



Community Health Needs Assessment

SANFORD WESTBROOK MEDICAL CENTER
2022-2024



Dear Community Members,

Sanford Westbrook Medical Center is pleased to present the 2022 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. This process helps identify unmet health needs in the community, and allows us to then strategically plan how to best address those needs. The assessment 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. These include 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 data from the primary survey research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to help prioritize the identified needs.

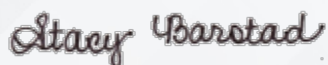
After completing this year's assessment, Sanford Westbrook will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Mental Health
- Access to Health Care Providers

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets that are offered to address various community health needs. Additionally, we have included an impact report detailing progress made to date with our 2019 implementation strategies.

Sanford Westbrook is grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community, and to those who live and work here. Working together, we can continue to improve the quality of life for all.

Sincerely,



Stacy Barstad
Senior Director
Sanford Westbrook Medical Center

Community Description

Sanford Westbrook Medical Center is located in Westbrook, Minnesota. The city of Westbrook has a population of 740 and is located in southwestern Minnesota in Cottonwood County. It is home to Westbrook-Walnut Grove High School, multiple churches, a community center, park, swimming pool, and other recreational amenities. It is only minutes away from excellent year-round hunting and fishing.

Active organizations in the community include Kiwanis, American Legion, Lions Club, Heritage Healthcare Foundation, Westbrook Area Volunteers (WAV), and Westbrook Women's Club. Numerous local businesses include a grocery store, bank, drug store, pharmacy, lumber/hardware store, several bars and restaurants, and more.

The community as defined for purposes of the Community Health Needs Assessment includes Cottonwood County in 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 Beltrami County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Westbrook Partners

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

- Denise Clouse - Community Liaison – Sanford Westbrook Medical Center
- Stacey Barstad - Sr. Director – Sanford Westbrook Medical Center
- Matt Ditmanson - Director – Community Benefit Program - Sanford Health
- Gordon Kopperud - Manager Ancillary Services – Sanford Westbrook Medical Center
- Lindsay Chapman - Interim Director - Des Moines Valley Health & Human Services
- Arlene Erickson - Hospital Board
- Christy Ward – Strategic Planning Advisor – Sanford Health
- John Rudrud – Strategic Planning Advisor – Sanford Health
- Angela Naumann – Public Health Emergency Preparedness Coordinator - Des Moines Valley Health & Human Services

Sanford Westbrook Description

Sanford Westbrook Medical Center is an eight-bed, not-for-profit, Critical Access Hospital located in southwest Minnesota. It is a community-owned facility leased to Sanford Health Network. Originally known as Henry Schmidt Memorial Hospital, Sanford Westbrook was built in 1950 and through a comprehensive community effort was remodeled and expanded into the current single-site health care facility that includes an attached medical clinic and 21-unit senior housing facility. The medical center offers emergency services.

The Sanford Westbrook service area includes the communities of Currie, Dovray, Jeffers, Storden and Westbrook and covers parts of Cottonwood, Redwood and Murray counties with a combined population of 3,600. It is located in an area classified as a Health Professional Shortage Area (HPSA) and Manpower Underserved Area (MUA). Sanford Westbrook employs approximately 58 individuals.

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.

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

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 Cottonwood County, MN population 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 48 respondents from the CHNA survey 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:

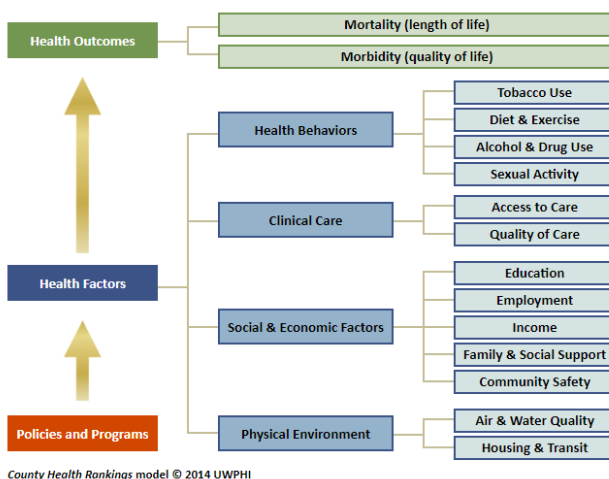
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Westbrook is included with Bagley, MN; Canby, MN; Canton-Inwood, SD; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; 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 assessment. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.



The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there any work being done of the identified 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?

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. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Cottonwood County, MN is included in the data analysis and represents a majority of volumes to Sanford Westbrook. 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 Westbrook area regarding the following community health issues were positive.

- Long-term nursing care and senior housing quality (average score=3.50)
- Access to healthy foods (average score=3.72)
- Access to exercise opportunities (average score=3.78)
- Childcare and preschool quality (average score=3.42)
- Health care quality (average score=3.47)
- Community safety (average score=3.76)
- Environmental health (average score=3.84)

When asked about their personal health, CHNA respondents in the Westbrook area rated their current health and wellness as good (average score=3.41) and their current ability to access health care services as very good (average score=3.87) — and both scores were higher than the comparison group average. CHR data indicate that Cottonwood County is in the lower, middle range of Minnesota counties in terms of overall health. The following areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

Access to Health Care Providers

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 Westbrook area rated their ability to access health care as very good (average score=3.87) and higher than the average of similar-sized market areas served by Sanford Health. In addition, 95 percent of respondents said they currently have a primary care physician or provider they see for general health issues, which is the highest percentage among similar markets. However, when Westbrook area respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their biggest concern (more so than COVID-19 and cost issues).

In addition, 16 percent of CHNA respondents in the Westbrook area said they or a family member needed care in the past year but did not receive it and 73 percent of respondents traveled to receive health care services outside their community in the past three years – both percentages were higher than the comparison group average. When respondents were asked why they traveled for care, the main reason was that they needed a specialist or the needed service was not available locally (50%) – which was followed by needing better or higher quality care (22%) and a physician's referral (22%). When asked which health care services they would like to see offered or improved in their community, most respondents said general surgery (62%), followed by 39 percent who said dental care. Three in ten CHNA respondents in the Westbrook area said walk-in or urgent care (31%), labor and delivery (31%), and family medicine or primary care (31%) were most needed.

According to County Health Rankings (CHR), in the Westbrook area, there are 1,410 people for every one primary care physician and 1,599 people for every one dentist (ratios which are similar to the comparison group average). However, CHR data also indicate that when compared to similar markets, the Westbrook area has a lower than average mammography screening rate (47%) and flu vaccination rate (39%).

Access to care was discussed at the local stakeholder meeting with a heavy emphasis on the need for dental health services in the community. Access is very limited in terms of affordability. Some providers are available, but are not accepting new patients that are on medical assistance. The group discussed various options for programming with local schools, partnerships with other entities, and parent education. Access to dental health services was a clear need and the group agreed it should be included as a top priority in the next 3-year implementation plan.

Local Asset Mapping	
<p>Health Insurance resources:</p> <ul style="list-style-type: none"> · Sanford Health Plan, 300 Cherapa Place, Sioux Falls · MN Sure – MNSure.org <p>Pharmacy:</p> <p>Thrifty White Pharmacy, 601 1st Ave, Westbrook</p>	<p>Health Care resources:</p> <ul style="list-style-type: none"> · Sanford Community Care Policy, 920 Bell Ave., Westbrook · Sanford Westbrook Medical Center, 920 Bell Ave., Westbrook · Public Health, 235 – 9th Ave., Windom · Shetek Home Care, 920 Bell Ave., Westbrook
<p>Dental Care resources:</p> <ul style="list-style-type: none"> · Dental insurance – State Farm, 432 – 1st Ave., Westbrook · Bruce Mathiason, DDS, RR 2, Box 48A, Westbrook · Donald J. Dill, DDS, 732 6th St., Westbrook 	

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 adulthood¹.

When CHNA respondents in the Westbrook area were asked which health care services they would like to see offered or improved in their community, nearly one-third said behavioral and mental health services (31%) and 23 percent said addiction treatment. According to CHR, adults in the Westbrook market average 3.7 mentally unhealthy days each month and 12 percent of adults average at least 14 days of mental distress per month – both rates are similar to the comparison group average. In the Westbrook area there are 800 people for every one mental health provider (which is similar to the comparison group average).

The need for mental health care and services was a major topic of discussion at the local stakeholder meeting. The group discussed expanding access to virtual care as one avenue to reach more people in need of mental and behavioral health services. All segments of the population have a need, but in particular, the group discussed elderly and youth populations. There was broad consensus to elevate mental health for inclusion in the implementation plan.

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

Local Asset Mapping	
Substance Abuse resources: <ul style="list-style-type: none"> Sanford Westbrook Clinic, 920 Bell Ave., Westbrook Public Health, 235 – 9th Ave., Windom 	Mental Health resources: <ul style="list-style-type: none"> Sanford Westbrook Clinic, 920 Bell Ave., Westbrook Public Health, 235 – 9th Ave., Windom
Dementia/Alzheimer’s Disease resources: <ul style="list-style-type: none"> Sanford Westbrook Clinic, 920 Bell Ave., Westbrook Good Samaritan, 149 – 1st Ave., Westbrook Alzheimer’s Assn. – Alz.org 	

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 Westbrook area rated access to exercise opportunities as good (average score=3.78) and access to healthy foods as good (average score=3.72), and both scores were higher than the comparison group average. In addition, CHR data indicate that 78 percent of people in the Westbrook market have access to exercise opportunities, which is the highest percentage when compared to similar-sized markets served by Sanford Health. However, CHR data also indicate that 13 percent of adults in the Westbrook area have diabetes, 38 percent of adults have obesity, and 14 percent of residents are low-income and do not live close to a grocery store; all three percentages are higher than the comparison group average.

While important, the stakeholder group felt current efforts in this regard were sufficient and that other health needs were more urgent at this time. Sanford Westbrook will continue to emphasize physical activity and nutrition with patients and the community at large, especially as it relates to chronic disease prevention.

Local Asset Mapping	
Chronic Disease resources: <ul style="list-style-type: none"> Sanford Westbrook Clinic, 920 Bell Ave., Westbrook Sanford’s diabetes educators, 920 Bell Ave., Westbrook Sanford’s Better Choices, Better Health American Heart Assn. – Heart.org American Diabetes Assn. – diabetes.org 	Obesity resources: <ul style="list-style-type: none"> Sanford Westbrook Clinic, 920 Bell Ave., Westbrook Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom Public Health, 235 – 9th Ave., Windom Wellness Center, 638 – 7th St., Westbrook
Physical Activity resources: <ul style="list-style-type: none"> Westbrook Schools physical activity programs, 344 – 8th St., Westbrook Parks Dept. activities, 556 – 1st Ave., Westbrook Wellness Center, 638 – 7th St., Westbrook Golf, 1360–280th Ave., Westbrook Swimming, 556 – 1st Ave., Westbrook Co-Ed Volleyball, 556 – 1st Ave., Westbrook Big Bend Snow Riders Club (snowmobiling) – 507-628-4847 City Parks & Playgrounds: <ul style="list-style-type: none"> City Park, Westbrook MN County Parks: 	Healthy Eating resources: <ul style="list-style-type: none"> Sanford Westbrook dieticians, 920 Bell Ave., Westbrook Cottonwood Co. Extension nutrition classes, 41385 US Hwy. 71, Windom Maynard’s Grocery Store, 627 – 1st Ave., Westbrook Public Health, 235 – 9th Ave., Windom Slayton Farmers Market, 2438 – 26th St., Slayton CSA – Kleine’s Country Farm, 26471 – 370th Ave., Westbrook

<ul style="list-style-type: none"> o Mountain Park, 59501 – 390th St., Mountain Lake o Pat’s Grove Park, 9 mi. west of Windom o Red Rock Falls Park, 48771 – 250th St., Sanborn o South Dutch Charley Park, 27761 Co. Rd. 6, Westbrook o Talcot Lake Park, 53100 State Hwy 62, Dundee · Area Parks: o Kilen Woods State Park o Mound Creek Park, · Various Cottonwood County Lakes: 	
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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.

While CHNA respondents in the Westbrook area rated community safety concerns as good (average score=3.76), the average safety score for Westbrook was lower than the comparison group average. In addition, CHR data indicate that the rates of motor vehicle crash deaths (24 per 100,000 people), alcohol-impaired driving deaths (36%), and juvenile arrests (48 per 1,000 youth) in the Westbrook area are higher than the comparison group average.

The stakeholder meeting discussion determined that community safety, while important, is not a top priority health need and that other needs were currently more urgent. Sanford Westbrook provides behavioral health services locally for those suffering from addiction and will work with other community partners as needed to address community safety issues.

Local Asset Mapping	
<p>Prescription Drug Abuse resources:</p> <ul style="list-style-type: none"> · Sanford Westbrook Clinic, 920 Bell Ave., Westbrook · Public Health, 235 – 9th Ave., Windom <p>Take Back Programs:</p> <ul style="list-style-type: none"> · Cottonwood Co. Sheriff, 902 – 5th Ave., Windom 	<p>Safety Resources:</p> <ul style="list-style-type: none"> · Cottonwood Co. Sheriff, 902 – 5th Ave., Windom · Westbrook Police Department, 734 7th Street Westbrook · Westbrook Volunteer Fire Department, 603 Adams Ave, Westbrook · Drunk Driving Resources: <ul style="list-style-type: none"> o https://www.responsibility.org/end-drunk-driving/drunk-driving-resources/ · Cottonwood County Emergency Management, 9802 5th Ave, Windom

Environmental Health

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives. Specifically, clean air and water are prerequisites for health. Poor air and water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions.

While CHNA respondents in the Westbrook area rated the environmental health of their community as very good (average score=3.84), the average score was lower than the comparison group average. In addition, CHR data indicate that the Westbrook area has the highest concentration of air pollution-particulate matter (8.5 micrograms of particulate matter per cubic meter) among similar-sized markets served by Sanford Health.

Environmental Health was discussed at the local stakeholder meeting but was not included as a top priority in the Implementation Plan. Stakeholders felt this was not the most urgent need the community faces at this time, and also indicated that Sanford does not currently have the competencies or capacity to effectively address the environmental issues in the region.

Local Asset Mapping
<p>Environmental Health Resources:</p> <ul style="list-style-type: none"> • CDC air quality resources, https://www.cdc.gov/air/resources.htm • Environmental Protection Agency, https://www.epa.gov/ • City of Westbrook, 556 1st Ave, Westbrook • Cottonwood Soil and Water Conservation District, 220 10th St, Windom

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 Westbrook area rated the availability of affordable housing in their community as less than good (average score=2.98). When asked to explain why they rated community access to affordable housing the way they did, respondents cited an overall lack of affordable units to meet the need based on incomes in the community. In addition, CHR data indicate that 12 percent of households in the Westbrook area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities), a rate which is higher than the comparison group average.

The stakeholder group discussed affordable housing, particularly the lack of inventory and the lack of affordable options. However, housing is not included in the Implementation Plan as the group did not consider it a high priority health need at this time. Stakeholders mentioned that other organizations in the community are better equipped to address the need. Sanford Westbrook will share the findings of this survey with community partners as appropriate.

Local Asset Mapping
<p>Affordable Housing Resources:</p> <ul style="list-style-type: none"> • Westbrook Apartments, 900 11th St, Westbrook • Good Samaritan, 149 – 1st Ave., Westbrook

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults².

CHNA respondents in the Westbrook area rated community access to daily transportation as less than good (average score=2.90). When asked to explain why they rated community access to daily transportation the way they did, CHNA responses highlighted limited to no public transportation options available. Responses also indicated that, where options exist, routes and hours are limited, making access to health care appointments difficult.

The local stakeholder meeting did not include substantive discussion around transportation and public transportation is not included in the Implementation Plan. The group indicated that it is not a top health need at this time and that other local partners are addressing the issue. Sanford Westbrook provides care navigators and social workers to help patients obtain needed services in the community.

Local Asset Mapping	
No public transportation options available.	

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 Westbrook area rated the employment and economic opportunities in their community as less than good (average score=2.81) and lower than any other community health issue. When asked to explain why they rated these opportunities as they did, responses focused on fewer businesses and job opportunities in smaller communities, forcing many to drive long distances to find work. This lower economic rating is also reflected in respondent concerns about health care. When CHNA respondents in the Westbrook area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), cost and the ability to afford health care was their top concern.

CHR data indicate that 4 percent of adults in the Westbrook area are unemployed, which is slightly higher than the comparison group average. CHR data also indicate that the median household income in the Westbrook area (\$53,725) is lower than the comparison group average and 48 percent of children are eligible for free- or reduced-price lunch (a percentage which is higher than the comparison group average).

Employment and economic opportunities were not substantively discussed by local stakeholders. The group did not elevate employment and economic opportunities for inclusion in the Implementation Plan as the stakeholder group indicated that other organizations, including those listed in the asset map, are addressing the need. Sanford Westbrook will share the findings of this survey with community partners and work with local entities as appropriate.

² 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>.

Local Asset Mapping

<p>Household budgeting/money management resources:</p> <ul style="list-style-type: none"> · Cottonwood Co. Extension classes, 41385 US Hwy. 71, Windom · Bank Midwest, 640 – 1st Ave., Westbrook · Community Education classes, 344 – 8th St., Westbrook 	<p>Food/Hunger resources:</p> <ul style="list-style-type: none"> · Mary & Martha Food Pantry, 110 11th St, Westbrook · Meals on Wheels – 849 – 5th St., Westbrook · Senior Meals, 849 – 5th St., Westbrook · Maynard’s Grocery, 627 – 1st Ave., Westbrook · Slayton Farmers Market, 2438 – 26th St., Slayton · CSA – Kleine’s Country Farm, 26471 – 370th Ave., Westbrook · WIC, 235 – 9th Ave., Windom · SNAP, 149 – 1st Ave., Westbrook
<p>Employers:</p> <ul style="list-style-type: none"> · Ferrellgas, 32181 State Hwy 30, Westbrook · Good Samaritan Society, 149 1st Ave, Westbrook · City of Westbrook, 535 1st Ave, Westbrook · Cottonwood County · Westbrook-Walnut Grove Schools, 344 8th St, Westbrook · Maynards Grocery Store, 627 1st Ave, Westbrook · Bank Midwest, 640 1st Ave, Westbrook · Sanford Westbrook Medical Center, 920 Bell Ave, Westbrook 	

Sanford Area of Focus

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

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

Sanford Health is positioned locally to have a positive impact on Mental Health within the community. This effort will focus on two primary goals:

1. Expand use of current telemedicine and in-house mental health services
2. Provide alternative resources for mental health services to community.

Current activities

Sanford Westbrook currently has a psychiatrist via telemedicine available for patients. We also have two LICSWs and a behavioral health Nurse Practitioner on staff.

Projected Impact

Upon completion of the action plan, the Community would see a lowered number of mental health days from community members and a positive increase in awareness of mental health services in the community.

Goal 1: Expand use of current telemedicine and in-house mental health services.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note community partnerships & collaborations (if applicable)
Promote mental health and behavioral health providers and services available.	Availability of services communicated to public at least twice a year. Utilization of telehealth services. Lowered mental health days for community members.	Community Relations, Marketing	Denise Clouse	Southwest Health and Human Services/ Southwest Mental Health Center

Goal 2: Increase number of screenings and referrals to behavioral health providers.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note community partnerships & collaborations (if applicable)
Increase referrals from external providers	Availability of services communicated to outside providers and facilities. Externally referred patients	Clinic Community Relations Marketing	Denise Clouse; Behavioral Health Team; Josh Sammons	Southwest Health & Human Services/Southwest Mental Health Center

Behavioral Health Screenings at appointments	100% screenings of all patients 12+ once a year (for those with no history of depression/anxiety) with the behavioral health screening tool.	Clinic nurse and provider time to complete and review screenings. Additional time needed if screenings trigger need for additional screening (PHQ9 or GAD7) for depression or anxiety.	Stephanie Jensen, RN; Josh Sammons; Dr. Andy Kopperud; Alex LeTendre, RN	
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PRIORITY 2: Access to Health Care Providers

Sanford Health is positioned locally to have a positive impact on Access to Health Care Providers within the community. This effort will focus on two primary goals:

1. Expanding outreach services
2. Addressing need for limited access to dental care

Current activities

Sanford Westbrook currently provides a number of outreach services in-house and via telemedicine.

Projected Impact

Increase the availability of specialty services locally through outreach and/or telehealth.

Goal 1: Expand outreach services

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note community partnerships & collaborations (if applicable)
Recruit for additional outreach providers including orthopedics, general surgery, etc.	Ongoing, outreach appointments and patient utilization.	Leadership time and financial commitment	Stacy Barstad	
Promote telehealth appointments, as appropriate, for specialty services and follow up appointments	Telehealth appointments	Marketing, Senior Leadership		

Goal 2: Addressing need for limited access to dental care

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Note community partnerships & collaborations (if applicable)
Collaborate with local school district to continue their current dental health program	Meetings with school program directors and school nurse – Late 2021/early 2022. Funding availability and utilization.	Funding. Grant writing assistance.	Denise Clouse; Stacy Barstad	WWG Elementary School
Add dental education information to well child visits	Review education options – Late 2021. Present information to providers – Early 2022	Educational materials and provider time.	Josh Sammons; Stacy Barstad; Dr. Andy Kopperud	DVHHS

Needs Not Addressed

The following were identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—and are not addressed as a significant need for the purpose of this process.

Community Safety: Community safety is not included in the Implementation Plan. Comments from stakeholders regarding this issue were limited with meeting participants indicating that other needs were more pressing at this time. Sanford Westbrook does not currently have the capacity to address this issue, but will share survey findings with appropriate stakeholders in the community.

Environmental Health: Environmental Health is not included as a top priority in the Implementation Plan. Stakeholders felt this was not a top health need, and also indicated that Sanford does not currently have the competencies or capacity to effectively address the environmental issues in the region.

Affordable Housing: Affordable housing is not included in the Implementation Plan as the stakeholder group indicated while important, housing is not a top health priority at this time and that other organizations, including those listed in the asset map, are addressing the need. Sanford Westbrook will share the findings of this survey with community partners as appropriate.

Public Transportation: Public transportation is not included in the Implementation Plan as the stakeholder group indicated that it is not a top health need at this time and that other local partners are addressing the issue. Sanford Westbrook provides care navigators and social workers to help patients obtain needed services in the community.

Physical Activity and Nutrition: Physical Activity and Nutrition is not included in the Implementation Plan as the stakeholder group determined there were other health needs that were more urgent at this time. Sanford Westbrook offers preventive services, screenings and wellness services, including public education on different chronic diseases. Additional resources are available at Sanford Westbrook regarding chronic illness, diet and nutrition. Sanford Westbrook also provides dietitian services.

Employment and Economic Opportunities: Employment and economic opportunities are not included in the Implementation Plan as the stakeholder group indicated that other organizations, including those listed in the asset map, are addressing the need. Sanford Westbrook will share the findings of this survey with community partners and work with local entities as needed if relevant and impactful opportunities to do so arise.

EVALUATION OF 2019-2021 CHNA

Priority 1: Wellness

Goal: Improve physical health, chronic disease and overall wellness

Strategy:

- Utilize medical nutrition therapy services for patients with chronic disease and weight management needs.
- Increase referrals to the RN Health Coach.
- Expand Sanford fit program across the community.

Dietician and health coach services – Dietician and RN Health Coach Services continued to be offered in 2020 as needed. There were 5 in-person dietician visits in 2020 and zero dietician telemed visits. Our RN Health Coach had 152 visits in 2020.

Community education - staff attended local HS basketball games in February 2020 (for the 2nd year in a row) to share heart health information with the community. Staff also worked with A.C.E. to provide a Bone Builders class two times a week and a Matter of Balance class periodically for area seniors at Peterson Estates (senior living facility attached to Sanford Westbrook) into March. In March, all community education programs were put on pause due to COVID 19. Unfortunately, no other community education events were held in 2020.

Sanford fit program – 2020 saw staff continue the Sanford fit program, which focuses on healthy lifestyle choices to prevent childhood obesity, with the Westbrook Walnut Grove Elementary 4th grade class. Unfortunately, the 2020 session was cut short due to COVID19 and the schools going to distance learning. Resources for at home learning and exercise were provided to the teachers. The 4th graders took a pre-test, but were unable to take the post-test, so we were unable to measure their learning from the program.

Priority 2: Mental Health and Substance Abuse

Goal: Community members are aware of the services that are available for mental health and behavioral health

Strategy:

- Work with community partners to create new options for mental health and behavioral health services.
- Promote services to create an awareness of options for community members.

Continued awareness campaigns for telemedicine services and local behavioral health services began in 2020, but were quickly halted in March due to COVID19. Yet, provider referrals were a major factor in the continued use of our in-house behavioral health services. Behavioral Health providers in Westbrook saw 27 new referrals in 2020 and a grand total of 752 visits for the 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>.

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 Cottonwood County was 11,196 in 2019, down 4.2% from 2010. Minnesota as a whole grew 6.3% in the same timeframe. The county also has a much smaller population density when compared to the state, on average residents of Cottonwood County are older than the state averages. The county's population proportion is also less diverse than the state average.

The median home value in the county is well under half of the state median home value at \$94,200 for the county and over \$223,000 for the state. County residents also attain less schooling than the state as a whole. Median household income for the county is \$52,087 which is less than the state median of over \$70,000. While the Minnesota total workforce was flat, Cottonwood County's total workforce decreased by 1%.

	Cottonwood County, MN	Minnesota
Population estimates, July 1, 2019, (V2019)	11,196	5,639,632
Population estimates base, April 1, 2010, (V2019)	11,687	5,303,927
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.2%	6.3%
Population per square mile, 2010	18.3	66.6
Persons under 5 years, percent	6.6%	6.2%
Persons under 18 years, percent	24.6%	23.1%
Persons 65 years and over, percent	23.1%	16.3%
White alone, percent	91.3%	83.8%
Black or African American alone, percent	1.3%	7.0%
American Indian and Alaska Native alone, percent	0.9%	1.4%
Asian alone, percent	4.1%	5.2%
Native Hawaiian and Other Pacific Islander alone, percent	0.4%	0.1%
Two or More Races, percent	2.0%	2.6%
Hispanic or Latino, percent	8.4%	5.6%
White alone, not Hispanic or Latino, percent	84.7%	79.1%
Median value of owner-occupied housing units, 2015-2019	\$94,200	\$223,900
Median gross rent, 2015-2019	\$629	\$977
Households with a computer, percent, 2015-2019	85.8%	91.6%
Households with a broadband Internet subscription, percent, 2015-2019	75.9%	84.8%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.4%	93.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	20.0%	36.1%

With a disability, under age 65 years, percent, 2015-2019	8.8%	7.3%
Persons without health insurance, under age 65 years, percent	7.3%	5.8%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	62.2%	69.6%
Median household income (in 2019 dollars), 2015-2019	\$52,087	\$71,306
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$27,459	\$37,625
Persons in poverty, percent	10.8%	9.0%
Total employer establishments, 2019	342	151,495
Total employment, 2019	3,784	2,729,420
Total employment, percent change, 2018-2019	-1.0%	0.0%

*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.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor Fair Good Very Good Excellent Don't Know

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

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

010000-01882 1/01

1

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

- Poor Fair Good Very Good Excellent Don't Know

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

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

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

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

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

YOUR HEALTH CARE USAGE

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

- Yes
- No

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

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

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

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

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

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

Why did you give it that rating?

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

- Yes No Unsure

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

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

TRAVELING FOR CARE

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

- Yes No

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

City _____ State _____

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

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

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

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

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

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

- Yes No

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

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

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

- Yes No

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

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

How long have you been a US citizen?

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

What language is spoken most frequently in your home? _____

What is your current marital status?

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

Which of the following best describes your current living situation?

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

What is your primary mode of daily transportation?

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

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

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

Your current employment status is best described as:

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

What is your total household income from all sources?

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

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