

St. Francis Healthcare Campus  
Breckenridge, Minnesota  
Community Health Needs Assessment Report

St. Francis Healthcare Campus conducted a Community Health Needs Assessment from August 2012 through March 2013 for the 2013 fiscal year. St. Francis is a sole provider of hospital services with approximately 23,000 residents in its primary area of Wilkin County, Minnesota and Richland County, North Dakota. (*Map of service area attached in Appendix A.*) The largest community in Wilkin County is Breckenridge (3,559), and Wahpeton (7,766) is largest community in Richland County. Both counties are considered rural. The Bureau of Primary Healthcare has designated Wilkin County as medically underserved area, and both counties are designated as mental health shortage areas.

Data from the 2010 U.S. Census shows that Wilkin County has a median age of 43.5, and Richland County's median age is 39.4. The 2013 County Health Rankings list 18% of Wilkin County residents as age 65 or older compared to 13% for the state of Minnesota. 24% of residents are younger than 18, the same as the state statistic. 15% of Richland County residents are 65 years old or older compared to 14% for the state of North Dakota. 22% of residents in Richland County are younger than 18, which is the same as the state. 95% of the residents in Wilkin County are identified as Non-Hispanic White, which is higher than the Minnesota statistic of 83%. 93% of the residents of Richland County are identified as Non-Hispanic White, which is higher than the North Dakota statistic of 89%. Hispanics account for 2% of the population in each county, and American Indians account for 1% and 2% respectively.

According to the 2013 County Health Rankings, the median household income for Wilkin County is \$50,004, which is less than the Minnesota median of \$56,944. The median household income for Richland County is \$51,860, which is slightly below the state median of \$52,135. The unemployment rate in Wilkin County is 6.7% and 2.9% in Richland County. 7.9% of the families in Wilkin County had an annual income below the poverty level. 10.7% of the families in Richland County had an annual income below the poverty level. 23% of the children in Wilkin County live in single parent households, which is lower than 27% for the state of Minnesota. 21% of the children in Richland County live in single parent households, which is only slightly higher than the 20% for the state of North Dakota. 29% of the children in Wilkin County are eligible for free lunch programs, as are 26% of the children in Richland County.

84% of the population of Wilkin County has graduated from high school and 72% have at least some college education. 88% of the population in Richland County has graduated from high school and 75% have at least some college credits. Both counties are either the same as their state statistic or slightly higher, 72% and 74% respectively. The national rate is 70%. (*Appendix B lists the 2013 County Health Rankings data for both Wilkin County and Richland County.*)

Much of Wilkin and Richland counties are composed of agricultural businesses and family farms. Agribusinesses include Cargill (corn processing), Minn-Dak (sugar beet processing), and Giant Seeds (sunflowers). Other industries include Bobcat, Flex TM, Will-Rich, PrimeBoard, ComDel, and WCCO. Richland County has the most industry per capita in the state of North Dakota. North Dakota State College of Science is the largest single employer in the two county area. NDSCS is a two-year college with a focus on career and technical programs. The second largest single employer is St. Francis Healthcare Campus, which provides inpatient, outpatient, and long term care services, as well as outpatient behavioral health. The combined City and County governments and the combined school systems would comprise the next largest groups of employers.

St. Francis asked the Directors for the Public Health Departments in both Wilkin County and Richland County to collaborate on the Community Health Needs Assessment. As the needs assessment is also a requirement for them, it was felt the cooperation between the entities would be in the best interest of our community. After the first meeting, the clinic managers for the two primary care clinics, located in Wahpeton, ND, were asked to join the steering committee. In addition, a member of the local college faculty was asked to be part of the steering committee. She has previous experience in gathering data and input for community needs assessments. Members of the Steering Committee included: *(Committee members' backgrounds and experience is included in Appendix C.)*

David Nelson, President, St. Francis Healthcare Campus, Committee Chair  
Deb Jacobs, Director, Wilkin County Public Health, Public Health expert  
Deb Flack, Administrator, Richland County Public Health, Public Health expert  
Kevin Gish, Administrator/Regional Vice President, Essentia Health  
Jordan Ottoson, Director of Clinic Operations Sanford Health Clinic  
Gloria Dohman, Associate Vice President for Institutional Effectiveness, North Dakota State College of Science  
Ann Trebesch, Vice President of Mission Leadership Integration, St. Francis Healthcare Campus, Recorder

The Steering Committee met monthly to gather data and develop a plan for identifying the health needs in our community. Each representative furnished data from their respective areas and presented to the committee for review. Because our community encompasses two states as well as two counties, not all data resources were consistent or available across state lines. Data sources reviewed included:

County Health Rankings for 2012 and 2013  
2011 North Dakota Kids Count Survey for Richland County  
2011 Minnesota Kids Count Survey for Wilkin County  
Richland County Community Health Profile  
North Dakota Youth Risk Behavior Survey for the Southeast District  
Minnesota Student Survey, Fall 2010  
2010 Minnesota Vital Statistics Trend Report for Wilkin County  
2007 Community Snapshot for Richland-Wilkin Healthy Communities, Inc.  
Healthy People 2020 Objectives for Minnesota and North Dakota

Once the data was reviewed, the committee decided to compare the actual statistics with the community perception. An electronic survey (SurveyMonkey) tool was utilized to collect that information. Information and requests to participate were shared through the local newspaper and radio station. The access link was shared with area employers and they were asked to encourage their staff to participate. The survey link was published on the websites for United Way, Chamber of Commerce, North Dakota State College of Science, and St. Francis. In addition the link was sent via e-mail to various distribution groups. 538 individuals completed the on-line survey format.

Upon review of the demographics, the committee determined there was very little participation from the senior and the lower income members of our community. The survey was printed out in a paper format. Members of the steering committee attended meetings at area senior citizens centers to obtain their input. In addition, the two county Public Health departments distributed paper copies to their clients to complete while waiting for appointments in their offices and to congregate housing facilities in our community. An additional two weeks was allowed for this data collection. Upon completion of the additional data gathering, a total of 604 participants completed the survey.

Community Survey results showed the following trends...

- Overall residents feel this community is a good place to live and raise a family.
- There is access to basic health care and to nutritious food.
- The community has a clean and safe environment.
- There are effective school systems in the community.
- Substance (including alcohol) use and abuse is a problem.
- Cancer is an area of high concern for residents.
- Obesity was identified as a top health issue in the community.
- Mental health was also listed as one of the top health issues.

The community health needs were identified by comparing the community survey results and the data from the sources listed above to determine the common areas. The steering committee identified the following assets and areas of concern: *(A copy of the Community Survey Summary and results are found in Appendix D. A copy of the Comparison of School Survey data for Wilkin and Richland Counties is in Appendix E.)*

Assets:

- The community is considered safe by the residents
- The residents of the community feel it is a good place to raise kids.
- People are viewed as friendly, helpful, and supportive.
- 83.4% of survey respondents have local access to medical care.
- 77.4% of survey respondents rated their overall health as good to very good.

Areas of Concern:

- Substance (including Alcohol) Use and Abuse - identified in community survey responses, school surveys, and county health rankings

- Obesity/Physical Inactivity – identified in community survey responses, school surveys, and county health rankings
- Mental Health – identified in community survey responses and county health rankings
- Cancer – identified in community survey responses

The steering committee enlisted the assistance of a public health expert to correlate the data and survey results and to help determine the areas of focus. Dr. Stephen Pickard is an Epidemiology Field Office with the Centers for Disease Control and is assigned to the North Dakota Department of Health. He has 21 years of experience as a medical epidemiologist working with the CDC. The data collected and the community survey results were sent to him for review. The steering committee met with Dr. Pickard via video conference to discuss his findings.

Upon review, Dr. Pickard presented the following information to the steering committee:

- Because of the small numbers in our counties, some data has limited availability and may not always be representative.
- Not all data was available or consistent in both counties, primarily because they are in different states.
- The school surveys are compiled for different data sets between the two counties, which can lead to some difficulty in comparing the data. Southeast North Dakota includes more than Richland County. North Dakota data is for all high school students. Wilkin County data is divided into 6<sup>th</sup> grade, 9<sup>th</sup> grade, and 12<sup>th</sup> grade.
- Data from Wilkin County schools is based on small numbers and may not be true for next year when a different group of students is surveyed.
- Even if some of the results are no worse than the respective states, that does not mean there is not a problem.
- Rural areas of our community were under-represented in the community survey, which may bias the data in favor of Wahpeton and Breckenridge.
- While there were not a lot of lower income participants in the survey, there were a significant number of health care and social services participants. Because they deal with a significant number of the lower income population, these individuals can give a fairly accurate depiction of our community as a whole.
- There is a small urban pattern to our population with many more children than elderly.
- Ten year comparisons show that the population is aging.
- Both counties show a population decline between 2000 and 2010.
- Food stamp usage and eligibility for free and reduced price lunch have increased in both counties from 2006 to 2010 thus suggesting some economic stress in the community.
- Although 5.2% of families were in poverty, among single women with children the rate was 31%.
- Special education rate is substantially higher in both counties than their respective states.
- Births are declining in both states, but the rates are similar to the respective states.

- Teen births are substantially lower than the respective states in both counties, and the states are lower than the nation.
- Children impacted by domestic violence was higher in Richland County than the state. No correlating data for Wilkin County available.
- Common and preventable cancers and total cancers are not significantly different from state for either county.
- Heart disease is still the leading cause of death in both counties, which is not true for either state or the nation. Cancer is becoming the number one cause of death.
- Although the obesity rate is similar to the states for both counties, it is still a major problem.
- Binge drinking is similar to the state statistics, which correlate with the high rates in all Upper Midwest states.
- Fruit and vegetable consumption is poor in our area, which correlates with our states, as well.
- Smoking is still prevalent in our area.
- Bullying is very common in the 6<sup>th</sup> grade (about 2/3<sup>rd</sup>) and seems to decrease by the 12<sup>th</sup> grade (1/4<sup>th</sup>), however, sexual harassment picks up in high school. Both rates are higher than the state rate. 35% of the Wahpeton high school students report being bullied on school property.
- Mental health issues are prevalent in our students. 20% of students in Wilkin County report having suicidal thoughts, and 17% of students in Wahpeton report seriously considering suicide.
- 20% of all high school students in Southeast North Dakota report any tobacco use, and 50% of 12<sup>th</sup> grade males report tobacco use in Wilkin County. (Note – Tobacco use goes up during high school, so 12<sup>th</sup> graders are expected to have a higher use rate as compared to all high school students. Also, the data from Southeast North Dakota includes both sexes and Wilkin County is males only. Males have a higher use rate.)
- Similar to adult trends, students survey data shows that alcohol, binge drinking, and tobacco use are substantial problems in our area. Binge drinking was reported at 43% for 12<sup>th</sup> grade males in Wilkin County and 26% for high school students in Wahpeton.
- While prescription drug abuse is not as high as the nation, the trend is showing an increase in the rates. 22% of Wahpeton high school students report using a controlled substance without a prescription.
- Approximately half of the students in both counties fail to attain the minimum physical activity of 30 minutes per day for 5 days a week, with a high percentage reporting watching TV and playing computer/video games more than 3 hours per day.
- There is a high rate of drinking and driving (43% for 12<sup>th</sup> grade males) and riding with someone who has been drinking and driving (32% for 12<sup>th</sup> grade males) in Wilkin County and 52% in Wahpeton.
- 62% of high school students in Wahpeton report texting while driving.
- 40% of high school students in Wahpeton and 50% of 12<sup>th</sup> grade students in Wilkin County report ever having sexual intercourse. This is a problem across both states.

- Community members were very positive about education, health care, nutrition. And sports as community events.
- While they were positive about youth programming, transportation, arts, and activities for seniors, they were not as enthusiastic.
- The community was also very positive about quality of life and geographic setting.
- In the area of economics, there is a great deal of concern about affordable housing, employment opportunities, low wages, and cost of living.
- While concern was much lower for hunger, homelessness, and poverty, a very substantial percentage expressed concern about poverty.
- There was a high concern regarding youth activities, child care, aging resources, and family services, and a substantial percentage were very concerned about access to groceries, but overall this was much lower. (The steering committee attributed this to the rural areas that do not have grocery stores in their communities.)
- The highest areas of concern for health issues were substance abuse (including alcohol), cancer, and mental health.
- Obesity, diabetes, heart disease, and physical inactivity were also of high concern.
- The top health issues in the community were identified as substance abuse (including alcohol), cancer, obesity, and mental health.
- While crime did not elicit a large amount of concern, there was significant concern expressed for child abuse/neglect and to a lesser extent domestic violence.
- The dominant access to care issues were having health and dental insurance, cost of insurance and medication, and hours of clinic availability. Substantial concern was also expressed about the availability of mental health providers and overuse of the emergency room for primary care.
- Personal physical health areas of concern were cited as obesity, low levels of physical activity, stress, cancer, and chronic disease.

In conclusion, Dr. Pickard found the primary areas of citizen concern were:

- Alcohol and other drugs
- Cancer
- Obesity
- Mental Health

These concerns are supported by the data. Obesity and binge consumption of alcohol occur at high rates. While mental health does not appear to be worse than the respective states, it is a legitimate problem, including for youth. Cancer is a legitimate concern given that cancer is moving into the number one position of leading causes of death in the nation.

Based on the data, community input, and consultation with Dr. Pickard, the steering committee prioritized the areas of focus as follows:

1. Obesity (including physical inactivity)
2. Substance use/abuse (including alcohol, tobacco, and other drugs)
3. Mental Health

The steering committee felt that the most overall benefit would be achieved by focusing on primary prevention in these areas, as they are leading contributors to other diseases

and chronic conditions, such as cancer, diabetes, and hypertension. One of the biggest challenges is that our community resides in not only two counties, but also two states with differing funding resources, regulations, etc. The main objective of our efforts will be to develop comprehensive and consistent programs across both counties.

While these areas of concern are significantly prevalent in our community, there also are assets in place to work with to strengthen our approach to these issues.

The local clinics have obesity management programs in place to address this issue with their patients through the primary care physicians. Nutrition consultation is available at both clinics, through the Public Health Departments, and at St. Francis. The Southern Valley Health Watch (a subcommittee of Richland-Wilkin Healthy Communities, Inc) promotes active living events. The Breckenridge Active Living Committee has been involved in developing community structure and policy to promote sidewalk development, trail development, safe routes to school, etc. They have also sponsored active living events. Several organizations sponsor numerous walk/runs throughout the year, including indoor venues during the winter months. The challenge is increasing participation. Both Wahpeton and Breckenridge have active Parks and Recreation Departments that promote the development of activities and spaces to provide areas for physical activity. Wilkin County is a partner in the Statewide Health Improvement Program (SHIP) which focuses on creating structure and policy changes for prevention efforts and promotion of healthy lifestyles. As part of this effort, the Breckenridge School system has developed a JAWS program to promote physical activity during lunch break times. Students receive small tokens for the number of laps they complete around the playground during each break. In addition the Circle of Nations School, an inter-tribal off-reservation Indian school, has earned the Gold Health School award. They have incorporated healthy eating and physical activity into their routines.

In the area of substance use/abuse Wilkin County has a very active Youth and Community Prevention Coalition that is well established and has been working on teen substance use. Richland County has a Tobacco Coalition established. North Dakota State College of Science also has a well-established Alcohol, Tobacco, and other Drugs (ATOD) coalition. Wilkin County schools have an active Students Against Destructive Decisions (SADD) group. St. Francis offers chemical dependency outpatient treatment through the Hope Unit department. That department is currently undergoing reorganization and revision. One of the first steps will be to offer chemical use/abuse education through a Driving Under the Influence classes. In addition, Southeast Human Services offers chemical dependency services in Richland County two days per week. Community members must drive to Fergus Falls, MN (23 miles) or Fargo, ND (50 miles) to seek other resources for treatment.

Mental health resources have limited availability. One full-time psychiatrist is on staff at the Hope Unit at St. Francis, as well as one full-time psychologist and one part-time psychologist who sees primarily children. St. Francis is actively recruiting for additional mental health staff. Sanford Health Clinic also employs a psychologist. There are a few

independent psychologists and counselors, who work part-time. Each of the schools also has counseling services available.

Cancer prevention education is conducted by the Public Health Departments. Screenings are offered through each of the clinics, as well as St. Francis. Free or reduced rate mammograms and cervical cancer testing is done through programs with both states. Some chemotherapy is conducted in our community at the clinics, however the majority is done in either Fergus Falls or Fargo. End of life services for cancer patients are offered through Riveredge St. Francis Hospice. There are several fundraising events in our community to assist cancer patients and their families.

In the area of child abuse/neglect and domestic violence, the community has a variety of resources. In addition to county social services, each county has an active Child Protection team, which brings together members of law enforcement, social services, and others involved in child care services. There are two crisis response centers in our community, one for Wilkin County and one for Richland County. Both provide victim assistance and advocacy, as well as community education services. There are active day care provider groups in both counties, as well. Within in the past two years, the community has come together to address primary prevention for child abuse and/or neglect. St. Francis sponsors the Family Footprints program. An early childhood and parent educator meets with new parents after the birth of their child in the hospital. They then offer to conduct up two more home visits to help provide education for the parents and to answer questions. During the visits, the educator is able to assess needs and help provide referrals to needed resources before crisis situations arise.

For the next steps, the steering committee will identify groups already working on the three focus areas and develop task forces in each of the areas to work together to develop a coordinated and comprehensive effort across both counties to improve our community's health. The first task force to be established will be in the area of Obesity and Physical Inactivity. While there are several groups addressing this issue, the efforts are disjointed and not comprehensive at this time. Reducing obesity and assisting people to become more active will actually affect the outcomes for the other two issues. Once this task force is established and operational, with a clear action plan, the Substance Use/Abuse task force will be established. There are several well-established groups already in the community. The effort will be focused on bringing these groups together to coordinate their efforts and to look for gaps and opportunities to develop a more comprehensive approach. Once this group has a clear action plan, the third task force regarding Mental Health will be developed.

This report, along with the supporting data contained in the appendixes will be published on the St. Francis website at [www.sfcare.org](http://www.sfcare.org), so that the public will be able to access this information. A link will be posted on the front page of the St. Francis website. Paper copies of the report will be available to individuals who request this information. Requests can be made by stopping at the Guest Services Desk in the front lobby of St. Francis. Written requests may also be sent to the following:

Ann Trebesch, Vice President of Mission Leadership Integration

St. Francis Healthcare Campus  
2400 St. Francis Drive  
Breckenridge, Minnesota 56520

Information for accessing this report will be communicated to the public through local media. In addition, we will send letters to the same business contacts that participated in the community survey.

Respectfully submitted,

Richland-Wilkin Community Health Needs Assessment Task Force  
David Nelson, Chair

Approved on the 21 day of JUNE, 2013 by the Board of Directors of St. Francis Health Care Campus.

MARY MAUCH  
Mary Mauch  
St. Francis Board Chair

6-21-13  
Date