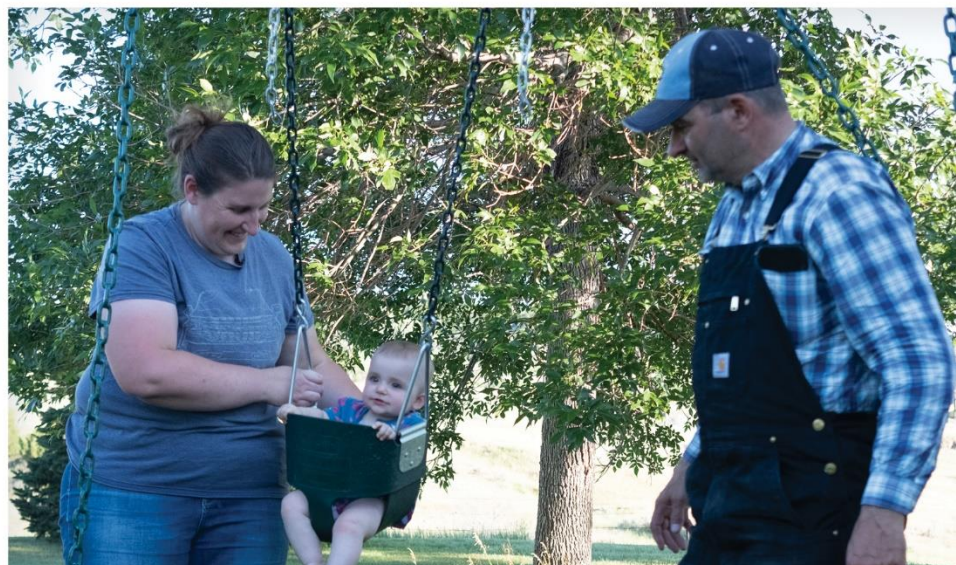




Community Health Needs Assessment

SANFORD TRACY MEDICAL CENTER
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Tracy 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 collaborated 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 entire Sanford Tracy team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Stacy Barstad
President Chief Executive Officer
Sanford Tracy Medical Center

BACKGROUND

Community Description

Sanford Tracy Medical Center is located in Tracy, Minnesota. Tracy is in Lyon County, Minnesota and has a population of 2,300. It is situated in a thriving agricultural area with an active retail environment. It is home to Tracy-Milroy-Balaton High School and Elementary School, Tracy Food Pride, a public day care facility, retail shops, and a public library. In addition, the community has numerous churches, city and county parks, senior housing, an aquatic center, and a newly renovated Sanford Tracy Medical Center.

Tracy has much to offer the families who work in the city or commute from nearby communities. Residents and tourists alike can enjoy recreational activities such as hunting, fishing, camping, golfing and biking. Tracy is also home to an annual Labor Day Box Car Day celebration and large Labor Day parade. The primary areas of employment are office and administrative support, healthcare, and production.

The community as defined for purposes of the Community Health Needs Assessment includes Lyon, Redwood, Murray and Cottonwood Counties in Minnesota and represent a majority of the volumes to the Sanford Tracy 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

Tracy 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:

- Stacy Barstad, Chief Executive Officer and Administrator, Sanford Tracy Medical Center
- Ann Orren, Public Supervisor, Southwest Health and Human Services
- Caitlyn Schultz, Communications Specialist, Southwest Health and Human Services
- Amy McNamara, Performance Improvement Specialist, Sanford Tracy Medical Center
- Marianne Boerboom, Hospital Board Member, Sanford Tracy Medical Center
- Trent Fischer, Hospital Board Member, Sanford Tracy Medical Center
- Jason Lichty, Chief of Police, Tracy Police Department
- Dale Johnson, Fire Chief, Tracy Fire & Rescue
- Jeff Carpenter, Tracy City Administrator
- Alex Letendre, Nursing Supervisor, Sanford Tracy Clinic
- Jeri Schons, Director of Nursing and Clinical Services, Sanford Tracy Medical Center
- Tom Dobson, Tracy EDA City Development Director
- Chad Anderson, Superintendent, Tracy Area Public Schools
- David Herbster, Lead Community Relations Specialist, Sanford Health
- Christy Ward, Senior Strategic Planning Advisor, Sanford Health

Sanford Tracy Medical Center Description

Sanford Tracy Medical Center is a 25-bed Critical Access Hospital located in Lyon County in southwest Minnesota. Sanford Tracy has enjoyed a collaborative relationship with Sanford Westbrook Medical Center since 2001. As neighboring communities, these two health care facilities share executive leadership and managerial staffing in the areas of radiology, laboratory, maintenance, and marketing/community relations. The efficiency and cost effectiveness of these shared resources allows each facility to redirect valuable time, energy and financial assets into direct patient care. The two Critical Access Hospitals provide services for approximately 9,400 people.

Built by the City of Tracy in 1960 as a municipal hospital, the hospital became a leased member Sanford Health Network in 1998 and was purchased by Sanford Health in 2016. Sanford Tracy is a designated Level IV Trauma facility. Additional renovation and expansion were completed in 2010 to increase space in the clinic to accommodate additional primary care providers and provide space for visiting medical specialists.

The hospital campus consists of a primary care clinic, medical specialty outpatient clinic, and a 30-apartment senior living facility. In addition, two satellite medical clinics are located in the neighboring communities of Balaton (12 miles to the west) and Walnut Grove (7 miles to the east). The Sanford Tracy service area includes the communities of Tracy, Currie, Balaton, Amiret, Walnut Grove, Milroy and Revere. The population of this area is approximately 5,740. Sanford Tracy employs 4.5 clinicians and 101 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. The 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 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

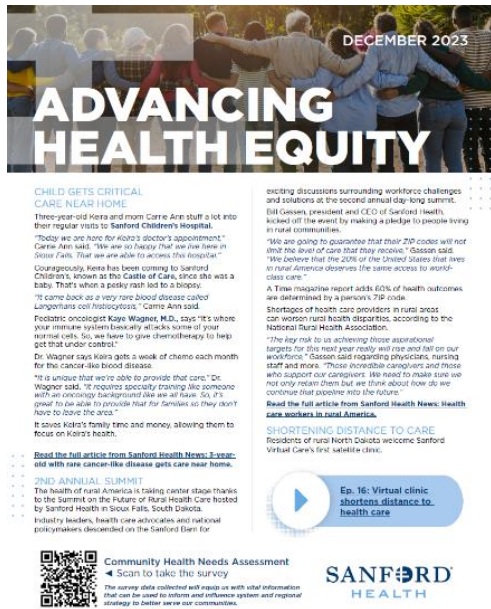
Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford's care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



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. 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 Cottonwood, Lyon, Murray, and Redwood Counties, Minnesota, populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

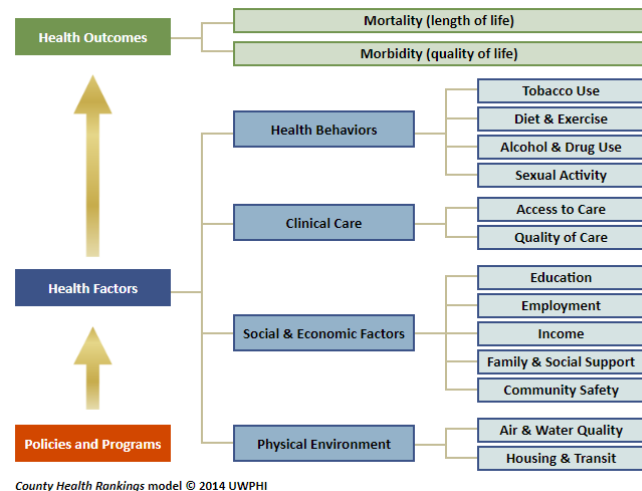
The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey and asked to complete the instrument and then forward the survey to 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 298 respondents from the CHNA area completed the survey. Promotional 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. Tracy is included with Bagley, MN; Canby, MN; Canton-Inwood, SD-IA; Chamberlain, SD; Clear Lake, SD; Hillsboro-Mayville, ND; Jackson, MN; Luverne, MN; Sheldon, IA; 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 participants were 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 hospital administrator proposed the health needs to be addressed within the Implementation plan including Mental Health, Healthy/Active Living, and Transportation. 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, several areas of concern were brought forth for discussion to the Community Stakeholder Meeting for discussion.

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 Tracy market area is defined as Cottonwood, Lyon, Murray, and Redwood 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 298 respondents from the Tracy 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 Tracy area regarding the following community health issues were positive (average score of 3.00 or higher):

- Community safety (average score=3.85)
- Environmental health (average score=3.81)
- Access to exercise opportunities (average score=3.71)
- Access to healthy foods (average score=3.51)
- Health care quality (average score=3.31)
- Early child care quality (average score=3.14)

- Long-term care, nursing homes, and senior housing quality (average score=3.11)
- Employment and economic opportunities (average score=3.08)

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

When asked about their personal health, survey respondents in the Tracy area rated their current health and wellness as good (average score=3.29) and their current ability to access health care services as slightly better (average score=3.69); however, both scores were lower than the comparison group average.

CHR data indicate that Lyon County is similar to the average Minnesota county in terms of overall health. Cottonwood, Murray, and Redwood counties rank in the lower-middle range of Minnesota counties in terms of overall health.

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

Top Health Needs

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 Tracy area face on a regular basis (and the second leading community health care issue, behind general access issues).

Contributing to the challenge of affording health care in the Tracy area is the economic climate. While survey respondents in the Tracy area had a somewhat positive perception of employment and economic opportunities in their community (average score=3.08), the score was lower than the average for similar-sized communities served by Sanford Health. Even so, CHR data indicate that the Tracy area has similar-to-average rates of uninsured individuals (8%), unemployment (3%), and child poverty (13%) – and also a similar-to-average median household income (\$64,819) when compared to similar-sized communities served by Sanford Health.

Access to Affordable Health Care was discussed among stakeholders in the meeting but was not promoted as an issue to be addressed by Sanford Tracy. The group agreed there were other more urgent needs in the community at this time. Sanford Tracy Medical Center plans to continue efforts on educating patients and the community on financial assistance programs for medical care.

Local Asset Mapping	
Employment resources: <ul style="list-style-type: none"> • Economic Development Assn., 336 Morgan St., Tracy Tracy Major Employers: <ul style="list-style-type: none"> • Tracy School District, 934 Pine St., Tracy • Sanford Tracy, 249 5th St. E., Tracy • City of Tracy, 336 Morgan St., Tracy • Tracy Food Pride, 1105 Morgan St, Tracy • North Star Homes, 900 4th St. E., Tracy • Minnwest Bank, 250 3rd St., Tracy • Premium Plant Services, 900 4th St. E., Tracy 	Health Insurance resources: <ul style="list-style-type: none"> • Sanford Health Plan, 300 N. Cherapa Pl St 201, Sioux Falls • MNSure – MNSure.org • State Farm, 131 3rd St., Tracy • Insurance Advisors, 379 Morgan St., Tracy

<ul style="list-style-type: none"> • Harvest States, 301 South St., Tracy 	
Prescription Assistance programs: <ul style="list-style-type: none"> • CancerCare co-payment assistance, 800-813-4673 • Freedrugcard.us • Rxfreecard.com • Medsavercard.com • Medicationdiscountcard.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 • Minnesota Care – 800-657- 3761 • MN Drug Card – mndrugcard.com 	Prescription Assistance Programs Cont. <ul style="list-style-type: none"> • Partnership for Prescription Assistance – pparx.org • Benefitscheckup.org • RxAssist – rxassist.org • RxOutreach – rxoutreach.org • Together RX Access Program – togetherrxaccess.com • Glaxo Smith Kline – bridgestoaccess.com • Merck – merck.com • Novartis – Novartis.com • AARP Prescription Discount Program – aarp-pharmacy.com For Additional Resources Reference: https://sanford.findhelp.com/

Access to Medical Care and Health Care Providers

Survey respondents in the Tracy area rated their own ability to access health care as good (average score=3.69). However, when survey respondents in the Tracy area were asked about the most important health care issues impacting their community, access to health care services and medical providers was the top issue, more so than cost. And while most respondents have been in for a routine checkup or screening in the past year (87%) and have received necessary health care for themselves and their family in the past year (82%), 20 percent of respondents in the Tracy area do not have a primary care provider. This is the highest percentage when compared to similar-sized communities served by Sanford Health.

When survey respondents in the Tracy area were asked if they or a family member had traveled outside their community to receive health care in the past three years, 69 percent said yes, one of the lowest percentages when compared to similar-sized markets. However, for those traveling, the main reason was due to needing specialty care that was not available locally (78%) followed by 31 percent who traveled for better or higher quality care and 31 percent who were referred by a physician. According to CHR, data indicate that when compared to similar-sized markets, the Tracy area has slightly higher/worse-than-average ratios of population to providers, with 1,811 people for every one primary care physician, 2,010 people for every dentist, and 773 people per mental health care provider.

Approximately half of survey respondents in the Tracy area indicated that there are health care services they would like to see offered or improved in their community. When these respondents were asked which health care services they would like to see offered or improved, most said behavioral and mental health services (59%), followed by dental care (37%), walk-in/urgent care (32%), addiction treatment (31%), dermatology (28%), OBGYN/women's care (26%), long-term care and nursing homes (26%), heart care (25%), general surgery (20%), family medicine/primary care (20%), and cancer care (20%).

The community need for access to care and providers was an issue found by not only those from Sanford Tracy staff, but other community stakeholders as well. Sanford Tracy Medical Center has current efforts to bring in more specialty care for patients through available times

for in-person / outreach providers and telehealth visits where it is applicable. Access to Medical Care and Health Care Providers was not identified as an area of focus for the next three-year implementation plan as current efforts are underway to address.

Local Asset Mapping	
Mental Health resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Southwest Health & Human Services (serving Lyon Co.), 607 W. Main, Marshall • Helping to Heal (counselor), 192 3rd St., Tracy • Avera Behavioral Health, 300 S. Bruce St., Marshall • Western Mental Health Center, 1212 E. College Dr., Marshall 	Health Insurance resources: <ul style="list-style-type: none"> • Sanford Health Plan, 300 N. Cherapa Pl St 201, Sioux Falls • MNSure – MNSure.org • State Farm, 131 3rd St., Tracy • Insurance Advisors, 379 Morgan St., Tracy
Health Care resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Sanford Tracy Medical Center, 251 5th St E, Tracy • Prairie View Health Care Center, 250 5th St. E., Tracy • Tracy Ambulance Service, 105 Center St., Tracy • Public Health Dept., 607 W. Main St, Marshall 	For Additional Resources Reference: https://sanford.findhelp.com/

Healthy Living

Survey respondents in the Tracy area rated their own personal health and wellness as good (average score=3.29) and the quality of health care in their community as good (average score=3.31); however, both scores were 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 health issues along with diet and exercise were among the top concerns, after cost and affordability concerns. CHR data indicate that when compared to similar-sized markets served by Sanford Health, the Tracy area has similar-to-average rates of diabetes (9%), obesity (37%), adult smokers (19%), excessive drinking (22%), and food insecurity (8%).

Healthy Living for the community was discussed as an issue to be addressed for Sanford Tracy Medical Center. In stakeholder meeting discussions, participants agreed the need for more chronic disease and obesity resources and efforts towards prevention are needed in the community. Healthy Living will be included as a priority area for the 2025-2027 implementation plan.

Local Asset Mapping	
Chronic Disease resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Sanford Tracy Medical Center, 251 5th St E, Tracy • Sanford's Better Choices Better Health, 249 5th St. E., Tracy • Public Health Dept., 607 W. Main St, Marshall 	Obesity resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Sanford Dieticians, 249 5th St. E., Tracy • Public Health Dept., 607 W. Main St, Marshall

<ul style="list-style-type: none"> American Heart Assn. – heart.org 	
<p>Healthy Eating resources:</p> <p>Grocery Stores:</p> <ul style="list-style-type: none"> Tracy Food Pride, 1105 Morgan St., Tracy Tracy Farmers Market, 1045 Craig Ave., Tracy <p>CSAs within 1 hr. of Tracy:</p> <ul style="list-style-type: none"> Schreier Farm, 2135 191st St., Tracy Gardner Bees, 28260 130th St., Sleepy Eye Holmberg Orchard, 12697 – 325th St., Vesta Jubilee Fruits & Vegetables, 1312 Mtn. Lk. Rd., Mountain Lake Krienke Foods, 1716 Stuart Ave, Mountain Lake 	<p>Physical Activity resources:</p> <ul style="list-style-type: none"> Fitness Depot, 600 E. Union St., Tracy Sanford Fit Kids – sanfordfit.org Parks & Recreation Dept., 336 Morgan St., Tracy School District activities, 934 Pine St., Tracy Tracy Country Club, 10752 US 14, Tracy Tracy Aquatic Center, 283 Elm St, Tracy Tracy Bowling Lanes, 242 Morgan, Tracy Softball Complex, E. Craig Ave., Tracy Mountain Bike Trail, 2683 234th Ave., Marshall Hiking & Biking Trails Parks & Playgrounds: <ul style="list-style-type: none"> Greenwood Park, Monroe St., Tracy Legion Park, 10th Streets, Tracy Tornado Memorial Park, Hollett St., Tracy Central Park, 2nd & Rowland Sts., Tracy Roadside Park, Hwy 14 & Center St., Tracy Swift Lake Park, 1342 Co. Rd. 11, Tracy Nehl's Park, Hwy 14, Tracy Softball Complex, behind 900 – 4th St. E., Tracy Werner Park, E. Hollett & 1st St., Tracy Sebastian Park, 2nd St. E. & Elm St., Tracy <p>For Additional Resources Reference: https://sanford.findhelp.com/</p>

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 Tracy area were asked about the most important health care issues impacting their community, mental health was among the leading issues (behind general access to care and cost issues). In addition, of survey respondents in the Tracy area who would like to see specific services offered or improved in their community, most indicated behavioral and mental health services (59%) and 31 percent said addiction treatment.

CHR data indicate that the Tracy area has a slightly higher/worse-than-average ratio of population to mental health care providers when compared to similar-sized markets served by Sanford Health at 773 people for every one mental health provider – and a slightly higher-than-average rate of poor mental health days per month (4.3 days per month).

Mental health and behavioral health are both issues Sanford Tracy plans to continue efforts to improve upon in the community. During meeting discussions, the issues of addiction and behavioral health were brought up with the topic of mental health. Participants agreed there is a need in the community for more not only more efforts in improving mental health, but

resources for those struggling with addiction and substance use/abuse disorders. Ultimately, Sanford Tracy Medical Center decided to prioritize this work as part of the next three-year plan.

Local Asset Mapping	
Mental Health resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Southwest Health & Human Services, 607 W. Main St, Marshall • Avera Behavioral Health, 300 S. Bruce St., Marshall • Western Mental Health Center, 1212 E. College Dr., Marshall 	Tobacco Cessation resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Lyon Co. Public Health Dept., 607 W. Main St Ste 200, Marshall • QuitPlan, MN Dept. of Health – 651-201-5000 • Southwest Health & Human Services, 607 W. Main, Marshall
Substance Abuse resources: <ul style="list-style-type: none"> • Project Turnabout, 1220 Birch St., Marshall 	Dementia/Alzheimer's resources: <ul style="list-style-type: none"> • Sanford Tracy Clinic, 249 5th St. E., Tracy • Sanford Tracy Medical Center, 251 5th St E, Tracy • Prairie View Health Care Center, 250 5th St. E., Tracy 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.

Survey respondents in the Tracy area rated the availability of affordable housing in their community as less than good (average score=2.85). When asked to explain why they rated community access to affordable housing the way they did, respondents indicated that the housing market in general is very limited, with few options available for sale or rent – and that opportunities that do arise are often priced out of consideration for the types of wages being offered in the community.

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

Meeting participants agreed there is an overall lack of affordable housing and rentals in the Tracy area. The lack of housing affects not only those who are currently living in the community, but also those who are looking for work in the Tracy area. Community members present at the meeting and Sanford Tracy Medical Center agreed that while Affordable Housing is a pressing issue for the community, it will not be included in the implementation planning as there are current efforts being made by other local organizations to improve upon this issue.

Local Asset Mapping	
Housing Resources: <ul style="list-style-type: none"> • Housing & Redevelopment: 760 Morgan St, Tracy 	Low Income Housing:³ <ul style="list-style-type: none"> • Tracy Area Housing, 465 Harvey St, Tracy • Twin Circle Apartments, 760 Morgan St #100, Tracy For Additional Resources Reference: https://sanford.findhelp.com/

Public Transportation

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

Survey respondents in the Tracy area rated community access to daily transportation as less than good (average score=2.80) and lower than any other community health issue. When asked to explain why they rated community access to daily transportation the way they did, respondents noted very limited to non-existent public transportation options in their community, which creates challenges for those without a personal vehicle, the elderly, and especially for those with a handicap to access groceries and medical care.

Public transportation is a pressing need for the community, especially with transportation to appointments or another non-emergency related needs. There are current resources for those living in the community but aren't readily available or well known. Stakeholder meeting participants and Sanford Tracy Medical Center agreed that public transportation needs significant improvement and as such, it will be included in the next three-year implementation plan.

Local Asset Mapping	
Transportation Resources Tracy: <ul style="list-style-type: none"> • Tracy Ambulance Service Inc. 105 Center St, Tracy, (507) 629-3297 • City of Tracy Municipal Building, 336 Morgan St, Tracy 	Transportation Resources Marshall: <ul style="list-style-type: none"> • Community Transit Bus, 720 Kossuth Ave, Marshall (507) 537-7628 • Department of Transportation, 1800 E College Dr, Marshall • Southwest Minnesota Taxi, 109 W 5th St S Ste 350, Marshall (507) 401-0694 • Down Town DD, 301 W College Dr, Marshall, (507) 828-5443 • Southwest Coaches Inc., 1500 Travis Rd, Marshall • Southwest Transportation Inc., 230 W Lyon St #104, Marshall • Jefferson Lines, 1100 E Main St, Marshall 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. Mental Health
2. Healthy / Active Living
3. Transportation

Implementation Plan for Prioritized Needs

Priority 1: Mental Health

Current Activities: Sanford Tracy will continue to share the results of this survey with community partners to build access to mental health. In addition, Sanford Tracy offers behavioral health screenings with a stretch goal of achieving a 100% screening rate for all patients twelve years and older with a prior history of depression or anxiety. A new integrated health therapist was hired in 2023 to complement the one outreach telemedicine psychiatrist that continues to see patients as needed.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increased awareness of mental health services within our area, expanded access within our area, and policy/procedure/protocols put in place in area school systems in the event of mental health crisis.

Goal 1: Increase awareness and expand access of Mental Health Services at Sanford Tracy and in the servicing area.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be committed	Leadership	Community partnerships, if applicable
Gather resources from within Sanford Tracy and local service area to submit on "Findhelp" website to ensure most updated and complete list of resources in the service area. Increase resource materials to the public.	Availability of Services communicated to the public at least four times a year. Increase utilization of mental health services. Increase awareness of services.	Community Relations	Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara	"Findhelp" website team
Offer educational and support resources to the service area schools to bring awareness to mental health resources Sanford Tracy offers.	Increase awareness in area school staff and students on mental health and mental health resources	Community Relations Newly Hired APP	Marissa Wahl	Service Area Schools

Goal 2: Create and implement policy/procedure/protocols to be put in place in area school systems in the event of mental health crisis and create/implement calming spaces throughout the schools.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Collaborate with the service area schools to implement policy/procedure/protocol to utilize in schools in the event of a mental health crisis.	Service area schools will have completed policy/procedure/protocols in their school handbook to utilize in the event of a mental health crisis.	Community Relations	Marissa Wahl	Service Area Schools
Create calming spaces with education in the schools to help support mental health initiatives.	Reduced mental health related behaviors in area schools throughout the year.	Community Relations APP	Marissa Wahl	

Priority 2: Healthy/Active Living

Current Activities Sanford Tracy will continue to work to make a positive impact on improving the health of community members through both physical activity and healthy lifestyle choices. The Sanford Tracy Medical Center offers dietician and health coaching services in addition to programming for children through the Sanford *fit* program. A new integrated health therapist (IHT) was hired in 2023. Sanford Tracy also continues to offer a food pantry program with referrals to the local food pantry.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see improved overall physical and nutritional health in patients at Sanford Health from the community.

Goal 1: Create access to healthy food choices and provide educational opportunities to making healthy choices.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Create Food RX program where Sanford providers can “prescribe” fruit/veggie coupons for use in local grocery stores and farmers markets to be	Reimbursement rate of at least 50% for coupons, depicting higher fruit and veggie intake in families in Sanford service areas.	Community Relations Sanford Providers	Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara	

reimbursed at Sanford facility.				
Promoting health and well-being by educating local students on healthy food choices.	<p>By the end of each school year, increase the percentage of students demonstrating knowledge of healthy food choices by 40%, as measured by pre- and post-education surveys.</p> <p>Additionally, aim for at least 70% of participating students to report making healthier food choices at home within three months of the program completion.</p>	Community Relations	<p>Marissa Wahl</p> <p>Alicia Swenhaugen</p>	Sanford Fit

Goal 2: Increase Activity level of community members of our Sanford Tracy service area.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Create Exercise RX program where Sanford providers can “prescribe” exercise as medicine. Maps of activity locations will be provided to patients at Sanford Tracy and QR codes available in locations to be scanned for redeemed	By the end of the 3 year period, increase patient engagement in the Exercise RX program by 50% as measured by the number of patients who scan QR codes and redeem points for Sanford prizes.	<p>Community Relations</p> <p>Sanford Providers</p>	<p>Stacy Barstad</p> <p>Marissa Wahl</p> <p>Alex Letendre</p> <p>Jane Sabinske</p> <p>Delaney Boerboom</p> <p>Jeri Schons</p> <p>Katie Alms</p> <p>Amy McNamara</p>	

points for Sanford prizes.				
Promoting health and well-being by educating local students on the benefits of living an active lifestyle.	<p>By the end of the academic year, achieve a 40% increase in students' knowledge of the benefits of an active lifestyle, assessed through pre- and post-program surveys.</p> <p>Additionally, aim for at least 60% of participating students to report engaging in at least 30 minutes of physical activity five days a week within three months after the program's conclusion</p>	Community Relations	<p>Marissa Wahl</p> <p>Alicia Swenhaugen</p>	Sanford Fit

Priority 3: Transportation

Current Activities

Over the next three years, Sanford Tracy will increase community awareness of transportation access issues through targeted outreach campaigns and educational initiatives.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an increase in community awareness of transportation access and expanded accessibility through collaborations with Sanford.

Goal 1: Increase Awareness of Transportation Services in Sanford Tracy service area.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
Gather resources from within Sanford Tracy and local	Availability of Services communicated to the public at	Community Relations	<p>Stacy Barstad</p> <p>Marissa Wahl</p> <p>Alex Letendre</p> <p>Jane Sabinske</p>	Area Transportation Volunteers

<p>service area to submit on “Findhelp” website to ensure most updated and complete list of resources in the service area.</p> <p>Increase resource materials to the public.</p>	<p>least four times a year.</p> <p>Increase utilization of transportation services.</p> <p>Increase awareness of services.</p>		<p>Delaney Boerboom Jeri Schons Katie Alms Amy McNamara</p>	
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Goal 2: Increase access to Transportation Services in our area.

Actions/Tactics	Measurable Outcome & Timeline	Resources to be Committed	Leadership	Community partnerships and collaborations, if applicable
<p>Collaborate with already established volunteer transportation services in Sanford Tracy Service area to expand accessibility.</p>	<p>By the end of the three-year plan, increase the number of individuals served by volunteer transportation services in the Sanford Tracy service area by 30%.</p> <p>Additionally, achieve a 25% increase in the number of transportation rides provided annually, as tracked by service usage reports from partner organizations.</p>	<p>Community Relations</p>	<p>Stacy Barstad Marissa Wahl Alex Letendre Jane Sabinske Delaney Boerboom Jeri Schons Katie Alms Amy McNamara</p>	<p>Area Transportation Volunteers</p>

Needs Not Addressed

Needs identified during the CHNA process that are not prioritized in the preceding implementation plan were deemed to be less urgent in nature, are being addressed by other community individuals, resources, or organizations, or the hospital does not currently have

the appropriate resources to prioritize the work at this time. For more information on needs not addressed, refer to the sections on each specific need above.

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 and MyChart.

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 Tracy CHNA area conducted 725 searches in 2022 and 2023.

Physical Activity and Nutrition

Sanford Tracy has the goal of using the RN Health Coach and Diabetic Education Programs to increase awareness of diabetes and improve key measures, such as A1C in diabetics. Sanford Tracy also seeks to support community members who are hungry and/or lack food options through a pantry location in the clinic.

As noted above, the total findhelp searches were 725 from the community. Of those, nearly 23% were related to food needs. The Tracy CHNA area has over 107 food-related programs and organizations available to local residents through the findhelp tool, including 30 local opportunities. These programs and organizations can maintain their contact information and resources and can receive referrals through the system, if desired.

A new integrated health therapist (IHT) was hired in July of 2023. The food pantry program was continued and provided one family with food boxes in 2023 with referrals to the local food pantry as well. The program will be continued into 2024 with the hope for more referrals from new IHT.

In 2023, 308 of 365 eligible patients met the goal of A1C results less than 9%. 83.3% of patients' blood pressure readings were controlled utilizing our hypertension measure and monitor quality guidelines. BMI is no longer tracked as a quality measure, due to inaccuracies in data. Providers continue to review BMI with patients, and best practice advisories trigger in the electronic medical record if a patient's weight meets overweight or obese criteria.

The diabetic education program saw 11 patients in 2023. Education and informational materials regarding diabetic education and diabetes were available for patients at many community events, including the Prairie Women's Expo in April and the Sanford Tracy Community Picnic in May.

The food pantry program began in 2022 with six individuals/families receiving boxes. Due to the resignation of behavioral health on-site staff in 2022, the program slowed. It is more difficult for PCPs and nurses to identify these individuals and families in need at times.

Mental Health

The priority will be addressed by Sanford Tracy through two goals. The first goal is to increase screening for depression and referrals to behavioral health specialists. The second goal is to raise awareness of mental health and behavioral health providers and services at Sanford Tracy.

Behavioral health screenings averaged approximately 73.1% for 2023, up from 68% in 2024. The stretch goal is to achieve 100% screening of all patients twelve years and older with a prior history of depression or anxiety.

A new integrated health therapist was hired in July of 2023. The IHT saw 51 patients in that time frame (July 24 – December 31, 2023). The one outreach telemedicine psychiatrist continues to see patients as needed. Promotion for the new IHT was limited to budget constraints on marketing. However, referrals to the new IHT from primary care providers increased after her hire.

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

These counties all have a population of 25,000 or under as of July of 2023 and averaged a decline in their growth rate of -1.125% among the four. These counties are older than the state average of 17.40% for residents 65 and older. These counties, apart from Murray County, have a higher percentage of residents under the age of 18 when compared to the state of Minnesota. These counties are similar when it comes to ethnicity, besides Cottonwood County with 10.2% of their population identifying as Hispanic or Latino.

The median value of housing units in the four counties is consistently lower than the Minnesota average, with the overall average value being \$155,350. Households in the four communities also have good access to both computers and broadband internet. The median household income is significantly lower for the four counties when compared to the state median. Poverty levels for the counties are higher than the Minnesota average, except from Murray County where they were lower by 0.2%, with the highest poverty rate being Cottonwood County with 13.2% of those in the county experiencing poverty.

Fact	Murray County, MN	Lyon County, MN	Cottonwood County, MN	Redwood County, MN	Minnesota
Population estimates, July 1, 2023, (V2023)	8,049	25,427	11,319	15,288	5,737,915
Population estimates base, April 1, 2020, (V2023)	8,168	25,520	11,513	15,427	5,706,804
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-1.50%	-0.40%	-1.70%	-0.90%	0.50%
Persons under 5 years, percent	5.30%	6.80%	6.30%	6.60%	5.80%
Persons under 18 years, percent	21.60%	26.30%	25.20%	24.90%	22.60%
Persons 65 years and over, percent	27.10%	17.80%	23.30%	21.50%	17.40%
White alone, percent	95.20%	88.70%	89.80%	88.50%	82.60%
Black or African American alone, percent	0.60%	3.40%	1.70%	1.10%	7.60%
American Indian and Alaska Native alone, percent	0.60%	1.00%	1.00%	5.30%	1.40%
Asian alone, percent	1.80%	5.30%	4.50%	2.70%	5.50%
Native Hawaiian and Other Pacific Islander alone, percent	0.20%	0.10%	0.90%	0.10%	0.10%
Two or More Races, percent	1.60%	1.60%	2.20%	2.40%	2.80%
Hispanic or Latino, percent	5.00%	8.30%	10.20%	4.30%	6.00%
White alone, not Hispanic or Latino, percent	91.00%	81.60%	81.80%	85.60%	77.60%
Housing Units, July 1, 2023, (V2023)	4,458	11,332	5,227	7,110	2,575,411

¹ <https://www.census.gov/quickfacts>

Owner-occupied housing unit rate, 2018-2022	82.40%	70.10%	76.70%	80.10%	72.30%
Median value of owner-occupied housing units, 2018-2022	\$163,500	\$177,600	\$141,600	\$138,700	\$286,800
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,279	\$1,370	\$1,251	\$1,235	\$1,818
Median selected monthly owner costs - without a mortgage, 2018-2022	\$508	\$552	\$517	\$532	\$639
Median gross rent, 2018-2022	\$697	\$718	\$755	\$759	\$1,178
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	7.20%	11.00%	9.10%	4.90%	12.00%
Households with a computer, percent, 2018-2022	89.60%	93.90%	90.70%	90.90%	94.50%
Households with a broadband Internet subscription, percent, 2018-2022	80.30%	88.40%	83.00%	82.60%	89.70%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	91.20%	92.80%	91.30%	93.00%	93.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	21.60%	27.50%	22.50%	20.00%	38.20%
With a disability, under age 65 years, percent, 2018-2022	6.70%	8.20%	8.00%	7.60%	7.70%
Persons without health insurance, under age 65 years, percent	7.70%	6.90%	7.00%	6.80%	5.30%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	62.70%	67.20%	62.70%	62.10%	68.60%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	58.30%	63.00%	56.00%	56.90%	65.00%
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	21	15.2	16.1	17.7	23.3
Median household income (in 2022 dollars), 2018-2022	\$71,500	\$68,919	\$63,586	\$65,617	\$84,313
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$38,783	\$35,256	\$32,818	\$33,175	\$44,947
Persons in poverty, percent	9.40%	11.20%	13.20%	11.00%	9.60%
Total employer establishments, 2021	263	821	339	510	152,836
Total employment, 2021	2,525	12,144	3,786	5,493	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 and cancer were the leading causes 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
Cottonwood	35	39	16	7	8	10	7	7	1	1	2020
Lyon	47	49	25	20	6	7	7	9	7	6	2020
Murray	17	16	5	2	4	3	1	1	1	2	2020
Redwood	42	40	21	8	5	7	10	3	1	4	2020
Cottonwood	151	191	--	27	32	39	33	29	--	--	2016-2020
Lyon	239	219	--	56	61	46	59	37	--	--	2016-2020
Murray	98	102	--	24	24	32	31	--	--	--	2016-2020
Redwood	173	209	--	53	29	70	60	25	--	--	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.