



# Community Health Needs Assessment

SANFORD JACKSON MEDICAL CENTER  
2022-2024



Dear Community Members,

Sanford Jackson Medical Center is pleased to present the 2021 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. It is through this work that we identify unmet health needs in the community, and then strategically plan how to best address those needs. This process is well aligned with Sanford's vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health, including economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

As a result of this process, Sanford Jackson will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Mental Health
- Access to Health Care Providers

The CHNA process also focused on the many strengths and resources available in our community. This report includes an overview of the community assets that are available to address various community health needs. We have also included an impact report from our 2019 implementation strategies.

Sanford Jackson is grateful to the many community members who participated in this assessment process. We appreciate your commitment to the health and wellness of our community. Working together, we can continue to enhance the quality of life for all Jackson area residents.

Sincerely,

A handwritten signature in cursive script that reads "Dawn Schnell". The signature is written in a dark ink and is positioned above the printed name and title.

Dawn Schnell  
Senior Director  
Sanford Jackson Medical Center

## BACKGROUND

### Community Description

---

Sanford Jackson Medical Center is located in Jackson, Minnesota. Jackson is a charming city nestled in the valley west of the Des Moines River in southwestern Minnesota. With a population of 3,300, Jackson is the largest city and the county seat of Jackson County. In 2010, the county was designated as “the healthiest county in Minnesota” and routinely ranks in the top ten.

A beautiful and historic county courthouse is centrally located on a downtown hillside, and a historic downtown district features a variety of strong retail and service-based businesses, including a classic sidewalk movie theatre offering the latest releases.

Jackson also boasts a 300-acre industrial park with strong and expanding industrial residents, such as AGCO, Corteva, Technical Services for Electronics, West Corp, Ziegler, Last Deck, HitchDoc, C&B Operations, and USF Holland.

Outdoor enthusiasts will find a city park, a beautiful and expanding biking and walking trail system, splash pad, skate park, baseball and softball complexes, numerous other parks, and fishing opportunities along the river.

The community as defined for purposes of the Community Health Needs Assessment includes Jackson County, Minnesota. Demographic detail for the county is included in the appendix.

### Partners

---

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

#### Sanford Health

- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

## **System Partners**

We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse Beltrami County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

## **Jackson Partners**

We express our gratitude to the following community collaborative members for their participation in the community stakeholder meeting:

- Dawn Schnell, Senior Director, Sanford Jackson Medical Center
- Barbara Bluem, Director of Human Resources, Good Samaritan, Jackson
- Tom Prochazka, County Attorney, Jackson County
- Jennifer Tewes, Clinic Supervisor/Marketing Specialist, Sanford Jackson Medical Center
- Johanna Kallemeyn, Family Medicine Nurse Practitioner, Sanford Jackson Medical Center
- Kelly Antonson, Inventory Control Assistant, Sanford Jackson Medical Center
- Kelly Mitchell, Chief Deputy, Jackson County Sheriff's Office
- Addie King, Jackson County Advocate, Southwest Crisis Center
- Matt Ditmanson, Director of Community Benefits, Sanford Health
- Jessica Grant, Integrated Health Therapist, Sanford Jackson Medical Center

## **Sanford Jackson Description**

---

Sanford Jackson Medical Center (SJMC) is a 20-bed hospital serving people in Jackson County and the surrounding area. It provides 24/7 emergency care with an on-site heliport for transporting critically ill patients to a tertiary medical center when needed.

A variety of surgical procedures are performed in the surgical suite at Sanford Jackson Medical Center. Laboratory and radiology services are available 24 hours a day, with staff serving the hospital, attached medical clinic, and two satellite clinics. Clinic services include family medicine and various specialty outreach services. Sanford Jackson employs seven clinicians, including physicians and advanced practice providers, and 75 employees.

## **CHNA Purpose**

---

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues 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 and justify 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. The 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.

### **Regulatory Requirements**

---

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

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

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

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

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

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

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford's fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

## CHNA Process

Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford's care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



## Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

## Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the Jackson County, MN populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (<https://news.sanfordhealth.org/community/health-needs-assessment-survey/>) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 75 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

## Secondary Data

County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

## Health Needs Identification Methodology

The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

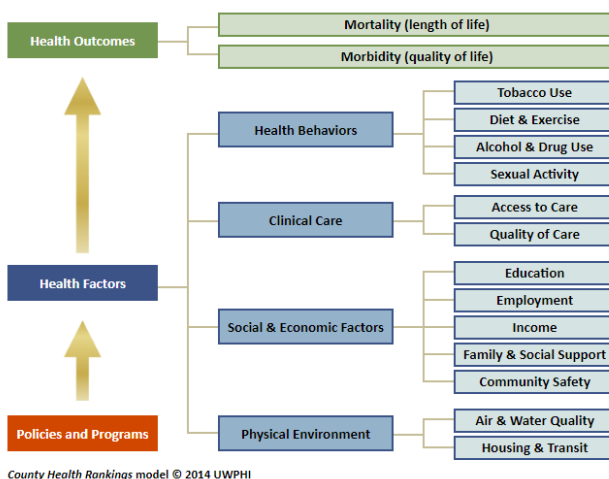
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Jackson is included with Bagley, MN; Canby, MN; Canton-Inwood, SD; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, MN
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

## 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.

## Community Stakeholder Meetings

Community stakeholders were invited to attend a presentation of the findings of the CHNA. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.



The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there any work in progress already on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare system and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything considered an urgent need that we have not discussed?

Two health needs were identified by consensus during the meeting for inclusion in the implementation plan. The needs were confirmed with participants prior to the meeting's conclusion. Consensus was based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

### **Community Definition**

Jackson County, MN is included in the data analysis and represents a majority of volumes to Sanford Jackson. With a population of 3,300, Jackson is the largest city and the county seat of Jackson County. No population was excluded from the process.



# COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

## Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Jackson area regarding the following community health issues were positive. Average scores by category were as follows:

- Affordable housing (average score=3.06)
- Employment and economic opportunities (average score=3.21)
- Health care quality (average score=3.24)
- Long-term nursing care and senior housing quality (average score=3.25)
- Access to daily transportation (average score=3.28)
- Child care and preschool quality (average score=3.48)
- Access to healthy foods (average score=3.61)
- Access to exercise opportunities (average score=3.64)
- Environmental health (average score=3.73)
- Community safety (average score=3.89)

However, when compared to the average scores for similar-sized markets served by Sanford Health, scores for CHNA respondents in the Jackson market varied. While average scores in the Jackson market were higher than the comparison group average for access to daily transportation, employment opportunities, and affordable housing, average scores were lower than the comparison group average for environmental health, access to healthy foods, long-term care quality, and health care quality. The average scores for community safety, access to exercise opportunities, and child care quality were similar to the comparison group average.

When asked about their personal health, CHNA respondents in the Jackson area rated their current health and wellness as good (average score=3.43) and higher than the comparison group average. CHNA respondents in the Jackson area also rated their current ability to access health care services as good (average score=3.55); however, this score was lower than the comparison group average.

County Health Rankings (CHR) data indicate that Jackson County is ranked in the upper-middle range of Minnesota counties in terms of overall health.

The following areas of concern were identified for further discussion (in no particular order).

## Significant Health Needs Identified

### **Access to Health Care Providers**

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

While CHNA respondents in the Jackson area rated their ability to access health care as good (average score=3.55), the average score was lower than the comparison group average. In addition, when respondents were asked about the most important health care issues impacting their community, access to health care was their top concern. Respondents also indicated that access to health care was a top concern when asked about the most important health care issues they and their families face on a regular basis (tied with cost and chronic health issues).

Among CHNA respondents in the Jackson area, 24 percent indicated they did not have a primary care provider they see for general health issues, which was the highest percentage among similar-sized markets served by Sanford Health – and 18 percent of respondents needed care in the past year and did not get it, which was the second highest percentage among similar markets. In addition, 65 percent of CHNA respondents in the Jackson area traveled to receive health care services outside their community in the past three years, which was higher than the comparison group average. When asked why, the main reason was that they needed a specialist or the needed service was not available locally (58%) – which was followed by needing better or higher quality care (35%) and a physician’s referral (27%).

When asked which health care services they would like to see offered or improved in their community, about two in five CHNA respondents in the Jackson area said heart care (42%) and OBGYN or women’s care (36%); one in three said walk-in or urgent care (33%), emergency or trauma care (33%), dental care (33%), cancer care (33%), family medicine or primary care (31%), and dermatology (31%); one in four said labor or delivery services (28%) and long-term care or nursing homes (25%); and one in five said pediatrics or children’s care (22%) and general surgery (19%).

According to CHR, in the Jackson area there are 4,970 people for every one primary care physician<sup>1</sup> (a ratio which is four times higher than the state average) and 2,462 people for every one dentist (a ratio which is similar to the comparison group average).

Members of the community health needs assessment stakeholder meeting discussed access to health care providers at length. Increasing access to routine care, such as primary care providers and screening, was specifically addressed. Participants mentioned increasing hours of operation, providing walk in appointments, and utilizing telehealth to improve access to providers. This issue is an area where Sanford could have a meaningful impact and was identified as one of the priority community health needs.

| <b>Local Asset Mapping</b>  |   |
|---|---|
| <p><b>Mental Health resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Clinic, 1430 N. Highway, Jackson</li> <li>• Sanford Clinic, 209 Main Street, Lakefield</li> <li>• Southwest Mental Health Center, Worthington and Marshall, MN</li> <li>• Veterans Service Center, 400 White St., Jackson</li> <li>• Des Moines Valley Health and Human Services, 402 White St., Jackson</li> </ul> | <p><b>Health Insurance resources:</b></p> <ul style="list-style-type: none"> <li>• MN Sure – MNSURE.org</li> <li>• Sanford Health Plan, 300 Cherapa Place, Sioux Falls</li> <li>• Complete Insurance Services, 616 – 2nd St., Jackson</li> <li>• United Prairie Insurance, 803 3<sup>rd</sup> St., Jackson</li> </ul> |
| <p><b>Health Care resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Jackson Clinic/RN Care Manager/Medical Home, 1430 N. Highway, Jackson</li> <li>• Good Samaritan home care, 710 Fuller Dr., Windom</li> <li>• Sanford HME, 402 White St., Windom</li> <li>• Sanford HME, 1151 Ryan’s Rd., Worthington</li> </ul>   | <p><b>Dental Insurance resources:</b></p> <ul style="list-style-type: none"> <li>• Complete Insurance Services, 616 – 2nd St., Jackson</li> <li>• United Prairie Insurance, 803 3<sup>rd</sup> St., Jackson</li> </ul>  |

<sup>1</sup> Due to insufficient data in 2020 and 2021, the primary care physician ratio for Jackson County reflects the ratio from the 2019 County Health Rankings data.

## **Mental Health**

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood<sup>2</sup>.

When CHNA respondents in the Jackson area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (44%) and 33 percent said addiction treatment. According to CHR, adults in the Jackson market average 3.7 mentally unhealthy days each month and 12 percent of adults average at least 14 days of mental distress per month – both rates are similar to the comparison group average.

According to CHR, there are 985 people for every one mental health provider in the Jackson area (which is slightly higher than the comparison group average).

In the stakeholder meeting participants highlighted the need for improved mental health services in the community. Mental health professionals in the area are currently spread thin. Improved screening and mental health referrals were discussed as valuable. Increasing mental health services through telehealth was brought up as a very beneficial tool to address mental health. Additionally, Sanford Jackson could support community efforts to improve mental health awareness and education in the schools or otherwise. Improving the mental health in the community arose as the top priority health need for Sanford Jackson and is an area where they could have a meaningful impact.

| <b>Local Asset Mapping</b>   |  |
|--|--|
| <b>Mental Health resources:</b> <ul style="list-style-type: none"><li>• Sanford Clinic, 1430 N. Highway, Jackson</li><li>• Sanford Clinic, 209 Main Street, Lakefield</li><li>• Southwest Mental Health Center, Worthington and Marshall, MN</li><li>• Veterans Service Center, 400 White St., Jackson</li><li>• Des Moines Valley Health and Human Services, 402 White St., Jackson</li></ul> | <b>Substance Abuse resources:</b> <ul style="list-style-type: none"><li>• Addiction/Prevention Coalition - drugfreejackson.com (meets at United Way Center, 800 E. Main St., Marshall)</li><li>• Family Services Network, 402 White Street, Jackson</li></ul>  |
| <b>Dementia/Alzheimer's resources:</b> <ul style="list-style-type: none"><li>• Good Samaritan, 601 West St., Jackson</li><li>• Alzheimer's Assn. - Alz.org</li></ul>   | <b>Tobacco Cessation resources:</b> <ul style="list-style-type: none"><li>• Sanford Jackson, 1430 North Hwy, Jackson</li><li>• Sanford Clinic, 209 Main Street, Lakefield</li><li>• Des Moines Valley Health and Human Services, Jackson</li><li>• QuitPlan, MN Dept. of Health – 651-201-5000</li><li>• Southwest Health &amp; Human Services, 607 W. Main, Marshall</li><li>• ClearWay MN – Clearwaymn.org</li></ul> |

<sup>2</sup> U.S. Department of Health & Human Services, MentalHealth.gov. Available at <https://www.mentalhealth.gov/basics/what-is-mental-health>

## **Physical Activity and Nutrition**

The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape the health and the risk of being overweight and obese.

Diabetes is an important marker for a range of health behaviors and CHR data indicate that 13 percent of adults in the Jackson area have diabetes (which is slightly higher than the comparison group average) and 35 percent of adults have obesity (which is similar to the comparison group average). CHR data also indicate that 47 percent of individuals in the Jackson market have access to exercise opportunities (which is low relative to similar markets).

CHNA respondents in the Jackson area rated access to exercise opportunities as good (average score=3.64), and the score was similar to the comparison group average. However, respondents also rated access to healthy foods as good (average score=3.61), yet the score was lower than the comparison group average.

Local stakeholders discussed this issue at the community stakeholder meeting, particularly as part of the access issue. Participants discussed how enhancing primary care access would enable providers to advise more patients on healthy lifestyle habits and chronic disease prevention. This would ultimately benefit the overall well-being of area residents. While physical activity and nutrition was not directly prioritized for the implementation plan, increasing overall health care access will indirectly benefit this issue.

| <b>Local Asset Mapping</b>   |   |
|--|---|
| <p><b>Healthy Eating resources:</b></p> <ul style="list-style-type: none"> <li>• Jackson Co. Extension (nutrition information), 607 S. Hwy. 86, Jackson</li> <li>• Des Moines Valley Health and Human Services, Jackson</li> <li>• Riverside Farmers Market, Ashley Park, Jackson</li> <li>- Jackson Food Shelf</li> <li>• Grocery stores:               <ul style="list-style-type: none"> <li>o Sunshine Foods, 908 Hwy. 71 North, Jackson and Maynard's, Lakefield, MN</li> </ul> </li> </ul>   | <p><b>Chronic Disease resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Jackson, 1430 North Hwy, Jackson</li> <li>• Sanford Clinic, 209 Main Street, Lakefield</li> <li>• Sanford Medical Home, 1430 North Hwy, Jackson</li> <li>• Sanford's Better Choices Better Health, 300 Cherapa Place, Sioux Falls</li> <li>• Des Moines Valley Health and Human Services, Jackson</li> <li>• American Heart Assn. – heart.org</li> <li>• Arthritis Foundation – arthritis.org</li> </ul>  |
| <p><b>Obesity resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Jackson Clinic, 1430 North Hwy., Jackson</li> <li>• Sanford Clinic, 209 Main Street, Lakefield</li> <li>• Des Moines Valley Health and Human Services, Jackson</li> <li>• Jackson Co. Extension Office nutrition information, 607 S. Hwy 85, Jackson</li> <li>• Anytime Fitness, 508 - 2nd St., Jackson</li> <li>- Level 10 Fit, Jackson</li> <li>• Prairie Rehab &amp; Fitness, 816 – 3rd St., Jackson</li> <li>• Park District activities, 53053 – 780th St., Jackson</li> <li>• Bowling – Dudley's Garage, 103 Main St., Lakefield</li> <li>• Jackson Golf Club, N. Hwy. 71, Jackson</li> <li>• Loon Lake Golf Club, 8 miles SW of Jackson</li> </ul> | <p><b>Obesity Resources Cont.:</b></p> <ul style="list-style-type: none"> <li>• Swimming – 1128 North Hwy., Jackson</li> <li>• Archery Club, PO Box 173, Jackson</li> <li>• Ice Skating, Jackson</li> <li>• Cross Country Skiing on the Des Moines River, Jackson</li> <li>• Volleyball, Sandy Point Park, 41699 – 850th St., Lakefield</li> <li>• Parks &amp; Playgrounds:               <ul style="list-style-type: none"> <li>o Albertus Field, 99 – 1st St., Jackson</li> <li>o Ashley Park, State St. &amp; Riverside Dr., Jackson</li> <li>o Central Park, White &amp; 6th, Jackson</li> <li>o Dann's Island Park, Hwy 71 &amp; Kimball, Jackson</li> <li>o Dumont Park, Sherman &amp; N Sverdrup Ave., Jackson</li> <li>o Festival park, 2nd &amp; North Hwy, Jackson</li> </ul> </li> </ul> |

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>· Emerald Valley Golf Course, 101 Valleybrook Rd., Lakefield</li> <li>· Softball – Jackson Co. Central, 1128 North Hwy, Jackson</li> <li>· Skate Park, 80 W. Ashley St., Jackson</li> <li>· Biking/Hiking Trail – Ashley Park Trail, State St. &amp; Riverside Dr., Jackson</li> <li>· Biking &amp; Walking Trail – 4.5 miles around the city of Jackson</li> <li>· Hiking Trail, Killen Woods State Park, 12 miles NW of Jackson</li> </ul>  | <ul style="list-style-type: none"> <li>o Getty Park, West Ashley St. &amp; River St., Jackson</li> <li>o Patterson Park, 208 Thomas Rd, Jackson</li> <li>o Sunset Park, Louis Ave., Jackson</li> <li>o Zimmerli Park, Branch St., Jackson</li> </ul>   |
| <p><b>Physical Fitness/Activities resources:</b></p> <ul style="list-style-type: none"> <li>· Anytime Fitness, 508 -2nd St., Jackson</li> <li>- Level 10 Fit, Jackson</li> <li>· Prairie Rehab &amp; Fitness, 816 – 3rd St., Jackson</li> <li>· Jackson Co. School activities, PO Box 119, Jackson</li> <li>· Boys &amp; Girls T Ball &amp; Softball, JCC Community Education, 1128 N. Hwy., Jackson</li> <li>· Soccer, JCC Community Education, 1128 N. Hwy., Jackson</li> <li>· Gymnastics, JCC Community Education, 1128 N. Hwy., Jackson</li> <li>· Basketball, JCC Community Education, 1128 N. Hwy., Jackson</li> <li>· Park District activities, 53053 – 780th St., Jackson</li> <li>· Bowling – Dudleys, 103 Main St., Lakefield</li> <li>· Golf – Jackson Golf Club, N. Hwy. 71, Jackson</li> <li>· Golf – Loon Lake Golf Club, 8 miles SW of Jackson</li> <li>· Golf – North Valley Golf Course, 101 Valleybrook Rd., Lakefield</li> <li>- Splash Pad - Jackson</li> <li>· Swimming, 1128 No. Hwy, Jackson</li> <li>· Swimming, Lakefield Pool (summer)</li> <li>· Softball – Jackson Co. Central, 1128 North Hwy, Jackson</li> <li>· Skate Park, 80 W. Ashley St., Jackson</li> </ul> | <p><b>Physical Fitness/Activities Resources Cont.:</b></p> <ul style="list-style-type: none"> <li>· Biking/Hiking Trails – Ashley Park Trail, State St. &amp; Riverside Dr., Jackson</li> <li>· Hiking – Killen Woods State Park, 12 miles NW of Jackson</li> <li>Level 10 Fit, Jackson</li> <li>· Walking Trail – 4.05 miles around the city of Jackson</li> <li>· Archery Club, PO Box 173, Jackson</li> <li>· Volleyball – Sandy Pt. Park, 41699 – 850th St., Lakefield</li> <li>· Parks &amp; Playgrounds: <ul style="list-style-type: none"> <li>o Albertus Field, 99 – 1st St., Jackson</li> <li>o Ashley Park, State St. &amp; Riverside Dr., Jackson</li> <li>o Central Park, White &amp; 6th, Jackson</li> <li>o Dann’s Island Park, Hwy 71 &amp; Kimball, Jackson</li> <li>o Dumont Park, Sherman &amp; N Sverdrup Ave., Jackson</li> <li>o Festival park, 2nd &amp; North Hwy, Jackson</li> <li>o Getty Park, West Ashley St. &amp; River St., Jackson</li> <li>o Patterson Park, 208 Thomas Rd, Jackson</li> <li>o Sunset Park, Louis Ave., Jackson</li> <li>o Zimmerli Park, Branch St., Jackson</li> </ul> </li> </ul> |

**Human Immunodeficiency Virus (HIV)**

HIV is a marker for high-risk health behaviors including intravenous drug use and sex without a condom or medicines to prevent HIV transmission. This can be a valuable source of data for communities in understanding the toll that this disease takes on the health care system, as treatment for HIV often exceeds the cost of similar chronic conditions.

CHR data indicate that the Jackson area has the highest rate of HIV infections (119 per 100,000 people) when compared to similar markets – a rate which is two times higher than the comparison group average.

Sanford Jackson and community stakeholders discussed using community education to improve this issue particularly in local schools. Ultimately, the group did not identify it as a top priority of the implementation planning going forward.

| Local Asset Mapping  |   |
|--|---|
| <p><b>HIV Resources:</b></p> <ul style="list-style-type: none"> <li>· HIV/AIDS Line in Minnesota (612) 373-2437</li> <li>· HIV/ADIS Line outside MN (800) 248-2437</li> <li>· CDC <a href="https://www.cdc.gov/hiv">https://www.cdc.gov/hiv</a></li> </ul> | <p><b>Health Care resources:</b></p> <ul style="list-style-type: none"> <li>· Sanford Jackson Clinic/RN Care Manager Medical Home, 1430 N. Highway, Jackson</li> <li>- Sanford Lakefield Clinic/RN Care Manager, 209 Main St, Lakefield, MN</li> <li>· Good Samaritan home care, 710 Fuller Dr., Windom</li> <li>· Sanford HME, 402 White St., Windom</li> <li>· Sanford HME, 1151 Ryan's Rd., Worthington</li> </ul> |

### **Alcohol-Related Driving Deaths**

Alcohol is a substance that reduces the function of the brain, impairing thinking, reasoning, and muscle coordination which are essential to operating a vehicle safely. In 2018, approximately 10,500 Americans were killed in alcohol-related motor vehicle crashes. The annual cost of alcohol-related crashes totals more than \$44 billion nationwide.

CHR data indicate that 24 percent of adults in the Jackson area drink excessively, which is similar to the comparison group average. However, CHR data also indicate that nearly half of all driving deaths in the Jackson area were alcohol-impaired (44%) – which is the third highest rate when compared to similar markets.

| Local Asset Mapping   |   |
|---|---|
| <p><b>Drunk Driving Resources:</b></p> <ul style="list-style-type: none"> <li>· <a href="https://www.responsibility.org/end-drunk-driving/drunk-driving-resources/">https://www.responsibility.org/end-drunk-driving/drunk-driving-resources/</a></li> <li>· <a href="https://www.preventimpaireddriving.org">https://www.preventimpaireddriving.org</a></li> <li>· <a href="https://crashstats.nhtsa.dot.gov">https://crashstats.nhtsa.dot.gov</a></li> <li>· <a href="https://www.preventimpaireddriving.org/other-resources/research/">https://www.preventimpaireddriving.org/other-resources/research/</a></li> </ul> | <p><b>Health Care resources:</b></p> <ul style="list-style-type: none"> <li>· Sanford Jackson Clinic/RN Care Manager/Medical Home, 1430 N. Highway, Jackson</li> <li>· Good Samaritan home care, 710 Fuller Dr., Windom</li> <li>· Sanford HME, 402 White St., Windom</li> <li>· Sanford HME, 1151 Ryan's Rd., Worthington</li> </ul> |

### **Affordable Housing**

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

CHNA respondents in the Jackson area rated the availability of affordable housing in their community as good (average score=3.06), but lower than any other community health issue. When the 32 percent of respondents who rated the availability of affordable housing as poor or fair were asked to explain why they did so, responses focused on limited housing options in their community that are reasonably priced, and concerns with the quality of lower priced units.

Affordable housing is a known issue among participants of the local stakeholder meeting. Sanford Jackson will share their findings with the proper local entities, but will not include this issue as a priority in the implementation planning at this time.

| <b>Local Asset Mapping</b>  |   |
|---|---|
| <p><b>Housing Resources:</b></p> <ul style="list-style-type: none"> <li>· Jackson Housing Authority, 116 State St # 414, Jackson</li> </ul> | <p><b>Low Income Housing:</b></p> <ul style="list-style-type: none"> <li>· Eagle Ridge Townhomes, 100 Homedale Drive, Jackson</li> <li>· River Bluff Townhomes, 300 U.S. 71, Jackson</li> <li>· Sunrise Estates Aka Jackson Ths, 200 Highway 71 S, Jackson</li> <li>· River Valley Scattered, 116 State St, Jackson</li> <li>· Riverine Apartments, 105 S Highway, Jackson</li> </ul> |

### **Sanford Area of Focus**

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Public Health was invited to the stakeholder meeting but was unable to attend. Information was shared with them for input separately. Sanford Health staff were also present. List of attendees is included in the introduction. Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward. Mental health and access to providers were selected as areas of focus for the implementation plan.

# IMPLEMENTATION PLAN

## **Priority 1: MENTAL HEALTH**

Sanford Health is positioned locally to have a positive impact on mental health needs in the community. Sanford Jackson leadership will share the results of the CHNA research with other community partners to provide an opportunity to collaborate, identify, and prioritize behavioral health needs in the community.

### **Current activities**

Facilitate community behavioral health task force meetings where mental health issues are identified and key stakeholders are available to collaborate, make recommendations and instill change. Sanford Jackson has a number of resources and providers, such as Integrated Health Therapists available locally. Mental health was included in the previous Community Health Needs Assessment and a summary of those efforts are available later in the report.

### **Projected Impact**

Increase the number of patients that Sanford Jackson provides integrated health therapist services to in the Jackson area.

### **Goal 1: To advance integrated healthcare in the community**

| <b>Actions/Tactics</b>   | <b>Measurable Outcomes &amp; Timeline</b>  | <b>Resources to be committed</b>          | <b>Leadership</b> | <b>Note any community partnerships and collaborations – if applicable</b>  |
|--|--|---|-------------------|--|
| Improve access to mental health services through hiring of additional integrated health therapist. | March 2022, increased utilization of IHT and improved mental health outcomes.  | Provider recruitment<br>Senior Leadership | Senior Director   | Southwest Mental Health, Des Moines Valley Health and Human Services, Jackson County Central Schools                                     |
| Evaluate need for additional resources through Community Behavioral Health Meetings.               | December 2022, number of meetings, community resources made available.   | Community Key Stakeholders                | Senior Director   | Southwest Mental Health, Des Moines Valley Health and Human Services, Jackson County Central Schools, Veterans Affairs, Local businesses |
| Provide Behavioral Health training to family medicine providers                                    | Mental Health First Aid trainings offered to providers by December 2023, referrals to behavioral health, improved mental health outcomes | Senior Leadership                         | Senior Director   | Sanford Jackson Medical Center, Sanford Health   |



**Goal 2: To increase awareness and provide education on suicide prevention.**

| <b>Actions/Tactics</b>   | <b>Measurable Outcomes &amp; Timeline</b>  | <b>Resources to be committed</b>                        | <b>Leadership</b>   | <b>Note any community partnerships and collaborations – if applicable</b>   |
|--|--|---|---|---|
| Participate in Minnesota Department of Health Mental Health and Suicide prevention Cohort              | <p>Changing the Narrative September 2021</p> <p>Evaluation and Community of Practice September 2022, reduction in attempted suicides, improved outcomes as may be identified through the cohort.</p> | Jackson Leadership, Integrated Health Therapist, Budget | <p>Senior Director and IHT, Sanford Jackson</p> <p>Educator, DVHHS</p>          | Des Moines Valley Health and Human Services, Jackson County Central Schools, Jackson Ambulance Service, AGCO, Southwest Mental Health, United Community Action Team, Veterans Affairs |
| Collaborate with Jackson County Central Schools to identify opportunities in education and prevention. | Provide education to Jackson County Central Schools regarding behavioral health and suicide. December 2023, # of students participating  | Jackson Leadership, Provider time                       | Senior Director, Marketing Specialist, IHT, Nurse Practitioner, Sanford Jackson | Jackson County Schools  |

**Priority 2: ACCESS TO HEALTH CARE PROVIDERS**

Sanford Health is positioned locally to have a positive impact on providing primary care services within the community and expanding overall access to care.

**Current activities**

Sanford Jacksons offers a variety of services locally through locally-based and outreach providers. Laboratory and radiology services are available 24 hours a day, with staff serving the hospital, attached medical clinic, and two satellite clinics. Clinic services include family medicine and various specialty outreach services. A variety of surgical procedures are performed in the surgical suite at Sanford Jackson Medical Center. Sanford Jackson employs seven clinicians, including physicians and advanced practice providers. Periodic marketing is in place to gain exposure of primary care services and providers via media outlets such as radio, print and social media.

**Projected Impact**

Increase community awareness patient primary care providers

**Goal 1: Create community awareness of local providers**

| <b>Actions/Tactics</b>  | <b>Measurable Outcomes &amp; Timeline</b>  | <b>Resources to be committed</b>                           | <b>Leadership</b>                                      | <b>Note any community partnerships and collaborations – if applicable</b> |
|---|--|--|--|---|
| Review demographics of the 24% of people in Jackson County who don't have a primary care physician. | Upon identification, create target campaign for calendar year 2022 and 2023.<br>Decrease in respondents indicating a lack of a PCP, increased screenings and other preventative measures among the group | Sanford Health Network Marketing Team<br>Sanfordhelath.org | Senior Director, Marketing Specialist, Sanford Jackson | Local Media Jackson Kiwanis Meeting Program                               |

**Goal 2: Increase access to specialty care at Sanford Jackson Medical Center**

| Actions/Tactics  | Measurable Outcomes & Timeline  | Resources to be committed  | Leadership   | Note any community partnerships and collaborations – if applicable                        |
|--|---|--|--|---|
| Identify and prioritize specialty services for 2022.                   | Specialty needs identified by June 2022, increased specialty appointments and utilization locally.  | Sanford Health Network executive team, Jackson Provider team, Patient advisory board | Senior Director, Marketing Specialist, Sanford Jackson | Sanford Health, Des Moines Valley Health and Human Services, Patient Satisfaction Surveys |
| Establish Marketing Campaign for existing outreach services in Jackson | Develop service line marketing campaign for present services in Jackson for 2022 and 2023., increased awareness and utilization of specialty services | Sanford Health Network marketing team Sanfordhealth.org                              | Senior Director, Marketing Specialist, Sanford Jackson | Sanford Health  |

**Needs Not Addressed**

**Physical Activity and Nutrition:** Sanford will continue to provide title sponsorship for Jackson's annual Tri for Health for youth and adults. They will also promote a Sanford Fit Kids curriculum that can be utilized at various community events and speaking engagements. Sanford Jackson is a member of the Jackson Healthcare Foundation Board which provides grants to local businesses and organizations that pursue health and fitness in the Jackson community. Sanford Jackson will also continue to offer diabetic education and support services along with other chronic disease management including obesity. Physical activity and nutrition is not included in the Implementation Plan as it was determined to be a lower priority. Improved health access is expected to have a secondary benefit on this need.

**Human Immunodeficiency Virus (HIV):** Sanford Jackson leadership will also share the results of the CHNA research with the leaders of the City of Jackson and leaders of Des Moines Valley Health and Human Services. Sanford Jackson collaborates with Des Moines Valley Health and Human Services to promote awareness and prevention of sexually transmitted diseases among youth and young adults. The need was not included in the Implementation Plan as it was deemed a lower priority for purposes of the Community Health Needs Assessment process.

**Alcohol-Related Driving Deaths:** This need is not included in the Implementation Plan as other groups, including those noted in the asset map, are currently addressing the need. Sanford Jackson is a member of the Community Addiction and Prevention Coalition. This Committee is comprised of various members from the community whose objective is to develop plans for comprehensive education and prevention concerning alcohol, tobacco and illegal drug use.

**Affordable Housing:** Affordable housing is not included in the Implementation Plan as other organizations have the competencies to improve the need. However, Sanford Jackson leadership will share the results of the CHNA research with the leaders of the City of Jackson and United Community Action Partnership. On an ongoing basis, Jackson Medical Center has social workers and care navigators who help patients access local resources as needed.

## EVALUATION OF 2019-2021 CHNA

### **Children and Youth**

Sanford Jackson Medical Center is working to create awareness of health behaviors for children and parents in our community through several initiatives.

Marketing Specialists continue to strengthen relationships with community members specifically for Jackson's annual Kids Tri for Health. The 2020 Tri for Health was scheduled for June but was cancelled due to COVID-19. In June of 2021 a successful Tri for Health was held and Jackson County Central School with close to 100 youth participants. Planning is underway for the 2022 Tri for Health that is slated for June 10 and 11, 2022.

The Sanford Fit Kids curriculum is utilized at various community events, speaking engagements, and in the resource bags for participants in Tri for Health. This year its utilization in schools and other activities were curtailed as COVID-19 resulted in schools and activities moving into the virtual space or were cancelled.

Sanford Jackson Medical Center supported Families in the Community throughout 2020 through sponsorship of organizations such as Jackson County Libraries Summer Program and the new Jackson City Splash Pad. Department managers and providers visited with 10th grade high school students interested in healthcare career paths each year in December.

### **Mental Health and Substance Abuse**

Mental health and behavioral health care continues to be a pressing need for the community. Sanford Jackson Medical Center's goal is to decrease patients presenting to the emergency room with mental and behavioral health issues as well as to decrease substance abuse within the community. Sanford Jackson Medical Center is working internally and with community partners to decrease substance abuse in the area via several projects.

SJMC's RN Health Coach specializes in customized care plans for patients needing support in weight loss initiatives, diabetes management, smoking cessation, or assistance in navigating primary care. A key voice in the community, the RN Health Coach has provided education resources at the 2020 Jackson Farm and Home Show. The Weight Loss Support group has transitioned to Facebook Live format for our patients.

Providers discuss tobacco use rates and the impact on care for people with diabetes and vascular disease, specifically. The Performance Improvement team monitors these measurements quarterly and updates action plans for all members involved in patient care.

To advance opioid prescribing best practices, staff and providers are routinely given updates on Sanford enterprise best practices regarding opioid prescribing. Many of these updates

appear as prompts in a patient's Electronic Medical Record (EMR). The EMR prompts providers to do the following: check PDMP (Prescription Drug Monitoring Program) before prescribing opioids, perform routine yearly Urine Drug Screen tests, provide educational resources in dealing with prescribing opioids, and give Controlled Substance Agreements for patients using opioids chronically.

SJMC's Integrated Health Therapist leads a community task force comprised of representatives from Des Moines Valley Health and Human Services (Public Health), law enforcement officials, EMS, industry leaders, Southwest Mental Health, and Family Services Network. This task force meets quarterly to discuss behavioral health issues of all ages, available resources, and the impact on our community.

The "Ask the Expert" column in the local newspaper educated the community on the National Prescription Drug Take Back Days held in April and October 2020. The public was informed of the ability to take outdated medication for disposal to the law enforcement center in Jackson year-round.

## CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at [Community.Benefits.Sanford@SanfordHealth.org](mailto:Community.Benefits.Sanford@SanfordHealth.org) or visit <https://www.sanfordhealth.org/contact-us>.

## APPENDIX

### **Survey Responses**

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

### **Expanded Demographics<sup>3</sup>**

Jackson County had a population of 9,846 in 2019, a decrease of -4.1% since 2010, while in contrast Minnesota grew by 6.3% in that same time frame. The county also trends older than the state. The county has a lower rate of diversity than the state of Minnesota.

Median housing costs are lower in the county than in the state. County residents are both less likely to have a computer in the home and internet access than the state average. The civilian labor force proportion in Jackson County is lower than the state but only by 2.3 points at 67.3%. However, residents of Jackson County have a median household income of \$58,727 considerably lower than the state median income of \$71,306. That said, the poverty rate is similar between the state and the county, and total employment in Jackson County outpaced the state rate at 6.1%

|  | Jackson County, MN | Minnesota |
|--|--------------------|-----------|
| Population estimates, July 1, 2019, (V2019)  | 9,846              | 5,639,632 |
| Population estimates base, April 1, 2010, (V2019)                                    | 10,266             | 5,303,927 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019) | -4.1%              | 6.3%      |
| Population per square mile, 2010   | 14.6               | 66.6      |
| Persons under 5 years, percent   | 5.5%               | 6.2%      |
| Persons under 18 years, percent  | 21.4%              | 23.1%     |
| Persons 65 years and over, percent   | 23.1%              | 16.3%     |
| White alone, percent   | 95.2%              | 83.8%     |
| Black or African American alone, percent   | 0.8%               | 7.0%      |
| American Indian and Alaska Native alone, percent                                     | 0.5%               | 1.4%      |
| Asian alone, percent   | 1.7%               | 5.2%      |
| Native Hawaiian and Other Pacific Islander alone, percent                            | 0.1%               | 0.1%      |
| Two or More Races, percent   | 1.7%               | 2.6%      |
| Hispanic or Latino, percent  | 4.2%               | 5.6%      |
| White alone, not Hispanic or Latino, percent   | 91.7%              | 79.1%     |
| Median value of owner-occupied housing units, 2015-2019                              | \$124,900          | \$223,900 |
| Median gross rent, 2015-2019   | \$710              | \$977     |
| Households with a computer, percent, 2015-2019                                       | 88.0%              | 91.6%     |
| Households with a broadband Internet subscription, percent, 2015-2019                | 79.5%              | 84.8%     |

<sup>3</sup> Census Bureau Quick Facts

|  |          |           |
|--|----------|-----------|
| High school graduate or higher, percent of persons age 25 years+, 2015-2019    | 92.7%    | 93.1%     |
| Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019       | 22.6%    | 36.1%     |
| With a disability, under age 65 years, percent, 2015-2019                      | 7.0%     | 7.3%      |
| Persons without health insurance, under age 65 years, percent                  | 6.0%     | 5.8%      |
| In civilian labor force, total, percent of population age 16 years+, 2015-2019 | 67.3%    | 69.6%     |
| Median household income (in 2019 dollars), 2015-2019                           | \$58,727 | \$71,306  |
| Per capita income in past 12 months (in 2019 dollars), 2015-2019               | \$34,325 | \$37,625  |
| Persons in poverty, percent  | 9.8%     | 9.0%      |
| Total employer establishments, 2019  | 297      | 151,495   |
| Total employment, 2019   | 4,151    | 2,729,420 |
| Total employment, percent change, 2018-2019                                    | 6.1%     | 0.0%      |

## CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

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

### RESIDENCE

Please enter your county of residence: \_\_\_\_\_

Please enter your zip code: \_\_\_\_\_

What is your current age? \_\_\_\_\_

### COMMUNITY

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

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

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

Why did you give it that rating?

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

Why did you give it that rating?

010000-01802 1:01

1



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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

**How would you rate the ENVIRONMENTAL health of your community?**

*(clean air, clean water, etc.)*

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know  
                             

**Why did you give it that rating?**

**YOUR HEALTH AND WELLNESS**

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

Poor      Fair      Good      Very Good      Excellent      Don't Know

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

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

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

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

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

**YOUR HEALTH CARE USAGE**

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

- Yes
- No

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

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

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

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

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

- Poor                  Fair                  Good                  Very Good                  Excellent
- 

Why did you give it that rating?

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

- Yes     No     Unsure

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

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

## TRAVELING FOR CARE

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

- Yes     No

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

City \_\_\_\_\_ State \_\_\_\_\_

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

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

Other (please specify)

## YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes     No

Please indicate the source of your health insurance coverage.

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

Other (please specify)

## DEMOGRAPHICS

What is your biological sex?

- Male  Female

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

- Yes  No

How many people live in your house, including yourself? \_\_\_\_\_

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

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

- Yes  No

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

- American Indian or Alaska Native  
 Caucasian or White  
 Asian  
 Native Hawaiian or Pacific Islander  
 Black or African American  
 Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen  
• Are you planning to become a US citizen?  Yes  No  Prefer not to answer  
 0 - 5 years  
 6 - 10 years  
 More than 10 years

What language is spoken most frequently in your home? \_\_\_\_\_

What is your current marital status?

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

**Which of the following best describes your current living situation?**

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

**What is your primary mode of daily transportation?**

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

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

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

**Your current employment status is best described as:**

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

**What is your total household income from all sources?**

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

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