Community Health Needs Assessment

SANFORD CANTON-INWOOD MEDICAL CENTER – 2022-2024

010000-01844

Dear Community Members,

Sanford Canton-Inwood Medical Center is pleased to present the 2022 Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. The assessment helps identify unmet health needs in the community, and allows us to 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. 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 the community to help prioritize the identified health needs.
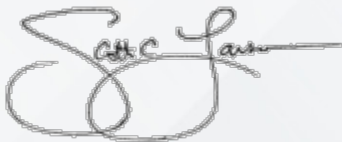
After completing this year's assessment, our facility will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

1. Access to affordable housing
2. Access to senior living

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.

Our entire team is truly 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. We look forward to working collaboratively with community partners and stakeholders to continue to improve the quality of life for all.

Sincerely,

Scott Larson
Senior Director
Sanford Canton-Inwood Medical Center

Community Description

Sanford Canton-Inwood Medical Center is located in Canton, SD. Canton has a population of 3,500, and is located 10 miles east of Interstate 29 on US Highway 18. The community is surrounded by Newton Hills State Park, Big Sioux River, and the rolling hills of the Sioux Valley. Canton is the county seat of Lincoln County.

The earliest known visitor was Lewis P. Hyde, who first came to the area in 1866. By 1868, there were 35 people living in Lincoln County. Residents named the community Canton, believing the location to be the exact opposite of Canton, China. In 1880, the Chicago, Milwaukee, St. Paul and Pacific Railroad crossed the Big Sioux River to reach Canton. The city still has an active rail freight service and many historic homes and buildings dating back to the late 1800s. Two of Canton's historical sites are the Lincoln County Courthouse built in 1889 and the Canton Lutheran Church, which was built in 1908.

Canton is home to several industries: Eastern Farmers Co-op, Adams Thermal Systems, Bid-Well, a Terex Company, Johnson Feed, Inc., Fastek Products, and Legacy Electronics. The community has a variety of restaurants and approximately 200 total businesses.

The community as defined for purposes of the Community Health Needs Assessment includes Lincoln County, South Dakota, and Lyon County, Iowa. Demographic detail for the counties is included in the appendix.

Partners

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

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

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

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- 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
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health

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

- Scott Larson, Senior Director, Sanford Canton-Inwood
- Matt Ditmanson, Director of Community Benefits, Sanford Health
- Dr. Dan Heinemann, Retired Physician & CMO, Sanford Health, current community member, Canton-Inwood
- Sterling Heath, Board of Directors, Canton-Inwood Area Health Foundation
- Glennie Wiltgen, Board of Directors, Canton-Inwood Area Health Foundation
- Dawn Creech, Sales Representative, Sanford Health
- Jonathan Toso, Optometrist, Canton Family Vision Clinic
- Russ Townsend, Superintendent, Canton-Inwood, School District
- Terry Majerers, Associate Maintenance Mechanic, Good Samaritan
- Jean Fossum, Administrative Assistant, Sanford Canton-Inwood
- Robert Bogue, Clinical Supervisor, Keystone Treatment Center

Sanford Canton-Inwood Description

Sanford Canton-Inwood Medical Center is an 11-bed Critical Access Hospital located in a beautiful rural setting just east of Canton, South Dakota. Through a partnership of Canton-Inwood Memorial Hospital Association and Sanford, the community established a healthcare facility focused on providing quality healthcare close to home.

Sanford Canton-Inwood employs five clinicians, including physicians and advanced practice providers in the areas of family medicine, sports medicine, surgery, counseling, and interventional cardiology and has over 100 employees.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate and justify the not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

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

The Internal Revenue Code 501(r)(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 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. Public comments and responses to the community health needs assessment

and the implementation strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/about/community-health-needs-assessment. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

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

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

Limitations

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

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

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the Lyon County, IA and Lincoln County, SD populations 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 293 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.

County Health Rankings model © 2014 UWPHI

Health Needs Identification Methodology

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

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Canton-Inwood was included with Bagley, MN; Canby, MN; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; 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 assessment. 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.
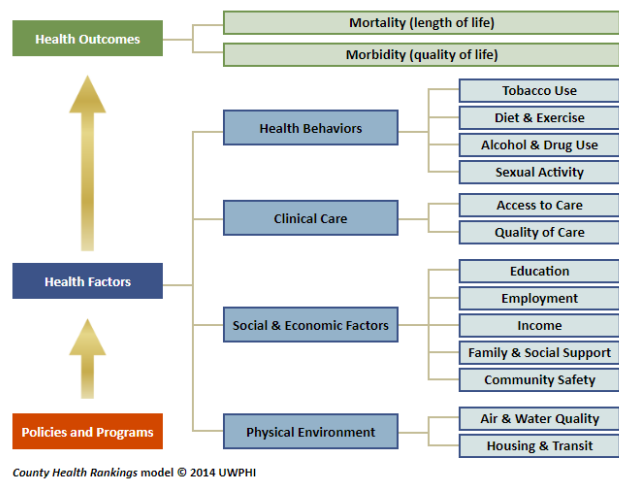
The facilitated discussion sought to inform on several aspects:
- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities – where can we have greatest impact in addressing these needs?
- Which are 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 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.

<u>Community Definition</u>
Lyon County in Iowa and Lincoln County in South Dakota are included in the data analysis and represents a majority of volumes to Sanford Canton-Inwood. No population was excluded from the process.

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Canton-Inwood area regarding the following community health issues were positive. Average scores were as follows:

- Transportation (average score=3.11)
- Long-term nursing care and senior housing quality (average score=3.37)
- Employment and economic opportunities (average score=3.47)
- Child care and preschool quality (average score=3.59)
- Access to healthy foods (average score=3.73)
- Access to exercise opportunities (average score=3.82)
- Community safety (average score=3.90)
- Environmental health (average score=3.93)
- Health care quality (average score=4.05)

With the exception of long-term nursing care and senior housing quality (which was lower than the comparison group average), average scores for CHNA respondents in the Canton-Inwood area for each of these community health issues were higher than the comparison group average – and in some cases (i.e., employment opportunities and health care quality), the highest among all similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Canton-Inwood 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=3.98); both scores were higher than the comparison group average.

County Health Rankings (CHR) data indicate that Lincoln County is ranked among the healthiest counties in South Dakota in terms of overall health – and Lyon County is one of the healthiest counties in Iowa. The following areas of concern were identified for further discussion (in no particular order).

Significant Health Needs Identified

Access to Affordable Health Care

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

When CHNA respondents in the Canton-Inwood area were asked about the most important health care issues impacting their community, the cost of health care was their top concern, along with COVID-19 issues. In addition, when respondents 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 needed health care was their top health care concern. However, according to County Health Rankings (CHR), the median household income in Canton-Inwood ($76,187) is higher than the comparison group average and rates of uninsured individuals (6%), unemployment (2%), and child poverty (7%) are lower than the comparison group average.

Regarding routine checkups, 15 percent of CHNA respondents in the Canton-Inwood area had not been to a physician or provider for a routine checkup in the past year, which is lower than the comparison group average. When asked why, the second leading concern was cost and the inability to pay for health care services (24%), behind COVID-19 concerns (48%). In addition, 10 percent of CHNA respondents in the Canton-Inwood area indicated that they or a family member needed medical care in the past year but did not receive it (which was lower than the comparison group average). When asked why, the second and third leading concerns were the cost and inability to afford care (35%) and a lack of health insurance (35%), behind COVID-19 concerns (40%).

While an important issue, and one Sanford continues to address on an ongoing basis, the stakeholder meeting participants did not prioritize access to affordable care for the next 3-year implementation plan.

Local Asset Mapping	
Major Employers: · Eastern Farmers Co-op, 415 E. 5th St., Canton · Adams Thermal Systems, 47920 W. 5th St., Canton · Bid-Well, 501 W. Industrial Rd., Canton · Johnson Feed, Inc., 305 W. Industrial Rd., Canton · Fastek Products, 515 Noid St., Canton · Legacy Electronics, 1220 N. Dakota St., Canton	**Money Management resources:** · Lincoln Co. Extension Service (money mgmt. classes), 104 N. Main St., Canton · Farmers State Bank, 220 E. 5th St., Canton · Great Western Bank, 102 W. 5th St., Canton · First Bank & Trust, 402 E. 5th St., Canton ·Security Savings Bank, 100 S. West St., Canton
Health Care resources: · Sanford Canton-Inwood Medical Center & Clinic, 440 N. Hiawatha Dr., Canton · Sanford Community Care Program, 440 N. Hiawatha Dr., Canton · Sanford Medical Home Program, 440 N. Hiawatha Dr., Canton · Lincoln Co. Public Health, 104 N. Main, Canton · Sanford Home Medical Equipment, 723 E. 5th St., Canton · Good Samaritan Center, 1022 N. Dakota Dr., Canton · Keystone Treatment Center, 1010 E. 2nd St., Canton · Canton Family Dental, 1110 W. 5th St., Canton · Swenson Chiropractic, 28199 West Ave., Canton · Canton Family vision Center, 109 E. 5th St., Canton · Haisch Pharmacy, 303 E. 5th St., Canton · Lewis Family Drug, 715 E. 5th St., Canton · Lincoln Co. Community Health Nurse & WIC office, 104 N. Main St., Canton	**Affordable Prescription Drugs**: · CancerCare co-payment assistance, 800-813-4673 · Freedrugcard.us · Rxfreecqrd.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

Health Care for New Americans:	Health Care for Native People:
• Sanford Canton-Inwood Medical Center, 440 N. Hiawatha Dr., Canton • Lincoln County Community Health Nurse & WIC, 104 N. Main St., Canton	• SD Urban Health Clinic, 711 N. Lake Ave., Sioux Falls • American Indian Services, 817 N. Elmwood, Sioux Falls • Sanford Canton Inwood, 440 N. Hiawatha Dr., Canton • Lincoln Co. Community Health Nurse & WIC office, 104 N. Main St., Canton
Affordable Health Insurance resources: • Avera Health Plans, 3816 S. Elmwood Pl., Sioux Falls • Sanford Health Plan, 1305 W. 18 St., Sioux Falls • State Farm, 111 N. Main St., Canton	

Mental Health

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

When CHNA respondents in the Canton-Inwood area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (54%) and 25 percent said addiction treatment services. According to County Health Rankings (CHR), adults in the Canton-Inwood market average 3.2 mentally unhealthy days each month and 10 percent of adults average at least 14 days of mental distress per month; however, both rates are the lowest rates among similar-sized market areas served by Sanford Health.

There are 456 people for every one mental health provider in the area, which is the lowest ratio among similar-sized markets served by Sanford Health. Mental health emerged as one of the clear priority issues in the stakeholder meeting. Particularly, community members were concerned with the mental health challenges facing youth. It was also brought up that mental health/behavioral health appointments, among others, are particularly difficult for people in the community, taking up large portions of their day. This is because they have to travel to Sioux Falls for these appointments as a result of not having resources in the community. The school was mentioned as a primary area where mental health resources are needed.

Participants mentioned that telehealth would be an effective and beneficial resource to help the community's mental health. They also expressed interest in Sanford working with the local schools in a variety of ways to help the mental health of the youth. Participants also mentioned the need to reduce the stigma of receiving mental health services, so that nobody goes without the care they need. One possible solution for this issue that was mentioned was providing athletic coaches and other staff that students are comfortable with education on recognizing signs of mental health issues.

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

Local Asset Mapping	
Mental Health resources: • Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls • Crawford Counseling Center, 500 W. 5th St., Canton • SE Behavioral Health Counseling, 2000 S. Summit Ave., Sioux Falls • Dakota Oak Counseling, 3200 W. 57th St., Sioux Falls • Sioux Falls Psychological Services, 2109 S. Norton Ave., Sioux Falls • Great Plans Psychological Services, 4105 Carnegie Circle, Sioux Falls • Catholic Family Services, 523 N. Duluth Ave., Sioux falls • Heuermann Counseling Clinic, 2110 S. Brown Pl., Sioux Falls • LifeMarks Behavioral Health, 1310 W. 51st St., Sioux Falls • NAMI South Dakota, P O Box 88808, Sioux Falls • Stronghold Counseling Services, 4300 S. Louise Ave., Sioux Falls • Sanford Behavioral Health, 1305 W. 18th St., Sioux Falls	**Drug & Alcohol Use/Abuse resources:** • AA, 1000 N. West Ave., Sioux Falls • Arch Halfway House, 333 S. Spring Ave., Sioux Falls • Avera Addiction Recovery, 2412 S Cliff Ave., Sioux Falls • Bartels Counseling, 6330 S. Western Ave., Sioux Falls • Carroll Institute, 310 S. First Ave., Sioux Falls • Changes & Choices Recovery Center, 301 S. 1st Avenue, Sioux Falls • Choices Recovery, 2701 S. Minnesota Ave., Sioux Falls • Face It Together, 231 S. Phillips Ave., Sioux Falls • First Step, 4320 S. Louise Ave., Sioux Falls • Glory House, 4000 SW Ave., Sioux Falls • Keystone Treatment Center, 3800 S. Kiwanis Ave., Sioux Falls • Minnehaha Co. Detox Center, 415 N. Dakota Ave., Sioux Falls • Prairie View Prevention Services, 822 E. 41st St., Sioux Falls • Sioux Falls VA, 2501 W. 22nd St., Sioux Falls
Drug & Alcohol Use/Abuse resources Cont.: • Sioux Falls Urban Indian Health, 711 N. Lake Ave., Sioux Falls • Sioux Falls Treatment Center, 2519 W. 8th St., Sioux Falls • Southeastern Alcohol & Drug Abuse Prevention Center, 1309 W. 51st St., Sioux Falls • Tallgrass Recovery, 27048 S. Tallgrass Ave., Sioux Falls • Berakhah House, 400 N. Western Ave., Sioux Falls • Genesis Program, 1301 E. Austin St., Sioux Falls • Salvation Army, 1017 N. Sherman Ave., Sioux Falls • 12 Step Living Corp., 2601 S. Minnesota Ave., Sioux Falls • Carroll Institute, 327 S. Spring Ave., Sioux Falls • Volunteers of America, 826 W. 2nd St., Sioux Falls • Volunteers of America, 1401 W. 51st St., Sioux Falls • Volunteers of America, 1310 – 51st St., Sioux Falls	**Tobacco Cessation resources:** • Sanford Canton-Inwood Clinic, 440 N. Hiawatha Dr., Canton • American Lung Association, Lungsd.org • Quitline, SDQuitline.com • American Heart Association, P O Box 90545, Sioux Falls

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 Canton-Inwood area rated the availability of affordable housing in their community as less than good (average score=2.73) and lower than any other community health issue. In addition, the average score was the lowest among similar-sized market areas served by Sanford Health. When respondents rated the availability of affordable housing as poor or fair, they were asked why they did so and responses focused on an overall lack of inventory for lower- and middle-income working families. With regard to programs that provide assistance for housing, a few respondents referenced long wait lists.

Affordable housing was discussed in the 2021 community health needs assessment stakeholder meeting. Participants indicated that senior care and housing were needs in the community. In particular, the need to provide seniors more appropriate housing in the community, and providing services to help them stay in their homes as long as possible. Participants brought up that many seniors are forced to leave their community to find affordable housing, because the current housing options do not meet the needs of the community. The primary need outlined by participants was for a one-level apartment complex that would offer independent or assisted living.

Stakeholders in the meeting mentioned that much of the community lives with severe housing problems. Particularly the elderly are unable to keep their homes up, leading to unsafe living conditions and amplifying the need for affordable housing resources. This is an area that was identified as a community health need and community members expressed interest in collaborating with Sanford to solve.

Local Asset Mapping	
Housing resources: • Canton Hsg. & Redevelopment Commission, 903 W. 5th St., Canton • Canton Public Housing Authority, 903 W. 5th St., Canton • Inter-Lakes Community Action Partnership, 505 N. Western Ave., Sioux Falls • Canton Realty, 218 E. 5th St., Canton • Dakota Midwest Real Estate, 402 W. 5th St., Canton	**Low Income Housing resources:** • Colonial Village Apts., 903 W. 5th St., Canton • Elms Apts., 503 E. Poplar Dr., Canton • Old Main Apts., 320 N. Lawler St., Canton • Villa Apts., 916 E. 2nd St., Canton

Long-Term Care, Nursing Homes, and Senior Housing

Long-term care refers to a broad range of services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness, disability, age, or other health-related conditions. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Care can be provided in the home, a nursing home, or in a variety of other settings[2].

Overall, CHNA respondents in the Canton-Inwood area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.37); however, the average score was lower than the comparison group average. When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses focused on not enough long-term facilities in the community. Another common response was that there is high staff turnover, which can result in limited and poor-quality care.

When CHNA survey respondents in the Canton-Inwood area were asked which health care services they would like to see offered or improved in their community, nearly one in four (23%) respondents said long-term care.

During the stakeholder meeting, senior housing and home care emerged as clear health needs. There was substantial discussion and concern facing this topic, much of which crossed over with the affordable housing issue. There was talk about offering home health services in the community to keep people out of the skilled nursing facility as long as possible, and additionally, having an intermediary option for senior housing that is not skilled nursing. One of the reasons mentioned for the poor long term care rating is very low reimbursement rates in their long term care facility, making it financially difficult to update and maintain.

Local Asset Mapping	
Memory Care resources: • Canton Good Samaritan Center, 1022 N. Dakota Drive., Canton **Long Term Care resources**: • Canton Good Samaritan Center, 1022 N. Dakota Dr., Canton • Lincoln Co. Home Health Agency & Public Health, 100 E. 5th St., Canton • Senior Citizens Center, 215 E. 4th St., Canton **In-Home Services resources**: • Lincoln Co. Home Health Agency & Public Health, 100 E. 5th St., Canton • Sanford Home Medical Equipment, 723 E. 5th St., Canton • Sanford Home Health, 440 N. Hiawatha Dr., Canton • Meals on Wheels, c/o LeAnn Anderson 605-987-5520	**Resources to help the elderly stay in their homes:** • Lincoln Co. Home Health Agency & Public Health, 100 E. 5th St., Canton • Sanford Home Medical Equipment, 723 E. 5th St., Canton • Sanford Home Health, Sioux Falls • Haisch Pharmacy, 303 E. 5th St., Canton • Lewis Family Drug, 715 E. 5th St., Canton • Senior Meals, 215 E. 4th St., Canton • Meals on Wheels, c/o LeAnn Anderson 605-987-5520 • Senior Citizens Center, 215 E. 4th St., Canton • SD Dept. of Human Services Respite Care Program, 500 E. Capital, Pierre • Lincoln. Co. Dept. of Social Services, 104 N, Main, Canton • Food Pantry, 124 E. 2nd St., Canton • R. Burgess Food Pantry, 100 E. 3rd, Canton • Canton Transit System, 521 S. Lincoln St., Canton • Public Library, 225 N. Broadway, Canton

[2] Federal Interagency Forum on Aging-Related Statistics, Older Americans 2020: Key Indicators of Well-Being. Available at https://www.agingstats.gov/index.html

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and healthcare facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults[3].

CHNA respondents in the Canton-Inwood area rated community access to daily transportation as good (average score=3.11); however, 32 percent of respondents rated access to daily transportation as poor or fair. The overall average score was the second lowest rating among community health issues in the Canton-Inwood area, after affordable housing. When respondents who rated community access to daily transportation as poor or fair were asked why they did so, responses highlighted very few public transportation options in the community. Where bus services existed, responses indicated a limited number of routes and hours of operation.

Transportation was a topic of discussion during the community stakeholder meeting. Participants questioned whether Sanford, as a health care provider, was in a position to significantly impact community transportation. Community members from Canton believed that the transportation resources that they offer, while not as robust as a larger area, are currently adequate for Canton, while Inwood community members mentioned that there are no transportation resources in their community. While this is an issue that should be monitored, it was not identified as a priority area for the implementation plan.

Local Asset Mapping	
Driver Education resources: · DriversEd.com · SD Dept. of Education drivers education classes, 800 Governors Drive, Pierre · SD Safety Council, 1108 N. West Ave., Sioux Falls · SD AAA, 1300 Industrial Ave., Sioux Falls · Canton High School, 800 N. Main, Canton · Community Education, 724 N. Sanborn, Canton	**Transportation Resources:** · Canton Transit, 621 N Lincoln St, Canton[4] · Uber, mobile app · Lyft, mobile app

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. Employees from Sanford Health were also present. The local Public Health Department was invited to the stakeholder meeting but was unfortunately unable to attend. Information was shared with them separately. The List of attendees 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.

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[3] Centers for Disease Control and Prevention, Office of the Associate Director for Policy and Strategy, Population Health and Healthcare Office. Available at https://www.cdc.gov/policy/hst/hi5/publictransportation/index.html.
[4] https://www.b2byellowpages.com/company-information/104434258-canton-transit.html

Priority 1: ACCESS TO AFFORDABLE HOUSING

Current activities
Sanford Canton-Inwood Medical Center is working with the CEDC and the Foundation to secure developers to purchase land to increase housing options to enhance local capacity.

Projected Impact
Upon completion of the action plan, the Community would see an increase in population and ability for citizen to age in place versus moving out of town due to no options. This work will provide a much needed economic stimulus to the community, as well as increased access to affordable housing options.

Goal 1: Work with the Canton Economic Development Corporation (CEDC) to recruit a developer to Canton to build affordable multi-family and single-family homes.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
-Collaborate with partners: Canton Inwood Area Health Foundation and Canton Economic Development Corporation. -Intent to sell 64.12 acres to a developer. -Resulting options will include affordable housing and custom-built homes.	December 31, 2021, units available, community perceptions of affordable housing availability	CEO	CEO	CEDC and City of Canton
-Secure purchase agreement with developer	June 30, 2022	CEO	CEO	CEDC and City of Canton

Priority 2: ACCESS TO SENIOR LIVING

Current activities
Sanford Canton Inwood Medical Center (SCIMIC) currently works hand in hand with its local partner, Canton Good Samaritan Society Nursing Home, to address senior living needs in the community. Going forward, we will explore additional options for senior care, including home-based care and housing alternatives.

Projected Impact
Upon completion of the action plan, the Community would see enhanced access to senior living options in the community.

Goal 1: Home Health Feasibility Study

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Explore feasibility of additional Home Health Services and identify options, timelines, and action plans	March 31, 2022	CEO	Executive Team Oversight	Sanford Home Health

Goal 2: Expand Senior Housing Options in the Community

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations (if applicable)
Expand Senior Housing Options, including but not limited to, congregate housing and assisted living options.	Pro-Forma on feasibility by December, 31, 2022, housing units availability, participating seniors, including home health, consumer perceptions	CEO	Executive Team Oversight	Good Samaritan Society
Develop Low Maintenance Housing Options in the community including but not limited to, villas for older residents	December, 31, 2022, outcomes same as above	CEO	Executive Team Oversight	CEDC and housing developer (TBD)

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

Access to 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 Canton-Inwood Medical Center will continue to address this need through several programs, such as promotion of our Direct Access lab. This provides several lab tests that providers order for patients but at a significant reduce rate which will help those that are not insured or those that are under insured. We will also continue to utilize our RN Care Manager to help those patients that are not able to afford medical service to locate resources that will meet their healthcare needs. This could include free medications, housing assistance, free/reduced medical services, routine follow ups, etc.

Mental Health and Substance Abuse: Mental health and substance abuse 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 Canton-Inwood Medical Center will continue to address this need through, among other programs, partnership with the Canton High School, Keystone Treatment Center, and the Canton-Inwood Area Health Foundation to provide education to students, parents, and the general public in order to bring awareness to mental health and substance abuse.

Public Transportation: Transportation 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 Canton-Inwood Medical Center will share survey and assessment information on public transportation with relevant community partners as appropriate and supports expansion of programs that reduce the transportation burden on individuals needing medical care, such as telehealth.

EVALUATION OF 2019-2021 CHNA

Goal 1: Economic Well-Being – Availability of Affordable Housing
The Canton area is in need of more affordable housing units to increase the well-being of community members. SCIMC is collaborating with the Canton Economic Development Committee to expand options for local residents. A Sanford Senior Director is the president of the Canton Economic Development Corporation (CEDC) and has been working with CEDC board for the past two years on this project. We have secured the option to purchase land with the goal of starting development of two 16-plex apartment buildings and approximately 10 villa-type homes in 2021, with additional custom homes to begin in late 2022. Three potential developers for the land were interviewed and the ultimate developer has been selected with a final agreement in the works. This continues to be worked on and we have just recently put together a deadline for one developer to make a decision by (August 31, 2021). If that falls through we will work with other developers.

Goal 2: Behavioral Health and Mental Health Access – Youth Substance Abuse
The Sanford Canton-Inwood Medical Center staff aims to raise awareness of drug use impact to help reduce substance abuse by area youth. Working in conjunction with local law enforcement, schools, and treatment facilities, SCIMC offers various educational and screening opportunities for the community and our staff. In 2019, we facilitated presentations by Sanford Health in Canton on Behavioral Health and Suicide to 16 of our staff, including providers.

SCIMC has not been able to get into the local school districts since March of 2020 due to COVID-19. The lack of access has resulted in SCIMC's inability to provide and/or sponsor any educational material to the local school. SCIMC intends to re-start the efforts once things open again and provide additional information to the local high school and middle school kids and their families. SCIMC has a number of valuable resources deployed in previous years to support the CHNA, including vaping education seminars and screening services.

Additionally, Cari Folkens, CNP, participated in a Vaping Education Webinar. Cari was also a guest speaker along with the School Counselors regarding substance abuse, particularly as it relates to Vaping. SCIMC held a screening day at the hospital with a booth on the dangers of vaping as well as different vaping devices that are used and a description of how vaping affects the body. Approximately 30-50 people attended the event.

CONTACT INFORMATION

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

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

Survey Responses

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

Expanded Demographics[5]

With a 2019 population of 61,000, a 2010-2019 growth rate of 36.4%, and population density of 77.7 Lincoln County SD population demographics exceed SD, and IA rates. Lyon County had a 2019 population of 11,755, a 2010-2019 population growth of 1.5% and population density below the comparison. The counties have a higher population proportion under 18 than do their respective states. In addition, both of the counties have lower minority population proportions than their respective counterparts.

Lyon County and IA as a whole have a comparatively low housing cost. Lincoln County has a median housing cost higher than its home state of South Dakota's at over $228,000. Both counties have computer ownership and internet access values higher than their respective states with Lincoln County having the highest value of all groups. Lincoln County education rates exceed its home state of SD though Lyon County education rates fall below IA as a whole.

All groups have lower rates of those without health insurance than the SD average of over 12%. Lincoln County has the highest median income at over $82,000 a year, though Lyon County is above IA at $64,982. While employment is growing in Lincoln County, it is decreasing slightly in SD as a whole; conversely, employment is growing in Iowa and decreasing slightly in Lyon County.

	Lyon County, IA	Iowa	Lincoln County, SD	South Dakota
Population estimates, July 1, 2019, (V2019)	11,755	3,155,070	61,128	884,659
Population estimates base, April 1, 2010, (V2019)	11,581	3,046,871	44,823	814,198
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	1.5%	3.6%	36.40%	8.70%
Population per square mile, 2010	19.7	54.5	77.7	10.7
Persons under 5 years, percent	7.5%	6.2%	7.20%	6.90%
Persons under 18 years, percent	28.1%	23.0%	27.70%	24.50%
Persons 65 years and over, percent	18.4%	17.5%	13.40%	17.20%
White alone, percent	97.3%	90.6%	94.20%	84.60%
Black or African American alone, percent	0.4%	4.1%	1.80%	2.30%
American Indian and Alaska Native alone, percent	0.5%	0.5%	0.70%	9.00%
Asian alone, percent	0.4%	2.7%	1.50%	1.50%

[5] Census Bureau Quick Facts

Native Hawaiian and Other Pacific Islander alone, percent	0.2%	0.2%	0.10%	0.10%
Two or More Races, percent	1.2%	2.0%	1.80%	2.50%
Hispanic or Latino, percent	2.8%	6.3%	2.40%	4.20%
White alone, not Hispanic or Latino, percent	95.1%	85.0%	92.20%	81.50%
Median value of owner-occupied housing units, 2015-2019	$146,900	$147,800	$228,800	$167,100
Median gross rent, 2015-2019	$696	$789	$963	$747
Households with a computer, percent, 2015-2019	91.1%	89.0%	95.40%	88.50%
Households with a broadband Internet subscription, percent, 2015-2019	84.9%	80.8%	91.00%	80.70%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.6%	92.1%	94.80%	91.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	20.7%	28.6%	37.60%	28.80%
With a disability, under age 65 years, percent, 2015-2019	5.5%	7.9%	6.10%	8.10%
Persons without health insurance, under age 65 years, percent	6.5%	6.0%	6.90%	12.20%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	70.6%	67.3%	74.90%	67.70%
Median household income (in 2019 dollars), 2015-2019	$64,982	$60,523	$82,473	$58,275
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$29,124	$32,176	$40,059	$30,773
Persons in poverty, percent	7.4%	11.2%	3.80%	11.90%
Total employer establishments, 2019	398	82,770	1,731	27,108
Total employment, 2019	3,682	1,380,747	21,375	358,943
Total employment, percent change, 2018-2019	-0.6%	1.2%	3.70%	-0.20%

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
O	O	O	O	O	O

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

[text box]

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
O	O	O	O	O	O

Why did you give it that rating?

[text box]

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

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

Why did you give it that rating?

[text box]

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

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

Why did you give it that rating?

[ ]

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

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

Why did you give it that rating?

[ ]

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

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

Why did you give it that rating?

[ ]

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

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

Why did you give it that rating?

[ ]

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

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

Why did you give it that rating?

_____

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

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

Why did you give it that rating?

_____

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

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

Why did you give it that rating?

_____

YOUR HEALTH AND WELLNESS

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

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

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?

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

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

O Addiction Treatment
O Behavioral Health / Mental Health
O Cancer Care
O Chiropractic Care
O Dental Care
O Dermatology
O Emergency / Trama
O Eye Services *(Ophthalmology, Optometry)*
O Family Medicine / Primary Care
O General Surgery

O Heart Care
O Labor and Delivery
O Long-Term Care / Nursing Homes
O Orthopedics and Sports Medicine
O OBGYN / Womens' Care
O Pediatrics / Childrens' Care
O Walk-in / Urgent Care
O Other *(please specify):*

YOUR HEALTH CARE USAGE

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

O Yes   O No

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

O Within the past year
O Within the past 2 years
O Within the past 5 years

O More than 5 years ago
O Never

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

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

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

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

Poor	Fair	Good	Very Good	Excellent
O	O	O	O	O

Why did you give it that rating?

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

O Yes   O No   O Unsure

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

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

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

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TRAVELING FOR CARE

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

    O Yes   O No

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

City _____ State _____

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

O Referred by a physician

O Better / higher quality of care

O Medical emergency

O Needed a specialist / service was not available locally

O Second opinion

O Immediate / faster appointment

O On vacation / traveling / snowbirds

O Cost or insurance coverage

O Don't feel welcomed or valued by local providers

O Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

    O Yes   O No

Please indicate the source of your health insurance coverage.

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

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

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

O Medicare

O Medicaid

O Military *(Tricare, Champus, VA)*

O Indian Health Service *(IHS)*

O Other *(please specify)*

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DEMOGRAPHICS

What is your biological sex?

O Male   O Female

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

O Yes   O No

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

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

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

O Yes   O No

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

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

How long have you been a US Citizen?

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

What language is spoken most frequently in your home? _____

What is your current marital status?

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

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Which of the following best describes your current living situation?

O House *(owned)*   O Homeless

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

What is your primary mode of daily transportation?

O Automobile/Truck *(owned or leased)*   O Walk

O Online Ride Service *(Uber / Lyft)*   O Bicycle

O Taxi Service   O Family, Friends or Neighbors

O Public Transportation   O I do not have a primary mode of daily
(bus / subway / rail)   transportation

O Other *(please specify)*

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

O Less than high school degree

O High school graduate *(high school diploma or equivalent including GED)*

O Some college but no degree

O Associate degree in college *(2-year)*

O Bachelor's degree in college *(4-year)*

O Master's degree

O Doctoral degree

O Professional degree *(JD, MD)*

Your current employment status is best described as:

O Employed *(full-time)*   O Not employed, looking for work

O Employed *(part-time)*   O Not employed, not looking for work

O Self-employed   O Retired

O Furloughed   O Disabled or unable to work

What is your total household income from all sources?

O Less than $20,000   O $50,000 – $74,999

O $20,000 – $24,999   O $75,000 – $99,999

O $25,000 – $29,999   O $100,000 – $199,999

O $30,000 – $34,999   O $200,000 or more

O $35,000 – $49,999

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

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