



Community Health Needs Assessment

SANFORD WEBSTER MEDICAL CENTER 2022-2024







Dear Community Members,

Sanford Webster 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 of range of social determinants of health, including. Key stakeholders completed a survey to identify concerns for the community related to economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford 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, Sanford Webster will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Physical Activity and Nutrition
- Community Safety

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.

Sanford Webster is grateful to the many community members who participated in this assessment process. We appreciate your commitment to the health and wellness of our community. Working together, we can continue to enhance the quality of life for all Webster area residents.

Sincerely,

Isaac Gerdes

Chief Executive Officer

Sanford Webster Medical Center

Arme Houles

BACKGROUND

Community Description

The Sanford Webster Medical Center is located in Webster, SD, a town of 1,800 residents located in the northeastern corner of South Dakota and the county seat of Day County, South Dakota. Tom Brokaw, a retired television anchorman for NBC, and Brock Lesner, a world class multidisciplinary athlete are a natives of Webster. Webster is home to an abundance of recreational activities, every year thousands of hunters and fishers come to the area to enjoy the wildlife.

The city has an airport, campground/RV park, golf course, library, park, and pool/aquatic center. Businesses include healthcare, industrial, lodging/camping, real estate, recreation, repair, and construction and services.

The community as defined for purposes of the Community Health Needs Assessment includes Day County, South Dakota. 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

- 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

Webster Partners

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

- Isaac Gerdes CEO Webster Medical Center
- Ashley Ewing Director Nursing and Clinical Services Webster Medical Center
- Lynn Lutz Pastor Westside Wesleyan Church
- Lori Reetz Clinic Care Leader Webster Clinic
- Timothy McIntyrer General Manager Lake Region Power
- Christy Ward Strategic Planning Office Sanford Health
- Matt Ditmanson Director Community Benefit Programs Sanford Health
- John Rudrud Strategic Planning Office Sanford Health
- Kimberly Kaufman Clinical Care Leader Webster Clinic
- Kelly Hanson Dacotah Bank Market President

Sanford Webster Description

Sanford Webster Medical Center is a 25-bed Critical Access Hospital providing emergency services, radiology, lab, rehabilitation and respiratory care services. It includes an adjoining rural health clinic. Sanford Webster employs four clinicians, including physicians and advanced practice providers, and 70 total 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 and is vital component of a Community Investment/Community Benefit Program to build on community assets, enhance collaboration, improve community health, and promote innovation and research.

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)(3) 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.



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

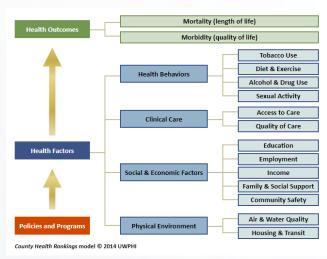
Community members were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community 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 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 16 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. Webster is included with Bagley, MN; Canby, MN; Canton-Inwood, SD;
Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN;
Sheldon, IA; Sheldon Iowa; Webster, SD; Westbrook, MN; and Wheaton, MN.

- 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. Facilitated discussion commenced and each participant was asked to consider the needs identified 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 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 considered an urgent need that has not been discussed?

Two health needs were identified by consensus during the meeting for inclusion in the implementation plan. The needs were confirmed with participants prior to the meeting's conclusion. Consensus was 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. 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:

Day County in South Dakota are included in the data analysis and represent a majority of the volumes to Sanford Webster Medical Center. Webster, a town of 1,800 residents, is located in the northeastern corner of South Dakota and is the county seat of Day County, South Dakota. 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 Webster area regarding the following community health issues were positive. Average scores as follows:

- Availability of affordable housing (average score=3.25)
- Access to daily transportation (average score=3.36)
- Long-term nursing care and senior housing quality (average score=3.54)
- Access to exercise opportunities (average score=3.69)
- Childcare and preschool quality (average score=4.00)
- Community safety (average score=4.07)
- Environmental health (average score=4.38)

While scores for CHNA respondents in the Webster area for health care quality (average score=3.44) and access to healthy foods (average score=3.62) were also positive, they were lower than the comparison group average.

When asked about their personal health, CHNA respondents in the Webster area rated their current health and wellness as good (average score=3.36) and their current ability to access health care services as good (average score=3.57); however, both scores were lower than the comparison group average.

County Health Ranking (CHR) data indicate that Day County is ranked in the lower-middle range of South Dakota counties in terms of health outcome measures (i.e., length and quality of life) – and is among the least healthy counties in terms of health factors that influence length and quality of life (i.e., health behaviors, clinical care, social and economic factors, and physical environment). The following areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

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.

CHNA respondents in the Webster area rated the quality of health care and their ability to access health care in their community as good overall. County Health Rankings (CHR) data indicate that there are 2,753 people for every one primary care physician (a ratio which is higher than the comparison group average) and 5,424 people for every one dentist (the highest ratio among similar-sized market areas served by Sanford Health). In addition, CHR data indicate that the Webster area has one of the highest rates of preventable hospital stays (4,779 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) and the lowest flu vaccination rate (21%) when compared to similar-sized markets. The stakeholder meeting participants agreed this is an important topic. Sanford Health will continue to monitor, advocate, and engage with patients and partners, access was not prioritized for the next 3-year implementation plan.

	Local	Asset	Mapping
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Hospitals:

- · Sanford Webster Medical Center, 1401 1st St W, Webster
- \cdot Sanford Aberdeen Medical Center, 2905 $3^{\rm rd}$ Ave SE, Aberdeen
- Prairie Lakes Healthcare System, 401 9th
 Ave NW, Watertown
- · Avera St. Luke's Hospital, 305 S State St, Aberdeen

Affordable Health Insurance resources:

- Medicaid & Children's Health Insurance,
 Social Services Dept., 711 W. 1st St., Webster
- · Sanford Health Plan, 300 N. Cherapa Place, Sioux Falls
- · Bill Markve & Associates, 15 W. 7th Ave., Webster

Local Healthcare Providers:

· Sanford Webster Medical Center, 1401 1st St W, Webster

Mental Health resources:

- · Sanford Clinic, 101 Peabody Dr., Webster
- Northeastern Mental Health Center, 830
 Co. Rd. 12, Webster

Dental Resources:

- Donated Dental Services Program (DDS), 605-224- 4012
- · Dr. Nathan Miller, Embrace Dentistry, 101 Peabody, Webster
- · Dr. John Sorbel, 700 Main, Webster

Regular Check-Up/Flu Shot resources:

- Family & Community Health Services, 711 W. 1st, Webster
- · Sanford Clinic, 101 Peabody Dr., Webster

Prescription Assistance resources:

- · CancerCare co-payment assistance, 800-813-4673
- · Freedrugcard.us
- · Rxfreecard.com
- Medsavercard.com
- · Yourrxcard.com
- Medicationdiscountcard.com
- · Nedymeds.org/drugcard
- · Caprxprogram.org
- · Southdakotarxcard.com
- Gooddaysfromcdf.org
- NORD Patient Assistance Program, rarediseases.org
- SD Partnership for Prescription Assistance, pparx.org
- · Patient Access Network Foundation, panfoundation.org
- Pfizer RC Pathways, pfizerRX pathways.com
- · RXhope.comPrescription Assistance resources:
- · CancerCare co-payment assistance, 800-813-4673
- · Freedrugcard.us
- · Rxfreecqrd.com
- · Medsavercard.com
- · Yourrxcard.com
- Medicationdiscountcard.com
- Nedymeds.org/drugcard
- · Caprxprogram.org
- Southdakotarxcard.com

Prescription Assistance Resources Cont.:

- $\cdot \, {\sf Gooddays from cdf.org}$
- NORD Patient Assistance Program, rarediseases.org
- · SD Partnership for Prescription Assistance, pparx.org
- · Patient Access Network Foundation, panfoundation.org
- Pfizer RC Pathways, pfizerRX pathways.com
- RXhope.comPrescription Assistance resources:
- CancerCare co-payment assistance, 800-813-4673
- · Freedrugcard.us
- · Rxfreecard.com
- Medsavercard.com
- Yourrxcard.com
- · Medicationdiscountcard.com
- Nedymeds.org/drugcard
- · Caprxprogram.org
- · Southdakotarxcard.com
- Gooddaysfromcdf.org
- NORD Patient Assistance Program, rarediseases.org
- · SD Partnership for Prescription Assistance, pparx.org
- · Patient Access Network Foundation, panfoundation.org
- Pfizer RC Pathways, pfizerRX pathways.com
- · RXhope.com

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 Webster area rated access to exercise opportunities as good (average score=3.69), a score which was higher than the comparison group average. Respondents also rated access to healthy foods as good (average score=3.62); however, this score was lower than the comparison group average. County Health Rankings (CHR) data indicate that 13 percent of Webster area residents lack adequate access to food and 18 percent are low income and do not live close to a grocery store – both measures are higher than the comparison group average. Data indicate that just 33 percent of residents in the Webster area have access to exercise opportunities – the lowest percentage among similar-sized markets served by Sanford Health.

According to CHR, 11 percent of adults in the Webster area have diabetes (a rate similar to the comparison group average); however, 39 percent of adults in the Webster area have obesity, a rate which is higher than the comparison group average.

Local Asset Mapping

Obesity resources:

- Family & Community Health Services, 711 W. 1st, Webster
- · Sanford Clinic dieticians, 101 Peabody Dr., Webster
- I Grow nutrition programs for children through SD Ext. –

Kimberly.wilsonsweebe@sdstate.edu

- · Farmer Market, So. Main & Hwy. 25, Webster
- Open Gym & other school district activities,
 52 E. 9th Ave., Webster
- Park District activities, 603 E. 8th Ave.,
 Webster
- · Just for Kix dance classes, 711 W. 1st St., Webster
- · All American Saddle Club, 43495 143rd St., Webster
- · Webster Youth Wrestling, 198 W. 11th Ave., Webster
- · Webster Armory (gym & fitness center), 100 W. 11th Ave., Webster
- TLC Fitness Center, 1290 N. Main St., Webster
- · Webster Golf Club, 1030 W. 3rd St., Webster
- · Webster Aquatic Center, 201 12th Ave. E., Webster
- · L & L Bowling, 14038 SD 25, Webster
- · Webster City Park, 237-101 13th Ave. E., Webster
- · Northern Plains Adventures (hunting), US 12. Webster
- · Cottonwood Lake Public Shooting Area, Webster SD

Healthy Food / Nutrition Education resources:

- · Webster Farmers Market, So. Main & Hwy. 25, Webster
- Day Co. Extension Service nutrition classes, 711 1st St. W., Webster
- I Grow nutrition programs for children through SD Ext. –

Kimberly.wilsonsweebe@sdstate.edu

- Family & Community Health Services, 711 W. 1st, Webster
- · YMCA Aberdeen, 5 S. State St., Aberdeen
- Mike's Jack & Jill grocery store, 1300 Main St., Webster
- · Community Education classes, Webster School District, 52 E. 9th Ave., Webster
- · Sanford dieticians, 101 Peabody Dr., Webster
- · Senior Meals, Golden Age Center, 500 Main, Webster
- · Area 4 Senior Nutrition Program, 507 Main St., Webster

Physical Fitness resources:

- Open Gym & other school district activities,
 52 E. 9th Ave., Webster
- Park District activities, 603 E. 8th Ave., Webster
- Just for Kix dance classes, 711 W. 1st St., Webster
- · All American Saddle Club, 43495 143rd St., Webster
- · Webster Youth Wrestling, 198 W. 11th Ave., Webster
- · Webster Armory (gym & fitness center), 100 W. 11th Ave., Webster
- · TLC Fitness Center, 1290 N. Main St., Webster
- · Webster Golf Club, 1030 W. 3rd St., Webster
- · Webster Aquatic Center, 201 12th Ave. E., Webster
- · L & L Bowling, 14038 SD 25, Webster
- · Webster City Park, 237-101 13th Ave. E., Webster
- Northern Plains Adventures (hunting), US
 12, Webster
- · Cottonwood Lake Public Shooting Area, Webster SD

Chronic Disease resources:

- Family & Community Health Services, 711 W. 1st, Webster
- · Sanford Clinic, 101 Peabody Dr., Webster
- · Sanford Better Choices, Better Health, 300 Cherapa, Sioux Falls
- Bridging Health & Home, support group for chronic disease, Sanford Clinic, 101 Peabody Dr., Webster
- · American Heart Association, Heart.org or PO Box 90545, Sioux Falls
- · Arthritis Foundation, P O Box 90445, Sioux Falls
- · American Lung Association, Lung.org or 490 Concordia Ave., St. Paul

Community Safety

Accidents and violence affect health and quality of life in the short- and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways.

CHNA respondents in the Webster area rated their community safety as very good (average score=4.07). However, CHR data indicate that the Webster area has one of the highest injury death rates (116 per 100,000 population) when compared to similar-sized markets served by Sanford Health. In addition, the most recent CHR data indicate that all of the motor-vehicle crash deaths in the Webster area involved alcohol.

Local Asset Mapping

Domestic Violence resources:

- · Safe Harbor, 2005 S. Merton St., Aberdeen
- The Beacon Center, 801 Jenson Ave. S., Watertown
- · Victim Service Program, DSS, 700 Governors Dr., Pierre
- · Protection Orders:
 - o Day Co. Sheriff, 710 2nd St. W., Webster
 - Tribal, tribalprotectionorder.org
- · YMCA Aberdeen, 5 S. State S., Aberdeen
- · Webster Police, 602 1st St. W., Webster
- · Day Co. Sheriff, 710 2nd St. W., Webster
- · Child Protection, 2001 9th Ave. SW, Watertown

Prescription Drug Abuse resources:

- · Webster Police, 602 -1st St. W., Webster
- · Day Co. Sheriff, 710 2nd St. W., Webster

Resources to combat street drugs/illegal drinking/drug dealers/other criminal activity:

- · Webster Police, 602 1st St. W., Webster
- Day Co. Sheriff, 710 2nd St. W., Webster

Substance Abuse resources:

- Northeastern Mental Health Center, 830
 Co. Rd. 12, Webster
- DUI Alcohol Classes, alcoholdrugcourse.com

Employment and Economic Opportunities

Economic factors, such as income and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, and manage stress.

CHNA survey results indicate that respondents in the Webster area rated the employment and economic opportunities in their community as less than good (average score=2.93) and lower than any other community health issue.

CHR data indicate that 5 percent of adults in the Webster area are unemployed (which is higher than the comparison group average). CHR data also indicate that the median household income in the Webster area (\$51,516) is lower than the comparison group average and 18 percent of children live in poverty (a percentage which is higher than the comparison group average). Additionally, CHR data indicate that 14 percent of Webster area residents are uninsured – a rate that is twice the comparison group average.

Local Asset Mapping

Employment Resources:

- · South Dakota Department of Labor, 710 1st St W, Webster
- Webster Area Development Corporation & Day County Champion Community, 711 1st St W #110, Webster
- · Sanford Webster Medical Center, 1401 1st St W, Webster
- · www.Indeed.com

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. Information was shared with local public health stakeholders. Sanford Health staff were also present. List of meeting participants is included 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: PHYSICAL ACTIVITY AND NUTRITION

Sanford Webster is positioned to have a positive impact on Physical Activity and Nutrition, to include education and preventative measures to mitigate serious health events and chronic disease within the community. Our medical staff, chronic care management staff, health coach and dietician will offer additional interventions to residents of the community.

Current activities

Sanford Webster providers and staff are continually focused on chronic disease management, working with our patients to encourage healthy lifestyles during clinic visits. Dietitians are available to provide medical nutrition therapy and exercise specialists provide exercise therapy.

Projected Impact

Upon completion of the action plan, the Community would see improved health and wellness and better overall management of chronic diseases.

Goal 1: Increase number of patients engaging with dieticians to improve nutrition

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Promote dietician referrals as appropriate	2022-2024, patient utilization of dietician services, community members impacted	Dietician time	Sanford Webster leadership, clinic, medical staff and dietician.	

Goal 2: Create a comprehensive approach to care management

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Develop and	2022-2024,	-Time from	Sanford	
implement a Chronic	available	the Chronic	Webster	
Care Management	appointments	Care	leadership,	
Strategy for Sanford	and resources	Management	clinic, medical	
Webster	for chronic	Program	staff and	
	care,	-Additional	dietician.	
	utilization	help and		
	numbers	resources		
		from our		
		health coach.		

Priority 2: COMMUNITY SAFETY

Sanford Health intends to positively impact Community Safety, including alcohol and substance abuse and mental health, in the community. Sanford Webster will utilize mental health resources to be an advocate for potential victims of violence. We will also share assessment results with key community stakeholders and partner as appropriate.

Current activities

All patients are assessed by primary care providers. Integrative Health Triage Therapists are in clinics to provide early intervention and referral. Treatment services are also available within our Behavioral Health Services

Projected Impact

Upon completion of the action plan, the Community will have greater awareness of resources available to mitigate community safety issues.

Goal 1: Promote and leverage resources to address substance abuse issues

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Offer relevant additional resources as needed to help with substance abuse in the community.	2022-2024, improved substance abuse scores on consumer surveys, increased utilization of substance abuse resources	-Mental and behavior health resources -Primary care provider time	Sanford Webster leadership, clinic, and medical staff.	

Goal 2: Expanded access to mental health and behavioral health care

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Provide additional Integrated Health Therapist visits	2022-2024, available appointment times for IHTs, patient utilization of IHT program	-Medical staff time -Integrated Health Therapist time	Sanford Webster leadership, clinic, and medical staff.	

Needs Not Addressed

Access to Affordable Health Care: Access to affordable health care is not included in the Implementation Plan as members of the stakeholder group indicated it was a lower priority for purposes of the CHNA. Sanford Webster leadership will share results with the leaders of the City of Webster, Sanford Webster Board, Bethesda Nursing Home Board, patient advocacy council, Kiwanis Club, and other key stakeholders to partner with them to address this need. Sanford is addressing the need through a number of efforts, including, but not limited to, our offering of a generous financial assistance program to eligible patients. However, patients may be reluctant to ask about it or unaware it exists as we still write off a number of accounts to bad debt. We work with both Sanford Health Plan representatives and local insurance agents to give patients information on insurance products and services. Sanford also educates and assists eligible patients in the enrollment process for government or private insurance products.

Employment and Economic Opportunities: Employment and economic opportunities 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 lower priority compared to other areas. Sanford Webster is addressing the need by sharing results with the leadership of the City of Webster, Sanford Webster Board, Bethesda Nursing Home Board, patient advocacy council and Kiwanis Club to partner with them to address this need within the community.

EVALUATION OF 2019-2021 CHNA

Priority 1: Mental Health

Goal: Access to mental health services is available for the community of Webster Strategy:

- · Make psychiatry services available with an Integrated Health Therapist.
- · Provide clinical psychiatrist consults through telemedicine outreach from Sioux Falls.
- Provide an integrated approach to physical health and mental health services through the Bridging Health program.

As need continues to increase, we aim to ensure that access to mental health services are available for the community of Webster. Improved access occurs via mental health specialty care, psychiatry outreach services, and the Bridging Health and Home program. Bridging Health and Home is offered to support older adults in our rural areas and is free for adults aged 55 and older. The program offers compassion and care to those wishing to remain at home as long as possible.

Sanford Webster offers telehealth psychology services. Dr. Mark Daniels who is a psychologist and integrated health therapist out of Vermillion, SD has been offering his services to the community. He is seeing an average of 10 patients per month via telehealth in the clinic. Additionally, Dr. Nuss is a licensed psychiatrist and credentialed to offer services to our community. Dr. Eggers who is also a licensed psychiatrist is being utilized for telehealth services as well. Dr. Nuss and Dr. Eggers are seeing an average of 15 patients per month via telehealth at the clinic. Dr. Daniels has also been involved in the interdisciplinary team to make sure we are offering a physical and mental health approach with our patients. Dr. Daniels has been involved in offering an integrated approach to metal health services for 223 patients in the Bridging Health and Home program.

Volumes for mental health services have continued to increase with an average of over 20 patients a month coming for services in 2020.

Priority 2: Aging Population

Goal: A community collaboration supports caregivers

Strategy:

- · Participate in the community Caregiver Support Group.
- · Provide the Better Balance program to help community members prevent falls.

Sanford Webster is committed to supporting caregivers through community service providers. We have collaborated with our local caregiver support group to offer resources and education. Vanessa Bloom and Lori Reetz have been actively involved with providing these resources. In 2019, supportive services were offered to 59 local caregivers.

Our staff has also started the Better Balance program to prevent falls in the community. Kyle Hubsch led the first sessions to get the program underway. Now, the program is facilitated by community volunteers, with Sanford Webster coordinating the locations and volunteer schedule. In 2019, approximately 300 local residents have participated in Better Balance training.

We have continued to stay active in support of our aging population. The caregiver support group has not met due to Covid-19 and the balance class has not been as active with limiting the number of people in a space due to the pandemic. Lori Reetz and the clinic has started offering Chronic Care Management to the community. We work with individuals with two or more chronic conditions to help them work toward their individual goals of managing their conditions. We currently have 26 individuals registered with the program and have worked with over 30 people since the inception of the program.

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

The population of Day County was 5,424 in 2019 representing a 5% decrease from 2010, while in the same period the population of the state of South Dakota grew 8.7%. The county is also less densely populated than the state and generally older. Racial demographics are largely the same between the county and the state though the county has a slightly higher population percentage of American Indians and a slightly lower population percentage of Hispanic residents.

The median value of a home in Day County was nearly \$67,000 below the median home value for the state of South Dakota. Residents of Day County are also less likely to have a computer in the home or to have access to internet. In addition, they receive less education than the state as a whole. Day County has a higher proportion of people without health insurance and living in poverty. The yearly income for Day County residents is more than \$10,000 a year less than the SD average.

	Day County, SD	South Dakota
Population estimates, July 1, 2019, (V2019)	5,424	884,659
Population estimates base, April 1, 2010, (V2019)	5,710	814,198
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-5.0%	8.7%
Population per square mile, 2010	5.6	10.7
Persons under 5 years, percent	5.4%	6.9%
Persons under 18 years, percent	22.4%	24.5%
Persons 65 years and over, percent	26.2%	17.2%
White alone, percent	86.9%	84.6%
Black or African American alone, percent	0.4%	2.3%
American Indian and Alaska Native alone, percent	9.9%	9.0%
Asian alone, percent	0.6%	1.5%
Two or More Races, percent	2.1%	2.5%
Hispanic or Latino, percent	2.5%	4.2%
White alone, not Hispanic or Latino, percent	85.3%	81.5%
Median value of owner-occupied housing units, 2015-2019	\$100,500	\$167,100
Median gross rent, 2015-2019	\$532	\$747
Households with a computer, percent, 2015-2019	84.3%	88.5%
Households with a broadband Internet subscription, percent, 2015-2019	70.2%	80.7%

High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.5%	91.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.6%	28.8%
With a disability, under age 65 years, percent, 2015-2019	5.3%	8.1%
Persons without health insurance, under age 65 years, percent	15.5%	12.2%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	60.4%	67.7%
Median household income (in 2019 dollars), 2015-2019	\$46,679	\$58,275
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$29,808	\$30,773
Persons in poverty, percent	13.2%	11.9%
Total employer establishments, 2019	201	27,108
Total employment, 2019	1,408	358,943
Total employment, percent change, 2018-2019	-1.3%	-0.2%

^{*}U.S. Census Bureau QuickFacts

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.

that is your cu	ur zip code: rrent age?				
OMMUNITY					
ow would you	rate the qualit	y of HEALTH C	ARE available in	your commun	Ity?
Poor	Fair O	Good	Very Good O	Excellent O	Don't Kno
			HEALTH CARE Iss		
OUSING service	ces in your com	munity?	RM CARE, NURSIN	O HOMES & S	ENIOR
Door	Enir	Good	Vory Good	Eveollopt	Don't Kn
Poor O	Fair O	Good O	Very Good O	Excellent O	Don't Kno O
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0		0	•		
0	O	0	•		
0	O	0	•		
0	O	0	•		
0	O	0	•		Don't Kno O
O Why did y	ou give it that	orating?	0	0	0
Why did y	ou give it that	orating?	•	0	0
Why did y	ou give it that	rating?	O RE, DAYCARE & P	O RE-SCHOOL s	ervices in yo
Why did y	ou give it that	orating?	0	0	0
O Why did you ommunity?	ou give it that rate the quality	y of CHILDCAI	O RE, DAYCARE & P Very Good	O RE-SCHOOL s Excellent	ervices in yo
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How would you	rate the avalla	bility of AFFO	RUABLE HOUSIN	G ili your coili	nunity:
Poor O	Fair O	Good O	Very Good O	Excellent O	Don't Know O
Why dld y	ou give it that	rating?			
How would you community?	rate the ability	of residents to	ACCESS DAILY	TRANSPORTA	TION in your
Poor	Fair	Good	Very Good	Excellent	Don't Know
0	0	0	0	0	0
Why dld y	ou give it that	rating?			
How would you	rate your com	munity's EMPL	OYMENT & ECON	OMIC OPPOR	TUNITIES?
			OYMENT & ECON		
How would you Poor O	rate your com Fair O	munity's EMPL Good O	OYMENT & ECON Very Good O	OMIC OPPOR	TUNITIES? Don't Know O
Poor O	Fair	Good O	Very Good	Excellent	Don't Know
Poor O	Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	Fair O	Good O	Very Good	Excellent	Don't Know
Poor O Why did y	Fair O ou give it that	Good O rating?	Very Good	Excellent O	Don't Know
Poor O Why did y	Fair O ou give it that	Good O rating?	Very Good O	Excellent O	Don't Know
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Poor O Why dld you Poor O	Fair O ou give it that rate your com Fair O	Good O rating? munity as being	Very Good O g a SAFE place to Very Good	Excellent O Dilve? Excellent	Don't Know O
Poor O Why dld you Poor O	Fair O ou give it that rate your com Fair O	Good O rating? munity as being	Very Good O g a SAFE place to Very Good	Excellent O Dilve? Excellent	Don't Know O

low would you clean air, clean					
Poor	Fair O	Good	Very Good	Excellent O	Don't Know O
_	ou give it that i		O	O	O
, , , , , ,					
low would you	rate the ability	of residents to	access HEALTH	Y & NUTDITIO	NAL FOODS In
our community		or residents to	access HEALIH	T & HOTKITIO	IVAL I OODS III
Poor O	Fair O	Good O	Very Good O	Excellent O	Don't Know O
	ou give it that i	_	O	O	O
Willy did y	ou give it that i	ating.			
	rate the ability S in your comn		access PHYSICA	AL ACTIVITY &	EXERCISE
Poor Poor	S In your comn Fair	nunity? Good	Very Good	Excellent	Don't Know
Poor O	S In your comn Fair O	Good O			
Poor O	S In your comn Fair	Good O	Very Good	Excellent	Don't Know
Poor O	S In your comn Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	S In your comn Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	S In your comn Fair O	Good O	Very Good	Excellent	Don't Know
Poor O	S In your comn Fair O	Good O	Very Good	Excellent	Don't Know
Poor O Why did y	Fair O Ou give it that	Good O rating?	Very Good	Excellent	Don't Know
Poor O Why did y	Fair O Ou give it that	Good O rating?	Very Good O	Excellent O	Don't Know
Poor O Why did y	Fair O Ou give it that	Good O rating?	Very Good	Excellent O	Don't Know

3

What is the biggest HEALTH	CARE concern	you or your family face on a regular basis?
Are there any health care se your community?	rvices that you v	would like to see OFFERED or IMPROVED In
O Yes Please answe	er next question	
O No Skip to 'Your	Health Care Usa	age' section
Please select the health care community. (Select all that a		ould like to see OFFERED or IMPROVED in your
O Addiction Treatment		O Heart Care
O Behavioral Health / N	1ental Health	O Labor and Delivery
O Cancer Care		O Long-Term Care / Nursing Homes
O Chiropractic Care		O Orthopedics and Sports Medicine
O Dental Care		O OBGYN / Womens' Care
O Dermatology		O Pediatrics / Childrens' Care
O Emergency / Trama		O Walk-in / Urgent Care
O Eye Services (Ophtha Optometry)	almology,	O Other (please specify):
O Family Medicine / Pr	imary Care	
O General Surgery		
YOUR HEALTH CARE USA	GE	
Do you currently have a prin health issues?	nary care physic	lan or provider who you go to for general
O Yes O No		
How long has it been since y screening?	ou last visited a	physician / provider for a routine check up or
O Within the past year		O More than 5 years ago
O Within the past 2 year	ars	O Never
O Within the past 5 year	ars	

4

What has kept y	ou from havi	ng a routine che	ck-up? (Select all	that apply)	
O Cost/Ina	ability to Pay		O No child care		
O COVID-1	9		O Wait time for appointments are too long		
O Don't fe	el welcomed	or valued	O Clinic hours are not convenient		
O Don't ha	O Don't have insurance		O Fear / I do not like going to the doctor		
O My insur	O My insurance is not accepted		O Nothing / I do	o not need to see a doctor	
O Lack of	O Lack of transportation		O Don't have a	primary care physician	
O Distance	/ lack of loc	al providers	O Other (please	e specify):	
O Getting	time off from	work			
How would you	rato volir cur	ront ability to A	CCESS health car	o convicos?	
•					
Poor	Fair O	Good O	Very Good O	Excellent O	
	ou give it that				
vviiy did ye	od give it tildt	racing.			
In the past year, the care needed		omeone in your	family need medi	cal care, but dld not receive	
O Yes	0 No 0 I	Jnsure			
What are the rea	asons you or	a family membe	r dld not receive	the care needed?	
O Cost/Ina	ability to Pay		O No child care		
O COVID-1	9		O Wait time for	appointments are too long	
O Don't fe	el welcomed	or valued	O Clinic hours a	are not convenient	
O Don't ha	ve insurance		O Fear / I do no	ot like going to the doctor	
O My insur	ance is not a	ccepted		o not need to see a doctor	
-	transportation	•		primary care physician	
O Distance	/ lack of loc	al providers	O Other (please		
	time off from	•	4		
			1		

TRAVELING FOR CARE	
Have you or a member of your family TRAVE your community within the past 3 years?	ELED to receive health care services outside of
O Yes O No	
If yes, Where did you travel to? (If you travel you traveled to?)	led more than once, enter the most recent place
City State	
What was the main reason you traveled for o	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 not available locally	O Don't feel welcomed or valued by local 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 ins	urance coverage.
O Employer (Your employer, spouse, pa	arent, or someone else's employer)
O Individual (Coverage bought by you	or your family)
O Federal Marketplace (Minnesota Care	e / Obamacare / Affordable Care Act)
O Medicare	
O Medicaid	
O Military (Tricare, Champus, VA)	
O Indian Health Service (IHS)	
O Other (please specify)	

DEM	OGRAPH	ICS	
Wha	t Is your bl	ological sex?	
	O Male	O Female	
Do y	ou, person	ally, Identify as lesblan, gay, bise	rual, transgender or queer?
	O Yes	O No	
How	many peo	ple live in your house, including y	ourself?
How	many child	dren under age 18 currently live w	rith you in your household?
Are y	ou Spanis	h, Hispanic, or Latino in origin or	descent?
	O Yes	O No	
Wha	t Is your ra	ce? (Select all that apply)	
	O Americ	an Indian or Alaska Native	
	O Caucas	ian or White	
	O Asian		
		Hawaiian or Pacific Islander	
		r African American	
	O Other (please specify)	
How	long have	you been a US Citizen?	
		t a US citizen	
			zen? O Yes O No O Prefer not to answer
	0 0 - 5 ye		
	0 6 - 10 y		
	O More th	nan 10 years	
Wha	t language	Is spoken most frequently in you	r home?
Wha	t Is your cu	ırrent marital status?	
	O Married	ı	O Divorced
	O Single,	never married	O Widowed
	O Unmarr	ried couple living together	O Separated

7

	O House (owned)	O Homeless
	O Apartment or House (rental)	O Some other arrangement
N	hat is your primary mode of dally transporta	tion?
	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 (bus / subway / rail)	O I do not have a primary mode of daily transportation
	O Other (please specify)	
N	hat is the highest level of school you have co	ompleted or the highest degree
/0	u have recelved?	
	O Less than high school degree	
	O High school graduate (high school diplo	oma or equivalent including GED)
		ind or equivalent merading off)
	O Some college but no degree	sind or equivalent moldaling GEB)
		ona or equivalent melading GEB)
	O Some college but no degree	and or equivalent moldaling GEB)
	O Some college but no degree O Associate degree in college (2-year)	and or equivalent melading GEB)
	O Some college but no degree O Associate degree in college (2-year) O Bachelor's degree in college (4-year)	and or equivalent melading GEB)
	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	and or equivalent melading GEB)
/o	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	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)	
ſo	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) ur current employment status is best describ	bed as:
ſО	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) ur current employment status is best describ	bed as: O Not employed, looking for work
ſο	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time)	bed as: O Not employed, looking for work O Not employed, not looking for work
	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time) O Self-employed	bed as: O Not employed, looking for work O Not employed, not looking for work O Retired O Disabled or unable to work
	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time) O Self-employed O Furloughed	bed as: O Not employed, looking for work O Not employed, not looking for work O Retired O Disabled or unable to work
	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time) O Self-employed O Furloughed hat is your total household income from all selections.	bed as: O Not employed, looking for work O Not employed, not looking for work O Retired O Disabled or unable to work
	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time) O Self-employed O Furloughed hat is your total household income from all so	bed as: O Not employed, looking for work O Not employed, not looking for work O Retired O Disabled or unable to work sources? O \$50,000 - \$74,999
	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) ur current employment status is best describe O Employed (full-time) O Employed (part-time) O Self-employed O Furloughed hat is your total household income from all so O Less than \$20,000 O \$20,000 - \$24,999	Ded as: O Not employed, looking for work O Not employed, not looking for work O Retired O Disabled or unable to work Sources? O \$50,000 - \$74,999 O \$75,000 - \$99,999

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