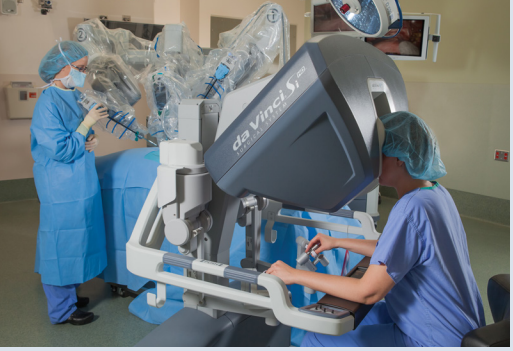



















SANFORD HEALTH

Sanford Health Network

2018 Community Health Needs Assessment

dba Sanford Worthington Medical Center EIN# 46-0388596

Dear Community Members,

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

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

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

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

- *Health Care Access*
- *Wellness*

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

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

Sincerely,

Jennifer Weg, MS, RN

Jennifer Weg
Executive Director
Sanford Worthington Medical Center

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Sanford Worthington Medical Center

Community Health Needs Assessment

2018

EXECUTIVE SUMMARY

Purpose

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

Our Guiding Principles

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

Regulatory Requirements

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

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

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

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

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

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

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

Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and Nobles County Public Health distributed the survey link via email to stakeholders and key leaders located within the Worthington community and Nobles County. Data collection occurred from November 2017. A total of 173 community stakeholders participated in the survey.

   B. *Resident Survey*
   The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the Statewide Health Improvement Partnership (SHIP) surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. The survey was posted on Facebook and a notice was posted in the local newspaper to invite residents to take the survey. The newspaper post included a URL for the survey. A total of 163 community residents participated in the survey.

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

   D. *Community Stakeholder Discussions*
   Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation

strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

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

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

Limitations of the Study

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

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

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

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

Key Findings

Community Health Concerns
The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.5; however, the high ranking needs of 3.4 or above are considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in some cases the indicators are aligned and validate our findings.

Economic Well-Being
Community stakeholders are most concerned that there is a need for affordable housing (ranking 4.00).

People in Nobles County are struggling with food insecurity - 22% of resident survey participants report that they worry they will not have enough food before having money to buy more, and 16% report that their food did not last until they had money to buy more.

Transportation
Community stakeholders are most concerned about the availability of public transportation (3.54).

Children and Youth
Community stakeholders are most concerned about the availability and cost of quality childcare (4.18), the availability of services for at-risk youth (3.72), teen pregnancy (3.65), childhood obesity (3.59), bullying (3.57), substance abuse by youth (3.53), and the availability of activities for children and youth (3.50).

Aging Population
Community stakeholders are most concerned about the cost of long-term care (3.93), the availability of memory care (3.92), and the cost of in-home services (3.51).

Health Care Access
Community stakeholders are most concerned about access to affordable health insurance (3.97), access to affordable care (3.88), the availability of mental health providers (3.80), access to affordable dental insurance (3.79), the availability of behavioral health (substance abuse) providers (3.78), access to affordable prescription drugs (3.68), the use of emergency room services for primary health care (3.56), and access to affordable vision insurance (3.51).

Mental Health and Substance Abuse
Community stakeholders are most concerned about drug use and abuse (3.69), depression (3.66), stress (3.52), and alcohol use and abuse (3.51).

Resident survey participants are facing the following issues:

- 62% report that they are overweight or obese
- 41% have a diagnosis of hypertension
- 39% self-report binge drinking at least 1X/month
- 31% report a diagnosis of high cholesterol
- 28% report that they have been diagnosed with depression
- 30% report a diagnosis of anxiety/stress
- 28% have not visited a dentist in more than a year

- 25% self-report that they have drugs in their home they are not using
- 16% report running out of food before having money to buy more

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

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

- *Health Care Access*
- *Wellness*

Implementation Strategies

Priority 1: Health Care Access

According to the County Health Rankings for Clinical Care, access to affordable health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that all patients requiring access to healthcare are successful in securing timely appointments.

Priority 2: Wellness

The Centers for Disease Control and Prevention reports that Americans use preventive services at about half the recommended rate. Chronic diseases are responsible for 7 of every 10 deaths among Americans each year and account for 75% of the nation's health spending. These chronic diseases can be largely preventable through close partnership with your health care team, or can be detected through appropriate screenings, when treatment works best.

Eating healthy, exercising regularly, avoiding tobacco, and receiving preventive services such as cancer screenings, preventive visits and vaccinations are ways people can stay healthy. The right preventive care at every stage of life helps individuals to healthy, avoid or delay the onset of disease, keep diseases they already have from becoming worse or debilitating, lead productive lives, and reduce costs.

Sanford has made wellness and chronic disease prevention a significant priority and has developed strategies to promote and improve cancer and chronic disease screening in the community.

Sanford Worthington Medical Center

Community Health Needs Assessment

2018

Sanford Worthington Medical Center

Community Health Needs Assessment

2018

Purpose

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Acknowledgements

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

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Wheaton
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bagley
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls

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

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

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

- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

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

- Krystal Anderson, Probation and Social Services
- Joanne Bartosh, ACE of SW Minnesota
- Elizabeth Briones, JBS
- Jason Brisson, City of Worthington
- Christine Bullerman, NCCSA, Nobles County
- Bonnie Christiansen, University of Minnesota
- Sandra Demuth, Southwest Minnesota Private Industry Council
- Darlene DeWitt, Registered Dietitian, Worthington Avera
- Lynn Dierks, Sanford Health
- Peter Ekadu, Nobles County Community Services
- Kevin Flynn, Worthington Police Department
- Darci Goedtke, Nobles County Community Services
- Stacie Golombiecki, Nobles County Community Services
- Nancy Hofstee, Community Stakeholder
- Scott Johnson, Southwest Mental Health Center
- Sharon Johnson, ISD 518 Community Education
- Kathleen Kucz, Nobles County Attorney
- Darlene Macklin, Worthington Chamber of Commerce
- Gwen Post, Sanford Health
- Linda Sanchez, Manna Food Pantry
- Kylie Turner, Sanford Health
- Jena Versteeg, Sanford Health
- Melanie Wagner, Worthington Avera
- Sara Wahl, SW Crisis Center
- Greg Wede, Love Inc.
- Jennifer Weg, Sanford Health

Description of Sanford Worthington Medical Center

Sanford Worthington Medical Center is a 48-bed facility located in Worthington, Minnesota, the county seat of Nobles County, and the regional economic hub for southwestern Minnesota. The hospital is the largest in the region and serves over 21,000 residents.

Sanford Worthington provides more than 50 medical services, including general and same day surgery, a 27-bed medical/surgical unit, intensive care, lab and medical imaging, women's services including digital mammography, outpatient dialysis, infusion center, home care, oncology services including chemotherapy and radiation therapy, and a 24/7 emergency department with in-house physician coverage. An acute care clinic is also located at the hospital that provides walk-in, after hours and weekend services.

Sanford Worthington Medical Center employs 20 active medical staff and 350 employees.

Description of the Community Served

Nestled in the southwest corner of Minnesota at the intersection of Interstate 90 and Minnesota State Highway 60, Worthington is the largest city in Nobles County with 13,000 residents. It has a strong agricultural presence and is home to several large corporations involved in processing, shipping, bio-science research and manufacturing. The city boasts a healthy retail sector with great shopping and over 30 restaurants, many representing foods from other ethnic cultures.

Worthington has excellent schools and Minnesota West Community and Technical College. A wide variety of recreation activities are available including Lake Okabena, bike paths, 19 city parks, soccer fields, hockey arena, tennis courts, baseball and softball fields, a disc golf course, in addition to two regular 18-hole golf courses. The city partnered with the YMCA and others to build a new $9.5 million YMCA facility in Worthington.

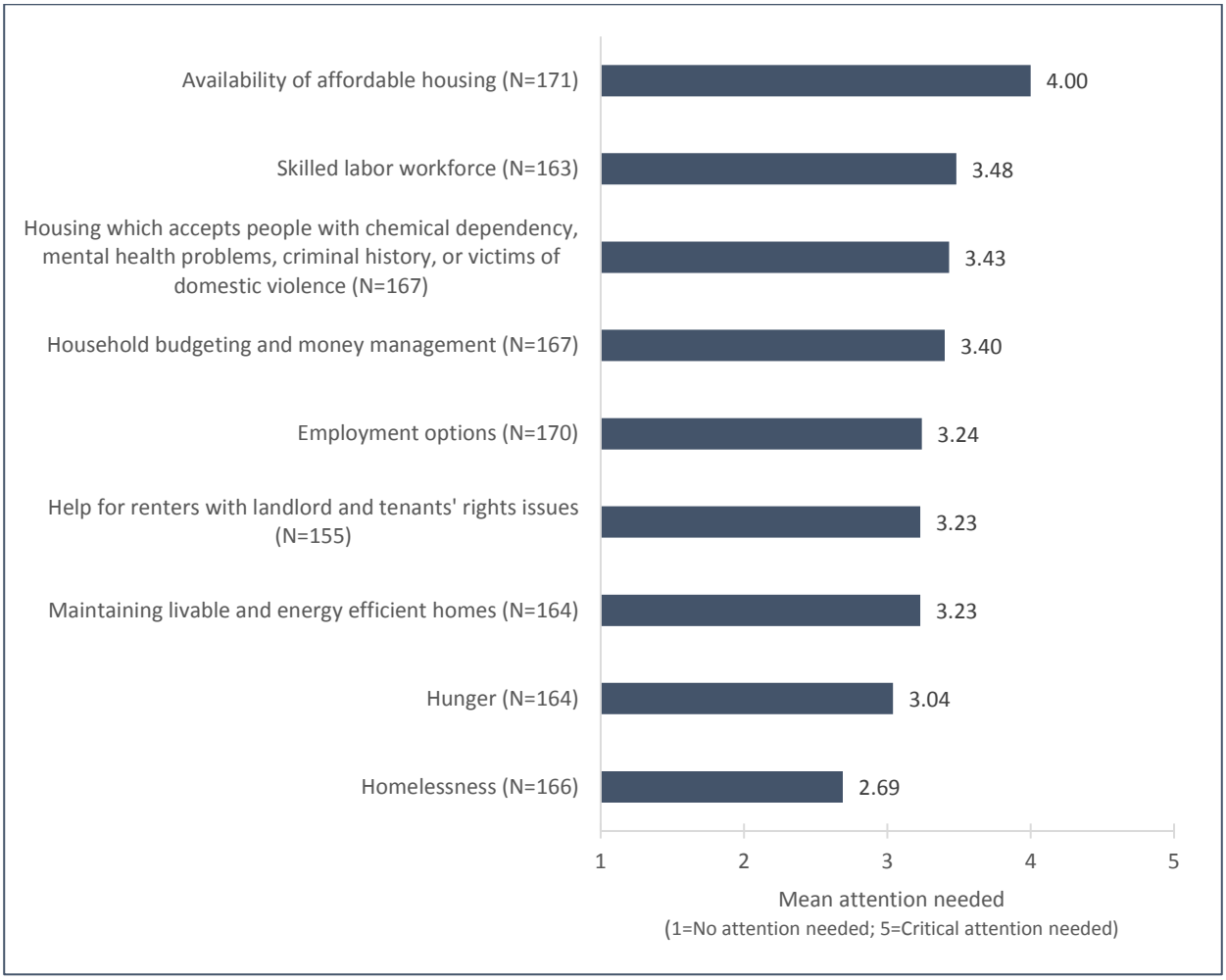
The art deco War Memorial Auditorium was recently renovated and offers a great variety of shows and festivals that the city hosts throughout the year, including the annual *King Turkey Days,* which brings up to 30,000 people to Worthington.

Key Findings

Community Health Concerns

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

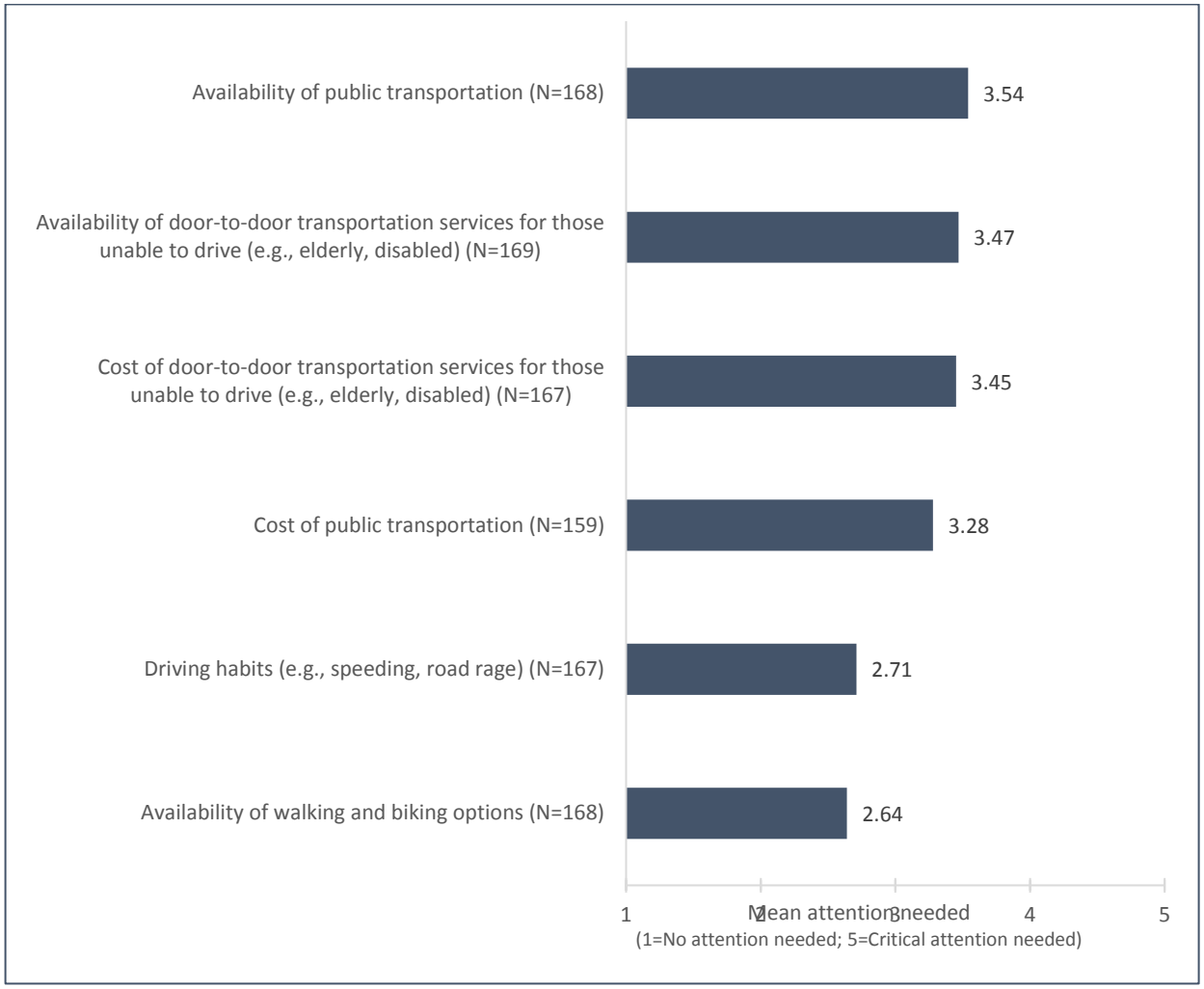
Economic Well-Being: The concern for the community's economic well-being is focused on the need for affordable housing.



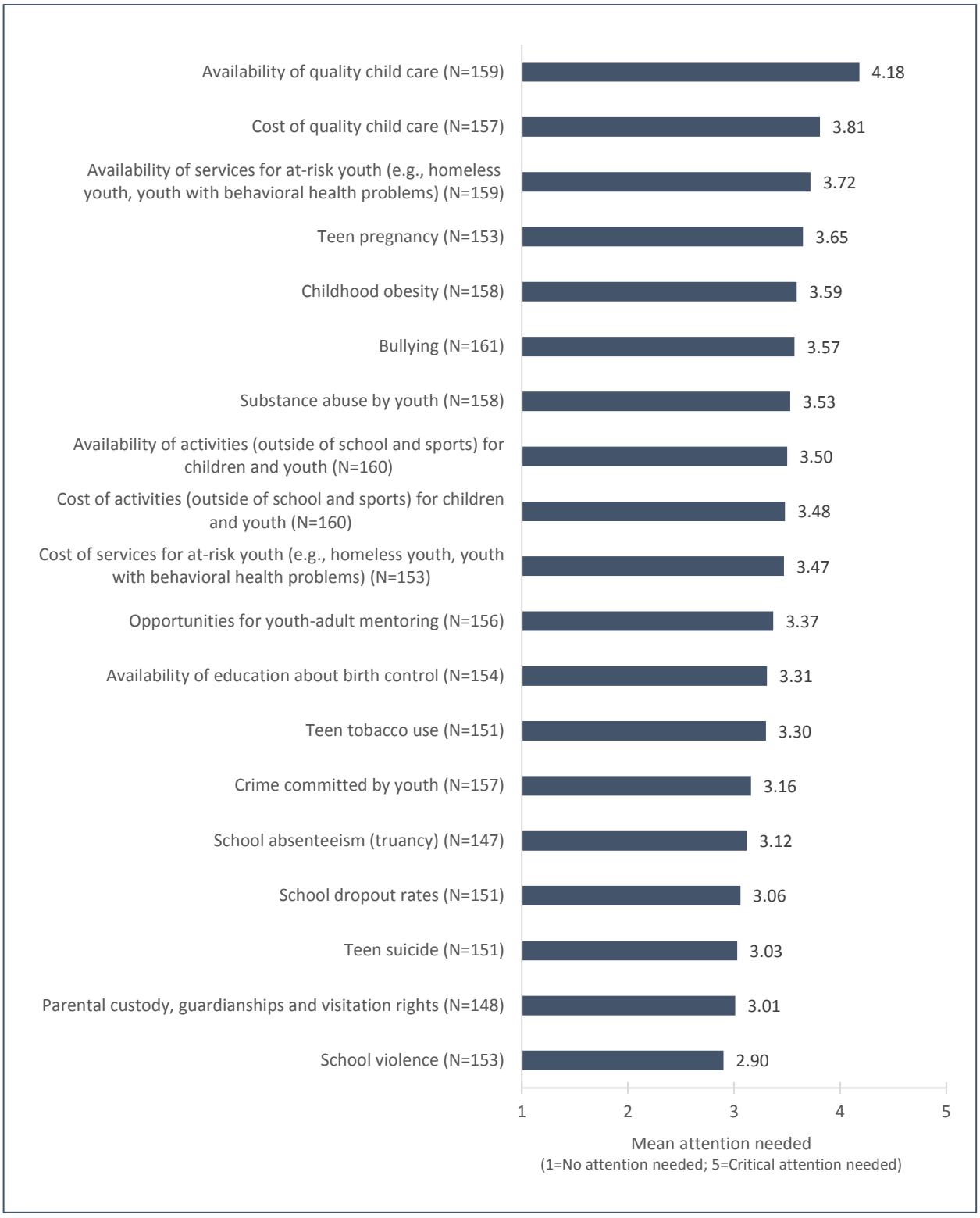
Healthy People 2020 has defined the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Transportation: The concern for the community's transportation is focused on the need for public transportation.

Current state of community issues regarding TRANSPORTATION



Children and Youth: The concern for children and youth is highest for the availability and cost of quality childcare, services for at-risk youth, teen pregnancy, childhood obesity, bullying, substance abuse and the availability of activities for children and youth.



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

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

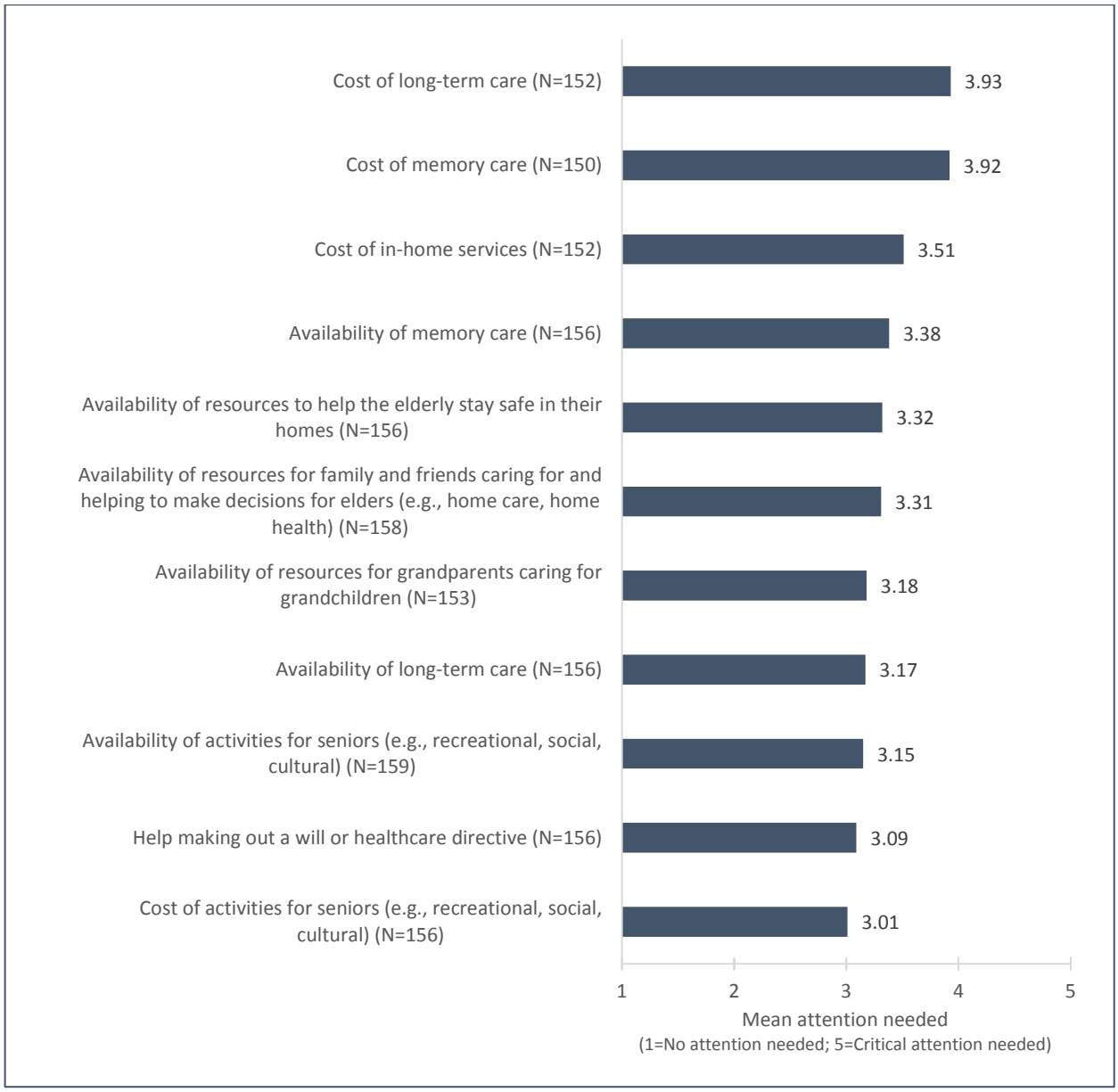
Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

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

Protective factors include:

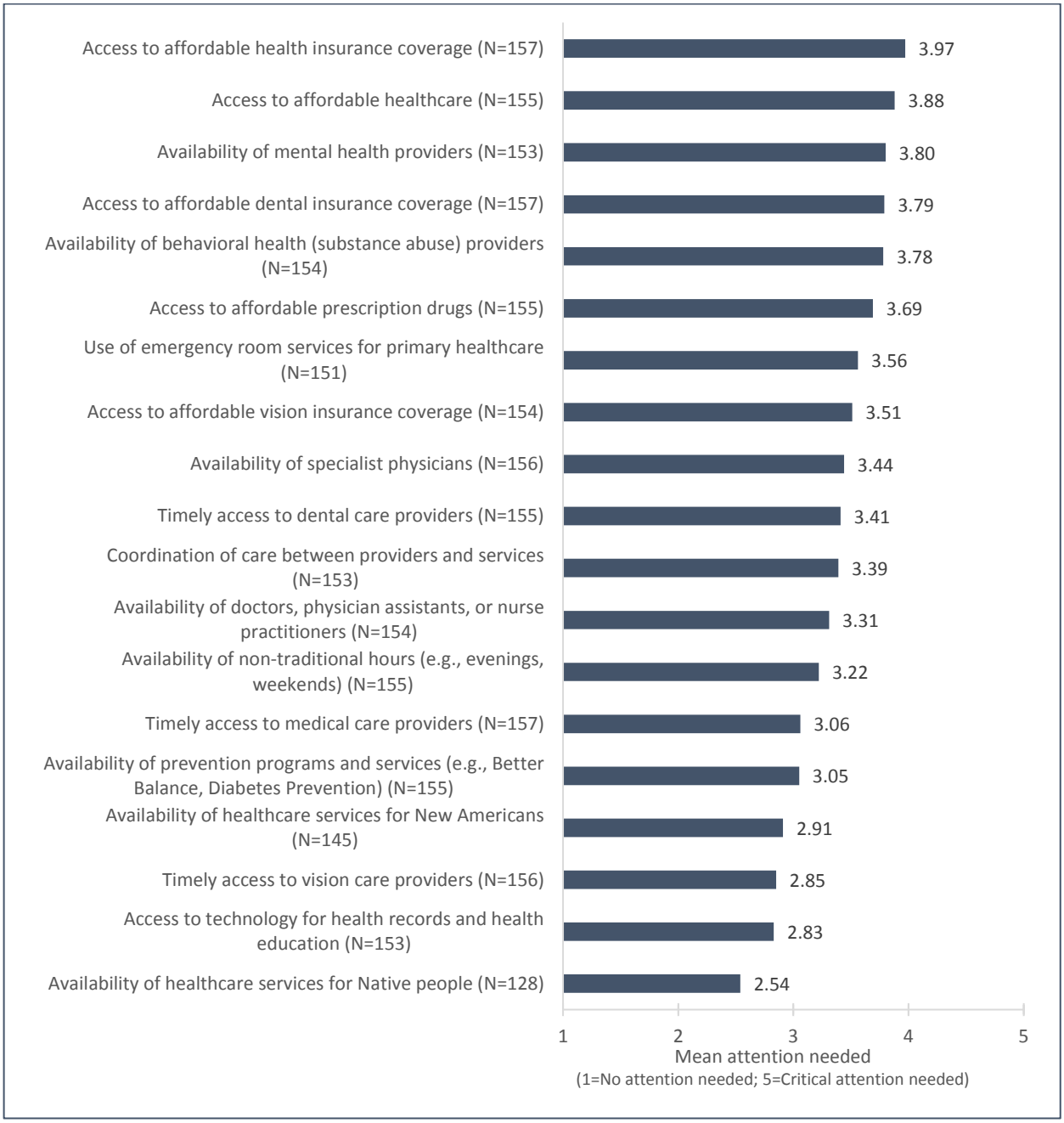
- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs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

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



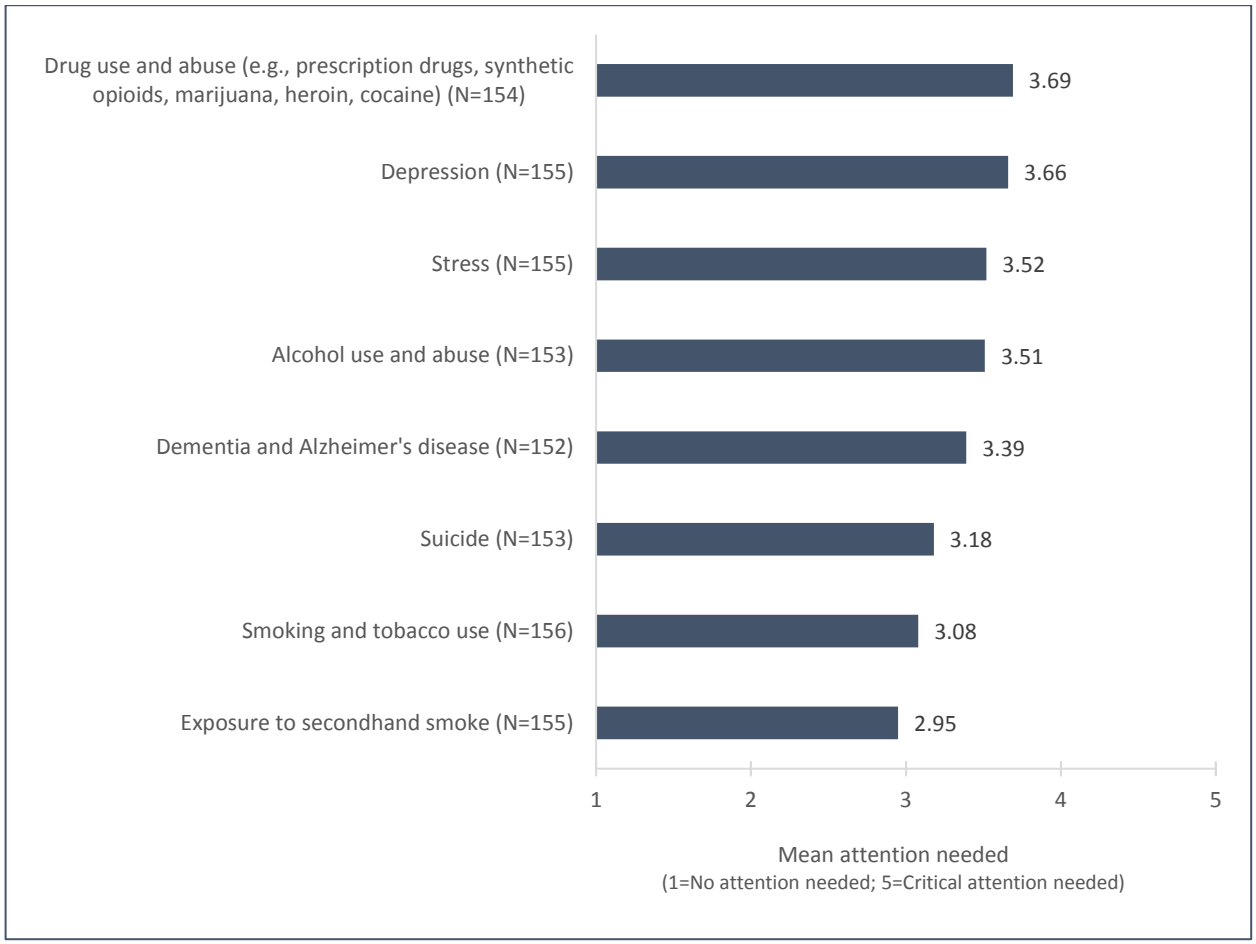
According to the U.S. Health and Human Services Administration on Aging, the cost of long-term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers,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

Health Care and Wellness: Access to affordable health insurance, access to affordable health care, prescription drugs, dental care, vision insurance, the availability of mental health and behavioral health providers, and the use of the emergency department for primary care services are all ranked very high among the top concerns for the community.



According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025. According to the Community Commons for Beltrami County there are no mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

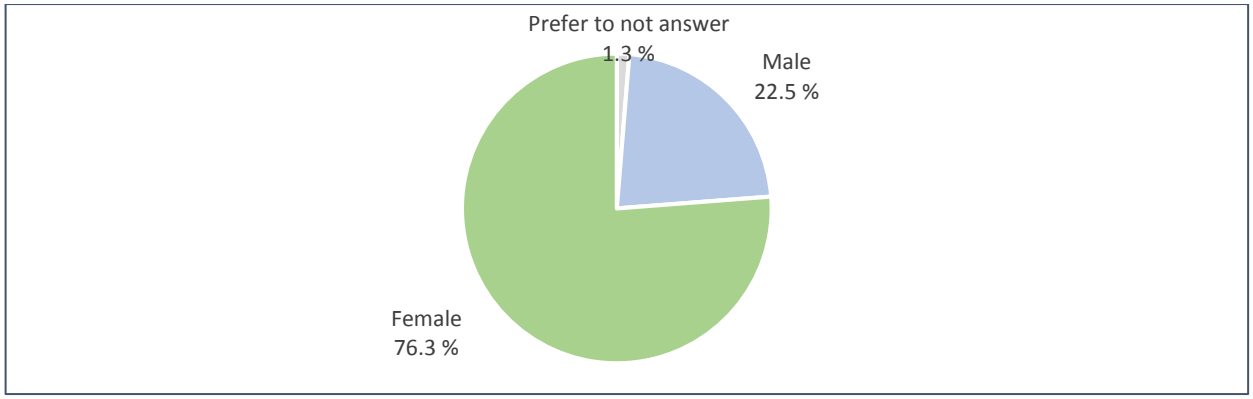
Mental Health and Substance Abuse: Drug use and abuse, stress, depression and alcohol use and abuse are top concerns for the community.



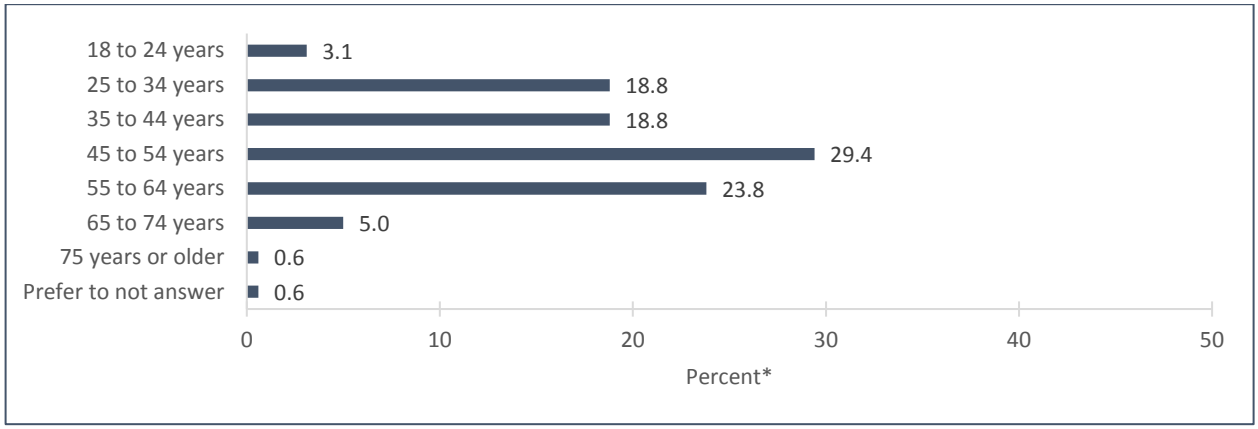
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental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

Demographic Information for Key Stakeholder Participants

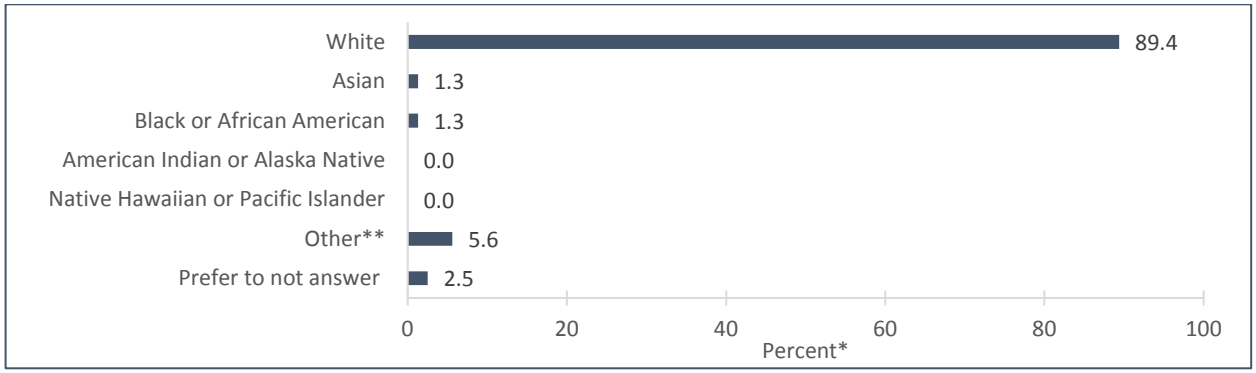
Biological Gender



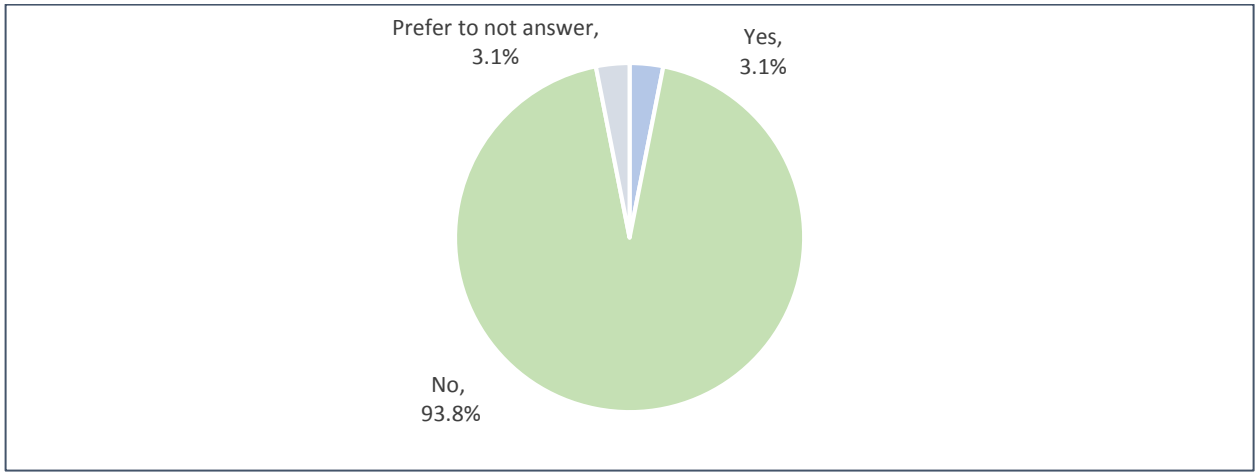
Age of Participants



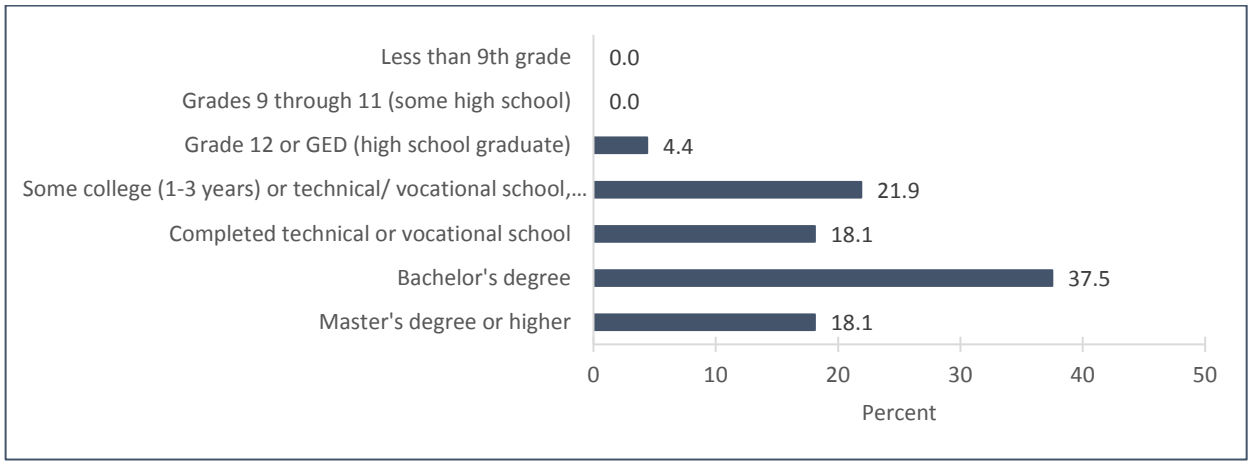
Race of Participants



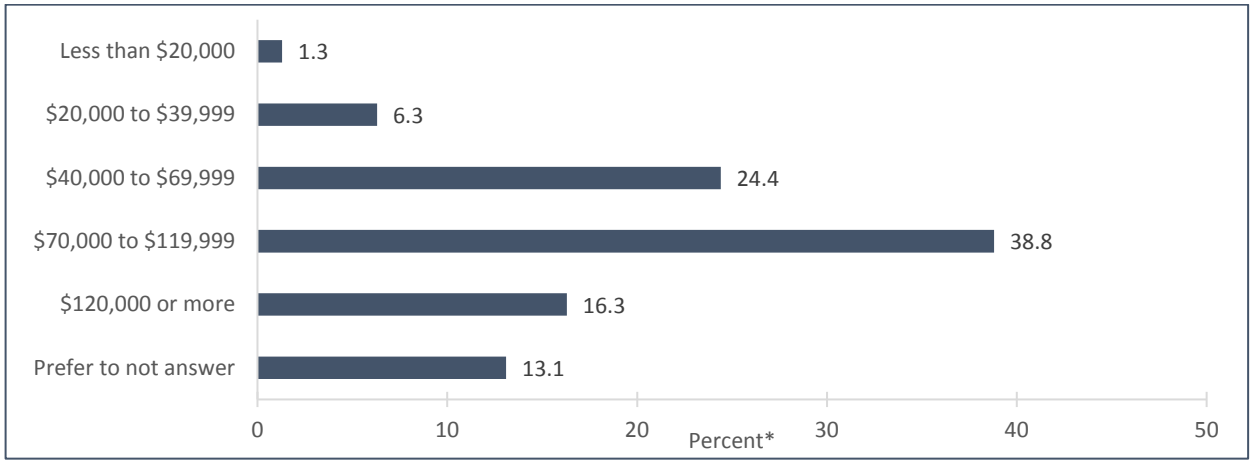
Whether Respondents are of Hispanic or Latino Origin



Highest Level of Education Completed



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



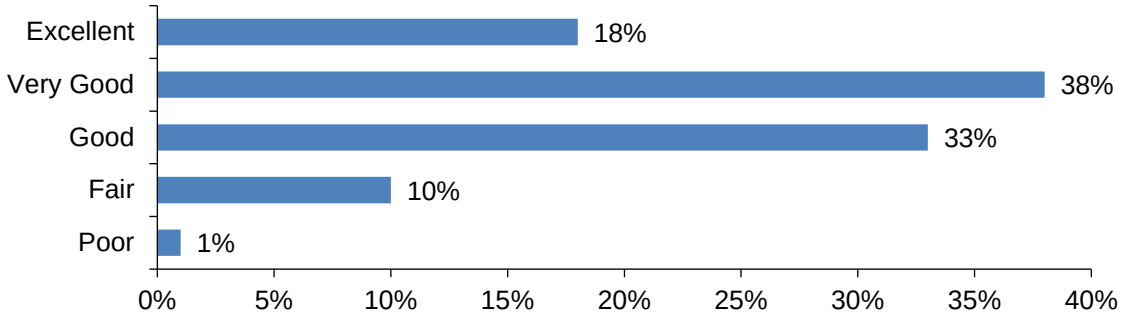
Residents' Health Concerns

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

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

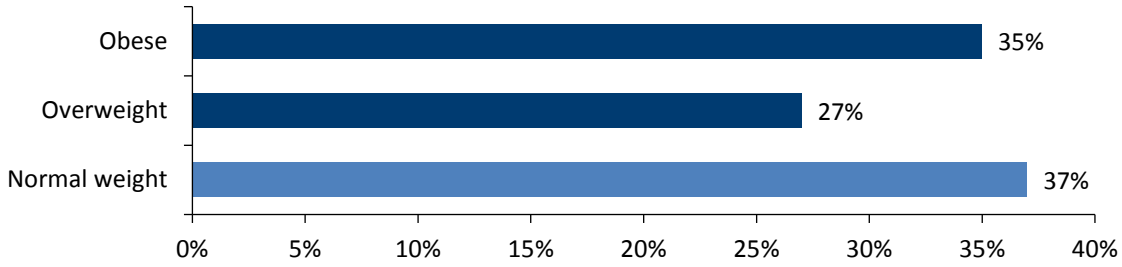
How would you rate your health?

Seventy-five percent of survey participants rated their health as good or better.



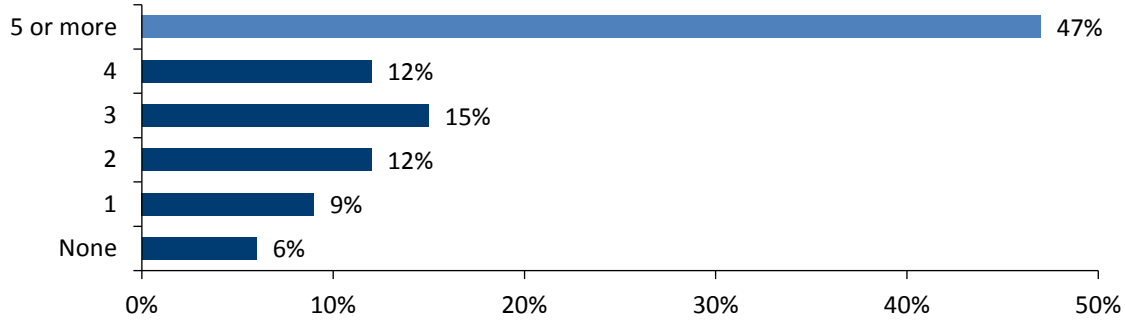
Body Mass Index

Sixty-two percent of participants are overweight or obese.



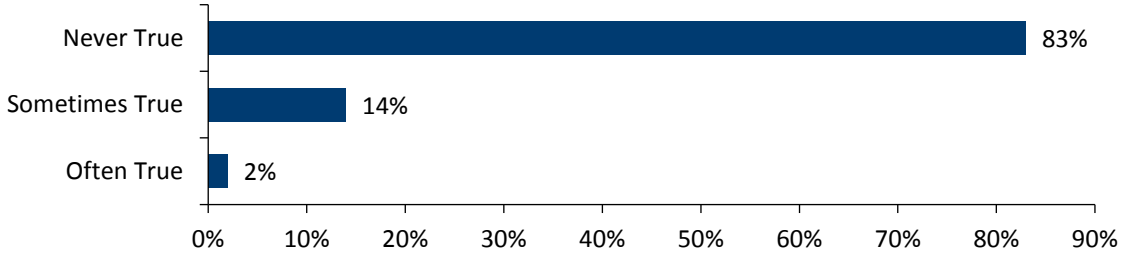
Total daily servings of fruits and vegetables

Only 47% are getting their recommended five or more a day servings of fruits and vegetables.



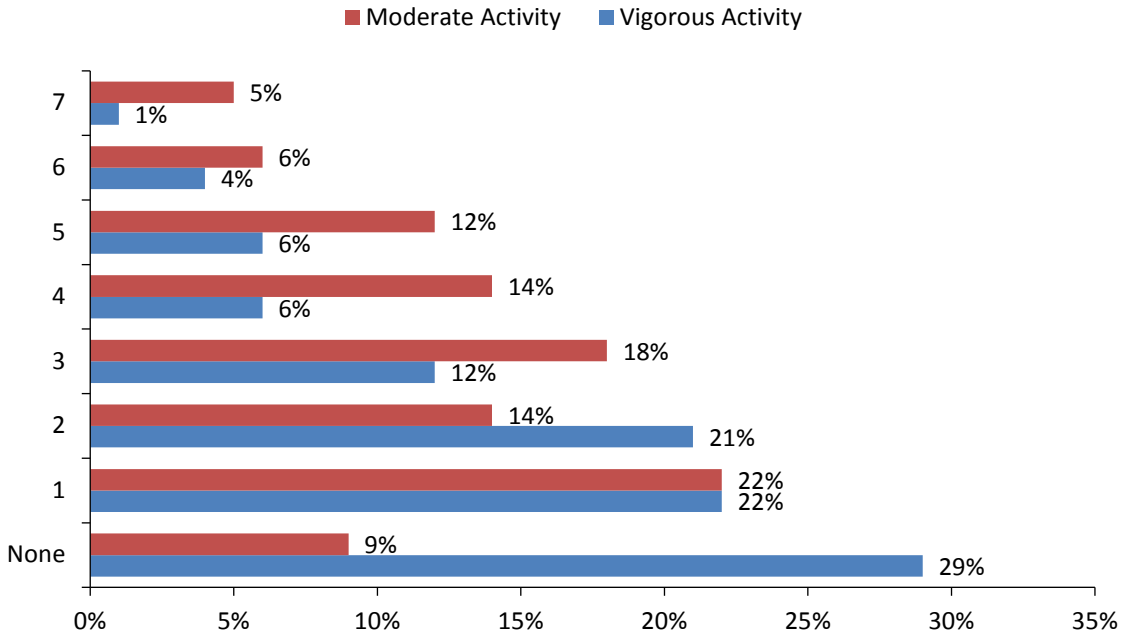
Food did not last until there was money to buy more

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



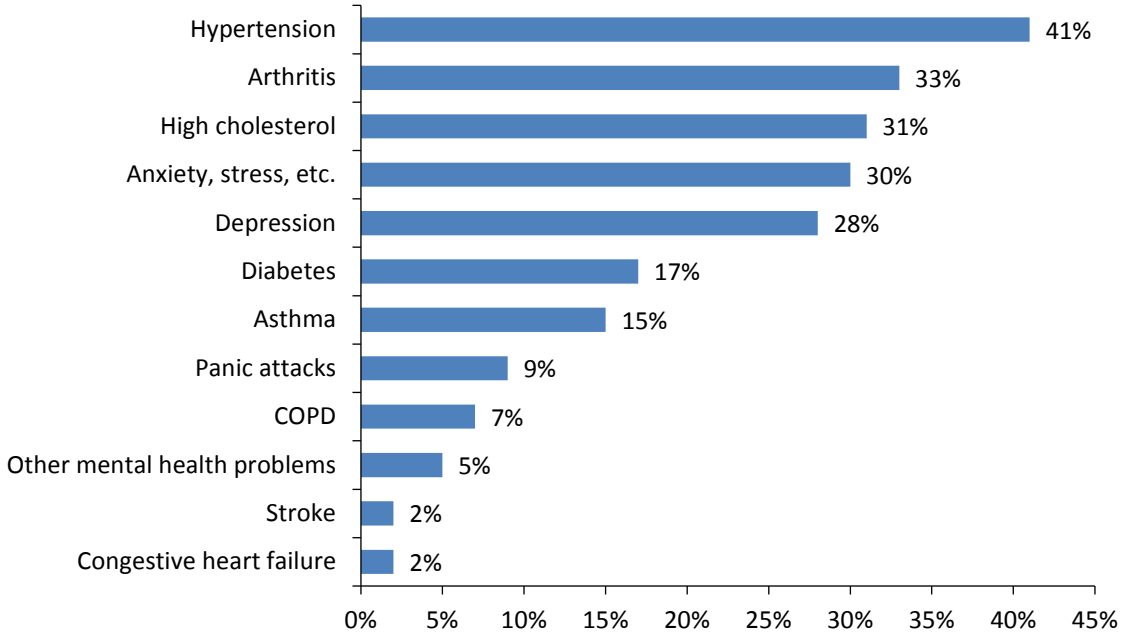
Days per week of physical activity

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



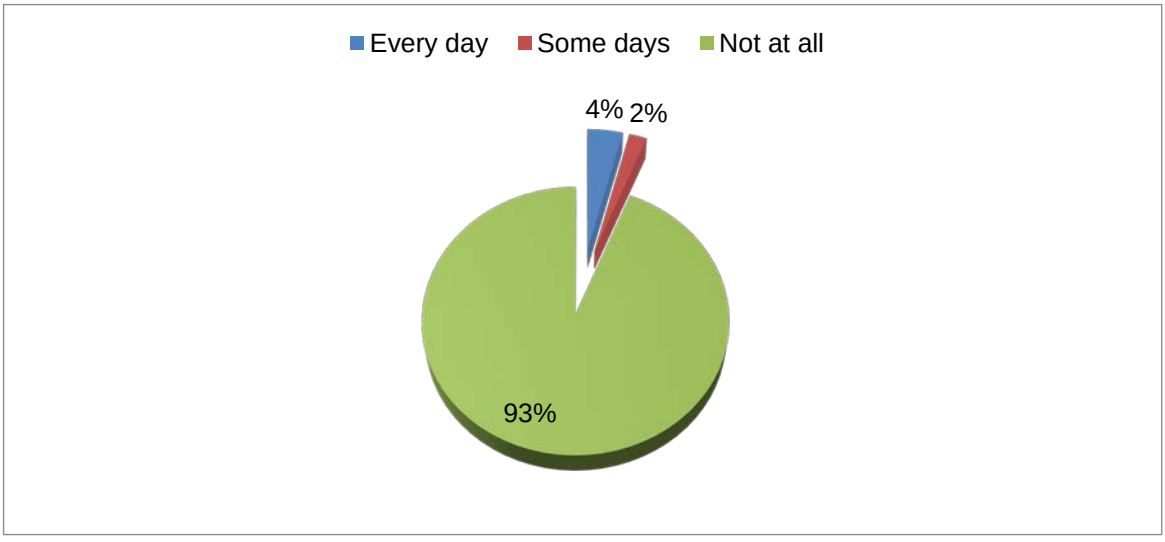
Past diagnosis

Hypertension, arthritis, high cholesterol, Depression and anxiety rank very high among survey participants.



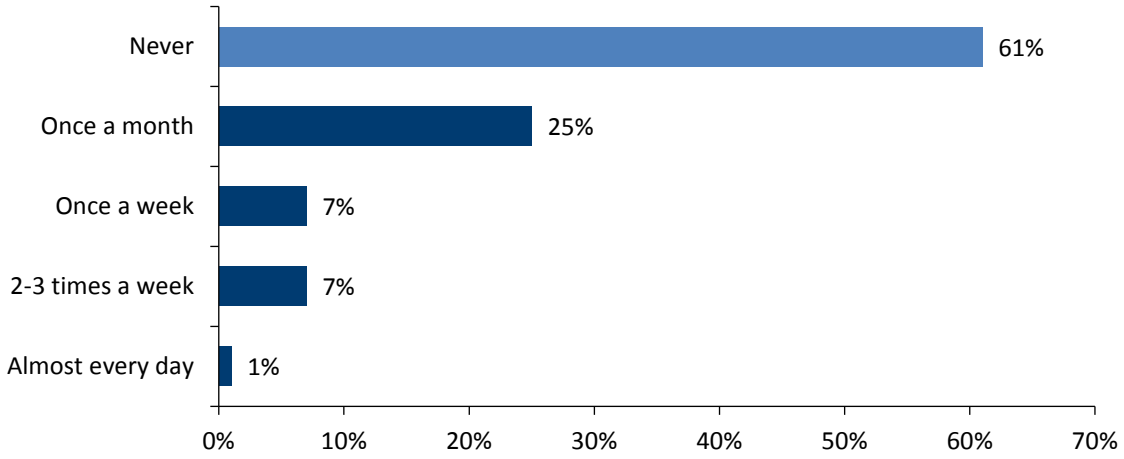
Tobacco use

Only 6% percent of survey participants currently smoke cigarettes.

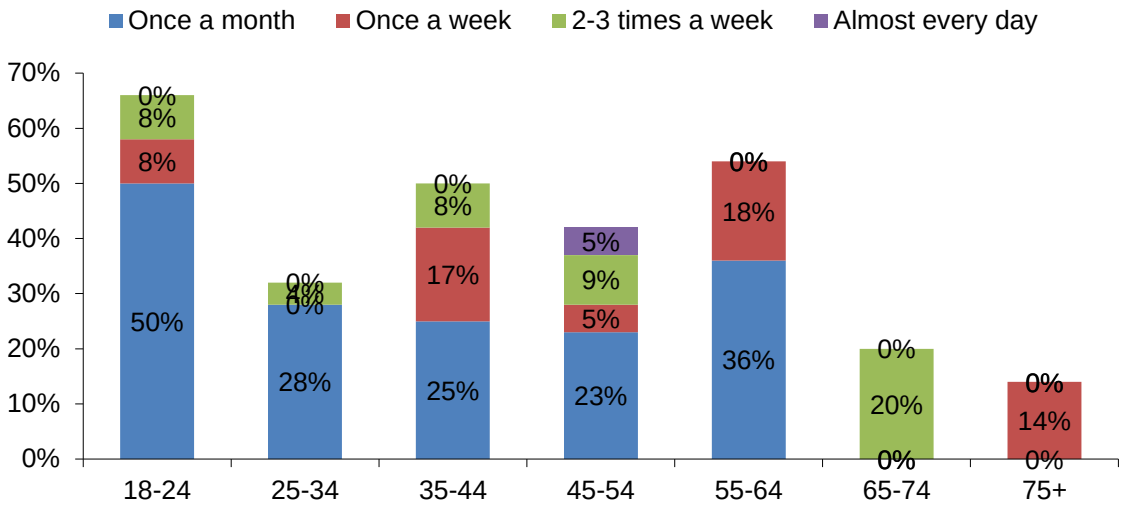


Binge drinking

Thirty-nine percent of survey participants self-report that they binge drink at least once per month and twenty percent binge at least weekly.

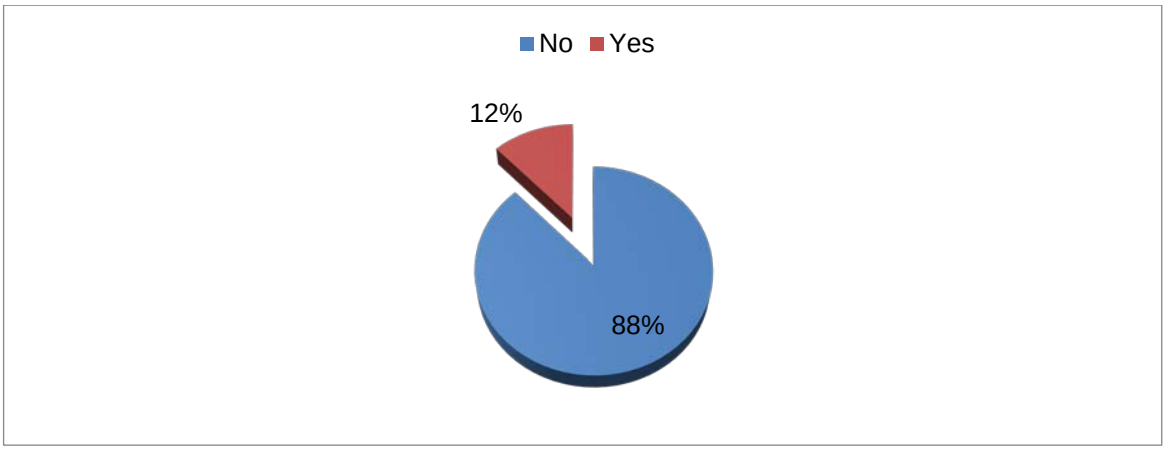


Binge drinking by age



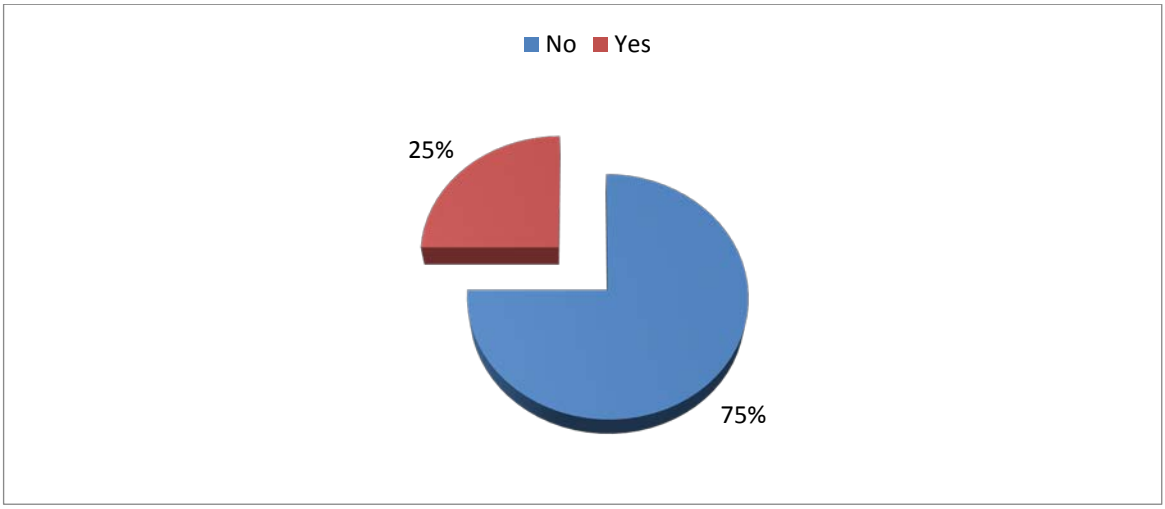
Has alcohol had a harmful effect on you or a family member in the past two years?

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



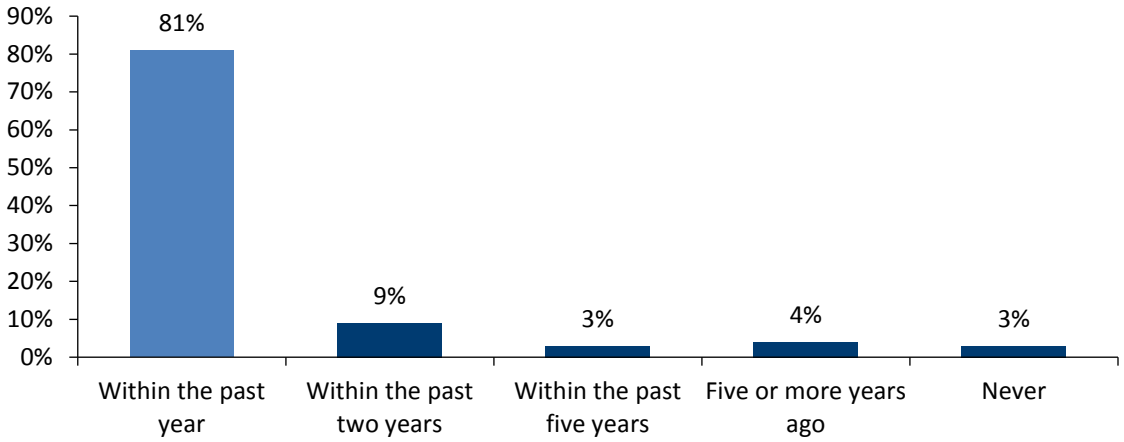
Do you have drugs in your home that are not being used?

Twenty-five percent have drugs in their home that they are no longer using.



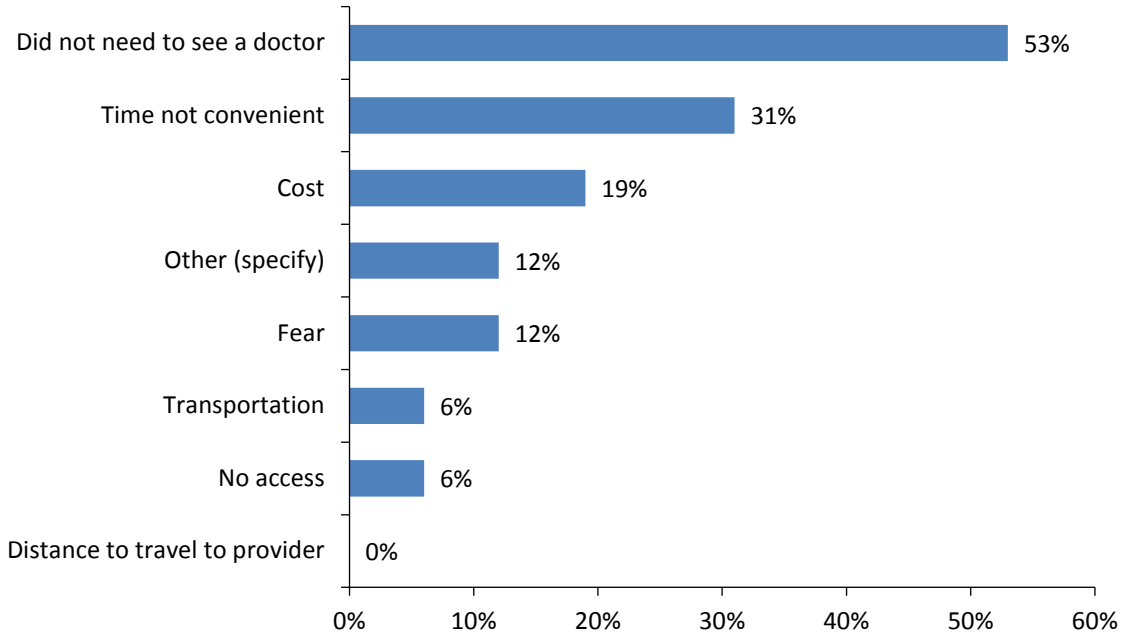
How long has it been since you visited a doctor or health care provider for a routine check-up?

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



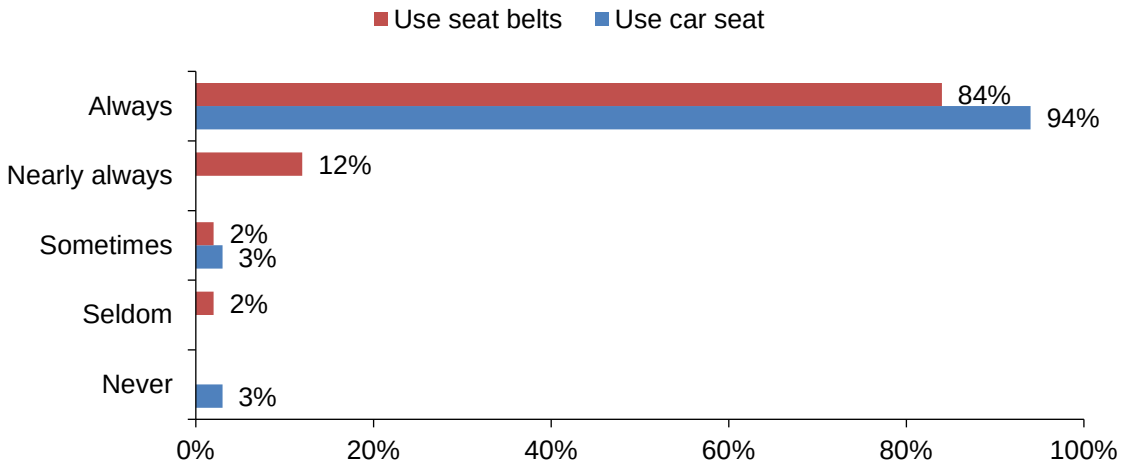
Barriers to routine check-up

Fifty-three percent of survey participants stated that they did not need to see a doctor in the past year and thirty-one percent stated that time was not convenient as a barrier.



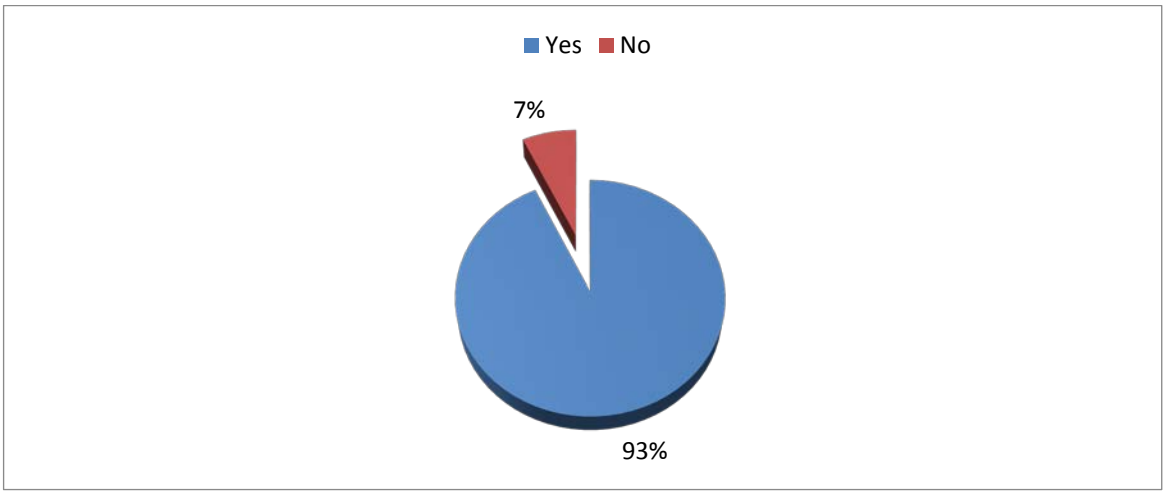
Child car safety

Sixteen percent do not always use seat belts for their children and six percent do not always use car seats.



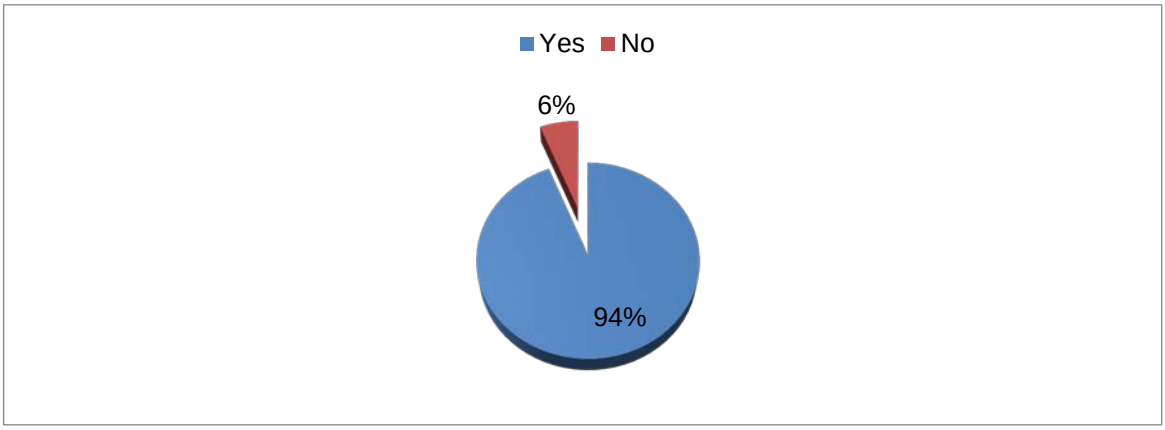
Do you have health care coverage for your children or dependents?

Only 7% of survey participants do not have health insurance for their children or dependents.



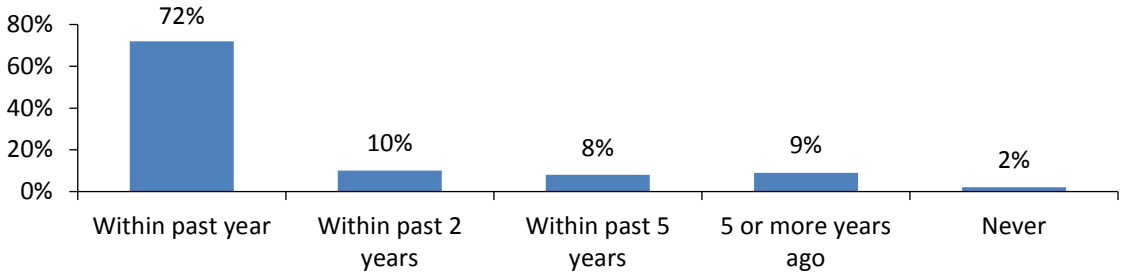
Do you currently have any kind of health insurance?

Only 6% of survey participants do not have health insurance.



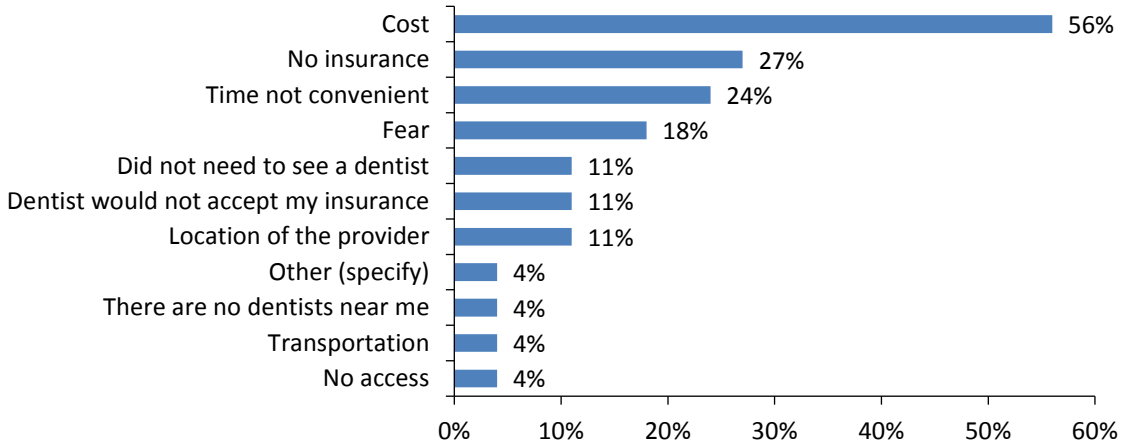
How long has it been since you visited a dentist?

Twenty-eight percent of survey participants have not visited a dentist in more than a year.



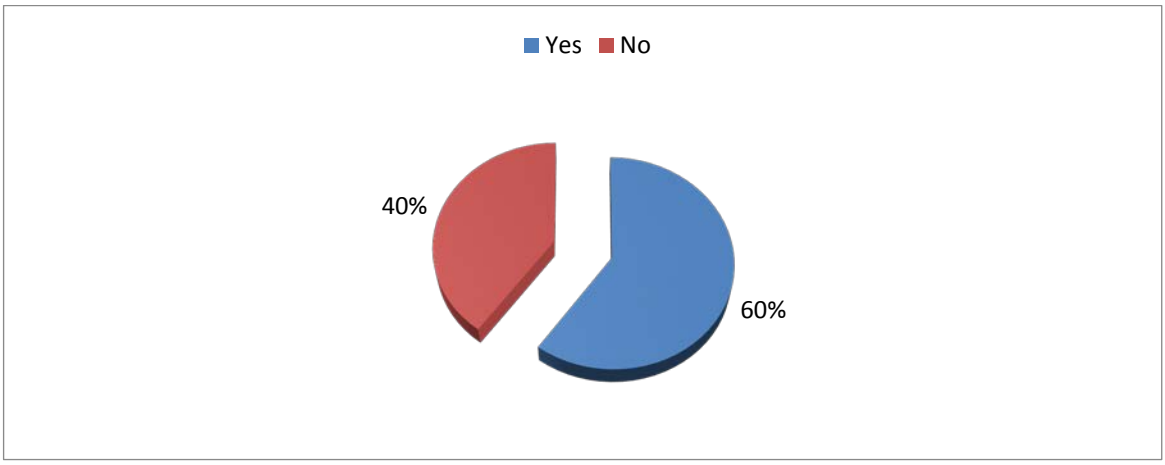
Barriers to visiting a dentist

Cost, having no insurance and convenient time are reported barriers to visiting a dentist.



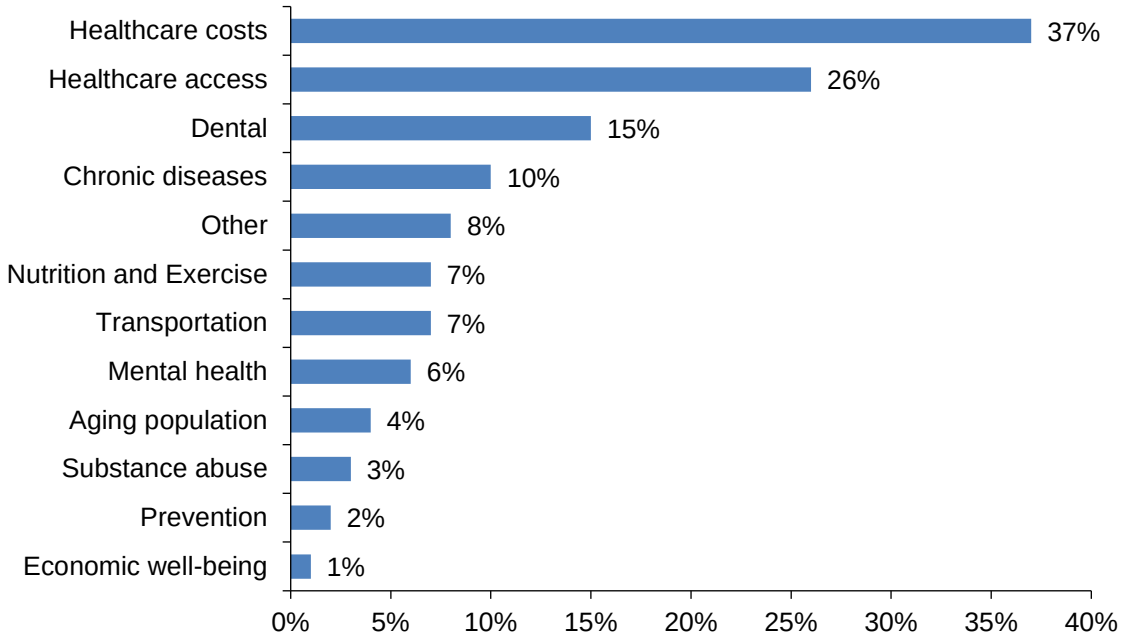
Do you have any type of dental insurance coverage?

Forty percent of survey participant do not have dental insurance.



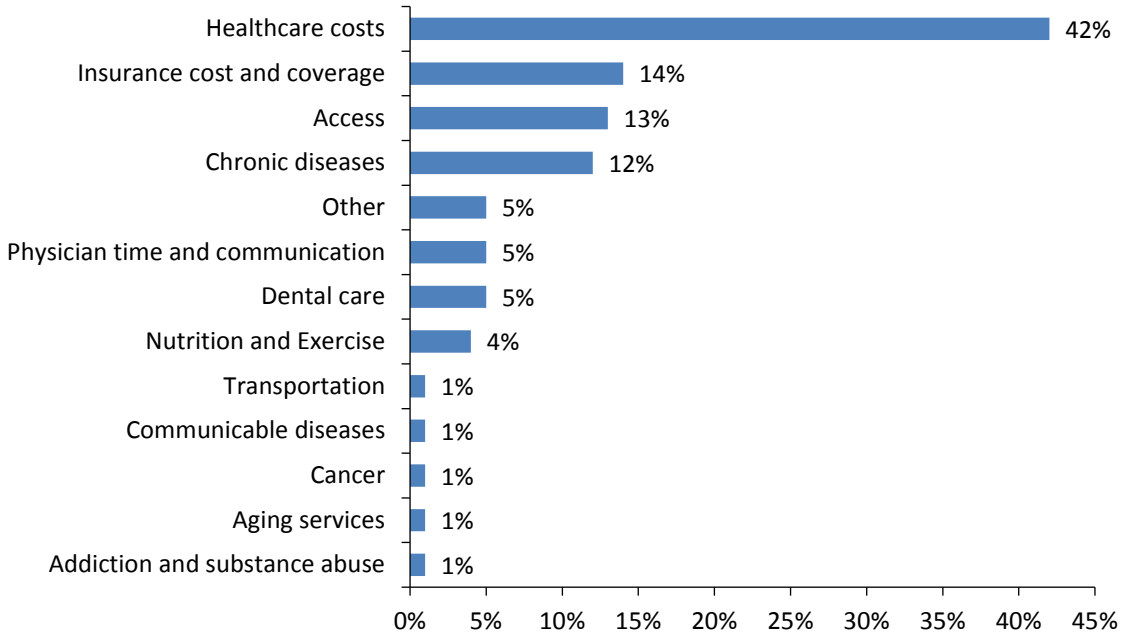
What are the most important community issues for you?

The cost of health care is a high concern for 37% of survey participants. Health care access is the second highest concern.



What are the most important community issues for your family?

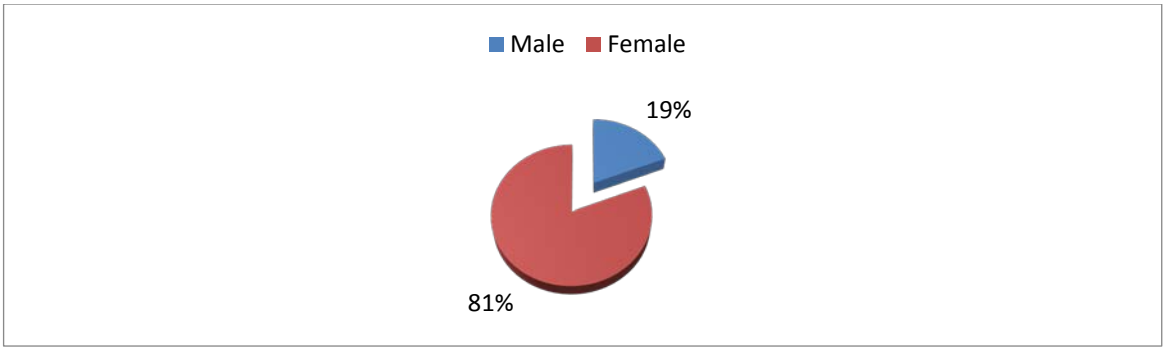
When asked what is the most important issue for the participant's family, health care cost and insurance cost and coverage, access and chronic diseases were the top concerns.



Demographic Information for Community Resident Participants

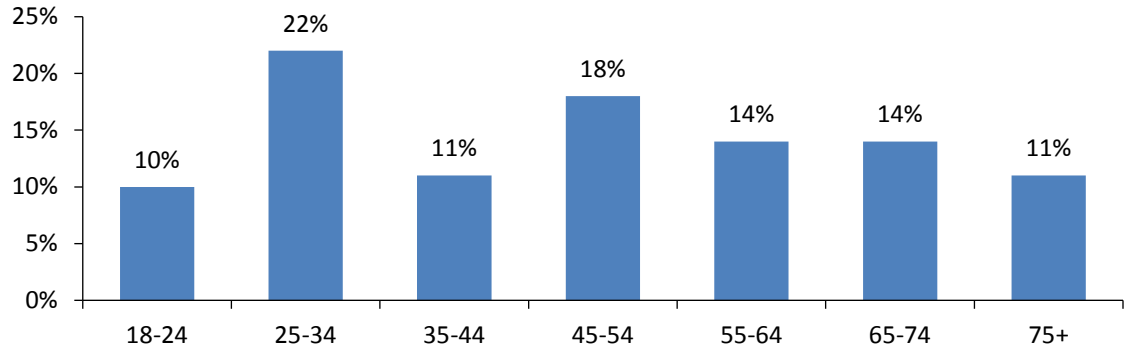
Biological Gender

Only 19% of the survey participants were male.

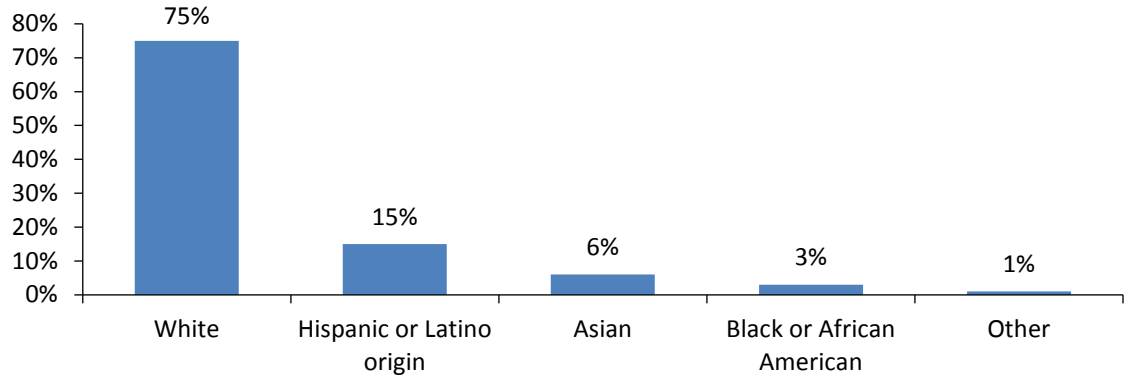


Age

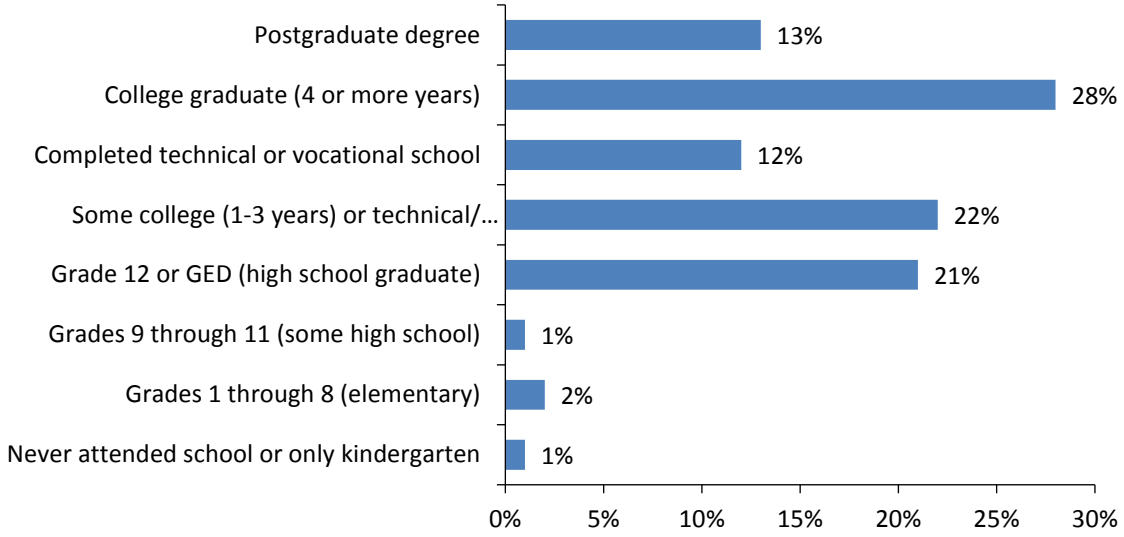
Every age group was represented among the survey participants.



Ethnicity

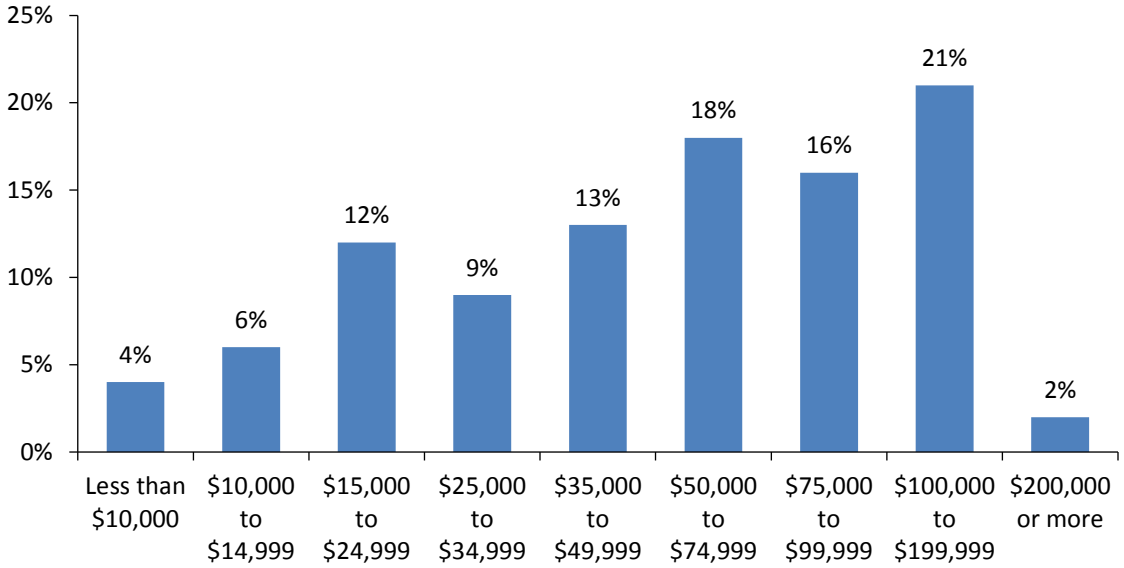


Education Level



Total Annual Household Income

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



Secondary Research Findings

Census Data

Population of Nobles County, Minnesota	21,848
% below 18 years of age	26.7
% 65 and older	15.9
% White – non-Hispanic	59.9
American Indian	1.3
Hispanic	27.4
African American	4.6
Asian	7.0
% Female	48.5
% Rural	41.0

County Health Rankings

	Nobles County	State of Minnesota	U.S. Top Performers
Adult smoking	15%	15%	14%
Adult obesity	31%	27%	26%
Physical inactivity	31%	20%	20%
Excessive drinking	20%	23%	13%
Alcohol-related driving deaths	35%	30%	13%
Food insecurity	7%	10%	10%
Uninsured adults	12%	6%	7%
Uninsured children	6%	3%	3%
Children in poverty	15%	13%	12%
Children eligible for free or reduced lunch	64%	38%	33%
Diabetes monitoring	94%	88%	91%
Mammography screening	70%	65%	71%
Median household income	$56,100	$65,100	$65,600

Health Needs and Community Resources Identified

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

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

The asset mapping process identified needs from the following:

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

Please see the asset map in the Appendix.

Prioritization

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

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern
Economic Well-Being • Availability of affordable housing 4.00 • 22% of residents report worry about not having enough food • 16% report they ran out of food before having money to buy more
Transportation • Availability of public transportation 3.54
Children and Youth • Availability of quality childcare 4.18 • Cost of quality childcare 3.81 • Availability of services for at-risk youth 3.72 • Teen pregnancy 3.65 • Childhood obesity 3.59 • Bullying 3.57 • Substance abuse by youth 3.53 • Availability of activities (outside of school and sports) for children and youth 3.50
Aging Population • Cost of long-term care 3.93 • Cost of memory care 3.92 • Cost of in-home services 3.51
Health Care Access • Access to affordable health insurance coverage 3.97 • Access to affordable health care 3.88 • Availability of mental health providers 3.80 • Access to affordable dental insurance coverage 3.79 • Availability of behavioral health (substance abuse) providers 3.78 • Access to affordable prescription drugs 3.68 • Use of emergency room services for primary health care 3.56 • Access to affordable vision insurance coverage 3.51

Health Indicator/Concern
Mental Health and Substance Abuse • Drug use and abuse 3.69+ • Depression 3.66 • Stress 3.52 • Alcohol use and abuse 3.51 • 30% diagnosed with anxiety, stress • 28% diagnosed with depression • 39% self-report binge drinking at least 1X/month • 25% have drugs in their home they are not using
Wellness • 35% report they are obese • 27% report they are overweight • 53% do not get 5 or more riots/vegetable/day • 47% are not getting exercise at least 3X/week • 41% diagnosed with hypertension • 33% diagnosed with arthritis • 31% diagnosed with high cholesterol • 19% have not had a routine check-up in over 1 year • 29% have not had a flu shot this past year • 28% have not visited their dentist in over 1 year

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

Implementation Strategies

How Sanford Worthington is Addressing the Needs

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

Identified Concerns	How Sanford Worthington is Addressing the Community Needs
ECONOMIC WELL BEING	
Availability of affordable housing	Sanford Worthington leadership will share the results of the CHNA research with the leaders of the City of Worthington, Worthington Housing Authority, and Worthington Regional Economic Development Counsel. Sanford Addresses this need by serving on the Economic Development Committee.
Worry about not having enough food – 22%	Sanford Worthington prepares and coordinates delivery of *Meals on Wheels* to the community.
Run out of food before having money to buy more – 16%	Sanford Worthington will organize a yearly employee food drive to assist stocking the Manna Food Pantry in the community.
TRANSPORTATION	
Availability of public transportation	Sanford Worthington leadership will share the results of the CHNA research with the leaders of the City of Worthington and Nobles County Commissioners.
CHILDREN AND YOUTH	
Availability of quality childcare	Sanford Worthington leadership will participate with City of Worthington leaders, Southwest MN Opportunity Council Child Resource and Referral program, Nobles County Community Services, YMCA, and School Districts at collaborative meetings within the community to explore opportunities to assist the community to address this issue.
Cost of quality childcare	
Availability of services for at-risk youth	Sanford Worthington Executive Director serves on YMCA board to advocate for services within the community for youth.
Teen pregnancy	Sanford Worthington will participate annually with donations to Helping Hands Pregnancy Center's Annual Fundraising Event.
Childhood obesity	Sanford *fit* resources are currently utilized in the community by local physical education teachers within the community schools. Dietician services are available and referrals are taken for children. Sanford Worthington pediatricians utilize evidence-based guidelines for assessment and development of treatment plans for children exhibiting BMI percentiles in the overweight and obesity range including referrals to RN Health Coaches and Behavioral Health Triage Therapists located within the clinic.
Bullying	Sanford Worthington provides school nurses who coordinate referrals to pediatricians within the clinic for initial behavioral health assessments for children impacted by bullying.
Substance abuse by youth	Sanford Worthington collaborates with Nobles County Family Services at quarterly community meetings for awareness and development of care plans for children impacted by substance abuse.
Availability of activities for children & youth (outside of school & sports activities)	Sanford Worthington Executive Director serves on YMCA board to advocate for services within the community for youth.
AGING POPULATION	
Cost of long-term care	Sanford Worthington offers discharge planning services during hospitalization to maximize the lowest cost care options for seniors through referrals to home care services and by coordinating lower cost services for seniors. Sanford Health has merged with Good Samaritan Society to impact care transitions, which will achieve the full continuum of care for the elderly patient. Sanford Worthington

Identified Concerns	How Sanford Worthington is Addressing the Community Needs
Cost of memory care	Sanford Worthington offers discharge planning services during hospitalization to maximize the lowest cost care options for seniors through referrals to home care services and by coordinating lower cost services for seniors.
Cost of in-home services	Sanford Worthington offers discharge planning services during hospitalization including referrals to home care services, which maximize Medicare Beneficiary per participant. Sanford Worthington provides charity care benefits for those in the community who are unable to access services due to cost barriers.
HEALTH CARE ACCESS	
Access to affordable health insurance coverage	Sanford Worthington will implement strategies to improve health literacy about use of health plan benefits among partner employers in the county during assessment cycle 2018 – 2021. Sanford Worthington continues to offer the Health Cooperative services monthly for free and reduced health visits. Sanford Worthington also began offering free colorectal screening through the SAGE Scopes program through a Minnesota Department of Health grant. Sanford Health partners with Our Lady of Guadalupe to coordinate patients who need colorectal screening through this program. Sanford Worthington also provides community benefit resources through reduced cost screening programs for heart health, and vascular health.
Access to affordable health care	Sanford Worthington provides counseling and assistance to all patients to explore benefit eligibility and assists with application of emergency Medicaid. Sanford Worthington maintains care for patients through charity care.
Availability of mental health providers	Sanford Worthington will continue to provide an Integrated Health Therapist within its primary care clinic to address mental health needs collaboratively during primary care visits.
Access to affordable dental insurance coverage	Sanford Worthington will implement strategies to improve dental care access for treatment as one of its priorities for the 2018 – 2021 assessment cycle.
Availability of behavioral health (substance abuse) providers	Sanford Worthington will continue to provide an Integrated Health Therapist within its primary care clinic to address behavioral health needs collaboratively during primary care visits.
Access to affordable prescription drugs	Sanford Worthington will collaborate with the MN Drug Card Program Director to explore resources to assist with drug costs.
Use of emergency room services for primary health care	Sanford Worthington will implement strategies to reduce the use of emergency services for primary care as one of its priorities for the 2018 – 2021 assessment cycle.
Access to affordable vision insurance	Sanford Worthington does not provide ophthalmology care within the community. Sanford Worthington provides school nurses and assists with the coordination and delivery of child vision screening within the schools
MENTAL HEALTH & SUBSTANCE ABUSE	
Drug use and abuse	Sanford Worthington will share CHNA results with Nobles County Family Services and Southwest Mental Health Center at Community Collaborative meetings quarterly.
Depression	Sanford Worthington continues to provide integrated health therapists within primary care to improve diagnosis and treatment of anxiety, stress and depression for more comprehensive care in one location.
Stress	Sanford Worthington will be participating in a pilot project for telehealth behavioral health services in the clinic and emergency department to expand access to behavior health services for the rural community.
Alcohol use and abuse	Will share CHNA results with Nobles County Family Services and Southwest Mental Health Center.

Identified Concerns	How Sanford Worthington is Addressing the Community Needs
Diagnosed with anxiety, stress – 30%	Sanford Worthington continues to provide integrated health therapists in primary care to improve diagnosis and treatment of anxiety, stress and depression for more comprehensive care in one location.
Diagnosed with depression – 28%	Sanford Worthington will participate in a pilot project for telehealth behavioral health services for improved access to behavior health services.
Binge drink at least 1x/month – 39%	Will share CHNA results with Nobles County Family Services and Southwest Mental Health Center.
Have drugs in the home that are not being used – 25%	Explore drug disposal options within Nobles County.
Frequent mental distress – 10%	Sanford Worthington continues to provide integrated health therapists in primary care to improve diagnosis and treatment of anxiety, stress and depression for more comprehensive care in one location.
Excessive drinking – 20%	Will share CHNA results with Nobles County Family Services and Southwest Mental Health Center.
Alcohol-impaired driving deaths – 35%	Sanford Worthington will provide CHNA results with Toward Zero Death Committee in Nobles County.
Adult smoking – 15%	Sanford Health trained clinic RN Health Coaches in a smoking cessation program.
WELLNESS	
Obese – 35%	Sanford Worthington will continue to provide referrals for patients to our intensive behavior modification program for weight loss.
Overweight – 27%	Sanford Worthington will continue to provide referrals for patients to our intensive behavior modification program for weight loss.
Don't get 5+ fruits/vegetables per day – 53%	Continue to promote healthy lifestyle choices in print and radio ads. Continue to promote the use of Sanford *fit* resources at the YMCA and in community schools.
Don't exercise 3 x / week – 47%	Continue to promote healthy lifestyle choices in print and radio ads. Partner with Brown Shoe Fit's Community Walk event monthly.
Diagnosed with hypertension – 41%	Sanford Worthington will continue to coordinate diagnosis and care for patients within its Medical Home clinic to provide comprehensive care with providers, nurses, RN Health Coaches and therapists.
Diagnosed with arthritis – 33%	Sanford Worthington provides care coordination with referral resources outside of the community to manage chronic disease.
Diagnosed with high cholesterol – 31%	Sanford Worthington continues to provide heart and stroke screenings within the community at low cost to improve early diagnosis of artery occlusion from plaque development. Sanford Worthington partners yearly with JBS to promote Stroke Care through supplemental and free screenings during the Nobles County Fair. These screenings are provided through collaborative fund raising events during the year.
No routine check-up in over a year – 19%	Sanford Worthington will partner with local employers utilizing care coordination to maximize access and use of insurance benefits for routine care.
No flu shot this year – 29%	Sanford Worthington delivered greater than 500 flu shots to students in schools of Nobles County.
Have not visited a dentist in over a year – 28%	Sanford Worthington will implement strategies during 2018 – 2021 assessment cycles to begin to impact this community health need.

Implementation Strategies – 2019-2021

Priority 1: Health Care Access

According to the County Health Rankings for Clinical Care, access to affordable health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that all patients requiring access to health care are successful in securing timely appointments.

Priority 2: Wellness

The Centers for Disease Control and Prevention reports that Americans use preventive services at about half the recommended rate. Chronic diseases are responsible for 7 of every 10 deaths among Americans each year and account for 75% of the nation's health spending. These chronic diseases can be largely preventable through close partnership with your health care team, or can be detected through appropriate screenings, when treatment works best.

Eating healthy, exercising regularly, avoiding tobacco, and receiving preventive services such as cancer screenings, preventive visits and vaccinations are ways people can stay healthy. The right preventive care at every stage of life helps individuals to healthy, avoid or delay the onset of disease, keep diseases they already have from becoming worse or debilitating, lead productive lives, and reduce costs.

Sanford has made wellness and chronic disease prevention a significant priority and has developed strategies to promote and improve cancer and chronic disease screening in the community.

Implementation Strategy Action Plan – 2019 - 2021

Priority 1: Health Care Access

Projected Impact: Improved access for dental care among pediatric patients will result in healthier teeth in adulthood. Increased health literacy about the use of emergency services will result in lower cost of care delivery and improved access to primary care providers.

Goal 1: Sanford Worthington will develop a task force to collaborate with community stakeholders to improve access to meet the dental care needs in the pediatric population.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Seek collaborative stakeholders for participation	Sanford Worthington will invite Nobles County dental providers and Nobles County Community Services to participate in development of a task force. Sanford Worthington will guide development of a charter to guide the task force work to address the needs for dental care in the community. Task force will be created by January of 2019 and will meet quarterly during assessment cycle to progress the work identified in the charter.	Task Force Chairperson Meeting Site Accommodations	Gwen Post	Noble County Community Services Noble County Dental Providers Avera Medical Group Leadership University of Minnesota School of Dentistry
Research and understand successful care delivery models in similar communities	Task force will meet with 4 Safety Net dental clinics in Minnesota to seek mentorship for the development of a care delivery system to meet the needs of the Nobles County residents. Interviews with the clinics will be completed by March 2019.	University of Minnesota School of Dentistry Outreach Coordinator		
Develop a proposal for a Safety Net care delivery system in the community	Task force will develop a proposal to present to area pediatricians and dental providers by July 2019.			Nobles County Dental Providers
Explore funding sources to assist with care delivery	Task force will explore funding resources through state and federal grants and through health care foundations. Task force will report findings by July of 2019.	Minnesota Department of Health Federal Grant Office Worthington Regional Health care Foundation Sanford Health Foundation		

Goal 2: Decrease use of the emergency department for primary care by reducing recidivism among patients.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Develop collaboration through a formal integrated meeting with Sanford Clinic RN Health Coaches, Integrated Behavioral Health Therapist and Hospital Case Management	Sanford Worthington will develop a formal integrated meeting format to review patient cases which show ED recidivism trends to assist removing barriers of care causing use of the emergency department for primary care. Integrated group will meet monthly.	Meeting Coordinator Social Worker/Behavioral Health Therapist to develop and review care plans for ED patients demonstrating recidivism	Gwen Post	Nobles County Community Services Sanford First/JBS Narrow Network leaders
Collaborate with community services to coordinate and deliver identified services needed to prevent recidivism visits	Sanford Worthington will attend monthly and quarterly Community Health Collaboration Meetings for: • Child and Adult Protection Nobles/Rock County LAC • Hispanic Task Force for Health (HTFH) • HTFH Subgroup meetings	Med/Surg/ICU Inpatient Manager Women's Center Manager Clinic Health Coach	Sara Henning – Health Coach Tanya Bruns – RN Health Coach Jeanne Demuth-Suby – Hospital Case Manager Barb Pieske - IHBT	Nobles County Community Services Southwest Mental Health Center Nobles County Family Services
Develop local ED Case Management Services	Complete White Paper to support addition of these services at Sanford Worthington. Introduce proposal to executive for consideration by July 2019.	Sanford Worthington Executive Team – New Service Line Initiative	Gwen Post	

Goal 3: **Improve health literacy about health plan benefits among JBS/Sanford Narrow Network Health Plan members.**

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Provide focused multilingual education for JBS/Sanford Narrow Network Health Plan members about plan benefits, clinic services and hours available for access.	Sanford Worthington will coordinate and deliver laboratory testing to eligible employees at JBS work site for the employer's annual health fair. Sanford Worthington will offer assistance at yearly JBS health events to register 25% of eligible patients for follow-up care appointments at the event. Patients eligible for	Interpreter resources Clinical nurse to deliver lab Patient Access staff to assist patient registration Lab supplies for up to 1000 lab	Reed Fricke	

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
	follow-up appointments from health fair include patients with new biometric lab data that indicate pre-diabetes, diabetes, or thyroid disease.	draws procedures. Laboratory technicians to complete testing of blood samples.		
Develop a system to engage JBS members with Chronic Disease Wellness Benefit	Eligible members will be contacted to coordinate screening to receive reward stipend. 50% of eligible members will obtain needed screenings by July 2019.	List of benefit eligible Sanford patients; interpreters	Rachelle Bosma	

<u>Priority 2</u>: Wellness

Projected Impact: Improve cancer and chronic disease screening in community

Goal 1: Develop lung cancer screening program within community

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Collaborate with Sanford Cancer Center to develop protocol for enrolling patients needing follow-up studies incidental findings	Sanford Worthington will meet with Cancer Center leaders by January 2019 to develop protocols and workflows. 100% of patients needing incidental results follow-up for lung nodules will be notified to follow up with primary provider.	Sanford Cancer Center and Sanford Radiologists	Reed Fricke Kelsey Shea	
Develop and market lung screening events within the community	Community screening events will begin by July 2019. Sanford Worthington will offer 2 screening events per year.	Marketing time and budget; Radiology technicians to complete screening at events	Kelsey Shea Holly Sieve	

Goal 2: Partner with a large community employer to measure and evaluate disease prevention measure outcomes among health plan benefit members.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Develop reporting system to measure and evaluate screening percentage for the following wellness metrics for a specific population of patients at risk for health disparity in the community: CMS147v6 (NQF 0041): Preventive Care and Screening: Influenza Immunization Baseline utilization of immunization for target population: CMS125v5 (NQF: 2372): Breast Cancer Screening Baseline screened within target population: 53.3% eligible screened CMS130v5 (NQF 0034): Colorectal Cancer Screening Baseline screened within target population: 38.6% eligible screening CMS124v5 (NQF 0032): Cervical Cancer Screening Baseline utilization for target population: 65.2% Optimal Diabetes Care (MNCM)	Review measures quarterly at Care Coordination Meeting. Improve scores of target population by July of 2020. Set Baseline Target for population Improve Screening to 75% of eligible population Improve optimal care to 40% Decrease ED Visits per 1000 plan members by 20%	EDA analytics Clinical Care Assistant and Clinic RN Health Coaches/Nursing Supervisors	Jennifer Weg Gwen Post Reed Fricke Kylie Turner	

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
28.8% meeting optimal diabetes care within target population ED Utilization – ED Visits per 1000 plan members per year Baseline utilization for target population = 300 per year				
Analyze metrics and develop focused interventions to impact wellness practices among members	Complete two collaborative planning meetings to discuss targeted screening programs for health plan members by July 2019	JBS Human Resources JBS Employment Health Staff JBS Strong Heath Coaches Clinical Supervisors Executive Team		

Implementation Strategy Action Plan - 2017-2019

Priority 1: Health Care

Projected Impact: Access is improved when community members understand the resources and financial assistance that is available through Sanford Health.

Goal 1: To increase public education on health care topics and available resources.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Provide monthly newspaper article on a health care topic.	Complete full-page article regarding health care topic for *Daily Globe* (12 months)	Marketing, Providers	Holly Sieve, Greg Schell, Mike Hammer	Worthington *Daily Globe*
Implement triage call center at the local Sanford clinic.	Triage call center is operational within the Sanford Clinic	Clinic space Triage staff	Greg Schell	

Goal 2: Collaboration with community entities to increase holistic care

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Mental health referrals to YMCA for membership (as a part of care plan).	Sanford RN Health Coaches and BHTT to follow as part of care plan.	RN Health Coaches	Mike Hammer	Working with YMCA leadership for referral process and to ensure affordable access.
Sanford providers to make referrals for YMCA membership (subsidized options included).	Sanford RN Health Coaches to follow as part of care plan.	RN Health Coaches	Mike Hammer	Collaboration with YMCA leadership.

Goal 3: Collaboration with JBS employer to increase education relative to health care services and insurance

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Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Provide educational posters through JBS work areas. Topics to include: Use of Emergency Department, Primary Care, Proper Use of Health Insurance, etc.	Health topics to be identified and presented on a monthly basis via posters in work area.	Marketing	Mike Hammer, Greg Schell, Sarah Andersen	JBS
Implement a "Kiosk" location that provides health care information for employees (including having this information in multiple languages).	Health topics to be identified and presented on a monthly basis via posters in work area.	IT	Mike Hammer, Greg Schell, Sarah Andersen	JBS

Priority 2: Physical Health

Projected Impact: Preventive service utilization is increased when community members have greater understanding of emergency vs. preventive care and are aware of available health services provided by Sanford Health.

Goal 1: To increase prompting and implementation of preventive health care.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Implement *Healthy Planet* program – which identifies and alerts patients when preventive health care procedures are due.	Increase number of colonoscopies and mammograms.	RN Health coaches	Greg Schell	
Increase 1:1 goal setting and case management for plan of care through Sanford Clinic.	Increase number of clients connected with RN Health Coaches.	RN Health coaches	Greg Schell, Clinical Supervisors	
Implement Advance Medical Home model of practice with behavioral health.	Recruitment of BHTT FTE within the clinic.	RN Health coaches	Greg Schell	
Increase utilization of Sanford Health Cooperative (held on weekly basis).	Increase visits.	RN Health coaches	Jennifer Weg	

Goal 2: Increase early identification and access to mental health services.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Implement Advance Medical Home model.	Hire Full-time Behavioral Health Triage Therapist available at Sanford Clinic	Recruiting/HR	Greg Schell	

Goal 3: To increase knowledge and use of dietitian services.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Increase provider education of Registered Dietitian and services available to patients at SWMC.	Implement referral process. Provide education to providers. Increase referrals, particularly with the pediatric population.	Clinical Dietitian	Michelle, Greg, Clinical Supervisors	
Marketing campaign promoting available services.	Increase number of referrals.	Marketing	Mike, Holly, Michelle	

Goal 4: Improve the availability for exercise and nutrition education across the community.

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations (if applicable)
Provide Sanford *fit* to the local schools and childcare providers www.Sanfordfit.org	Sanford *fit* is available to all students and families in the area through classroom and *fit* website	Sanford *fit* leadership Classroom teachers	Sanford leaders	Local schools Childcare leaders

Demonstrating Impact – 2017-2019 Strategies

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

- Priority 1: Health Care Access
- Priority 2: Physical and Mental Health

Health Care Access

Goal 1: Increase public education on health care topics and available resources.
Sanford Worthington initiated a monthly health topic page in the local newspaper. As a result of this campaign, Sanford Worthington also enlisted local employees engaged in care delivery to talk about services offered at the hospital and clinic that corresponded with the monthly health topic. Sanford Worthington contributed 20 health topic articles in the local newspaper and 32 radio talks to improve health literacy about available services in the community. Topics ranging from health promotion through routine screening as well as recognition of serious medical conditions to seek medical care immediately were presented. Sanford Worthington became recognized as a consistent provider for the community's health needs.

Goal 2: Collaborate with community entities to increase holistic care.
Sanford Worthington collaborated with JBS, a local employer, to refer patients to an employee program called *JBS Strong*. This program provided mentoring and coaching classes for lifestyle changes to employees at the workplace. Through collaboration between Sanford Worthington and JBS, 51 patients were referred to the *JBS Strong* program. Sanford Worthington gave YMCA memberships to six graduates of this program. This incentive was provided to encourage graduates to continue holistic care that was started by JBS. To reach this goal Sanford Worthington also envisioned a partnership with the YMCA to provide a consistent partner for referral of patients under the care of clinic RN Health Coaches. This collaboration began with referrals, and will expand to formalize this relationship.

Goal 3: Collaboration with JBS to increase education relative to health care insurance and services.
Sanford Worthington began a relationship with JBS to improve health literacy among the plant's workforce. A relationship developed with the plant human resources department, union officials, and health plan agents. A need was identified for improved education about health topics. To meet this need, Sanford Worthington and JBS developed a health topic kiosk in employee break areas. This central location was used to deliver a health topic education during break times at the plant. JBS human resources and Sanford Worthington worked together to provide medical information on the kiosk in several languages to bring health education to those who were unable to obtain information from other sources due to a language barrier. Sanford Worthington offered 16 health topic education messages on the kiosk during this assessment cycle. Sanford Worthington Clinic staff were on site twice per month at the plant to offer services to employees including educational presentations, assisting plant employee health leaders with employee blood draws, and participating in health fair programming. Sanford Worthington Medical Center assisted with the drawing, processing and distribution of up to 1,000 individual employee annual health assessment data. This goal will continue as the collaboration with JBS continues, which will result in improved access for its employees.

Physical and Mental Health

Goal 1: To increase promotion and implementation of preventative health care.
To meet this goal, Sanford Worthington embarked on a journey to revamp its care delivery system for primary care. Sanford Worthington participated as a pilot site for the Medical Home model of care delivery. Primary care physicians and advance practice providers joined with nurses and clinical care assistants, RN Health Coaches and Integrated Behavior Health Therapists to provide a comprehensive care model for patients. Sanford Worthington achieved certification as a Medical Home during the 2016 cycle period and has recently achieved recertification and recognition for the advancement of the care delivery model over the past 3 years. Patients with chronic disease of hypertension and diabetes as well as patients at risk for developing diabetes were offered behavior modification programs and personal care management with RN Health Coaches. The comorbid factor of mental health was also addressed for many patients in one setting through the use of the Integrated Behavior Health Therapist during the patient's primary care appointment. Evidence of the advantage of this model of care include improved performance in community health care measures including colorectal screening. Colorectal screening increased from 65% to 68% during this time frame. A colorectal screening performance improvement project was also undertaken to improve patient scheduling processes to make it more convenient to schedule a screening exam. Sanford Worthington Medical Center also entered into an agreement with the Minnesota Department of Health to be a SAGE Scopes provider for free colorectal screening. Through this grant program community residents who are underinsured and uninsured can access care without burden of cost.

Goal 2: Increase early identification and access to mental health services.
During this survey cycle, Sanford Worthington hired a Licensed Independent Social Worker to provide integrated care in collaboration with medical providers at the clinic. The objective of this integrated health therapist (IHT) position was to be present and available to physician and patient on as-needed basis for rapid assessment and collaboration of care. On a daily basis, the IHT maintains a visible presence to all clinic staff and functions as a point of contact for any questions/issues related to behavioral/chemical health. They were available for immediate team "handoffs" of patients requiring immediate assessment or intervention. They triage patients with high-risk behavioral profiles and coordinating services with specialty care resources, perform brief, limited follow-up visits with selected patients using behavioral or problem solving strategies for symptom reduction, and act as a consultant to the clinic as it relates to universal screening procedures, outcome data management, and fidelity measures.

Goal 3: Increase knowledge and use of dietician services.
Sanford Worthington offered intensive behavior therapy program for weight loss to assist patients to overcome poor eating habits and develop better lifelong habits. Providers and RN Health Coaches were able to refer patients to the program with positive outcomes for the patients. During this assessment cycle, 71 intensive behavior therapy sessions were completed for program enrollees.

Goal 4: Improve the availability for exercise and nutrition education across the community. Sanford Worthington introduced the Sanford *fit* website to local school teachers and childcare centers in the community. School nurses employed by Sanford Worthington collaborated to bring healthy habit education to young children when health habits are developing. Sanford Worthington Employee Health and Marketing coordinated an education session in the spring of 2017 to provide education to elementary school nurses and physical education teachers about Sanford *fit*. This education had the potential to reach over 3,000 students in public and private education in Nobles County.

Community Feedback from the 2016 Community Health Needs Assessment

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

Appendix

Primary Research

Worthington Asset Map

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
Economic Well Being	Availability of affordable housing 4.00 22% of residents report worry about not having enough food 16% report they ran out of food before having money to buy more	22% of residents report worry about not having enough food 16% report they ran out of food before having money to buy more	Food insecurity 7%	Housing resources: • Worthington Housing Authority, 819 – 10th St., Worthington • USDA Rural Development, 1567 McMillan St., Worthington Subsidized Housing: • Atrium High Rise, 819 10th St., Worthington • Buffalo Ridge Apts., 2011 Nobles St., Worthington • Castlewood Apts., w169 Cecilee St., Worthington • Nobles Sq. Apts., 2175 Nobles St., Worthington • Sunshine Apts., 1620 Clary St., Worthington • Viking Apts., 1440 Burlington Ave., Worthington • Willow Court Town Homes, 1545-1627 Darling Dr., Worth. • Ridgewood, 1381 Knollwood Dr., Worthington • ASI Worthington, 2011 Nobles St., Worthington • Windsor Apts., 1213 – 6th Ave., Worthington • Okabena Towers, 212 – 12th St., Worthington • Homestead Co-op, 1150 N. Crailsheim Rd., Worthington • Meadows, The, 1801 Collegeway, Worthington Food resources: • Nobles Co. Community Services (food stamps/food assistance), 318 – 9th St., Worthington • SW MN Opportunity Council (emergency food), 1106 – 3rd Ave., Worthington • Worthington Christian Church Food Pantry, 1501 Douglas Ave., Worthington • Manna Food Pantry, 230 W. Clary St., Worthington • Worthington Senior Dining, 1620 Clary St., Worthington • Meals on Wheels (Mobile Meals of Worthington), 1047 Liberty Dr., Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Hy Ve Grocery Store, 1235 Oxford St., Worthington • Fareway Grocery, 1028 Ryan's Rd., Worthington • Walmart Foods, 1055 Ryan's Rd., Worthington • Top Asian Foods grocery store, 312 – 10th St., Worthington
Transportation	Availability of public transportation 3.54			Transportation resources: • SW MN Opportunity Council, 1106 – 3rd Ave., Worthington • Public Safety Dept., 1530 Airport Rd., Worthington • Prairieland Transit System, 1106 – 3rd Ave., Worthington • Medi-Van, 103 Lake St., Worth. • Medi-Van, 1111 3rd Ave., Worth. • Peoples Express, 15578 Shady Acres Dr, Wadena (serves Worth) • Taxi Service, 322 10th Ave., Worthington • Blue Ride – 866-340-8648 • Buffalo Ridge, 507-283-5058 • Nobles Co. Heartland Express, 1106 – 3rd Ave., Worthington • Medica Transportation - 800-601-1805 • Love, Inc. – 507-727-7291 • People's Express, 800-450-0123 • U Care Rides – 800-203-7225 • Western Community Action – 507-537-1416
Children and Youth	Availability of quality child care 4.18 Cost of quality child care 3.81 Availability of services for at-risk youth 3.72 Teen pregnancy 3.65 Childhood obesity 3.59 Bullying 3.57 Substance abuse by youth 3.53 Availability of activities (outside of school & sports) for		Children in poverty 15% Children eligible for free or reduces lunch 64%	Child Care resources: • Sunny Days, 1645 S. Shore Dr., Worthington • We Care, 1200 – 4th Ave., Worth. • Hi-Ho Preschool, 1770 Eleanor St., Worthington • Kids-R-It Child Care, 1118 Johnson Ave., Worthington • Head Start, 201 – 11th St., Worth. • Child Care Resource & Referral, 1106 – 3rd Ave., Worthington • Help Me Grow, 1700 – 1st Ave. SW, Worthington Services for at-risk youth: • SW Mental Health Center, 1210 – 5th Ave., Worthington • Southwest Crisis Center, 320 S. Lake Street, Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
	children and youth 3.50			• Catholic Charities, 1234 Oxford St., Worthington Teen Pregnancy resources: • Sanford Clinic, 1680 Diagonal Rd., Worthington • Avera Clinic, 1216 Ryan's Rd., Worthington • Public Health, 315 – 10th St., Worthington • Open Door Health Center mobile unit, 309 Holly Lane, Mankato (serves Worthington) • Catholic Charities, 1234 Oxford St., Worthington • Helping Hand Pregnancy Center, 910 – 3rd Ave., Worthington Childhood Obesity resources: • Sanford WebMD Fit Kids program - fit.webmd.com • Sanford dieticians, 1680 Diagonal Rd., Worthington • Avera Clinic dieticians, 1216 Ryan's Rd., Worthington • Public Health, 315 – 10th St., Worthington • Open Door Health Center mobile unit, 309 Holly Lane, Mankato (serves Worthington) • Farmers Market, 2nd Ave. & 10th St., Worthington • 10 Acres Flat CSA, Jackson, MN 507-841-1920 • Jubilee Farm CSA, food boxes are dropped at 2280 – 6th Ave., Windom • Nobles Co. Extension nutrition classes, 315 – 10th St., Worth. • Worthington YMCA, 1501 College Way, Worthington • Park District activities, 303 – 9th St., Worthington • Golf, 851 W. Oxford St., Worth. • Bowling, 325 Oxford St., Worth. • Swimming (Aquatics Center), 1501 College Way, Worthington • Parks & Playgrounds: o Centennial Park o Church Park, Okabena St. o Ehlers Park, S. Shore Dr. o Ludlow Park, 1102 S. Shore Drive o Millard Walker Park

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				○ Olson Park, 951 N. Crailsheim Drive ○ Bristol Park, Bristol St. ○ Kelly Park, 1795 Diagnonal Rd. ○ Sportsman Co. Park, 28587 Read Ave. Bullying resources: • Nobles Co. Sheriff, 1530 Airport Rd., Worthington • Worthington Police, 1530 Airport Rd., Worthington • School Counselors, 1117 Marine Ave., Worthington Activities for children & youth (outside of school & sports activities): • Worthington Area Learning Center, 117 – 11th Ave., Worth. • 4-H, Nobles Co. Extension Office, 315 – 10th St., Worthington • Boy Scouts Troop 134, Chatauqua Park Scout Cabin, Lake Avenue, Worthington • Girl Scouts, 315 – 10th St., Worth. • Public Library programs, 407 – 12th St., Worthington
Aging Population	Cost of long term care 3.93 Cost of memory care 3.92 Cost of in-home services 3.51		26.7% are 65 or older	Long Term Care resources: • Crossroads Care Center, 965 McMillan St., Worthington • South Shore Care Center, 1307 S. Shore Dr., Worthington • Ecumen Meadows, 1801 College Way, Worthington • Living Life Adult Day Care, 500 Stower Dr., Worthington Housing with Services/Assisted Living: • Golden Horizons, 1790 College Way, Worthington • Prairie House, 111 – 7th Ave., Worthington • Ecumen Meadows, 1801 College Way, Worthington • Homestead, 1150 n. Crailsheim Rd., Worthington Memory Care resources: • Crossroads Care Center, 965 McMillan St., Worthington • South Shore Care Center, 1307 S. Shore Dr., Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Ecumen Meadows, 1801 College Way, Worthington • Alzheimer's Association – Alz.org • Memory Loss Caregiver Support Group, 1018 – 6th Ave., Worth. In-Home Services resources: • Sanford Worthington Home Care, 1018 – 6th Ave., Worth. • Sanford Hospice, 1950 – 1st Ave., Worthington • Sanford Sunset Cottage, 1935 Woodland Ct., Worthington • Compassionate Care Hospice, 31361 State Hwy. 266, Worth. • Sanford Home Medical Eqmt., 1151 Ryan's Rd., Worthington • Lifeline – 800-380-3111 • Life Aid (telephone reassurance), 511 – 10th St., Worthington • A.C.E. (telephone reassurance), 315 – 10th St., Worthington • LSS Senior Companion Program, 888-205-3770 • International Quality Homecare, 1607 N. McMillan, Worthington • Sterling Drug (home medical supplies), 511 – 10th St., Worth.
Health Care Access	Access to affordable health insurance coverage 3.97 Access to affordable health care 3.88 Availability of mental health providers 3.80 Access to affordable dental insurance coverage 3.79 Availability of behavioral health (substance abuse) providers 3.78 Access to affordable prescription drugs 3.68 Use of emergency room services for		10% are uninsured Primary care providers 1,210:1 Dentists 1,990:1 Mental health providers 1,150:1	Health Insurance resources: • MNSure - mnsure.org • Sanford Health Plan, 300 N. Cherapa Pl., Sioux Falls • Medicare, 507 Jewett St., Marshall • Medicaid, 318 – 9th St., Worth. • Demuth Agency, 1234 Oxford St., Worthington • Nickel & Assoc., 1709 N. Humiston, Worthington • Blue Cross Blue Shield, 710 – 10th St., Worthington • Health Insurance Services, 515 S. Shore Dr., Worthington • United Prairie Ins., 905 McMillan St., Worthington Health Care resources: • Sanford Clinic, 160 Diagonal Rd., Worthington • Avera Clinic, 1216 Ryan's Rd., Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
	primary health care 3.56 Access to affordable vision insurance coverage 3.51			• Public Health, 315 – 10th St., Worthington • Open Door Health Center mobile unit (federally qualified health clinic), 309 Holly Ln, Mankato (serves Worthington) • Gravon's Natural Chiropractic Center, 1024 Oxford St., Worth. • Healing Point Acupuncture, 1118 Oxford St., Worthington • Our Lady of Guadalupe (free clinic), 1820 Oxford St., Worth. • Prairie Rehab & Fitness, 315 Oxford St., Worthington Mental Health resources: • SW Mental Health Center, 1210 – 5th Avenue, Worthington • Catholic Charities, 1234 Oxford St., Worthington • Prairie Rose Counseling Center, 921 – 4th Ave., Worthington • Avera Counseling, 1216 Ryan's Road, Worthington • Counseling Resources, 419 – 9th St., Worthington • Southwest Crisis Center, 320 S. Lake St., Worthington • New Horizons Crisis Center, 2524 Broadway Ave., Worthington Substance Abuse resources: • Avera, 1216 Ryan's Road, Worth. • New Beginnings, 1680 Airport Rd., Worthington • NA meetings (several locations) • NA Life After Recovery, 1530 Airport Rd. N., Worthington • AA, 96 – 12th St. E., Worthington • Celebrate Recovery, 1000 Linda Lane, Worthington • Agape Counseling Center, 305 – 5th St., Windom • New Beginnings MN, 1680 Airport Rd., Worthington • Project Morning Star – P O Box 1050, Worthington Prescription Assistance programs: • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • Medsavercard.com

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Yourrxcard.com • Medicationdiscountcard.com • Needymeds.org/drugcard • Caprxprogram.org • Gooddaysfromcdf.org • NORD Patient Assistance Program, rarediseases.org • Patient Access Network Foundation – panfoundation.org • Pfizer RC Pathways, pfizerRXpathways.com • RXHope.com Vision resources: • Avera Optometry, 702 – 10th St., Worthington • Specnique, 1607 N. McMillan St., Worthington • Johnson Eye Clinic, 702 – 10th St., Worthington • Ophthalmology Ltd., 722 – 10th St., Worthington • ShopKo, 1755 N. Humiston Ave., Worthington • Walmart Vision, 1055 Ryans Rd., Worthington
Mental Health & Substance Abuse	Drug use and abuse 3.69 Depression 3.66 Stress 3.52 Alcohol use and abuse 3.51 30% diagnosed with anxiety, stress 28% diagnosed with depression 39% self-report binge drinking at least 1x/month 25% have drugs in their home they are not using	30% diagnosed with anxiety, stress 28% diagnosed with depression 39% self-report binge drinking at least 1x/month 25% have drugs in their home they are not using	Frequent mental distress 10% Excessive drinking 20% Alcohol impaired driving deaths 35% Adult smoking 15%	Substance Abuse resources: • Avera, 1216 Ryan's Road, Worth. • New Beginnings, 1680 Airport Rd., Worthington • NA meetings (several locations) • NA Life After Recovery, 1530 Airport Rd. N., Worthington • AA, 96 – 12th St. E., Worthington • Celebrate Recovery, 1000 Linda Lane, Worthington • Agape Counseling Center, 305 – 5th St., Windom • New Beginnings MN, 1680 Airport Rd., Worthington • Project Morning Star – P O Box 1050, Worthington Mental Health resources: • SW Mental Health Center, 1210 – 5th Avenue, Worthington • Catholic Charities, 1234 Oxford St., Worthington • Prairie Rose Counseling Center, 921 – 4th Ave., Worthington • Avera Counseling, 1216 Ryan's Road, Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Counseling Resources, 419 – 9th St., Worthington • Southwest Crisis Center, 320 S. Lake St., Worthington • New Horizons Crisis Center, 2524 Broadway Ave., Worthington Drug Take Back Programs: • Sterling Pharmacy, 607 – 10th St. Worthington • Nobles Co. Sheriff, 1530 Airport Rd., Worthington
Wellness	35% report they are obese 27% report they are overweight 53% do not get 5 or more fruits/vegetables/day 47% are not getting exercise at least 3x/week 41% diagnosed with hypertension 33% diagnosed with arthritis 31% diagnosed with high cholesterol 19% have not had a routine check-up in over 1 year 29% have not had a flu shot this past year 28% have not visited their dentist in over 1 year	35% report they are obese 27% report they are overweight 53% do not get 5 or more fruits/vegetables/day 47% are not getting exercise at least 3x/week 41% diagnosed with hypertension 33% diagnosed with arthritis 31% diagnosed with high cholesterol 19% have not had a routine check-up in over 1 year 29% have not had a flu shot this past year 28% have not visited their dentist in over 1 year	Adult obesity 31%	Obesity resources: • Sanford WebMD Fit Kids program - fit.webmd.com • Sanford dieticians, 1680 Diagonal Rd., Worthington • Avera dieticians, 1216 Ryan's Rd., Worthington • Public Health, 315 – 10th St., Worthington • Open Door Health Center mobile unit, 309 Holly Lane, Mankato (serves Worthington) • Weight Loss Surgery Support Group, 1018 – 6th Ave., Worthington • Farmers Market, 2nd Ave. & 10th St., Worthington • 10 Acres Flat CSA, Jackson, MN 507-841-1920 • Jubilee Farm CSA, food boxes are dropped at 2280 – 6th Ave., Windom • Nobles Co. Extension nutrition classes, 315 – 10th St., Worthington • Worthington YMCA, 1501 College Way, Worthington • Park District activities, 303 – 9th St., Worthington • Golf, 851 W. Oxford St., Worth. • Bowling, 325 Oxford St., Worth. • Swimming (Aquatics Center), 1501 College Way, Worthington • Anytime Fitness, 1151 Ryan's Rd., Worthington • Center for Active Living, 211 - 11th St., Worthington • Prairie Rehab & Fitness, 315 Oxford St., Worthington • Great Life Golf & Fitness Club, 851 Oxford St. W., Worthington • Parks & Playgrounds:

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				○ Centennial Park ○ Church Park, Okabena St. ○ Ehlers Park, S. Shore Dr. ○ Ludlow Park, 1102 S. Shore Drive ○ Millard Walker Park ○ Olson Park, 951 N. Crailsheim Drive ○ Bristol Park, Bristol St. ○ Kelly Park, 1795 Diagnonal Rd. ○ Sportsman Co. Park, 28587 Read Ave. Healthy Food/Nutrition Education resources: • Sanford dieticians, 1680 Diagonal Rd., Worthington • Avera dieticians, 1216 Ryan's Rd., Worthington • Hy-Vee dieticians, 1235 Oxford St., Worthington • Nobles Co. Extension Service nutrition classes, 315 – 10th St., Worthington • Public Health, 315 – 10th St., Worthington • Community Education classes, 2011 Nobles St., Worthington • Minnesota West, 1450 Collegeway, Worthington • Farmers Market, 2nd Ave. & 10th St., Worthington • 10 Acres Flat CSA, Jackson MN 507-841-1920 • Jubilee Farm CSA, food boxes are dropped at 2280 – 6th Ave., Windom • Hy Ve Grocery Store, 1235 Oxford St., Worthington • Fareway Grocery, 1028 Ryan's Rd., Worthington • Walmart Foods, 1055 Ryan's Rd., Worthington • Top Asian Foods grocery store, 312 – 10th St., Worthington • Daily Apple, 207–10th St., Worth. • Healthy Habit, 1022 Oxford St,, Worthington Physical Fitness resources: • Anytime Fitness, 1151 Ryan's Rd., Worthington • Amercinn, 1475 Darling Dr., Worthington

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Center for Active Living, 211 – 11th St., Worthington • Empowered Fitness, 213 – 10th St., Worthington • Ignite Studios, 212 – 10th St., Worthington • Prairie Rehab & Fitness, 315 Oxford St., Worthington • Studios on 5th, 922 – 5th Ave., Worthington • Worthington Area YMCA, 1501 College Way, Worthington • Great Life Golf & Fitness Club, 851 Oxford St. W., Worthington • Park District activities, 303 – 9th St., Worthington • Golf, 851 W. Oxford St., Worth. • Bowling, 325 Oxford St., Worthington • Swimming (Aquatics Center), 1501 College Way, Worthington • Parks & Playgrounds: o Centennial Park o Church Park, Okabena St. o Ehlers Park, S. Shore Dr. o Ludlow Park, 1102 S. Shore Drive o Millard Walker Park o Olson Park, 951 N. Crailsheim Drive o Bristol Park, Bristol St. o Kelly Park, 1795 Diagnonal Rd. o Sportsman Co. Park, 28587 Read Ave. Chronic Disease resources: • Sanford Clinic, 1680 Diagonal Rd., Worthington • Sanford Dietician, 1018 – 5th Ave., Worthington • Sanford Cancer Center, 1018 – 6th Ave., Worthington • Avera Clinic, 1216 Ryan's Rd., Worthington • Avera Dietician, 1216 Ryan's Rd., Worthington • Public Health, 315 – 10th St., Worthington • Sanford Cancer Center, 1018 – 6th Ave., Worthington • Open Door Health Center mobile unit (federally funded health clinic), 309 Holly LN, Mankato (serves Worthington)

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Sanford Better Choices, Better Health, 300 Cherapa, Sioux Falls • American Heart Association, Heart.org • Arthritis Foundation-arthritis.org • Nobles Co. Integration Collab. (Living Well with Chronic Conditions, Powerful tools for Caregivers), 1450 College Way, Worthington Routine Check-up/Flu Shot resources: • Sanford Clinic, 1680 Diagonal Rd., Worthington • Avera Clinic, 1216 Ryan's Rd., Worthington • Public Health, 315 – 10th St., Worthington • Open Door Health Center mobile unit (federally qualified health clinic), 309 Holly Ln, Mankato (serves Worthington) • Our Lady of Guadalupe (free clinic), 1820 Oxford St., Worth. Dental resources: • Apple White Dentistry, 2017 - 2nd Ave., Worthington • Stanley Haas, DDS, 324-1/2 – 10th St., Worthington • Family Dentistry, 1029 – 3rd Ave., Worthington • Friendly Dental, 1316 McMillan St., Worthington • Open Door Health Center mobile unit (dental services), 309 Holly LN, Mankato (serves Worth.) • Midwest Dental, 507 S. Shore Dr., Worthington

Key Stakeholder Survey

Sanford Worthington Medical Center

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

Online Survey of Community Stakeholders

November 2017

SANFORD

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Worthington Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred in the month of October. A total of 173 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues within the Community

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

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

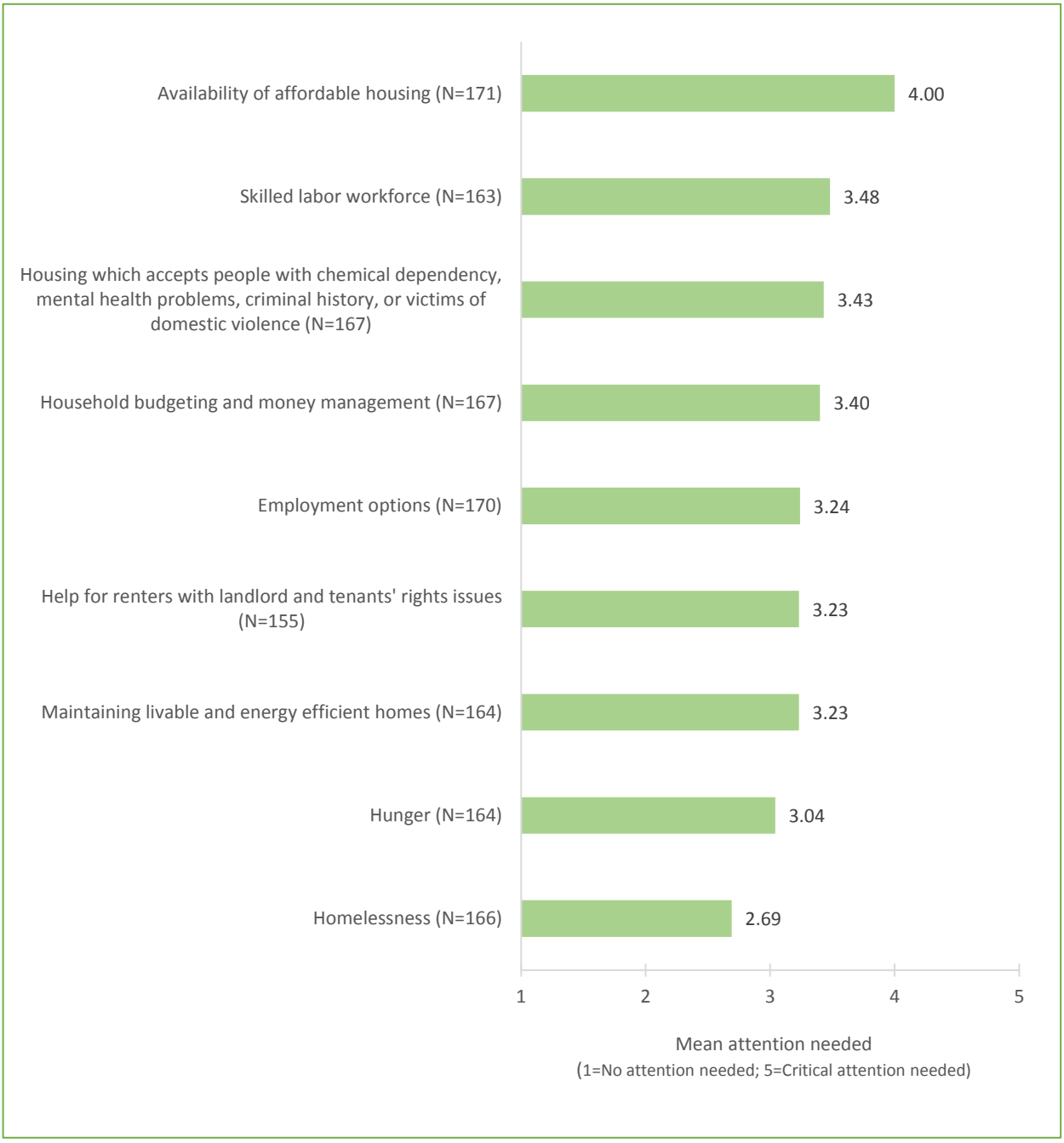


Figure 2. Current state of community issues regarding TRANSPORTATION

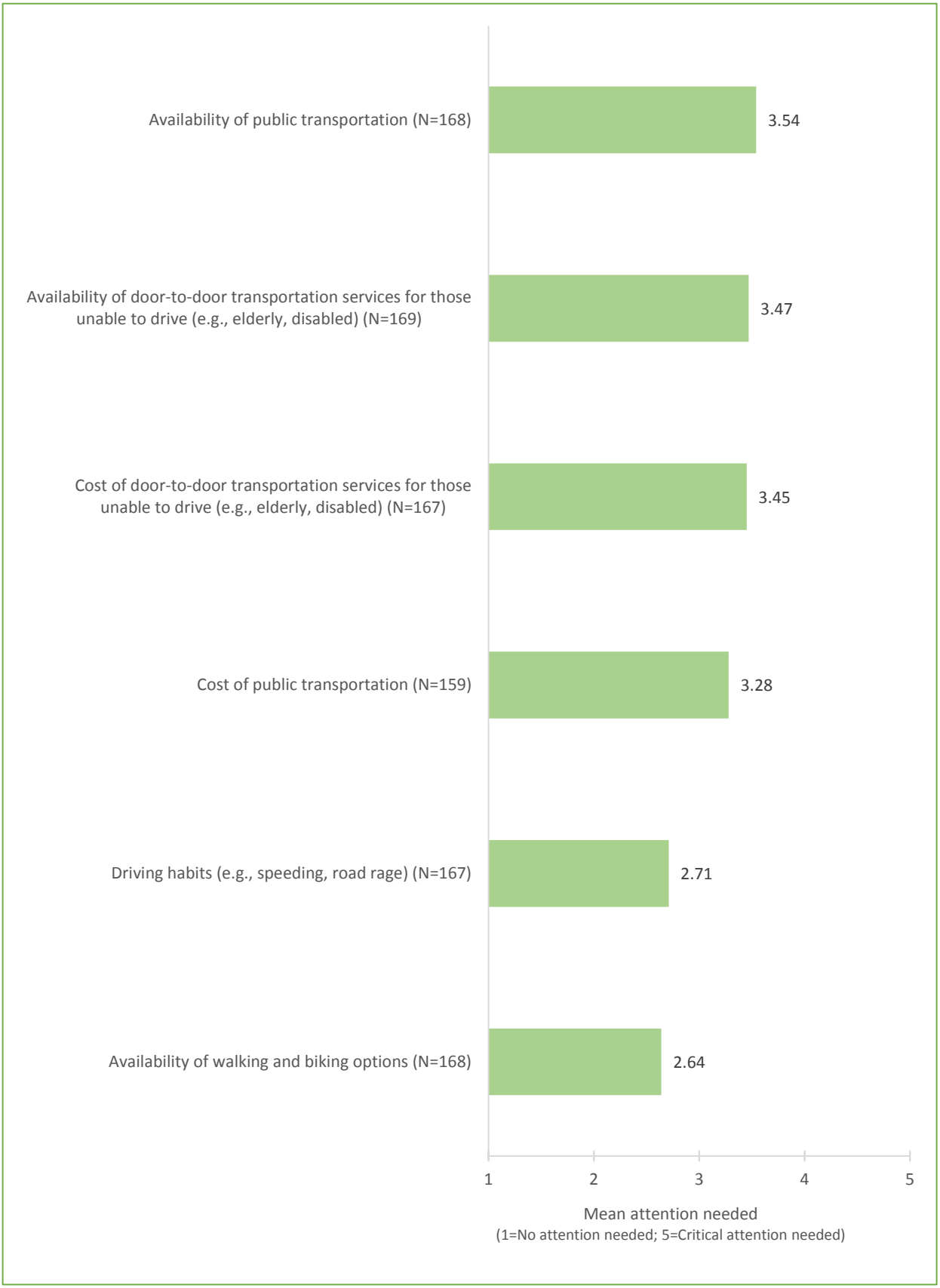


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

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

Figure 5. Current state of community issues regarding SAFETY

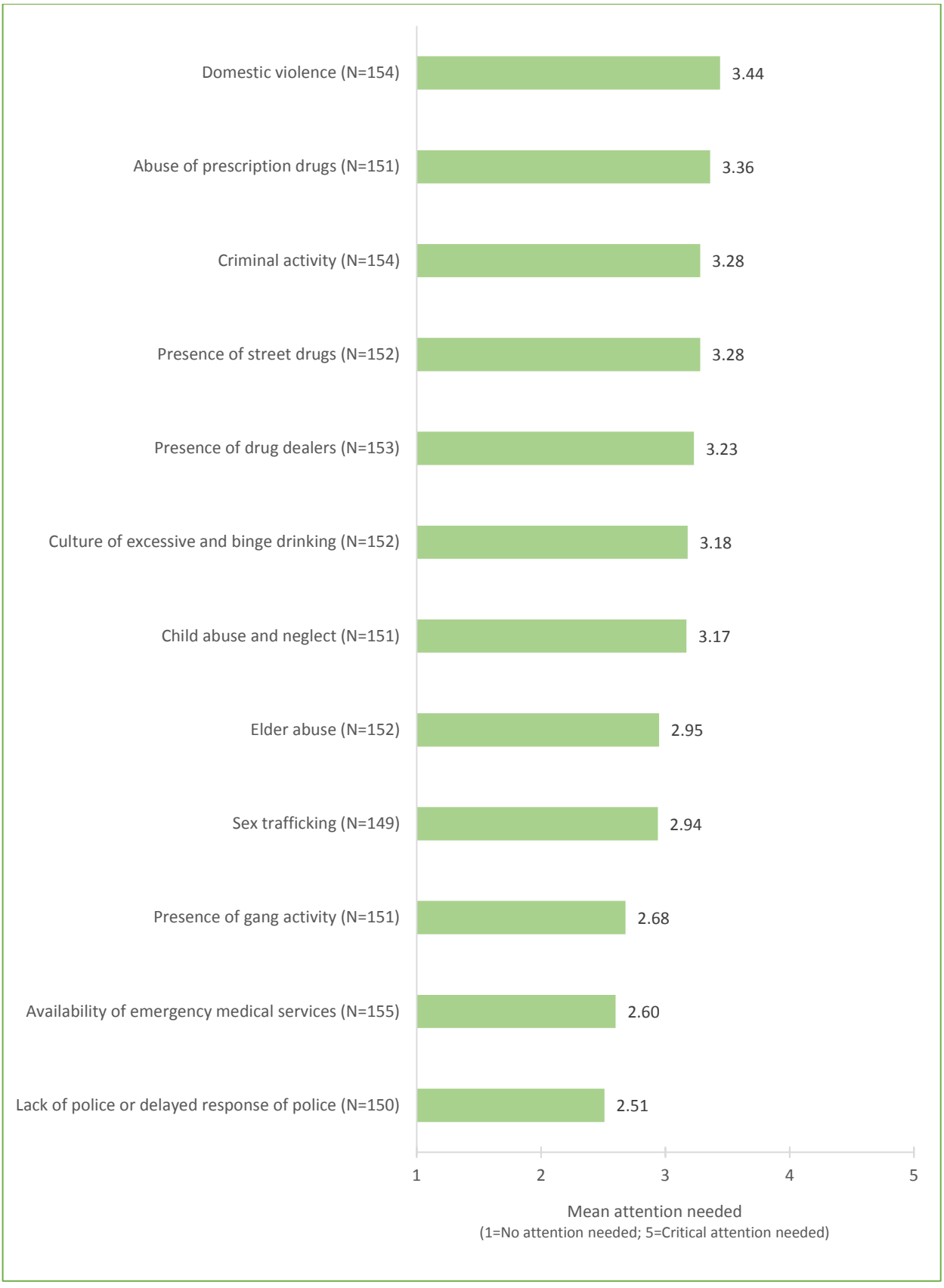
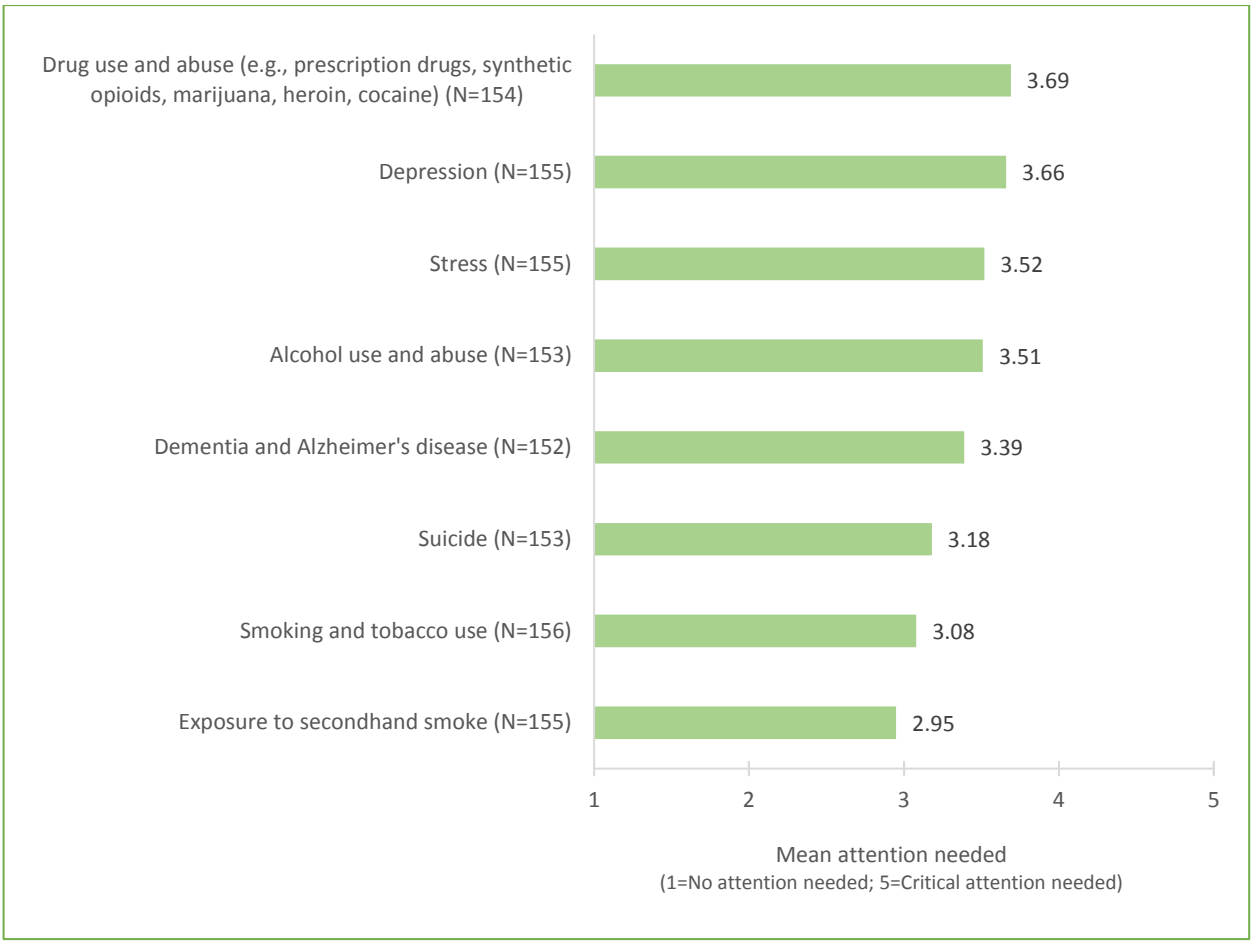


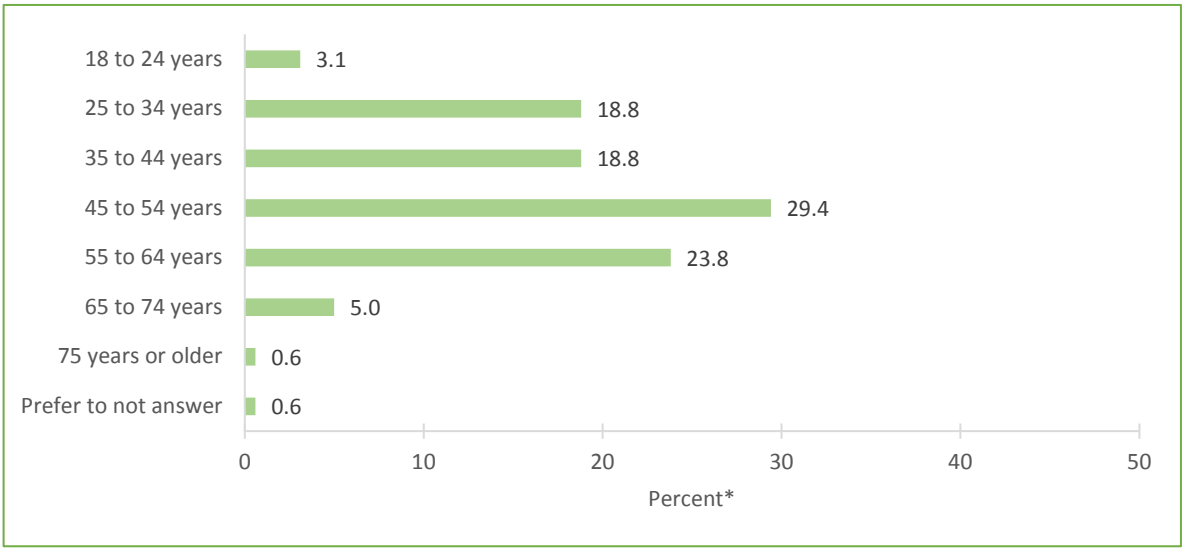
Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

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



Demographic Information

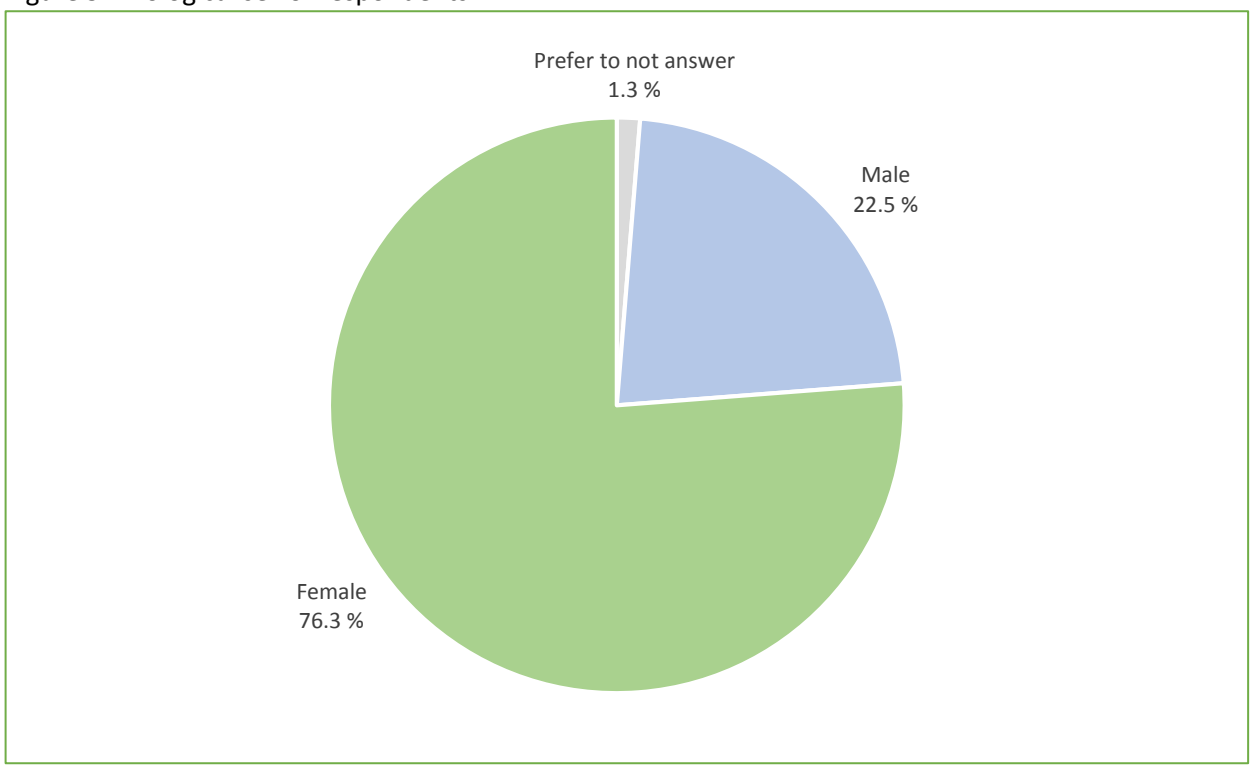
Figure 8. Age of respondents



N=160

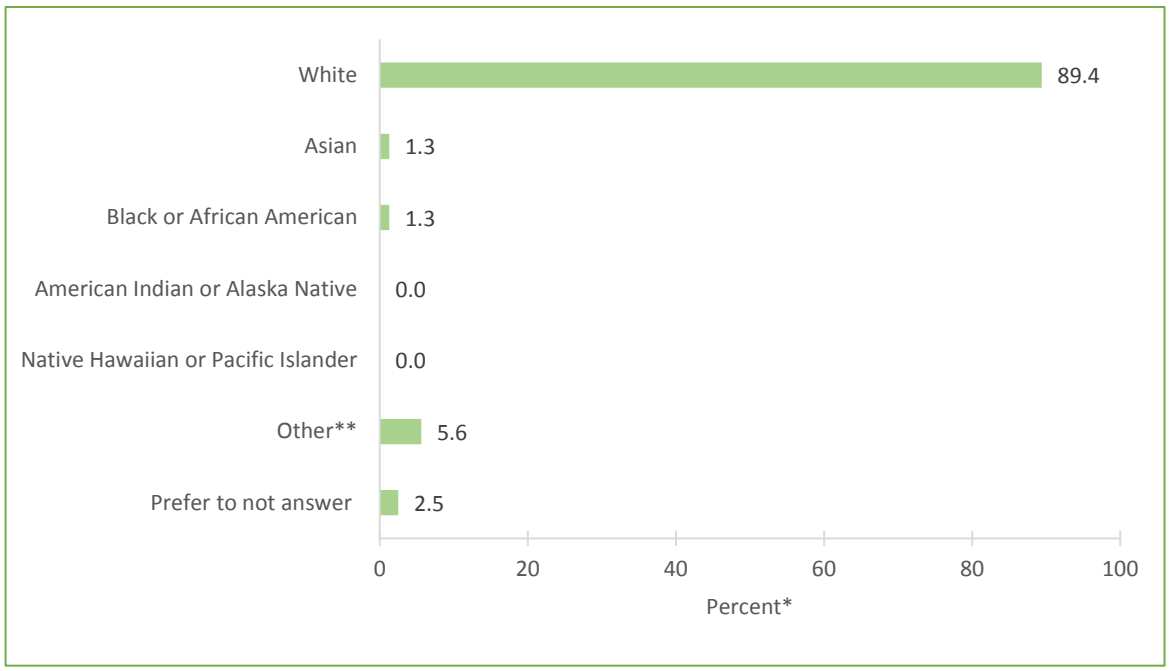
*Percentages do not equal 100.0 due to rounding.

Figure 9. Biological sex of respondents



N=160
Percentages do not total 100.0 due to rounding.

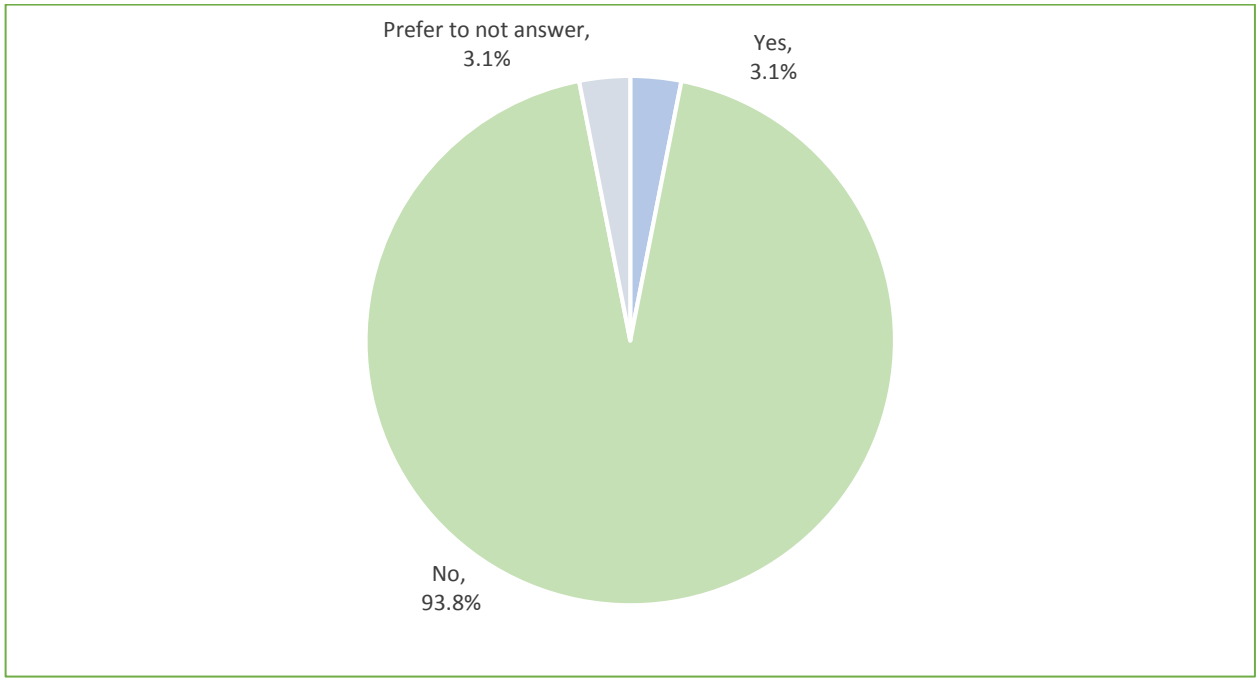
Figure 10. Race of respondents



N=160
*Percentages do not total 100.0 due to rounding.

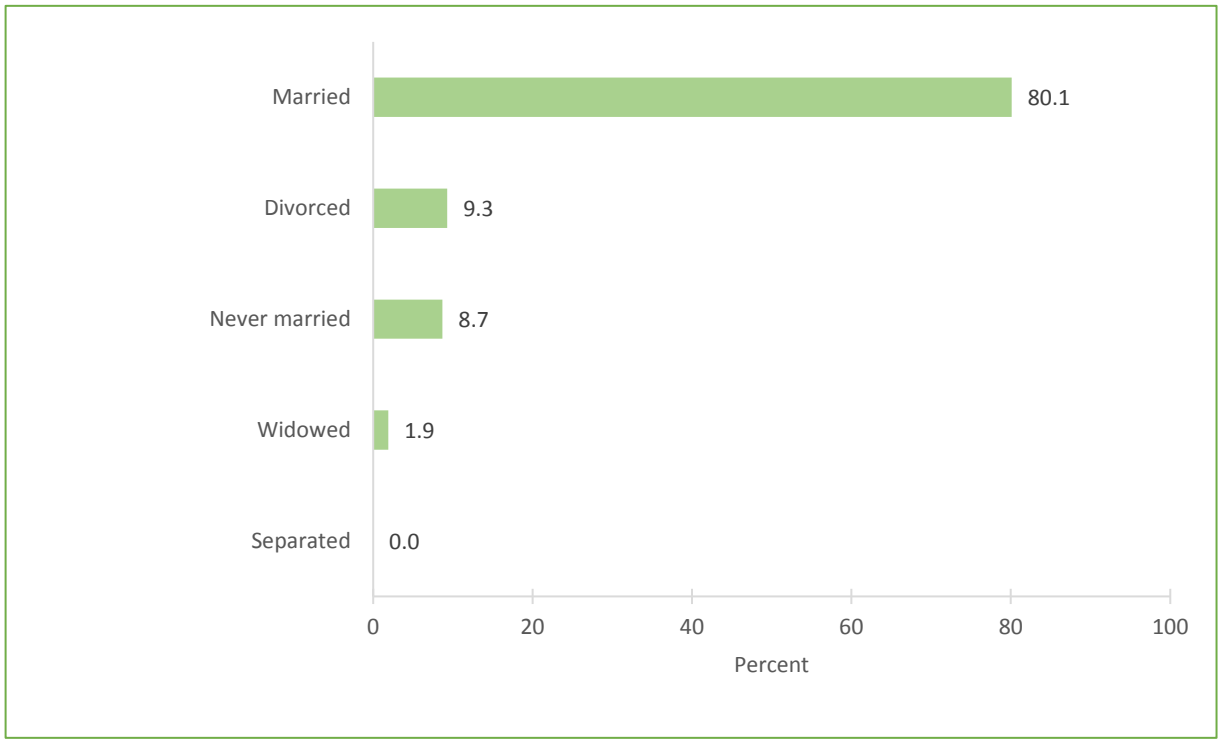
**"Other" responses include: American, Hispanic, Mixed, and White/Hispanic.

Figure 11. Whether respondents are of Hispanic or Latino origin



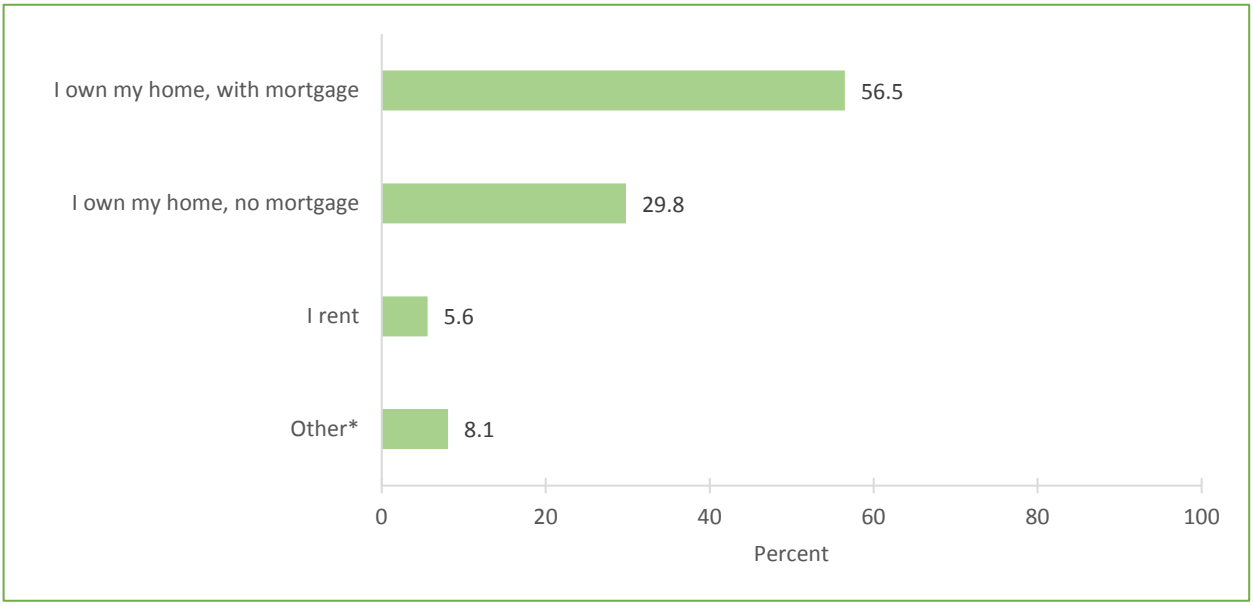
N=160

Figure 12. Marital status of respondents



N=161

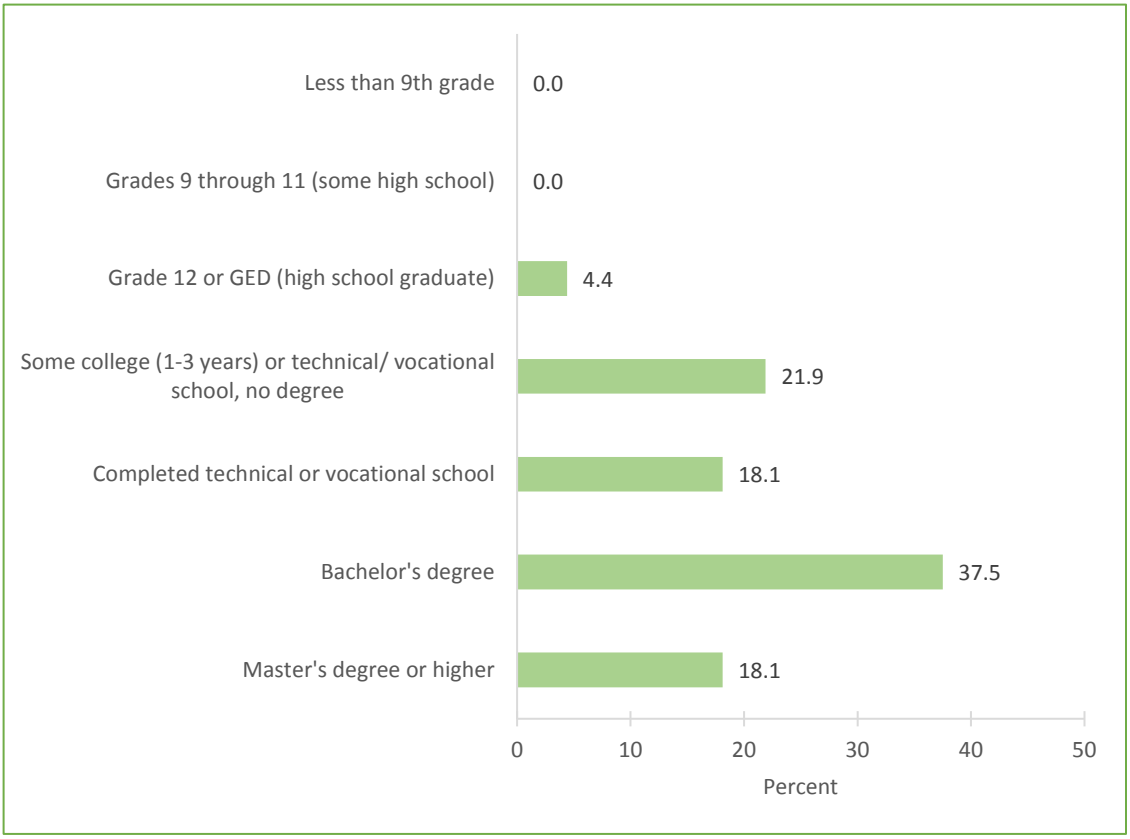
Figure 13. Living situation of respondents



N=161

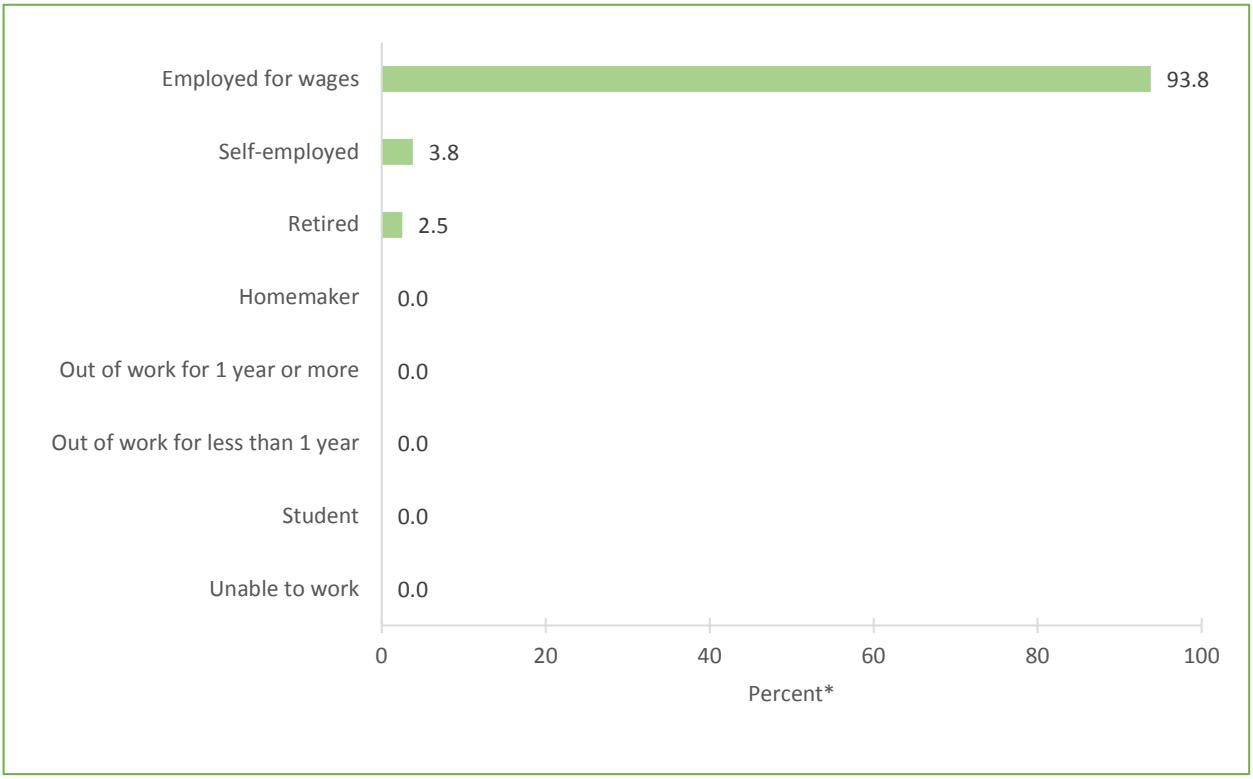
*Other responses include: “I do not own my home, no mortgage”, “In the process of buying a home”, “Live with own[er] of home, no mortgage”, “Live with parents”.

Figure 14. Highest level of education completed by respondents



N=160

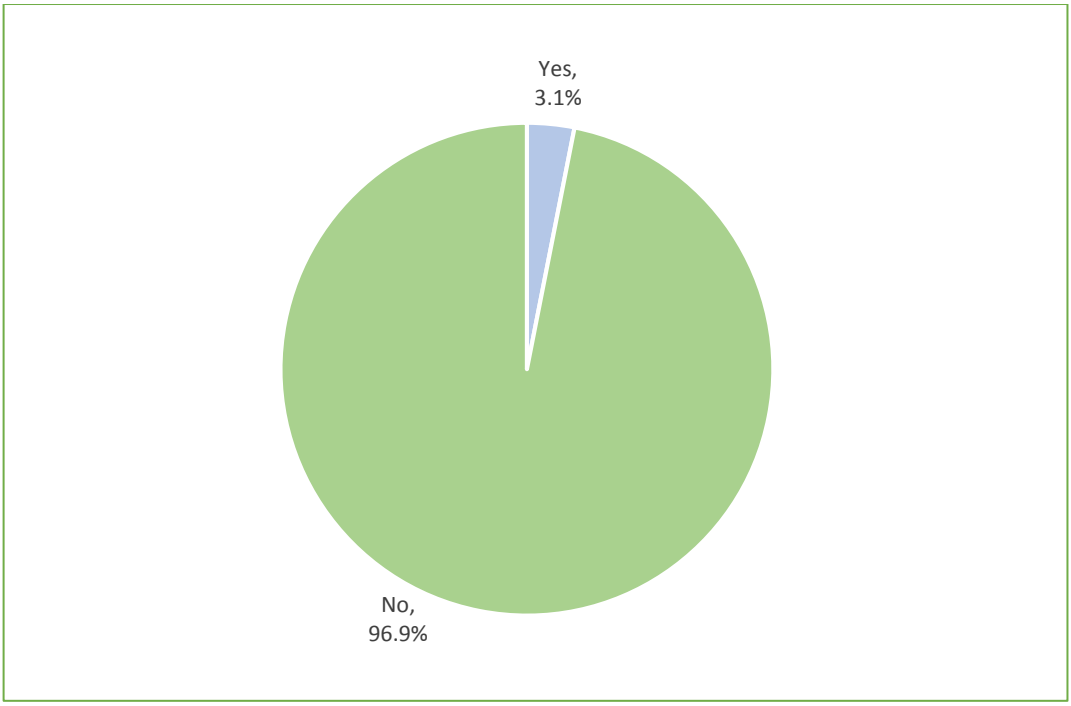
Figure 15. Employment status of respondents



N=160

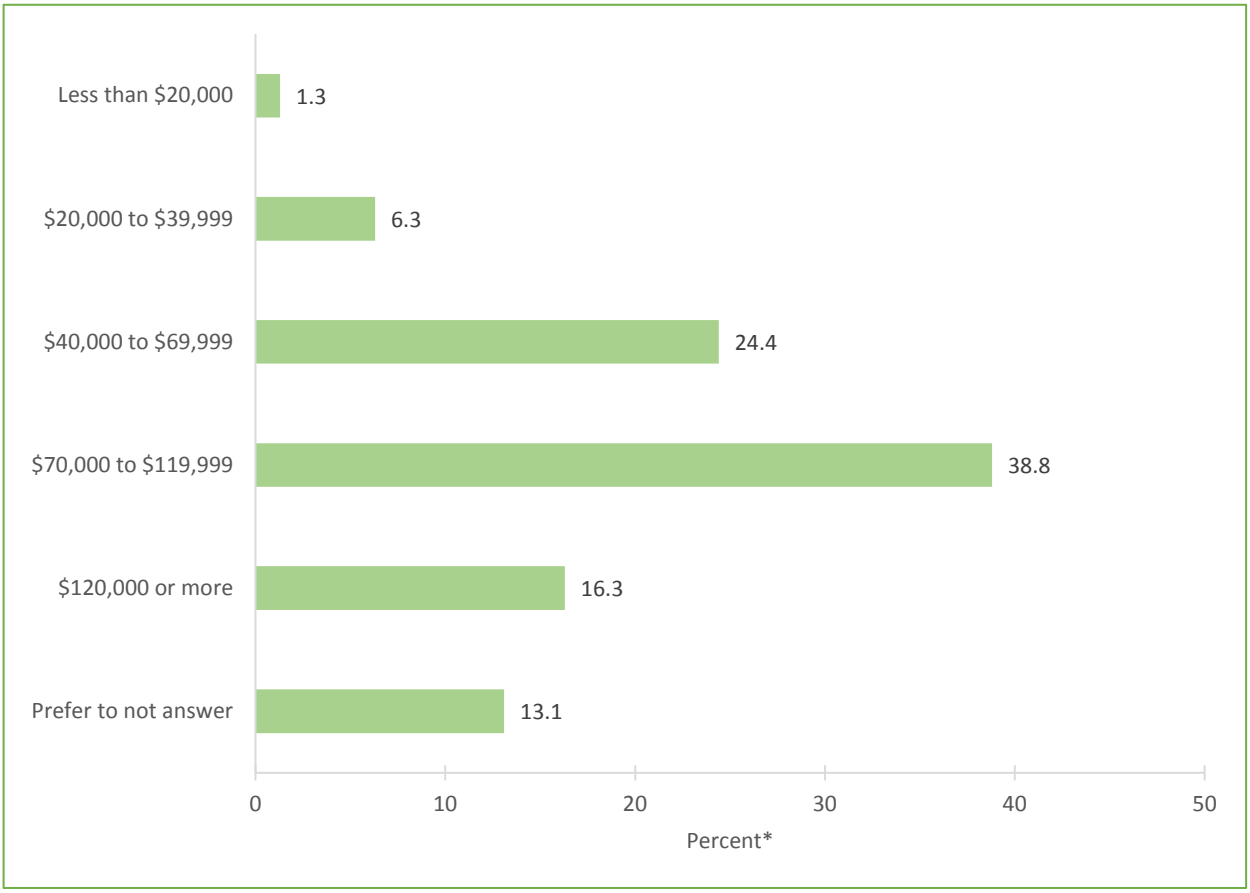
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=161

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



N=160

*Percentages do not total 100.0 due to rounding.

Table 1. Zip code of respondents

Zip code	Number of respondents	Zip code	Number of respondents
56187	85	57108	1
56110	12	56185	1
56119	7	56161	1
56131	6	56141	1
56168	5	56138	1
56167	4	56137	1
56165	4	56120	1
56155	4	56117	1
56150	4	51345	1
56143	3	51249	1
56156	2		

N=146

Table 2. Comments from respondents

Comments
Although I do not live in Worthington, MN, I have grown up around this area my whole life. I answered the questions honestly and to the best of my abilities.
Concerned about the availability of mental health services.
Dental, immigration services for new Americans and out-door activities for youth and young children are the most dangerous issues for low income and families in Worthington/Nobles county at large.
Dentists that take MA, psychiatrist services, Behavioral health availability, taxi wait times.
Health Insurance cost is the biggest problem but that is up to the law makers to fix.
I don't know as much about the challenges the youth face, but I do know STD/pregnancy prevention is a critical need. Access to dental care is also a CRITICAL need.
I have first-hand experience (both for myself and family) regarding the availability of mental health care. It has been over a year of making an effort to get him an appointment at the primary mental health care provider in Worthington for a medication recheck requested by his pediatrician. The mental health physician I saw made a referral to the same mental health facility several weeks ago and I have not heard from them. The physician told me not to contact them, as they would contact me after receiving the referral. There are a lot of mental health and chemical dependency issues in town, with very few providers and very little effort being made to address the problem. I worked for many years in a public service position that allowed me to interact directly with the members of the public involved in these issues.
I hope this survey is given to the right people in our community. Since I am educated, employed, insured, speak English, and mentally and physically stable, if there is a service I need I can get it...I am not the person you need to hear from. You need to get to the Community Connectors to hear the opinions and the needs of the people that struggle to access or qualify for the services you are trying to improve. Much of our community leadership is really out of touch with our population and demographics.
Lack of mental health facilities is the country's biggest problem!!
The children w/ working parents have been forgotten, working families also struggle financially --- can some programs for children that parents do have some income be put into place, we are always paying for the parents/families that don't have income & are constantly telling our kids NO, while other families are getting everything for free or at a reduced cost.
The ER will not transport children to inpatient behavioral health programs about an hour away if they are on probation.
The fact that the Hispanic/Latino have their own question is offensive. They should be included with the other nationalities.
There is definitely a critical need for a behavioral health facility. Also, newcomers to our community should be advised that our ditches are NOT a trash can.
This survey was completed based on a mostly elderly veteran population.
We have many of these services, just not enough. Seems to be the problem in many communities.
We need to figure out a way to effectively partner with existing agencies in order have better health outcomes for our community.
Why do we need a bigger liquor store?
WHY would you ask about available housing in the SAME question for Criminals, and Victims and Domestic Violence? We NEED more safe spaces for Victims of Domestic Violence, which is rampant in Nobles County, but I cannot say that we need more housing for Criminals, etc. So, next time separate the groups as answers vary, depending upon groups. Homes for mental illness differ from homes for the mentally disabled, for example. Your question was not intelligently answerable.

APPENDIX TABLE

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

Statements	Mean**	Percent of respondents* Level of attention needed 1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=172)	4.00	1.2	2.3	29.7	28.5	37.8	0.6	100.1
Employment options (N=171)	3.24	3.5	14.0	46.2	26.3	9.4	0.6	100.0
Help for renters with landlord and tenants' rights issues (N=166)	3.23	4.2	15.7	39.8	21.7	12.0	6.6	100.0
Homelessness (N=169)	2.69	7.1	35.5	40.2	11.2	4.1	1.8	100.1
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=170)	3.43	5.3	13.5	34.1	24.1	21.2	1.8	100.1
Household budgeting and money management (N=170)	3.40	2.9	10.0	44.7	25.9	14.7	1.8	100.1
Hunger (N=166)	3.04	3.6	22.9	43.4	23.5	5.4	1.2	100.1
Maintaining livable and energy efficient homes (N=168)	3.23	2.4	14.3	46.4	27.4	7.1	2.4	100.1
Skilled labor workforce (N=168)	3.48	2.4	9.5	36.9	35.1	13.1	3.0	100.1
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=171)	3.47	3.5	14.0	29.8	35.1	16.4	1.2	100.0
Availability of public transportation (N=171)	3.54	2.9	15.2	26.9	32.2	21.1	1.8	100.1
Availability of walking and biking options (N=170)	2.64	10.0	40.0	30.0	13.5	5.3	1.2	100.0
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=171)	3.45	2.9	14.0	37.4	22.8	20.5	2.3	99.9
Cost of public transportation (N=169)	3.28	4.1	15.4	37.9	23.1	13.6	5.9	100.0
Driving habits (e.g., speeding, road rage) (N=171)	2.71	7.6	39.8	29.2	15.8	5.3	2.3	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=162)	3.50	4.3	17.3	29.0	21.0	27.2	1.2	100.0
Availability of education about birth control (N=162)	3.31	1.9	17.9	38.3	22.8	14.2	4.9	100.0
Availability of quality child care (N=163)	4.18	1.2	3.1	18.4	28.8	46.0	2.5	100.0
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=160)	3.72	1.3	7.5	31.3	37.5	21.9	0.6	100.1
Bullying (N=163)	3.57	1.2	9.2	39.3	30.7	18.4	1.2	100.0
Childhood obesity (N=161)	3.59	1.2	9.9	36.0	31.7	19.3	1.9	100.0
Cost of activities (outside of school and sports) for children and youth (N=162)	3.48	2.5	14.2	34.6	29.0	18.5	1.2	100.0
Cost of quality child care (N=162)	3.81	0.6	11.7	21.0	35.8	27.8	3.1	100.0
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=159)	3.47	3.1	11.3	35.2	30.2	16.4	3.8	100.0
Crime committed by youth (N=160)	3.16	1.9	23.8	39.4	23.1	10.0	1.9	100.1
Opportunities for youth-adult mentoring (N=160)	3.37	1.9	13.1	43.1	26.3	13.1	2.5	100.0
Parental custody, guardianships and visitation rights (N=157)	3.01	1.9	28.0	39.5	17.2	7.6	5.7	99.9
School absenteeism (truancy) (N=157)	3.12	1.3	24.8	38.9	19.1	9.6	6.4	100.1
School dropout rates (N=158)	3.06	1.3	30.4	35.4	18.4	10.1	4.4	100.0
School violence (N=159)	2.90	3.1	34.0	37.1	13.2	8.8	3.8	100.0
Substance abuse by youth (N=163)	3.53	1.8	14.7	31.9	27.0	21.5	3.1	100.0
Teen pregnancy (N=161)	3.65	0.6	14.9	28.0	24.8	26.7	5.0	100.0
Teen suicide (N=160)	3.03	3.8	32.5	29.4	15.0	13.8	5.6	100.1
Teen tobacco use (N=159)	3.30	1.9	20.1	35.2	22.6	15.1	5.0	99.9

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=162)	3.15	3.7	20.4	42.6	20.4	11.1	1.9	100.0
Availability of long-term care (N=162)	3.17	3.7	21.6	33.3	30.2	7.4	3.7	99.9
Availability of memory care (N=162)	3.38	2.5	14.8	35.2	30.9	13.0	3.7	100.1
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=162)	3.31	1.2	16.0	43.2	25.3	11.7	2.5	99.9
Availability of resources for grandparents caring for grandchildren (N=160)	3.18	3.1	20.0	36.9	28.1	7.5	4.4	100.0
Availability of resources to help the elderly stay safe in their homes (N=161)	3.32	1.2	18.6	37.9	26.1	13.0	3.1	99.9
Cost of activities for seniors (e.g., recreational, social, cultural) (N=162)	3.01	3.7	29.0	34.6	21.0	8.0	3.7	100.0
Cost of in-home services (N=160)	3.51	1.9	10.6	32.5	37.5	12.5	5.0	100.0
Cost of long-term care (N=162)	3.93	0.6	7.4	18.5	38.3	29.0	6.2	100.0
Cost of memory care (N=160)	3.92	0.6	8.8	18.8	35.0	30.6	6.3	100.1
Help making out a will or healthcare directive (N=160)	3.09	1.3	31.3	30.6	26.3	8.1	2.5	100.1
SAFETY								
Abuse of prescription drugs (N=156)	3.36	1.9	17.9	32.7	31.4	12.8	3.2	99.9
Availability of emergency medical services (N=157)	2.60	9.6	40.1	33.1	12.1	3.8	1.3	100.0
Child abuse and neglect (N=158)	3.17	1.9	20.9	41.8	20.9	10.1	4.4	100.0
Criminal activity (N=158)	3.28	1.3	20.3	38.0	25.9	12.0	2.5	100.0
Culture of excessive and binge drinking (N=157)	3.18	3.8	21.0	35.7	26.8	9.6	3.2	100.1
Domestic violence (N=159)	3.44	1.3	11.9	39.0	32.1	12.6	3.1	100.0
Elder abuse (N=158)	2.95	3.2	32.3	35.4	17.1	8.2	3.8	99.9

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Lack of police or delayed response of police (N=157)	2.51	9.6	49.0	21.7	9.6	5.7	4.5	100.1
Presence of drug dealers (N=157)	3.23	4.5	25.5	27.4	23.6	16.6	2.5	100.1
Presence of gang activity (N=155)	2.68	11.0	40.6	21.9	16.8	7.1	2.6	100.0
Presence of street drugs (N=156)	3.28	4.5	24.4	26.9	22.4	19.2	2.6	100.0
Sex trafficking (N=156)	2.94	4.5	34.6	27.6	19.9	9.0	4.5	100.1
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=159)	3.79	2.5	10.1	30.2	18.9	37.1	1.3	100.1
Access to affordable health insurance coverage (N=159)	3.97	1.3	6.9	23.3	28.9	38.4	1.3	100.1
Access to affordable health care (N=156)	3.88	0.6	9.6	26.3	26.9	35.9	0.6	99.9
Access to affordable prescription drugs (N=158)	3.69	2.5	10.8	27.8	30.4	26.6	1.9	100.0
Access to affordable vision insurance coverage (N=158)	3.51	3.2	15.8	30.4	24.7	23.4	2.5	100.0
Access to technology for health records and health education (N=157)	2.83	7.6	29.9	40.8	9.6	9.6	2.5	100.0
Availability of behavioral health (substance abuse) providers (N=158)	3.78	3.2	11.4	24.7	22.8	35.4	2.5	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=157)	3.31	4.5	19.1	32.5	25.5	16.6	1.9	100.1
Availability of health care services for Native people (N=155)	2.54	13.5	31.0	22.6	11.0	4.5	17.4	100.0
Availability of health care services for New Americans (N=156)	2.91	9.0	29.5	26.3	17.3	10.9	7.1	100.1
Availability of mental health providers (N=156)	3.80	5.1	9.6	24.4	19.2	39.7	1.9	99.9
Availability of non-traditional hours (e.g., evenings, weekends) (N=158)	3.22	7.0	20.3	32.9	20.3	17.7	1.9	100.1
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=158)	3.05	5.1	25.3	36.1	22.8	8.9	1.9	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Availability of specialist physicians (N=159)	3.44	4.4	13.8	34.0	25.8	20.1	1.9	100.0
Coordination of care between providers and services (N=158)	3.39	3.2	14.6	33.5	32.9	12.7	3.2	100.1
Timely access to medical care providers (N=159)	3.06	4.4	23.9	41.5	18.9	10.1	1.3	100.1
Timely access to dental care providers (N=157)	3.41	7.0	21.0	22.9	20.4	27.4	1.3	100.0
Timely access to vision care providers (N=158)	2.85	8.9	32.9	33.5	11.4	12.0	1.3	100.0
Use of emergency room services for primary healthcare (N=156)	3.56	3.2	16.0	26.9	25.0	25.6	3.2	99.9
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=158)	3.51	1.9	11.4	36.7	29.1	17.7	3.2	100.0
Dementia and Alzheimer's disease (N=159)	3.39	1.3	13.8	40.9	25.8	13.8	4.4	100.0
Depression (N=158)	3.66	1.3	8.2	34.2	33.5	20.9	1.9	100.0
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=158)	3.69	2.5	8.9	33.5	23.4	29.1	2.5	99.9
Exposure to secondhand smoke (N=160)	2.95	5.0	34.4	30.6	14.4	12.5	3.1	100.0
Smoking and tobacco use (N=160)	3.08	2.5	28.1	37.5	17.5	11.9	2.5	100.0
Stress (N=158)	3.52	2.5	12.7	34.2	29.1	19.6	1.9	100.0
Suicide (N=157)	3.18	2.5	28.0	32.5	18.5	15.9	2.5	99.9

*Percentages may not total 100.0 due to rounding.

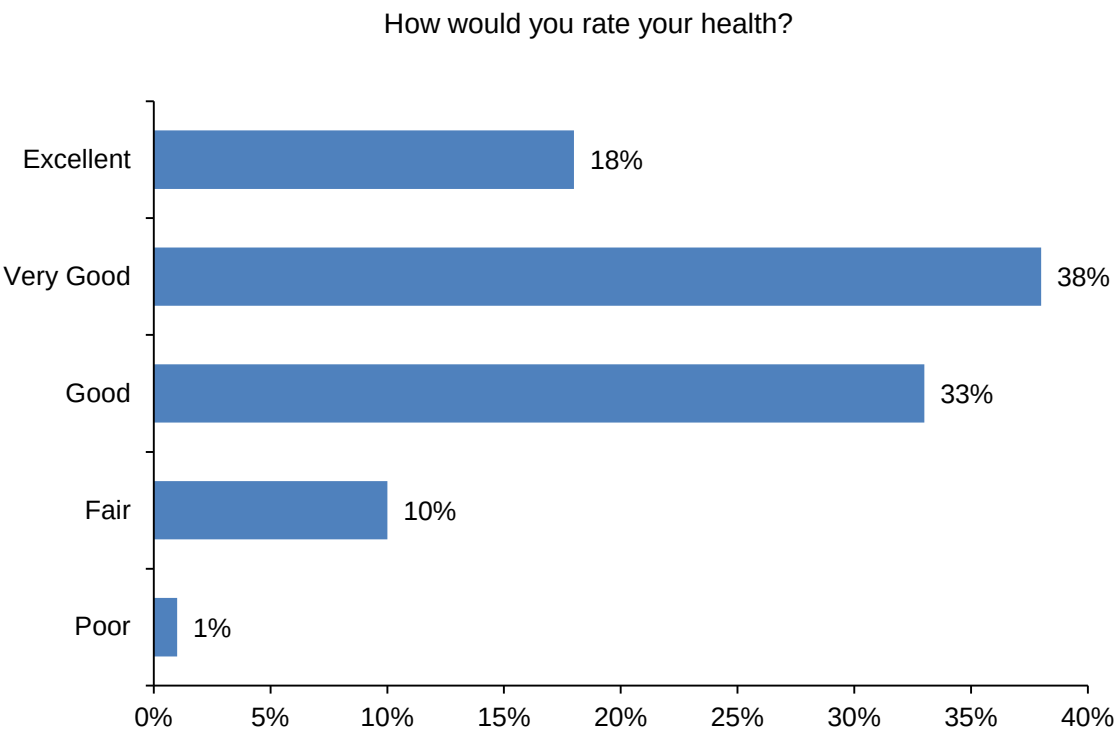
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Resident Survey

Worthington CHNA Survey Report

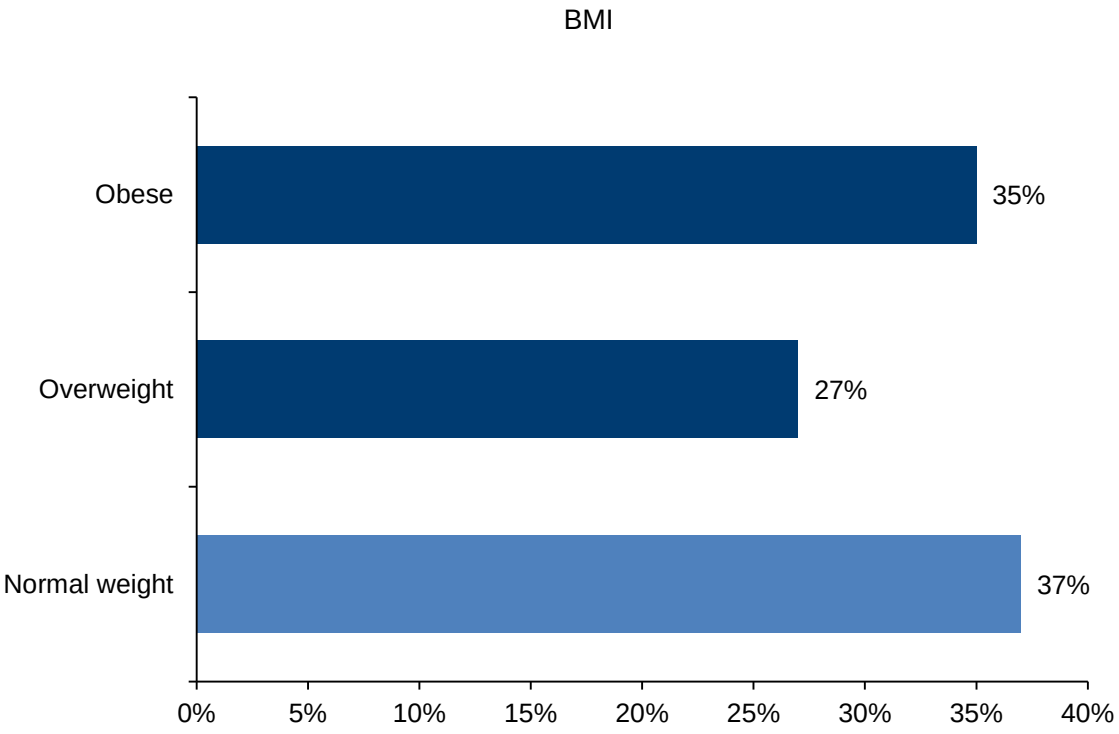
March 08, 2018

Charts Exported by MarketSight®



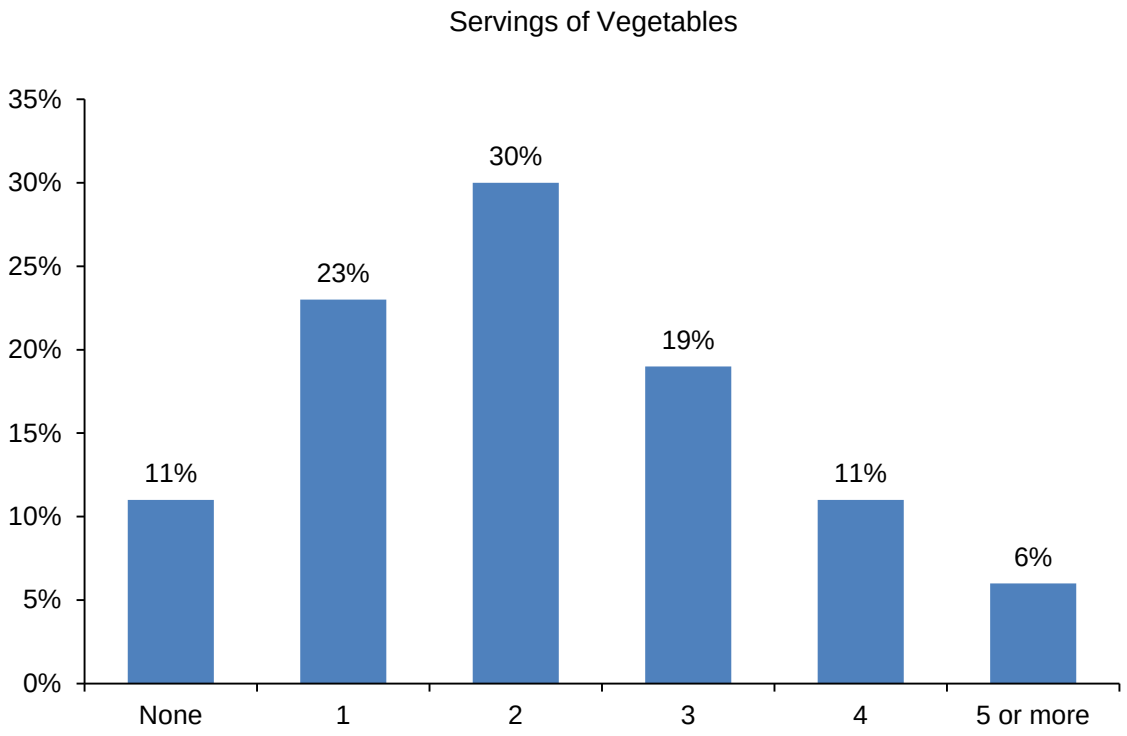
Base: Poor (n=2), Fair (n=16), Good (n=54), Very Good (n=62), Excellent (n=30), Sample Size = 164

(Community = Nobles)



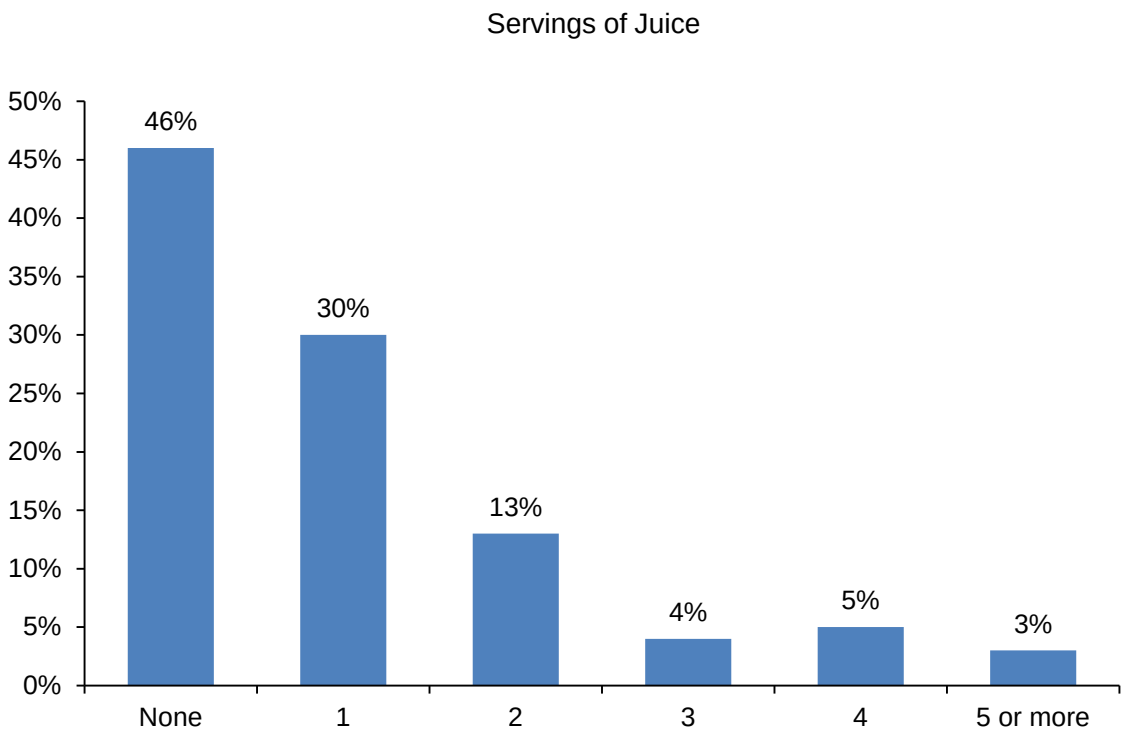
Base: Normal weight (n=59), Overweight (n=43), Obese (n=56), Sample Size = 158

(Community = Nobles)



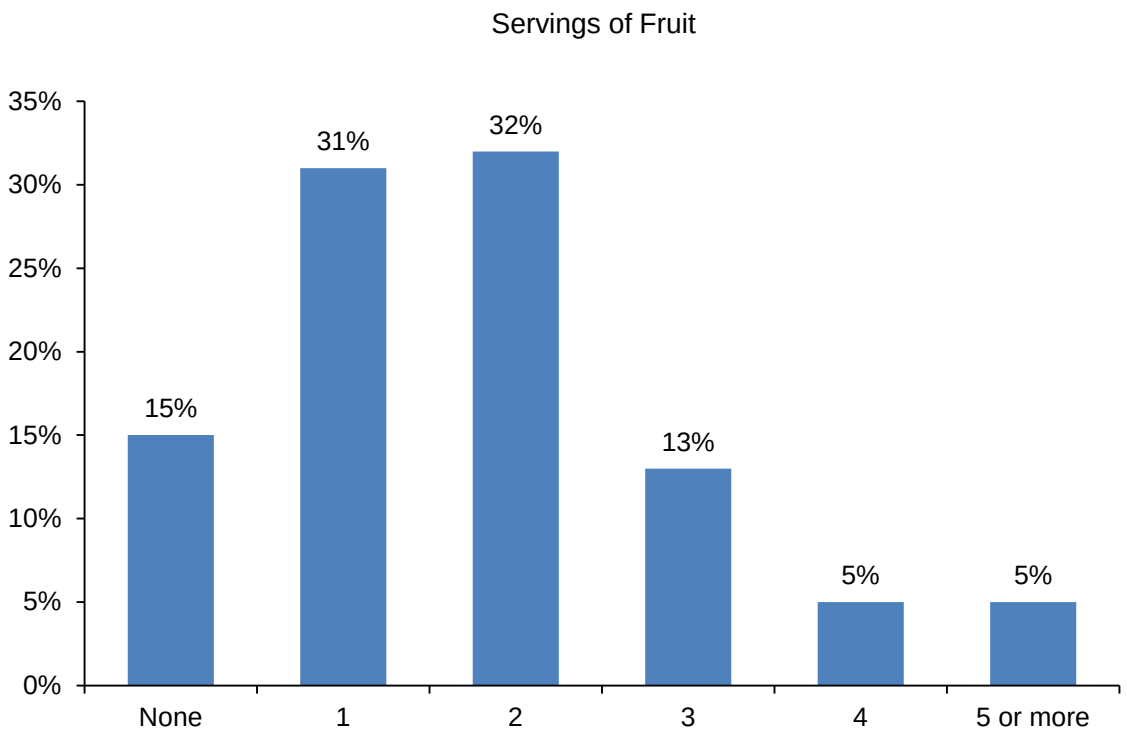
Base: None (n=17), 1 (n=37), 2 (n=48), 3 (n=31), 4 (n=17), 5 or more (n=9), Sample Size = 159

(Community = Nobles)



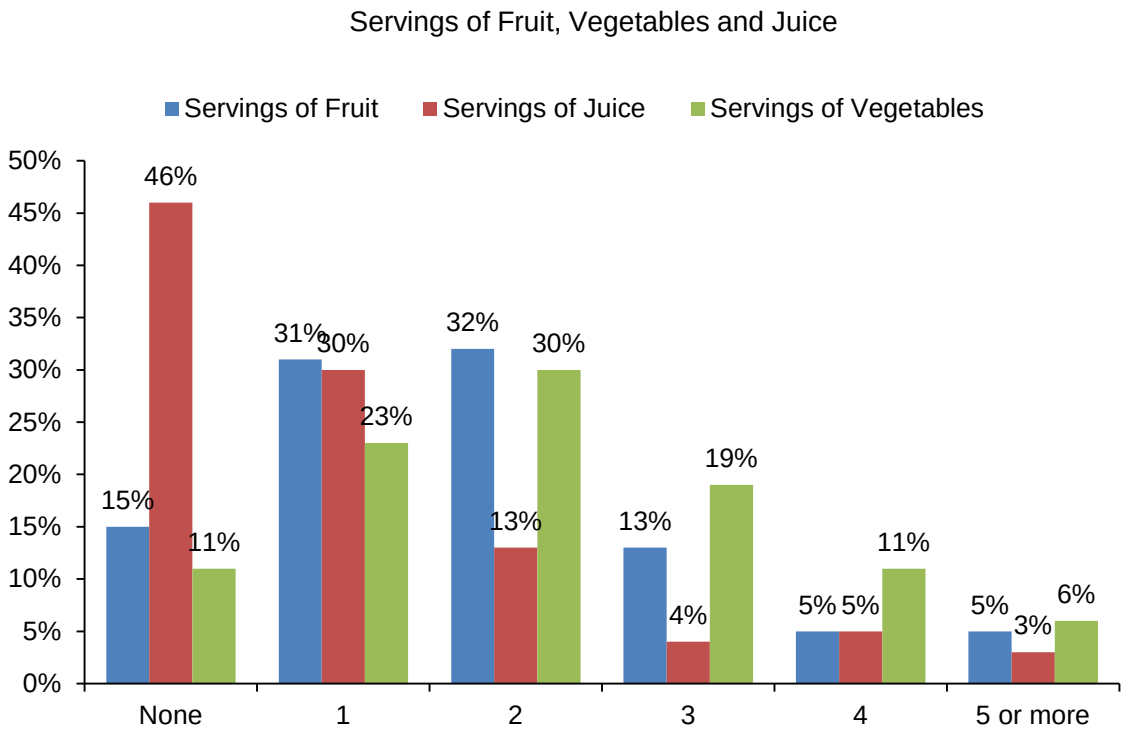
Base: None (n=61), 1 (n=39), 2 (n=17), 3 (n=5), 4 (n=6), 5 or more (n=4), Sample Size = 132

(Community = Nobles)



Base: None (n=22), 1 (n=46), 2 (n=48), 3 (n=19), 4 (n=7), 5 or more (n=7), Sample Size = 149

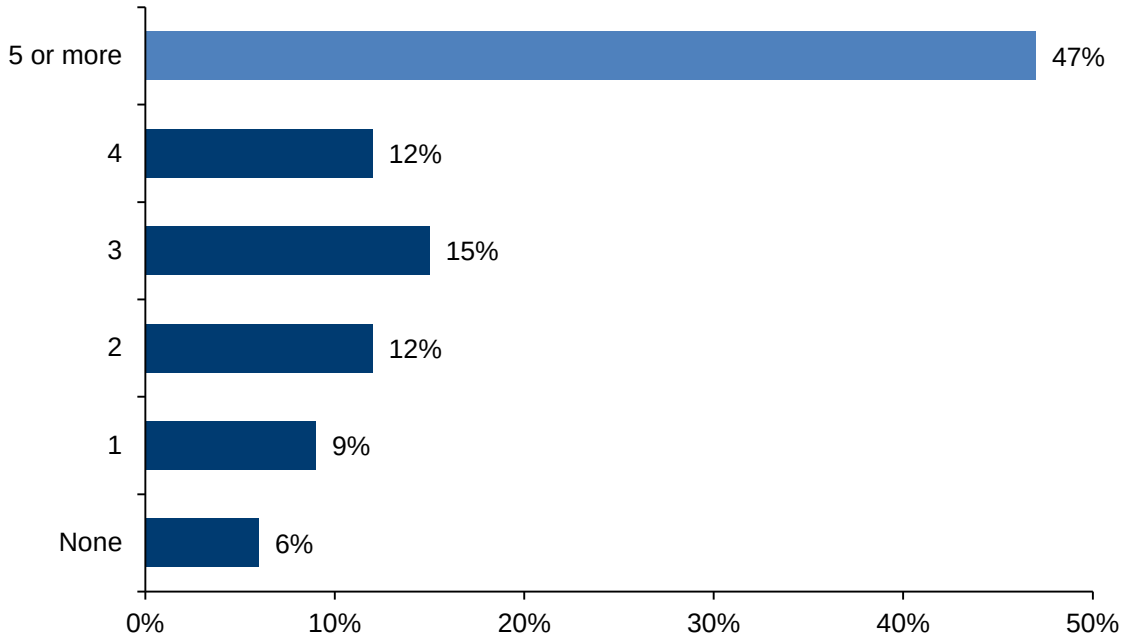
(Community = Nobles)



Sample Size = Variable

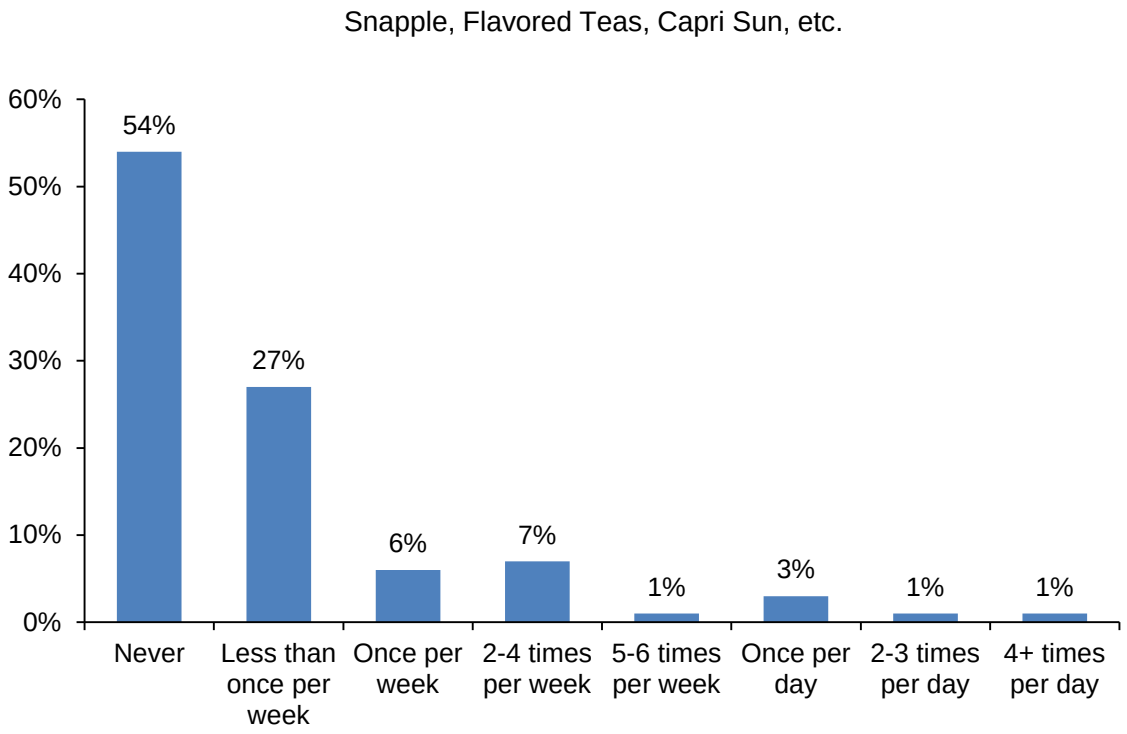
(Community = Nobles)

Total Servings of Fruits, Vegetables and Juice



Base: None (n=9), 1 (n=15), 2 (n=19), 3 (n=24), 4 (n=19), 5 or more (n=77), Sample Size = 163

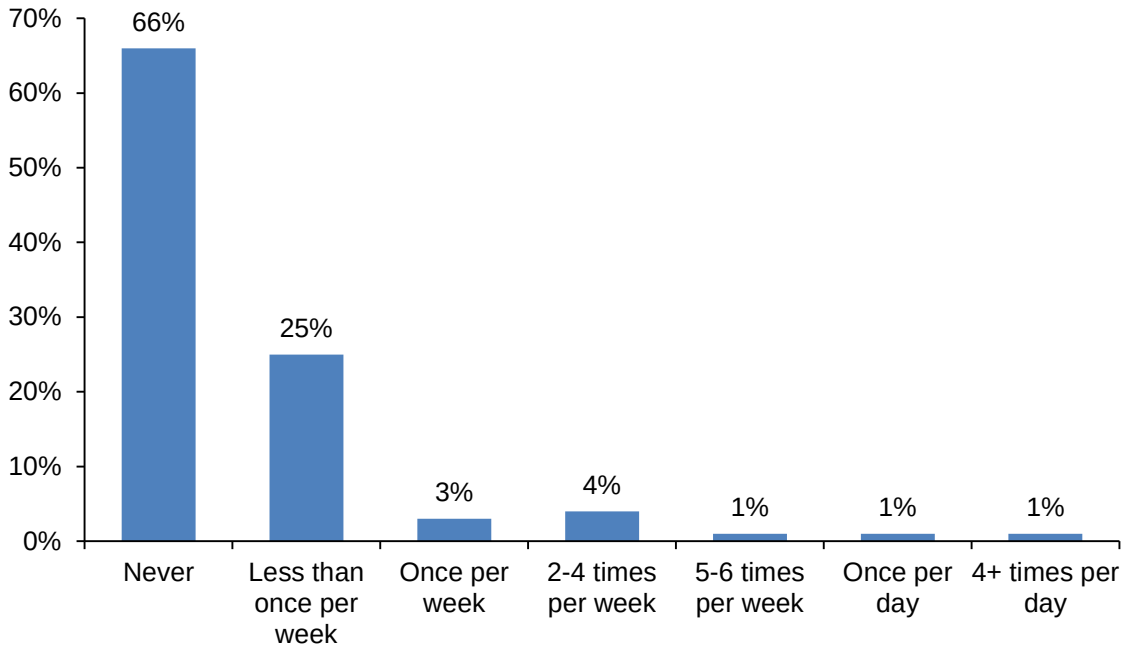
(Community = Nobles)



Base: Never (n=87), Less than once per week (n=44), Once per week (n=10), 2-4 times per week (n=11), 5-6 times per week (n=1), Once per day (n=5), 2-3 times per day (n=1), 4+ times per day (n=2), Sample Size = 161

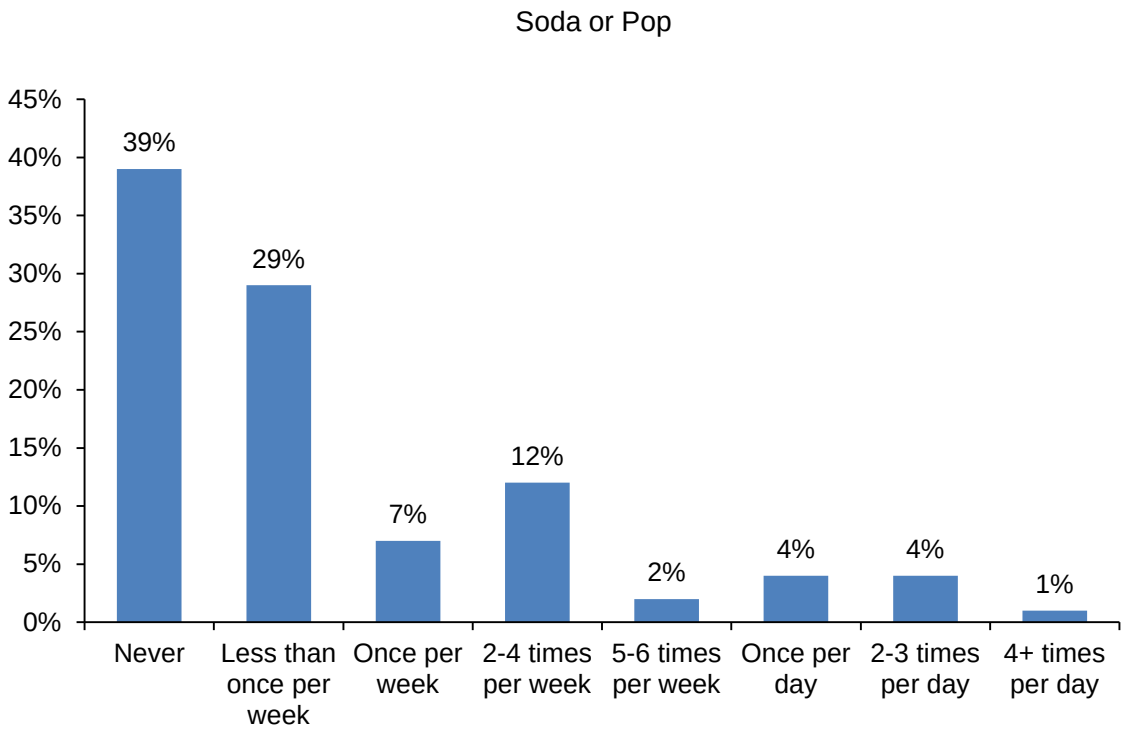
(Community = Nobles)

Gatorade, Powerade, etc.



Base: Never (n=105), Less than once per week (n=39), Once per week (n=4), 2-4 times per week (n=7), 5-6 times per week (n=1), Once per day (n=2), 4+ times per day (n=1), Sample Size = 159

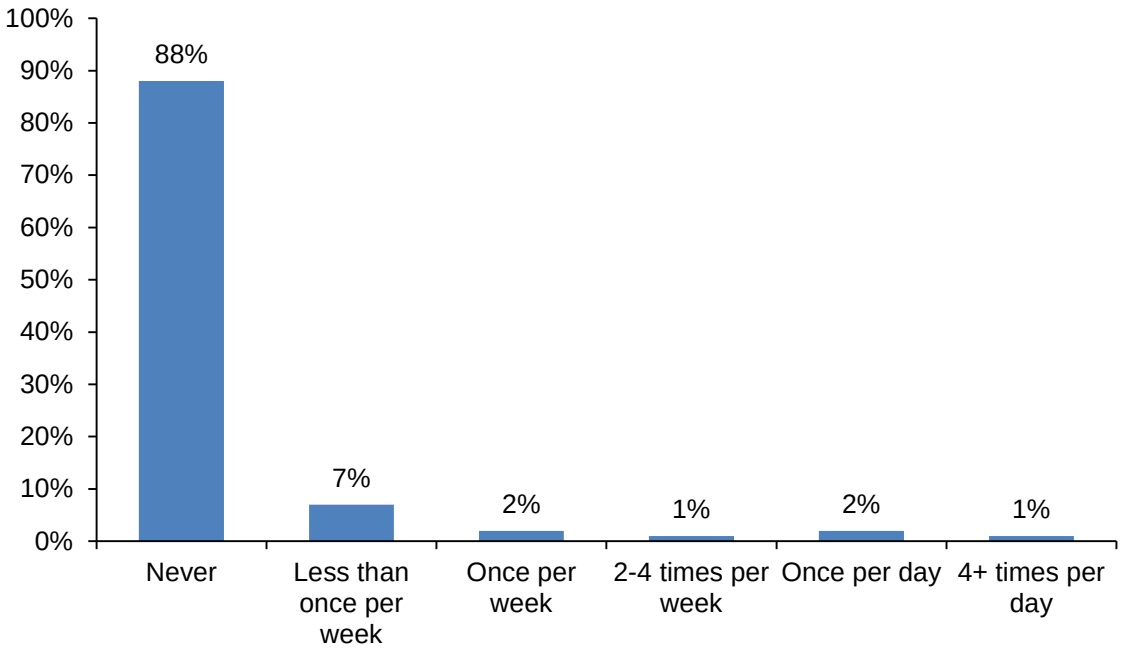
(Community = Nobles)



Base: Never (n=64), Less than once per week (n=48), Once per week (n=12), 2-4 times per week (n=20), 5-6 times per week (n=4), Once per day (n=6), 2-3 times per day (n=7), 4+ times per day (n=2), Sample Size = 163

(Community = Nobles)

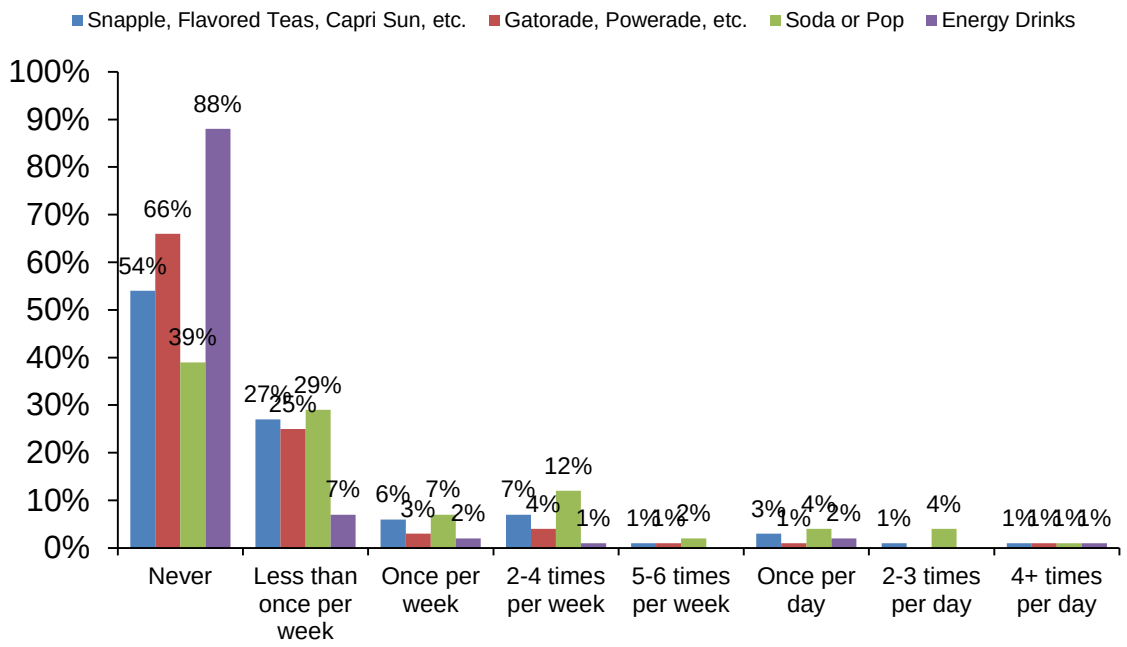
Energy Drinks



Base: Never (n=140), Less than once per week (n=11), Once per week (n=3), 2-4 times per week (n=2), Once per day (n=3), 4+ times per day (n=1), Sample Size = 160

(Community = Nobles)

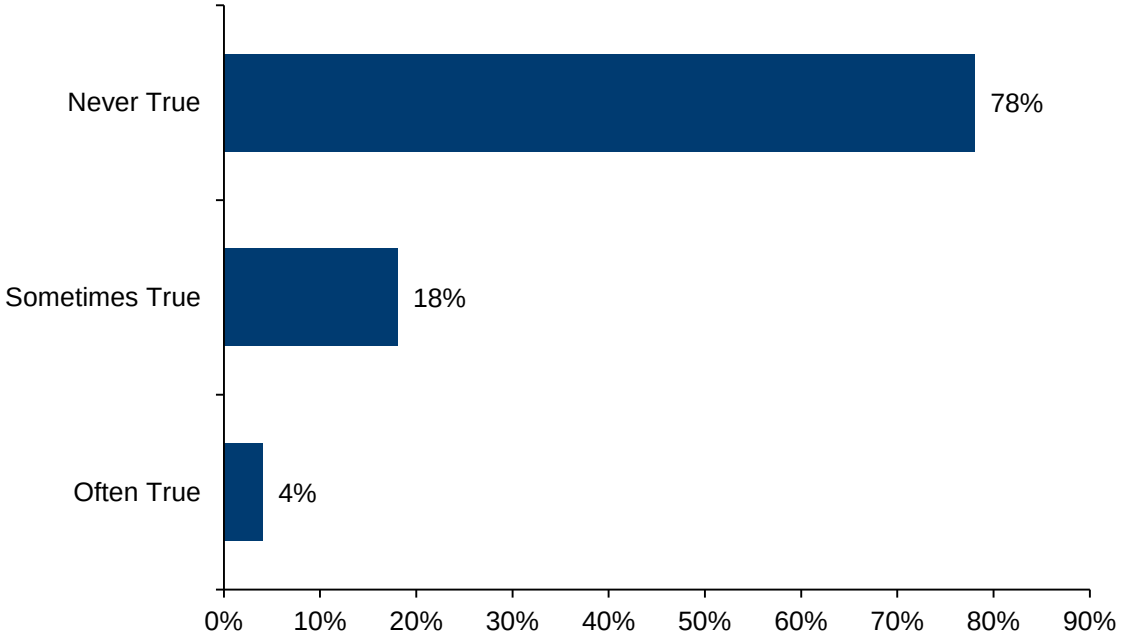
Sugar Sweetened Drinks



Sample Size = Variable

(Community = Nobles)

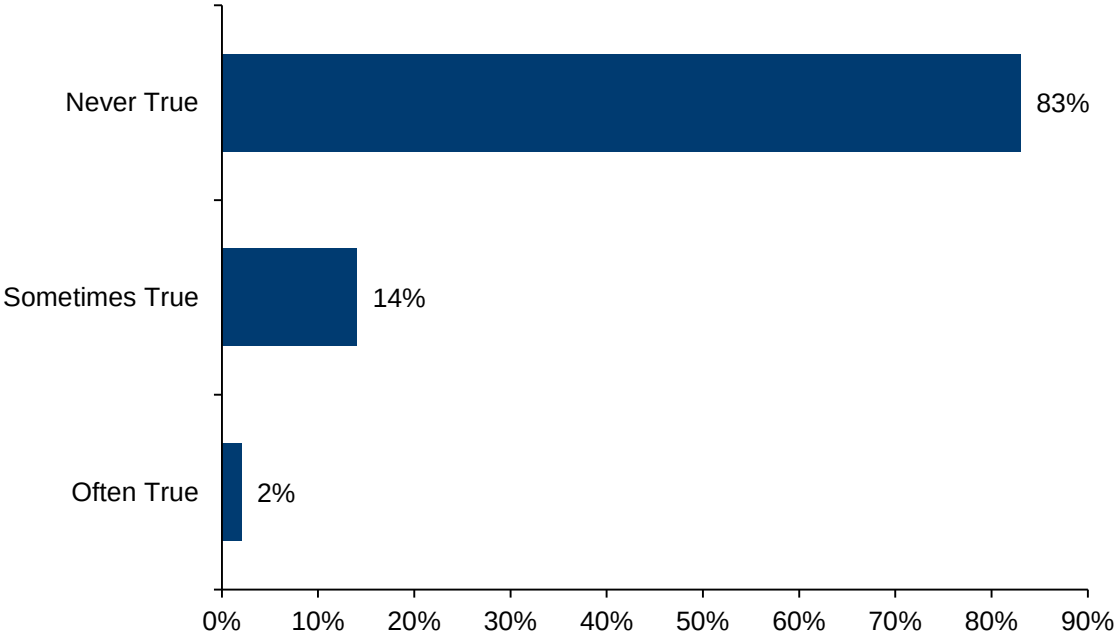
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=6), Sometimes True (n=29), Never True (n=127), Sample Size = 162

(Community = Nobles)

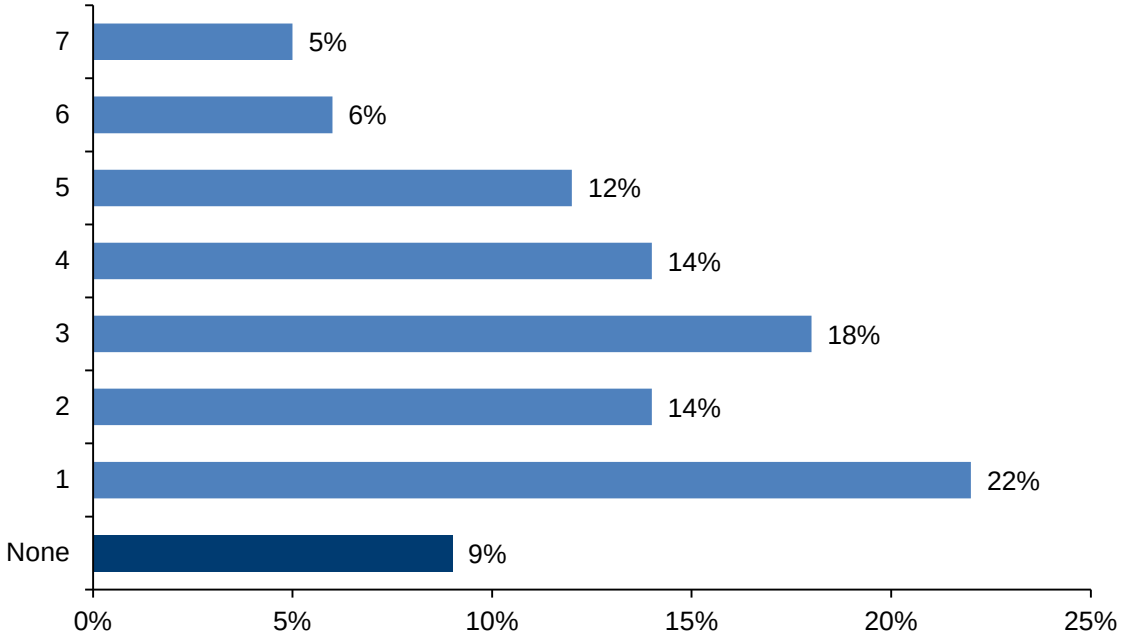
The food that we bought just didn’t last, and we didn’t have money to get more.



Base: Often True (n=4), Sometimes True (n=23), Never True (n=135), Sample Size = 162

(Community = Nobles)

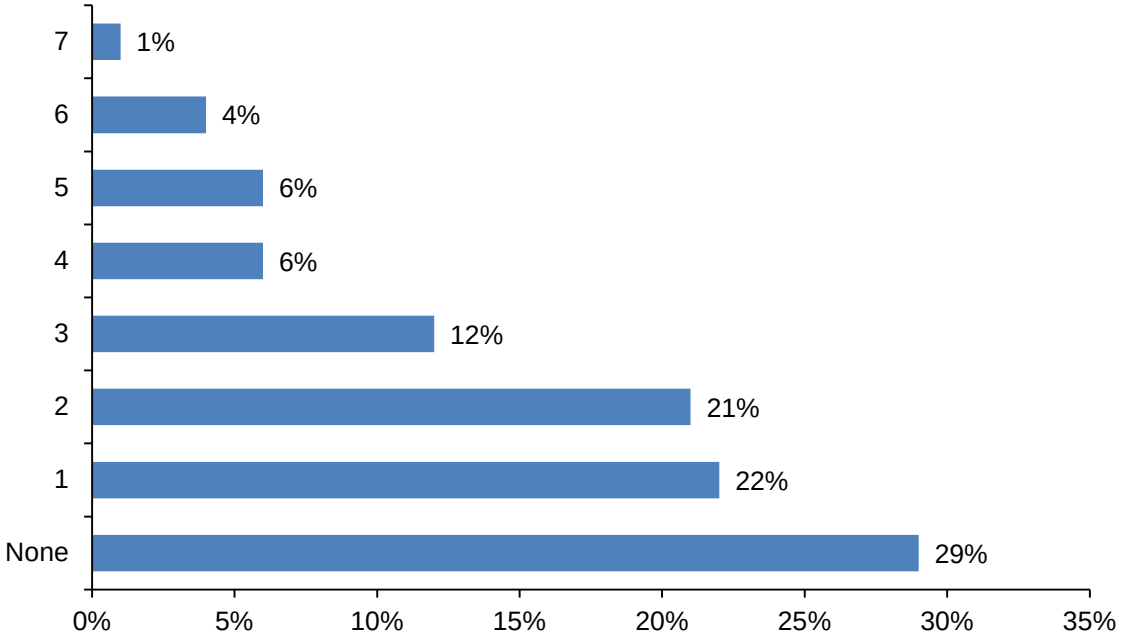
Days Per Week of Moderate Physical Activity



Base: None (n=14), 1 (n=34), 2 (n=22), 3 (n=27), 4 (n=21), 5 (n=18), 6 (n=10), 7 (n=8), Sample Size = 154

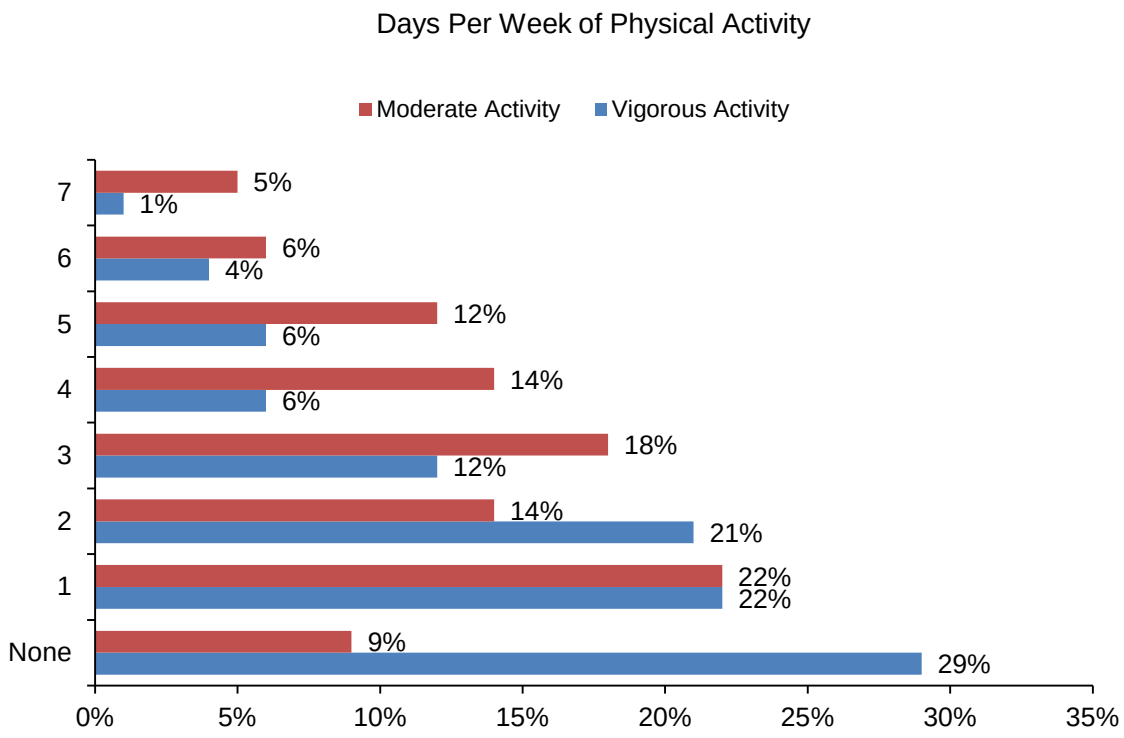
(Community = Nobles)

Days Per Week of Vigorous Physical Activity



Base: None (n=40), 1 (n=30), 2 (n=29), 3 (n=16), 4 (n=8), 5 (n=8), 6 (n=5), 7 (n=2), Sample Size = 138

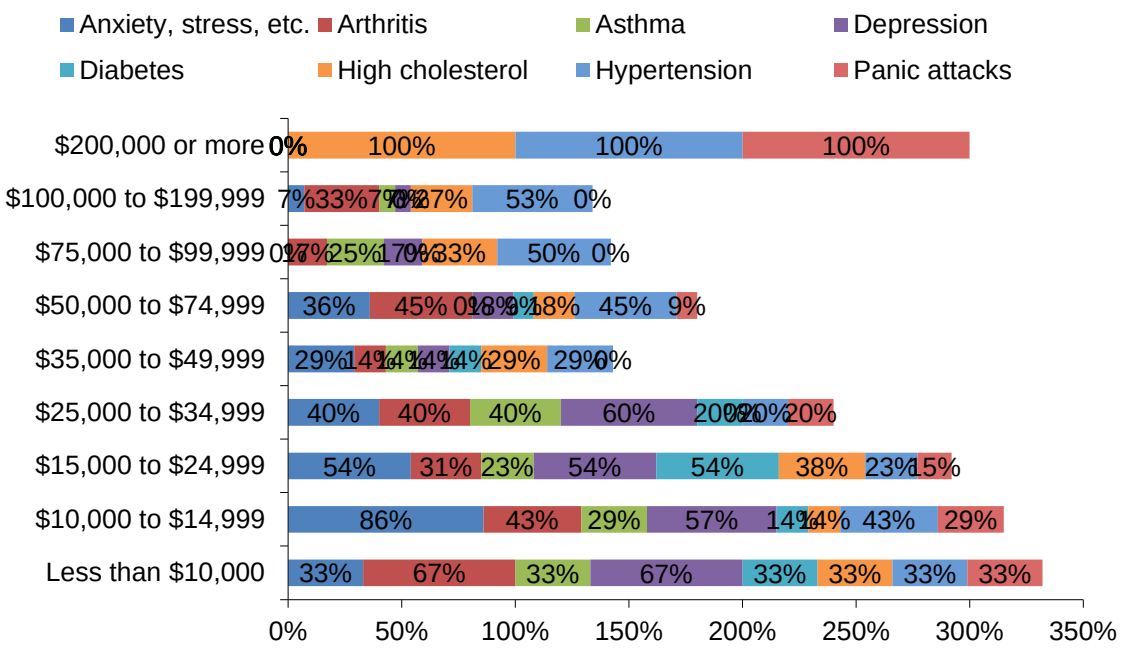
(Community = Nobles)



Sample Size = Variable

(Community = Nobles)

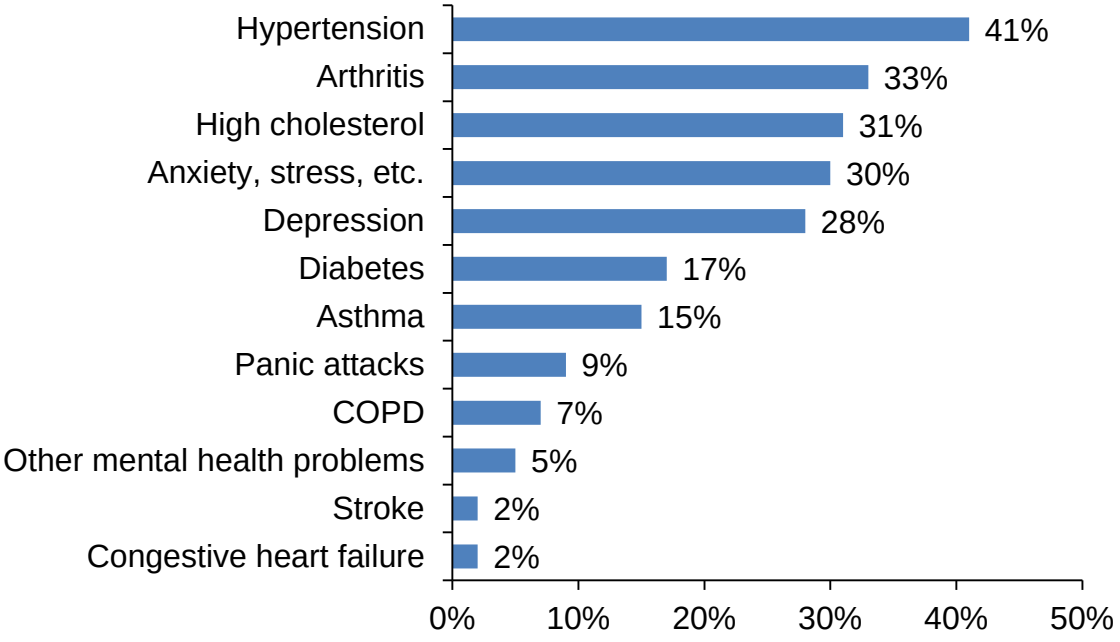
Past Diagnosis by Total Household Income



Base: Less than $10,000 (n=3), $10,000 to $14,999 (n=7), $15,000 to $24,999 (n=13), $25,000 to $34,999 (n=5), $35,000 to $49,999 (n=7), $50,000 to $74,999 (n=11), $75,000 to $99,999 (n=12), $100,000 to $199,999 (n=15), $200,000 or more (n=1), Sample Size = 74

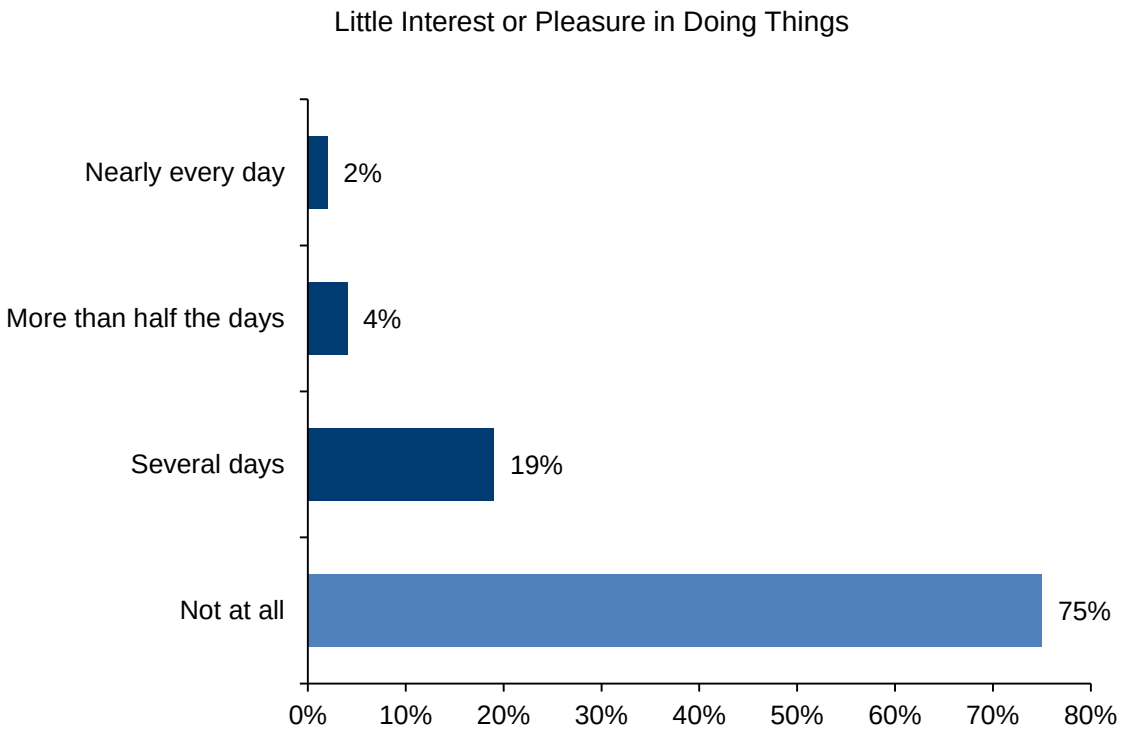
(Community = Nobles)

Past Diagnosis



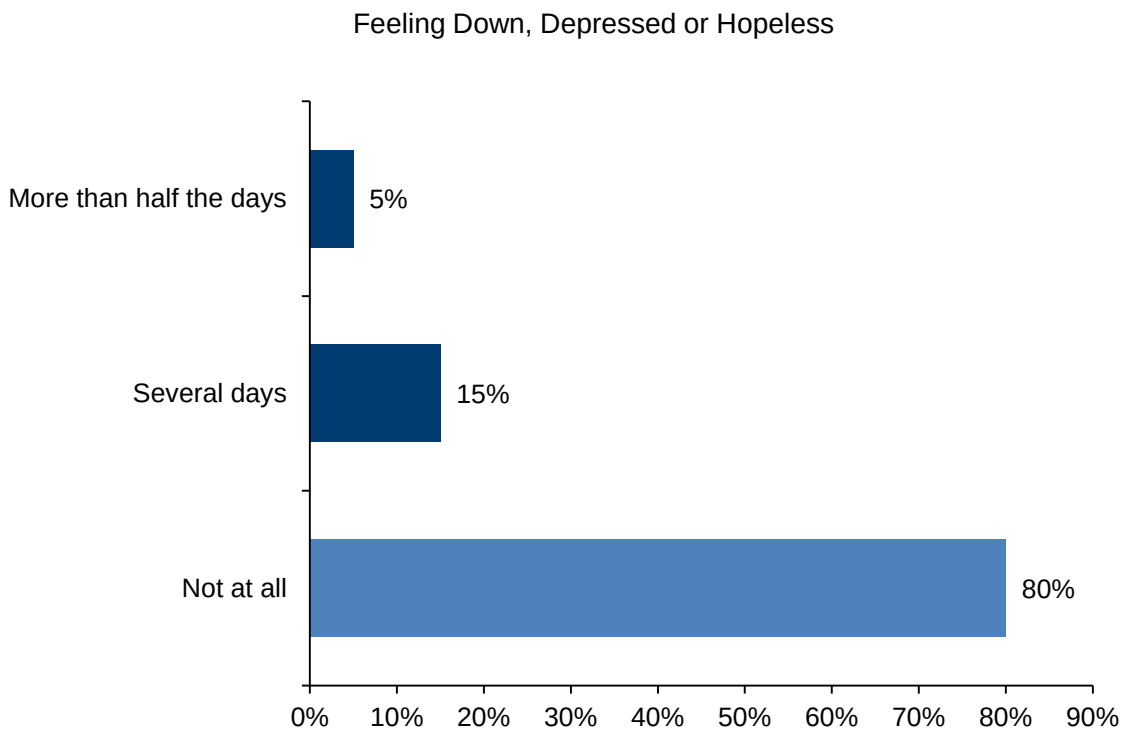
Base: Anxiety, stress, etc. (n=26), Arthritis (n=29), Asthma (n=13), Congestive heart failure (n=2), COPD (n=6), Depression (n=25), Diabetes (n=15), High cholesterol (n=27), Hypertension (n=36), Other mental health problems (n=4), Panic attacks (n=8), Stroke (n=2), Sample Size = 88

(Community - Nodes)



Base: Not at all (n=123), Several days (n=31), More than half the days (n=6), Nearly every day (n=4), Sample Size = 164

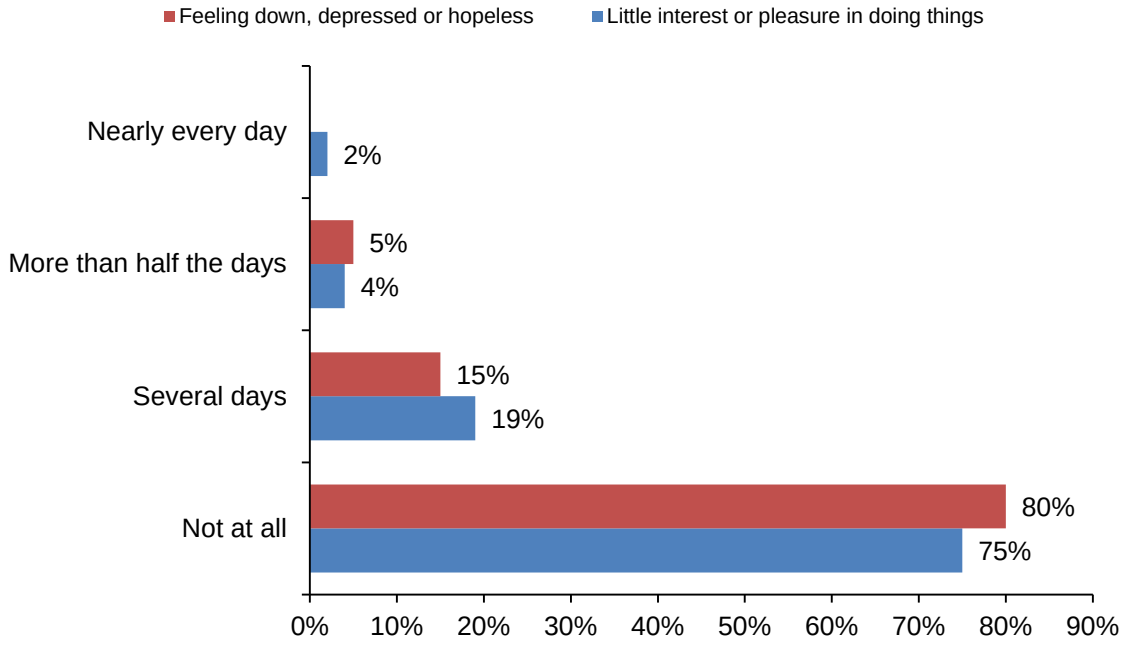
(Community = Nobles)



Base: Not at all (n=132), Several days (n=25), More than half the days (n=8), Sample Size = 165

(Community = Nobles)

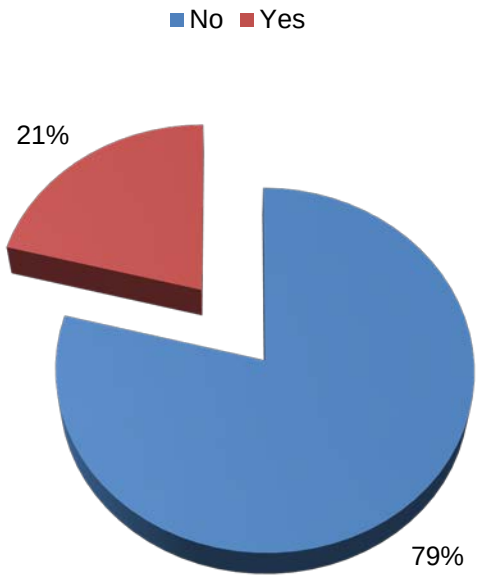
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = Variable

(Community = Nobles)

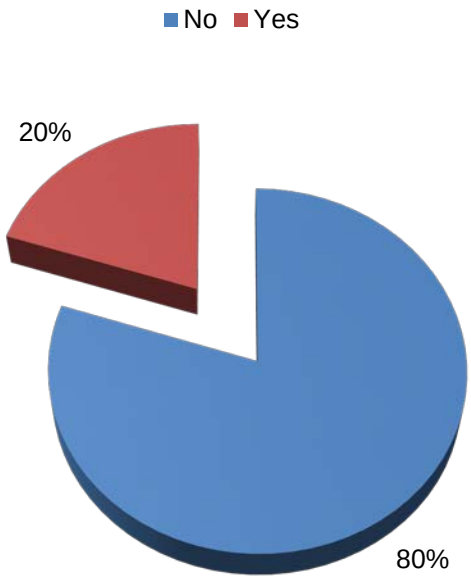
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=34), No (n=130), Sample Size = 164

(Community = Nobles)

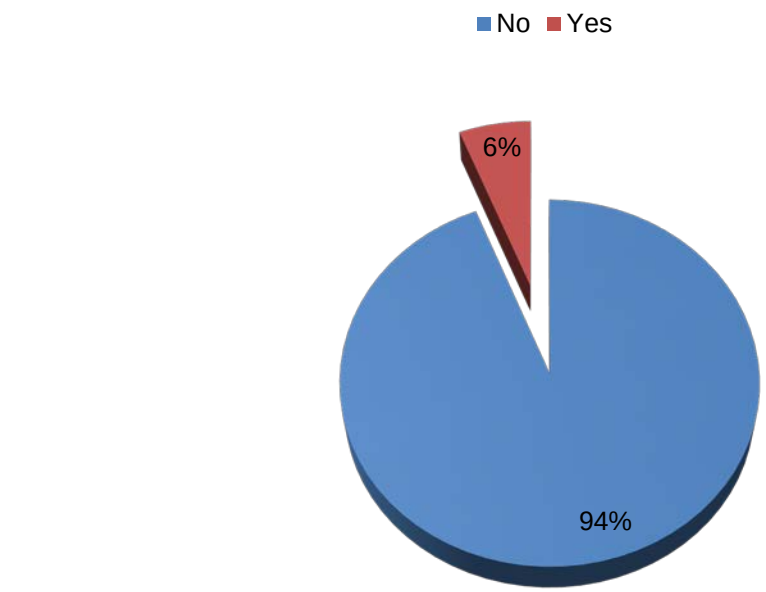
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=32), No (n=131), Sample Size = 163

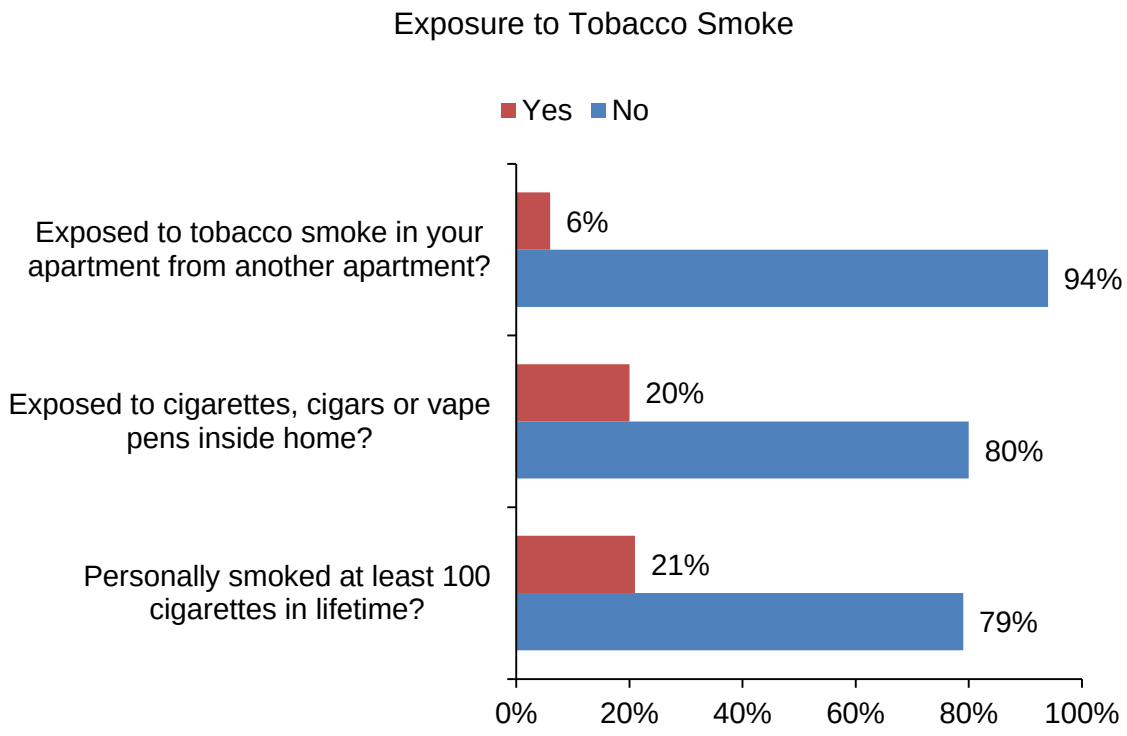
(Community = Nobles)

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



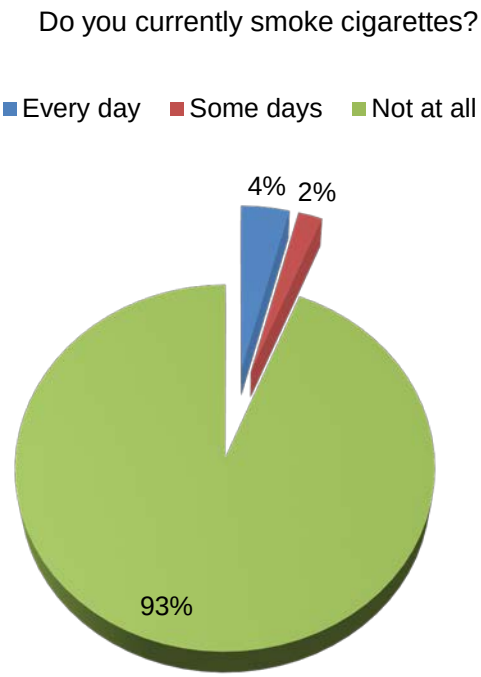
Base: Yes (n=9), No (n=153), Sample Size = 162

(Community = Nobles)



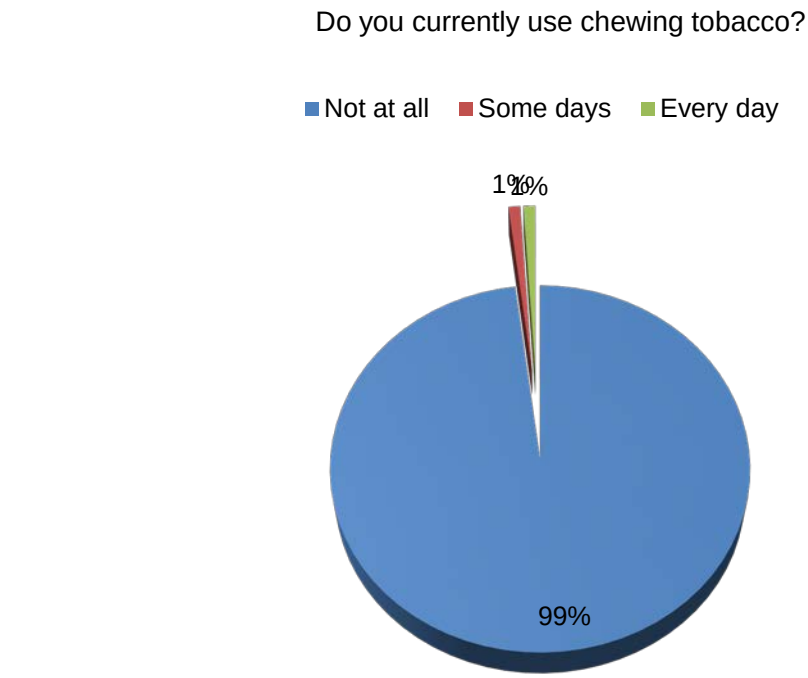
Base: Personally smoked at least 100 cigarettes in lifetime? (n=164), Exposed to cigarettes, cigars or vape pens inside home? (n=163), Exposed to tobacco smoke in your apartment from another apartment? (n=162), Sample Size = Variable

(Community = Nobles)



Base: Not at all (n=153), Some days (n=4), Every day (n=7), Sample Size = 164

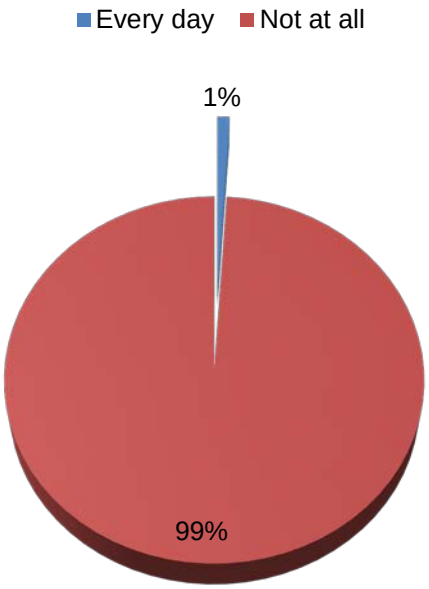
(Community = Nobles)



Base: Not at all (n=162), Some days (n=1), Every day (n=1), Sample Size = 164

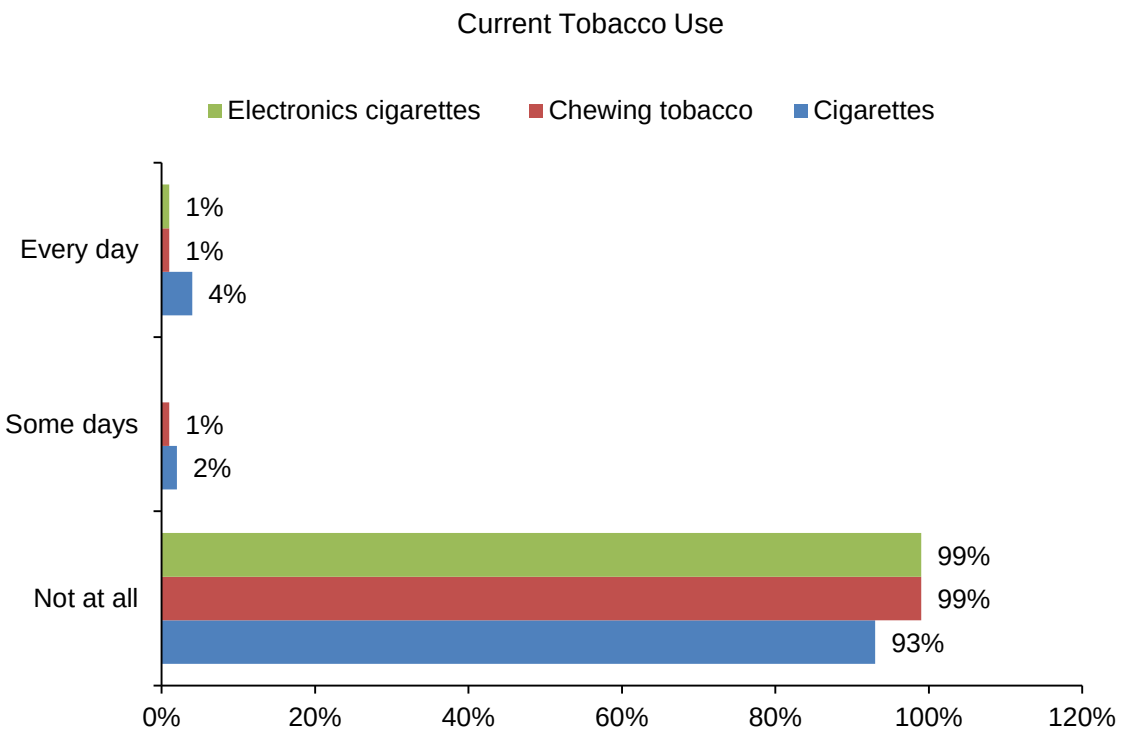
(Community = Nobles)

Do you currently use electronics cigarettes or vape?



Base: Not at all (n=163), Every day (n=1), Sample Size = 164

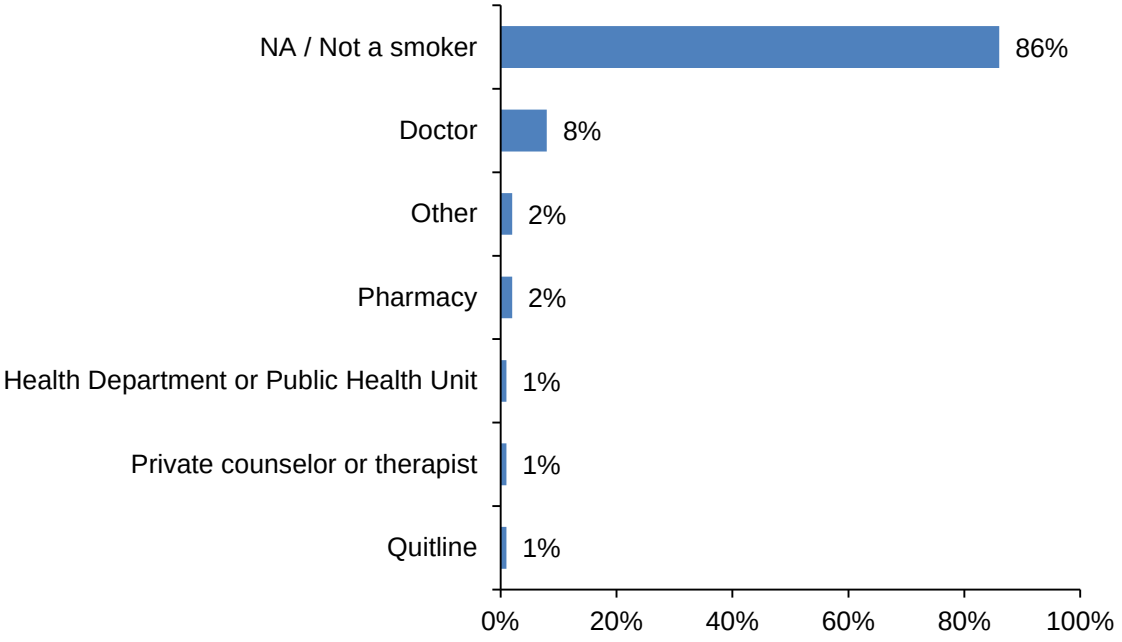
(Community = Nobles)



Sample Size = 164

(Community = Nobles)

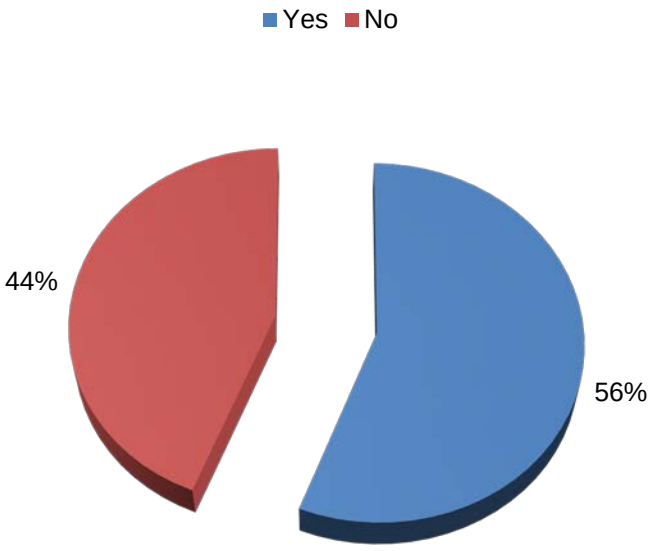
Where would you go for help if you wanted to quit using tobacco products?



Base: NA / Not a smoker (n=132), Quitline (n=2), Doctor (n=12), Pharmacy (n=3), Private counselor or therapist (n=1), Health Department or Public Health Unit (n=1), Other (n=3), Sample Size = 154

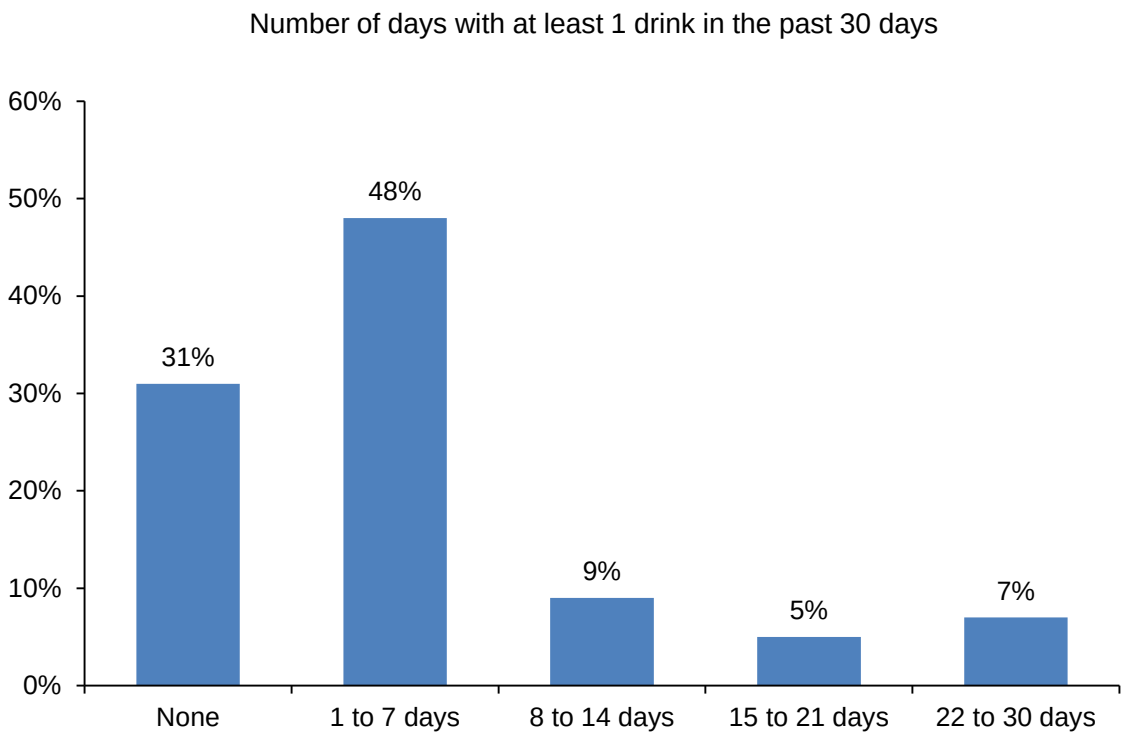
(Community = Nobles)

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



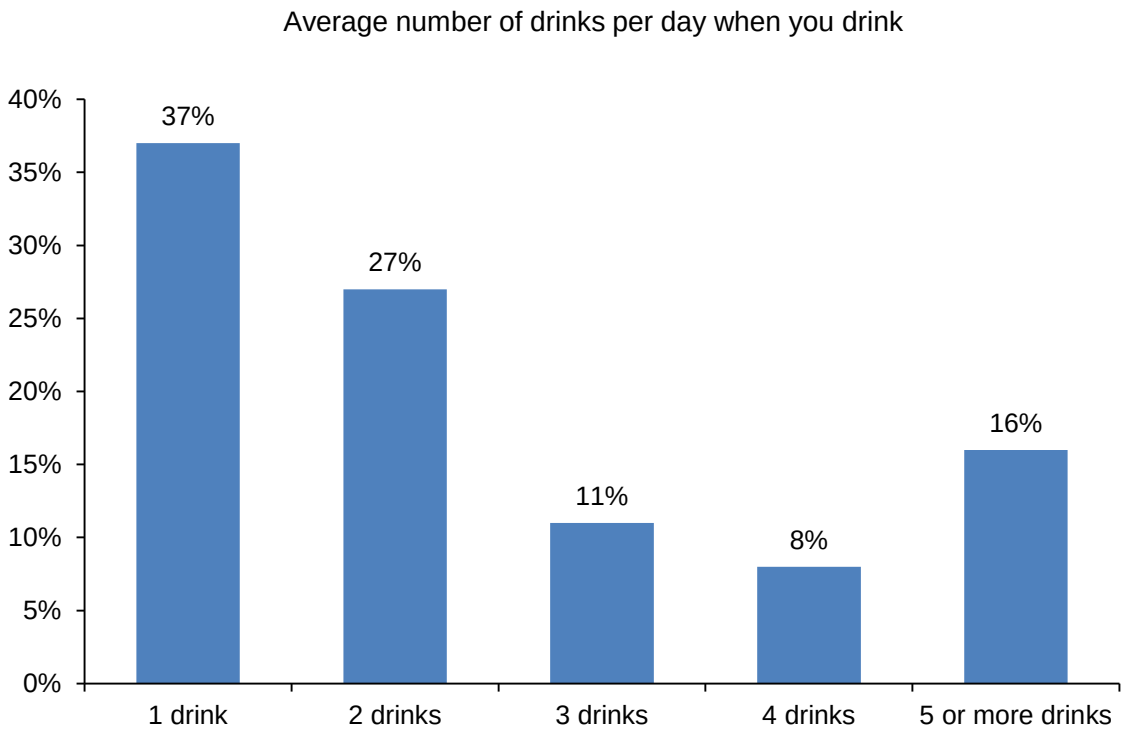
Base: Yes (n=9), No (n=7), Sample Size = 16

(Community = Nobles)



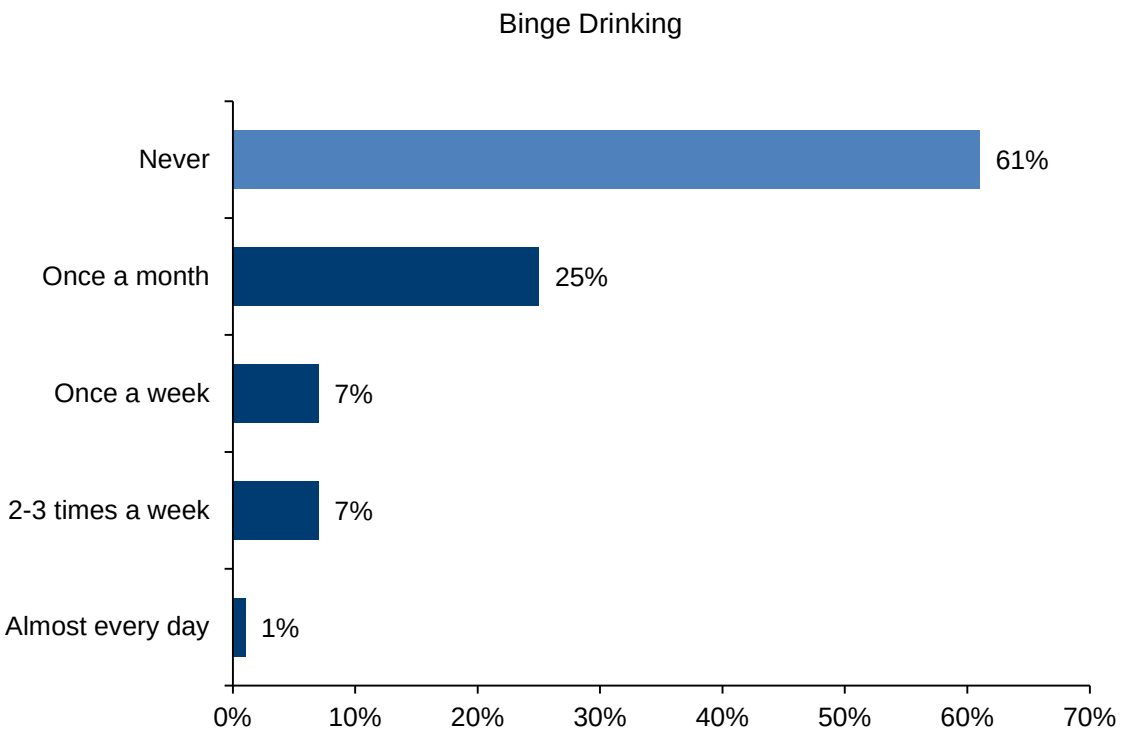
Base: None (n=46), 1 to 7 days (n=72), 8 to 14 days (n=14), 15 to 21 days (n=7), 22 to 30 days (n=10), Sample Size = 149

(Community = Nobles)



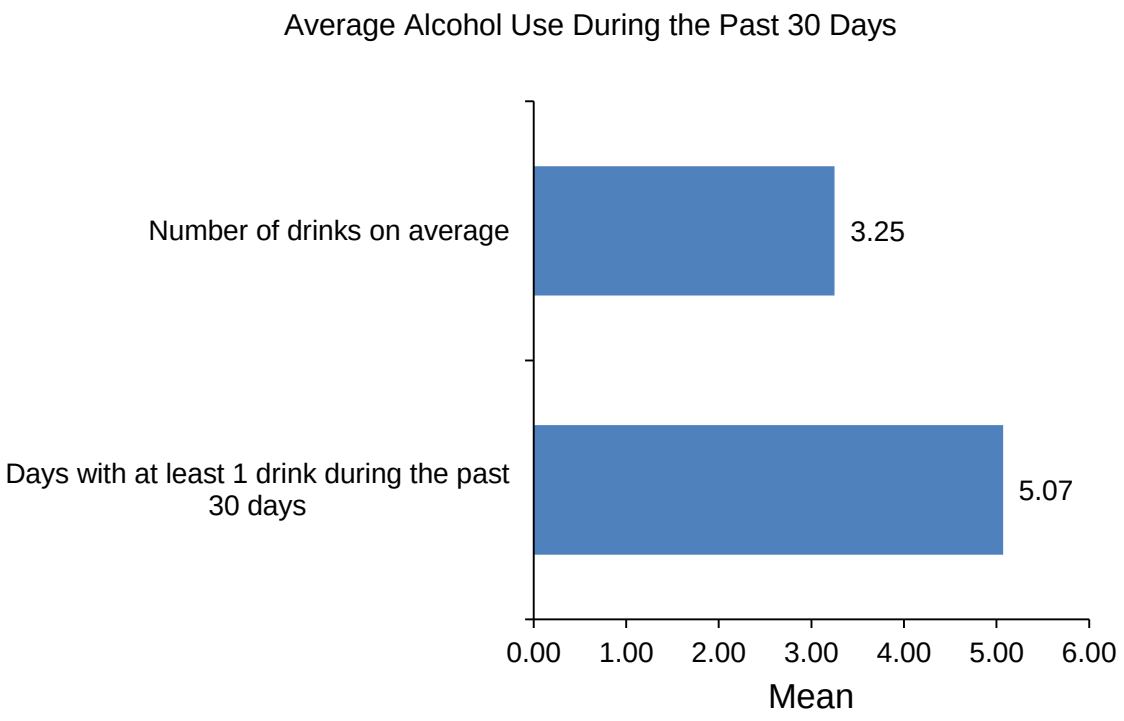
Base: 1 drink (n=37), 2 drinks (n=27), 3 drinks (n=11), 4 drinks (n=8), 5 or more drinks (n=16), Sample Size = 99

(Community = Nobles)



Base: Almost every day (n=1), 2-3 times a week (n=7), Once a week (n=7), Once a month (n=25), Never (n=62), Sample Size = 102

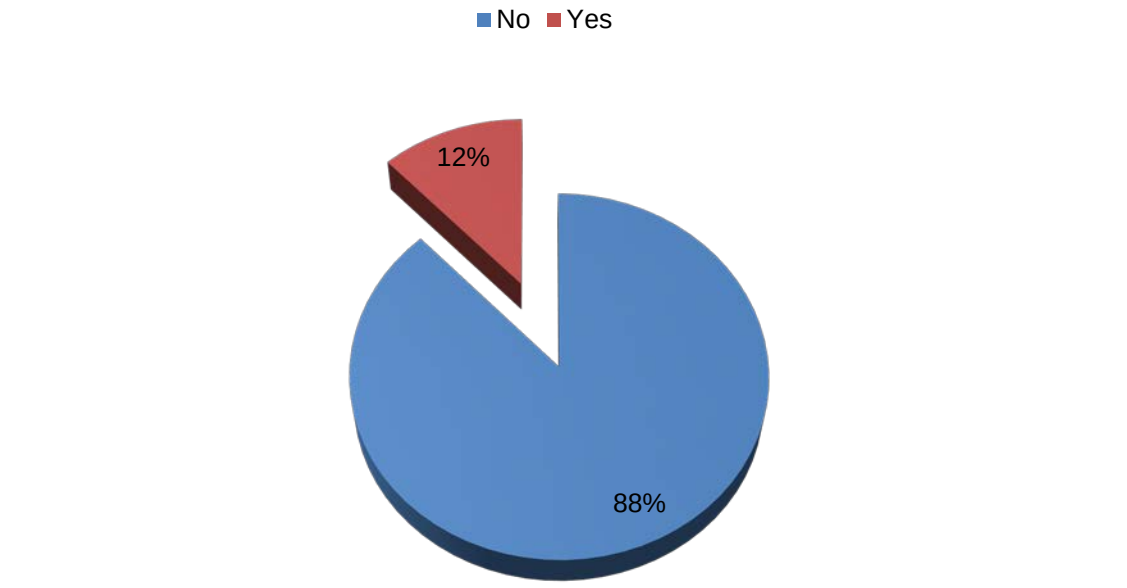
(Community = Nobles)



Base: Days with at least 1 drink during the past 30 days (n=149), Number of drinks on average (n=102), Sample Size = Variable

(Community = Nobles)

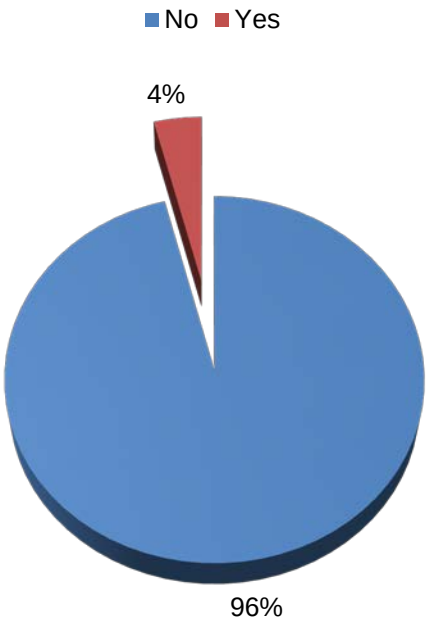
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=20), No (n=142), Sample Size = 162

(Community = Nobles)

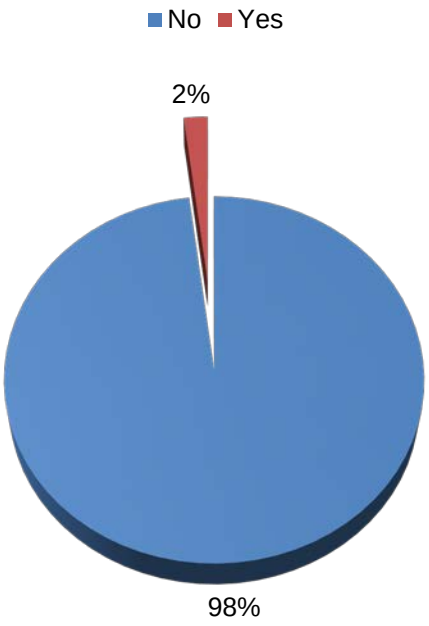
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=6), No (n=157), Sample Size = 163

(Community = Nobles)

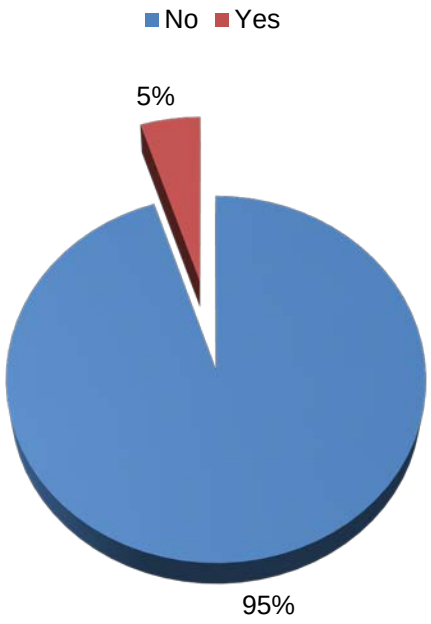
Has a family member or friend ever suggested that you get help for substance use?



Base: Yes (n=3), No (n=159), Sample Size = 162

(Community = Nobles)

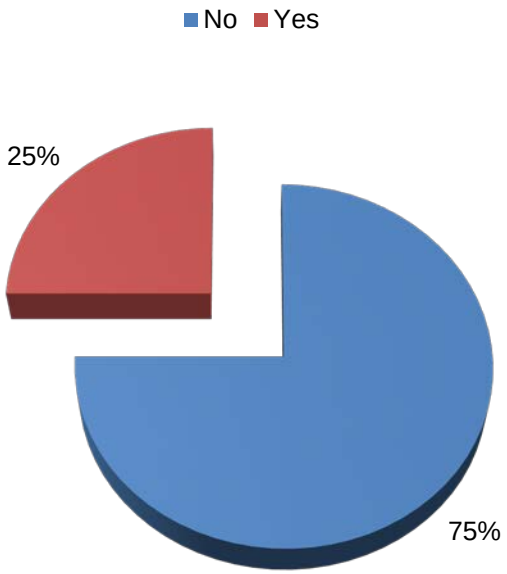
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=8), No (n=154), Sample Size = 162

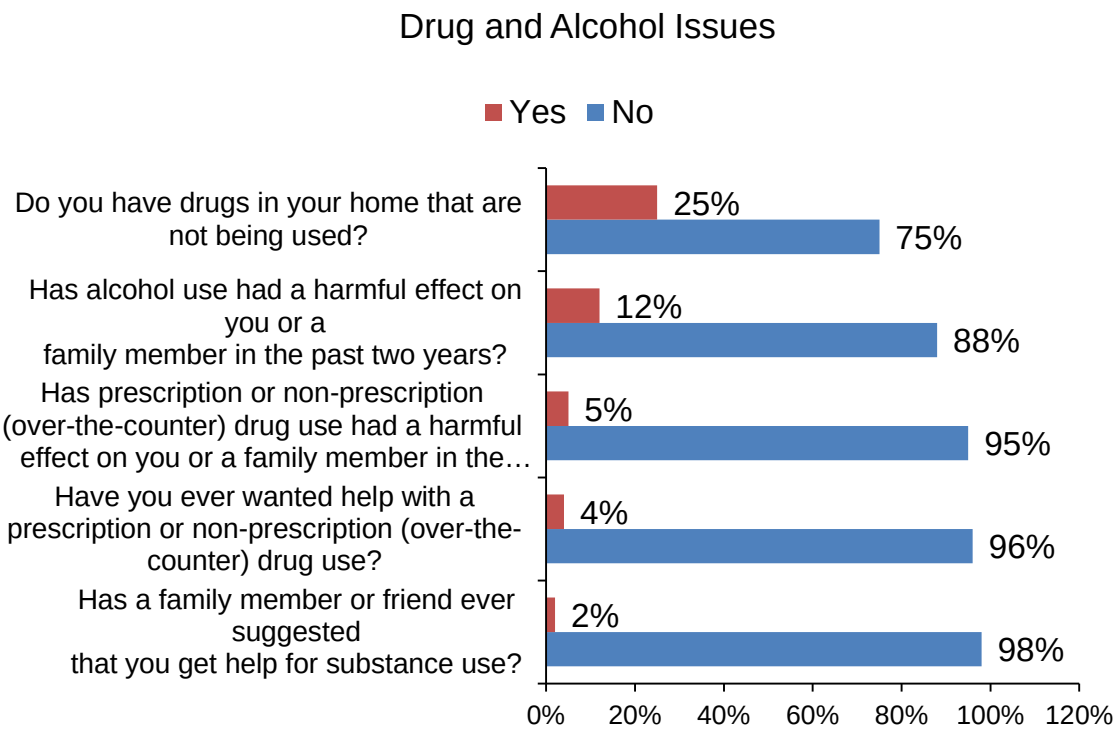
(Community = Nobles)

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



Base: Yes (n=40), No (n=123), Sample Size = 163

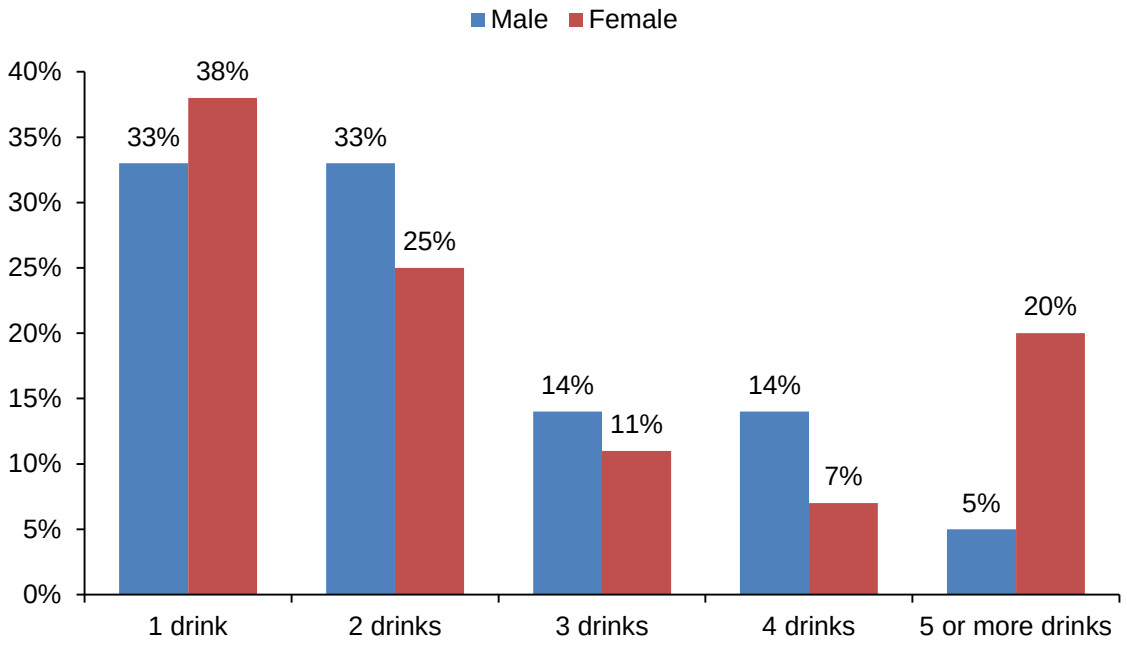
(Community = Nobles)



Sample Size = Variable

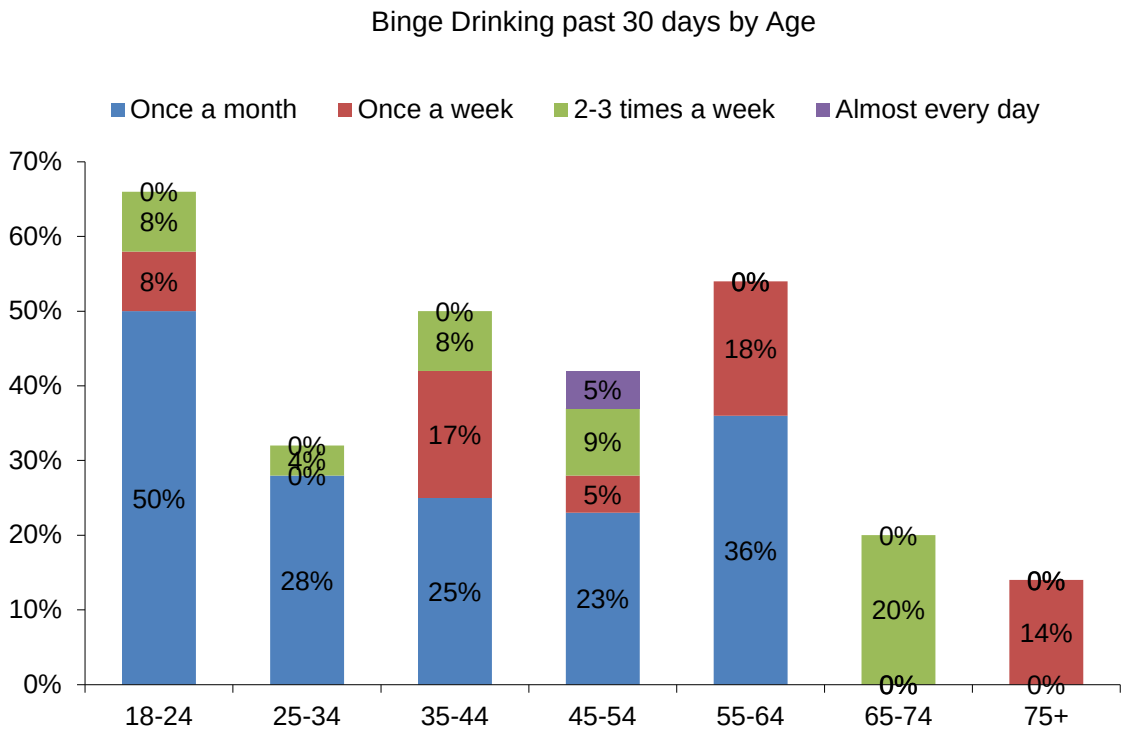
(Community = Nobles)

Average number of drinks per day when you drink by gender



Base: 1 drink (n=36), 2 drinks (n=26), 3 drinks (n=11), 4 drinks (n=8), 5 or more drinks (n=16), Sample Size = 97

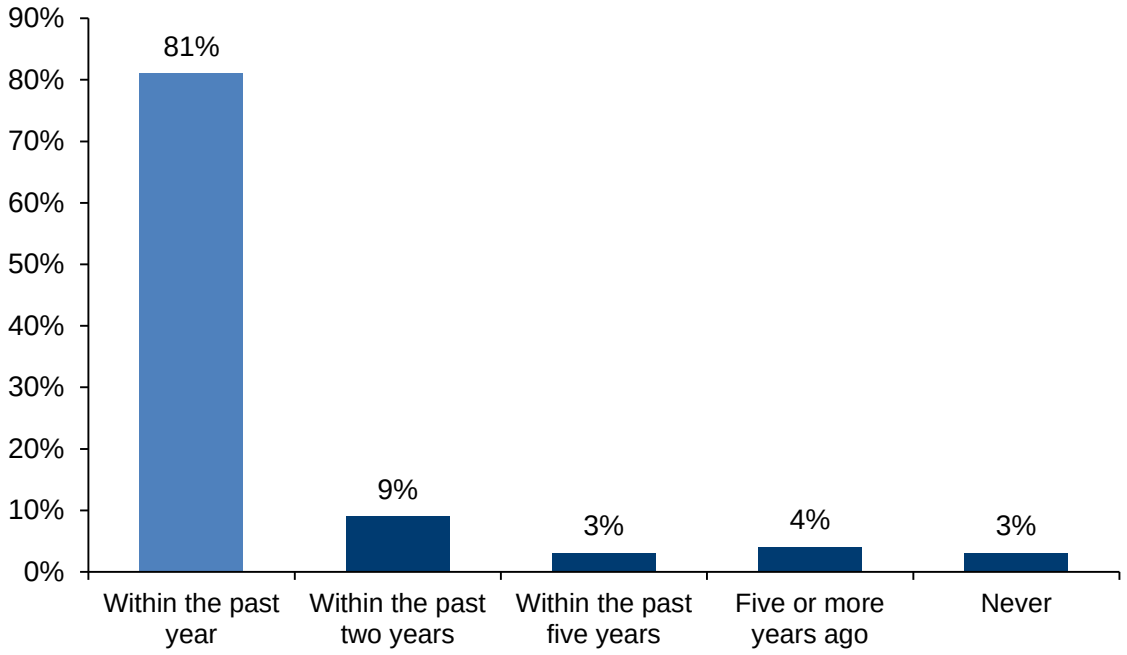
(Community = Nobles)



Base: 18-24 (n=12), 25-34 (n=25), 35-44 (n=12), 45-54 (n=22), 55-64 (n=11), 65-74 (n=10), 75+ (n=7), Sample Size = 99

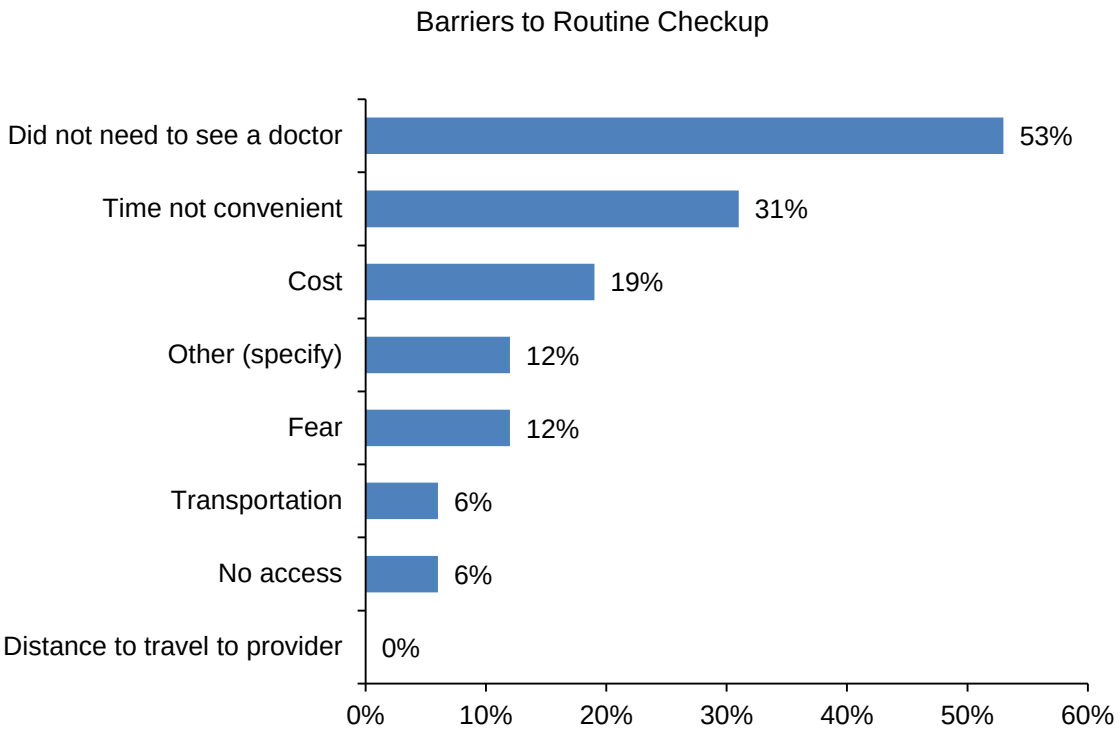
(Community = Nobles)

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



Base: Within the past year (n=128), Within the past two years (n=15), Within the past five years (n=5), Five or more years ago (n=6), Never (n=4), Sample Size = 158

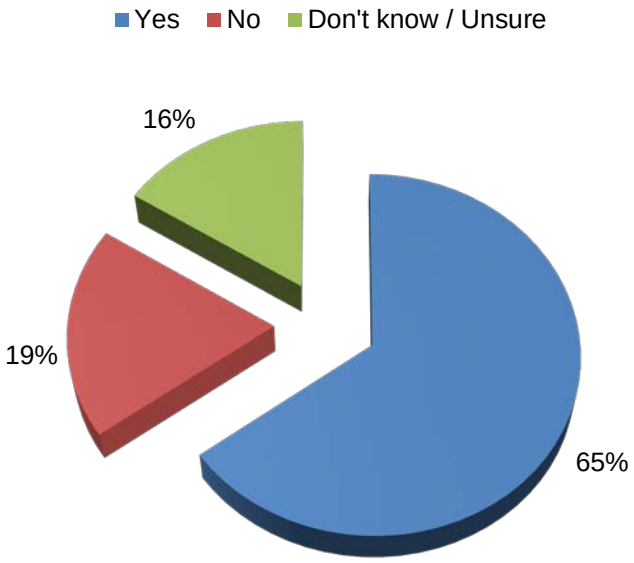
(Community = Nobles)



Base: No access (n=2), Distance to travel to provider (n=0), Cost (n=6), Fear (n=4), Transportation (n=2), Time not convenient (n=10), Did not need to see a doctor (n=17), Other (specify) (n=4), Sample Size = 32

(Community = Nobles)

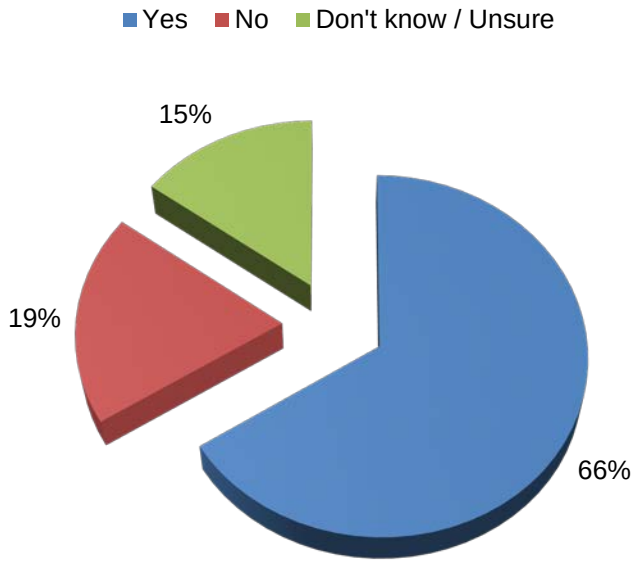
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?



Base: Yes (n=104), No (n=31), Don't know / Unsure (n=26), Sample Size = 161

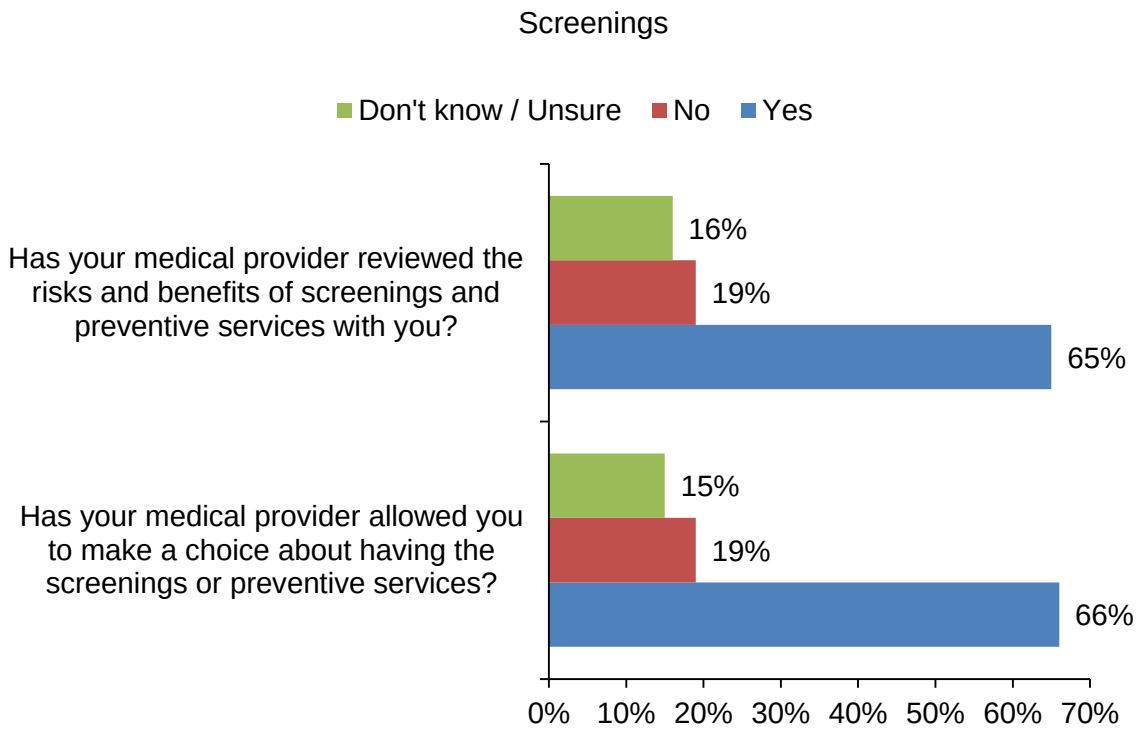
(Community = Nobles)

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



Base: Yes (n=107), No (n=30), Don't know / Unsure (n=25), Sample Size = 162

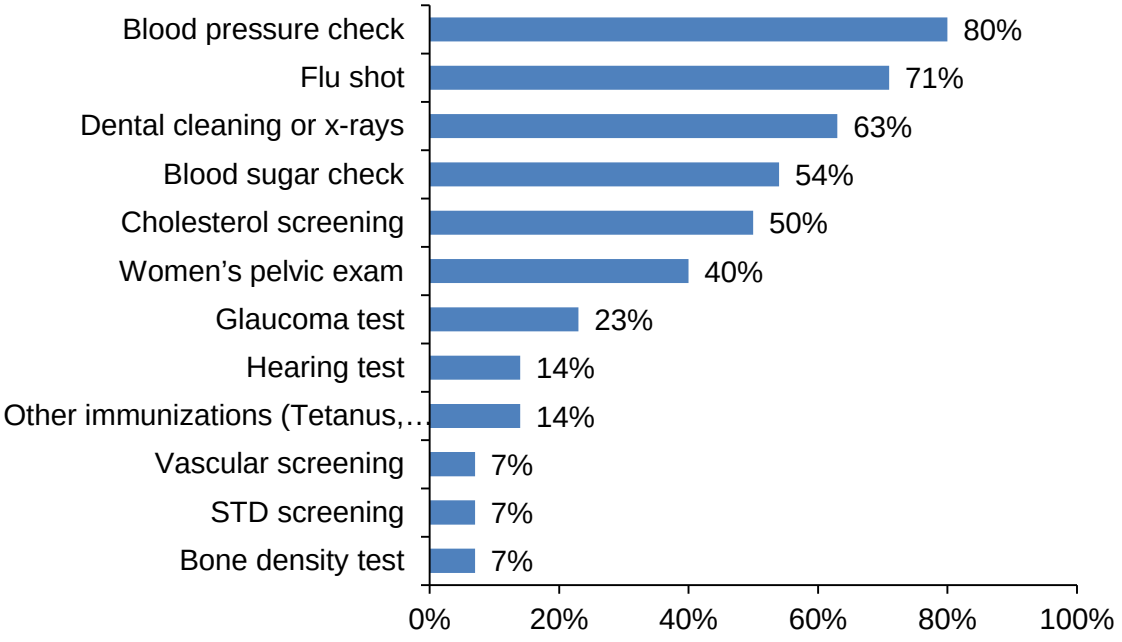
(Community = Nobles)



Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=162), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=161), Sample Size = Variable

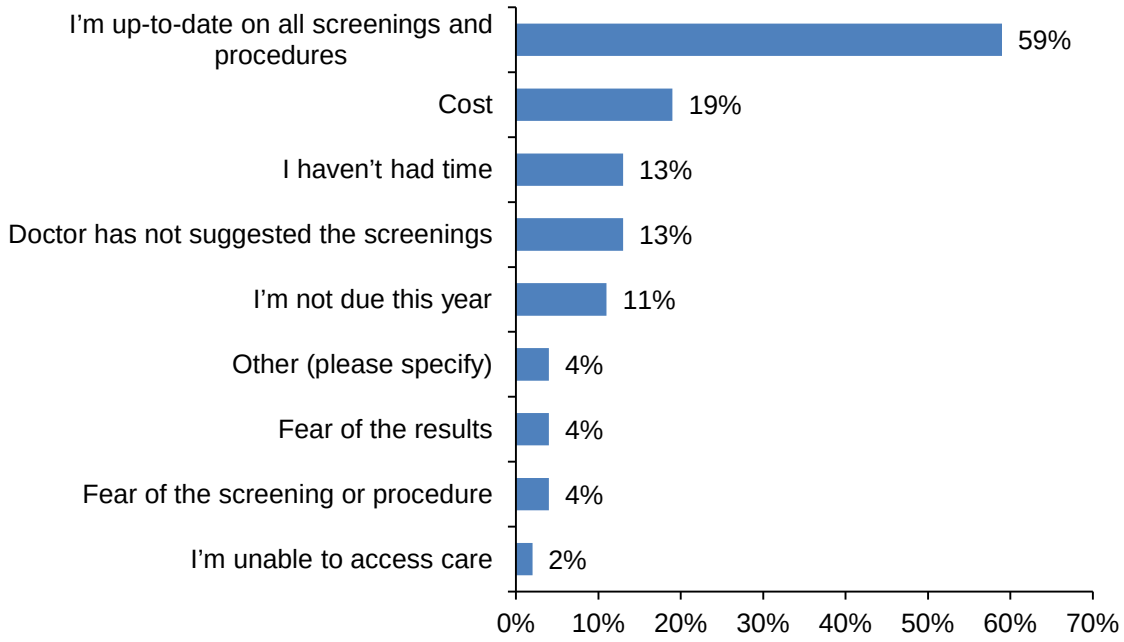
(Community = Nobles)

Preventive Procedures Last Year



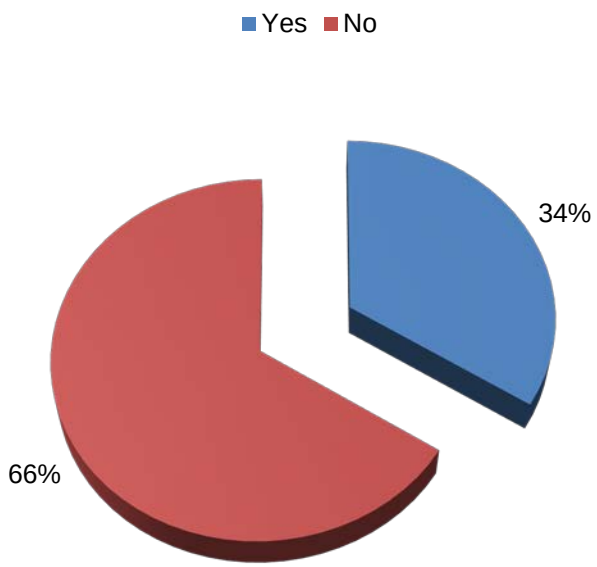
Base: Blood pressure check (n=120), Blood sugar check (n=81), Bone density test (n=10), Cholesterol screening (n=75), Dental cleaning or x-rays (n=95), Flu shot (n=106), Other immunizations (Tetanus, Hepatitis A or B) (n=21), Glaucoma test (n=34), Hearing test (n=21), Women's pelvic exam (n=60), STD screening (n=11), Vascular screening (n=11), Sample Size = 150
(Community = Nobles)

Barriers for Preventive Procedures



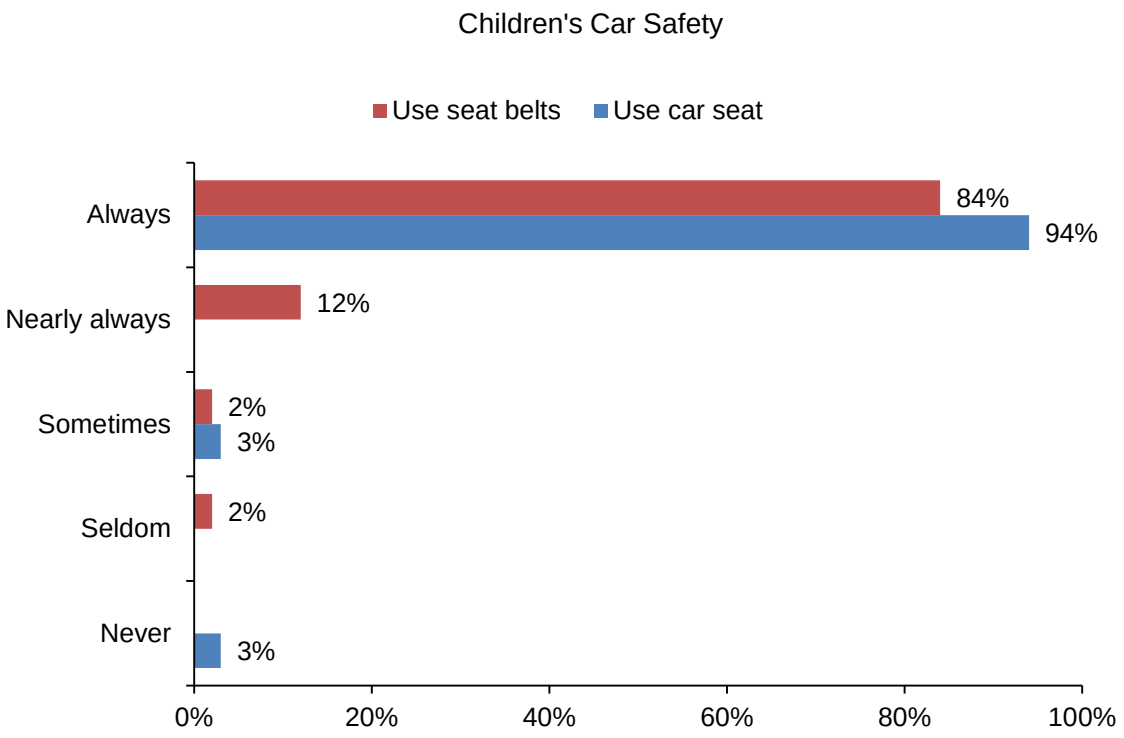
Base: I'm up-to-date on all screenings and procedures (n=92), Doctor has not suggested the screenings (n=21), Cost (n=30), I'm unable to access care (n=3), Fear of the screening or procedure (n=7), Fear of the results (n=7), I'm not due this year (n=17), I haven't had time (n=21), Other (please specify) (n=6), Sample Size = 157
(Community = Nobles)

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



Base: Yes (n=56), No (n=107), Sample Size = 163

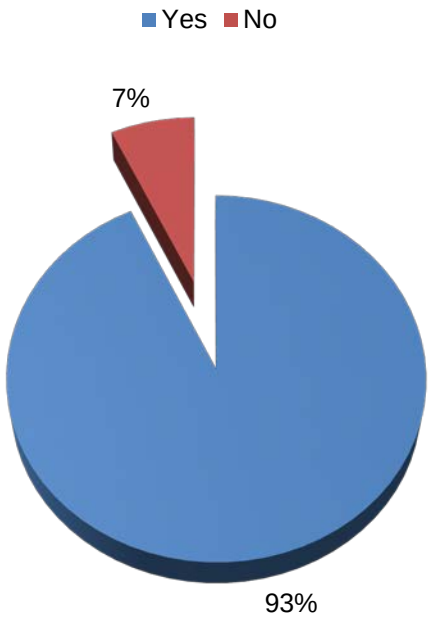
(Community = Nobles)



Sample Size = Variable

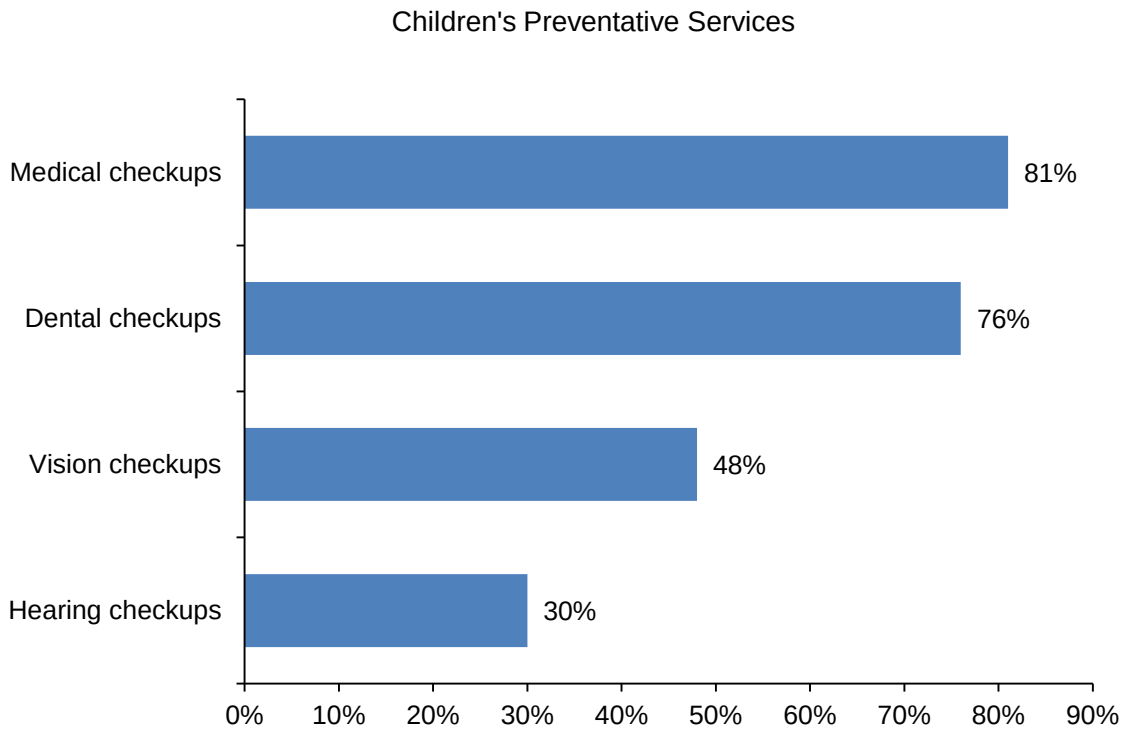
(Community = Nobles)

Do you have healthcare coverage for your children or dependents?



Base: Yes (n=51), No (n=4), Sample Size = 55

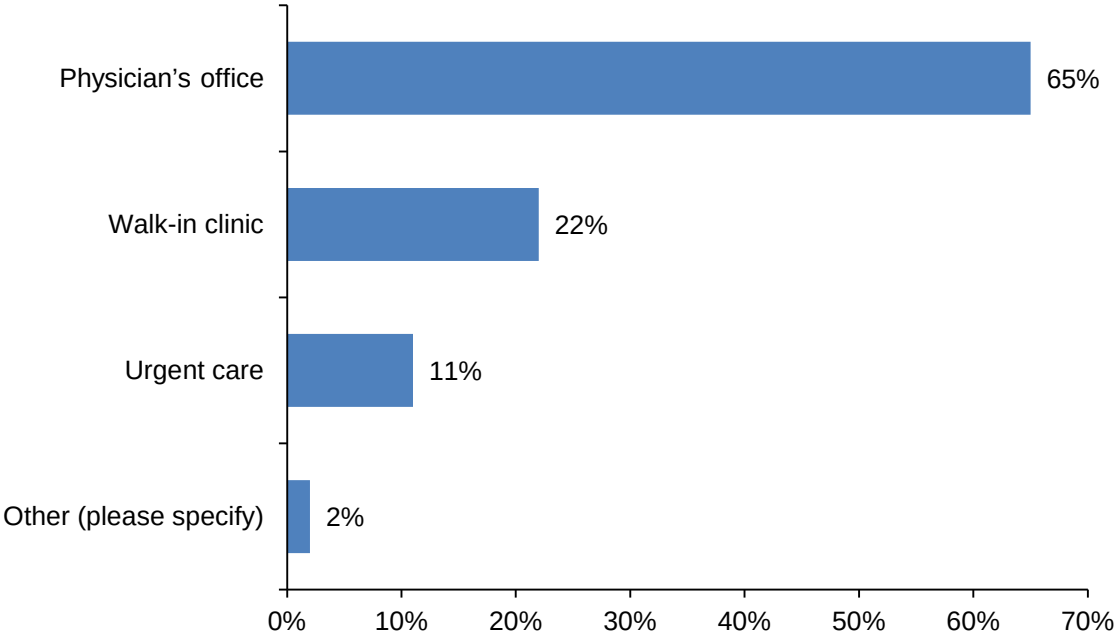
(Community = Nobles)



Base: Dental checkups (n=41), Vision checkups (n=26), Hearing checkups (n=16), Medical checkups (n=44), Sample Size = 54

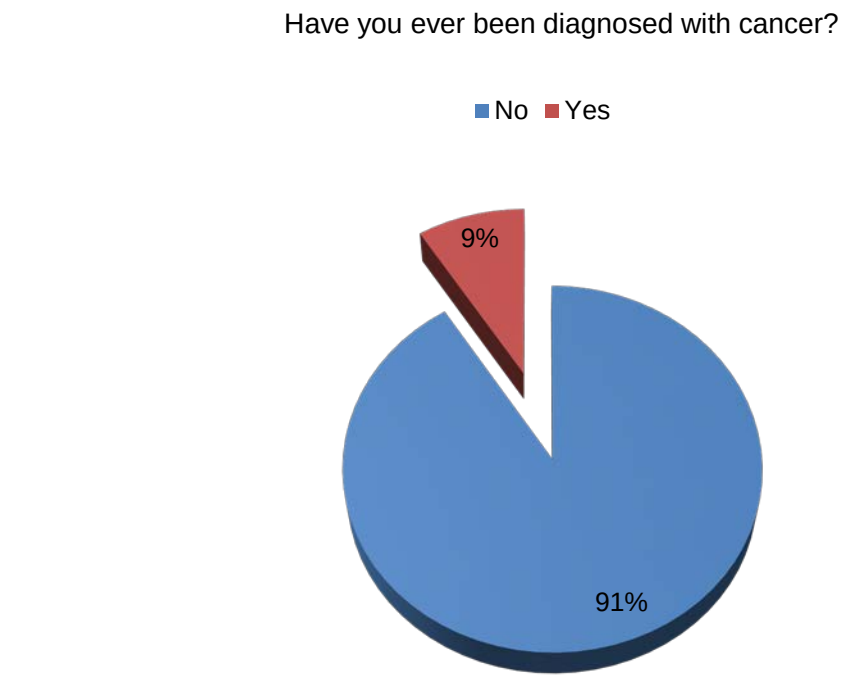
(Community = Nobles)

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



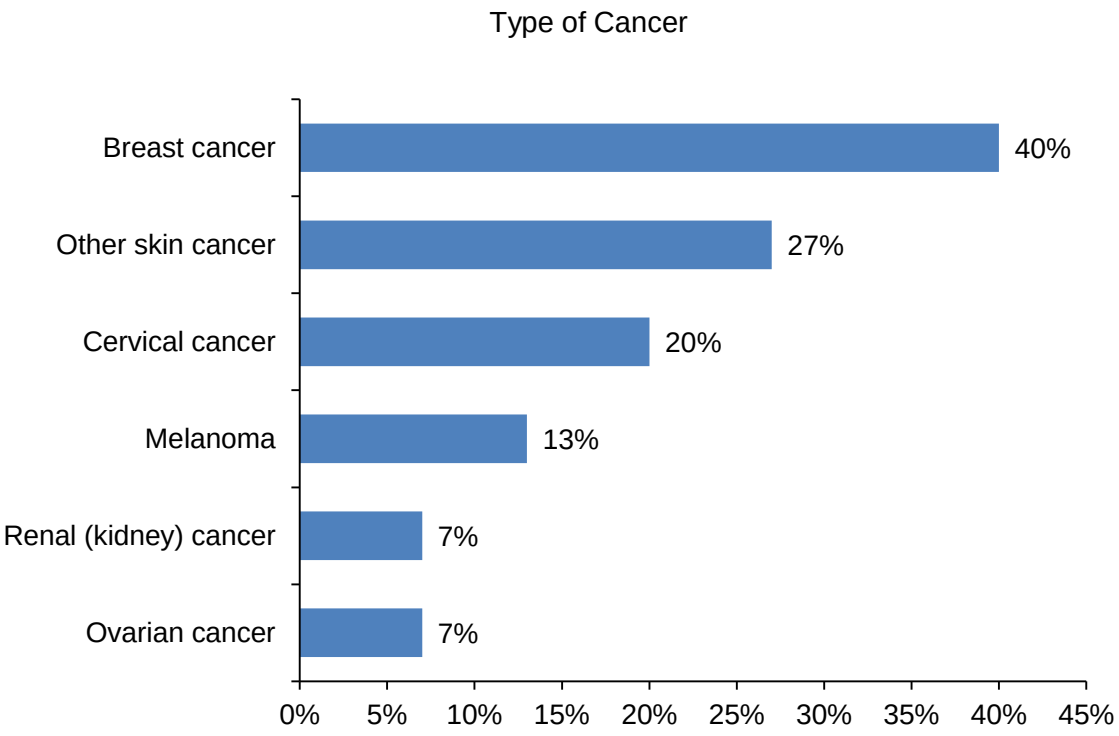
Base: Physician's office (n=36), Urgent care (n=6), Walk-in clinic (n=12), Other (please specify) (n=1), Sample Size = 55

(Community = Nobles)



Base: Yes (n=15), No (n=148), Sample Size = 163

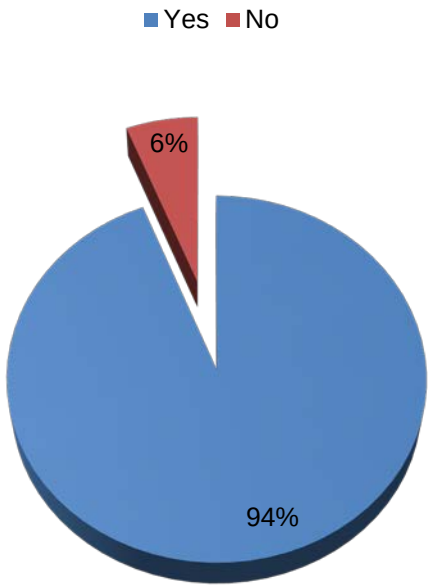
(Community = Nobles)



Base: Breast cancer (n=6), Cervical cancer (n=3), Melanoma (n=2), Other skin cancer (n=4), Ovarian cancer (n=1), Renal (kidney) cancer (n=1), Sample Size = 15

(Community = Nobles)

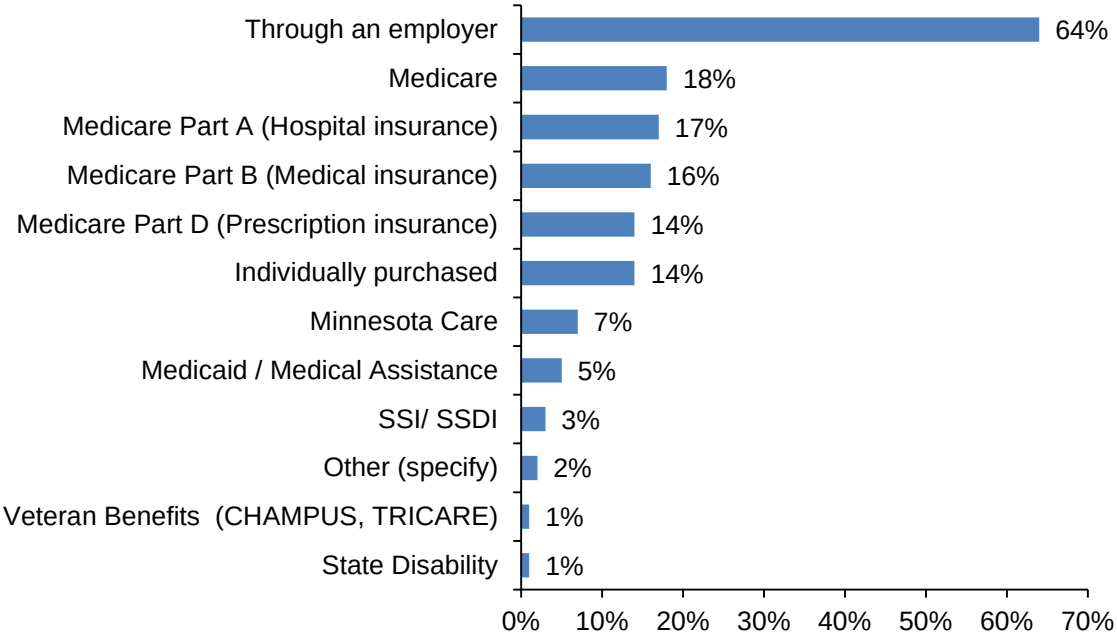
Do you currently have any kind of health insurance?



Base: Yes (n=154), No (n=9), Sample Size = 163

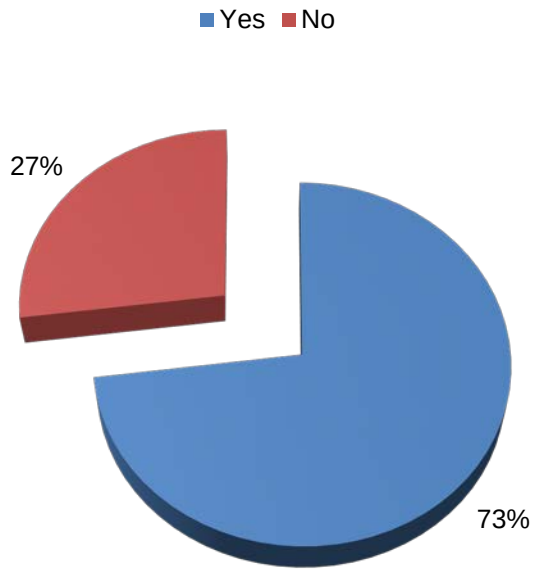
(Community = Nobles)

Type of Insurance



Base: Through an employer (n=94), Individually purchased (n=20), Medicare (n=27), Medicare Part A (Hospital insurance) (n=25), Medicare Part B (Medical insurance) (n=23), Medicare Part D (Prescription insurance) (n=20), State Disability (n=1), SSI/ SSDI (n=5), Medicaid / Medical Assistance (n=8), Minnesota Care (n=10), Veteran Benefits (CHAMPUS, TRICARE) (n=1), Other (specify) (n=3), Sample Size = 146
(Community = Nobles)

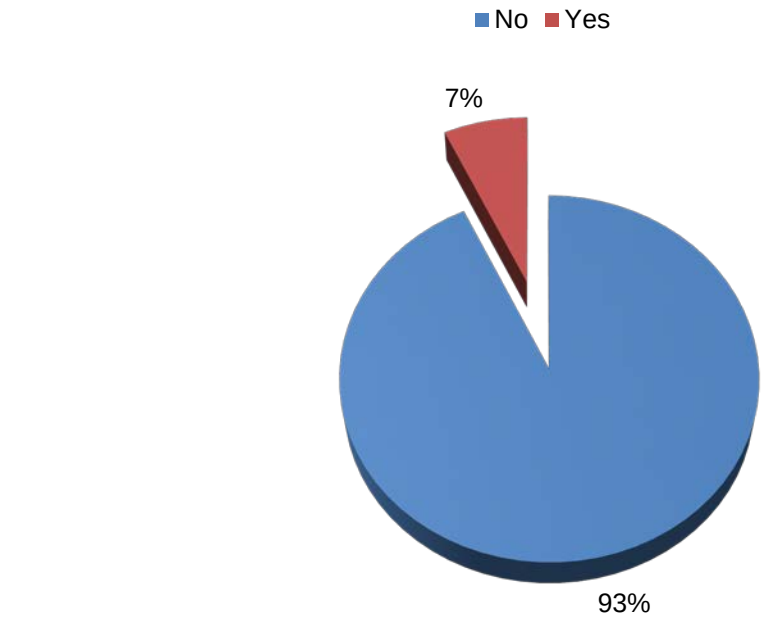
Do you have an established primary healthcare provider?



Base: Yes (n=118), No (n=44), Sample Size = 162

(Community = Nobles)

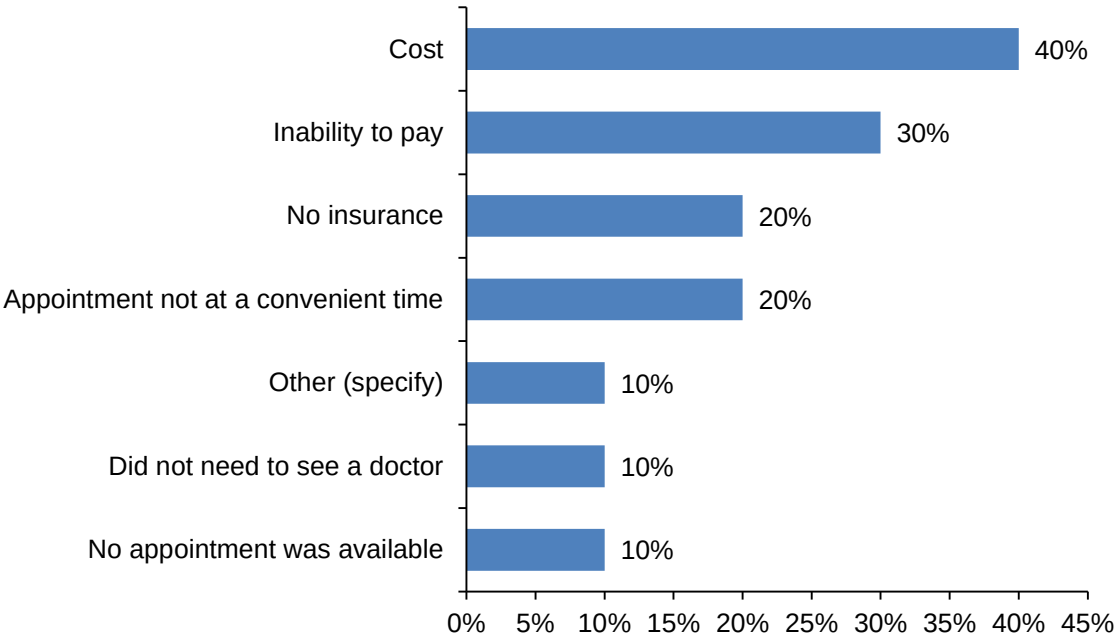
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?



Base: Yes (n=12), No (n=150), Sample Size = 162

(Community = Nobles)

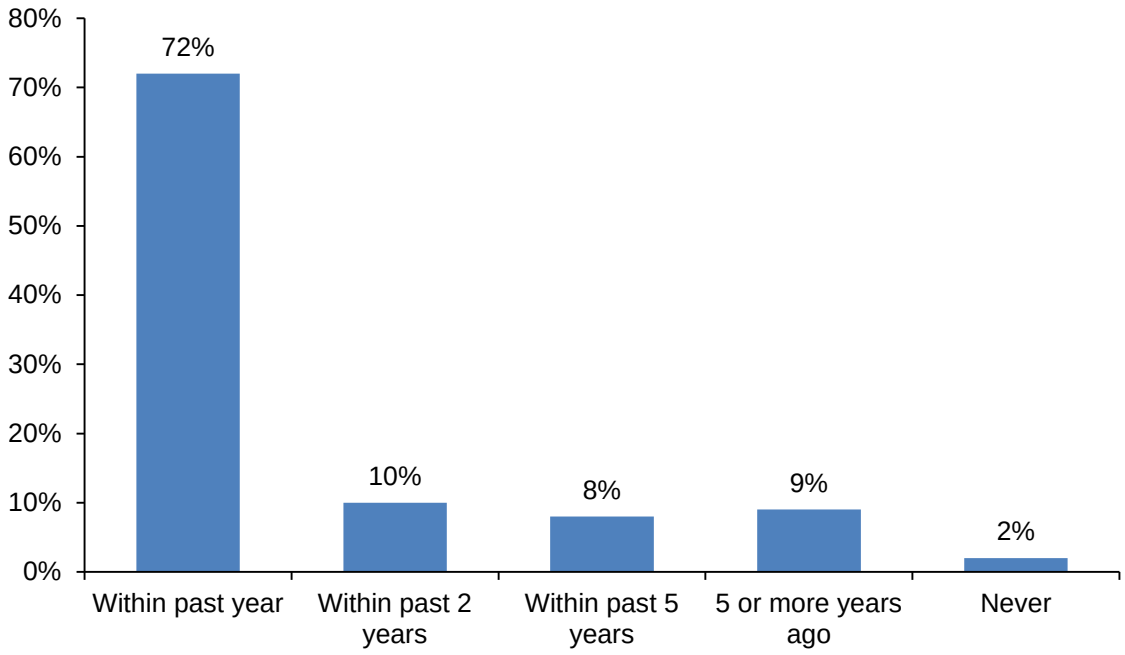
Barriers to Receiving Care Needed



Base: Inability to pay (n=3), No appointment was available (n=1), Appointment not at a convenient time (n=2), No insurance (n=2), Cost (n=4), Did not need to see a doctor (n=1), Other (specify) (n=1)

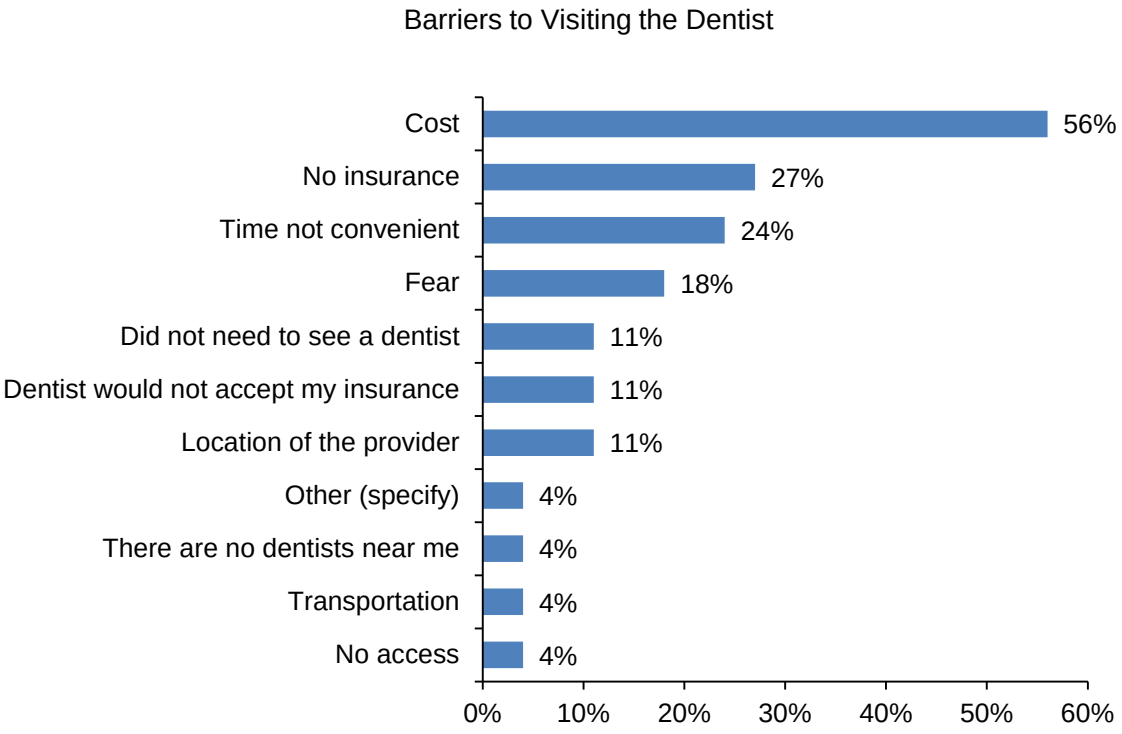
(Community = Nobles)

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



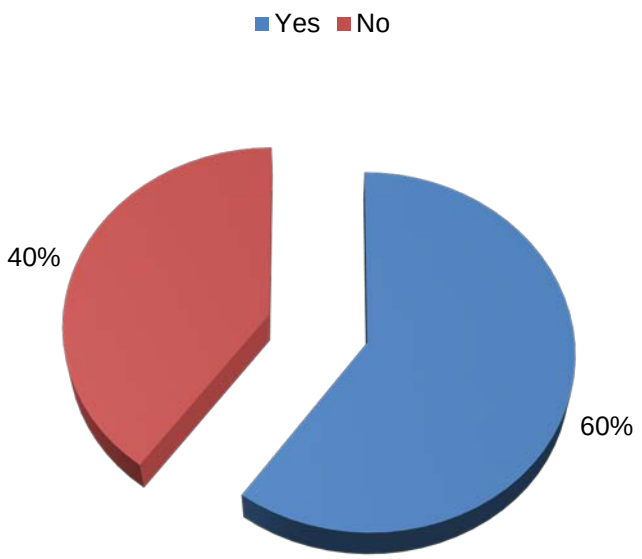
Base: Within past year (n=113), Within past 2 years (n=16), Within past 5 years (n=12), 5 or more years ago (n=14), Never (n=3), Sample Size = 158

(Community = Nobles)



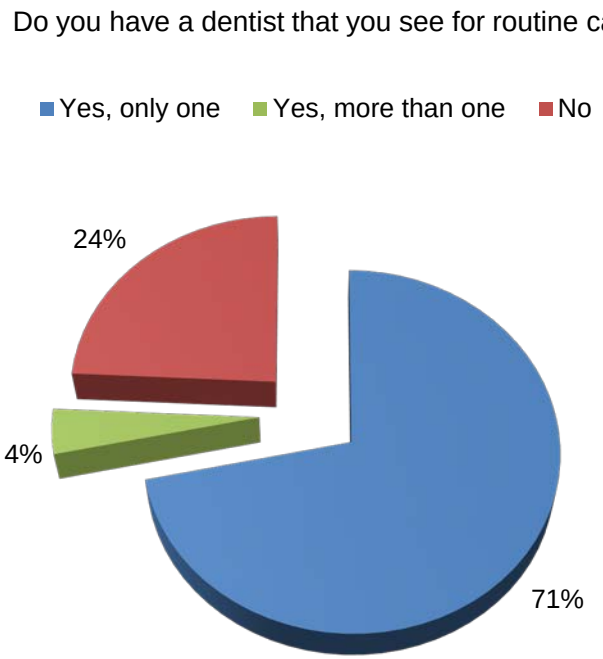
Base: No access (n=2), No insurance (n=12), Location of the provider (n=5), Cost (n=25), Fear (n=8), Transportation (n=2), Time not convenient (n=11), There are no dentists near me (n=2), Dentist would not accept my insurance (n=5), Did not need to see a dentist (n=5), Other (specify) (n=2), Sample Size = 45
(Community = Nobles)

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



Base: Yes (n=94), No (n=63), Sample Size = 157

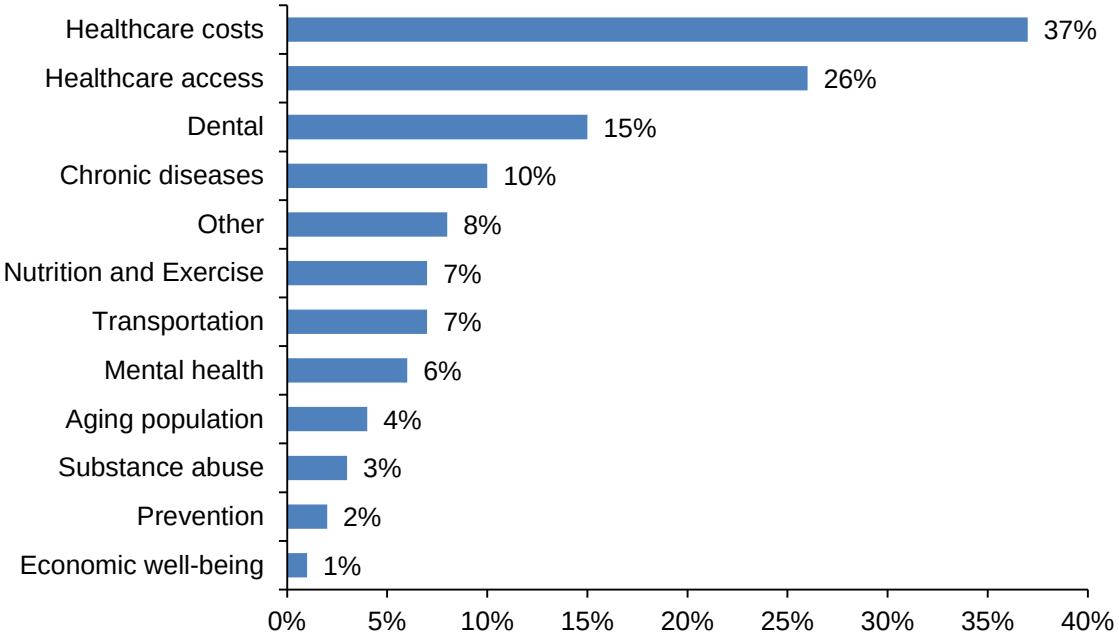
(Community = Nobles)



Base: Yes, only one (n=112), Yes, more than one (n=7), No (n=38), Sample Size = 157

(Community = Nobles)

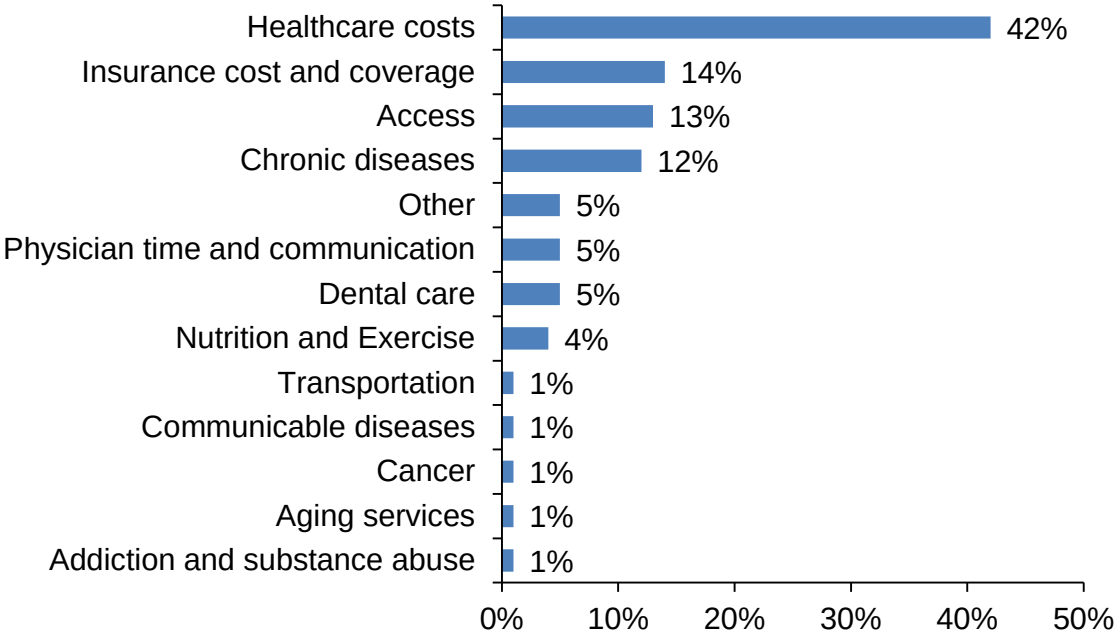
Most Important Community Issues



Base: Economic well-being (n=1), Transportation (n=6), Aging population (n=4), Healthcare access (n=23), Mental health (n=5), Substance abuse (n=3), Chronic diseases (n=9), Healthcare costs (n=33), Dental (n=13), Prevention (n=2), Nutrition and Exercise (n=6), Other (n=7), Sample Size = 101

(Community = Nobles)

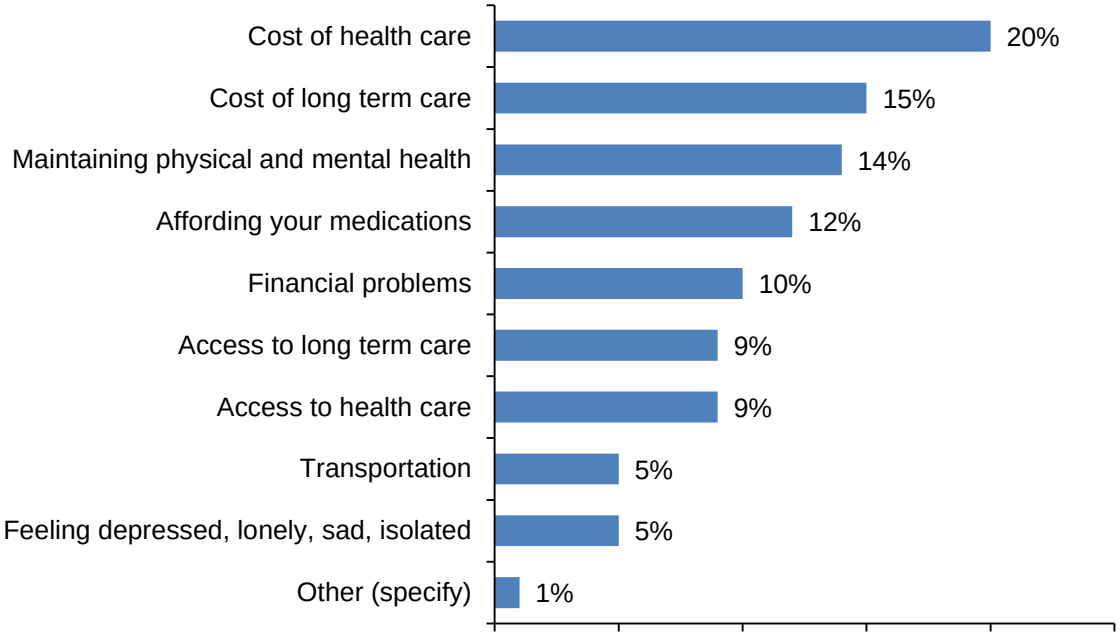
Most Important Issue for Family



Base: Access (n=11), Addiction and substance abuse (n=1), Aging services (n=1), Cancer (n=1), Chronic diseases (n=10), Communicable diseases (n=1), Healthcare costs (n=35), Dental care (n=4), Nutrition and Exercise (n=3), Insurance cost and coverage (n=12), Transportation (n=1), Physician time and communication (n=4), Other (n=4), Sample Size = 102

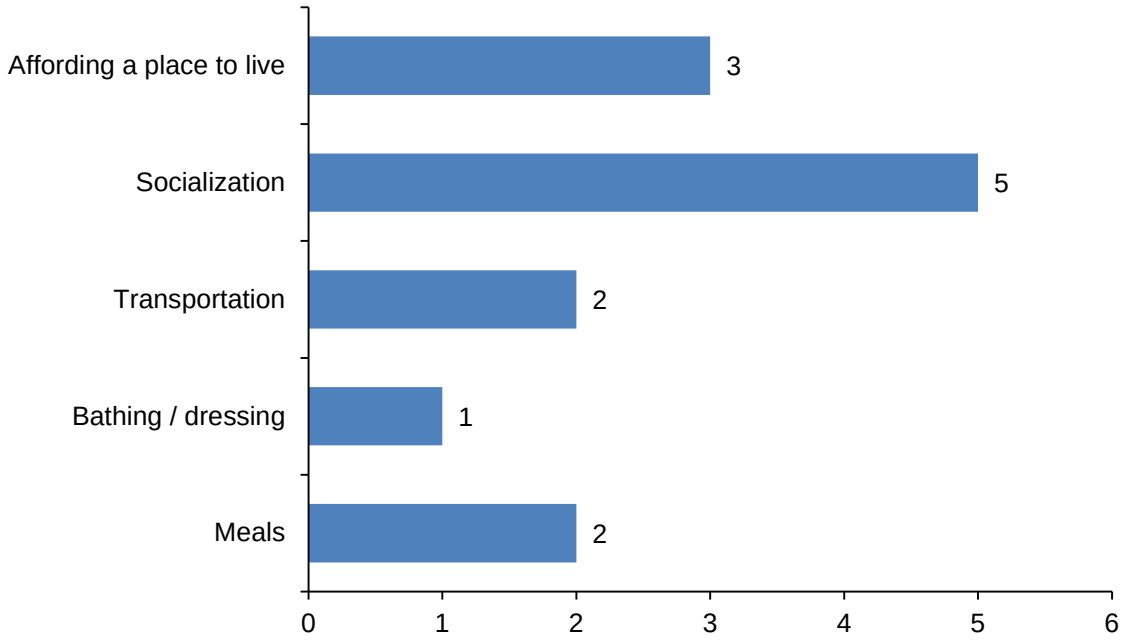
(Community = Noble)

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



Base: Access to health care (n=10), Cost of health care (n=22), Affording your medications (n=13), Maintaining physical and mental health (n=16), Feeling depressed, lonely, sad, isolated (n=6), Access to long term care (n=10), Cost of long term care (n=17), Financial problems (n=11), Transportation (n=6), Other (specify) (n=1), Sample Size = 37
(Community = Nobles)

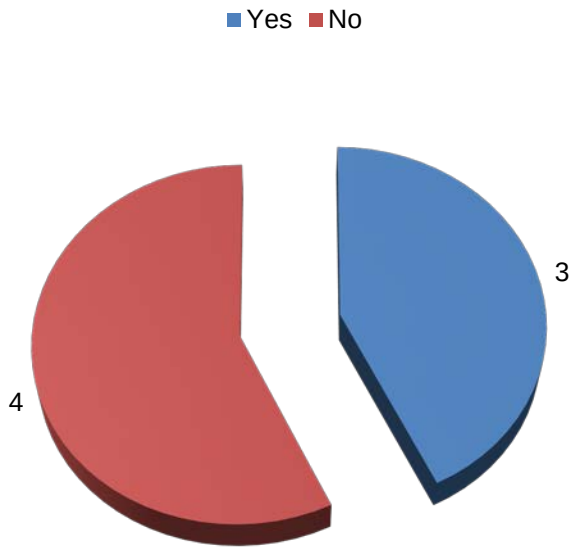
Which of these tasks do you need assistance with? (Age 65+)



Base: Meals (n=2), Bathing / dressing (n=1), Transportation (n=2), Socialization (n=5), Affording a place to live (n=3), Sample Size = 7

(Community = Nobles)

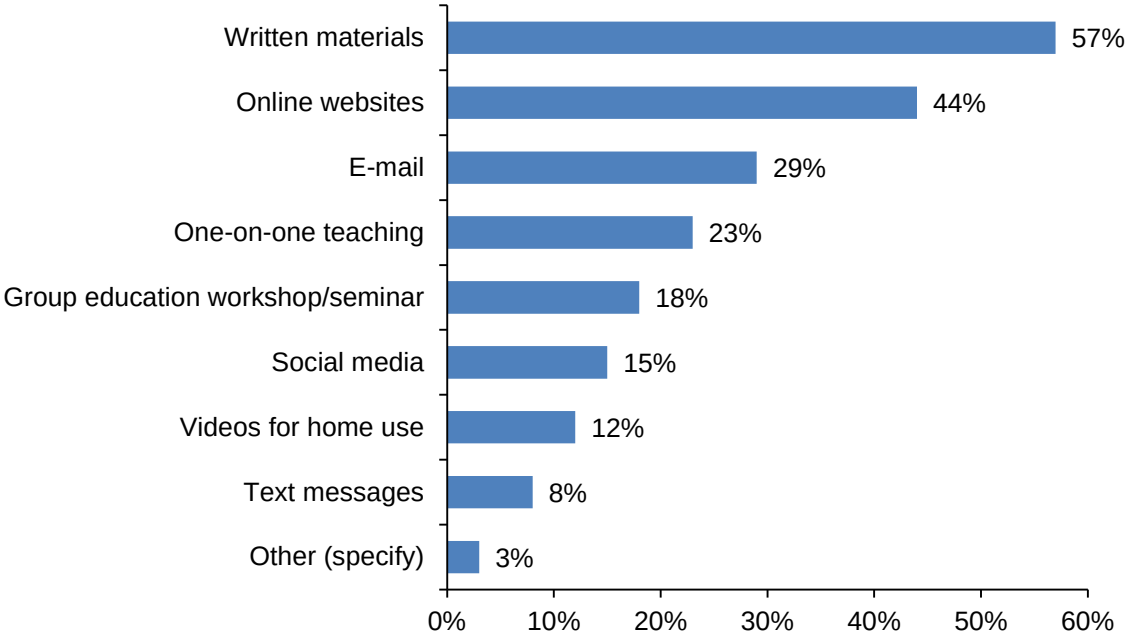
Do you know where to go to get help with the tasks you need assistance with? (Age 65+)



Base: Yes (n=3), No (n=4), Sample Size = 7

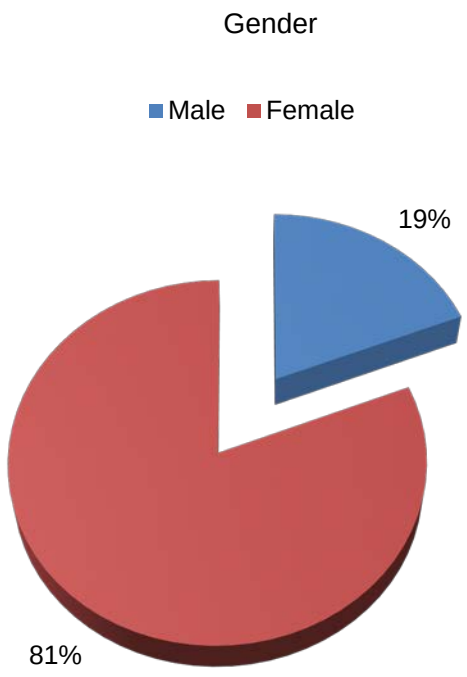
(Community = Nobles)

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



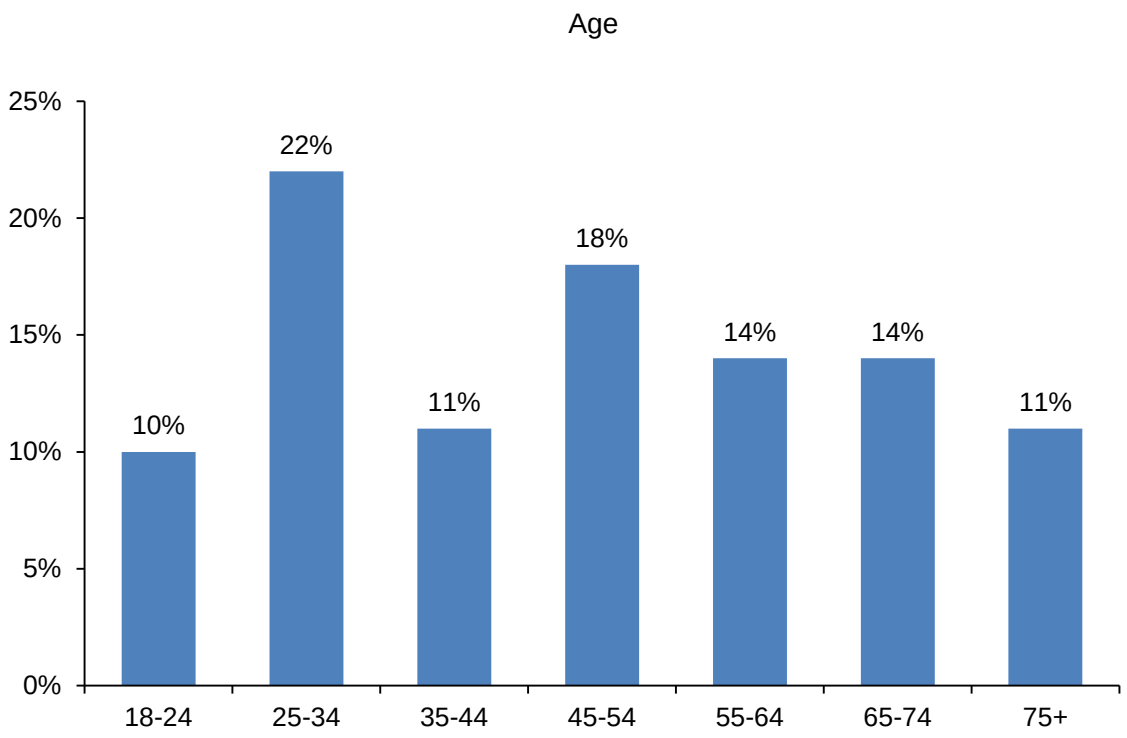
Base: Written materials (n=87), Videos for home use (n=18), Social media (n=23), Text messages (n=12), One-on-one teaching (n=35), E-mail (n=44), Group education workshop/seminar (n=27), Online websites (n=67), Other (specify) (n=5), Sample Size = 153

(Community = Nobles)



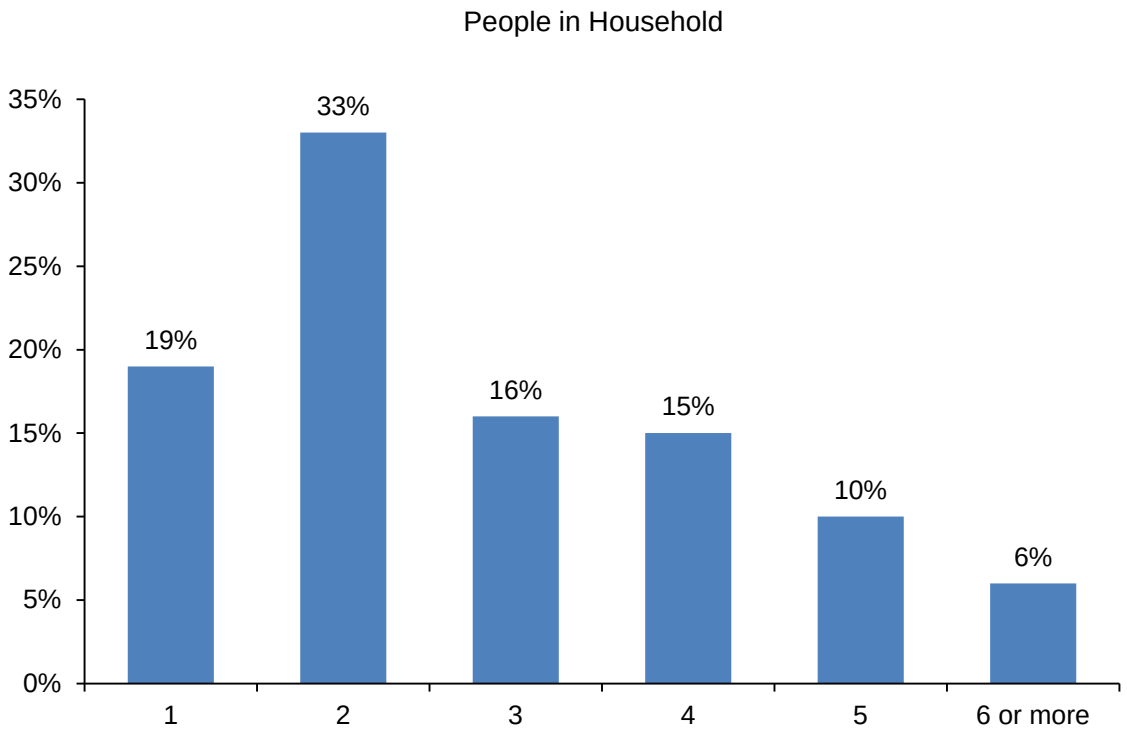
Base: Male (n=30), Female (n=131), Sample Size = 161

(Community = Nobles)



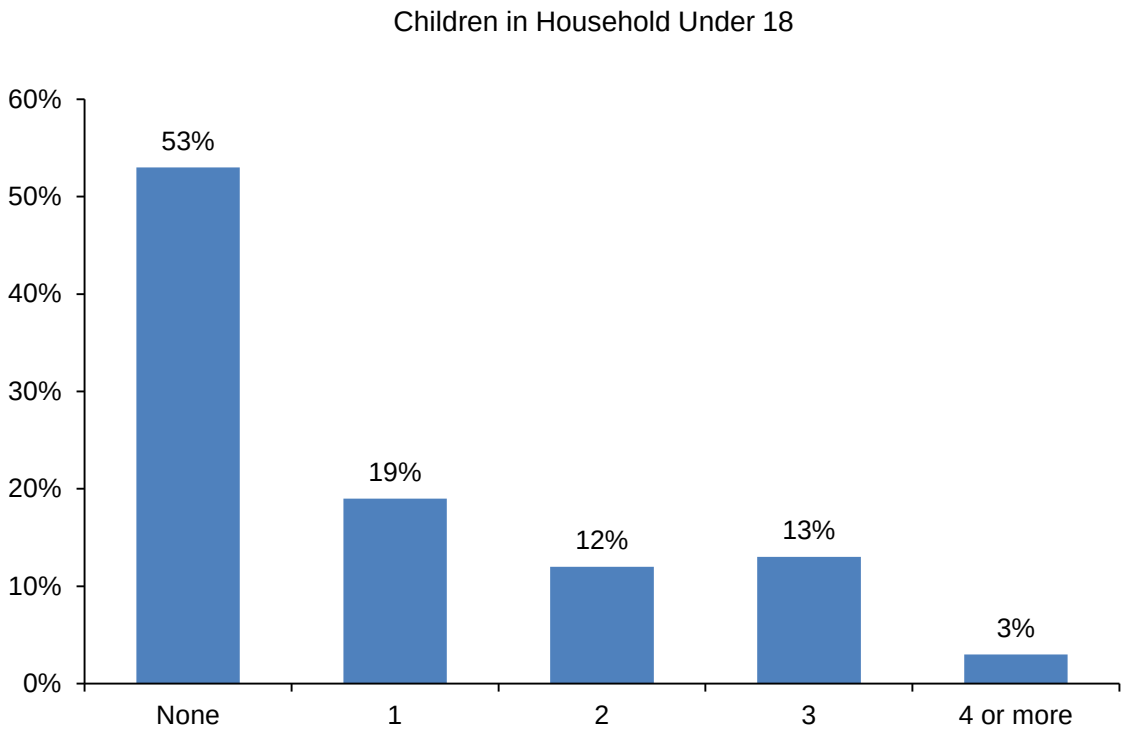
Base: 18-24 (n=16), 25-34 (n=34), 35-44 (n=18), 45-54 (n=29), 55-64 (n=22), 65-74 (n=22), 75+ (n=17), Sample Size = 158

(Community = Nobles)



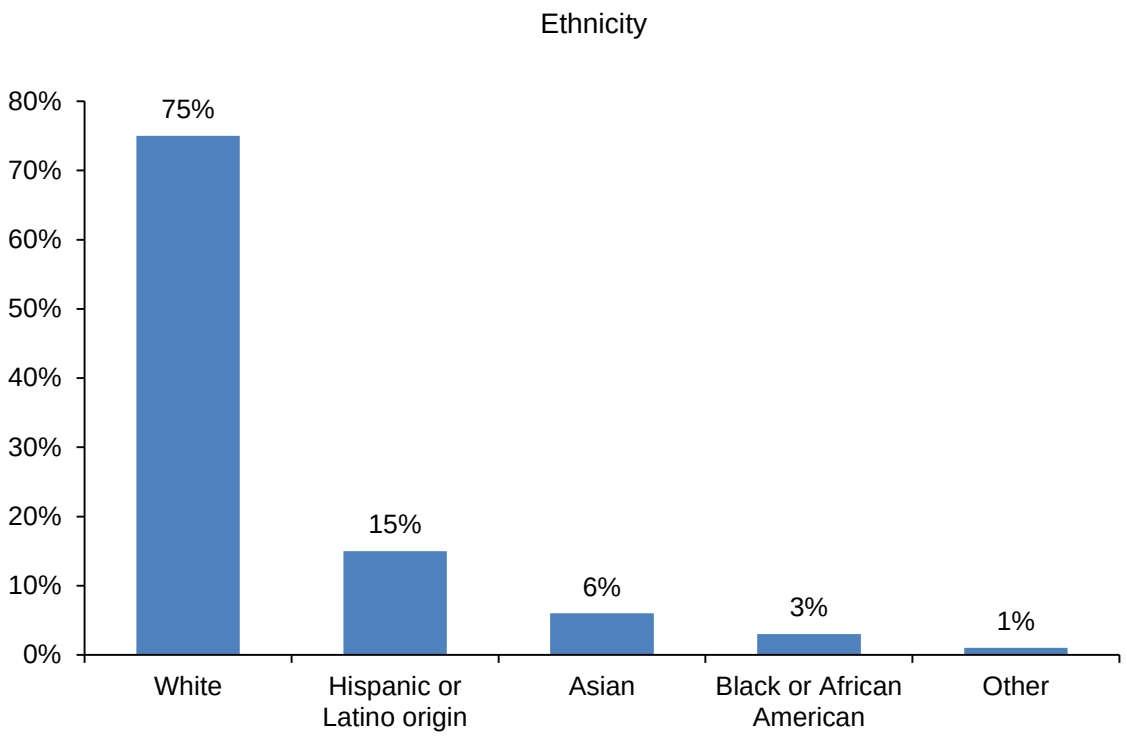
Base: 1 (n=31), 2 (n=53), 3 (n=26), 4 (n=24), 5 (n=16), 6 or more (n=9), Sample Size = 159

(Community = Nobles)



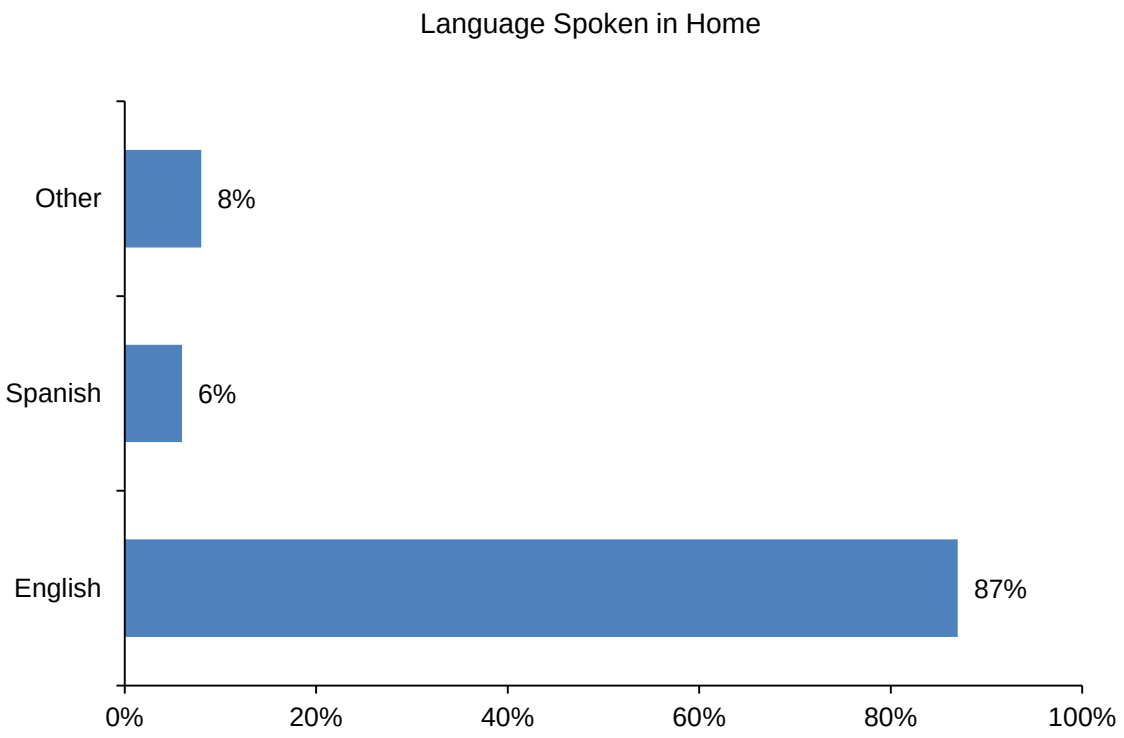
Base: None (n=67), 1 (n=24), 2 (n=15), 3 (n=17), 4 or more (n=4), Sample Size = 127

(Community = Nobles)



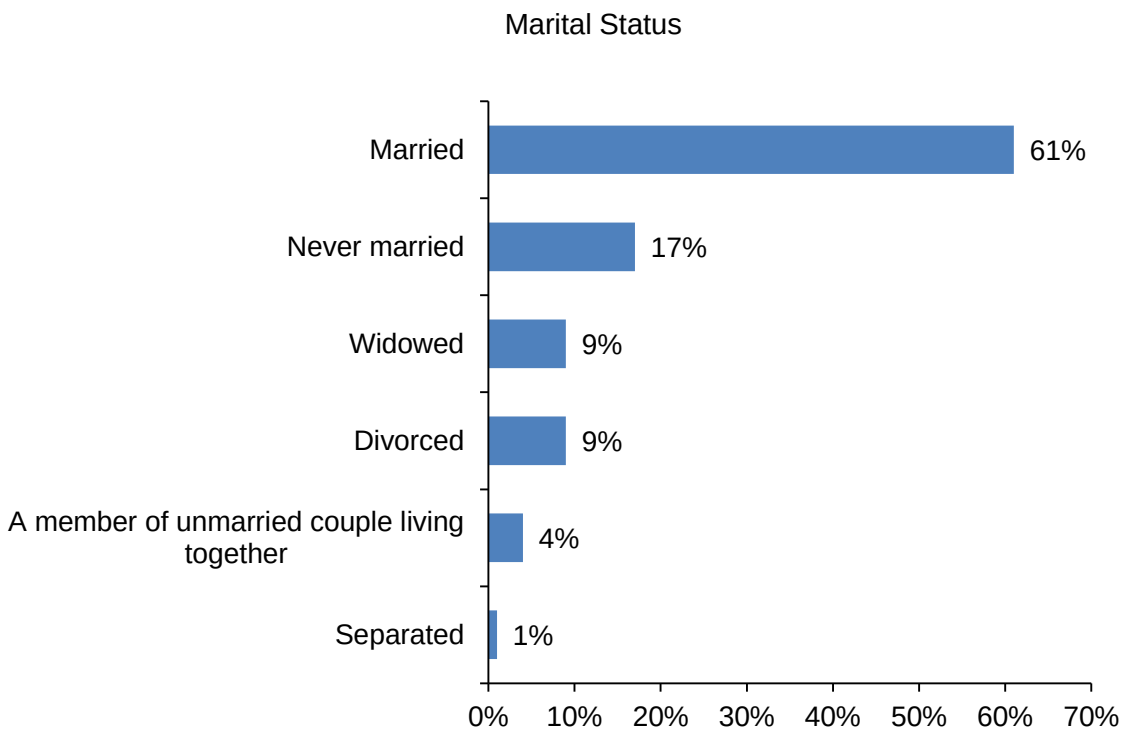
Base: White (n=122), Black or African American (n=5), Asian (n=10), Hispanic or Latino origin (n=25), Other (n=1), Sample Size = 163

(Community = Nobles)



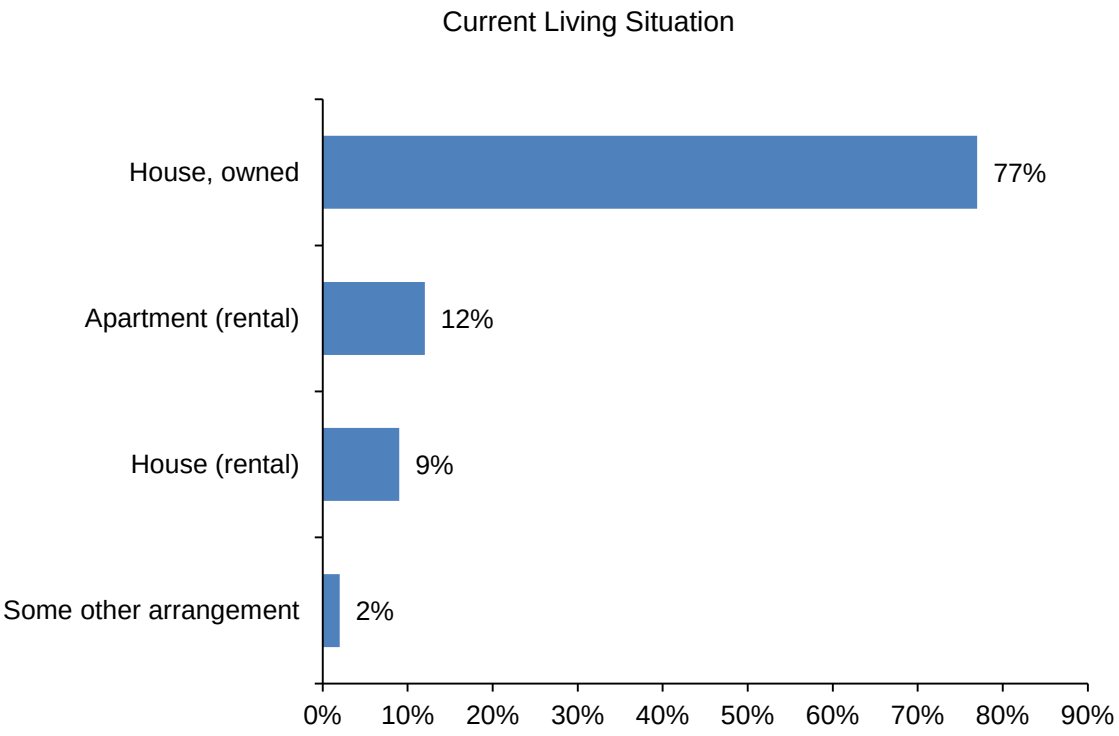
Base: English (n=141), Spanish (n=9), Other (n=13), Sample Size = 163

(Community = Nobles)



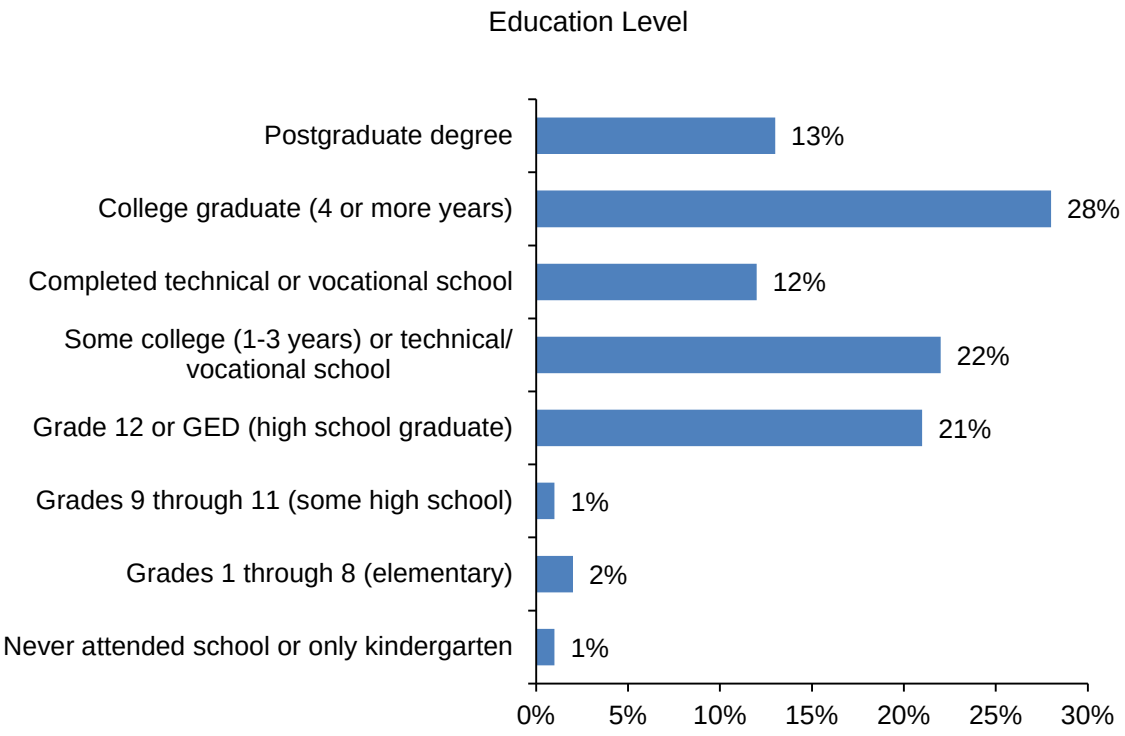
Base: Never married (n=28), Married (n=99), Divorced (n=14), Widowed (n=14), Separated (n=2), A member of unmarried couple living together (n=6), Sample Size = 163

(Community = Nobles)

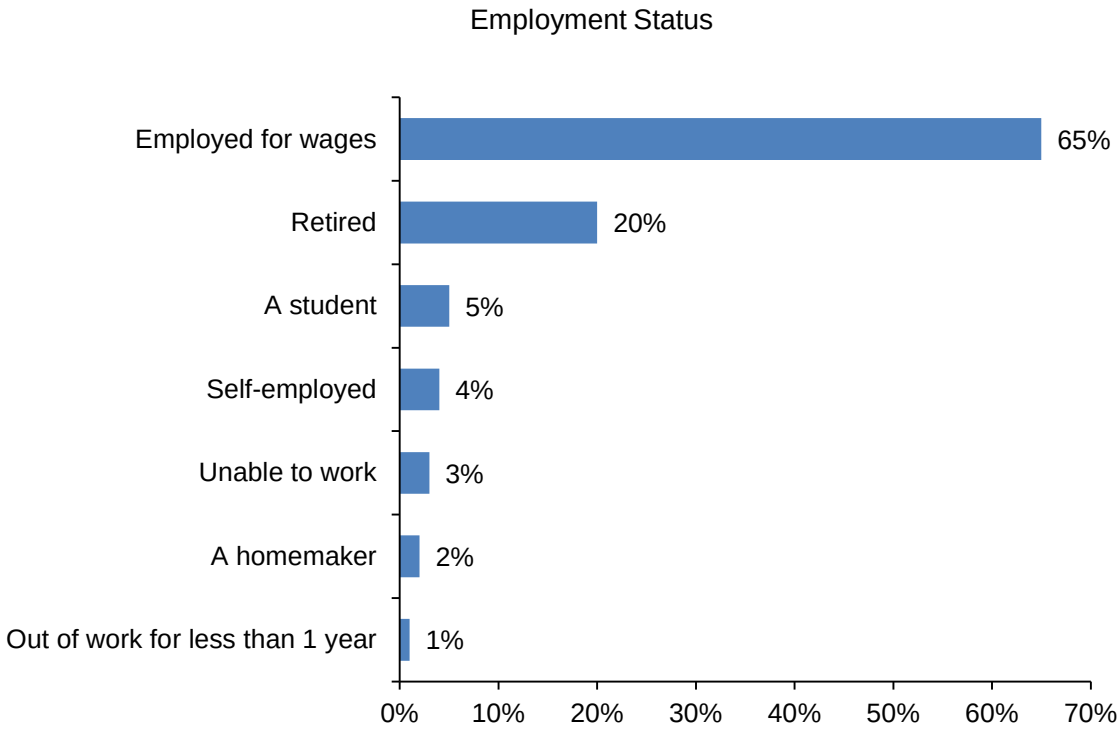


Base: House, owned (n=125), House (rental) (n=14), Apartment (rental) (n=19), Some other arrangement (n=4), Sample Size = 162

(Community = Nobles)

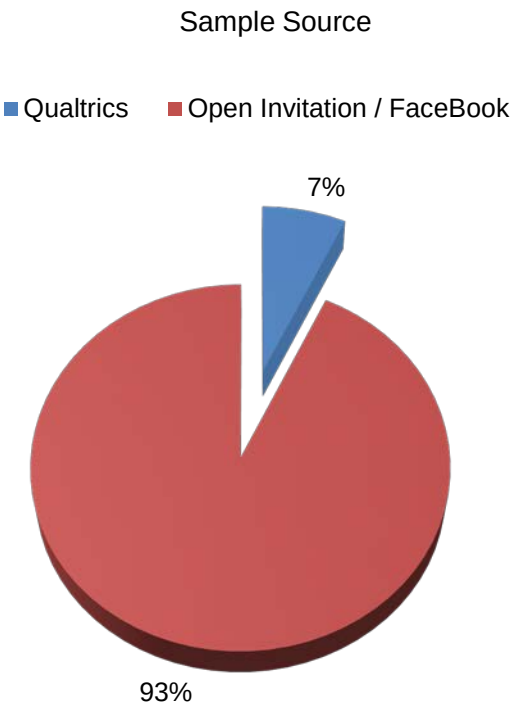


Base: Never attended school or only kindergarten (n=1), Grades 1 through 8 (elementary) (n=3), Grades 9 through 11 (some high school) (n=2), Grade 12 or GED (high school graduate) (n=34), Some college (1-3 years) or technical/ vocational school (n=36), Completed technical or vocational school (n=20), College graduate (4 or more years) (n=45), Postgraduate degree (n=22), Sample Size = 163
(Community = Nobles)



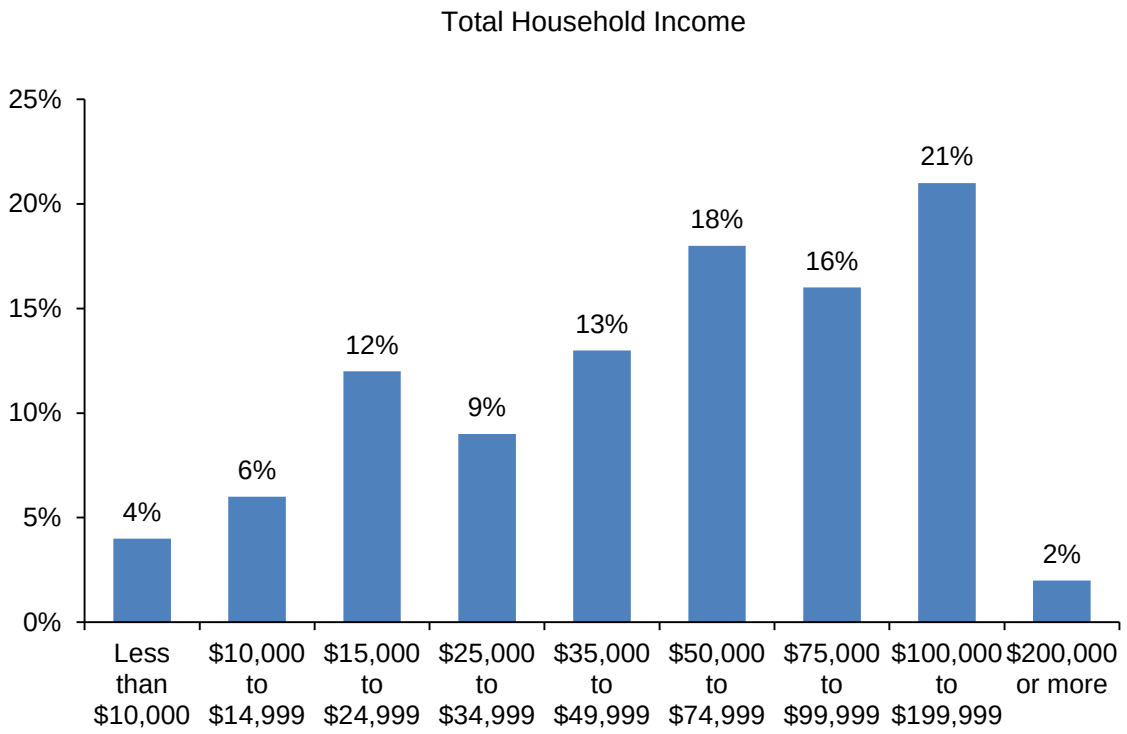
Base: Employed for wages (n=106), Self-employed (n=7), Out of work for less than 1 year (n=2), A homemaker (n=3), A student (n=8), Retired (n=32), Unable to work (n=5), Sample Size = 163

(Community = Nobles)



Base: Qualtrics (n=11), Open Invitation / FaceBook (n=155), Sample Size = 166

(Community = Nobles)



Base: Less than $10,000 (n=5), $10,000 to $14,999 (n=9), $15,000 to $24,999 (n=17), $25,000 to $34,999 (n=13), $35,000 to $49,999 (n=18), $50,000 to $74,999 (n=25), $75,000 to $99,999 (n=22), $100,000 to $199,999 (n=29), $200,000 or more (n=3), Sample Size = 141

(Community = Nobles)

Worthington Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being • Availability of affordable housing 4.00 • 22% of residents report worry about not having enough food • 16% report they ran out of food before having money to buy more	#3		
Transportation • Availability of public transportation 3.54			
Children and Youth • Availability of quality childcare 4.18 • Cost of quality childcare 3.81 • Availability of services for at-risk youth 3.72 • Teen pregnancy 3.65 • Childhood obesity 3.59 • Bullying 3.57 • Substance abuse by youth 3.53 • Availability of activities (outside of school and sports) for children and youth 3.50			
Aging Population • Cost of long-term care 3.93 • Cost of memory care 3.92 • Cost of in-home services 3.51			
Health Care Access • Access to affordable health insurance coverage 3.97 • Access to affordable health care 3.88 • Availability of mental health providers 3.80 • Access to affordable dental insurance coverage 3.79 • Availability of behavioral health (substance abuse) providers 3.78 • Access to affordable prescription drugs 3.68 • Use of emergency room services for primary health care 3.56 • Access to affordable vision insurance coverage 3.51	#1		
Mental Health and Substance Abuse • Drug use and abuse 3.69 • Depression 3.66 • Stress 3.52 • Alcohol use and abuse 3.51 • 30% diagnosed with anxiety, stress • 28% diagnosed with depression • 39% self-report binge drinking at least 1X/month • 25% have drugs in their home they are not using	#2 tie		
Wellness • 35% report they are obese • 27% report they are overweight • 53% do not get 5 or more riots/vegetable/day • 47% are not getting exercise at least 3X/week • 41% diagnosed with hypertension • 33% diagnosed with arthritis • 31% diagnosed with high cholesterol • 19% have not had a routine check-up in over 1 year • 29% have not had a flu shot this past year • 28% have not visited their dentist in over 1 year	#2 tie		

Secondary Data

Definitions of Key Indicators

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

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

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

Contents:

Outcomes & Factors Rankings
Outcomes & Factors Sub Rankings
Ranked Measures Data (including measure values, confidence intervals* and z-scores**)
Additional Measures Data (including measure values and confidence intervals*)
Ranked Measure Sources and Years
Additional Measure Sources and Years

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

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

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

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

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

Measure	Data Elements	Description
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – f rom the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities

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

County Health Rankings for Nobles County Minnesota

	County	State
Population	21,848	5,519,952
% below 18 years of age	26.7%	23.3%
% 65 and older	15.9%	15.1%
% Non-Hispanic African American	4.6%	6.0%
% American Indian and Alaskan Native	1.3%	1.3%
% Asian	7.0%	4.9%
% Native Hawaiian/Other Pacific Islander	0.2%	0.1%
% Hispanic	27.4%	5.2%
% Non-Hispanic white	59.9%	80.6%
% not proficient in English	11%	2%
% Females	48.5%	50.2%
% Rural	41.0%	26.7%

	Nobles County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
					25
					20
Premature death	4,700	3,700-5,700	5,300	5,100	
					33
Poor or fair health	16%	15-16%	12%	12%	
Poor physical health days	3.1	3.0-3.2	3.0	3.0	
Poor mental health days	3.0	2.9-3.1	3.1	3.2	
Low birthweight	5%	4-5%	6%	6%	
Premature age-adjusted mortality	250	210-290	270	260	
Child mortality	40	20-80	40	40	
Infant mortality			4	5	
Frequent physical distress	10%	10-10%	9%	9%	
Frequent mental distress	10%	9-10%	10%	10%	
Diabetes prevalence	8%	6-10%	8%	8%	

	Nobles County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
HIV prevalence	103		49	171	
					74
					70
Adult smoking	15%	14-15%	14%	15%	
Adult obesity	31%	25-37%	26%	27%	
Food environment index	8.8		8.6	8.9	
Physical inactivity	31%	26-37%	20%	20%	
Access to exercise opportunities	65%		91%	88%	
Excessive drinking	20%	19-20%	13%	23%	
Alcohol-impaired driving deaths	35%	23-47%	13%	30%	
Sexually transmitted infections	342.8		145.1	389.3	
Teen births	46	40-52	15	17	
Food insecurity	7%		10%	10%	
Limited access to healthy foods	9%		2%	6%	
Drug overdose deaths			10	11	
Drug overdose deaths - modeled	4-5.9		8-11.9	12.5	
Motor vehicle crash deaths	17	11-24	9	8	
Insufficient sleep	31%	30-32%	27%	30%	
					75
Uninsured	10%	9-12%	6%	5%	
Primary care physicians	1,210:1		1,030:1	1,110:1	
Dentists	1,990:1		1,280:1	1,440:1	
Mental health providers	1,150:1		330:1	470:1	
Preventable hospital stays	43	35-51	35	37	
Diabetes monitoring	94%	81-100%	91%	88%	
Mammography screening	70%	55-85%	71%	65%	
Uninsured adults	12%	10-14%	7%	6%	
Uninsured children	6%	4-7%	3%	3%	
Health care costs	$8,820			$8,250	
Other primary care providers	1,986:1		782:1	1,020:1	
					71
High school graduation	79%		95%	83%	
Some college	46%	42-50%	72%	74%	
Unemployment	3.8%		3.2%	3.9%	
Children in poverty	15%	11-19%	12%	13%	
Income inequality	4.1	3.6-4.6	3.7	4.4	
Children in single-parent households	38%	29-47%	20%	28%	
Social associations	20.7		22.1	13.0	
Violent crime	130		62	231	

	Nobles County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
Injury deaths	47	35-62	55	62	
Disconnected youth	19%		10%	9%	
Median household income	$56,100	$51,600-60,500	$65,100	$65,600	
Children eligible for free or reduced price lunch	64%		33%	38%	
Residential segregation - black/white	44		23	62	
Residential segregation - non-white/white	42		14	49	
Homicides			2	2	
Firearm fatalities			7	7	
					37
Air pollution - particulate matter	9.3		6.7	9.3	
Drinking water violations	No				
Severe housing problems	17%	14-20%	9%	14%	
Driving alone to work	74%	70-77%	72%	78%	
Long commute - driving alone	14%	12-17%	15%	30%	

Note: Blank values reflect unreliable or missing data

SANFORD HEALTH

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