

2025 Community Health Needs Assessment Summary (CHNA)

Focus Group Findings & Secondary Data Analysis | October 2025

Introduction

Stevens Community Medical Center (SCMC) partnered with Toby Spanier from the University of Minnesota Extension to facilitate three focus groups in the primary communities served by SCMC. In September 2025, SCMC and Mr. Spanier met to define the objectives and scope of the regional Community Health Needs Assessment (CHNA).

The CHNA process included both secondary data analysis and qualitative input from community focus groups. Secondary data was primarily sourced from Horizon Public Health (local public health agency) and supplemented by survey data collected through QR code polls conducted at various community events attended by SCMC. The survey included three key questions designed to capture community perceptions of health needs and priorities.

Findings from all secondary data sources are presented in the following sections, while the methodology and results of the focus groups are detailed later in this report.

Report findings may be used for:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

Secondary Data	Survey Data	Focus Groups
		

Secondary Data

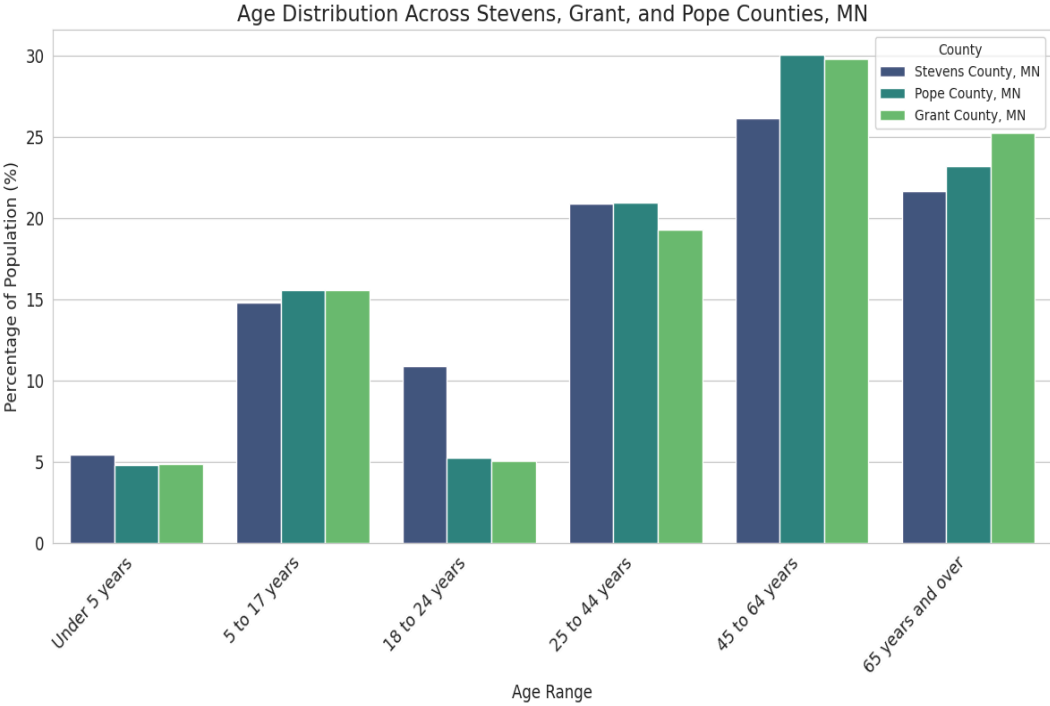
Updated secondary data is still being collected by Horizon Public Health at the time of this report. SCMC plans to adopt this and incorporate it into SCMC’s report when available in the summer of 2026.

The following currently available data synthesizes key demographic, social, economic, quality of life, health behavior, and access to care factors for **Stevens, Pope, and Grant Counties**. These data points are crucial for identifying and prioritizing community health needs.

Demographics

Indicator	Stevens County	Pope County	Grant County	Context/Source
Population Estimate (2024)	9,819	11,495	6,108	Data USA
Median Age (2023)	33.6 years	45.6 years	43.7 years	Data Commons, Data USA
% 65 and Older (2022)	18.1%	High percentage (contributes to aging trend)	Experiencing a projected decline in overall population (2030)	USAFacts, Horizon PH

Indicator	Stevens County	Pope County	Grant County	Context/Source
Racial/Ethnic Composition (White, Non-Hispanic) (2023)	82.4%	94.1%	92.7%	Data USA, Census Dots
% Hispanic/Latino (2023)	10.2% (Highest among the three counties)	1.96%	2.59%	Census Dots, Data USA
Foreign-Born % (2023)	7.09%	1.11%	1.05%	Data USA



Social & Economic Factors

Indicator	Stevens County	Pope County	Grant County	Context/Source
Median Household Income (2023)	\$71,060	\$72,205	\$72,957	Data USA
Unemployment Rate (Aug 2025 Proj.)	2.5%	3.7%	N/A	Data Commons
Poverty Rate (Individuals) (2023)	959 people	1,090 people	645 people	Data Commons, Data USA
Food Insecurity Rate (2024)	49%	22%	22%	University of Minnesota Morris
Homeownership Rate (2023)	66.7%	82.7%	79%	Data USA
Commute Time (Avg.) (2023)	13.6 minutes	22.2 minutes	23.4 minutes	Data USA
Educational Attainment (Key sectors)	Highest degrees awarded skewed toward female students	Largest sectors are Some College (42%) and High School (29%)	N/A	Data USA

Quality of Life & Health Behaviors

These factors influence the overall physical and mental well-being of the community.

Indicator	Stevens County	Pope County	Grant County	Context/Source
Obesity Rate (Adult BMI) (2022)	37.9%	38.1%	38%	Data Commons
Adult Smoking Rate (2022)	15.9%	17.4%	16.6%	Data Commons
Binge Drinking Rate (2022)	22.1%	23.1%	22.3%	Data Commons
Health Behavior Factor Impact	Accounts for 30% of total health factors (Regional model).	Accounts for 30% of total health factors (Regional model).	Accounts for 30% of total health factors (Regional model).	County Health Rankings Model

Health Behavior Note: All three counties show elevated rates of **obesity** and **binge drinking** compared to national averages, highlighting chronic disease prevention and substance use as key priority areas.

Access to Healthcare (Clinical Care)

Indicator	Stevens County	Pope County	Grant County	Context/Source
Patient to Clinician Ratio (2023)	1,617 Patients to 1 Clinician	877 Patients to 1 Clinician	3,076 Patients to 1 Clinician	Data USA
Clinical Care Factor Impact (2025)	Accounts for 20% of total health factors (Regional model).	Accounts for 20% of total health factors (Regional model).	Accounts for 20% of total health factors (Regional model).	County Health Rankings Model
Uninsured Rate (2023)	4.9%	3.4%	4.3%	Data USA
Primary Access Barrier (2022)	Transportation issues for regular appointments; lack of public or on-demand transport.	Transportation issues for regular appointments; lack of public or on-demand transport.	Transportation issues for regular appointments; lack of public or on-demand transport.	MN DHS County Specific Information (Regional CHNA Findings)
Limited or Unavailable Services (Regional) (2022)	Specialty Services (e.g., dermatology, allergist), Dental (especially for Medicaid patients), Behavioral Health , and Skilled Home Care	Specialty Services (e.g., dermatology, allergist), Dental (especially for Medicaid patients), Behavioral Health , and Skilled Home Care	Specialty Services (e.g., dermatology, allergist), Dental (especially for Medicaid patients), Behavioral Health , and Skilled Home Care	MN DHS County Specific Information (Regional CHNA Findings)

Provider Shortage (2022)	High use of ER due to limited regular access and wait times for regular appointments.	High use of ER due to limited regular access and wait times for regular appointments.	High use of ER due to limited regular access and wait times for regular appointments.	MN DHS County Specific Information (Regional CHNA Findings)
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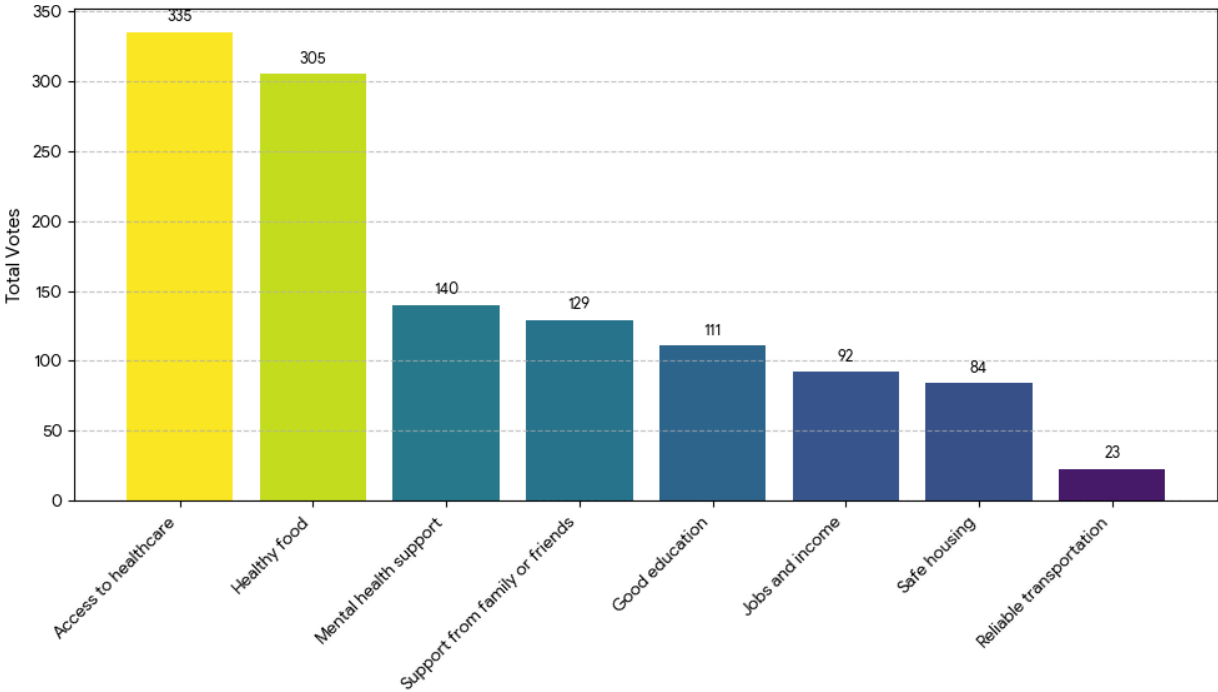
Access Note: The entire three-county region (West Central Minnesota) faces significant, shared challenges in **access to specialized healthcare** and a general **provider shortage**. **Transportation** is a recurring structural barrier to consistent care.

Survey Data (CHNA Survey Summary)

A total of **596 community health surveys** were collected over a three-month period, including **559 in-person paper surveys**, **37 online responses** including **34 Spanish-speaking participants** and **56 student participants**. Surveys were conducted at various public events in Stevens County (ie. Stevens County Fair, Conexiones Community Night Out, University of MN Welcome Picnic). An online QR code was also an option in both English and Spanish that was put in local newspapers in the Stevens County area, and was also communicated on social media. Survey results were most successful in person. The survey asked residents about the factors that help people stay healthy, strengths within the community, and the most important health challenges expected in the coming years.

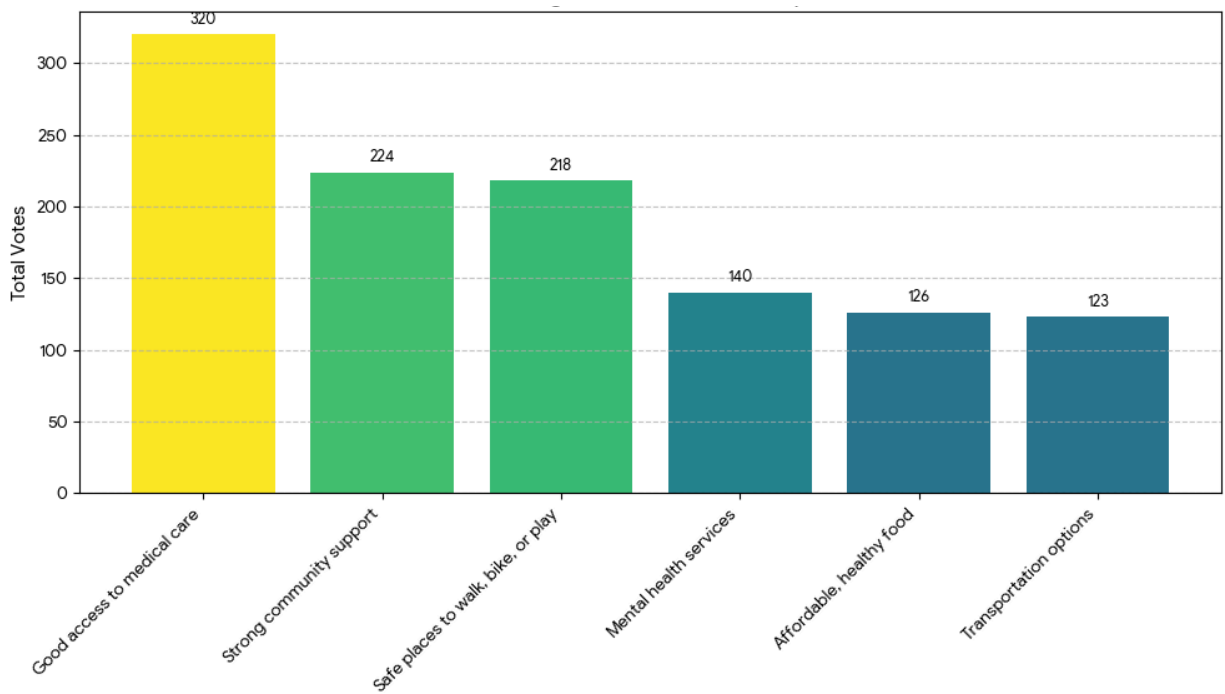
Question 1: What Helps People Stay Healthy

Respondents were asked to choose up to two factors. The most frequently selected items were **access to healthcare (335)** and **healthy food (305)**. Other commonly selected factors included **mental health support (140)**, **support from family or friends (129)**, and **good education (111)**. Less frequently chosen items were **safe housing (84)**, **jobs and income (92)**, and **reliable transportation (23)**. A few respondents wrote in “physical fitness/exercise” as an additional factor. These findings suggest that residents view both **medical access** and **nutrition** as foundational to good health, supported by **mental well-being and social support systems**.



Question 2: Community Strengths

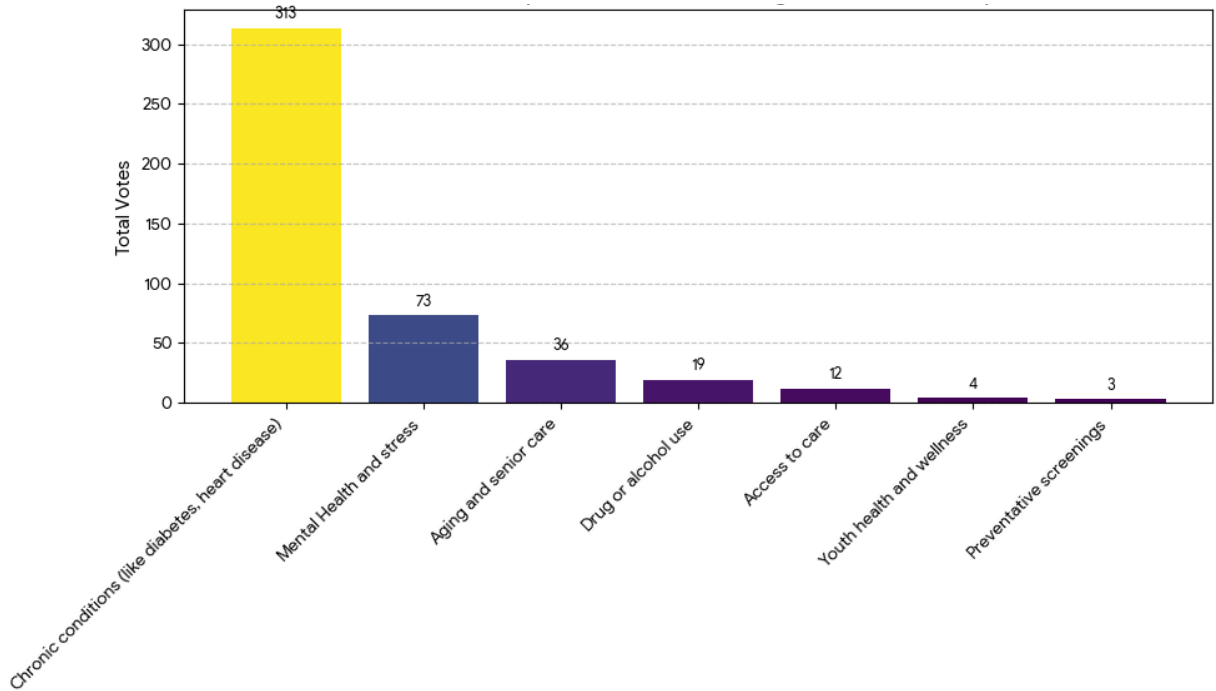
Residents identified several strengths within the community. The highest-rated strengths were **good access to medical care (320)**; **strong community support (224)**; and **safe places to walk, bike, or play (218)**. Additional strengths included **mental health services (140)**, **affordable healthy food options (126)**, and **transportation options (123)**. Some participants wrote in additional strengths such as **family support, church involvement, community generosity, and affordability**. Overall, these responses highlight a community that values **healthcare access, supportive environments, and strong social networks**.



Question 3: Important Future Health Challenges

Respondents identified the health issues they believe will be most important in the coming years. **Mental health and stress (225)** was the top concern, followed by **chronic conditions such as diabetes and heart disease (179)** and **aging and senior care (160)**. Other concerns included **access to care (109)**, **drug or alcohol use (101)**, **preventive screenings (66)**, and **youth health and wellness (58)**.

When ranking the top three priorities, **mental health and stress received the most #1 rankings (73)**, while **chronic conditions received the highest total ranking volume (#1=31, #2=47, #3=19)**, showing concern about long-term disease burden. These findings indicate a strong perception that the community must focus on **mental health, chronic disease prevention, and services for older adults**.



Focus Groups

Three focus groups were scheduled to occur in each major community of Stevens County; Morris- October 14, 2025; Chokio- October, 20, 2025; and Hancock- October 21, 2025. These focus groups' main purpose was to obtain information from community residents for the Stevens Community Medical Center Community Health Needs Assessment (CHNA). The SCMC Marketing Department coordinated the communication process of inviting 103 potential attendees. SCMC Marketing reached out to all to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. All three focus groups were scheduled to be in-person at a community location in each of the three communities. Attendees invited included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, students, and lifelong residents. Minority groups were also represented in the invited list.

A total of twenty-four (24) individuals participated in the three focus groups. Each focus group lasted approximately ninety minutes in length. Participants all completed a Consent to Participate form before the focus group began. Following the facilitator's welcome, the purpose and ground rules for the conversation were shared. Toby Spanier acted as the focus group facilitator and note taker. The meetings were also aided by artificial intelligence via a Zoom meeting space in two of the three sessions. Group members were all engaged and provided input to the discussion. Demographics of attendees based on observation and general comments and characteristics included:

- Estimated ages: 25 – 34 (1); 35 – 44 (2); 45 – 54 (8); 55 – 64 (9); 65 – 74 (4)
- Employment status: roughly 14 employed; 10 not working/retired

Questions that were asked at each focus group were:

- 1. When you think about a healthy community, what comes to mind?**
- 2. What makes it harder for people in your community to be healthy?**
- 3. Are there groups of people who face bigger barriers to health?**
- 4. What is your biggest barrier to health?**
- 5. What services are missing or could be improved?**
- 6. Would you rank the Stevens County area as equal, below or above other communities when it comes to overall health and wellness?**
- 7. Looking ahead, what health issues do you think will be most important for our community in the next 5-10 years?**
- 8. Of all the health challenges we've discussed, which should be our top priorities to address first?**
- 9. How might we address these issues?**
- 10. What final thoughts do you have?**

Summary of Major Points

Some notable trends analyzed by the facilitator from the three focus groups:

1. Participants expressed pride, deep satisfaction and appreciation for the quality of services from Stevens Community Medical Center. They were generally very positive about the services and opportunities one has for health and wellbeing in the surrounding communities and areas. Living in a rural area may have some limitations but the benefits to health (mental, social, environmental) outweigh the negatives.
2. Government and insurance cost, policies and regulations while necessary can create barriers to health and efficiency in receiving services.
3. Mental health is a growing concern, and it is anticipated that it will be an even bigger health issue in 5-10 years. Participants in the focus groups lamented that they have seen decreases in the overall mental health across all ages in the past 5-10 years and they can only imagine what it might be like in the future unless changes are enacted.
4. With an aging population, there is concern for the affordability, availability, and accessibility of health care for those vulnerable populations, i.e. elderly.
5. Some of the greatest concerns for staying healthy and well included availability and access to local dental care, enough daycare options, availability of facilities where community members can recreate and socialize, fresh produce and nutritious affordable local food options, and staffing for medical, dental, and long-term care providers.

To improve the health of the community, it was also suggested that SCMC consider the following:

1. **Expanding mental health access,**
2. **Reducing cost and access barriers, and**
3. **Strengthening community support for seniors, families, and wellness.**

Strengthen Mental Health Services and Awareness

- Mental health was repeatedly described as a **growing concern** and likely to become one of the **top community health issues in the next 5–10 years**.
- Expand access to **mental and behavioral health providers** (especially for children, seniors, and rural residents).
- Increase **mental health education** and **public awareness campaigns** to reduce stigma.
- Collaborate with **schools, law enforcement, and community organizations** to build a more connected mental health support system.

Address Affordability and Access Barriers

- Participants discussed that insurance costs, deductibles, and government regulations create barriers to timely, affordable care. SCMC is encouraged to:
- Explore **cost-transparency initiatives** and **patient financial education**.
- Consider **membership-based, self-pay, or discounted wellness programs** to help those with high deductibles (as mentioned in Chokio's focus group).
- Continue advocating for **policy changes** that reduce administrative barriers for rural healthcare delivery.

Support Aging Population and Long-Term Care Access

- The report notes growing concerns about the **affordability, availability, and accessibility** of care for seniors.
- Develop or strengthen partnerships with **senior services, long-term care, and home health** providers.
- Support community efforts to **re-establish senior programming or centers** (noted as lacking in Chokio and Morris).
- Provide **educational sessions** on Medicare, prescription management, and caregiver support.

Strengthen Local Healthcare Capacity and Staffing

- Staffing shortages across healthcare, dental, and long-term care settings were a recurring concern in all groups.
- **Investing in recruitment and retention** programs for providers, nurses, and mental health professionals.
- Partnering with local schools or colleges (e.g., **University of Minnesota Morris**) to promote healthcare careers and training pipelines.
- Supporting **on-site CNA or healthcare training programs** to grow the local workforce.

Promote Community Wellness and Social Connection

- Participants consistently tied **social isolation, obesity, and limited access to healthy food and recreation** together as interrelated wellness challenges.
- Partner with community groups to expand **nutrition education, fitness opportunities, and accessible recreation** options.
- Lead or co-sponsor **community wellness programs** that build both physical and social health (e.g., walking groups, group fitness discounts, community events).

- Promote “**belonging, engagement, social cohesion, and trust**” – identified by Morris participants as core to a healthy community.

What are the greatest health needs in this community?

During 2025, SCMC worked with local public health and communities surrounding its hospital to assess community health, determine priorities, and develop a plan to address those priorities in the next three years. Through focus groups held in Morris, Chokio, and Hancock, several consistent themes emerged reflecting the most pressing health challenges facing Stevens County residents. After reviewing community input and health data, SCMC identified the following as the greatest health needs in our community:

1. Mental and Behavioral Health

- All three focus groups named mental health as a top or emerging priority.
- Concerns include loneliness, youth behavioral health, stigma, and the need for more local mental health providers.
- Participants emphasized that mental health challenges are increasing across all age groups and will worsen without proactive intervention.

2. Access and Affordability of Care

- Across communities, residents cited cost of services, insurance deductibles, and limited provider availability (especially dental, senior, and specialty care) as barriers.
- Participants in Chokio and Hancock highlighted dental care shortages, staffing gaps, and transportation barriers to medical appointments.
- The final report reinforces this as a systemic issue tied to government and insurance policies.

3. Healthy Living Supports (Nutrition, Obesity, and Social Connection)

- There was repeated mention of obesity, food insecurity, and affordable healthy food access.
- Participants also discussed a loss of social connection and the need for more community engagement, recreation, and intergenerational activities—all linked

to holistic wellness.

- The final report ties these to broader community infrastructure needs (e.g., spaces to recreate and socialize, fresh food access).

Stevens Community Medical Center's Commitment to Health Equity

Stevens Community Medical Center (SCMC) is deeply committed to achieving health equity for every individual we serve in Stevens County and the surrounding rural communities. We define health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geographic location, or other factors.

Our commitment is an integral component of our strategic mission, guided by the findings of our regular Community Health Needs Assessments (CHNA), which identify unique challenges in our rural setting such as expanding mental health access, reducing cost and access barriers, and strengthening community support for seniors, families, and wellness. We are dedicated to translating this commitment into actionable, measurable, and sustainable change across our organization and in partnership with our community.

1. Equity is a Priority

SCMC is committed to prioritizing health equity as an organizational goal. Our leadership and governing board annually review the quality plan and associated resources dedicated to achieving our quality goals, including promoting health equity for our community.

2. Data Collection

We are committed to expanding the collection of comprehensive and accurate demographic and social determinants of health (SDOH) data on the majority of our patients. This includes, but is not limited to:

- Self-reported race, ethnicity, and preferred language.
- Social Determinants of Health (SDOH), such as housing status, food security, and transportation needs, collected through a standardized screening process upon admission.
- We will train all relevant staff in the culturally sensitive collection of this information and utilize a certified Electronic Health Record (EHR) to ensure data is captured in structured, interoperable elements.

3. Data Analysis

SCMC uses the collected data to identify and address specific health disparities within our patient population. Our commitment involves:

- Regularly stratifying quality and outcome measures (e.g., readmission rates, chronic disease management) by collected demographic and SDOH data.
- Systematically analyzing stratified data to pinpoint significant disparities and understand the underlying root causes, informing targeted interventions.

4. Quality Improvement

We translate data insights into targeted quality improvement (QI) activities to reduce the identified health disparities. SCMC commits to:

- Developing, implementing, and evaluating evidence-based interventions specifically designed to reduce health disparities among vulnerable or underserved populations in our community.
- Participating in local, regional, and national quality improvement activities focused on advancing health equity and sharing best practices, particularly those addressing rural health challenges.

5. Leadership Engagement

Our dedication to health equity is championed by our Quality leadership with support from SCMC senior leadership and the Board of Directors. SCMC ensures:

- The designation of a health equity leader who is responsible for overseeing all health equity initiatives.
- Annual review of progress toward health equity and disparity reduction goals by the leadership team and Hospital Board.
- Public sharing of progress toward health equity and disparity reduction goals to hold ourselves accountable to our patients and the wider community.