



2022 Community Health Needs Assessment

Murray County Medical Center
Slayton, MN

Dear Community Members,

Murray County Medical Center is pleased to present the 2022 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 2023-2025:

- Access to Health Care Providers
- Employment & Economic Opportunities

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. Additionally, a report detailing progress made to date with implementation strategies from the previous assessment is included.

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 1,974 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.

Partners

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

Slayton Community Partners

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

- Luke Schryvers, CEO, Murray County Medical Center
- Holly Mikkelson, Human Resources & Payroll Director, Murray County Medical Center
- Nichole Valdez, Compliance & HIM Specialist, Murray County Medical Center
- Brooklyne Boerboom, Clinic Manager, Murray County Medical Center
- Robyn Van Heuvelen, Chief Financial Officer, Murray County Medical Center
- Lori Gunnink, County Commissioner, Murray County
- Emily Ackerman, County Administrator General Assistant, Murray County
- Marti Engelkes, Social Worker & Administrator, Hospice of Murray County
- Jake Scandrett, Secondary School Principal, Murray County Central Schools
- Karen Tommeraasen, Board Member, Slayton Kiwanis Club
- Heidi Winter, County Auditor/ Treasurer, Murray County
- Molly Malone, County Commissioner & Hospital Board Member, Murray County & Murray County Medical Center
- Joe Meyer, Superintendent, Murray County Central Schools
- Carolyn McDonald, County Administrator, Murray County

Regional Health Partners

This report utilizes a needs assessment process developed by Sanford Health in coordination with health partners from Minnesota, South Dakota, and North Dakota.

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltram County Health and Human Services

- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Sanford Health Partners

- Christina Ward, Senior Strategic Planning Advisor, Sanford Health
- Andy Wiese, Head of Strategic Intelligence, Sanford Health
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Head of People Engagement
- Michelle Bruhn, Executive Vice President, Chief Financial Officer, and Treasurer
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Senior Director, Community Relations
- Matt Ditmanson, Head of Community Benefit
- Emily Griese, Vice President Operations and Population Health, Health Plan
- Marnie Walth, Head of Legislative Affairs
- Joseph Beaudreau, Peer Recovery Specialist, and Indian Health Advocate
- Phil Clark, Director, Market Insights
- Shawn Tronier, Lead Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

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 Minnesota certified health care home, 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 within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Implementation Plan of Action. There is great 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 Implementation/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

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

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

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

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

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

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

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. The CHNA reports and the implementation strategies can be found on the MCMC website. Hospitals are required to keep three cycles of assessments on the web site.

The hospital extended a good faith effort to engage all the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the website or contact can be made at info@murraycountymed.org. No community comments or questions have been made via the website link or email address.

As a community-owned hospital, MCMC is not required to complete the Community Health Needs Assessment but believes the intrinsic value created by such a process enhances the overall health of the community.

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. The process includes a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



Limitations

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

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

Community and Stakeholder Survey

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

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 83 of respondents from the CHNA area completed the survey.

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

Sanford Health's Office of Strategic Planning provided analysis to identify the initial community health needs list. The following methodology was used to develop the significant health needs presented later in the report:

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

Community Asset Mapping

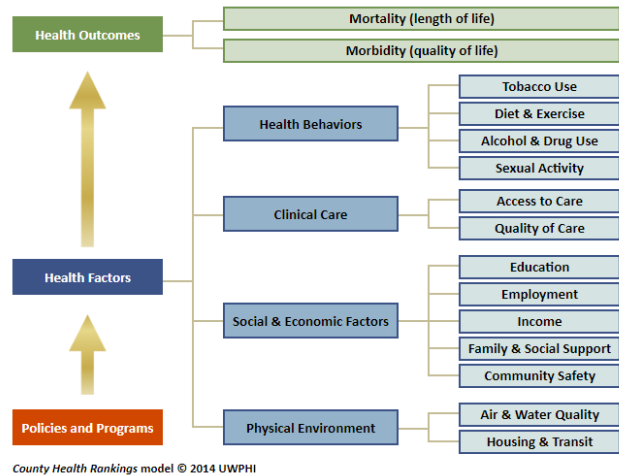
Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining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

Community Stakeholder Meeting

Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

The facilitated discussion sought to inform on several aspects:

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



- Is there anything you consider an urgent need that we have not discussed?

Hospital leadership proposed which specific health needs would be addressed within the implementation plan, with input and support from the community members. Administrator recommendations were based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan will be shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

Community Definition

Murray County is the community primarily served by Murray County Medical Center and represents a majority of its volumes. No population was excluded from the process.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent.

Overall, perceptions among CHNA respondents in Murray County regarding the quality of health care in the local community were good (average score=3.8). Among individual drivers of health, the community rated about half of the categories above the comparison group average.

- Safe place to live (Average score = 4.0)
- Environmental health of the community (Average score = 3.9)
- Access to physical activity and exercise opportunities (Average score = 3.6)
- Access to healthy and nutritional foods (Average score = 3.4)
- Quality of childcare, daycare, and pre-school services (Average score = 3.3)
- Access to transportation (Average score = 3.1)
- Community employment and economic opportunities (Average score = 2.9)
- Availability of affordable housing (Average score = 2.8)
- Long-term nursing care and senior housing quality (Average score = 2.5)

Long-term nursing care and senior housing quality, community employment and economic opportunities, and access to healthy and nutritional foods rated below the comparison average by 0.2 points or more. Quality of childcare, daycare, and pre-school services, and access to physical activity and exercise opportunities were below the comparison average by less than 0.1 point.

County Health Rankings rated Murray County 35th in health outcomes and 23rd in health factors among Minnesota counties in 2022.

Long-Term Care, Nursing Homes, and Senior Housing

Long-term care refers to a broad range of services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness, disability, or other health-related conditions. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own. Care can be provided in the home, a nursing home, or in a variety of other settings.

CHNA survey respondents scored the quality of long-term care and senior housing services in the community as fair (average score 2.5), trailing the comparison group average by 0.9 points. The score was driven by the majority (57%) of respondents that rated the issue as poor or fair. When asked the reason for their ranking, greater than nine in ten respondents indicated an access issue, with the lack of local facilities the leading reason. Later in the survey, 52% of respondents responded that there were services that they would like to see offered or improved, with two-thirds indicating long-term care as a need. Local stakeholders indicated that senior housing continues to be a need in the community that will require broad partnership across sectors and organizations in years ahead.

Local Asset Mapping	
<p>Long-Term Care Resources:</p> <ul style="list-style-type: none"> • Lindenwood Assisted Living: 507-836-1055 • Sunrise Terrace: 507-836-8980 • Maple Lawn Senior Care: 507-425-2571 	<p>Other Services:</p> <ul style="list-style-type: none"> • Murray County Medical Center, Skilled Swing Beds: 507-836-6111 • Slayton Senior Center: 507-836-6762 • SW Health & Human Services: 507-836-6144 • A.C.E. of SW Minnesota: 507-360-4205 • Fulda Senior Center: 507-425-2484 • Senior LinkAge Line: 1-800-333-2433 • New Dawn, Inc.: 507-425-3278 • Lake Wilson Senior Center: 507-879-3505 • Murray County Developmental Achievement Center: 507-836-8921

Employment and Economic Opportunities

Economic factors, such as income and employment can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, and manage stress.

Employment and economic opportunities were rated fair-to-good by CHNA respondents (average score=2.9), which placed it in the lower three issues surveyed and below the comparison group. Respondents were most likely to indicate the lack of or limited employment opportunities (32% of respondents) or wage levels (24%) as the reason for their score. 15% of respondents noted that the available jobs did not match their experience or employment history. Respondents age 35-54 were slightly more likely to rate opportunities as fair or poor. County Health Rankings lists the median Household income for Murray County at \$63,400 compared to the state average of \$75,500.

Local stakeholders discussed the ongoing concerns in the community relative to employment and the economy. The group agreed that the issue warranted further discussion and focus. As such, it will be prioritized in the implementation plan going forward.

Local Asset Mapping	
<p>Employment Resources:</p> <ul style="list-style-type: none"> • Murray County Developmental Achievement Center: 507-836-8921 • CareerForce: 651-259-7500 	<p>Economic Assistance Resources:</p> <ul style="list-style-type: none"> • SW Health & Human Services: 507-836-6144 • Veterans Service Office: 507-836-1169 • MN Benefits: www.mnbenefits.mn.gov • Murray County Economic Development Authority (EDA): 507-836-6023 • Fulda Economic Development Authority (Fulda EDA): 507-425-2575 • Prairieland Economic Development Corporation: 507-836-6656 • Southwest Initiative Foundation: 320-587-4848 • Southwest Small Business Development Center: 507-537-7386 • Southwest Regional Development Commission: 507-836-8547

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.

County Health Rankings indicates that Murray County has a higher-than-average homeownership rate with a lower-than-average severe housing cost burden (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities). However, the availability of affordable housing had an average score of 2.8 by survey respondents. When asked the reason for their ranking, nearly half of respondents cited access and availability as the issue, whether renting or looking to purchase a home. Approximately one in five referenced housing costs. Local stakeholders discussed the issue of housing availability, especially for affordable housing options. This issue is closely aligned with the employment and economic opportunities issues discussed at the same meeting. Housing is an issue that will take community-wide engagement and Murray County Medical Center will gladly share the assessment findings with community partners who may have interest in evaluating potential solutions.

Local Asset Mapping	
Low Income Apartments: <ul style="list-style-type: none">• Westside Apartments: 320-269-6640• Southgate Apartments: 507-836-6000• Halter Place: 507-451-8524	Housing Resources: <ul style="list-style-type: none">• SW Health & Human Services: 507-836-6144• Southwest Minnesota Housing Partnership: 507-836-1608• Your Next Place: 320-493-6928• HousingLink: 612-522-2500

Physical Activity and Nutrition

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

County Health Rankings data indicate that one in three adult residents (34%) is obese, above the state average of 30% and about average for the comparison group. Nearly one in four is physically inactive, also above the state average. CHNA respondents scored access to healthy and nutritional foods good (average score=3.4) but it is below the comparison group average. Respondents indicated that the community has access to a local grocery store that offers healthy food options. However, the cost of groceries generally, and for healthy food specifically, can be expensive and cost prohibitive. County Health Rankings indicate that 8% of the county is food insecure.

Physical activity was also rated good but trailed the comparison group by 0.1 percentage points. Among those rating physical activity poor or fair, the most common issue cited was lack of access, with callouts to the need for more walking and biking areas and greater choice in terms of programming and workout type. County Health Rankings data indicates 48% of the county has adequate access to locations for physical activity, below the 81% state average. Local stakeholders agreed that these aspects of healthy living are incredibly important. The group discussed ongoing programmatic efforts in the county including wellness options and resources to enhance access to healthy foods some of which are listed below.

Local Asset Mapping

Nutrition Resources:

- SW Health & Human Services: 507-836-6144
- Murray County Food Shelf: 507-836-6144
- WIC: <https://swmhhs.com/public-health/wic/>
- Slayton Meals on Wheels: 507-836-6762
- Currie/Iona/Fulda Meals on Wheels: 507-425-2484 or 866-974-0465
- A.C.E. of SW Minnesota: 507-360-4205
- Fulda Food Shelf: 507-425-2211
- Stonegate Orchard: 507-836-6655
- Minnesota Food HelpLine: 1-888-711-1151
- National School Lunch Program (MCC Schools)

Physical Activity Resources:

- Steve Cohrs Wellness Center: 507-836-6262
- Murray County Parks: 507-836-1195
- A.C.E. of SW Minnesota: 507-360-4205
- Fulda Vitality Fitness: 507-360-3728
- Beaver Creek Archery Club:
<https://www.beavercreekarchery.com/>
- Fulda Swimming Pool: 507-425-3562
- Alley Cat Lanes: 970-381-9249
- Slayton Country Club: 507-836-8154
- Slaytona Beach West: 507-836-6330
- Town & Country Golf: 507-425-3328
- Slayton Disc Golf Course: 1750 28th Street, Slayton, MN 56172
- Driftbreakers Snowmobile Club: 507-763-3171
- Currie Lanes: 507-395-3884

Access to Health Care Providers

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Quality of care was rated as good-to-very good (average score=3.8) which is above the average for the comparison group. However, 84% of respondents indicated that they or a family member had left the community for care in the last three years. The need for a specialist or the care not being available locally was cited by 76% of those answering affirmatively. Physician referral and desire for better or higher quality of care were noted by 27% and 26%, respectively. The survey asked if there were services which respondents would like to see offered or improved, to which 52% answered yes. As a follow up, those answering affirmatively were asked to indicate which services should be offered or improved. As noted earlier, long-term care was selected by 65% of respondents. Mental Health also received 65% and addiction treatment received 30%. Walk-in and urgent care were selected by one-third of the respondents. Respondents could choose more than one service as part of their answer.

Another question asked respondents, “what is the most important health care issue your community faces?” The three most common answers were mental health, availability of specialty care, and lack of providers, all with 16%. Local stakeholders discussed this issue at some length and agreed it merited further review and focus. Access to Health Care Providers will be addressed as a key part of the community assessment implementation strategies to enhance access over the next several years.

Local Asset Mapping	
<p>Health Care Resources:</p> <ul style="list-style-type: none"> • Murray County Medical Center: 507-836-6111 • Emergency Medical Assistance by SWHHS: 507-836-6144 • Prairie Rehabilitation: 507-425-3753 • Fulda Family Chiropractic: 507-425-0025 • Fixen Chiropractic: 507-836-8971 • Slayton Chiropractic & Nutrition Center: 507-836-8911 • Southwest Minnesota Orthopedics & Sports Medicine: 507-929-7696 • Fulda Ambulance (Call 911 for Emergencies): 507-360-0344 • Murray County Ambulance (Call 911 for Emergencies): 507-836-8780 • Shetek Dental Care: 507-836-1000 • New Life Treatment Center: 507-777-4321 • Project Turnabout: 1-800-862-1453 	<p>Mental Health Resources:</p> <ul style="list-style-type: none"> • Murray County Medical Center: 507-836-6111 • National Suicide Prevention Hotline: 988 or text MN to 741741 for Crisis Text Line • NAMI of MN: 651-645-2948 • Veterans Crisis Line/Chat/Text 1-800-273-8255 & Press • Shetek Therapy Services: 507-936-6262 • Western Mental Health Center: 507-836-6053 • A.C.E. of SW Minnesota: 507-360-4205 • Base Counseling & Wellness, LLC: 507-626-2787 • Adler Counseling, PLLC: 507-316-4974

Murray County Medical Center Area of Focus

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

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

Ultimately, Access to Health Care Providers and Employment & Economic Opportunities were selected as top needs for prioritization in the 2023-2025 implementation plan.

IMPLEMENTATION PLAN

The Community Health Needs Assessment identified two specific areas for focus for the 2023-2025 implementation cycle:

1. Access to Health Care Providers
2. Employment and Economic Opportunities

Access to Health Care Providers

Current Activities

Murray County Medical Center offers a variety of services locally through both in-house and outreach providers. Laboratory and radiology services are available 24 hours a day with staff serving the hospital and rural health clinic. Clinic services include family medicine, internal medicine, and a variety of outreach services. Surgical procedures are performed in the surgical unit by our Internal Medicine Physician and a group of outreach surgeons. Murray County Medical Center employs 11 clinicians, including physicians and advanced practice providers. Available services and providers are marketed to Murray County residents and surrounding communities using media outlets such as radio, newspaper, and social media platforms.

Projected Impact

The community will have an increased awareness of the providers that are available at the Murray County Medical Center and the variety of services that are offered.

Goal 1: Increase access to specialty care services at Murray County Medical Center.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Identify and prioritize specialty services for 2023	Introduce new service lines to patients in 2023 that have not been previously offered at MCMC	MCMC Providers, clinic team, and outreach services	MCMC Executive Team	
Utilize telehealth service resources to expand the access to specialty care	Implement multiple services lines via telehealth available through Sanford Health and other organizations to meet patient needs	MCMC Clinic team and MCMC IT	MCMC Clinic Manager	Sanford Health and Integrative Health Centers
Evaluate the development of urgent care clinic	Provide new service line with expanded hours to better meet patient needs	MCMC providers, clinic and business office staff	MCMC Executive Team	

Employment and Economic Opportunities

Current Activities

Murray County Medical Center currently employs 133 full-time, part-time, and casual staff members and has an annual payroll of over seven and a half million dollars. Staff members fill a variety of roles in multiple different departments through the facility. Murray County Medical Center is involved in many of the surrounding local communities and volunteers time, supplies, and resources where it is needed in the community. The facility also supports the local business community by purchasing equipment and supplies and using local vendors for a variety of items.

Projected Impact

Murray County Medical Center is one of the largest employers in the Slayton community and provides a variety of needed resources and services to the surrounding area.

Goal 1: Provide needed health care services to maintain a healthy workforce for the local business community.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Partner with local businesses for their employee care needs and preventative care services	Provide care and services to employees of the business community	MCMC Clinic providers	MCMC Executive Team	Local businesses
Maintain a viable wellness center for the community	Offer a 24 hours wellness center for community members	MCMC staff	MCMC Executive Team	
Provide education and training to local business partners on job safety, CPR, and other areas as needed	Offer training to local business to better equip their employees for safety and emergency situations	MCMC staff	MCMC Executive Team	

Goal 2: Develop programs to encourage the future workforce to pursue available healthcare professions.

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Community Partnerships & Collaborations: if Applicable
Participate in educational opportunities with the local schools and colleges in the area to promote health care careers	Offer classes, shadowing, and internships to students to promote the health care industry	MCMC Education and Quality Staff	MCMC Executive Team	MCC schools, Fulda schools, MN West, and SMSU

Offer scholarship support to students pursuing a degree in a healthcare related field	Provide the funds needed to encourage students in all areas of healthcare	MCMC Executive Team	MCMC Executive Team	
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Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—not being addressed as a significant need for the purpose of this process include:

Affordable Housing

Access to affordable housing is not included in the implementation plan as stakeholder meeting participants indicated that other community entities are better suited to lead in this space. Information from the CHNA survey will be shared with community members and local organizations as needed and as affordable housing solutions are discussed. Murray County Medical Center offers financial assistance for health care costs for those facing severe financial hardship.

Physical Activity and Nutrition

While important, the stakeholder meeting participants did not include physical activity and nutrition in the prioritization plan as there are currently a number of other local resources available, including: nutrition assistance programs, food shelves, and community education opportunities. Murray County Medical Center does offer community education on healthy living and behaviors. There are other community groups looking into increased accessibility including sidewalks, bike trails, etc.

Long-Term Care, Nursing Homes, and Senior Living

Senior care services were not included for prioritization in the implementation plan at this time by stakeholder meeting participants. However, MCMC assists patients and their families in finding placement as needed, to fit their individual needs. There are other local organizations offering services in this space and MCMC is happy to share assessment findings as needed.

CONTACT INFORMATION

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

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 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.

Expanded Demographics¹

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.

	Murray County, MN	Minnesota
Population estimates, July 1, 2021, (V2021)	8,144	5,707,390
Population estimates base, April 1, 2020, (V2021)	8,179	5,706,494
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-0.4%	n/a
Population per square mile, 2020	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, 2016-2020	\$132,500	\$235,700
Median gross rent, 2015-2019	\$577	\$1,010
Households with a computer, percent, 2016-2020	87%	92.7%
Households with a broadband Internet subscription, percent, 2016-2020	76.7%	87%
High school graduate or higher, percent of persons aged 25 years+, 2016-2020	90.1%	93.4%
Bachelor's degree or higher, percent of persons aged 25 years+, 2016-2020	20.8%	36.8%
With a disability, under age 65 years, percent, 2016-2020	7.2%	7.4%

¹ <https://www.census.gov/quickfacts>

Persons without health insurance, under age 65 years, percent	7.8%	5.9%
Median Household income (in 2020 dollars), 2016-2020	\$62,839	\$73,382
In civilian labor force, total, percent of population age 16 years+, 2016-2020	63%	69.2%
Total employer establishments, 2020	268	150,819
Total employment, 2020	2,471	2,738,254
Total employment, percent change, 2019-2020	-5.8%	0.3%

CHNA Survey Questionnaire

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

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

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

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

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

01000-01802 1.01

1

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

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

- Poor Fair Good Very Good Excellent Don't Know

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

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

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

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

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trauma | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

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

- Yes No

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

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

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

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

- Male Female

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

- Yes No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- Yes No

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

- American Indian or Alaska Native
 Caucasian or White
 Asian
 Native Hawaiian or Pacific Islander
 Black or African American

Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen
• Are you planning to become a US citizen? Yes No Prefer not to answer
 0 - 5 years
 6 - 10 years
 More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

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

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

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

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

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

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