



**SOUTHWEST  
HEALTH & HUMAN  
SERVICES**

# Community Health Improvement Plan

2025-2029



**Lincoln, Lyon, Murray,  
Pipestone, Redwood and  
Rock Counties**

**Southwest Health & Human  
Services**

607 W Main St, Ste 200  
Marshall, MN 56258  
507 537 6713

Southwest Health and Human Services (SWHHS) Community Health Improvement Plan was approved and adopted on December 18, 2024 by the Southwest Health and Human Services Community Health Board.



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SWHHS Community Health Board Chair, Commissioner Greg S. Burger

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## Executive Summary

The Southwest Health and Human Services (SWHHS) Community Health Improvement Plan (CHIP) is a long-term plan that identifies health priorities, goals, strategies and action steps to improve the health of our communities. A Community Health Assessment (CHA) was completed in early 2024. That information, in addition to a regional Quality of Life Survey and input from SWHHS staff and community partners, helped us devise the CHIP.

In Minnesota, CHIPs are developed for the geographic regions covered by Community Health Boards (CHBs). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years. SWHHS covers six counties in Southwest Minnesota: Lincoln, Lyon, Murray, Pipestone, Redwood and Rock. SWHHS serves the following demographic:

**73,879**  
*Population*

**41.6**  
*Median Age*

### *Income*

**10.6%** - Residents living below 100% of the Federal Poverty Level (\$13,590 for 1<sup>st</sup> person + \$4,720 for each additional person)

**\$69,031** - Median Household Income

**28.7%** - Population below 200% of Federal Poverty Level (\$27,180 for 1<sup>st</sup> person + \$9,440 for each additional person) (1) (2)

### *Education Among Residents Ages 25+*

**7.2%** - No high school diploma

**33.1%** - High school diploma (include GED)

**35.8%** - Some college or Associate's degree

**17.4%** - Bachelor's degree

**6.5%** - *Advanced degree (2)*

### *Language*

**6.4%** - Language other than English spoken at home (2)

### *Race*

**1.3%** - Non-Hispanic American Indian and Alaska Native Alone

**2.6%** - Non-Hispanic Asian Alone

**1.5%** - Non-Hispanic Black or African American Alone

**3.0%** - Non-Hispanic Two or More Races

**89.4%**- Non-Hispanic White Alone (2)

### *Ethnicity*

**5.4%** - Hispanic Origin of any Race (2)

### *National Origin*

**4.4%** - Foreign Born (2)

### *Gender*

**49.6%** - Male

**50.4%** - Female (2)

\*Other genders not available in US Census Data

SWHHS Mission: We are a multi-county agency committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.

## Planning Process

### Purpose

Community Health Assessment (CHA) is a process where various perspectives, stories and data is gathered by a variety of means to take a snapshot of health conditions in SWHHS. The information that is gathered is used to help community members determine the top ten health issues. The information can also be used by public health professionals, policymakers and community members to formulate policy, system and environmental changes that will impact health.

The Community Health Improvement Plan (CHIP) takes the top health issues and puts a plan of action together to address those health issues. The goal is to improve the top health issues for those living in SWHHS counties.

### Structure

Portions of the process *Mobilizing for Action through Planning and Partnership* (MAPP) framework were utilized to tease out what health issues most impacted SWHHS communities. This process includes community partners in the identification and development of the community health assessment and planning that leads to development of goals and strategies around identified health issues.

### Methods

Multiple methods were used to identify the top health issues in the SWHHS counties. SWHHS staff identified health concerns by topic area through data collection and review. This information was pulled from local, county, regional and state-level data for all six counties along with comparison data from state or region as available and compiled into the SWHHS Community Health Assessment (CHA) report. Additional data was gathered from hospital community health needs assessments at Avera Marshall, Avera Tyler, CentraCare Redwood, Sanford Tracy, Sanford Laverne, Hendricks Hospital and Murray County Medical Center. Also included was information from the United Community Action Partnership 2022 Community Needs Assessment and city comprehensive plans in Laverne, Redwood Falls, and Marshall and county comprehensive plans.

In the summer of 2023, SWHHS contracted with Wilder Research to conduct focus groups to identify the health needs and assets of under-reported communities in the six-county region. Wilder Research conducted focus groups with eight communities including people with disabilities, Karen, Spanish-speaking, gay, lesbian, bisexual, and transgender (LGBT) people, Native American (Lower Sioux), Somali, veterans, and elders.

Wilder Research was also contracted by 16 counties in the southwest corner of Minnesota to conduct the Southwest Minnesota Healthy Communities Survey. Adults age 18 and over were asked questions about overall health, physical activity, healthy eating, tobacco use and exposure,



mental health and questions on the impact of COVID in our communities through a random sample survey process. There were 12,000 surveys sent out to SWHHS households with 2,368 adults responding to the survey.

In addition to the Southwest Minnesota Healthy Communities Survey, SWHHS conducted a 24-question convenience sample Quality of Life survey in SWHHS counties. The survey was launched in December 15, 2023 and concluded on February 15, 2024 with 311 people participating. This survey asked recipients if their community was welcoming and if people were happy with the quality of life in their community. The survey also asked about the top three factors for a healthy community and the top three health problems in their community.

Once all the data was reviewed, a list of top 20 health priorities were identified, three community meetings were held in Pipestone, Redwood Falls, and Marshall with a total of 34 community members participating. At these meetings, round table discussion about the data associated with the top twenty priorities was presented in an effort to narrow down the number to the top ten health priorities. After the discussion, ten votes per person were given out in the form of green dots. The green dots were placed by the health issue the community member felt had the highest priority. Those with the most dots became the top ten health priorities for SWHHS. In addition, ten red dots were given out so community member could indicate healthy issues that should not be addressed. The Top Ten Public Health Concerns are very similar to 2020-2024 Community Health.

SWHHS Statewide Health Improvement Partnership (SHIP) Community Leadership Team (CLT) reviewed data and determined the top ten health concerns. SHIP CLT membership consists of: ACE of Lincoln County, ACE of Lyon County, ACE of Murray County, ACE of Pipestone County, ACE of Rock County,



Deutz Heritage Farm, Luverne School District, CentraCare, Luverne Chamber, Minnesota Department of Health, Redwood Area Chamber and Tourism, Minnesota River Area Agency on Aging, Pipestone County Medical Center, University of Minnesota Extension, Lyon County Parks, Friends of Blue Mound Park, Choices Pregnancy Center, Second Harvest, Southwest Regional Development Commission, Redwood Area Food Shelf, Habitat for Humanity in Lyon/Redwood, Luverne Community Education, Sanford Health, Luv1LuvAll, New life Treatment Center, Marshall Area Dementia Network, City of Marshall, City of Tyler, City of Hardwick, Prairie Winds Counseling,

Southwest Minnesota State University, Southwest Minnesota State University Vista, Southwest Health and Human Services-Social Worker, Minnesota West, Marshall Adult Community Center, Shetek Lutheran Ministries, Southern Minnesota Opportunity Council, Marshall Farmers Market, Project Food Forest, Redwood Falls Schools, Lutheran Social Services, Luverne School District, Pipestone Farmers Market, United Community Action Partnership, Lyon Co. 4-H, City of Edgerton, Western Mental Health Center, Child Care & Nutrition Inc., Healing Path, Southwest Center for Independent Living, City of Tyler, City of Lamberton, Rock Co. Opioid Group, and several other community members.



From these topic areas, several themes were developed:

**1. Mental Health**

- a. Substance Misuse/Use
- b. Loneliness/Social Connection

**2. Health and Well-being Factors**

- a. Child Care
- b. Mental Health
- c. Dental Care
- d. Housing
- e. Healthy Foods
- f. Medical Care
- g. Transportation
- h. High-Speed Broadband Internet

**3. Chronic Disease and Aging Issues**

**Community Health Priority Areas**

The SWHHS CHIP was developed over a period from August-December 2024 using findings from the CHA data, information provided during community meetings, key informant interviews and rankings. The SWHHS CHIP workgroup and program staff reviewed the 2020-2024 Community Health Improvement Plan comparing it to current rankings. During 2020-2024, little progress was made on top concerns due to COVID-19 and a nursing shortage stretching local public health and community resources beyond capacity. Multiple conversations throughout the community on what causes health and well-being continue to be needed. It was determined that the 2020-2024 priorities would remain in place with a slight refresh of updated knowledge.

Access and affordability of basic services was an additional priority that was added to the second priority since so many health services and other basic needs like childcare, transportation, housing, healthy food, and high-speed broadband internet are listed as a

shortage area in SWHHS. From there, the SWHHS CHIP team reviewed and developed specific objectives, strategies and action items for the priority areas.

Development of goals, objectives, strategies and action items included research into evidence-based programming and plans developed by state and national taskforces to address public health concerns. Healthy Minnesota 2022, Governor's Task Force on Mental Health 2016, Minnesota State Oral Health Plan 202-2023, ChildCare Aware of Minnesota Policy Briefs, Healthy People 2023 and the National Prevention Strategy were reviewed so local goals aligned with state and national goals and to ensure utilization of evidence-based programming. <sup>(3) (4) (5) (6) (7)</sup>

Prevention starts with awareness and understanding. Anna Lynn, Mental Health Promotion Coordinator from the Minnesota Department of Health, was utilized as a topic expert in the area of mental health. She provided information on ongoing efforts and a list called *Minnesota Thrives* along with *Mental Health Promotion: "Is mental wellbeing and illness really distinct?"*. <sup>(8) (9)</sup>

State plans that focused on top public health concerns were reviewed and utilized to develop a plan of action regarding access and affordability. Additional plans reviewed were to address what creates health and well-being.

The CHA and CHIP documents are meant to help bring understanding, awareness and advocacy regarding health issues. In addition, the documents are to be utilized by community partners in their planning for resource allocation, program development, advocacy and strategic alignment of organizations, programs and services around what makes SWHHS healthy.

The insight of these documents is not possible without help from our community partners and community member. A special thank you goes out to the SWHHS SHIP Community Leadership Team members and those community members that distributed or participated in eight community focus groups, Quality of Life survey, Southwest Minnesota Healthy Communities Survey, and schools and their students that participated in Minnesota Student Survey. None of this would be possible without their participation.

A special thank you to Bob Kuziej, Minnesota Center for Health Statistics Senior Research Scientist and Anna Lynn, Minnesota Department of Health Mental Health Promotion Coordinator for assistance throughout the CHA and CHIP development processes.

SWHHS Community Health Assessment and Community Health Improvement Plan Team Members include:

- Carol Biren, Public Health Division Director
- Ann Orren, Community Public Health Supervisor
- Jennifer Nelson, Community Public Health Supervisor
- Michelle Salfer, Public Health Program Specialist
- Wendy Crawford, Public Health Program Specialist
- Caitlyn VanDamme, Communications Specialist

# Priority #1: Mental Health and Well-being

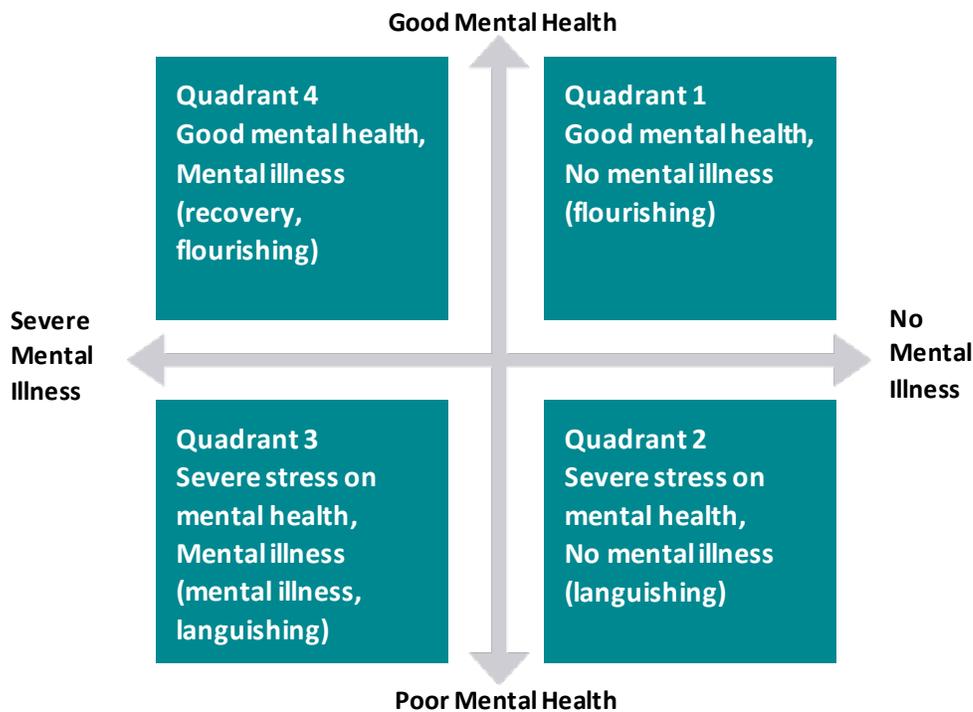
## 2020-2024 Priority Continuing in 2025-2029: Mental Health

### Priority 1: Mental Health and Well-being

What can we do to improve awareness, reduce stigma and promote resiliency in our community around mental health and well-being?

#### Why Focusing On Mental Health and Well-being Is Important

We all have mental health. At any one time, depending on one's economic circumstances, environment, sleep, nutrition, physical activity, genetics and experiences our mental health can be anywhere on the spectrum from flourishing to recovery.



Source: Minnesota Department of Health, <sup>(10)</sup>

1. **Flourishing** - Good mental health and no mental illness
2. **Languishing** - Poor mental health, no mental illness (e.g. socially isolated, feel disempowered, no sense of purpose, unemployment, high stressors- poor housing, poverty)
3. **Mental illnesses and poor mental health**
4. **Recovery** - Mental illness- symptoms of mental illness are managed. Also experiencing good mental health (e.g. strong support system, life satisfaction and purpose, a home, employment, sense of empowerment and positive identity). <sup>(10)</sup>

### Why was this strategy selected?

Mental health was the number one health concern in 2020-2024 assessment cycle. Since COVID-19 started around the same time as the prior CHIP plan, partners and public health had limited capacity to address the issues that had been brought forward. Mental health was the number two health concern in the 2025-2029 assessment time frame. It was only second to access and affordability of child care which is at crisis levels in the southwest region. Due to this, community and public health staff determined the 2020-2024 CHIP plan should be looked at and adjusted to fit current conditions and opportunities.

The data in the community health assessment shows an increase in those that are struggling with mental health at all ages and stages of life. The plan will address ways to improve awareness, reduce stigma and promote resiliency in SWHHS communities.

“The top three causes of child abuse in the SWHHS six counties are mental health of the parent, substance use of the parent and extreme poverty. “

SWHHS Child Protection Social Worker

# Priority #1: Mental Health and Well-being

## Goal: Improve Awareness About Mental Health and Well-being

### Objectives:

- By December 31, 2029, decrease the percentage of 9th grade students that have long-term mental health, behavioral or emotional problems from 25.4% to 20%.
- By December 31, 2029, decrease the percent of SWHHS counties adults who delayed seeking mental health care in the past 12 months from 10.7% to 9.0%.

Strategy 1.1: Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

- Action Plan 1.1.1: By December 31, 2029, develop a community partnership around mental health and well-being.
- Action Plan 1.1.2: By December 31, 2029, educate the community about mental health and well-being to improve mental wellness in the community.
- Action Plan 1.1.3: By December 31, 2029, educate the community about mental health stigma and awareness to improve mental wellness in the community.

Strategy 1.2: Maintain and make public a current resource list through a sponsored website.

- Action Plan 1.2.1: By December 31, 2029, develop and maintain a comprehensive resource directory that is updated annually and made public.

Strategy 1.3: Organize service delivery and referral systems so there is “no wrong door” in the community.

- Action Plan 1.3.1: By December 31, 2029, develop “no wrong door” service delivery and partnerships between community organizations.

## Priority #2: Health and Well-being Factors

### Priority 2: Improve awareness about health and well-being factors

What can we do to expand conversations on what is needed to promote health and well-being in our community through environment, policy and systems lenses?

#### Why talking about what impacts health is important?

Decisions made by leaders and government impacts our health in various ways. Where governments place roads and sidewalks can impact our physical activity. Passing a city ordinance about banning a front yard garden, can impact the health of property owners that do not have suitable land in their back yard. How education is paid for and the amount of education debt you pass on to a student, can impact health by leaving less income for good housing, healthy food, health insurance, and reliable transportation.

By looking at relevant data, it can help one understand why generational poverty exists. If a person has a low income, they may have difficulty meeting basic needs. There isn't enough money available to get an education. If a person doesn't get a good education, it is hard to make enough money to keep a person out of poverty.

#### Why was this strategy selected?

During community conversation, similar themes from 2019 conversations were brought forward. There were many people that continued to question if policymakers and the general public understood the connections between poverty, education and good health and how policy, systems, and environment play a role. In our rural area, there is very much a "pull yourself up by the bootstraps" mentality and anyone that finds themselves needing assistance is considered to be freeloading off the taxpayers that work because of their bad decisions. There seems to be little acknowledgment or understanding that the environment, systems, or policies could be contributing to the challenges that people with low income or no education face. Social media platforms are inundated with calls for increased scrutiny of assistance recipients, often demanding that they prove their worthiness through employment or drug-free status. Those who oppose government aid programs also complain about the increasing cost of higher education and the resulting student debt crisis. People are not making the connection that maybe education was too expensive for the person getting assistance and had no choice in going to a community college or university. People are also not going to the next step and seeing how educational debt impacts health by reducing the amount of money available for healthy food, good housing, health insurance, and reliable transportation.

"As a health economist, you become aware very quickly that we use the healthcare system to treat the consequences of poverty, and we do it in an inefficient and expensive way. We wait until people live horrible lives for many years, get sick as a consequence, and then we go in all guns blazing to make things better."

Evelyn Forget, Health Economist (11)

## Priority #2: Health and Well-being Factors

### Goal: Improve Awareness About Health and Well-being Factors

#### Objectives:

- By December 31, 2029, 50 community leaders and policymakers will have participated in activities to communicate about what creates health or about poverty-related health disparities.
- By December 31, 2029, annual poverty simulation will be made available to the public.

#### Strategy 2.1: Communicate the impact of poverty on health.

- Action Plan 2.1.1: By December 31, 2029, 50 community leaders or policymakers will have participated in activities to learn about what creates health or about poverty-related health disparities.
- Action Plan 2.1.2: By December 31, 2029, develop educational resources for what creates health policy for government leaders.

#### Strategy 2.2: Organize service delivery and referral systems so there is “no wrong door” in the community.

- Action Plan 2.2.1: By December 31, 2029, develop “no wrong door” service delivery and partnerships between community organizations.

#### Strategy 2.3: Communicate the impact of access and affordability of key services on health.

- Action Plan 2.3.1: By December 31, 2029, increase the number of child care providers in SWHHS communities.
- Action Plan 2.3.2: By December 31, 2029, develop, in partnership with other community stakeholders, a “Healthy Teeth. Healthy Baby.” Program.

#### Strategy 2.4: Encourage County and City Economic Development Authorities (EDA) to include access and affordability plans around broadband, child care, housing, transportation, food, and health care in their work plan.

- Action Plan 2.4.1: By December 31, 2029, review EDA and comprehensive plans for access and affordability around broadband, child care, housing, transportation, food, and health care.
- Action Plan 2.4.2: By December 31, 2029, engage EDA and County boards on the need for access and affordability around broadband, child care, housing, transportation, food, and health care.

## Monitoring and Evaluation

The CHIP is meant to be a living document that expands and contracts based on community needs. The document reflects what is thought to be the best way to impact health issues over the next five years in the community. Many outside forces can impact the CHIP like changes in political climate, funding, stakeholder will and community partner focus, to name a few. Flexibility of the plan will be needed to accommodate these numerous factors.

Monitoring and evaluation of the CHIP will take place throughout the five-year process. In order for monitoring to happen, the plan needs to have SMART goals that are Specific, Measurable, Achievable, Relevant, and have a Time limit. Goals will be organized in the following manner:

**Priority** Underlying challenges that need to be addressed to achieve our vision

**Goal** Answers the question “What do we want to achieve by addressing this priority?”

**Objective** is a measurable outcome that the community wants to achieve by focusing on a particular goal.

**Strategy** Answers the question, “How do we want to achieve our goal? What action is needed?”

**Action plan** is a document that includes tactics that describe who, what, when, where, and how activities will take place to implement a strategy.

**Baseline** At the start of the project, data is collected to determine what difference has been made by measuring the same data set at the end of the project.

With the framework of the plan in place, data of various types will be needed to monitor and evaluate how the plan is progressing. This data could be qualitative or quantitative and in the form of a survey, interviews, focus groups, and other assessment tools. Baseline data will be taken at the beginning of the project in order to determine if the strategy is working effectively or if revisions to the action plan need to take place.

The CHIP will be part of a performance management and quality improvement process at SWHHS. An evaluation report that includes progress and challenges will be reported annually to SWHHS board and to community partners to promote accountability in the process.

This document represents an overview of the goals, strategies and action plans. A more detailed CHIP plan is available from SWHHS upon request.

## References

1. **United States Department of Health and Human Services.** Office of the Assistant Secretary for Planning and Evaluation: 2018 Poverty Guidelines. [Online] January 18, 2018. [Cited: October 23, 2019.] <https://aspe.hhs.gov/2018-poverty-guidelines>.
2. **United States Census Bureau.** Explore Census Data: Advanced Search. [Online] July 1, 2019. [Cited: December 5, 2019.] <https://data.census.gov/cedsci/advanced>.
3. **Minnesota Department of Health.** Healthy Minnesota Partnership: Publications and Reports. [Online] April 3, 2024. [Cited: October 31, 2024.] <https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html>.
4. **Minnesota.gov.** Governor's Task Force on Mental Health. [Online] November 15, 2016. [Cited: October 28, 2024.] <https://mn.gov/dhs/mental-health-tf/report/>.
5. **Minnesota Department of Health.** State Oral Health Plan. [Online] August 17, 2021. [Cited: November 18, 2024.] <https://www.health.state.mn.us/people/oralhealth/contact/stateplan.html>.
6. **ChildCare Aware of Minnesota.** Policy Briefs. [Online] January 2022. [Cited: October 23, 2024.] <https://www.childcareawaremn.org/wp-content/uploads/2022/02/Why-Ratios-Matter-2022-final-1.31.22.pdf>.
7. **U.S. Department of Health and Human Services.** Healthy People 2030. *Office of Disease Prevention and Health Promotion.* [Online] <https://odphp.health.gov/healthypeople>.
8. **Minnesota Department of Health.** Minnesota Thrives. [Online] August 2, 2024. [Cited: September 16, 2024.] <https://www.health.state.mn.us/communities/mentalhealth/mnthrives.html>.
9. —. Mental Health Promotion. [Online] March 22, 2023. [Cited: September 16, 2024.] <https://www.health.state.mn.us/communities/mentalhealth/index.html#Example1>.
10. **Lynn, A. and Meyer, M.** The Mental Well-Being of Minnesota's Adolescents Presentation. St Paul : Minnesota Department of Health, July 2019.
11. **Cox, David.** Canada's Forgotten Universal Basic Income Experiment. *British Broadcasting Corporation.* [Online] British Broadcasting Corporation, June 24, 2020. [Cited: May 22, 2024.] <https://www.bbc.com/worklife/article/20200624-canadas-forgotten-universal-basic-income-experiment>.
12. **Ascend Aspen Institute.** The 2GEN Approach. [Online] September 2023. [Cited: November 5, 2024.] <https://ascend.aspeninstitute.org/2gen-approach/>.