



Community Health Needs Assessment

SANFORD LUVERNE MEDICAL CENTER
2022-2024



Dear Community Members,

Sanford Luverne Medical Center is pleased to present the 2022 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 very 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, including economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

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

- Mental Health
- Access to Health Care Providers

The CHNA process also focused on 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. We have also included an impact report detailing progress made with our 2019 implementation strategies.

Sanford Luverne is grateful to the many community members who participated in this assessment process. We appreciate your commitment to the health and wellness of our community, and to those who live and work here. Together, we can continue to enhance the quality of life for all Luverne area residents in the years ahead.

Sincerely,

Tammy Loosbrock
Senior Director
Sanford Luverne Medical Center

Community Description¹

The Sanford Luverne Medical Center is located in Luverne, MN, which is home to about 4,950 people and is the county seat of Rock County. The town is home to the Rock County Courthouse. The Luverne community has an excellent education system, a strong medical network, and a variety of arts and recreational opportunities.

Luverne was founded as a mail route from Blue Earth Minnesota to Yankton SD in 1867, and the city incorporated in 1877. Now Luverne is a growing city in the southwest of Minnesota that offers many economic opportunities and city resources.

The community as defined for purposes of the Community Health Needs Assessment includes Rock and Pipestone Counties. 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.

Sanford Health

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

System Partners

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

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

¹ <https://www.cityofluverne.org/community>

- 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

Luverne Partners

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

- Tammy Loosbrock, Senior Director, Sanford Luverne Medical Center
- Sheila Westfield, Director of Nursing and Clinical Services, Sanford Luverne Medical Center
- Eli Ripley, Administrator, Tuff Memorial Home
- Nadine Schoep, Advisory Board, Sanford Luverne
- Amy Cook, Counselor, Luverne Public School District
- Michelle Salfer, Southwest Health and Human Services
- Emma Lysne, Licensed Addiction Counselor, Sanford Luverne Medical Center
- Casey Westphal, Director of Nursing, Tuff Memorial Home
- Linda Wentzel, Aging and Volunteer Services Coordinator, A.C.E
- Beth Callahan, Administrator, Good Samaritan Society Luverne
- Matt Ditmanson, Director of Community Benefits, Sanford Health
- Karlie Solum, Senior Community Relations Specialist, Sanford Health
- Wanda Jarchow, Dental Health Initiative, Luv!LuvAll
- Lisa Dinger, Child Guide and Backpack program, Luverne Public Schools

Sanford Luverne Description

Sanford Luverne Medical Center (SLMC) is a 25-bed Critical Access Hospital that provides inpatient, acute and respite care to over 10,000 residents of Rock County and portions of Murray, Nobles and Pipestone counties in southwest Minnesota. The nearest tertiary care center, Sanford USD Medical Center, is approximately 35 miles west in Sioux Falls, South Dakota.

Services at Sanford Luverne include emergency services/ambulance, hospice, chemotherapy and infusions, therapy, lab, advanced imaging, outpatient substance use treatment, and surgery. In addition, SLMC offers a broad range of services at Sanford Luverne Clinic, a medical clinic operating as a hospital department. Specialty physicians provide outreach services on a twice-monthly or monthly basis in areas of cardiology, oncology, ophthalmology, radiology, urology, pathology, orthopedics, and pulmonology. Sanford Luverne employs six Family Medicine Providers, a General Surgeon, an OB/Gynecologist, three Certified Nurse Practitioners, and over 200 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. It is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research.

Regulatory Requirements

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

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

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

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

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

Hospitals are to address each and every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford's fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

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



Limitations

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

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

Community and Stakeholder Survey

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

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (<https://news.sanfordhealth.org/community/health-needs-assessment-survey/>) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 304 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 are based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.

Health Needs Identification Methodology

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

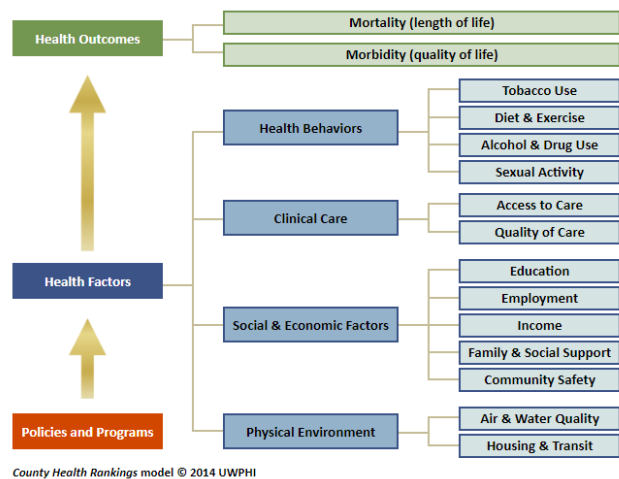
- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Luverne is included with Bagley, MN; Canby, MN; Canton-Inwood, SD; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville,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



The facilitated discussion sought to inform on several aspects:

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

Two health needs were identified by consensus during the meeting for inclusion in the implementation plan. The needs were confirmed with participants prior to the meeting's conclusion. Consensus was based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Rock and Pipestone Counties, MN are included in the data analysis and represent a majority of volumes to Sanford Laverne. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

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

- Access to daily transportation (average score=3.28)
- Health care quality (average score=3.64),
- Long-term nursing care and senior housing quality (average score=3.64)
- Access to exercise opportunities (average score=3.71)
- Community safety (average score=4.00)
- Environmental health (average score=4.03)

While scores for CHNA respondents in the Luverne area for employment opportunities (average score=3.13), childcare and preschool quality (average score=3.32), and access to healthy foods (average score=3.61) were all positive, they were lower than or similar to the comparison group average.

When asked about their personal health, CHNA respondents in the Luverne area rated their current health and wellness (average score=3.39) and their current ability to access health care services (average score=3.79) as good — and both scores were higher than the comparison group average.

County Health Rankings (CHR) data indicate that Pipestone County is ranked among the lower, middle range of Minnesota counties in terms of overall health. Rock County, on the other hand, is in the lower, middle range of Minnesota counties in terms of health outcome measures (i.e., length and quality of life) – but is among the healthiest counties in terms of health factors that influence length and quality of life (i.e., health behaviors, clinical care, social and economic factors, and physical environment). The following areas of concern were identified for further discussion (in no particular order).

Access to Health Care Providers

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.

Fewer than one in 10 CHNA respondents in the Luverne area needed medical care in the past year and did not receive it (9%) – a percentage which was lower than the average for the comparison group of similar-sized market areas served by Sanford Health. However, when CHNA respondents were asked about the most important health care issues impacting their community, access to health care was the second leading concern behind COVID-19. Among CHNA respondents in the Luverne area, 87 percent indicated they have a primary care provider they see for general health issues and 83 percent of respondents have visited a provider for a routine checkup or screening in the past year – both percentages were similar to the comparison group average.

When asked if they or their family had traveled to receive health services outside their community within the past three years, 65 percent of CHNA respondents in the Luverne area indicated they had traveled for care — which was higher than the comparison group average. When asked why they traveled to receive health care services in the past three years, the main reason stated was needing a specialist or the needed service was not available locally (73%) – which was followed by needing better or higher quality care (33%) and a physician's referral (30%).

When asked which health care services they would like to see offered or improved in their community, most CHNA respondents in the Luverne area said dental care (39%), followed by walk-in or urgent care (37%). According to CHR, in the Luverne area there are 1,319 people for every one primary care physician and 2,305 people for every one dentist (ratios which are similar to the comparison group average).

Participants of the community health needs assessment stakeholder meeting discussed increasing access to healthcare providers. Dental care was a particular concern of participants, who indicated current dental care resources do not meet the needs of the community. The need for increased telehealth services, hours of operation, and walk-in/urgent care was highlighted as well. Access to healthcare providers was identified as one of the priority health needs to be addressed, and is an area where Sanford can have a meaningful impact.

Local Asset Mapping	
<p>Access Resources:</p> <ul style="list-style-type: none"> • #Luv\LuvAll Healthcare Access Issue Team, Mary Brown, 507-220-1193 • #Luv\LuvAll One-Stop Access to Resources, ATLAS of Rock County, 507-449-5777 • Senior Linkage Line • ACE of SW Minnesota • Heartland Express Transportation 	<p>Dental Insurance resources:</p> <ul style="list-style-type: none"> • #Luv\LuvAll Rock County Oral Health Task Force, Wanda Jarchow, 507-283-9664 • Kozlowski Insurance, 626 S. Kniss Ave., Luverne <ul style="list-style-type: none"> • Luverne Family Dental • Delta Dental – deltadentalsd.com
<p>Health Insurance resources:</p> <ul style="list-style-type: none"> • MN Sure – MNSure.org • General Assistance / MA, Southwest Health and Human Services, 2 Roundwind Rd, Luverne, MN • Sanford Health Plan, 300 Cherapa Place, Sioux Falls • Kozlowski Insurance, 626 S. Kniss Ave., Luverne • Heidebrink & Associates, 224 E. Main, Luverne • Cattnach Agency, 701 S. Kniss Ave., Luverne • Buffalo Ridge Insurance, 808 S. Kniss Ave., Luverne 	<p>Mental Health Resources:</p> <ul style="list-style-type: none"> • #Luv\LuvAll Brain Health Issue Team, Angela Nolz, 605-770- 8830 • #Luv\LuvAll One-Stop Access to Resources, ATLAS of Rock County, 507-449-5777 • Southwest Crisis Center • Sanford Luverne, 1601 Sioux Valley Dr., Luverne • Sanford Adrian, 601 Louisiana Ave., Adrian • Sanford Edgerton, 733 Main Ave., Edgerton • Luverne Public School Counselors, 709 N. Kniss Ave., Luverne • Southwest Mental Health Center, 2316 E. Luverne St., Luverne • Luverne Counseling, 118 W. Main, Luverne
<p>Medical Center:</p> <ul style="list-style-type: none"> • Sanford Luverne Medical Center, 1600 N Kniss Ave, Luverne 	

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 Luverne area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), cost and the ability to afford needed health care was the second leading concern, just behind COVID-19. Most CHNA respondents in the Luverne area indicated that they or a family member who needed medical care in the past year, received it (91%). When the 9 percent of respondents who did not

receive needed medical care were asked why, the second leading reason was the cost and inability to pay for health care services (40%), behind COVID-19 concerns (44%).

According to CHR, the median household income in the Luverne market area is \$59,428 and 7 percent of individuals are uninsured – and both measures are similar to the comparison group average. However, CHR data also indicate that 38 percent of children are eligible for free- or reduced-price lunch – a rate which is slightly higher than the comparison group average.

Access to affordable health care was discussed by the group in the community stakeholder meeting. Participants agreed that while Sanford Luverne could work with other community partners, like Southwest Health and Human Services, to educate the community about the services available – this issue would not be a priority focus area in the implementation plan.

Local Asset Mapping	
<p>Prescription Assistance programs:</p> <ul style="list-style-type: none"> • Lewis Family Drug prescription program • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • Medsavercard.com • Yourrxcard.com • Medicationdiscountcard.com • Needymeds.org/drugcard • Caprxprogram.org • Gooddaysfromcdf.org • NORD Patient Assistance Program, rare diseases.org • Patient Access Network Foundation, panfoundation.org • Pfizer RC Pathways, pfizerRX pathways.com • RXhope.com • Prescriptionassistance.info • Minnesota Care – 1-800-657- 3761 • MN Drug Card – mndrugcard.com • Partnership for Prescription Assistance – pparx.org/intro.php • Benefitscheckup.org • RxAssist – rxassist.org • RxOutreach – rxoutreach.com • Together RX Access Program – togetherrxaccess.com • Glaxo Smith Kline – bridgestoaccess.gsk.com • Merck – merck.com/merkhelpt • Novartis – patientassistncenow.com • Pfizer – pfizerhlepfanswers.com • AARP Prescription Discount Program – aarp-pharmacy.com • PlanPlus – planplushealthcare.com • FamilyWise – familywise.org • Senior Linkage Line 	<p>Employment resources:</p> <ul style="list-style-type: none"> • Economic Development Corp., 305 E. Luverne St., Luverne • Luverne Chamber Offices <p>Major employers:</p> <ul style="list-style-type: none"> • Sanford Luverne, 1600 N. Kniss Ave., Luverne • Luverne Public Schools, 709 N. Kniss, Luverne • MN Veterans Home, 1300 N. Kniss Ave., Luverne • Good Samaritan Society - Luverne, 110 S. Walnut Ave., Luverne • Continental Western, 10 Roundwind Rd., Luverne • Rock County offices, 204 E. Brown St., Luverne • Iowa Premium Pork, 1174 County Rd 4, Luverne MN 56156 • Papik Motors, 801 Commerce Rd., Luverne • Hills Stainless Steel, 505 W. Koehn Ave., Luverne

<p>Medical Center:</p> <ul style="list-style-type: none"> Sanford Luverne Medical Center, 1600 N Kniss Ave, Luverne 	<p>Health Insurance resources:</p> <ul style="list-style-type: none"> MN Sure – MNSure.org General Assistance / MA, Southwest Health and Human Services, 2 Roundwind Rd, Luverne, MN Sanford Health Plan, 300 Cherapa Place, Sioux Falls Kozlowski Insurance, 626 S. Kniss Ave., Luverne Heidebrink & Associates, 224 E. Main, Luverne Cattnach Agency, 701 S. Kniss Ave., Luverne Buffalo Ridge Insurance, 808 S. Kniss Ave., Luverne
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Physical Activity and Nutrition

The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape the health and the risk of being overweight and obese.

CHNA respondents in the Luverne area rated access to exercise opportunities as good (average score=3.71), a score which was higher than the comparison group average. In addition, CHR data indicate that 63 percent of people in the Luverne market have access to exercise opportunities and 6 percent have limited access to healthy foods – both of which were similar to the comparison group average.

However, while CHNA respondents in the Luverne area rated access to healthy food as good (average score=3.61), the score was lower than the comparison group average. In addition, when respondents were asked about their biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were the third leading concern, after COVID-19 and affordable health care. The most commonly cited chronic health concerns by CHNA respondents in the Luverne area involved excess weight and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that 9 percent of adults in the Luverne area have diabetes and 33 percent of adults have obesity; however, both rates are lower than the comparison group average.

Physical activity and nutrition was discussed during the stakeholder meeting. Participants believed that this is an important issue and the community has made great progress here in recent years. Some community members did bring up concern that there are no fitness center in surrounding towns. Overall it was not identified as a top priority health need for the next 3-year implementation plan.

Local Asset Mapping	
<p>Chronic Disease resources:</p> <ul style="list-style-type: none"> Sanford’s Better Choices Better Health, 1601 Sioux Valley Dr., Luverne Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne Sanford Adrian Clinic, 601 Louisiana Ave., Adrian Sanford Edgerton Clinic, 733 Main Ave., Edgerton Sanford Luverne Rehab Dept, 507-283-2321 Prairie Rehab 	<p>Healthy Eating resources:</p> <ul style="list-style-type: none"> County Extension Office (nutrition & meal planning info), 2 Roundwind Rd., Luverne Teal’s Grocery, 205 E. Warren, Luverne Rock County Food Shelf, 208 West Maple St, Luverne MN 56156 ATLAS of Rock County Luverne Back Pack Program New Life Celebration Church, monthly food distribution Farmers Market, E. Main St., Luverne

<ul style="list-style-type: none"> • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • American Heart Assn. – heart.org • Arthritis Found. – arthritis.org ACE healthy living classes, 319 E Lincoln St, Luverne MN 56156 	<ul style="list-style-type: none"> • Prairie Ally Public Food Forest, Blue Mound Ave. • River Bend Farm (CSA), 1237 N. River Rd., Luverne United Methodist Church monthly meal
<p>Obesity resources:</p> <ul style="list-style-type: none"> • Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne • Sanford Adrian Clinic, 601 Louisiana Ave., Adrian • Sanford Edgerton Clinic, 733 Main Ave., Edgerton • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • Power Fitness, 205 E. Main, Luverne • Aquatic Center & Fitness, 802 N. Blue Mound, Luverne • Parks Dept. organized activities, 305 E. Luverne St., Luverne • Luverne School organized activities, 709 N. Kniss Ave., Luverne • Walking & Biking Paths – Evergreen Park, 501 Brandenburg St., Luverne • Luverne LOOP walking path • Blue Mound State Park • Blue Mound Bike Trail, starts on Blue Mound Ave., Luverne • Golf, 1520 – 111th St., Luverne • Swimming, 802 N. Blue Mound, Luverne • Ice Skating, 601 W. Hatting St., Luverne • Bowling, 117 N. Cedar, Luverne • Parks & Playgrounds: <ul style="list-style-type: none"> o Blue Mound State Park o City Park, 700 E. Main, Luverne o Redbird Field & Skateboard Park, 700 E. Main, Luverne o Riverside Park, Main St., Luverne o Sitting Bull Park, Estey & Dodge Sts., Luverne o Rotary Park, S. Hwy. 75, Luverne o Buffalo Bill Park, S. Donaldson St., Luverne o Evergreen Park, 501 Brandenburg St., Luverne o Hawkinson Park, west side of town, Luverne o Kolbert Park, SW side of town, Luverne o Longhorn Park – Adams & Spring Streets, Luverne o Moccasin Park – Spring & Luverne Streets, Luverne o Prairie Moon Park, Luverne o Tonto Park, Luverne o Veteran’s Memorial Park, behind MN Veterans Home 	<p>Physical Activity resources:</p> <ul style="list-style-type: none"> • Power Fitness, 205 E. Main, Luverne • Aquatic Center & Fitness, 802 N. Blue Mound, Luverne • Blue Mound State Park • Luverne LOOP walking path • Parks Dept. organized activities, 305 E. Luverne St., Luverne • School Dept. organized activities, 709 N. Kniss Ave., Luverne • Walking & Biking Paths – Evergreen Park, 501 Brandenburg St., Luverne Bike – free checkout located at Grandstay hotel E bike checkout/rentals from trail head location • Blue Mound Bike Trail, starts on Blue Mound Ave., Luverne • Golf, 1520 – 111th St., Luverne • Swimming, 802 N. Blue Mound, Luverne • Ice Skating, 601 W. Hatting St., Luverne • Bowling, 117 N. Cedar, Luverne • Parks & Playgrounds: <ul style="list-style-type: none"> o City Park, 700 E. Main, Luverne o Redbird Field & Skateboard Park, 700 E. Main, Luverne o Riverside Park, Main St., Luverne o Sitting Bull Park, Estey & Dodge Sts., Luverne o Rotary Park, S. Hwy. 75, Luverne o Buffalo Bill Park, S. Donaldson St., Luverne o Evergreen Park, 501 Brandenburg St., Luverne o Hawkinson Park, west side of town, Luverne o Kolbert Park, SW side of town, Luverne o Longhorn Park – Adams & Spring Streets, Luverne o Moccasin Park – Spring & Luverne Streets, Luverne o Prairie Moon Park, Luverne o Tonto Park, Luverne o Veteran’s Memorial Park, behind MN Veterans Home

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 adulthood².

When CHNA respondents in the Luverne area were asked which health care services they would like to see offered or improved in their community, one in three said behavioral and mental health services (36%) and one in four said addiction treatment (24%). According to CHR, adults in the Luverne market average 3.8 mentally unhealthy days each month and 12 percent of adults average at least 14 days of mental distress per month; however, both rates are similar to the comparison group average.

According to CHR, there are 738 people for every one mental health provider in the Luverne area (which is lower than the comparison group average).

Participants discussed mental health during the community health needs assessment meeting. Sanford Luverne reported seeing increased trends for mental health clinic and ER visits. Participants from the public school system also expressed a rising mental health concern. Current mental health resources in the community are spread thin and increasing virtual care was brought up as an effective way to address the issue. Participants also discussed potential opportunities for Sanford Luverne and the school district to collaborate to improve mental health for youth. Discussion also focused on the need for mental health for caregivers. Participants of the stakeholder meeting identified mental health as the number one health need in the community; it is also an area where Sanford could have a meaningful impact.

Local Asset Mapping	
<p>Mental Health resources:</p> <ul style="list-style-type: none"> • #Luv\LuvAll One-Stop Access to Resources, ATLAS of Rock County, 507-449-5777 • #Luv\LuvAll Brain Health Issue Team, Angela Nolz 605-770- 8830 • Southwest Crisis Center • Southwest Health and Human Services, 2 Roundwind Rd, Luverne • Sanford Luverne, 1601 Sioux Valley Dr., Luverne • Sanford Adrian, 601 Louisiana Ave., Adrian • Sanford Edgerton, 733 Main Ave., Edgerton • School Counselors, 709 N. Kniss Ave., Luverne • Southwest Mental Health Center, 2316 E. Luverne St., Luverne • Luverne Counseling, 118 W. Main, Luverne 	<p>Tobacco Cessation resources:</p> <ul style="list-style-type: none"> • Sanford Luverne Smoking Cessation, Respiratory Care department, 507-283-2321 • Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne • Sanford Adrian Clinic, 601 Louisiana Ave., Adrian • Sanford Edgerton Clinic, 733 Main Ave., Edgerton • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • QuitPlan, MN Dept. of Health – 651-201-5000 • ClearWay MN – Clearwaymn.org
<p>Substance Abuse resources:</p> <ul style="list-style-type: none"> • Sanford Luverne Substance Use Assessments and Outpatient Adult program, Stephanie Pierce, 507-283- 2321 • AA program, Stephanie Pierce, 507-283-2321 • Luverne Counseling, 118 W. Main, Luverne • SAMHSA – 1-800-662-4357 	

² U.S. Department of Health & Human Services, MentalHealth.gov. Available at <https://www.mentalhealth.gov/basics/what-is-mental-health>

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 Luverne area rated the availability of affordable housing in their community as less than good (average score=2.75) and lower than any other community health issue. When respondents were asked to explain why they rated available, affordable housing as they did, responses focused on a lack of quality, clean housing to meet the needs of those with middle and lower incomes.

CHR data indicate that 12 percent of households in the Luverne area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities), a rate which is higher than the comparison group average.

Affordable housing was a focus of much of the community health needs assessment stakeholder meeting. Particularly the concern was facing the economic impact that lack of affordable housing has on the community. This is a known issue in the community. While not included in the implementation plan, the group agreed there is potential for Sanford Luverne to provide support and advocacy on several levels to address the issue.

Local Asset Mapping	
Housing resources: <ul style="list-style-type: none">• #Luv1LuvAll Housing Issue Team, Nicole Henrichs 401- 500-3427• #Luv1LuvAll One-Stop Access to Resources, ATLAS of Rock County, 507-449-5777• Southwest Minnesota Housing Partnership, 2401 Broadway Ave, Slayton, MN – covers Rock County• SW MN Habitat for Humanity, 126 E. Main St., Luverne• Hsg. & Redevelopment Authority, 216 McKenzie St., Luverne• Cragoe Realty, 203 E. Main, Luverne• Real Estate Retrievers, 905 S. Kniss Ave., Luverne• Remax real estate, Kniss Ave, Luverne	Low Income Apartments: <ul style="list-style-type: none">• Stone Creek Townhomes, 501 W. Hatting St., Luverne• Centennial Apts., 120 N. Spring St., Luverne• Blue Mound Towers, 216 N. McKenzie St., Luverne• Rock Creek Townhomes, 304 Pine St., Luverne• Rock Creek Townhomes, 300 Oak St., Luverne Physically & Mentally Handicapped Housing - 7 homes - 123 W. Main St., Luverne

Childcare/Daycare Services

Although not noted as a health need through the assessment process, the community stakeholder meeting participants raised childcare/daycare services as a health need. Like affordable housing, the economic impact of this issue was discussed at length. In particular participants brought up licensing and regulations as a deterrent to establishing a daycare in the community. This was ultimately not identified as one of the priority health needs in the CHNA implementation plan; but Sanford Luverne will continue to support, advocate, and lobby for the community to improve this issue.

Local Asset Mapping³

<p>Daycare (note, a number of providers have announced potential to close in 2021 so list is subject to change):</p> <ul style="list-style-type: none"> • Little Lambs Preschool, 803 N Cedar St, Luverne • Davis Nancy J, 1872 161 St, Luverne • Frahm Healthier A, 308 E Oakland Ave, Luverne • Hendricks Kathie R, 502 E Veterans Drive, Luverne • Johnsons Brenda, 102 E Oakland, Luverne • Lais Amber J, 709 E Dodge St, Luverne • Mann Joleah Kay, 1015 N Blue Mound, Luverne • Moeller Abby, W Luverne St, Luverne • Moss Daci L, 1594 80th Ave, Luverne • Nath Amber K, 716 W Main Street, Luverne • Nath Huls Jennifer A, 412 W Luverne St, Luverne • Nath Lisa M, 1001 Linden, Luverne • Sauer Katie Jo, 203 E Veterans Dr, Luverne 	<ul style="list-style-type: none"> • Roberts Heather, S Donaldson Street, Luverne • Shelton Anne L, 105 E Barck St, Luverne • Strassburg Brittany L, 1008 Service Drive, Luverne • Churchill Tara L, 210 W Dodge St, Luverne • Dinger Alexandra MT, 502 James St, Luverne • Elbers Peyton C, 1030 Elmwood Ave, Luverne • Ganun Kiley E, 412 E Maple St, Luverne • Johnson Peggy A, 102 Se Park St, Luverne • Lape Amy Jo, 100th Ave, Luverne • McLendon Nicollette L, 507 Brandenburg St, Luverne • Remme Lisa D, 160th Ave, Luverne • Strassburg Mary Catherine, 109 Elm St, Luverne
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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. The list of attendees is included in the introduction of this report.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process. As a result, the need for additional daycare / childcare capacity was brought forward for discussion.

³ https://childcarecenter.us/minnesota_homecare/luverne_mn_city

IMPLEMENTATION PLAN

The Community Health Needs Assessment identified two specific areas for focus for Sanford during the 2022-2024 implementation cycle:

1. Mental Health
2. Access to Health Care Providers

Priority 1: MENTAL HEALTH

Current activities

Sanford Luverne will continue to share the results of this survey with community partners to build access to mental health. In addition, Sanford Luverne will continue to look at access points within the clinic, both in person and virtual to improve access to mental health. Sanford Luverne will spend time over the next three years exploring ways to assist the school with mental health opportunities as well as focusing on caregiver mental health and resiliency. Sanford Luverne's team focusing on this initiative will consist of two substance use counselors and one integrated health therapist.

Projected Impact

Upon completion of the action plan, the Community would see expanded access to mental health services within the community.

Goal 1: Expand mental health opportunities.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Expand access to mental health providers	Referrals to integrated health therapist; Dec 2022 Explore option of MSW for Medicare population by Dec 2022 Determine options for group therapy approaches by Dec 2022	Integrated health therapist, RN care manager	Clinic director, Senior director	SW Mental Health; Luverne Counseling; Luv\ LuvAll
Integrated Health Therapist to engage with community and school to improve mental health through brain initiatives	Community Sessions; ongoing through Dec 2024	Integrated Health Therapist	Clinic director, Senior director	SW Mental Health; Luverne Counseling; Luv\ LuvAll; Luverne school

Caregiver resilience	Offer 4 sessions to aid in caregiver resilience	Integrated Health Therapist, Wellness coordinator, RN care manager	Clinic director, Senior director	Luv\ LuvAll, ACE
Explore grant opportunities to support people who cannot afford mental health services	Grant research by Dec 2022	Grant team, Senior director, Integrated health therapist	Senior director, Clinic director	

Goal 2: Decrease substance abuse in the community.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Substance use counselors' active involvement with county drug court programs	Access to substance use, referrals; ongoing through Dec 2024	Substance use counselors	Senior director	Rock County and surrounding communities, drug court and law enforcement
Expanded mental health and substance use education within the schools	Sessions held; ongoing through Dec 2024	Substance use counselors and integrated health therapist	Clinic director and Senior Director	SW Mental Health, School, Luverne Counseling, Luv\ LuvAll

Priority 2: ACCESS TO HEALTH CARE PROVIDERS

Current activities

Sanford Luverne has worked to improve access to providers over the past 3 years as we focused on recruitment of high-quality providers to ensure access to care with a couple longer term physician retirements. We have recently added a nurse practitioner and will have a new family medicine physician joining the practice in February 2022. Over 2020-2021, Sanford Health deployed access to video visits and patients can continue to access an acute care provider via telehealth or calling the clinic to do a video visit with their primary care provider. We anticipate that telehealth visits will continue to grow and serves to provide after hours access without a trip to the emergency room. Sanford Luverne will continue to look at all points of access to care over the upcoming 3-year cycle focusing on after hours, ER, primary care access, and specialty outreach care within Luverne. Sanford Luverne leadership will continue to share the results of this survey with the dental community and Luv\|LuvAll committee. In addition, Sanford Luverne will continue to look for ways to support the Luv\|LuvAll dental access to help ensure all residents have access to care.

Projected Impact

Projected impact is to provide greater access to care using the visit style preferred by the patient.

Goal 1: Increase access to family medicine.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Family medicine physician to join practice in Feb 2022 to expand access	Encounters, Feb 2022	Clinic director	Senior director	
Define afterhours access model for family medicine	After hours visits, Dec 2024	Finance director, clinic director	Senior director	

Goal 2: Expand telehealth and dental access.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be committed	Leadership	Community partnerships & collaborations – if applicable
Expand telehealth access for care	Telehealth visits, Dec 2024	Clinic director, clinical supervisor, patient access supervisor	Senior director	
Support dental access	Dental referrals, Ongoing through Dec 2024	RN Care manager, Community liaison	Clinic director, Senior director	LuV LuvAll; City of Luverne

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 the stakeholder group determined that it was a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Luverne will share the results of this survey with community partners that assist residents with access to resources. Sanford is currently addressing this need through several operational programs, including, but not limited to, a financial assistance policy available to eligible patients and active promotion of the program within the facility. Sanford also promotes screening and preventative services intended to detect potentially more serious conditions that are not only detrimental to patient health but also increase patient cost.

Physical Activity and Nutrition

Physician activity and nutrition is not included in the implementation plan as the stakeholder group determined that it was a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Although not part of the Implementation Plan, Sanford Luverne will continue focusing on chronic disease management and encouraging healthy lifestyles during clinic visits. In addition, an RN care manager focuses on chronic conditions and

helping individuals manage optimally. Sanford Luverne will continue to share findings with the city and county to encourage healthy lifestyle options. Sanford Luverne continues to support access to healthy food through their collaborative work with the food shelf, farmers market, backpack program, and other community programs.

Affordable Housing

The stakeholder group determined that affordable housing will not be included in the implementation plan as other organizations are currently addressing the need and the issue is a lower priority compared to others for purposes of the Community Health Needs Assessment. Sanford Luverne leadership will share the results of the CHNA research with the leaders of the City of Luverne, County Housing Authority, and Regional Economic Development Counsel. Sanford Addresses this need by serving on the Economic Development Committee.

Childcare/Daycare Services

Childcare and daycare services were determined by the stakeholder group to be a lower priority for purposes of the CHNA and other organizations have more competencies to address the need. Sanford Luverne leadership will share the results of the CHNA research with the leaders of the City of Luverne, County, and Regional Economic Development Counsel. Sanford Luverne will continue to support, advocate, and lobby for the community to improve this issue.

EVALUATION OF 2019-2021 CHNA

Improving Health Care Access

2020 was a year of change. Patient access improved with same-day access to providers as all providers have same day appointments held on their schedules to ensure timely access to care. Additionally, Sanford Luverne moved to a rapid deployment of more telehealth and video visit access due to COVID-19. This was instrumental in allowing patients to stay connected to their providers for care during the pandemic. Many patients prefer the face-to-face visits with their providers, but the expectation is that telehealth visit offerings will continue beyond this year. A new family medicine physician is scheduled to join Sanford Luverne in December of 2022 to further expand access.

To improve price transparency in 2020, Sanford focused on meeting the new state of Minnesota and CMS mandates by focusing on a goal of displaying shoppable services in a consumer-friendly format and comprehensive listing of pricing for services. Price transparency continues to be a focus for the finance team and will continue to see ongoing efforts to improve this for our patients.

Sanford Luverne continues to support dental health access in the community efforts with the mobile dental clinic for lower income residents through promotion and financial support. The mobile dental services were suspended with COVID-19 so access has been more of a challenge for residents needing the service. The community is losing its local dentist due to relocation. However, a new dentist was successfully recruited to the community to continue the current level of local access.

Improving the Mental Health of the Community

Sanford Luverne's Integrated Health Therapist (IHT) had local mental health providers begin a monthly education event through community education to align IHT and crisis resource team with area mental health services for timely access. Approximately 30-40 people attend each event. Meetings were paused in March after the pandemic began but is intended to resume as soon as they are able. The group has focused on encouraging positive messages within the community this past year, has developed a resource listing of options for care, and has done a lot of work as part of our community "Brain Health" initiative. Sanford Luverne's integrated health therapist had 388 individual patient sessions in 2020.

The clinic continues to work on management of depression and anxiety to decrease their severity. Sanford's RN care manager resigned at the end of 2020 and a new staff member has been oriented in that role. As of September 2020, 23.3% had optimal depression metrics at six months and 23.5% at 12 months. The six-month quality metric was slightly less than at the end of 2019 but much better at the 12-month mark. Due to quality metric changes in 2019, a comparable for December is not available.

The arrival of COVID-19 resulted in increased substance use within the community. Two years of recruitment efforts for a substance use counselor were successful in 2020. The new team member has improved access to care and allowed Sanford Luverne to continue to hold group therapy sessions, although social distancing requirements required larger rooms and smaller groups.

CONTACT INFORMATION

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

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

APPENDIX

Survey Responses

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

Expanded Demographics

The population of Rock County was 9,315 in 2019, a 3.8% decline from 2010. The population in Pipestone County was 9,126 in 2019, a 4.9% drop from 2010. In the same time period, the state of Minnesota grew by 6.3%. The population density of the counties is lower than the state as a whole. The counties are generally older than the state average with over 20% of its population over the age of 65 (state's population proportion over the age of 65 is 16.3%). The counties have a lower rate of diversity than the state as a whole, aside from Pipestone County which notes higher proportions of American Indians and Hispanic residents, than the state.

The median home value in the counties are lower than MN average. Pipestone and Rock County residents are both less likely to have a computer and internet access versus state averages. Rock County residents have a similar high school graduation rate to the state but a lower secondary education rate than the state, while Pipestone rates for high school and secondary education are lower. The average income of the counties are less than the state average. While total employment across the state was stagnant, Rock County total employment decreased by 7.3% and Pipestone employment increased 1.1%.

	Pipestone County, MN	Rock County, MN	Minnesota
Population estimates, July 1, 2019, (V2019)	9,126	9,315	5,639,632
Population estimates base, April 1, 2010, (V2019)	9,597	9,686	5,303,927
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.9%	-3.80%	6.30%
Population per square mile, 2010	20.6	20.1	66.6
Persons under 5 years, percent	7.1%	5.60%	6.20%
Persons under 18 years, percent	26.1%	25.00%	23.10%
Persons 65 years and over, percent	20.8%	20.50%	16.30%
White alone, percent	92.2%	95.80%	83.80%
Black or African American alone, percent	1.9%	0.90%	7.00%
American Indian and Alaska Native alone, percent	2.4%	0.90%	1.40%
Asian alone, percent	1.2%	0.80%	5.20%
Two or More Races, percent	2.4%	1.60%	2.60%
Hispanic or Latino, percent	7.4%	3.50%	5.60%
White alone, not Hispanic or Latino, percent	86.7%	93.00%	79.10%
Median value of owner-occupied housing units, 2015-2019	\$97,500	\$153,000	\$223,900
Median gross rent, 2015-2019	\$590	\$678	\$977
Households with a computer, percent, 2015-2019	86.2%	88.70%	91.60%
Households with a broadband Internet subscription, percent, 2015-2019	78.4%	80.30%	84.80%

High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.6%	93.30%	93.10%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.3%	23.80%	36.10%
With a disability, under age 65 years, percent, 2015-2019	9.9%	6.10%	7.30%
Persons without health insurance, under age 65 years, percent		5.60%	5.80%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	62.4%	66.70%	69.60%
Median household income (in 2019 dollars), 2015-2019	\$52,917	\$63,005	\$71,306
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$30,540	\$31,345	\$37,625
Persons in poverty, percent	11.1%	8.70%	9.00%
Total employer establishments, 2019	328	288	151,495
Total employment, 2019	3,127	2,722	2,729,420
Total employment, percent change, 2018-2019	1.1%	-7.30%	0.00%

*U.S. Census Bureau Quick Facts

CHNA Survey Questionnaire

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor Fair Good Very Good Excellent Don't Know

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

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

010000-01882 1/01

1

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

Poor Fair Good Very Good Excellent Don't Know

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

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

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

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

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trama | <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 physclian or provider who you go to for general health issues?

- Yes
- No

How long has It been since you last visited a physclian / 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?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> 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.