Health

Projected Impact: Improved management of patients/community members with chronic health conditions

Goal 1: Fully integrate Medical Home model into Chamberlain and Kimball Clinics

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Continued roll out of Medical Home Quality Measures	• Improved % of patients meeting diabetic optimization quality measures • Improved % of patient meeting asthma quality measures • Roll out of lipid protocols for quality measures	Increased health coach position from part time to full time	CEO/clinical lead	
Begin Patient Advisory Council	Improved patient/clinic communication	Quarterly meeting space	CEO/RN Health Coach/clinical lead/clerical lead	

Goal 2: Encourage active lifestyle for youth in the communities we serve

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Partner with local school districts during parent teacher conferences and other events, to encourage health initiatives promoted by FIT kids	Increased participation of school districts in area with FIT program	FIT program	CEO/ marketing coordinator	Schools

Priority 2: **Mental Health**

Projected Impact: **Improve access to mental health services for communities we serve**

Goal 1: **Integrate medical home model into Chamberlain and Kimball clinics**

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Roll out of Medical Home model for behavioral health	PQH-9 – increase % of patients meeting quality measure	PT RN Health Coach increased to full time ½ MSW increased to full time dedication to behavioral health	CEO/clinical lead/MSW	

Goal 2: **Increase participation and awareness of support groups facility offers**

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Utilize digital media to further engage communities in awareness of support groups and mental health services	Increase participation in grief support group and other awareness activities	Digital media	CEO/ marketing/ MSW	

Demonstrating Impact - 2017-2019 Strategies

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

1) Safety
2) Substance Abuse

Safety

Sanford Family FIT night was established with the Chamberlain School District. Sanford Chamberlain staff are on site during parent teacher conferences at the elementary school (K-5), where Sanford hosts various booths discussing healthy lifestyle choices, teaching the children and parents the importance of mental health in young people, avoiding drug use, promoting an active lifestyle, and heart health. The community take-back prescription program is also promoted.

Substance Use and Abuse

Sanford Family FIT night was established with the Chamberlain School District. Sanford Chamberlain staff are on site during parent teacher conferences at the elementary school (K-5), where Sanford hosts various booths discussing healthy lifestyle choices, teaching the children and parents the importance of mental health in young people, avoiding drug use, promoting an active lifestyle, and heart health. The community take-back prescription program is also promoted.

Sanford Chamberlain works with I.H.S and tribal leaders to participate in health fairs, providing hands-on education about substance abuse, mental health as well as health eating, blood pressure and cholesterol checks.

Camp FUEL, a three-day long camp that is free of charge and focuses on the importance of health eating, health lifestyle choices, and physical exercise, is held every summer.

Community Feedback from the 2016 Community Health Needs Assessment

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

Appendix

Primary Research

CHAMBERLAIN ASSET MAP

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Economic Well Being	Skilled labor force 3.80 21% report worrying about running out of food before having money to buy more	21% worry about running out of food before they have money to buy more	Children in poverty 17% in Brule 46% in Buffalo 34% in Lyman Unemployment 3.5% in Brule 14.3% in Buffalo 5.8% in Lyman	Employment resources: • Lake Francis Case Economic Development Corp., 112 N. Main St., Chamberlain Major employers: • Chamberlain School District, 1000 Sorensen Dr., Chamberlain • Sanford Chamberlain Medical Center, 300 S. Byron Ave., Chamberlain • St. Joseph's Indian School, 1301 N. Main St., Chamberlain Food resources: • ROCS Food Pantry, 300 S. Courtland St., Chamberlain • St. Joseph's Indian School food pantry, 1301 N. Main St., Chamberlain • Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain • Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain • SNAP (food stamps), Chamberlain Human Service Center, 320 Sorensen Dr., Chamberlain • Chamberlain Farmers Market, 902 S. Main, Chamberlain	
Children and Youth	Substance abuse by youth 3.86		Children in poverty 17% in Brule 46% in Buffalo 34% in Lyman Teen births 23 in Brule 101 in Buffalo 75 in Lyman SD 38/1000 females ages 15-19	Substance Abuse resources: • Life Light Counseling, 814 N. Main, Chamberlain • Dakota Counseling/Stepping Stones, 200 Paul Gust Rd., Chamberlain • AA meetings, 400 S. Main, Chamberlain, SD • NA meetings, 101 N. Merrill St., Chamberlain	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Aging Population	Cost of long term care 4.00 Cost of memory care 3.86			Long Term Care resources: • La Plaza, 110 S. Courtland St., Chamberlain • Regency Retirement Assisted Living, 220 W. Beebe Ave., Chamberlain • Riverview Retirement Home, 208 S. Alcott St., Chamberlain • Sanford Chamberlain Care Center, 300 S. Byron Blvd., Chamberlain Memory Care resources: • La Plaza, 110 S. Courtland St., Chamberlain • Regency Retirement Assisted Living, 220 W. Beebe Ave., Chamberlain • Riverview Retirement Home, 208 S. Alcott St., Chamberlain • Sanford Chamberlain Care Center, 300 S. Byron Blvd., Chamberlain	
Safety	Presence of drug dealers 4.00 Presence of street drugs 3.86 Abuse of prescription drugs 3.71		Alcohol-impaired driving deaths 43% in Brule 100% in Buffalo 63% in Lyman	Brule Co. Sheriff, 201 W. Kellam Ave., Chamberlain Chamberlain Police, 715 N. Main St., Chamberlain Sanford Clinic, 300 S. Byron Blvd., Chamberlain NA meetings, 101 N. Merrill St., Chamberlain	
Health Care Access	Access to affordable health insurance coverage 4.43 Access to affordable health care 3.71		Uninsured 12% in Brule 22% in Buffalo 22% in Lyman	Health Insurance resources: • Tri-County Insurance, 200 S. River St., Chamberlain • Sanford Health Plan, 300 N. Cherapa Place, Sioux Falls • KPI Insurance, 106 E. Beebe Ave., Chamberlain Health Care resources: • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Drug stores that administer flu shots: o Lewis Family Drug, 107 N. Main St., Chamberlain o Gregg Drug, 220 N. Grace St., Chamberlain o Casey Drug, 201 N. Main St., Chamberlain	
Mental Health and Substance Abuse	Drug use and abuse 3.93	27% report having diagnosed Anxiety 24% report having diagnosed depression 16% report they currently smoke cigarettes 50% self-report binge drinking 27% report having diagnosed anxiety 24% report having diagnosed depression 16% report they currently smoke cigarettes	Excessive drinking 16% in Brule 28% in Buffalo 20% in Lyman Adult smoking 14% in Brule 42% in Buffalo 21% in Lyman	Substance Abuse resources: • Life Light Counseling, 814 N. Main, Chamberlain • Dakota Counseling/Stepping Stones, 200 Paul Gust Rd., Chamberlain • AA meetings, 400 S. Main, Chamberlain, SD • NA meetings, 101 N. Merrill St., Chamberlain Mental Health resources: • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain • Dakota Counseling Institute, 200 Paul Gust Rd., chamberlain • Hope Psychological Services, 108 E. Clemmer Ave., Chamberlain • Bruce Co. Public Health, 110 W. Beebe Ave., Chamberlain Tobacco Cessation resources: • Quitline, SDQuitline.com • SD Department of Health, 600 E. Capitol Ave., Pierre (many resources) • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain • Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain Alcohol Abuse resources:	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Life Light Counseling, 814 N. Main, Chamberlain • Dakota Counseling/Stepping Stones, 200 Paul Gust Rd., Chamberlain • AA meetings, 400 S. Main, Chamberlain, SD • NA meetings, 101 N. Merrill St., Chamberlain	
Wellness		56% self-report they are obese 20% self-report that they are overweight Only 46% report getting 5 or more fruits/vegetables each day 51% get moderate activity 3 or more times each week 47% of respondents have hypertension 42% have high cholesterol 36% have arthritis	Adult obesity 36% in Brule 42% in Buffalo 36% in Lyman	Physical Fitness resources: • River City Fitness, 300 Sorensen Dr., Chamberlain • Curves, 136 S. Main, Chamberlain • School District activities, 1000 Sorensen Dr., Chamberlain • Park District, 715 N. Main, Chamberlain • Barger Park, 347 N. Courtland St., Chamberlain • Roam Free Park Trail, SD 50, Chamberlain Obesity resources: • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain • Weight Watchers, 117 E. Beebe Ave., Chamberlain • Sanford Profile, 401 W. 69th St., Sioux Falls • Sanford Dieticians, 300 S. Byron Blvd., Chamberlain • Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St., Chamberlain Healthy Food resources: • Chamberlain Food Center, 100 Paul Gust Rd., Chamberlain • Sunshine Foods/Al's Oasis, 1000 E. SD Hwy 16, Chamberlain • Chamberlain Farmers Market, 902 S. Main, Chamberlain	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				Food & Nutrition Education resources: • Brule Co, Extension Office (healthy cooking resources & classes), 300 S. Courtland St., Chamberlain • Community Education, 1000 Sorensen Dr., Chamberlain Chronic Disease resources: • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain • American Heart Association, P O Box 90545, Sioux Falls • Asthma & Allergy Foundation, 1-800-727-8462 • Better Choices, Better Health, c/o SD DOH, 615 E. 4th St., Pierre • Sanford Medical Home, 300 S. Byron Blvd., Chamberlain Routine Health Check-Up resources: • Sanford Clinic, 300 S. Byron Blvd., Chamberlain • Brule Co. Public Health, 110 W. Beebe Ave., Chamberlain • Avera Community Clinic, 101 Lakeview Hts., Chamberlain • Drug stores that administer flu shots: o Lewis Family Drug, 107 N. Main St., Chamberlain o Gregg Drug, 220 N. Grace St., Chamberlain o Casey Drug, 201 N. Main St., Chamberlain Dental resources:	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Chamberlain Family Dentistry, 110 W. Mott Ave., Chamberlain • Daily Dental, 215 N. Main St., Chamberlain • Monson Dental, 110 W. Mott Ave., Chamberlain	

Key Stakeholder Survey

Sanford Chamberlain Medical Center

Community Health Needs Assessment
Results from an October 2017 Non-Generalizable

Online Survey of Community Stakeholders

November 2017

SANFORD

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Chamberlain Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred in the month of October. A total of 15 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues within the Community

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

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

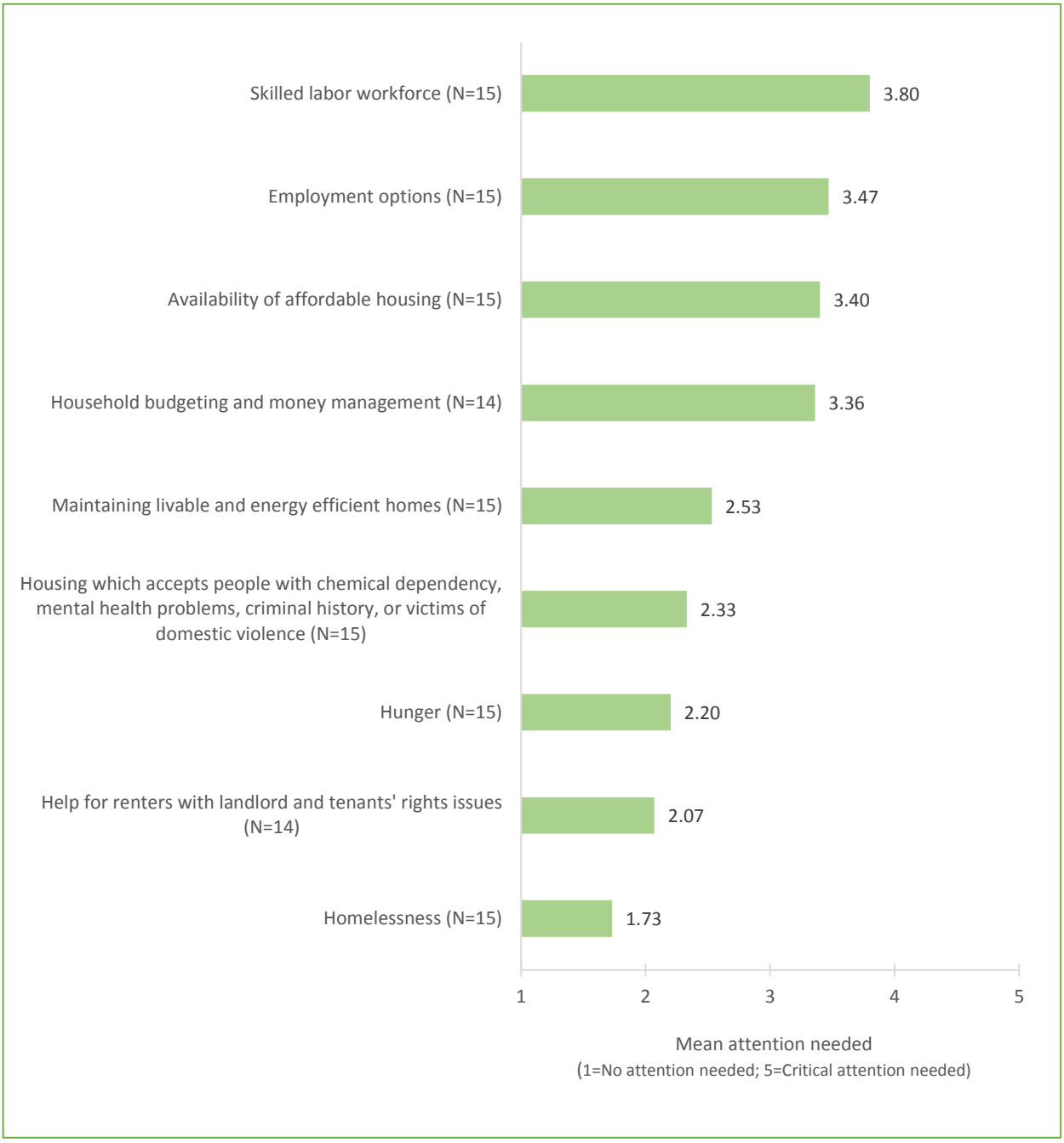


Figure 2. Current state of community issues regarding TRANSPORTATION

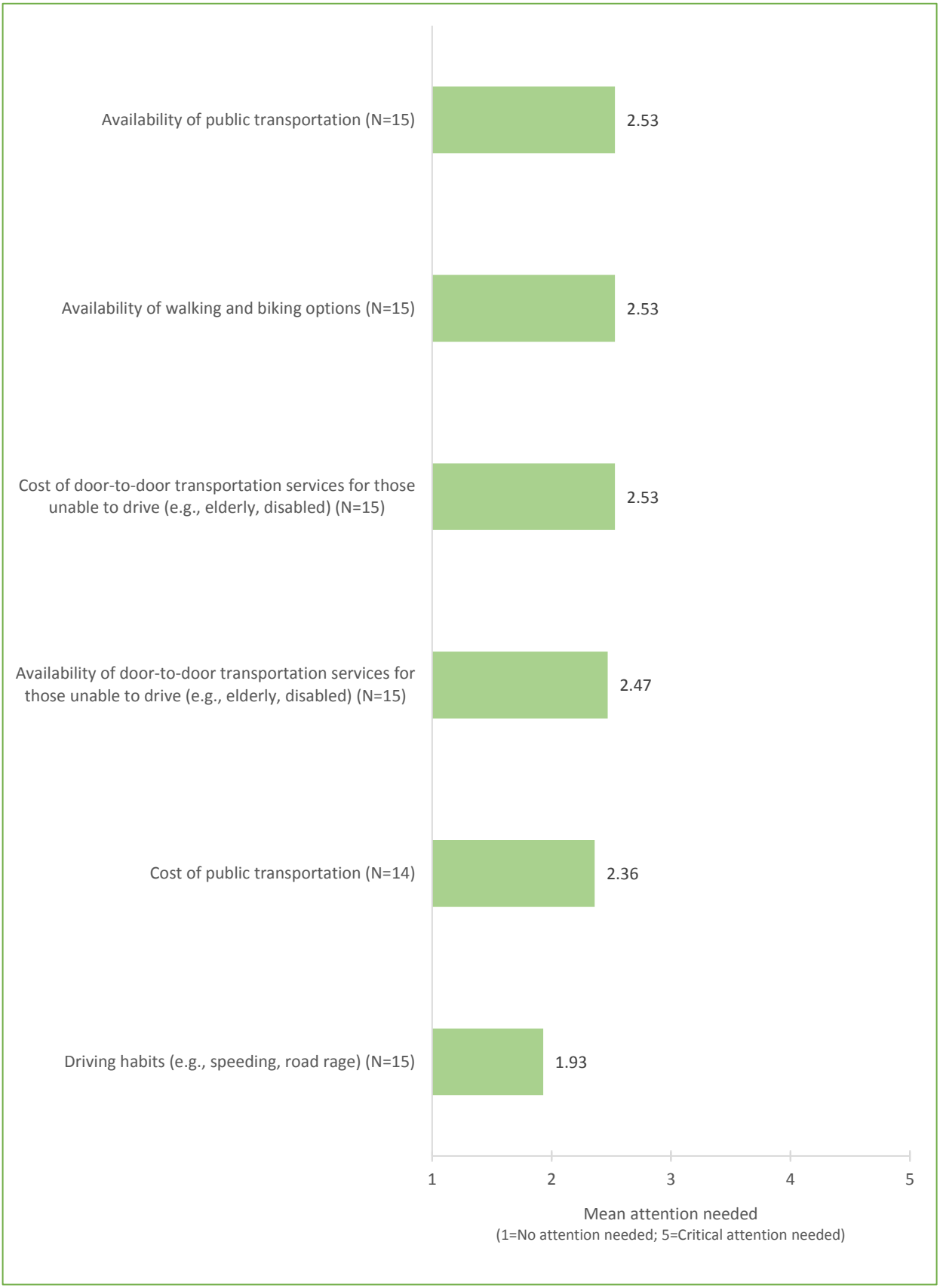


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

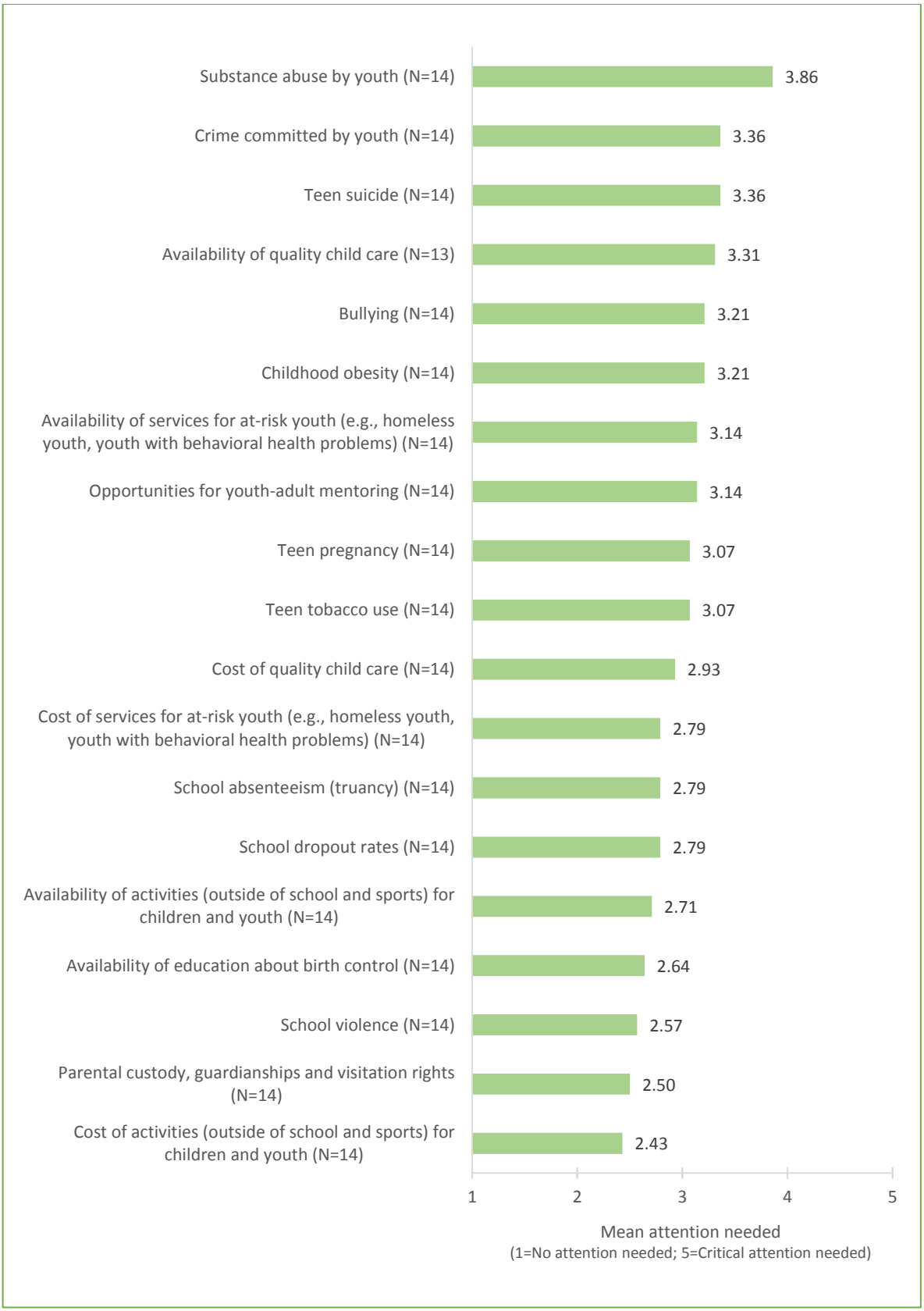


Figure 4. Current state of community issues regarding the AGING POPULATION

Figure 5. Current state of community issues regarding SAFETY

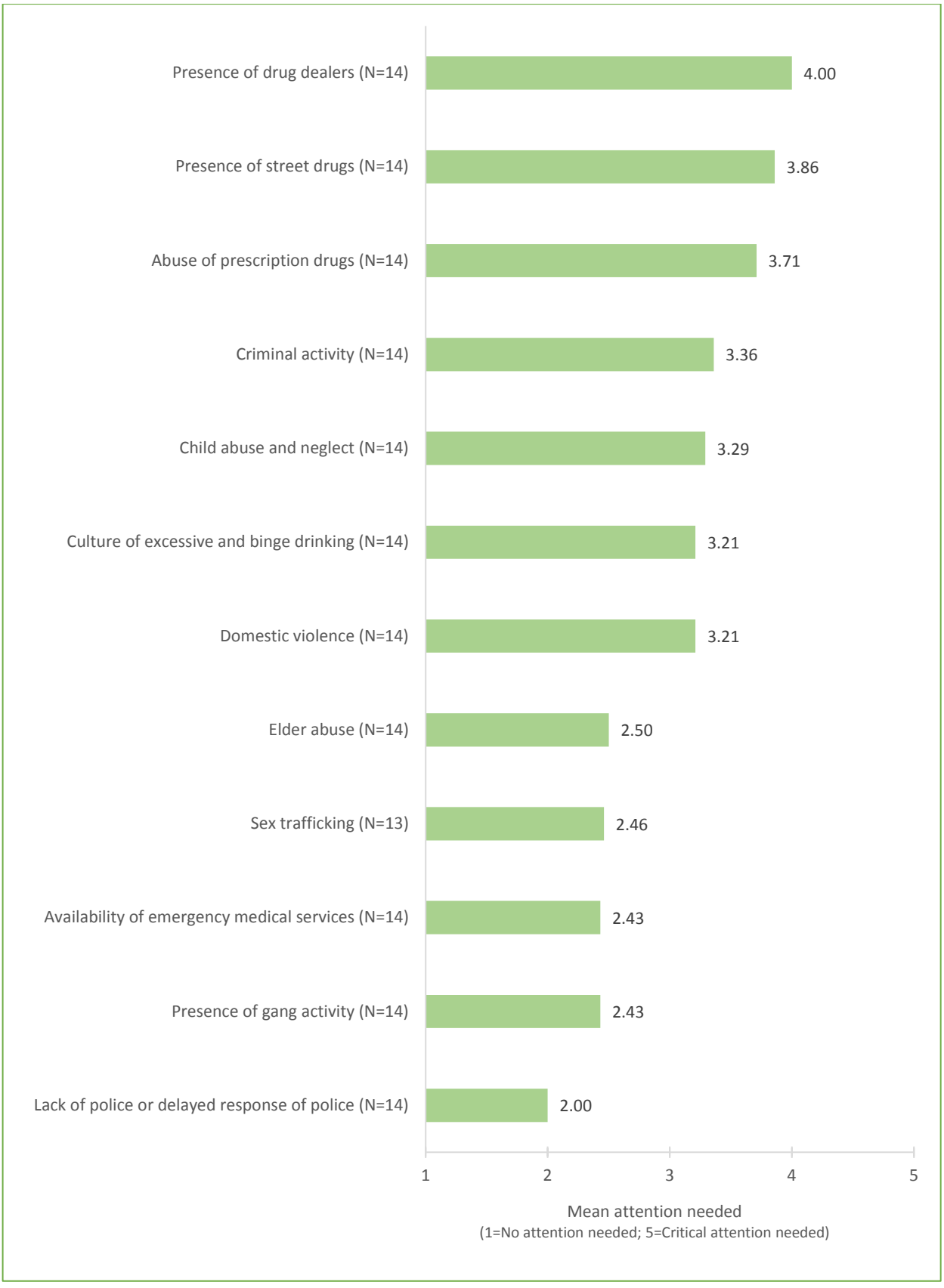
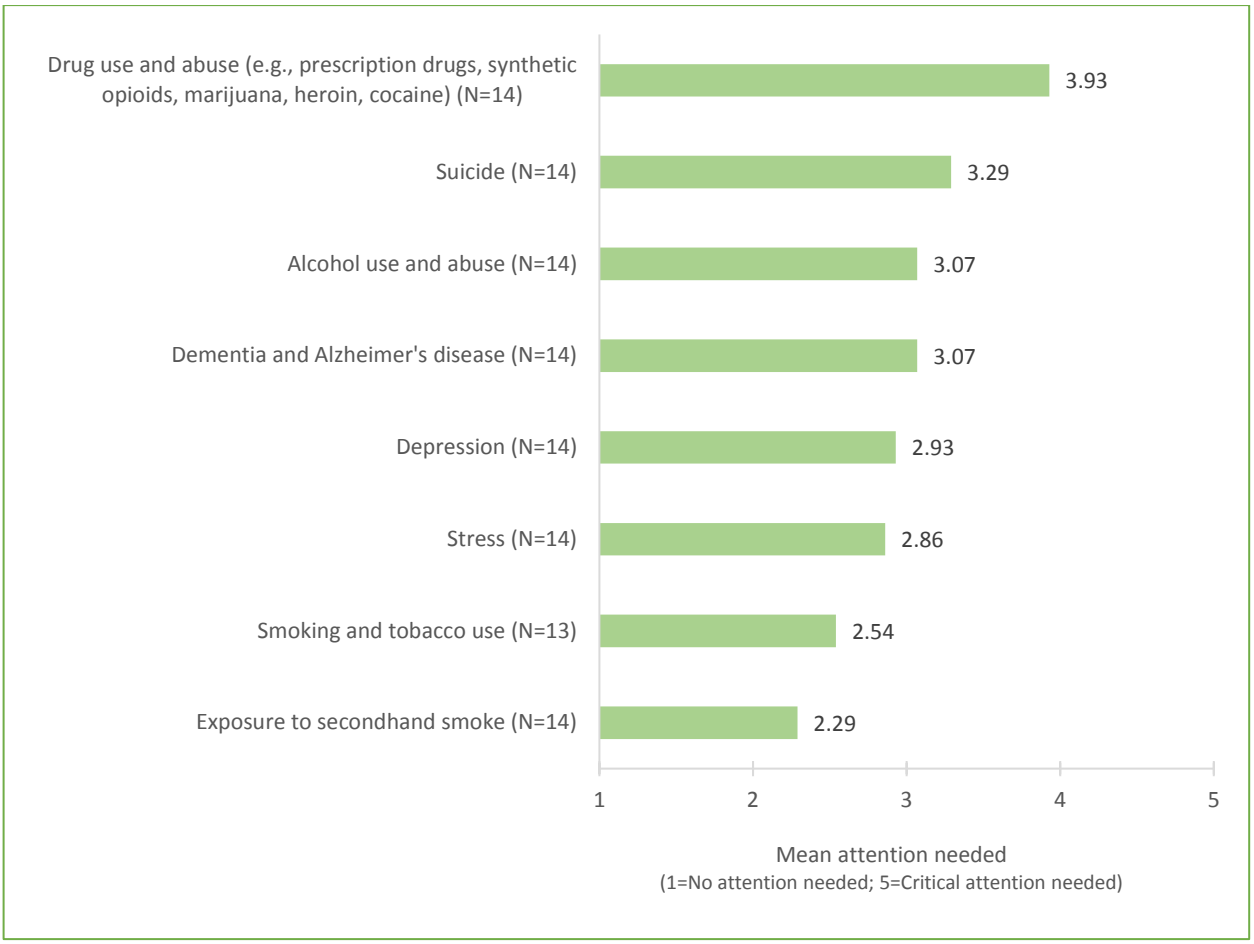


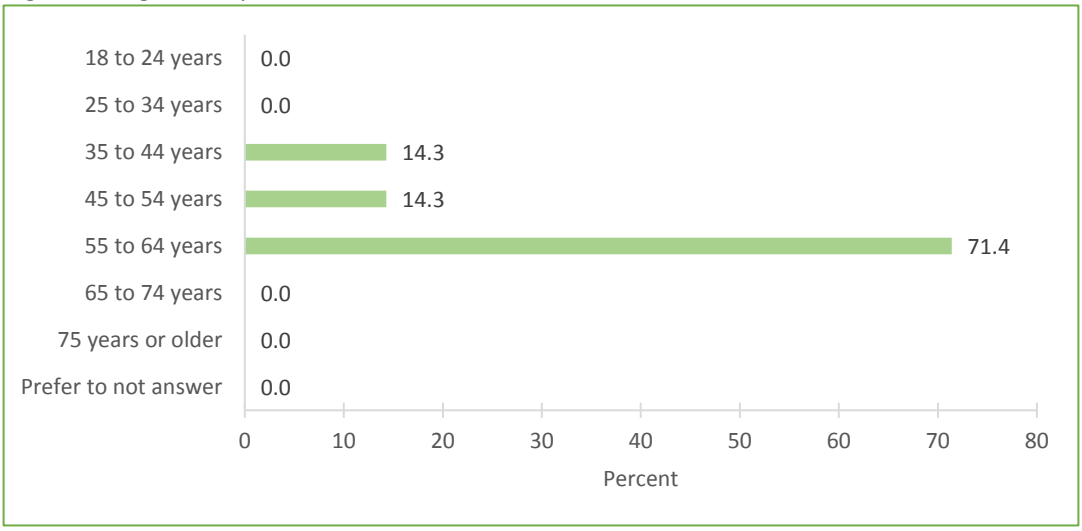
Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

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



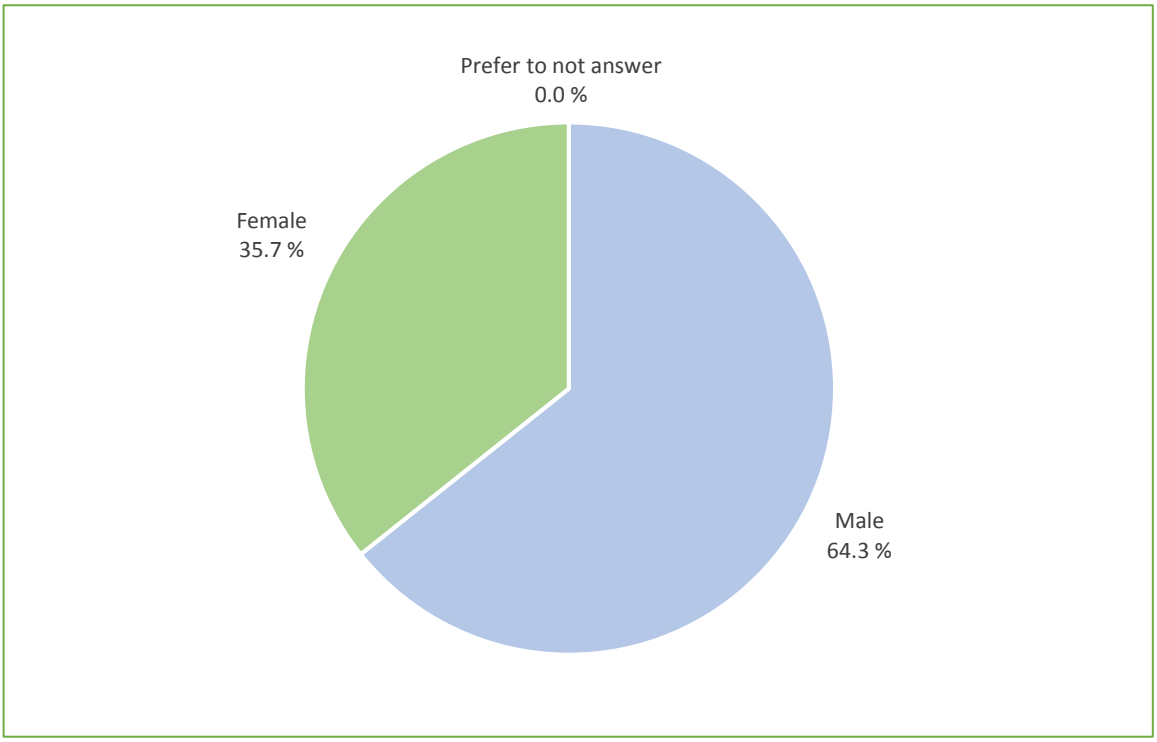
Demographic Information

Figure 8. Age of respondents



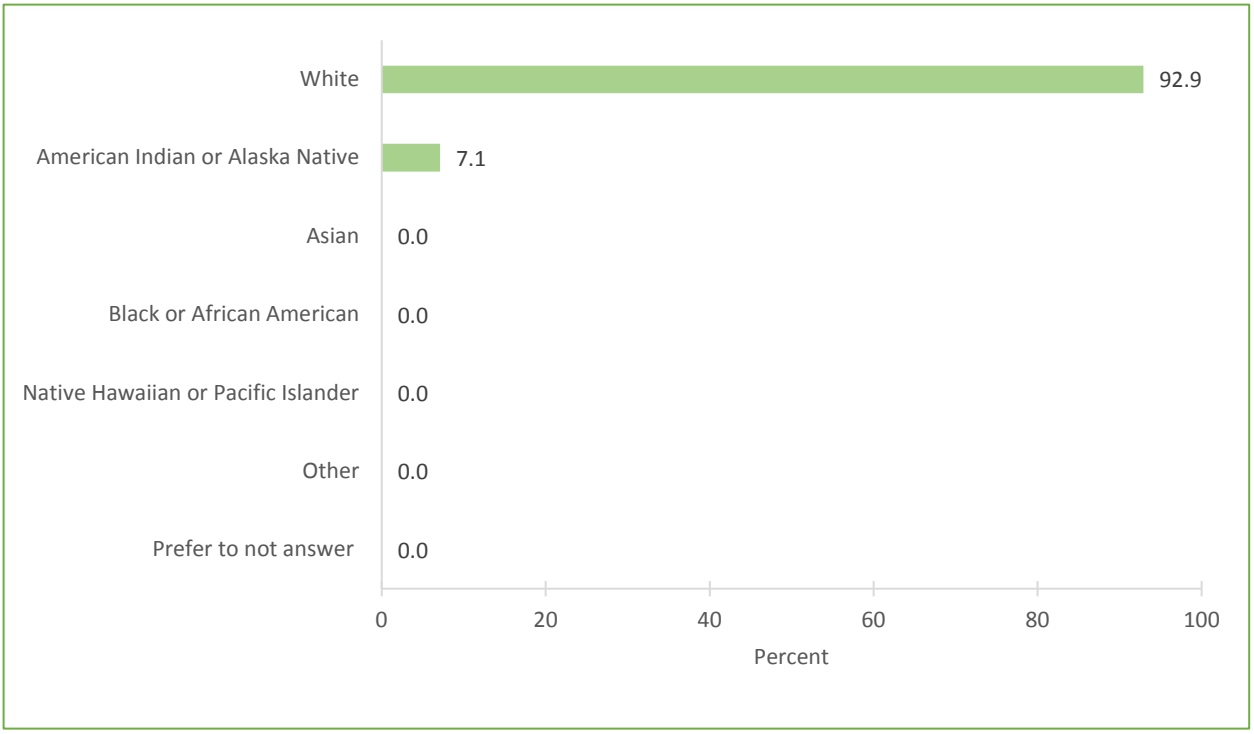
N=14

Figure 9. Biological sex of respondents



N=14

Figure 10. Race of respondents



N=14

Figure 11. Whether respondents are of Hispanic or Latino origin

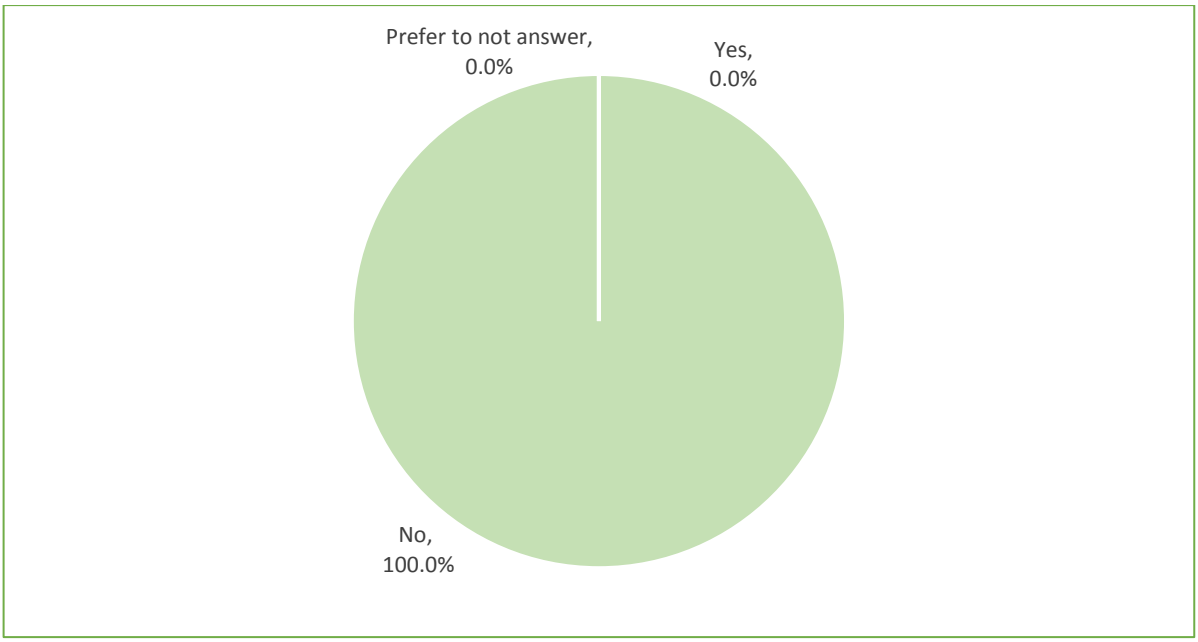


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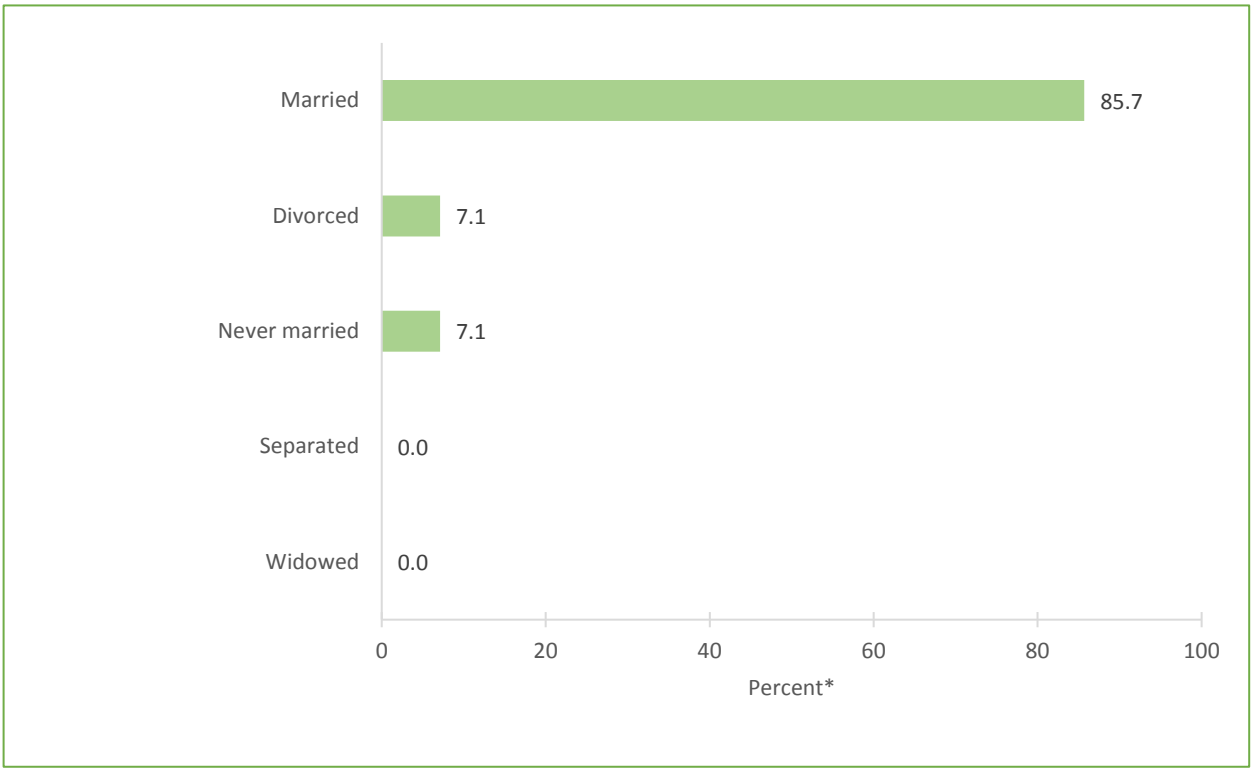
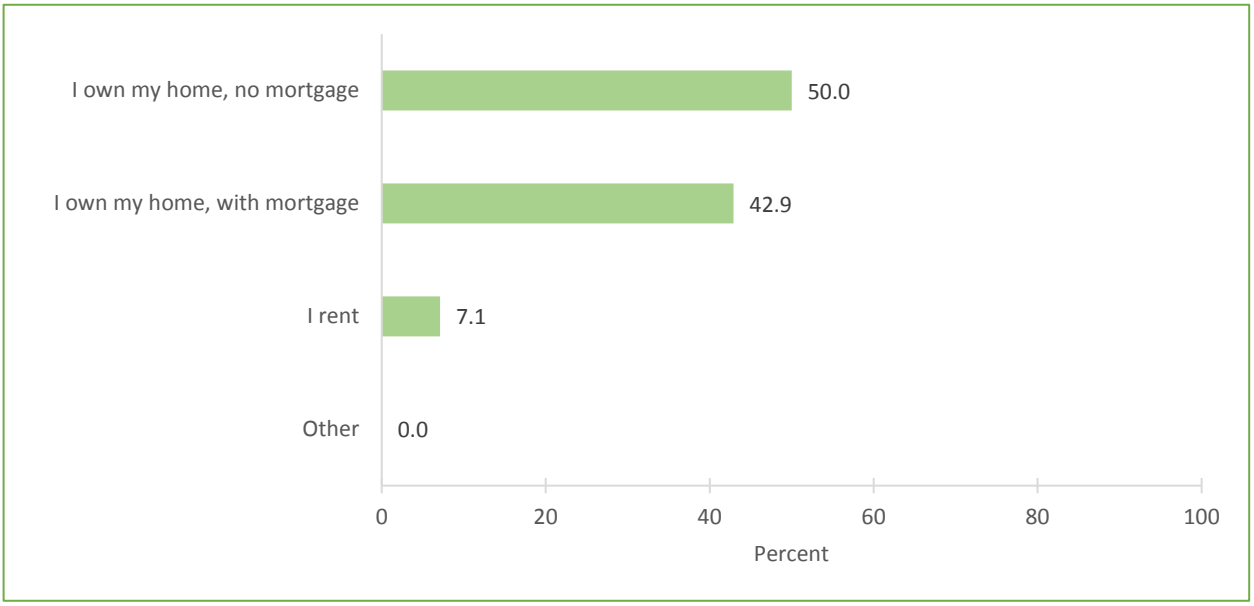
Figure 12. Marital status of respondents



N=14

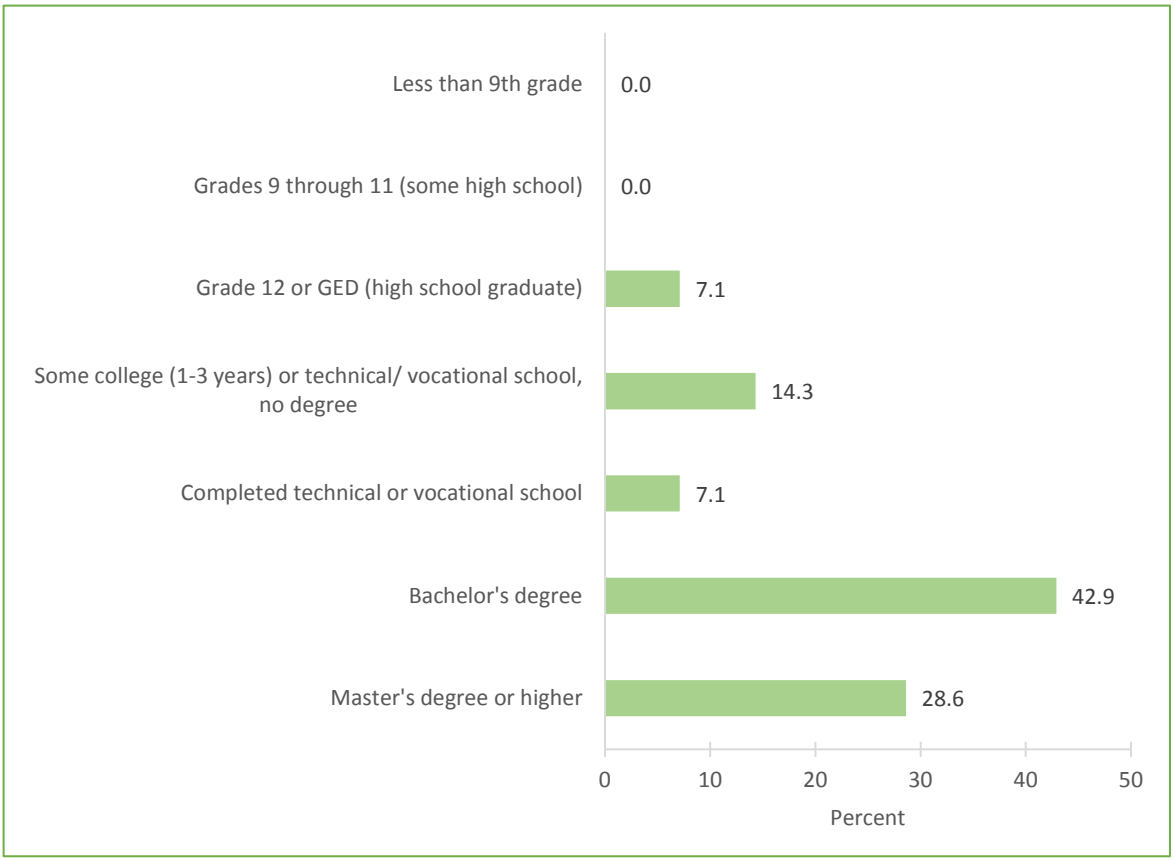
*Percentages do not total 100.0 due to rounding.

Figure 13. Living situation of respondents



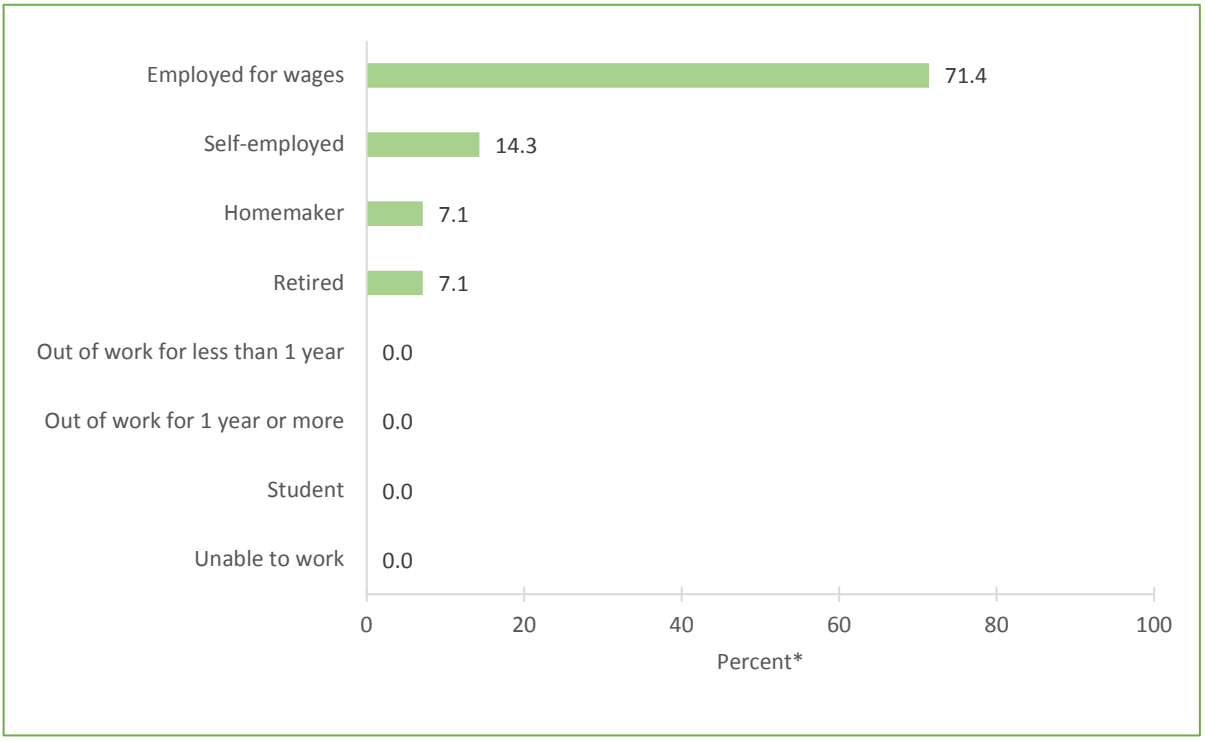
N=14

Figure 14. Highest level of education completed by respondents



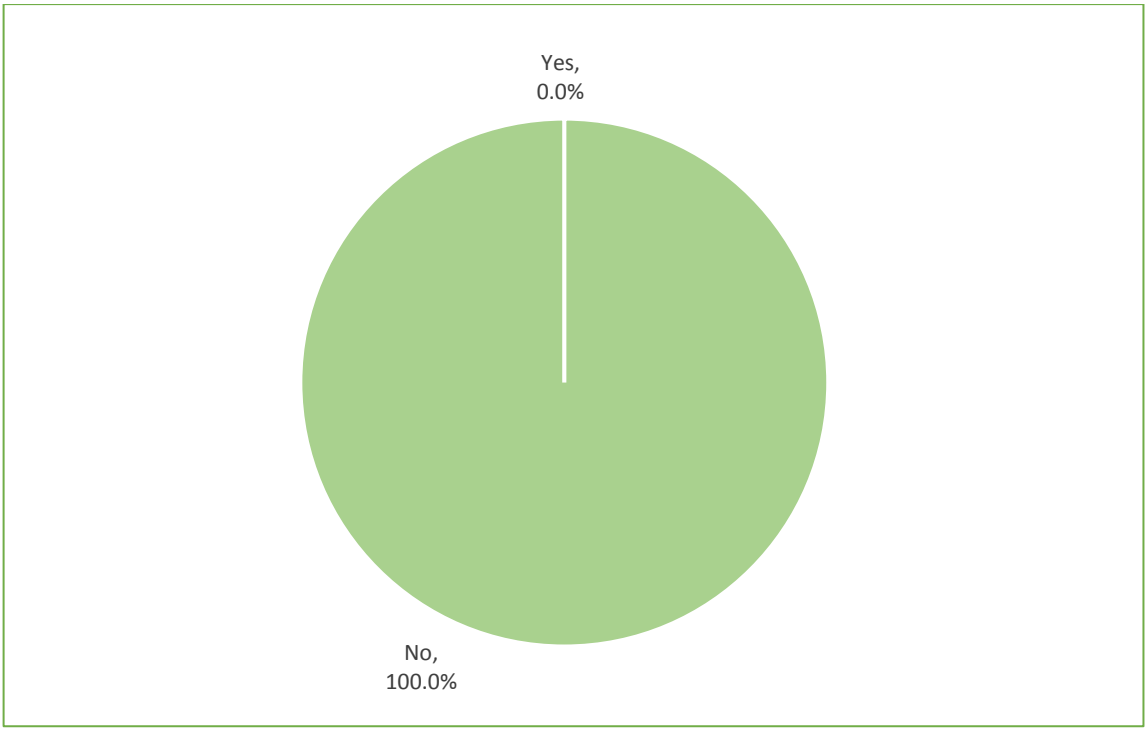
N=14

Figure 15. Employment status of respondents



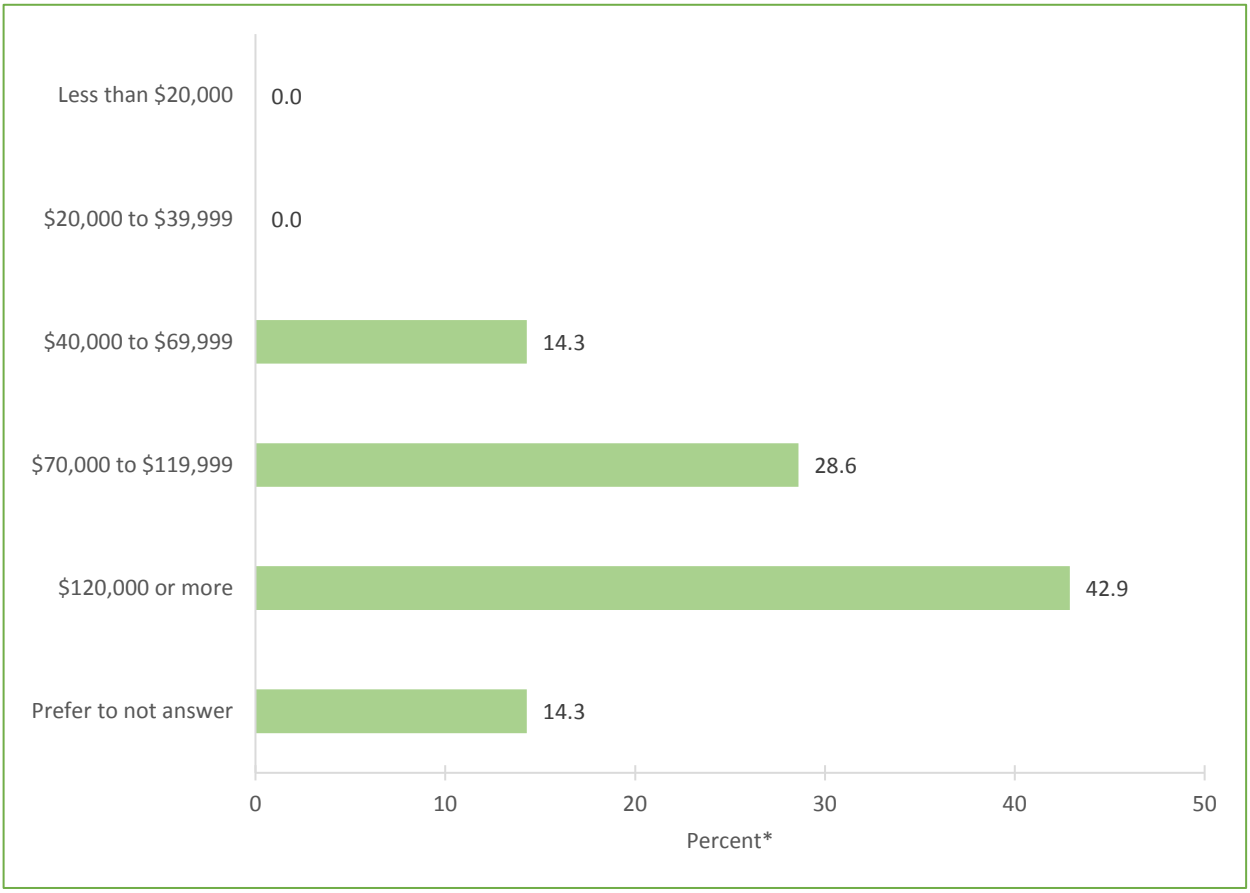
N=14
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=14

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



N=14

*Percentages do not total 100.0 due to rounding.

Table 1. Zip code of respondents

Zip code	Number of respondents
57325	9
57370	3
57369	1
57532	1

N=14

Table 2. Comments from respondents

Comments
No comments were provided by respondents.

APPENDIX TABLE

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

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=15)	3.40	0.0	33.3	13.3	33.3	20.0	0.0	99.9
Employment options (N=15)	3.47	0.0	6.7	53.3	26.7	13.3	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=15)	2.07	20.0	46.7	26.7	0.0	0.0	6.7	100.1
Homelessness (N=15)	1.73	40.0	46.7	13.3	0.0	0.0	0.0	100.0
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=15)	2.33	20.0	40.0	26.7	13.3	0.0	0.0	100.0
Household budgeting and money management (N=14)	3.36	0.0	21.4	35.7	28.6	14.3	0.0	100.0
Hunger (N=15)	2.20	13.3	60.0	20.0	6.7	0.0	0.0	100.0
Maintaining livable and energy efficient homes (N=15)	2.53	0.0	46.7	53.3	0.0	0.0	0.0	100.0
Skilled labor workforce (N=15)	3.80	0.0	6.7	26.7	46.7	20.0	0.0	100.1
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=15)	2.47	13.3	33.3	46.7	6.7	0.0	0.0	100.0
Availability of public transportation (N=15)	2.53	6.7	40.0	46.7	6.7	0.0	0.0	100.1
Availability of walking and biking options (N=15)	2.53	6.7	46.7	40.0	0.0	6.7	0.0	100.1
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=15)	2.53	13.3	46.7	26.7	0.0	13.3	0.0	100.0
Cost of public transportation (N=15)	2.36	20.0	46.7	13.3	0.0	13.3	6.7	100.0
Driving habits (e.g., speeding, road rage) (N=15)	1.93	26.7	53.3	20.0	0.0	0.0	0.0	100.0
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=14)	2.71	7.1	35.7	35.7	21.4	0.0	0.0	99.9
Availability of education about birth control (N=14)	2.64	7.1	50.0	21.4	14.3	7.1	0.0	99.9
Availability of quality child care (N=13)	3.31	7.7	7.7	38.5	38.5	7.7	0.0	100.1
Availability of services for at-risk youth (e.g., homeless youth, youth	3.14	7.1	28.6	14.3	42.9	7.1	0.0	100.0

Statements	Mean**	Percent of respondents* Level of attention needed 1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
with behavioral health problems) (N=14)								
Bullying (N=14)	3.21	7.1	28.6	14.3	35.7	14.3	0.0	100.0
Childhood obesity (N=14)	3.21	0.0	35.7	21.4	28.6	14.3	0.0	100.0
Cost of activities (outside of school and sports) for children and youth (N=14)	2.43	14.3	42.9	35.7	0.0	7.1	0.0	100.0
Cost of quality child care (N=14)	2.93	7.1	35.7	21.4	28.6	7.1	0.0	99.9
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=14)	2.79	7.1	42.9	21.4	21.4	7.1	0.0	99.9
Crime committed by youth (N=14)	3.36	0.0	7.1	71.4	0.0	21.4	0.0	99.9
Opportunities for youth-adult mentoring (N=14)	3.14	0.0	35.7	28.6	21.4	14.3	0.0	100.0
Parental custody, guardianships and visitation rights (N=14)	2.50	14.3	35.7	35.7	14.3	0.0	0.0	100.0
School absenteeism (truancy) (N=14)	2.79	21.4	21.4	28.6	14.3	14.3	0.0	100.0
School dropout rates (N=14)	2.79	14.3	21.4	42.9	14.3	7.1	0.0	100.0
School violence (N=14)	2.57	21.4	28.6	35.7	0.0	14.3	0.0	100.1
Substance abuse by youth (N=14)	3.86	0.0	14.3	28.6	14.3	42.9	0.0	100.1
Teen pregnancy (N=14)	3.07	7.1	28.6	35.7	7.1	21.4	0.0	99.9
Teen suicide (N=14)	3.36	7.1	14.3	28.6	35.7	14.3	0.0	100.0
Teen tobacco use (N=14)	3.07	7.1	14.3	50.0	21.4	7.1	0.0	99.9
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=14)	2.71	7.1	35.7	42.9	7.1	7.1	0.0	99.9
Availability of long-term care (N=14)	2.71	7.1	42.9	28.6	14.3	7.1	0.0	100.0
Availability of memory care (N=14)	3.07	0.0	28.6	50.0	7.1	14.3	0.0	100.0
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=14)	2.93	0.0	35.7	42.9	14.3	7.1	0.0	100.0
Availability of resources for grandparents caring for grandchildren (N=14)	2.86	7.1	28.6	42.9	14.3	7.1	0.0	100.0
Availability of resources to help the elderly stay safe in their homes (N=14)	3.14	0.0	28.6	35.7	28.6	7.1	0.0	100.0
Cost of activities for seniors (e.g., recreational, social, cultural) (N=14)	2.36	14.3	57.1	14.3	7.1	7.1	0.0	99.9
Cost of in-home services (N=14)	3.14	7.1	14.3	42.9	28.6	7.1	0.0	100.0
Cost of long-term care (N=14)	4.00	0.0	14.3	14.3	28.6	42.9	0.0	100.1
Cost of memory care (N=14)	3.86	0.0	14.3	21.4	28.6	35.7	0.0	100.0
Help making out a will or health care directive (N=14)	2.71	7.1	42.9	28.6	14.3	7.1	0.0	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
SAFETY								
Abuse of prescription drugs (N=14)	3.71	7.1	14.3	14.3	28.6	35.7	0.0	100.0
Availability of emergency medical services (N=14)	2.43	21.4	42.9	21.4	0.0	14.3	0.0	100.0
Child abuse and neglect (N=14)	3.29	7.1	7.1	57.1	7.1	21.4	0.0	99.8
Criminal activity (N=14)	3.36	7.1	21.4	21.4	28.6	21.4	0.0	99.9
Culture of excessive and binge drinking (N=14)	3.21	7.1	21.4	28.6	28.6	14.3	0.0	100.0
Domestic violence (N=14)	3.21	7.1	14.3	42.9	21.4	14.3	0.0	100.0
Elder abuse (N=14)	2.50	14.3	42.9	28.6	7.1	7.1	0.0	100.0
Lack of police or delayed response of police (N=14)	2.00	28.6	57.1	7.1	0.0	7.1	0.0	99.9
Presence of drug dealers (N=14)	4.00	0.0	21.4	7.1	21.4	50.0	0.0	99.9
Presence of gang activity (N=14)	2.43	7.1	50.0	35.7	7.1	0.0	0.0	99.9
Presence of street drugs (N=14)	3.86	7.1	7.1	21.4	21.4	42.9	0.0	99.9
Sex trafficking (N=14)	2.46	14.3	28.6	42.9	7.1	0.0	7.1	100.0
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=14)	3.00	0.0	35.7	42.9	7.1	14.3	0.0	100.0
Access to affordable health insurance coverage (N=14)	4.43	0.0	0.0	14.3	28.6	57.1	0.0	100.0
Access to affordable health care (N=14)	3.71	0.0	14.3	21.4	42.9	21.4	0.0	100.0
Access to affordable prescription drugs (N=14)	3.43	0.0	21.4	35.7	21.4	21.4	0.0	99.9
Access to affordable vision insurance coverage (N=14)	2.93	14.3	14.3	50.0	7.1	14.3	0.0	100.0
Access to technology for health records and health education (N=14)	2.50	7.1	42.9	42.9	7.1	0.0	0.0	100.0
Availability of behavioral health (substance abuse) providers (N=14)	3.00	0.0	42.9	21.4	28.6	7.1	0.0	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=14)	3.00	7.1	42.9	21.4	0.0	28.6	0.0	100.0
Availability of health care services for Native people (N=14)	2.86	14.3	35.7	14.3	21.4	14.3	0.0	100.0
Availability of health care services for New Americans (N=14)	2.62	14.3	35.7	21.4	14.3	7.1	7.1	99.9
Availability of mental health providers (N=13)	2.77	15.4	30.8	30.8	7.7	15.4	0.0	100.1
Availability of non-traditional hours (e.g., evenings, weekends) (N=14)	2.93	14.3	35.7	7.1	28.6	14.3	0.0	100.0
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=14)	2.57	14.3	28.6	42.9	14.3	0.0	0.0	100.1
Availability of specialist physicians (N=14)	2.93	7.1	35.7	28.6	14.3	14.3	0.0	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Coordination of care between providers and services (N=14)	2.71	7.1	35.7	35.7	21.4	0.0	0.0	99.9
Timely access to medical care providers (N=14)	2.14	28.6	42.9	21.4	0.0	7.1	0.0	100.0
Timely access to dental care providers (N=14)	2.14	28.6	42.9	21.4	0.0	7.1	0.0	100.0
Timely access to vision care providers (N=14)	2.14	28.6	42.9	21.4	0.0	7.1	0.0	100.0
Use of emergency room services for primary healthcare (N=14)	2.79	21.4	21.4	21.4	28.6	7.1	0.0	99.9
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=14)	3.07	0.0	28.6	35.7	35.7	0.0	0.0	100.0
Dementia and Alzheimer's disease (N=14)	3.07	0.0	21.4	50.0	28.6	0.0	0.0	100.0
Depression (N=14)	2.93	0.0	28.6	50.0	21.4	0.0	0.0	100.0
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=14)	3.93	0.0	14.3	7.1	50.0	28.6	0.0	100.0
Exposure to secondhand smoke (N=14)	2.29	21.4	42.9	21.4	14.3	0.0	0.0	100.0
Smoking and tobacco use (N=13)	2.54	7.7	53.8	15.4	23.1	0.0	0.0	100.0
Stress (N=14)	2.86	7.1	35.7	21.4	35.7	0.0	0.0	99.9
Suicide (N=14)	3.29	0.0	21.4	35.7	35.7	7.1	0.0	99.9

*Percentages may not total 100.0 due to rounding.

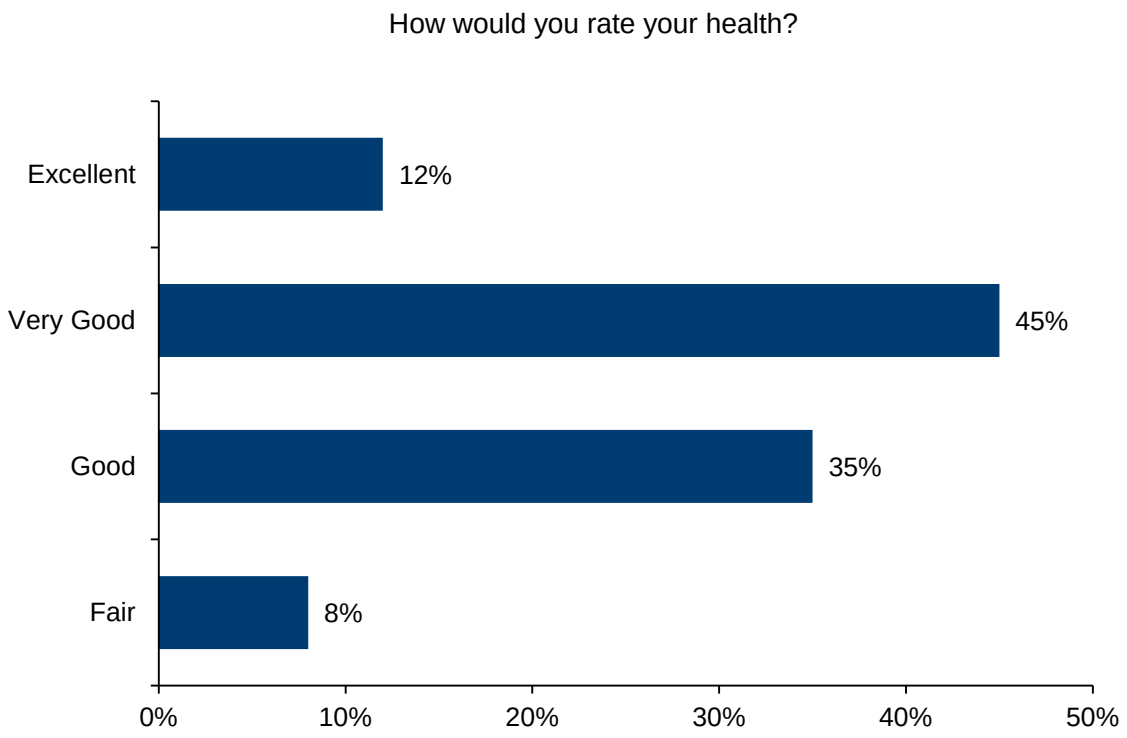
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Resident Survey

Chamberlain CHNA Survey Report

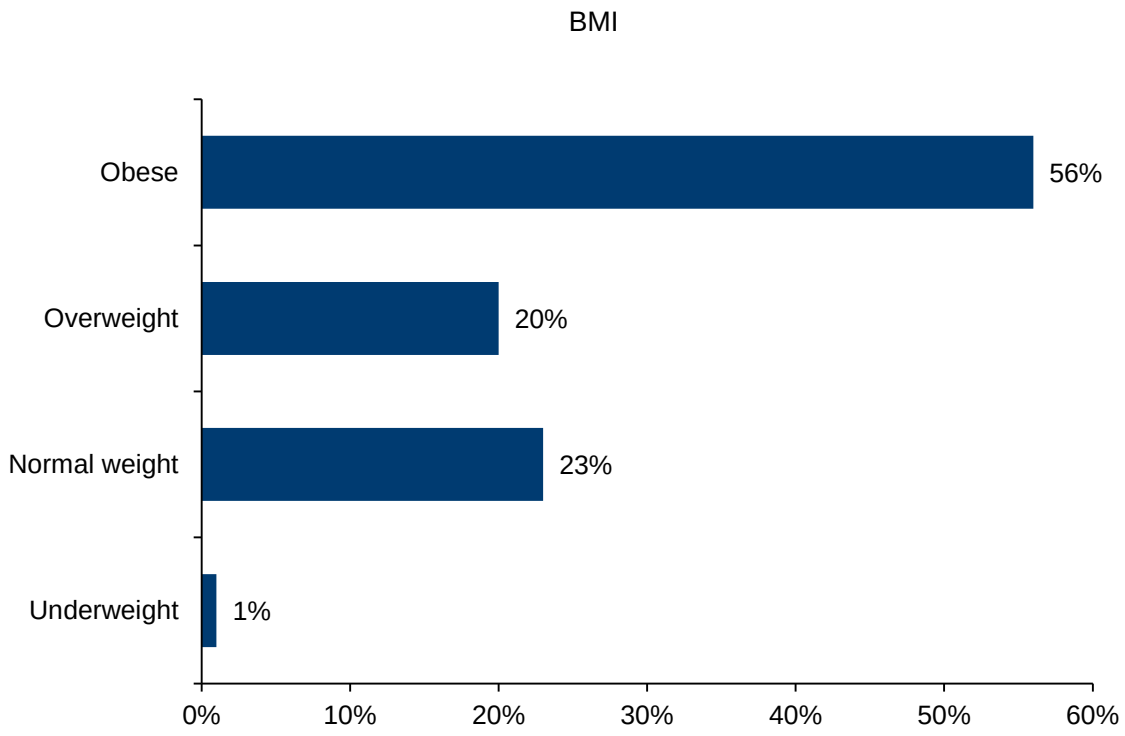
February 26, 2018

Charts Exported by MarketSight®



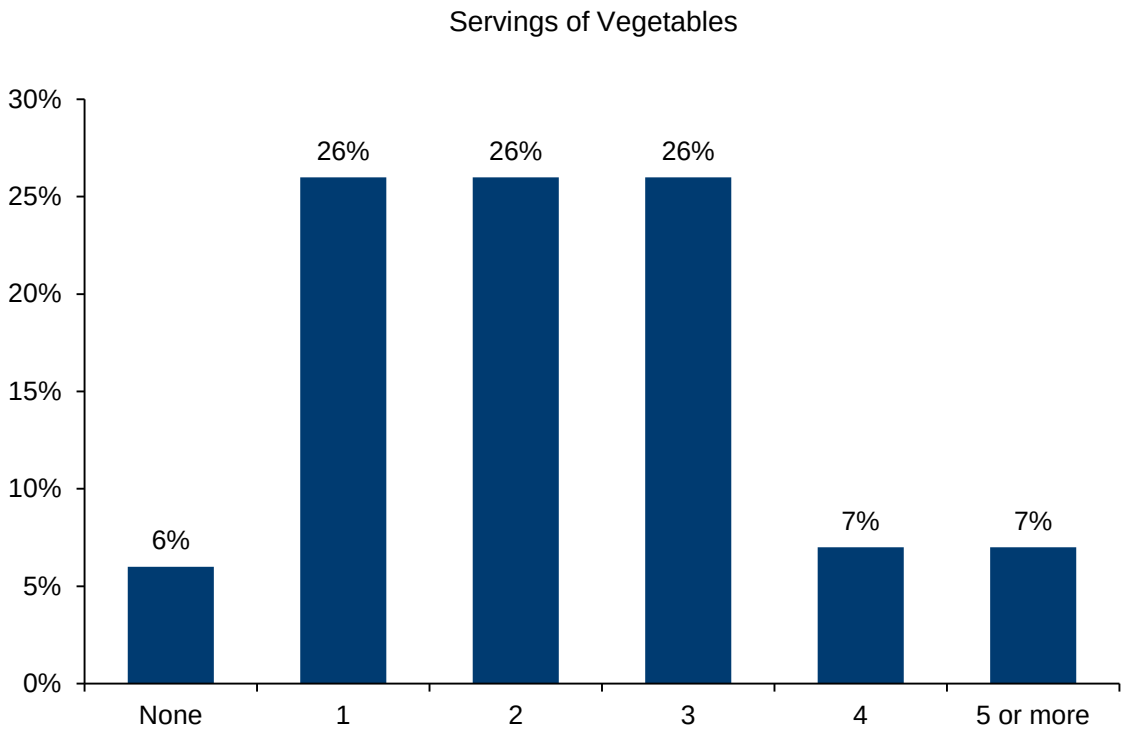
Base: Fair (n=6), Good (n=26), Very Good (n=34), Excellent (n=9), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



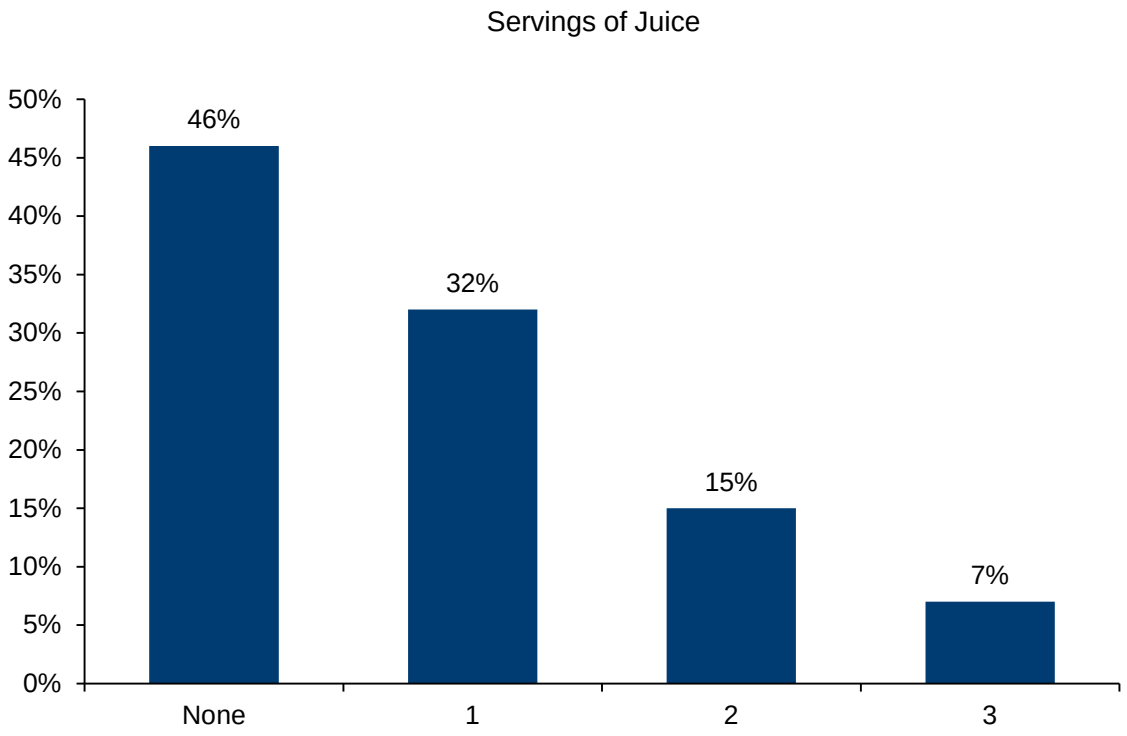
Base: Underweight (n=1), Normal weight (n=17), Overweight (n=15), Obese (n=42), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



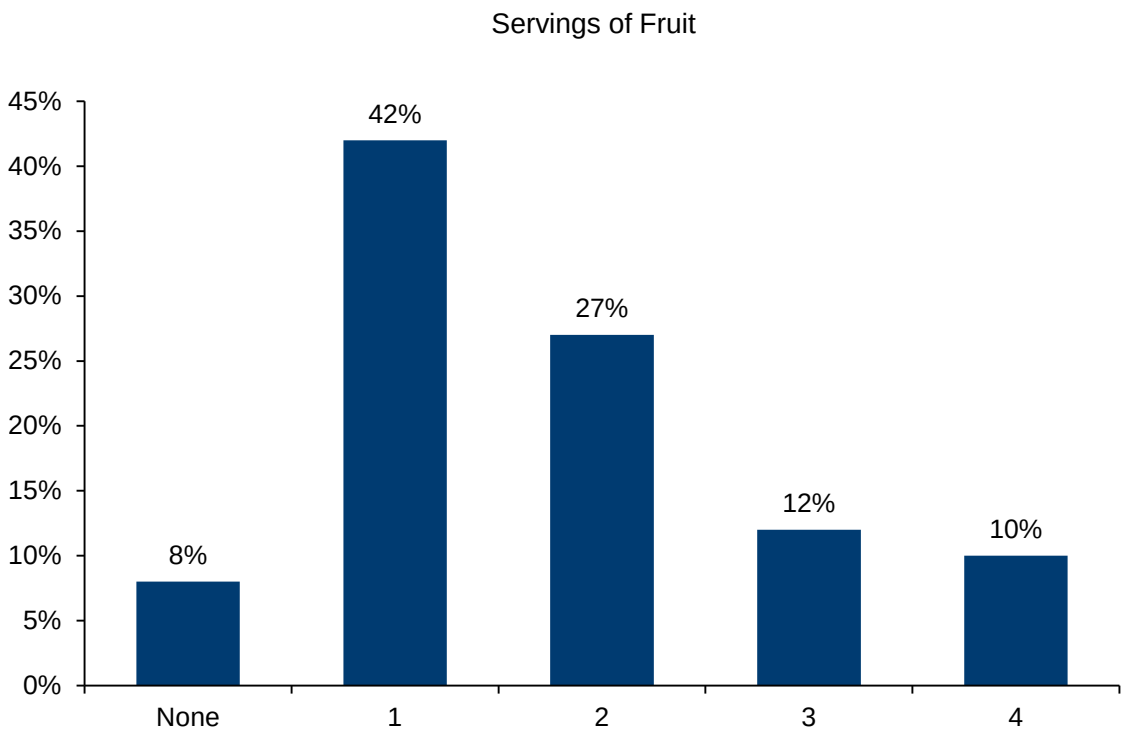
Base: None (n=4), 1 (n=18), 2 (n=18), 3 (n=18), 4 (n=5), 5 or more (n=5), Sample Size = 68

(Community = Brule / Buffalo / Lyman)



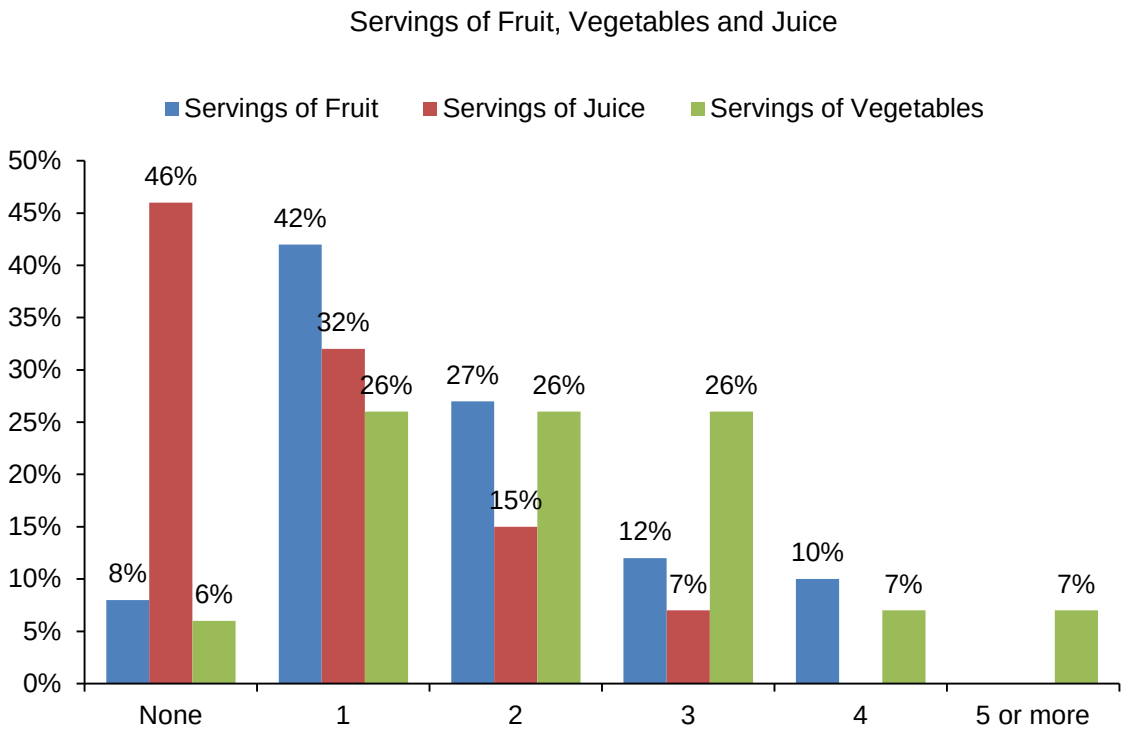
Base: None (n=19), 1 (n=13), 2 (n=6), 3 (n=3), Sample Size = 41

(Community = Brule / Buffalo / Lyman)



Base: None (n=5), 1 (n=25), 2 (n=16), 3 (n=7), 4 (n=6), Sample Size = 59

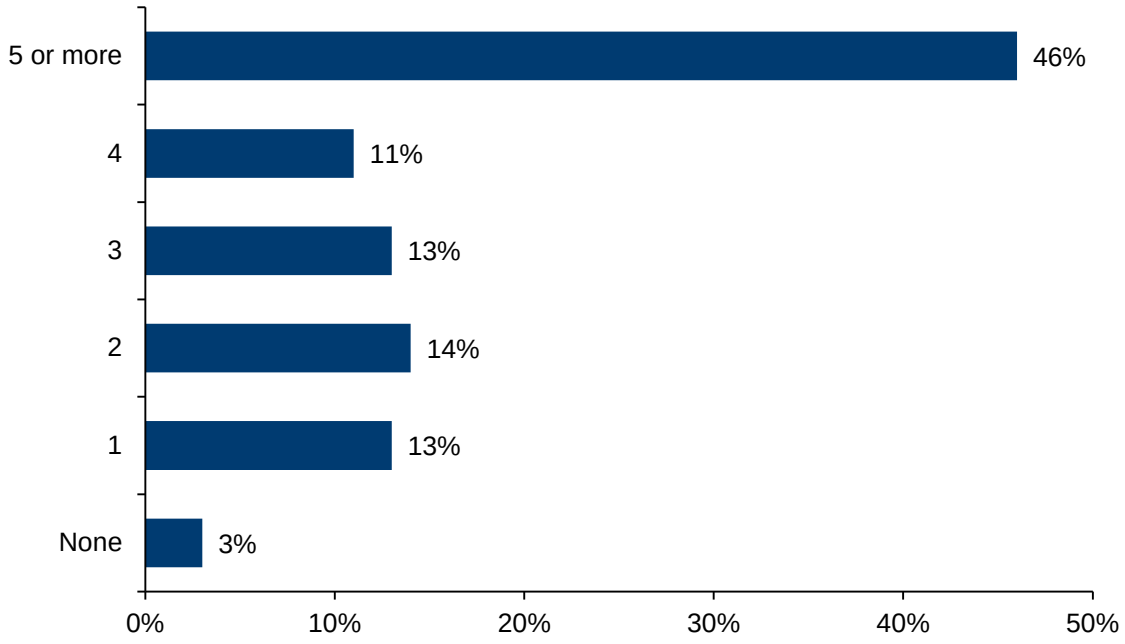
(Community = Brule / Buffalo / Lyman)



Sample Size = Variable

(Community = Brule / Buffalo / Lyman)

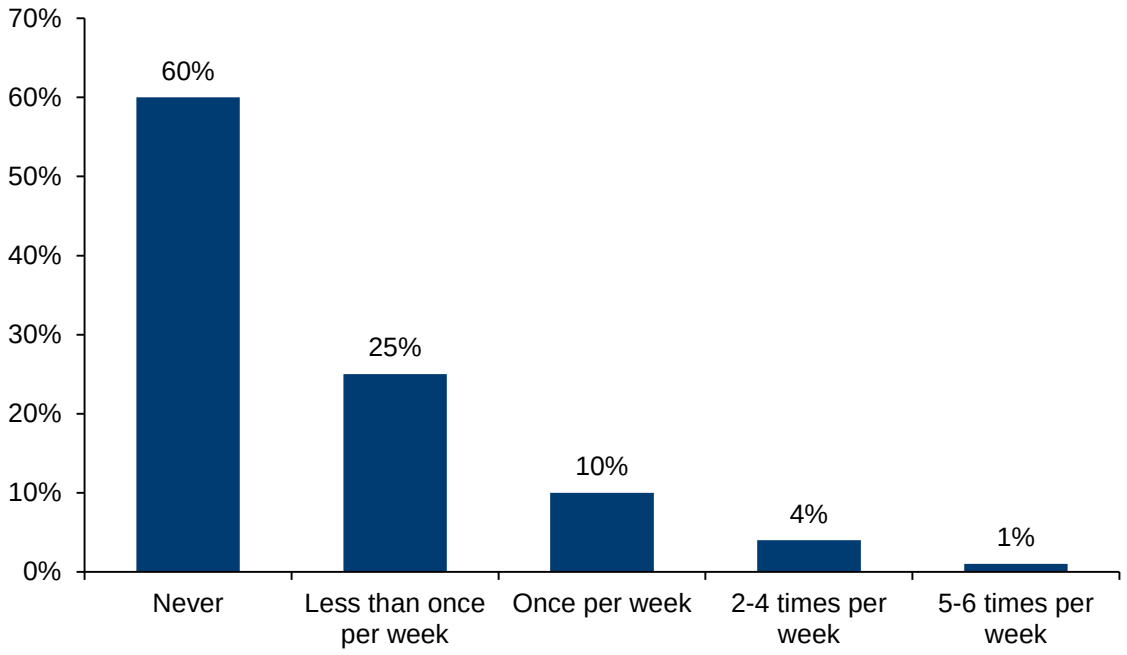
Total Servings of Fruits, Vegetables and Juice



Base: None (n=2), 1 (n=9), 2 (n=10), 3 (n=9), 4 (n=8), 5 or more (n=32), Sample Size = 70

(Community = Brule / Buffalo / Lyman)

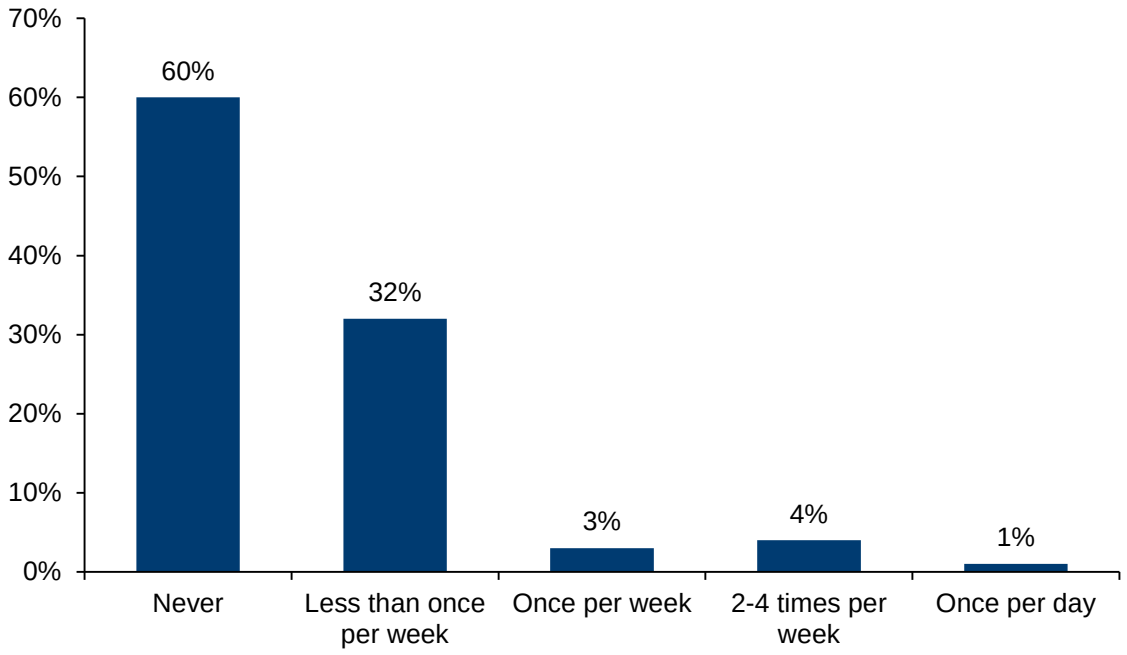
Snapple, Flavored Teas, Capri Sun, etc.



Base: Never (n=44), Less than once per week (n=18), Once per week (n=7), 2-4 times per week (n=3), 5-6 times per week (n=1), Sample Size = 73

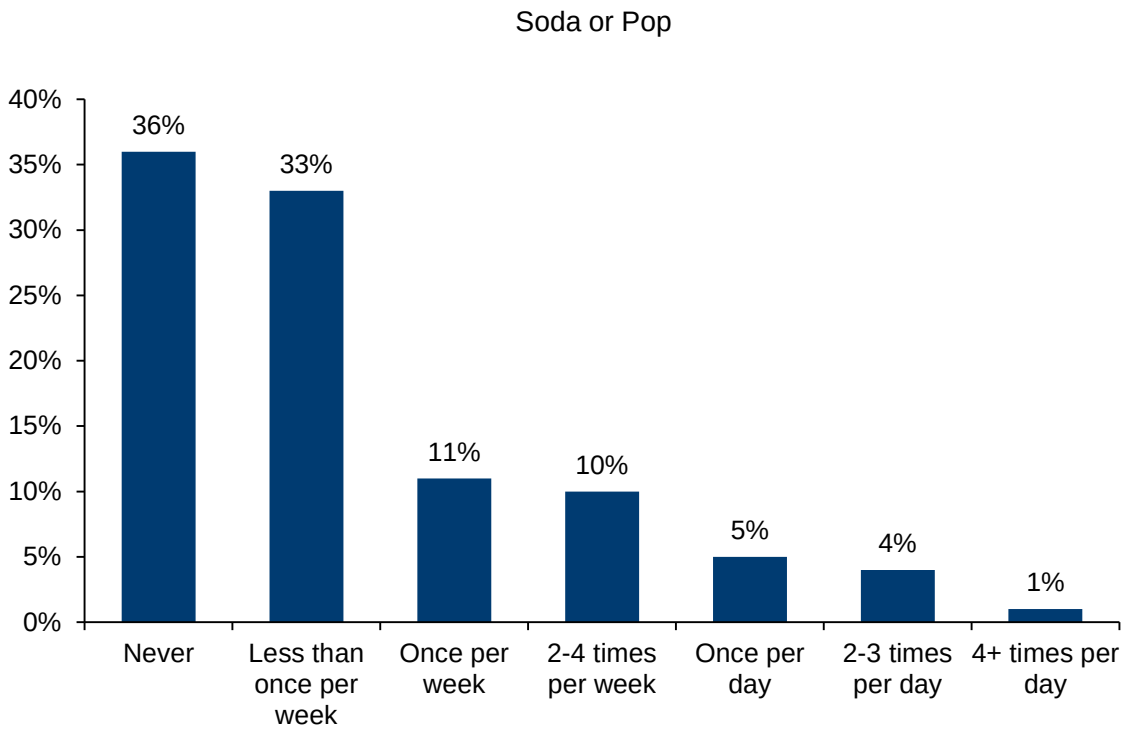
(Community = Brule / Buffalo / Lyman)

Gatorade, Powerade, etc.



Base: Never (n=44), Less than once per week (n=23), Once per week (n=2), 2-4 times per week (n=3), Once per day (n=1), Sample Size = 73

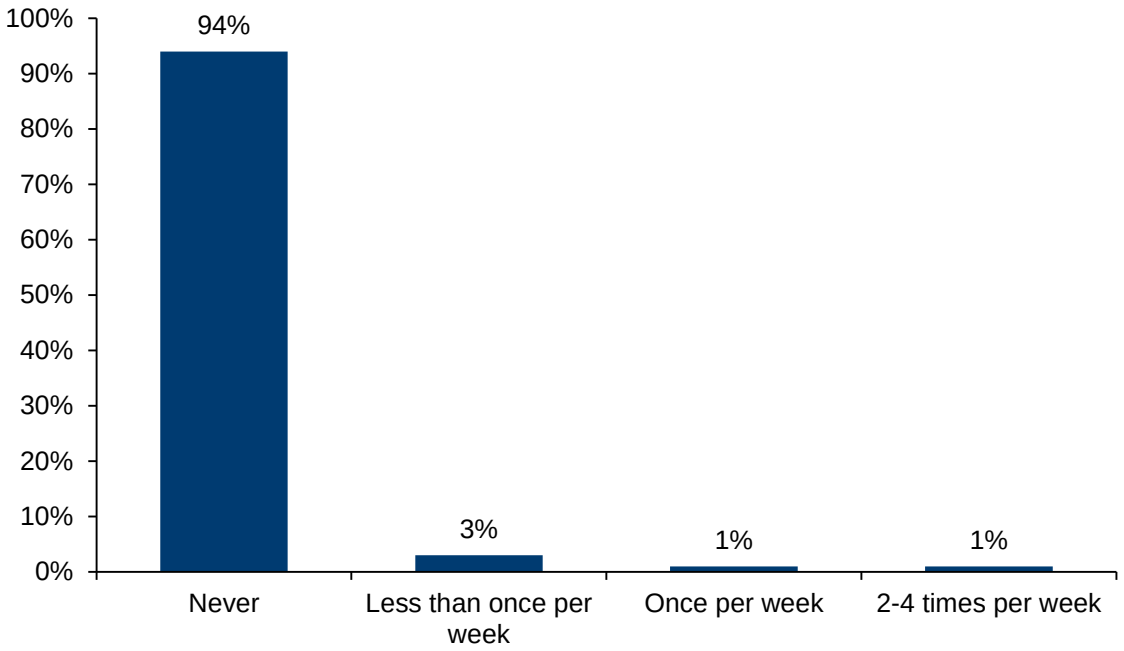
(Community = Brule / Buffalo / Lyman)



Base: Never (n=26), Less than once per week (n=24), Once per week (n=8), 2-4 times per week (n=7), Once per day (n=4), 2-3 times per day (n=3), 4+ times per day (n=1), Sample Size = 73

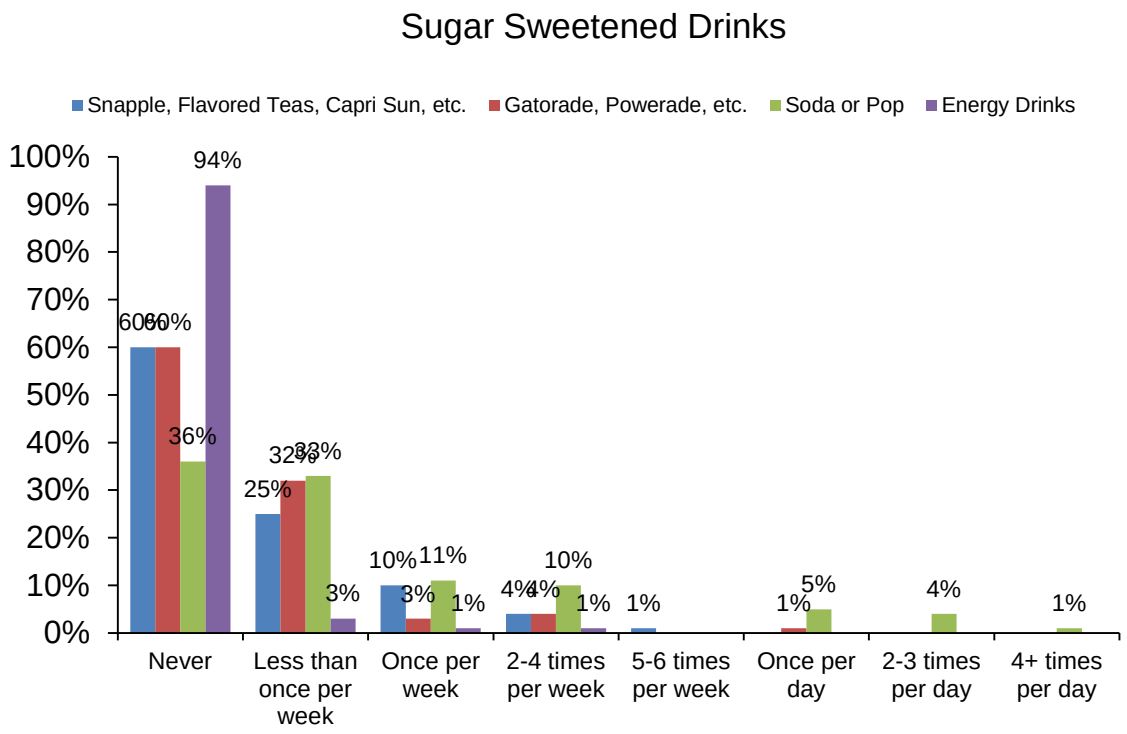
(Community = Brule / Buffalo / Lyman)

Energy Drinks



Base: Never (n=68), Less than once per week (n=2), Once per week (n=1), 2-4 times per week (n=1), Sample Size = 72

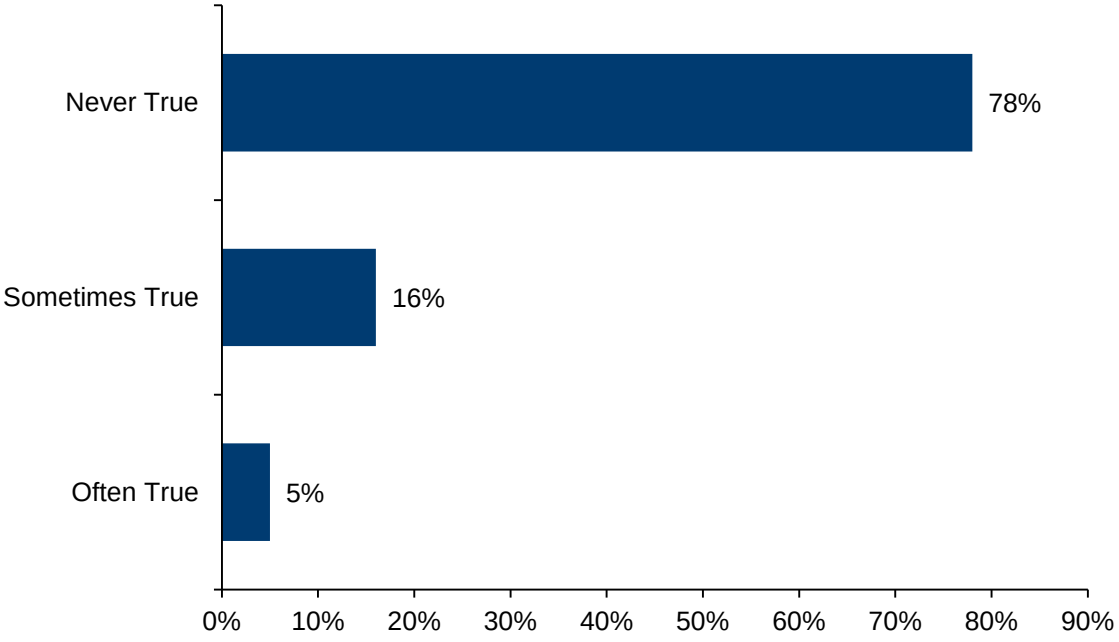
(Community = Brule / Buffalo / Lyman)



Sample Size = Variable

(Community = Brule / Buffalo / Lyman)

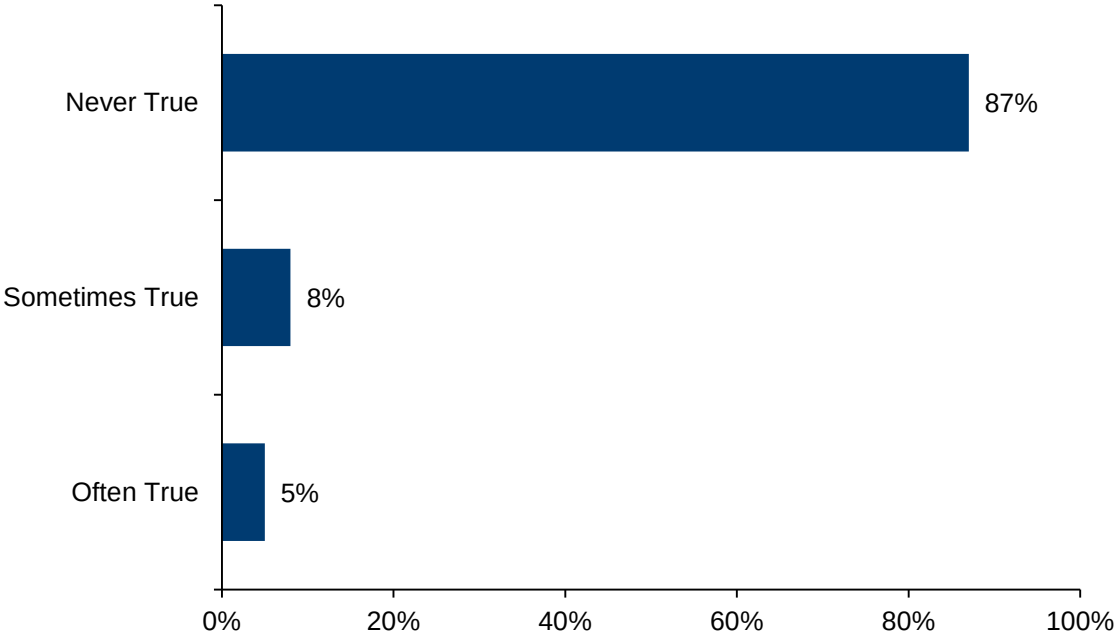
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=4), Sometimes True (n=12), Never True (n=58), Sample Size = 74

(Community = Brule / Buffalo / Lyman)

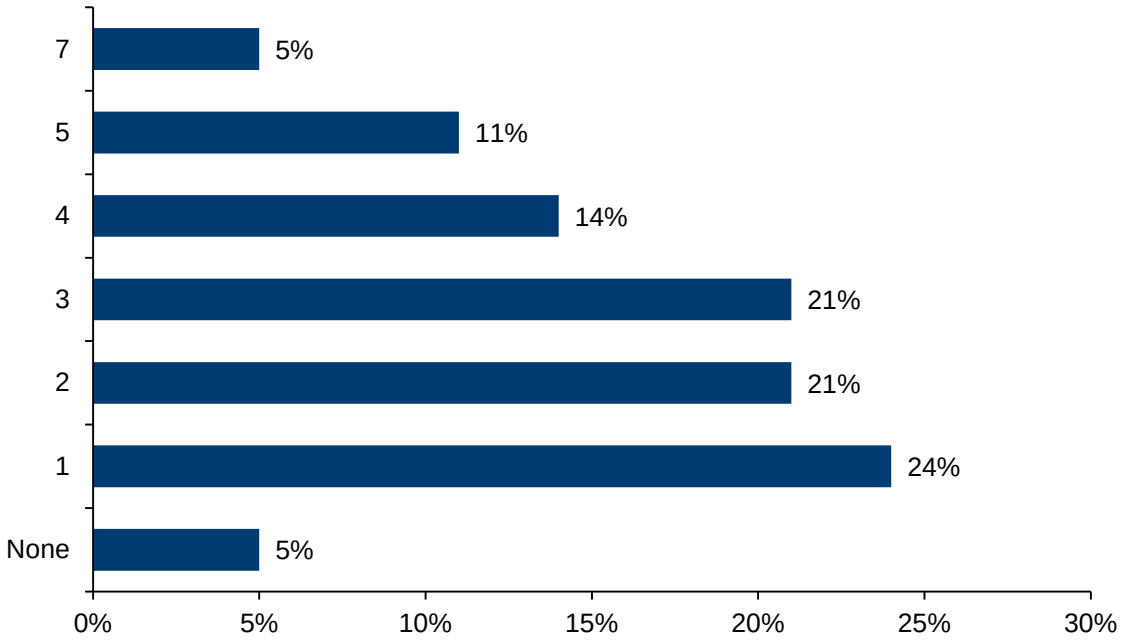
The food that we bought just didn’t last, and we didn’t have money to get more.



Base: Often True (n=4), Sometimes True (n=6), Never True (n=65), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

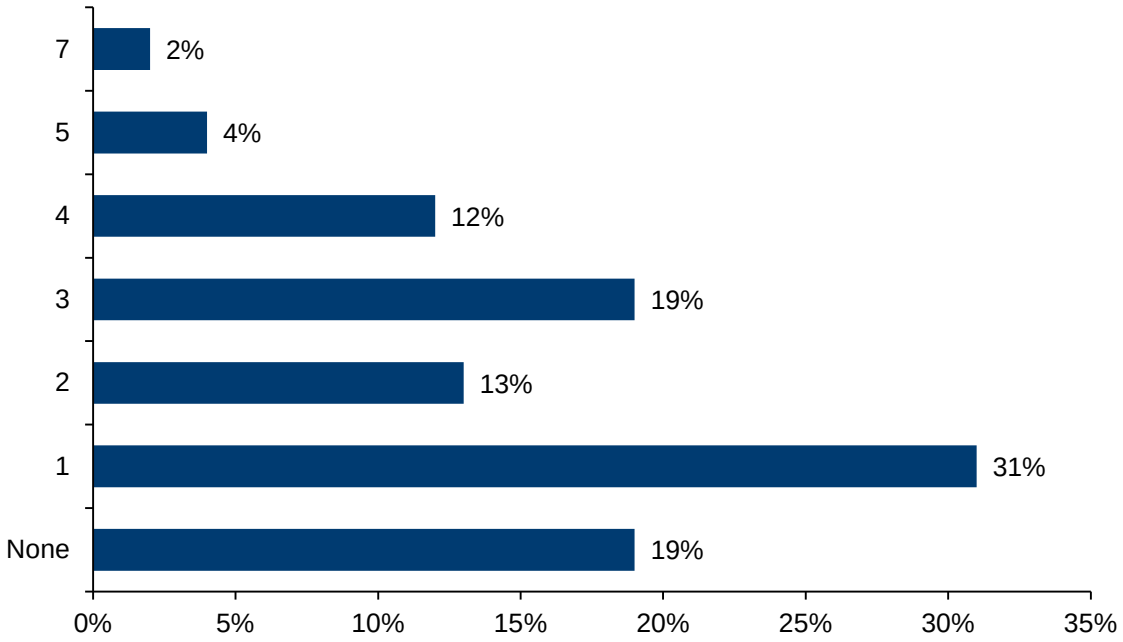
Days Per Week of Moderate Physical Activity



Base: None (n=3), 1 (n=16), 2 (n=14), 3 (n=14), 4 (n=9), 5 (n=7), 7 (n=3), Sample Size = 66

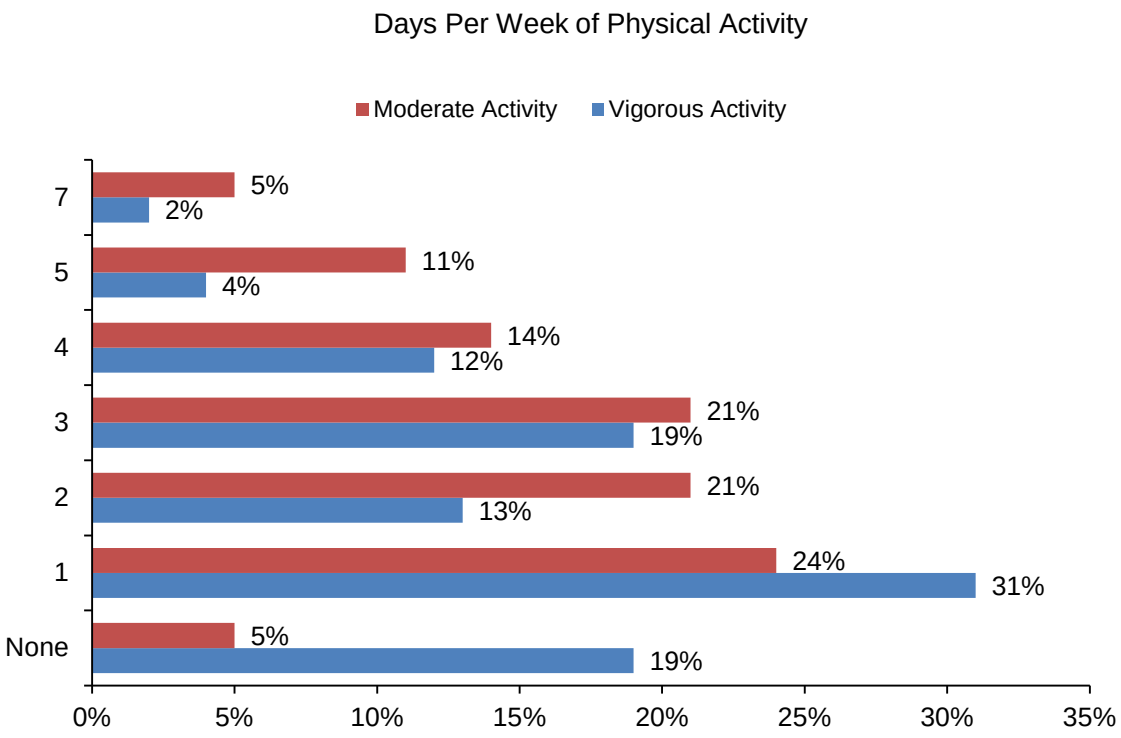
(Community = Brule / Buffalo / Lyman)

Days Per Week of Vigorous Physical Activity



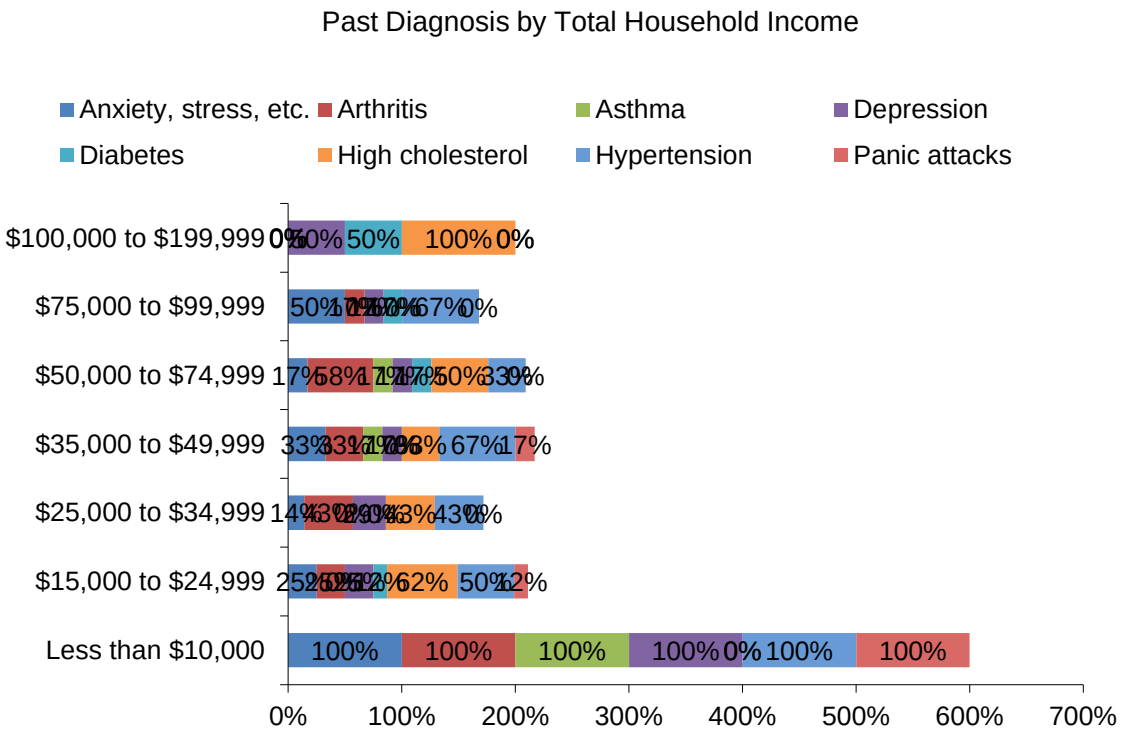
Base: None (n=10), 1 (n=16), 2 (n=7), 3 (n=10), 4 (n=6), 5 (n=2), 7 (n=1), Sample Size = 52

(Community = Brule / Buffalo / Lyman)



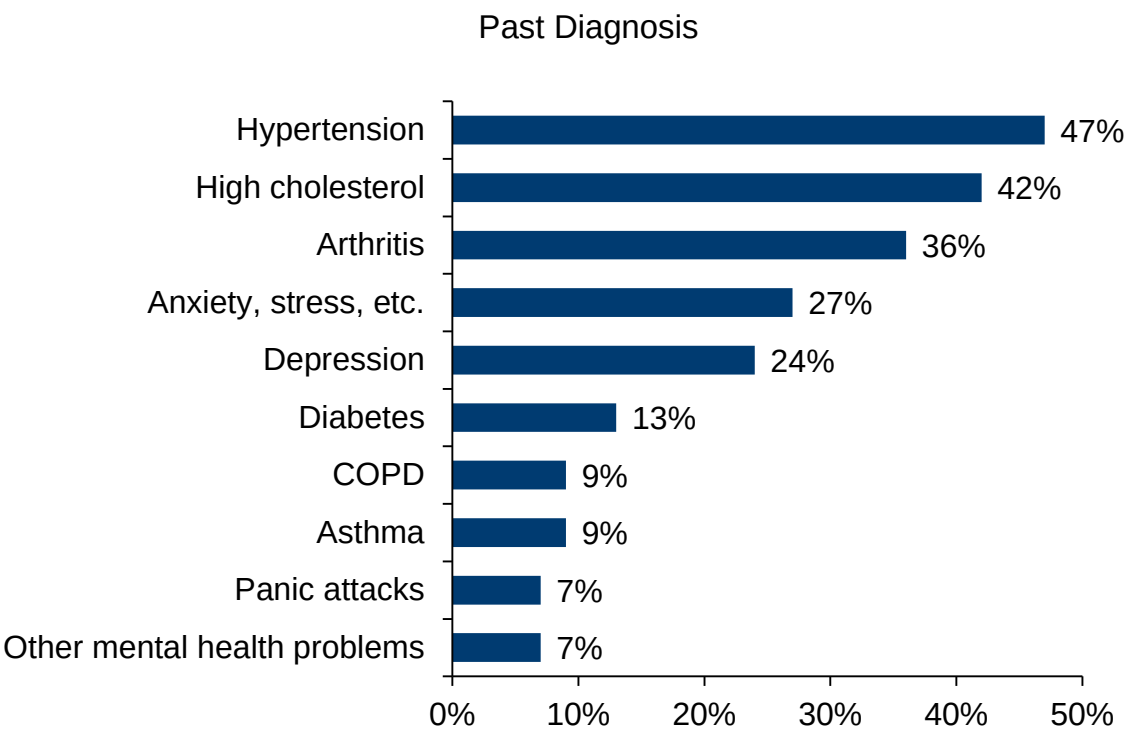
Sample Size = Variable

(Community = Brule / Buffalo / Lyman)

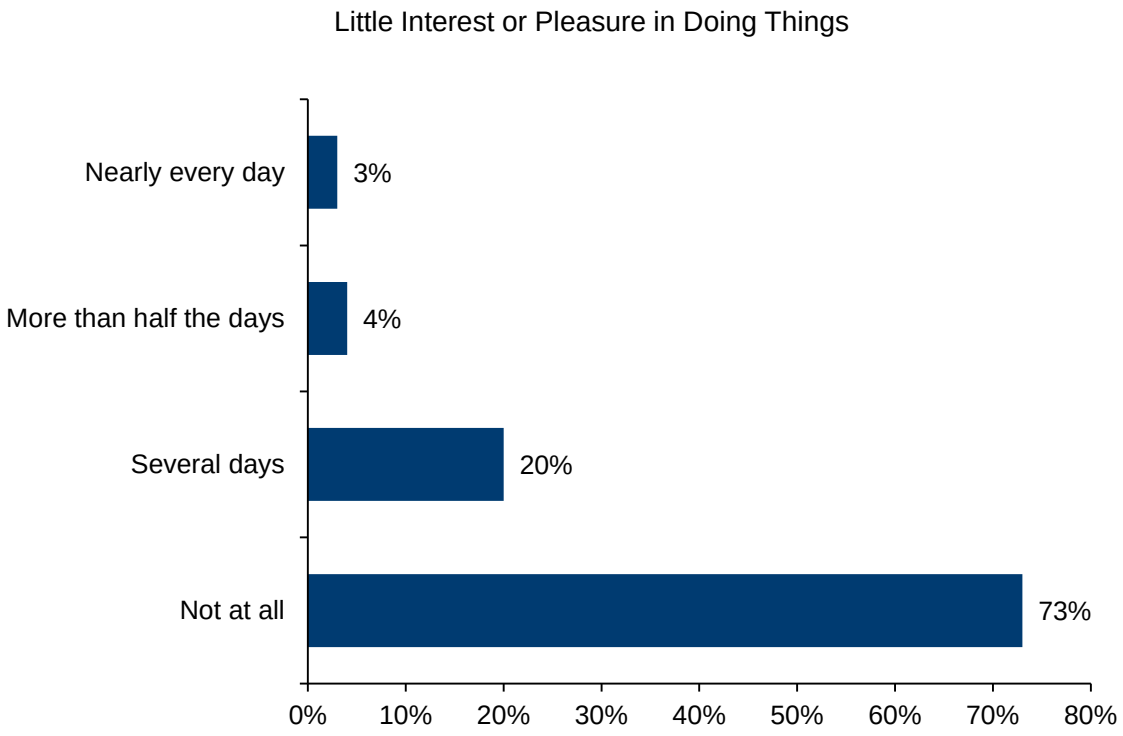


Base: Less than $10,000 (n=1), $15,000 to $24,999 (n=8), $25,000 to $34,999 (n=7), $35,000 to $49,999 (n=6), $50,000 to $74,999 (n=12), $75,000 to $99,999 (n=6), $100,000 to $199,999 (n=2), Sample Size = 42

(Community = Brule / Buffalo / Lyman)

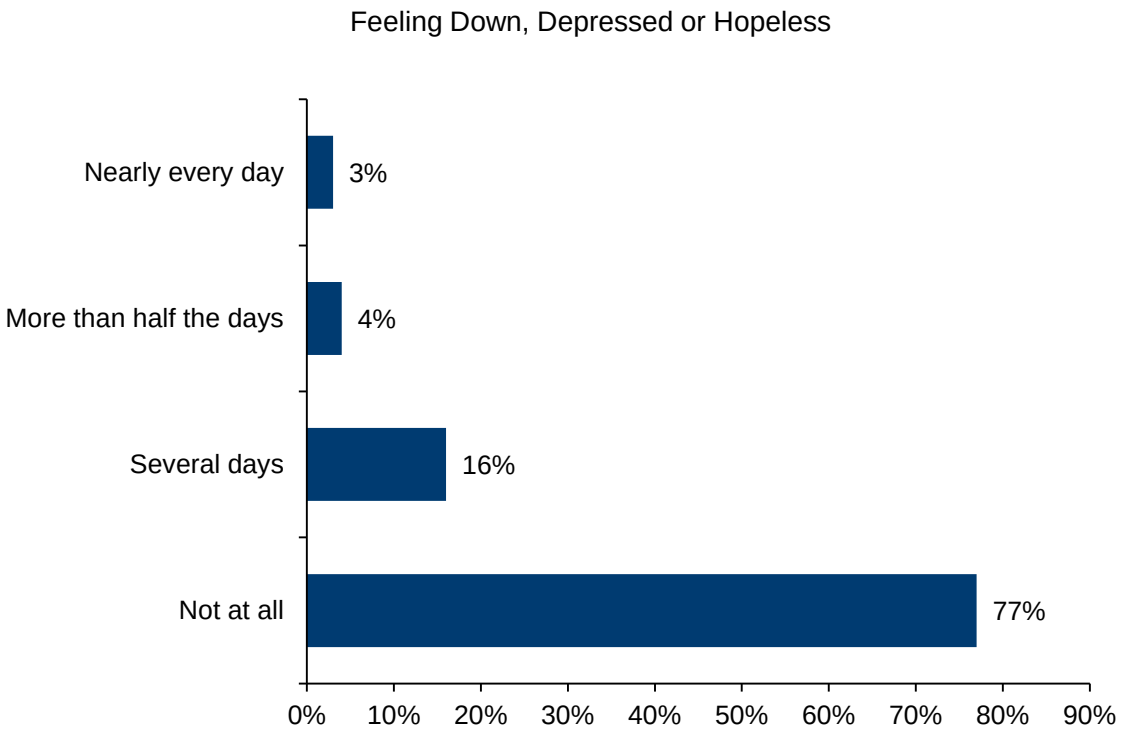


Base: Anxiety, stress, etc. (n=12), Arthritis (n=16), Asthma (n=4), COPD (n=4), Depression (n=11), Diabetes (n=6), High cholesterol (n=19), Hypertension (n=21), Other mental health problems (n=3), Panic attacks (n=3), Sample Size = 45 (Community = Brule / Buffalo / Lyman)



Base: Not at all (n=55), Several days (n=15), More than half the days (n=3), Nearly every day (n=2), Sample Size = 75

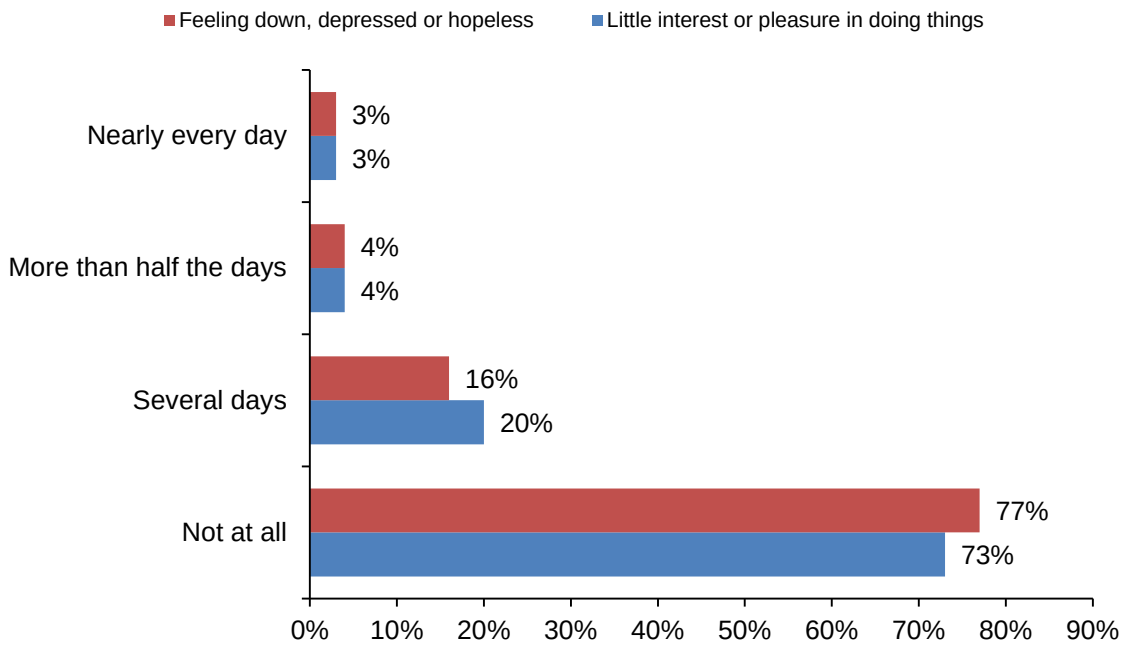
(Community = Brule / Buffalo / Lyman)



Base: Not at all (n=56), Several days (n=12), More than half the days (n=3), Nearly every day (n=2), Sample Size = 73

(Community = Brule / Buffalo / Lyman)

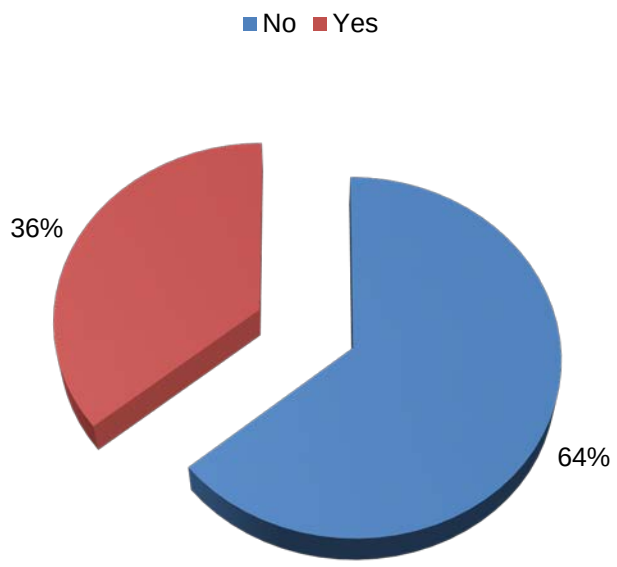
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = Variable

(Community = Brule / Buffalo / Lyman)

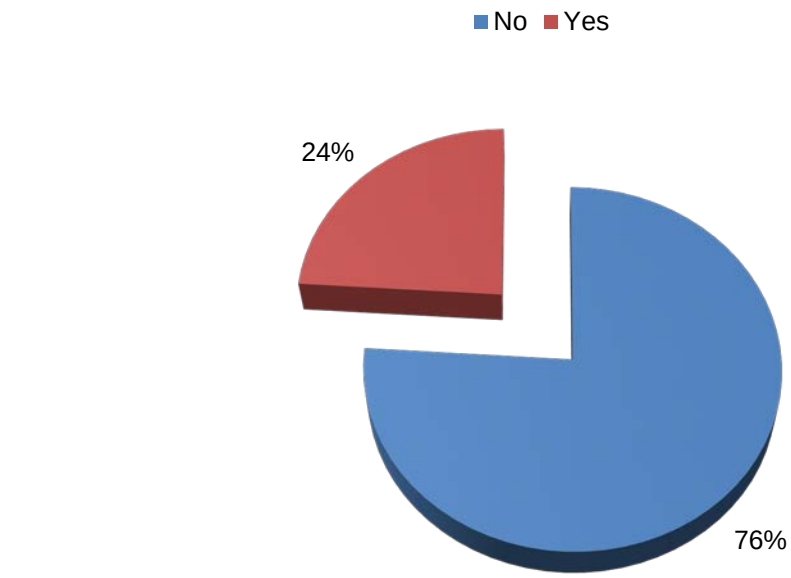
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=27), No (n=48), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

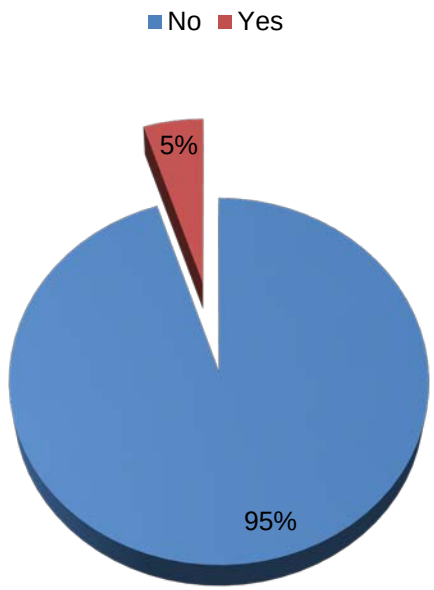
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=18), No (n=57), Sample Size = 75

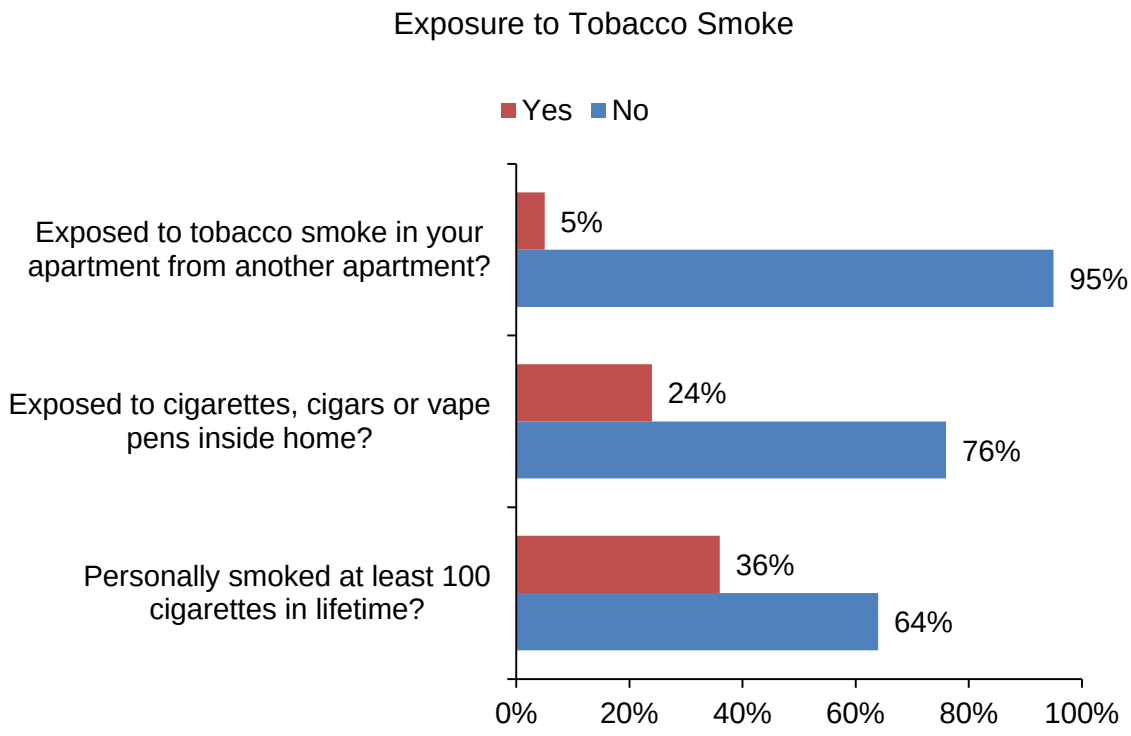
(Community = Brule / Buffalo / Lyman)

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

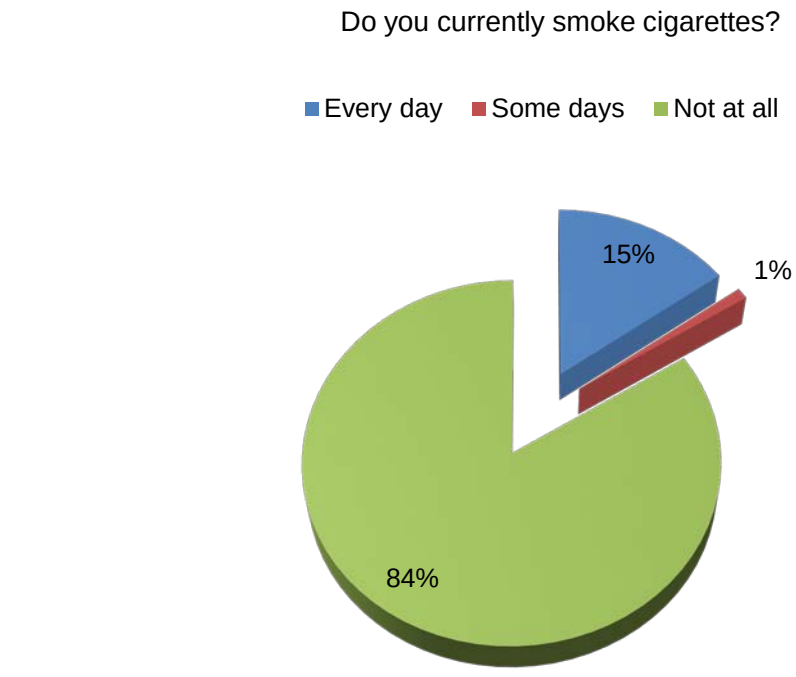


Base: Yes (n=4), No (n=71), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

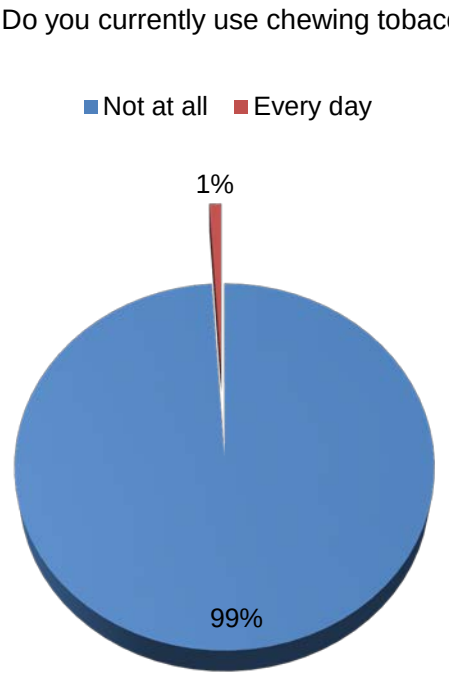


Base: Personally smoked at least 100 cigarettes in lifetime? (n=75), Exposed to cigarettes, cigars or vape pens inside home? (n=75), Exposed to tobacco smoke in your apartment from another apartment? (n=75), Sample Size = 75
(Community = Brule / Buffalo / Lyman)



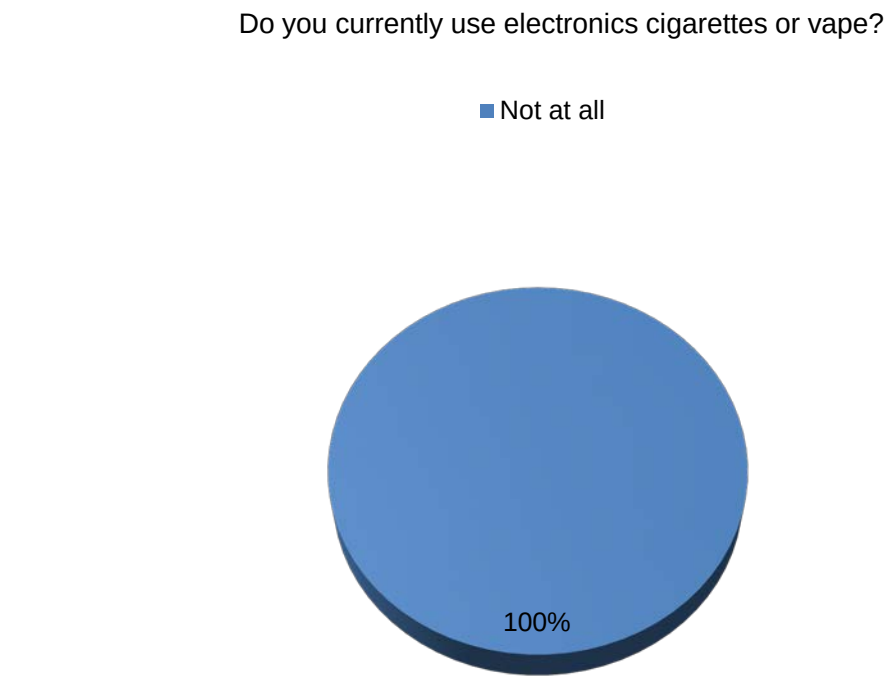
Base: Not at all (n=63), Some days (n=1), Every day (n=11), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



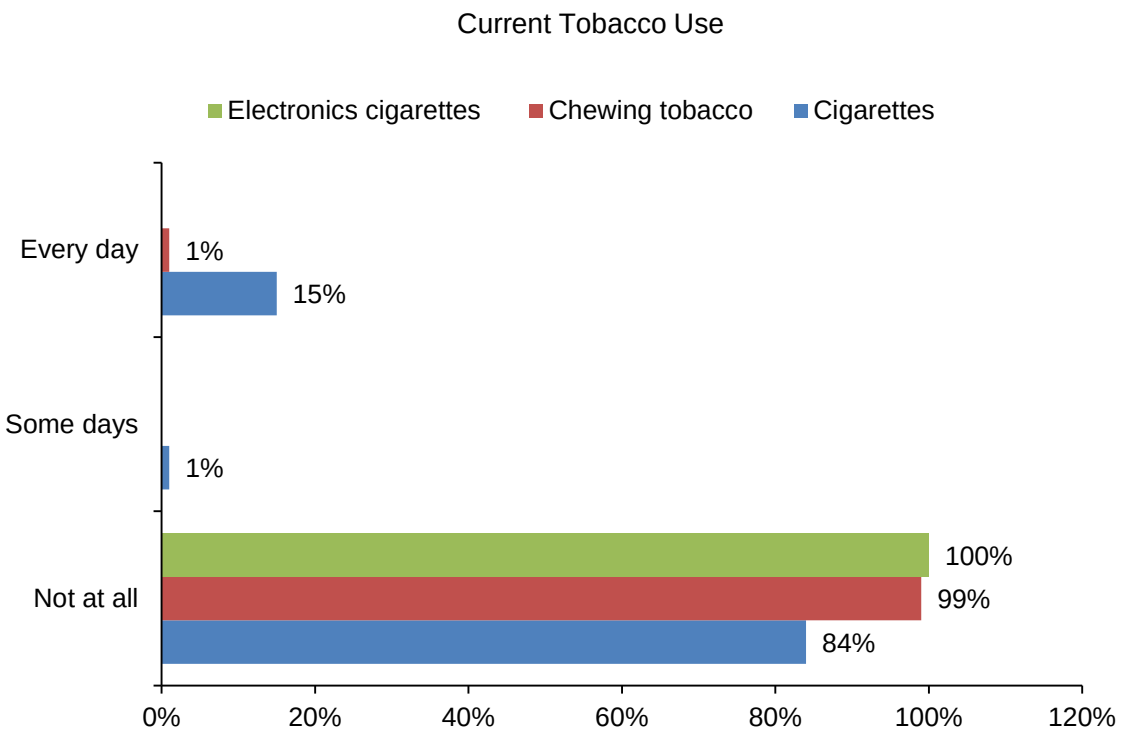
Base: Not at all (n=74), Every day (n=1), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



Base: Not at all (n=75), Sample Size = 75

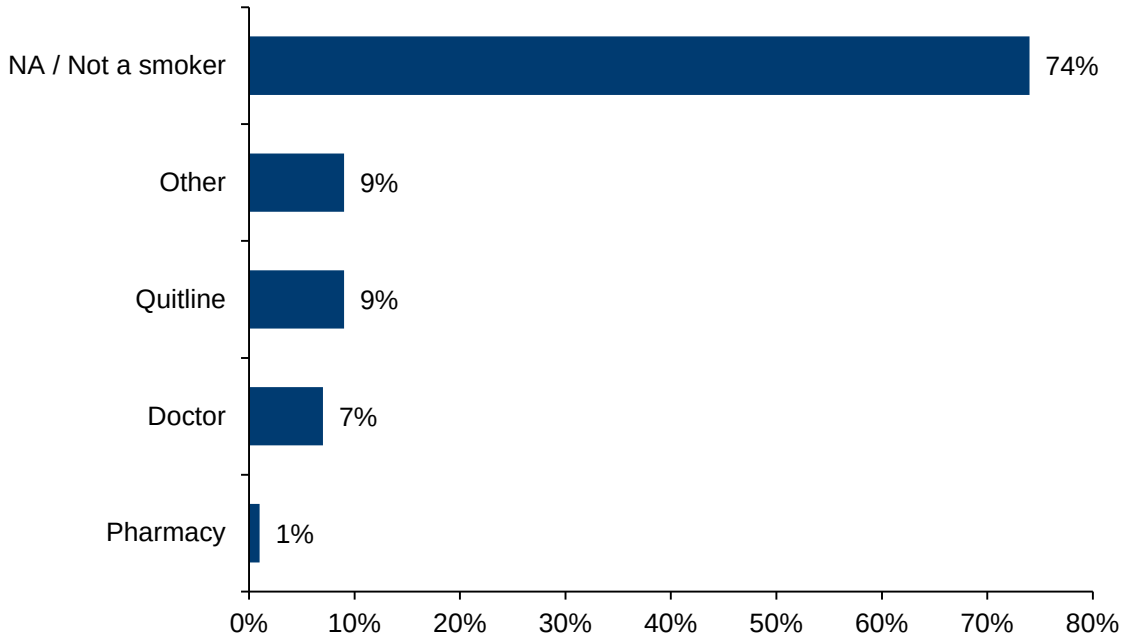
(Community = Brule / Buffalo / Lyman)



Sample Size = 75

(Community = Brule / Buffalo / Lyman)

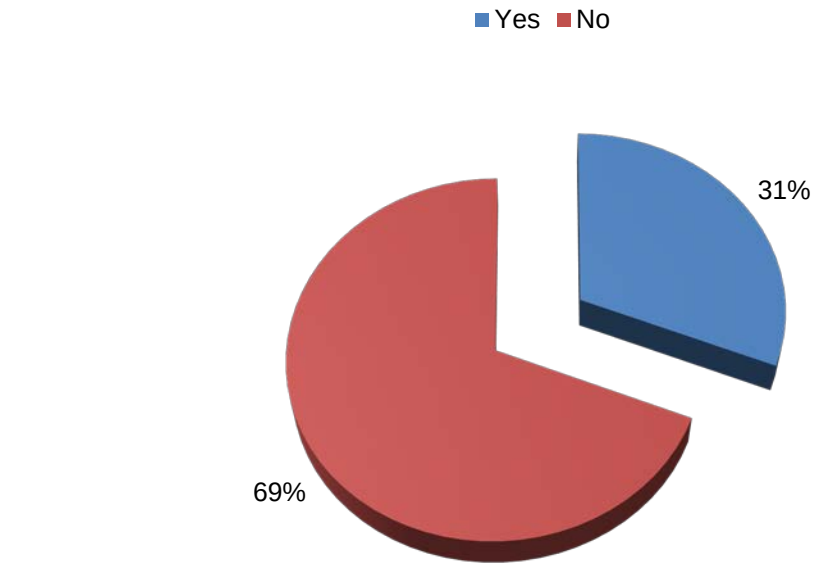
Where would you go for help if you wanted to quit using tobacco products?



Base: NA / Not a smoker (n=52), Quitline (n=6), Doctor (n=5), Pharmacy (n=1), Other (n=6), Sample Size = 70

(Community = Brule / Buffalo / Lyman)

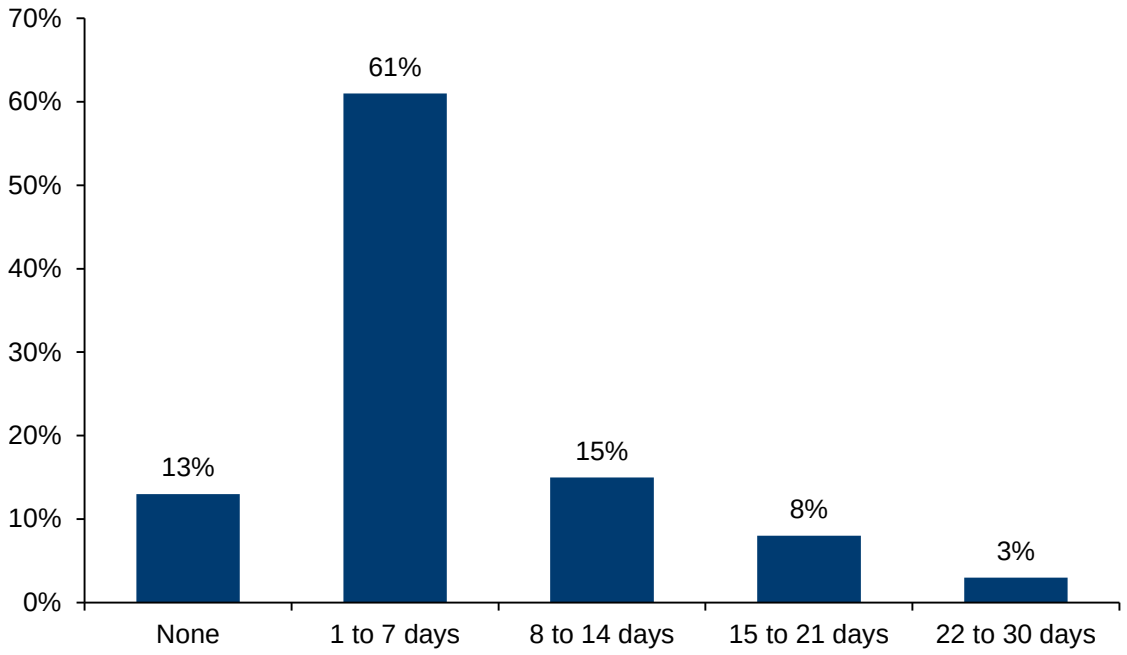
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)



Base: Yes (n=4), No (n=9), Sample Size = 13

(Community = Brule / Buffalo / Lyman)

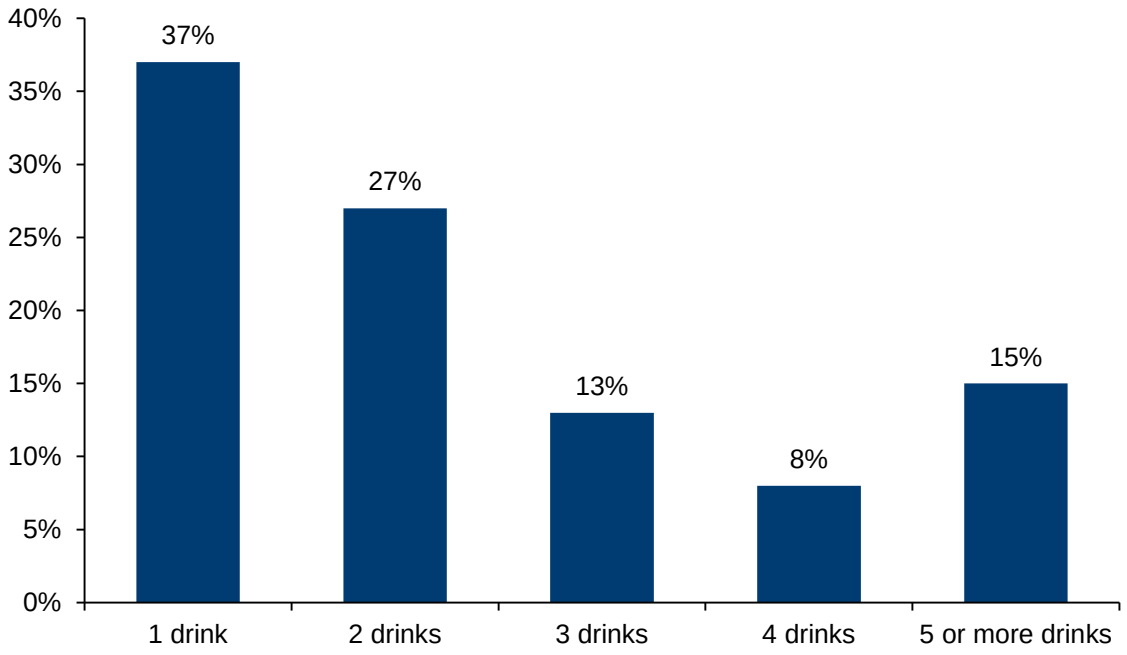
Number of days with at least 1 drink in the past 30 days



Base: None (n=8), 1 to 7 days (n=37), 8 to 14 days (n=9), 15 to 21 days (n=5), 22 to 30 days (n=2), Sample Size = 61

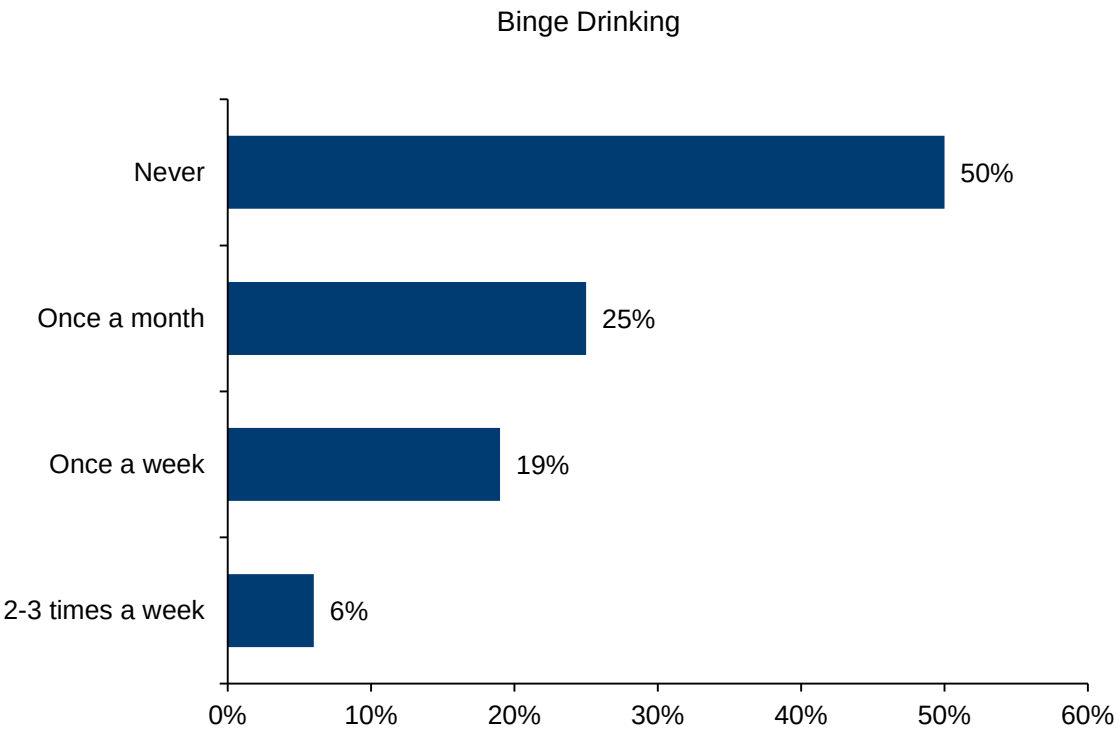
(Community = Brule / Buffalo / Lyman)

Average number of drinks per day when you drink



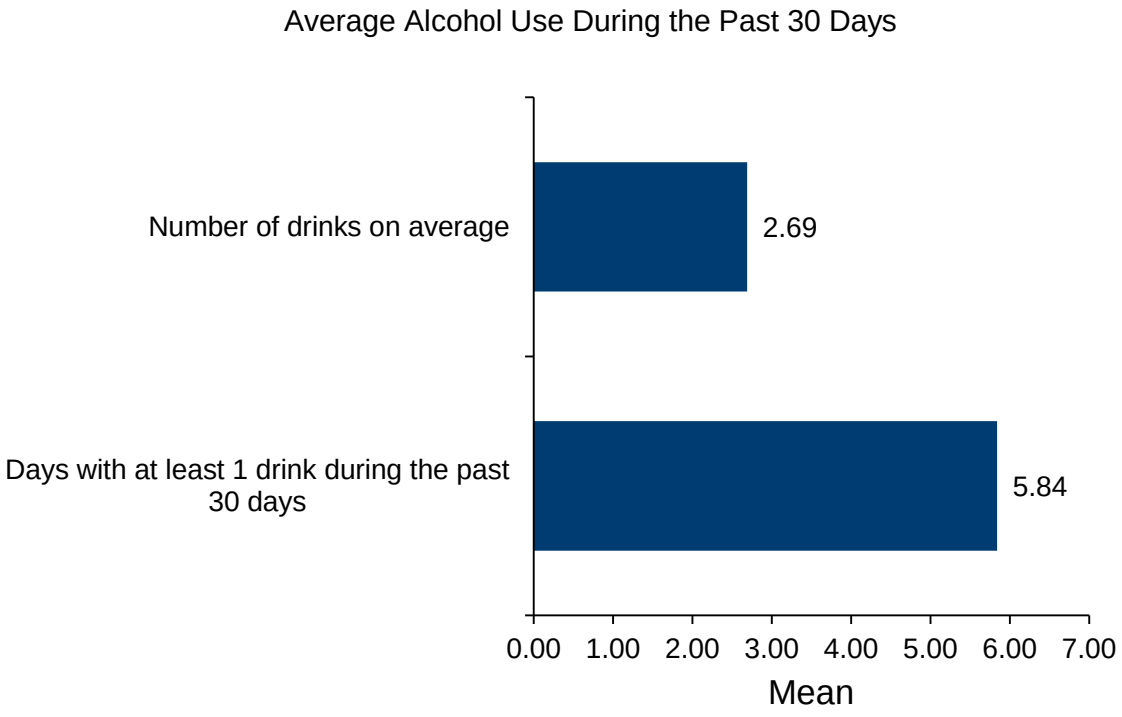
Base: 1 drink (n=19), 2 drinks (n=14), 3 drinks (n=7), 4 drinks (n=4), 5 or more drinks (n=8), Sample Size = 52

(Community = Brule / Buffalo / Lyman)



Base: 2-3 times a week (n=3), Once a week (n=10), Once a month (n=13), Never (n=26), Sample Size = 52

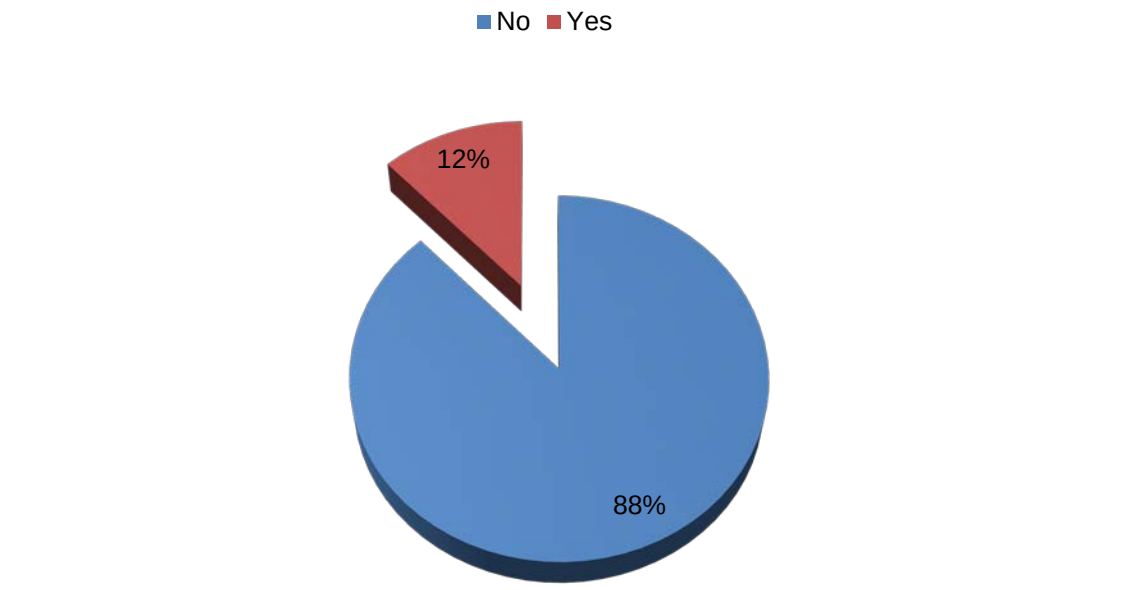
(Community = Brule / Buffalo / Lyman)



Base: Days with at least 1 drink during the past 30 days (n=61), Number of drinks on average (n=52), Sample Size = Variable

(Community = Brule / Buffalo / Lyman)

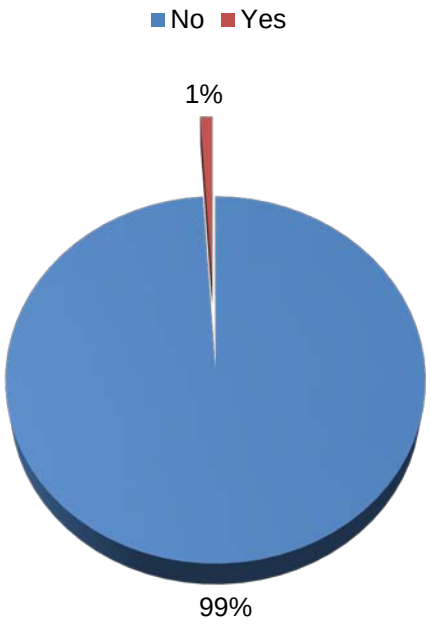
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=9), No (n=66), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

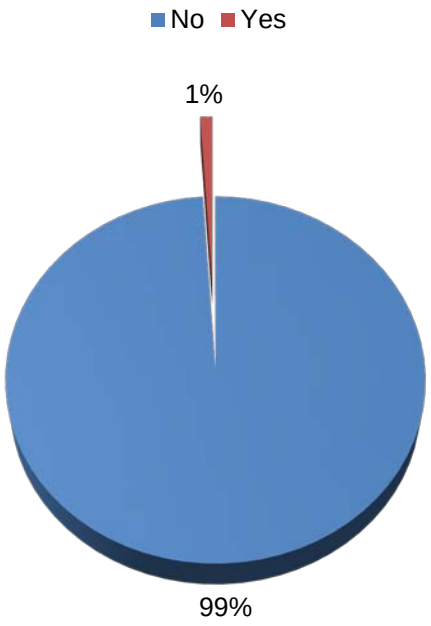
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=1), No (n=74), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

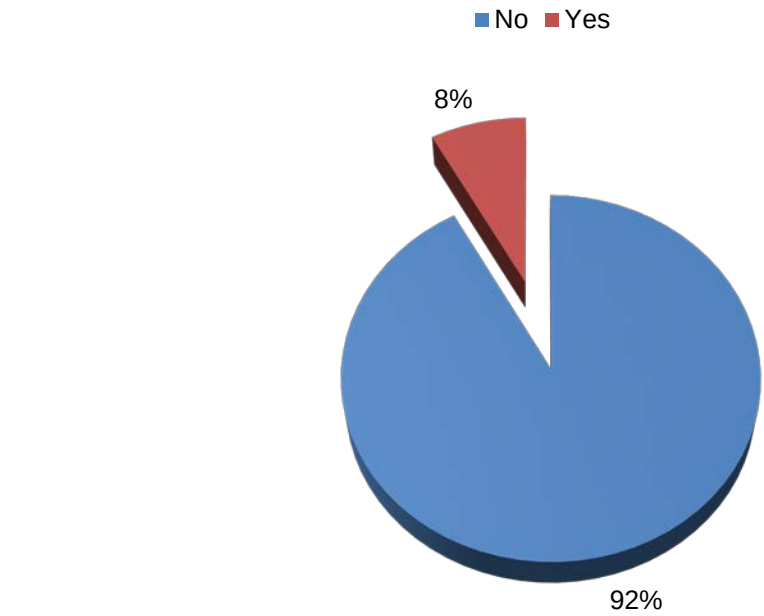
Has a family member or friend ever suggested that you get help for substance use?



Base: Yes (n=1), No (n=74), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

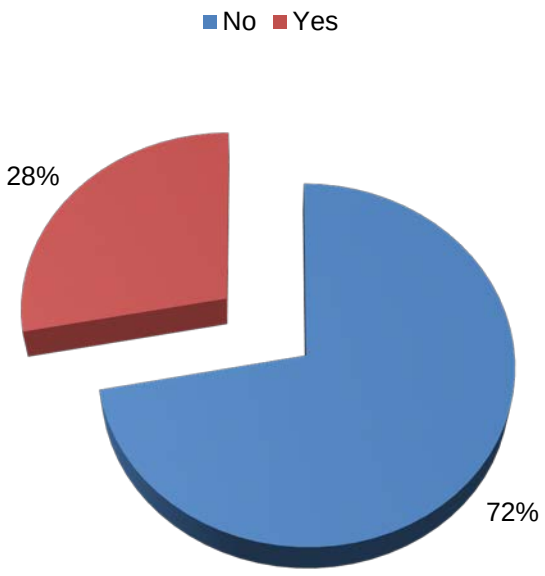
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=6), No (n=69), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

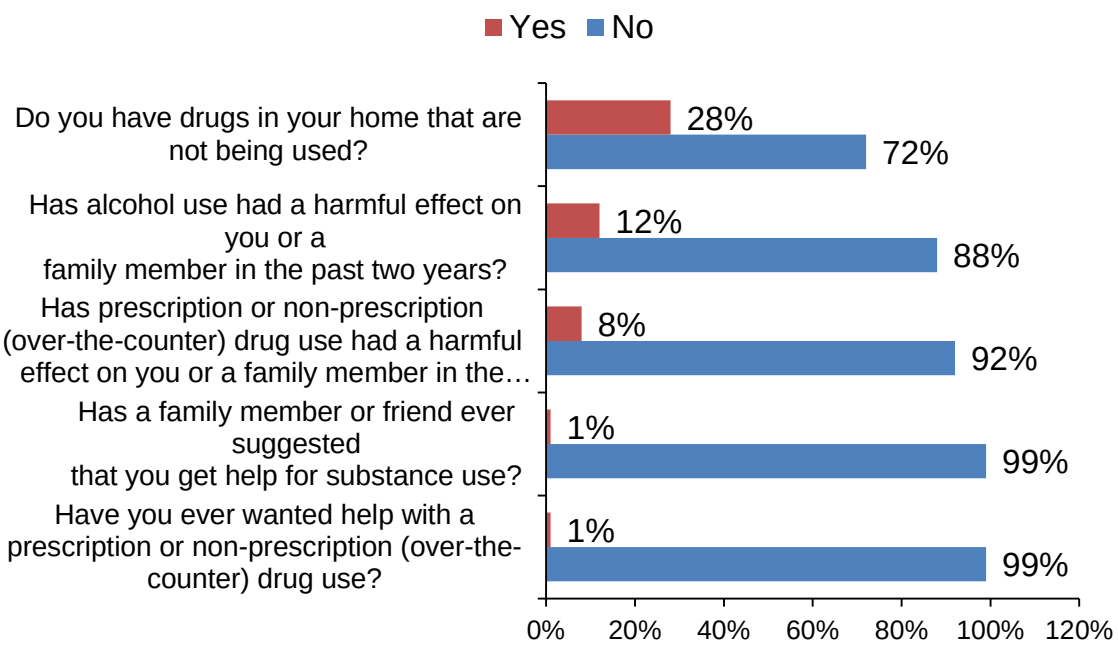
Do you have drugs in your home that are not being used?



Base: Yes (n=21), No (n=54), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

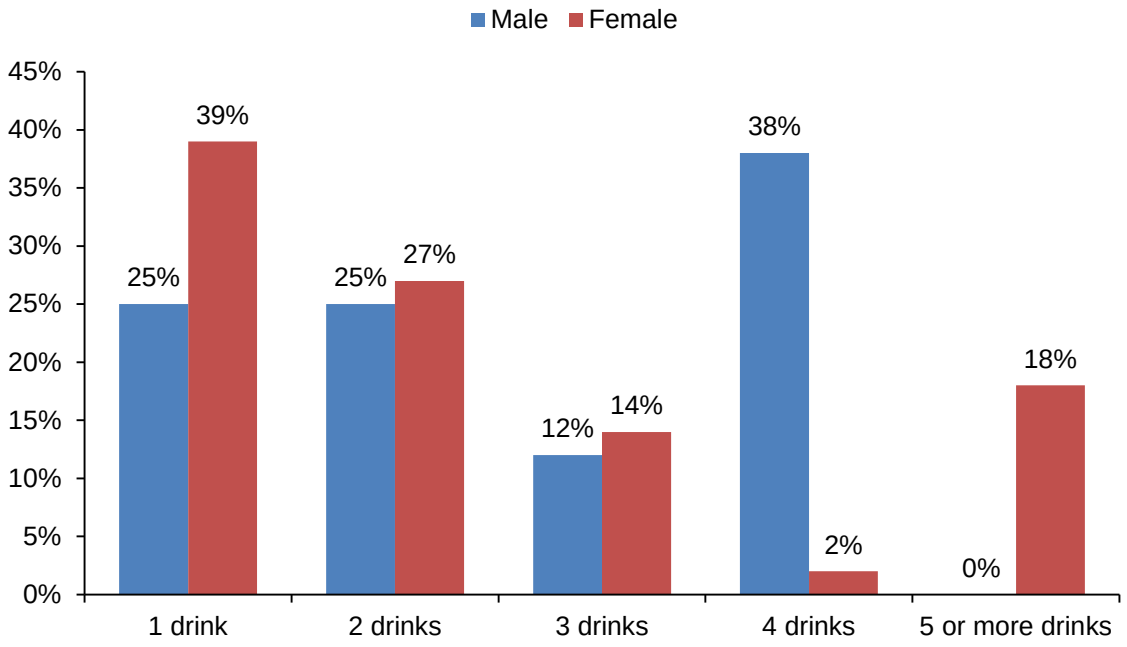
Drug and Alcohol Issues



Sample Size = 75

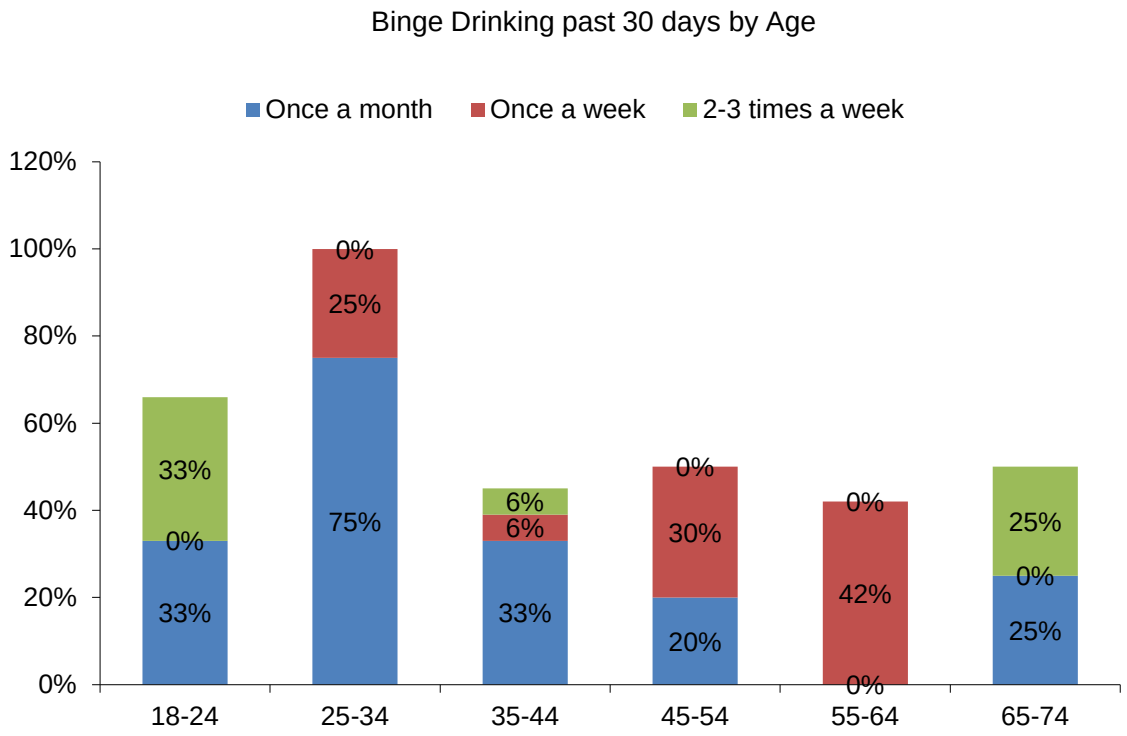
(Community = Brule / Buffalo / Lyman)

Average number of drinks per day when you drink by gender



Base: 1 drink (n=19), 2 drinks (n=14), 3 drinks (n=7), 4 drinks (n=4), 5 or more drinks (n=8), Sample Size = 52

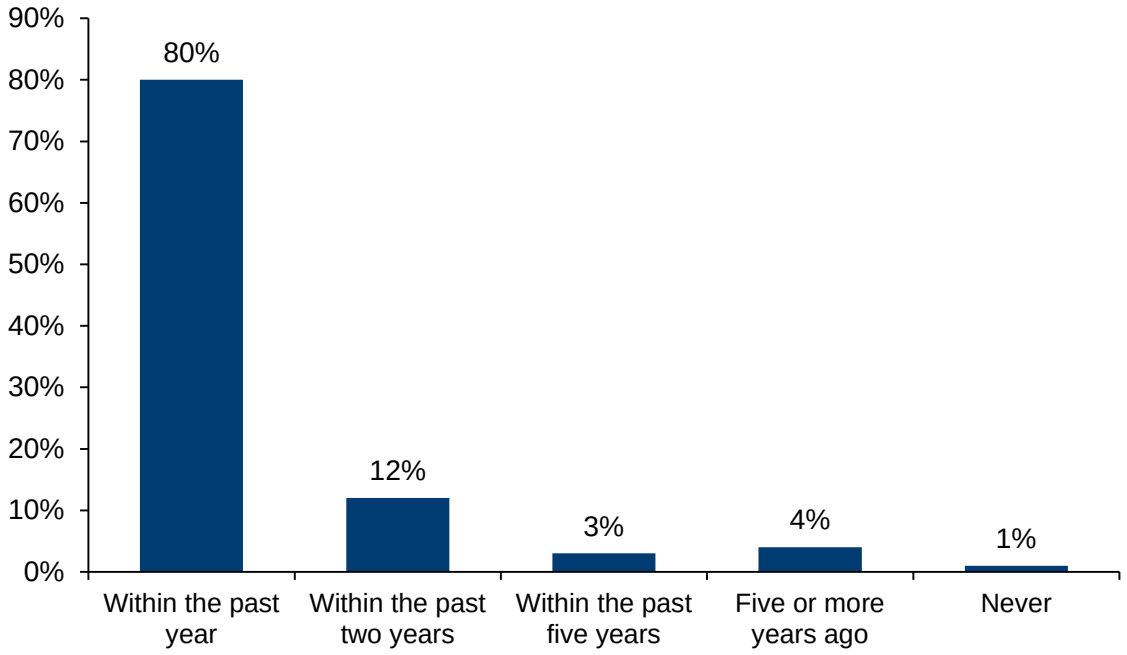
(Community = Brule / Buffalo / Lyman)



Base: 18-24 (n=3), 25-34 (n=4), 35-44 (n=18), 45-54 (n=10), 55-64 (n=12), 65-74 (n=4), Sample Size = 51

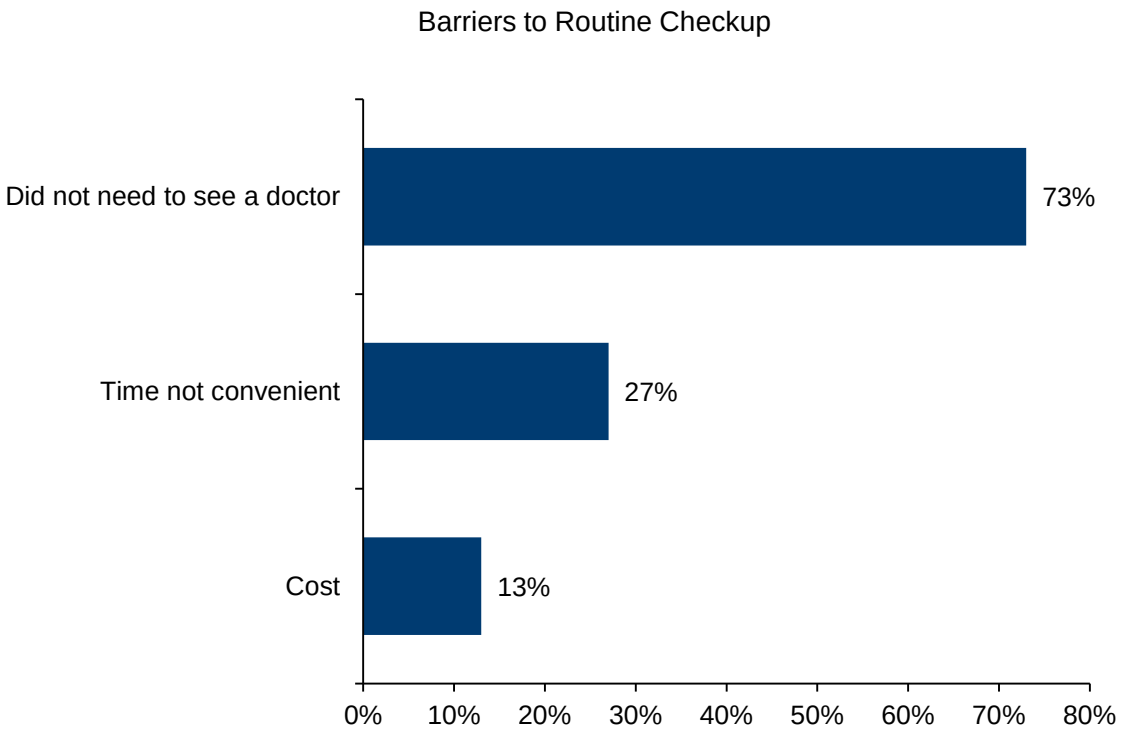
(Community = Brule / Buffalo / Lyman)

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



Base: Within the past year (n=60), Within the past two years (n=9), Within the past five years (n=2), Five or more years ago (n=3), Never (n=1), Sample Size = 75

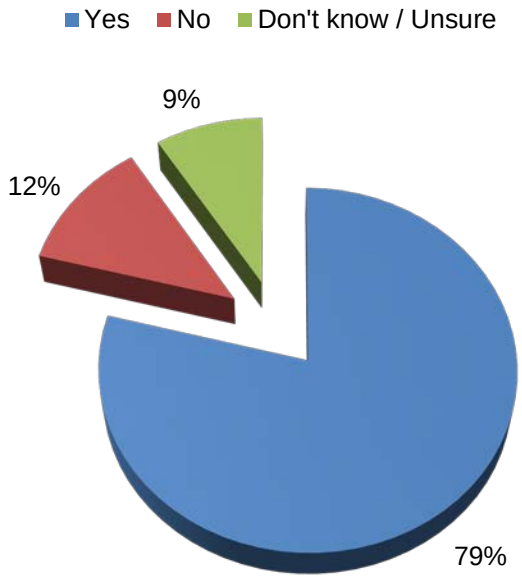
(Community = Brule / Buffalo / Lyman)



Base: Cost (n=2), Time not convenient (n=4), Did not need to see a doctor (n=11), Sample Size = 15

(Community = Brule / Buffalo / Lyman)

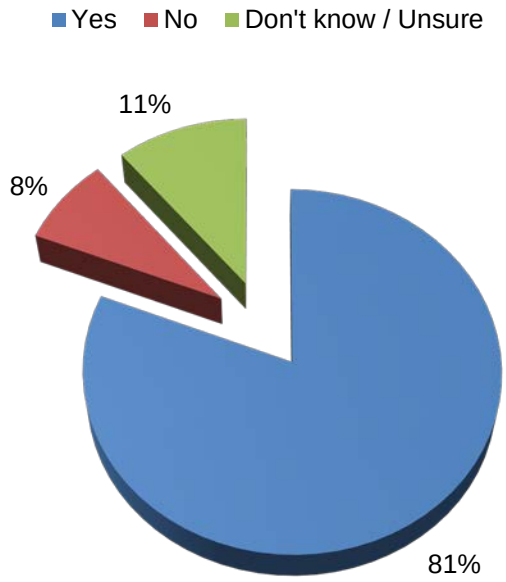
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?



Base: Yes (n=59), No (n=9), Don't know / Unsure (n=7), Sample Size = 75

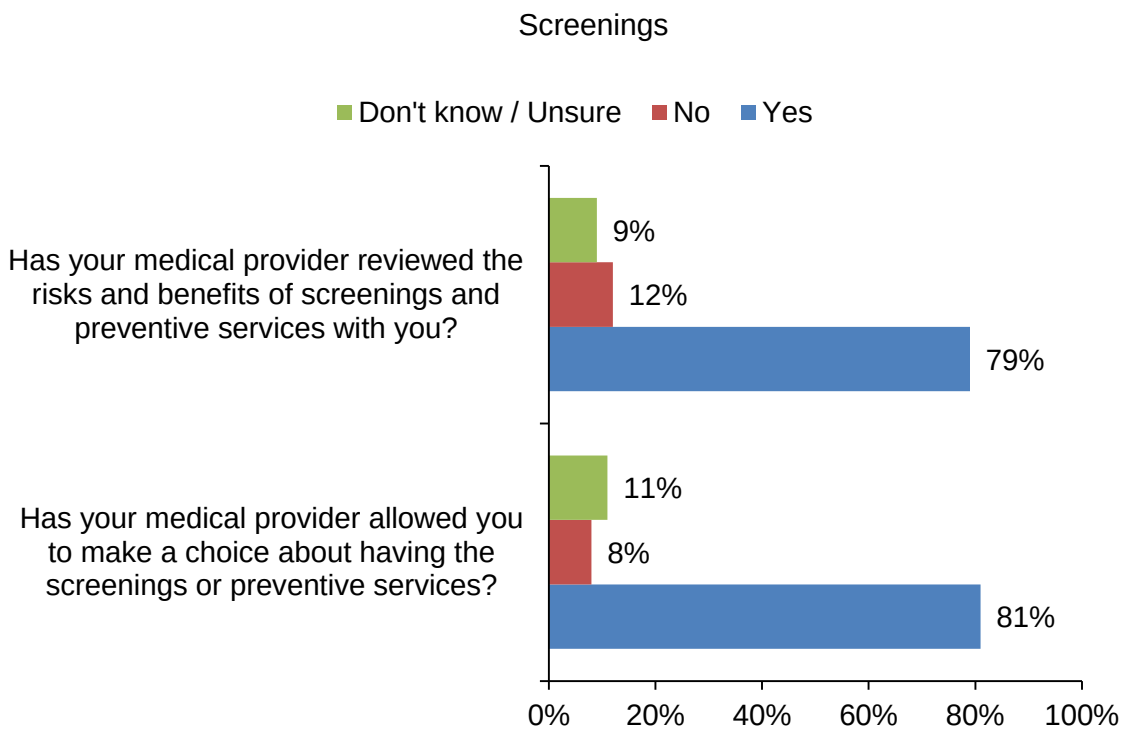
(Community = Brule / Buffalo / Lyman)

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



Base: Yes (n=61), No (n=6), Don't know / Unsure (n=8), Sample Size = 75

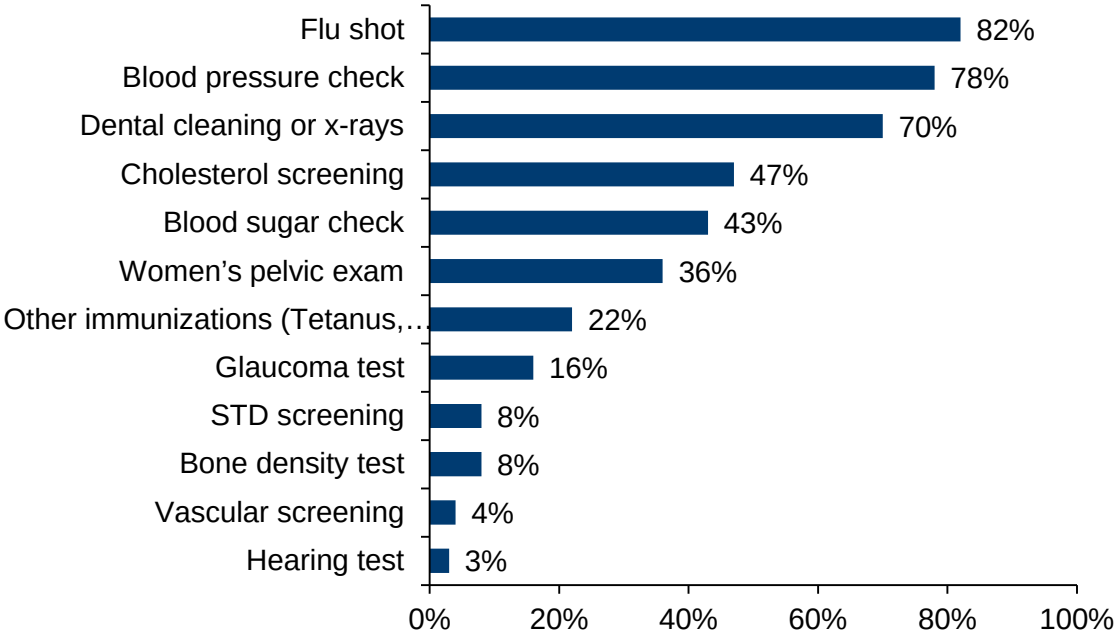
(Community = Brule / Buffalo / Lyman)



Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=75), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=75), Sample Size = 75

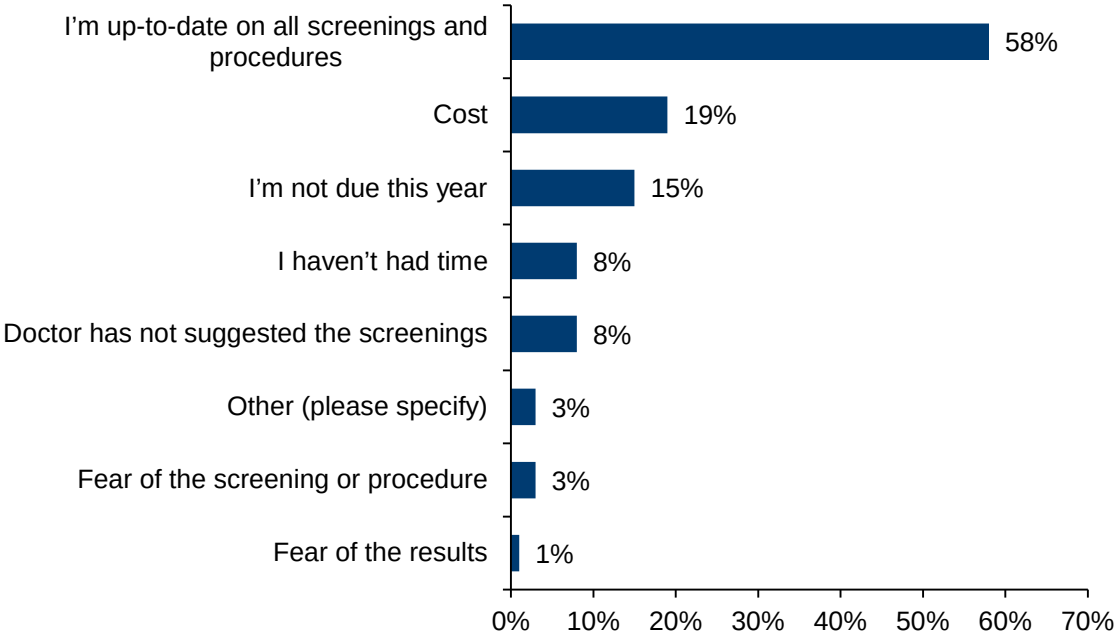
(Community = Brule / Buffalo / Lyman)

Preventive Procedures Last Year



Base: Blood pressure check (n=58), Blood sugar check (n=32), Bone density test (n=6), Cholesterol screening (n=35), Dental cleaning or x-rays (n=52), Flu shot (n=61), Other immunizations (Tetanus, Hepatitis A or B) (n=16), Glaucoma test (n=12), Hearing test (n=2), Women's pelvic exam (n=27), STD screening (n=6), Vascular screening (n=3), Sample Size = 74
(Community = Brule / Buffalo / Lyman)

Barriers for Preventive Procedures



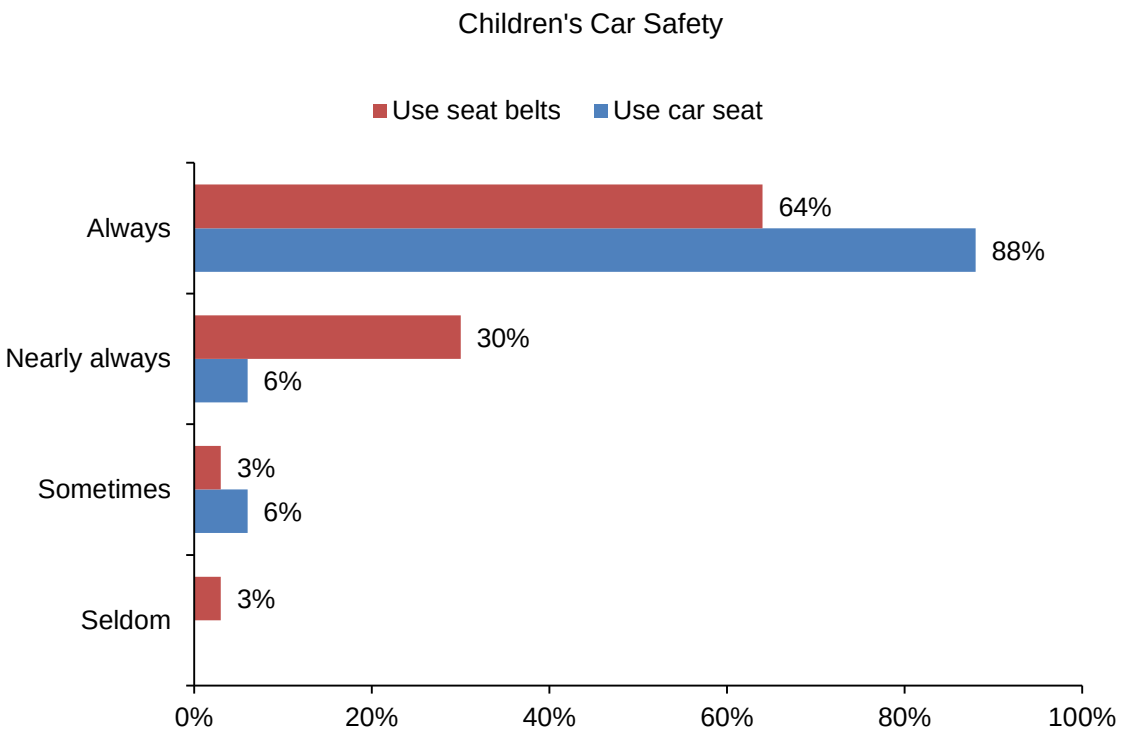
Base: I'm up-to-date on all screenings and procedures (n=43), Doctor has not suggested the screenings (n=6), Cost (n=14), Fear of the screening or procedure (n=2), Fear of the results (n=1), I'm not due this year (n=11), I haven't had time (n=6), Other (please specify) (n=2), Sample Size = 74

(Community = Brule / Buffalo / Lyman)

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

Base: Yes (n=37), No (n=38), Sample Size = 75

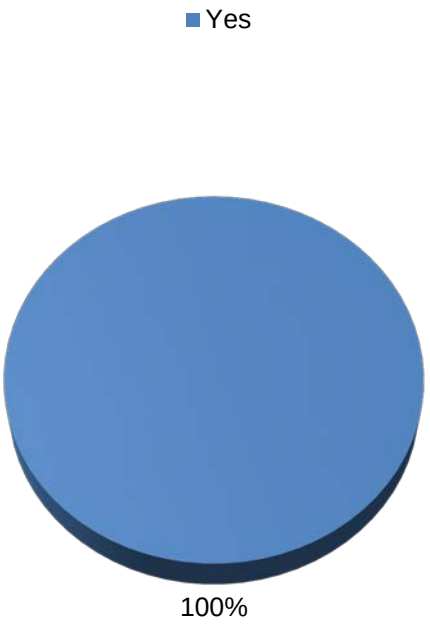
(Community = Brule / Buffalo / Lyman)



Sample Size = Variable

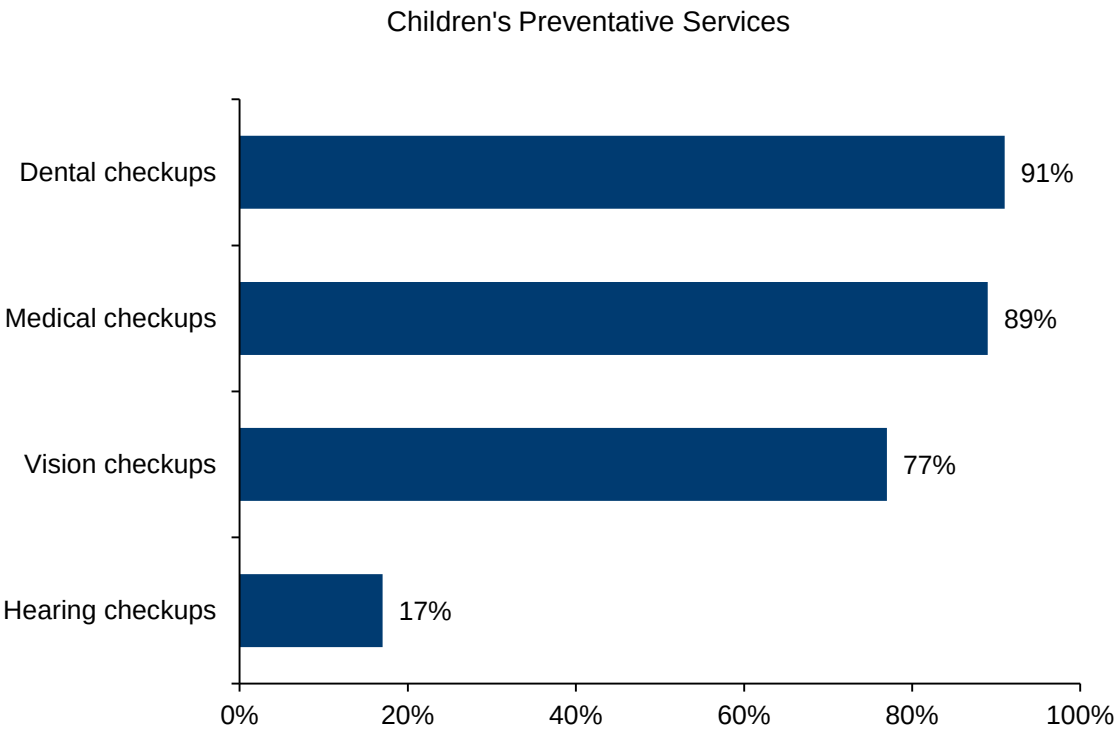
(Community = Brule / Buffalo / Lyman)

Do you have healthcare coverage for your children or dependents?



Base: Yes (n=37), Sample Size = 37

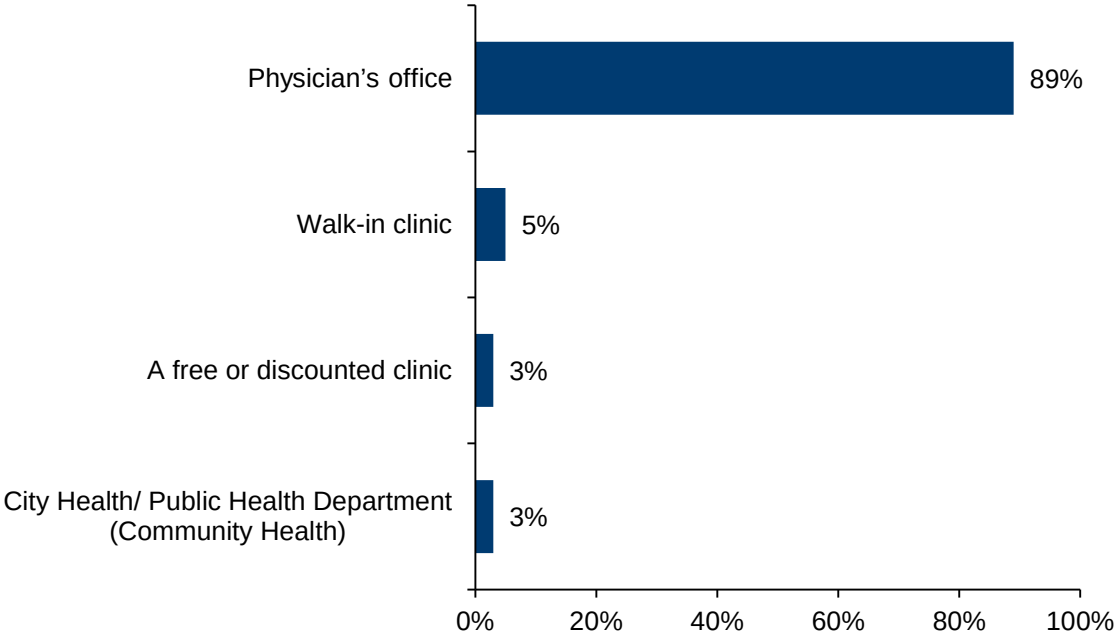
(Community = Brule / Buffalo / Lyman)



Base: Dental checkups (n=32), Vision checkups (n=27), Hearing checkups (n=6), Medical checkups (n=31), Sample Size = 35

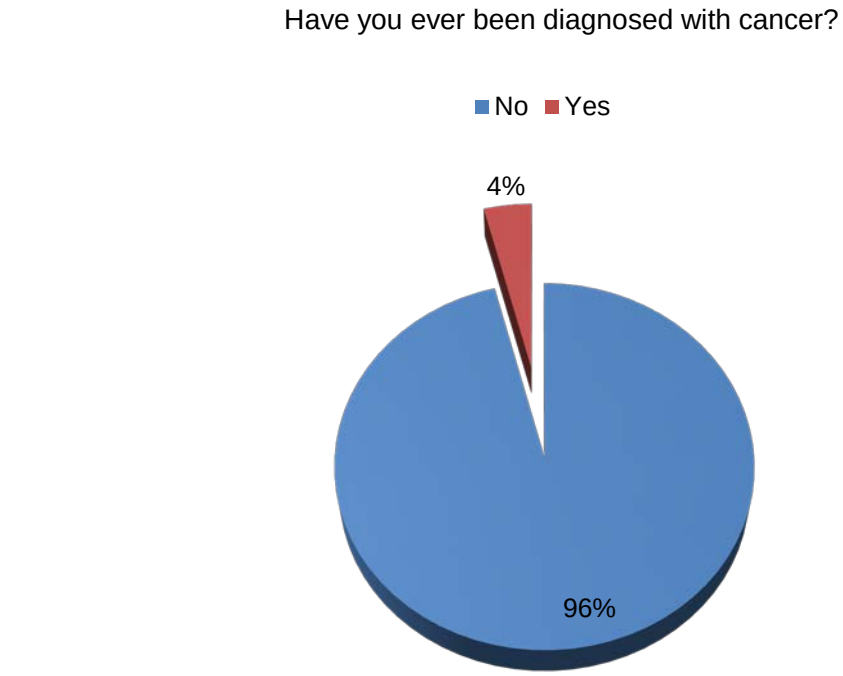
(Community = Brule / Buffalo / Lyman)

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



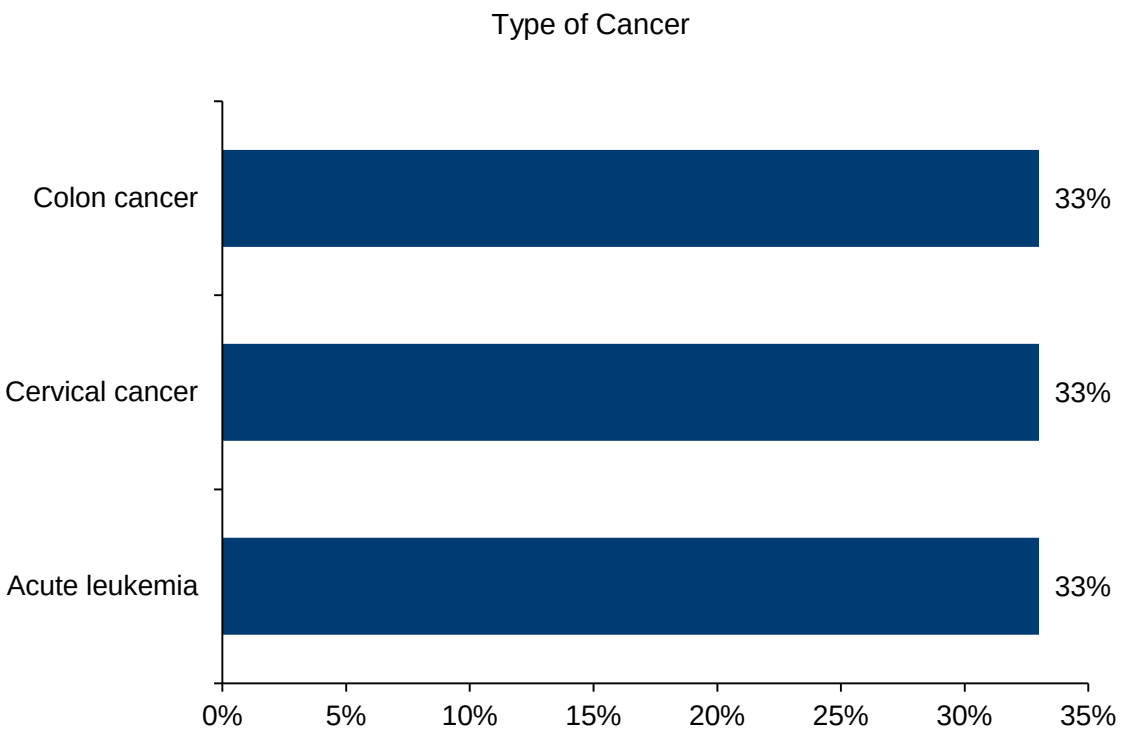
Base: Physician's office (n=33), Walk-in clinic (n=2), City Health/ Public Health Department (Community Health) (n=1), A free or discounted clinic (n=1), Sample Size = 37

(Community = Brule / Buffalo / Lyman)



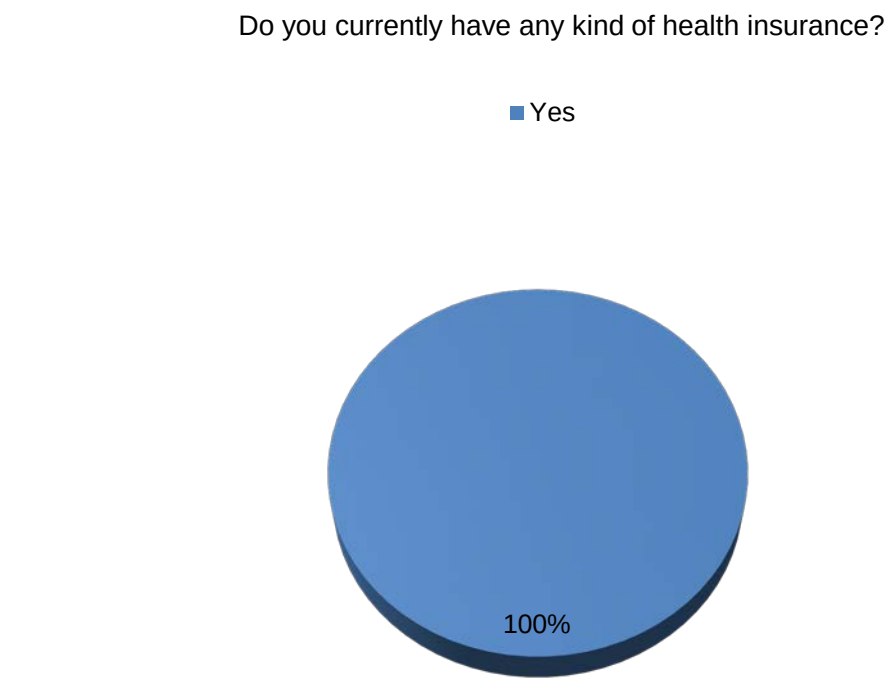
Base: Yes (n=3), No (n=72), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



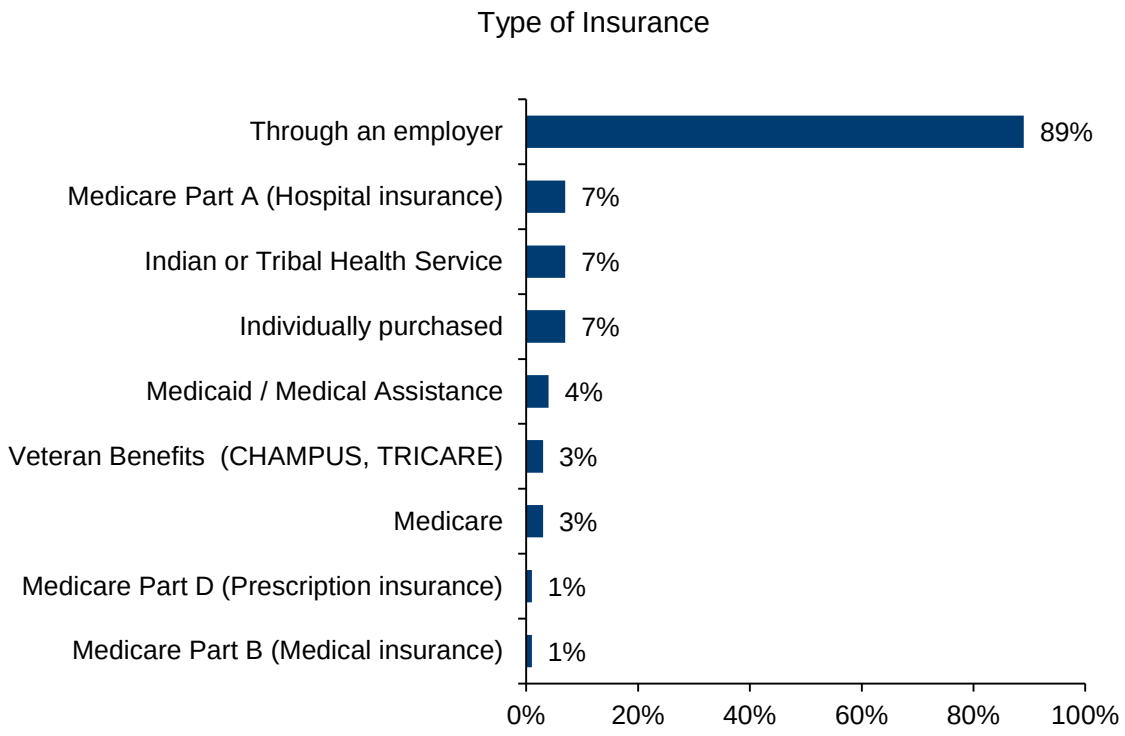
Base: Acute leukemia (n=1), Cervical cancer (n=1), Colon cancer (n=1), Sample Size = 3

(Community = Brule / Buffalo / Lyman)



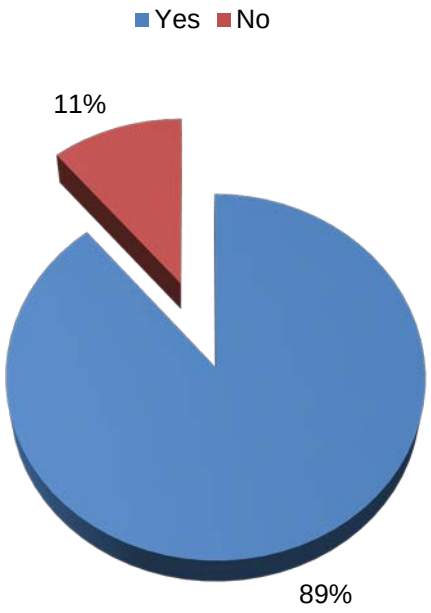
Base: Yes (n=75), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



Base: Through an employer (n=67), Individually purchased (n=5), Indian or Tribal Health Service (n=5), Medicare (n=2), Medicare Part A (Hospital insurance) (n=5), Medicare Part B (Medical insurance) (n=1), Medicare Part D (Prescription insurance) (n=1), Medicaid / Medical Assistance (n=3), Veteran Benefits (CHAMPUS, TRICARE) (n=2), Sample Size = 75
(Community = Brule / Buffalo / Lyman)

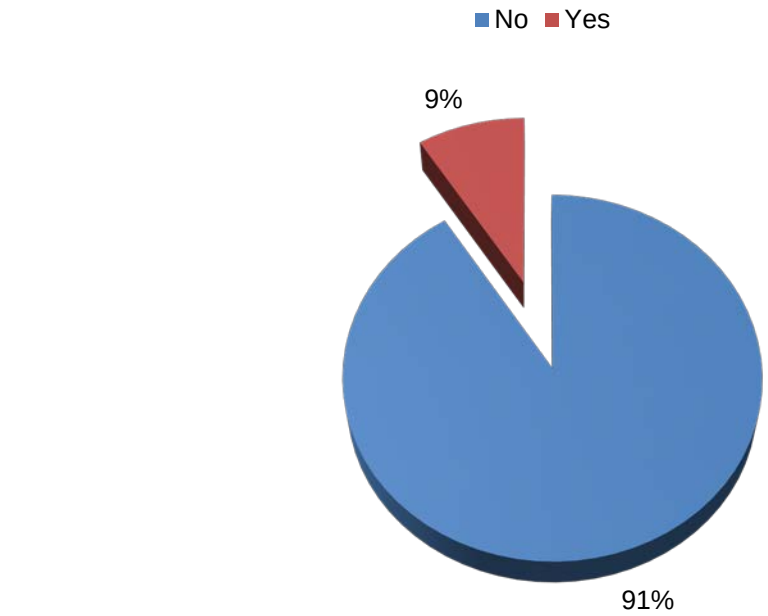
Do you have an established primary healthcare provider?



Base: Yes (n=67), No (n=8), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

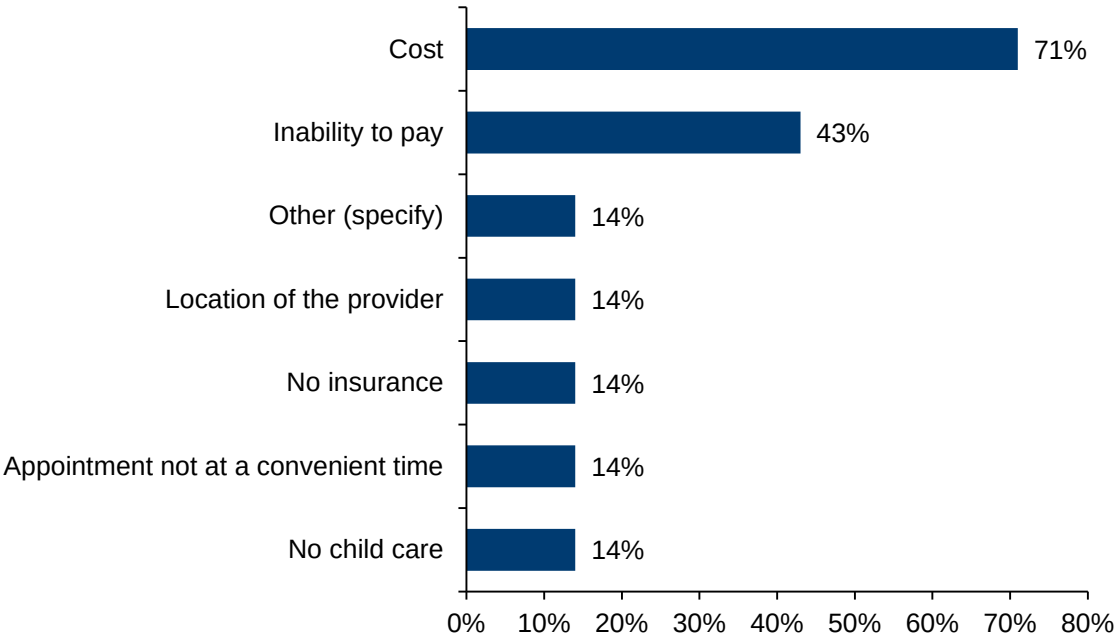
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?



Base: Yes (n=7), No (n=68), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

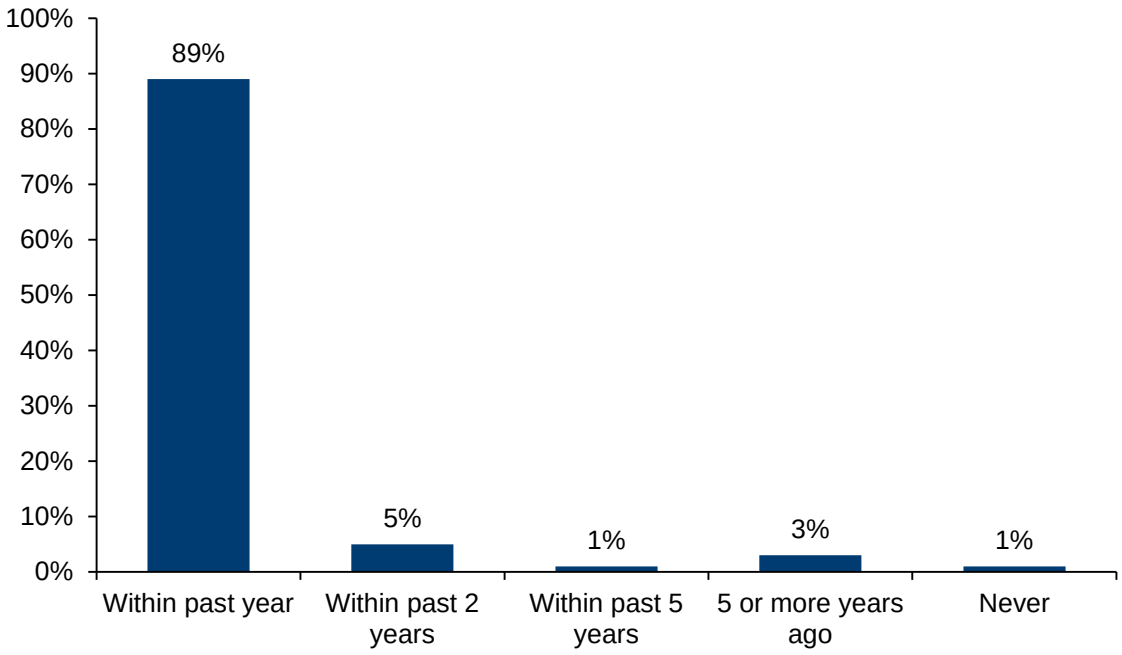
Barriers to Receiving Care Needed



Base: Inability to pay (n=3), No child care (n=1), Appointment not at a convenient time (n=1), No insurance (n=1), Location of the provider (n=1), Cost (n=5), Other (specify) (n=1)

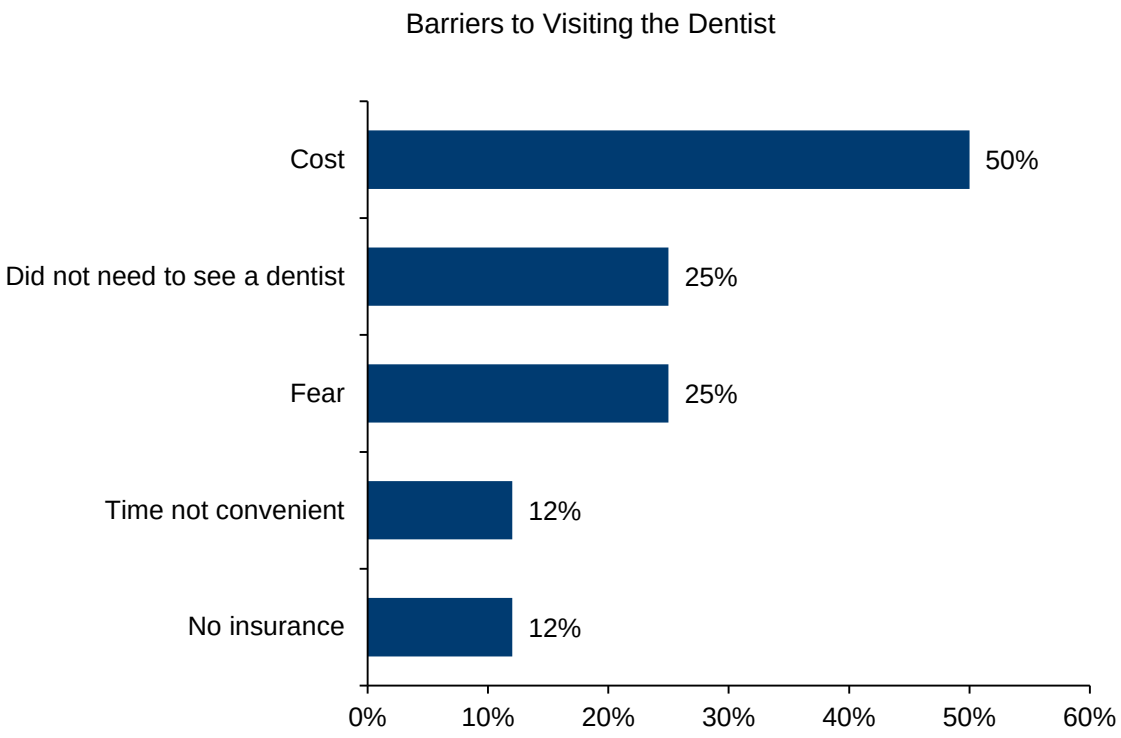
(Community = Brule / Buffalo / Lyman)

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



Base: Within past year (n=67), Within past 2 years (n=4), Within past 5 years (n=1), 5 or more years ago (n=2), Never (n=1), Sample Size = 75

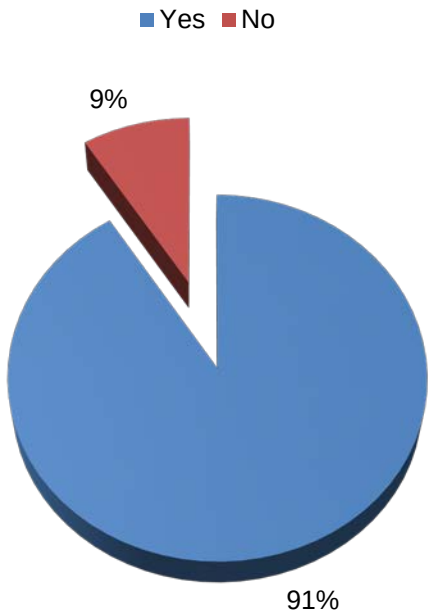
(Community = Brule / Buffalo / Lyman)



Base: No insurance (n=1), Cost (n=4), Fear (n=2), Time not convenient (n=1), Did not need to see a dentist (n=2), Sample Size = 8

(Community = Brule / Buffalo / Lyman)

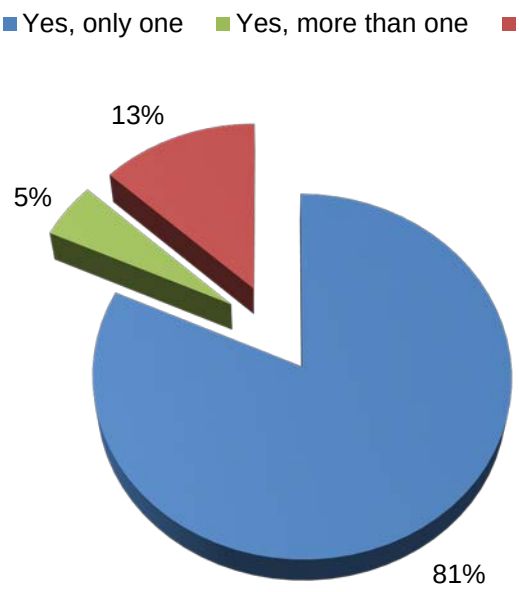
Do you have any kind of dental care or oral health insurance coverage?



Base: Yes (n=68), No (n=7), Sample Size = 75

(Community = Brule / Buffalo / Lyman)

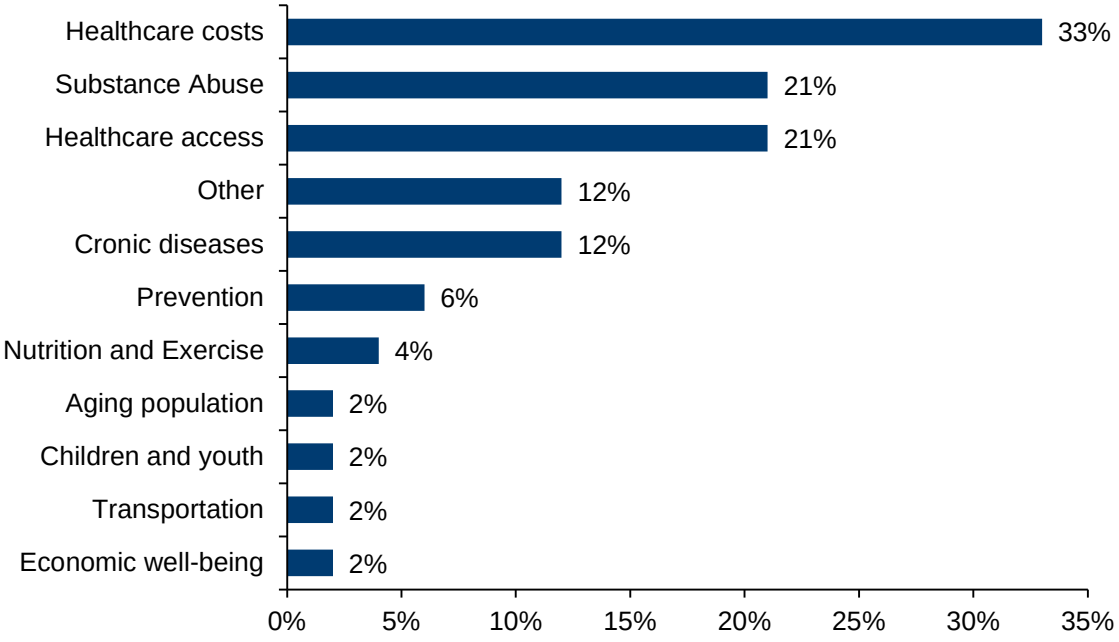
Do you have a dentist that you see for routine care?



Base: Yes, only one (n=61), Yes, more than one (n=4), No (n=10), Sample Size = 75

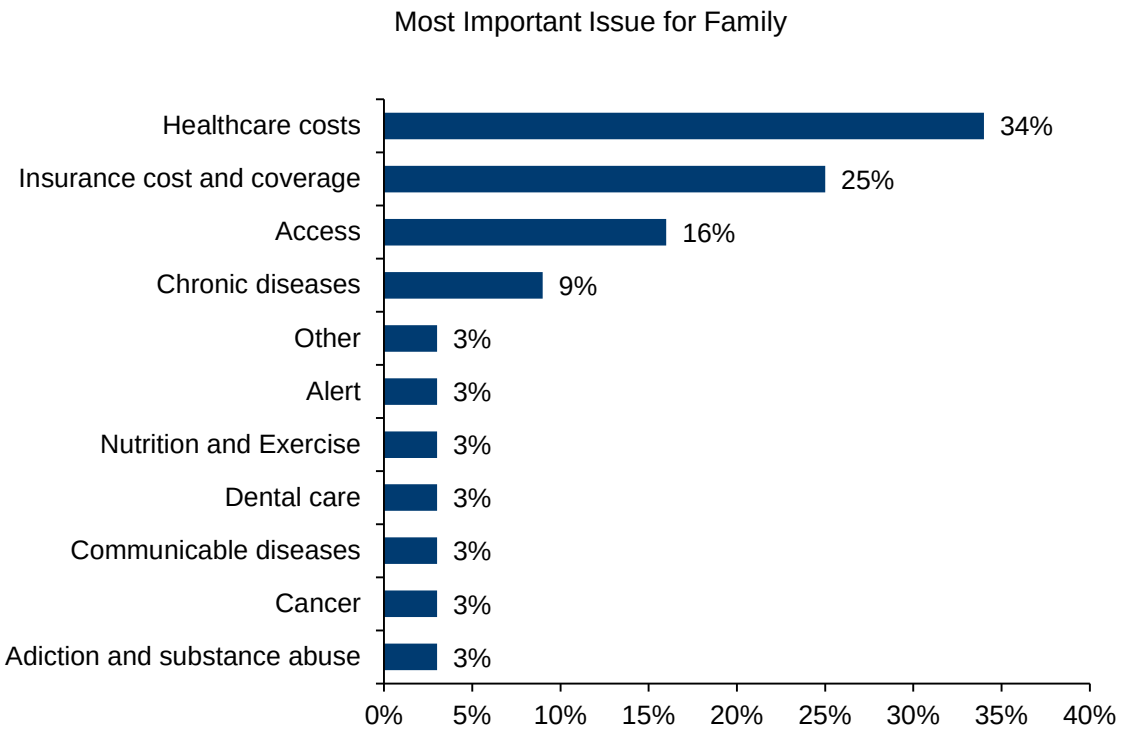
(Community = Brule / Buffalo / Lyman)

Most Important Community Issues



Base: Economic well-being (n=1), Transportation (n=1), Children and youth (n=1), Aging population (n=1), Healthcare access (n=10), Substance Abuse (n=10), Cronic diseases (n=6), Healthcare costs (n=16), Prevention (n=3), Nutrition and Exercise (n=2), Other (n=6), Sample Size = 49

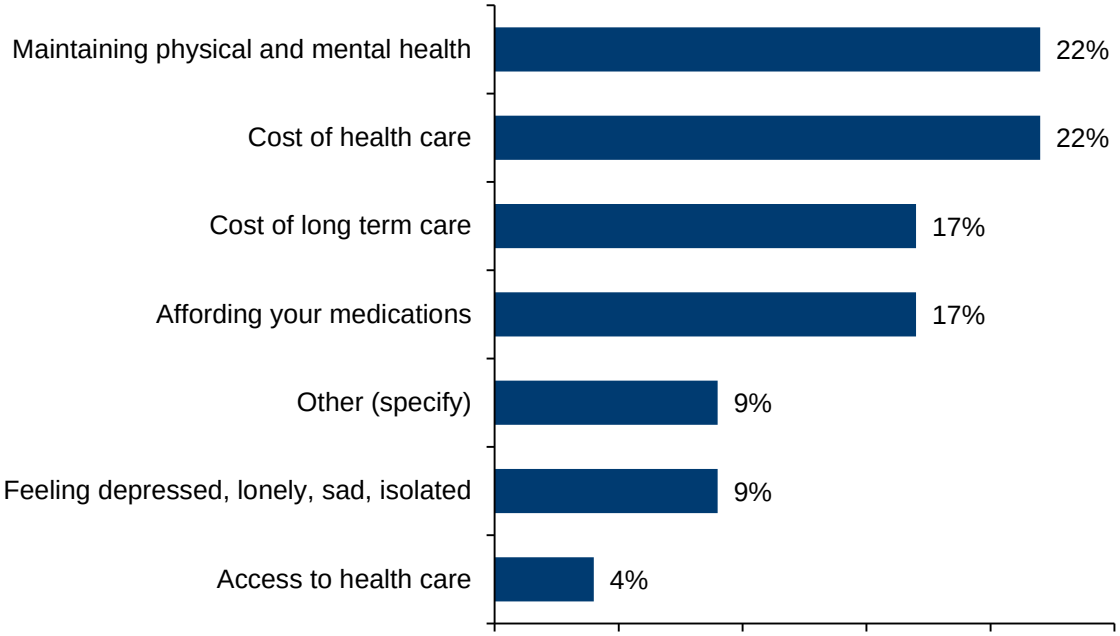
(Community = Brule / Buffalo / Lyman)



Base: Access (n=5), Adiction and substance abuse (n=1), Cancer (n=1), Chronic diseases (n=3), Communicable diseases (n=1), Healthcare costs (n=11), Dental care (n=1), Nutrition and Exercise (n=1), Insurance cost and coverage (n=8), Alert (n=1), Other (n=1), Sample Size = 46

(Community = Brule / Buffalo / Lyman)

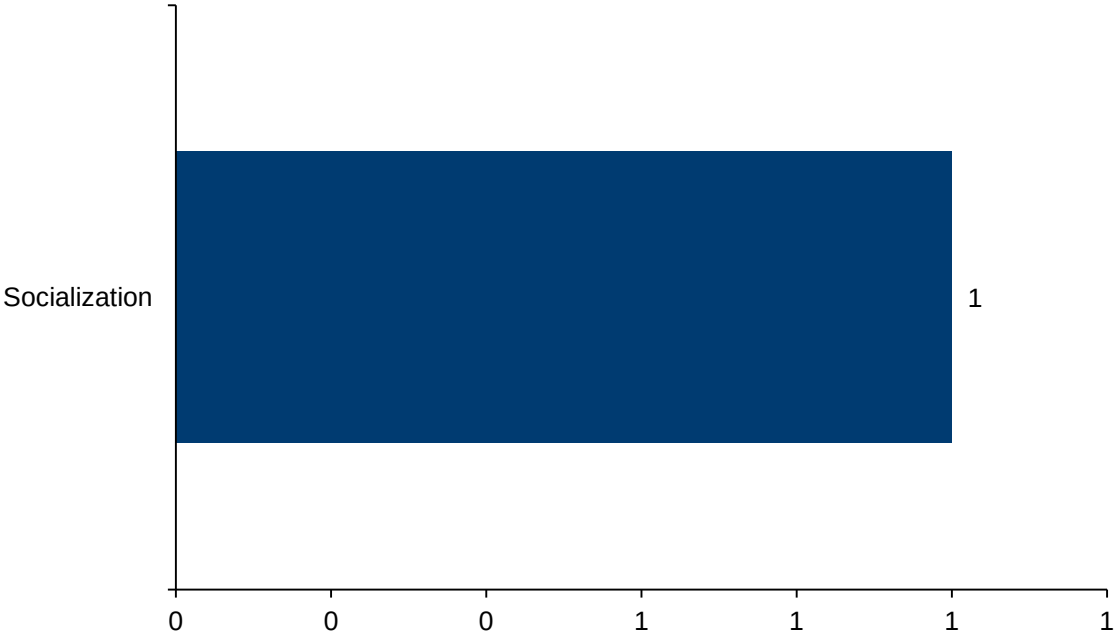
What is your biggest concern as you age? (Age 65+)



Base: Access to health care (n=1), Cost of health care (n=5), Affording your medications (n=4), Maintaining physical and mental health (n=5), Feeling depressed, lonely, sad, isolated (n=2), Cost of long term care (n=4), Other (specify) (n=2), Sample Size = 10

(Community = Brule / Buffalo / Lyman)

Which of these tasks do you need assistance with? (Age 65+)



Base: Socialization (n=1), Sample Size = 1

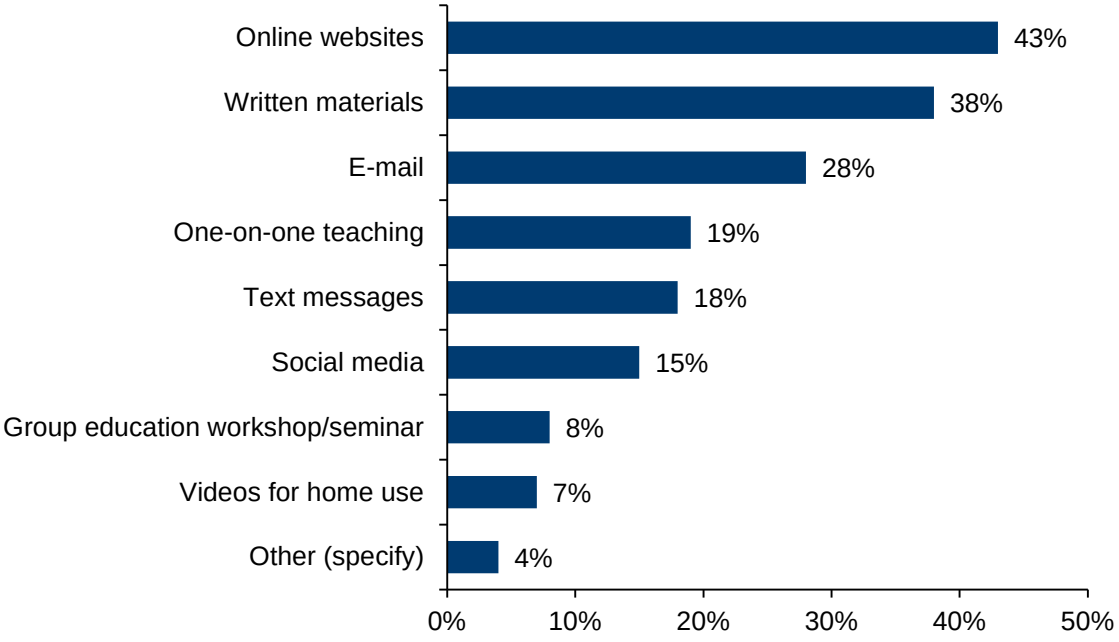
(Community = Brule / Buffalo / Lyman)

Do you know where to go to get help with the tasks you need assistance with? (Age 65+)

Base: Yes (n=1), Sample Size = 1

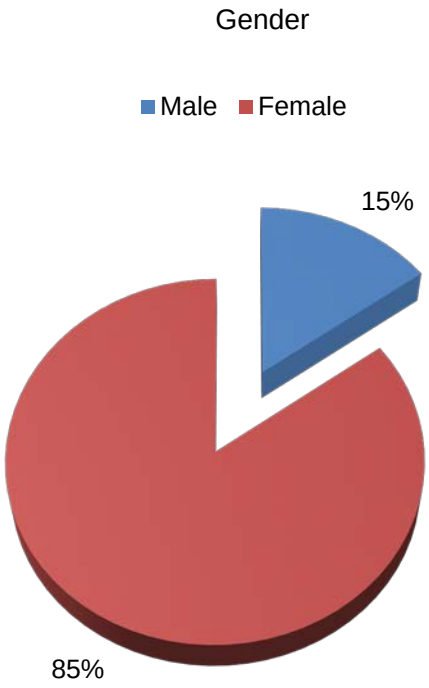
(Community = Brule / Buffalo / Lyman)

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



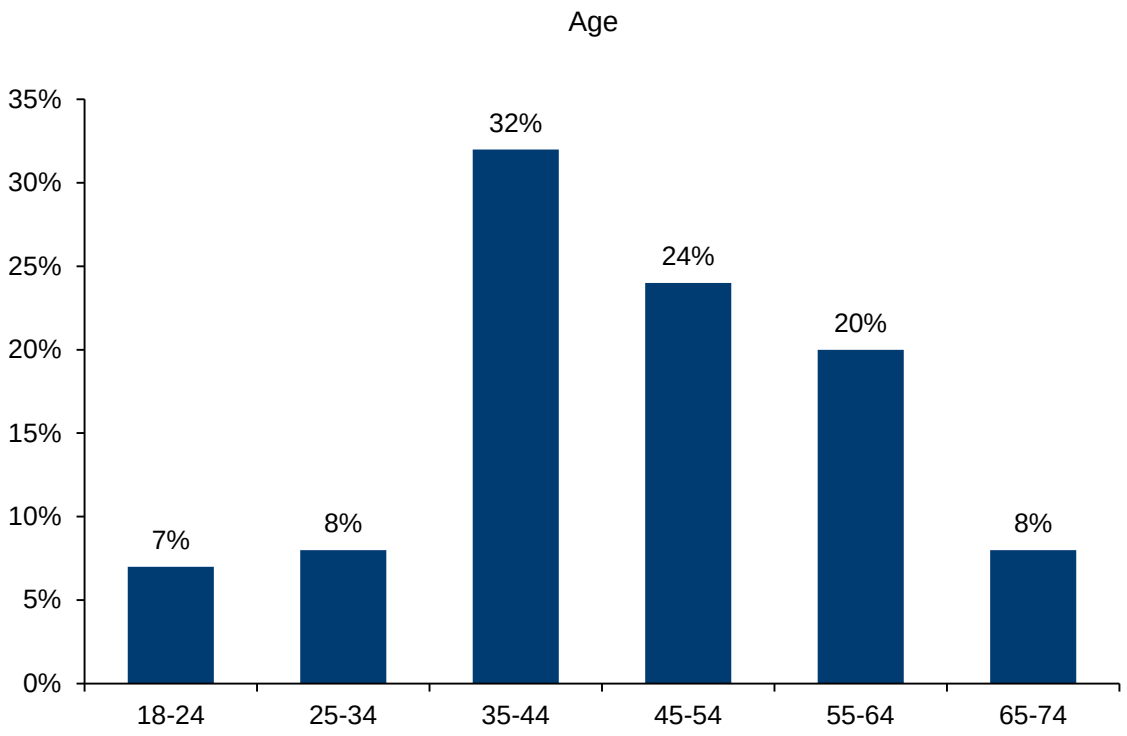
Base: Written materials (n=27), Videos for home use (n=5), Social media (n=11), Text messages (n=13), One-on-one teaching (n=14), E-mail (n=20), Group education workshop/seminar (n=6), Online websites (n=31), Other (specify) (n=3), Sample Size = 72

(Community = Brule / Buffalo / Lyman)



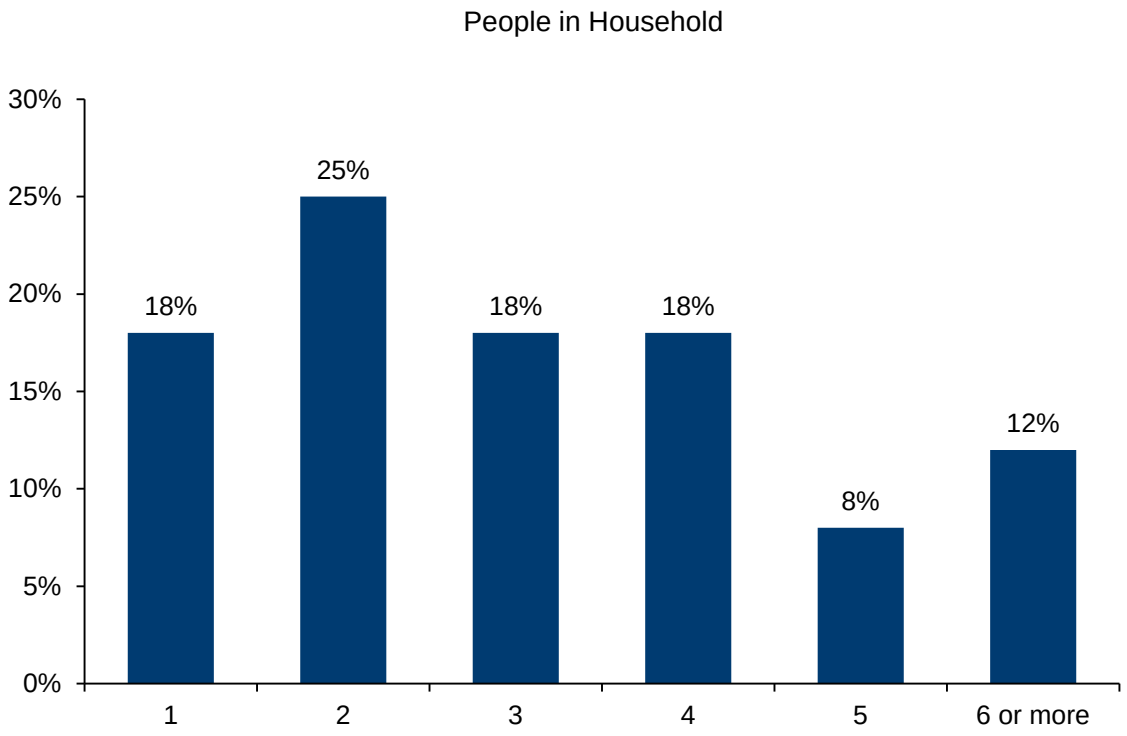
Base: Male (n=11), Female (n=64), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



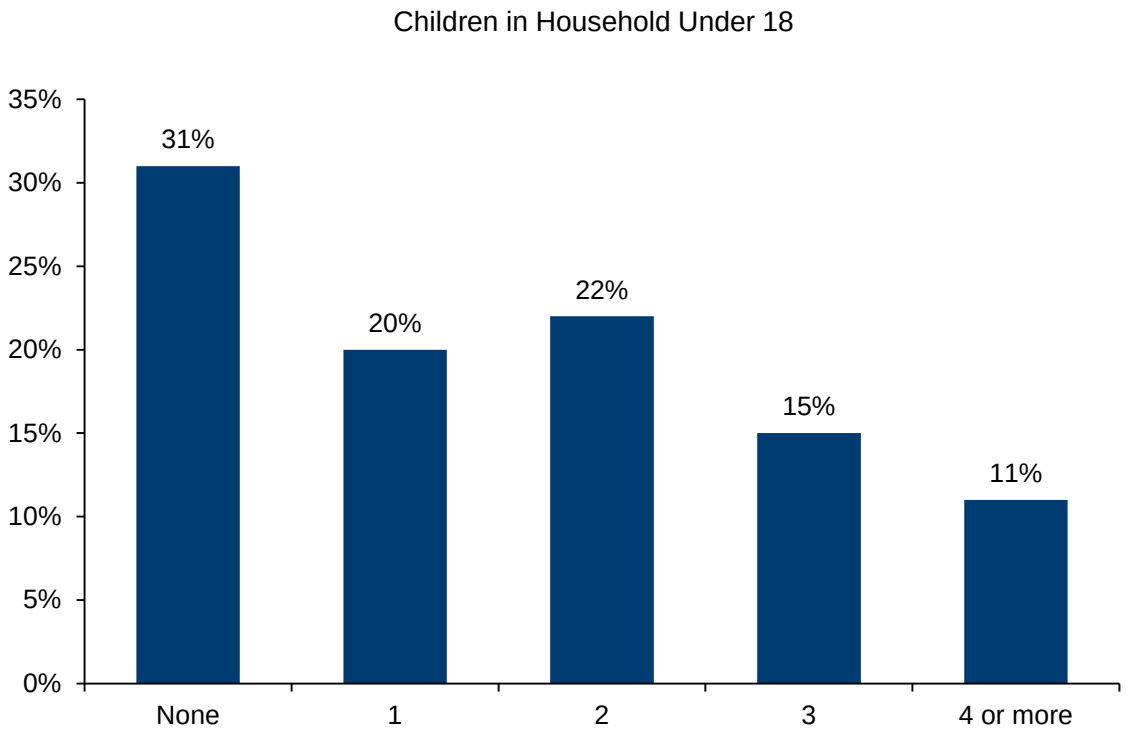
Base: 18-24 (n=5), 25-34 (n=6), 35-44 (n=23), 45-54 (n=17), 55-64 (n=14), 65-74 (n=6), Sample Size = 71

(Community = Brule / Buffalo / Lyman)



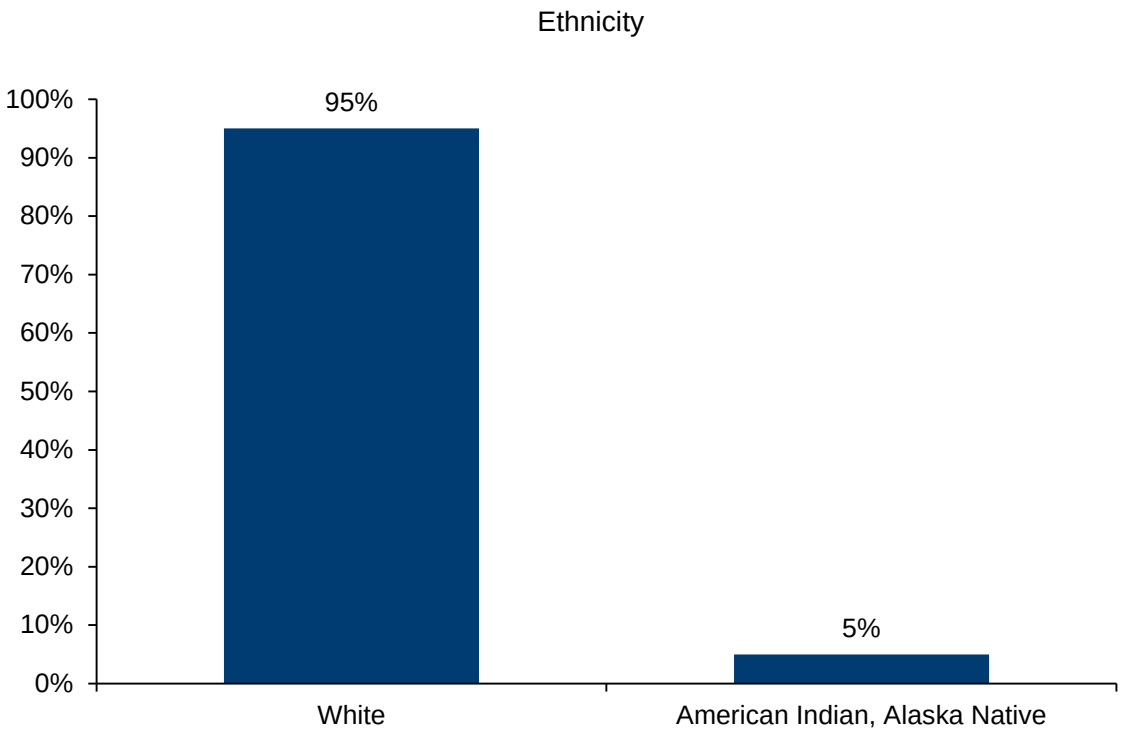
Base: 1 (n=13), 2 (n=18), 3 (n=13), 4 (n=13), 5 (n=6), 6 or more (n=9), Sample Size = 72

(Community = Brule / Buffalo / Lyman)



Base: None (n=17), 1 (n=11), 2 (n=12), 3 (n=8), 4 or more (n=6), Sample Size = 54

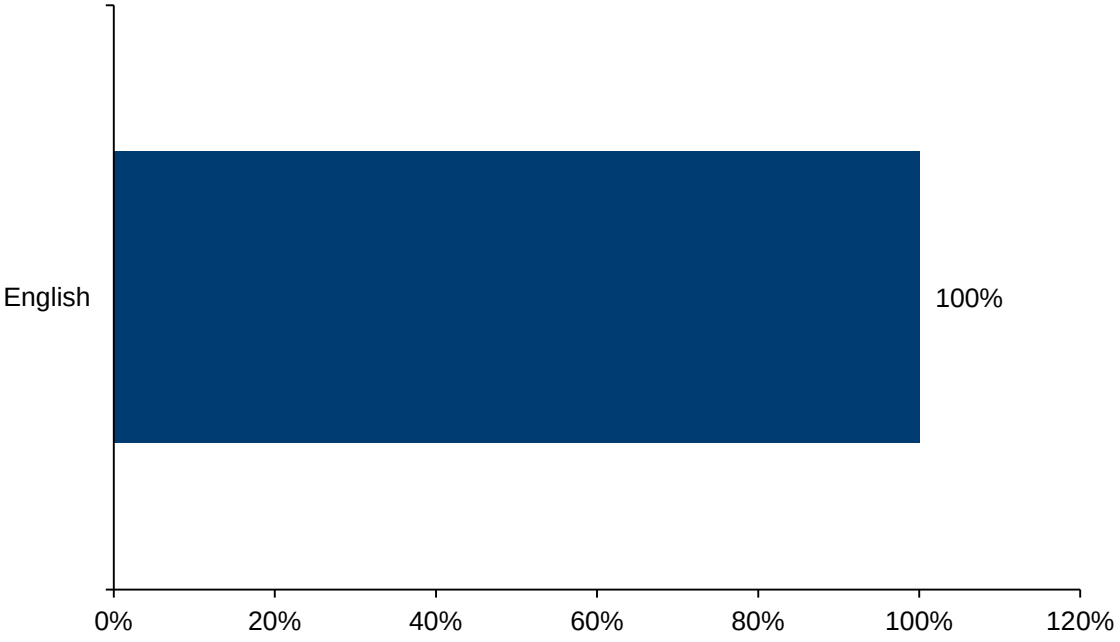
(Community = Brule / Buffalo / Lyman)



Base: White (n=70), American Indian, Alaska Native (n=4), Sample Size = 74

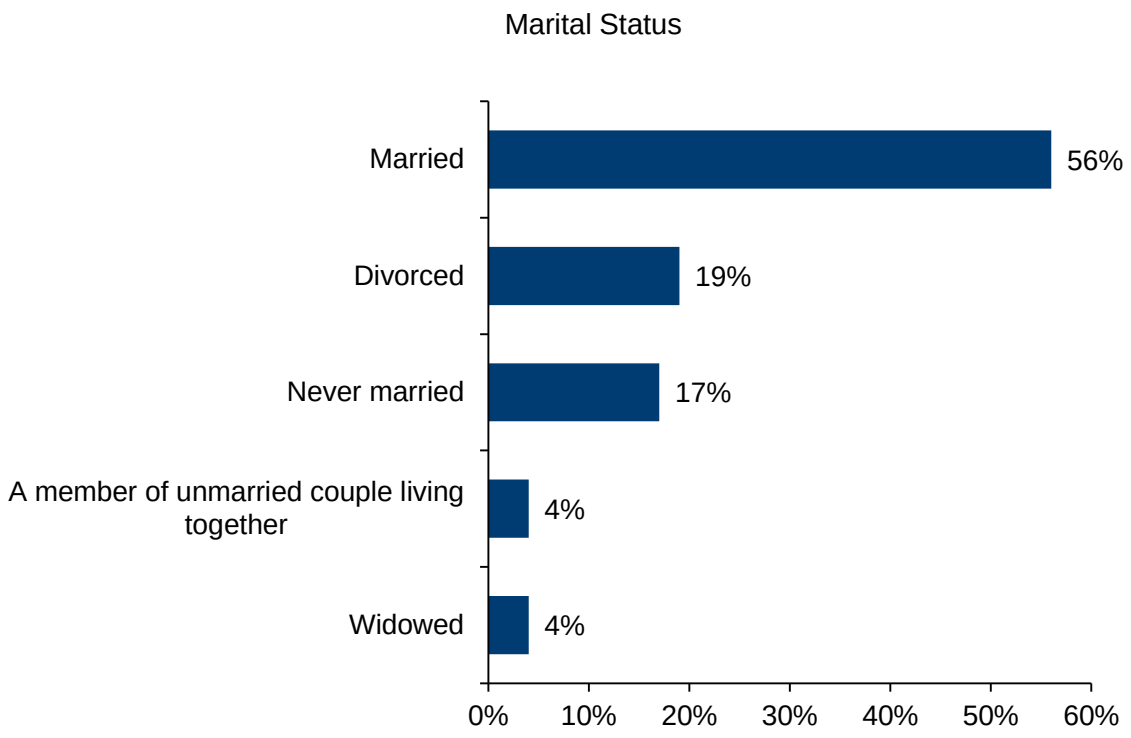
(Community = Brule / Buffalo / Lyman)

Language Spoken in Home



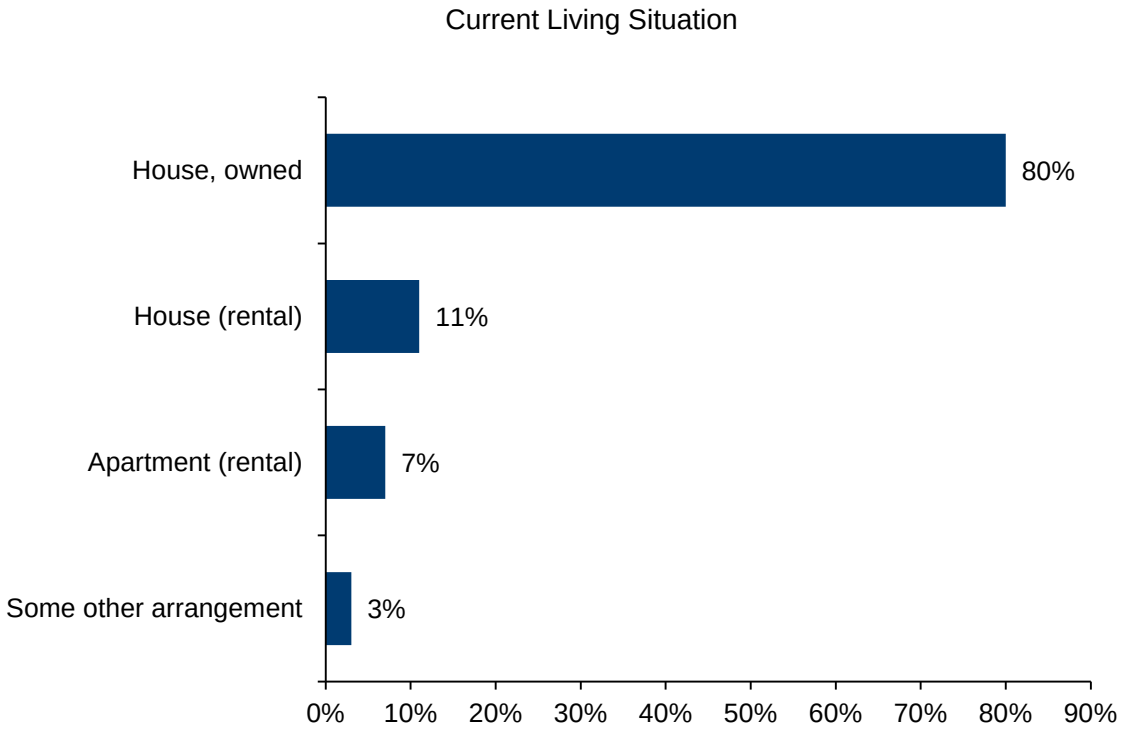
Base: English (n=74), Sample Size = 74

(Community = Brule / Buffalo / Lyman)



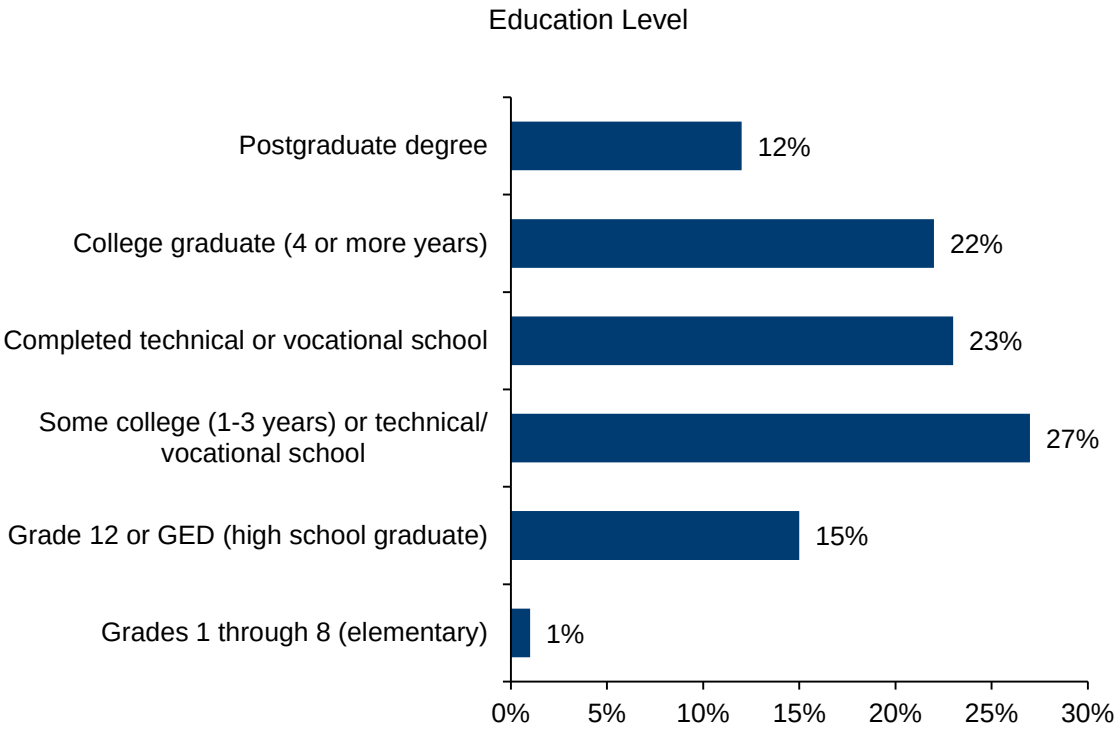
Base: Never married (n=13), Married (n=42), Divorced (n=14), Widowed (n=3), A member of unmarried couple living together (n=3), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



Base: House, owned (n=59), House (rental) (n=8), Apartment (rental) (n=5), Some other arrangement (n=2), Sample Size = 74

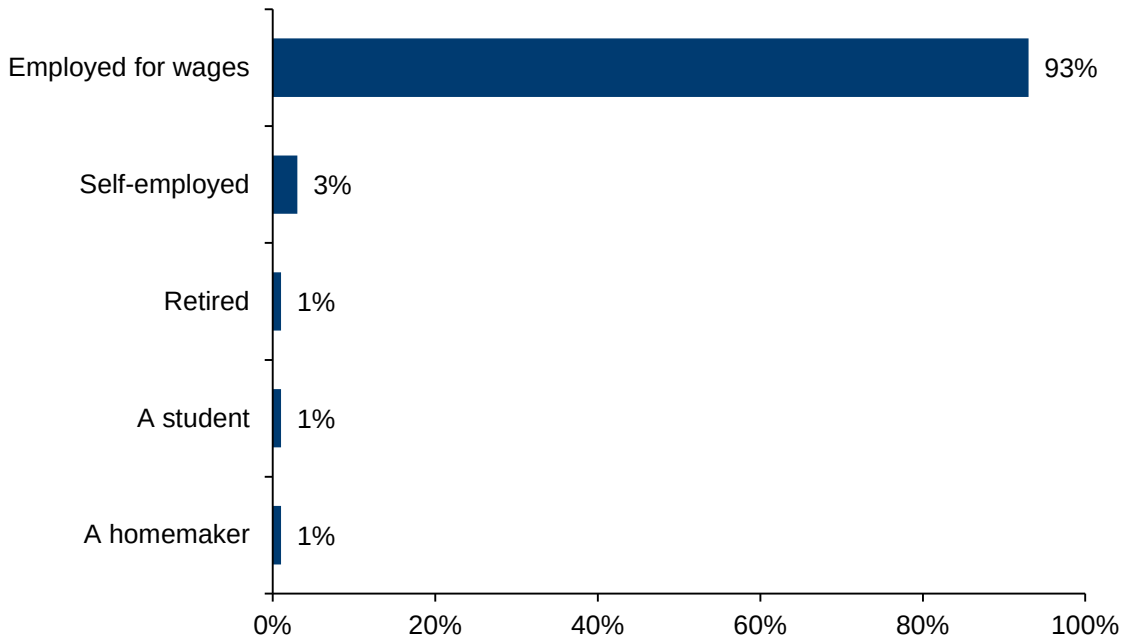
(Community = Brule / Buffalo / Lyman)



Base: Grades 1 through 8 (elementary) (n=1), Grade 12 or GED (high school graduate) (n=11), Some college (1-3 years) or technical/ vocational school (n=20), Completed technical or vocational school (n=17), College graduate (4 or more years) (n=16), Postgraduate degree (n=9), Sample Size = 74

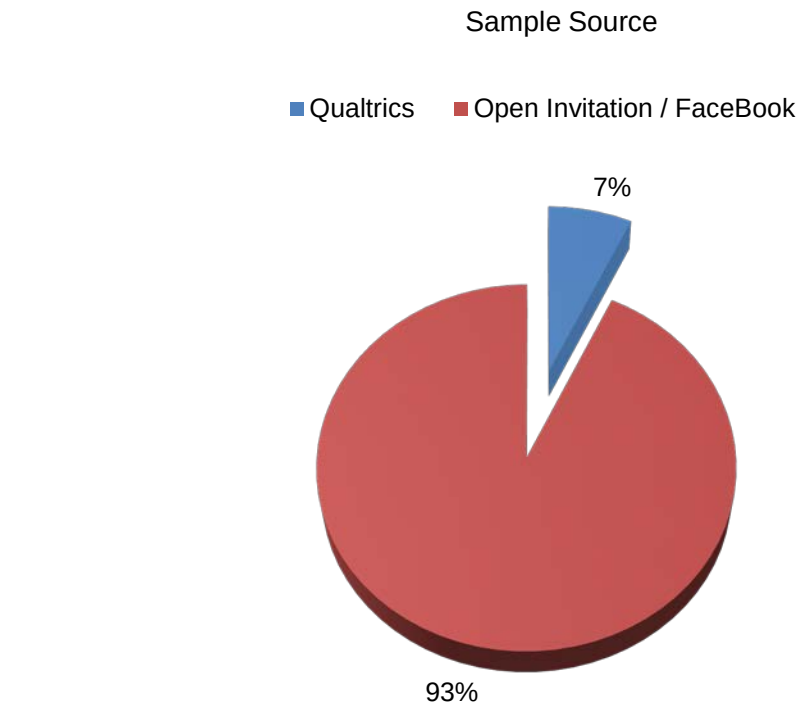
(Community = Brule / Buffalo / Lyman)

Employment Status



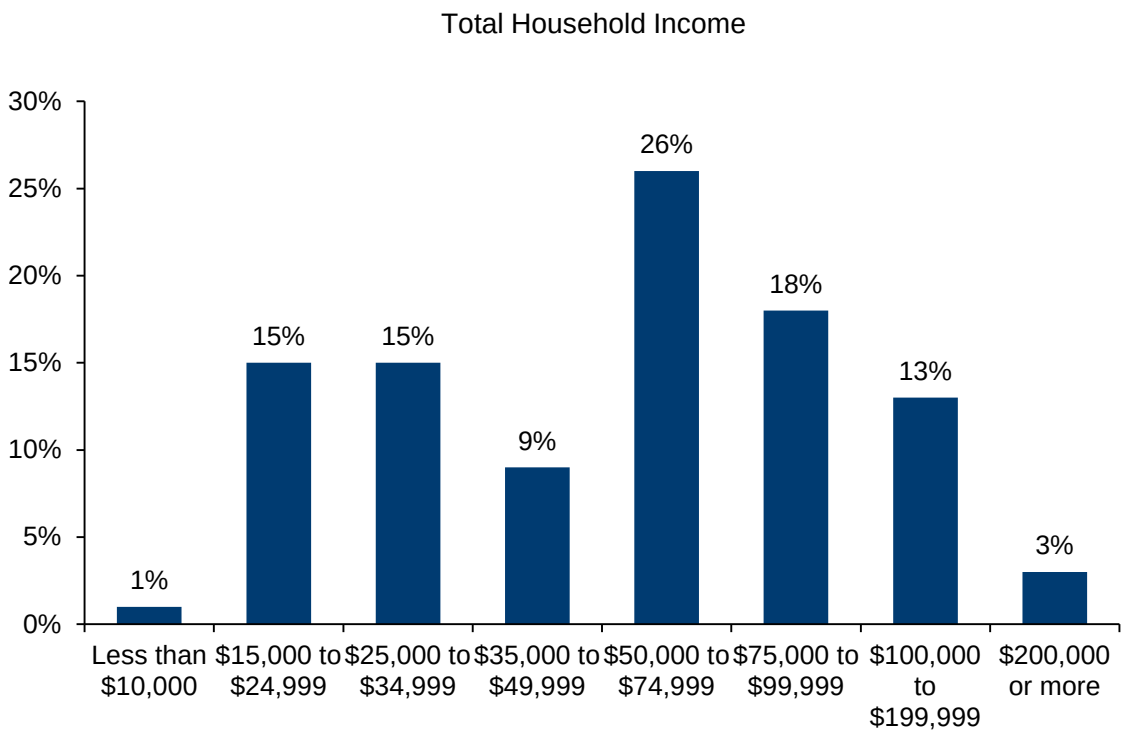
Base: Employed for wages (n=70), Self-employed (n=2), A homemaker (n=1), A student (n=1), Retired (n=1), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



Base: Qualtrics (n=5), Open Invitation / FaceBook (n=70), Sample Size = 75

(Community = Brule / Buffalo / Lyman)



Base: Less than $10,000 (n=1), $15,000 to $24,999 (n=10), $25,000 to $34,999 (n=10), $35,000 to $49,999 (n=6), $50,000 to $74,999 (n=18), $75,000 to $99,999 (n=12), $100,000 to $199,999 (n=9), $200,000 or more (n=2), Sample Size = 68

(Community = Brule / Buffalo / Lyman)

Chamberlain 2019 Community Health Needs Assessment
Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being • Skilled labor force 3.80 • 21% report worrying about running out of food before having money to buy more	1		
Children and Youth • Substance abuse by youth 3.86	2	4 top priority	
Aging Population • Cost of long-term care 4.00 • Cost of memory care 3.86	**1**		
Safety • Presence of drug dealers 4.00 • Presence of street drugs 3.86 • Abuse of prescription drugs 3.71	2	1	
Health Care Access • Access to affordable health insurance coverage 4.43 • Access to affordable health care 3.71			
Mental Health and Substance Abuse • Drug use and abuse 3.93 • 27% report having diagnosed anxiety • 24% report having diagnosed depression • 16% report they currently smoke cigarettes • 50% self-report binge drinking at least 1X/month	4 Top priority		
Wellness • 56% self-report they are obese • 20% self-report that they are overweight • Only 46% report getting 5 or more fruits/vegetables each day • 51% get moderate activity 3 or more times each week • 47% of respondents have hypertension • 42% have high cholesterol • 36% have arthritis • 20% have not had a routine check-up in over 1 year • 10% have not seen a dentist in over 1 year	2	1	

Secondary Research

Definitions of Key Indicators

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

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

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

Contents:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

Ranked Measures Data (including measure values, confidence intervals* and z-scores**)

Additional Measures Data (including measure values and confidence intervals*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

* 95% confidence intervals are provided where applicable and available.
** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable
values for ranked counties, and truncated at -3 or +3 if county population is less than 20,000).

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	**Years of Potential Life Lost Rate**	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics

Measure	Data Elements	Description
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites
Poor or fair health	**% Fair/Poor**	Percentage of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	**Physically Unhealthy Days**	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	**Mentally Unhealthy Days**	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	**% Smokers**	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	

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

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

Measure	Data Elements	Description
		work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – f rom the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	**% Drive Alone**	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

County Health Rankings

	South Dakota	Brule	Buffalo	Lyman
Health Outcomes		19	56	50
Length of Life		10	55	50
Premature death	7,000	5,500	18,600	10,400
Quality of Life		31	58	48
Poor or fair health	12%	12%	31%	17%
Poor physical health days	3.1	3.1	5.8	4.0
Poor mental health days	2.9	3.0	4.8	3.6
Low birthweight	6%	6%	8%	6%
Health Factors		33	58	51
Health Behaviors		37	59	51
Adult smoking	18%	16%	37%	22%
Adult obesity**	31%	35%	39%	35%
Food environment index**	6.6	7.5	0.1	4.8
Physical inactivity**	22%	24%	27%	25%
Access to exercise opportunities	72%	65%	0%	42%
Excessive drinking	20%	18%	16%	18%
Alcohol-impaired driving deaths	37%	0%	50%	25%
Sexually transmitted infections**	462.9	169.5	1,203.7	748.0
Teen births	30	31	96	80
Clinical Care		31	51	52
Uninsured	12%	18%	21%	18%
Primary care physicians	1,290:1	660:1	2,100:1	3,880:1
Dentists	1,710:1	2,620:1	680:1	3,890:0
Mental health providers	610:1	1,050:1	410:1	1,950:1
Preventable hospital stays	50	63		44
Diabetes monitoring	84%	82%	76%	83%
Mammography screening	66%	67%		64%
Social & Economic Factors		38	59	51
High school graduation**	84%			
Some college	68%	60%	35%	55%
Unemployment	2.8%	2.4%	7.9%	4.5%
Children in poverty	17%	17%	48%	31%
Income inequality	4.1	3.4	5.1	3.7
Children in single-parent households	32%	35%	59%	42%
Social associations	16.5	24.6	4.8	12.9
Violent crime**	322	530		
Injury deaths	76	94	195	140
Physical Environment		9	40	12
Air pollution - particulate matter	7.7	7.4	7.3	7.1
Drinking water violations		No	No	No
Severe housing problems	12%	9%	28%	12%
Driving alone to work	80%	74%	73%	77%
Long commute - driving alone	14%	11%	16%	14%

	South Dakota	Brule	Buffalo	Lyman
Length of Life				
Premature age-adjusted mortality	330	340	1,130	520
Child mortality	70			
Infant mortality	7			
Quality of Life				
Frequent physical distress	9%	10%	20%	13%
Frequent mental distress	9%	10%	19%	13%
Diabetes prevalence**	9%	10%	16%	11%
Health Behaviors				
Food insecurity**	12%	12%	22%	14%
Limited access to healthy foods	11%	13%	72%	37%
Drug overdose deaths	8			
Drug overdose deaths - modeled	8.4	12-13.9	30+	8-11.9
Motor vehicle crash deaths	16			56
Insufficient sleep	26%	26%	35%	28%
Clinical Care				
Uninsured adults	14%	20%	30%	22%
Uninsured children	7%	11%	8%	9%
Health care costs**	$8,345	$9,004	$12,395	$7,799
Other primary care providers	801:1	748:1	681:1	974:1
Social & Economic Factors				
Disconnected youth	10%			28%
Median household income	$54,900	$49,700	$22,500	$42,700
Children eligible for free or reduced price lunch	42%	49%		54%
Residential segregation - black/white**	63			
Residential segregation - non-white/white**	56	41		88
Homicides	3			
Firearm fatalities	11			
Physical Environment				
Demographics				
Population	865,454	5,238	2,043	3,894
% below 18 years of age	24.6%	26.2%	38.6%	29.1%
% 65 and older	16.0%	18.0%	7.9%	14.7%
% Non-Hispanic African American	1.9%	0.4%	0.8%	0.6%
% American Indian and Alaskan Native	9.0%	9.5%	81.2%	39.7%
% Asian	1.5%	0.4%	0.0%	0.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.0%	0.0%
% Hispanic	3.7%	2.6%	3.7%	2.0%
% Non-Hispanic white	82.5%	84.6%	15.2%	55.5%
% not proficient in English	1%	0%	0%	0%
% Females	49.6%	50.5%	50.0%	47.5%
% Rural	43.3%	100.0%	100.0%	100.0%

2018 - Note: Blank values reflect unreliable or missing data
12/21/18

SANFORD HEALTH

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