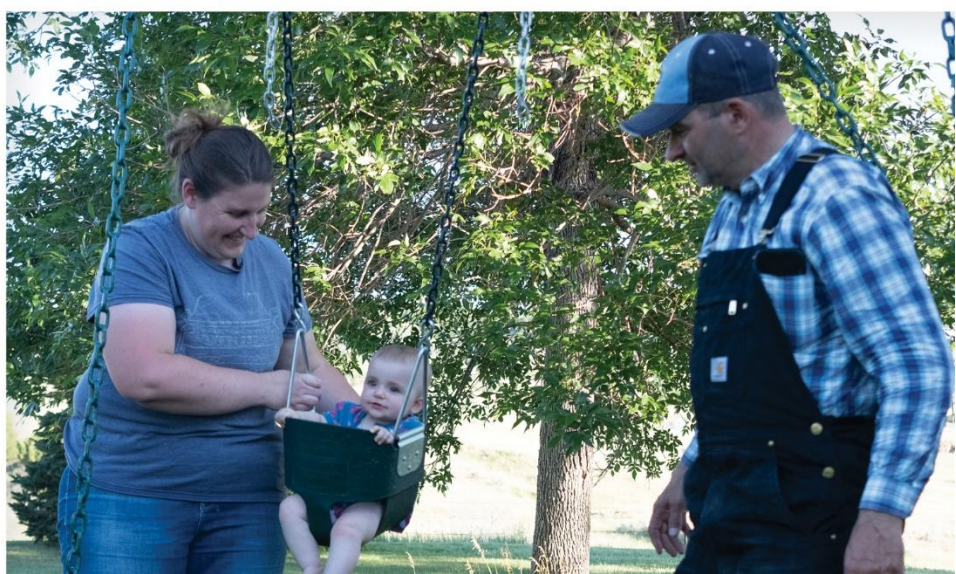# Community Health Needs Assessment

MURRAY COUNTY MEDICAL CENTER
2026-2028

010000-01844

Dear Community Members,

Murray County Medical Center is pleased to present the 2026 Community Health Needs Assessment (CHNA). The assessment identifies health needs in the community and enables us to develop strategies to address these needs.

Earlier this year, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. These include economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental/behavioral health.

Sanford Health provided support for the CHNA process based upon the process implemented across their system, including analysis of the data from the primary survey research and key secondary data points from County Health Rankings, along with leading a facilitated discussion with key stakeholders in the community to help prioritize the identified health needs. This support comes through a management arrangement Murray County Medical Center maintains with the system.

After completing this year's assessment, Murray County Medical Center will address the following health needs in a formalized implementation strategy for 2026 - 2028:

- Improve Access to Care (Including Behavioral Health)
- Healthy Living (Chronic Disease and Health Education)
- Strengthen Long-Term Senior Care Options in the Community

The CHNA process also highlights the many strengths, support, and resources available to residents of our community. This report includes an overview of the community assets offered to address various community health needs.

Our team is truly grateful to the community members who participated in this year's assessment process. We appreciate your commitment to the health and wellness of our community. We look forward to collaborating with community partners to continue to improve the quality of life for all.

Sincerely,

Luke Schryvers
Chief Executive Officer
Murray County Medical Center
Slayton, MN

Community Description

Slayton, MN, has a population of 1,952 residents. Located between two major highways, Hwy 59 & 30, Slayton is known as the "Hub City" of southwest Minnesota and is the county seat of Murray County. Slayton is a rural farming community, and the economy is primarily agricultural, including businesses and services that support agriculture producers. Education and health services account for the largest non-agriculture industries. The community as defined for purposes of the Community Health Needs Assessment includes Murray County, Minnesota. Demographic detail for the county is included in the appendix.

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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.

Community 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:

- Luke Schryvers, CEO Murray County Medical Center
- Briana Solheim, Marketing Director Murray County Medical Center
- Monica Van Otterloo, Director of Nurses Murray County Medical Center
- Justin Keller, CIO Murray County Medical Center
- Josh Malchow, Administrator City of Slayton
- Robyn Moger, Lions Club Representative
- Marti Engelkes, Director Hospice of Murray County
- Judy Laboda, Board of Director Murray County Medical Center
- Mark Carlson, Murray County Commissioner
- Robyn Van Huevelen, CFO Murray County Medical Center
- Laurie Jensen, Board of Director Murray County Medical Center
- Carolyn McDonald, Administrator Murray County
- Joe Meyer, Superintendent Murray County Central Schools
- Olivia Gamoke, Sanford Health
- Jenna Stephenson, Southwest Health and Human Services
- Sue Streff, Director Lindenwood Assisted Living

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

Regional 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

Murray County Medical Center Description

Murray County Medical Center (MCMC) is a 25-bed critical access hospital located in Slayton, Minnesota. MCMC provides a full range of diagnostic and therapeutic services for the community including family medicine, emergency services, surgical care, inpatient care, imaging and radiology, laboratory services, orthopedics and sports medicine, pharmacy services, respiratory care, rehab, skilled swing beds, and a wound care clinic, among others.

The medical center is a Level IV Trauma facility, and an acute stroke ready hospital. MCMC also offers rural health clinic and ambulance services throughout Murray County and beyond. MCMC has proudly served the community for over 60 years and is a major employer and committed community partner.

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 or in either of the two immediately preceding taxable years; (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. As a county-owned facility, Murray County Medical Center is not required to complete the CHNA and Schedule H and does so to better understand the needs of the community.

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 hospital's website at https://murraycountymed.org . Hospitals must keep three cycles of assessments on their website.

Murray County Medical Center 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 Murray County Medical Center's website or via email at info@murraycountymed.org . No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

Murray County Medical Center worked with Sanford Health to utilize a process developed in coordination with public health experts, community leaders, and other health care providers, within the local community and across South Dakota, North Dakota, and Minnesota to develop a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.

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

Limitations

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

**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 Murray County, 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 and then forward the survey to their respective populations for greater involvement.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 132 respondents from the CHNA area completed the survey. The data was augmented for analysis with responses from other hospitals participating in the CHNA process during the same period.

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.

County Health Rankings model © 2014 UWPHI
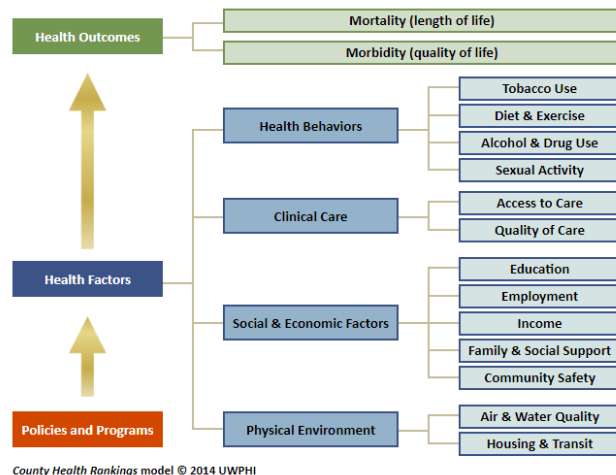
Health Needs Identification Methodology

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

- To identify community health care needs, the community's score by question was compared to the average stratified composite of a comparative group that completed the survey in other communities within the region, including Murray County and Big Stone County, MN, and Turner, Tripp, and Gregory counties in South Dakota.
- 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.

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?

Following the meeting the hospital administrator and staff identified the specific health needs to 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.

TAX ID: 41-6005850

Community Health Outcomes

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 MCMC market area regarding the following community health issues were positive (average score of 3.00 or higher):

- Community safety (average score=3.98)
- Environmental health (average score=3.87)
- Health care quality (average score=3.81)
- Access to exercise opportunities (average score=3.48)
- Access to healthy foods (average score=3.41)
- Access to daily transportation (average score=3.21)
- Affordable housing (average score=3.11)
- Quality early child care (average score=3.07)
- Employment and economic opportunities (average score=3.05)

In addition, with the exception of quality early child care, environmental health, and access to exercise activities, the average score of survey respondents in the MCMC market area for each of these community health issues was similar to or higher than the associated comparison group average.

Perceptions among survey respondents in the MCMC market area were less than positive for only one community health issue (average score of less than 3.00):

- Quality of long-term care, nursing homes, and senior housing services (average score=2.85)

When asked about their personal health, survey respondents in the MCMC market area rated their current health and wellness as good (average score=3.51) (which is similar to the comparison group average) and their current ability to access health care services as better than good (average score=3.85) (which is higher than the comparison group average).

CHR data indicate that Murray County fares slightly better than the average county in Minnesota for personal health and well-being and for community health conditions. The following areas of concern were identified for further discussion (in no particular order).

Identified Health Needs
Access to Health Care Providers

Survey respondents in the MCMC area rated their own ability to access health care as better than good (average score=3.85) – a score which is higher than the comparison group average. In addition, most respondents have a primary care provider (81%) and have seen a provider for a routine checkup or screening in the past year (93%). Despite this positive feedback, when respondents were asked about the most important health care issues impacting their community, access to health care was the top issue. Specifically, respondents were concerned about a lack of specialty care and a shortage of health care providers in general.

When asked if they or a family member had traveled to receive health care services outside of their community within the past three years, 69 percent of respondents in the MCMC area indicated they had. When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (74%), followed by 37

percent who were referred by a physician and 24 percent who sought better or higher quality care elsewhere. When compared to similar-sized markets, the MCMC market area has higher/worse than average ratios of population to providers, with 2,715 people for every primary care physician, 4,030 people per dentist, and 1,342 people per mental health care provider.

Nearly two-thirds of survey respondents in the MCMC area indicated that there are health care services they would like to see offered or improved in their community (62%). When these respondents were asked *which* health care services they would like to see offered or improved, most said long-term care and nursing homes (49%), followed by walk-in/urgent care (41%), behavioral and mental health care (39%), cancer care (36%), dermatology (33%), heart care (30%), orthopedics and sports medicine (29%), dental care (26%), addiction treatment (26%), OBGYN and women's care (25%), pediatrics and children's care (23%), labor and delivery (22%), and general surgery (20%).

During the stakeholder meeting, participants discussed access as an ongoing concern that was also highlighted in MCMC's previous CHNA. Stakeholders expressed surprise that mental health need was not higher given the demand and their understanding of community perception on the issue. Significant emphasis has been placed on behavioral health in recent years, including the integration of mental health professionals into both the Murray school system and hospital staff, providing essential resources and support to individuals in need.

Since the last CHNA, the community has welcomed four new healthcare providers and a general surgeon, with plans underway to recruit an additional surgeon. Stakeholders also discussed the potential introduction of orthopedic services, contingent upon demonstrated community demand and effective promotion of these offerings within the Murray area.

Local Asset Mapping	
Healthcare Providers: • Murray County Medical Center: 2042 Juniper Ave, Slayton, SD. • Avera Medical Group: 310 22nd Ave, Brookings, SD. • Sanford Medical Center: 1305 W 18th St, Sioux Falls, SD. • Hospice of Murray County: 36 Park Dr, Slayton, SD.	**Healthcare Providers:** • Murray County Clinic: 2042 Juniper Ave, Slayton, SD. • Murray County Health Nurse: 2711 Broadway Ave, Slayton, SD. • Southwest Health and Human Services: 3001 Maple Rd, Slayton, SD. • Horizon Healthcare: 208 Main Street, Howard, SD.

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 MCMC area face on a regular basis. And while survey respondents in the MCMC area rated the employment and economic opportunities in their community as good (average score=3.05) – a score which is similar to the comparison group average, the MCMC area has the highest unemployment rate when compared to similar-sized markets (4%). However, other economic conditions are favorable. CHR data indicate that the MCMC market area has the second highest median household income ($74,801), the second lowest percentage of people with limited access to healthy foods (4% of people have low income and do not live near a grocery store), and the second lowest child poverty rate (11%) when compared to similar-sized markets. CHR data also indicate that 7 percent of people in the MCMC area are uninsured, which is the lowest rate when compared to similar-sized markets.

During the stakeholder meeting, participants shared that efforts to expand economic opportunity are actively progressing. A new residential development is already surpassing growth expectations and has helped meet housing needs for local employees. When discussing the broader economy, stakeholders emphasized the importance of retaining and enhancing existing assets. The industrial park was noted as a key contributor to lowering unemployment and strengthening community stability.

The hospital was highlighted as a cornerstone of the local economy and community well-being, recognized as one of the area's largest employers. Stakeholders agreed that continued investment and the hospital's strategic approach will be essential to retaining residents and supporting long-term health and development.

Currently, the hospital offers morning walk-in clinics and a midday option during the lunch hour. While usage of urgent care and walk-in services hasn't shown a significant uptick, stakeholders expressed interest in expanding access through evening or Saturday morning hours to better serve the community and reduce the need and cost for out-of-town care. The conversation also touched on student absences due to medical appointments, though it was noted that local school attendance remains well above the state average.

Access to affordable health care is not included in the Implementation Plan as it was determined to be a lower priority for purposes of the CHNA.

Local Asset Mapping	
Affordable Health Care:	**Affordable Health Care:**
• Get Covered SD – Community HealthCare Association of the Dakotas: 196 E 6th Street, Sioux Falls, SD. • Avera Health Plans: 5300 Broadband Ln, Sioux Falls, SD. • Wellmark of South Dakota: 1601 W Madison St, Sioux Falls, SD. • Sanford Health Plan: 4700 W 57th St, Sioux falls, SD. • Horizon Healthcare: 205 Main St, Howard, SD. • Falls Community Health: 521 N Main Ave, Sioux Falls, SD.	• Murray County Clinic: 2042 Juniper Ave, Slayton, MN. • Murray County Health Nurse: 2711 Broadway Ave, Slayton, MN. • Southwest Health and Human Services: 3001 Maple Rd, Slayton, MN. • Murray County Medical Center: 2042 Juniper Ave, Slayton, MN. • Avera Medical Group: 310 22nd Ave, Brookings, SD. • Sanford Medical Center: 1305 W 18th St, Sioux Falls, SD. • Hospice of Murray County: 36 Park Dr, Slayton, MN.

Healthy Living

In the United States, many leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, high blood pressure, stroke, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor

vehicle crashes[1].

Survey respondents in the MCMC area rated their own personal health and wellness as good (average score=3.51) – a score which is similar to the comparison group average. However, when survey respondents were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were the second biggest concern behind the cost of health care. The most commonly cited chronic health concerns included viral illnesses, asthma, obesity/weight, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that 10 percent of adults in the MCMC area have diabetes and 41 percent of adults have obesity, both of which are slightly higher than the comparison group average.

Regarding tobacco and alcohol usage, CHR data indicate that 18 percent of adults in the MCMC area smoke cigarettes (which is similar to the comparison group average) and 25 percent of adults drink excessively (which is the highest rate when compared to similar-sized markets). In addition, 71 percent of all driving deaths in the MCMC area involve alcohol (which is the second highest rate when compared to similar-sized markets).

Stakeholders discussed the lack of walkability in the community due to the absence or poor condition of sidewalks, trails, and pedestrian pathways, which has led residents to rely primarily on car transportation. Although a bike path and nearby state park offer some recreational options, the community lacks accessible walking paths within town limits. Despite these limitations, Murray does offer resources that promote healthy lifestyles, including a community wellness center and a community garden. The wellness center features an indoor walking track available to the public from 5:30 to 8:00 a.m., with stakeholders expressing interest in extending these hours to improve access. While the walking track schedule is published in the wellness center calendar and community brochure, stakeholders agreed that greater promotion of its availability could enhance community engagement and support healthier living.

Local Asset Mapping	
Healthy Living Resources: • HealthySD.gov • Get Screened SD • Healthy Brain Program: South Dakota Department of Health. 1501 Highline Ave, Sioux Falls, SD. • Dakota at home: Online Resource Center • Children's Home Shelter for Family Safety: 113 N St Paul Ave, Sioux Falls, SD • Elkton Fitness Center: 115 N Elk St, Elkton, MN • Fixen Chiropractic: 2340 26th St, Slayton MN	**Healthy Living Resources:** • GROW South Dakota: 104 Ash St E, Sisseton, SD • NAMI South Dakota: 1601 E 69th St, Sioux Falls, SD • Luverne Farmers Market: Red Bird Field, E Main St, Luverne MN • Marshall Farmers Market: 115 1st St, Marshall MN • Stonegate Orchard and Marketing: 1571 116th St, Slayton, SD • Steve Cohrs Wellness Center: 2711 Broadway Avenue, Slayton, MN • Slayton Community Garden: 2225 28th St, Slayton, MN

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[1] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. Health Promotion and Harm Reduction. Available at https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction

Long-Term Senior Care

Safe, quality, and affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging[2].

Survey respondents in the MCMC area rated the quality of long-term care, nursing homes, and senior housing as less than good (average score=2.85). When respondents who rated the quality of long-term care, nursing homes, and senior housing services as poor or fair were asked why they did so, responses referenced very limited or no long-term care or nursing home options in their community. In addition, of survey respondents in the MCMC area who would like to see specific services offered or improved in their community, half said long-term care and nursing homes (49%).

Stakeholders noted that access to long-term care has become increasingly limited, with few available openings for those in need. The closure of the community's nursing home several years ago, coupled with the current sale of the assisted living facility, has further intensified this challenge. A key concern raised during the discussion was the lack of contracted therapy services within the existing long-term care facility. As a result, residents must either travel to external rehabilitation centers or pay privately for in-home therapy services. Stakeholders emphasized the urgency of addressing these gaps to improve access and ensure that seniors receive the comprehensive care and support they require.

Local Asset Mapping	
Long-term senior care facilities/resources:	**Long-term senior care facilities/resources:**
• Lindenwood Assisted Living: 2409 Linden Ave, Slayton, SD. • Our House of Murray County: 36 Park Dr. Slayton, MN. • Maple Lawn Senior Care: 400 NE 7th St, Fulda, MN • Avera Morningside Heights Care center: 300 Bruce St, MN	• Slayton Rehabilitation & Healthcare Center, 2957 Redwood Ave, Slayton, MN. • Sunrise Terrace: 2121 Ironwood Ave, Slayton, MN • Oasis Care Home: 514 Britz Dr, Luverne, MN • Country View Senior Living by Minnewaska Community Health Services: 810 8th St, Walnut Grove • Good Samaritan Society – Mikkelsen Manor, 725 Fuller Dr, Windom, MN

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 the hospital 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.

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[2] The Urban Institute. Housing as a Platform: Strengthening the Foundation for Well-Being. Available at https://www.urban.org/sites/default/files/publication/93606/housing-as-platform_1.pdf

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

1. Access to Care
2. Healthy Living
3. Long Term Senior Care

Priority 1: Improve Access to Care (Including Behavioral Health)

Current Activities:
Facility currently operates a rural health clinic with 6 providers (2 physicians and 4 APP's. The facility also offers a variety of specialty services monthly with employed, contracted and locums providers.

Projected Impact
The community will have additional resources available at the times they need the services locally.

Goal 1: Increase Expand access to medical and specialty services

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Work with local organizations to identify individuals and groups within our community who are in highest need	Number of new patients accessing care	Staff time, marketing & promotions	MCMC Executive Team	As identified
Evaluate the need for expanded specialties not currently offered, expanded hours and days in high demand services.	Number of patients seen annually and number of specialties offered at MCMC	Staff time, facility space, technology upgrades	MCMC Executive Team	Sanford Health and other Regional Health care providers
Expand telehealth offerings, including after-hours access.	Number of available clinic appointments and services available via telehealth	Technology Upgrades, Staff time, and funding	MCMC Executive Team	Regional Partners and Specialists.

Goal 2: Strengthen behavioral health services

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Recruit additional licensed counselors, social workers, and psychiatric providers.	Reduced waiting times for mental health appointments.	Staff time and clinic space, funding allocation.	MCMC Executive Team	Current Behavioral Health Vendors and Partners
Integrate behavioral health screenings (depression, anxiety, substance use) into routine primary care visits.	Number of patients receiving behavioral health screenings annually.	Staff training, staff time	MCMC Clinic Manager	
Partner with schools and community centers to provide on-site mental health education and counseling.	Increase in behavioral health provider availability	Staff time, purchase of educational material	MCMC Executive Team	MCC and Fulda School Leadership

Priority 2: Healthy Living (Chronic Disease and Health Education)

Current Activities
Murray County Medical Center is actively involved in the communities we service and offers a variety of services to promote a healthy lifestyle

Projected Impact
The reduction in community members that are classified as being obese or diabetic will be reduced and the overall health of the communities would be improved.

Goal 1: Promote prevention and early detection of chronic disease.

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Work with the local organizations to identify individuals and groups within our community who are in highest need	Number of new patients accessing care	Staff time, marketing & promotions	MCMC Executive Team	As identified
Increase community-based screenings (BMI, blood sugar, blood pressure).	Increased screening participation rates annually	MCMC provider time	MCMC Clinic Manager	
Partner with local employers and schools for wellness programs.	Number of programs offered annually	Staff, Time, Educational materials	MCMC Executive Team	Local Community Leaders
Advocate for healthier food options in schools, worksites, and local stores.	The addition of		MCMC Executive Team and Providers	Grocery Stores, School, Farmers Markets

Goal 2: Expand disease management and lifestyle support

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Offer diabetes and obesity management classes	Number of classes held annually and attendance numbers	Facility space, technology and staff time	MCMC Executive Team	
Integrate nutrition and exercise counseling into primary care visits	Number of sessions including in primary care visits annually	Staff time	MCMC Clinic Manager	
Develop referral networks for dieticians, behavioral health, and fitness programs	Referrals made annually		MCMC Executive Team	Dieticians, BH Partners, and Wellness Coaches

Goal 3: Strengthen Community Health Education

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Launch culturally appropriate public health education	Number of education sessions held	Staff time, facility space and educational materials	MCMC Executive Team	
Partner with libraries, schools, and churches for health fairs / Workshops	Number of events held annually	Staff time	MCMC Clinic Manager and Marketing Director	
Provide plan-language education materials and digital resources	Number of materials provided to patients and community	Educational materials	MCMC Executive Team	

Priority 3: Strengthen Long-Term Senior Care Options in the Community

Current Activities
The facility currently supports the local senior living options with physician/APP support. We provide respite and swing bed services here at the hospital

Projected Impact
Keep more community members in the local community that needs the services. Provided a higher level of care locally.

Goal 1: Improve access to senior healthcare and support services

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Strengthen partnerships with nursing homes, assisted livings, and home health agencies	Number of visits annually and hours spent at those facilities	Staff time	MCMC Executive Team	Maple Lawn, Lindenwood, Sunrise Terrace, and Hospice of Murray County
Improve care coordination to reduce readmissions	Number of readmits for our senior living sites annually	Staff time, training and education	MCMC Provider Team	

Goal 2: Support aging-in-pace and quality of life

Action/Tactic	Measurable Outcomes & Timelines	Resources	Leadership	Community Partnerships and Collaborations - if applicable
Expand home health rehab, and caregiver support programs	Number of increased visits made in these areas	Staff time	MCMC Executive Team	
Increase adult day, respite care services, and swing bed program	Number of patients served annually	Facility space, materials, and staffing	MCMC Executive Team	

Advocate for affordable house modifications for safety and the addition of senior housing options.	Increase in the number of housing options locally for seniors	Staff time	MCMC Executive Team	

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

EVALUATION OF 2023-2025 CHNA

Since it had been a number of years since the hospital had completed a CHNA, the 2023-2025 assessment gave MCMC a good baseline of where the community was at and where we needed to focus. Access to Health Care Providers was the #1 focus area. We devoted a lot of resources to bringing in new providers and services lines to better meet the needs of the community. Over the 3-year timeframe, MCMC has added 4 new providers and added or expanded a number of outreach service lines.

The second priority in the prior assessment was focusing on the employment and economic opportunities for the local community. The facility has developed a strong relationship with the local high school and now offers a health careers class and a healthcare terminology class each school year. We have also partnered with MNWest Community and Technical college on providing onsite practicum training opportunities in our hospital for new nursing students. Another area of noted improvement has been hosting job shadowing, internships, and preceptors for future providers. The hospital continues to be an economic engine for the local community and helps support many of the other area businesses. Our EMS department has started to provide CPR training, wellness fairs, and volunteer support to ensure strong workforces for our area businesses, events, and schools. Overall, we feel we have met the goals of our previous assessment and feel this current assessment will continue to focus on making lasting improvements in our community.

TAX ID: 41-6005850

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at https://www.murraycountymed.org. 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 info@murraycountymed.org.

APPROVAL

The information presented in the Community Health Needs Assessment and Implementation Plan were approved by the Murray County Medical Center Board of Directors at the November 26, 2025 meeting.

APPENDIX

Expanded Demographics[3]

Note, previous data is presented here due to the limited availability of the Census source as a result of the government shutdown.

Murray County had a population of 8,144 in 2021. The population decreased by -0.4% from 2010-2019. The population is notably older than the state average with 26.7% of residents over the age of 65, versus 16.7% for the state of Minnesota. The county is less racially diverse than the state average in nearly every demographic, although the Hispanic or Latino population in the county at 5% is roughly similar to the state average at 5.8%.

The median home value in the county of $132,500 is significantly lower than the state median at $235,700. The median income for MN ($73,382) is higher than the median income ($62,839) for Murray County. Residents of the county have a lower frequency of both computers and internet access than SD as a whole. Unemployment change from 2019-2020 was more significant in Murray County at -5.8% versus 0.3% for Minnesota. The county and the state have similar high school graduation rates, but the state is ahead of the county in secondary education rates.

Fact	Murray Co.	Minnesota
Population estimates, July 1, 2021	8,144	5,707,390
Population estimates base, April 1, 2020	8,179	5,706,494
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021	-0.4%	n/a
Population per square mile	11.6	71.7
Persons under 5 years, percent	5.4%	5.9%
Persons under 18 years, percent	21.7%	23.1%
Persons 65 years and over, percent	26.7%	16.7%
White alone, percent	95.2%	83%
Black or African American alone, percent	0.6%	7.4%
American Indian and Alaska Native alone, percent	0.5%	1.4%
Asian alone, percent	2%	5.4%
Native Hawaiian and Other Pacific Islander alone, percent	0.3%	0.1%
Two or More Races, percent	1.5%	2.8%
Hispanic or Latino, percent	5%	5.8%
White alone, not Hispanic or Latino, percent	91%	78.1%
Median value of owner-occupied housing units, 2018-2022	$132,500	$235,700
Median gross rent, 2018-2022	$577	$1,010
Households with a computer, percent, 2018-2022	87%	82.7%

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[3] https://www.census.gov/quickfacts

TAX ID: 41-6005850

Households with a broadband Internet subscription, percent, 2018-2022	76.7%	87%
High school graduate or higher, percent of persons age 25 years+, 2018-2022	90.1%	93.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	20.8%	36.8%
With a disability, under age 65 years, percent, 2018-2022	7.2%	7.4%
Persons without health insurance, under age 65 years, percent	7.8%	5.98%
In civilian labor force, total, percent of population age 16 years+, 2018-2022	63%	69.2%
Median household income (in 2022 dollars), 2018-2022	$62,839	$73,382
Total employer establishments, 2021	268	150,819
Total employment, percent change	-5.8%	0.3%

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
O	O	O	O	O	O

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
O	O	O	O	O	O

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
O	O	O	O	O	O

Why did you give it that rating?

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

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

Why did you give it that rating?

[   ]

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

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

Why did you give it that rating?

[   ]

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

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

Why did you give it that rating?

[   ]

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

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

Why did you give it that rating?

[   ]

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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

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

Why did you give it that rating?

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YOUR HEALTH AND WELLNESS

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

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

3

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

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

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

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

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

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

YOUR HEALTH CARE USAGE

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

O Yes   O No

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

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

- O More than 5 years ago
- O Never

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

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

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

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

Poor	Fair	Good	Very Good	Excellent
O	O	O	O	O

Why did you give it that rating?

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

O Yes   O No   O Unsure

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

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

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

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TRAVELING FOR CARE

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

    O Yes   O No

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

City _____ State _____

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

O Referred by a physician   O Immediate / faster appointment

O Better / higher quality of care   O On vacation / traveling / snowbirds

O Medical emergency   O Cost or insurance coverage

O Needed a specialist / service was   O Don't feel welcomed or valued by local
   not available locally   providers

O Second opinion

O Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

    O Yes   O No

Please indicate the source of your health insurance coverage.

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

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

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

O Medicare

O Medicaid

O Military *(Tricare, Champus, VA)*

O Indian Health Service *(IHS)*

O Other *(please specify)*

6

DEMOGRAPHICS

What is your sex?

    O Male   O Female   O Prefer not to answer

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

    O Yes   O No   O 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?

    O Yes   O No

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

    O American Indian or Alaska Native

    O Caucasian or White

    O Asian

    O Native Hawaiian or Pacific Islander

    O Black or African American

    O Other *(please specify)*

How long have you been a US Citizen?

    O I am not a US citizen

        • Are you planning to become a US citizen? O Yes O No O Prefer not to answer

    O 0 – 5 years

    O 6 – 10 years

    O More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

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

7

Which of the following best describes your current living situation?

O House *(owned)*   O Homeless

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

What is your primary mode of daily transportation?

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

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

O Taxi Service   O Family, Friends or Neighbors

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

O Other *(please specify)*

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

O Less than high school degree

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

O Some college but no degree

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

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

O Master's degree

O Doctoral degree

O Professional degree *(JD, MD)*

Your current employment status is best described as:

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

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

O Self-employed   O Retired

O Furloughed   O Disabled or unable to work

What is your total household income from all sources?

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

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

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

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

O $35,000 – $49,999

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