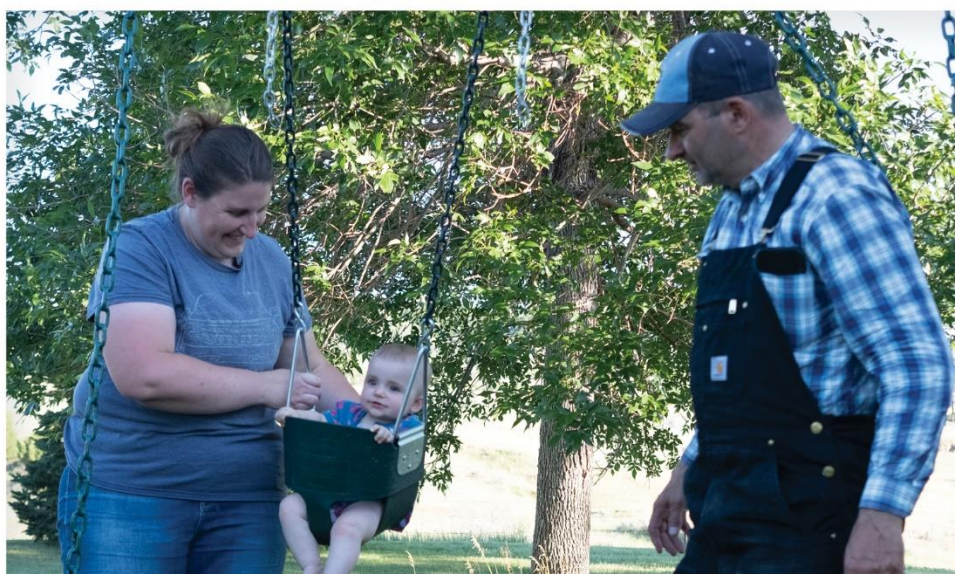




Community Health Needs Assessment

SANFORD LUVERNE MEDICAL CENTER
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Luverne Medical Center's Community Health Needs Assessment report. Our hospital completes a community health needs assessment every three years to identify opportunities to improve the health and wellness of our community.

The report and implementation plan that follows will guide our work over the next three years and builds upon previous progress made in our community.

The Community Health Needs Assessment is a rigorous process in which we sought input from community members, leaders, and organizations including public health. Additionally, Sanford Health partnered with the North Dakota State University Center for Social Research to incorporate additional data analysis and provide an independent assessment. Together, these elements paint a picture of the current needs facing the community, opportunities for partnership with area businesses and organizations, and resources available to address identified needs.

On behalf of the Sanford Luverne Medical Center team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Tammy Loosbrock
Chief Executive Officer
Sanford Luverne Medical Center

BACKGROUND

Community Description

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 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 was 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 and represents a majority of the volumes to the Sanford Luverne Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment builds on the work of previous cycles and is the result of the coordinated efforts of many internal and external partners. Sanford Health would like to thank and acknowledge the following and their teams for their assistance. This program would not be possible without their expertise.

Sanford Health

- Erika Batcheller, Executive Vice President, Chief External Affairs Officer
- Nick Olson, Executive Vice President, Chief Financial Officer
- Corey Brown, Senior Vice President, Government Affairs
- Amber Langner, Senior Vice President, Treasury
- Blayne Hagen, Vice President, General Counsel, Sioux Falls
- Lindsay Daniels, Vice President, Care Management
- Doug Nowak, Vice President, Data Analytics
- Natasha Smith, Head of Diversity, Equity and Inclusion
- Catherine Bernard, Director, Tax
- Karla Cazer, Clinical Nurse Specialist, Faith Community Nursing Center
- Deana Caron, Senior Tax Accountant
- Kurt Brost, Senior Director, Community Relations
- David Hill, Director, Chief Privacy Officer
- Jessica Sexe, Senior Director, Communications
- Phil Clark, Director, Marketing Insights
- Shawn Tronier, Lead Marketing Analyst
- Chase Gerar, Strategic Planning Advisor, Fargo
- Brian Ritter, Head of Market Affairs, Bismarck
- Kayla Winkler, Lead Community Relations Specialist, Bemidji

System Partners

- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Julie Ward, VP of Diversity, Equity & Inclusion, Avera McKennan Hospital & University Health Center
- Angela Schoeffelman, Community Program Manager, Avera Community Health Resource Center
- Alli Fast, Community Health Program Manager, Essentia Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research
- Kathy McKay, Public Health Administrator, Clay County Public Health
- Desi Fleming, Director of Public Health, Fargo Cass Public Health
- Justin Bohrer, Public Health Analyst & Operational Planning Lead, Fargo Cass Public Health
- Julie Sorby Engen, Director of Community Development, Family HealthCare
- Shelby Kommes, Public Health Coordinator, Sioux Falls Health Department
- Renae Moch, Public Health Director, Bismarck-Burleigh Public Health and Immediate Past President, North Dakota Public Health Association
- Erin Ourada, Administrator, Western Plains Public Health
- Joe Kippley, Public Health Director, Sioux Falls

Luverne Partners

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

- Linda Wentzel, Director, ACE of SW MN – Rock Co
- Angela Nolz, Integrated Health Therapist, Sanford Luverne
- Sara Altman, Sanford Luverne Community Board Chair
- Alvin Afkas, Community member
- Lisa Dinger, retired Child Guide Director, Luverne Public Schools
- Caitlyn Schultz, Southwest Health and Human Services
- Tammy Loosbrock, Administrator/CEO Sanford Luverne
- Kurt Brost, Senior Director, Community Relations, Sanford Health
- David Herbster, Lead Community Relations Specialist, Sanford Health
- Andy Wiese, Head of Strategic Intelligence, Sanford Health
- Madeline Jerabek, Strategic Planning Intern, Sanford Health

Sanford Luverne Description

Sanford Luverne Medical Center (SLMC) is a 25-bed Critical Access Hospital that provides inpatient and outpatient 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 inpatient care, emergency services, ambulance, chemotherapy and infusions, therapy, lab, advanced imaging, outpatient substance use treatment, wound care, 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 in areas of cardiology, oncology, ophthalmology, radiology, orthopedics, and pulmonology. Sanford Luverne employs seven Family Medicine Providers, a General Surgeon, an OB/Gynecologist, three Certified Nurse Practitioners, and over 250 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. 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 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. It also serves to support progress made toward organizational strategies.

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 input from 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 also 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. This includes underserved populations experiencing disparities or at risk of not receiving adequate care due to being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources available to address identified and prioritized needs. Hospitals are to address each assessed need or explain why they are not addressing a need. Once needs have been identified and prioritized, hospitals are required to develop an implementation strategy for each. 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 required to be transparent with the findings and make the written CHNA report available to anyone who requests it. All CHNA reports and implementation strategies are housed on the Sanford website at www.sanfordhealth.org. Hospitals must keep three cycles of assessments on their website.

Sanford extended a good faith effort to engage all aforementioned community representatives in this process. We worked closely with public health experts throughout the entire 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 reaching respondents 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.



Following the completion of the 2022-2024 report, Sanford Health determined that the survey collection process was an area for improvement. As noted above, the multi-step process minimizes limitations that exist among individual components. Sanford Health and system partners determined there is greater interest in the survey findings, as such, efforts to improve representation across demographics is a focus for the current and future cycles.

Sanford invested in a multifaceted campaign that included an earned media campaign on local media outlets and the public-facing Sanford Health News (<https://news.sanfordhealth.org/>). The system also promoted the survey internally through the organization's intranet, all-staff emails, and newsletters.

Internal efforts were supported with a robust advertising campaign that included, among other efforts, a digital media program yielding 3.6 million impressions and a print ad campaign encouraging Native American communities to participate through placements in DeBahJiMon Magazine, Anishinaabeg Magazine and MHA Times (Mandan, Hidatsa, Arikara). Further support was given to collecting surveys at various community events. The goal of these efforts was to increase participation by those

underrepresented the previous cycle, including lower income, minority, and medically underserved populations.

Overall, survey respondents were much more aligned to community demographics. The investment made by the system and partners to improve representation provides a base of learnings for future CHNA cycles.

Community and Stakeholder Survey

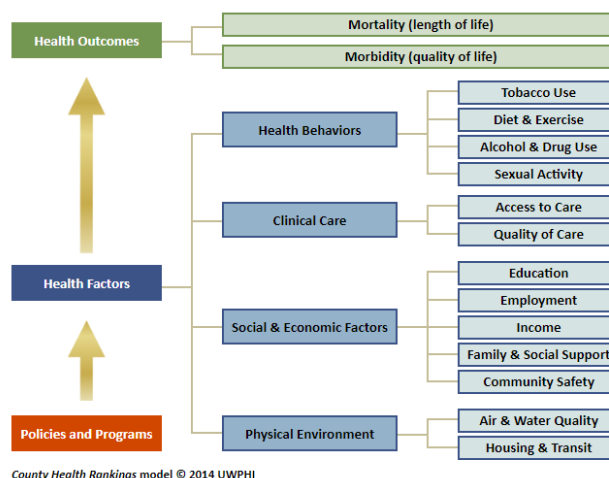
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow-up opportunity to comment on the reason for their ranking. 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 Pipestone and Rock Counties, MN, populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey and asked to complete the instrument as a and then forward the survey to their respective populations for greater involvement. Additional investments to increase involvement in the survey are noted in the “Limitations” section of the report.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 218 respondents from the CHNA area completed the survey. Promotion investments by the system yielded a total of 9,714 completed surveys from across the Sanford footprint, an increase from 6,748 the previous cycle. The responses generated 48,643 open-ended responses and 1.76 million pieces of data (cells)..

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve 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, building 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-IA; 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, which 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.
- The Center for Social Research validates the findings of the primary research by engaging at least two internal reviewers. Each reviewer has their own technique and strengths to review the findings; however, they check for accuracy in the data by reviewing the code/syntax, the output, the correct representation of the data in the report, verbiage, consistency, context, and overall readability. Both reviewers also supported previous CHNA reports.

Community Asset Mapping

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

A positive development since the previous CHNA report is the integration of findhelp.com into the Sanford Health digital ecosystem. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health-related social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to Sanford Health patients and is available on Sanfordhealth.org and in MyChart. Patients can receive information in the format that is meaningful to them (electronic or paper) and in their preferred language. The tool is used to identify local resources as part of the community asset mapping section of this report.

Community Stakeholder Meetings

Community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations were further included in the process during the community stakeholder meetings. During the meetings, survey findings were presented to community stakeholders. Facilitated discussion commenced and each participant was asked to consider the needs identified that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration and prioritization of local needs.

The participants provided information to answer the following types of questions as it relates to identified needs:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- What opportunities exist, where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there already work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which needs fall within the purview of health care 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?

At the end of the meeting, the moderator recapped the specific health needs that were discussed and the group was in consensus of the items that would be addressed within the Implementation plan. Administrator recommendations are based on 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.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The overall health of the community can be described as good. Survey respondents, supported by data from the County Health Rankings, indicated high marks for safety, high feelings of safety due to low crime levels, and positive perceptions of employment opportunities. However, six areas of concern were brought forth for discussion to the Community Stakeholder Meeting for discussion (below).

The top health needs presented below were identified through a mix of primary and secondary research conducted by the North Dakota State University Center for Social Research, which was commissioned by Sanford Health to analyze the data, and Sanford Health. Priority was given to the key topics ranked lowest by community survey with further analysis provided through secondary research. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, were also included.

Each health need includes the drivers behind its inclusion in the list, including qualitative survey results, qualitative responses from the survey, and stratified results from the enterprise results that provide clarity to the local discussion. Secondary research from County Health Rankings and other sources were also provided. Insight from the community stakeholder meetings was included as a valuable tool for understanding the needs, and importantly, how to address each issue.

For the purposes of this assessment, the Luverne market area is defined as Pipestone and Rock counties in Minnesota. The community health summary and identified health needs presented below were identified through a mix of primary and secondary research. Priority was given to the key topics rated lowest by respondents of the community survey, with further analysis provided through secondary research using the 2023 County Health Rankings (CHR) data. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, are also included. To further assist in identifying community health needs, survey and CHR data were collected for similar-sized market areas served by Sanford Health. Similar-sized market areas identified for and included in this analysis include Bagley, MN; Canby, MN; Canton-Inwood, SD-IA; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; Tracy, MN; Webster, SD; Westbrook, MN; and Wheaton, MN. For each measure, averages were calculated for each of the market areas and for the group as a whole for comparison purposes. Context and research provided to explain the importance of a particular health topic were obtained from CHR unless otherwise noted. A total of 218 respondents from the Luverne area completed the survey.

Community Health Summary

Survey respondents were asked to rate various issues impacting health in their community and issues impacting 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 survey respondents in the Luverne area regarding the following community health issues were positive (average score of 3.00 or higher):

- Community safety (average score=4.06)
- Environmental health (average score=4.03)
- Access to exercise opportunities (average score=3.92)
- Access to healthy foods (average score=3.49)
- Health care quality (average score=3.47)

- Long-term care, nursing homes, and senior housing quality (average score=3.09)
- Employment and economic opportunities (average score=3.08)
- Access to daily transportation (average score=3.02)

With the exception of employment/economic opportunities and health care quality, average scores in the Luverne area were higher than the comparison group average for each of these issues.

When asked about their personal health, survey respondents in the Luverne area rated their current health and wellness as good (average score=3.26) and their current ability to access health care services as slightly better (average score=3.72); however, both scores are lower than the comparison group average.

CHR data indicate that Pipestone County ranks in the lower-middle range of Minnesota counties in terms of overall health and Rock County is similar to the average county in Minnesota.

The following areas of concern were identified for further discussion (in no particular order).

Top Health Needs

Access to Medical Care and Health Care Providers

Survey respondents in the Luverne area rated their own ability to access health care as good (average score=3.72), but lower than the comparison group average. In addition, when survey respondents in the Luverne market area were asked about the most important health care issues impacting their community, having access to medical care and health care providers was among the leading issues (similar to affordability concerns).

Most survey respondents in the Luverne area have a primary care provider (90%), have been in for a routine checkup or screening in the past year (83%), and have received necessary health care for themselves and their family in the past year (79%). However, 75 percent of respondents have traveled for care in the past three years, a rate which is higher than the comparison group average. When asked why, two-thirds of respondents indicated the travel was due to needing specialty care that was not available locally (67%), followed by 29 percent who traveled for better or higher quality care and 24 percent who were referred by a physician. Fortunately, CHR data indicate that when compared to similar-sized markets, the Luverne area has a lower/better-than-average ratio of population to providers, with 1,228 people for every one primary care physician and 655 people per mental health care provider. That said, the Luverne area has a higher/worse-than-average ratio of people per dentist (3,166 people for every dentist).

Half of survey respondents in the Luverne area indicated that there are health care services they would like to see offered or improved in their community (54%). When these respondents were asked which health care services they would like to see offered or improved most said walk-in/urgent care (60%), followed by behavioral and mental health services (59%), dental care (38%), long-term care and nursing homes (22%), cancer care (21%), and addiction treatment (21%).

Stakeholder meeting participants discussed health care accessibility in various capacities upon reviewing the reported data. The number of individuals traveling for care outside of the community was not a surprise due to the proximity of the hospital to major medical centers in Sioux Falls. Opportunities to extend care to the community through telehealth solutions was discussed as a possibility, but its limitation with the current senior population was noted as

most of this patient group prefers in-person provider meetings. Although larger medical centers are available in Sioux Falls, some residents face accessibility challenges due to the lack of transportation. Regarding specific service lines, Sanford Luverne and local organizations have worked extensively on mental health access and education. Current work includes providing awareness and education to schools and the community regarding mental health and suicide prevention. Participants noted the need for further destigmatizing efforts to increase participation. Dental access was also highlighted, and it was noted that a mobile dental unit makes stops in the community, but there is likely further demand if additional appointments are made available. Participants also highlighted the importance of meeting people where they are by promoting services, community events, and other opportunities at coffee shops, grocery stores, via the mail, etc. to increase awareness.

Local Asset Mapping	
Access to Resources: <ul style="list-style-type: none"> • #Luv1LuvAll Healthcare Access Issue Team, 507-220-2424 • #Luv1LuvAll One-Stop Access to Resources, • Senior Linkage Line • ACE of SW Minnesota • Community Transit ATLAS of Rock County, 507-449-5777 Senior Nutrition Program 507-283-9846 Southwest Health and Human Services 888-837-6713 	Dental Resources: <ul style="list-style-type: none"> • Kozlowski Insurance, 626 S. Kniss Ave. #2, Luverne • Luverne Family Dental, 115 E Main St, Luverne CDS Mobile Dental Clinics – Rock County HHS Community Room, 2 Roundwind Road, Luverne Caring Hands Dental Clinic, 301 11th St NE Pipestone 507-690-1745 • Delta Dental – deltadental.com
Health Insurance resources: <ul style="list-style-type: none"> • MN Sure – MNSure.org • General Assistance / MA, Southwest Health and Human Services, 2 Roundwind Rd, Luverne, • Sanford Health Plan, 300 Cherapa Pl St 201, Sioux Falls • Kozlowski Insurance, 626 S. Kniss Ave. #2, Luverne • Heidebrink & Associates, 224 E. Main St, Luverne • Cattnach Agency, 701 S. Kniss Ave., Luverne • Buffalo Ridge Insurance, 808 S. Kniss Ave., Luverne 	Mental Health Resources: <ul style="list-style-type: none"> • #Luv1LuvAll Brain Health Issue Team, Angela Nolz, 605-770- 8830 • #Luv1LuvAll One-Stop Access to Resources, • Healing Path Counseling and Wellness; 215 N Cedar St. Luverne • Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne • Luverne Public School Counselors, 709 N. Kniss Ave., Luverne • Southwestern Mental Health Center, 117 S Spring St., Luverne • Luverne Counseling, 118 W. Main St, Luverne 24 hour crisis line 800-642-1525 988 Suicide and Crisis Lifeline, call or text 988 MN Crisis Text line, Text MN to 741741 Greater MN
Medical Center: <ul style="list-style-type: none"> • Sanford Luverne Medical Center, 1600 N Kniss Ave, Luverne 	For Additional Resources Reference: https://sanford.findhelp.com/ Luverne Chamber – Rock County Family Resource Guide

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood¹.

When survey respondents in the Luverne area were asked about the most important health care issues impacting their community, mental health was the top issue (more so than general access to health care and affordability issues). According to CHR, adults in the Luverne area average 4.3 mentally unhealthy days each month and 14 percent of adults average at least 14 days of mental distress per month (rates which are slightly higher than the comparison group average). Fortunately, there are 655 people for every one mental health care provider in the Luverne area, which is lower/better than the comparison group average.

As indicated previously, of survey respondents in the Luverne area who would like to see specific services offered or improved in their community, about half said behavioral and mental health services (59%) and one in five said addiction treatment (21%).

Mental health was discussed frequently throughout the stakeholder meeting, both as part of the access need above and as a stand-alone topic. As noted previously, the hospital and local organizations have worked extensively on mental health and substance use access and education. Current work includes providing awareness and education to schools and the community regarding mental health, substance use and suicide prevention. Participants noted the need for further destigmatizing efforts to increase participation. Participants discussed the need to continue progress on mental health issues consistently as engagement on the important topic will often spike following an event but decrease over time until another event takes place. The role of virtual care and mental health, particularly among seniors, can increase access to mental health and other services but participants indicated that it may lead to further isolation. Those who utilize the service may not engage with others in public at health care appointments could be one of the opportunities to leave the home for those with limited transportation.

Local Asset Mapping	
Mental Health Resources: <ul style="list-style-type: none"> • #Luv1LuvAll Brain Health Issue Team, Angela Nolz, 605-770- 8830 • #Luv1LuvAll One-Stop Access to Resources, • Healing Path Counseling and Wellness; 215 N Cedar St. Luverne • Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne • Luverne Public School Counselors, 709 N. Kniss Ave., Luverne • Southwestern Mental Health Center, 117 S Spring St., Luverne • Luverne Counseling, 118 W. Main St, Luverne 24 hour crisis line 800-642-1525 988 Suicide and Crisis Lifeline, call or text 988 MN Crisis Text line, Text MN to 741741 	Tobacco Cessation resources: <ul style="list-style-type: none"> • Sanford Luverne Smoking Cessation, Respiratory Care department, 507-283-2321 • Sanford Luverne Clinic, 1601 Sioux Valley Dr., Luverne MN Department of Health 866-901-8316 • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • Quit Partner, MN Dept. of Health – 1-800-784-8669
Substance Abuse resources: <ul style="list-style-type: none"> • Sanford Luverne Outpatient Substance Use program, Stephanie Pierce, 507-283- 2321 • AA program, United Methodist Church Southwest Health and Human Services 507-283-5066 • Narcotics Anonymous, United Methodist Church • SAMHSA – 1-800-662-4357 	For Additional Resources Reference: https://sanford.findhelp.com/ Luverne Chamber – Rock County Family Resource Guide

Access to Affordable Health Care

Cost and the ability to afford needed health care was identified as the top health care concern that survey respondents and their families in the Luverne area face on a regular basis (and the second leading community health care issue, behind mental health). In addition, nearly one in five survey respondents in the Luverne area indicated that they or a family member needed medical care in the past year but did not receive it (17%) (which is higher than the comparison group average). When asked why, the main reason was due to cost (41%).

Adding to the difficulty in accessing affordable health care in the Luverne area is the economic climate. While survey respondents in the Luverne area rated the employment and economic opportunities in their community as good (average score=3.08), this score was lower than the comparison group average. In addition, while CHR data indicate that the Luverne area has a similar-to-average uninsured rate (8%) and better-than-average rates of unemployment (2%) and child poverty (13%), the community has a slightly worse-than-average median household income (\$62,884) when compared to similar-sized communities served by Sanford Health.

Stakeholder meeting participants agreed that the low unemployment and uninsured rates were a positive driver for affordability in the community. However, participants noted that health care literacy is an issue for the medically underserved and those struggling to pay for healthcare. Further support to assist community members navigate payment and plan options is an opportunity. The role general cost increases for other services, such as food and housing, have on the ability to afford health care was also discussed as they compete for share of wallet. One example referenced by the group includes community members that forego medication to afford rent.

Local Asset Mapping	
Prescription Assistance programs: <ul style="list-style-type: none">• Lewis Family Drug prescription program• CancerCare co-payment assistance, 800-813-4673• Freedrugcard.us• Rxfreecard.com• Medsavecard.com• rxgo.com• Needymeds.org• americasdrugcard.org• mygooddays.org• NORD Patient Assistance Program, rarediseases.org• Patient Access Network Foundation, panfoundation.org• Pfizer RC Pathways, pfizerRXpathways.com• RXhope.com• rxresource.org• Minnesota Care – 1-800-657- 3761• MN Drug Card – mndrugcard.com• Partnership for Prescription Assistance – pparx.org• Benefitscheckup.org• RxAssist – rxassist.org• RxOutreach – rxoutreach.org	Employment resources: <ul style="list-style-type: none">• Luverne Announcer/Rock County Star Herald Newspaper• Luverne Chamber Offices, 213 E Luverne St, Luverne UCAP 507-727-1401• Indeed – online site Major employers: <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• Rock County offices, 204 E. Brown St., Luverne• Premium Iowa Pork, 1174 Co Hwy 4, Luverne• Lineage Logistics, 1500 Dakota Rd Luverne• Papik Motors, 801 Commerce Rd., Luverne• Hills Stainless Steel, 505 W. Koehn Ave., Luverne

<ul style="list-style-type: none"> • Together RX Access Program – togetherrxaccess.com • Glaxo Smith Kline – gskforyou.com • AARP Prescription Discount Program – aarp-pharmacy.com • Parent Cue – theparentcue.org 	
Medical Center: <ul style="list-style-type: none"> • Sanford Luverne Medical Center, 1600 N Kniss Ave, Luverne 	Health Insurance resources: <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 Pl St 201, Sioux Falls • Kozlowski Insurance, 626 S. Kniss Ave. #2, Luverne • Heidebrink & Associates, 224 E. Main St, Luverne • Cattnach Agency, 701 S. Kniss Ave., Luverne • Buffalo Ridge Insurance, 808 S. Kniss Ave., Luverne For Additional Resources Reference: https://sanford.findhelp.com/

Healthy Living

Survey respondents in the Luverne area rated their own personal health and wellness as good (average score=3.26), but lower than the comparison group average. In addition, when survey respondents were asked about the biggest health concerns for themselves and their family (concerns they face on a regular basis), chronic conditions were the second leading concern, after cost.

CHR data indicate that when compared to similar-sized markets served by Sanford Health, the Luverne area has similar-to-average rates of diabetes (8%), obesity (35%), adult smokers (19%), and excessive drinking (22%), but worse-than-average rates of alcohol-impaired driving deaths (39%), HIV infections (68 per 100,000 population), and injury deaths (73 per 100,000 people).

Stakeholder meeting participants indicated that the community has numerous classes available to educate residents on chronic conditions, mental health, and other topics. However, stakeholders mentioned that classes do not always reach the minimum enrollment numbers necessary to continue offering the class. One example of the enrollment challenge is the misalignment between the curriculum and outcomes compared to participant expectations. When this happens, participants will often not attend future classes.

Local Asset Mapping	
Chronic Disease resources: <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, 201 Maine Ave., Adrian 	Healthy Eating resources: <ul style="list-style-type: none"> • Generations Dining 507-283-9846 • SNAP – Southwest Health and Human Services 507-283-5070 • Sunshine Grocery, 205 E. Warren, Luverne • Rock County Food Shelf, 208 West Maple St, Luverne MN 56156

<ul style="list-style-type: none"> • Sanford Edgerton Clinic, 733 Main Ave., Edgerton • Freedom Family Clinic, 311 Gabrielson Rd, Luverne • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • American Heart Association. – heart.org • Arthritis Foundation. – arthritis.org American Cancer Society - cancer.org • ACE of SW MN healthy living classes, 507-283-5064 Parkinsons Support Group – parkinsonsliving.com Stroke and neurological support – strokeassociation.org 	<ul style="list-style-type: none"> • Home Delivered Meals 507-283-9846 • Luverne Back Pack Program • Women, Infants, Children (WIC) – Southwest Health and Human Services 507-283-5066 • Farmers Market, Redbird Field., Luverne (June -Oct) • Prairie Ally Public Food Forest, Blue Mound Ave. • NAPS (Nutrition Assistance Program for Seniors) 800-365-0270 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, 201 Maine Ave., Adrian • Sanford Edgerton Clinic, 733 Main Ave. Ste A, Edgerton Freedom Family Clinic, 311 Gabrielson Rd, Luverne • Southwest Health and Human Services, 2 Roundwind Rd., Luverne • Luverne Power Fitness, 205 E. Main St, Luverne • Aquatic Center & Fitness, 802 N. Blue Mound Ave, Luverne • Luverne School organized activities, 709 N. Kniss Ave., Luverne <ul style="list-style-type: none"> o Bike – free checkout located at Grandstay hotel o E bike checkout/rentals from Luverne Aquatic Center • Luverne LOOP walking path trail head, 601 E Main St, Luverne - Walking and biking path • Blue Mound State Park, 1410 161st St, Luverne • Blue Mound Bike Trail, starts on Blue Mound Ave., Luverne • Golf Course, 1520 111th St., Luverne • Ice Skating, 601 W. Hatting St., Luverne • Bowling, 117 N. Cedar St, Luverne • Parks & Playgrounds: <ul style="list-style-type: none"> o Blue Mound State Park, 1410 161st St, Luverne o City Park, 700 E. Main, Luverne o Redbird Field & Skateboard Park, 700 E. Main St, Luverne o Riverside Park, Main St., Luverne o Sitting Bull Park, N Estey & Dodge Sts., Luverne 	<p>Physical Activity resources:</p> <ul style="list-style-type: none"> • Luverne Power Fitness, 205 E. Main St, Luverne • Aquatic Center & Fitness, 802 N. Blue Mound Ave, Luverne • Luverne School organized activities, 709 N. Kniss Ave., Luverne <ul style="list-style-type: none"> o Bike – free checkout located at Grandstay hotel o E bike checkout/rentals from Luverne Aquatic Center • Luverne LOOP walking path trail head, 601 E Main St, Luverne - Walking and biking path • Blue Mound State Park, 1410 161st St, Luverne • Blue Mound Bike Trail, starts on Blue Mound Ave., Luverne • Golf Course, 1520 111th St., Luverne • Ice Skating, 601 W. Hatting St., Luverne • Bowling, 117 N. Cedar St, Luverne • Parks & Playgrounds: <ul style="list-style-type: none"> o Blue Mound State Park, 1410 161st St, Luverne o City Park, 700 E. Main, Luverne o Redbird Field & Skateboard Park, 700 E. Main St, Luverne o Riverside Park, Main St., Luverne o Sitting Bull Park, N 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, 700 E Main St, Luverne

<ul style="list-style-type: none"> 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, 700 E Main St, Luverne o Kolbert Park, 800 W Warren St, Luverne o Longhorn Park – 1403 N Blue Mount Ave, Luverne o Moccasin Park – Spring & Luverne Streets, Luverne o Prairie Moon Park, 1008 Roundwind Rd, Luverne o Tonto Park, 500 James St, Luverne o Veteran’s Memorial Park, behind MN Veterans Home 	<ul style="list-style-type: none"> o Kolbert Park, 800 W Warren St, Luverne o Longhorn Park – 1403 N Blue Mount Ave, Luverne o Moccasin Park – Spring & Luverne Streets, Luverne o Prairie Moon Park, 1008 Roundwind Rd, Luverne o Tonto Park, 500 James St, Luverne o Veteran’s Memorial Park, behind MN Veterans Home <p>For Additional Resources Reference: https://sanford.findhelp.com/</p>
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Child Care Quality

Participation in high-quality early childhood care and education programs can have positive effects on children’s cognitive, language, and social development, particularly among children at risk for poor outcomes.

Survey respondents in the Luverne area rated the quality of child care, day care, and preschool as slightly less than good (average score=2.91). When asked to explain why, respondents recognized the presence of excellent quality preschool, but cited an overall lack of child care providers in the community to meet the demand.

The U.S. Department of Health and Human Services has historically considered child care affordable if the total expense consumes less than 10 percent of household income, and more recently proposed an affordability threshold set at 7 percent of household income³. According to CHR, the average household in the Luverne area spent 22 percent of its income on child care, which is lower than the comparison group average but three times the recommended threshold.

Childcare needs were discussed during the stakeholder meeting. The group indicated the new facility KidsRock! will address create 120-130 childcare openings in the community when it opens. KidsRock! is a public-private partnership between the city of Luverne and the Kids Rock!, non-profit board. It is funded through support of the city, county, community fundraising campaign, and various grants including a \$2.6 million grant from the United States Department of Agriculture.

Local Asset Mapping ³
<p>Daycare:</p> <ul style="list-style-type: none"> • Southwest Health and Human Services - Rock County Licensed Family Child Care Provider listing – swmhhs.com/child-care-providers-listing/ Luverne MN and Rock County Daycares/Babysitter Facebook group Little Lambs Preschool, 803 N Cedar St, Luverne Discovery Time Preschool, Luverne MN HBC Patriot Academy, Hills • KidsRock! Child Care Center, 1 Roundwind Rd, Luverne

For Additional Resources Reference:

<https://sanford.findhelp.com/>

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.

Respondents in the Luverne area rated the availability of affordable housing in their community as less than good (average score=2.39) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, respondents focused on a very limited supply of housing options (houses or apartments) that are affordable for those with lower- and fixed-incomes.

CHR data indicate that 10 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) and 7 percent of households spend at least 50 percent of their household income on housing costs – both rates are similar to the comparison group average.

The need for affordable housing was discussed at the stakeholder meeting. Participants noted their experiences with people having an interest moving into community not being able to find affordable housing, both to purchase or rent. Participants noted local companies are exploring options to build affordable housing or apartments in the community. This is also a focus for the city and the county, who are looking into potential solutions to this issue. From a senior perspective, participants indicated that local seniors may be entering long term care who could otherwise remain in the home with expanded home care services. Remaining in their home would provide a less expensive housing solution and open needed long-term care units for other residents. As noted earlier, the role of increasing housing costs on patients' ability to afford health care was also discussed.

Local Asset Mapping	
Housing resources: <ul style="list-style-type: none"> • Luverne Chamber rental listing – luvernechamber.com • Southwest Minnesota Housing Partnership, 2401 Broadway Ave, Slayton, MN – covers Rock County • HFH of Greater Sioux Falls, 721 E Amidon St, Sioux Falls • Graphenteen Real Estate Group, Luverne • Cragoe Realty, 214 Cashin Dr, Luverne • Real Estate Retrievers, 905 S. Kniss Ave., Luverne • Jensen Management Service, Luverne • Land and Home Realty, 130 S Kniss Ave, Luverne • UCAP – Rental and deposit assistance 507-727-1401 	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 • Damax Apartments, 602 E Warren St, Luverne • Rock Creek Townhomes, 313 Oak Dr., Luverne • Heritage Apartments, Beaver Creek For Additional Resources Reference: https://sanford.findhelp.com/

Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which convened 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. A list of attendees can be found in the introduction. Stakeholders discussed the health needs, potential 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; no additional needs were brought forward.

The Community Health Needs Assessment identified three specific areas for focus for Sanford during the 2025-2027 implementation cycle:

1. Reduce physical and perceptual barriers to seeking mental health care.
2. Increase awareness of local substance use services and add local availability for MAT (medicated assisted treatment)
3. Access to Health Care Providers

Implementation Plan for Prioritized Needs

Priority 1: Reduce physical and perceptual barriers to seeking mental health care.

Current Activities

Mental health continues to remain a priority for Sanford Luverne for the next 3 year cycle. Sanford Luverne will share the results of this survey with community partners to build access to mental health services. Sanford Luverne's integrated health therapist has been integrally involved in leading initiatives to look at access, funding for care, and reducing stigma. Sanford Luverne will continue to support work in the mental health space focusing on increasing awareness, activities to promote mental health, and improving access to care. Sanford Luverne's Integrated Health Therapist led initiative to establish the GAP (Grant Assisted Program) within the local foundation to assist with payment for services for individuals to qualify. This fund is in part supported with county funds. Sanford Luverne is presently recruiting a second behavioral health therapist to join our team.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increase in the number of residents utilizing mental health resources.

Goal 1: Ensure those struggling with mental health symptoms have access to the care needed

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Partner with Rock County leadership to improve access to county residents and utilize GAP funding to ensure cost of care is not limiting	Referrals to integrated health therapist over 3 year period. Decrease the percentage of people not seeking mental health care by 20%.	Behavioral health therapist Integrated health therapist,	Clinic director, Administrator/CEO	Southwest Health and Human Services; Area counseling services; Luv!LuvAll and GAP fund, LACF, Brain Health group
Current Nurse Practitioner will complete specialty in mental health to allow for expanded care and medication management	Referrals to CNP for mental health services in 2026 and 2027 after education is complete	CNP	Clinic director; Administrator/CEO	Southwest health and human services; Area counseling services; Area school districts, LACF, Luv!LuvAll, Brain Health Group
Sanford virtual care expanded behavioral health offering through MyChart and in clinic access to services	Virtual visits over the 3 year period	Sanford Virtual Care team	Virtual care leadership, Clinic director, Administrator/CEO	Southwest health and human services, Area schools

Goal 2: Destigmatize engaging in mental health care by enhancing community awareness on the importance of mental health

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Integrated health therapist and Behavioral health therapist to engage the community through community educational sessions and the Suicide Awareness walk	Number of sessions and attendees	Integrated health therapist, Behavioral health therapist, RN care manager	Clinic director, Administrator/CEO	Luv\luvAll community group, Area mental health services, Luverne school, Greater MN, Emilys Hope, American Foundation for Suicide Prevention, Carson's Cause
Increase awareness through social media and other aspects to remove stigma of seeking mental health services	Number of posts and marketing materials	Integrated health therapist, Community liaison	Clinic director, Administrator/CEO	Area mental health services, Greater MN, Emily's Hope, Carson's Cause

Priority 2: Increase awareness of local substance use services and add local availability for MAT (medicated assisted treatment)

Current Activities

Sanford Luverne SUD (substance use disorder) department offers comprehensive assessment of SUD, referrals for SUD treatment and provides adult outpatient SUD treatment. Sanford Luverne SUD department provides education and training on SUD and are trained to provide education on opioid epidemic and administration of naloxone. Sanford Luverne SUD program is a NAP (naloxone access point)

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increase in understanding among the community of available substance use resources.

Goal 1: Implementation of MAT (medicated assisted treatment)

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Implement MAT	Train and have MAT providers within Sanford Luverne Medical Center 1/1/2026	Sanford Luverne Medical Center Providers; Substance use program supervisor	Administrator/CEO; clinic director	Opioid grant partners

Goal 2: Continued focus on education and training on opioid epidemic, the administration of naloxone, and access to care locally

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Education and training to area organizations	In next 3 year cycle, plan to update and train all service organizations	SLMC SUD Program staff and community members		Opioid grant and Steve Rummler Hope Network

Priority 3: Access to Health Care Providers

Current Activities

Sanford Luverne has added a family medicine physician as well as a nurse practitioner over the past 3 year cycle to improve same day access to care. There was concern voiced in the focus group about access to specialty care and the need to travel. Sanford Luverne, as part of Sanford Health, receives specialty care provided as an outreach service.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see additional appointment availability through the clinic or virtual care options.

Goal 1: Improved access to specialty care

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Work with Sanford USD in SF to determine which outreaches would be successful in Luverne	Number of days of outreach and number of patients seeking care	Sanford specialty physicians	Sanford Luverne clinic director and administrator/CEO; Sanford Health Network leadership, Sanford USD leadership	NA

Goal 2: Expand virtual access to specialty services

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Expand telehealth access to care in clinic and directly to patients through MyChart platform	Number of virtual visits	Sanford Virtual care team, Sanford Luverne clinic team	Clinic director; Administrator/CEO	NA

Needs Not Addressed

Below are the 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. Although not included in the Implementation Plan, the hospital supports efforts to address community needs, such as viewing the information collected within the Community Health Needs Assessment as a community benefit and sharing survey and assessment information with community partners to support the expansion or establishment of programs that reduce community needs. Additionally, Sanford Health further supports through its findhelp resource tool that informs patients and consumers of national and local resources. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on [Sanfordhealth.org](https://sanfordhealth.org) and MyChart.

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Access to Affordable healthcare

Community stakeholders deemed access to be a lower priority for purposes of the Community Health Needs Assessment. Stakeholders agreed that the low unemployment rate and the low uninsured rates were a positive driver to the affordability in the community. Several programs exist for prescription drug assistance, Sanford financial assistance program, health insurance resources, and employment opportunities.

Healthy Living

Community stakeholders shared many opportunities for healthy lifestyle and classes within the community, however classes do have issues with enrollment numbers. There are several opportunities within the community for encouraging healthy eating, healthy living, and physical activity. Sanford Luverne will continue to support solutions that address the need and the CHNA information will be shared with partners as appropriate. Healthy living is not addressed in the Implementation Plan as opportunities currently exist in the community.

Child Care Quality

The community stakeholder group felt this was low priority due to the new KidsRock! Childcare facility that is scheduled to open in 2025. The new childcare facility in conjunction with the quality in home daycare that are available within the community would address the need within the community.

Affordable Housing

The need for affordable housing was discussed at the stakeholder meeting. The Luverne EDA is partnering with various companies to look at potential solutions to this issue and are better positioned to address this need. Sanford Luverne will continue to support solutions that address the need and the CHNA will be shared with community partners as appropriate.

Community Safety

Perceptions from the survey respondents and the stakeholder group felt that community safety was in the very good category. Sanford Luverne will continue to support community solutions to improve safety.

EVALUATION OF 2022-2024 CHNA

System-wide Support and Utilization of the Community Health Needs Assessment Program

Sanford Health continues to integrate the CHNA report, supporting data, and Implementation Plans across the organization, including in the annual strategic planning program and operations. The Sanford Health Board of Trustees incorporated population health as an aspirational target metric necessary to become the “premier rural health system” in the country. The population health target aligns the work conducted through the CHNA with the overall evaluation of Sanford’s success.

CHNA data is made available throughout the planning process as needed as part of the annual strategic planning process, both internally and to external organizations that partner with the system. Sanford also incorporated the CHNA into the capital expenditure request process to give a voice to the needs and concerns of this population.

In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on Sanfordhealth.org and MyChart. Findhelp generated nearly 28,000 internal and external searches from within CHNA-defined communities on CHNA topics in 2022 and over 19,000 in 2023. The Hillsboro CHNA area had 436 searches in 2022 and 2023.

Mental Health

Sanford Luverne is addressing the priority with the goals of expanding mental health opportunities and decreasing substance abuse in the community. Mental health is top of mind for area residents as community residents conducted 447 searches on the findhelp platform in the last two years, with 23% on health-related topics. "Psychiatric emergency services" appeared in the top ten most searched list.

Rock County voted at end of 2022 to not renew the contract with SW Mental Health, thus creating a need for more mental health services. The local Sanford team met with county leadership to discuss transition and subsequently received approval to post for a full-time LICSW behavioral health therapist and are currently waiting for applications.

Sanford’s current integrated health therapist (IHT) has been actively engaged within the community. In 2022, mental health providers engage the 6th grade class of 80-90 students on issues surrounding youth mental health, including mindfulness, healthy relationships, substance use, taking care of your brain, brain health basics, and bullying. Sanford’s IHT coordinates these sessions and is a presenter. Additionally organized by Sanford’s IHT, the Out of the Darkness Suicide Prevention Walk took place Sept 2022 and drew 200-300 walkers. This year, the outreach continued with the IHT worked with the American Foundation for Suicide Prevention and coordinated year three of the Out of the Darkness Suicide Prevention Walk. The IHT also presented mental health information at numerous meetings, including Rotary, St. Catherine’s Church (youth faith formation post suicide loss, adult bible study, Dec 2023), Commissioner Meeting (April, 2024), SDSU class (March, 2024), and to Luverne High School students interested in Service Academy (Spring and Fall, 2023). Additionally, our IHT attended Capital Hill Days in Washington DC advocating for federal bills that support mental health in June, 2023.

Through our partnership with the MN Dept of Health Youth Suicide Prevention Grant, our IHT held 2 community conversations regarding community mental health needs, concerns, and opportunities for improvement (May, Dec, 2023) and met with EMS, Volunteer Fire, and Law enforcement about their needs and concerns (Summer, 2023). Additional partnership occurred when our IHT began to collaborate with SW Suicide Prevention Coordinator, Arianna Santos.

All local mental health providers meet once per month in Brain Health group meetings to explore gaps in care, community engagement, and availability. Sanford's IHT leads these meetings of approximately 20 individuals. This group organized American Foundation for Suicide prevention classes and had approximately 20 people between the two classes in 2022.

Substance use has been actively involved in the community's opioid grant work as well as with community education. Through the opioid grant work, there have been two billboards put up within the community for awareness. In addition, Angela Kennecke presented Emily's Hope in February 2022 and the 3rd grade had Emily's Hope curriculum presented. Local substance use counselors have been actively involved with community education events focusing around Narcan training through the Steve Rummeler Hope foundation. In 2023 and 2024, Substance Use Counselors worked with the High School Health classes for presentations on substance use/abuse. Substance Use Counselors continue to be involved in the local county treatment courts. Substance Use Counselors continue to work on Opioid response and naloxone trainings for family services, courts, community organizations, schools (teachers/staff and students). Substance Use Counselors offered substance use/abuse education in the Brain Health series for 6th grade at the Luverne school. Sanford Luverne Outpatient SUD program offers comprehensive substance use assessments and referrals as well as adult outpatient SUD treatment.

Substance Use Counselors and Integrated Health Therapist spoke on brain health to the Womens Giving circle group in Luverne.

In 2022, additional events include a 6th grade brain health presentation on substance use and abuse with 80 kids in January, an Opioid panel with 150 people at Luverne High School in February, substance use and abuse education with 80 kids within Luverne High School Health classes, an April education session to Sanford Luverne Lab staff on addiction and stigma with seven people, and a women's ecumenical brunch in May with 100 people covering education, addiction, and faith.

In the fall of 2022, 100 people attended an October presentation on addiction and faith, 10 people attended a Sanford Luverne lunch and learn on addiction and stigma in November, 15 ladies attended another November event on the topic with Pink Ladies Sanford Luverne, and 45 people attended a community naloxone training in December.

Sanford Luverne was able to successfully recruit a mental health counselor this past year, however unfortunately she resigned at the end of 2023.

Beginning January 1, 2024 our IHT that is an LPCC is now able to bill Medicare and treat those patients. In addition, our IHT is on a community work group to research a gap fund within the foundation to support mental health services for those who cannot afford it.

Behavioral Health encounters have increased from 2021 to 2023 to approximately 500 encounters in 2023. Substance Use encounters have increased from 2021 to 2023 to approximately 1500 encounters in 2023.

Access to Health Care Providers

Access to health care providers is being enhanced through increasing access to family medicine and expanding telehealth and dental access.

Dr. Kat Dahl joined the Luverne family medicine team in February 2022 to expand access and has built a full caseload. In the fall of 2022, Luverne had a transition from one nurse practitioner to another nurse practitioner who added an additional day every two weeks, providing greater access. Encounter numbers continue to increase with the expanded access. In 2023, Dr Kat Dahl and Rachelle VandeGriend have continued to grow their practice and expand access. Family medicine encounters in Luverne have increased from 21,200 in 2021 to 22,100 in 2023. In addition, the Edgerton clinic is now open one full day/week as of January 1, 2024 to improve local access to primary care.

Telehealth expansion was been minimal in 2022 due to limited offerings, but continued to grow offerings in 2023 with psychiatry being the most popular with 246 outpatient encounters in 2023. Family medicine telemedicine have decreased over this period as patients have become more comfortable with returning to the clinic after Covid. Within the hospital, telehealth is also utilized primarily for Infectious Disease consults or consulting in the ER with the team of specialists in Sioux Falls.

Clinic providers continue to partner with the mobile dental unit that comes to Luverne. The mobile dental unit comes to the community one to two days per month. The organization has also partnered with Caring Hands clinic in Pipestone for Medicaid patients. However, Caring Hands now has a several week wait time for service.

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/about/community-commitment/community-health-needs-assessment>

APPROVAL

Local CHNA priorities were reviewed and approved by the respective governing boards and the Sanford Health Board of Trustees approved all of the Sanford Community Health Needs Assessments and Implementation Plans.

APPENDIX

Expanded Demographics¹

The population of Rock County in July of 2023 was 9,551 and saw a 1.5% decline in population since April 2020. Pipestone County had a similar decline, falling 1.9% over the same period to 9,245 in 2023 Both counties trend slightly older than the rest of the state on average, but also have a higher percentage of those 18 years of age and younger. Pipestone County had the highest percentage of those under both 5 and 18 years with 1.5% and 4.4% higher respectively.

The median value of the houses in both Rock and Pipestone Counties are less than the state, with both being valued \$100,000 less than the state average. In Pipestone County there are more residents who are uninsured and in poverty than Rock County and Minnesota. 10.8% of Pipestone County's population is in poverty while Rock County has 8.7% of their population in poverty. These compare to a state average of 9.6%. Both counties have similar percentages of their population with access to broadband internet and computer access to the state.

Fact	Rock County, MN	Pipestone County, MN	Minnesota
Population estimates, July 1, 2023, (V2023)	9,551	9,245	5,737,915
Population estimates base, April 1, 2020, (V2023)	9,693	9,420	5,706,804
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-1.50%	-1.90%	0.50%
Persons under 5 years, percent	5.20%	7.30%	5.80%
Persons under 18 years, percent	24.00%	27.00%	22.60%
Persons 65 years and over, percent	20.60%	21.20%	17.40%
White alone, percent	95.20%	92.80%	82.60%
Black or African American alone, percent	1.10%	1.80%	7.60%
American Indian and Alaska Native alone, percent	0.90%	2.10%	1.40%
Asian alone, percent	0.80%	1.00%	5.50%
Native Hawaiian and Other Pacific Islander alone, percent	0.10%	--	0.10%
Two or More Races, percent	2.00%	2.30%	2.80%
Hispanic or Latino, percent	3.50%	7.70%	6.00%
White alone, not Hispanic or Latino, percent	92.50%	86.80%	77.60%
Housing Units, July 1, 2023, (V2023)	4,296	4,343	2,575,411
Owner-occupied housing unit rate, 2018-2022	77.10%	79.50%	72.30%
Median value of owner-occupied housing units, 2018-2022	\$189,100	\$126,500	\$286,800
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,372	\$1,110	\$1,818

¹ <https://www.census.gov/quickfacts>

Median selected monthly owner costs -without a mortgage, 2018-2022	\$534	\$494	\$639
Median gross rent, 2018-2022	\$788	\$677	\$1,178
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	3.30%	5.80%	12.00%
Households with a computer, percent, 2018-2022	93.50%	92.90%	94.50%
Households with a broadband Internet subscription, percent, 2018-2022	88.10%	85.70%	89.70%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	94.00%	92.70%	93.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	27.40%	20.50%	38.20%
With a disability, under age 65 years, percent, 2018-2022	7.40%	9.40%	7.70%
Persons without health insurance, under age 65 years, percent	5.30%	8.10%	5.30%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	68.10%	64.90%	68.60%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	62.50%	60.70%	65.00%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	18.1	17.1	23.3
Median household income (in 2022 dollars), 2018-2022	\$75,060	\$68,341	\$84,313
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$38,472	\$34,973	\$44,947
Persons in poverty, percent	8.70%	10.80%	9.60%
Total employer establishments, 2021	288	308	152,836
Total employment, 2021	2,956	4,223	2,627,416

Leading Causes of Death

The Minnesota Department of Health publishes the annual Minnesota County Health Tables, which includes county-level counts for ten leading causes of death. Counts for the counties included within the CHNA community are in the table below. Data for calendar year 2020 is presented alongside the total for 2016-2020.

Heart disease, followed by cancer, were the leading cause of death in the counties for the five-year period and for calendar year 2020 for the causes listed.

Leading Causes of Death Cause-Specific Death Counts for Ten Leading Causes											
County	Cancer	Heart Disease	COVID-19	Unintent. Injury	Alzheimer's	Stroke	CLRD	Diabetes	Chronic Liver Disease	Hypertension	Years
Pipestone	17	18	17	4	7	11	10	2	1	0	2020
Rock	23	36	13	7	5	5	5	2	2	2	2020
Pipestone	114	123	--	--	47	54	31	--	--	--	2016-2020
Rock	115	140	--	38	48	36	37	--	--	--	2016-2020
https://www.health.state.mn.us/data/mchs/genstats/countytables/index.html											

Community Health Needs Assessment Survey

The survey tool was delivered online via Qualtrics. The survey questions in printed format are presented below as a reference. Surveys made available in English, Spanish, Somali, and Sudanese.

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?

010000-01000 1/21

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 (<i>Ophthalmology, Optometry</i>) | <input type="radio"/> Other (<i>please specify</i>): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

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

- ☐ Yes ☐ No

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

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

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

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

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

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

Why did you give it that rating?

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

- ☐ Yes ☐ No ☐ Unsure

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

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

TRAVELING FOR CARE

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

☐ Yes ☐ No

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

City _____ State _____

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

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

☐ Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

☐ Yes ☐ No

Please indicate the source of your health insurance coverage.

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

☐ Other *(please specify)*

DEMOGRAPHICS

What is your sex?

- ☐ Male ☐ Female ☐ Prefer not to answer

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

- ☐ Yes ☐ No ☐ Prefer not to answer

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?

- | | |
|--|--|
| <input type="radio"/> House (<i>owned</i>) | <input type="radio"/> Homeless |
| <input type="radio"/> Apartment or House (<i>rental</i>) | <input type="radio"/> Some other arrangement |

What is your primary mode of daily transportation?

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

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:

- | | |
|---|--|
| <input type="radio"/> Employed (<i>full-time</i>) | <input type="radio"/> Not employed, looking for work |
| <input type="radio"/> Employed (<i>part-time</i>) | <input type="radio"/> Not employed, not looking for work |
| <input type="radio"/> Self-employed | <input type="radio"/> Retired |
| <input type="radio"/> Furloughed | <input type="radio"/> Disabled or unable to work |

What is your total household income from all sources?

- | | |
|---|---|
| <input type="radio"/> Less than \$20,000 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$20,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$25,000 - \$29,999 | <input type="radio"/> \$100,000 - \$199,999 |
| <input type="radio"/> \$30,000 - \$34,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000 - \$49,999 | |

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