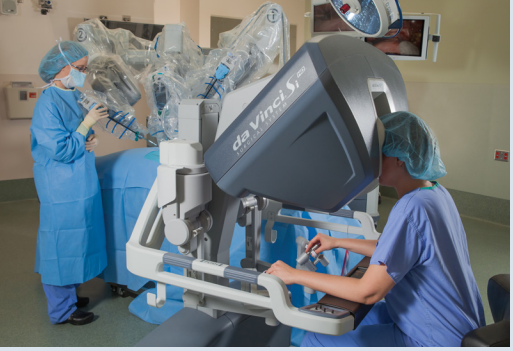


















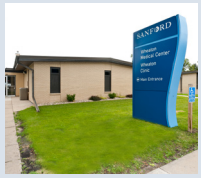


SANFORD HEALTH

Sanford Health Network

2018 Community Health Needs Assessment

dba Sanford Westbrook Medical Center EIN# 46-0388596

Dear Community Members,

Sanford Westbrook Medical Center 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:

- Wellness
- Mental Health and Substance Abuse

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 Westbrook 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,

Stacy Barstad

Stacy Barstad
Senior Director
Sanford Westbrook Medical Center

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Sanford Westbrook Medical Center

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Executive 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 implementations strategy development and submission in accordance with the Internal Revenue Code 501(r).

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, 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 a prioritization of 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 IRS Form 990 and a status report must be provided each year on IRS 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 implementation 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 Westbrook community and Cottonwood county. Data collection occurred during November 2017. A total of 13 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 Statewide Health Improvement Partnership (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 notice was posted in the local newspaper to invite residents to take the survey. The newspaper post included a URL for the survey. A total of 37 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 Westbrook and Cottonwood County, Minnesota. 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 demographics that better represent the community. This is part of our CHNA continuous improvement process.

The Internal Revenue Code 501(r) statute 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 response 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 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 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 some cases the indicators are aligned and validate our findings.

Economic Well-Being
Community stakeholders are most concerned that there is a need for employment options (ranking 3.38), household budgeting and money management (3.00), and the availability of a skilled labor force (ranking 3.00).

Transportation
Community stakeholders are most concerned about the availability of public transportation (3.31).

Children and Youth
Community stakeholders are most concerned about the availability of quality childcare (3.15), childhood obesity (3.08), the cost of quality childcare (3.08), and teen tobacco use (3.00).

Aging Population
Community stakeholders are most concerned about the cost of long-term care (3.31) and the cost of memory care (3.00).

Safety
Community stakeholders are most concerned about the abuse of prescription drugs (3.00).

Health Care Access
Community stakeholders are most concerned about access to affordable health insurance (3.08) and the availability of affordable health care (3.08).

Mental Health and Substance Abuse
Community stakeholders are most concerned about depression (3.33), stress (3.25), drug use and abuse (3.17), and dementia and Alzheimer's (3.08).

Twenty-four percent of resident survey participants report that they have been diagnosed with depression and 44% report a diagnosis of anxiety/stress.

Resident survey participants are facing the following issues:

- 77% report that they are overweight or obese
- 24% self-report binge drinking at least 1X/month
- 56% report a diagnosis of high cholesterol
- 32% a diagnosis of hypertension
- 26% self-report that they have drugs in their home they are not using
- 17% have not visited a dentist in more than a year
- 14% report running out of food before having money to buy more

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

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

- *Wellness*
- *Mental Health and Substance Abuse*

Implementation Strategies

Priority 1: Wellness

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.

Sanford Health Westbrook has made physical health specific to obesity a significant priority and has developed strategy to improve physical health and reduce the negative health effects of obesity.

Priority 2: Mental 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.

Sanford Westbrook Medical Center

Community Health Needs Assessment

2018

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Community Health Needs Assessment

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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 Bemidji
- 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 Bemidji
- 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
- Dan Heinemann, M.D., Chief Medical Office, Vice-President, Health Network
- 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, Director, Sanford 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, 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 Westbrook community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Kelsey Andrews, Public Health Director, Des Moines Valley Health and Human Services
- Lynn Arndt, Heritage Health Care Foundation
- Stacy Barstad, Senior Director, Sanford Westbrook Medical Center
- Denise Clouse, Marketing Coordinator, Sanford Westbrook Medical Center
- Arlene Erickson, Sanford Westbrook Medical Center Board of Directors
- Nate Knakmuhs, Heritage Health Care Foundation
- Gordon Kopperud, Manager of Ancillary Services, Sanford Westbrook Medical Center
- John Madson, Heritage Health Care Foundation
- Angela Naumann, Health Educator, Des Moines Valley Health and Human Services
- Anita Phelps, Heritage Health Care Foundation
- Carol Quade, Heritage Health Care Foundation
- Jane Sabinske, Director of Nursing and Clinical Services, Sanford Westbrook Medical Center
- Josh Sammons, Clinic Director, Sanford Westbrook Clinic

Description of Sanford Westbrook Medical Center

Sanford Westbrook Medical Center is an eight-bed, not-for-profit, Critical Access Hospital located in southwest Minnesota. It is a community-owned facility leased to Sanford Health Network. Originally known as Henry Schmidt Memorial Hospital, Sanford Westbrook was built in 1950 and through a comprehensive community effort was remodeled and expanded into the current single-site health care facility that includes an attached medical clinic and 21-one unit senior housing facility. The medical center offers emergency services.

The Sanford Westbrook service area includes the communities of Currie, Dovray, Jeffers, Storden and Westbrook and covers parts of Cottonwood, Redwood and Murray counties with a combined population of 3,600. It is located in an area classified as a Health Professional Shortage Area (HPSA) and Manpower Underserved Area (MUA). Sanford Westbrook employs approximately 50 individuals.

Description of the Community Served

The city of Westbrook has a population of 740 and is located in southwestern Minnesota in Cottonwood County. It is home to Westbrook-Walnut Grove High School, multiple churches, a community center, park, swimming pool, and other recreational amenities. It is only minutes away from excellent year-round hunting and fishing.

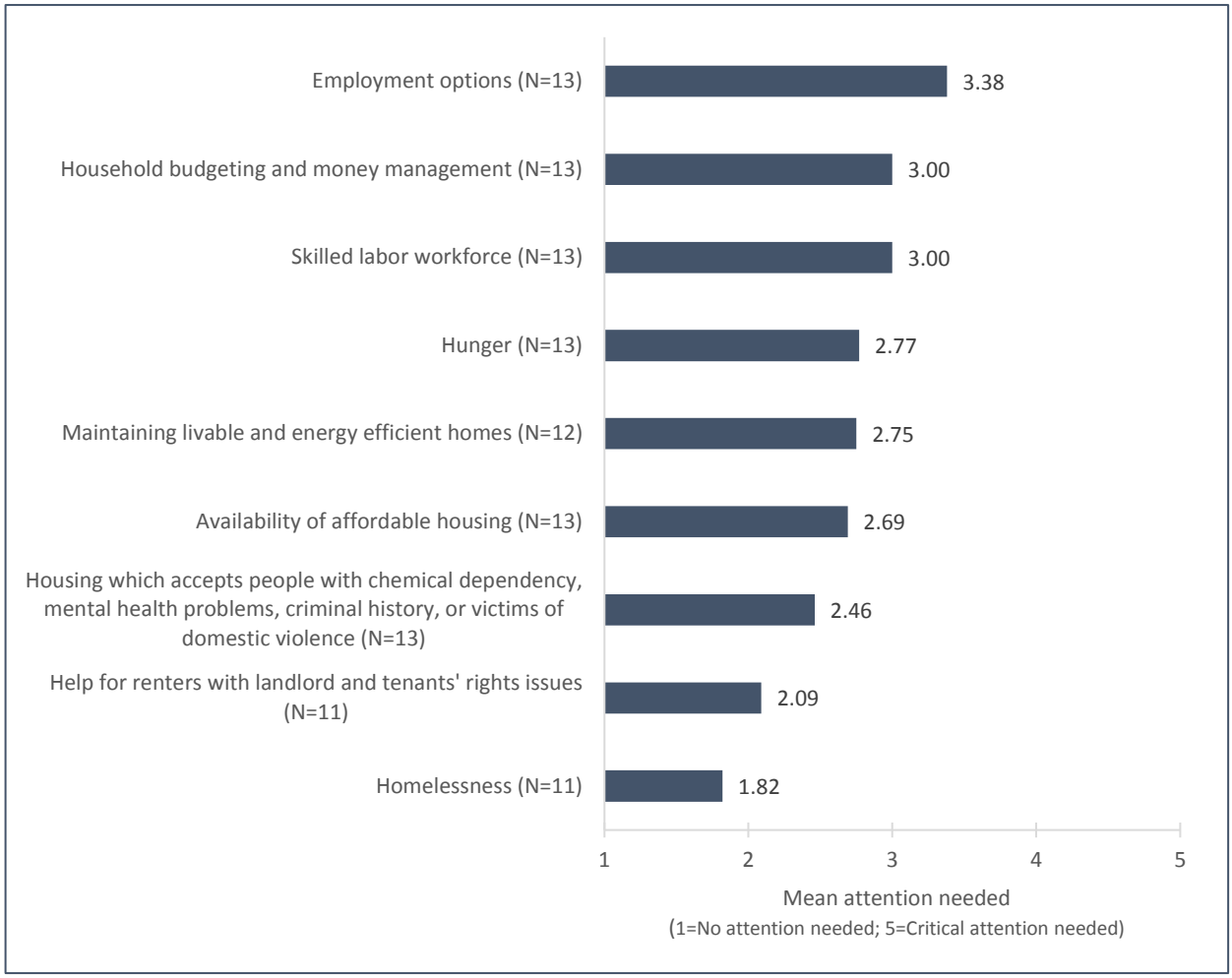
Active organizations in the community include Kiwanis, American Legion, Lions Club, Heritage Healthcare Foundation, Westbrook Area Volunteers (WAV), and Westbrook Women's Club. Numerous local businesses include a grocery store, bank, drug store, pharmacy, lumber/hardware store, several bars and restaurants, and more.

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 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 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.

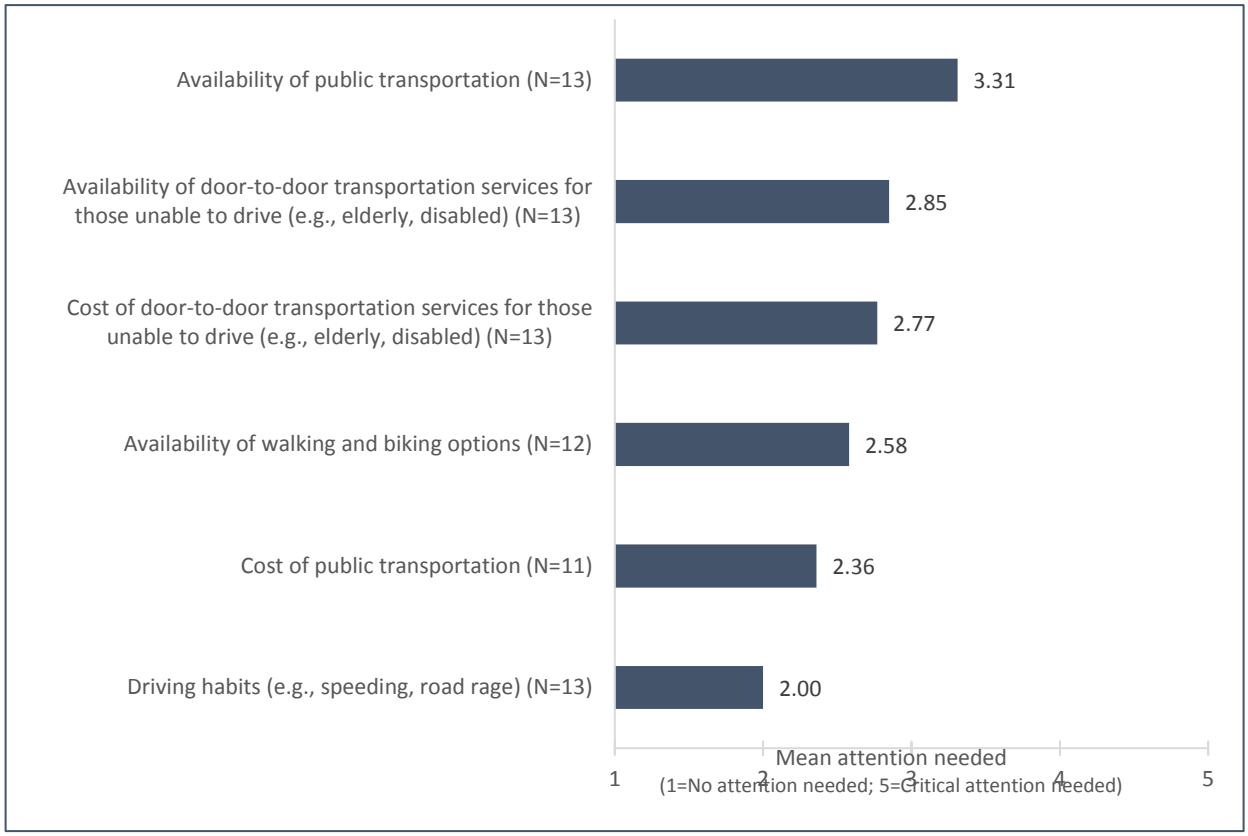
Economic Well-Being: The concern for the community's economic well-being is focused on the need for employment options, household budgeting and money management, and the need for a skilled labor workforce.



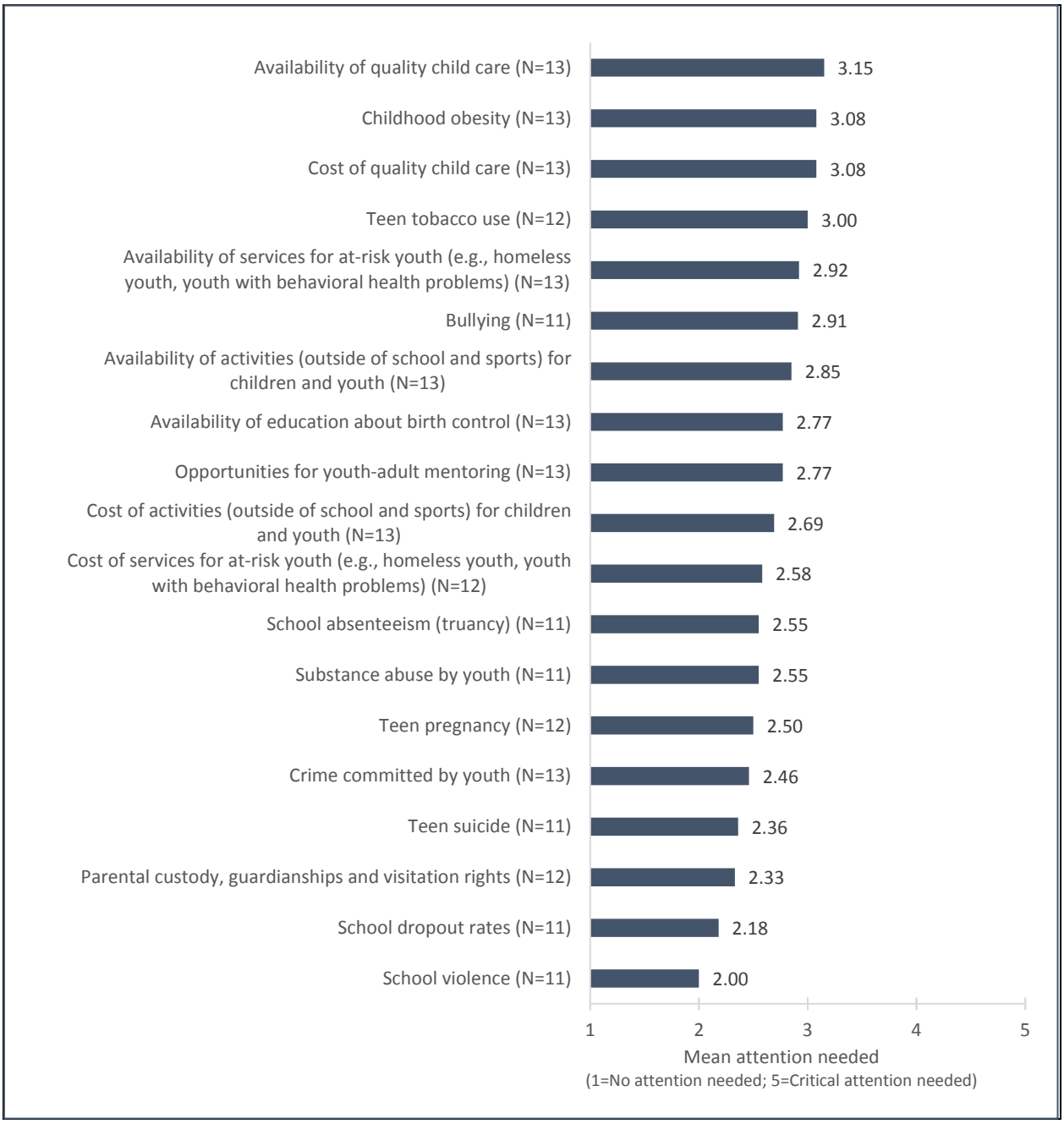
Healthy People 2020 has defined the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Conditions (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.

Transportation: The concern for the community's transportation needs is specific to the lack of public transportation.

Current state of community issues regarding TRANSPORTATION

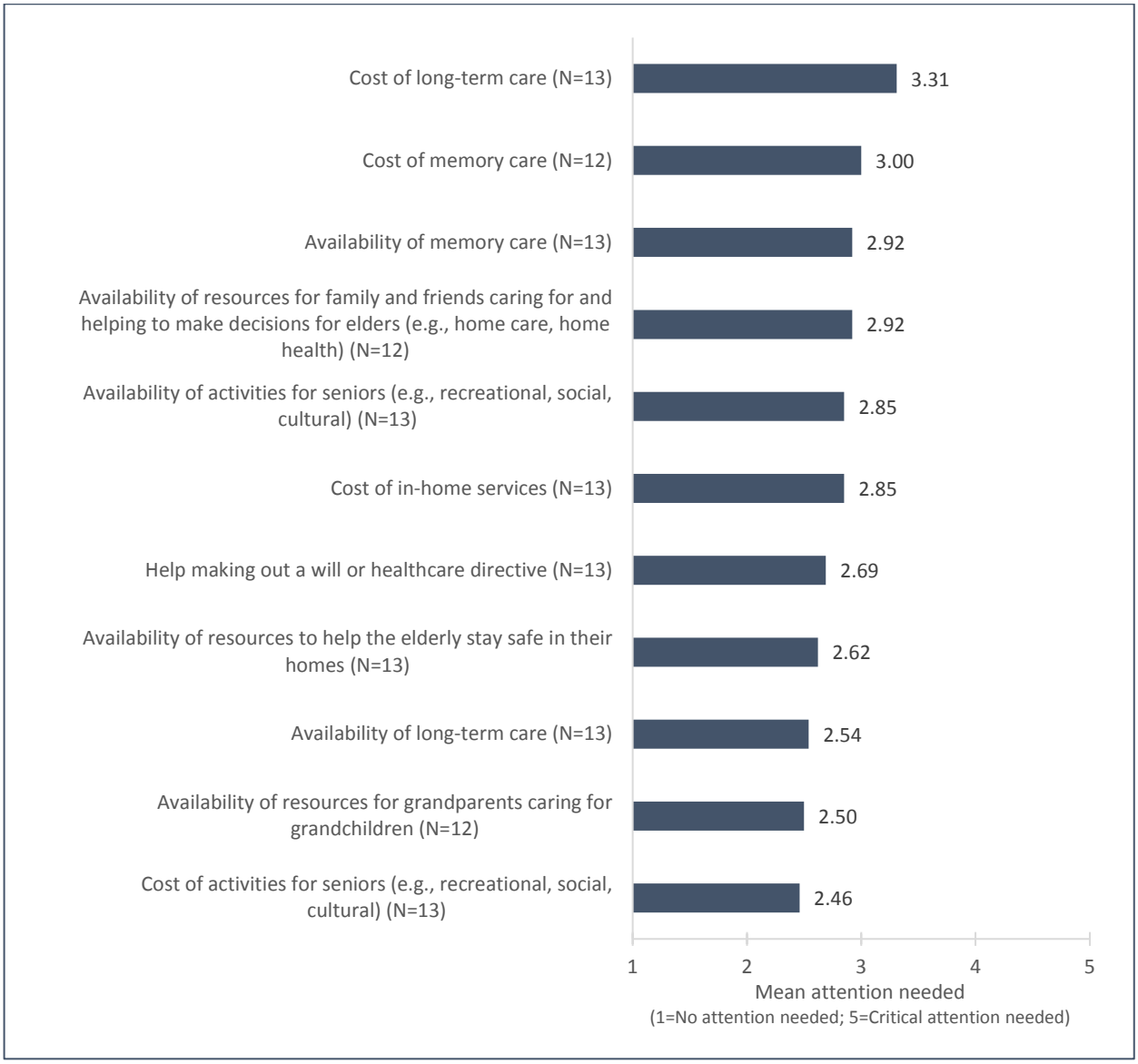


Children and Youth: The concern for children and youth is highest for the availability of quality childcare, childhood obesity, the cost of quality childcare and teen tobacco use.



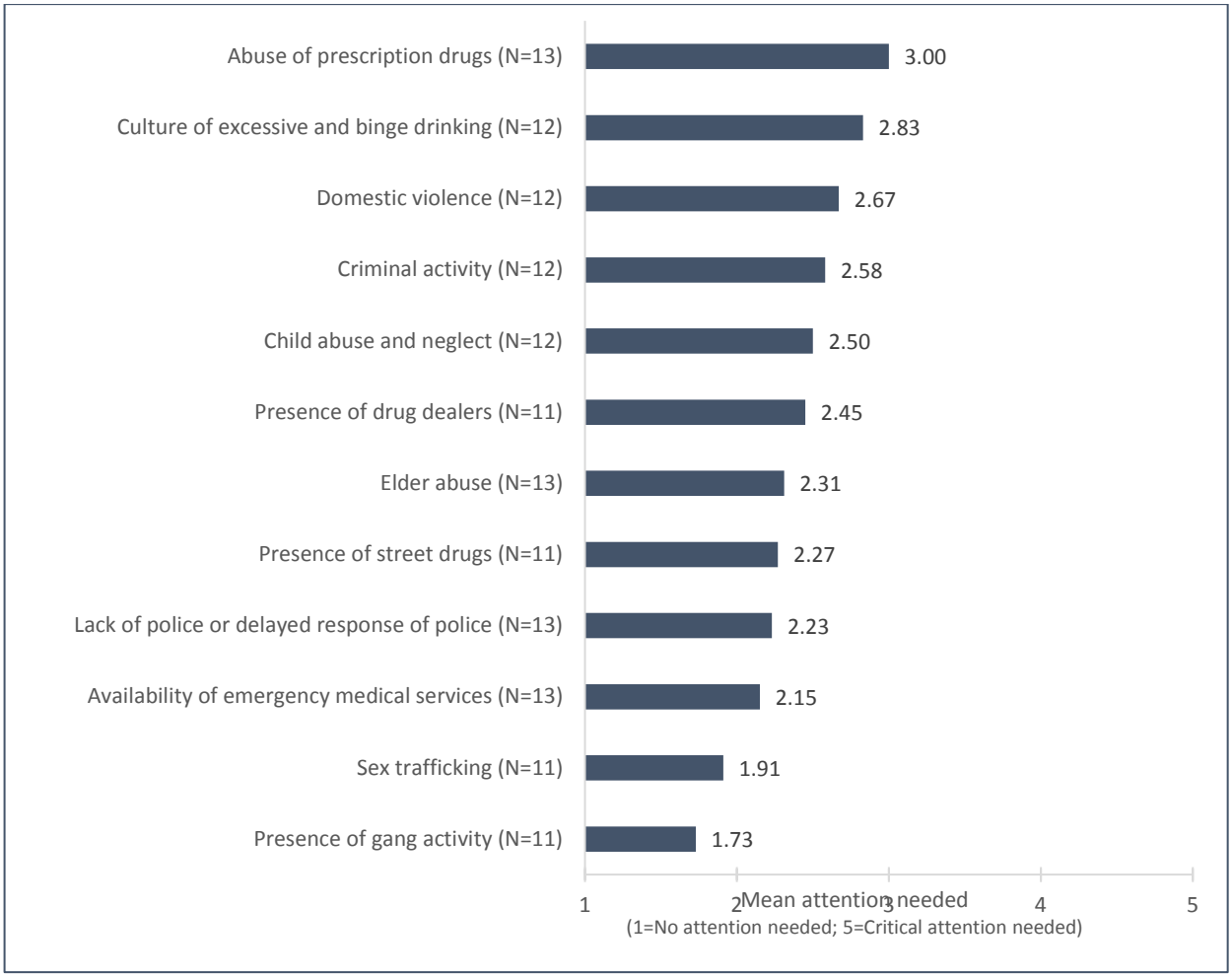
Childhood Obesity and Child Well-being: According to the CDC, childhood obesity can have immediate and long-term effects on physical, social, and emotional health. Children with obesity are at higher risk for chronic health conditions including asthma, sleep apnea, bone and joint problems, type 2 diabetes, and risk factors for heart disease.

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



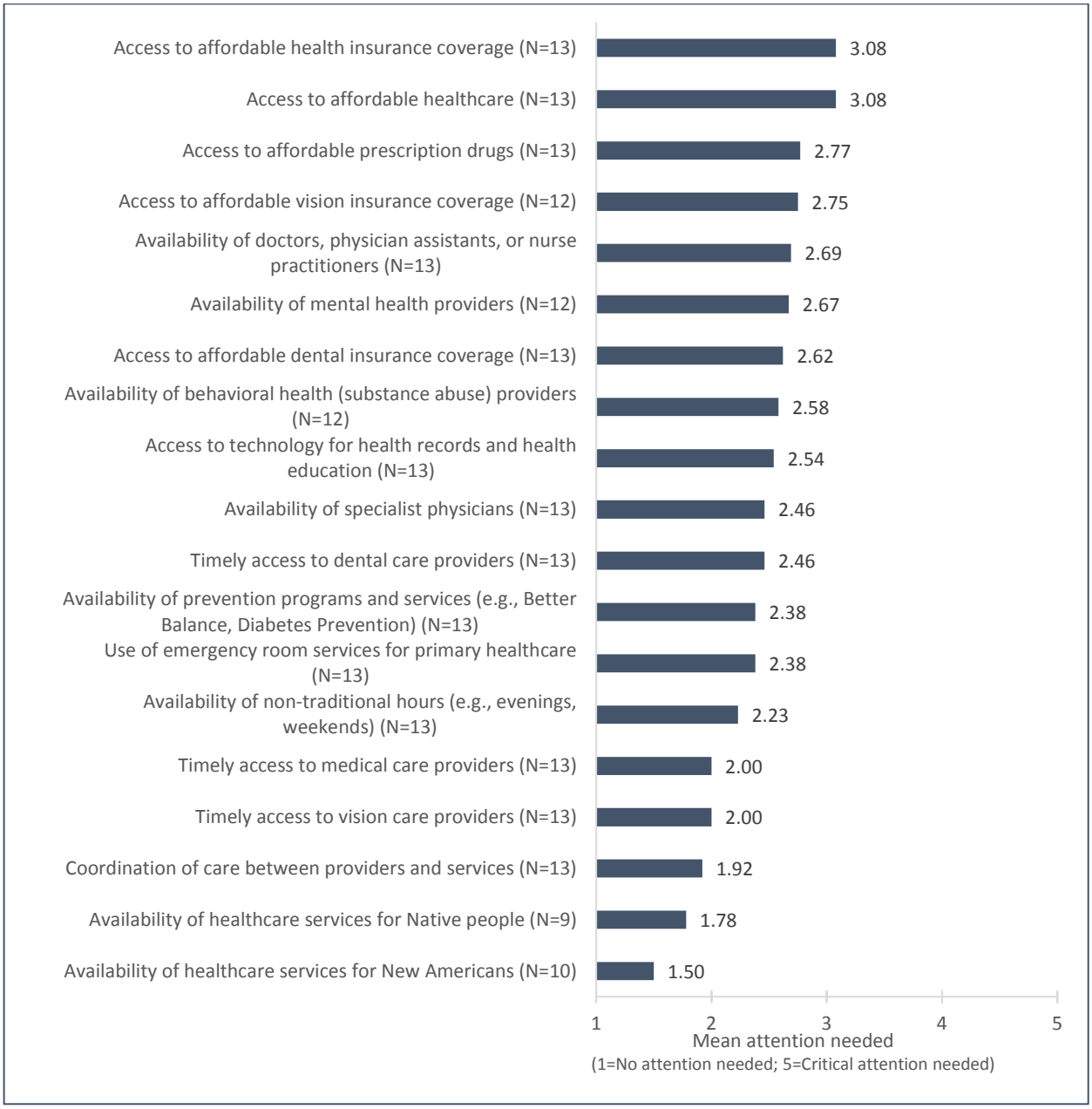
According to the U.S. Health and Human Services Administration on Aging, the cost of long-term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, 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 abuse of prescription drugs is the top concerns for safety in the community.

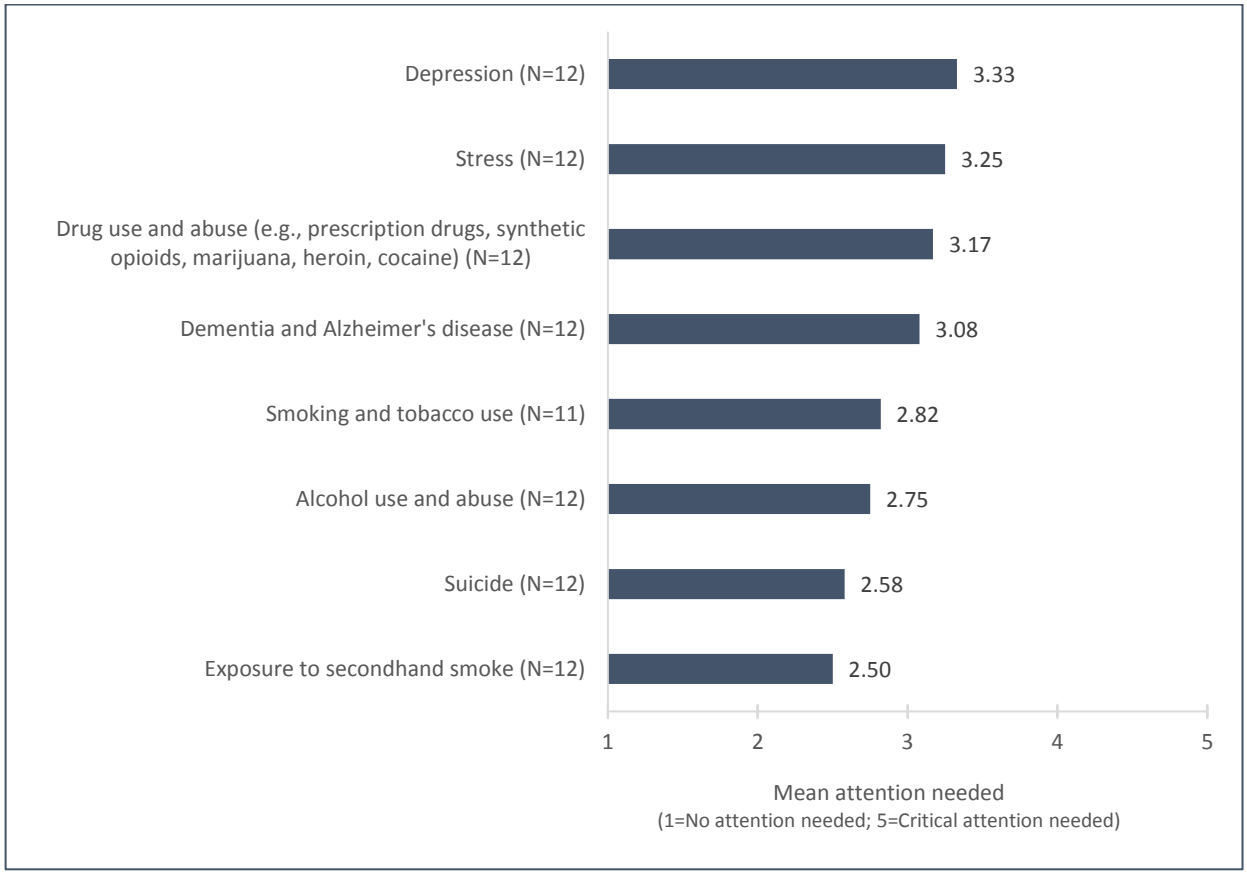


The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., 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 care and access to affordable health care are the top concerns for the community.



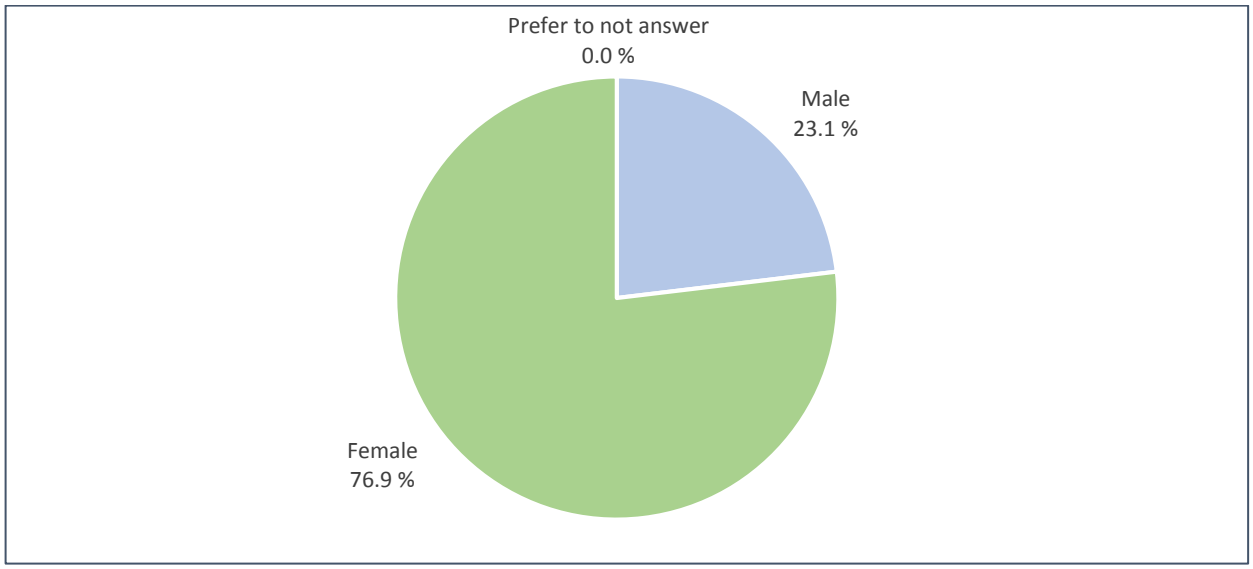
Mental Health and Substance Abuse: Depression, stress, drug use and Dementia and Alzheimer's disease are top concerns for the community.



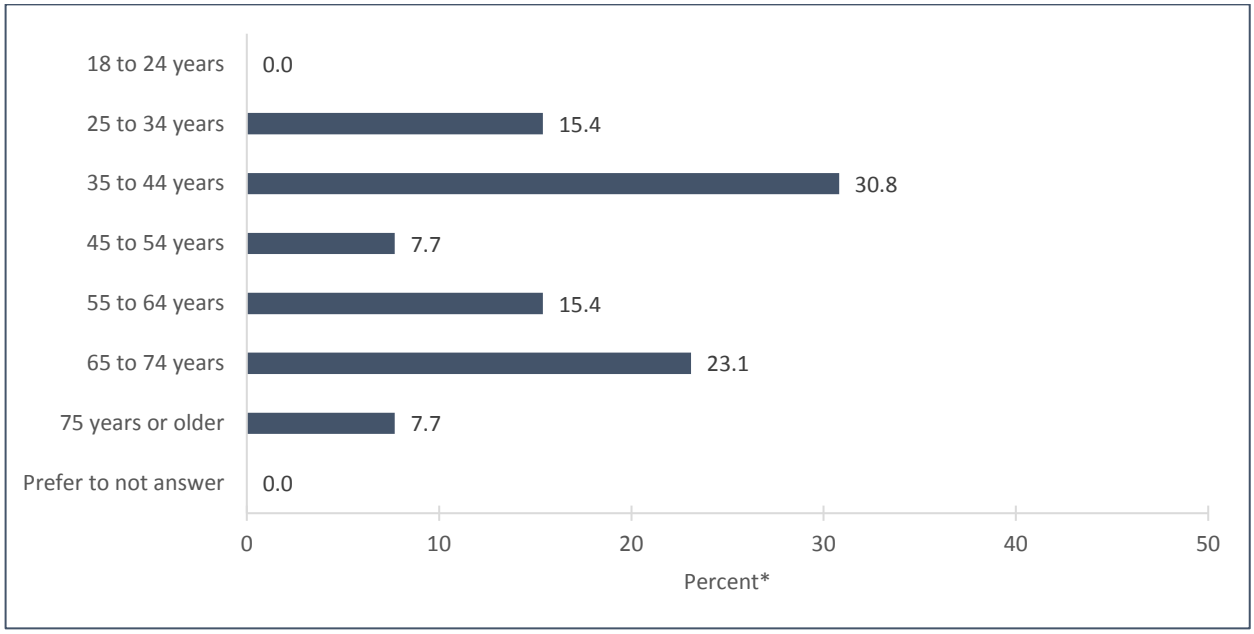
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness, and 1.7 million of which were aged 18 to 25. Also, 15.7 million adults (aged 18 or older) and 2.8 million youth (aged 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans aged 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

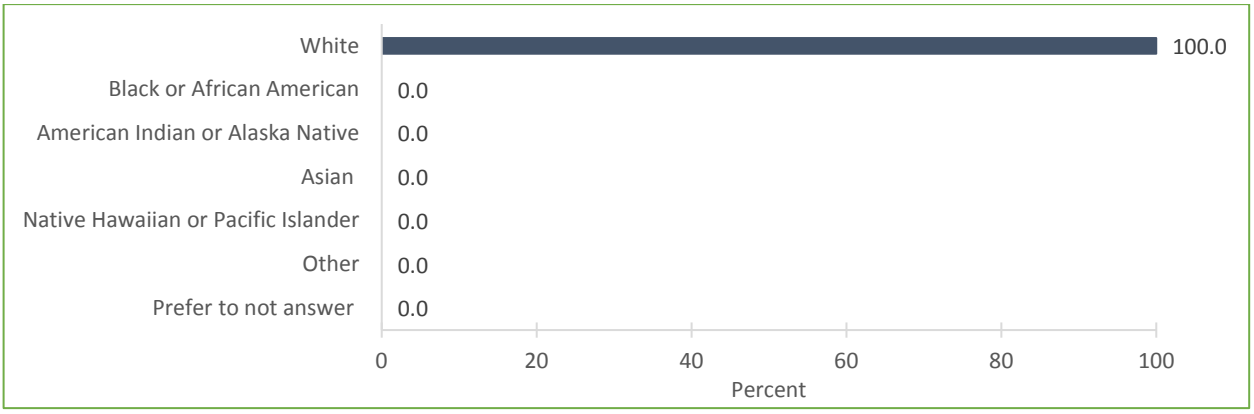
Biological Gender



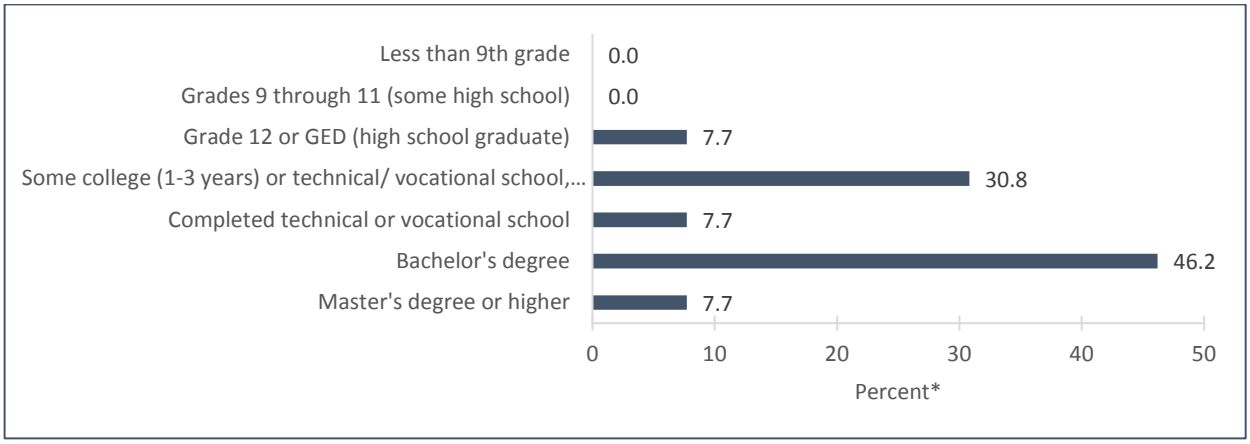
Age of Participants



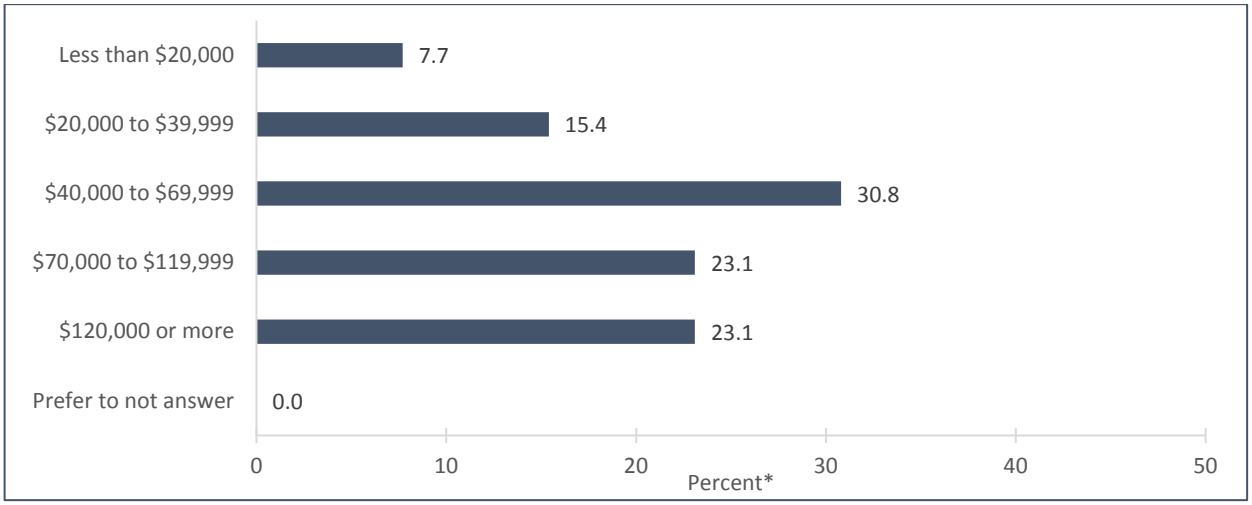
Race of Participants



Highest Level of Education Completed



Annual Household Income of Respondents, from all sources, before taxes



Resident's Health Concerns

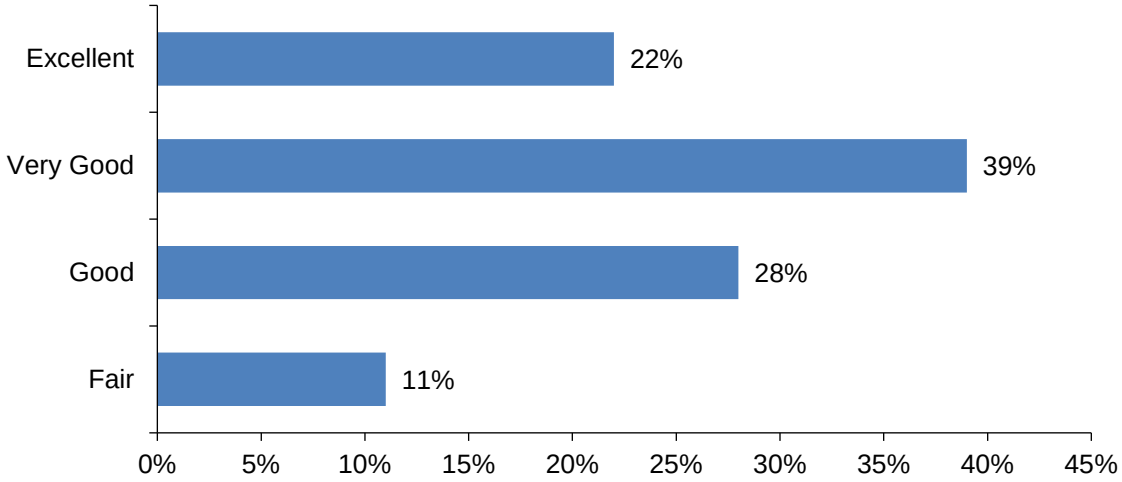
Health is personal and it starts in our homes, schools, workplaces, neighborhoods, and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

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

Resident's Health Concerns

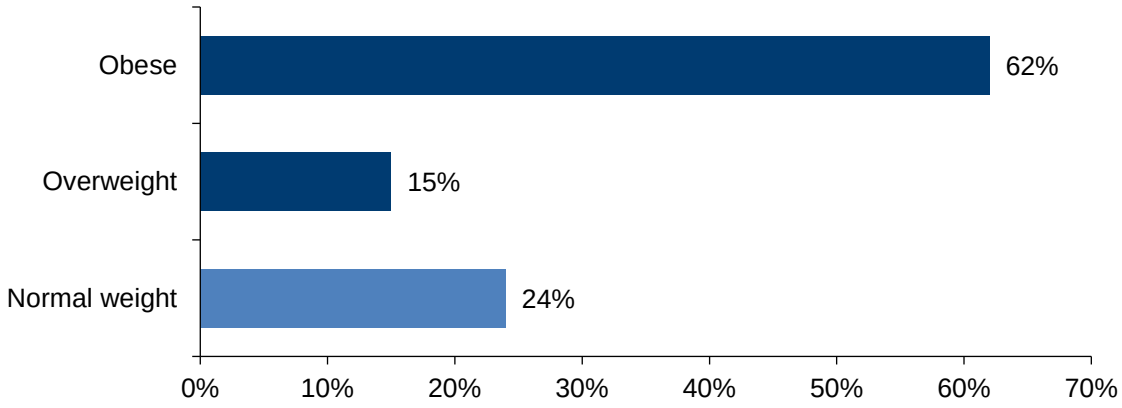
How would you rate your health?

Eighty-nine percent of survey participants rated their health as good or better.



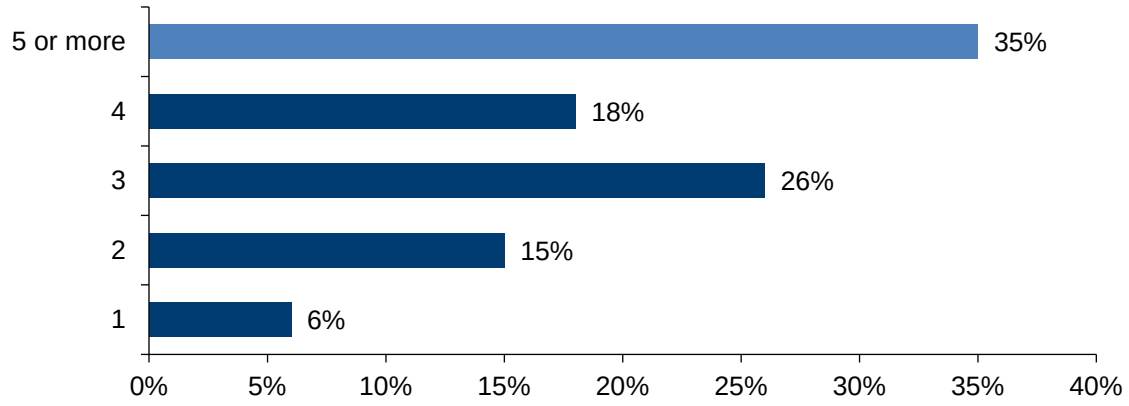
Body Mass Index

Seventy-seven percent of participants are overweight or obese.



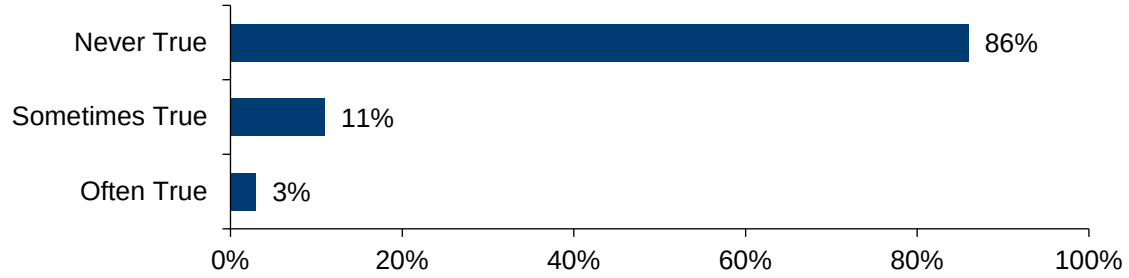
Total daily servings of fruits and vegetables

Only 35% are getting their recommended five or more a day servings of fruits and vegetables.



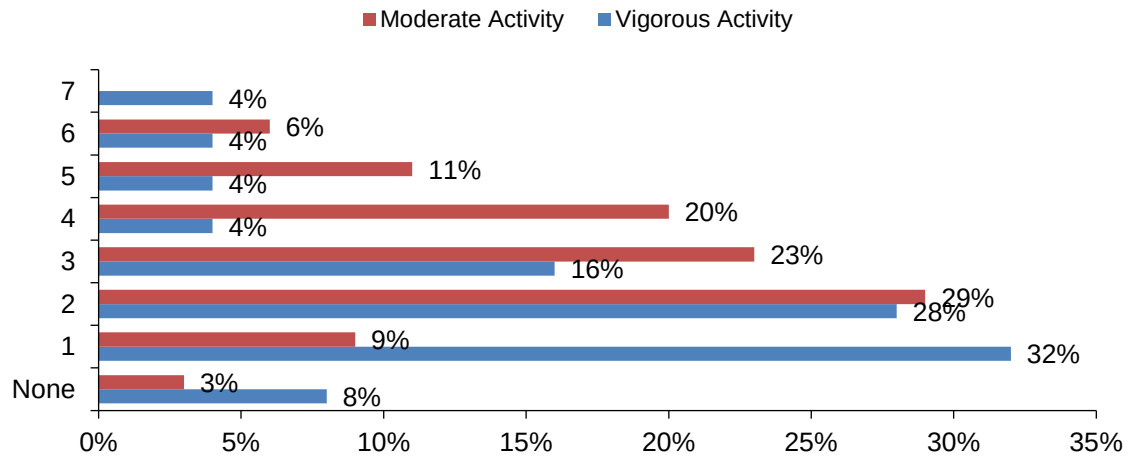
Food did not last until there was money to buy more

Fourteen percent of survey participants run out of food before they have money to purchase more.



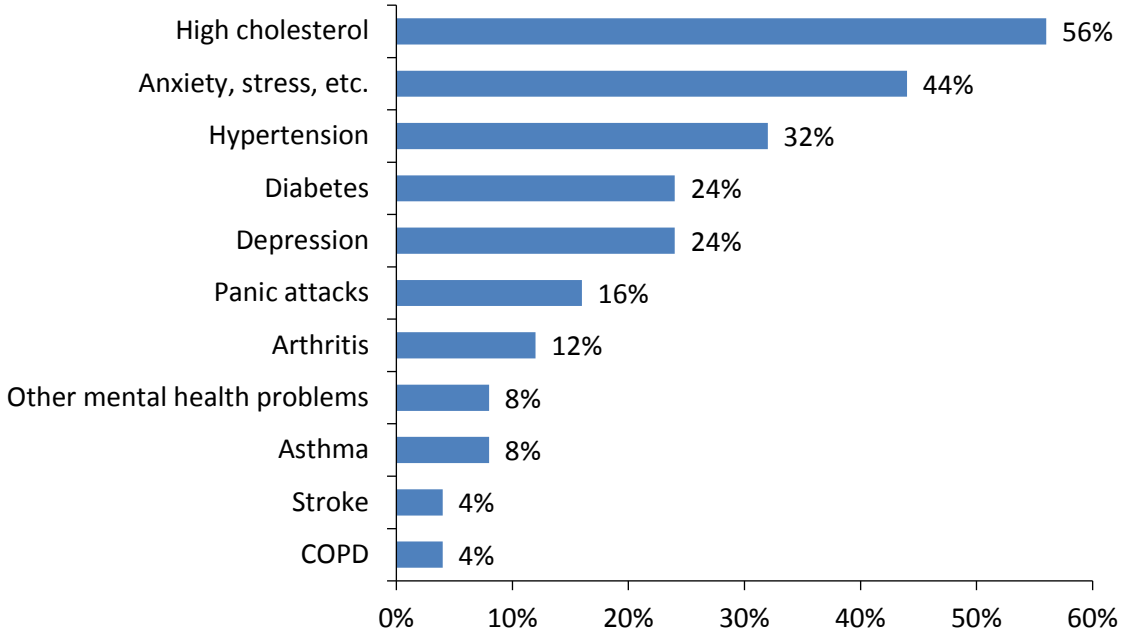
Days per week of physical activity

Sixty percent of survey participants have moderate physical activity three or more times each week.



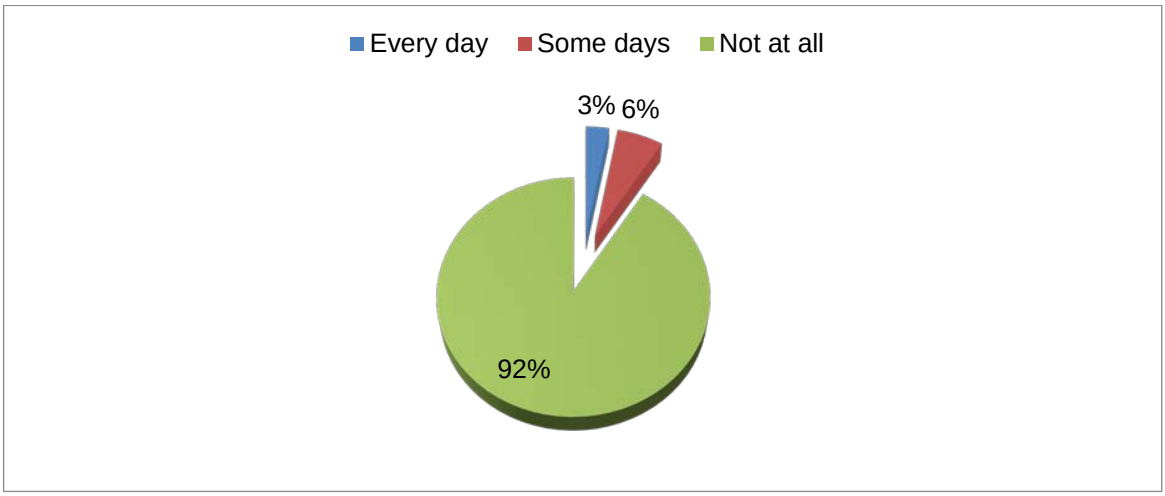
Past diagnosis

Depression and anxiety are ranking very high among survey participants. High cholesterol, anxiety, hypertension, diabetes and depression are the top chronic disease issues among survey participants.



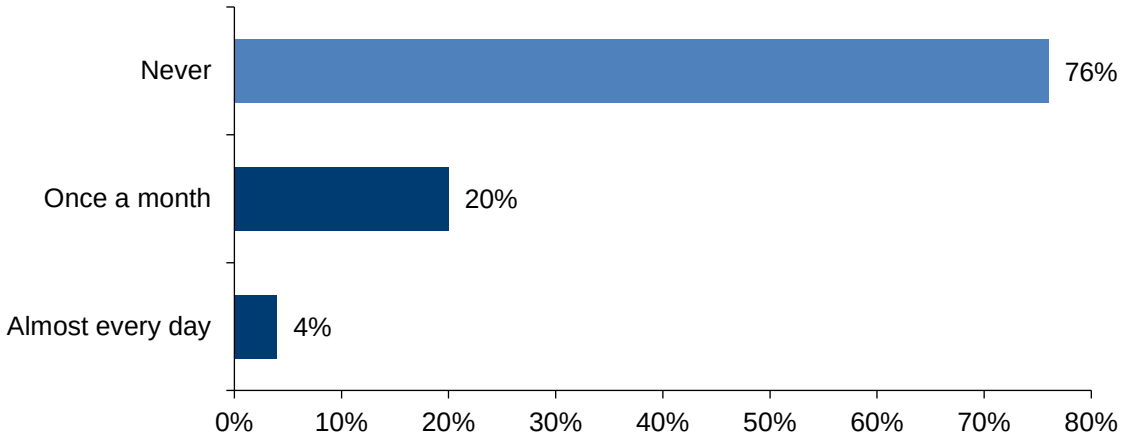
Tobacco Use

Nine percent of survey participants currently smoke cigarettes. Sixteen percent smoke cigarettes every day.



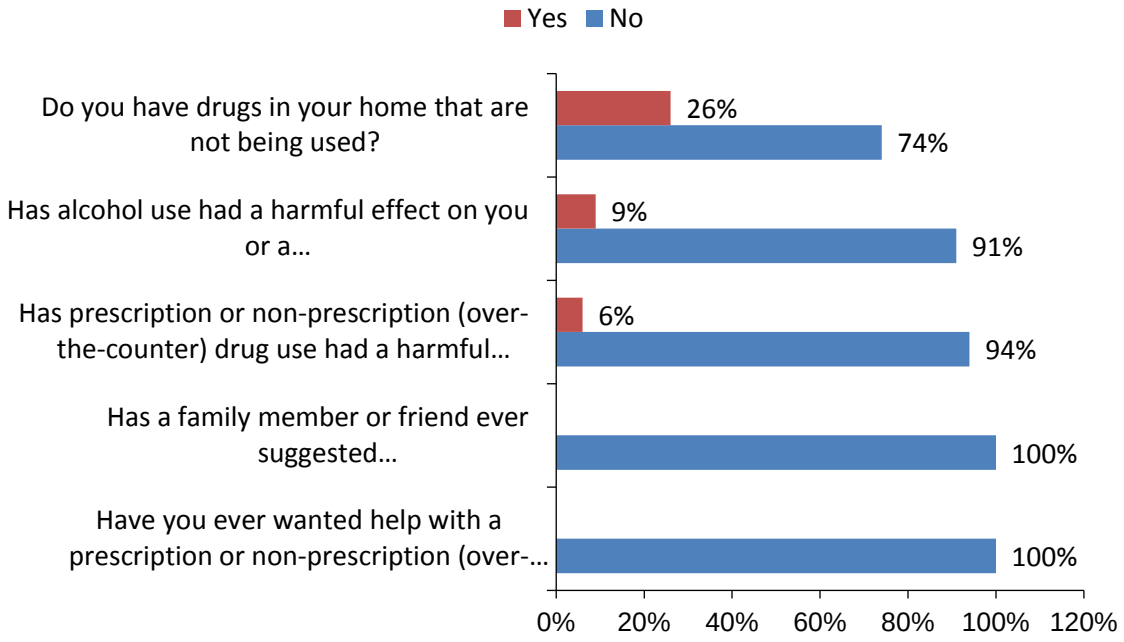
Binge drinking

Twenty-four percent of survey participants self-report that they binge drink at least once per month.



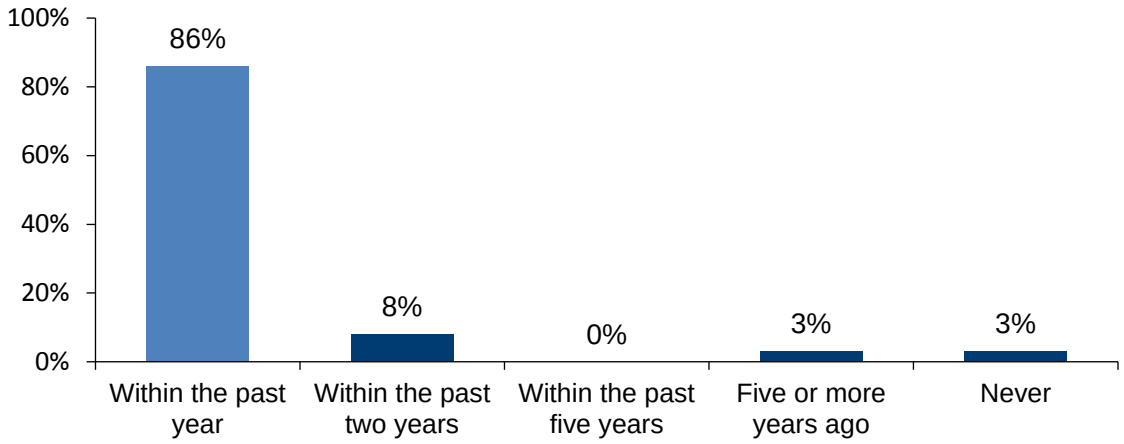
Has alcohol had a harmful effect on you or a family member in the past two years?

Nine percent of survey participants report that alcohol has had a harmful effect on themselves or a family member within the past two years.



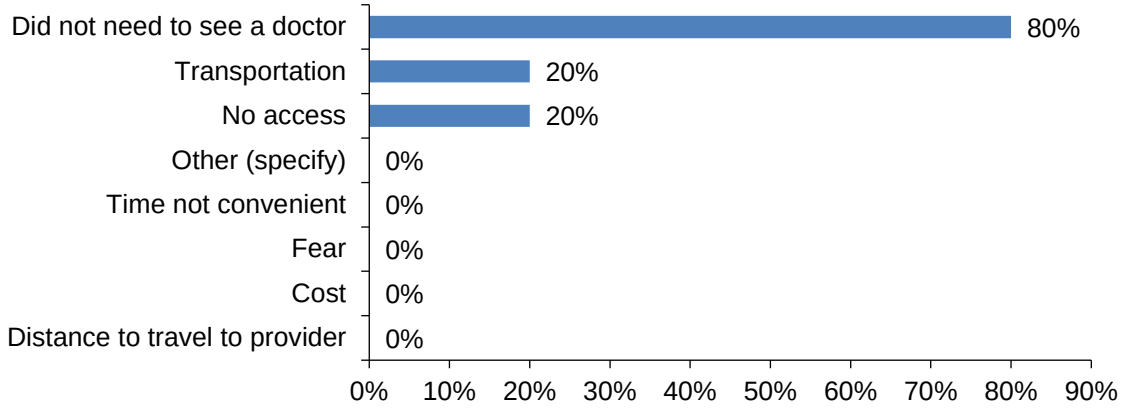
How long has it been since you visited a doctor or health care provider for a routine check-up?

Fourteen percent of survey participants have not had a routine check-up in more than a year.



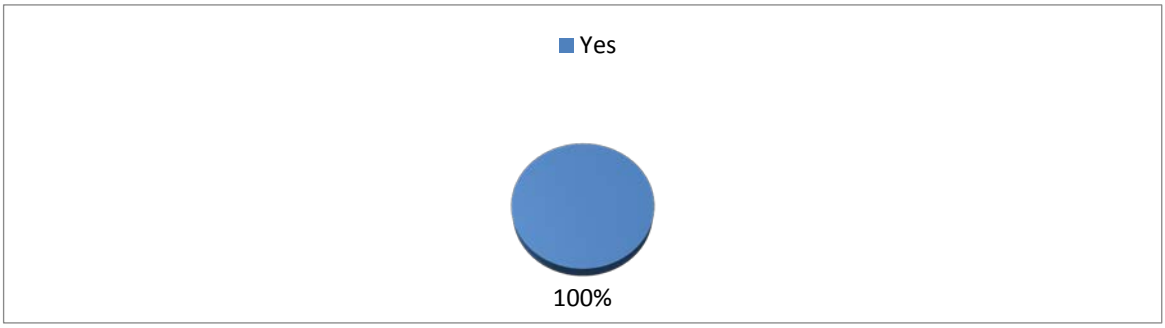
Barriers to routine check-up

Eighty percent of survey participants stated that they did not need to see a doctor in the past year.



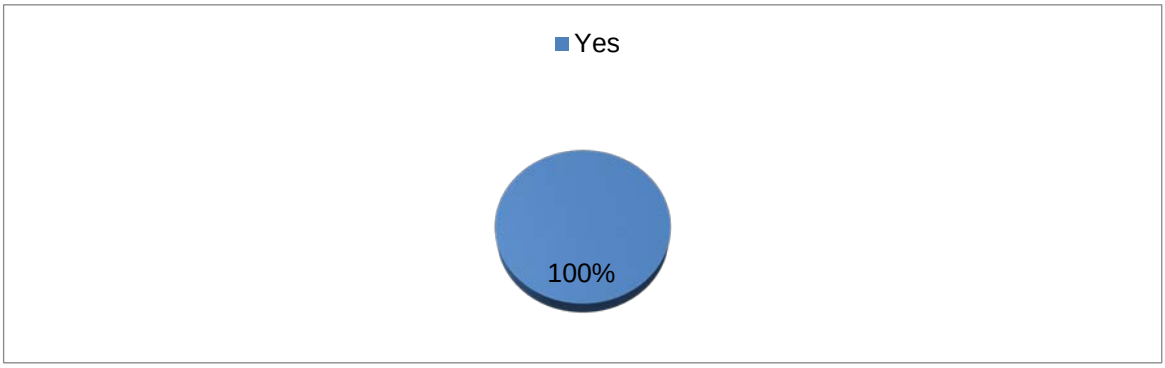
Do you have health care coverage for your children or dependents?

One hundred percent have health insurance for their children or dependents.



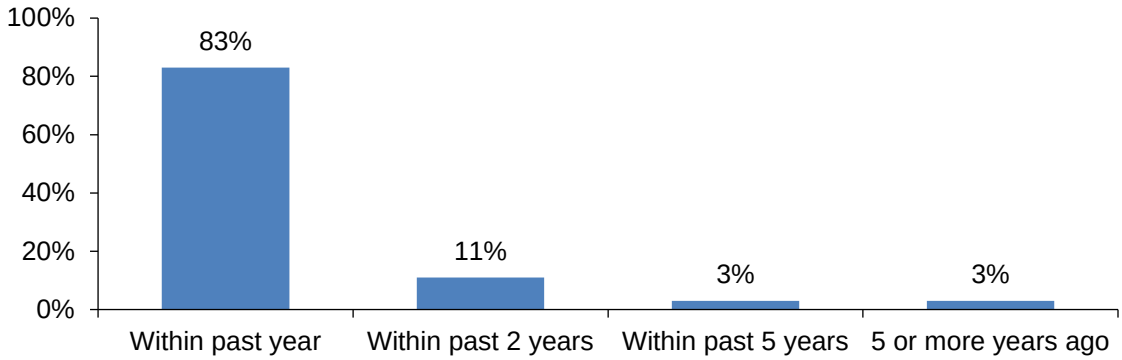
Do you currently have any kind of health insurance?

One hundred percent of survey participants have health insurance.



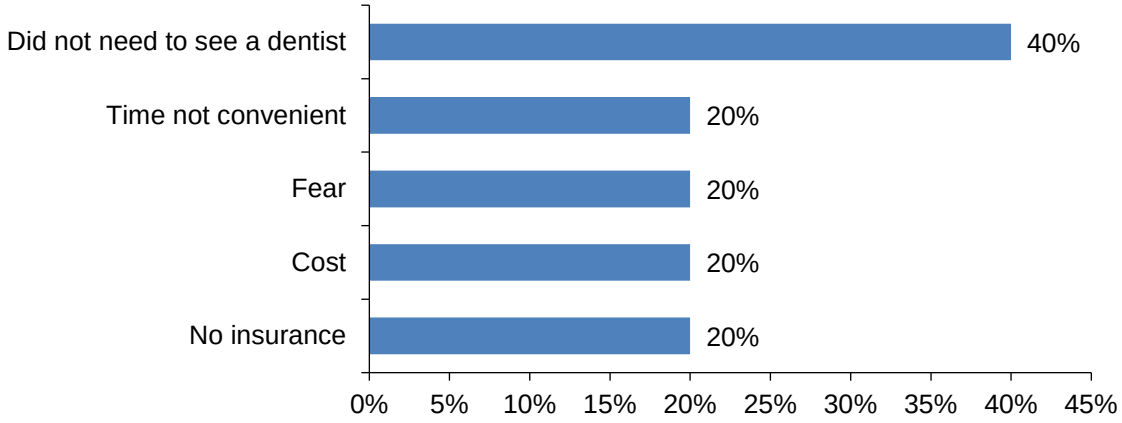
How long has it been since you visited a dentist?

Seventeen percent of survey participants have not visited a dentist in more than a year.



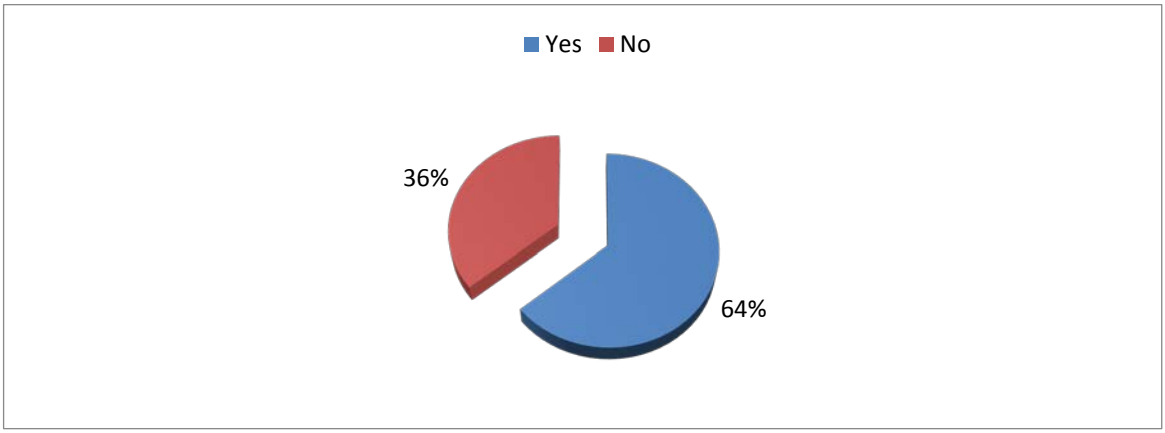
Barriers to visiting a dentist

Did not need to see a dentist and convenient time are reported barriers to visiting a dentist.



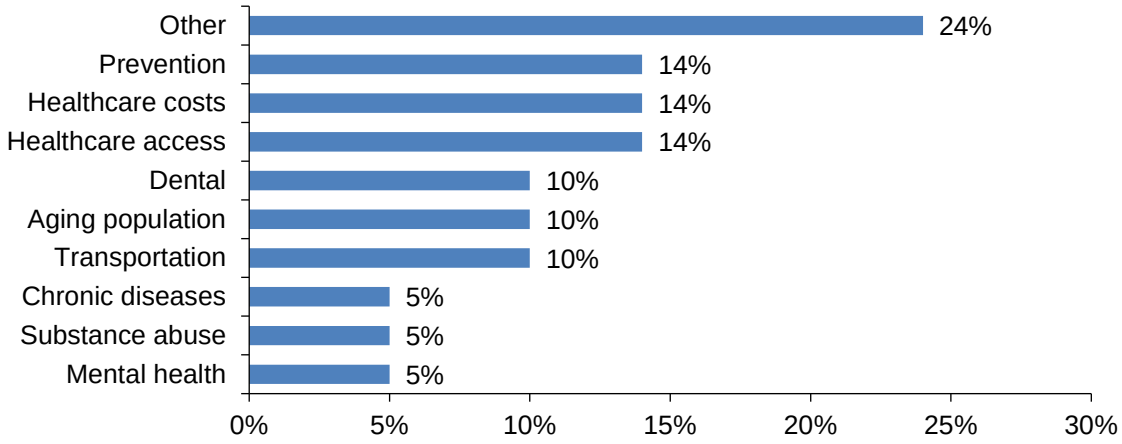
Do you have any type of dental insurance coverage?

Thirty-six percent of survey participant do not have dental insurance.



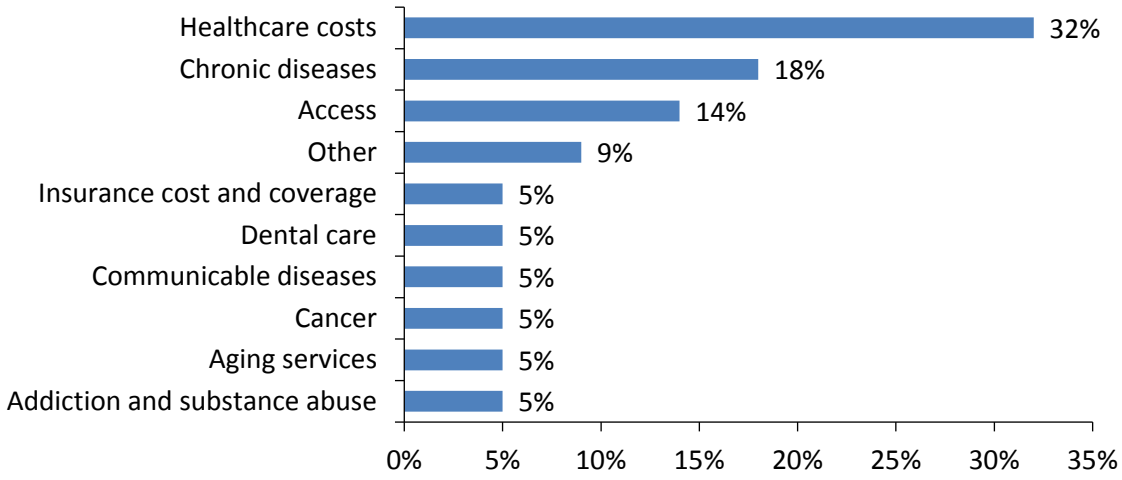
What are the most important community issues for you?

Prevention, access, and the cost of health care are high concern for 14% of survey participants.



What are the most important community issues for your family?

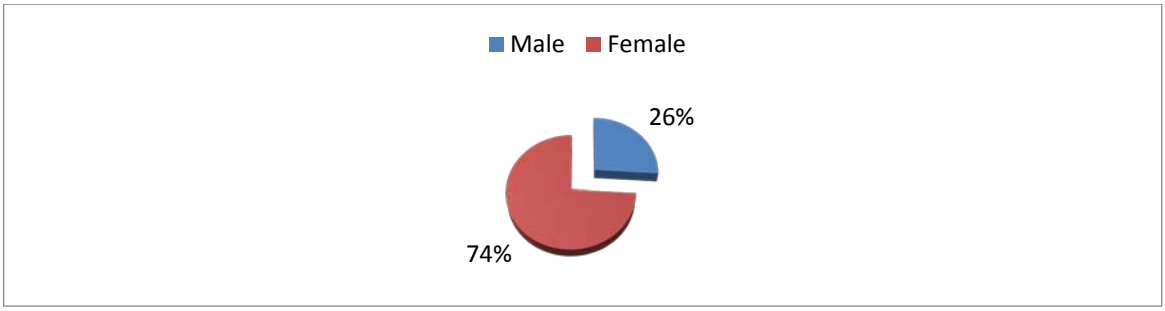
When asked what is the most important issue for the participant's family, health care cost and insurance cost and coverage that were the top concerns.



Demographic Information for Community Resident Participants

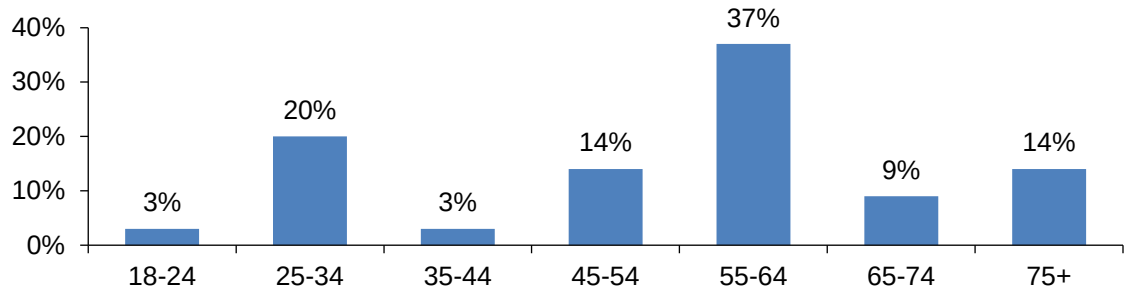
Biological Gender

Only 26% of the survey participants were male.

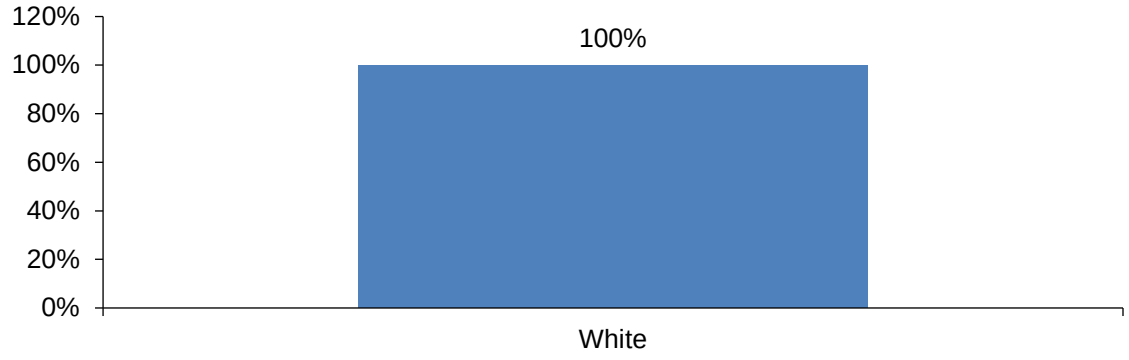


Age

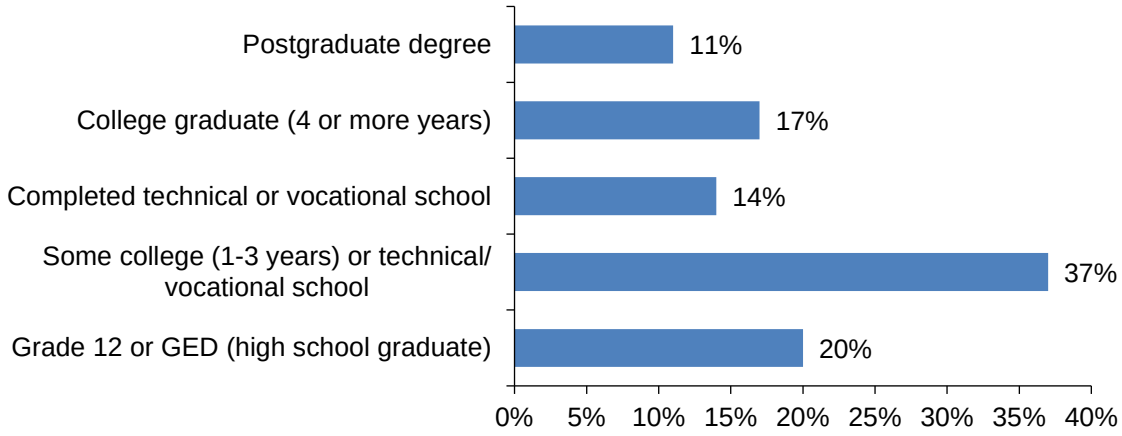
Every age group was represented among the survey participants.



Ethnicity

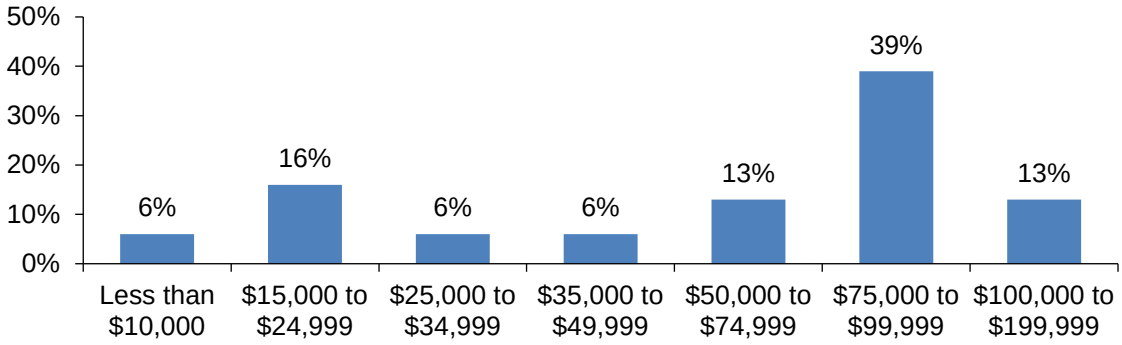


Education Level



Total Annual Household Income

Twenty-two percent of survey participants have an annual household income at or below the FPL for a family of four.



Secondary Research Findings

Census Data

Population of Cottonwood County, Minnesota	11,470
% below 18 years of age	24
% 65 and older	22.9
% White – non-Hispanic	87.1
American Indian	0.6
Hispanic	6.9
African American	1.0
Asian	0.3
% Female	50.5
% Rural	62.3

County Health Rankings

	Cottonwood County	State of Minnesota	U.S. Top Performers
Adult smoking	15%	15%	14%
Adult obesity	33%	27%	26%
Physical inactivity	33%	20%	20%
Excessive drinking	20%	23%	13%
Alcohol-related driving deaths	62%	30%	13%
Food insecurity	10%	10%	10%
Uninsured adults	7%	6%	7%
Uninsured children	4%	3%	3%
Children in poverty	16%	13%	12%
Children eligible for free or reduced lunch	50%	38%	33%
Diabetes monitoring	90%	88%	91%
Mammography screening	73%	65%	71%
Median household income	$47,400	$65,100	$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.

Prioritization Worksheet

A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to discuss community needs and complete the multi-voting exercise.

The following needs were brought forward for prioritization:

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 • Employment options 3.38 • Household budgeting and money management 3.00 • Skilled labor workforce 3.00 • 14% report that they run out of food before they have money to buy more
Transportation • Availability of public transportation 3.31
Children and Youth • Availability of quality childcare 3.15 • Childhood obesity 3.08 • Cost of quality childcare 3.08 • Teen tobacco use 3.00
Aging Population • Cost of long-term care 3.31 • Cost of memory care 3.00
Safety • Abuse of prescription drugs 3.00 • 26% report that they have drugs in their home that are not being used
Healthcare Access • Access to affordable health insurance coverage 3.08 • Access to affordable health care 3.08
Mental Health and Substance Abuse • 24% self-report that they binge drink at least 1X/month • Depression 3.33 24% report a diagnosis of depression • Stress 3.25 • Drug use and abuse 3.17 • Dementia and Alzheimer's disease 3.08 • 44% report a diagnosis of anxiety/stress
Wellness • 14% have not had a routine check-up in more than 1 year • 17% have not seen a dentist in more than 1 year • 56% report a diagnosis of high cholesterol • 32% report a diagnosis of hypertension • 24% report a diagnosis of diabetes 40% do not get moderate exercise 3 or more times/week • 62% report that they are obese • 15% report that they are overweight • 65% do not consume the recommended 5 or more fruits/vegetables each day

Please see the multi-voting prioritization worksheet in the Appendix.

How Sanford Westbrook is Addressing the Needs

Sanford Westbrook is addressing all of the assessed needs that fall within our scope of work. In some cases, the need is one where we do not have the expertise to adequately address the need. However, Sanford leaders will communicate the findings to community experts and leaders.

Identified Concerns	How Sanford Westbrook is Addressing the Community Needs
ECONOMIC WELL BEING	
Employment options	Sanford is one of the largest employers in Westbrook, MN. Any open positions are advertised locally. Additionally, city leaders were available to hear the findings of the CHNA research.
Household budgeting & money management	Sanford offers EAP services to staff members, which includes finance management. Sanford Westbrook does not have additional resources to provide management services to the public.
Skilled labor workforce	Sanford Westbrook offers summer internship opportunities for high school and college students each year. In addition, training for current staff is a requirement. For example, all staff, including administration, must be certified in CPR every 2 years. Sanford Westbrook is a strong supporter of the Westbrook-Walnut Grove School District.
Run out of food before they have money to buy more – 14%	Sanford Westbrook holds an internal fundraising campaign each year in March to raise dollars and food to donate to the local Mary and Martha's Pantry (Food Shelf). Sanford Westbrook has informational resources to provide to in need patients.
TRANSPORTATION	
Availability of public transportation	Sanford Westbrook has informational resources provided to patients in need of public transportation. However, public transportation is limited in rural communities the size of Westbrook due to economic reasons.
CHILDREN & YOUTH	
Availability of quality childcare	Sanford Westbrook does not directly provide childcare; however, a list of community resources is available to patients.
Childhood obesity	Sanford *fit*Club was completed with the Westbroo- Walnut Grove Elementary School 4th grade class. Sanford *fit* is offered weekly from January through the end of the school year. Sanford *fit* teaches students about eating right, exercising, getting enough rest, and emotional well-being.
Cost of quality childcare	Sanford Westbrook is unable to address this need directly as costs of childcare are not directly impacted by health care. Sanford Westbrook does provide quality childcare information and childcare cost assistance information to patients in need.
Teen tobacco use	Sanford Westbrook's behavioral health nurse practitioner and master's prepared social workers provide tobacco cessation and counseling to patients. Additional outside resource options are provided to patients in need.
AGING POPULATION	
Cost of long-term care	Sanford Westbrook provides social workers to help patients with their long-term care decisions during discharge planning. Resources are available to help patients who leave Sanford Westbrook and transfer to long-term care. Costs of long-term care are regulated and difficult to address directly.
Cost of memory care	Sanford Westbrook does not provide memory care; however, Sanford Westbrook provides social workers to help patients with their memory care

Identified Concerns	How Sanford Westbrook is Addressing the Community Needs
	decisions during discharge planning. Costs of long-term care are regulated and difficult to address directly.
SAFETY	
Abuse of prescription drugs	Sanford Westbrook provides behavioral health services locally to provide care for those addicted to prescription drugs. The Sanford Westbrook behavioral health team includes a nurse practitioner and two master's prepared social workers.
Have drugs in the home that are not being used – 26%	Sanford Westbrook provides Information cards that include locations of drug drop-off sites. A prescription drug drop-off location is available at the Westbrook City Hall during business hours.
HEALTH CARE ACCESS	
Access to affordable health insurance coverage	Sanford Westbrook has financial counselors available to help patients in need of financial assistance. Charity care is available to qualified patients at a free or reduced rate. The Sanford Health Plan is advertised and marketed in the area.
Access to affordable health care	Sanford Westbrook has financial counselors available to help patients in need of financial assistance. Charity care is available to qualified patients at a free or reduced rate. The Sanford Health Plan is advertised and marketed in the area.
MENTAL HEALTH & SUBSTANCE ABUSE	
• Binge drink at least 1 x / month – 24% • Depression • Diagnosis of depression – 24% • Stress • Drug use & abuse • Dementia & Alzheimer's Disease • Diagnosis of anxiety/stress – 44%	Sanford Westbrook behavior health providers are embedded in the Sanford Health Westbrook Clinic to help with various mental health issues. Sanford Westbrook primary care providers work with the mental health providers for referrals and proper placement. Two MSW (master's prepared social workers) on staff help with providing resources and identifying abuse issues.
WELLNESS	
• Have not had a routine check-up in over a year – 14% • Have not seen a dentist in over a year – 17% • Diagnosis of high cholesterol – 56% • Diagnosis of hypertension – 32% • Diagnosis of diabetes – 24% • Do not get moderate exercise 3+ times per week – 40% • Obese – 62% • Overweight – 15% • Do not eat 5+ fruits/vegetables per day – 65%	Sanford Westbrook has an RN Health Coach and is a certified Medical Home. Both help to monitor and help patients with compliance of their health care. Sanford Westbrook offers preventive services, screenings and wellness services, including public education on different chronic diseases annually, education and screenings during their annual Health Fair and at other community events. Sanford Westbrook promotes Sanford Profile and Sanford *fit* programs. The Sanford Westbrook Wellness Director has offered exercise "boot camps" for the public. Additional resources are available at Sanford Westbrook regarding chronic illness, diet and nutrition. Sanford Westbrook also provides dietitian services.

Implementation Strategies

Implementation Strategies – 2019-2021

Priority 1: Wellness

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.

Sanford Health Westbrook has made physical health specific to chronic disease and obesity a significant priority and has developed strategy to improve physical health and reduce the negative health effects of obesity.

Priority 2: Mental 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.

Implementation Strategy Action Plan – 2019-2021

Priority 1: Wellness
Projected Impact: To help community improve their physical and chronic health and overall wellness
Goal 1: Utilize dietician and RN Health Coach services

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Increase awareness and utilization of dietician services to reach patients with chronic conditions	Increase in number of telemedicine visits with dietician	Medical Staff RN Health Coach	Sammons/Kolar/LeTendre	N/A
Referrals by providers to RN Health Coach for patients with elevated BMI	Number of referrals	Medical Staff RN Health Coach	Sammons/Kolar/LeTendre	N/A

Goal 2: Community Education

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide educational opportunities to the public to learn about wellness topics, from heart health to mental health	Provide opportunities at least twice a year or more	Community Relations Providers Nursing	Clouse Sammons Sabinske	N/A
Collaborate with A.C.E. of Southwest MN to provide evidence-based courses on subjects regarding health and wellness	Number of patients attending courses	Community Relation Providers	Clouse Sammons	A.C.E of Southwest MN

Goal 3: Expand Sanford *fit* program

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Utilize Sanford *fit* club program in Westbrook Walnut Grove Elementary School 4th Grade	Complete annual 19-week program	Community Relations	Clouse	Westbrook Walnut Grove Elementary School
Increase awareness and utilization of Sanford's *fit* online resources	Distribute flyers in clinic, hospital and schools	Community Relations	Clouse	Westbrook Walnut Grove Elementary School
Increase awareness and utilization of Sanford's *fit* family and daycare platforms	Present Sanford *fit* at one parent event and to local daycare providers	Community Relations	Clouse	Westbrook Walnut Grove Elementary School/Local Daycares

<u>Priority 2</u>: Mental Health and Substance Abuse

Projected Impact: To help with access and overall awareness of community resources for mental health services

Goal 1: Awareness of treatment and drug programs to community members

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Work with community partners to create new and promote current recovery program options for community members	Market alcohol and drug treatment programs to community	Public Health Community & City Leaders	Behavioral Health Team Barstad Sammons	City of Westbrook Leaders Des Moines Valley Health & Human Services

Goal 2: Awareness of mental health telemedicine services and local behavioral health providers available to patients

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Create awareness of mental health and behavioral health providers and services available at Sanford Tracy.	Availability of services communicated to public at least twice a year	Community Relations	Clouse	Des Moines Valley Health & Human Services Southwest Mental Health Center
Referrals	Availability of services communicated to outside providers and facilities.	Clinic/Community Relations	Clouse/ Behavioral Health Team/Sammons	Des Moines Valley Health & Human Services/Southwest Mental Health Center

Goal 3: Community Education

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide educational opportunities to the public to learn about mental health	Provide opportunities at least once a year	Community Relations Providers	Clouse Sammons	A.C.E of Southwest MN – evidence-based courses that include sections on mental health

Demonstrating Impact
2017-2019 Implementation Strategies

Priority 1: Mental Health

Projected Impact: To help with access and overall awareness of community of resources for mental health services

Goal 1: To show a decrease of time for Mental Health patients to be in the ER and go to placement.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Continue discussion on holding patients and resources to help with placing patients quickly	Track and evaluate turnaround time for patients who come into ER and placement availability	State of MN, State Bed Tracker, Providers and Nursing Staff	Barstad/Sabinske Deadrick-Nelson Wee	Local police and ambulance departments for transportation

Goal 2: Awareness of treatment of drug programs to community members

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Work with community partners to create new recovery program options for community members	Alcohol and drug treatment program(s) awareness is marketed to community providers	Public Health, Community and City leaders	Behavioral Health team/Barstad/ Sammons	City of Westbrook leaders/ Cottonwood County Public Health

Goal 3: Work with Minnesota Department of Health on pilot project for integrating behavioral health into Critical Access Hospitals

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
The National Rural Health Resource Centers - Rural Health Innovations has received a Flex grant to provide technical assistance for improving the health of rural communities by increasing communication, partnership and collaboration among Critical Access Hospitals, behavioral and mental health providers and other community partners	Successfully having more of a presence of behavioral health resources and providers in the Critical Access Hospital at Sanford Westbrook	MN Dept. of Health, Community Partners	Barstad/Sabinske/ Sammons/ Williams	Cottonwood County Public Health

Priority 2: Physical Health

Projected Impact: To help community improve their physical health and overall chronic health conditions

Goal 1: Medical Home and RN Health Coach utilization

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Increase awareness and utilization of Medical Home and RN Health Coach to reach obese patients	Track through running patient registry and follow up on eligible patients	Medical Staff/RN Health Coach	Sammon/Olson/ Morman	N/A

Goal 2: Sanford *fit* Kids utilization

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community Partnerships and Collaborations
Work with Sanford *fit* Kids and work with community to bring this service more visibility	Presentations at school and at various community groups	Medical Staff/Schools /Athletic Trainer/ Marketing	Clouse/Radke/ Barstad	WWG Schools

Demonstrating Impact through Outcomes
2018-2019

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 Westbrook Medical Center, the top priorities addressed through an implementation strategy process includes:

1) Mental Health
2) Physical Health

Mental Health

- Goal 1: Decrease the time for patients with mental health diagnosis to be in the ER prior to placement
- Goal 2: Create awareness of treatment and drug programs for community members
- Goal 3: Work with the Minnesota Department of Health on a pilot project for integrating behavioral health into Critical Access Hospitals

Sanford Westbrook continues work regarding mental health and decreasing time for patients in the ER with a mental health diagnosis. Sanford is working on implementing a telehealth behavioral health placement program for the Sanford Westbrook Emergency Room. Placement of patients with mental health needs has been and continues to be a major issue throughout the state of Minnesota.

Although the Minnesota Department of Health project has not progressed, Sanford Westbrook continues to search for opportunities to grow the behavioral health services in Westbrook. Sanford provides child psychiatric care via telemedicine and there is one family nurse practitioner and two LICSWs providing behavioral health services. Sanford continues to seek additional specialists and telemedicine opportunities for Sanford Westbrook, with the possibility of an adult psychiatrist offering telemedicine services in the coming year.

Sanford Westbrook has worked to make the public and community partners aware of the services that are available through advertising and promotion. Presentations by Sanford providers at community groups and community education events, as well as print and digital advertising, and informational newspaper articles address mental health issues.

Physical Health

- Goal 1: Implement Medical Home and RN Health Coach utilization
- Goal 2: Implement Sanford *fit* Kids utilization

Sanford Westbrook has shown great impact through the RN Health Coach and Sanford *fit* programs. The increase in the chronic conditions registry and the Minnesota measurement scores demonstrate improvement. The Sanford Westbrook RN Health Coach follows patients with chronic conditions. The RN Health Coach continues to work closely with providers to help patients manage their chronic illnesses.

Beginning in January of 2016, Sanford Westbrook completed a 19-week Sanford *fit* program with the Westbrook-Walnut Grove Elementary School 4th grade class. The program was a customized version of Sanford *fit*Club. Two Sanford Westbrook staff members met with the Westbrook-Walnut Grove Elementary 4th grade physical education class once a week (Wednesdays) for 25 minutes. The students learned all about Sanford *fit* and making good, healthy choices regarding their food, move (exercise), mood and recharge (sleep/rest). In addition, the students had weekly challenge cards they took home to complete during the remainder of the week. Parents or guardians signed the challenge cards and students received credit for their activity. When

students returned the completed challenge cards, they became eligible for the end-of-the-year prizes, and also exposed their families to Sanford*fit*.

The Sanford *fit* program completed its second year in May of 2018. After a successful pilot year, the students completed a *fit*club "test". The students were tested again in May after 19 weeks of learning about *fit*. The students increased their correct answers by more than 24% from the first test to the last.

Each week, the Sanford Westbrook staff experienced students engaging and absorbing the information through the fun activities. The program received positive feedback by the Westbrook-Walnut Grove Elementary School physical education teacher and principal and will continue into the coming years.

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 Westbrook Medical Center's CHNA.

Appendix

Primary Research

WESTBROOK ASSET MAP

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Economic Well Being	Employment options 3.38 Household budgeting and money management 3.00 Skilled labor workforce 3.00 14% report they run out of food before they have money to buy more	14% report they run out of food before they have money to buy more	Food insecurity 10%	Employment resources: Major employers: Household budgeting/money management resources: • Cottonwood Co. Extension classes, 41385 US Hwy. 71, Windom • Bank Midwest, 640 – 1st Ave., Westbrook • Community Education classes, 344 – 8th St., Westbrook Food/Hunger resources: • Mary & Martha Food Pantry, 524 – 1st Ave., Westbrook • Meals on Wheels – 849 – 5th St., Westbrook • Senior Meals, 849 – 5th St., Westbrook • Maynard's Grocery, 627 – 1st Ave., Westbrook • Slayton Farmers Market, 2438 – 26th St., Slayton • CSA – Kleine's Country Farm, 26471 – 370th Ave., Westbrook • WIC, 235 – 9th Ave., Windom • SNAP, 149 – 1st Ave., Westbrook	
Transportation	Availability of public transportation 3.31			Public Transportation resources:	
Children and Youth	Availability of quality child care 3.15 Childhood obesity 3.08 Cost of quality child care 3.08 Teen tobacco use 3.00		Children living in poverty 16% Children eligible for free or reduced lunch 50%	Child Care resources: • Child Care Resource & Referral/Child Care Aware, 1106 – 3rd Ave., Worthington • Jenny Herding, 540 Ash Ave., Westbrook • Deborah Cassel, 651 Bell Ave., Westbrook • McClellan Child Care, 1387 – 270th Ave., Westbrook • Twila Kletscher, PO Box 162, Westbrook Childhood Obesity resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Sanford WebMD Fit Kids – SanfordFIT.org • Public Health, 235 – 9th Ave., Windom Tobacco Cessation resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom • QuitPlan, MN Dept. of Health - 651-201-5000	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• ClearWayMN – clearwaymn.org	
Aging Population	Cost of long term care 3.31 Cost of memory care 3.00			Long Term Care resources: • Good Samaritan, 149 – 1st Ave., Westbrook • Shetek Home Care, 920 Bell Ave., Westbrook Memory Care resources: • Good Samaritan, 149 – 1st Ave., Westbrook • Alzheimer's Assn. – Alz.org	
Safety	Abuse of prescription drugs 3.00 26% report that they have drugs in their home that are not being used	26% report that they have drugs in their home that are not being used	Alcohol impaired driving deaths 62% Excessive drinking 20%	Prescription Drug Abuse resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom Drug Take Back Programs: • Cottonwood Co. Sheriff, 902 – 5th Ave., Windom	
Health Care Access	Access to affordable health insurance coverage 3.08 Access to affordable health care 3.08		Uninsured 6%	Health Insurance resources: • Sanford Health Plan, 300 Cherapa Place, Sioux Falls • MN Sure – MNSure.org Affordable Health Care resources: • Sanford Community Care Policy, 920 Bell Ave., Westbrook • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom • Shetek Home Care, 920 Bell Ave., Westbrook	
Mental Health and Substance Abuse	24% self-report that they binge drink at least 1 x/month Depression 3.33 24% report a diagnosis of depression Stress 3.25 Drug use and abuse 3.17 Dementia and Alzheimer's Disease 3.08	24% self-report that they binge drink at least 1 x/month 24% report a diagnosis of depression 44% report a diagnosis of anxiety/stress	Excessive drinking 20%	Substance Abuse resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom Mental Health resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom Dementia/Alzheimer's Disease resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Good Samaritan, 149 – 1st Ave., Westbrook • Alzheimer's Assn. – Alz.org	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	44% report a diagnosis of anxiety/stress				
Wellness	14% have not had a routine check-up in more than 1 year 17% have not seen a dentist in more than 1 year 56% report a diagnosis of high cholesterol 32% report a diagnosis of hypertension 24% report a diagnosis of diabetes 40% do not get moderate exercise 3 or more times/week 62% report that they are obese 15% report that they are overweight 65% do not consume the recommended 5 or more fruits/vegetables each day	14% have not had a routine check-up in more than 1 year 17% have not seen a dentist in more than 1 year 56% report a diagnosis of high cholesterol 32% report a diagnosis of hypertension 24% report a diagnosis of diabetes 40% do not get moderate exercise 3 or more times/week 62% report that they are obese 15% report that they are overweight 65% do not consume the recommended 5 or more fruits/vegetables each day	Adult obesity 33% Adult smoking 15%	Routine check-up resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Public Health, 235 – 9th Ave., Windom Dental Care resources: • Dental insurance – State Farm, 432 – 1st Ave., Westbrook • Bruce Mathiason, DDS, RR 2, Box 48A, Westbrook • Donald J. Dill, DDS, 732 6th St., Westbrook Chronic Disease resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Sanford's diabetes educators, 920 Bell Ave., Westbrook • Sanford's Better Choices, Better Health • American Heart Assn. – Heart.org • American Diabetes Assn. – diabetes.org Physical Activity resources: • Westbrook Schools physical activity programs, 344 – 8th St., Westbrook • Parks Dept. activities, 556 – 1st Ave., Westbrook • Wellness Center, 638 – 7th St., Westbrook • Golf, 1360–280th Ave., Westbrook • Swimming, 556 – 1st Ave., Westbrook • Co-Ed Volleyball, 556 – 1st Ave., Westbrook • Big Bend Snow Riders Club (snowmobiling) – 507-628-4847 • City Parks & Playgrounds: o City Park, Westbrook MN • County Parks: o Mountain Park, 59501 – 390th St., Mountain Lake o Pat's Grove Park, 9 mi. west of Windom o Red Rock Falls Park, 48771 – 250th St., Sanborn o South Dutch Charley Park, 27761 Co. Rd. 6, Westbrook o Talcot Lake Park, 53100 State Hwy 62, Dundee • Area Parks: o Kilen Woods State Park o Mound Creek Park, • Cottonwood County Lakes: o Cottonwood Lake, Hwy 60-71	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				o Bingham Lake, 1 mi. north of Bingham Lake MN o Clear Lake, On Hwy 60 o Mountain Lake, on north edge of Mountain Lake MN o Talcot Lake, 17 mi. west of Windom o Eagle Lake, 3 mi. west of Mt. Lake, MN o String Lakes, 5 mi. west of Windom o Summit Lake, 2 mi. SE of Windom o Oaks Lake, 3 mi. west of Hwy 62 on Co. Rd. 7 o Fish Lake, 4 mi. SE of Windom o Bean Lake, 3 miles west of Storden o Double Lake, 3 mi. west of Storden o Long Lake, 3 miles west of Mt. Lake o South Clear Lake, 15 mi. west of Windom o Sheldorf Creek, 5 mi. NW of Windom Obesity resources: • Sanford Westbrook Clinic, 920 Bell Ave., Westbrook • Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom • Public Health, 235 – 9th Ave., Windom • Wellness Center, 638 – 7th St., Westbrook Healthy Eating resources: • Sanford Westbrook dieticians, 920 Bell Ave., Westbrook • Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom • Maynard's Grocery Store, 627 – 1st Ave., Westbrook • Public Health, 235 – 9th Ave., Windom • Slayton Farmers Market, 2438 – 26th St., Slayton • CSA – Kleine's Country Farm, 26471 – 370th Ave., Westbrook	

Key Stakeholder Survey

Sanford Westbrook 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 Westbrook 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 during the month of October and the first week of November. A total of 13 respondents participated in the online survey.

TABLE OF CONTENTS

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, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

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

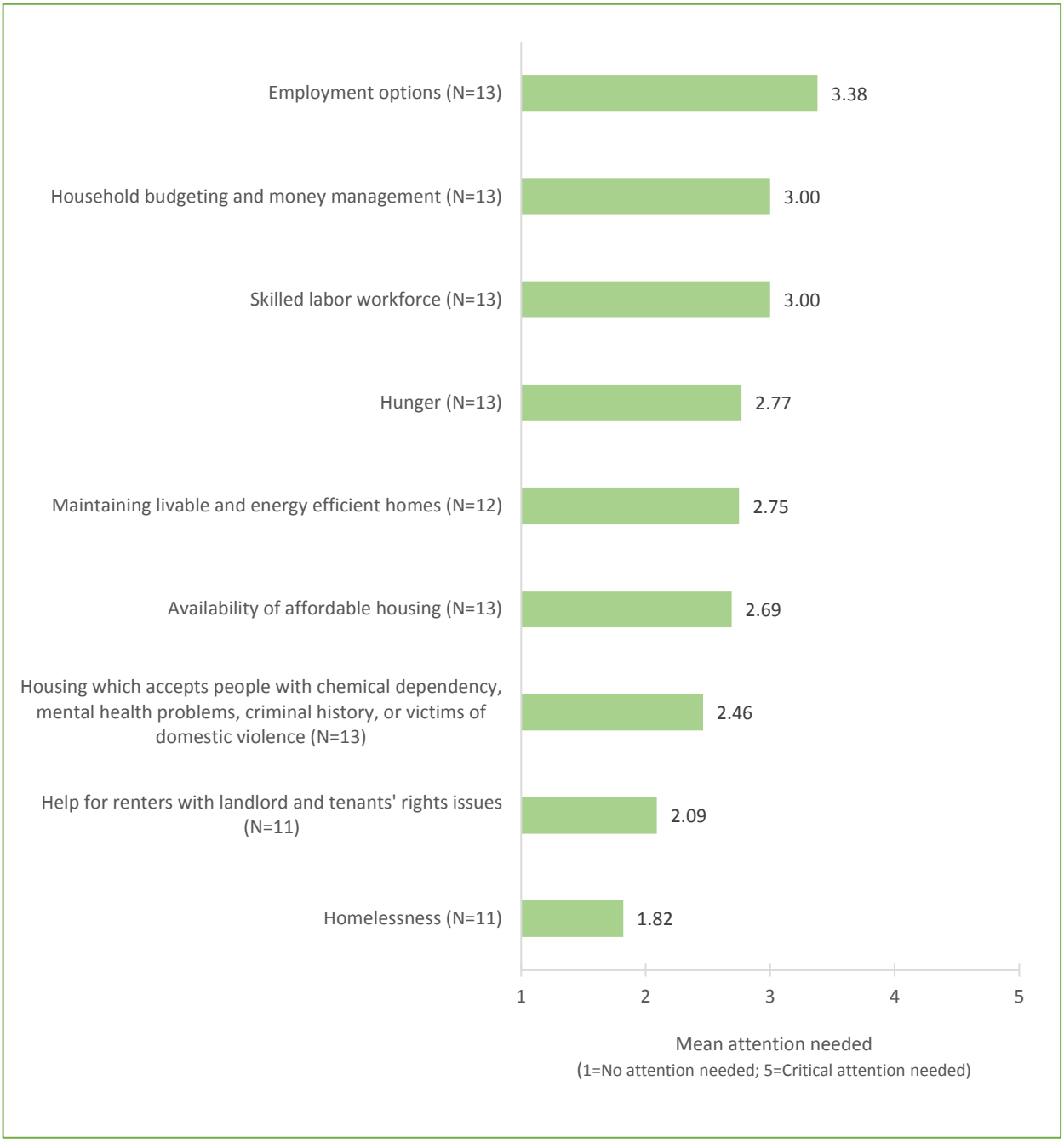


Figure 2. Current state of community issues regarding TRANSPORTATION

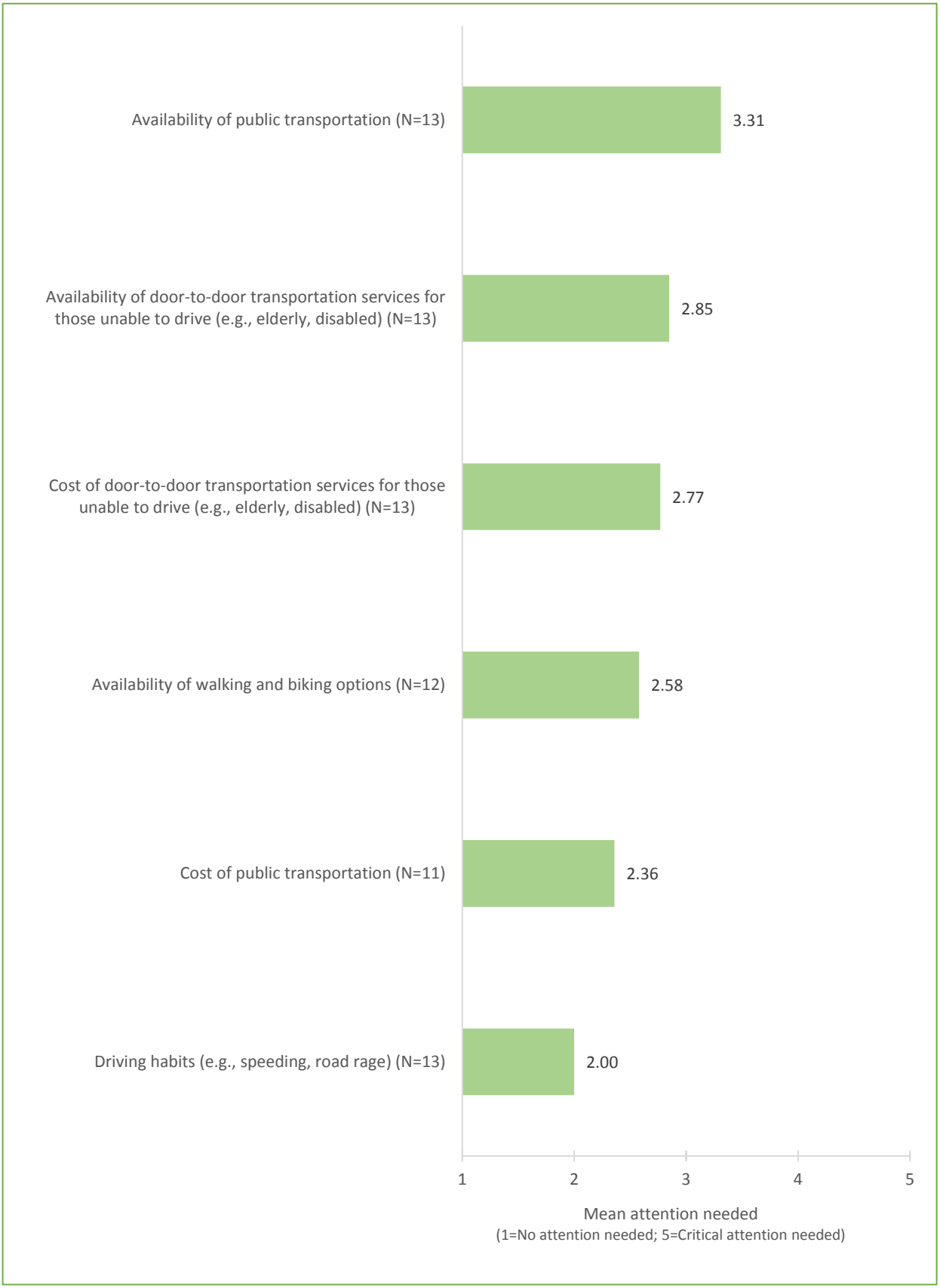


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH


Availability of quality child care (N=13)
3.15
Childhood obesity (N=13)
3.08
Cost of quality child care (N=13)
3.08
Teen tobacco use (N=12)
3.00
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=13)
2.92
Bullying (N=11)
2.91
Availability of activities (outside of school and sports) for children and youth (N=13)
2.85
Availability of education about birth control (N=13)
2.77
Opportunities for youth-adult mentoring (N=13)
2.77
Cost of activities (outside of school and sports) for children and youth (N=13)
2.69
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=12)
2.58
School absenteeism (truancy) (N=11)
2.55
Substance abuse by youth (N=11)
2.55
Teen pregnancy (N=12)
2.50
Crime committed by youth (N=13)
2.46
Teen suicide (N=11)
2.36
Parental custody, guardianships and visitation rights (N=12)
2.33
School dropout rates (N=11)
2.18
School violence (N=11)
2.00
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

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

Figure 5. Current state of community issues regarding SAFETY

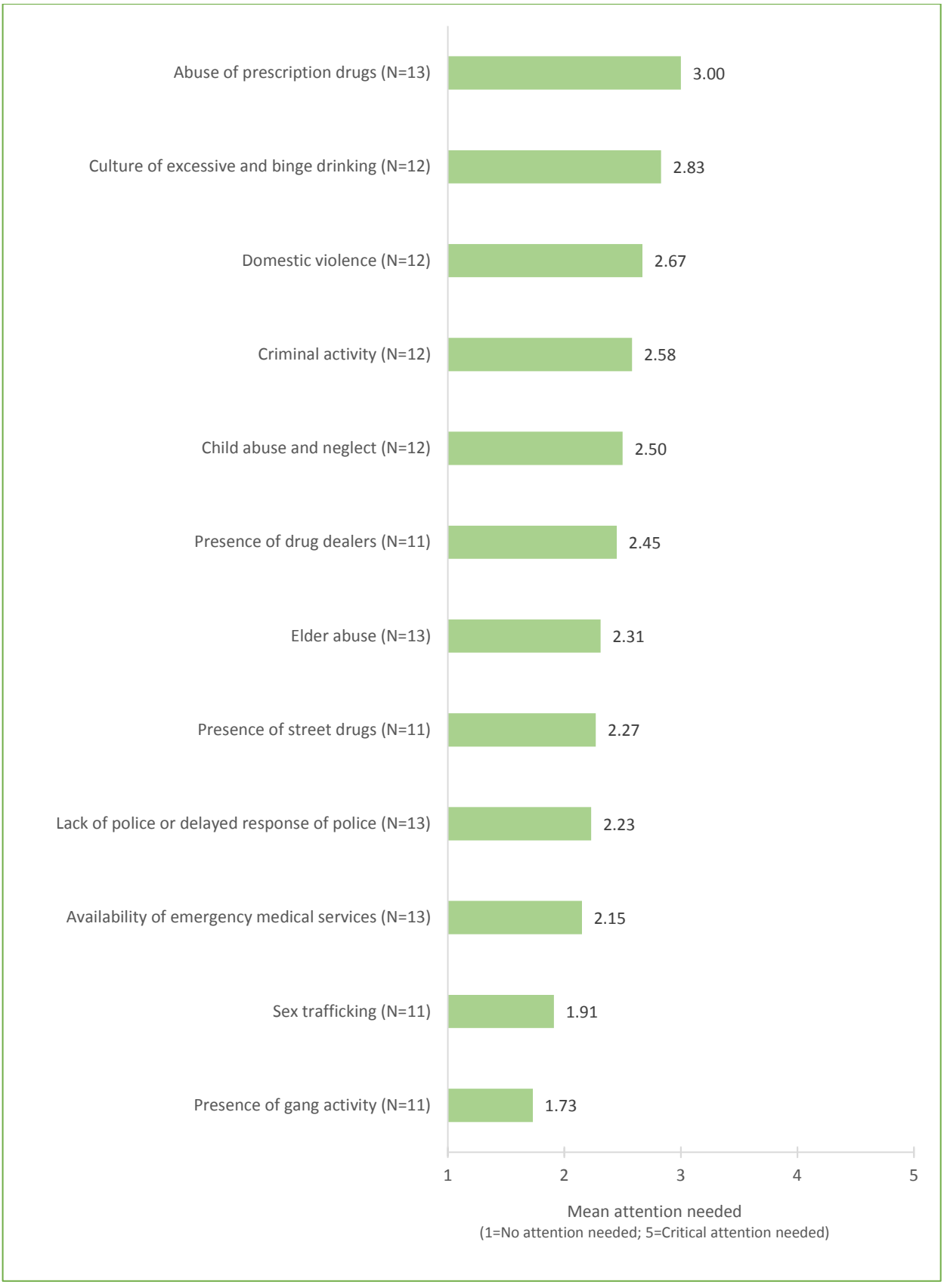


Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

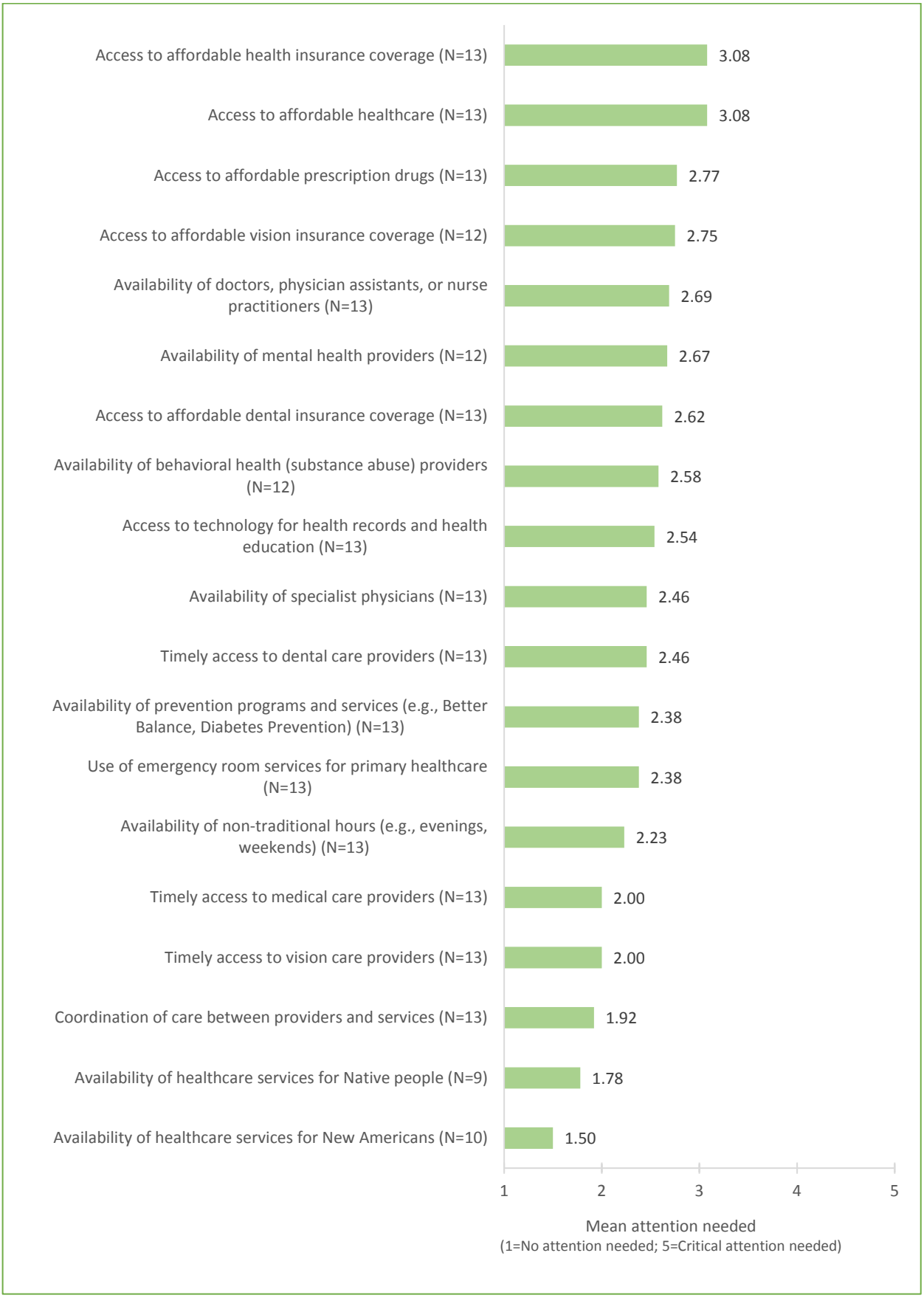
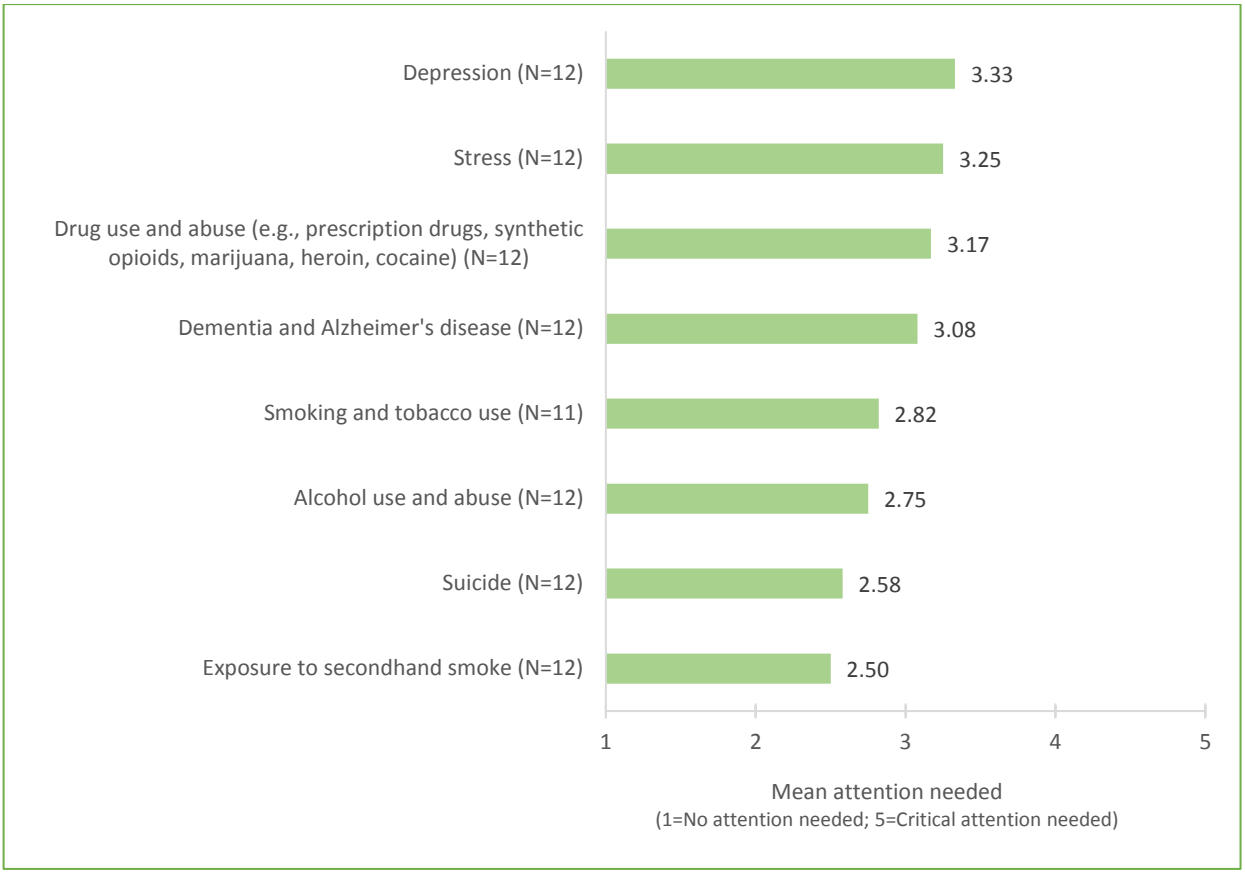
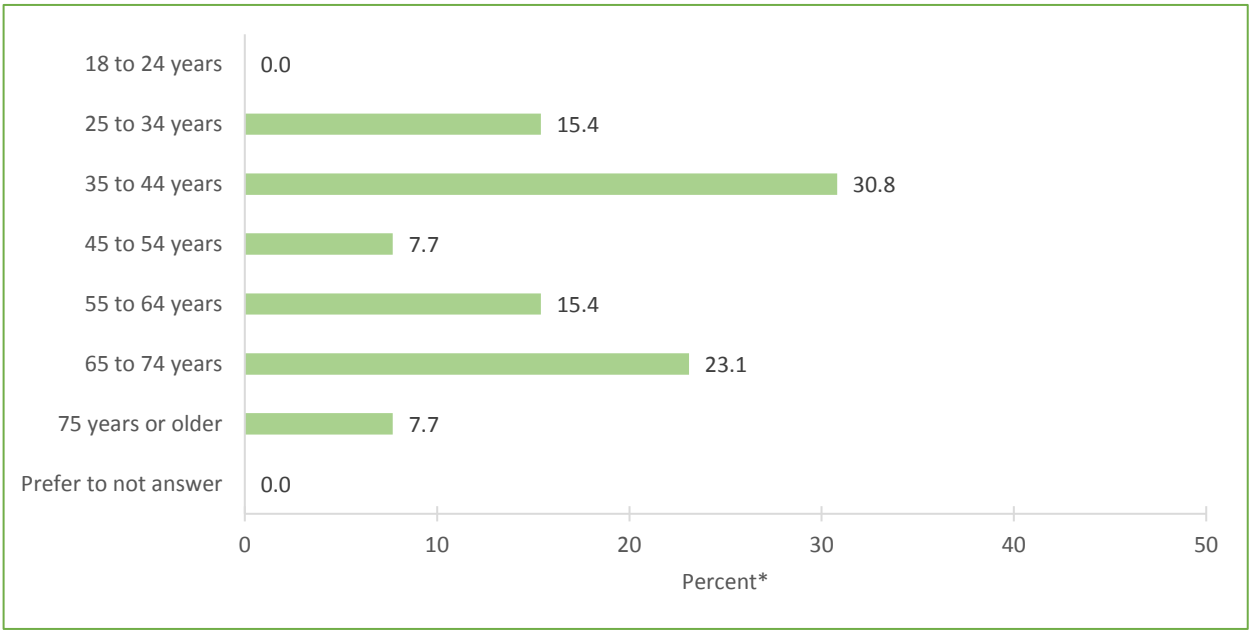

Access to affordable health insurance coverage (N=13)
3.08
Access to affordable healthcare (N=13)
3.08
Access to affordable prescription drugs (N=13)
2.77
Access to affordable vision insurance coverage (N=12)
2.75
Availability of doctors, physician assistants, or nurse practitioners (N=13)
2.69
Availability of mental health providers (N=12)
2.67
Access to affordable dental insurance coverage (N=13)
2.62
Availability of behavioral health (substance abuse) providers (N=12)
2.58
Access to technology for health records and health education (N=13)
2.54
Availability of specialist physicians (N=13)
2.46
Timely access to dental care providers (N=13)
2.46
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=13)
2.38
Use of emergency room services for primary healthcare (N=13)
2.38
Availability of non-traditional hours (e.g., evenings, weekends) (N=13)
2.23
Timely access to medical care providers (N=13)
2.00
Timely access to vision care providers (N=13)
2.00
Coordination of care between providers and services (N=13)
1.92
Availability of healthcare services for Native people (N=9)
1.78
Availability of healthcare services for New Americans (N=10)
1.50
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

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



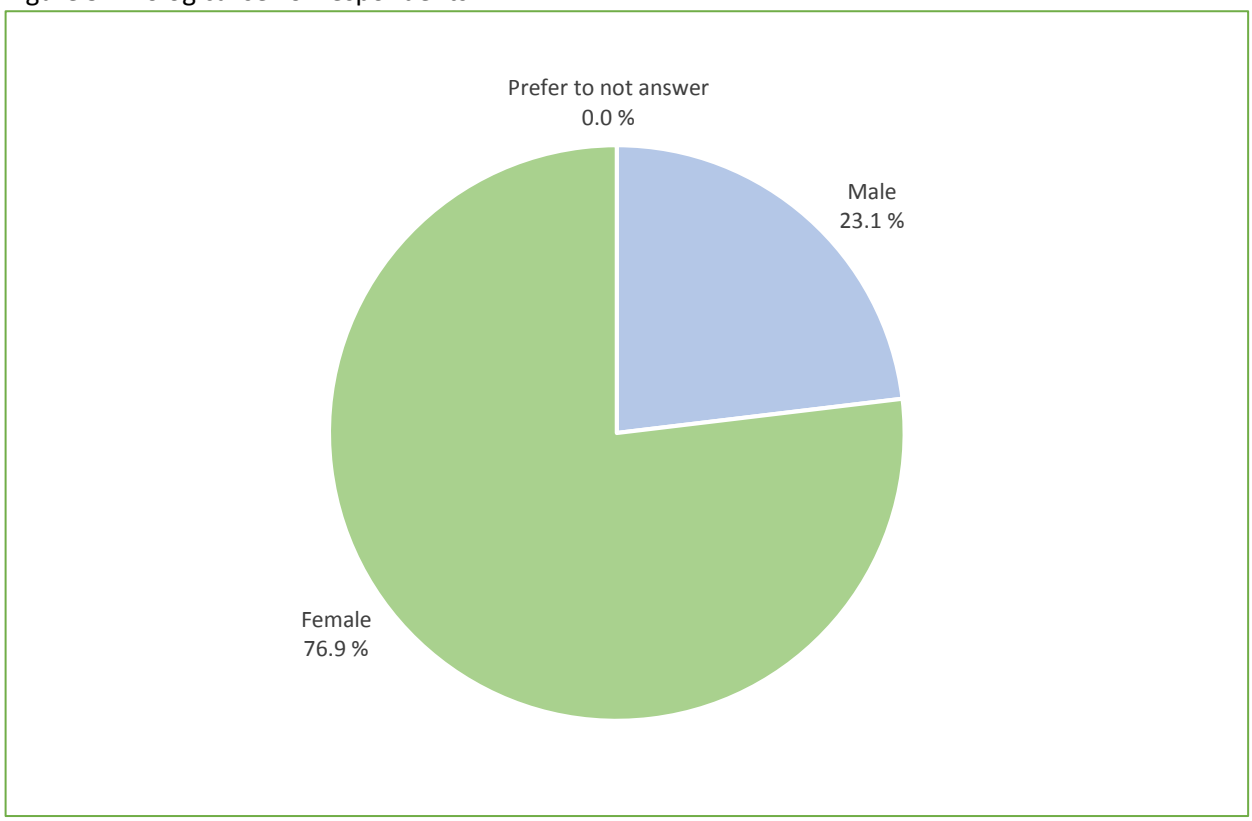
Demographic Information

Figure 8. Age of respondents



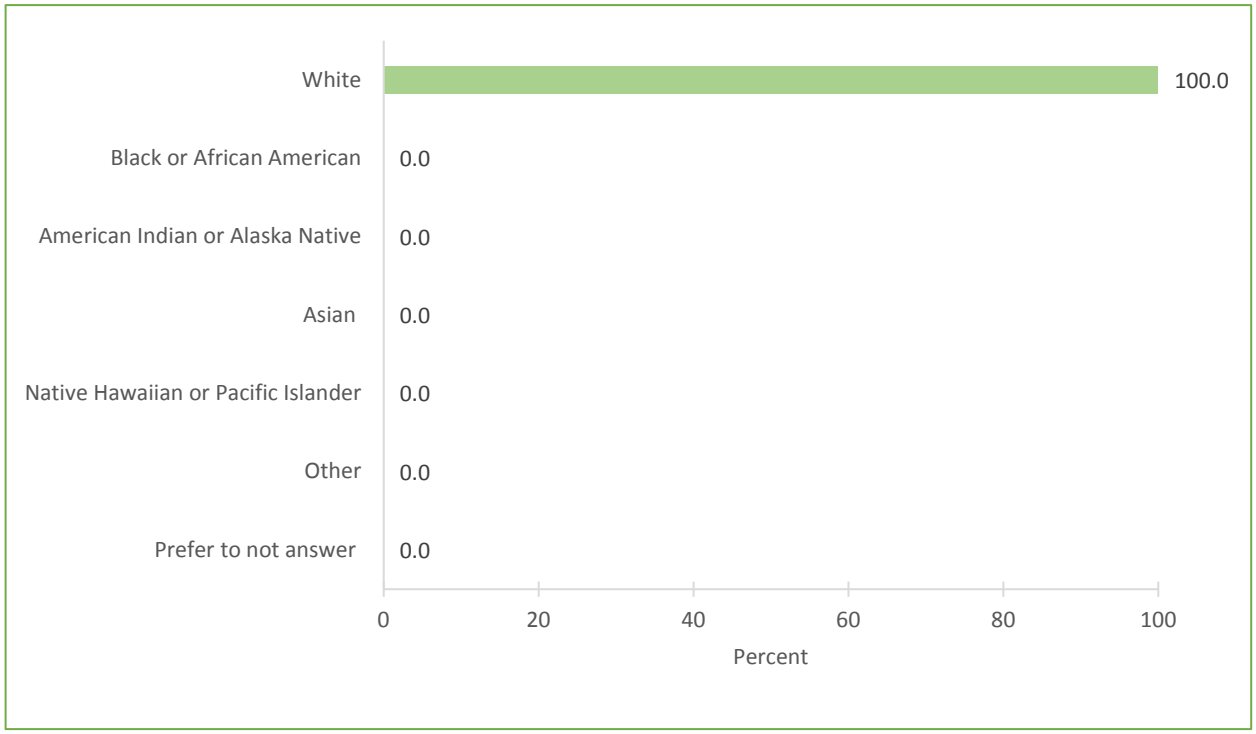
N=13
Percentages do not total 100.0 due to rounding.

Figure 9. Biological sex of respondents



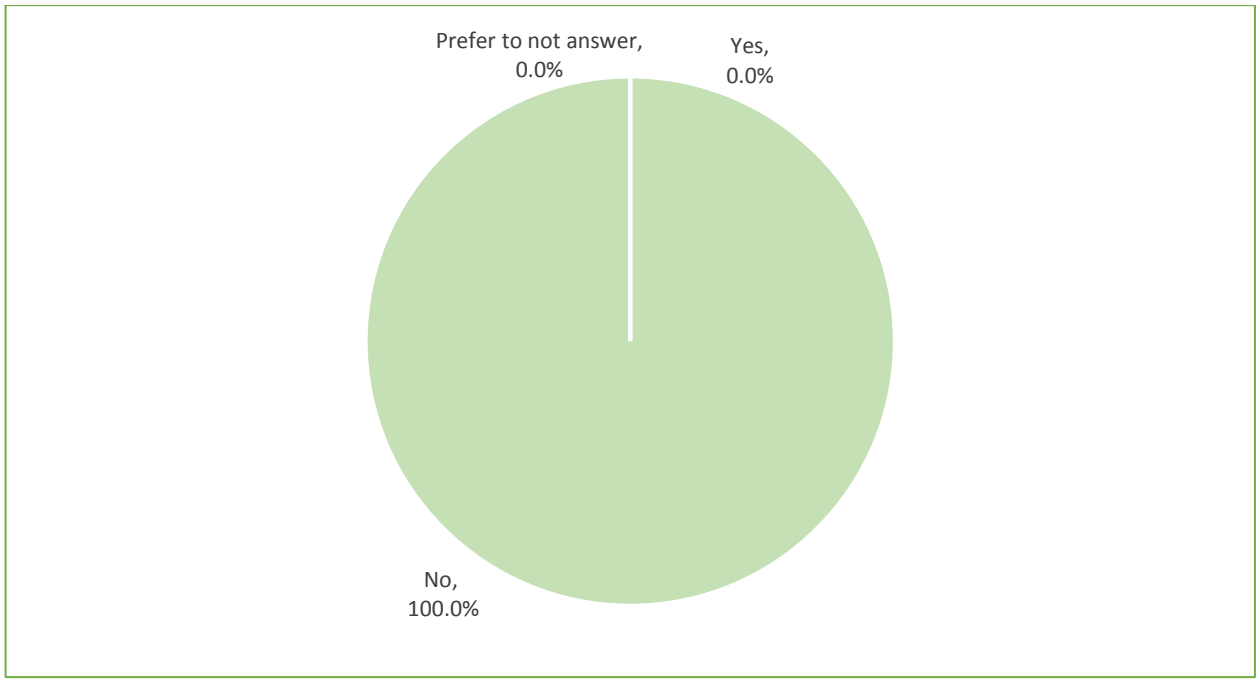
N=13

Figure 10. Race of respondents



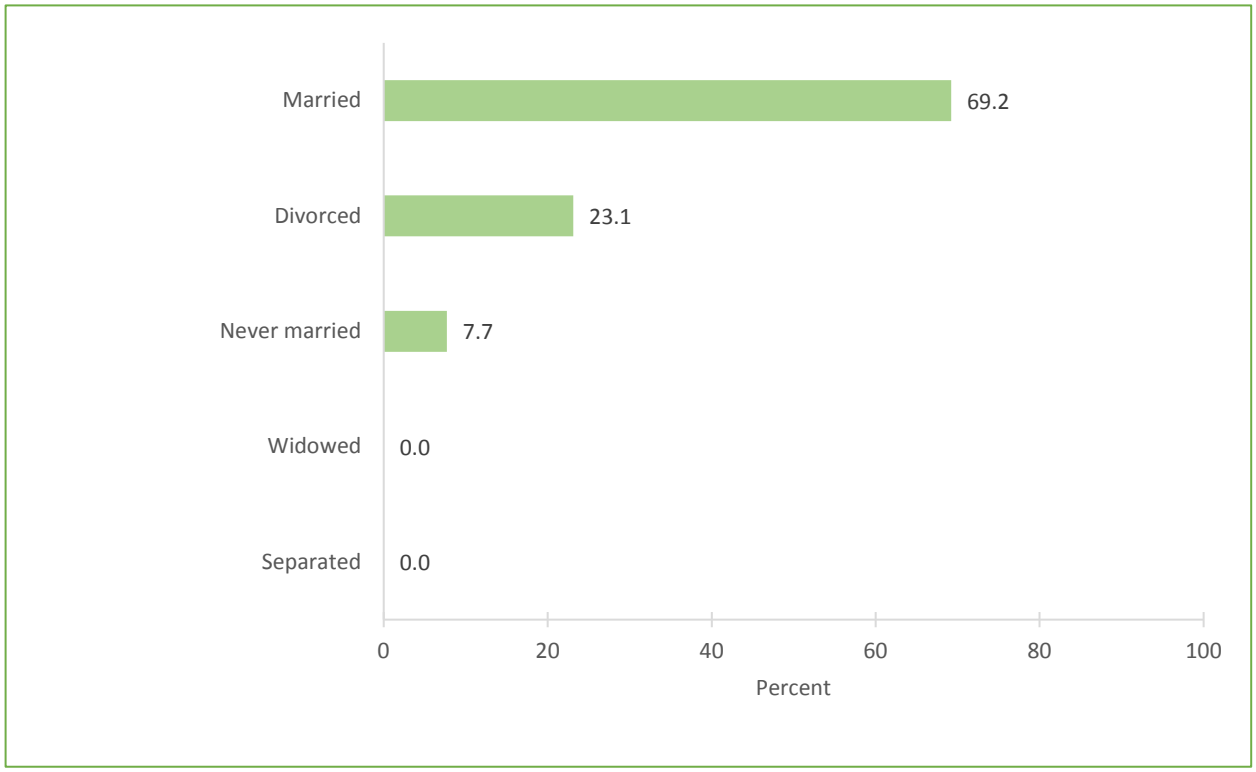
N=13

Figure 11. Whether respondents are of Hispanic or Latino origin



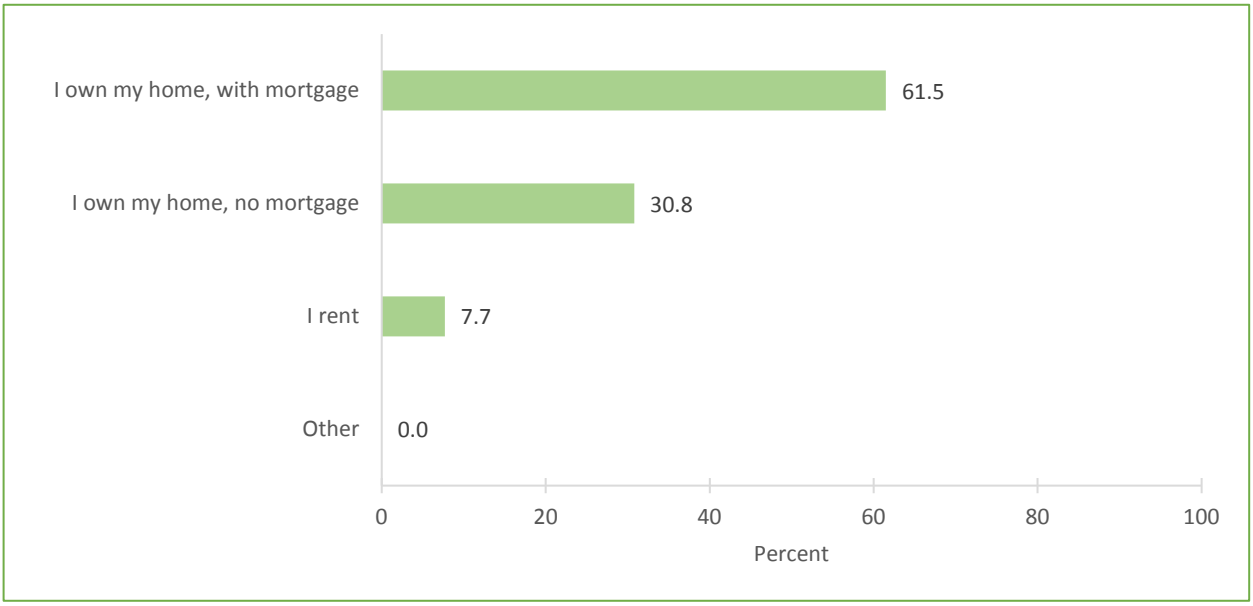
N=13

Figure 12. Marital status of respondents



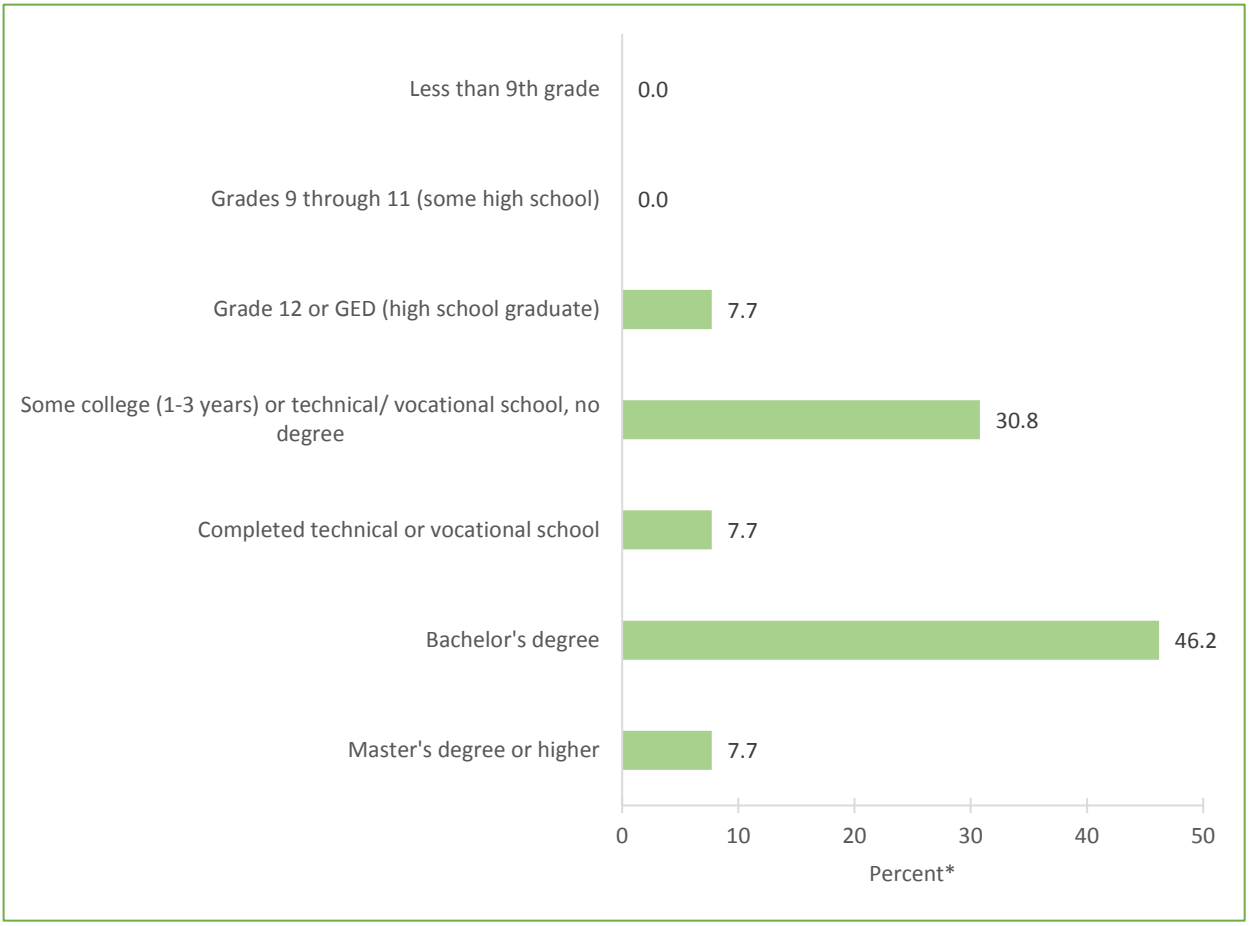
N=13

Figure 13. Living situation of respondents



N=13

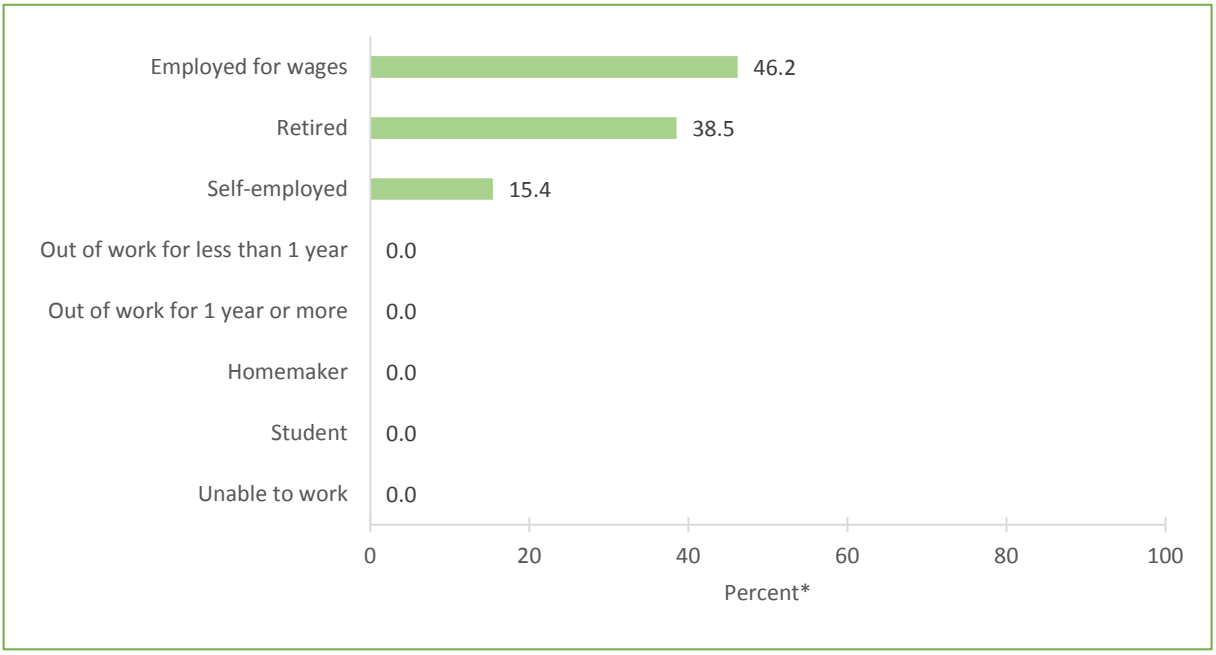
Figure 14. Highest level of education completed by respondents



N=13

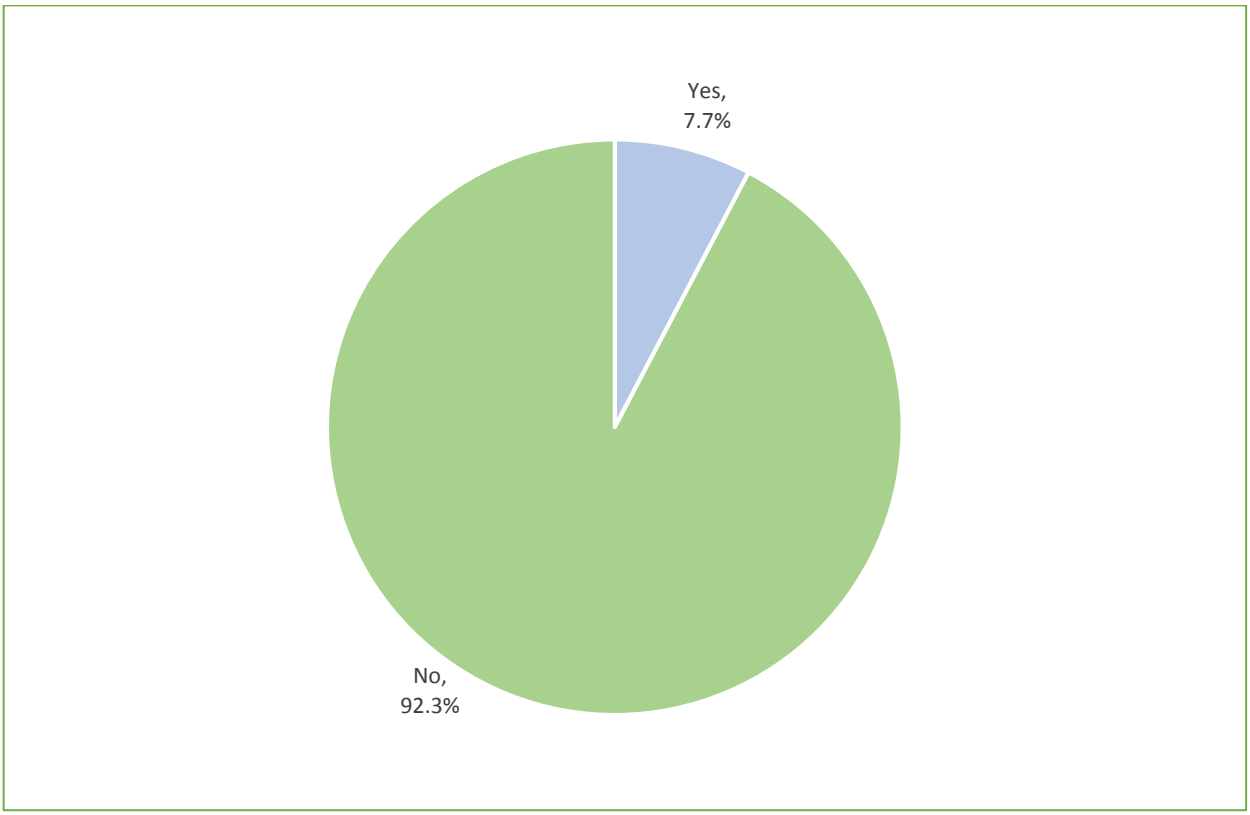
*Percentages do not total 100.0 due to rounding.

Figure 15. Employment status of respondents



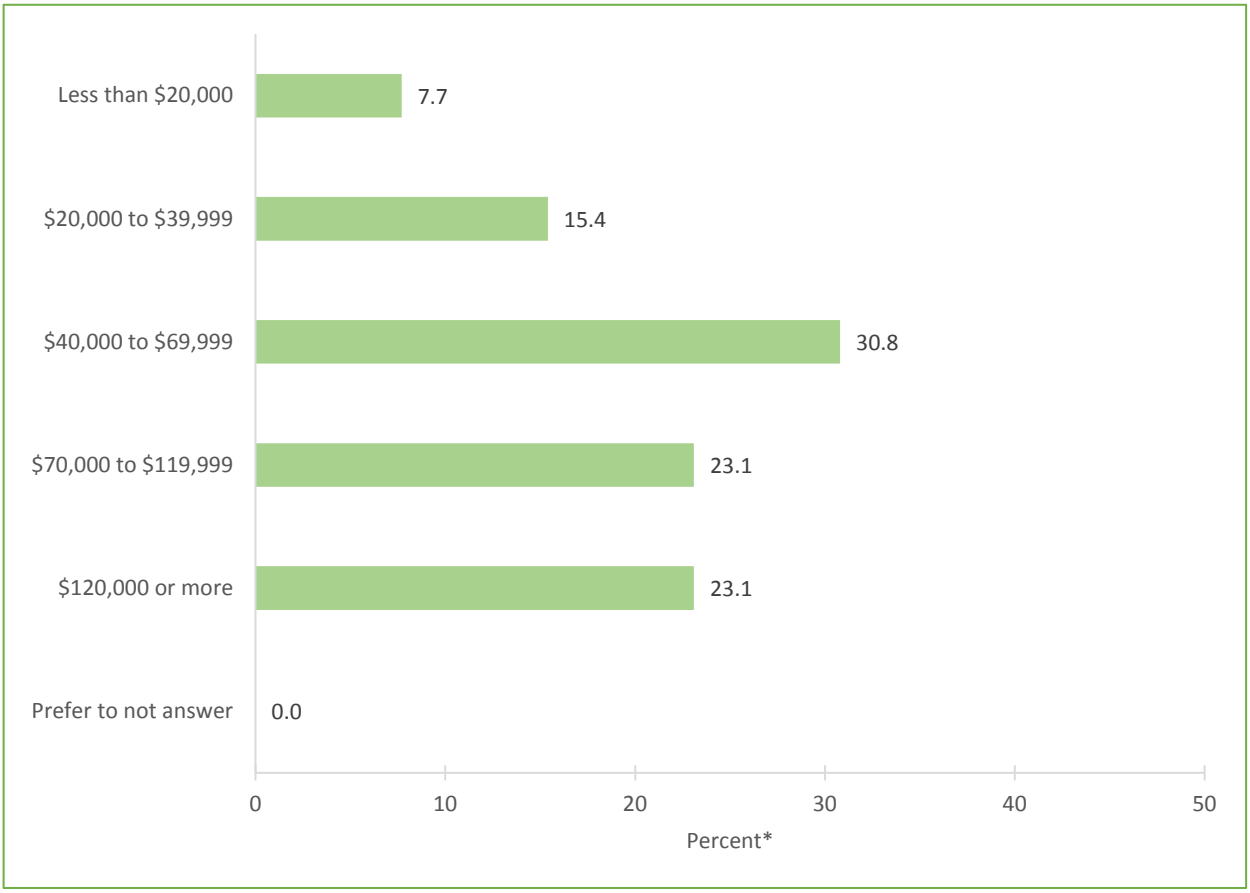
N=13
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=13

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



N=13

*Percentages do not total 100.0 due to rounding.

Table 1. Zip code of respondents

Zip code	Number of respondents
56183	6
56180	5
56114	1
56172	1

N=13

Table 2. Comments from respondents

Comments
If I had no opinion or knowledge, I skipped the question.

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=13)	2.69	7.7	23.1	61.5	7.7	0.0	0.0	100.0
Employment options (N=13)	3.38	0.0	0.0	61.5	38.5	0.0	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=12)	2.09	25.0	33.3	33.3	0.0	0.0	8.3	99.9
Homelessness (N=13)	1.82	30.8	38.5	15.4	0.0	0.0	15.4	100.0
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=13)	2.46	15.4	30.8	46.2	7.7	0.0	0.0	100.1
Household budgeting and money management (N=13)	3.00	7.7	7.7	61.5	23.1	0.0	0.0	100.0
Hunger (N=13)	2.77	7.7	23.1	53.8	15.4	0.0	0.0	100.0
Maintaining livable and energy efficient homes (N=13)	2.75	7.7	23.1	46.2	15.4	0.0	7.7	100.1
Skilled labor workforce (N=13)	3.00	0.0	30.8	38.5	30.8	0.0	0.0	100.1
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=13)	2.85	7.7	30.8	38.5	15.4	7.7	0.0	100.1
Availability of public transportation (N=13)	3.31	15.4	15.4	15.4	30.8	23.1	0.0	100.1
Availability of walking and biking options (N=12)	2.58	8.3	33.3	50.0	8.3	0.0	0.0	99.9
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=13)	2.77	7.7	30.8	38.5	23.1	0.0	0.0	100.1
Cost of public transportation (N=13)	2.36	23.1	15.4	38.5	7.7	0.0	15.4	100.1
Driving habits (e.g., speeding, road rage) (N=13)	2.00	15.4	69.2	15.4	0.0	0.0	0.0	100.0
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=13)	2.85	7.7	23.1	46.2	23.1	0.0	0.0	100.1
Availability of education about birth control (N=13)	2.77	7.7	30.8	38.5	23.1	0.0	0.0	100.1
Availability of quality child care (N=13)	3.15	15.4	7.7	46.2	7.7	23.1	0.0	100.1
Availability of services for at-risk youth (e.g., homeless youth, youth	2.92	7.7	23.1	38.5	30.8	0.0	0.0	100.1

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=13)								
Bullying (N=12)	2.91	8.3	25.0	25.0	33.3	0.0	8.3	99.9
Childhood obesity (N=13)	3.08	7.7	7.7	61.5	15.4	7.7	0.0	100.0
Cost of activities (outside of school and sports) for children and youth (N=13)	2.69	15.4	15.4	53.8	15.4	0.0	0.0	100.0
Cost of quality child care (N=13)	3.08	15.4	7.7	46.2	15.4	15.4	0.0	100.1
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=12)	2.58	16.7	25.0	41.7	16.7	0.0	0.0	100.1
Crime committed by youth (N=13)	2.46	7.7	38.5	53.8	0.0	0.0	0.0	100.0
Opportunities for youth-adult mentoring (N=13)	2.77	0.0	30.8	61.5	7.7	0.0	0.0	100.0
Parental custody, guardianships and visitation rights (N=12)	2.33	16.7	33.3	50.0	0.0	0.0	0.0	100.0
School absenteeism (truancy) (N=12)	2.55	8.3	41.7	33.3	0.0	8.3	8.3	99.9
School dropout rates (N=12)	2.18	16.7	58.3	8.3	0.0	8.3	8.3	99.9
School violence (N=12)	2.00	16.7	58.3	16.7	0.0	0.0	8.3	100.0
Substance abuse by youth (N=12)	2.55	8.3	33.3	41.7	8.3	0.0	8.3	99.9
Teen pregnancy (N=12)	2.50	8.3	41.7	41.7	8.3	0.0	0.0	100.0
Teen suicide (N=12)	2.36	8.3	41.7	41.7	0.0	0.0	8.3	100.0
Teen tobacco use (N=12)	3.00	0.0	33.3	33.3	33.3	0.0	0.0	99.9
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=13)	2.85	0.0	46.2	23.1	30.8	0.0	0.0	100.1
Availability of long-term care (N=13)	2.54	0.0	61.5	23.1	15.4	0.0	0.0	100.0
Availability of memory care (N=13)	2.92	7.7	46.2	7.7	23.1	15.4	0.0	100.1
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=12)	2.92	0.0	33.3	41.7	25.0	0.0	0.0	100.0
Availability of resources for grandparents caring for grandchildren (N=13)	2.50	15.4	30.8	30.8	15.4	0.0	7.7	100.1
Availability of resources to help the elderly stay safe in their homes (N=13)	2.62	15.4	30.8	30.8	23.1	0.0	0.0	100.1
Cost of activities for seniors (e.g., recreational, social, cultural) (N=13)	2.46	7.7	46.2	38.5	7.7	0.0	0.0	100.1
Cost of in-home services (N=13)	2.85	7.7	38.5	23.1	23.1	7.7	0.0	100.1
Cost of long-term care (N=13)	3.31	0.0	23.1	38.5	23.1	15.4	0.0	100.1
Cost of memory care (N=13)	3.00	7.7	23.1	38.5	7.7	15.4	7.7	100.1
Help making out a will or healthcare directive (N=13)	2.69	7.7	30.8	46.2	15.4	0.0	0.0	100.1

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=13)	3.00	7.7	30.8	30.8	15.4	15.4	0.0	100.1
Availability of emergency medical services (N=13)	2.15	23.1	46.2	23.1	7.7	0.0	0.0	100.1
Child abuse and neglect (N=12)	2.50	8.3	41.7	41.7	8.3	0.0	0.0	100.0
Criminal activity (N=12)	2.58	8.3	33.3	50.0	8.3	0.0	0.0	99.9
Culture of excessive and binge drinking (N=12)	2.83	8.3	41.7	8.3	41.7	0.0	0.0	100.0
Domestic violence (N=12)	2.67	8.3	41.7	25.0	25.0	0.0	0.0	100.0
Elder abuse (N=13)	2.31	15.4	53.8	15.4	15.4	0.0	0.0	100.0
Lack of police or delayed response of police (N=13)	2.23	7.7	61.5	30.8	0.0	0.0	0.0	100.0
Presence of drug dealers (N=12)	2.45	16.7	25.0	41.7	8.3	0.0	8.3	100.0
Presence of gang activity (N=12)	1.73	33.3	50.0	8.3	0.0	0.0	8.3	99.9
Presence of street drugs (N=12)	2.27	8.3	58.3	16.7	8.3	0.0	8.3	99.9
Sex trafficking (N=12)	1.91	33.3	41.7	8.3	8.3	0.0	8.3	99.9
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=13)	2.62	7.7	38.5	38.5	15.4	0.0	0.0	100.1
Access to affordable health insurance coverage (N=13)	3.08	7.7	15.4	46.2	23.1	7.7	0.0	100.1
Access to affordable healthcare (N=13)	3.08	7.7	15.4	46.2	23.1	7.7	0.0	100.1
Access to affordable prescription drugs (N=13)	2.77	0.0	38.5	46.2	15.4	0.0	0.0	100.1
Access to affordable vision insurance coverage (N=12)	2.75	16.7	16.7	41.7	25.0	0.0	0.0	100.1
Access to technology for health records and health education (N=13)	2.54	7.7	38.5	46.2	7.7	0.0	0.0	100.1
Availability of behavioral health (substance abuse) providers (N=12)	2.58	16.7	33.3	25.0	25.0	0.0	0.0	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=13)	2.69	30.8	23.1	15.4	7.7	23.1	0.0	100.1
Availability of healthcare services for Native people (N=13)	1.78	23.1	38.5	7.7	0.0	0.0	30.8	100.1
Availability of healthcare services for New Americans (N=13)	1.50	38.5	38.5	0.0	0.0	0.0	23.1	100.1
Availability of mental health providers (N=12)	2.67	16.7	33.3	16.7	33.3	0.0	0.0	100.0
Availability of non-traditional hours (e.g., evenings, weekends) (N=13)	2.23	23.1	30.8	46.2	0.0	0.0	0.0	100.1
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=13)	2.38	7.7	46.2	46.2	0.0	0.0	0.0	100.1
Availability of specialist physicians (N=13)	2.46	15.4	38.5	30.8	15.4	0.0	0.0	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
Coordination of care between providers and services (N=13)	1.92	38.5	30.8	30.8	0.0	0.0	0.0	100.1
Timely access to medical care providers (N=13)	2.00	38.5	23.1	38.5	0.0	0.0	0.0	100.1
Timely access to dental care providers (N=13)	2.46	30.8	7.7	46.2	15.4	0.0	0.0	100.1
Timely access to vision care providers (N=13)	2.00	38.5	23.1	38.5	0.0	0.0	0.0	100.1
Use of emergency room services for primary healthcare (N=13)	2.38	30.8	23.1	30.8	7.7	7.7	0.0	100.1
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=12)	2.75	8.3	25.0	50.0	16.7	0.0	0.0	100.0
Dementia and Alzheimer's disease (N=12)	3.08	0.0	25.0	50.0	16.7	8.3	0.0	100.0
Depression (N=12)	3.33	0.0	25.0	25.0	41.7	8.3	0.0	100.0
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=12)	3.17	0.0	33.3	33.3	16.7	16.7	0.0	100.0
Exposure to secondhand smoke (N=12)	2.50	0.0	58.3	33.3	8.3	0.0	0.0	99.9
Smoking and tobacco use (N=11)	2.82	0.0	27.3	63.6	9.1	0.0	0.0	100.0
Stress (N=12)	3.25	0.0	25.0	33.3	33.3	8.3	0.0	99.9
Suicide (N=12)	2.58	8.3	50.0	16.7	25.0	0.0	0.0	100.0

*Percentages may not total 100.0 due to rounding.

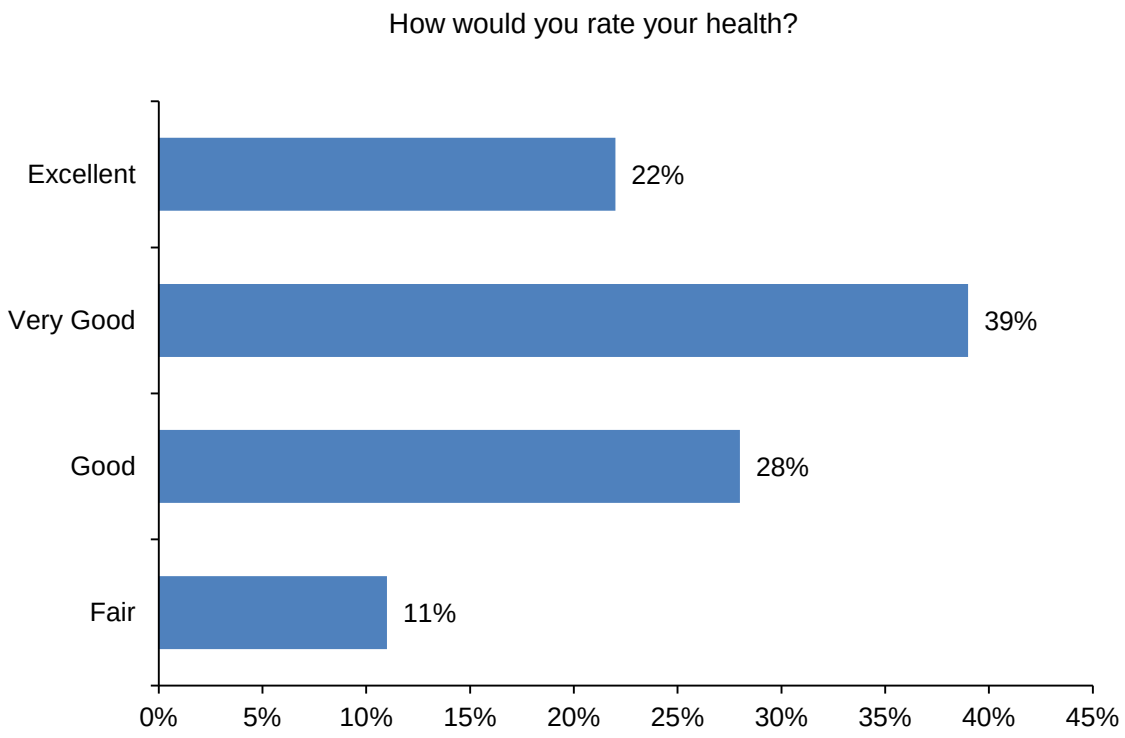
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Resident Survey

Westbrook CHNA Survey Report

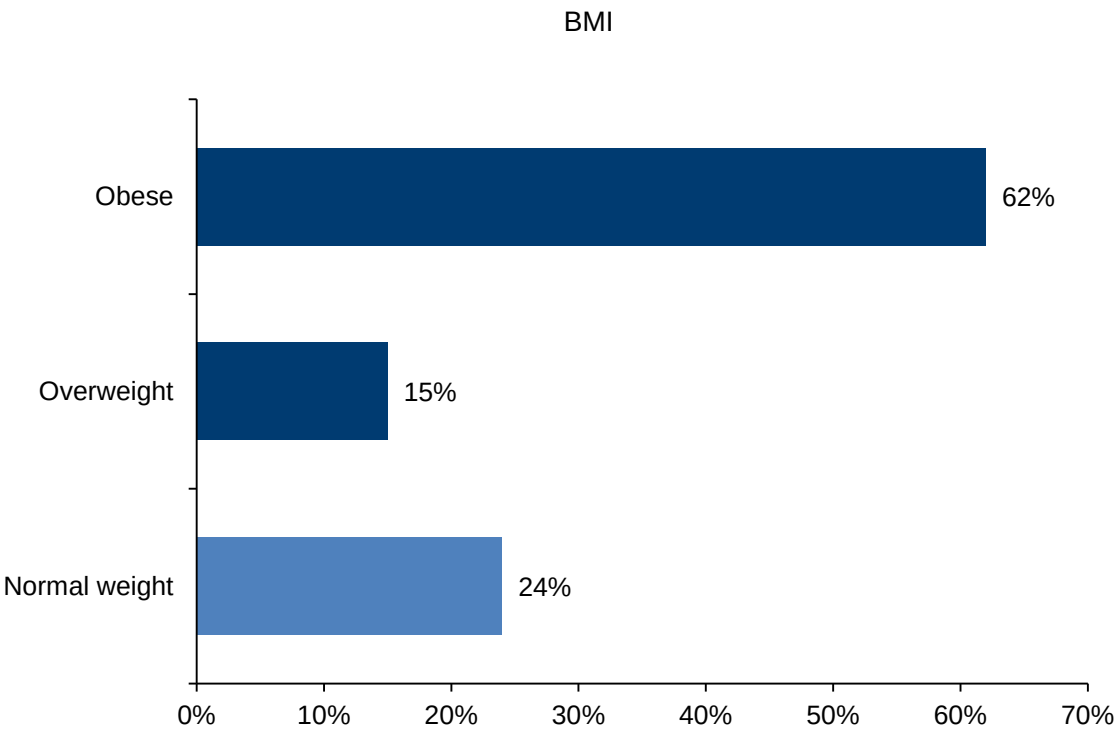
March 08, 2018

Charts Exported by MarketSight®



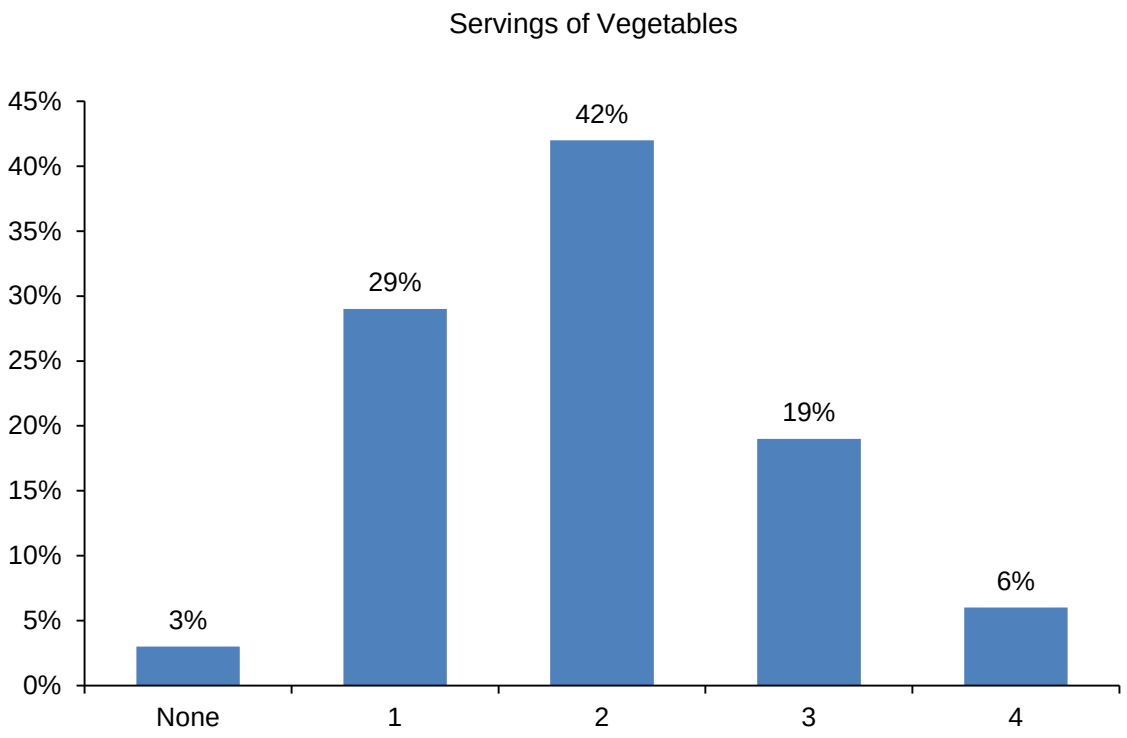
Base: Fair (n=4), Good (n=10), Very Good (n=14), Excellent (n=8), Sample Size = 36

(Community 2 = Cottonwood)



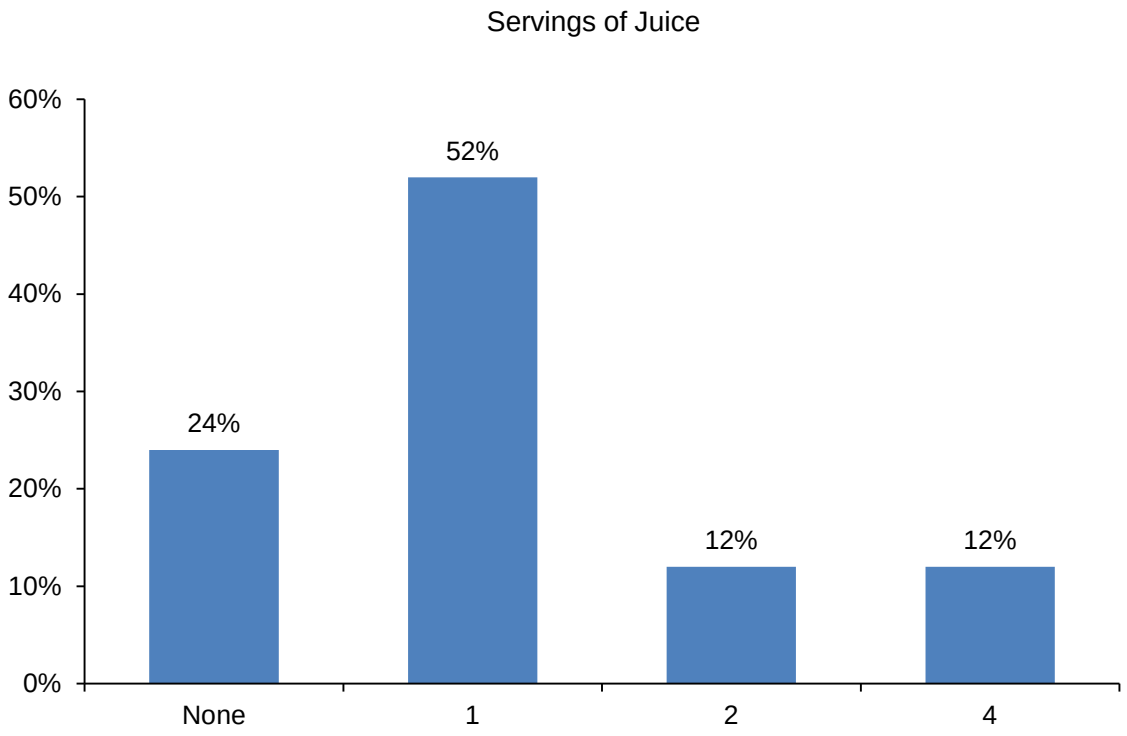
Base: Normal weight (n=8), Overweight (n=5), Obese (n=21), Sample Size = 34

(Community 2 = Cottonwood)



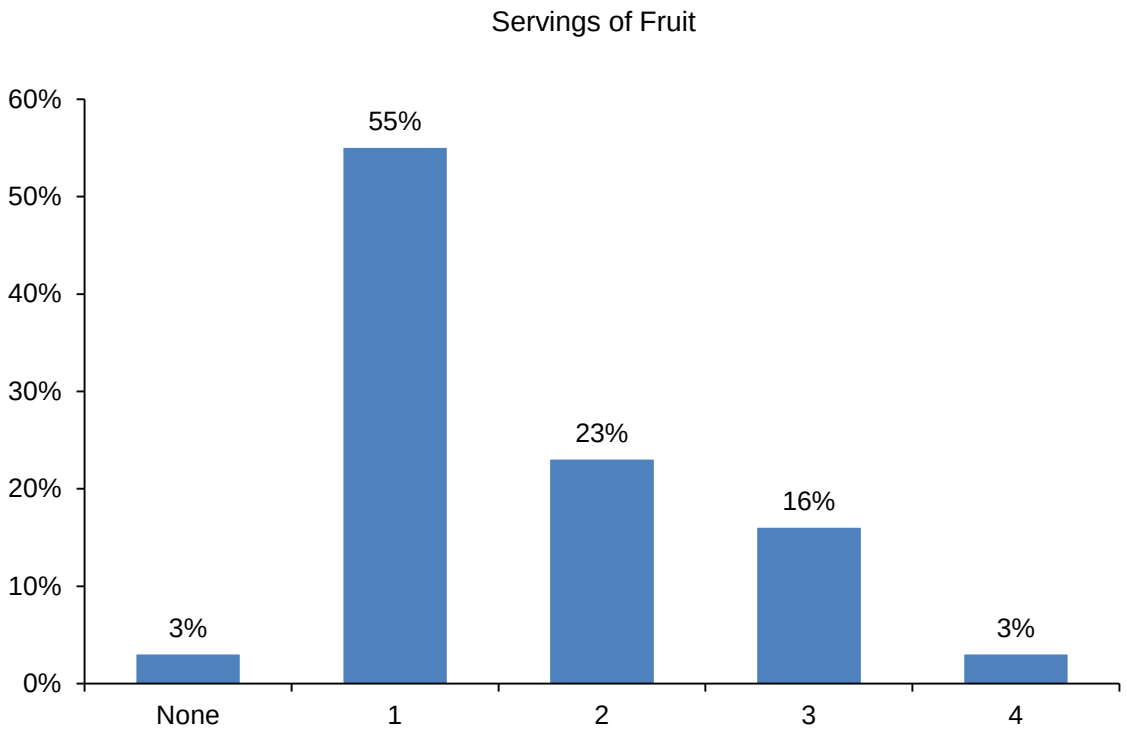
Base: None (n=1), 1 (n=9), 2 (n=13), 3 (n=6), 4 (n=2), Sample Size = 31

(Community 2 = Cottonwood)



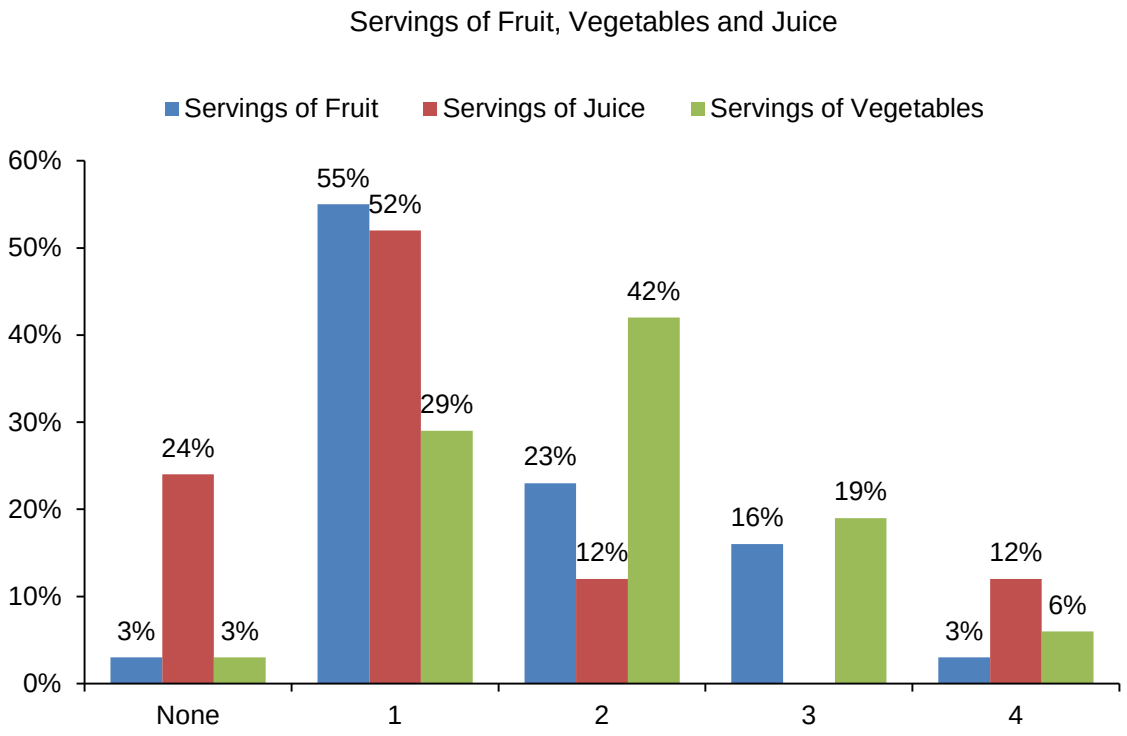
Base: None (n=6), 1 (n=13), 2 (n=3), 4 (n=3), Sample Size = 25

(Community 2 = Cottonwood)



Base: None (n=1), 1 (n=17), 2 (n=7), 3 (n=5), 4 (n=1), Sample Size = 31

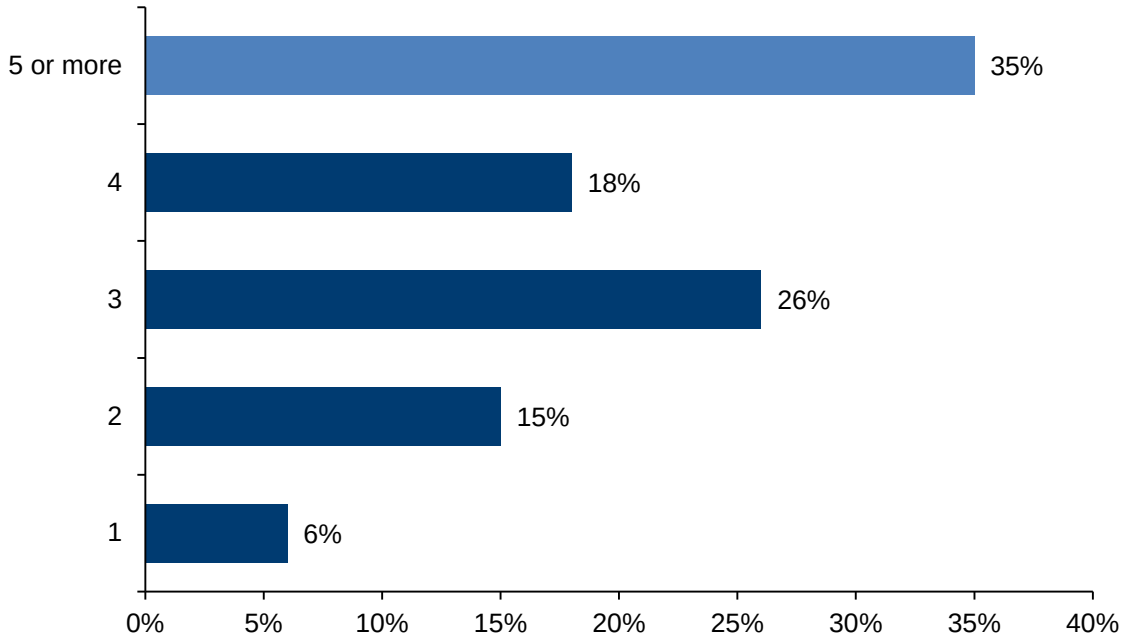
(Community 2 = Cottonwood)



Sample Size = Variable

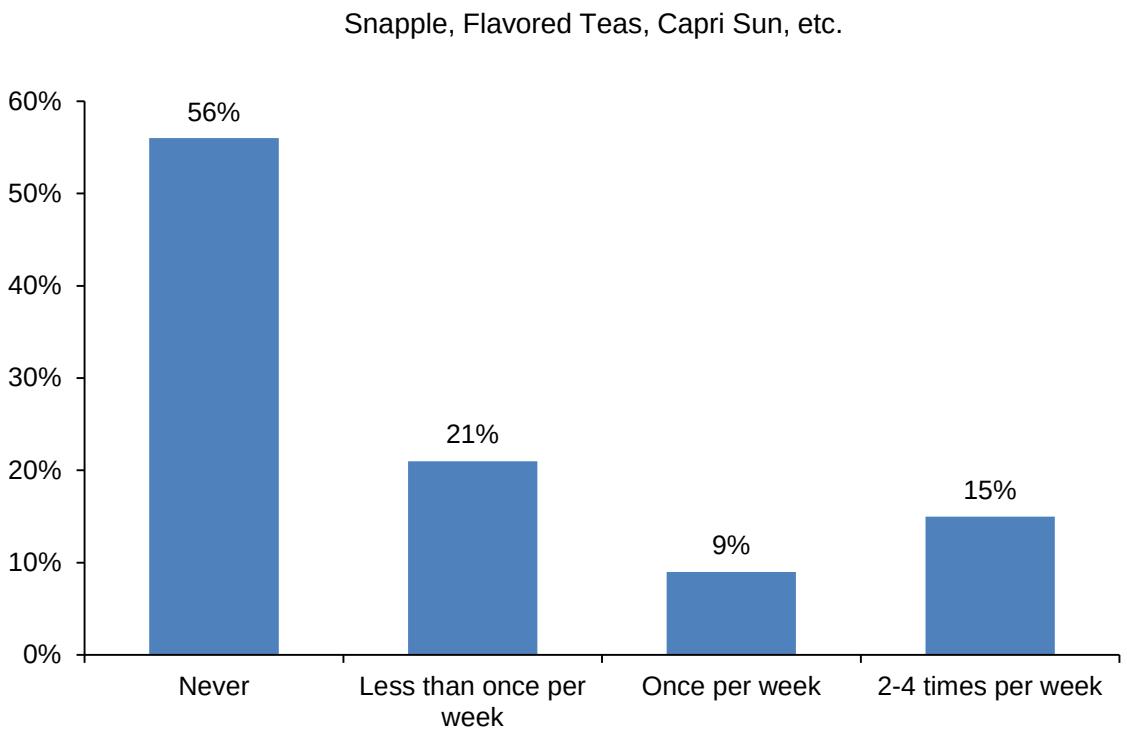
(Community 2 = Cottonwood)

Total Servings of Fruits, Vegetables and Juice



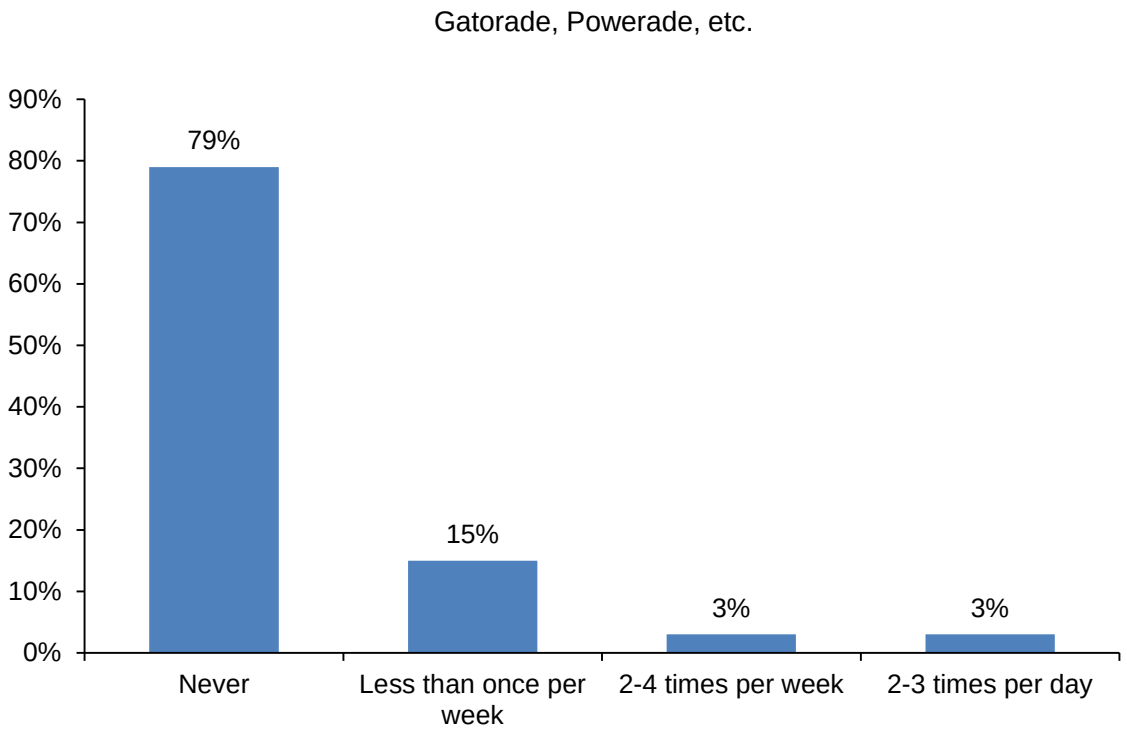
Base: 1 (n=2), 2 (n=5), 3 (n=9), 4 (n=6), 5 or more (n=12), Sample Size = 34

(Community 2 = Cottonwood)



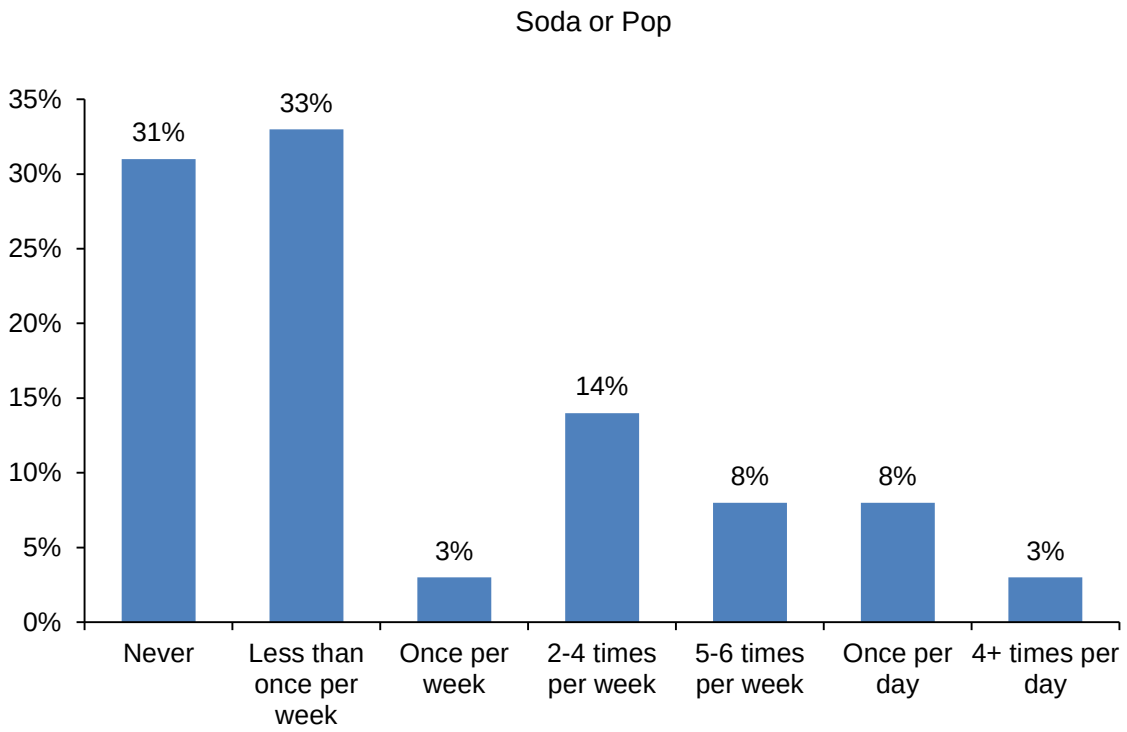
Base: Never (n=19), Less than once per week (n=7), Once per week (n=3), 2-4 times per week (n=5), Sample Size = 34

(Community 2 = Cottonwood)



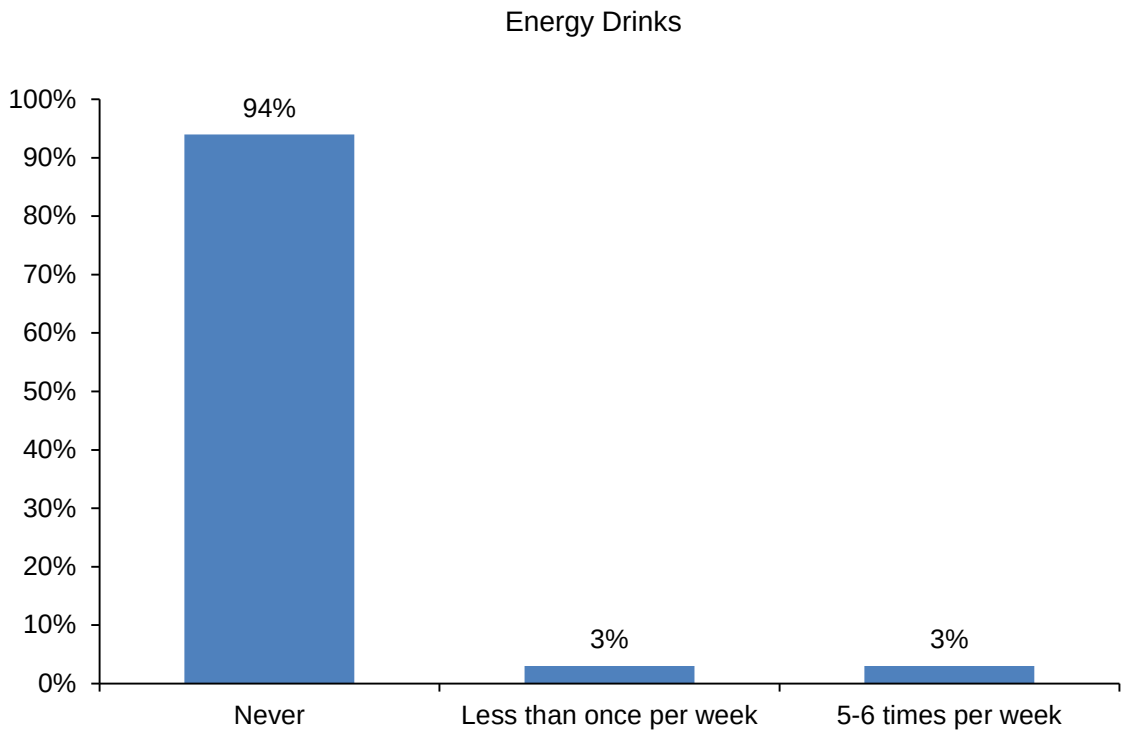
Base: Never (n=27), Less than once per week (n=5), 2-4 times per week (n=1), 2-3 times per day (n=1), Sample Size = 34

(Community 2 = Cottonwood)



Base: Never (n=11), Less than once per week (n=12), Once per week (n=1), 2-4 times per week (n=5), 5-6 times per week (n=3), Once per day (n=3), 4+ times per day (n=1), Sample Size = 36

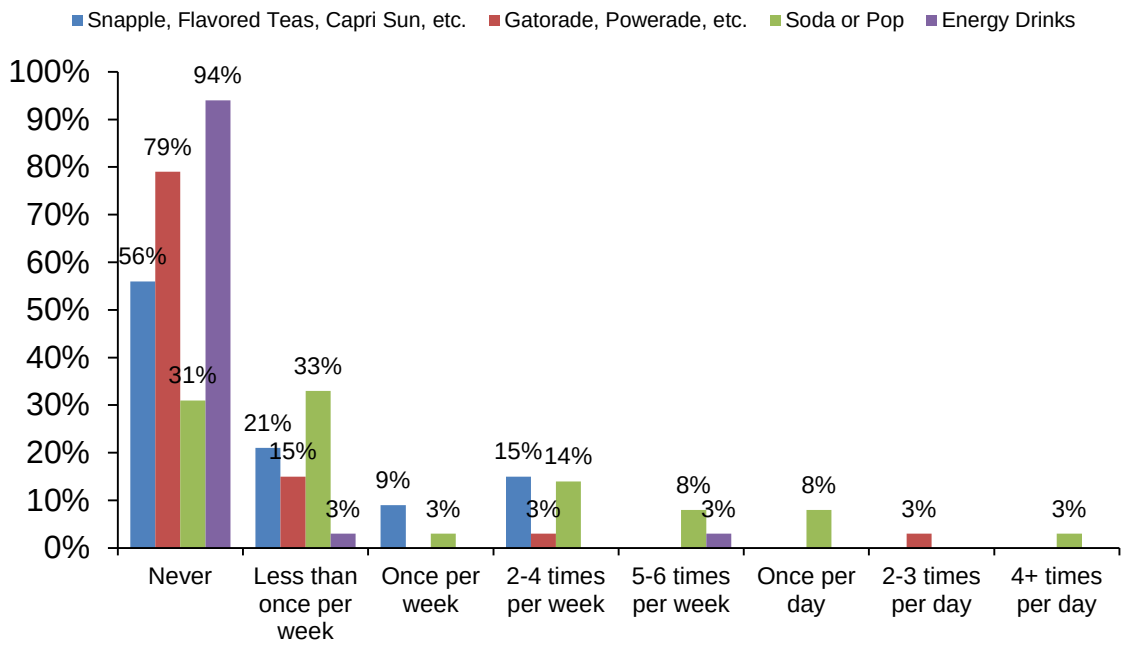
(Community 2 = Cottonwood)



Base: Never (n=33), Less than once per week (n=1), 5-6 times per week (n=1), Sample Size = 35

(Community 2 = Cottonwood)

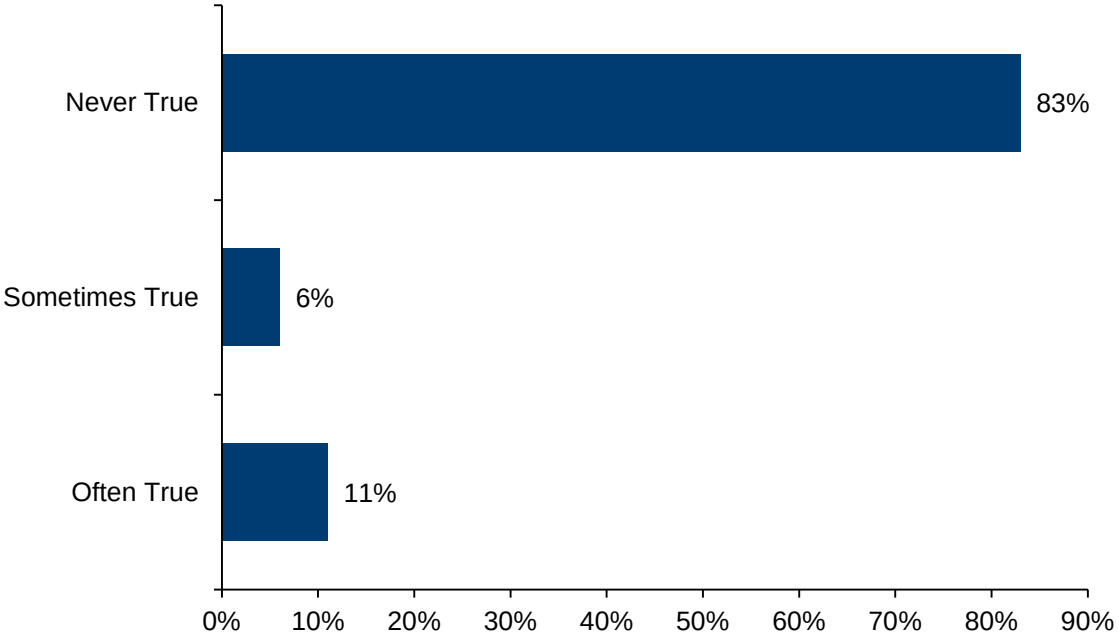
Sugar Sweetened Drinks



Sample Size = Variable

(Community 2 = Cottonwood)

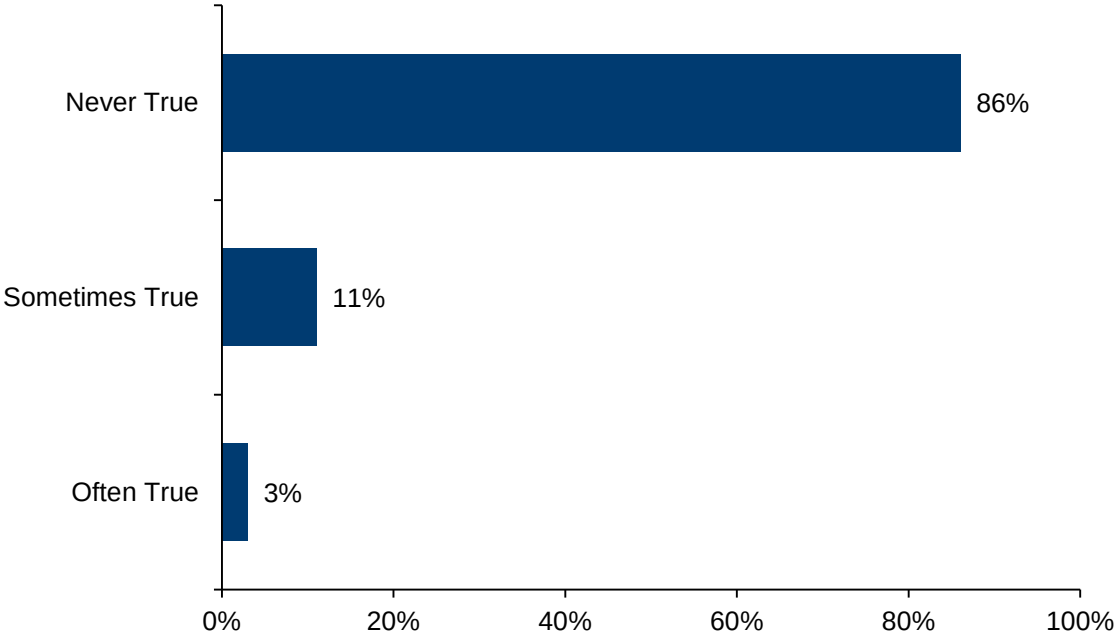
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=4), Sometimes True (n=2), Never True (n=30), Sample Size = 36

(Community 2 = Cottonwood)

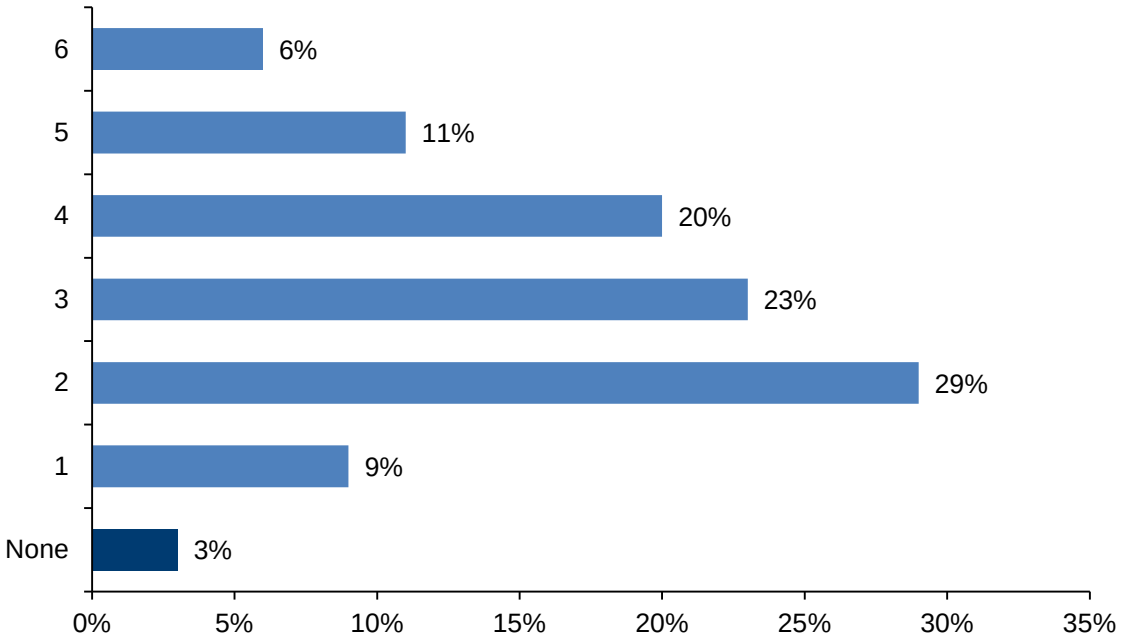
The food that we bought just didn’t last, and we didn’t have money to get more.



Base: Often True (n=1), Sometimes True (n=4), Never True (n=31), Sample Size = 36

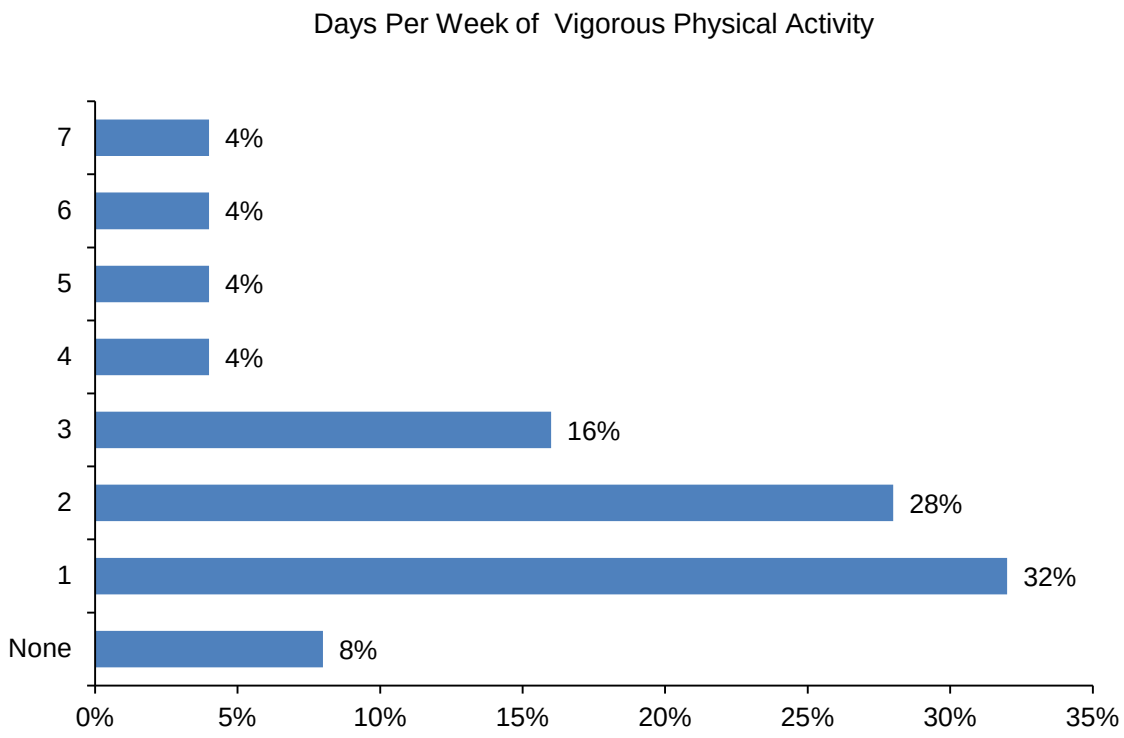
(Community 2 = Cottonwood)

Days Per Week of Moderate Physical Activity



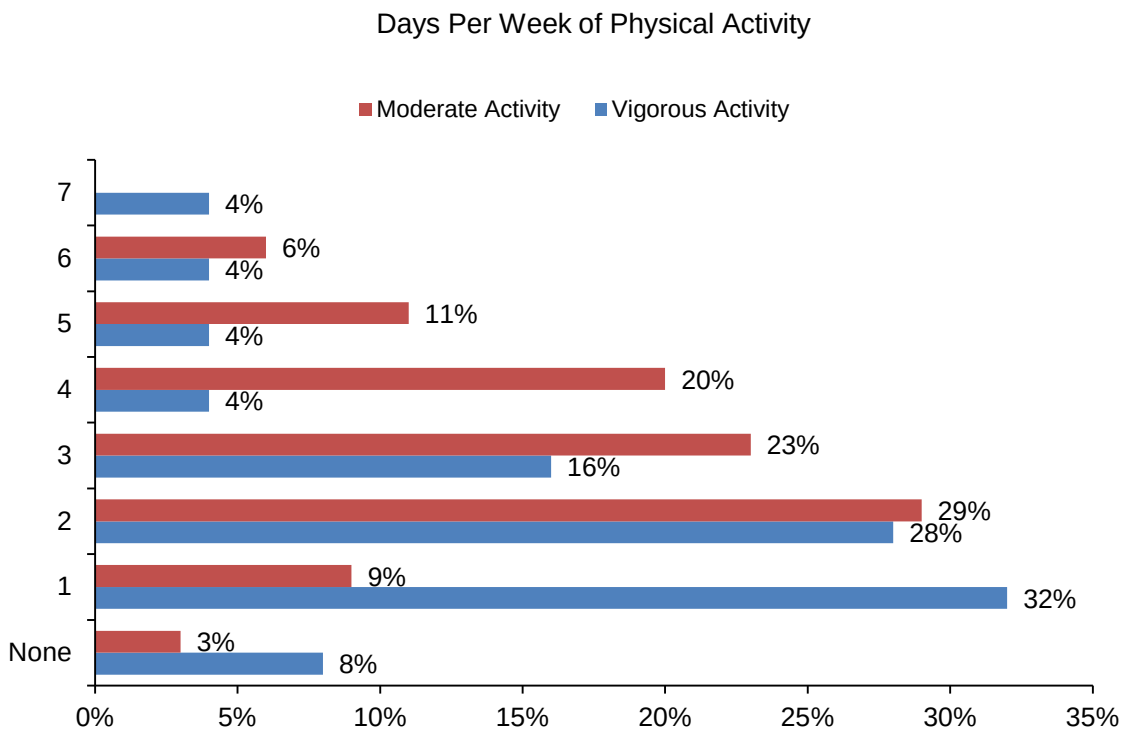
Base: None (n=1), 1 (n=3), 2 (n=10), 3 (n=8), 4 (n=7), 5 (n=4), 6 (n=2), Sample Size = 35

(Community 2 = Cottonwood)



Base: None (n=2), 1 (n=8), 2 (n=7), 3 (n=4), 4 (n=1), 5 (n=1), 6 (n=1), 7 (n=1), Sample Size = 25

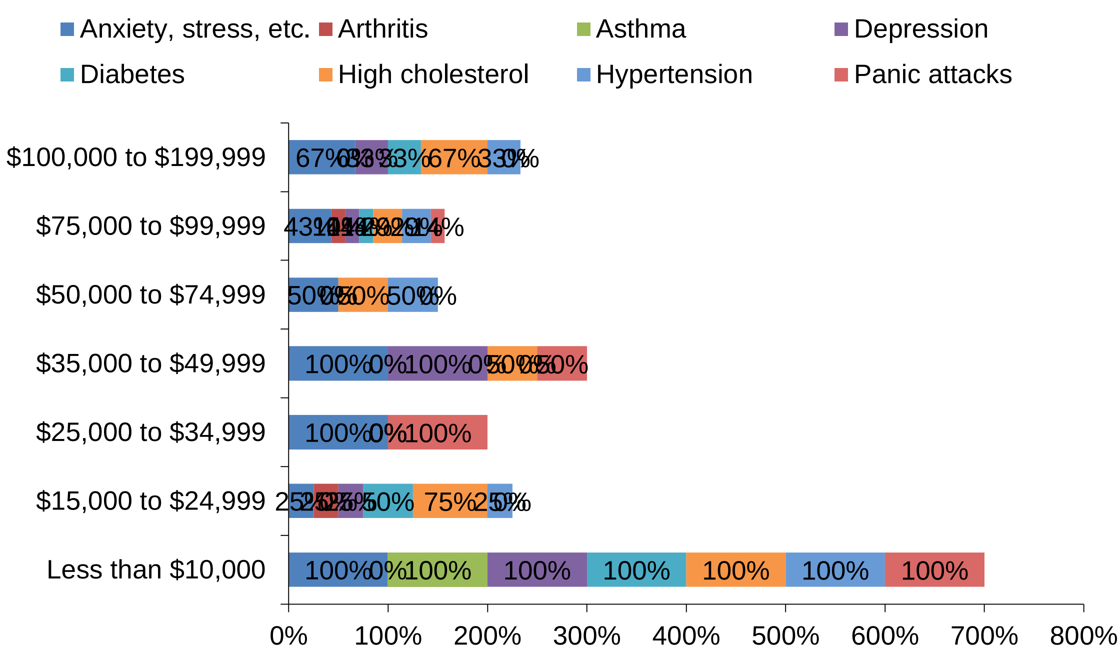
(Community 2 = Cottonwood)



Sample Size = Variable

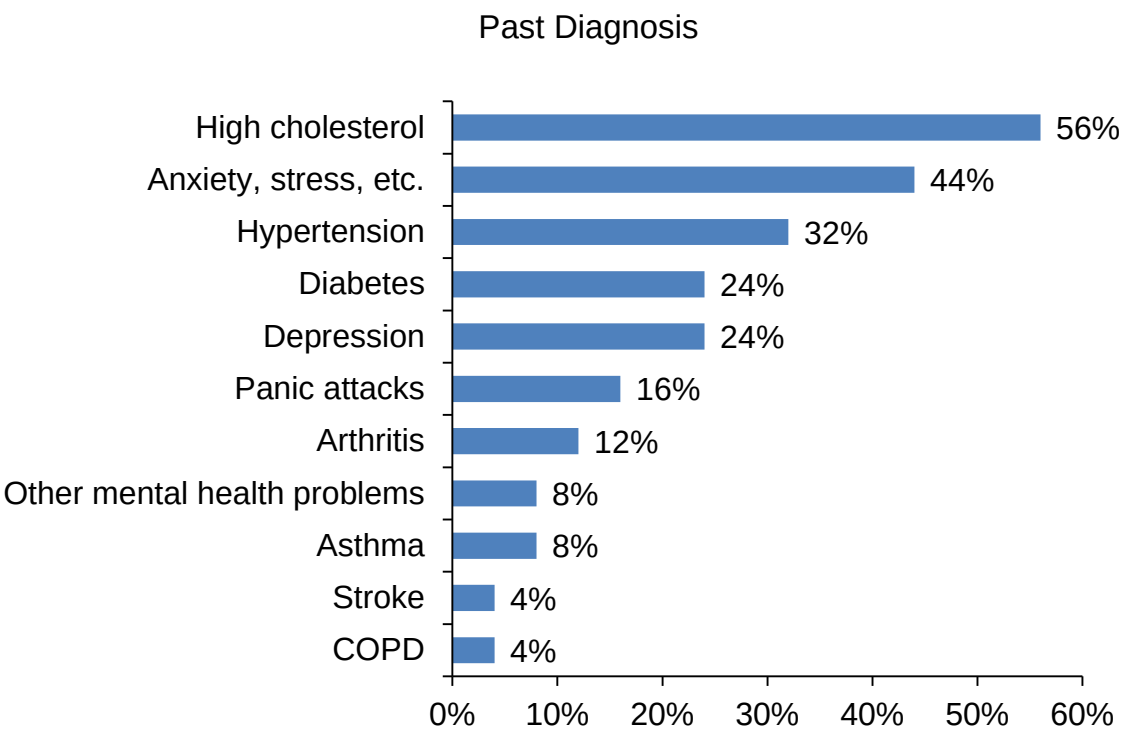
(Community 2 = Cottonwood)

Past Diagnosis by Total Household Income

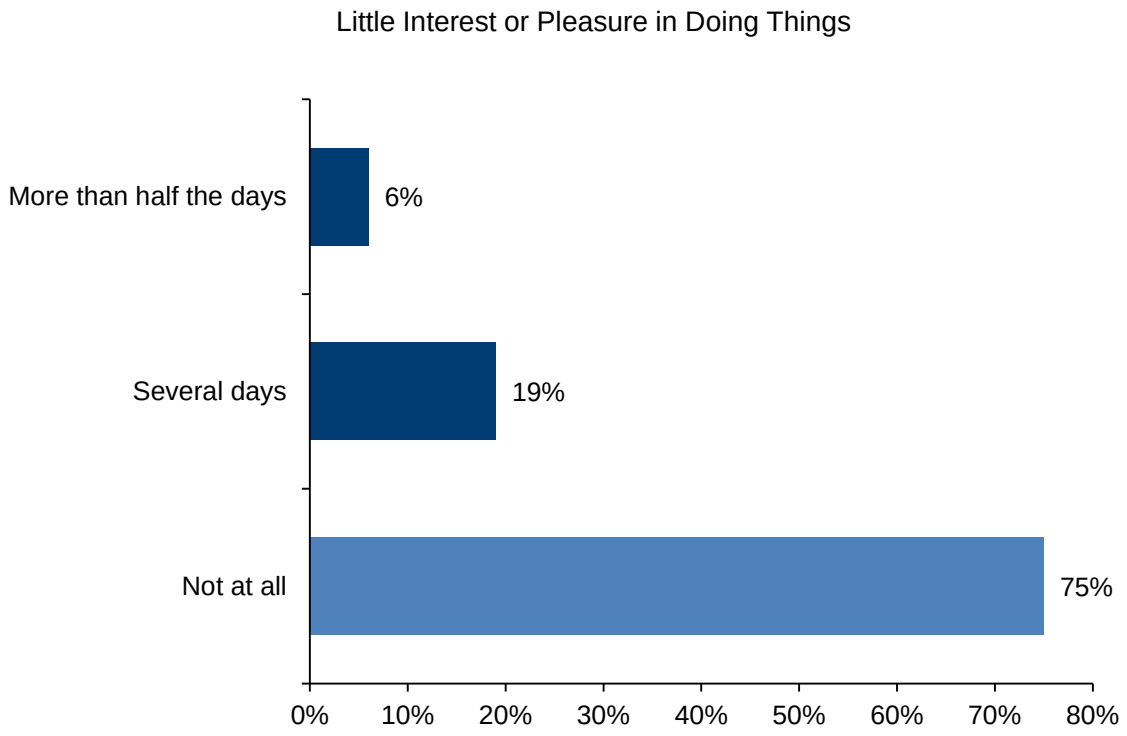


Base: Less than $10,000 (n=1), $15,000 to $24,999 (n=4), $25,000 to $34,999 (n=1), $35,000 to $49,999 (n=2), $50,000 to $74,999 (n=2), $75,000 to $99,999 (n=7), $100,000 to $199,999 (n=3), Sample Size = 20

(Community 2 = Cottonwood)

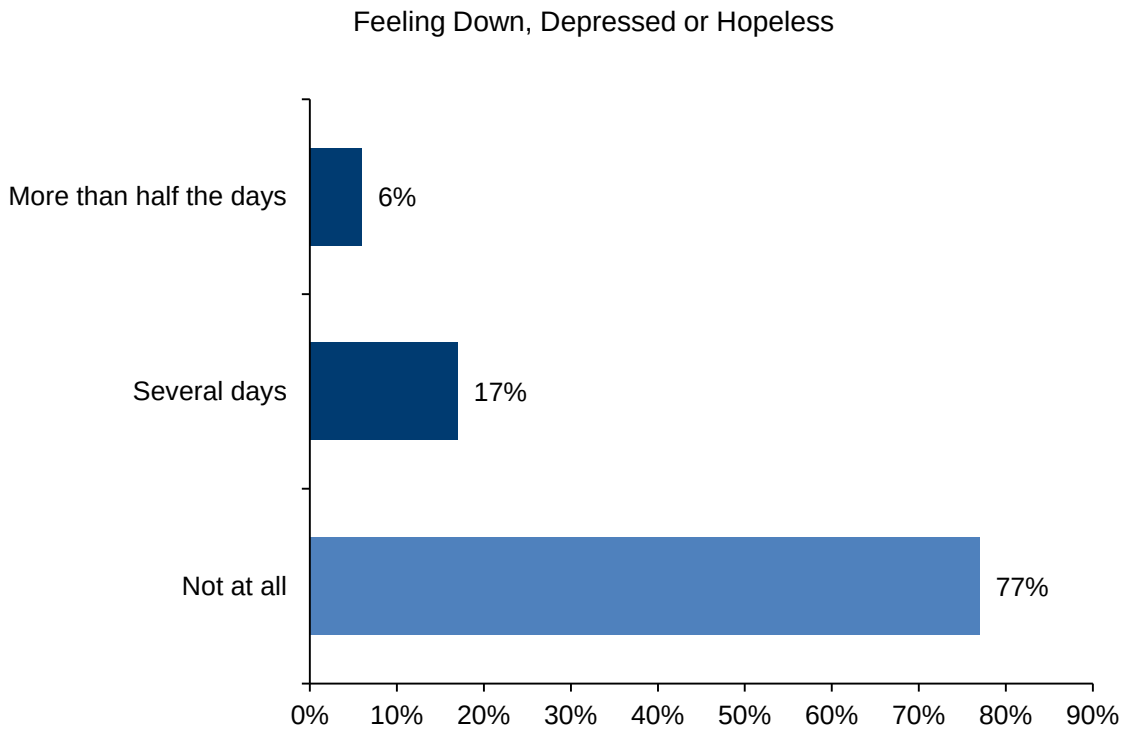


Base: Anxiety, stress, etc. (n=11), Arthritis (n=3), Asthma (n=2), COPD (n=1), Depression (n=6), Diabetes (n=6), High cholesterol (n=14), Hypertension (n=8), Other mental health problems (n=2), Panic attacks (n=4), Stroke (n=1), Sample Size = 25 (Community 2 = Cottonwood)



Base: Not at all (n=27), Several days (n=7), More than half the days (n=2), Sample Size = 36

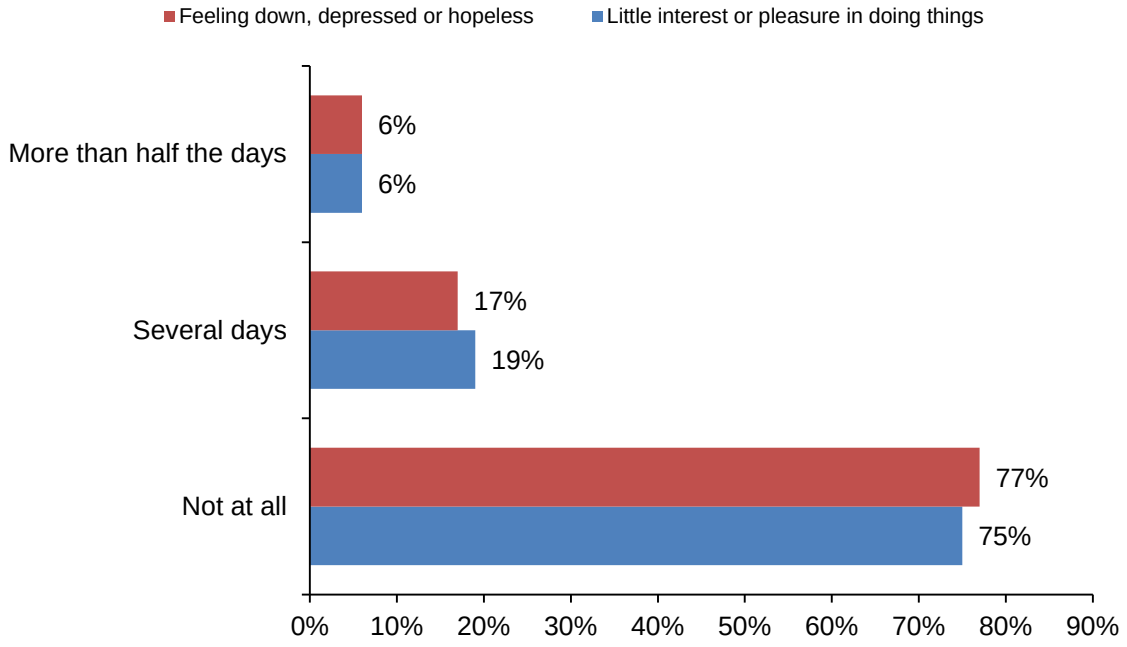
(Community 2 = Cottonwood)



Base: Not at all (n=27), Several days (n=6), More than half the days (n=2), Sample Size = 35

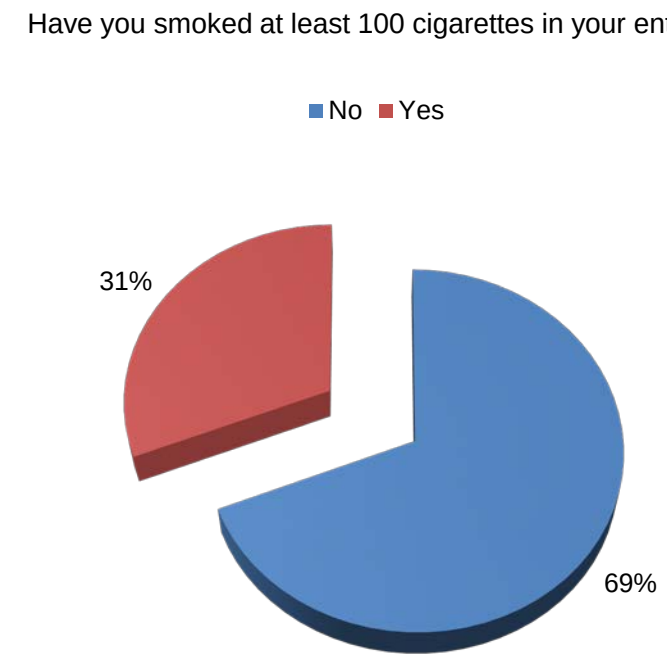
(Community 2 = Cottonwood)

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



Sample Size = Variable

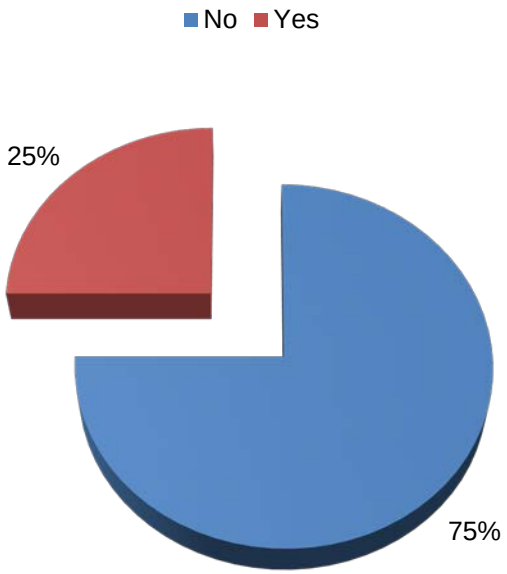
(Community 2 = Cottonwood)



Base: Yes (n=11), No (n=25), Sample Size = 36

(Community 2 = Cottonwood)

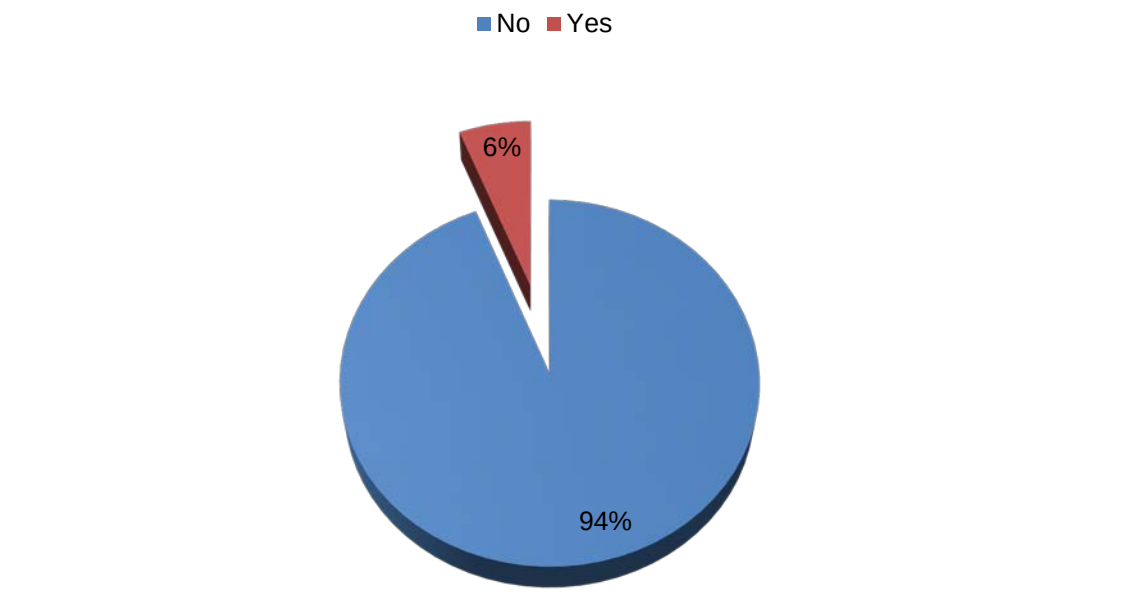
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=9), No (n=27), Sample Size = 36

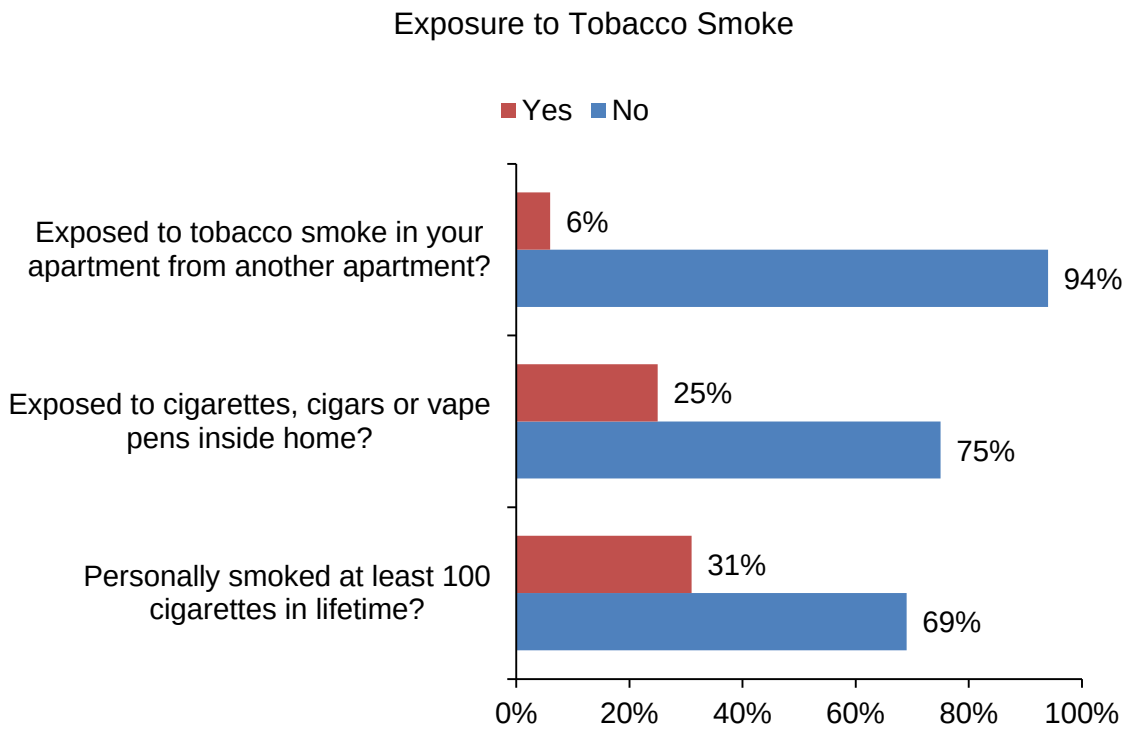
(Community 2 = Cottonwood)

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



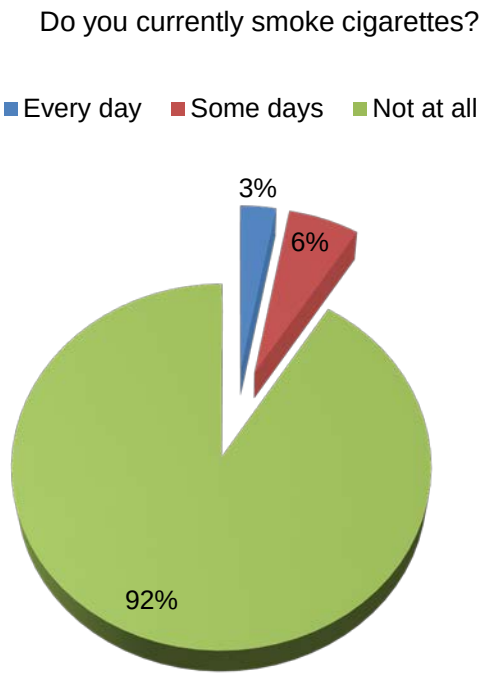
Base: Yes (n=2), No (n=34), Sample Size = 36

(Community 2 = Cottonwood)



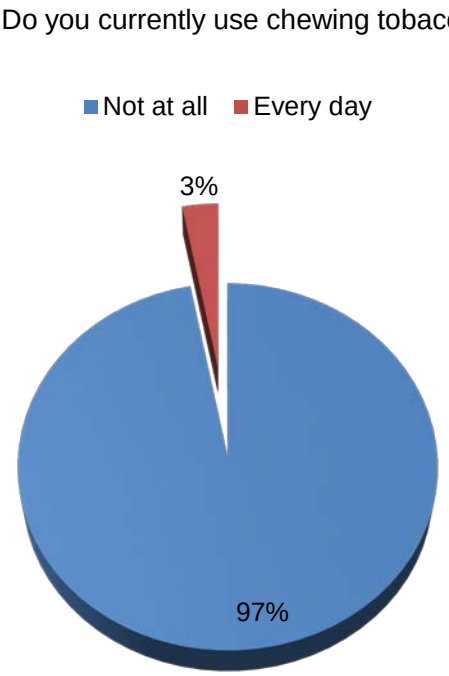
Base: Personally smoked at least 100 cigarettes in lifetime? (n=36), Exposed to cigarettes, cigars or vape pens inside home? (n=36), Exposed to tobacco smoke in your apartment from another apartment? (n=36), Sample Size = 36

(Community 2 = Cottonwood)



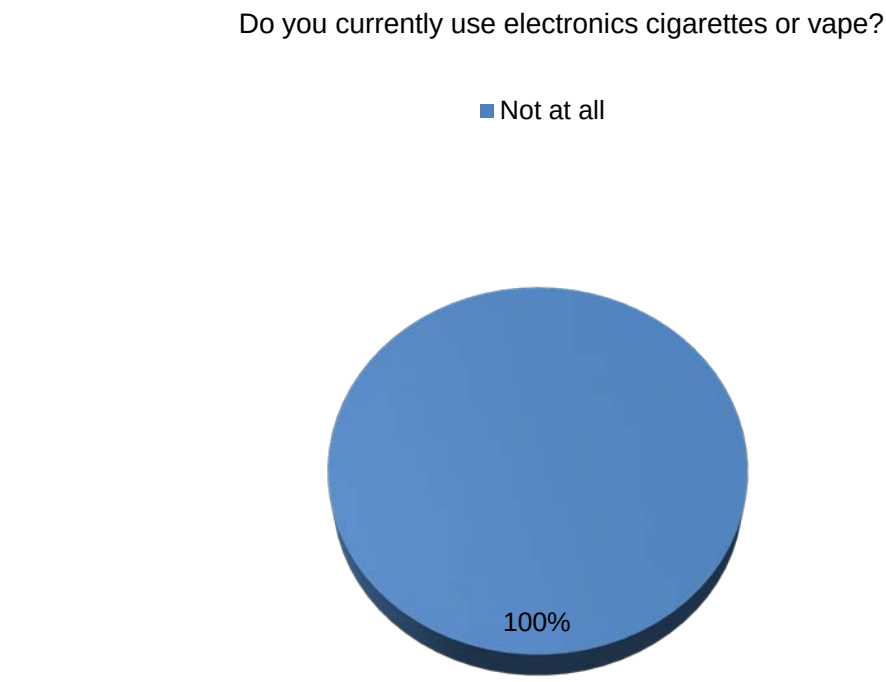
Base: Not at all (n=33), Some days (n=2), Every day (n=1), Sample Size = 36

(Community 2 = Cottonwood)



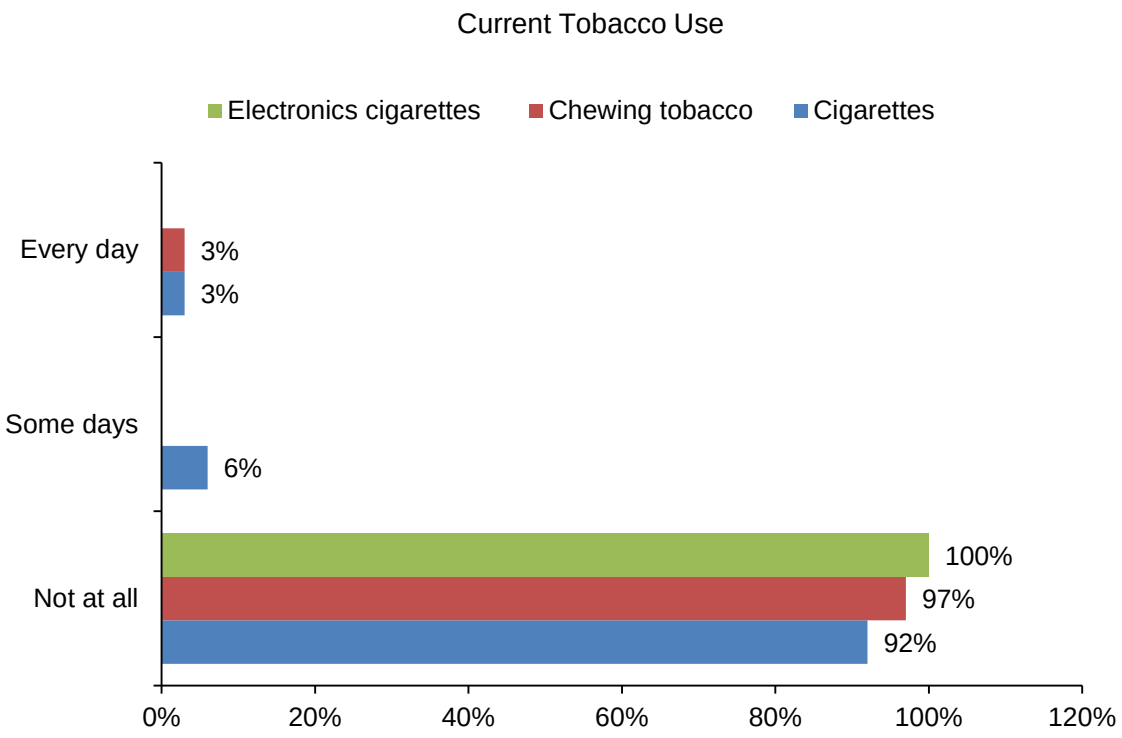
Base: Not at all (n=33), Every day (n=1), Sample Size = 34

(Community 2 = Cottonwood)



Base: Not at all (n=34), Sample Size = 34

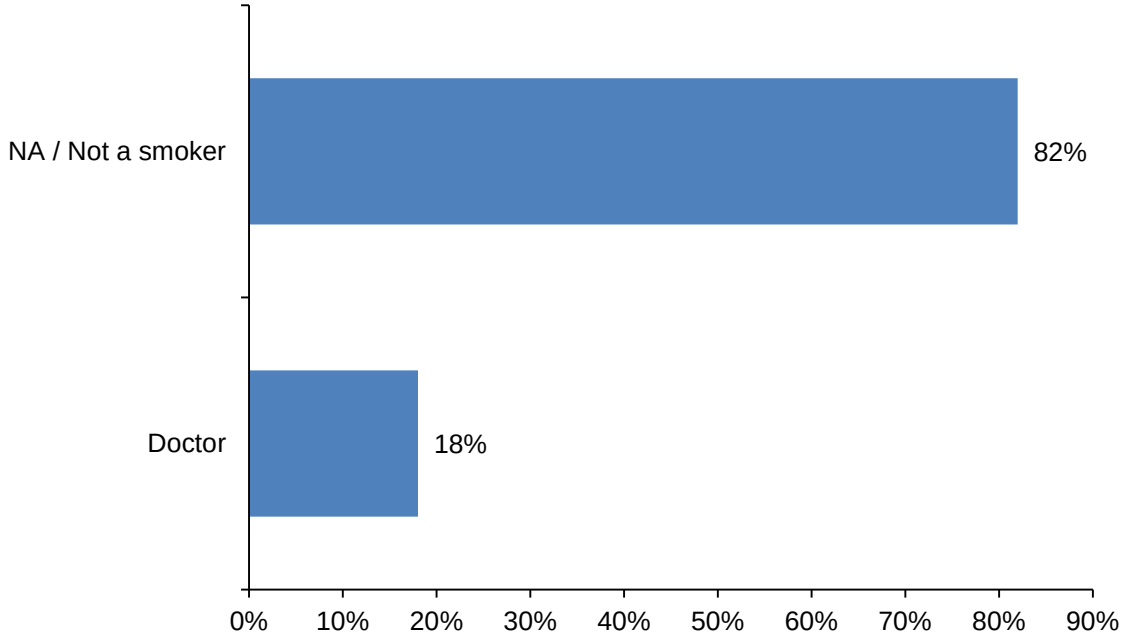
(Community 2 = Cottonwood)



Sample Size = Variable

(Community 2 = Cottonwood)

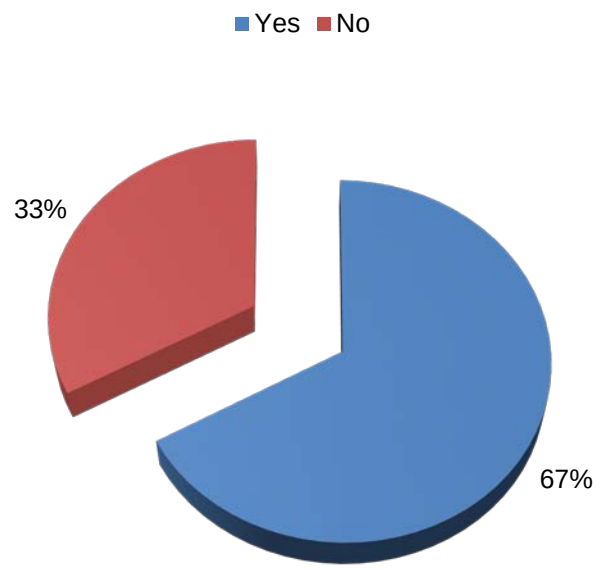
Where would you go for help if you wanted to quit using tobacco products?



Base: NA / Not a smoker (n=27), Doctor (n=6), Sample Size = 33

(Community 2 = Cottonwood)

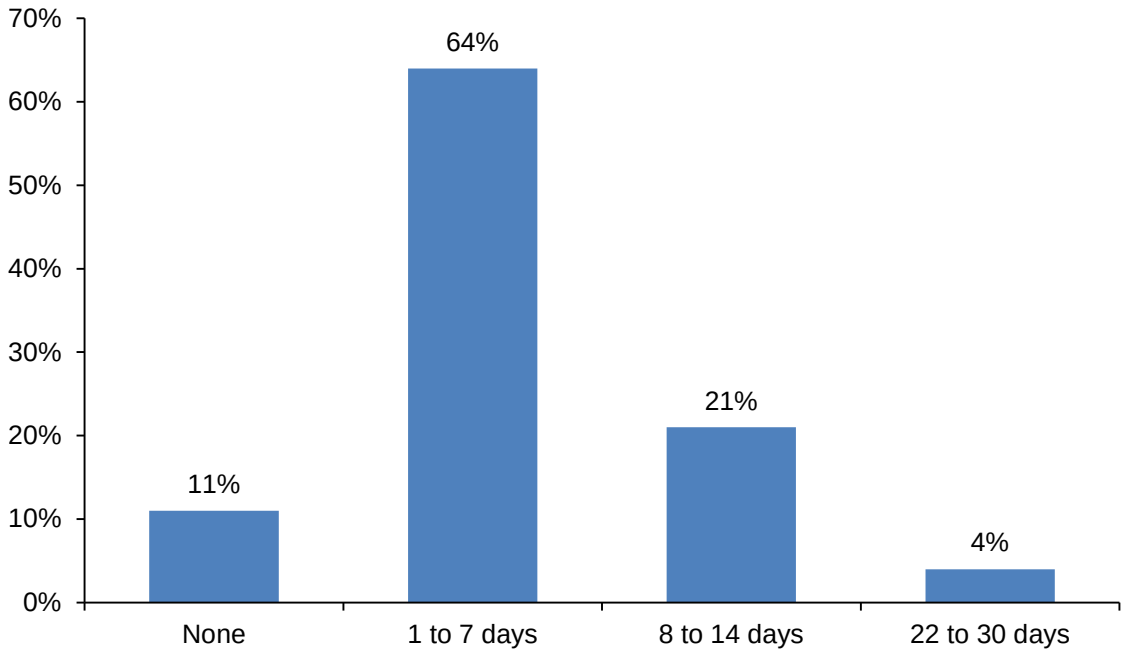
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)



Base: Yes (n=2), No (n=1), Sample Size = 3

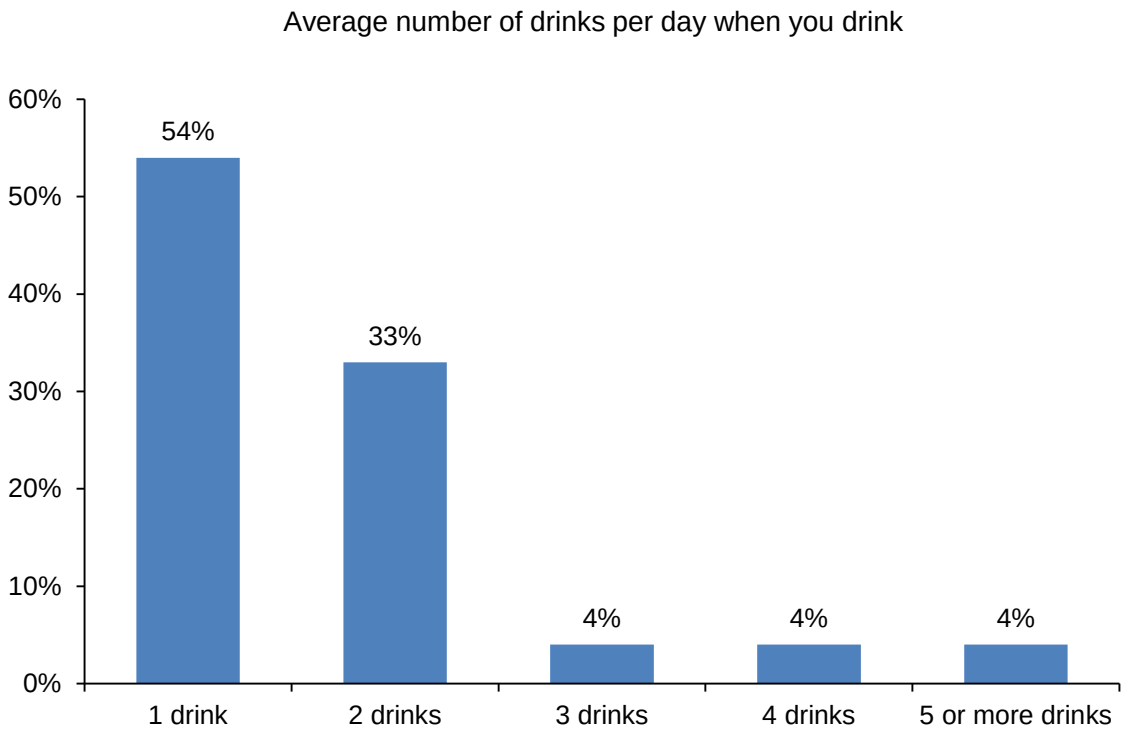
(Community 2 = Cottonwood)

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



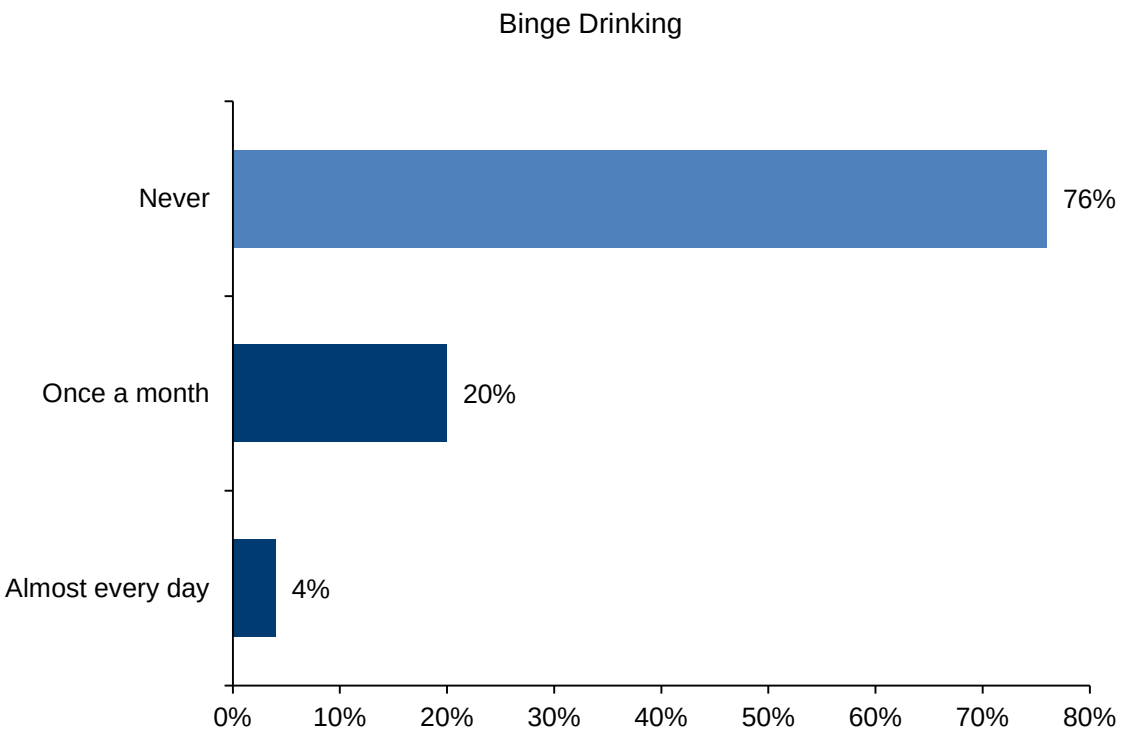
Base: None (n=3), 1 to 7 days (n=18), 8 to 14 days (n=6), 22 to 30 days (n=1), Sample Size = 28

(Community 2 = Cottonwood)



Base: 1 drink (n=13), 2 drinks (n=8), 3 drinks (n=1), 4 drinks (n=1), 5 or more drinks (n=1), Sample Size = 24

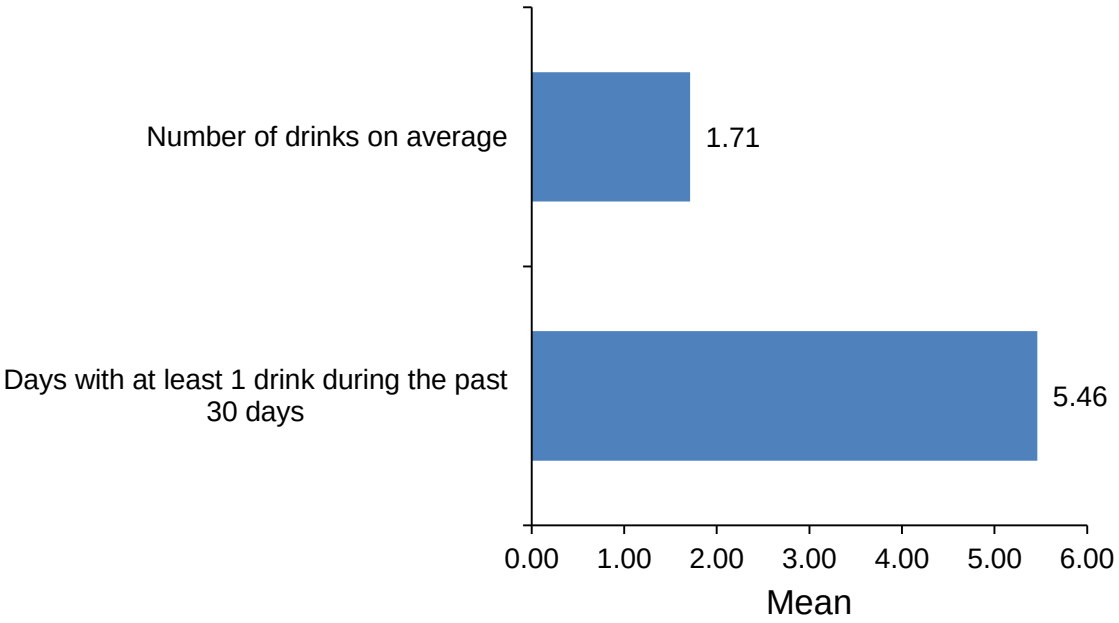
(Community 2 = Cottonwood)



Base: Almost every day (n=1), Once a month (n=5), Never (n=19), Sample Size = 25

(Community 2 = Cottonwood)

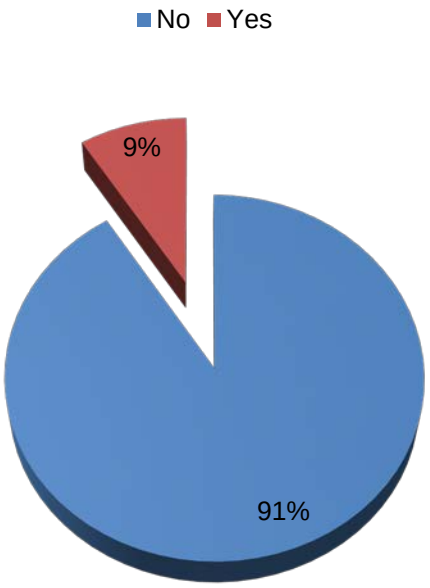
Average Alcohol Use During the Past 30 Days



Base: Days with at least 1 drink during the past 30 days (n=28), Number of drinks on average (n=24), Sample Size = Variable

(Community 2 = Cottonwood)

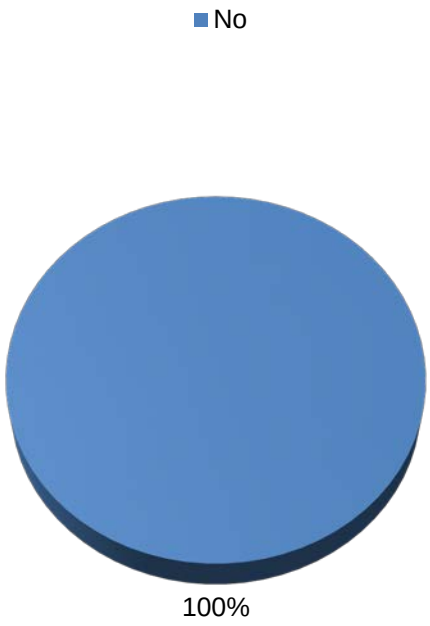
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=3), No (n=32), Sample Size = 35

(Community 2 = Cottonwood)

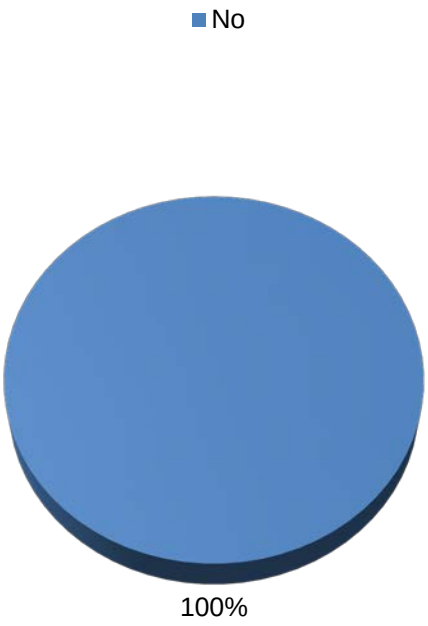
Have you ever wanted help with a prescription or non-prescription drug use?



Base: No (n=35), Sample Size = 35

(Community 2 = Cottonwood)

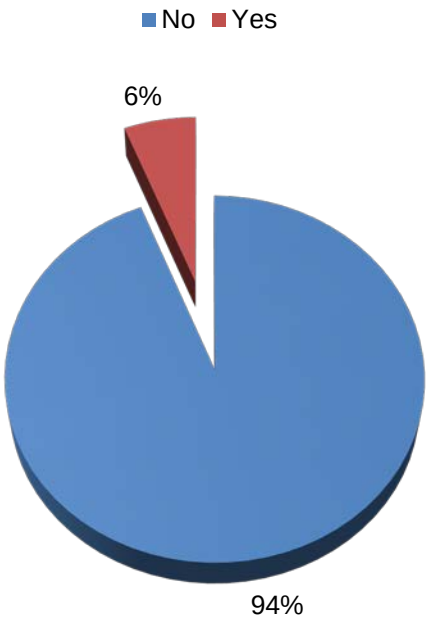
Has a family member or friend ever suggested that you get help for substance use?



Base: No (n=35), Sample Size = 35

(Community 2 = Cottonwood)

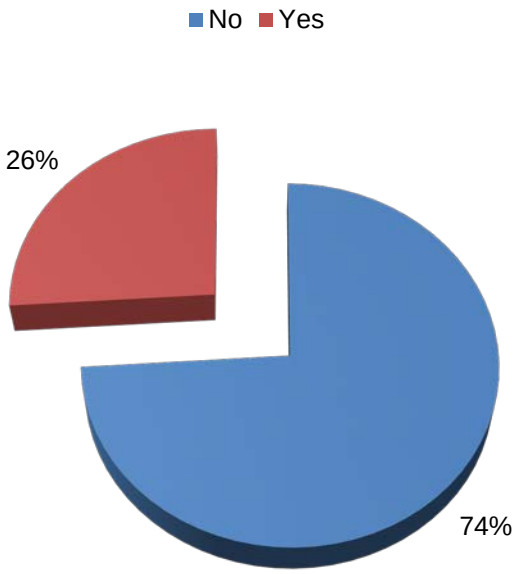
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=2), No (n=33), Sample Size = 35

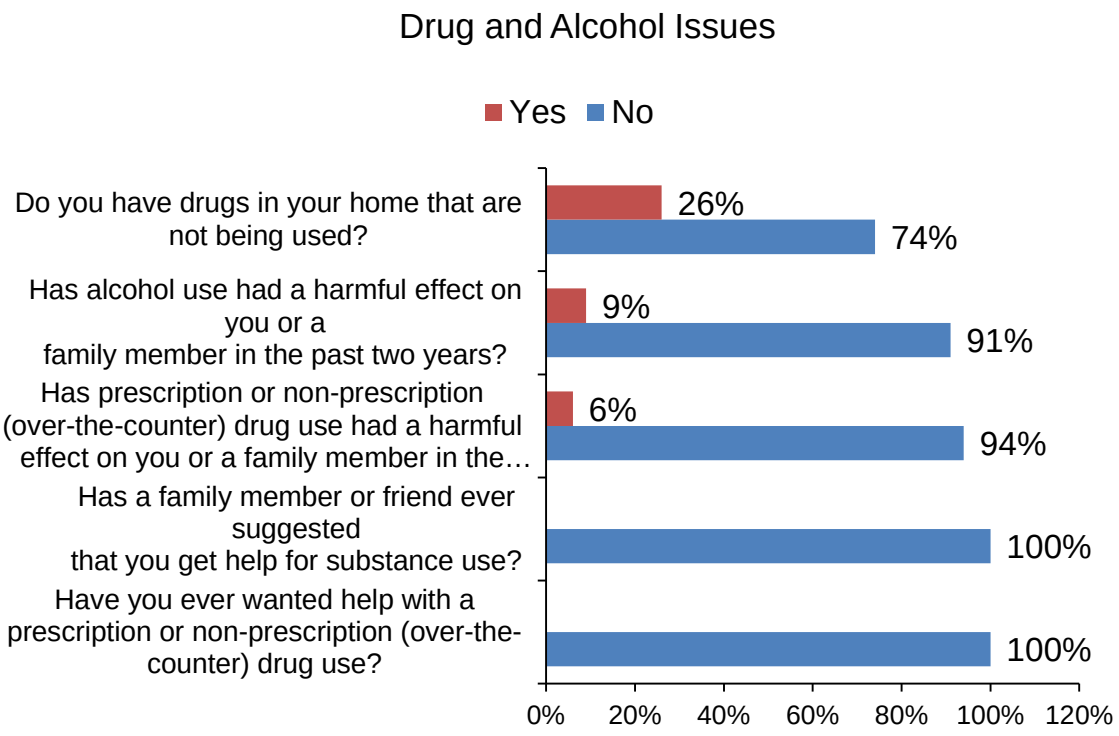
(Community 2 = Cottonwood)

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



Base: Yes (n=9), No (n=26), Sample Size = 35

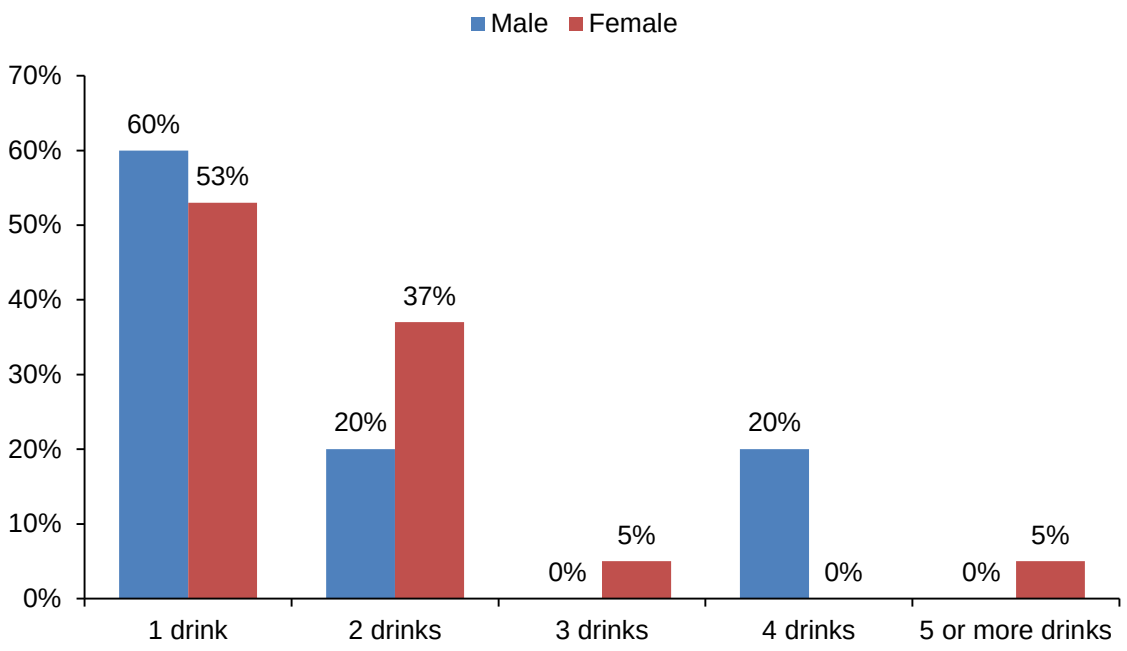
(Community 2 = Cottonwood)



Sample Size = 35

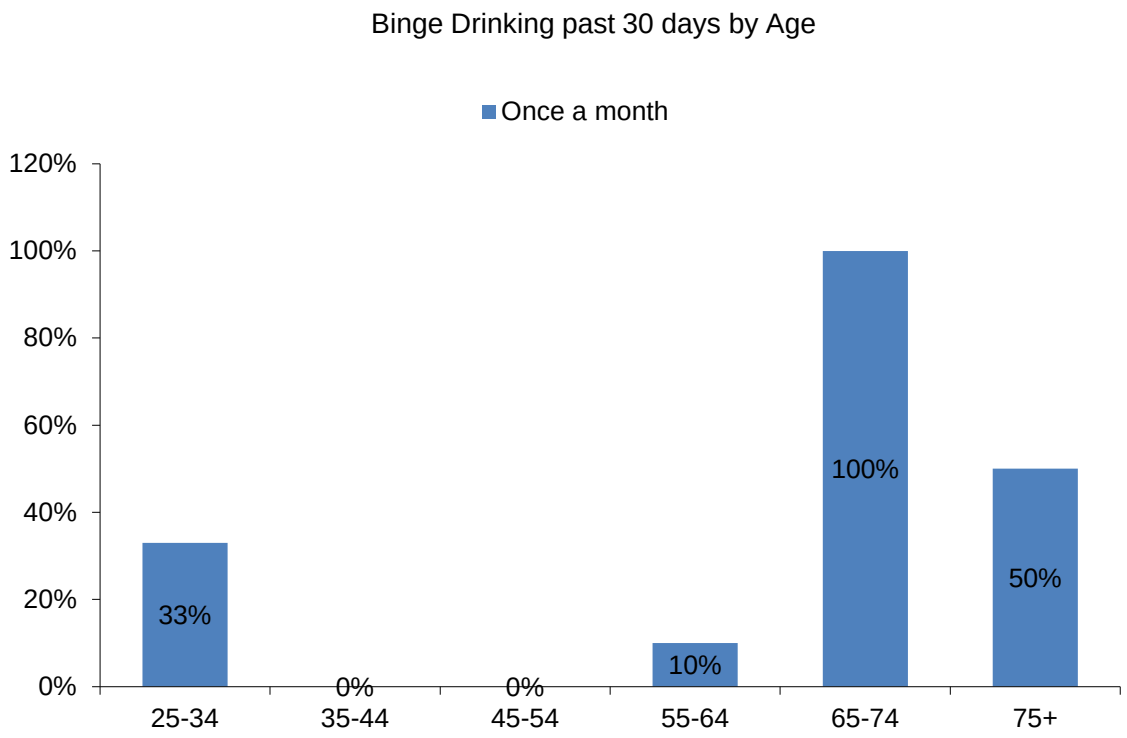
(Community 2 = Cottonwood)

Average number of drinks per day when you drink by gender



Base: 1 drink (n=13), 2 drinks (n=8), 3 drinks (n=1), 4 drinks (n=1), 5 or more drinks (n=1), Sample Size = 24

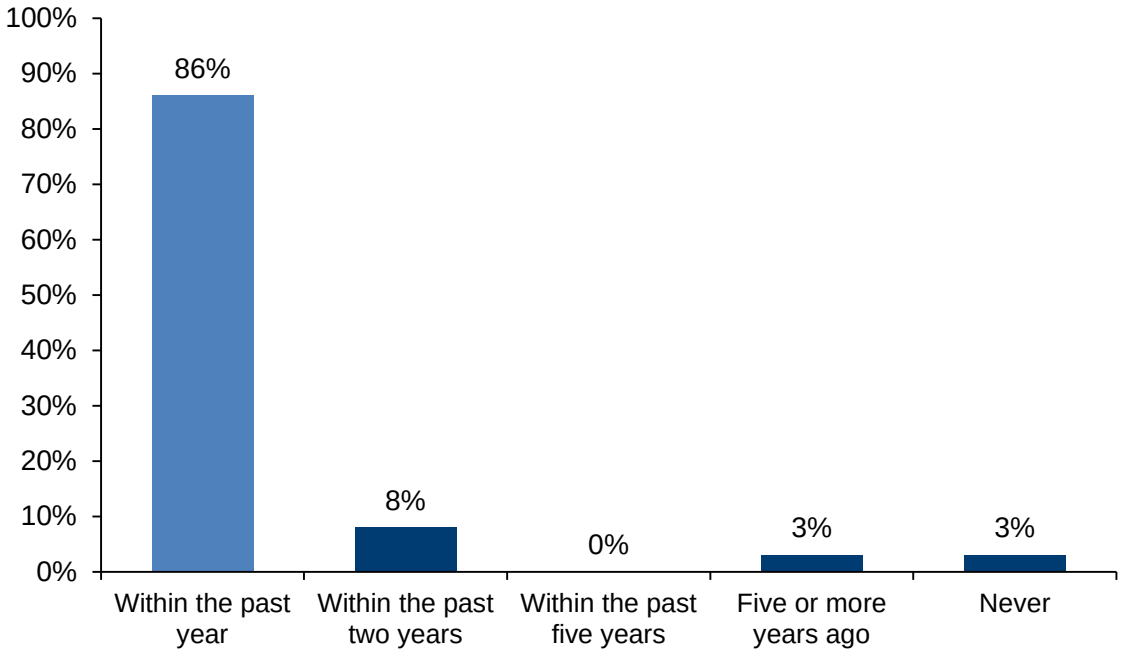
(Community 2 = Cottonwood)



Base: 25-34 (n=6), 35-44 (n=1), 45-54 (n=4), 55-64 (n=10), 65-74 (n=1), 75+ (n=2), Sample Size = 24

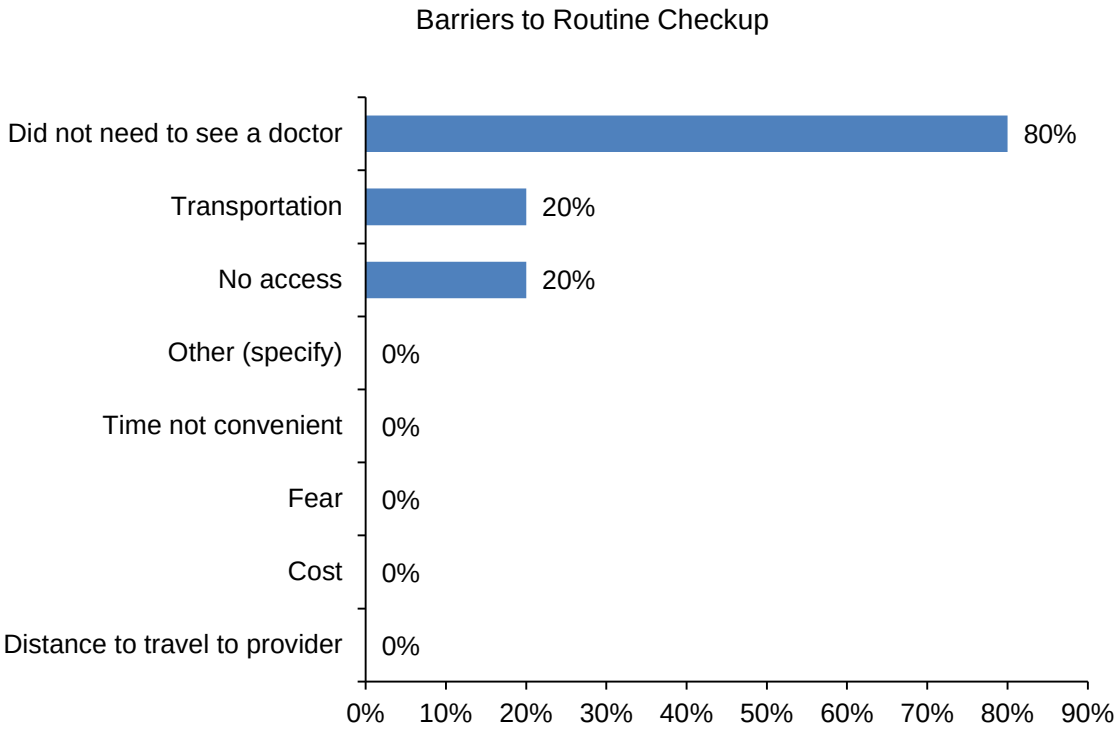
(Community 2 = Cottonwood)

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=31), Within the past two years (n=3), Within the past five years (n=0), Five or more years ago (n=1), Never (n=1), Sample Size = 36

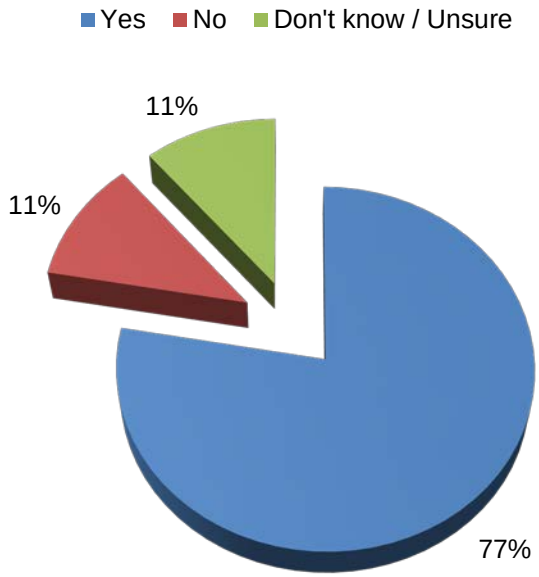
(Community 2 = Cottonwood)



Base: No access (n=1), Distance to travel to provider (n=0), Cost (n=0), Fear (n=0), Transportation (n=1), Time not convenient (n=0), Did not need to see a doctor (n=4), Other (specify) (n=0), Sample Size = 5

(Community 2 = Cottonwood)

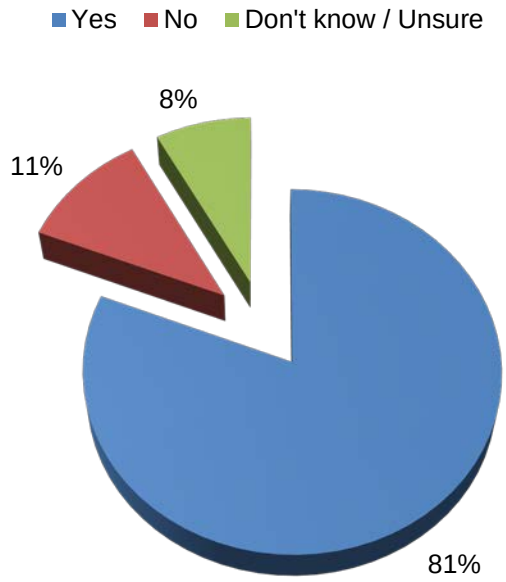
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?



Base: Yes (n=27), No (n=4), Don't know / Unsure (n=4), Sample Size = 35

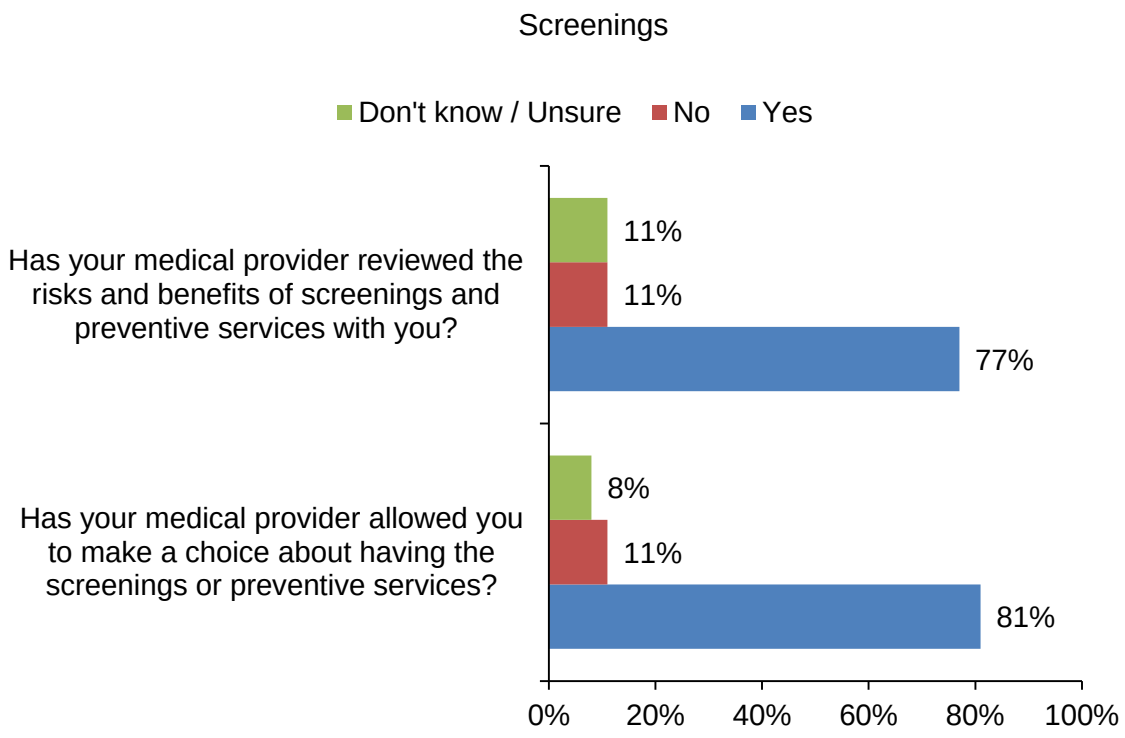
(Community 2 = Cottonwood)

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



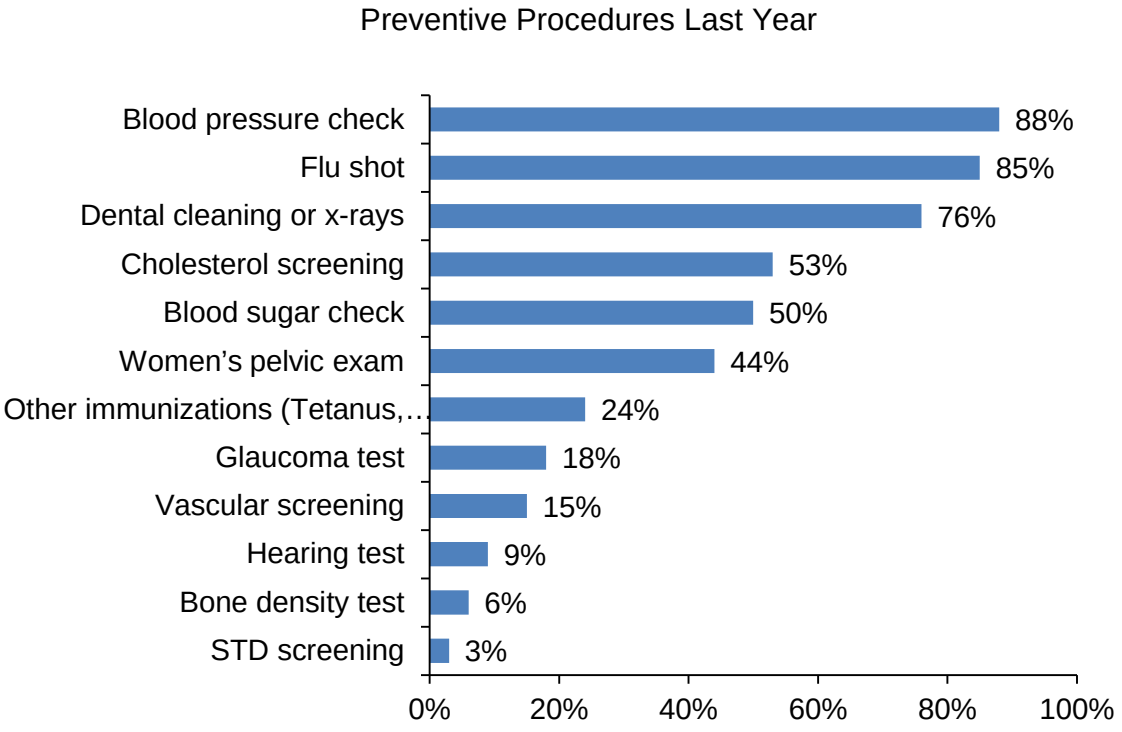
Base: Yes (n=29), No (n=4), Don't know / Unsure (n=3), Sample Size = 36

(Community 2 = Cottonwood)



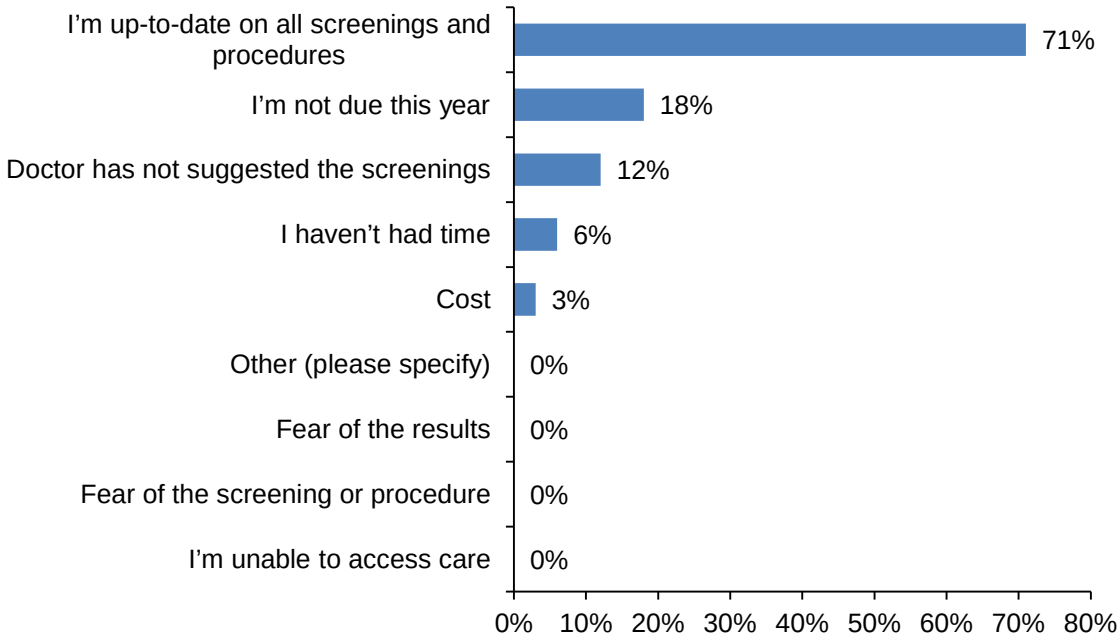
Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=36), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=35), Sample Size = Variable

(Community 2 = Cottonwood)



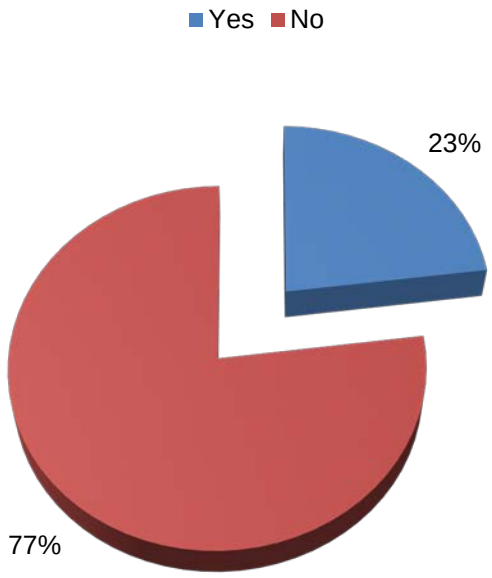
Base: Blood pressure check (n=30), Blood sugar check (n=17), Bone density test (n=2), Cholesterol screening (n=18), Dental cleaning or x-rays (n=26), Flu shot (n=29), Other immunizations (Tetanus, Hepatitis A or B) (n=8), Glaucoma test (n=6), Hearing test (n=3), Women's pelvic exam (n=15), STD screening (n=1), Vascular screening (n=5), Sample Size = 34
(Community 2 = Cottonwood)

Barriers for Preventive Procedures



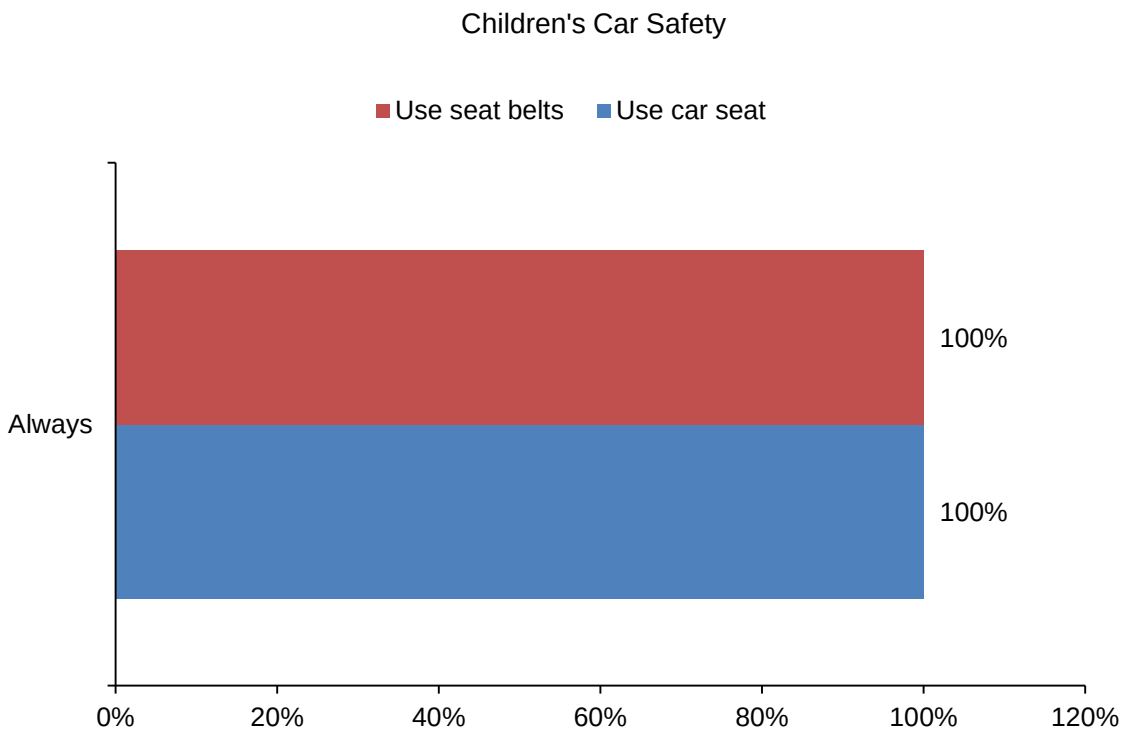
Base: I'm up-to-date on all screenings and procedures (n=24), Doctor has not suggested the screenings (n=4), Cost (n=1), I'm unable to access care (n=0), Fear of the screening or procedure (n=0), Fear of the results (n=0), I'm not due this year (n=6), I haven't had time (n=2), Other (please specify) (n=0), Sample Size = 34
(Community 2 = Cottonwood)

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



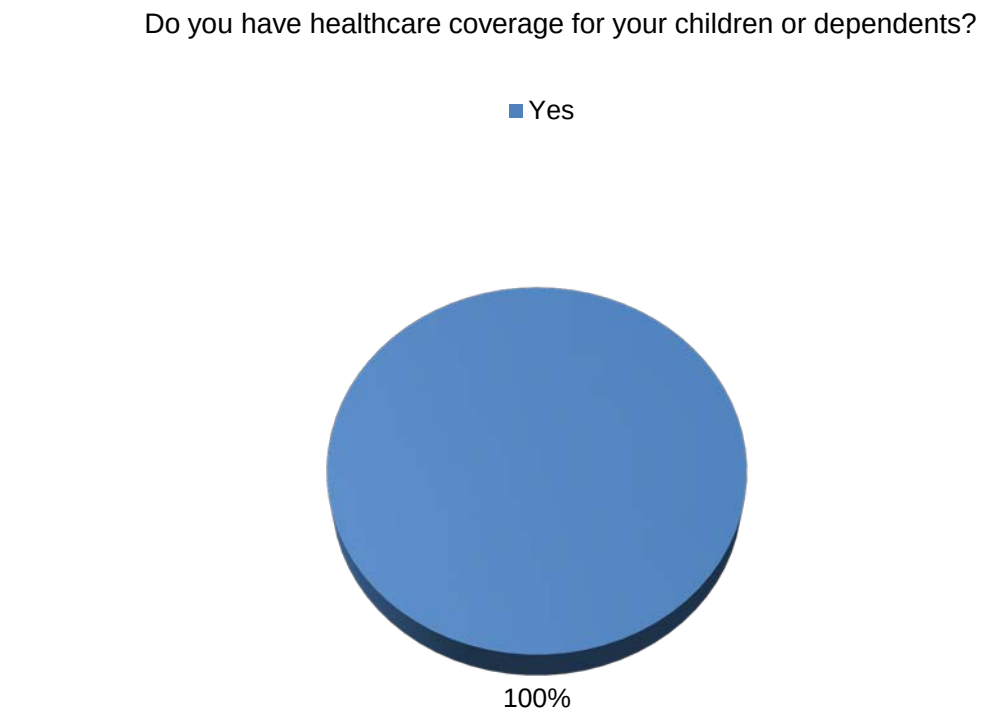
Base: Yes (n=8), No (n=27), Sample Size = 35

(Community 2 = Cottonwood)



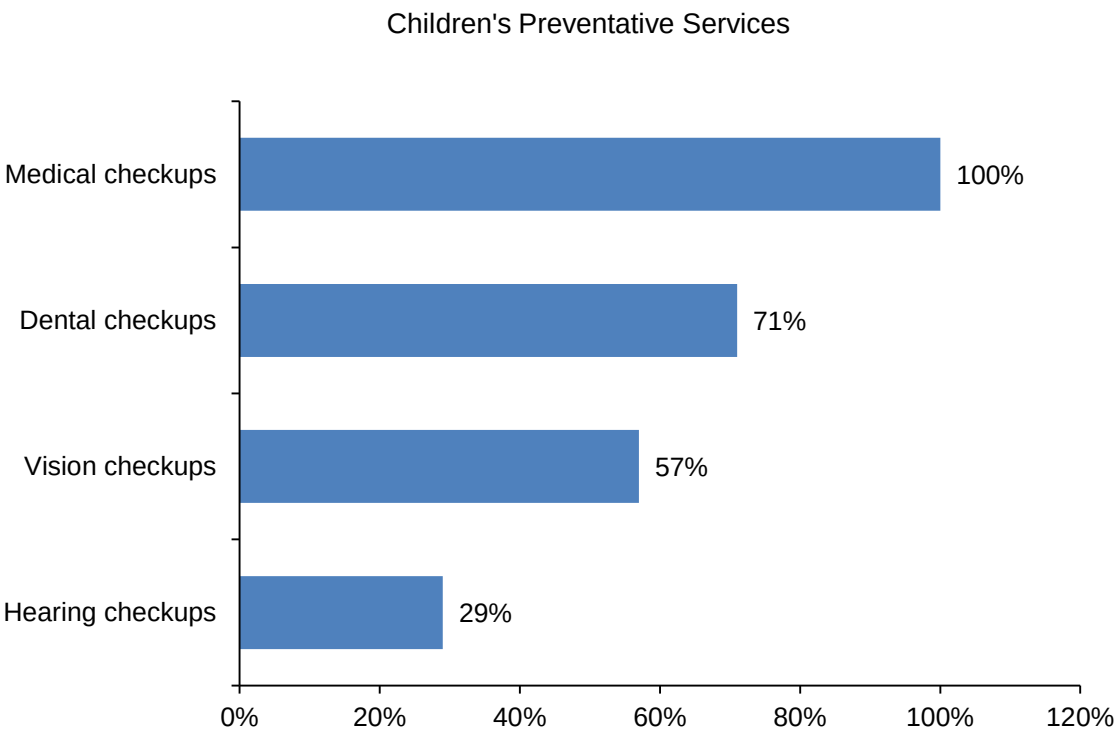
Sample Size = Variable

(Community 2 = Cottonwood)



Base: Yes (n=7), Sample Size = 7

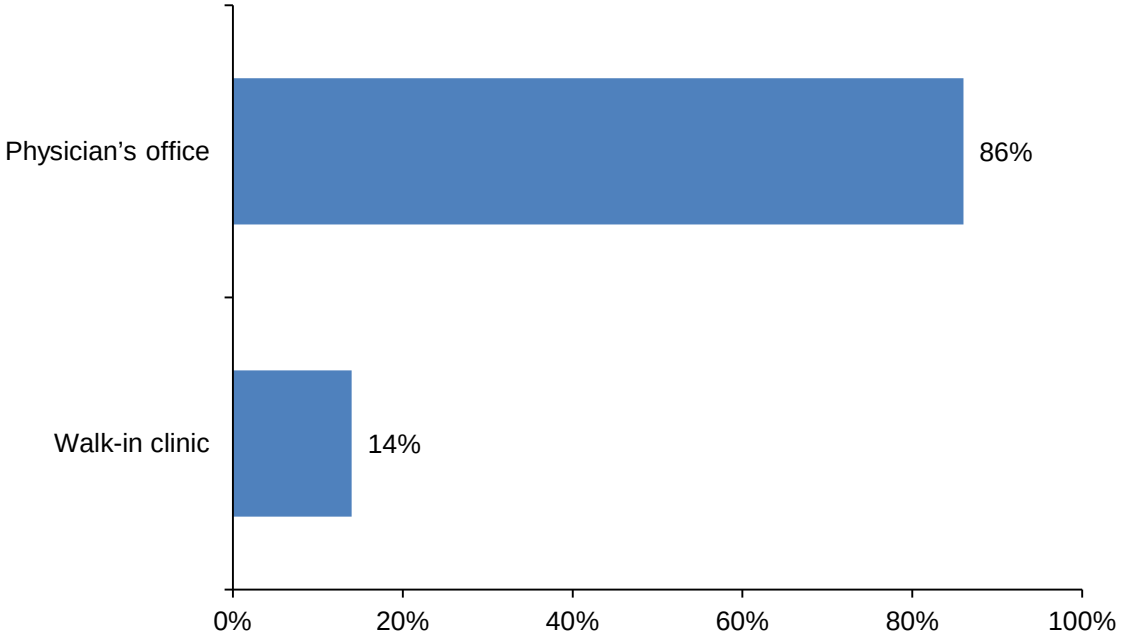
(Community 2 = Cottonwood)



Base: Dental checkups (n=5), Vision checkups (n=4), Hearing checkups (n=2), Medical checkups (n=7), Sample Size = 7

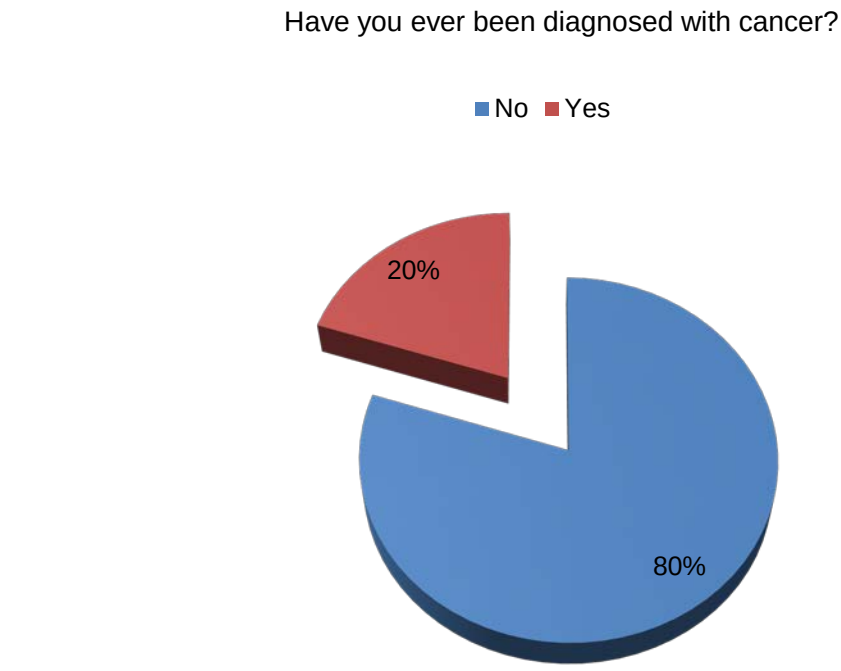
(Community 2 = Cottonwood)

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



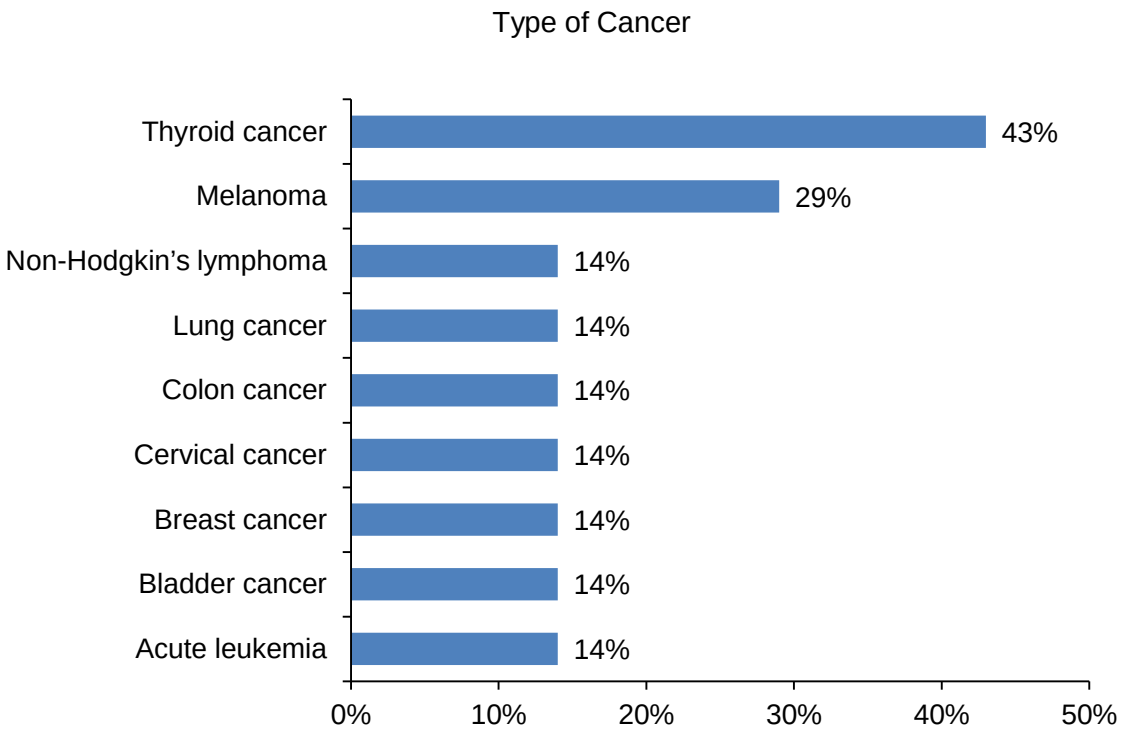
Base: Physician's office (n=6), Walk-in clinic (n=1), Sample Size = 7

(Community 2 = Cottonwood)



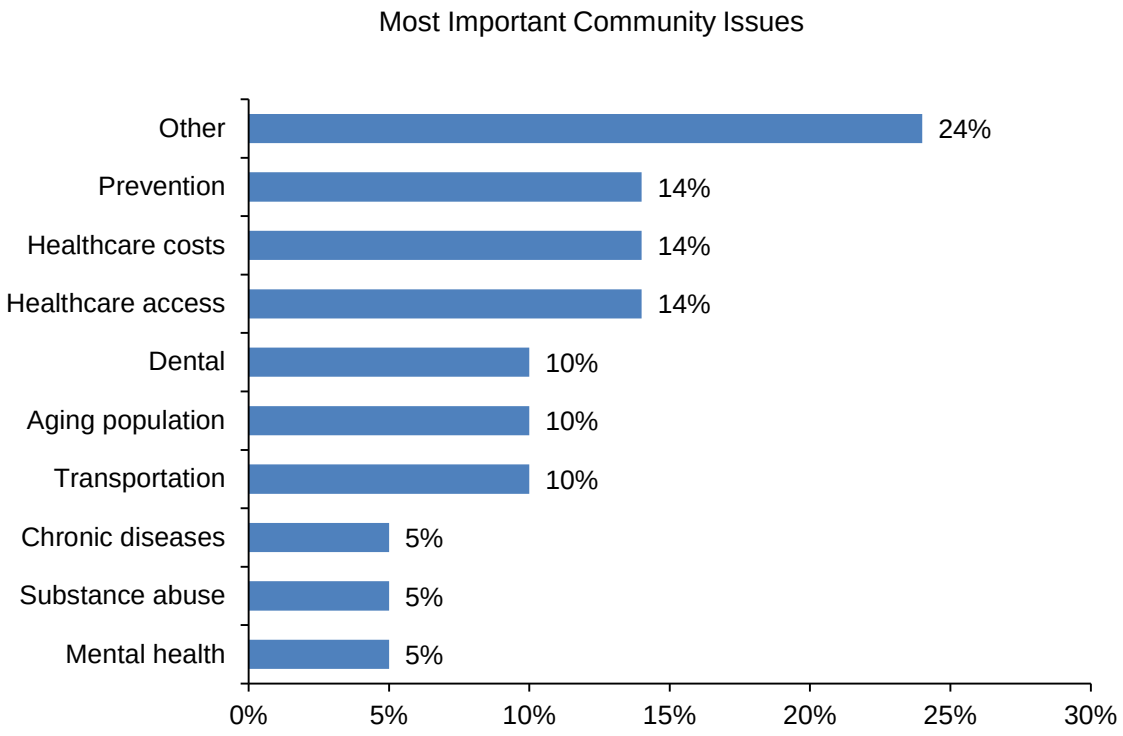
Base: Yes (n=7), No (n=28), Sample Size = 35

(Community 2 = Cottonwood)



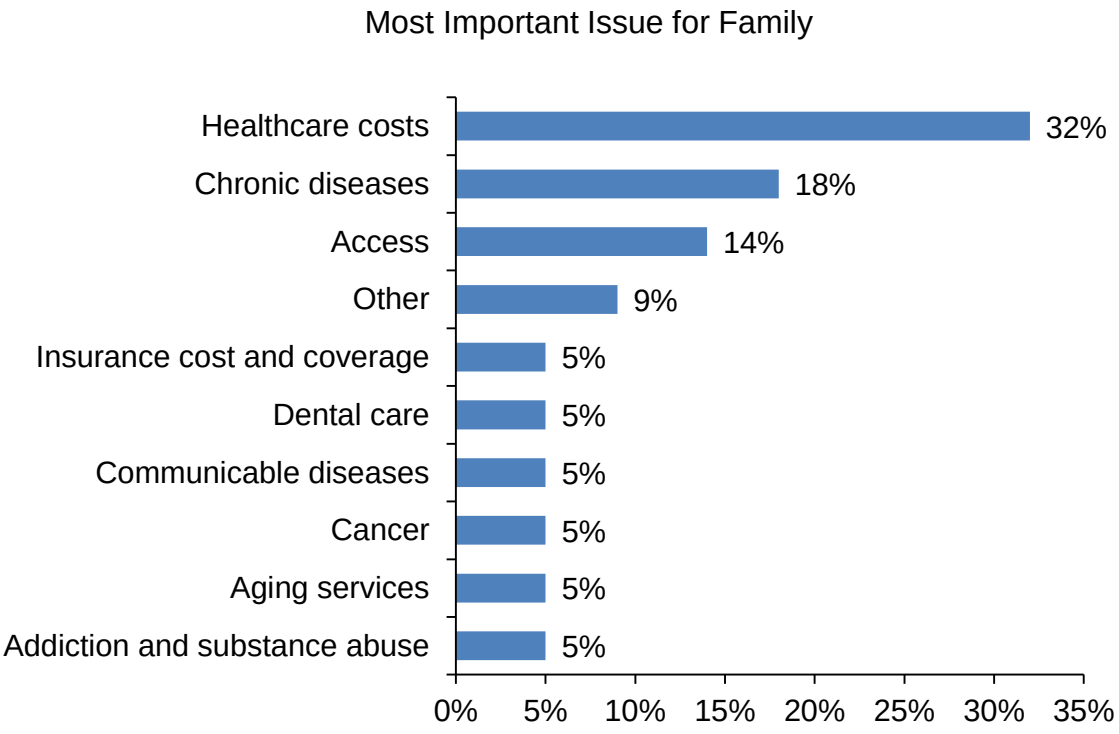
Base: Acute leukemia (n=1), Bladder cancer (n=1), Breast cancer (n=1), Cervical cancer (n=1), Colon cancer (n=1), Lung cancer (n=1), Melanoma (n=2), Non-Hodgkin's lymphoma (n=1), Thyroid cancer (n=3), Sample Size = 7

(Community 2 = Cottonwood)



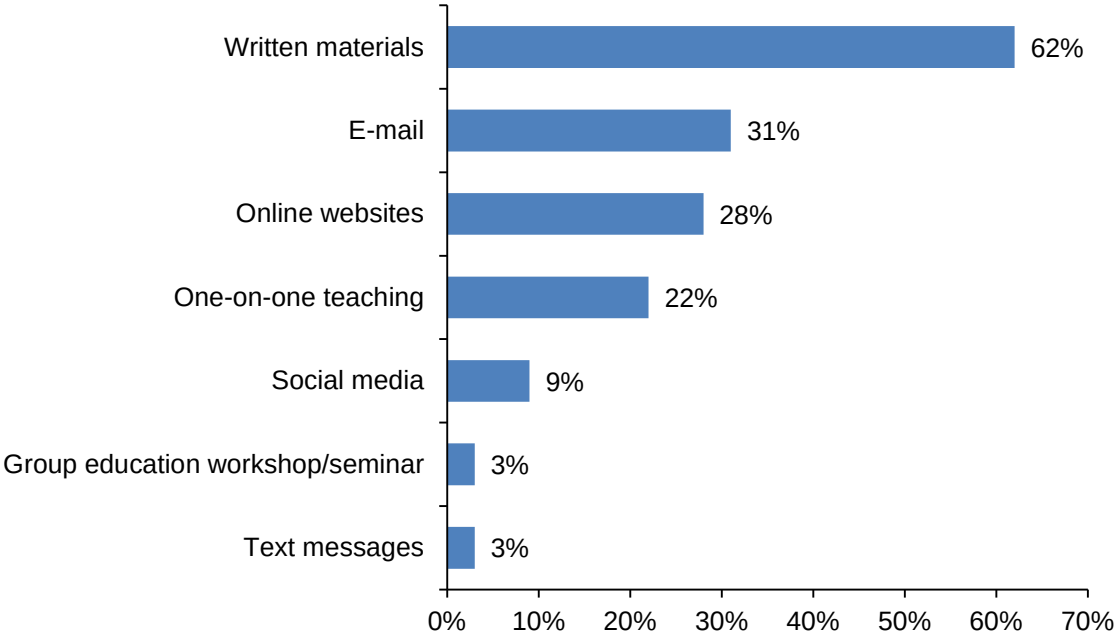
Base: Transportation (n=2), Aging population (n=2), Healthcare access (n=3), Mental health (n=1), Substance abuse (n=1), Chronic diseases (n=1), Healthcare costs (n=3), Dental (n=2), Prevention (n=3), Other (n=5), Sample Size = 24

(Community 2 = Cottonwood)



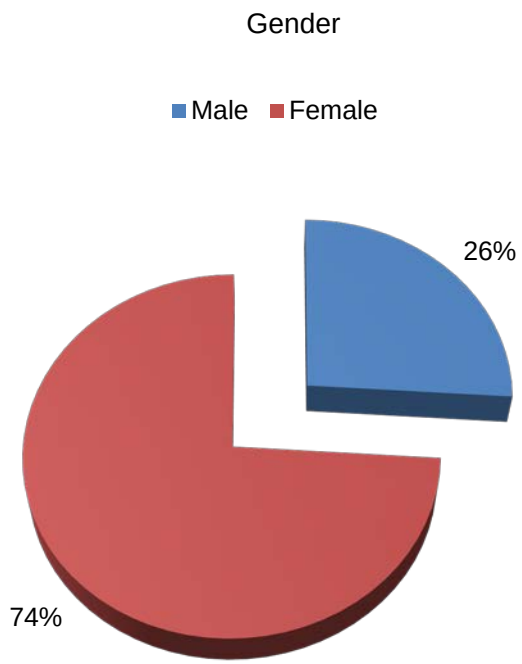
Base: Access (n=3), Addiction and substance abuse (n=1), Aging services (n=1), Cancer (n=1), Chronic diseases (n=4), Communicable diseases (n=1), Healthcare costs (n=7), Dental care (n=1), Insurance cost and coverage (n=1), Other (n=2), Sample Size = 27
(Community 2 = Cottonwood)

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



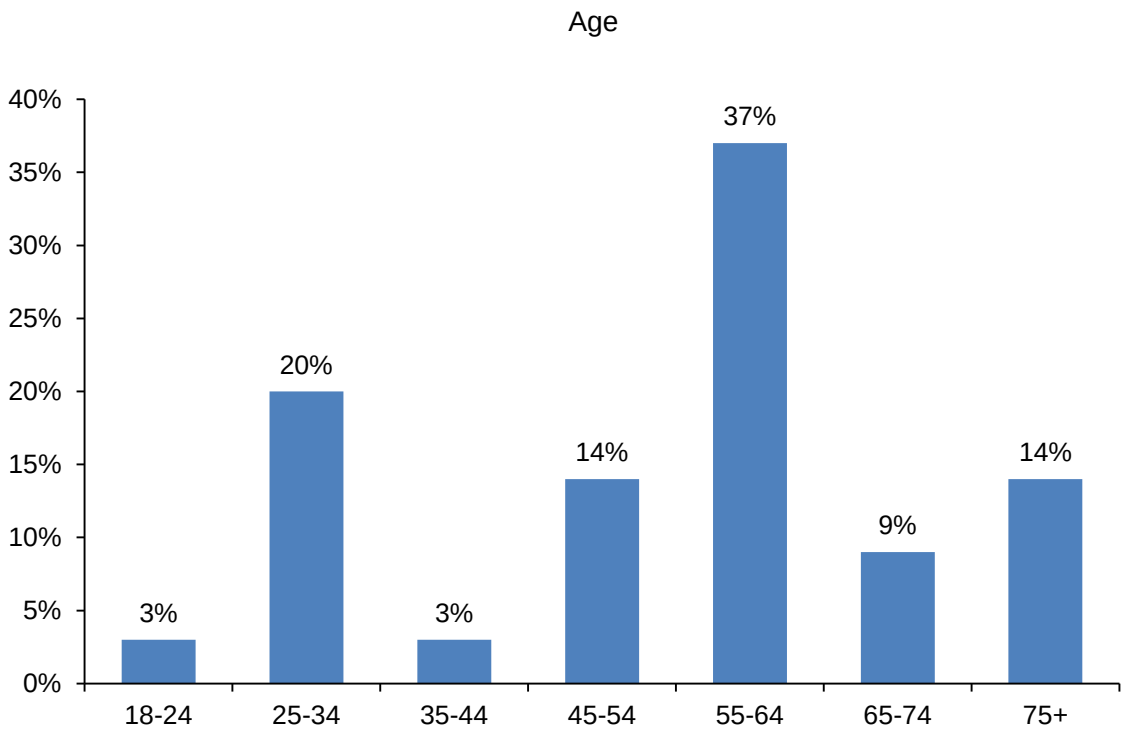
Base: Written materials (n=20), Social media (n=3), Text messages (n=1), One-on-one teaching (n=7), E-mail (n=10), Group education workshop/seminar (n=1), Online websites (n=9), Sample Size = 32

(Community 2 = Cottonwood)



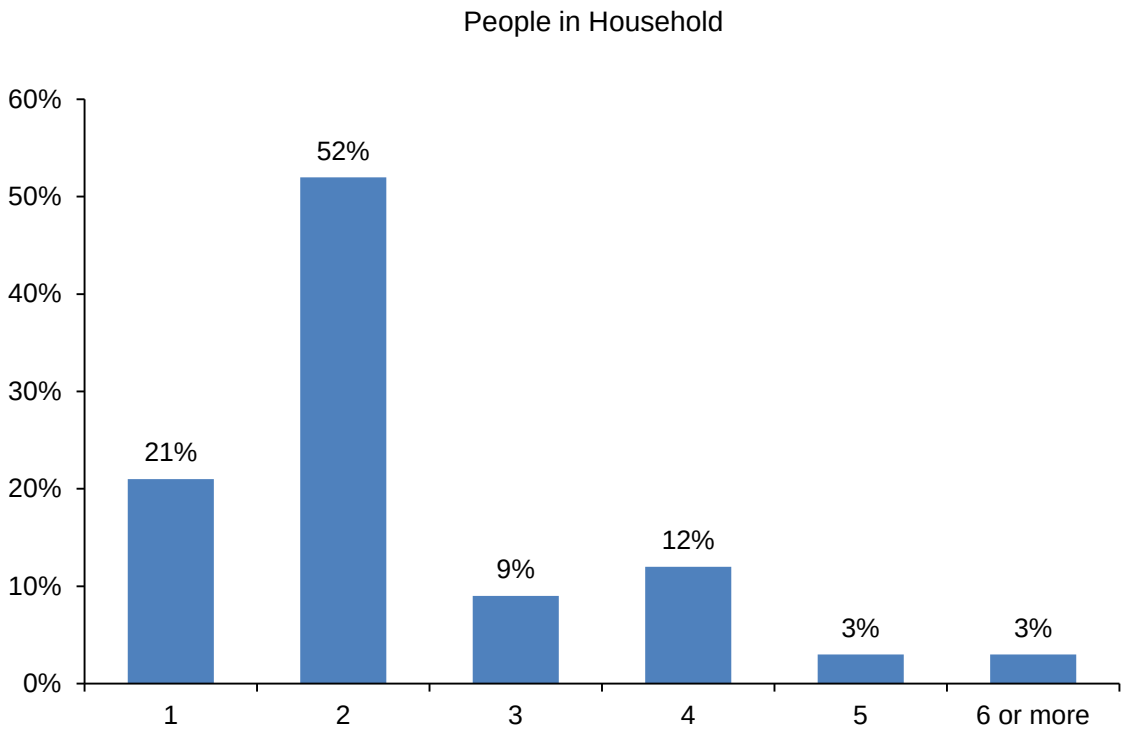
Base: Male (n=9), Female (n=26), Sample Size = 35

(Community 2 = Cottonwood)



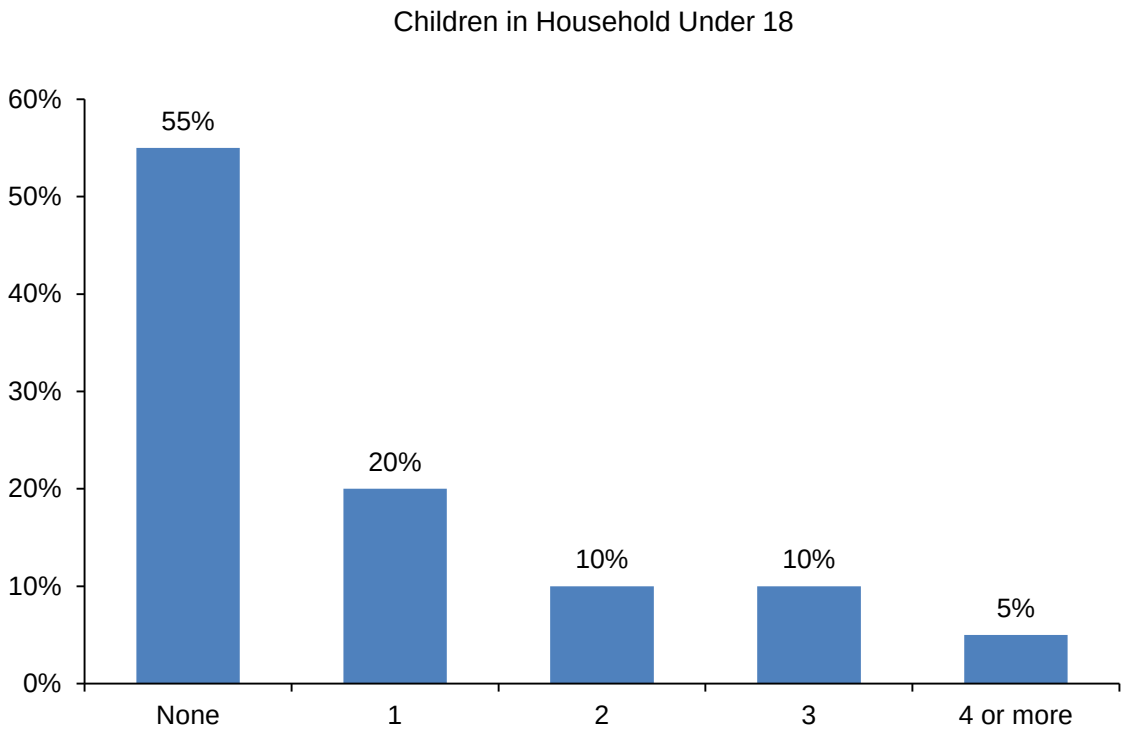
Base: 18-24 (n=1), 25-34 (n=7), 35-44 (n=1), 45-54 (n=5), 55-64 (n=13), 65-74 (n=3), 75+ (n=5), Sample Size = 35

(Community 2 = Cottonwood)



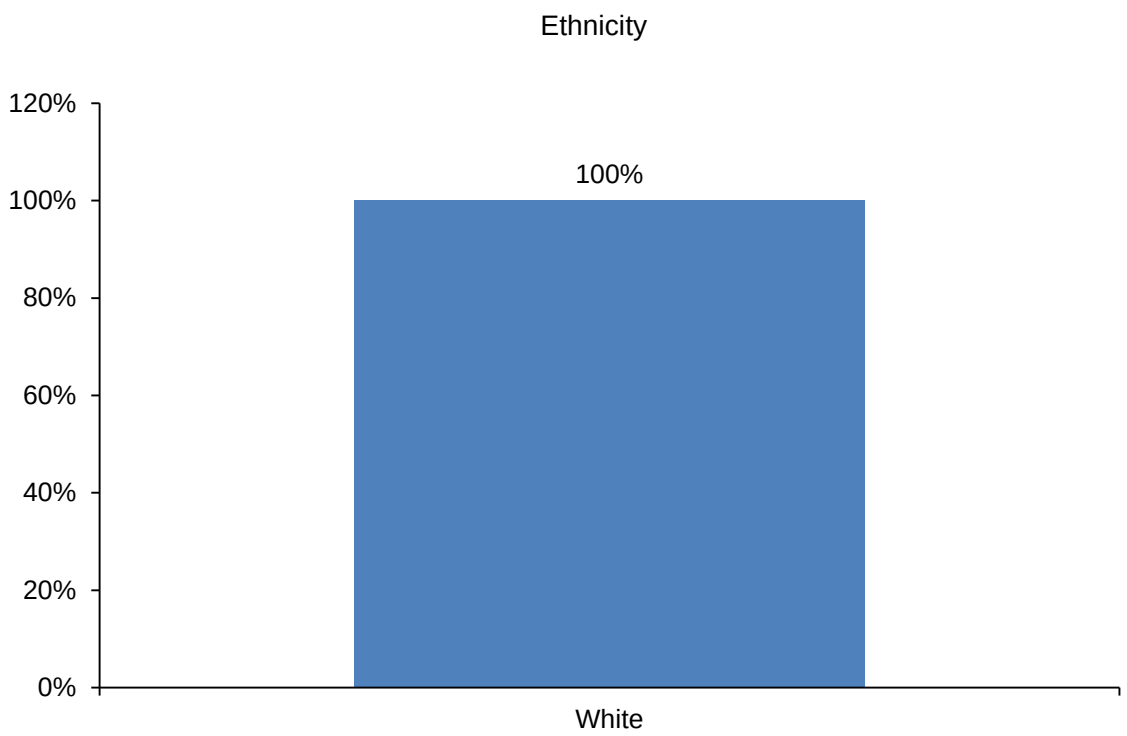
Base: 1 (n=7), 2 (n=17), 3 (n=3), 4 (n=4), 5 (n=1), 6 or more (n=1), Sample Size = 33

(Community 2 = Cottonwood)



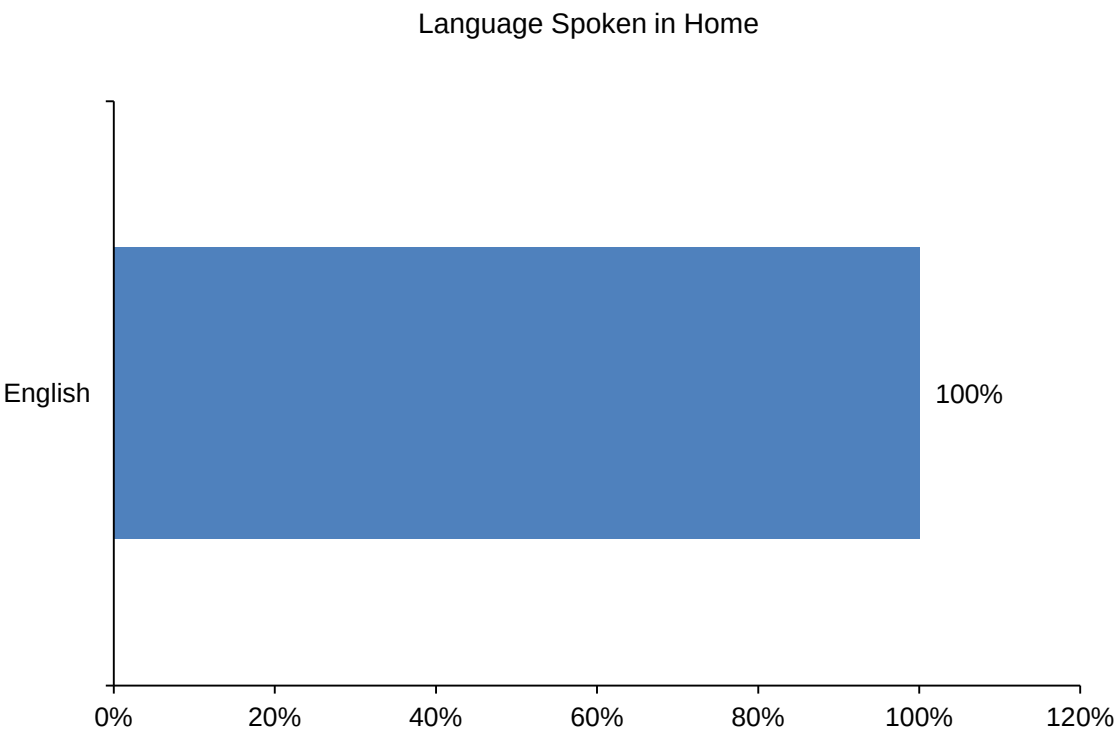
Base: None (n=11), 1 (n=4), 2 (n=2), 3 (n=2), 4 or more (n=1), Sample Size = 20

(Community 2 = Cottonwood)



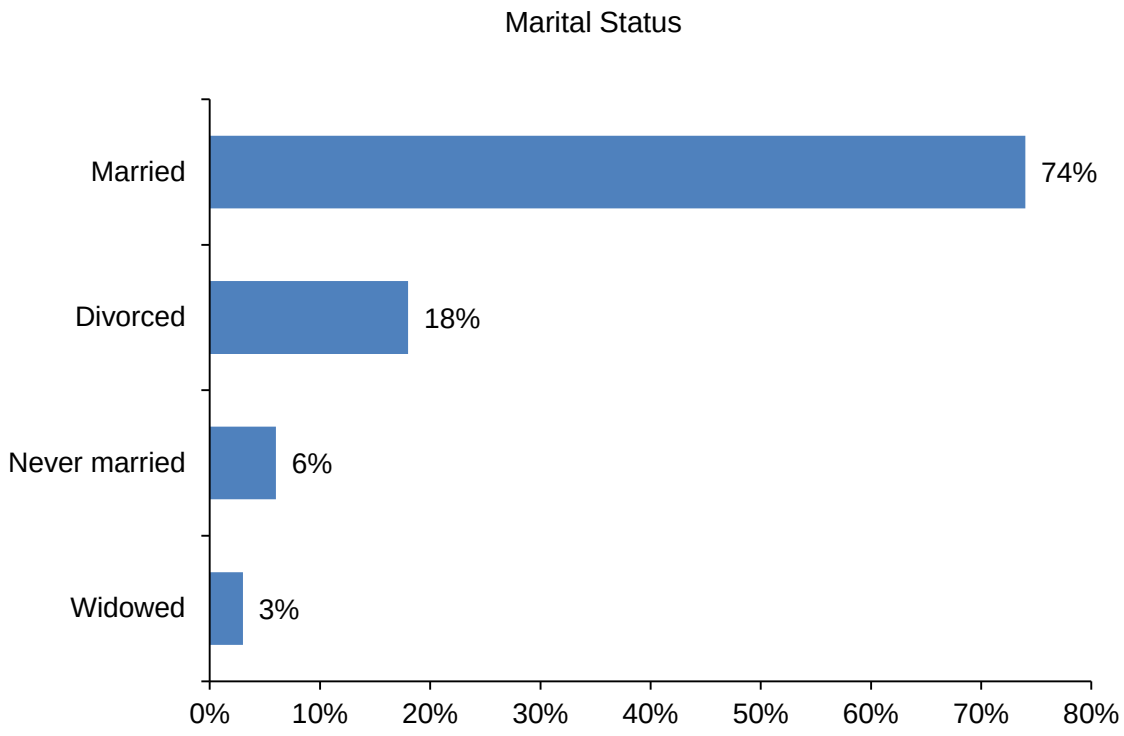
Base: White (n=35), Sample Size = 35

(Community 2 = Cottonwood)



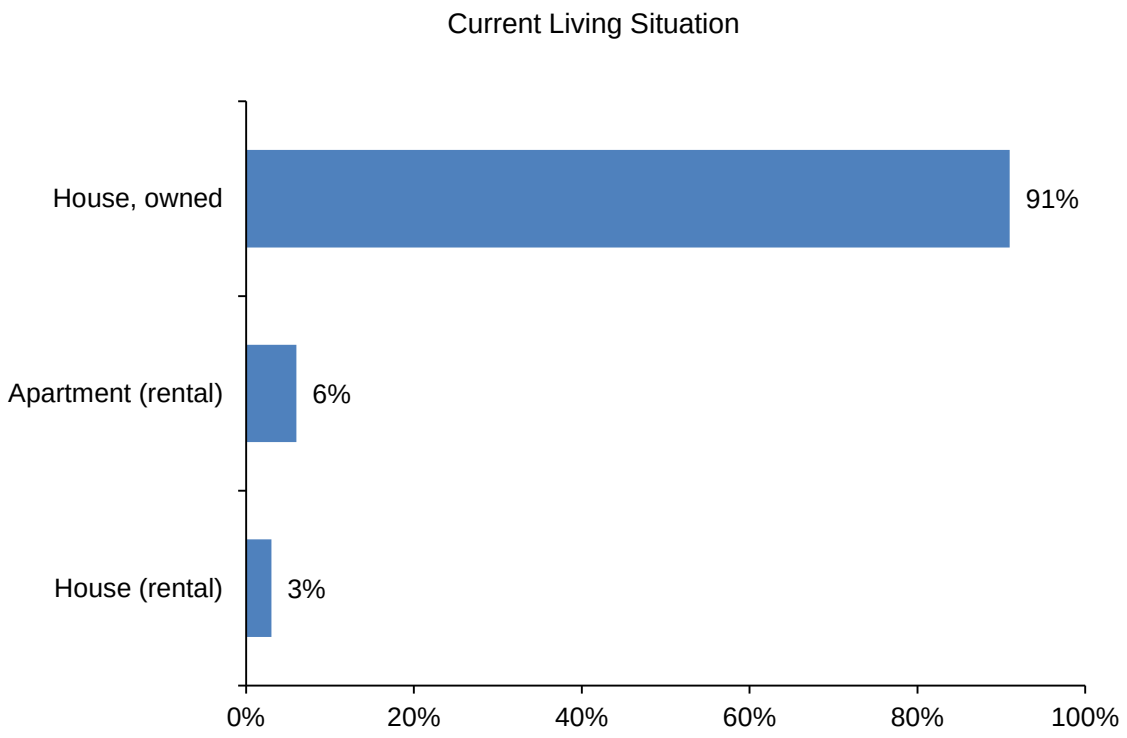
Base: English (n=34), Sample Size = 34

(Community 2 = Cottonwood)



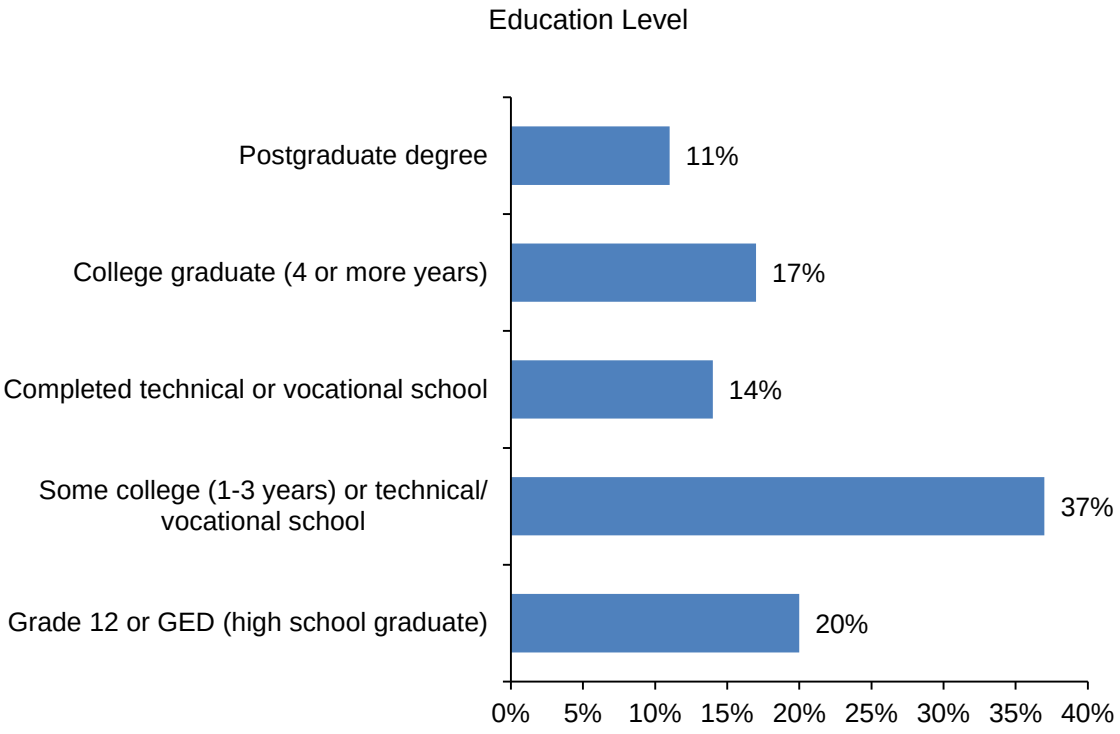
Base: Never married (n=2), Married (n=25), Divorced (n=6), Widowed (n=1), Sample Size = 34

(Community 2 = Cottonwood)



Base: House, owned (n=31), House (rental) (n=1), Apartment (rental) (n=2), Sample Size = 34

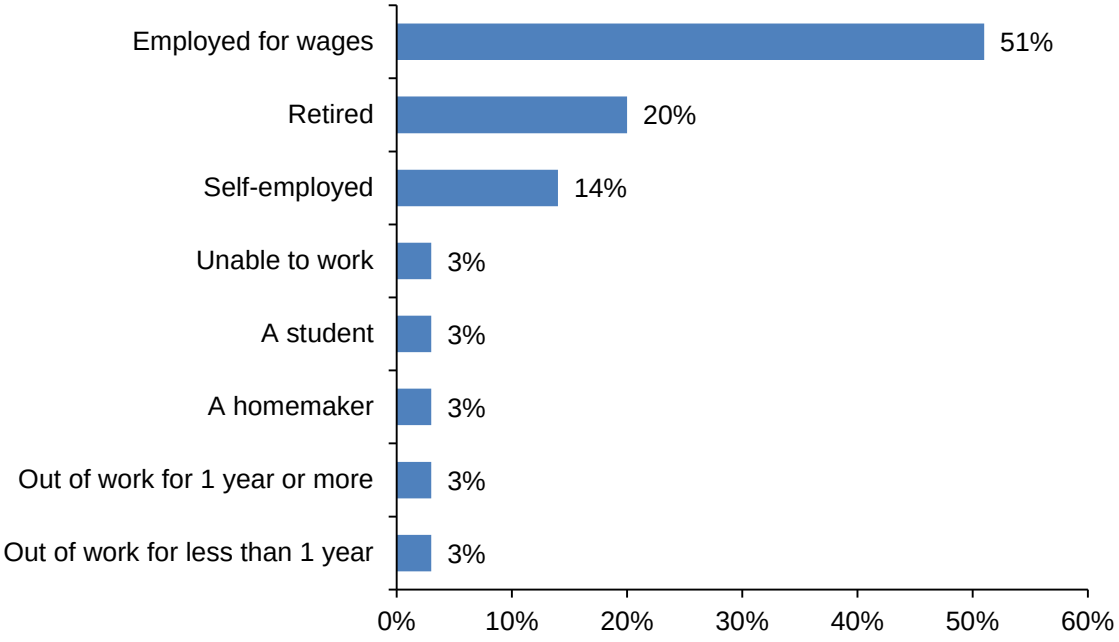
(Community 2 = Cottonwood)



Base: Grade 12 or GED (high school graduate) (n=7), Some college (1-3 years) or technical/ vocational school (n=13), Completed technical or vocational school (n=5), College graduate (4 or more years) (n=6), Postgraduate degree (n=4), Sample Size = 35

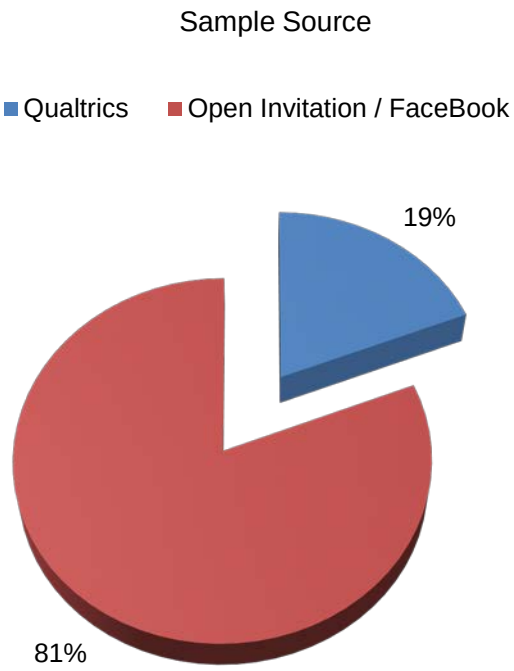
(Community 2 = Cottonwood)

Employment Status



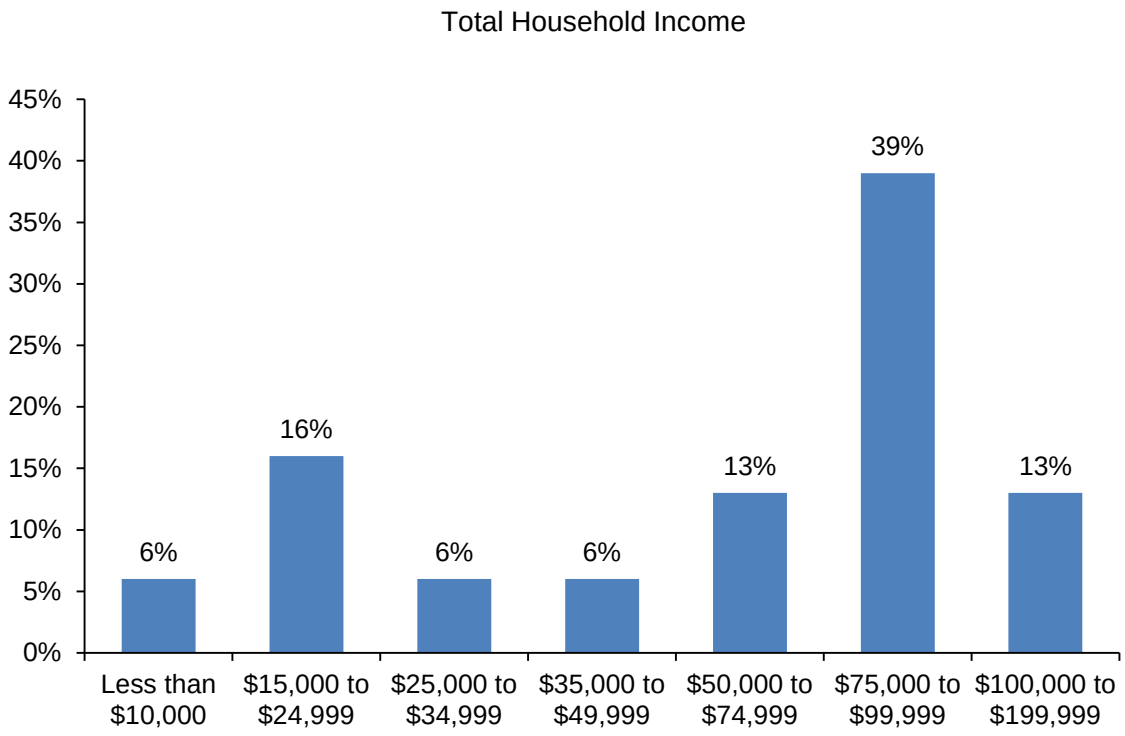
Base: Employed for wages (n=18), Self-employed (n=5), Out of work for less than 1 year (n=1), Out of work for 1 year or more (n=1), A homemaker (n=1), A student (n=1), Retired (n=7), Unable to work (n=1), Sample Size = 35

(Community 2 = Cottonwood)



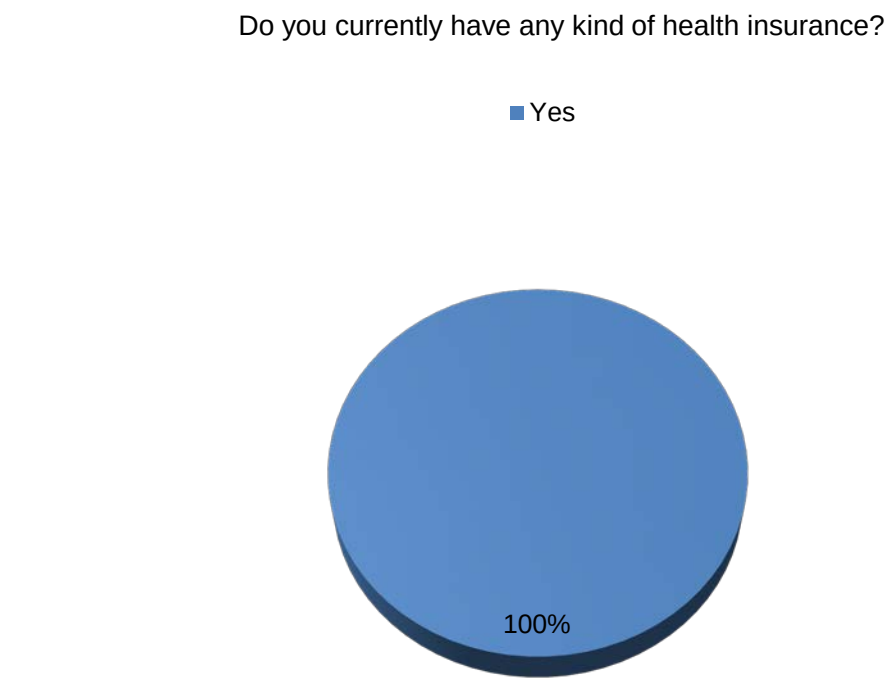
Base: Qualtrics (n=7), Open Invitation / FaceBook (n=29), Sample Size = 36

(Community 2 = Cottonwood)



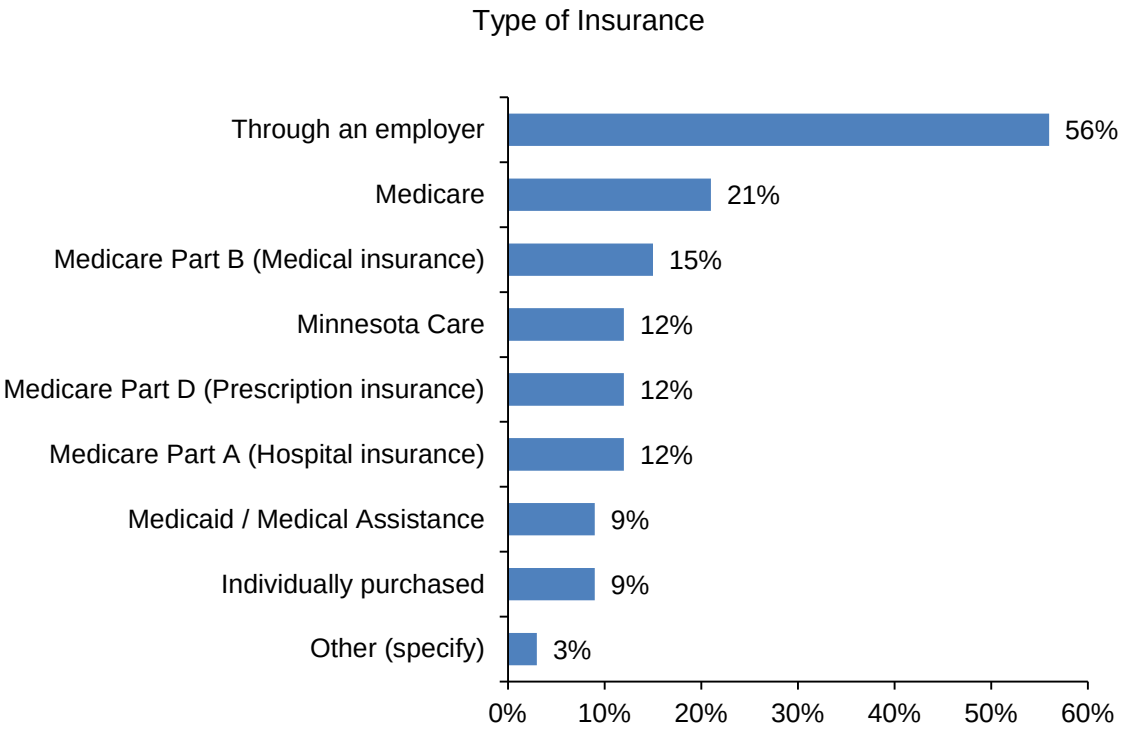
Base: Less than $10,000 (n=2), $15,000 to $24,999 (n=5), $25,000 to $34,999 (n=2), $35,000 to $49,999 (n=2), $50,000 to $74,999 (n=4), $75,000 to $99,999 (n=12), $100,000 to $199,999 (n=4), Sample Size = 31

(Community 2 = Cottonwood)



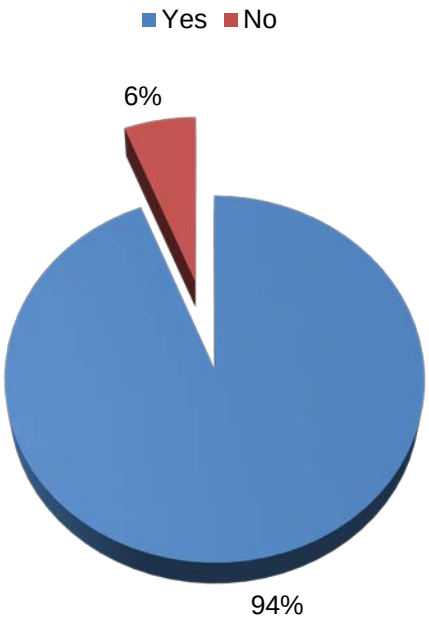
Base: Yes (n=34), Sample Size = 34

(Community 2 = Cottonwood)



Base: Through an employer (n=19), Individually purchased (n=3), Medicare (n=7), Medicare Part A (Hospital insurance) (n=4), Medicare Part B (Medical insurance) (n=5), Medicare Part D (Prescription insurance) (n=4), Medicaid / Medical Assistance (n=3), Minnesota Care (n=4), Other (specify) (n=1), Sample Size = 34
(Community 2 = Cottonwood)

Do you have an established primary healthcare provider?



Base: Yes (n=33), No (n=2), Sample Size = 35

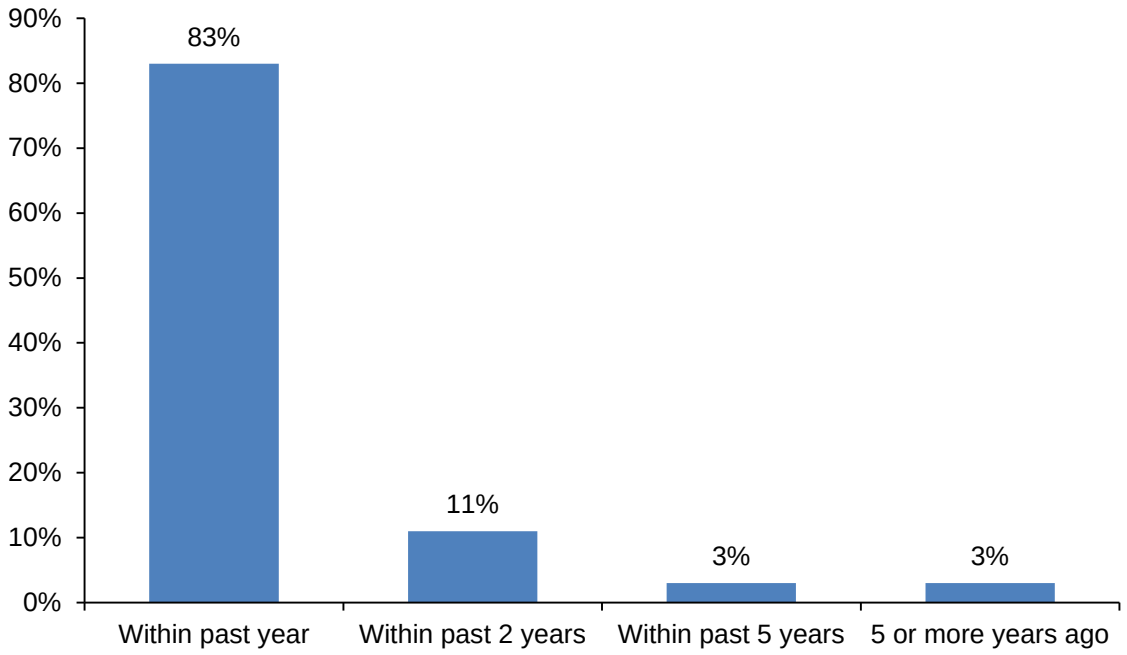
(Community 2 = Cottonwood)

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

Base: No (n=35), Sample Size = 35

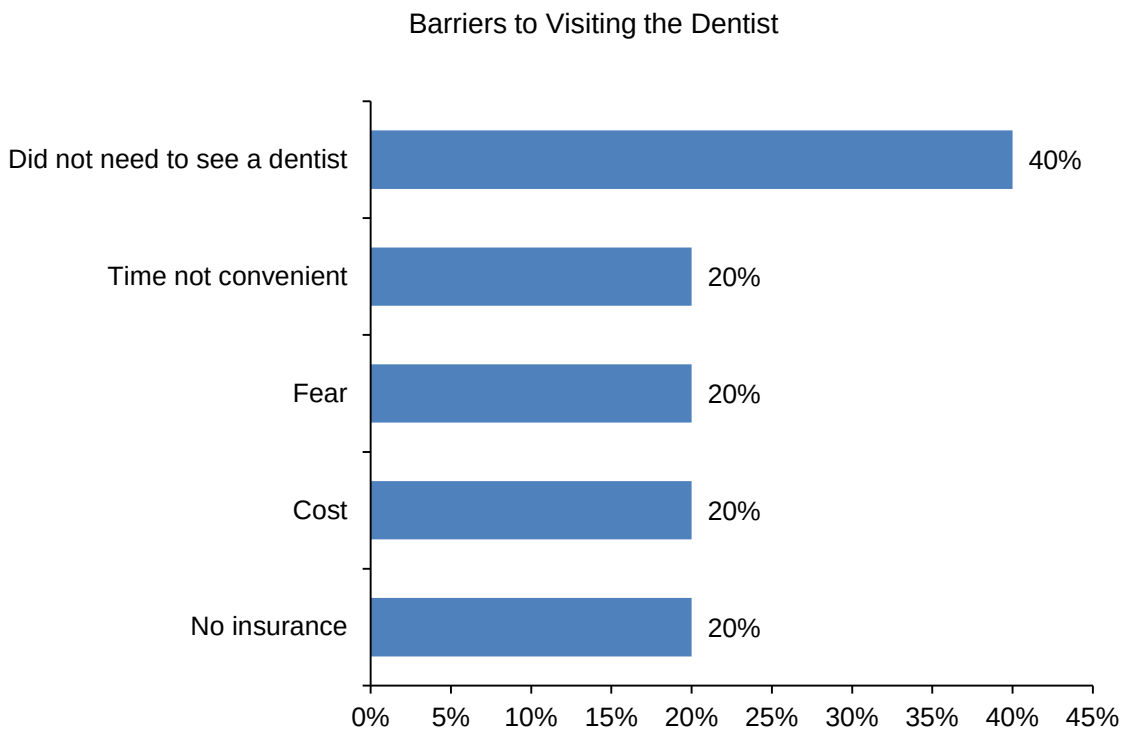
(Community 2 = Cottonwood)

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



Base: Within past year (n=29), Within past 2 years (n=4), Within past 5 years (n=1), 5 or more years ago (n=1), Sample Size = 35

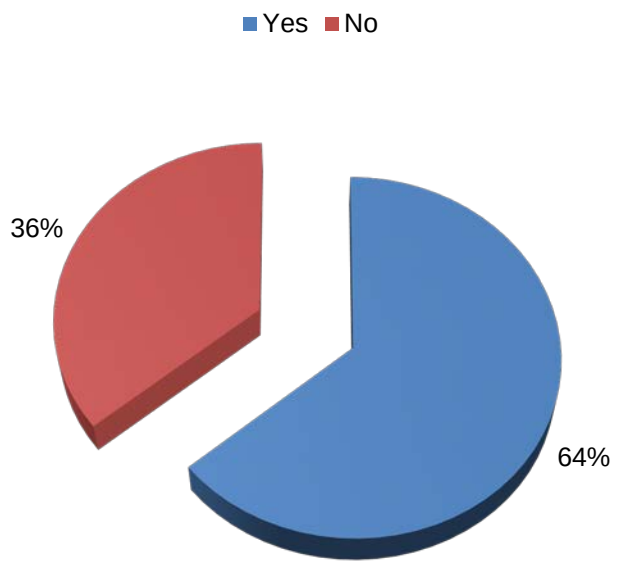
(Community 2 = Cottonwood)



Base: No insurance (n=1), Cost (n=1), Fear (n=1), Time not convenient (n=1), Did not need to see a dentist (n=2), Sample Size = 5

(Community 2 = Cottonwood)

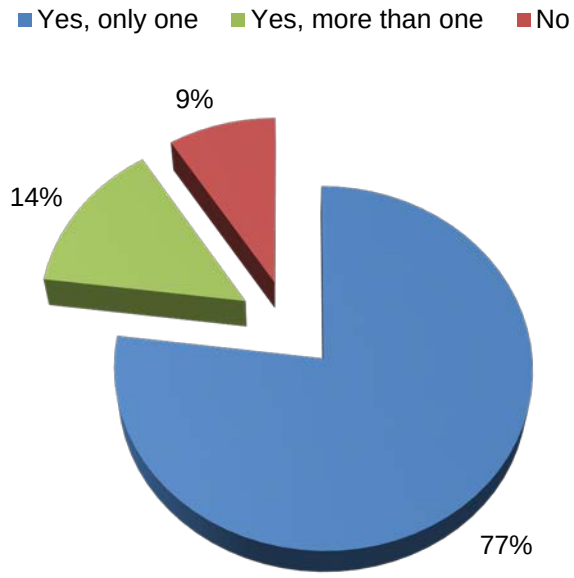
Do you have any kind of dental care or oral health insurance coverage?



Base: Yes (n=21), No (n=12), Sample Size = 33

(Community 2 = Cottonwood)

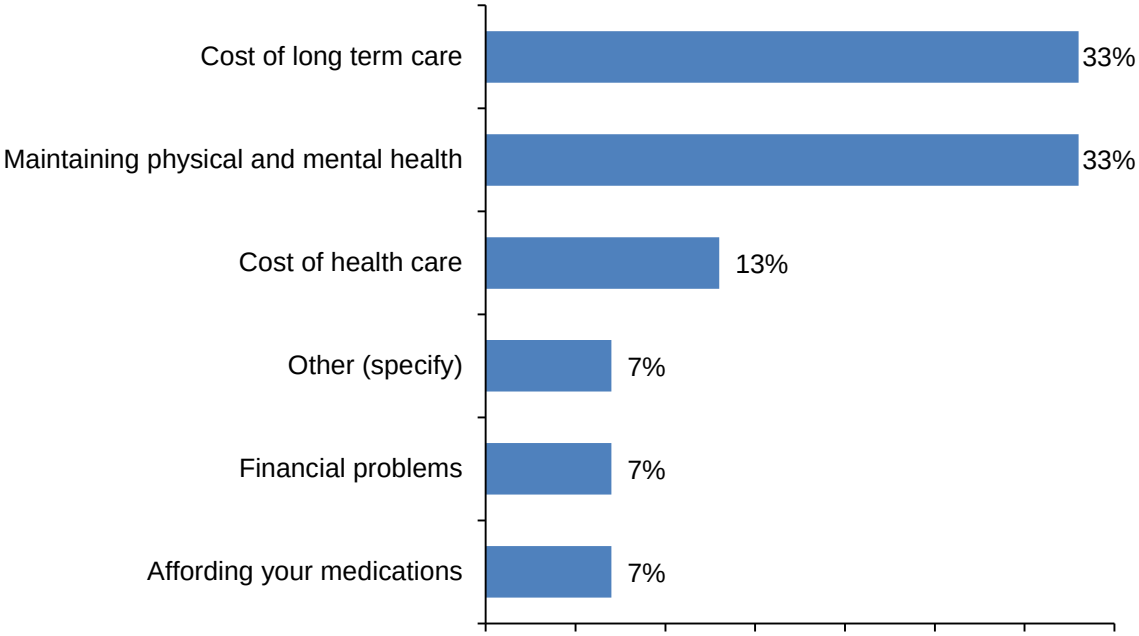
Do you have a dentist that you see for routine care?



Base: Yes, only one (n=27), Yes, more than one (n=5), No (n=3), Sample Size = 35

(Community 2 = Cottonwood)

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



Base: Cost of health care (n=2), Affording your medications (n=1), Maintaining physical and mental health (n=5), Cost of long term care (n=5), Financial problems (n=1), Other (specify) (n=1), Sample Size = 8

(Community 2 = Cottonwood)

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 • Employment options 3.38 • Household budgeting and money management 3.00 • Skilled labor workforce 3.00 • 14% report that they run out of food before they have money to buy more	2		
Transportation • Availability of public transportation 3.31	1		
Children and Youth • Availability of quality childcare 3.15 • Childhood obesity 3.08 • Cost of quality childcare 3.08 • Teen tobacco use 3.00	**2**		
Aging Population • Cost of long-term care 3.31 • Cost of memory care 3.00	2		
Safety • Abuse of prescription drugs 3.00 • 26% report that they have drugs in their home that are not being used	1		
Health Care Access • Access to affordable health insurance coverage 3.08 • Access to affordable health care 3.08	1		
Mental Health and Substance Abuse • 24% self-report that they binge drink at least 1X/month • Depression 3.33 24% report a diagnosis of depression • Stress 3.25 • Drug use and abuse 3.17 • Dementia and Alzheimer's disease 3.08 • 44% report a diagnosis of anxiety/stress	6		
Wellness • 14% have not had a routine check-up in more than 1 year • 17% have not seen a dentist in more than 1 year • 56% report a diagnosis of high cholesterol • 32% report a diagnosis of hypertension • 24% report a diagnosis of diabetes 40% do not get moderate exercise 3 or more times/week • 62% report that they are obese • 15% report that they are overweight • 65% do not consume the recommended 5 or more fruits/vegetables each day	7		

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:

* 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	

Measure	Data Elements	Description
	95% CI - High	95% confidence interval reported by BRFSS
	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	
	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)

Measure	Data Elements	Description
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

Measure	Data Elements	Description
	MHP Ratio	Population to Mental Health Providers ratio
	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

Measure	Data Elements	Description
		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 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

Measure	Data Elements	Description
	% 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)

Measure	Data Elements	Description
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)
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	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

COUNTY HEALTH RANKINGS

COTTONWOOD COUNTY, MINNESOTA

	County	State
	11,470	5,519,952
	24.0%	23.3%
	22.9%	15.1%
	1.0%	6.0%
	0.6%	1.3%
	3.5%	4.9%
	0.3%	0.1%
	6.9%	5.2%
	87.1%	80.6%
	2%	2%
	50.5%	50.2%
	62.3%	26.7%

		Cottonwood County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
		Cottonwood County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
69 72	Premature death	7,000	5,200-8,800	5,300	5,100	
49	Poor or fair health	13%	13-14%	12%	12%	
	Poor physical health days	3.2	3.0-3.4	3.0	3.0	
	Poor mental health days	3.1	2.9-3.3	3.1	3.2	
	Low birthweight	5%	4-7%	6%	6%	
	Premature age-adjusted mortality	290	240-350	270	260	
	Child mortality			40	40	
	Infant mortality			4	5	
	Frequent physical distress	10%	10-10%	9%	9%	
	Frequent mental distress	10%	10-10%	10%	10%	
	Diabetes prevalence	12%	9-15%	8%	8%	
	HIV prevalence			49	171	
75 78	Adult smoking	15%	14-16%	14%	15%	
	Adult obesity	33%	27-39%	26%	27%	
	Food environment index	7.6		8.6	8.9	
	Physical inactivity	33%	27-39%	20%	20%	
	Access to exercise opportunities	78%		91%	88%	
	Excessive drinking	20%	19-21%	13%	23%	
	Alcohol-impaired driving deaths	62%	50-71%	13%	30%	
	Sexually transmitted infections	171.9		145.1	389.3	
	Teen births	32	25-40	15	17	
	Food insecurity	10%		10%	10%	

	County	State				
Limited access to healthy foods		14%		2%	6%	
Drug overdose deaths				10	11	
Drug overdose deaths - modeled		12-13.9		8-11.9	12.5	
Motor vehicle crash deaths		21	12-34	9	8	
Insufficient sleep		29%	28-30%	27%	30%	
41						
Uninsured		6%	5-7%	6%	5%	
Primary care physicians		1,440:1		1,030:1	1,110:1	
Dentists		1,910:1		1,280:1	1,440:1	
Mental health providers		1,040:1		330:1	470:1	
Preventable hospital stays		41	32-51	35	37	
Diabetes monitoring		90%	73-100%	91%	88%	
Mammography screening		73%	54-92%	71%	65%	
Uninsured adults		7%	6-8%	7%	6%	
Uninsured children		4%	3-5%	3%	3%	
Health care costs		$8,682			$8,250	
Other primary care providers		1,147:1		782:1	1,020:1	
77						
High school graduation				95%	83%	
Some college		63%	55-70%	72%	74%	
Unemployment		7.3%		3.2%	3.9%	
Children in poverty		16%	11-20%	12%	13%	
Income inequality		4.5	3.6-5.5	3.7	4.4	
Children in single-parent households		27%	20-34%	20%	28%	
Social associations		24.2		22.1	13.0	
Violent crime		111		62	231	
Injury deaths		73	52-98	55	62	
Disconnected youth				10%	9%	
Median household income		$47,400	$41,800-53,000	$65,100	$65,600	
Children eligible for free or reduced price lunch		50%		33%	38%	
Residential segregation - black/white				23	62	
Residential segregation - non-white/white		30		14	49	
Homicides				2	2	
Firearm fatalities				7	7	
20						
Air pollution - particulate matter		9.3		6.7	9.3	
Drinking water violations		No				
Severe housing problems		12%	9-15%	9%	14%	
Driving alone to work		75%	71-79%	72%	78%	
Long commute - driving alone		18%	15-22%	15%	30%	

Note: Blank values reflect unreliable or missing data

SANFORD HEALTH

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