



Sanford Health Network
Community Health Needs Assessment
Implementation Strategy
2017-2019

SANFORD
HEALTH

Dear Community Members,

Sanford Westbrook is pleased to present the 2016 Community Health Needs Assessment (CHNA) and Implementation Strategy. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address community health issues.

During 2015 members of the community were asked to complete a non-generalizable survey to help identify unmet health needs. Analysis of the primary research data and secondary research was used to identify health concerns and needs in the community. Community partners and public health leaders assisted with the development of an asset map that lists resources and assets that are available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs, and to further address these needs through the implementation strategies that are included in this document.

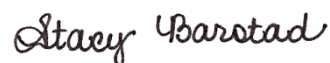
Sanford Westbrook has set strategy to address the following community health needs:

- Physical Health
- Mental health

In this report you will find the implementation strategies for 2017-2019, information about what Sanford is doing to address the needs, assets and resources that are available in the community to address the needs, and a discussion on the impact from the 2013 implementation strategies.

At Sanford Westbrook, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of communities is at the core of who we are. Through our work with communities, we can bring health and healing to the people who live and work across our communities. Together, we can fulfill this mission.

Sincerely,



Stacy Barstad
Chief Executive Officer
Sanford Westbrook Medical Center

Implementation Strategies

Priority 1: Mental Health/Behavioral Health

Mental health includes emotional, psychological, and social well-being. It affects how people 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.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has prioritized mental/behavioral health as a top priority and has set strategy to reduce mortality and morbidity from chemical addiction and mental illness, and enhance the level of behavioral health services that are available to patients in the hospital/clinic setting.

Priority 2: Physical Health

Many of the chronic conditions experienced by our patients can be addressed through primary prevention. Weight gain itself has been shown to increase the risk of type 2 diabetes (Nurses Health Study), hypertension (NHANES III), gallstones (NHANESIII), osteoarthritis in the knee (Framingham Study and NHANES I), and endometrial cancer (Schottenfield et. al, 1996). Weight gain is also associated with higher lipid levels, coronary heart disease, cardiovascular disease, and premature death from stroke and heart attack (NHLBI, 1998).

Sanford has set strategy to improve the care of patients with chronic disease, overweight or obesity diagnoses. Patients who are overweight will be referred to internal services including registered dietitians, exercise specialists, and Health Coaches.

The Sanford Health *fit* initiative, <http://sanfordfit.org/> a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for children, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford's *fit* initiative has come a long way since its inception in 2010. Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

- The *fit* website for Juniors, Kids and Teens creates an entertaining and interactive on-line environment where they can play games, watch videos and take daily challenges. Parents

benefit from their own set of resources where they can find tips and tools on becoming healthy role models and raising *fit* kids. To date, the children's and parent's sites have received more than 7.5 million visitors. Over 700 pieces of content have been added to the sites including videos, slideshows, games, articles, and even *fit* songs!

- In addition to the web, *fit* is developing meaningful school resources to bring value and fun into the primary education setting. We are doing this by integrating *fit* points into science and math components to provide health promotion, an avenue into the classroom without taking valuable time away from those critical subjects.
- *fit4Schools* – *fit4Schools* includes unique *fit*-based lessons integrated into daily classroom activities. fit4schools.sanfordfit.org is an on-line school resource that incorporates topics into math and science curriculum. To date the program has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use. To date it has:
 - Reached 50,000 schools
 - 180,000 page views from educators across the country
 - 12,000 lesson plan downloads, representing 600,000+ students
- Community
 - The *fit* friends, Denny, Abby, Sam, Alex and Marty, along with the *fit* team, have been making a variety of appearances at events across the Sanford footprint! *fit* has been at over 2 dozen events interacting with more than 15,000 children and parents to spread the word about the *fit* platform and resources.
 - Smartphone Apps – Through a series of fun and engaging apps, *fit* will continue to activate kids at the touch of a fingertip to live a fit and healthy lifestyle related to Mood, Recharge, Food and Move.
 - MOVE2Draw is a simple and fun way for kids to move and create their own unique drawings. Once a drawing is completed, it can be stored on the MOVE2Draw website.
 - eMOODicam is a photo application that allows the user to enhance a photo and bring the mood to life and share with others.
- Looking Forward
 - *fit* is continuing to look to the future for ways to continue to make a meaningful impact on children and families both on-line and off-line. Other exciting expansions that are in the works include:
 - Clinical Setting – Resources for the clinical setting to spur actionable and understandable discussions between health care providers and families.
 - Health Coaches – Exploring meaningful ways for Health Coaches to promote healthy choices with children and adults.
 - Engage Key Role Models – Firefighters and youth sport coaches are role models and have a big influence on children so that's why *fit* is developing resources for them to teach the principles of *fit* along with sports fundamentals and other outreach.

**Community Health Needs Assessment
Implementation Strategy for Sanford Westbrook Medical Center
FY 2017-2019 Action Plan**

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 the 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 and drug programs to community members

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaboration
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 MN Department of Health on pilot project for integrating behavioral health into Critical Access Hospitals

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaboration
The National Rural Health Resource Center - Rural Health Innovations has received a Flex grant from our office 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 Tracy	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 Health Coach utilization

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

Goal 2: Sanford *fit* Kids utilization

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations
Work with Sanford <i>fit</i> Kids and work with community to bring this service more visibility	Presentations at school and at various community groups	Med. Staff/ Schools/ Athletic Trainer/Mktg.	Clouse/ Radke/ Barstad	WWG Schools

Goal 3: Utilizing Sanford *Profile* Services

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations
Exploring utilization of new Sanford <i>Profile</i> weight management service for the community	Enrollment of at least 3 new patients over the next 1 year	Sanford <i>Profile</i> tools/Provider and community awareness	Radke/ Clouse/ Barstad	N/A

Community Health Needs Assessment Key Findings

The following needs were brought forward for prioritization:

- Children and Youth – bullying
- Aging – cost of long term care, availability of memory care, resources for caregivers
- Safety – the presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health insurance, affordable health care, affordable prescription drugs
- Physical Health – cancer, chronic disease, obesity, inactivity
- Mental Health – depression, stress, substance use and abuse

How Sanford Westbrook is Addressing the Needs

Identified Concerns	How Sanford Westbrook is Addressing the Needs
Aging <ul style="list-style-type: none"> • Cost of long term care • Availability of memory care • Availability of resources for family/friends caring for and making decisions for elders 	Sanford has employed a social worker at Sanford Westbrook to help patients with financial needs and location resources.
Children and Youth <ul style="list-style-type: none"> • Bullying 	Sanford Westbrook’s pediatrician on staff takes the time to educate young patients and families about bullying and what to do if bullying is taking place. These discussions take place during wellness visits.
Safety <ul style="list-style-type: none"> • Presence of street drugs and alcohol in the community 	Patients to the Sanford Westbrook ER are screened for substance abuse on admission to ER.
Health Care <ul style="list-style-type: none"> • Access to affordable health insurance • Access to affordable health care • Access to affordable prescription drugs 	<p>Sanford Westbrook offers charity care to patients unable to pay for medical treatment. Sanford’s community care policy defines qualifications and financial counselors are available to assist patients who qualify for free or subsidized care. Social workers or financial counselors also assist with enrollment for patients who qualify for public programs.</p> <p>Prescription drugs are made available at a free or reduced rate for patients who are unable to pay.</p> <p>Social worker as a resource to patients.</p> <p>Sanford Health Plan is marketed and advertised in area.</p>

Identified Concerns	How Sanford Westbrook is Addressing the Needs
<p>Physical Health</p> <ul style="list-style-type: none"> • Cancer • Chronic disease • Obesity (<i>County Health Rankings</i> indicate 29% obesity for Cottonwood County) • Inactivity and lack of exercise 	<p>Patients have access to the cancer center in Sioux Falls</p> <p>Better Choices – Better Health is available free of charge to all community members. This is a self-management chronic disease program.</p> <p>There is a fitness center in Westbrook.</p> <p>PT/OT department located at fitness center. Sanford supports the local food pantry - to decrease obesity.</p> <p>Sanford dietitians are available to provide medical nutrition therapy.</p> <p>RN home visit program - chronic disease support.</p> <p>Health Care Home and Health Coach have been implemented in the clinic to monitor compliance and improve health of patients.</p>
<p>Mental Health</p> <ul style="list-style-type: none"> • Depression • Underage drug abuse • Stress • Alcohol use and abuse <ul style="list-style-type: none"> ○ 39.3% of respondents reported 3 or more drinks/d on average ○ 44.4% reported 4 or 5 drinks (binge) on the same occasion over the past month ○ Only 3.7% reported having a problem with alcohol use; however, 16.7% reported that alcohol use had harmful effects on the respondent or a family member 	<p>Sanford screens patients for depression on admission to ER, etc.</p> <p>Behavioral health is embedded in the clinic setting.</p> <p>A licensed social worker and mental health professionals see patients in the clinic. There are services for both adults and children.</p>

Sanford Westbrook Medical Center 2016 CHNA Asset Map

Identified concern	Community resources that are available to address the need
Aging Population	LTC and Memorial Care: <ul style="list-style-type: none"> • Good Samaritan Society - 507-274-6155
Children and Youth	Subsidized housing – Westbrook apts. – 507-360-8959 Mary & Martha Pantry School Counselors - Westbrook Schools – 507-274-6112
Safety	Police Dept. - 507-274-5400
Health Care	Sanford Community Care Program Financial assistance/counselors in Sanford business office Sanford Westbrook Clinic - 507-274-6121
Physical Health	Sanford Cancer Biology Research Sanford Dietitians Sanford WebMD Fit Kids for children and parents Sanford Medical Home RN Health Coach American Cancer Society Better Choices/Better Health American Heart Association Westbrook Schools physical activity program – 507-274-6112 Sanford Westbrook Clinic 507-274-6121
Mental Health/Behavioral Health (Substance Abuse)	Sanford Westbrook Clinic 507-274-6121

Demonstrating Impact

The 2013 Community Health Needs Assessment served as a catalyst to lift up obesity and mental health services as implementation strategies for the 2013-2016 timespan. The following strategies were implemented.

2013 Community Health Needs Assessment Sanford Westbrook Implementation Strategy

1. Implementation Strategy: Dental, Mental Health, General Physician

Three-Year Plan (January 2012 - January 2015)

- Work on partnership or any opportunities with Bruce Mathiason, local dentist in Walnut Grove, to offer free or reduced cost clinics - could seek out grant funds for this as well.
- Seek out possibilities with Open Door Dental to come to community.
- Recruitment of general family practice physician for Westbrook.
- To increase mental health providers available
- Obtain certification of Medical Home and implement Health Coach to help with resources and guidance for patients.

2. Implementation Strategy: Oncology

Three-Year Plan (January 2012 - January 2015)

- Pursue discussion with Worthington oncologist and opportunities to partner and expand services to Westbrook.
- Increase utilization of tele-oncology from Sioux Falls - marketing and awareness of services.

3. Implementation Strategy: Obesity

Three-Year Plan (January 2012 - January 2015)

- Increase awareness and utilization of Medical Home and Health Coach to reach obese patients.
- Work with Sanford *fit* Kids and work with community to bring this service more visibility.

- Work with the WWG school on wellness center opportunities, reduced rates, etc.
- Look at possibility of increasing dietician hours and access for community and patients.
- Explore utilization of new Sanford *Profile* weight management service for the community.

The 2013 strategies have served as a base for reaching out and utilizing resources and implementing resources in the Westbrook community. The impact has been positive and the work will continue into the future through new or continued programming and services on the strategies.

Impact of the Strategy of Dental, Mental Health and General Physician

Dental services are a work in progress. Grant funds have not been obtainable. Dental services in nearby communities of Walnut Grove and Tracy have been accessible to patients. The work with the Open Door Dental group will continue to have a presence in Westbrook. The group is accessible in nearby communities.

Recruitment continues for a family practice physician for Westbrook. At this point, rural recruitment is very difficult with many communities competing for rural physicians.

Successful recruitment efforts have been achieved with the replacement position of a specialized behavioral health nurse practitioner in spring 2013.

Medical Home certification was obtained successfully in fall of 2013.

Impact of the Strategy to Address Oncology

Increasing access for cancer patients at Sanford Westbrook has been a top priority. Because of the small patient size we have not been able to have a regular schedule for an oncologist to visit Westbrook, but tele-video options are available for patients. We market and address this with patients as an option to stay close to home.

Impact of the Strategy to Address Obesity

With the addition of a certified Medical Home and Health Coach in Westbrook, efforts are ongoing to identify patients with obesity issues and to offer resources and monitoring to assist with health conditions.

Ongoing efforts with the local wellness center to offer training for equipment and assistance for community members who want to use the facility.

Ongoing efforts to increase access to outreach dietitian are underway. With the Health Coach identifying this need, resources are being made aware for obese patients.

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only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life. In 2016 a new *fit* initiative will be available for 20,000 classroom teachers. The classroom curriculum has numerous modules that teachers can access and implement in part or comprehensively.

Profile by Sanford is a personalized retail weight loss program designed by Sanford Health physicians and scientists to be simple, effective and sustainable. With a certified *Profile* coach, personalized meal plans and smart technology to track progress, members see real results. Each weight loss plan is designed with a focus on nutrition, activity and lifestyle.

The enterprise obesity initiative addressed education for providers and education for patients and community members. The first annual Sanford obesity symposium was held in 2014. Over 400 health care professionals from the region and beyond registered for the 2014 and the 2015 symposiums. The purpose of the symposium is to enhance the knowledge and competence of participants by providing an update on the latest research associated with the prevention, treatment and management of obesity. The target audience includes primary care physicians, pediatricians and specialty care providers, advanced practice providers, licensed registered dietitians, nurses, and other interested health care professionals.

The symposium is an opportunity to provide prevention and treatment practice guidelines for the adult and pediatric population. The planning committee includes several published providers who are sought after nationally and internationally for their expertise.

Sanford is taking a comprehensive and multi-faceted approach to obesity prevention and treatment. The impact is demonstrated through the lives of our community members who have had positive outcomes because of our programs and services.



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