



Community Health Needs Assessment

SANFORD HILLSBORO MEDICAL CENTER
2022-2024



Dear Community Members,

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

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

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

- Mental Health Services
- Transportation

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

We are committed to extending care beyond our bricks and mortar, and ultimately improving the health and wellness of our entire community. We are committed to improving the quality of life for all Hillsboro area residents. We invite you to join us and thank you for your support of these ongoing efforts.

Sincerely,

Jac McTaggart
Senior Director
Sanford Hillsboro Medical Center

BACKGROUND

Community Description

Sanford Hillsboro Medical Center is located in Hillsboro, a city of 1,600 people located on the banks of the Goose River in the heart of the Red River Valley of eastern North Dakota. It serves as the county seat for Traill County. Hillsboro was founded in 1869 by German settlers and named for railroad baron James J. Hill, who stopped in the area in the late 1870s and found hospitality from a homesteader.

Hillsboro is conveniently located halfway between the metropolitan cities of Grand Forks and Fargo on Interstate 29. The surrounding area is prime farmland, and agriculture has dominated the area's economy from the beginning. One of the major industries and employers is American Crystal Sugar, which operates a large sugar beet processing plant north of the city. The plant has been responsible for both an increase in population and a steady stream of available jobs.

Hillsboro has a strong economy with more than 60 businesses. It offers many amenities usually found in larger cities, including K-12 education, medical facilities, parks, a pool, golf course and fitness center.

The community as defined for purposes of the Community Health Needs Assessment includes Traill and Steele Counties in North Dakota. Demographic detail for the counties is included in the appendix.

Partners

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

Sanford Health

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

System Partners

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

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

Community Partners

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

- Libby Kylo, Community Health Worker, Sanford Mayville Medical Center
- Kathryn Good, Public Health Nurse, Steele County ND
- Jenny Jacobson, Director of Ancillary Services, Sanford Hillsboro/Mayville
- Jac McTaggart, Senior Director, Sanford Hillsboro/Mayville
- Steve Hunt, Sheriff, Traill County
- Mindy Tarvestad, Community Health Worker, Sanford Hillsboro Medical Center
- Brenda Stallman, District Director, Traill District Health Unit
- Melissa Mostad, Director of Nursing and Clinical Services, Sanford Hillsboro/Mayville
- Dan Olson, Executive Director, Sanford Fargo Health Network
- Brian Van Horn, President, Mayville State University

Sanford Hillsboro Description

Sanford Hillsboro includes a 16-bed Critical Access Hospital, two provider-based Rural Health Clinics, a 30-bed long-term care facility, and 16 assisted living units. The medical center employs approximately 130 people, including two family medicine physicians, a family medicine physician assistant, and family medicine NP.

Services available at Sanford Hillsboro include 24/7 emergency care, general acute care, physical, occupational and speech therapy, radiology, IV therapy, lymphedema management, nutrition consultation, respite care, bariatric, pathology, tele-psychiatry, skilled Long Term Care and FM Ambulance services.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate and justify the not-for-profit status, and create opportunity to identify and address public health issues from a broad perspective. A

community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

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

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

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

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

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

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

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

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

CHNA Process

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



Limitations

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

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

Community and Stakeholder Survey

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

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

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 67 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

Secondary Data

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

Health Needs Identification Methodology

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

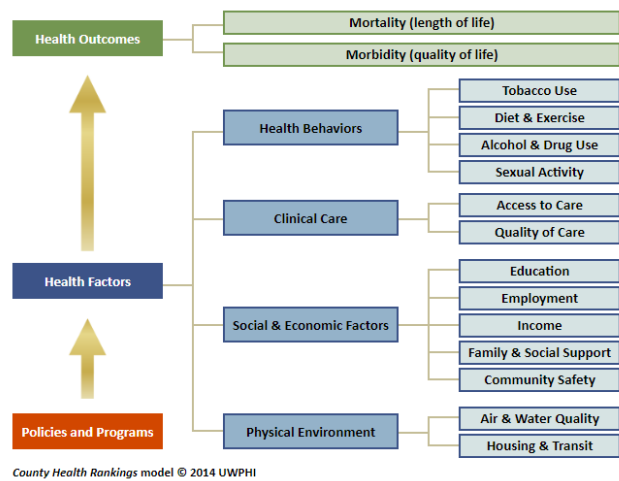
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately.
- To identify community health care needs, each community's score by question was compared to the average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

Community Asset Mapping

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

Community Stakeholder Meetings

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



The facilitated discussion sought to inform on several aspects:

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

At the end of the meeting the hospital administrator proposed specific significant health needs to be addressed within the Implementation plan with input from community members present. Administrator recommendations are based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Traill and Steele Counties are included in the data analysis and represents a majority of volumes to Sanford Mayville. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent. Overall, perceptions among CHNA respondents in the Hillsboro/Mayville area regarding the following community health issues were positive. Average scores for affordable housing: Avg. 3.05, employment and economic opportunities: Avg. 3.34, child care and preschool quality: Avg. 3.55, health care quality: Scored 3.78, access to exercise opportunities: Avg. 3.78, long-term nursing care and senior housing quality: Avg. 3.97, access to healthy foods: Avg. 3.98, community safety: Avg. 4.33, and environmental health: Avg. 4.34 in the Hillsboro/Mayville market were all above 3.00 and higher than the comparison group average – and in some cases (i.e., long-term care quality, access to health foods, and community safety), the highest among all similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Hillsboro/Mayville area rated their current health and wellness as good: Avg. 3.50, and their current ability to access health care services as very good: Avg. 3.97; both scores were higher than the comparison group average.

CHR data indicate that Traill County is ranked among the healthiest counties in North Dakota in terms of overall health – and Steele County is in the upper-middle range of North Dakota counties in terms of overall health¹. The following four areas of concern were identified for further discussion (in no particular order).

Identified Significant Health Needs

Access to Health Care

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

One in 12 CHNA respondents in the Hillsboro/Mayville area needed medical care in the past year and did not receive it (8%) – a percentage which was lower than the average for the comparison group of similar-sized market areas served by Sanford Health. However, when CHNA respondents were asked about the most important health care issues impacting their community, access to health care was a top concern along with cost of care and COVID-19 (all three concerns were mentioned by similar numbers of respondents). Among CHNA respondents in the Hillsboro/Mayville area, 86% indicated they have a primary care provider they see for general health issues, 83% of respondents have visited a provider for a routine checkup or screening in the past year, and 58% have traveled to receive health care services outside their community in the past three years – all three percentages were similar to the comparison group average. When respondents were asked why they traveled to receive health care services in the past three (3) years, the main reason was that they needed a specialist or the needed service was not available locally (61%) – which was followed by a physician's referral (42%) and needing better or higher quality care (16%).

When asked which health care services they would like to see offered or improved in their community, one in four CHNA respondents in the Hillsboro/Mayville area said walk-in or urgent care (26%) and nearly one in six said OBGYN and women's care (17%).

¹ Due to insufficient data in 2021, the ranking for Steele County reflects the ranking from the 2020 County Health Rankings data.

According to CHR, in the Hillsboro/Mayville area there are 3,313 people for every one (1) primary care physician and 4,963 people for every one (1) dentist (ratios which are higher than the comparison group average).

General access to healthcare providers did not receive a significant amount of discussion during the stakeholder meeting. Participants were not at all surprised that this was a need within the community as it is a well-known topic. Participants cited isolation and lack of transportation in the community as an underlying cause. Community members pointed out that access to providers is an issue, but, for purposes of the implementation plan, the focus should be on access to mental health.

Local Asset Mapping	
<p>Mental Health/Behavioral Health resources:</p> <ul style="list-style-type: none"> • Traill District Health Unit, PO Box 58, Hillsboro • Steele Co. Veterans Service Office, 201 Wash. Ave. W., Finley • SE Human Service Center, Region V, 2624 9th Ave. S., Fargo • Sanford Behavioral Health, 100 4th St. S., Fargo • Mental Health Association, 124 8th St. N., Fargo 	<p>Health Care resources:</p> <ul style="list-style-type: none"> • Sanford Clinic, 42 6th Ave. SE, Mayville • Sanford Clinic, 315 E. Caledonia, Hillsboro • Sanford Clinic, 407 Washington, Finley • CPT Medical Center, 101 C 3rd St. W. Finley • Sanford Home Care, 49 7th Ave. SE, Mayville • United Home Care, 42 6th Ave. SE, Mayville • Steele Co. Health Nurse, 201 Washington Ave., Finley
<p>Health/Vision/Dental Insurance resources:</p> <ul style="list-style-type: none"> • Senior Health Insurance Counseling Program, ND Ins. Dept., 600 E. Blvd. Ave., Bismarck • Healthy Steps (medical coverage for uninsured children), 114 W. Caledonia, Hillsboro • Erickson Agency, 502 W. Caledonia, Hillsboro • Ihry Insurance, 520 1st Ave. NW, Hillsboro • David Johnson Insurance, 233 3rd St. SE, Mayville • Rexine Eye Center, 34 Center Ave., Mayville • Rothfusz Family Dental, 7 W. Caledonia, Hillsboro • Goose River Dental, 37-1/2 Main St. E., Mayville • Lynn Odne, DDS, Finley 	<p>Prescription Assistance programs:</p> <ul style="list-style-type: none"> • Prescription Connection, 888-575- 6611 • Prescription Assistance, 624 Main, Fargo • Healthy Steps, 114 W. Caledonia, Hillsboro • Partnership for Prescription Assistance, www.pparx.org • NeedyMeds.org • CHIP, 877-543-7669 • ND RX Card, northdakotarxcard.com

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood².

When CHNA respondents in the Hillsboro/Mayville area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (52%) and 22% said addiction treatment. According to CHR, adults in the Hillsboro/Mayville market average 3.4 mentally unhealthy days each month and 11% of adult’s average at least 14-days of mental distress per month; however, both rates are lower than the comparison group average.

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

During the community stakeholder meeting participants addressed mental health in conjunction with access to providers. Telehealth was discussed as an effective mechanism to reach rural communities. Isolation was brought up a cause of mental health issues and was referenced several times during the conversation. Participants mentioned that boosting community involvement may help isolation. In recent years general anxiety and depression have been on the rise. A need for improved addiction services was also mentioned.

Local Asset Mapping	
<p>Mental Health/Behavioral Health resources:</p> <ul style="list-style-type: none"> · Traill District Health Unit, PO Box 58, Hillsboro · Steele Co. Veterans Service Office, 201 Wash. Ave. W., Finley · SE Human Service Center, Region V, 2624 9th Ave. S., Fargo · Sanford Behavioral Health, 100 4th St. S., Fargo · Mental Health Association, 124 8th St. N., Fargo 	<p>Dementia/Alzheimer’s resources:</p> <ul style="list-style-type: none"> · Alzheimer’s Association, 2631 12th Ave. S., Fargo · Luther Memorial Home, 750 Main St. E., Mayville · Hillsboro Care Center, 315 E. Caledonia, Hillsboro · Steele Co. Social Services (Alzheimer’s support), PO Box 276, Finley · Mayville Senior Citizen’s Center (provides adult day care) 224 E. Main St., Mayville
<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> · Traill Co. Social Services, 114 W. Caledonia, Hillsboro · Steele Co. Social Services, 201 Washington Ave., Finley · Veteran’s Office, 114 W. Caledonia, Hillsboro · Veteran’s Office, 201 Washington Ave., Finley 	<p>Drug Take-Back Programs:</p> <ul style="list-style-type: none"> · Traill Co, Sheriff, 118 W. Caledonia, Hillsboro · Sanford Mayville, 42 6th Ave. SW, Mayville · Hillsboro Drug, 13 N. Main St., Hillsboro

Physical Activity and Nutrition

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

CHNA respondents in the Hillsboro/Mayville area rated access to exercise opportunities as good (average score=3.78) (a score which was higher than the comparison group average) and access to healthy foods as very good (average score=3.98) (which was the highest score among similar markets). In addition, CHR data indicate that 59% of people in the Hillsboro/Mayville market have access to exercise opportunities and 6% have limited access to healthy foods – both of which are similar to the comparison group average.

However, when CHNA respondents in the Hillsboro/Mayville area were asked about their biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were the second leading concern, after COVID-19. The most commonly cited chronic health concerns involved excess weight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that 14% of adults in the Hillsboro/Mayville area have diabetes (the highest rate among similar markets served by Sanford Health) and 40% of adults have obesity (the second highest rate among similar markets).

During the stakeholder meeting, physical activity and nutrition did not receive the levels of discussion as other topics and was not recommended for the implementation plan as other areas were deemed greater priorities.

Local Asset Mapping	
<p>Chronic Disease resources:</p> <ul style="list-style-type: none"> · Sanford’s Better Choices Better Health: 701-234-5570 	<p>Healthy Nutrition/Foods resources:</p> <ul style="list-style-type: none"> · Dale’s Food, 13 1st St. SW, Hillsboro · Miller’s Fresh Foods, 201 1st Street NE, Mayville

<ul style="list-style-type: none"> • Sanford Medical Home, c/o Sanford Mayville or Sanford Hillsboro Clinics • Sanford Hillsboro, 315 E. Caledonia, Hillsboro • Sanford Mayville, 42 6th Ave. SE, Mayville • Sanford Finley, 407 Washington, Finley • Steele Co. Public Health, 201 Washington Ave., Finley • Traill Co. Public Health, 114 W. Caledonia, Hillsboro • Arthritis Foundation, PO Box 1208, Fargo • American Heart Assn., 1005 12th Ave. SE, Jamestown or heart.org 	<ul style="list-style-type: none"> • Stones Market, 100 4th St., Finley • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Grand Forks Farmers Market, South Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville
<p>Obesity resources:</p> <ul style="list-style-type: none"> • Sanford Mayville, 42 6th Ave. SE, Mayville • Sanford Hillsboro, 315 E. Caledonia, Hillsboro • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Gr. Fks. Farmers Market, So. Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville • HERD Wrestling, 128 4th St. SE, Hillsboro • Goose River Golf Course, 700 6th St. NW, Hillsboro • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Hillsboro • Swimming, 610-698 Main St. E., Hillsboro • Hillsboro Fitness Center, 12 4th St. NE, Hillsboro • Hillsboro T-Ball & Little League, 701-430-1425 	<p>Obesity Resources cont.:</p> <ul style="list-style-type: none"> • Woodland Park Activities, 415 Woodland Park Dr., Hillsboro • Sledding Hill, Hwy 200, Mayville • Indoor Ice Arena, 338 2nd Ave. NW, Mayville • Hockey Club in Hillsboro, icedawgshockey.com • Parks & Playgrounds <ul style="list-style-type: none"> o Island Park, Hwy 200, Mayville o Rainbow Garden & Sculpture Walk, Hwy 200, Mayville o Southside Park, 414 4th St. SE, Mayville o Water Tower Park, 532 608th Main, Mayville o Pioneer Park, Hwy 200, Mayville o Military Park, 101-199 1st St. SW, Mayville o Woodland Park, 415 Woodland Park Dr., Hillsboro o Buffalo River Park, I-29, Hillsboro
<p>Physical Activity resources:</p> <ul style="list-style-type: none"> • Goose River Golf Course, 700 6th St. NW, Hillsboro • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Hillsboro • Swimming, 610-698 Main St. E., Hillsboro • Hillsboro Fitness Center, 12 – 4th St. NE, Hillsboro • Woodland Park activities, 415 Woodland Park Dr., Hillsboro 	<p>Physical Activity Resources Cont.:</p> <ul style="list-style-type: none"> • Walking opportunities: <ul style="list-style-type: none"> o Island Park, Hwy 200, Mayville o Rainbow Garden & Sculpture Walk, Hwy 200, Mayville o Pioneer Park, Hwy 200, Mayville o Military Park, 101-199 1st St. SW, Mayville o Woodland Park, 415 Woodland Park Dr., Hillsboro o Buffalo River Park, I-29, Hillsboro

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults³.

CHNA respondents in the Hillsboro/Mayville area rated community access to daily transportation as less than good (average score=2.73) and lower than any other community health issue. When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents referenced no or very few transportation options in rural areas. Some senior rides were mentioned; however, responses indicated they are limited and don't meet every need.

Transportation was discussed during the stakeholder meeting. The conversation centered on the need for transportation to and from medical appointments as a vehicle to address the need for great access to providers. Improving transportation will also have other benefits to the community outside of medical appointments.

Local Asset Mapping
Transportation resources: <ul style="list-style-type: none">• Valley Senior Services, 205 N. Main, Hillsboro• Traill Co. Senior Services, PO Box 506, Hillsboro• Finley Senior Center, 301 Central Ave., Finley

Needs Not Identified In Report - Access to Quality Childcare and Affordable Housing

During the stakeholder meeting, participants also agreed that childcare is a concern in the community. Lack of childcare options in the community is a hindrance to community employment and attracting newcomers. It is worthwhile to note that this was an identified health issue in the past but did not show up in the most recent NDSU report, and participants still feel strongly that it is a need. For these reasons, childcare and affordable housing should be grouped together to handle the broader issue of Employment and Economic Development in the community.

Local Asset Mapping	
Child Care Resources: <ul style="list-style-type: none">• Child Care Aware of ND, 412 Demers Ave., Grand Forks• ND Dept. of Human Services (licensing), 600 E. Blvd. Ave., Bismarck• Hillsboro After School Program,• Mayville State Univ. Child Development Center, 330 – 3rd St. NE, Mayville• MSU Child Development, 408 – 1st St. SE, Hillsboro• Traill Co. Social Services (help with costs), Erin E. Thompson, 2nd Ave. NE, Hillsboro• Lisa Munter, 5th Ave. SE, Hillsboro• Tessa Wilson, 1st St. NW, Hillsboro• The Learning Circle, 1 First Ave. SW, Hillsboro• Melissa Ketterl, 5 Ave. SE, Hillsboro	Activities for children & youth (outside of school & sports): <ul style="list-style-type: none">• Boy Scouts, Northern Lights Council - 1701 Cherry St., Grand Forks or 4200 19th Ave. S., Fargo• Girl Scouts, Dakota Horizons Council - 2525 Demers Ave., Grand Forks or 1002 43rd St. S., Fargo• 4-H - c/o Traill Co. Extension Office, 114 W. Caledonia, Hillsboro• 4-H - c/o Steele Co. Extension Office, 201 Wash. Ave., Finley

³ Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy, Population Health and Healthcare Office. Available at <https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html>.

Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency and Sanford Health were also present. List of attendees thanked in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process. Access to Childcare and Access to Affordable Housing were brought forward for discussion. Sanford will work with community leaders and organizations to help address Childcare and Housing needs where we are able but did not prioritize these in the Implementation Plan since we have limited ability to impact outcomes in these areas.

IMPLEMENTATION PLAN

Priority 1: Mental Health Services

Sanford is addressing the need by including mental health services as a priority focus area for the 2022-2024 implementation plan. Sanford will improve mental health services by seeking avenues to increase access among those populations aged 65 and over and reducing the severity of depression through use of Integrated Health Therapists and improved screening procedures.

Current Activities: Sanford is utilizing the PHQ-9 patient health questionnaire on initial and certain follow-up appointments and appropriate patients to ensure those in need of mental health services are identified and offered treatment. We have implemented IHTs (integrated health therapist) into the Clinics, mostly by tele-health due to the COVID-19 pandemic. 1-3 patients per day are being seen by telehealth from each Clinic.

Projected Impact:

The goal of this priority is a reduction in the severity of depression through screening and care delivery efforts.

Goal 1: Improve PHQ-9 scores for patients with depression

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations - if applicable
All PCP visits include depression screening using the PHQ-9 assessment tool	% of patients with major depression or dysthymia and an initial PHQ-9 score of 9 or greater whose 6-month PHQ-9 score was less than 5	Senior Clinic Leadership	Jac McTaggart	
Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services. This tactic also supports the second goal.	Number of visits	Senior Clinic Leadership IHT Team	Jac McTaggart	

Goal 2: Provide for improved access to Mental Health/Behavioral Health Services

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations - if applicable
Work Closely with Senior Life Solutions for Outpatient Group therapy for those	Increased participation from within our county. Services are provided in	Senior Leadership	Jac McTaggart, Melissa Mostad	Traill County Human Services, Local Clinics, local

that are of Medicare age	Hillsboro among those qualifying for Medicare.			Nursing homes for referrals
Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services. This tactic also supports the first goal.	Number of visits	Senior Clinic Leadership IHT Team	Jac McTaggart	
Promote video visits for behavioral health appointments	Number of appointments among community, percentage of visits conducted virtually	Senior Clinic Leadership	Jac McTaggart	

Priority 2: Transportation

Sanford and local stakeholders have a well-established working relationship with the aim of improving transportation options for rural communities.

Current Activities: Sanford has coordinated with Traill County to provide a public directory of transportation options, which is available throughout the county. Traill County has a bus/van available for use and seemed to be working very well in the community. Unfortunately, COVID-19 stopped all transportation in 2020.

Projected Impact:

Availability of public transportation will be improved through both the promotion of current resources within the hospital and clinic settings, but also in working to establish new resources that expand opportunities.

Goal 1: Provide comprehensive directory of options available in Traill County

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Work with city and county leaders to determine what resources are available in the county, and if additional resources are an option.	2022 Meetings begin, improved transportation survey scores, number of missed appointments, user numbers	Local Senior Leadership	Jac McTaggart, Melissa Mostad	City Leadership, County Leadership and Local Human Services Department

Promote local transportation resources and available for residents	2022: improved transportation survey scores, number of missed appointments	Local Senior Leadership, Marketing department	Jac McTaggart, Melissa Mostad	
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Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process:

Access to Health Care: Access to health care is not included as a general topic within the Implementation Plan as a focus on mental health was deemed to be a higher priority for purposes of the Community Health Needs Assessment. However, To help meet the demand for services in our area we have outreach providers in the following specialties: Dermatology, Podiatry, Orthopedics ,Pulmonology, OBGYN, Urology and Sleep Med by Telehealth.

Physical Activity and Nutrition: Physical activity and nutrition is not included in the Implementation Plan as the stakeholder group determined that other organizations, including those listed in the asset map are addressing the need, and the need is a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Mayville and Sanford Hillsboro are addressing the need by working to start emergency wellness food pantries through the Great Plains Food Bank. This work aims to provide an emergency supply of nutritious food at a clinic visit and also connect them to greater resources. Information received through the CHNA process will be shared with stakeholders as needed.

Access to Quality Childcare and Affordable Housing: The topic was raised as a significant health needs during the community stakeholder meeting. However, it was determined to be a lower priority than mental health and transportation for purposes of the Community Health Needs Assessment. Sanford is addressing the need by sharing information received through the CHNA process with stakeholders and engaging in efforts to advance the issue.

EVALUATION OF 2019-2021 CHNA

Goal 1: Mental Health Services

Sanford Mayville utilizes the PHQ-9 patient health questionnaire on initial and certain follow-up appointments and appropriate patients to ensure those in need of mental health services are identified and offered treatment. The panel management team is completing follow-up for new depression diagnosis.

Both Sanford Mayville and Sanford Hillsboro have implemented IHTs (integrated health therapist) into the Clinics, mostly by tele-health due to the COVID-19 pandemic. 1-3 patients per day are being seen by telehealth from each Clinic. Patients and Providers feel it is going well and it is used quite frequently.

Hillsboro’s Go Live for Senior Life Solutions outpatient group therapy program was scheduled to start Summer of 2020 with an estimated 4-10 patients per day by the end of 2020. Due to the COVID-19 pandemic the program start date was delayed until December 2020. The delay resulted in patients not being seen virtually until January 2021.

Goal 2: Transportation

Sanford Hillsboro and Sanford Mayville coordinated with Traill County to provide a public directory of transportation options, which is available throughout the county. Traill County has a bus/van available for use and seemed to be working very well in the community. Unfortunately, COVID-19 stopped all transportation in 2020.

Sanford Hillsboro worked with the City of Hillsboro as they submitted a grant to secure and autonomous bus to transport residents throughout the city. The City did not receive the grant that was submitted and has moved away from any other such types of public transportation for the city.

From a healthcare perspective, Sanford offers and promotes several virtual healthcare options in response to COVID-19 and the subsequent impact on travel. Offerings include video visits, telehealth, and e-visits.

CONTACT INFORMATION

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

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

APPENDIX

Survey Responses

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

Expanded Demographics

Trails County had a population of 8,036 in 2019 which is down 1% from 2010. Steele County declined by 4.3% to 1,890. In the same time frame the state of North Dakota grew by 13.3%. Despite this the Trails County has approximately the same population density as the state as a whole. Steele County has a lower population density at 2.8 people per square mile. Residents are slightly older than the state as a whole.

County residents have lower housing costs than the state median. They also have effectively the same proportion of houses with a computer and internet access as the state as a whole. While the county outperforms the state in high school graduation rates county residents do not achieve as much secondary education as the state as a whole. Median income across the state and Trails is largely the same yet there is a lower proportion of county residents in the workforce than the state, county civilian labor force is 64.7% while the state is 69.2%. While state total employment increases 2018-2019 by 2.1% the Trails County employment decreased 0.8% in the same time frame. Steele County employment increased by 0.8% during the same time period.

	Steele County, ND	Trails County, ND	North Dakota
Population estimates, July 1, 2019, (V2019)	1,890	8,036	762,062
Population estimates base, April 1, 2010, (V2019)	1,975	8,121	672,576
Population, percent change – April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.3%	-1.0%	13.3%
Population per square mile, 2010	2.8	9.4	9.7
Persons under 5 years, percent	6.7%	6.0%	7.1%
Persons under 18 years, percent	22.0%	22.8%	23.6%
Persons 65 years and over, percent	25.2%	20.0%	15.7%
White alone, percent	96.8%	94.8%	86.9%
Black or African American alone, percent	0.6%	0.9%	3.4%
American Indian and Alaska Native alone, percent	1.3%	1.5%	5.6%
Asian alone, percent	0.2%	0.6%	1.7%
Two or More Races, percent	1.1%	2.2%	2.3%
Hispanic or Latino, percent	2.2%	3.7%	4.1%
White alone, not Hispanic or Latino, percent	94.8%	91.6%	83.7%
Median value of owner-occupied housing units, 2015-2019	\$85,300	\$150,600	\$193,900
Median gross rent, 2015-2019	\$555	\$624	\$826
Households with a computer, percent, 2015-2019	90.3%	89.5%	89.8%
Households with a broadband Internet subscription, percent, 2015-2019	80.6%	81.1%	80.7%

High school graduate or higher, percent of persons age 25 years+, 2015-2019	96.3%	93.4%	92.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	30.9%	28.9%	30.0%
With a disability, under age 65 years, percent, 2015-2019	5.8%	7.7%	7.2%
Persons without health insurance, under age 65 years, percent	4.7%	6.0%	8.1%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	67.7%	64.7%	69.2%
Median household income (in 2019 dollars), 2015-2019	%70,724	\$64,453	\$64,894
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$39,011	\$33,321	\$36,062
Persons in poverty, percent	7.4%	8.0%	10.6%
Total employer establishments, 2019	63	285	24,654
Total employment, 2019	526	2,635	353,333
Total employment, percent change, 2018-2019	0.8%	-0.8%	2.1%

CHNA Survey Questionnaire

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor Fair Good Very Good Excellent Don't Know

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

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

010000-01882 1/01

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

- Poor Fair Good Very Good Excellent Don't Know

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

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

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

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

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

YOUR HEALTH CARE USAGE

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

- Yes
- No

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

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

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

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

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

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

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

- Yes No Unsure

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

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

TRAVELING FOR CARE

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

- Yes No

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

City _____ State _____

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

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

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

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

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

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

- Yes No

How many people live in your house, including yourself? _____

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

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

- Yes No

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

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

How long have you been a US citizen?

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

What language is spoken most frequently in your home? _____

What is your current marital status?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> Separated |

Which of the following best describes your current living situation?

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

What is your primary mode of daily transportation?

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

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

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

Your current employment status is best described as:

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

What is your total household income from all sources?

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

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