Community Health Needs Assessment

SANFORD THIEF RIVER FALLS MEDICAL CENTER 2022-2024

010000-01844

Dear Community Members,

Sanford Thief River Falls 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
- Access to healthcare providers

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

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 Thief River Falls area residents. We invite you to join us and thank you for your support of these ongoing efforts.

Sincerely,

Brian Carlson
Executive Director
Sanford Thief River Falls Medical Center

BACKGROUND

Community Description

The Sanford Thief River Falls Medical Center is located in Thief River Falls, Minnesota. Thief River Falls, located in northwest Minnesota, is one of the largest communities in that region with a population over 8,000. It takes its name from the falls of the Red Lake River where it meets with the Thief River. Thief River Falls serves as a hub of economic activity with major employers including snowmobile manufacturer Textron Industries, Inc. (Arctic Cat), electronic parts distributor Digi-Key Corporation, and is the birthplace of Steiger Tractor.

The Thief River Falls area is rich in natural beauty with forests, rivers, parks and wildlife. The community offers numerous options for recreation and physical activity, most prominently the Ralph Englestad hockey arena. Popular outdoor activities include fishing, snowmobiling, hunting, skating and bird watching. The community boasts many well-maintained parks and a bike trail system. There are several fitness centers in town including Sanford Health Thief River Falls Wellness Center, which recently relocated to new, larger space with expanded fitness programs and options.

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

Partners

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

Sanford Health

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

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

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltram 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

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

- Brian Carlson, Executive Director, Sanford Thief River Falls
- Cyndi Onkka, Assistant Director/Business Manager, Inter-County Nursing Service
  - Inter-County Nursing Service provides Public Health and Home Health Care in Pennington and Red Lake County Minnesota.
- Beth Nelson, Real Estate Officer, Northern State Bank of Thief River Falls and Board Member, Advance Thief River
- Ellison Christopher, Process improvement Analyst, Sanford TRF
- Mark Schmitke, Community Relations and Events Manager, Digi-Key Electronics and Board Chair, Thief River Falls Chamber of Commerce
- Brian Holmer, Mayor, Thief River Falls
- Scott Brekke, Principal, Lincoln High School
- Donita Stepan, Superintendent, Thief River Falls Public Schools
- Jessica Muller, CPA/manager, Brady Martz & Associates, P.C. (Board Member Advance Thief River)

Sanford Thief River Falls Medical Center Description

Sanford Thief River Falls Medical Center is equipped with the most advanced technology and includes a 25-bed Level IV trauma center that sees 6,500 patients annually, labor/delivery and postpartum suites for approximately 250 births per year, medical, surgical and intensive care and operating rooms. Radiology services include 3D mammography, nuclear medicine, CT, MRI and ultrasound. Other services provided include an infusion center, surgery center, dialysis, pharmacy, and lab.

More than 30 medical specialties are offered so patients and families don't have to travel far to get expert care. The clinic provides primary care (family medicine, internal medicine, pediatrics, OB/GYN) as well as surgery, hospitalists, podiatry, orthopedics, psychiatry, psychology, emergency medicine and numerous therapies and nutrition.

Outreach specialists in the areas of allergy and immunology, pediatric cardiology, dermatology, ENT, genetic counseling, hematology, oncology, nephrology, podiatry, urology, vascular surgery, pain management and ophthalmology visit on a regular basis, ensuring area residents have access to specialty care close to home.

Sanford Thief River Falls employs 45 clinicians, including physicians and advanced practice providers, and over 600 employees.

CHNA Purpose

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

Consultation with Public Health, Community Leaders, Other Health Systems → Community & Stakeholder Survey → Secondary Data → Asset Mapping → Local Community Stakeholder Meetings → Community Health Needs Identified → Implementation Plan

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 Pennington 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 95 respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.
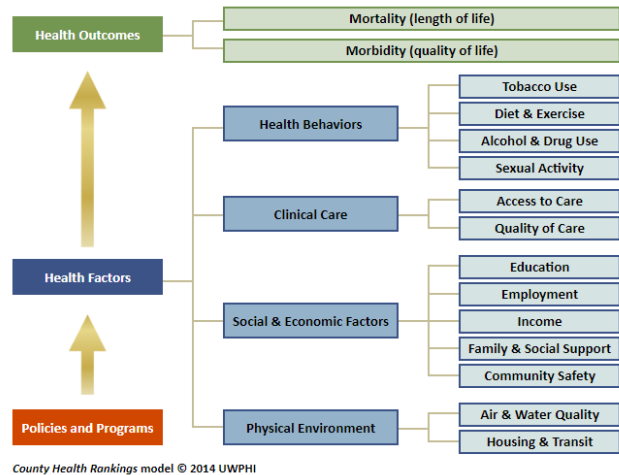
Secondary Data

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.

County Health Rankings model © 2014 UWPHI

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. Thief River Falls is included with Bemidji, MN, Aberdeen, SD, Vermillion, SD, and Worthington, SD.
- 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 work being done 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 the specific health needs to be addressed within the Implementation plan with input from the 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.

<u>Community Definition</u>

Pennington County in Minnesota is included in the data analysis and represents a majority of volumes to Sanford Thief River Falls hospitals. No population was excluded from the process.

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 Thief River Falls area regarding the following community health issues were positive. Average scores for childcare and preschool quality (average score=3.32), employment and economic opportunities (average score=3.52), access to healthy food (average score=3.62), community safety (average score=3.80), and environmental health (average score=3.97) in the Thief River Falls market were all above 3.00 and were all higher than the average for the comparison group of similar-sized market areas. When asked about their personal health, CHNA respondents in the Thief River Falls area rated their current health and wellness as good overall (average score=3.18); however, the average score was the lowest among similar markets served by Sanford Health.

According to CHR, Pennington County ranks in the upper-middle range of Minnesota counties in terms of overall health. Adults in the Thief River Falls market average about 3.5 physically unhealthy days each month and 11 percent of adults average at least 14 days of physical distress per month – both measures are similar to the average for the comparison group of similar-sized markets served by Sanford Health. The following six areas of concern were identified for further discussion (in no particular order).

Significant Identified Health Needs

Access to Health Care Providers

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

While CHNA respondents in the Thief River Falls area rated their ability to access health care as good (average score=3.57), the score was lower than the average for the comparison group of similar-sized markets served by Sanford Health. In addition, when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (slightly higher than COVID-19 concerns). Nearly one in six CHNA respondents in the Thief River Falls area who needed care in the past year did not receive it (16%), which was the highest percentage among similar markets served by Sanford Health. When asked why, the main reason was due to a lack of local providers (36%) – a reason which surpassed cost and COVID-19 concerns. In addition, about half of CHNA respondents in the Thief River Falls area reported traveling outside of their community to receive health care services in the past three years (52%). When asked why, 67 percent of respondents who traveled for care indicated that the needed services were not available locally.

One in five CHNA respondents in the Thief River Falls area indicated they do not currently have a primary care physician (20%). CHR data indicate that the uninsured rate is relatively low in the Thief River Falls area (4.3%); however, the primary care physician ratio (one physician for every 1,575 people) is slightly higher than the comparison group average. CHR data also indicate that when compared to similar markets, the Thief River Falls area has the lowest mammography screening rate (45%) and one of the lowest flu vaccination rates (47%).

In the stakeholder meeting access to providers was discussed as a priority need in the community, although it was discussed alongside access to quality healthcare, mental health, and the aging population. Stakeholders believed that APPs like nurse practitioners were underutilized in the community because some residents only want to be treated by physicians. It was suggested that in addition to increasing the number of APPs in the area Sanford and community members could work to promote awareness regarding APPs talent and services. Meeting participants also had interest in increasing home health services for the elderly population. Telehealth was an area that stakeholders would like to see utilized as a way to increase access, although it may be difficult for the elderly population to effectively use telehealth services. Overall increasing access to health care providers is a need of the community that stakeholders would like to see improve and somewhere where Sanford health could make a meaningful impact.

Local Asset Mapping	
Health Insurance resources: • Sanford Health Plan, 1749 – 38th St. S., Fargo • NW Service Cooperative, 114 – 1st St. W., TRF • Insurance Brokers, 102 S. Pine Ave., TRF • State Farm, 1845 US 59, TRF • MN Sure – MNSure.org	**Health Care resources**: • Sanford Clinic, 3001 Sanford Parkway, TRF • Sanford Medical Center, 3001 Sanford Parkway, TRF • Sanford Community Care Program, 3001 Sanford Parkway, TRF • Sedra Clinic, 213 Labree Ave., TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF • LifeCare Pregnancy Center, 204 Labree Ave., TRF • Communities Caring for Children (prenatal care), 101 Main Ave. N., TRF

Access to Quality Health Care
High quality health care is timely, safe, effective, and affordable—the right care for the right person at the right time. High quality care in inpatient and outpatient settings can help protect and improve health and reduce the likelihood of receiving unnecessary or inappropriate care.

CHNA respondents in the Thief River Falls area rated the quality of health care in their community as good (average score=3.04); however, the average score was the lowest among similar-sized markets served by Sanford Health. In addition, with the exception of affordable housing, CHNA respondents in the Thief River Falls area rated the quality of health care in their community lower than any other community health issue. For respondents who traveled for care in the past three years, 36 percent did so because they were after better or higher quality care (following 67% of respondents who indicated they needed a specialist or the needed services were not available locally).

During the stakeholder meeting, access to quality healthcare was discussed within the context of increasing access to healthcare providers rather than as an isolated, individual need. Access to quality healthcare is a need in the community but will not be directly address in the implementation plan, although it may be influenced through other priority issues, particularly increasing access to healthcare providers.

Local Asset Mapping	
Health Insurance resources: • Sanford Health Plan, 1749 – 38th St. S., Fargo • NW Service Cooperative, 114 – 1st St. W., TRF • Insurance Brokers, 102 S. Pine Ave., TRF • State Farm, 1845 US 59, TRF • MN Sure – MNSure.org	**Health Care resources**: • Sanford Clinic, 3001 Sanford Parkway, TRF • Sanford Medical Center, 3001 Sanford Parkway, TRF • Sanford Community Care Program, 3001 Sanford Parkway, TRF • Sedra Clinic, 213 Labree Ave., TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF • LifeCare Pregnancy Center, 204 Labree Ave., TRF • Communities Caring for Children (prenatal care), 101 Main Ave. N., TRF

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood[1]

When CHNA respondents in the Thief River Falls market were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (46%) followed by addiction treatment (36%). According to CHR, adults in the Thief River Falls market average about 3.8 mentally unhealthy days each month and 13 percent of adults average at least 14 days of mental distress per month. One of the most important measures of mental health within a community is suicide. CHR data indicate that the suicide rate in the Thief River Falls area (21 suicides per 100,000 people) is the highest among similar markets served by Sanford Health.

Mental/behavioral health and substance abuse was identified as the number one health concern of the community during the community stakeholder meeting. In particular mental health concerns among youth was noted as an area of concern as the community lacks sufficient services for at-risk youth. Addressing the substance abuse and mental health needs of the community in the wake of the COVID-19 virus was also discussed as a consideration. Participants noted that lack of available local providers results in difficulty scheduling an appointment to see a mental health professional. Scheduling strains are also evident in the length of time required for a follow up visit.

Local Asset Mapping	
Substance Abuse resources: • SAMHA, 5600 Fishers Lane, Rockville MD – 877-726-4727 • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF	**Mental Health resources:** • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF • Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF

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

• Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF • RiverView Recovery Center, 309 Labree Ave. N., TRF • Glenmore Recovery Center, 621 N. Labree Ave., TRF • Northwest Recovery Center, 115 – 6th St. W., TRF • NA, 708 N. Davis Ave., TRF • AA, 614 N. Davis Ave. (+ 8 other locations) • Pine Manor CD Services, 22195 State 34, Nevis	• Northwestern Mental Health Center, 603 Bruce St., Crookston • Nancy Rust, PhD, 213 Labree Ave., TRF

Affordable Housing

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

CHNA respondents in the Thief River Falls area rated the availability of affordable housing in their community as less than good (average score=2.51). When respondents were asked to explain why they rated available, affordable housing as they did, responses focused on a limited selection of affordable housing units and rentals to choose from, for households with middle and lower incomes.

Based upon the stakeholder meeting affordable housing is a known community need. Community leaders report that there is a gap in the housing market where the houses available in the community do not match the needs of its inhabitants. City officials report that work is being done to address this need through programs like workforce housing, and Sanford's efforts would not be most effective spent addressing affordable housing in the implementation plan as other organizations are addressing the need and have the appropriate competencies for the issue. Sanford would however be able to take a support role in the city's addressing of the issue.

Local Asset Mapping	
Low income housing: [2] • Greenwood Terrace, 2001 Greenwood St E, TRF • River Pointe Townhomes, 928 Alice Dr, TRF • Riverside Terrace, 225 Labree Ave S, TRF • Sherwood Park Townhomes, 1528 Highway 1 E, TRF • Northland Village, 1508 Highway 1 E, TRF • Belmont Apartments, 1308 Dale St, TRF • Pioneer Court 1602 Greenwood St E, TRF • Southwood Park Townhomes, 1601 Greenwood St E, TRF • Thief River Falls Hra, 415 Arnold Ave S, TRF • Oak Lodge Ltd, 540 9th St W, TRF	**Housing:** • Thief River Falls City Hall, 405 3rd St E, TRF • Edina Realty, 121 Labree Ave N # 934, TRF • Genereux Realty INC, 304 Riverside Ave, TRF • Nordin Realty, Inc. 201 Brooks Ave N, TRF • Hometown Realty, 601 N, Main Ave N, TRF • Reed Realty, 503 Riverside Ave S, TRF

[2] https://affordablehousingonline.com/housing-search/Minnesota/Thief-River-Falls

Long-Term Care

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A decent home is paramount to healthy aging[3].

CHNA respondents in the Thief River Falls area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.05); however, the average score was lower than the comparison group average. When the 23 percent of respondents who rated the quality of long-term care as poor or fair were asked why they did so, responses referenced a lack of facilities, staff, and trained staff. When CHNA survey respondents in the Thief River Falls area were asked about what health care services they would like to see offered or improved in their community, nearly one in five respondents indicated long-term care (18%).

Based on the community stakeholder meeting long term care can be defined as more of an issue of access to providers than specifically long-term care. The participants of the meeting articulated a need for improving home health services for the elderly population. Other aspects of long-term care are important but were not a significant topic of discussion.

Local Asset Mapping	
Long Term Care resources: · Thief River Care Center, 2001 Eastwood Dr. · Oakland Park NH, 123 Baken St., TRF · Valley Home, 523 Arnold Ave. S., TRF · Riverside Terrace (retirement apts.), 225 Labree Ave. S., TRF · Sunwood Home, 237 Kneale Ave. N., TRF · MN Greenleaf, 1006 Greenwood St., E., TRF	**Memory Care resources:** · Alzheimer's Assoc. – Alz.org · Thief River Care Center, 2001 Eastwood Dr., TRF · Oakland Park NH, 123 Baken St., TRF · Valley Home, 523 Arnold Ave. S., TRF · Sunwood Home, 237 Kneale Ave. N., TRF · MN Greenleaf, 1006 Greenwood St. E., TRF
In-Home Services: · Hospice of the Red River Valley, 1845 US 59 S., TRF · Country Health, 322 N. Labree Ave., TRF · Northland Community Hospice, 1845 Hwy 59 S., TRF · Inter County Nursing Service, 318 Knight Ave. N., TRF · Sanford Healthcare Accessories, 1845 US 59 S., TRF · Lincare, 322 N. Labree Ave., TRF · First Care Medical Services, 1845 US 59 S., TRF · Life Alert – 800-852-3081	**In-Home Services:** · ADT Medical Alert – 855-289- 2496 · Medical Guardian Alert – 800- 227-0919 · Heritage Senior Center, 301 – 4th St. E., TRF · Caregiver Support Group (through LSS), 301 E. 4th St., TRF (2nd Thurs. at 10 a.m.) · Heritage Center congregate meals & home delivered meals, 301 – 4th St. E., TRF · Meals on Wheels – 218-681- 6861 · S & S Rehab Products, 218 Labree Ave., TRF · Behavioral Dynamics, Inc., 202 Labree Ave. N., TRF

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and healthcare 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 adults[4].

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[3] The Urban Institute, Urban Wire: Aging. Available at https://www.urban.org/urban-wire/topic/aging
[4] 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.

CHNA respondents in the Thief River Falls area rated community access to daily transportation as good (average score=3.05). When the 37 percent of respondents who rated access to daily transportation as poor or fair were asked why they did so, the most common response was that few public options were available in their community. If buses were available, the routes and hours are limited and inconvenient.

Members agreed that there was limited transportation options and Sanford could collaborate with the city with Sanford in a supporting role. Home health was listed as an option to address a portion of the community's transportation needs.

Local Asset Mapping
Transportation: · Trivalley Heartland Express, 524 Barzan Ave, TRF · Minnesota DOT, 248 125th Ave NE, TRF · Prowler Taxi, (218) 416-0104 · Thief River Falls Regional Airport, 13722 Airport Dr, TRF

Sanford Area of Focus

The 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. The List of attendees is 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; none were brought forward.

IMPLEMENTATION PLAN

Priority 1: Mental Health

Current activities

 Sanford Thief River Falls continues to recruit providers to address the difficulties in timely appointment and follow-up. In the past year we have added five new providers and are in the process of licensing a new facility for Substance Use Disorders (SUDS). Adolescent care providers has been a focus in recruitment but due to the specialization it is a difficult recruit. We continue to recruit for additional providers, particularly with training in adolescent care and treatment. The shift to telehealth, particularly video, was enabled by time-limited, regulatory changes related to reimbursement, privacy standards for telehealth technology, and licensure. "Post-COVID-19 policies will determine whether telehealth remains central to US health care or returns to the periphery.

Projected Impact

Increased access to mental/behavioral health and substance abuse is the number one health concern of the community. In particular, sufficient mental health services for at risk youth do not support current needs. Addressing the substance abuse and mental health needs of the community in the wake of the COVID-19 virus was also identified.

Goal 1: Develop and implement community strategy for mental health promotion and suicide prevention

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note any community partnerships and collaborations – if applicable
Develop team for strategy development	2022	Staff time	Director of BH	MDH
Identify community partners	2022, partners recruited	Staff time, meeting space, partners	Director of BH	TBD
Identify key strategies to address areas of need	2022	Staff time, meeting space, partners	Director of BH	TBD
Develop and implement plan to prioritize prevention efforts	Q1-2CY22 Decline in suicides, Increased behavioral health appointments	Staff time, meeting space, partners	Director of BH	TBD

Goal 2: Develop and implement community education for parenting related skills

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note any community partnerships and collaborations – if applicable
Develop team	Q2 CY22	BH Staff	Director of BH	NA
Partner with community agencies	Q2 CY22, partners recruited	BH Staff, Partners involved	Director of BH	TBD
Identify key populations and areas of concern	Q2 CY22	BH Staff, Partners involved	Director of BH	TBD
Develop/Identify curriculum and facilitators	Q3 CY22	BH Staff	Director of BH	TBD
Implement educational sessions/groups	Q4 CY22 Decline in suicides, Increased behavioral health appointments	BH Staff	Director of BH	TBD

Priority 2: Access to Healthcare Providers

Current activities
Access to providers has been and continues to be a high priority in Thief River Falls. Through telehealth technologies we have been able to expand access beyond the traditional face to face encounters. Telehealth opportunities are many, however constrained to some degree by payment models and whether insurance payors will recognize telehealth as a covered service. The COVID pandemic has accelerated the acceptance of telehealth by the consumer, providers and insurers however it remains to be seen whether support and adoption of this service option will continue at the pace experienced during the pandemic. With regard to nurse practitioners, there is certainly opportunity to work with our partners to increase awareness among the general community of the expert care they can provide.

Projected Impact
Increase the number of local providers servicing Thief River Falls through locally based providers, outreach from other Sanford facilities, or telehealth/virtual care platforms. Increased providers will expand the number of available services and appointments available to the local community.

Goal 1: Develop a fulltime dermatology clinic in Thief River Falls

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note any community partnerships and collaborations – if applicable
Hire dermatology providers for TRF	Providers signed. Q1 CY22, increased available appointments, patient utilization	Provider recruitment	Senior Director Clinic	
Develop marketing materials to promote dermatology providers	Materials developed and distributed. Q1 CY22, awareness, improved consumer perceptions in CHNA survey	Sanford Marketing Division	Senior Director Clinic, others as delegated	
Develop dermatological surgery capabilities in Thief River Falls	Dermatology providers credentialed in TRF. Q1 CY23 Increased available dermatology appointments, patient utilization	Dermatology providers and support staff	Senior Director Clinic, TRF surgery department and Anesthesia	

Goal 2: Expand platform and access to telehealth technologies in behavioral health

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations – if applicable
Integrate telehealth appointments into all provider schedules, beginning with 20% of available appointments	Provider schedules modified. Q3 CY22 – Q4 CY23, increased IHT utilization	Director Behavioral Health, Patient Access, others as required	Director Behavioral Health, others as delegated	
Adopt no less than 50% telehealth appointments for all new providers hired	New hires schedules reflect 50% telehealth appointments. Q1 CY22 – Q4 CY23, telehealth utilization	Provider recruitment, human resources	Director Behavioral Health	

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 Quality Healthcare: Access to Quality Healthcare is not directly included in the Implementation Plan as the group determined that, as a standalone need, was a lower priority to others needs and will be positively impacted as Access to Healthcare Providers is improved. Over the past several years Sanford TRF has worked to implement Team-Based care or "Patient-centered primary care" to improve the delivery of high-quality care. Patient-centered primary care is relationship-based with an orientation toward the whole person, which includes partnering with patients and their families to understand and respect each patient's unique needs, cultural values and preferences. In addition, we continue to work with our provider specialists from other markets to bring as many specialists to Thief River Falls as can be reasonably supported by patient volumes.

Affordable Housing: Affordable housing is not included in the Implementation Plan as the stakeholder group determined that other organizations are addressing the need and have the expertise and competencies required to address the need. Sanford Thief River Falls will continue to participate in community discussions to address the housing shortages in Thief River Falls. Several large apartment buildings and single-family starter homes have been developed over the past several years, however, there remains a significant need for housing. Sanford will share information from the Community Health Needs Assessment with stakeholders addressing the issue as requested.

Long-Term Care: Long-term care is not included in the Implementation Plan as the stakeholder group determined that the need is a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Thief River Falls works collaboratively with the long-term care providers in and around our community. Open and candid discussions occur regularly with Sanford offering to assist in ways that make economic sense and enhance the quality of life for the residents in these facilities. Sanford continues to partner with long term care providers through agreements supporting the provision of medical oversight as required by regulation. Sanford will share results of the Community Health Needs Assessment with The Evangelical Good Samaritan Society and other long-term care providers, as requested.

Public Transportation: Public transportation is not included in the Implementation Plan as the stakeholder group determined that other organizations are addressing the need and have the expertise and competencies required to address the need. Sanford Thief River Falls continues to participate in community discussions regarding the needs and ideas around public transportation. Sanford has always been willing to support local initiatives in ways that make sense for the community and that can demonstrate a reasonable return on investment and sustainability for the community. Sanford Thief River Falls is addressing the need by sharing survey information with local transportation partners as appropriate and continuing to support patients by arrange rides to health care appointments when possible.

Mental Health and Substance Abuse

In 2019, Sanford Thief River Falls received approval for the development and implementation of a substance use disorder (SUD) service line, but implementation of the program is on hold due to COVID-19, following initial plans to open in the Fall of 2020.

Sanford Thief River Falls completed the renovation of the facility that will house the SUD program in late fall of 2020. Application for licensure through the Minnesota Department of Human Services (DHS) was submitted in November 2020. However, the licensing division of DHS has been operating at greatly reduced staffing levels due to the impact of the COVID-19 pandemic. The reduced capacity has delayed review of the license application and is currently under DHS review as of February 2021. No indication on the timing of a decision has been provided. The program will open and begin providing services as soon as the license is received.

The BHS-6 behavioral health screening tool is one of several depression screening tools available to providers to assess a patient's mental health relative to depression. Currently only Sanford One Care Clinics are using the BHS-6 screening tool and all other Sanford clinics are using the PHQ-9 patient health screening tool. TRF is using the PHQ-9 which has been incorporated into the EMR medical record as a screening prompt for providers on an annual basis for all primary care patients.

In CY19 TRF's primary care provider teams achieved an overall administration percentage rate in excess of 90% for the PHQ-9; well above the target of 80%. Upon completion of the PHQ-9 screening and based on the individuals score, the provider may recommend additional screenings and further clinical follow-up with a mental health professional. Sanford has an algorithm that outlines each step in the process.

Children and Youth

The children and youth priority has been significantly impacted by the COVID-19 pandemic. Employers have not been willing nor engaged in the development of childcare options and strategies, primarily due to the masking, social distancing, and business closure mandates from the state of Minnesota.

Children's Therapeutic Support Services (CTSS) is a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. The program is provided in all Thief River Falls schools to address the dangers of drugs in addition to other mental health issues. The CTSS program has also been impacted by the COVID-19 pandemic as most schools discontinued in-school learning and implemented distance learning structures; effectively removing children from the CTSS model of behavioral health services. Referrals and engagement decreased during the school shut down/distance learning. Sanford Thief River Falls implemented telehealth services and did more in-home work with families that were willing. Referrals have seen a marked increase since schools returned to in-person learning and we would expect a return to normal caseloads by the end of March 2021.

Additionally, TRF behavioral health staff make themselves available and participate with law enforcement educating school age children regarding the Drug Abuse Resistance Education (DARE) program every year.

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.

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

Expanded Demographics[5]
Pennington County's population was 14,119, a slight increase of 1.4% since the 2010 Census. This lags behind the state of Minnesota which experienced a 6.3% population growth over the same time period. The county's population density is just over 1/3rd of the state population density. Age differences are minor with the county having a slightly higher elderly population. The county's Black or African American alone and Hispanic or Latino population is lower than the state average.

The median home value in Pennington County is lower than the state of Minnesota and county residents are less likely to have a computer or internet in their home. Pennington County has the same high school graduation rate as the state, yet county residents are less likely to receive secondary education 19.3% compared to 36%. The state and county have similar workforce and poverty rates, though the county is experiencing employment growth the state is stagnate.

	Pennington County, MN	Minnesota
Population estimates, July 1, 2019, (V2019)	14,119	5,639,632
Population estimates base, April 1, 2010, (V2019)	13,930	5,303,927
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	1.4%	6.3%
Population per square mile, 2010	22.6	66.6
Persons under 5 years, percent	6.4%	6.2%
Persons under 18 years, percent	22.7%	23.1%
Persons 65 years and over, percent	18.8%	16.3%
White alone, percent	93.4%	83.8%
Black or African American alone, percent	1.3%	7.0%
American Indian and Alaska Native alone, percent	2.1%	1.4%
Asian alone, percent	0.9%	5.2%
Two or More Races, percent	2.3%	2.6%
Hispanic or Latino, percent	4.1%	5.6%
White alone, not Hispanic or Latino, percent	90.2%	79.1%
Median value of owner-occupied housing units, 2015-2019	$155,100	$223,900
Households with a computer, percent, 2015-2019	88.1%	91.6%
Households with a broadband Internet subscription, percent, 2015-2019	80.2%	84.8%

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[5] United State Census QuickFacts. https://www.census.gov/quickfacts

High school graduate or higher, percent of persons age 25 years+, 2015-2019	93.2%	93.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	19.3%	36.1%
With a disability, under age 65 years, percent, 2015-2019	8.5%	7.3%
Persons without health insurance, under age 65 years, percent	5.1%	5.8%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	69.6%	69.6%
Persons in poverty, percent	9.8%	9.0%
Total employer establishments, 2019	375	151,495
Total employment, 2019	9,538	2,729,420
Total employment, percent change, 2018-2019	6.5%	0.0%

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
○	○	○	○	○	○

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

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
○	○	○	○	○	○

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
○	○	○	○	○	○

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

Why did you give it that rating?

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How would you rate the ENVIRONMENTAL health of your community?
(clean air, clean water, etc.)

Poor	Fair	Good	Very Good	Excellent	Don't Know
O	O	O	O	O	O

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
O	O	O	O	O	O

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
O	O	O	O	O	O

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
O	O	O	O	O	O

3

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

[blank box]

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

    O Yes   Please answer next question

    O 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)*

O Addiction Treatment

O Behavioral Health / Mental Health

O Cancer Care

O Chiropractic Care

O Dental Care

O Dermatology

O Emergency / Trama

O Eye Services *(Ophthalmology, Optometry)*

O Family Medicine / Primary Care

O General Surgery

O Heart Care

O Labor and Delivery

O Long-Term Care / Nursing Homes

O Orthopedics and Sports Medicine

O OBGYN / Womens' Care

O Pediatrics / Childrens' Care

O Walk-in / Urgent Care

O Other *(please specify):*

YOUR HEALTH CARE USAGE

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

    O Yes   O No

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

O Within the past year

O Within the past 2 years

O Within the past 5 years

O More than 5 years ago

O Never

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

- O Cost/Inability to Pay
- O COVID-19
- O Don't feel welcomed or valued
- O Don't have insurance
- O My insurance is not accepted
- O Lack of transportation
- O Distance / lack of local providers
- O Getting time off from work

- O No child care
- O Wait time for appointments are too long
- O Clinic hours are not convenient
- O Fear / I do not like going to the doctor
- O Nothing / I do not need to see a doctor
- O Don't have a primary care physician
- O Other *(please specify):*

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

Poor	Fair	Good	Very Good	Excellent
O	O	O	O	O

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?

O Yes   O No   O Unsure

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

- O Cost/Inability to Pay
- O COVID-19
- O Don't feel welcomed or valued
- O Don't have insurance
- O My insurance is not accepted
- O Lack of transportation
- O Distance / lack of local providers
- O Getting time off from work

- O No child care
- O Wait time for appointments are too long
- O Clinic hours are not convenient
- O Fear / I do not like going to the doctor
- O Nothing / I do not need to see a doctor
- O Don't have a primary care physician
- O Other *(please specify):*

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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?

  O Yes O 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)*

O Referred by a physician   O Immediate / faster appointment

O Better / higher quality of care   O On vacation / traveling / snowbirds

O Medical emergency   O Cost or insurance coverage

O Needed a specialist / service was   O Don't feel welcomed or valued by local
  not available locally   providers

O Second opinion

O Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

  O Yes O No

Please indicate the source of your health insurance coverage.

O Employer *(Your employer, spouse, parent, or someone else's employer)*

O Individual *(Coverage bought by you or your family)*

O Federal Marketplace *(Minnesota Care / Obamacare / Affordable Care Act)*

O Medicare

O Medicaid

O Military *(Tricare, Champus, VA)*

O Indian Health Service *(IHS)*

O Other *(please specify)*

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DEMOGRAPHICS

What is your biological sex?

    O Male   O Female

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

    O Yes   O 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?

    O Yes   O No

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

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

How long have you been a US Citizen?

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

What language is spoken most frequently in your home? _____

What is your current marital status?

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

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Which of the following best describes your current living situation?

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

What is your primary mode of daily transportation?

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

O Other *(please specify)*

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

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

Your current employment status is best described as:

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

What is your total household income from all sources?

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

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

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