



2013

Community Health Needs Assessment

Executive Summary

SANFORD[®]
HEALTH





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Introduction

As a condition of their tax exempt status, the IRS requires not-for-profit health systems to address issues that have been assessed as an unmet need in the community. Conducting a Community Health Needs Assessment (CHNA) has been formalized as a requirement of the new health care reform law.

The Patient Protection and Affordable Care Act (PPACA) includes three statutory requirements:

- 1) Conduct a Community Health Needs Assessment;
- 2) Adopt an implementation strategy for meeting the community health needs that are identified in the assessment; and
- 3) Create transparency by distributing the report widely to the public.

For tax-exempt hospital organizations that own and operate more than one hospital facility, like Sanford Health, the new tax-exempt requirements apply to each individual hospital. The first required CHNA must fall within the Fiscal Year July 1, 2012 through June 30, 2013.

A CHNA 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 CHNA also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.



Purpose

The purpose of a Community Health Needs Assessment (CHNA) is to develop a global view of the population's health and the prevalence of morbidity within a 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 CHNA when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Guiding Principles

The following guiding principles directed the work of committees and groups across the enterprise.

- 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 is essential to success.
- Sanford Health is invited into the communities we serve.

Acknowledgements

Sanford Health would like to acknowledge and thank the Enterprise Steering Committee for their expertise and direction throughout the process. This group had full accountability to carry out the obligation of PPACA's CHNA requirements across the enterprise through development of a standardized approach, framework and tools to execute the process and development of the system-wide action plan.

Sanford Enterprise Steering Group

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Sanford Health also expresses gratitude to the multitude of regional steering groups, facility steering groups, medical center boards of directors and others who provided ongoing guidance, support and expertise throughout the process. Together, we are reaching our vision to “improve the human condition through exceptional care, innovation and discovery.”

Study Design and Methodology

Sanford Health convened key health care leaders, public health leaders, and other not-for-profit leaders to establish a Community Health Needs Assessment Collaborative. The primary goal of this collaborative was to craft standardized tools, indicators and methodology that can be used by all medical centers and group members across the enterprise to conduct assessments. After much discussion, the organization selected the Robert Wood Johnson Framework for county profiles as a secondary data model.

A subgroup of this collaborative met with researchers from the North Dakota State University Center for Social Research to develop a survey tool for our key stakeholder groups. The survey tool incorporated the University of North Dakota's Center for Rural Health community health needs assessment survey tool and the Fletcher Allen community health needs assessment tool. North Dakota State University and the University of North Dakota Center for Rural Health worked together to develop additional questions and to ensure that scientific methodology was incorporated in the design.

This community health needs assessment was conducted during FY 2012 and FY 2013. The main model that was used as a guide for this work was the Association for Community Health Improvement's (ACHI) Community Health Needs Assessment toolkit.

The following qualitative data set was studied:

- Community Health Needs Assessment survey of Community Leaders

The following quantitative data sets were studied:

- 2011 County Health Profiles
- Aging Profiles
- Diversity Profiles

The following primary research was conducted within the Sanford Quality and Decision Support teams:

- Quality data
- Top diagnoses by volume for inpatients and the top cost of care by diagnosis

Once all data was analyzed to determine the unmet needs, asset mapping was conducted. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

Through the asset mapping exercise each unmet need was researched to determine what resources were available in the community to address the needs. A gap analysis demonstrated the available resources that could be aligned with the identified needs and areas where resources were insufficient. Once the remaining gaps were determined the next step was to proceed with prioritization. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

Each medical center developed strategies to address the prioritized needs. The implementation strategies will be filed with the IRS 990 for FY 2013.

Enterprise Implementation Strategies

Throughout the community health needs assessment process Sanford discovered that there were two unmet needs that consistently appeared for many of the communities within its footprint: mental health/behavioral health services, and services to address and prevent obesity. An enterprise approach to behavioral health and obesity will create synergy and efficiencies in addressing those needs. The following implementation strategies are available for every medical center and community within Sanford Health.

Implementation Strategy: Mental Health Services - Sanford One Mind

- Fully integrate behavioral health services into all primary care clinics in Fargo and Sioux Falls
- Fully integrate behavioral health services or access to behavioral health outreach in all regional clinic sites in the North, South, Bismarck and Bemidji regions
- Track and present outcomes of the first three years of integrated behavioral health services
- Implement integrated behavioral health into clinics in new regions
- Present recommendation for design of new spaces from the design team for inpatient psychiatric unit, partial hospitalization and clinic
- Establish or expand space for Fargo and for Sioux Falls inpatient psychiatric units and partial hospitalization programs

Implementation Strategy: Obesity Prevention and Treatment

MEDICAL MANAGEMENT FOR OBESITY

- Develop CME curriculum for providers and interdisciplinary teams across the enterprise inclusive of medical, nutrition, nursing, and behavioral health professionals

COMMUNITY EDUCATION PROGRAMS

- Develop community education programming to include the following program options in the curriculum
 - WebMD Fit Program
 - Bariatric Surgery
 - Eating Disorder Institute
 - Behavioral Health
 - Profile

ACTIVELY PARTICIPATE IN COMMUNITY INITIATIVES TO ADDRESS WELLNESS, FITNESS AND HEALTHY LIVING.



Sanford USD Medical Center

At Sanford USD Medical Center, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. For more than 100 years, we have been proud to serve the Sioux Falls community.

Key findings from the community health needs assessment:

Key findings indicate that Sanford USD Medical Center is serving a community with a high level of concern about child abuse and neglect, substance abuse, domestic violence and an aging population. Community members are also concerned with the cost of health insurance, health care and prescriptions drugs, physical health, chronic disease, stress and depression.

State and county data for Lincoln and Minnehaha counties indicate that South Dakota has more premature deaths than the national benchmark, and South Dakota also has more citizens reporting poor health. South Dakota and Minnehaha County report more mentally unhealthy days than the national benchmark while Lincoln County reports better days.

South Dakota and Minnehaha report a lower birth rate, a higher percentage of adult smokers, higher rates of obesity, higher sexually transmitted infections, and a higher teen birth rate. Lincoln County is near the national benchmark for obesity, and is lower than the national benchmark for sexually transmitted infections, and teen birth rates.

South Dakota, Minnehaha County and Lincoln County are all at a higher percentage than the national average for binge drinking and motor vehicle crash deaths.

After analysis of the data and asset mapping to identify community resources that are addressing the needs, dental care, services for the elderly, mental health services and physical health services specific to obesity remain as unmet needs. Sanford USD Medical Center will address dental care and services for the elderly as well as participate in enterprise strategies to addresses services for mental health and obesity management.

MEETING THE NEEDS:

While there are many community services to address the needs of the aging population, the demand for services exceeds their supply. Sanford USD Medical Center will build upon current services for the elderly by recruiting specialists in geriatrics and expanding upon nurse-led clinics.

**Implementation Strategy:
Elderly Services**

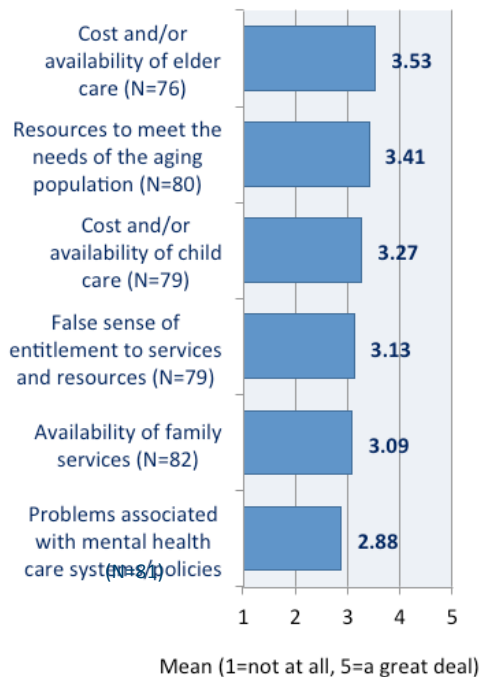
Consider the recruitment of geriatricians.

Nurse-led clinics

Explore external funding opportunities to:

- Expand CareSpan (walk in nurse run elder care clinic) hours and locations
- Expand Foot Care Clinic hours and locations
- Expand community-based nurse-led dialogues regarding advance directives and end-of-life care
- Establish an older adult population advisory council within the community

Level of concern regarding services and resources:



MEETING THE NEEDS:

Lincoln and Minnehaha counties have far fewer dentists than the national benchmark. Many dentists across the country are not working with the Medicaid population. Because dental health is part of a person’s health and because there is a community need, Sanford USD Medical Center will build upon current community resources to assist with free or sliding scale dentist services.

**Implementation Strategy:
Dental Services**

- Explore opportunities to help promote either free or sliding scale fee dental services and programs already offered in the community (e.g., Falls Community Health Center and Ronald McDonald Mobile Care Unit)

Clinical care:

Dentist Rate	Number of professionally active dentists /1000,000 population	National Benchmark	SD	Minnehaha County	Lincoln County
		69.1	50.0	44.6	78.1



CHILDHOOD NUTRITION AND FITNESS INITIATIVES (fit)

Sanford Health has partnered with WebMD Health and Walt Disney Company to design and create electronic tools to engage children in healthy behaviors. Developed to combat the growing prevalence of obesity and type 2 diabetes among children, the Sanford *fit* program uses web based education and associated activities to promote health, fitness and nutrition among kids ages two to eighteen.

Nationally, the *fit* team has worked with Discovery Education to develop school resources that tie *fit* to common core curriculum, with the intent of reaching teachers in 75 percent of K-12 schools in the United States.

Locally, the team is collaborating with partners to develop a series of fun and engaging applications for mobile devices and with child care providers to develop *fit* Care. The goal is to train more than 500 providers representing over 500,000 children. The *fit* team has also launched a multi-faceted partnership with the city of Vermillion, SD to develop a health promotion program that will be rolled out across the region and nation.



Sanford Fargo Medical Center

At Sanford Fargo Medical Center, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1908, we have been proud to serve the Fargo community.

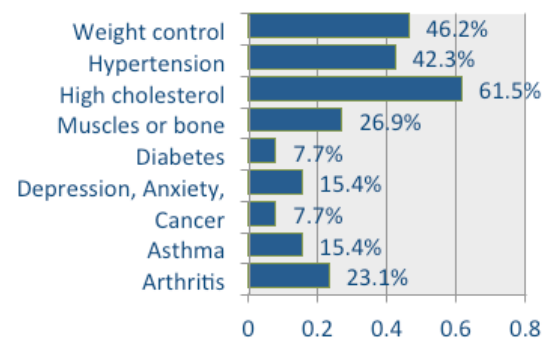
Key findings from the community health needs assessment:

State data for North Dakota and Minnesota and County data for Cass and Clay counties indicate that North Dakota and Clay County have more premature deaths than the national benchmark. North Dakota and Minnesota have more citizens reporting poor health than the national benchmark. Minnesota and Clay County report more mentally unhealthy days than the national benchmark.

North Dakota, Minnesota, Cass and Clay counties report lower birth weights, a higher percentage of adult smokers, higher rates of obesity, physical inactivity, a higher percentage of sexually transmitted infections, and a higher percentage of binge drinking. The teen birth rate is higher in North Dakota and Minnesota than the national benchmark, but is lower in Cass and Clay counties.

Analysis of the data and asset mapping to identify community resources that are addressing the assessed needs led us to conduct a gap analysis. The unmet needs that remain include mental health services and physical health services specific to obesity. The following chart indicates the chronic diseases disclosed by survey respondents. Chronic disease can be negatively impacted by obesity.

Chronic disease among respondents:



Sanford Fargo Medical Center continues to address the assessed unmet needs of the community. In many cases there are organized community partnerships to address needs. In 2008 Sanford convened a group of community health care leaders to address obesity.

This group soon joined with others in the community to develop the Cass Clay Healthy People Initiative. Funded by Dakota Medical Foundation, the Healthy People Initiative is a community-wide active living and healthy eating initiative. The goal of the initiative is to reduce obesity in children age 19 and younger in Cass and Clay counties by 20% by 2020.

Currently, 27% of 2 to 5 year olds, 32% of 6 to 11 year olds, and 33% of 12 to 19 year olds are overweight in Cass and Clay counties. The solution is to change our food and fitness culture so that healthy choices become easier.

Because obesity is increasing in communities throughout the entire Sanford footprint, an enterprise-wide solution will be implemented.

**Implementation Strategy:
Obesity**

- Develop CME curriculum and an annual symposium—for providers and interdisciplinary teams inclusive of medical, nutrition, nursing, and behavioral health professionals—to address weight management and obesity
- Develop community education programming that focuses on prevention and treatment of obesity. Include the following program options in the curriculum to create awareness of existing resources:
 - Family Wellness Center
 - Kid’s fitness classes
 - Kid’s cooking classes (includes family)
 - Body Works
 - Camp Fuel
 - TNT Fitness for Children
 - Honor Your Health Program
 - WebMD Fit Program
 - Bariatric Surgery

- Eating Disorder Institute/ Behavioral Health
- Profile

- Actively participate in community initiatives to address wellness, fitness and health living.

**Implementation Strategy:
Mental Health Services –
Sanford One Mind**

Mental health services are an area of need that is increasing in the Fargo-Moorhead community. Sanford will address these needs through the Sanford One Mind strategy that will be leveraged across the enterprise. Implementation will depend on resource availability, but strategies will include:

- Full integration of behavioral health services in all primary care clinics in Fargo
- Full integration of behavioral health services or access to behavioral health outreach in all clinic sites
- Complete presentation of outcomes of first three years of integrated behavioral health services
- Present recommendations for design of new spaces from the design team for the inpatient psychiatric unit and partial hospitalization and clinic space
- Participate in a leadership role with the Fargo Moorhead Mental Health Strategic Planning Collaborative



**FAMILY WELLNESS
IN FARGO**

Sanford Health and the YMCA of Cass and Clay Counties opened Family Wellness, an 80,000-square-foot comprehensive health and fitness center in 2011. The \$12 million facility provides a unique environment to promote wellness. It’s a place for the entire family, with drop-in child care, kid-friendly pool with a water slide, swimming lessons and open gym for free play.

Services that are available include personalized training sessions and group fitness classes ranging from intense cardio to Zumba and mixed martial arts. Relaxation is achieved through the massage, sauna and steam rooms, and healthy cooking classes in a demonstration kitchen.

The beautiful facility is connected to nature with an entire wall in the aquatic area open to the sun and more than 60 percent of the running track has fully exposed windows. With an open floor plan, zero-entry pool, and full service locker rooms with private changing and showering areas, Family Wellness is a welcome addition to the Fargo community.



Sanford South University Medical Center

At Sanford South University Medical Center, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home.

Key findings from the community health needs assessment:

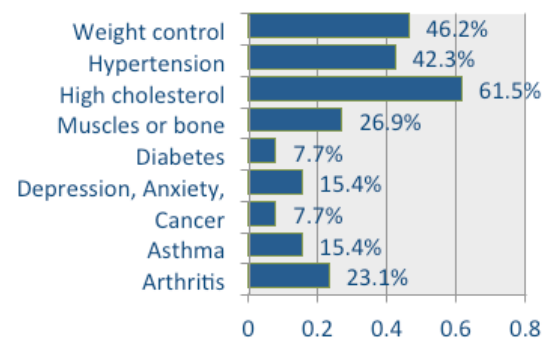
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Analysis of the data and asset mapping

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the Cass Clay Healthy People Initiative. Funded by Dakota Medical Foundation, the Healthy People Initiative is a community-wide active living and healthy eating initiative. The goal of the initiative is to reduce obesity in children age 19 and younger in Cass and Clay counties by 20% by 2020.

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- Actively participate in community initiatives to address wellness, fitness and health living.

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- Full integration of behavioral health services or access to behavioral health outreach in all clinic sites
- Complete presentation of outcomes of first three years of integrated behavioral health services
- Present recommendations for design of new spaces from the design team for the inpatient psychiatric unit and partial hospitalization and clinic space
- Participate in a leadership role with the Fargo Moorhead Mental Health Strategic Planning Collaborative



CAMP FUEL

Sanford Health is helping youth ages 9 to 12 decode myths and media messages about body image and learn to make healthful choices about nutrition and physical activity.

Camp Fuel is a week-long day camp developed by the National Institute of Child Health and Human Development to help young people understand how their bodies use the “fuel” they eat and burn so they develop a positive image and maintain healthy behaviors that carry over into their teen and adult years.

With more young people spending time in front of the television or computer screen and obesity rates rising, developing media-smart youth who are empowered to make healthful choices is a powerful tool for the future.

Camp Fuel is fun and interactive with many activities that range from swimming and biking, to tie-dying T-shirts, field trips to farms, kitchens and grocery stores, games, healthy snacks and development of a public service announcement with a local television station that will air in the community throughout the year.



Sanford Bemidji Medical Center

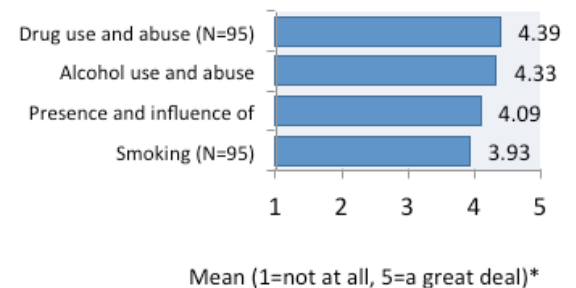
At Sanford Bemidji Medical Center, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1947, we have been proud to serve the Bemidji community.

Key findings from the community health needs assessment:

In Minnesota, Beltrami and Clearwater counties have a higher rate of obesity than the national benchmark, and a higher percentage of adult smokers. Minnesota, Beltrami and Clearwater counties report more mentally unhealthy days and binge drinking is much higher than the national benchmark. Motor vehicle deaths are nearly twice the national benchmark in Beltrami and Clearwater counties.

Sexually transmitted infections and teen birth rates rank substantially higher than the national benchmark for Minnesota, Beltrami and Clearwater counties.

Level of concern about the community regarding safety:



Strategy Development

Analysis of the data and asset mapping to identify community resources that are addressing the assessed needs led to a gap analysis. The unmet needs that remain include mental health services and physical health services specific to obesity.

Sanford Bemidji Medical Center will leverage the enterprise implementation strategy, including resources from the Sanford One Mind strategic initiative.

Implementation Strategy: Mental Health

- Full integration of behavioral health services or access to behavioral health outreach in all clinic sites in the Bemidji region

- Complete presentation of outcomes from the first three years of integrated behavioral health services
- Implement integrated behavioral health into new clinics
- Completion of American Indian behavioral health services for the Bemidji region
- Develop behavioral health programming for hospital patients, particularly in the emergency, medical and intensive care units, in collaboration with existing community-based behavioral health providers

Implementation Strategy: Obesity

- Develop a comprehensive weight management program within the Bemidji region using an interdisciplinary team inclusive of medical, nutrition, behavioral health and fitness professionals, as well as weight loss surgery services
- Implement Sanford Profile weight management program within the Bemidji Region
- Actively participate with community wellness, fitness and healthy living entities to promote and support fitness and active living



SANFORD ONE MIND

Sanford has launched a seven-year strategic plan to transform the delivery of behavioral health care across the enterprise. Integrated behavioral health is an opportunity to create one of the greatest impacts on health care delivery and is the very essence of Sanford One Mind.

The development of fully integrated, expanded and enhanced primary and specialty care teams will include psychiatrists, psychologists, health coaches, clinic flow managers and clinical social workers. They will function as integrated health triage therapists, all working together with the primary care physicians and advanced practice providers, clinic nurses, other health care team members.

Level of concern regarding physical health:





Sanford Bismarck Medical Center

At Sanford Bismarck Medical Center, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 2000, we have been proud to serve the Bismarck community.

Key findings from the community health needs assessment:

There is a higher percentage of low birth weight babies in Burleigh County than the national benchmark. Binge drinking is more than twice the national benchmark (8%) for Burleigh County (18%). Sexually transmitted infections are extremely high in Burleigh County at 341/100,000 population compared to the national benchmark at 84/100,000. Diabetic screenings lag slightly below the national benchmark of 89% in Burleigh County with a rate at 87%. The adult obesity rate in Burleigh County is 25% which is the same as the national benchmark, however the community level of concern is very high for the rising rates of obesity as it relates to chronic diseases such as diabetes and heart disease.

MEETING THE NEEDS:

After analysis of the data and asset mapping to identify community resources that are addressing the needs, it was apparent that the health care community could best approach chronic disease and the rising rates of obesity by developing an implementation strategy to address primary prevention for pediatric obesity. The following implementation strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy: Pediatric Obesity

- Actively participate with community wellness, fitness and healthy living entities to promote and support fitness and active living by sponsoring walking, screening and educational programs
- Initiate a youth-specific running program
 - Pursue establishing Girls on the Run chapter for community members (GOTR seeks to inspire at-risk school-age girls to be joyful, healthy and confident via an experience-based curriculum which creatively integrates running)

- Partner with community efforts to address pediatric obesity including, but not limited to, YMCA Fit Kids, Go! Bismarck/Mandan and Bismarck-Burleigh Public Health’s BodyWorks and Healthy Kids/Healthy Weight programs
- Leverage the Sanford WebMD Fit program to parents and children throughout the local school system
- Offer healthy eating and active living classes via Sanford Bismarck’s Doc Talk education series

Implementation Strategy: Diabetes

- Increase pre-diabetes education and outreach activities
 - Partner with N.D. Diabetes Control Project to initiate comprehensive pre-diabetes behavior modification class
 - Offer weekly “Diabetes 101” classes to improve timely delivery of diabetes education for newly diagnosed patients
 - Increase pre-diabetes awareness via health fairs, Doc Talk education series and newspaper articles
- Actively participate with community wellness, fitness and healthy living entities to promote and support fitness and active living by sponsoring walking, screening and educational programs
- Partner with mental health services to offer depression screenings and support services to patients with diabetes
- Offer monthly diabetes education classes to community members diagnosed with diabetes

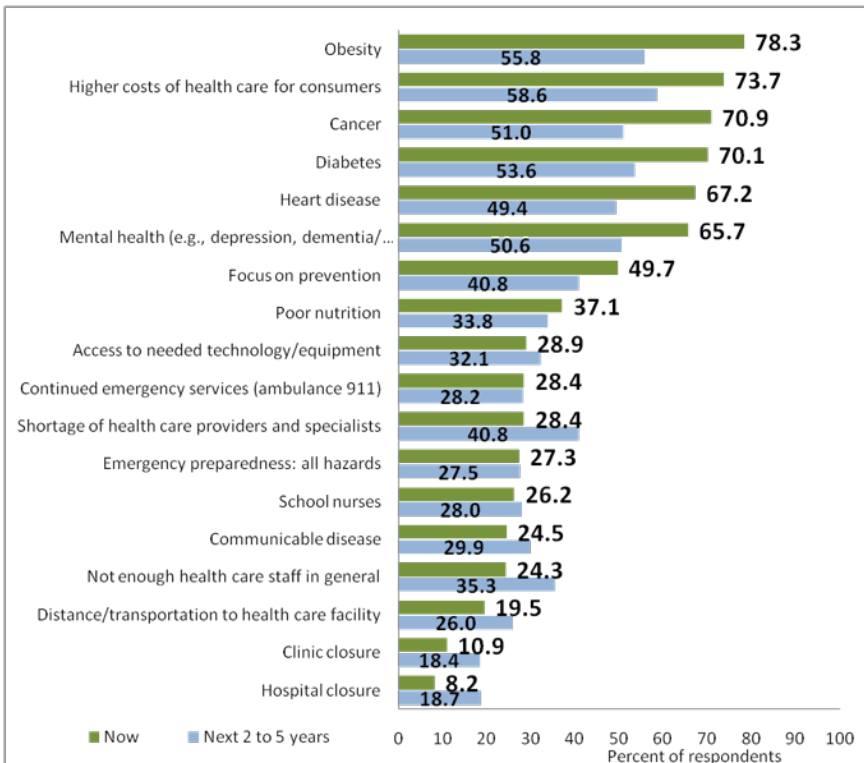


DIABETES CARE IN BISMARCK

Sanford Diabetes clinics and centers are dedicated to empowering people with diabetes to feel better and prevent long-term complications. They offer assessment, care and personalized education to give patients and their families the tools they need to manage diabetes while living well. Endocrinologists, certified diabetes dietitians and nurses provide diagnosis, assessment, one-on-one education and instruction.

Sanford Bismarck is working in partnership with the North Dakota Department of Health in a new strategy to initiate comprehensive a pre-diabetes behavior modification class. The class is designed specifically for people who do not have diabetes but have been flagged to be at very high risk based upon screening results, family history and lifestyle. The class is led via a partnership of Sanford diabetes educators and Department of Health staff and features education materials tailored to this target audience.

Level of concern with major health issues:





**HEART CARE
CLOSE TO HOME**

Having advanced heart care close to home is a huge advantage for patients in Aberdeen. The new Sanford Aberdeen Medical Center offers innovative heart care that includes a state-of-the-art cath lab and two board-certified interventional cardiologists.

Through a generous donation from the Helmsley Charitable Trust, Sanford Aberdeen was recently able to install a robotic-assisted cath system. This new technology helps physicians provide enhanced patient care and ensures that fewer people need to travel out of the area for care. There is also a telepresence between Aberdeen and Sioux Falls, allowing cardiologists an immediate connection to their colleagues during cath lab procedures.

With heart disease as one of the leading causes of death for men and women in South Dakota, timely access to emergency cardiac care and survival is partly dependent on access to services and technology. Providing services in Aberdeen is a great example of Sanford Health's commitment to this region.

**Sanford Aberdeen
Medical Center**

At Sanford Health in Aberdeen, SD, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1947, we've been proud to be part of the Aberdeen community.

Key findings from the community health needs assessment:

The five leading concerns in Aberdeen include: cost of healthcare, wages, housing, cost of living and cost of elderly care. The leading health and wellness costs include the cost of health insurance, the cost of health care, the adequacy of health insurance, the cost of medicine and obesity.

Brown County rates above the national benchmark (15%) for smoking at 19% of the population. Adult obesity is at 30% vs. the national benchmark of 25%. Binge drinking is alarmingly high in Brown County at 20% compared to the national benchmark of 8%. Sexually transmitted infections are extremely high at 224.7/100,000 compared to the national benchmark of 83/100,000. Teen births also fall above the national benchmark.



MEETING THE NEEDS:

Obesity is a co-morbidity of many chronic diseases including heart disease. Sanford Aberdeen will participate in the enterprise-wide implementation strategy to address obesity and has set two facility-specific implementation strategies to meet the needs of the community.

**Implementation Strategy:
Bariatric Services**

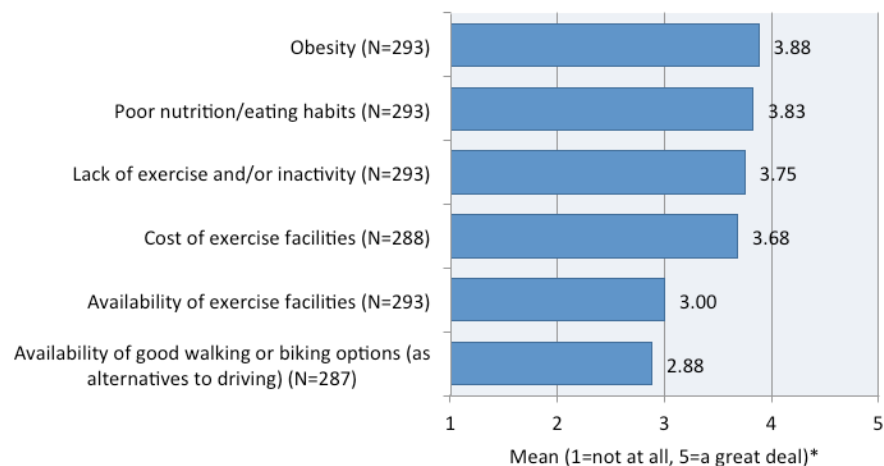
- Establish a Sanford Aberdeen-based Bariatric Services accredited program

Sanford Aberdeen will participate in the enterprise implementation strategy for mental health services through Sanford One Mind and has additionally set the following strategy to immediately execute services for behavioral health needs in the community.

**Implementation Strategy:
Mental Health Services**

- Establish adolescent and adult mental health telemedicine services from Sanford Aberdeen to Sanford USD Medical Center in Sioux Falls

Level of concern regarding physical health:



Sanford Chamberlain Medical Center



At Sanford Health in Chamberlain, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1907, we've been proud to be part of the Chamberlain community.

Key findings from the community health needs assessment:

Key stakeholders in the Chamberlain footprint are concerned about the cost of health insurance and health care, cancer, drug abuse, the cost of prescription drugs, chronic disease, alcohol use and abuse, obesity and the availability of doctors and specialty care. Brule (7,911), Buffalo (18,997) and Lyman (11,358) counties, the three counties served by Sanford Chamberlain, have a higher rate of premature deaths than the national benchmark (5,564). Buffalo (49%) and Lyman (28%) have a higher rate of adult smokers than the national benchmark (15%). Adult obesity is much higher in Buffalo (39%) county and Lyman County (33%) than the national benchmark (25%). South Dakota (19%), Brule (13%), Buffalo (35%) and Lyman (21%) counties have much higher percentages of excessive drinking than the national benchmark (8%). The teen birth rate in South Dakota (38.7), Buffalo (135)

and Lyman (83.8) counties is higher than the national benchmark. Brule County (23.2) is below the national (22) and state benchmarks for teen births.

MEETING THE NEEDS:

After analysis of the data and asset mapping to identify community resources that are addressing the needs, it was apparent that while continuing to meet the needs in the community, Sanford Chamberlain would place additional emphasis on Urgent Care/access to providers and on mental health/substance abuse. The following implementation strategies will address these unmet needs.

Implementation Strategy: Urgent Care/Access to Providers

- Provide expanded hours for traditional and walk-in clinic services
- Educate customers about available clinic services

Implementation Strategy: Mental Health/Substance Abuse

- Fully implement mental health strategies in coordination with Sanford One Mind – including psychiatrist and behavioral health support professionals
- Utilize internal resources already available through on staff social workers

HEALTH COACHES

Sanford Chamberlain strives to meet the needs of community members through the services of a health coach. The health coach works one-on-one with patients, focusing on chronic illness and helping them achieve wellness goals and improve self management of their disease. Patients may be referred by providers (identified through registries) and/or elect for a 30 minute to 1 hour health coach visit. Patients usually see the health coach once a week to once every two weeks and check in via phone in between visits to track progress. The areas that the health coach focuses on include diabetes, congestive heart failure, weight loss and hypertension. He or she also assists with medication management, transportation and supply assistance.

Mortality:

Health Outcomes	Definition	National Benchmark	State Benchmark	Brule County	Buffalo County	Lyman County
Premature death	Years of potential life lost before age 75 per 100,000 (age-adjusted), 2005-2007	5,564	6,815	7,911	18,997	11,358
Adult smoking	Percent of adults who currently smoke and have smoked at least 100 cigarettes in their lifetime, 2003-2009	15%	20%	15%	49%	28%
Adult obesity	Percent of adults that report a body mass index (BMI) of at least 30 kg/m2, 2008	25%	25%	29%	39%	33%
Excessive drinking	Percent of adults reporting binge drinking and heavy drinking, (consuming >4 for women and >5 for men on a single occasion) 2003-2009	8%	19%	13%	36%	25%
Teen birth rate	Number of teen births per 100,000 females ages 15-19, 2001-2007	22.0	22.0	23.2	137.8	83.8



WEIGHT MANAGEMENT

The Profile Plan by Sanford is a comprehensive, integrated weight management program tailored specifically to individuals. A clinical and scientific advisory board comprised of 10 Sanford physicians and researchers oversaw the development of the Profile system.

The Profile system utilizes meal-replacement products, nutritionally complete food and qualified health coaches. In addition to members consuming both Profile-produced and grocery-store food, coaches develop customized plans for their clients and offer advice on nutrition, exercise and behavior. In addition to face-to-face meetings, coaches are able to efficiently track members' progress through the use of smart wireless technology. Each member is outfitted with wireless devices to measure progress, including tools to track body weight and measurement, blood pressure and step count and intensity (exercise). These devices automatically upload to a secure server, where members and coaches can monitor improvement on the web or mobile applications. Printed options are also available to members.

Sanford Bagley Medical Center

At Sanford Health in Bagley, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 2012, we've been proud to be part of the Bagley community.

Key findings from the community health needs assessment:

Key community stakeholders were most concerned about substance abuse, child abuse and neglect, property crimes and domestic violence, the cost and availability of services for the elderly and resources to meet the aging population, issues regarding youth (e.g., teen pregnancy, bullying, and truancy), child care, and changes in the family composition.

Stakeholders were also concerned about the costs associated with health insurance, health care, use of emergency services for primary care, adequacy of health insurance (e.g., amount of co-pays & deductibles, consistency of coverage), the cost of prescription drugs, physical health issues - particularly obesity, poor nutrition and eating habits, and inactivity or lack of exercise, as well as chronic disease (e.g., diabetes, health disease, multiple sclerosis) cancer and depression, economic issues related to poverty, low wages, the cost of health care, and substance use and abuse.

Minnesota (19%) and Beltrami County (32%) have higher percentages of adult smokers than the national average (15%). Adult obesity is also higher in Minnesota (26%), and in Beltrami (29%) and Clearwater counties (28%) than the national benchmark (25%). Beltrami



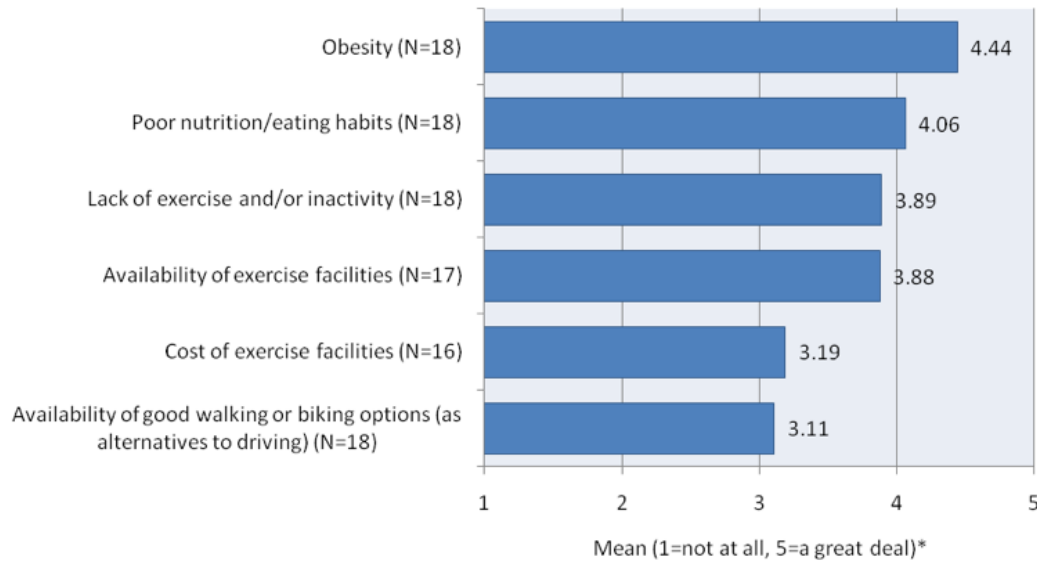
County (19%) and Minnesota (17%) have a lower percentage of physical inactivity than the national benchmark (20%), while Clearwater County sits at the same level as the national benchmark.

Minnesota (20%) and Beltrami County (22%) have substantially higher percentages vs. the national rate of binge drinking reports than the national benchmark (8%). Minnesota (12.9/100,000) is near the national benchmark for motor vehicle deaths; however, Beltrami (29.2) County has more than twice the national benchmark (12.0). There was not data available for Clearwater County regarding the motor vehicle crash death rate.

Sexually transmitted infections rank substantially higher than the national average (83.0/100,000) for Minnesota (276.1), Beltrami (344.5) and Clearwater counties (157.6). The teen birth rate is also substantially higher in Minnesota (27.5), Beltrami County (51) and Clearwater County (46.1) than the national benchmark (22/100,000).

Diabetic screenings in Minnesota (88%) are slightly lower than the national benchmark (89%) and are significantly lower than the national benchmark in Beltrami (71%) and Clearwater counties (82%). Clearwater County (76%) ranks higher than the national benchmark (74%) for mammography screenings, while Minnesota (73%) is slightly under the national benchmark and Beltrami County (66%) is significantly lower.

Level of concern regarding physical health:



MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on preventive services for obesity. The following implementation strategy was developed to meet the greatest health concerns of the community.

- Continue promoting and increasing participation in the Silver Sneakers program to motivate Medicare eligible customers
- Implement Sanford Profile weight management program within the Bagley Region
- Actively participate with community wellness, fitness and healthy living entities to promote and support fitness and active living by sponsoring walking, screening and educational programs

Implementation Strategy: Obesity

- Participate in the Sanford Enterprise Implementation Strategy for Obesity
- Participate and help develop a comprehensive weight management program within the Bagley & Bemidji regions using an interdisciplinary team inclusive of medical, nutrition, behavioral health and fitness professionals, as well as helping our appropriate patients gain access to weight loss surgery services



MEDICAL HOME AVAILABLE IN CANBY

Medical Home is an innovative approach to care available at Sanford. The program focuses on the whole patient, not just one aspect. This is especially important for patients with chronic illness, multiple illnesses, unstable or newly diagnosed illnesses because they receive coordinated care from multiple specialists, services and therapists. Medical Home brings the entire picture together.

A typical Medical Home team includes the patient, family members, an RN Health Coach, the primary care doctor and other health professionals as needed. Together, a plan is developed to help manage and organize care. The RN Coach is the conduit that connects the patient with helpful services, agencies and resources in the community. Medical Home results in high quality, well-coordinated care that fits individual needs.

Sanford Canby Medical Center

At Sanford Health in Canby, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since the early 1900s, we've been proud to be part of the Canby community.

Key findings from the community health needs assessment:

There is a high amount of concern among key stakeholders about the costs associated with health insurance, health care, availability of prevention programs and services, and prescription drugs. Stakeholders were also concerned about physical health issues, particularly obesity, poor nutrition and eating habits, inactivity or lack of exercise, chronic disease (e.g., diabetes, heart disease, multiple sclerosis), cancer, stress, depression and substance abuse.

Yellow Medicine County has more premature deaths than the Minnesota and national benchmarks. Minnesota citizens self-report more days of poor health than the national benchmark; however, Yellow Medicine County reports slightly higher poor health, and more mentally unhealthy days than the national benchmark. Yellow Medicine County has a higher rate for mentally unhealthy days than Minnesota and the national benchmark, and adult obesity is also higher in Yellow Medicine County (2%) than the national benchmark (25%).

Motor vehicle crash death rates are significantly higher than the national benchmark (12.0) in Yellow Medicine County at 31.1%. Sexually transmitted infections rank substantially higher than the national benchmark (83.0) for Minnesota (276.1), and for Yellow Medicine County (100.4). The teen birth rate is higher in Minnesota (27.5)



and Yellow Medicine County (26.1) than the national benchmark (22.0).

MEETING THE NEEDS:

Sanford Canby is committed to working to address the needs of the community specifically through implementations strategies for obesity and oncology services and outreach. One of the critical ways to address chronic disease and obesity is through the Medical Home. Medical Home providers will have many resources for patient referral, including nutrition experts and fitness facilities to offer prevention and management of obesity.

Implementation Strategy: Develop Formal Program to Address Obesity Issues

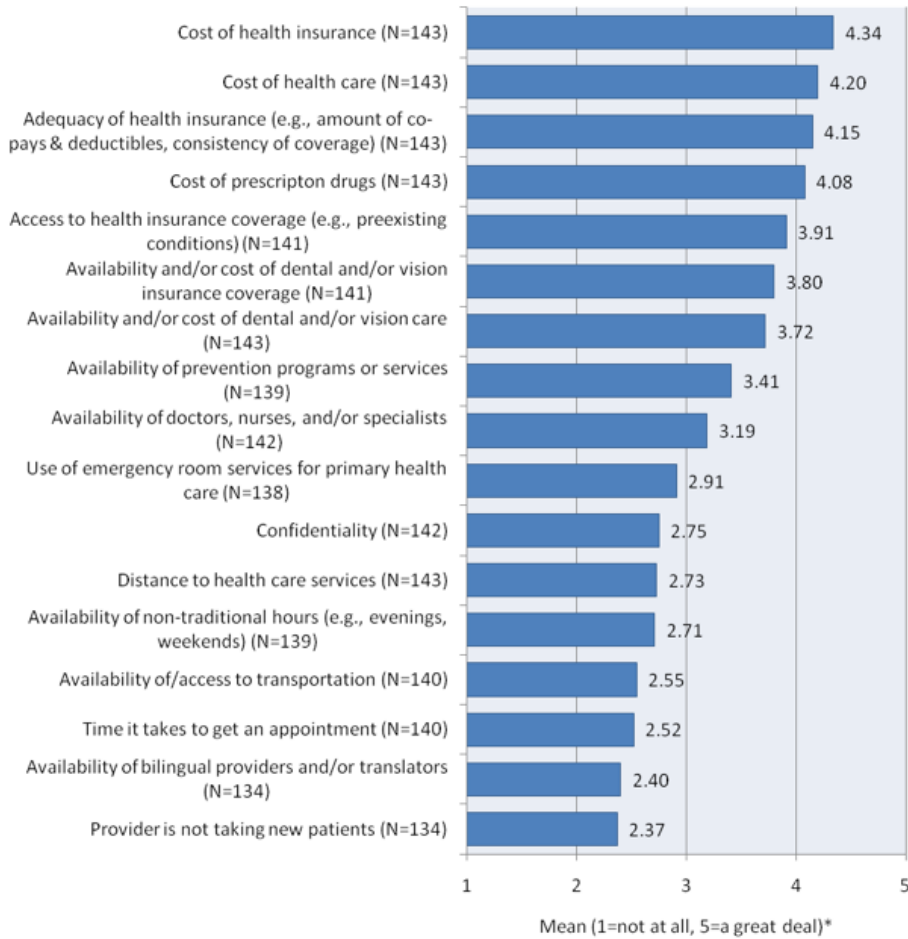
- Appoint overall planning committee to execute program goals
- Increase physical activity in various settings within the community
- Improvement in dietary behaviors of the community through the use of multiple resources
- Support the community obesity issues through the use of social and behavioral approaches

Sanford Canby is working to meet the needs of the community through oncology outreach and services that can be offered within the community. Based on the high concerns that stakeholders expressed during the assessment process, Sanford has responded with the following strategies.

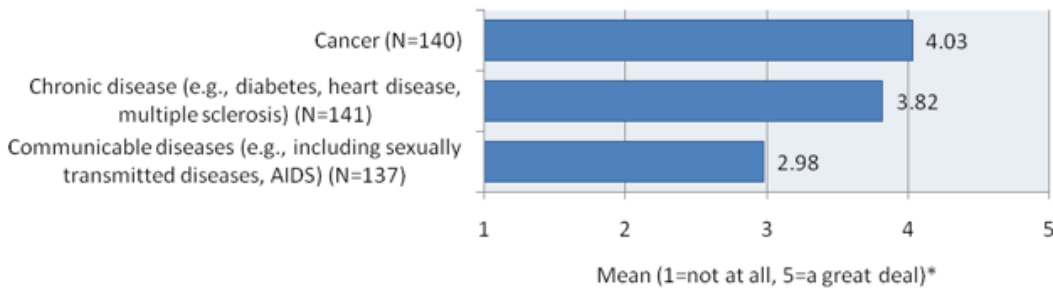
Implementation Strategy: Provide Local Oncology Services Through Outreach

- Enhance current telemedicine capabilities/frequency in conjunction with onsite oncologist presence
- Provide local additional chemotherapy services

Level of concern with statements about the community regarding access to health care:



Level of concern with statements about the community regarding illness:





CANTON-INWOOD REACHES OUT TO THE COMMUNITY

Community involvement is an important aspect of meeting the health and wellness needs of the people in Canton-Inwood.

- **Classes:** A woman’s heart-healthy cooking event was first held in February 2013. A wide range of topics are planned for presentation on a quarterly basis.
- **Health Fairs:** One of the largest outreach projects, the Sanford Canton-Inwood Health Fair and Community Expo was held in March 2013, reaching over 500 people with speakers, screenings, resources and education for people of all ages.
- **Sponsorships:** Sanford Canton-Inwood supports and is involved with several community activities and groups like elementary-aged soccer programs, bike rodeos and cancer awareness events.
- **Education:** Sanford staff provides CPR classes, school presentations, diabetes support groups, etc. Periodically, educational articles are published in our local newspapers.

**Sanford
Canton-Inwood
Medical Center**

At Sanford Health in Canton, SD/ Inwood, IA, we combine a tradition of transforming healthcare with ensuring that every community member has access to the highest quality care and services close to home. Since 1949, we’ve been proud to be part of the Canton-Inwood community.

Key findings from the community health needs assessment:

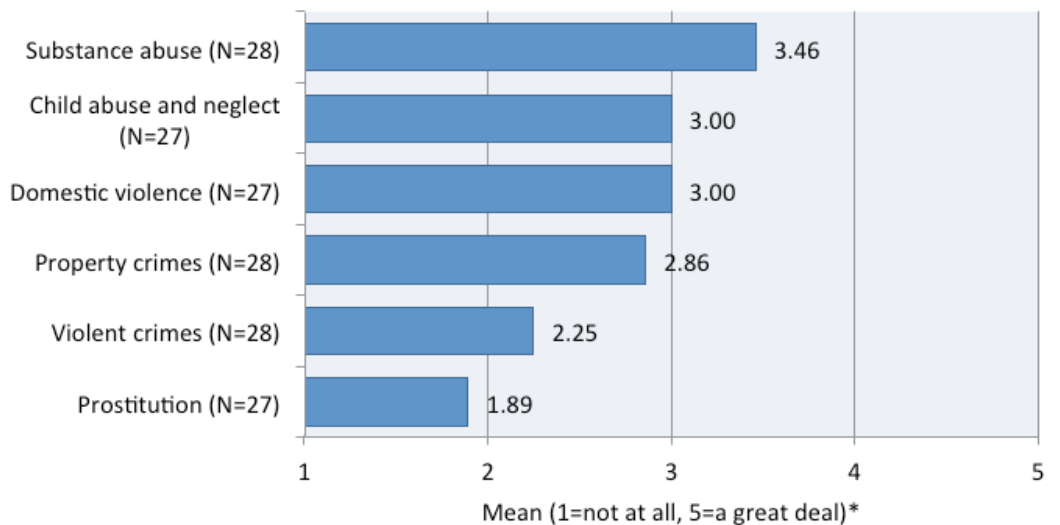
The key health and wellness concerns among the Canton-Inwood stakeholders are the cost of health care, insurance and prescription drugs, chronic disease, stress and depression. Lyon County has a higher rate of adult smokers (21%) than the national benchmark (15%), and a higher rate of obesity (27%) compared to the national benchmark (25%), more physical inactivity (35%) compared to the benchmark (20%) and a much higher rate of binge drinking (17%) compared to the national benchmark (8%).



MEETING THE NEEDS:

Sanford is providing many resources to meet the community health needs in Canton-Inwood. Work will continue to address the identified unmet needs and the implementations strategies that are prioritized for special focus includes obesity in children and a focus on the cost of health care. Sanford has developed an enterprise implementation strategy to meet the need for obesity prevention and treatment and Canton-Inwood will incorporate those strategies as well as build on additional community strategies that complement the enterprise plan.

Level of concern with statements about the community regarding safety concerns:



**Implementation Strategy:
Containing Costs From
High Utilization**

- Public and media outreach to demonstrate how preventive medicine improves patient health and reduces medical bills
- Engage Sanford Patient Financial Services to educate patients on financial assistance options
- Offer flexible financial options or discounts for physical exams and other preventive office visits

**Implementation Strategy:
Obesity in Children**

- Promote Sanford WebMD FitKids website in local schools
- Brainstorm ideas to sponsor an awareness day/week at the schools that promote exercise along with healthy eating habits
- Offer local Sanford Canton-Inwood rehab therapist or health coach/athletic trainer to give presentations at schools
- Sponsor classes on healthy eating in Canton and Inwood for parents and/or children to provide awareness
- Host a bike-a-thon for elementary school-aged children to raise awareness about the importance of being active
- Incorporate education about nutrition and healthy eating habits at the annual health fair



YOUTH ATHLETIC HEART SCREENINGS

Sanford Clear Lake Medical Center is offering a life-saving gift to the community – free heart screenings for youth in grades 6-12 at Deuel Schools. The screenings check for heart abnormalities that can be life-threatening but often go undetected. Incidents of kids dying from undetected hypertrophic cardiomyopathy and a community health needs assessment survey both pointed out that heart screenings for youth were important.

The program was made possible through Sanford Clear Lake Medical Center and donations from the community. There is a possibility of screening 257 students at Deuel schools, and to date, 102 kids have been screened. Parents give consent, and the tests take place right at the school. The non-invasive tests use high-tech diagnostic equipment and trained technicians to determine the heart health of each child. Screenings includes an EKG, a limited echocardiogram, and a lab test to check lipid disorders and are free of charge.

Sanford Clear Lake Medical Center

At Sanford Health in Clear Lake, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1949, we've been proud to be part of the Clear Lake community.

Key findings from the community health needs assessment:

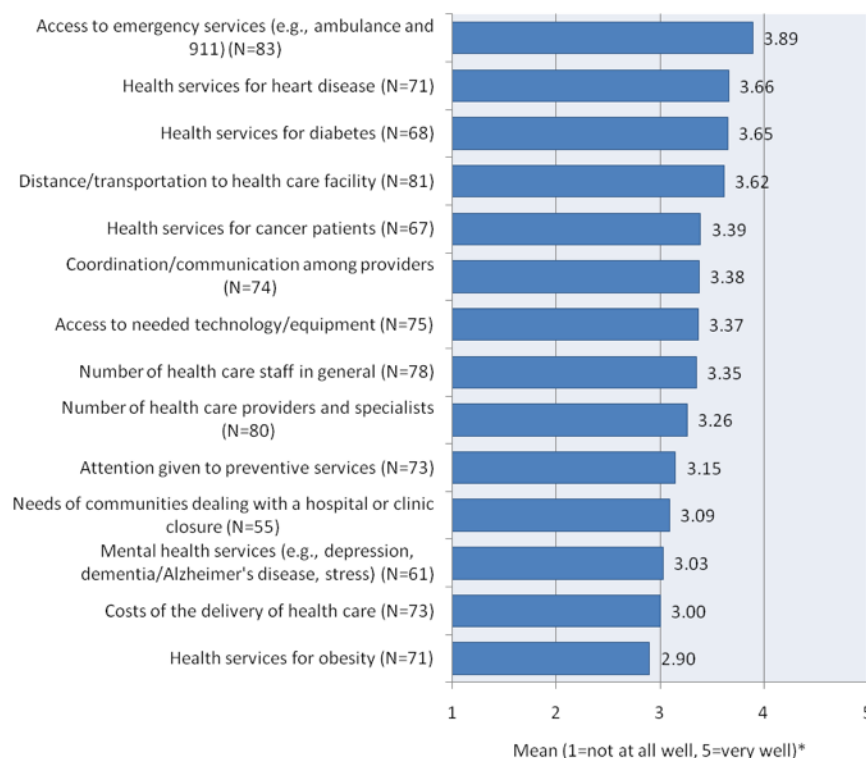
Community stakeholders expressed concerns about the physical health and mental health of those in our community. The highest concerns included depression, mental health services, cancer, chronic diseases, obesity and the lack of exercise and inactivity, poor nutrition/eating habits, the availability of exercise facilities, cost of exercise facilities and the availability of a good walking/bike route.



Concerns for youth include teen alcohol and drug use and also the lack of activities for youth outside of school activities. Community stakeholders expressed a desire for heart screenings for community youth for early detection of heart diseases or heart complications. Deuel County (22%) and South Dakota (19%) have a significantly higher percentage in excessive drinking than does the national benchmark.

Diabetic screenings in Deuel County (93%) are higher than the national benchmark but South Dakota (83%) has lower numbers than the national benchmark (89%). South Dakota has a lower percentage of mammograms (68%) than the national benchmark (74%), but Deuel County (92%) has higher percentages than the national benchmark.

Level of concerns for health care services in the community:



MEETING THE NEEDS:

Sanford Clear Lake is meeting the community health needs in many ways. One unique strategy is to meet the request of community stakeholders by administering screenings of community youth for heart disease. In collaboration with the local community, Sanford Clear Lake is providing cardiovascular screenings to all youth free of charge.

Implementation Strategy:

Youth/Athletic

Cardiovascular Screenings

- Complete community education presentations on youth heart screenings
- Arrange for all students in grades 6-12 at Deuel School in Clear Lake to complete a heart screening
- Arrange for the incoming 6th grade class to have heart screenings done with school sign-up
- Complete fundraising efforts to cover the costs of all youth heart screenings

Sanford Clear Lake is meeting the community needs to improve chronic disease and primary prevention of obesity by participating in the Sanford enterprise obesity implementation strategy. Additional strategies to compliment the enterprise work addresses the utilization and availability of the local community resources through the following.

Implementation Strategy:

Obesity

- Complete BMI on all students in grade 6-12 in Deuel School in Clear Lake
- Identify all students with BMI higher than “normal” range and do one-to-one counseling with the nurse educator on healthy food/meal choices
- Promote local wellness center services
- Engage local professionals to complete and publish the results of a youth obesity project



**SHARED SERVICES
BRING QUALITY CARE TO
RURAL HOSPITALS**

Sanford facilities in Northwood, Mayville and Hillsboro have partnered to bring physical therapy, occupational therapy and now speech pathology to the local community. These services met a critical need in the community, especially among nursing home patients who have suffered strokes and have other health conditions.

Sanford Hillsboro Medical Center

At Sanford Health in Hillsboro, ND, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. We are proud to serve the Hillsboro community.

Key findings from the community health needs assessment:

Key community stakeholders were most concerned about the cost and availability of child care and elder care, bullying and substance abuse, the availability and/or cost of dental and vision care, the cost of prescription drugs, the adequacy of health insurance (i.e., amount of co-pays and deductibles) and access to health insurance coverage (e.g., pre-existing conditions), stress and the availability of services and providers addressing mental health issues.

Stakeholders were also concerned about physical health issues, particularly obesity, poor nutrition and eating habits, and inactivity or lack of exercise, chronic disease (e.g., diabetes, health disease, and multiple sclerosis), resources to meet the needs of the aging population, activities for youth and availability of services for families.

North Dakota has a higher percentage of adult smokers (20% vs. 15%) than the national average. Traill County is lower than the national average with only 13% of adult smoking vs. 15% nationwide. Adult obesity is also higher in North Dakota (28%) and in Traill County (29%) than the national benchmark (25%).

North Dakota (25%) and Traill County (28%) have a higher percentage of physical inactivity than the national

Hillsboro, ND



benchmark (20%). North Dakota (22%) and Traill County (17%) have a higher percentage of binge drinking reports than the national benchmark (8%).

Motor vehicle crash death rates are higher than the national benchmark (12.9) in North Dakota (18.5); however, data was not available for this indicator for Traill County.

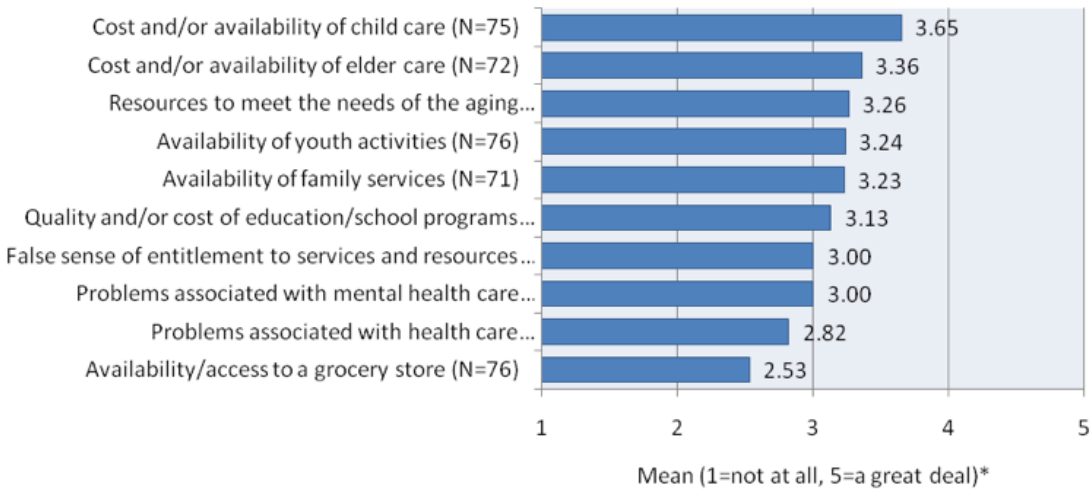
Sexually transmitted infections rank substantially higher than the national average (83.0) for North Dakota (300.3), and for Traill County (166.2).

Diabetic screenings in North Dakota are (85%) slightly lower than the national benchmark (89%). The rate of diabetic screenings is also lower in Traill County (83%) than the national benchmark, and Traill County (77%) ranks higher than the national benchmark (74%) for mammography screenings, while North Dakota (72%) ranks under the national benchmark.

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on mental health services, exploration of the day care needs, and services for the elderly. Sanford Hillsboro will implement the enterprise implementation strategies to address obesity and mental health and additionally will implement the following strategies to meet the greatest health concerns of the community.

Level of concern with statements about the community regarding services and resources:



Implementation Strategy:

Mental Health Services

- Educate the public about the availability of existing mental health services through public outreach and distribution of an updated services directory

Implementation Strategy:

Services for the Elderly

Print and distribute an updated directory to populations in need of services

Implementation Strategy:

Day Care

- Further study to determine specific needs
- Collaborate with community partners to resource and locate facility to meet day-care service needs
- Establish an ongoing process to monitor needs and services



SANFORD JACKSON HELPS YOUTH PURSUE INTERESTS IN HEALTH CAREERS

Keeping quality health care close to home has always been a priority at Sanford Jackson Medical Center. Because medical centers depend on qualified medical personnel, Sanford Jackson is focused on creating experience opportunities for youth interested in health careers. It started as a collaboration with the Minnesota Area Health Education Center (AHEC) to determine what programs might be beneficial to youth in Jackson County. Working with Minnesota West Community & Technical College in Luverne, Sanford Jackson began hosting radiology technology students in June 2012, with five students participating. That program is now expanding to include students from Northwest Iowa Community College in Sheldon, Iowa. Shadow opportunities expose interested high school students to professionals such as nurse practitioners, physician assistants and radiology technologists. Sanford Jackson is currently exploring opportunities to partner with Jackson County Central Schools for career days and career planning education.

Sanford Jackson Medical Center

At Sanford Health in Jackson, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1961, we've been proud to be part of the Jackson community.

Key findings from the community health needs assessment:

Key community stakeholders expressed a high level of concern for the youth of the community specifically related to bullying, changes in family composition (e.g., divorce, single parenting), and substance abuse.

Respondents were most concerned about the costs associated with health insurance, costs of prescription drugs, and adequacy of health insurance. Other concerns included the cost of health care, availability and/or cost of dental and/or vision insurance coverage, and availability of doctors/nurses and/or specialists. Drug use and abuse along with physical health issues, particularly obesity and chronic disease (e.g., diabetes, heart disease, and multiple sclerosis), are also concerns.

Jackson (7%) and Cottonwood (6.2%) counties have a higher percentage of low birth weight than the national benchmark (6%). Minnesota (19%) and Jackson County (16%) have higher percentages of adult smokers than the national average. Adult obesity is also higher in Minnesota (26%), Jackson (28%) and Cottonwood counties (28%). The national benchmark for obesity is 25%. Minnesota (20%), Jackson County (13%) and Cottonwood County (12%) all have a higher percentage



of binge drinking reports than the national benchmark (8%).

Sexually transmitted infections rank substantially higher than the national average for Minnesota (276.1/100,000 population) and Jackson County (111.8/1000, 000 population). The teen birth rate is higher than the national benchmark (22.0) in Minnesota (27.5) and Cottonwood County (26.4), but is lower in Jackson County (17.8).

Diabetic screenings in Minnesota (88%) and in Jackson County (85%) are lower than the national benchmark (89%). The rate of diabetic screenings is higher in Cottonwood County (92%) than the national benchmark. Cottonwood County (79%) ranks higher than the national benchmark (74%) for mammography screenings, while both Minnesota (74%) and Jackson County (68%) are under the national benchmark.

MEETING THE NEEDS:

Several unmet needs were identified through a formal community health needs assessment, resource mapping and prioritization process for Sanford Jackson. The following strategies will be implemented to meet those needs.

Implementation Strategy: Dental services for youth

- Develop state and local partnerships to expand dental services available locally

Clinical Care for Jackson and Cottonwood Counties:

		National Benchmark	MN	Jackson MN	Cottonwood MN
Uninsured adults	Percent of adult population ages 18-64 without health insurance, 2007	13%	11%	14%	13%
Uninsured youth	Percent of youth ages 0-18 without health insurance.	7%	6%	8%	7%
Primary Care Physicians	Ratio of population to primary care physicians, 2008	631:1	636:1	-	591:1
Mental Health Providers	Ratio of total population to mental health providers, 2008	2,242:1	1,306:1	5,410:1	5,616:1
Dentist rate	Number of professionally active dentists per 100,000 population, 2007	69.0	61.0	-	53.2
Preventable hospital stays	Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007	52.0	56.5	53.7	52.7
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening, 2006-2007	89%	88%	85%	92%
Mammography screening	Percent of female Medicare enrollees that receive mammography screening, 2006-2007	74%	73%	68%	79%

**Implementation Strategy:
Engage Youth in Health Careers
(Area Health Education Center,
AHEC)**

- Continue working with the Minnesota Area Health Education Center (AHEC) program office to determine programs that may be beneficial to youth in Jackson County
- Collaborate with local high school career counselor to improve understanding of available opportunities

**Implementation Strategy:
Sexually Transmitted Disease**

- Partner with schools to educate youth
- Train staff and conduct public outreach aimed at preventing sexually transmitted diseases



HEALTHY FOODS FOR AN ACTIVE COMMUNITY

Sanford Luverne has partnered with the area community leaders on CHIP (Community Health Improvement Program) initiatives to improve community health and decrease obesity.

Luverne has implemented a community garden project encouraging the growth of fresh produce. The community has a farmer's market every summer that sells locally grown fresh produce, and the hospital has added a salad bar and serves locally grown produce in season. In addition, all dietary information is posted on food items within the hospital cafeteria.

The health coach at Sanford Luverne has been working to impact healthy options with a weekly column in the local paper on food choices. Most recently all of our community partners have supported the Chambers efforts to bring the Main Street Harvest and Health Jam to Luverne. This first annual event will be held in September with music and healthy food options.

In addition to the focus on nutrition, there is also a focus on creating a more active community. The city recently put in sidewalks that extend from downtown to Hwy 75. This project will take its next steps this summer with a sidewalk on the opposite side of the street and the local rotary club is producing a pocket park for people to stop and rest near the Hwy 75/I-90 area. The Luverne community currently has a 6 mile biking/walking path and is developing plans to expand the trails to make a full loop around the community.

Sanford Luverne Medical Center

At Sanford Health in Luverne, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1945, we've been proud to be part of the Luverne community.

Key findings from the community health needs assessment:

Key community stakeholders were most concerned about the costs associated with health insurance, health care, prescription drugs, physical health issues – particularly obesity, poor nutrition and eating habits, and inactivity or lack of exercise. The adequacy of health and dental insurance (e.g., amount of co-pays and deductibles), access to health insurance coverage (e.g., pre-existing conditions), and availability of non-traditional hours (e.g., evenings and weekends), as well as the prevalence of cancer and chronic disease, substance abuse and mental health treatment and programs were also among the top health and wellness concerns.



Minnesota (19%) has higher percentages of adult smokers than the national average (15%). Adult obesity is also higher in Minnesota (26%) and Rock County (28%). Minnesota (17%) has a lower percentage of physical inactivity compared to the national benchmark (20%) and Rock County is the same as the national benchmark.

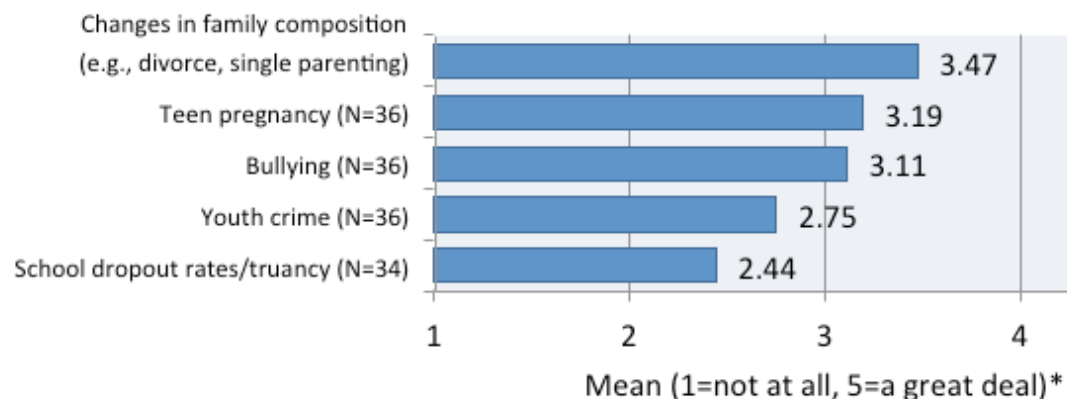
Minnesota (20%) and Rock County (11%) have a higher percentage of binge drinking reports than the national benchmark (8%). The teen birth rate is higher in Minnesota and Rock County than the national benchmark.

MEETING THE NEEDS:

After analysis of the data and asset mapping to determine the full extent of community resources that are addressing the identified needs, a gap analysis and a formal prioritization exercise was conducted. The following unmet needs were identified:

- After hours access/walk in clinic
- Increase knowledge and awareness of services available within the community

Level of concern with regard to youth:



Sanford Luverne Medical Center will participate in the enterprise wide implementation strategies to address obesity and mental health services and additionally will execute the following implementation strategies for the community.

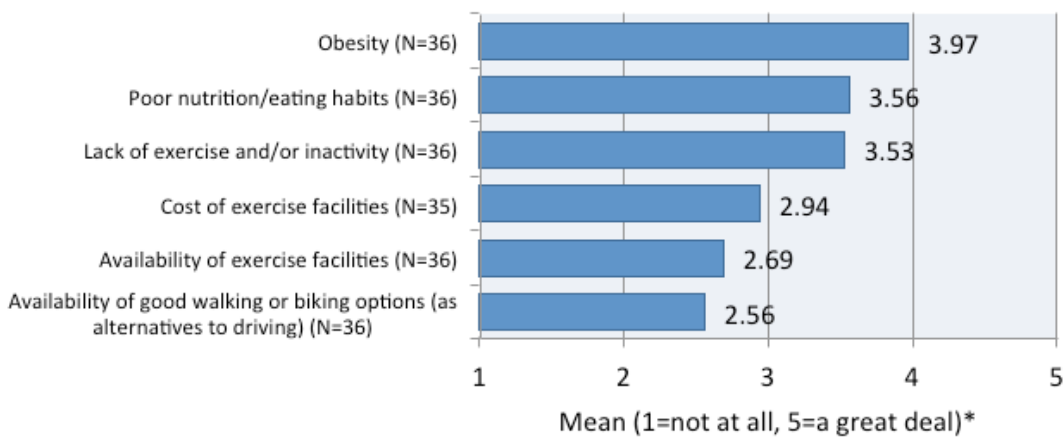
After Hours Access/Walk In Clinic

- Complete after hours volume analysis
- Complete proforma and business plan
- Sanford Health Network level review of proforma and business plan
- FY 14 budget developed to include initiative

Lack of Knowledge on Services Available Within the Community

- Develop Rock County Collaborative of key stakeholders
- Develop tool of available resources
- Design/print resource materials with Sanford Marketing
- Share resource tool with key community stakeholders/ access points to care

Level of concern about the community regarding physical health:





**MAYVILLE
SCRUBS CAMP**

Sanford Mayville Medical Center held its third annual Scrubs Camp in January 2013. This program is funded through the Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL Health) at the Center for Rural Health. Sixteen students from four area high schools participated in hands-on learning to introduce them to a variety of health careers.

Sanford Mayville Medical Center

At Sanford Health in Mayville, ND, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1984, we've been proud to be part of the Mayville community

Key findings from the community health needs assessment:

Key community stakeholders were most concerned about the cost and availability of child care and elder care, bullying and substance abuse, the availability and/or cost of dental and vision care, and the cost of prescription drugs, the adequacy of health insurance (i.e., amount of co-pays and deductibles) and access to health insurance coverage (e.g., pre-existing conditions), stress and the availability of services and providers addressing mental health issues.

Stakeholders were also concerned about physical health issues, particularly obesity, poor nutrition and eating habits, and inactivity or lack of exercise, chronic disease (e.g., diabetes,



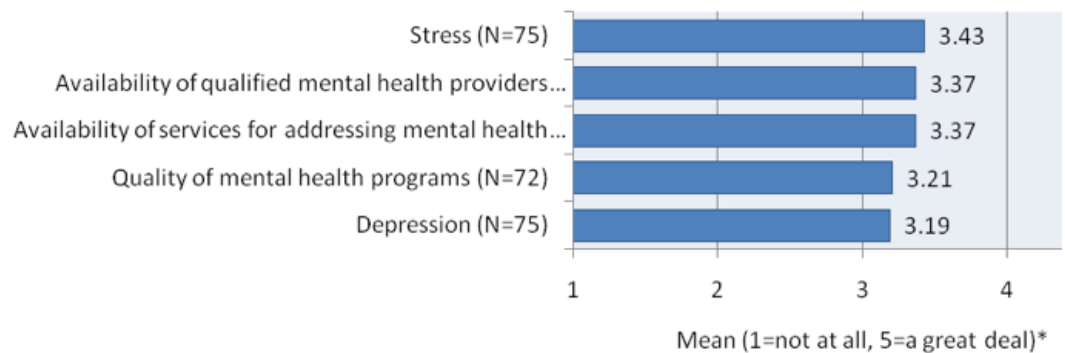
health disease, and multiple sclerosis), resources to meet the needs of the aging population, activities for youth and availability of services for families.

North Dakota has a higher percentage of adult smokers (20% vs. 15%) than the national average. Traill County is lower than the national average with only 13% of adult smoking vs. 15% nationwide. Adult obesity is also higher in North Dakota (28%) and in Traill County (29%) than the national benchmark (25%).

North Dakota (25%) and Traill County (28%) have a higher percentage of physical inactivity than the national benchmark (20%). North Dakota (22%) and Traill County (17%) have a higher percentage of binge drinking reports than the national benchmark (8%).

Motor vehicle crash death rates are higher than the national benchmark (12.9) in North Dakota (18.5); however, data was not available for this indicator for Traill County.

Level of concern about the community regarding mental health:



Sexually transmitted infections rank substantially higher than the national average (83.0) for North Dakota (300.3), and for Traill County (166.2). Diabetic screenings in North Dakota are (85%) slightly lower than the national benchmark (89%). The rate of diabetic screenings is also lower in Traill County (83%) than the national benchmark, and Traill County (77%) ranks higher than the national benchmark (74%) for mammography screenings, while North Dakota (72%) ranks under the national benchmark.

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on preventive services for mental health, dental care and services for the elderly. Sanford Mayville will also implement the enterprise strategies for Sanford One Mind and obesity. The following implementation strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy: Mental Health Services

- Define services currently available
- Define mechanisms to educate service area
- Define education process and secure outside resources
- Develop directory with resources and outsource information
- Distribute directory to various groups, entities and secure email addresses and updates
- Participate in Sanford One Mind as determined by the enterprise three-year plan

Implementation Strategy: Services for the Elderly

- Update directory of available services
- Print/Distribute

Implementation Strategy: Dental

- Determine specific needs through collaboration with county agencies
- Request assistance from AHEC to determine directory availability
- Determine how to market the needs among various organizations
- Distribute finished directory product
- Ongoing process - monitoring the needs and services



OUTREACH FOR EARLY CANCER DETECTION

Sanford Rock Rapids has begun focused efforts within the community to get the word out on the importance of cancer screenings. Fifty percent of the respondents on the community health needs assessment survey indicated that they had not had a cancer screening because their physician had not recommended it.

Lyon County has a high incidence of cancer and current evidence suggests that cancer screenings reduce mortality. As Sanford Rock Rapids is leading the way to build a healthier community with preventive screenings, a general surgeon, Dr. Norma Walks, is taking the message to the street. She spoke to the Rock Rapids business women group in January 2013 about breast health, focusing on what is abnormal and the importance of routine screenings, and in March at the Home and Garden show, she presented a session on the importance of colonoscopies and early detection.

Through ongoing efforts by the clinic health coach, patient education by the providers, and continuing these community outreach education sessions, Sanford Rock Rapids is committed to make a difference in the lives of our patients.

Sanford Rock Rapids Medical Center



At Sanford Health in Rock Rapids, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1958, we've been proud to be part of the Rock Rapids community.

Key findings from the community health needs assessment:

Key community stakeholders were most concerned about the costs associated with health insurance, health care, and prescription drugs, physical health issues—particularly obesity, poor nutrition and eating habits, inactivity or lack of exercise, the adequacy of health and dental insurance (i.e., amount of co-pays and deductibles), access to health insurance coverage (e.g., pre-existing conditions), and availability of doctors and specialists as well as chronic disease (e.g., diabetes, heart disease, multiple sclerosis), prevalence of cancer, substance abuse and mental health treatment and programs.

Key stakeholders also expressed moderate levels of concern with respect to the availability of affordable

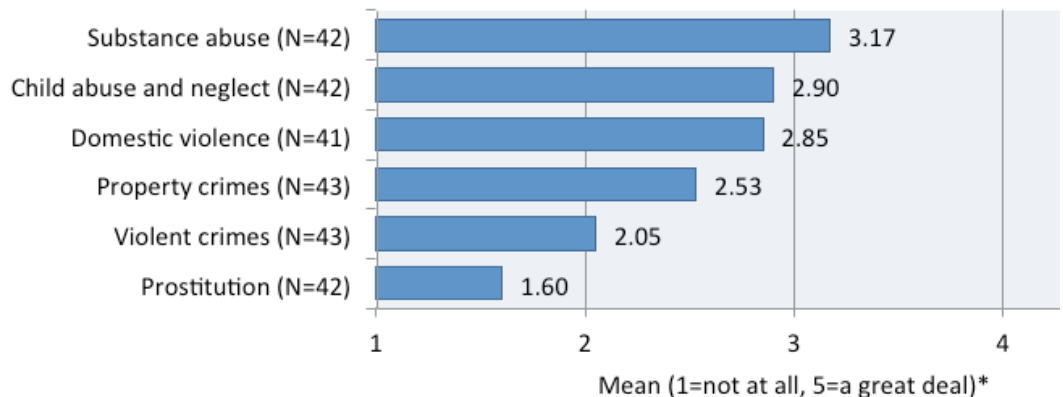
housing, employment opportunities, low wages, poverty, cost of living, economic disparities between higher and lower classes and the availability of good walking or biking options.

The Health Behavior outcomes indicate that Iowa (20%) and Lyon County (21%) have higher percentages of adult smokers than the national benchmark (15%). Adult obesity is also higher in Iowa (28%) and Lyon County (27%). Iowa (25%) and Lyon County (25%) have a higher percentage of physical inactivity than the national benchmark (20%).

Iowa (20%) and Lyon County (17%) have higher percentages of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are higher than the national benchmark (12) in Iowa (15.2).

Diabetic screenings in Iowa (86%) and in Lyon County (85%) are slightly lower than the national benchmark (89%). Lyon County (77%) ranks higher than the national benchmark (74%) for mammography screenings, while Iowa (67%) is slightly under the national benchmark.

Level of concern regarding safety:



MEETING THE NEEDS:

The following unmet needs were identified as priorities through a formal community health needs assessment, resource mapping and prioritization process.

- Facility upgrades to enhance quality and health care access
- Increase knowledge and awareness of services available within the community

- Review existing construction finance plan and update financing plan to account for market changes (comparing budgeted performance with actual performance)/building program changes by September 30, 2013
- MPCH Association and Sanford Health Network to communicate and agree on plan to upgrade facility infrastructure by December 31, 2014

Facility Upgrades to Enhance Quality and Health Care Access

Work related to this need will be done jointly by the Sanford Rock Rapids leadership team, Sanford Health Network, and MPCH Association Board as the MPCH Association Board maintains ownership of the building and grounds.

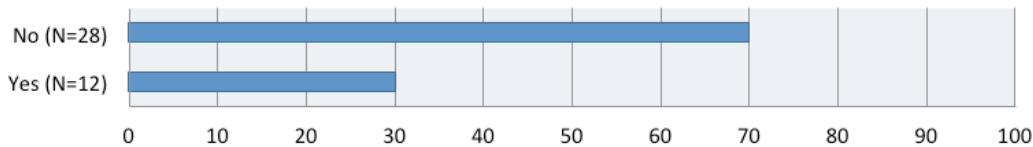
Increase Knowledge and Awareness of Services Available Within the Community

- Internal team to analyze available resources and determine how to access resources
- External group/Lyon County Collaborative to review existing list of community resources and determine modifications that need to be made
- Design/print resource materials with Sanford Marketing
- Share resource tool with key community stakeholders/ access points to care

Three-Year Plan (January 2013 - January 2015)

- Develop bridge plan for existing facility to maintain patient safety through reinvestment of lease proceeds during renovation/construction
- Review existing renovation plan and evaluate other options for facility changes with the MPCH Association by July 31, 2013

Whether respondents had a cancer screening or cancer care in the past year:





IMPROVING ACCESS IN SHELTON

Sanford Sheldon is moving forward with new access strategies that are providing better coverage in the emergency room and more access and satisfaction in the clinic. Five APPs are now providing 24/7 coverage in the emergency department with the on-call physician available, as needed. With this approach, physicians are able to stay on schedule in the clinic and see more patients. The clinic also began offering the services of a physician assistant for acute care appointments, and patient education is also being added. All of these changes have been very well received by the community.

Sanford Sheldon Medical Center



At Sanford Health in Sheldon, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1952, we've been proud to be part of the Sheldon community.

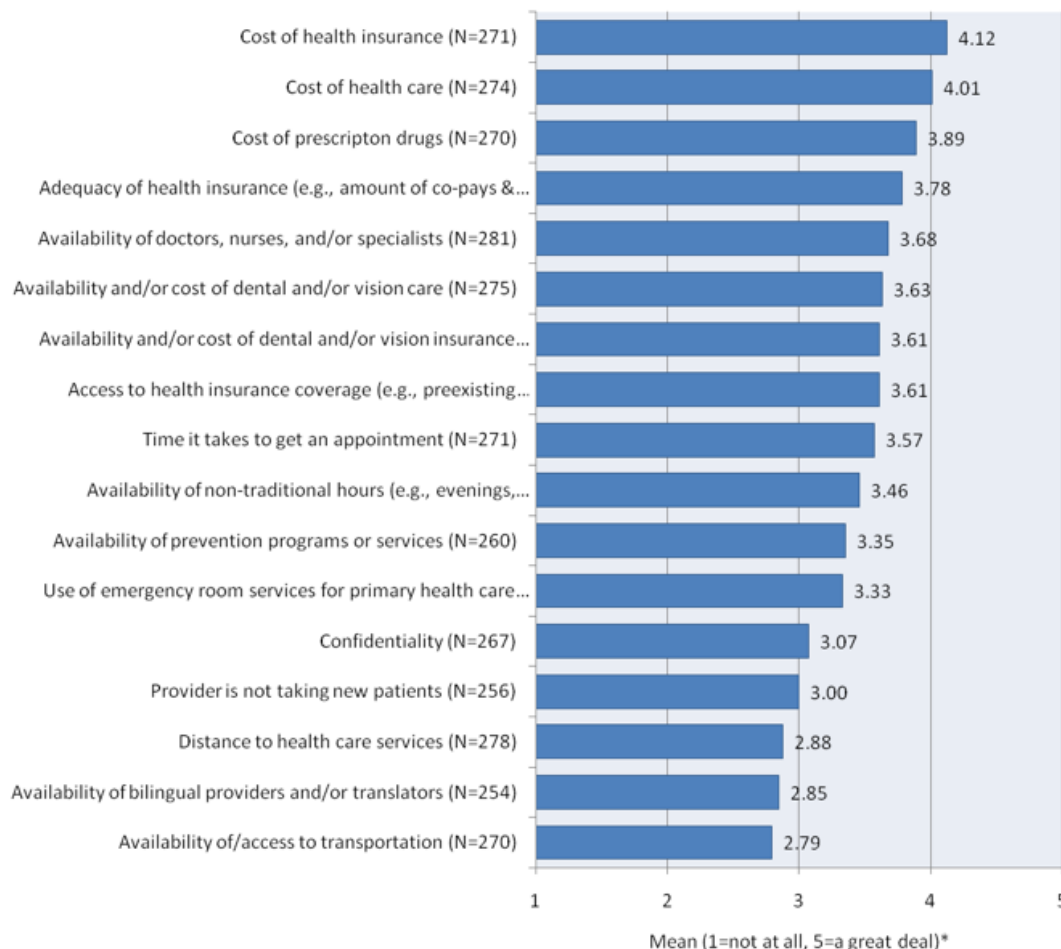
Key findings from the community health needs assessment:

Key community stakeholders were most concerned about healthcare cost/insurance costs, low wages and availability of employment opportunities, housing or the lack of rental houses and apartments as well as run-down houses and poorly

maintained sidewalks. Stakeholders were also concerned about access issues, particularly unacceptable delays for care, the need for urgent care or walk-in clinics as well as the need for more specialty physicians. Key stakeholders were moderately concerned about obesity, substance use and abuse and exposure to second-hand smoke.

Iowa (20%) and O'Brien County (21%) have higher percentages of adult smokers than the national benchmark (15%). Adult obesity is 29% in O'Brien County and the percent of physical inactivity is higher than the national benchmark (20%) in both Iowa (25%)

Level of concern regarding access to health care:



and O'Brien County (27%). Iowa (20%) and O'Brien County (18%) have a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are also higher than the national benchmark (12/100,000) in Iowa (15.2/100,000) and O'Brien County (21.8/100,000).

Sexually transmitted infections rank lower than the national average (83/100,000) for O'Brien County (78.8/100,000), while the Iowa (313.6/100,000) is substantially higher than the national average. The teen birth rate is higher in O'Brien County (34.2/1,000) and Iowa (32/1,000) than the national benchmark (22/1,000).

The ratio of population to primary care physicians is substantially higher in Iowa and O'Brien County than the national benchmark. The ratio of population to mental health providers is also much higher in Iowa and O'Brien County than the national benchmark. The number of professionally active dentists is lower than the national benchmark in Iowa and O'Brien County. Preventable hospital stays are higher than the national benchmark in Iowa and O'Brien County.

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on preventive services, physician recruitment, and access. The following implementation

strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy:

Access

- Devise and implement a plan to create optimal coverage of the emergency department utilizing APPs
- Recruit additional physicians to meet the needs of the patient base and growth
- Utilize health care coach to manage reduce repeat visits
- Offer a physician assistant in the Sheldon clinic for acute care appointments

Implementation Strategy:

Recruitment

- Continue to work to recruit a minimum of two additional physicians
- Work closely with Sanford Physician Recruitment to ensure active promotion of the opportunities in Sheldon

Implementation Strategy:

Preventive Services

- Continue to offer the current preventive services and better educate the community on the importance and value of these screenings
- Work with Sanford Health and the outreach providers to determine the preventive services opportunities that are needed in the communities

Clinical Care

Uninsured adults	Percent of adult population ages 18-64 without health insurance, 2007	16%	13%	13%
Uninsured youth	Percent of youth ages 0-18 without health insurance, 2007	8%	7%	6%
Primary care physicians	Ratio of total population to primary care physicians, 2008	1,263:1	631:1	984:1
Mental health providers	Ratio of total population to mental health providers, 2008	13,898:0	2,242:1	14,190:1
Dentist rate	Number of professionally active dentists per 100,000 population, 2007	43.0	69.0	54.0
Preventable hospital stays	Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007	71.3	52.0	67.5
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening, 2006-2007	80%	89%	86%
Mammography screening	Percent of female Medicare enrollees that receive mammography screening, 2006-2007	72%	74%	67%



SANFORD ABUSE TREATMENT SERVICES

Minnesota, South Dakota and North Dakota are three of the four top states with the highest rate of binge drinking among its residents. There is an increasing burden on medical centers for medical detoxification, and a need for a continuum of care beyond the hospital services. This is especially true for those patients with concurrent substance abuse and mental illness.

Sanford One mind is implementing the gold standard, evidence-based standard of care for the treatment of individuals with co-occurring mental health and substance abuse conditions. This gold standard is known as the Integrated Dual Disorder Treatment and will provide substance abuse treatment while incorporating motivational interviewing and behavioral activation as standard therapeutic approaches to care and will be offered to patients across the enterprise.

Sanford Thief River Falls Medical Center

At Sanford Health in Thief River Falls, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 2007, we've been proud to be part of the Thief River Falls community.

Key findings from the community health needs assessment:

Key community stakeholders indicate the greatest health-related concerns in the community are the cost of health insurance, availability of employment opportunities, low wages, lack of medium to high income job opportunities, and substance abuse problems compared to state and national averages.

The highest concerns about health and wellness in the community include cost and adequacy of health/dental/ and vision insurances, the cost of health care and prescription drugs, drug and alcohol use/abuse, the lack of exercise and obesity, chronic diseases, and cancer.

Key stakeholders also indicated that some of the stronger facets of healthcare delivery in their community were emergency services, diabetic services, and mental health services. The additional services needed include services for the obese, and preventive services.

Premature deaths were higher in Pennington County (5,825/100,000) than the national benchmark (5,564/100,000). The percentage of low birth weight is lower in Pennington County (5.3%) and Minnesota (6.5%) than the national benchmark (6.0%).

Adult smoking is higher in Pennington County (22%) than the national benchmark (15%) but is higher in Minnesota (19%). Adult obesity is

Thief River Falls, MN



higher across Pennington County (28%) than the national benchmark (25%).

Minnesota (20%) has a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are also higher than the national benchmark (12/100,000) in Minnesota (12.9/100,000).

Sexually transmitted infections rank higher than the national average (83/100,000) for Pennington County (94.6/100,000), while Minnesota (276.1/100,000) is substantially higher than the national average. The teen birth rate is higher in Pennington County (28.6/100,000) and Minnesota (27.5/1,000) than the national benchmark (22/1,000).

Diabetic screenings are higher in Pennington County (92%) than the state (88%) and national benchmarks (89%). Mammography screenings are also higher in Pennington County (79%) and the state (73%) than the national benchmark (74%).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It is apparent that the health care community could best meet the needs through a focus on care coordination and preventive services for obesity and chronic disease, access to care and mental health services to address substance abuse. The following implementation strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy: Substance Abuse Services

- Participate in the Sanford enterprise implementation strategy for Sanford One Mind
- Establish Systemic Care Plan for prescription drug abuse cases including behavioral health, primary care, and medical home departments.

- Establish reliable network for detoxification and inpatient chemical dependency treatment centers
- Establish coordination of care between chemical dependency and mental health professionals
- Develop reliable chemical dependency outpatient services for adolescents
- Improve access to chemical dependency assessments for community

**Implementation Strategy:
Care Coordination and Chronic Disease Management**

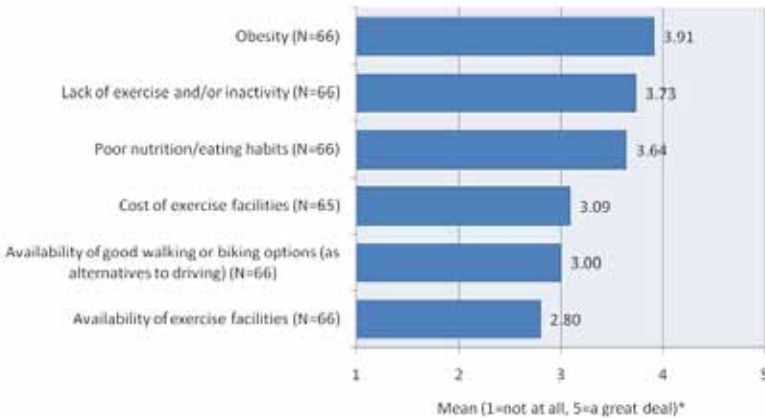
- Participate in the Sanford enterprise implementation strategy for obesity
- Integrate dietician services with dialysis services
- Establish integrated approach to behavioral health within the function of primary care
- Implement integrated EMR platform across clinic and hospital-based services
- Fully implement hospitalist program with established connectivity to outpatient providers

- Establish comprehensive pain management program
- Refine and promote practices and communications of Medical Home Team: RN health coaches, tobacco cessation specialist, outpatient social worker, cardiac rehab, dieticians, etc.
- Connect long term care facilities to providers and inpatient services

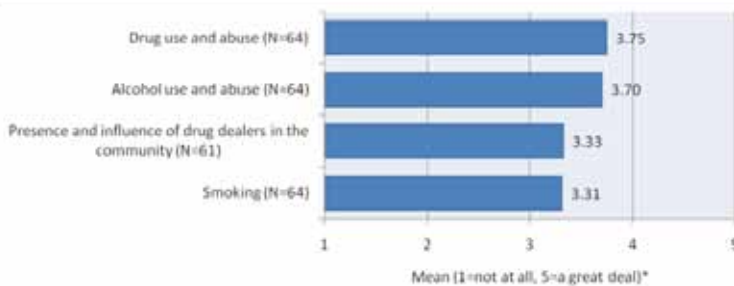
**Implementation Strategy:
Access**

- Expand urology coverage
- Create more complete oncology outreach program
- Improve access in general to “primary care” areas: Family Med/Internal Med/OBGYN/Pediatrics/Psychology/Psychiatry
 - Satellite employer clinic model
 - App-MD team model
- Establish outreach dermatology services in TRF
- Establish neurology outreach services
- Establish comprehensive pain management clinic

Level of concern about the community regarding physical health:



Level of concern about the community regarding substance use and abuse:





HEALTH COACHES MANAGE CHRONIC CONDITIONS

Health coaches provide personal one-on-one sessions to help patients identify and set goals related to chronic conditions such as high blood pressure, diabetes and more. Health coaches work closely with the patient's physician to help chart a successful path toward health and wellness, and use coaching principles to support the patient's self-management of his/her condition. Health coaches listen, engage and encourage patients on their journey to health and wellness.

Sanford Tracy Medical Center

At Sanford Health in Tracy, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1961, we've been proud to be part of the Tracy community.

Key findings from the community health needs assessment:

Key community stakeholders have expressed high concerns about health care and/or insurance, low wages and employment opportunities in the community, poverty, affordable housing, cost and availability of elder care, availability of youth activities, changes in the family composition, cancer, chronic illness, and physical health including obesity. The cost of prescription drugs and the availability of dental and vision care were among the top concerns.

Key stakeholders felt that Sanford Tracy could improve in delivery of health care to the community through additional health services for obesity, improved costs of the delivery of health care, mental health services and preventive services.

Lyon County (6,014) and Redwood County (7,196) have many more premature deaths than the national benchmark (5,564/100,000). The percentage of low birth weight is also higher in Lyon County (6.3%) and Minnesota (6.5%) than the national benchmark (6.0%).



Adult smoking is higher in Lyon County (17%) and in Minnesota (19%) than the national benchmark (15%) and adult obesity is higher across Lyon (29%) and Redwood (28%) counties than the national benchmark (25%).

Minnesota (20%) and Lyon County (20%) have a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are also higher than the national benchmark (12/100,000) in Minnesota (12.9/100,000), Redwood County (22.3) and Lyon County (20.7/100,000).

Sexually transmitted infections rank higher than the national average (83/100,000) for Lyon County (213.3/100,000), while Minnesota (276.1/100,000) is substantially higher than the national average. The teen birth rate is higher in Redwood County (27/1,000) and Minnesota (27.5/1,000) than the national benchmark (22/1,000).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It is apparent that the health care community could best meet the needs through a focus on mental health, obesity and urgent care after hours. The following implementation strategies were developed to meet the greatest health concerns of the community.

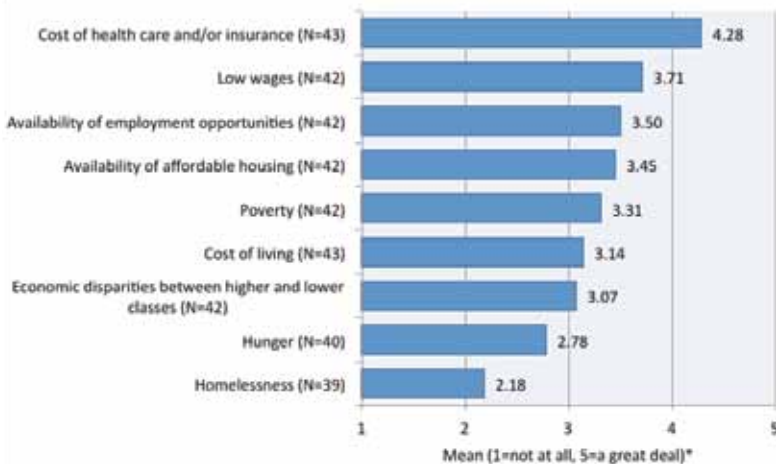
Implementation Strategy: Urgent Care After Hours

- Have full medical staff to be able to coordinate expanded hours
- Nursing staff coordination
- Receptionist staff coordination
- Market new urgent care hours to public
- Ancillary staff coordination (lab, x-ray, etc.)

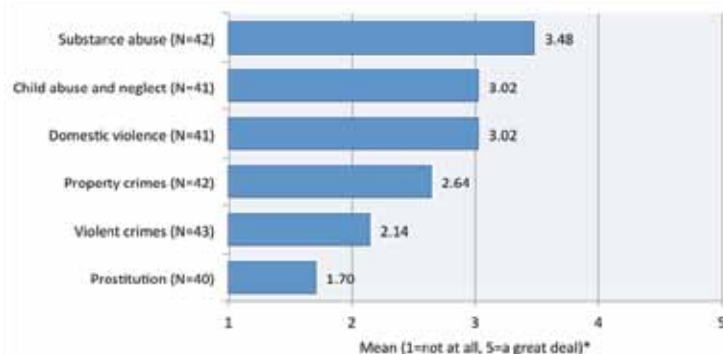
Implementation Strategy: Mental Health Services

- Participate in the Sanford One Mind enterprise strategy and increase availability of medical health providers
- Obtain certification of Medical Home and implement a health care coach to help with resources and guidance for patients
- Continue discussion on holding patients and resources to help with placing patients quickly
- Work with community partners to create new recovery program options for community members

Level of concern about the community regarding economic issues:



Level of concern about the community regarding safety:





**SANFORD ONE
CONNECT
(TELE-HEALTH)**

Telemedicine is one avenue used to deliver quality health care to rural residents. Sanford provides telemedicine for all specialties, including its tel-emergency program. With this program, rural facilities like Vermillion have 24-hour, seven-day-a-week access to the trauma team in Sioux Falls.

Along with providing patients clinical care, this technology is also used to provide educational opportunities through interactive video conference to doctors and patients in rural communities. It allows providers access to all of their colleagues within the entire Sanford network.

For rural residents, telehealth benefits include increased access to specialty care in one's home community, convenience and cost savings, and the potential to receive additional health care services not currently available in the community.

***Sanford Vermillion
Medical Center***

At Sanford Health in Vermillion, SD, we combine a tradition of transforming healthcare with ensuring that every community member has access to the highest quality care and services close to home. Since 1989, we've been proud to be part of the Vermillion community.

Key findings from the community needs assessment:

Key community stakeholders were most concerned about the cost of education, affordability of child care, low wages and the cost of healthcare and/or insurance. Stakeholders were also concerned about the availability of employment opportunities, the cost of living, housing, the number of hungry individuals in Vermillion community who access the food pantry and backpack lunch programs, substance abuse, transportation issues for disabled or elderly, access to mental health services and availability of specialty providers locally.

Among health and wellness concerns, stakeholders were concerned about the costs associated with health insurance and health care, physical health issues, particularly diabetes, cancer and obesity, healthy nutrition and preventive services. Issues with access to mental health services, availability of certain outreach specialty providers and cost of exercise facilities were also among the top health and wellness concerns. The levels of concern among stakeholders regarding substance use and abuse in their community were fairly high. Respondents were most concerned about alcohol use and abuse and smoking.

South Dakota (6,815) as a state has more premature deaths than the national benchmark (5,564/100,000). While the state has more premature deaths than the national benchmark, Clay and Union



Counties in South Dakota have a lower rate than the national benchmark.

The health behavior outcomes indicate that South Dakota (20%) and Clay (18%) and Union (17%) counties have higher percentages of adult smokers than the national average (15%). Adult obesity is also higher in South Dakota (29%) and in Clay (29%) and Union (30%) counties than the national average (24%). South Dakota (26%) and Clay (22%) and Union (24%) counties also have a higher percentage of physical inactivity than the national benchmark (20%).

South Dakota (19%) and Clay (21%) and Union (19%) counties have a much higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are nearly double the national benchmark (12.0/100,000) in South Dakota (23.7/100,000); there is no county data available for Clay or Union counties.

Sexually transmitted infections rank substantially higher than the national average for South Dakota (371.3 vs. national benchmark of 83.0) and for Clay County (374.9). Union County is lower (99.1) but still above the national average.

The teen birth rate is higher in South Dakota (38.7/100,000) and Union County (24.7) than the national benchmark (22), but is lower in Clay County (9.2).

Diabetic screenings in South Dakota and in Union County are just slightly lower than the national benchmark; no data is available for Clay County. Although the percentage of South Dakotans who received mammography screenings was lower than the national average, both Clay and Union counties' averages were above the national average.

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on recruitment of outreach specialty services and services to address mental health. The following implementation strategies were developed to meet the greatest health concerns of the community.

- Expand employee assistance programs already available in the community
- Collaborate with other mental health providers in community to look at options for expansion of services (i.e., some only work 4 days/wk, etc.)
- Utilize current clinic health care coach and future psychologist position to expand clinic mental health services to patients

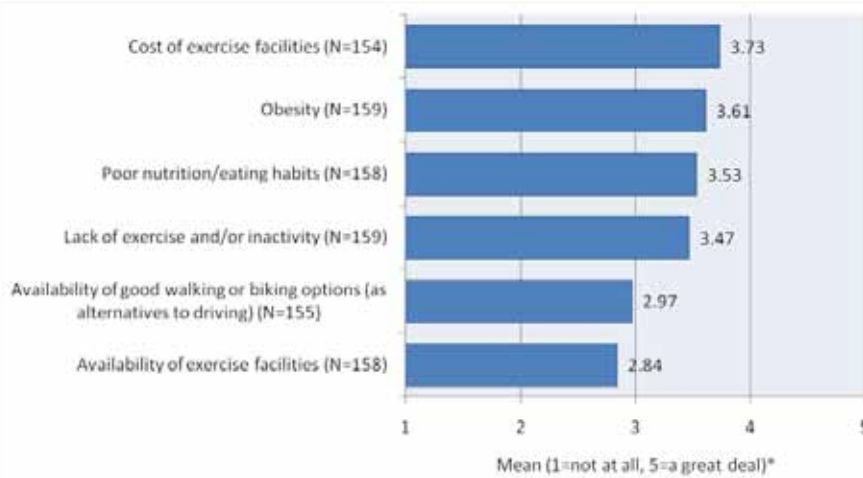
**Implementation Strategy:
Mental Health Services**

- Implement Sanford One Mind/One Care based on the Enterprise Implementation Strategy
- Identify and utilize internal resources already available through on staff social workers

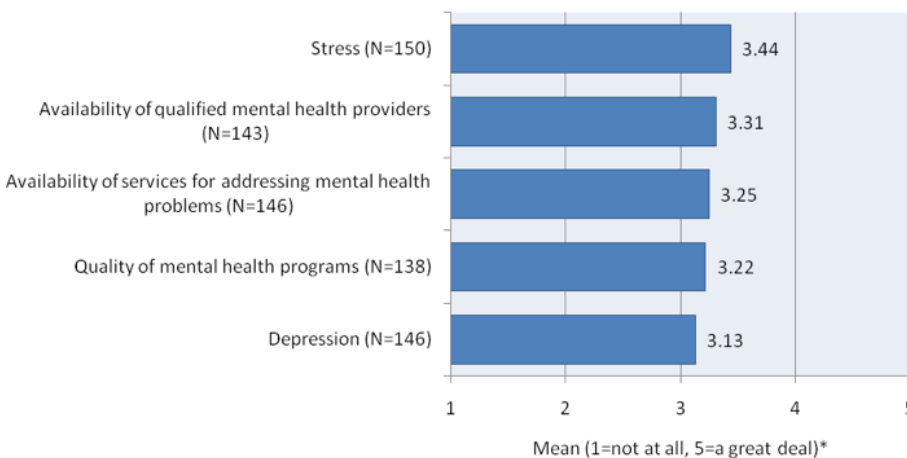
**Implementation Strategy:
Outreach Provider Services**

- Continue to work with Sanford Health and other outreach providers to determine the viability of additional outreach services for SVMC
- Continue development of telehealth services and capabilities to provide outreach services to patients at SVMC

Level of concern about the community regarding physical health:



Level of concern about the community regarding mental health:





CONTINUUM OF CARE IN WEBSTER

Sanford Webster is looking to expand the continuum of care offered to surrounding communities by considering the addition of assisted living services on the campus it shares with Bethesda Home. Bethesda is a nursing home with independent apartments, all managed by Sanford Health Network. If it is determined that this is a viable option, one of the three independent living floors will be repurposed for assisted living.

The continuum of care services that might be offered on this interconnected campus would include acute care, clinic, dental, ophthalmology, optometry, skilled nursing home services, assisted living, and independent living services.

Sanford Webster Medical Center

At Sanford Health in Webster, SD, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1997, we've been proud to be part of the Webster community

Key findings from the community needs assessment:

Key community stakeholders were most concerned about costs associated with health insurance, costs of prescription drugs, adequacy of health insurance, access to health services and the costs associated with those services, the overall physical health of the community citing areas of obesity, and a lack of exercise and access to exercise facilities.

Key stakeholders are concerned about access to youth services and activities as well as services and activities for seniors in their community.

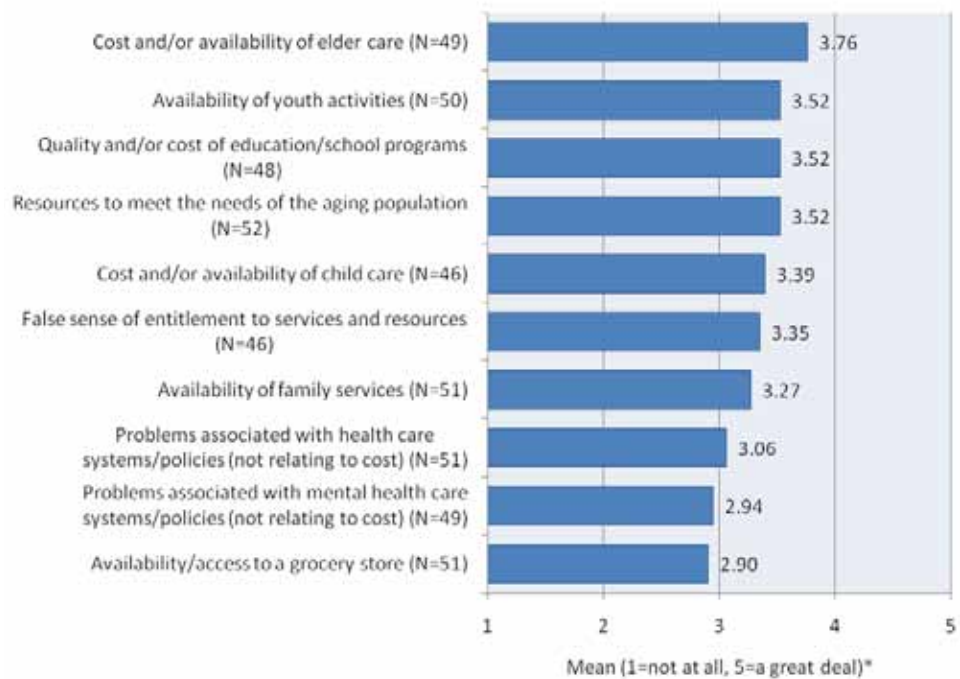


South Dakota (6,815) and Day County (10,386) have more premature deaths than the national benchmark (5,564/100,000). Day County (17%) and South Dakota (20%) has a higher rate of adult smokers than the national benchmark (15%). Adult obesity is much higher in Day County (29%) and South Dakota (29%) than the national benchmark (25%). Physical inactivity is at 30% in Day County and 26% in South Dakota overall compared to the national benchmark (20%).

South Dakota (19%) and Day County (16%) have much higher percentages of excessive drinking than the national benchmark (8%). The teen birth rate in South Dakota (38.7) and Day (33.4) County is higher than the national benchmark ((22.0/100,000).

Diabetes screenings are at a lower percentage in South Dakota (83%) and

Level of concern about the community regarding services and resources:



Day County (79%) than the national benchmark (89%) and mammography screenings are also much lower in Day County (54%) and South Dakota (68%) than the national benchmark (74%).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on preventive services for obesity, physician recruitment, and the development of assisted living for seniors. The following implementation strategies were developed to meet the greatest health concerns of the community.

Sanford Webster will implement the enterprise strategies to address obesity and mental health services as a part of Sanford One Mind. Additionally, the following implementation strategies will be implemented for the community.

**Implementation Strategy:
Lack of Assisted Living for Elderly**

Study the feasibility of converting part of Bethesda’s Heritage Village Apartments into an Assisted Living.

**Implementation Strategy:
Obesity among Adults & Children**

Work with Sanford WebMD Fit program to leverage this program to parents and children through our local school system.

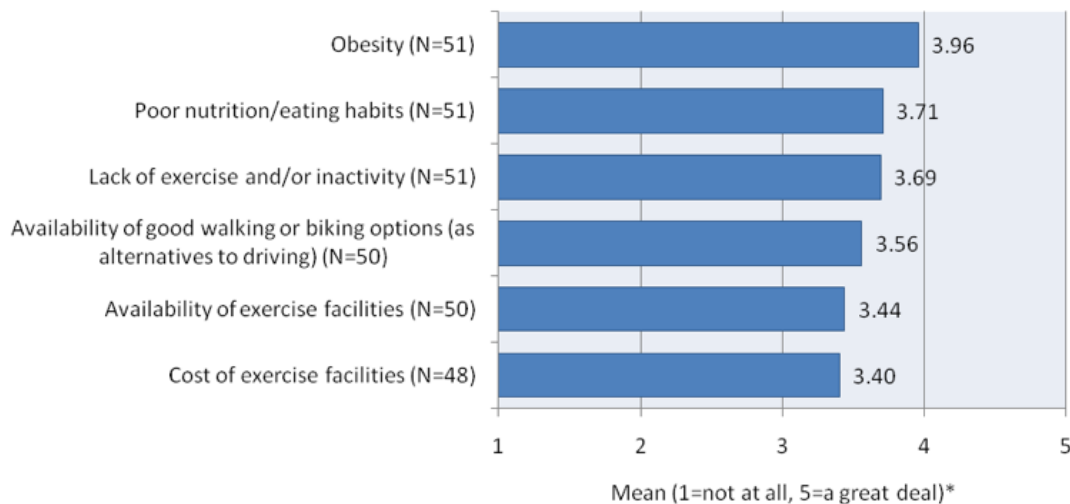
Work with the medical center dietitian to develop services for obesity prevention/control.

Work with exercise specialists to develop exercise programs (walking clubs, biking clubs, fitness center programs, etc.) for community members.

**Implementation Strategy:
Medical Providers Recruitment**

Recruit additional providers to meet the needs in the community.

Level of concern about the community regarding physical health:





HEALTH FAIRS AND HEALTH COACHES HELP PATIENTS MANAGE CHRONIC CONDITIONS

Sanford Westbrook has participated in community events, such as health and fitness fairs to promote wellness and conduct screenings. Like other communities, health coaches provide an important service to patients and the community. Through personal one-on-one sessions, they help patients identify and set goals related to chronic conditions, and work closely with the patient's physician to help chart a successful path toward health and wellness.

Sanford Westbrook Medical Center

At Sanford Health in Westbrook, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 2000, we've been proud to be part of the Westbrook community

Key findings from the community needs assessment:

Key community stakeholders have expressed high concerns about healthcare and/or insurance, low wages, poverty, affordable housing, economic disparities, cost and availability of elder care, availability of youth activities, changes in the family composition, substance abuse, cancer, chronic illness, and physical health including obesity. The cost of prescription drugs and the availability of dental and vision care were among the top concerns.

Key stakeholders felt that Sanford Westbrook could improve delivery of health care to the community through additional health services for diabetes, obesity, mental health, eye and dental care and improved costs of the delivery of health care.

Cottonwood County (7,277) has many more premature deaths than the national benchmark (5,564/100,000). The percentage of low birth weight is also higher in Cottonwood County (6.2%) and Minnesota (6.5%) than the national benchmark (60%).

Adult smoking is higher in Minnesota (19%) than the national benchmark (15%) and adult obesity is higher in Cottonwood County (28%) than the national benchmark (25%).

Minnesota (20%) and Cottonwood County (12%) have a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle



crash death rates are also higher than the national benchmark (12/100,000) in Minnesota (12.9/100,000).

Sexually transmitted infections rank lower than the national average (83/100,000) for Cottonwood County (53.2/100,000), while Minnesota (276.1/100,000) is substantially higher than the national average. The teen birth rate is higher in Cottonwood County (26.4/1,000) and Minnesota (27.5/1,000) than the national benchmark (22/1,000).

Diabetic screenings are better in Cottonwood County (92%) than the state (88%) and national benchmarks (89%). Mammography screenings are also higher in Cottonwood County (79%) and the state (73%) than the national benchmark (74%).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on preventive services for obesity which will also affect chronic disease positively, access to care, and oncology services. Sanford Westbrook will also implement the enterprise strategies to address mental health and obesity. The following implementation strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy: Access (dental, mental health, general physician)

- Work on partnership or any opportunities with Bruce Mathiason, local dentist in Walnut Grove, to offer some free or reduced cost clinics
- Seek out possibilities with Open Door Dental to come to Westbrook
- Recruit general family practice physician to work in Westbrook

- Increase mental health providers available to the Sanford Westbrook service area
- Obtain certification of Medical Home and implement health care coach to help with resources and guidance for patients

Implementation Strategy: Oncology Services

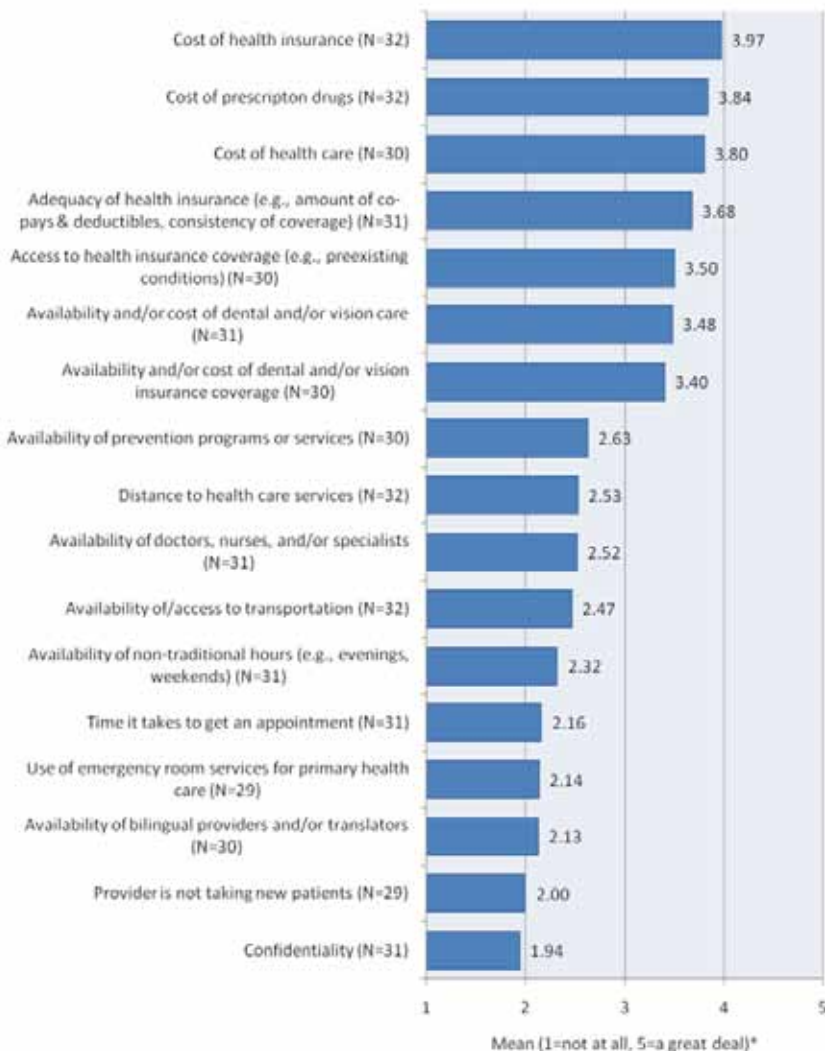
- Pursue discussion with Sanford Worthington oncologist and opportunities to partner and expand services to Westbrook
- Increase utilization of tele-oncology from Sioux Falls through marketing

Implementation Strategy: Obesity

- Increase awareness and utilization

- of Medical Home and health care coach to reach obese patients.
- Increase referrals from providers to Medical Home and health care coach
- Work with Sanford *fit* Kits to bring more visibility to the community
- Encourage providers to distribute Sanford *fit* Kits and other Sanford weight-management tools to patients
- Work with WWG School District on Wellness Center opportunities- reduced rates, etc.
- Look at possibility of increasing dietitian hours and access for the community and patients
- Explore utilization of new Sanford Profile weight management program for the community

Level of concern about the community regarding access to health care:





SPECIALTY CARE TRANSPORTATION IN WHEATON

The availability of specialty care transportation is a major service gap for Wheaton and surrounding communities. There are few, if any, options for residents without transportation to get to and from medical appointments, dialysis, home from a hospital stay or to transfer to a larger regional medical center. Wheaton Ambulance offers 24/7 service, but is staffed by volunteers. The community and Sanford Wheaton are partnering to find solutions to this gap, and hope to have a viable transportation option available in the near future.

Sanford Wheaton Medical Center

At Sanford Health in Wheaton, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 2011, we've been proud to be part of the Wheaton community.

Key findings from the community health needs assessment:

Key community stakeholders identified the following community health concerns: domestic violence, issues regarding the aging population and specifically the availability and cost of long term care, services to help the elderly stay in their homes, availability of quality child care, bullying, child abuse and neglect, the cost of insurance, health care and prescription drugs, obesity, poor nutrition, inactivity or lack of exercise, chronic disease, and depression.

Adult obesity is higher across Traverse County (27%) than the national benchmark (25%).

Minnesota (20%) has a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are also higher than the national benchmark (12/100,000) in Minnesota (12.9/100,000) and Nobles County (26/100,000).

Sexually transmitted infections rank higher than the national average (83/100,000) for Minnesota (276.1/100,000). The teen birth rate is much higher in Minnesota (27.5/1,000) than the national benchmark (22/1,000).

Diabetic screenings are higher in Traverse County (94%) than the state (88%) and national benchmarks (89%). Mammography screenings are also higher



in Traverse County (78%) and the state (73%) than the national benchmark (74%).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs. It was apparent that the health care community could best meet the needs through a focus on mental health services, physician recruitment and a strategy to assist the community with improved access to transportation. Sanford Wheaton will participate in the enterprise implementation strategies to address obesity and mental health. Additionally, the following implementation strategies were developed to meet the greatest health concerns of the community.

Implementation Strategy: Transportation

- Identify services currently available within the community
- Develop directory with resources and outsource information
- Increase volunteer driver program and work with law enforcement and Social Services for mental health transport

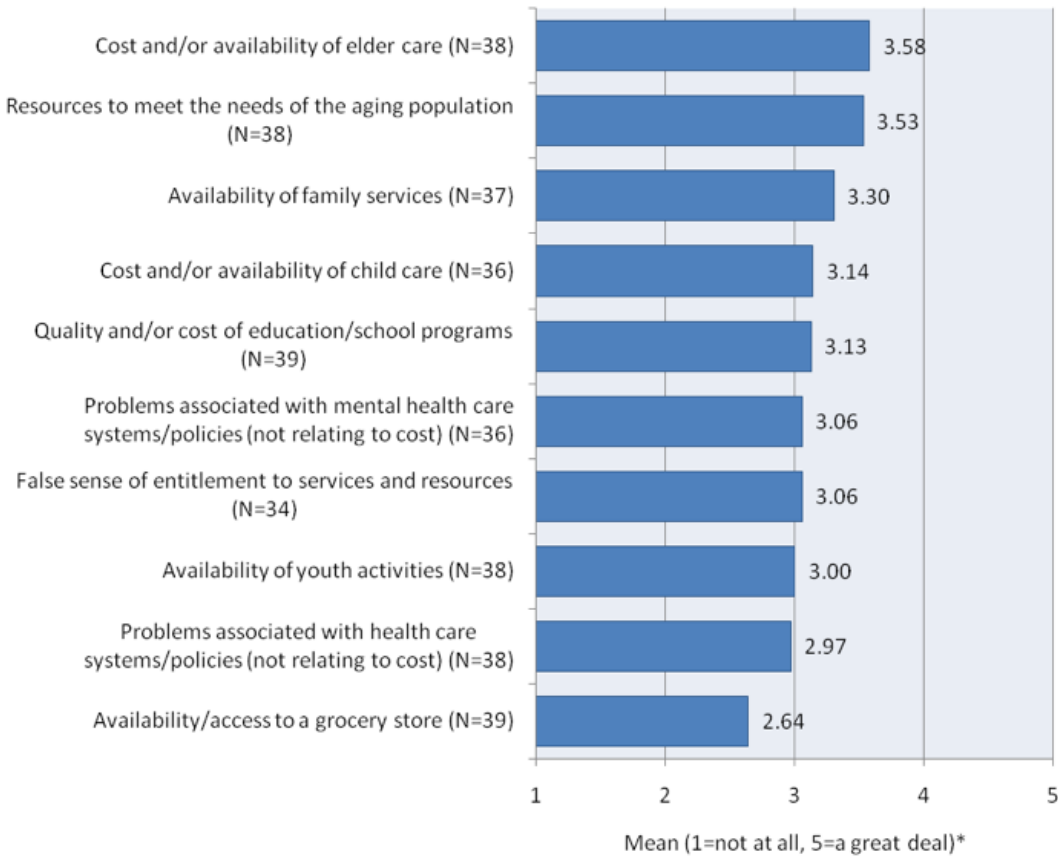
Implementation Strategy: Mental Health Services

- Participate in the enterprise implementation strategy to incorporate Sanford One Mind
- Define services currently available
- Develop directory of resources and information
- Distribute directory to various groups and entities

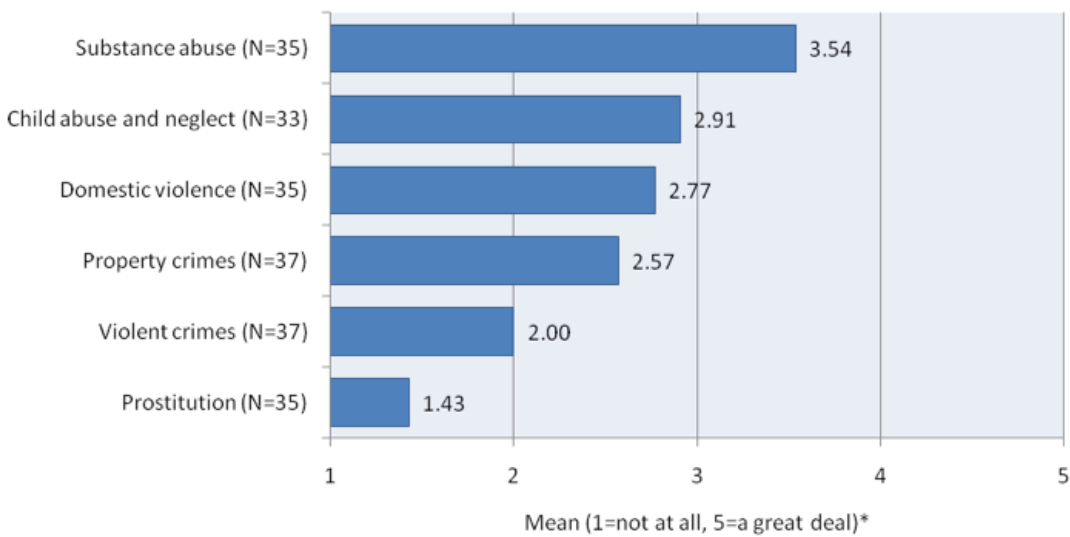
Implementation Strategy: Recruitment of Physician

- Employ another full time family practice physician

Level of concern about the community regarding services and resources:



Level of concern about the community regarding safety:





**EXPANDING
CANCER SERVICES**

Sanford Cancer Center in Worthington has expanded its services to provide comprehensive cancer care. Two new providers have been hired, hematologist and oncologist Liangping Weng, MD and certified nurse practitioner Robin Uithoven. The Cancer Center now provides services for cancer, blood disorders, and conducts cancer screenings, diagnostic tests, genetic counseling, radiation treatment, surgery, chemotherapy and all supportive care. The Cancer Center's goal is to improve the quality of life of its patients while treating them close to home. Many patients who previously needed to travel to Sioux Falls, can now be treated locally.

*Sanford Worthington
Medical Center*

At Sanford Health in Worthington, MN, we combine a tradition of transforming health care with ensuring that every community member has access to the highest quality care and services close to home. Since 1951, we've been proud to be part of the Worthington community

Key findings from the community needs assessment:

Key community stakeholders have expressed high concerns regarding substance abuse, child abuse and neglect, domestic violence, teen pregnancy, availability and cost of quality child care, bullying, availability and cost of services for youth, the cost of healthcare and/or insurance, low wages and employment opportunities in the community, poverty, hunger, cost of living, economic disparities, the cost of prescription drugs and the availability of public transportation.

Stakeholders also expressed concern about stress, depression, and physical health issues specifically cancer, chronic illness, and obesity issues such as poor nutrition and the lack of exercise.

Premature deaths were lower in Nobles County than the national benchmark. The percentage of low birth weight is higher in Nobles County (7.1%) and Minnesota (6.5%) than the national benchmark (60%).

Adult smoking is the same in Nobles County (15%) as the national benchmark (15%) but is higher in Minnesota (19%). Adult obesity is higher across Nobles County (28%) than the national benchmark (25%).

Minnesota (20%) and Nobles County (16%) have a higher percentage of binge drinking reports than the national benchmark (8%). Motor vehicle crash death rates are also higher than the national benchmark (12/100,000)



in Minnesota (12.9/100,000) and Nobles County (26/100,000).

Sexually transmitted infections rank higher than the national average (83/100,000) for Nobles County (314.3/100,000), while Minnesota (276.1/100,000) is substantially higher than the national average. The teen birth rate is much higher in Nobles County (54.2/100,000) and Minnesota (27.5/1,000) than the national benchmark (22/1,000).

Diabetic screenings are higher in Nobles County (94%) than the state (88%) and national benchmarks (89%). Mammography screenings are also higher in Nobles County (80%) and the state (73%) than the national benchmark (74%).

MEETING THE NEEDS:

Sanford conducted an analysis of the data and asset mapping to identify community resources that are available and addressing the community needs, it was apparent that the health care community could best meet the needs through a focus on preventive services to address obesity which also can have a positive impact on chronic disease, services for the elderly, and cultural competency to improve service for New Americans. In addition to implementation of the enterprise implementation strategies for Sanford One Mind and obesity, the following implementation strategies were developed to meet the greatest health concerns of the community.

**Implementation Strategy:
Youth - Obesity**

- Implement the Sanford enterprise strategies to address obesity
- Establish a youth program (K-4) that will involve District 518, YMCA and local Sanford Worthington Clinic pediatricians and staff

- Action plans include focusing on kids with a BMI above a certain percentage
- Program to include physical activity for the kids as well as an educational component for parents
- Review of program will occur with changes implemented, if any, for school year 2013-2014

Implementation Strategy: Elderly

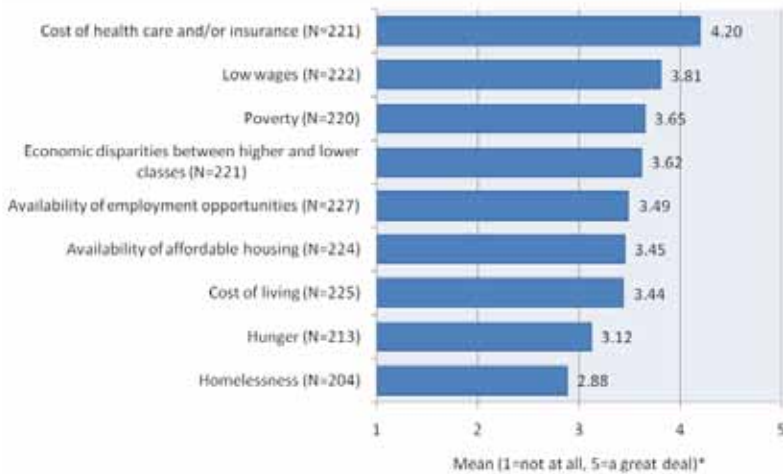
- To review and define the socio-economic health status of the current state of the elderly in the community and develop and implement a strategy in FY15 on need or needs identified
- Actions include releasing summary of survey data to agencies that participated in the primary source community survey in first quarter, FY14
- Identify agencies within the community and begin the assessment of elderly

status; agencies may include Nobles County Public Health, nursing homes, City of Worthington and Sanford, and others will be invited as identified

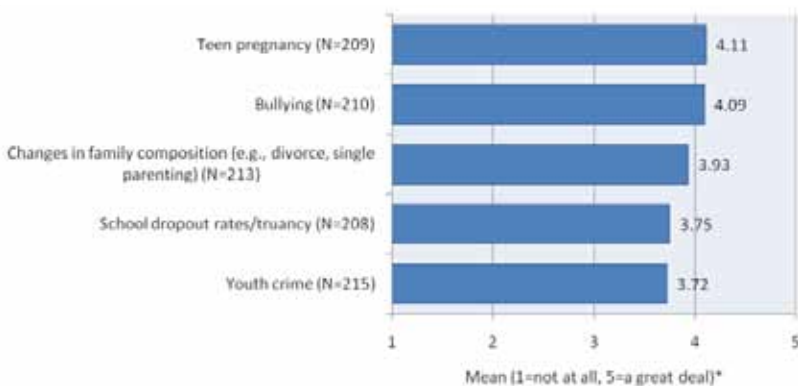
Implementation Strategy: New American/Immigrants

- To increase SWMC and Sanford Worthington Clinic providers and staff awareness to the various cultures and nationalities currently in the SWMC market area as it affects the delivery of health care to these groups of community members
- Actions include creating periodic education and competencies for all staff on the various cultures in the Worthington area in FY14; focus will be given to those cultures with the largest population base in our market area

Level of concern about the community regarding economic issues:



Level of concern about the community regarding youth concerns:



Overall Findings: Community Health Needs Assessments

Each Sanford Medical Center identified resources internally and within the community that can address the identified needs of the population's health. It is very clear that Sanford is providing a wealth of resources to the communities within our footprint. It is also clear that the key stakeholders who participated in the survey process were not always aware of the resources within their reach. The CHNA process is an opportunity to not only create awareness of the community health needs but also the resources in the community. A gap analysis that focuses on the identified needs and matched those needs against community resources provided an accurate look at the remaining needs. Each community steering group reviewed the findings, performed the gap analysis and determined the priorities for their community implementation strategy. It was a year-long process to get to the final results and develop the strategies, and there is confidence that the real community health needs are accurately addressed.

The findings across our Sanford footprint are similar in most communities and counties. There is a dire need for mental health services, including services to address domestic violence, child abuse and substance abuse. There is a need to provide additional services to help the aging population, and there is a need to prevent and manage obesity which in turn can help to prevent and better manage chronic disease. Although the requirements of the PPACA do not mandate an enterprise approach to meeting the needs, it is prudent to address mental health and obesity through a system wide implementation strategy that can be standardized and evaluated to best determine how we are meeting the needs.

There are additional implementation strategies within the medical centers throughout the enterprise and a multitude of needs are being addressed and met. Each year Sanford reports progress and the status of the identified needs through the IRS 990 Schedule H.

Closing

It is our hope that this report has provided insight and clarity to the work of Sanford medical centers and people in meeting the health needs of their local communities. It is intended to celebrate progress, spur critical thinking and help us continue to shape healthy communities in the Sanford footprint.

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