



Community Health Needs Assessment

SANFORD BISMARCK MEDICAL CENTER
2022-2024



Dear Community Members,

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

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

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

- Improve access to behavioral health services.
- Improve access to affordable care

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

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

Sincerely,

Michael LeBeau, M.D.
President and Chief Executive Officer
Bismarck Medical Center

Todd Schaffer, M.D.
Vice President, Clinic/Incoming President and Chief Executive Officer
Bismarck Medical Center

BACKGROUND

Community Description

Sanford Bismarck Medical Center is located in Bismarck, North Dakota. Bismarck is a diverse, dynamic, family-oriented community in central North Dakota. The community is experiencing fast-paced growth as a direct result of oil development throughout western North Dakota. The U.S. Census named it as one of the 50 fastest growing metro areas in the country.

Bismarck is the second-largest city in the state with over 72,000 residents and the adjoining city of Mandan has 22,000 residents. Bismarck is the state capital and also serves as home to Bismarck State College, the University of Mary, and several of the state's top businesses. The community offers quality schools, excellent medical care, plentiful recreation possibilities, community involvement opportunities, and neighborhood support. Bismarck was designated an All-American City in 1997, and the Bismarck MSA has been named a "Five Star Community" by Expansion Management magazine multiple times.

Bismarck is situated on the Missouri River, giving community members access to various water-based activities including fishing, boating and waterfront recreation. The riverfront is an important part of its rich history of exploration and adventure - the community and nearby areas are part of the Lewis and Clark Trail and home to several Native American historical sites and Fort Abraham Lincoln State Park.

Spurred by strong agriculture industry and a booming oil industry, North Dakota is the third strongest oil producing state in the U.S. North Dakota is enjoying an economy that is as good as or better than any other in the country. The community of Bismarck is home to an innovative medical community, a vibrant energy industry, and a host of technical service companies.

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

Partners

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

Sanford Health

- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Dr. Michael LeBeau, Sanford Bismarck President and CEO
- Dr. Todd Schaffer, Sanford Bismarck Clinic Vice President
- Dr. Chris Meeker, Sanford Bismarck Chief Medical Officer
- Wendy Kopp, Sanford Bismarck Chief Nursing Officer
- Fred Fridley, Sanford Bismarck Operations Vice President
- Kirk Cristy, Sanford Bismarck Chief Financial Officer
- 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:

- Renae Moch, Director, Bismarck Burleigh Public Health and President, North Dakota Public Health Association
- Erica Solseth, CHI St. Alexius Health
- Erin Ourada, Administrator, Custer Health
- Sister Nancy Miller, CHI St. Alexius Health
- 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
- 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
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Bismarck Partners

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

- Renae Moch, Director, Bismarck-Burleigh Public Health Director and North Dakota Public Health Association
- Erin Ourada, Administrator, Custer Health
- Erica Solseth, CHI St. Alexius Health
- Theresa Schmidt, Nurse Manager, Bismarck-Burleigh Public Health
- Anton Sattler, Administrator, Bismarck Environmental Health
- Suzie Johnson, Bismarck/Burleigh Public Health
- Kelli Byram, Bismarck/Burleigh Public Health
- Sara Tschider, Bismarck/Burleigh Public Health
- Angie Lorenz, Bismarck-Burleigh Public Health
- John Durick, Director of Facilities, Sanford Health Bismarck
- Alecia H, United Way Bismarck
- Rebecca Matthew, Burleigh County Commission
- Raumi Kudrna, Nursing Director of Inpatient Surgical Department, CHI St. Alexius Health
- Dwight Barden, Executive Director, Burleigh County Housing Authority
- Jolene Decoteau, Vice President of Campus Services, United Tribes Technical College
- Michelle Gayetter, Program Administrator, Vulnerable Adult Protective Services

- Kristi Vetter, Director of Case Management, Sanford Health
- Kelly Nagel, Director of Systems and Performance, ND Department of Health
- Jolynn Rising Sun, Social Health, Sanford Health
- Lorraine Davis, CEO, ND Native American Development Center & NATIVE Inc.
- Gloria David, Public Information Officer, City of Bismarck
- Shawn Morlock, Cancer Program Coordinator, CHI St. Alexius Health
- Carlotta McCleary, Executive Director, Mental Health America of North Dakota
- Chris Meeker, Vice President Medical Officer, Sanford Health Bismarck
- Jodie Fetsch, Director of Nursing, Custer Health
- Karla Eisenbeisz, Director, The Banquet
- Kim Lee, Planning Manager, Community Development City of Bismarck
- Kurt Schley, President, CHI St. Alexius Health
- Steve Bakken, Mayor, City of Bismarck
- Tracy Nelson, Lieutenant, Burleigh County Sheriff's Dept.
- Taija Bohn, Director, Family Wellness Mandan
- Matt Ditmanson, Director of Community Benefits, Sanford Health
- Marvin Lein, CEO, Mid Dakota Clinic
- Tim Flagstad, Senior Strategic Planning Advisor, Sanford Health Bismarck
- Crystalynn Kuntz, Emergency Preparedness Regional Coordinator, Bismarck Burleigh Public Health
- Susan Kahler, Tobacco Prevention Coordinator, Bismarck Burleigh Public Health
- Jodi Wolf, Health Maintenance Coordinator, Bismarck Burleigh Public Health
- Katie Johnke, Nutrition Services Program Coordinator, Bismarck Burleigh Public Health
- Erin Oban, Senator, State Legislator
- Kalen Ost, Emergency Preparedness Information Specialist, Bismarck Burleigh Public Health
- Jordyn Schaeffbauer, Tobacco Prevention Specialist, Bismarck Burleigh Public Health
- Payton Larson, Environmental Health, Bismarck Burleigh Public Health
- Jodi Roller, Professor & and Interim Department Chair, University of Mary School of Health Sciences
- Dr. Michael LeBeau, CEO, Sanford Health Bismarck
- Kelsey Urlacher, Ambulatory Nursing Manager, Sanford Health Bismarck
- Kurt Snyder, Executive Director, Heartview Foundation
- Brad Brown, Regional Director, West Central Human Services

Sanford Bismarck Description

Sanford Bismarck Medical Center is a 234-bed tertiary medical center in Bismarck, North Dakota, providing comprehensive, multi-specialty care for patients in central and western North Dakota. Sanford Bismarck consists of a hospital, a level II adult trauma center, seven primary care clinics, four multi-specialty clinics, three walk-in clinics, three occupational health clinics, a home health agency, three kidney dialysis centers, three long-term care facilities, one independent living center, and a college of nursing. It serves as a regional hub for AirMed air ambulance services and supports 12 regional Critical Access Hospitals by providing specialized care including cancer care, heart, women's and children's specialties, OccMed services, orthopedics and sports medicine.

Sanford Bismarck began operation in 1902 when two renowned physicians, Drs. Eric P. Quain and Niles O. Ramstad, opened Q&R Clinic with a vision of providing outstanding, comprehensive patient care in one convenient location. Q&R Clinic was the second multi-specialty clinic in the nation, second only to Mayo Clinic in Rochester, Minnesota. In 1908, Bismarck Evangelical Hospital, now Sanford Medical Center Bismarck, opened at the urging of Dr. Ramstad.

Key accreditations include The Joint Commission, verification by the American College of Surgeons as a level II adult trauma center, Center for Medicare and Medicaid Services (CMS) for long-term care, Commission on Collegiate Nursing Education (CCNE), Magnet designation for nursing, and Commission on Accreditation of Rehabilitation Facilities (CARF).

Community involvement and education have played an important role in Sanford Health's mission for more than 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and support the communities Sanford serves. These partnerships provide the foundation for health care awareness, education, prevention and research for the health care issues that matter most to people in those communities.

Sanford Bismarck employs more than 3,600 people including 260 physicians and advanced practice providers.

CHNA Purpose

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

Regulatory Requirements

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

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

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

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

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

Hospitals are to address each 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 Burleigh and

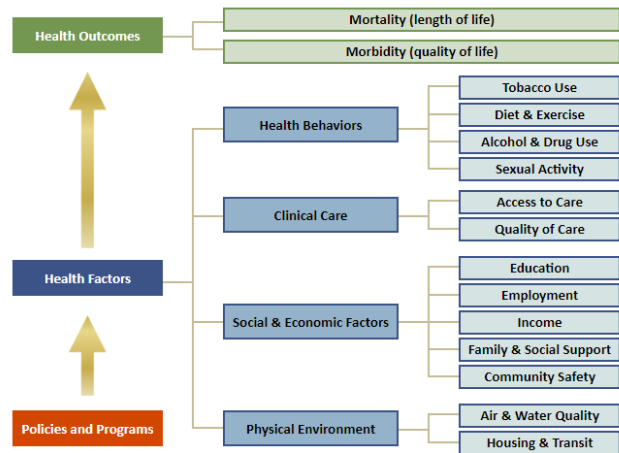
Morton County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

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

Community Asset Mapping

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

Community Stakeholder Meetings

Community stakeholders were invited to attend a presentation of the findings of the CHNA Research hosted jointly by Sanford Health, CHI St. Alexius, Custer Health, and Bismarck-Burleigh Public Health. 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 in small group sessions. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

The facilitated discussion sought to inform on several aspects:

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

At the end of the meeting, the respective organizations developed priorities and implementation strategies for their respective organizations based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current organizational 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 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 Bismarck area regarding the following community health issues were positive. Average scores for long-term nursing care and senior housing quality (average score=3.22), child care and preschool quality (average score=3.35), employment and economic opportunities (average score=3.51), health care quality (average score=3.57), access to healthy foods (average score=3.59), community safety (average score=3.62), access to exercise opportunities (average score=3.79), and environmental health (average score=4.00) in the Bismarck market were all above 3.00. However, with the exception of environmental health and community access to exercise opportunities, average scores for CHNA respondents in the Bismarck area for each of these community health issues were lower than the comparison group average – and often the lowest of all three similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Bismarck area rated their current health and wellness as good (average score=3.30) and their current ability to access health care services as fairly good (average score=3.80). However, both scores were lower than the comparison group average. Despite lower rankings when compared to similar-sized markets, it is important to note that average scores of CHNA respondents in all three markets were very similar.

County Health Rankings from the University of Wisconsin Population Health Institute data indicate that Burleigh County is among the healthiest counties in North Dakota and Morton County ranks in the upper-middle range of North Dakota counties in terms of overall health. However, the following seven areas of concern were identified for further discussion (in no particular order).

Identified Health Needs

Healthy Living

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

When CHNA respondents in the Bismarck area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were a top concern (along with affordability issues). The most commonly cited chronic health concerns involved overweight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that nearly one in ten adults in the Bismarck area has diabetes (9%) and nearly one in three adults has obesity (32%), both of which are about average for similar-sized market areas served by Sanford.

CHR data also indicate that 21% of individuals in the Bismarck market are physically inactive (which is similar to the comparison group average) and 5% are considered food insecure and do not have a reliable source of food (which is lower than the comparison group average). While CHNA respondents in the Bismarck area rated access to healthy foods between good and very

good (average score=3.59), the score was slightly lower than similar markets served by Sanford Health. The most common reasons cited by the 15% of CHNA respondents in the Bismarck area who rated access to healthy foods as poor or fair focused on the cost of eating healthy. Respondents added that if they had access to a healthy foods store or grocery store that offers fresh fruits and vegetables (for which options are limited), the produce is often too expensive to afford.

Regarding tobacco and alcohol usage, CHR data indicate that about one in five adults in the Bismarck area is a smoker (18%) and 22% of adults drink excessively – both percentages are similar to the comparison group average. However, CHR data also indicate that 41% of all driving deaths in the Bismarck area are alcohol-impaired (which is the highest rate among similar-sized markets) – and, the Bismarck area has the highest motor-vehicle crash death rate when compared with similar-sized markets (11.3 per 100,000 people).

Healthy living was identified as a top priority in the CHNA survey. Two main areas of concern are obesity and mental health. Though mental health is a topic of its own, it was discussed as a piece of healthy living. Additionally, rather than skilled mental healthcare providers and inpatient facilities, the discussion was largely about increasing access for low to moderate mental health needs. Mental health is important standing alone, but it also makes up and affects healthy living as a whole. Obesity is an issue that community leaders are also passionate about, citing that the community needs better nutritional education, more healthy food options, and better family wellness resources. Healthy people have better outcomes in many other measurable areas, for this reason along with Sanford’s ability to have a meaningful impact on healthy living is why healthy living should be one of the priority health needs for the coming years.

Local Asset Mapping	
<p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central Chemical Dependency Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan, ND 	<p>Children’s Obesity resources:</p> <ul style="list-style-type: none"> • Bismarck Parks & Recreation, 400 E. Front Ave., Bismarck • Mandan Parks & Recreation, 2600 – 46th Ave. SE, Mandan • Capitol Ice Complex, 221 E. Reno Ave., Bismarck • Cops & Kids Fishing Program, 221 N. 5th St., Bismarck • MHA Nation, 404 Frontage Rd., New Town, ND • Native American Development Center, 205 N. 24th St., Bismarck • Aquastorm Swim Team, 1601 Canary Ave., Bismarck • Bis-Man Tennis Association, PO Box 1984, Bismarck • Bismarck Midget Football, Bismarckyouthfootball@gmail.com • Bismarck Soccer League, 919 S. 7th St., Bismarck • Fast Pitch Softball, PO Box 891, Bismarck • BLAST Program, 400 E. Front Ave., Bismarck • Bobcats Youth Hockey, 1200 N. Washington St., Bismarck

<ul style="list-style-type: none"> · First Link, 4357 – 13th Ave. S., Bismarck · Teen Challenge, 1406 -2nd St. NW, Mandan · Hope Manor, PO Box 1301, Bismarck · Bismarck-Mandan Face it Together, no physical address) 	<ul style="list-style-type: none"> · Boy Scouts, 1929 N. Washington St., Bismarck · Girl Scouts, 735 Airport Rd., Bismarck · Charles Hall Youth Services, 513 E. Bismarck Expressway, Bismarck · Dakota United Soccer Club, 919 S. 7th St., Bismarck · Great Plains Track & Field, 400 E. Front Ave., Bismarck · YMCA, 1608 N. Washington St., Bismarck · VFW Sports Center, 1200 N. Wash. St., Bismarck · Legion Skating Rink, S. Wash. St., Bismarck · Tatley Skating Rink, Airport Rd & Michigan Ave., Bismarck
<p>Wellness Resources:</p> <ul style="list-style-type: none"> ·Sanford Health Dietitians, 300 N 7th St, Bismarck · CHI St. Alexius Dietitians, 900 E Broadway, Bismarck ·Sanford Wellness Center Exercise Physiologist/specialists, 2700 46th Ave SE, Mandan · Sanford Health Providers, 300 N 7th St., Bismarck ·CHI ST Alexius Providers 900 E Broadway Bismarck ·Gyms: <ul style="list-style-type: none"> o Family Wellness/Sanford Wellness Center, 2700 46th Ave SE, Mandan o Anytime Fitness, 141 Ivy Ave, Bismarck o Anytime Fitness, 4600 N 19th St., Bismarck o Anytime Fitness, 408 1st St. NW, Mandan o Planet Fitness, 2700 State St, Bismarck o Verge Fitness, 517 S 5th St, Bismarck o functional Fitness, 1212 Park Ave, Bismarck o Lincoln Fitness, 109 McDougall Dr #3, Lincoln o Proximal 50 Downtown, 201 W Broadway Ave, Bismarck o Proximal 50 Life Center, 1151 W Divide Ave, Bismarck 	<ul style="list-style-type: none"> ·Gyms Cont.: <ul style="list-style-type: none"> o FunFitLLC, 1605 Park Ave, Bismarck, ND 58504 o CrossFit Tertiary, 3138 N 10th St Suite #3B, Bismarck o Big Muddy CrossFit, 1200 Industrial Dr Suite 2, Bismarck o PDW Fitness, 2000 Schafer St, Bismarck o Bismarck Community Pool, 1601 Raven Dr, Bismarck o Solidcore, 1001 W Interstate Ave Suite 104, Bismarck. And 1401 W Century Ave, Bismarck o Capital Racquet & Fitness Center, 3200 N 10th St, Bismarck o McDowell Gym, 520 W Divide Ave, Bismarck o Missouri Valley Family YMCA, 1608 N Washington St, Bismarck o Ice Dragon Brazilian Jiu-Jitsu and Kickboxing, 1341 S 20th St, Bismarck o Bismarck Brazilian Jiu-Jitsu, 1519 E Broadway Ave, Bismarck o Soul Haven Studio, 209 W Main Ave, Bismarck o Sanford POWER Center, 3451 N 14th St Suite C, Bismarck
<p>Hunger/Healthy Food Resources:</p> <ul style="list-style-type: none"> · Carrie's Kids, 1223 S. 12th St., Bismarck · United Way, 515 N. 4th St., Bismarck · Great Plains Food Bank, 721 Memorial Hwy., Bismarck · The Banquet at Trinity Lutheran Church, 502 N 4th, Bismarck 	<p>Hunger/Healthy Food Resources Cont.:</p> <ul style="list-style-type: none"> · Heaven's Helpers Soup Café – 220 N. 23rd St., Bismarck · United Tribes Technical College Community Meal, 3315 Univ. Dr., Bismarck · Abundance of Grace Food Pantry, 4209 Old Red Trail, Mandan

<ul style="list-style-type: none"> • Spirit of Life Church Food Pantry, 801 – 1st St. SE, Mandan • Ministry on the Margins, 201 N. 24th St., Bismarck • All Nations Assembly of God, 121 – 48th Ave. SE, Bismarck • Bismarck Emergency Food Pantry, 725 Memorial Hwy, Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Corpus Christi Church, 1919 N. 2nd St., Bismarck • Crystal River Ministry Center, 924 N. 11th St., Bismarck • Faith Center, 2303 E. Divide, Bismarck • Helping Hands Food Pantry, 1826 – 8th St. N., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Hope on the Horizon, 529 Memorial Hwy., Bismarck • Love Your Neighbor Food Pantry – 4909 Shelburne St., Bismarck • River of Hope, 1996 – 43rd Ave. N., Bismarck 	<ul style="list-style-type: none"> • Riverside School, 406 S. Anderson St., Bismarck • SNAP, 415 E. Rosser Ave., Bismarck • WIC, 2400 E. Bdwy St., Bismarck • Grocery Stores: <ul style="list-style-type: none"> o Dan’s Supermarket, 835 S. Wash. St., Bismarck o Dan’s Supermarket, 3101 N. 11th St., Bismarck o Dan’s Supermarket, 1190 Turnpike Ave. Bismarck o Dan’s Supermarket, 3103 Yorktown Dr. Bismarck o Dan’s Supermarket, 500 Burlington St. SE, Mandan o BisMan Food Co-op, 711 E. Sweet Ave., Bismarck o Asian Market, 220 W. Front Ave., Bismarck o Walmart, 1400 Skyline Blvd., Bismarck o Walmart, 1000 Old Red Trail NW, Mandan o Walmart, 2717 Rock Island Place, Bismarck o Target, 600 Kirkwood Mall, Bismarck o Sam’s Club, 2821 Rock Island Pl., Bismarck o Cashwise Foods, 1144 E. Bismarck Expressway, Bismarck
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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.

In addition to chronic health issues, cost and the ability to afford needed health care was also a top health care concern that CHNA respondents and their families face on a regular basis. Regarding routine checkups, 15% of CHNA respondents in the Bismarck area had not been to a physician or provider for a routine checkup in the past year (which is similar to comparison markets). When asked why, the second leading concern was cost and the inability to afford care (25%), behind COVID-19 concerns (34%). In addition, 15% of CHNA respondents in the Bismarck area indicated that they or a family member needed medical care in the past year but did not receive it. When asked why, the main reason was due to cost and inability to pay for health care services (27%) followed by COVID-19 concerns (26%).

According to CHR, approximately 6% of people in the Bismarck area are uninsured, a rate which is slightly lower than the average for similar markets served by Sanford Health. Access to affordable care was discussed in the community stakeholder meeting. Participants believed that it is a large issue facing the community. It was mentioned that many community members may be unaware of resources or aid available to them to assist with medical bills. Access to affordable care was also mentioned as a component to meeting the economic needs

of the community, which includes other cost of living components in addition to access to affordable care.

Local Asset Mapping	
<p>Affordable Insurance Coverage resources:</p> <ul style="list-style-type: none"> · Sanford Health Plan, 1833 E Expressway Bismarck · ND Department of Insurance, 600 E. Blvd. Ave., Bismarck · Medicaid – Burleigh Co. Human Services, 415 E. Rosser Ave., Bismarck · Homeless Coalition, 1684 Capitol Way, Bismarck · Prime Care Select, 900 E. Broadway Ave., Bismarck · Bridging the Dental Gap, 1223 S. 12th St., Bismarck 	<p>Affordable Prescription Drugs resources:</p> <ul style="list-style-type: none"> · Prescription Connection, 1701 S. 12th St., Bismarck · ND RX Card, NorthDakotaRXCard.com · ND Prescription Drug Repository Program, 1906 E. Broadway Ave., Bismarck · Needy Meds, NeedyMeds.org · Partnership for Prescription Assistance, PPARX.org · ND Assn. for the Disabled, 1014 S. 12th St., Bismarck
<p>Affordable Healthcare Resources:</p> <ul style="list-style-type: none"> · Northland Community Health Center Bismarck 914 S 12th St. Suite 101 Bismarck, ND 58504 · N.D. Medicaid, 600 E. Blvd. Ave., Bismarck · Sanford Patient Navigators, 300 N. 7th St., Bismarck · Custer Family Planning, 701 E. Rosser Ave., Bismarck · Joanne’s Clinic, 1800 E. Bdwy. Ave., Bismarck · UND Ctr. for Family Medicine, 701 E. Rosser Ave., Bismarck · First Choice Clinic, 1120 College Dr., Bismarck · Blue Cross Member Advocate Program, 1-800-342-4718 · Caring for Children, 600 E. Blvd. Ave., Bismarck · Sanford’s Community Care Program, 300 N. 7th St., Bismarck · CHI St. Alexius’ Community Care Program, 900 E. Bdwy, Bismarck · Jerene’s Wish/Warford Orthodontics, 1145 W. Turnpike Ave., Bismarck · ND Assn. for the Disabled, 1014 S. 12th St., Bismarck · Experience Health ND (ND Dept. of Health), 600 E. Blvd. Ave., Bismarck 	<p>Affordable Healthcare Resources Cont.:</p> <ul style="list-style-type: none"> · Sanford’s Medical Home Program, 300 N. 7th St., Bismarck · Mid Dakota Clinic Medical Home Program, 9th & Rosser, Bismarck · Sanford Case Managers/Social Workers/Parish Nurses, 300 N, 7th St., Bismarck · CHI St. Alexius Case Management/ Social Workers, 900 E. Broadway, Bismarck · Bridging the Dental Gap, 1223 S. 12th St., Bismarck · Ronald McDonald Mobile Clinic, 609 N. 7th St., Bismarck · Bismarck-Burleigh Public Health, 500 E. Front Ave., Bismarck · Custer Health, 403 Burlington St. SE, Mandan · Aid, Inc., 314 W. Main St., Mandan · Burleigh Co. Senior Adults, 315 N. 20th St., Bismarck · Burleigh Veterans Services, 221 N. 5th St., Bismarck · Prescription Connection, 1701 S. 12th St., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · United Tribes Technical College, 3315 University Dr., Bismarck
<p>Employment Resources:</p> <ul style="list-style-type: none"> · Job Service North Dakota – Bismarck Workforce Center, 1601 E Century Ave, Bismarck · Job Service North Dakota, 1000 E Divide Ave, Bismarck · Human Resources, Sisseton St, Bismarck 	<p>· Major Employers Cont.:</p> <ul style="list-style-type: none"> o Mandan Public School District o Aetna o University of Mary o Housing Industry Training o MDU Resources Group o Bobcat/Doosan Company

<ul style="list-style-type: none"> • Veterans Employment Services, 1000 E Divide Ave, Bismarck • Spherion, 1830 E Century Ave #2, Bismarck • Dakota Staffing Solutions Inc., 1310 E Boulevard Ave #6, Bismarck • Professional Employment Prctcs, 200 E Main Ave, Bismarck • National Medical Resources, 2792 E Broadway Ave, Bismarck • Bakken Staffing, 933 Basin Ave, Bismarck • People Ready, 2015 E Main Ave, Bismarck • Hirequest Direct of Bismarck, 214 N 24th St, Bismarck • Burdick Job Corporation, 1601 E Century Ave, Bismarck • Major Employers in descending order-2017: <ul style="list-style-type: none"> o State of North Dakota o Sanford Health o Bismarck Public School o CHI St. Alexius o U.S. Government o City of Bismarck o Bismarck State College 	<ul style="list-style-type: none"> o Missouri Slope Lutheran Care Center o Basin Electric Power Cooperative o Mid-Dakota Clinic o Dan's Supermarkets o Missouri Valley YMCA o National Information Systems Cooperative (NISC) o Walmart o Burlington Northern Railroad o Cloverdale Foods o Burleigh County o Baptist Home o Scheels Sports
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Access to Health Care Providers

While CHNA respondents in the Bismarck area rated their ability to access health care as fairly good (average score=3.80), when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (higher than COVID-19 and cost concerns). When the 6% of CHNA respondents who rated their access to health care as poor or fair were asked why they did so, the general theme among responses was long wait times for appointments and few physicians.

Nearly one in three CHNA respondents in the Bismarck area reported traveling outside of their community to receive health care services in the past three years (30%). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (65%), followed by 31% of respondents who traveled for better or higher quality care.

One in eight CHNA respondents in the Bismarck area indicated they do not currently have a primary care physician (13%) (which is slightly lower than the comparison group average). When asked which health care services they would like to see offered or improved in their community, one in five CHNA respondents in the Bismarck area said family medicine or primary care (21%) and cancer care (22%) – and 24% said dermatology. According to CHR, the Bismarck area has one primary care physician for every 1,080 people and one dentist for every 1,411 people (ratios which are similar to the comparison group average).

Access to healthcare providers is an important need in the community. Specifically, stakeholders identified dental care, dermatology, neurology, and pediatric care as areas of need in their community. While this is an important area and one in which Sanford could make a meaningful difference it was not discussed as a top need of the community within the stakeholder meeting.

Local Asset Mapping

<p>Health Care Provider Resources:</p> <ul style="list-style-type: none"> · Sanford Medical Center, 300 N 7th St, Bismarck · CHI St. Alexius Health Bismarck Medical Center, 900 E Broadway Ave, Bismarck · Vibra Hospital of the Central Dakotas, 2nd & 3rd Floors, 1000 18th St NW, Mandan · Sanford Children's Hospital, 300 N 7th St, Bismarck · Sanford North Walk-in Clinic, 3318 N 14th St, Bismarck · CHI St. Alexius Health Century Family Clinic, 300 W Century Ave, Bismarck · Sanford Downtown Walk-in Clinic, 225 N 7th St, Bismarck · Mid Dakota Clinic, 401 N 9th St, Bismarck · Mid Dakota Clinic Gateway Mall Pediatrics, 2700 State St Unit A5, Bismarck · TODAY Clinic Primecare, 401 N 9th St, Bismarck · Mid Dakota Clinic Center For Women, 1000 E Rosser Ave, Bismarck · Sanford Fifth & Broadway Clinic, 515 E Broadway Ave, Bismarck · CHI St. Alexius Health Pinehurst Clinic, 921 W Interstate Ave, Bismarck 	<p>Health Care Provider Resources Cont.:</p> <ul style="list-style-type: none"> · Sanford East Interstate Ave Clinic, 1800 E Interstate Ave · Mid Dakota Clinic Kirkwood Mall Clinic, 727 Kirkwood Mall, Bismarck · Sanford South Clinic, 1040 Tacoma Ave, Bismarck · Hughes J Md- St. Alexius Specialty Clinic, 900 E Broadway Ave, Bismarck · Northland Health Center, 914 S 12th St #101, Bismarck · Mid Dakota Clinic, 117 W Front Ave, Bismarck · Sanford State Street Clinic, 3318 N 14th St, Bismarck · Sanford East Mandan Clinic, 102 Mandan Ave, Mandan · Sanford Clinic, 222 N 7th St, Bismarck · Sanford North Mandan Clinic, 910 18th St NW, Mandan · Dermatologic Surgery/cosmetic And, 2700 State St, Bismarck · Sanford North Dermatology Clinic, 2830 N Washington St, Bismarck
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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.

When CHNA respondents in the Bismarck 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 (64%) followed by addiction treatment (41%). According to CHR, adults in the Bismarck market average about 3.7 mentally unhealthy days each month and 11 % of adults average at least 14 days of mental distress per month. One of the most important measures of mental health within a community is suicide. CHR data indicate that there are 16 suicides for every 100,000 people in the Bismarck area, a rate similar to those in the Fargo and Sioux Falls market areas served by Sanford Health.

According to CHR, the Bismarck area has one mental health provider for every 474 people (which is about average for similar-sized markets served by Sanford Health).

Mental health the largest single concern facing the community in the stakeholder meeting. Participants felt very passionate about improving mental health in the community. Specifically improving the mental health of the pediatric population, as they struggle the most. There are limited transfer facilities available. There are not enough services for low to moderate mental health needs. Suicide and addiction was and continues to be a concern in the wake of the COVID pandemic. Additionally, community stakeholders noted the homeless have significant mental

health needs that need to be addressed. Mental Health is an area that community leaders would like to tackle in the upcoming years and is also one where Sanford Health could make a meaningful difference. The group indicated mental health needs, obesity, and other chronic illnesses all impact healthy living.

Local Asset Mapping	
<p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • Ideal Option 549 Airport Road Bismarck • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central CD Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan, ND • First Link, 4357 – 13th Ave. S., Bismarck • Teen Challenge, 1406 -2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Bismarck-Mandan Face it Together, no physical address) 	<p>Mental Health/Behavioral Health resources:</p> <ul style="list-style-type: none"> • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • CHI St. Alexius EAP, 1310 E. Main Ave., Bismarck • Mental Health Assn., 523 N. 4th St., Bismarck • Partnerships Program (W Central Health Services Center), 1237 W. Divide Ave., Bismarck • Pride, Inc., 1200 Missouri Ave., Bismarck • Sanford Health providers, 300 N. 7th St., Bismarck • CHI St. Alexius providers, 900 E. Broadway, Bismarck • The Village, 107 W. Main Ave., Bismarck • West Central Human Service Center, 1237 W. Divide Ave., Bismarck • Veterans Administration, 2700 State St., Bismarck • Northland Community Health Center Bismarck 914 S. 12th St. Suite 101 Bismarck 58504 <p>Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources:</p> <ul style="list-style-type: none"> • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan

Long-Term Care

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

CHNA respondents in the Bismarck area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.22); however, the average score was the lowest among similar-sized markets – and one in five respondents rated the quality as poor or fair (21%). 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 referenced an overall staffing shortage, a lack of trained staff, and a lack of caring and compassionate staff in long-term facilities, resulting in a

lower level of patient care. When CHNA survey respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, one in five respondents said long-term care (21%).

Although important, long-term care was not discussed significantly by stakeholders during the meeting.

Local Asset Mapping	
<p>Resources for the Aging Population:</p> <ul style="list-style-type: none"> • AARP, 107 W Main Ave. #125, Bismarck, ND • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Good Samaritan Home Care, 309 N. Mandan St., Bismarck • Gracefully Aging, 1200 Missouri Ave., Bismarck • Long Term Care Association, 1900 N. 11th St., Bismarck • Lutheran Social Services, 1616 Capitol Way, Bismarck • Sanford Home Care, 910 – 18th St. NW, Mandan • Meals on Wheels, 721 Ave. A., Bismarck • Spectrum Home Care, 1006 E. Central Ave., Bismarck • Visiting Angels, 1102 S. Wash St., Bismarck • Support Systems, Inc., 1929 N. Wash. St., Bismarck • Missouri Slope Care Center, 2425 Hillview Ave., Bismarck • Enable, 1836 Raven Dr., Bismarck • Volunteer Caregiver Exchange, 600 S. 2nd St., Bismarck • Baptist Health Care Center, 3400 Nebraska Dr., Bismarck • Protection & Advocacy, 400 E. Bdwy. Ave., Bismarck • AID Inc. (transportation), 314 W. Main St., Mandan • Capital Area Transit (transport.), 3750 E. Rosser Ave., Bismarck 	<p>Resources for the Aging Population Cont.:</p> <ul style="list-style-type: none"> • Brandon Hts. Village, 580 Brandon Pl., Bismarck • Crescent Manor, 410 S. 2nd St., Bismarck • Edgewood Vista, 3124 Colorado LN, Bismarck & 3406 Dominion St., Bismarck • Good Samaritan Society, 309 N. Mandan St., Bismarck & 301 Lorrain Dr., Bismarck • Maple View East, 2625 N. 19th St., Bismarck • Maple View North, 4217 Montreal St., Bismarck • Marillac Manor, 1016 N. 28th St., Bismarck • Patterson Place, 420 E. Main Ave., Bismarck • Primrose Retirement Community, 1144 College Dr., Bismarck • St. Vincent's Care Center, 1021 N. 26th St., Bismarck • St. Gabriel's Community, 4580 Coleman St., Bismarck • The Terrace, 901 E. Bowen Ave., Bismarck • Touchmark, 1000 W. Century Ave., Bismarck • Valley View Heights, 2500 Valleyview Ave., Bismarck • BBPH Home Health Program, 500 E. Front Ave., Bismarck • CHI St Alexius Palliative Care, 310 N. 9th St., Bismarck • Custer Health, 403 Burlington St. SE, Mandan • Alzheimer's Assn., 406 W. Main St., Mandan • Vulnerable Adults Aging Services, 600 E. Blvd. Ave., Bismarck • Vulnerable Adult Protective Service, 1237 W. Divide Ave., Bismarck

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 adults.

CHNA respondents in the Bismarck area rated community access to daily transportation as less than good (average score=2.95). When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited limited bus routes (when available), inconvenient hours of operation, long wait times, and general confusion on how to use public transit. Respondents also added that these challenges are compounded for older individuals and those with a disability.

Access to daily transportation is a need that was identified in the community, and stakeholders raised specific areas of concern. Getting to an appointment or traveling for basic health needs in general is very difficult with public transportation especially in the afternoon and transportation to and from rural communities is a challenge.

Local Asset Mapping

Transportation Resources:

- West River Transit, 3750 E Rosser Ave
Bismarck
- Bis-Man Transit, 3750 E Rosser Ave Bismarck
- Standing Rock Public Transit, 9299 Highway 24
Fort Yates
- Bismarck Transportation Services, (701) 543-6560
- Uber, Mobile application-based service
- Lyft, Mobile application-based service

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 Bismarck area rated the availability of affordable housing in their community as less than good (average score=2.46) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents suggested that housing prices in general far exceed average earnings in the community and that wages have not kept pace with the higher cost of living in the area. Respondents added that these higher prices are challenging for the middle class and unattainable for those with lower incomes (e.g., minimum wage).

CHR data suggest that 11% of households in the Bismarck area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9% of households spend at least 50% of their household income on housing costs – both rates are similar to the comparison group average.

Affordable housing is an area of concern within the community. Concern regarding affordable housing for homeless and mentally ill populations was specifically mentioned within the stakeholder meeting. Discussion during the meeting centered on the cost of the housing that is available, not necessarily the availability of housing. Affordable housing is connected to other issues, such as affordable health care and transportation, that would be addressed by improving economic conditions in the community.

Local Asset Mapping

<p>Homelessness resources:</p> <ul style="list-style-type: none"> · Abused Adult Resource Center, 218 W. Broadway Ave., Bismarck · Welcome House, 1902 E. Thayer. Ave., Bismarck · AID, Inc., 314 W. Main St., Mandan · Community Action Program, 2105 Lee Ave., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · Youthworks, 221 W. Rosser Ave., Bismarck · Edwinton Place supportive housing, 1121 S. 11th St., Bismarck 	<p>Low Income Housing:¹</p> <ul style="list-style-type: none"> · Breton Hts. Apts., 4001 Lockport St., Bismarck · Alberta Hts. Apts., 4111 Lockport St., Bismarck · Park Century Apts., 2800 Gateway Ave., Bismarck · Ithica Heights Apts., 2820 Ithica Dr., Bismarck · Brandon Hts. Apts., 580 Brandon Pl., Bismarck · Westgate Apts., 2810 Gateway Ave., Bismarck · Heritage Apts., 112 N. 5th St., Bismarck · Century East Apts., 1715 & 1823 Mapleton Ave., Bismarck · Calgory Apts., 3310, 3420 & 3540 N. 19th St., Bismarck · Century East Apts. II & III, 2939 & 3001 Ohio St., Bismarck · Washington Hts. Apts., 2801, 2809, 2835 & 2843 Hawken St., Bismarck
<p>Employment Resources:²</p> <ul style="list-style-type: none"> · Job Service North Dakota – Bismarck Workforce Center, 1601 E Century Ave, Bismarck · Job Service North Dakota, 1000 E Divide Ave, Bismarck · Human Resources, Sisseton St, Bismarck · Veterans Employment Services, 1000 E Divide Ave, Bismarck · Spherion, 1830 E Century Ave #2, Bismarck · Dakota Staffing Solutions Inc., 1310 E Boulevard Ave #6, Bismarck · Professional Employment Practices, 200 E Main Ave, Bismarck · National Medical Resources, 2792 E Broadway Ave, Bismarck · Bakken Staffing, 933 Basin Ave, Bismarck · People Ready, 2015 E Main Ave, Bismarck · Hirequest Direct of Bismarck, 214 N 24th St, Bismarck · Burdick Job Corporation, 1601 E Century Ave, Bismarck · Major Employers in descending order (2017): <ul style="list-style-type: none"> o State of North Dakota o Sanford Health 	<p>Housing resources:</p> <ul style="list-style-type: none"> · Burleigh Co. Housing Authority, 410 S. 2nd St., Bismarck · Morton Co. Housing Authority, 1500 – 3rd Ave. NW, Mandan · ND Housing Finance Agency, 2624 Vermont Ave., Bismarck · Standing Rock Housing Authority, 1333 – 92nd St., Ft Yates · Dakota Foundation, 600 S. 2nd St., Bismarck · · Community Action Program, 2105 Lee Ave., Bismarck · Native American Development Center, 205 N 24th Street, Bismarck · ND Hsg. Finance Agency, 2624 Vermont Ave., Bismarck · Pam’s House, PO Box 500, Bismarck · New Awakenings Apts., PO Box 500, Bismarck · VA Supportive Housing, 619 Riverwood Dr., Bismarck · Supportive Housing for Veteran Families, 2105 Lee Ave., Bismarck · AID, Inc., 314 W. Main St., Mandan

¹ <https://affordablehousingonline.com/housing-search/North-Dakota/Bismarck>

² <http://bmda.org/about/major-employers/>

<ul style="list-style-type: none"> o Bismarck Public School o CHI St. Alexius o U.S. Government o City of Bismarck o Bismarck State College o Mandan Public School District o Aetna o University of Mary o Housing Industry Training o MDU Resources Group o Bobcat/Doosan Company o Missouri Slope Lutheran Care Center o Basin Electric Power Cooperative o Mid-Dakota Clinic o Dan's Supermarkets o Missouri Valley YMCA o National Information Systems Cooperative (NISC) o Walmart's o Burlington Northern Railroad o Cloverdale Foods o Burleigh County o Baptist Home o Scheels Sports 	<ul style="list-style-type: none"> · Community Works, 200 – 1st Ave. NW, Mandan · Money Follows the Person Housing (ND Dept. of Human Services), 600 E. Blvd. Ave., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · Welcome House, 1902 E. Thayer Ave., Bismarck
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Sanford Area of Focus

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

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward.

IMPLEMENTATION PLAN

Priority 1: Improve access to behavioral health services.

Current activities

In addition to providing more than 130,000 behavioral health-related visits per year, Sanford Health partners with several community organizations to support access to community resources and to streamline connecting individuals to the services they need. In addition to providing care within our facilities, Sanford began offering onsite school-based behavioral health services as part of a Bismarck Public School District pilot project in 2020.

Clinically, Sanford integrates behavioral health specialists into the primary care clinic setting. The specialists collaborate with primary care teams and provide direct clinical services—crisis intervention, counseling, and education—to patients. Sanford also screens patients for depression on annual basis to increase diagnosing and treating mental health conditions early, Sanford. Patients who score out at risk are immediately connected with applicable clinical and community resources and/or suicide prevention services.

Projected impact

Upon completion of the action plan, the community would see an improved continuum of care approach to addressing mental and behavioral health needs and substance use disorders. By providing expedited access to behavioral health and substance use disorder services, children will benefit from age specific interventions and community members who resort to Emergency Department services and hospitalizations for behavioral health needs will be decreased and the individuals' health and quality of life will improve.

Goal 1: Advance school-based services for pediatric patients

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
School-based mental and behavioral health services	Implement onsite licensed mental health providers in person or via telehealth at a Bismarck school and a rural school; provide 300 onsite/virtual visits for school children in 2022	Sanford Health licensed mental health providers	Behavioral Health Executive Director Mike Salwei Behavioral Health Director Jennifer Harrington Community Relations Director Weston Dressler	N.D. Department of Human Services, Bismarck Public School District, additional school districts to be determined

Goal 2: Expand behavioral health services available in the Emergency Department

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Embed behavioral health services into Emergency Department	Provide real-time behavioral health assessments and connection to applicable services and community resources; implement one fulltime provider supporting 100 patients in first year of program	Sanford Health licensed social worker or nurse practitioner	Chief Medical Officer Dr. Chris Meeker, Behavioral Health Executive Director Mike Salwei, Behavioral Health Director Jennifer Harrington	Heartview, Face It Together and other community drug and alcohol treatment providers

Priority 2: Improve access to affordable care

Current activities: Sanford Health has implemented several programs and services to improve access to affordable care. To address healthcare coverage for uninsured and underinsured, Sanford integrated fulltime onsite financial advocates to help patients and their families enroll in health coverage programs. Sanford’s Financial Assistance Program helps thousands of patients each year reduce or eliminate medical bills they can afford to pay. Sanford also assists at risk populations with enrollment in public healthcare coverage programs.

To help bridge the gap between health care services provided in our facilities to what at-risk patients outside our walls, Sanford created a community health worker program. The CHW works with patients in the community to assist with social services, community resources, transportation needs, food stability and other key social determinants of health.

To help the community’s most vulnerable patients better manage chronic diseases including diabetes, asthma and depression, Sanford established Better Choices, Better Health, a self-management program designed to help adults better understand their health and better manage their symptoms. Additional free healthcare classes include family parenting and sibling classes, birthing classes, breastfeeding classes, and Caring for Your Newborn class.

Subsidized Health Services—clinical programs that are provided despite a financial loss—are provided to meet identified community needs and if it were not offered by Sanford, it would either be unavailable or fall to the responsibility of government or another not-for-profit organization. Examples of subsidized health services include behavioral health services, renal dialysis services, trauma care and women’s’ and children’s services.

Sanford Health serves as the region’s safety net hospital, providing free and discounted care to thousands of patients unable to afford healthcare costs. Sanford also works proactively with patients and community members to help individuals apply for healthcare coverage programs including Medicaid, Medicare and private coverage.

Projected Impact: Improving access to healthcare services has both financial and quality of life implications on the community. By helping community members access the right care at the right time in the right place, they are better able to prevent and manage chronic disease and enjoy a better quality of life. From a financial perspective, better access to care can be measured in reduced unnecessary emergency visits and hospitalizations.

Goal 1: Reduce healthcare costs by reducing avoidable visits

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Referral to community health worker program; measure CHW outcomes	2022: Reduce avoidable emergency room visits and hospitalizations; care for 50 patient referrals	Fulltime community health worker, admin support services	Sanford learning and development staff (Wendy Schmidt and Richard Preussler)	Bismarck/Burleigh Public Health, Custer Public Health, Burleigh and Morton counties social services

Goal 2: Increase healthcare coverage in the community

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Identify community and public policy barriers and opportunities to increase at-risk community members' access to healthcare coverage	2022: Connect community members to resources necessary to successfully enroll in coverage programs; assist 1,000 patients per year	Contracted financial enrollment advocacy staff	Patient Access leadership, Government Affairs Specialist Marnie Walth, Native American Community Outreach Director Scott Davis	Bismarck-Burleigh Public Health, regional county social services, N.D. Hospital Association, tribal leadership

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:

Healthy Living: Healthy living is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford is addressing the need by partnering to help community members prevent and/or manage chronic health conditions including diabetes, heart disease, depression and anxiety. Sanford Health collaborates to with community partners to offer Better Choices, Better Health. The evidence-based program is free to patients with chronic disease and caregivers. It is designed to be an intervention that offers support to individuals aged 18 or older and proven to help establish long-term health benefits and health cost savings for patients and their families.

Sanford also partners with Missouri Valley YMCA to provide fitness classes and exercise facilities at its jointly-owned Family Wellness Center. The center provides childcare services to assist young families and provides free memberships to individuals and families who cannot afford the cost.

To address community hunger, Sanford supports Great Plains Food Bank and screens pregnant and new moms to identify household food shortages and provide needed resources.

To address drug and alcohol abuse, Sanford partners with community organizations including Bismarck-Burleigh Public Health, Heartview and Face It Together to support community resources and to connect community members to support services and treatment options.

Access to Health Care Providers: Access to health care providers, broadly, is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Bismarck is addressing the need by helping to bridge the gap between health care services provided in our facilities to what at-risk patients outside our walls, Sanford created a community health worker program. The CHW works with patients in the community to assist with social services, community resources, transportation needs, food stability and other key social determinants of health.

Access to healthcare workers increasingly difficult due to supply and demand of healthcare workers. Each day, medical students, dietitians, pharmacists, respiratory therapists, occupational therapists, nuclear medicine, nursing students and other healthcare workers receive training at Sanford and stay to begin their careers with us or move on to other organizations where their Sanford training will be a benefit far beyond our walls. These investments support the growing need for healthcare workforce in our region. Over the last ten years, Sanford has seen a 3% to 5% growth annually in FTEs and 4% to 7% growth in physicians and advanced practice professionals.

Sanford has also initiated several healthcare occupation awareness and education programs in middle and high schools.

Long-Term Care: Sanford Health merged with one of the region's largest long term care providers, Good Samaritan Society, to improve continuum of care for aging adults and those with a disability that requires long term care services. Additionally, Sanford actively advocates for public policy decisions that place the long-term care residents' quality of care and quality of life as top priority. Long-term care is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment.

Public Transportation: Public Transportation is not included in the Implementation Plan as it was determined that other organizations, including those listed in the asset map, are addressing the need. While Sanford has limited capacity to address the community's public transportation gaps, Sanford care managers coordinate transportation with available community resources and financially supports private transportation options when free or public options are not available. Per discussions with local public transportation leaders, Sanford can also support community resources by assisting in advocating for good public policies on the local and state level.

During the stakeholder meeting members of the Bismarck Community Development Department requested a meeting with Sanford Health to review, in greater detail, details of the transportation section of the CHNA survey as it would inform their long-term planning efforts. Additional information regarding the demographics, survey data drivers, and the City of Bismarck's long-term plan were jointly reviewed by Sanford Health and the City of Bismarck

Community Development Department at a May 2021 meeting. Sanford Health will remain involved in the City's efforts, although specific support needs have not been identified at time of CHNA report approval.

Affordable Housing: Affordable housing is not included in the Implementation Plan as other organizations are addressing the need and have the competencies to effectively address the need. Although Sanford has limited capacity to directly impact affordable housing, Sanford care managers and community health workers help patients connect to applicable community housing support resources. Additionally, Sanford supports United Way's emergency homeless shelter and provides care coordination services to Edwinton Place supportive housing residents. Edwinton is a housing first approach to helping individuals who face chronic homelessness and who may be dealing with a mental health condition.

EVALUATION OF 2019-2021 CHNA

Goal 1: Access to Affordable Care

Sanford Health has integrated fulltime, onsite financial advocates who specialize in healthcare coverage enrollment to help community members who are uninsured and underinsured secure access to healthcare services. They help Sanford patients as well as community referrals.

Individuals unable to secure healthcare coverage and facing medical bills they cannot afford are referred to Sanford's financial assistance program. FAP worked with 4,098 patients and their families in 2020 to reduce medical bills by eliminating a portion or all charges for services. In total, Sanford Bismarck offered over \$31 million dollars in 2019 and \$18.1 million of in-kind care to patients and families that were unable to pay their medical bills in 2020.

To help homeless individuals access healthcare services and prescription medications, Sanford works with shelter residents to apply for and secure healthcare coverage through the state's Medicaid program.

Through partnerships with Mandan Public Health, Bismarck/Burleigh Public Health, United Way and the local homeless shelter coalition, we have helped at-risk community members secure healthcare coverage, healthcare services and prescription medications.

Often, patients who do not qualify for public assistance do not make enough money to afford the prescriptions they need to get well and stay well. In these circumstances, we have helped patients enroll in Marketplace health plans and provided financial assistance to help cover income gaps. In total, Sanford Bismarck assisted 895 individuals to secure healthcare coverage.

When a patient temporarily is unable to afford the medications, they need due to extenuating circumstances, e.g., sudden loss of employment, Sanford's Foundation established a fund to help community members. Established internal workflow processes to help individuals unable to afford prescriptions receive the medication free of charge.

Sanford supported nearly 1,500 patients over the CHNA cycle to date to get the prescription medicine they needed but could not afford. Additionally, Sanford helped these individuals connect to vital community services necessary to regain their health, wellbeing and financial independence. Meal vouchers, lodging, gas cards, and transportation were also provided to 587 patients.

Three hundred new and expecting moms identified at risk for not having enough food received free meals and were connected to community food pantry resources.

Goal 2: Behavioral Health and Substance Use Disorder Continuum of Care

Sanford Bismarck continued its partnership with Heartview, an addiction services provider, to help 11 expectant moms suffering from substance use disorder participate in medication-assisted treatment programming.

Sanford and the Bismarck Public Schools expanded our partnership to provide behavioral health services onsite at Simle Middle School. A pilot program launched in the Fall of 2019 entails a Sanford psychologist seeing patients in person at Simle Middle School. The goal of the project is to establish a program scalable to additional schools via telemedicine. In 2020, Sanford provided nearly 500 onsite visits for at-risk middle school students. During the summer, Sanford continued to see the students, providing video appointments to allow for continued care despite COVID-19. In the fall of 2020, Sanford expanded to a second school and will add a third school in the fall of 2021.

Sanford's opioid stewardship program continues to reduce the volume of opioids prescribed to patients. In 2020 Sanford Bismarck further reduced both the number of opioid prescriptions and volume of tablets prescribed. The number of prescriptions dropped 6% (from 9,139 to 8,610 scripts) and the total number of tablets prescribed dropped 9% (from 498,617 to 454,617 tablets). In total, Sanford Bismarck has decreased the number of prescriptions by nearly 40% and the number of tablets prescribed in half.

Sanford Bismarck continued the partnership with Bismarck/Burleigh County behavioral health task force, a stakeholder group established to identify and address gaps in the community's substance abuse and behavioral health continuum of care. Additionally, Sanford joined the Bismarck/Burleigh Drug-Free Communities Task Force, representing community healthcare providers.

Additionally, Sanford helps community members suffering from addiction secure coaching support to get well and stay well, supports expectant mothers suffering from substance use disorder participate in medication-assisted treatment programming, and provides behavioral health visits for at-risk students, among other efforts.

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 Demographics³

Morton County, population 31,364, and Burleigh County, population 95,626, account for 16% of North Dakota's entire population. Both counties also have a higher 2010-2019 growth rate, and population density. The counties' age demographics look similar to the states with slight differences in the over 65 categories. Both counties have higher percentages of people identifying as White alone than the state as a whole and the counties have lower percentages of people identifying as Black or African American alone and American Indian and Alaska Native alone..

The Median home value of the counties exceeds that of the entire state which is \$193,000. In addition, residents of the counties are more likely to have a computer and internet in their home and a median income that exceeds the state median by around \$6,000. Education levels of the counties are similar to state education levels. Counties also have a lower percentage of residents who live in poverty, are uninsured, or are disabled. The counties have higher percentages of residents in the workforce with Morton County being the highest at over 74%, and Burleigh topping the state by a negligible .6 points at 69.8%. Burleigh County employment is growing commensurate with the state while Morton County has experienced a decrease in total employment in recent years.

	Morton County, ND	Burleigh County, ND	North Dakota
Population estimates, July 1, 2019, (V2019)	31,364	95,626	762,062
Population estimates base, April 1, 2010, (V2019)	27,469	81,308	672,576
Population, % change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	14.2%	17.6%	13.3%
Population per square mile, 2010	14.3	49.8	9.7
Persons under 5 years, %	7.1%	6.6%	7.1%
Persons under 18 years, %	23.1%	23.3%	23.6%
Persons 65 years and over, %	17.0%	16.6%	15.7%
White alone, %	92.2%	90.4%	86.9%
Black or African American alone, %	1.3%	2.4%	3.4%
American Indian and Alaska Native alone, %	3.8%	4.3%	5.6%
Asian alone, %	0.5%	0.9%	1.7%
Native Hawaiian and Other Pacific Islander alone, %	0.1%	0.1%	0.1%
Two or More Races, %	2.2%	1.9%	2.3%
Hispanic or Latino, %	4.1%	2.8%	4.1%
White alone, not Hispanic or Latino, %	88.8%	88.2%	83.7%

³ <https://www.census.gov/quickfacts>

Median value of owner-occupied housing units, 2015-2019	\$208,600	\$263,600	\$193,900
Median gross rent, 2015-2019	\$861	\$871	\$826
Households with a computer, %, 2015-2019	91.1%	90.7%	89.8%
Households with a broadband Internet subscription, %, 2015-2019	81.4%	82.8%	80.7%
High school graduate or higher, % of persons age 25 years+, 2015-2019	91.9%	94.3%	92.6%
Bachelor's degree or higher, % of persons age 25 years+, 2015-2019	26.9%	35.8%	30.0%
With a disability, under age 65 years, %, 2015-2019	5.4%	6.0%	7.2%
Persons without health insurance, under age 65 years, %	6.3%	5.6%	8.1%
In civilian labor force, total, % of population age 16 years+, 2015-2019	74.2%	69.8%	69.2%
Median household income (in 2019 dollars), 2015-2019	\$70,556	\$71,524	\$64,894
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$39,384	\$38,804	\$36,062
Persons in poverty, %	7.9%	6.9%	10.6%
Total employer establishments, 2019	869	3,025	24,654
Total employment, 2019	10,463	47,861	353,333
Total employment, % change, 2018-2019	-1.6%	2.1%	2.1%

CHNA Survey Questionnaire

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

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

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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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)

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

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

- Poor Fair Good Very Good Excellent
-

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?

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

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.