

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

St. Francis Medical Center is a rural, twenty-five bed, critical access hospital, and operates as one of four corporations under the umbrella of St. Francis Healthcare Campus. The other three corporations are St. Francis Home, a 120-bed long term care skilled nursing facility, Appletree Court, a 20 unit HUD independent living center, and Healthcare and Wellness Foundation. All entities of St. Francis Healthcare Campus are a part of Catholic Health Initiatives.

St. Francis was founded by the Franciscan Sisters of Little Falls, Minnesota in 1899, in response to a request from the community founders to provide health care in this rural area. Continuing the Franciscan tradition of service, St. Francis is proud to be the only health care facility in the Red River Valley to serve its community under the same name for over one hundred and fourteen years. In 1996, the Franciscan Sisters joined with other religious congregations to form Catholic Health Initiatives.

The mission of St. Francis Medical Center, and Catholic Health Initiatives, is “to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.” The Vision Statement for St. Francis and Catholic Health Initiatives is “to live up to our name as One CHI: Catholic: living our Mission and Core Values, Health: improving the health of people and communities we serve, Initiatives: pioneering models and systems of care to enhance care delivery. St. Francis also developed their own vision of the future to coincide with the CHI Vision, which is “St. Francis will be the provider of choice with innovation and partnerships that promote healthier communities.” These statements of belief and guidance all contain the core element of creating healthy communities. They compel us to provide care to all in need and to work in collaboration with others to build a healthy community. We carry on the legacy passed down to us from our foundresses, the Franciscan sisters, as we continue to explore areas of need in our community and respond to those needs.

The 11-member, volunteer, Board of Directors oversees St. Francis’ commitment to promote the development of healthier communities. The Board members reside in the communities served by St. Francis. They include an insurance agent, attorney, banker, educator, college administrator, local business persons, farmer, two physicians, etc. Care is taken to recruit board members who represent various sectors of the community.

The Richland-Wilkin Community Health Needs Assessment for St. Francis Healthcare Campus and the community it serves was conducted from August 2012 through March 2013 for the 2013 fiscal year. The implementation plan detailed in this report will be carried out over the next three years, from July 2013 through June of 2016. This implementation plan is based on the results found in the Community Health Needs Assessment Report, which was approved by the St. Francis Board of Directors on June 21, 2013. A link to the Richland-Wilkin Community Health Needs Assessment Report can be found on the St. Francis web site at www.sfcare.org.

St. Francis is the 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. A ten-year comparison shows that the population in both counties is aging, although, the community also has a small urban pattern with many more children than elderly. 31% of single women with children live in poverty in our community. 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. (*Appendix B lists the 2013 County Health Rankings data for both Wilkin County and Richland County.*)

The majority of the populations utilizing hospital services at St. Francis are senior citizens (62%), and almost all of the long term care residents of St. Francis Home are seniors. Seniors have a higher incidence of chronic disease and multiple health issues, as well as limited resources, thus increasing their vulnerability. In addition, school surveys demonstrate that youth in our community are involved in at-risk behaviors at a significant rate. These factors were considered by the steering committee when determining our priority populations. The two most vulnerable populations in our community were identified as senior citizens and youth.

Upon completion of the community health needs assessment, the Richland-Wilkin Community Health Needs Assessment Steering Committee began working on the implementation plan based on the assessment results. Members of the Steering Committee included:

- 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

Through the community health needs assessment process, the following community health needs were identified:

- Obesity –
 - Approximately 30% of adults and 15% of high school students are obese.
 - 28% of adults report physical inactivity
 - Approximately 50% of high school students report physical inactivity (less than 60 minutes 5-7 times a week).
 - Food stamp usage and eligibility for free and reduced price lunch have increased in both counties from 2006 to 2010, thus indicating a potential for poor nutritional habits.
 - Fruit and vegetable consumption is poor in our area, which correlates with the states.

- Substance Use/Abuse –
 - 22% of adults are classified as participating in excessive drinking.
 - The rate of binge drinking is highest in the Upper Midwest states, with North Dakota and Minnesota having some of the highest rates. The statistics for Richland and Wilkin counties correlate with the states.
 - Approximately 40% of high school students admit to alcohol use in the past 30 days and 23% - 26% have been involved in binge drinking.
 - 43% of 12th grade males admit to drinking and driving, and 40-50% of high school students say they have ridden in a vehicle with someone who has been drinking.
 - 20% of adults are currently smoking.
 - 27% of high school students admit to tobacco use in the past 30 days.

- Mental Health –
 - Both Richland and Wilkin counties are designated as mental health shortage areas. The patient to provider ratio for Wilkin County is 2,191:1 and for Richland County, it is 16,342:1.
 - 24% of high school students in the community report experiencing depressive symptoms.
 - 15-24% of high school students report having had suicidal thoughts.
 - 23% of students in Richland County report having seriously considered attempting suicide.
 - The special education rate is substantially higher in both counties than their respective states.

- Cancer – While heart disease is still the leading cause of death in our community, cancer deaths are on the rise. Community members expressed significant concern about cancer risks during the community survey, listing it as one of the top 4 health concerns.

- Violence –
 - While the overall crime rate is not a concern for our community, the number of children impacted by domestic violence was higher for Richland County than the state. There is no correlating data available for Wilkin County, but the data for most health issues is similar between the two counties.
 - Bullying is very common in the 6th grade (about 2/3rds of the students report being bullied) but seems to decrease by the 12th grade (1/4th of students).

- However, sexual harassment picks up in high school. Both counties report rates higher than their respective states. 35% of Wahpeton students report being bullied on school property.
- Teen Sexual Activity –
 - 40% - 50% of high school students in the two counties report ever having sexual intercourse which correlates with the rates in both states.
 - However, the teen birth rate is substantially lower in the two counties than their respective states. Both states are also lower than the nation.

While these areas of concern were identified, we also have assets in place to utilize as we work towards improvement.

Obesity and Physical Inactivity:

- 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. There is usually a nutrition component incorporated as part of these 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, including St. Francis, sponsor numerous walk/runs throughout the year, including indoor venues during the winter months. The challenge is increasing participation in these events.
- 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 and St. Francis are partners in the Statewide Health Improvement Program (SHIP) which focuses on creating structure and policy changes for prevention efforts and promotion of healthy lifestyles.
- The Breckenridge School system has initiated several programs to increase the health and wellness of their students. One of the programs, JAWS, promotes physical activity during lunch break times. Students receive small tokens for the number of laps they complete around the playground during each break. The Breckenridge Schools have also received the Healthier U.S. Challenge Gold award.
- The Circle of Nations School, an inter-tribal off-reservation Indian school, has also earned the Healthier U.S. Challenge Gold award. They have incorporated healthy eating and physical activity into their routines and curriculum.

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 for several years.
- Richland County has established a Tobacco Coalition.
- 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 class. Classes for adolescents will be developed in the future.
- Southeast Human Services offers chemical dependency services in Richland County two days per week.

Mental Health:

- 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, at least on a part-time basis.
- Members of the local religious community are also available for counseling.
- Southeast Human Services offers some counseling services in Richland County a couple of days each week.
- Wilkin County has established an Adult Mental Health Advisory Council.
- A social club, "A Place for Friends", has been established in Wilkin County for those who are diagnosed with SPMI (severe and persistent mental illness).

Cancer:

- 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.

Child Abuse/Neglect and Domestic Violence:

- 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.
- 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 offer to conduct up to two more home visits to provide education for the parents and to answer questions. During the visits, the educator is

able to assess needs and provide referrals to needed resources before crisis situations arise.

The steering committee met with Dr. Stephen Pickard, Epidemiology Field Officer for the Centers for Disease Control (CDC), who is assigned to the North Dakota Department of Health. The committee asked Dr. Pickard to look at the statistical data and the community survey results to help determine the priority focus areas. The four main areas of citizen concern for our community were Alcohol and other drugs, Cancer, Obesity, and Mental Health. The steering committee established the following three areas to focus on over the next three years – #1 Obesity (including physical inactivity), #2 Substance use/abuse (including alcohol, tobacco, and other drugs), and #3 Mental Health. It was felt that the most overall benefit would be achieved by focusing on primary prevention in these areas, as they are leading contributors to other disease and chronic health conditions, such as cancer, diabetes, and hypertension. In addition, child abuse/neglect and domestic violence are already being addressed by a community-wide task force that connects both counties in the effort. At this time, the steering committee did not feel our community had the resources available to adequately address teen sexual activity. The steering committee also felt that we would achieve the most effective results by concentrating our limited resources on three primary focus areas.

One of the most difficult challenges for our community is that we reside in not only two counties, but also two states with differing funding resources, regulations, etc. The main purpose of our efforts will be to develop comprehensive and consistent programs in these three focus areas across the community.

For the next steps, the steering committee will present an overview of the process and findings to the City, County, and School officials in our two counties on June 25th. A Community meeting will be held in August to present the results of the 2013 Community Health Needs Assessment. This meeting will be open to the public, and widely publicized. Dr. Pickard will present the information and field questions regarding the interpretations, etc. The steering committee will present the action steps to address the priority areas. Information from the assessment and this implementation plan will be available to any community member or group. The steering committee will also offer to present the information at area civic group meetings and other events in our service area. In addition, Dr. Pickard will facilitate a round table discussion with representatives from the resource groups identified to work on the three priority focus areas.

The steering committee will identify groups already working in these areas and develop task forces in each of these three priority areas to come together to coordinate and enhance current efforts across both counties to improve our community's health. St. Francis will provide health professionals to serve as representatives for the healthcare campus as active members of the task forces. St. Francis will also serve as the facilitator for the task forces and will provide meeting space and administrative support in order to initiate each of the groups. The steering committee established overall goals and objectives for each task force to guide them and to provide accountability for progress in their respective areas. Each task force will develop an

action plan for carrying out their goals and objectives, once they are established, with strategies, measurable outcomes, and timelines.

The first task force to be established will be in the area of Obesity and Physical Inactivity. While there are several groups addressing the issue, current efforts are disjointed and lack a comprehensive approach. Reducing obesity and assisting people to become more active will actually affect the outcomes for other health issues. Therefore, it was chosen as the first area to address.

The goal for the Obesity/Physical Inactivity Task Force will be to develop a comprehensive and consistent approach to obesity management in the Richland and Wilkin County community, thus reducing the incidence of adult obesity. The objectives are as follows:

1. The Community Health Needs Assessment Steering Committee will invite stakeholders and community partners to be members of the Obesity Management Task Force. The task force will be established by October 2013.
2. The Obesity Management Task Force will identify existing community resources by January 2014.
3. The Obesity Management Task Force will identify areas of greatest impact and/or opportunity by April 2014.
4. The Obesity Management Task Force will develop an action plan with strategies, timelines, and outcomes by July 2014.
5. The Obesity Management Task Force will begin implementation of their action plan as of August 2014.

Once the Obesity task force is established and operational, with a clear action plan, the Substance Use/Abuse task force will be established. Prior to establishment of this task force, St. Francis will continue to work to improve its current outpatient chemical dependency treatment program. There are several other well-established groups already in the community; however, we still see a significant incidence of drug, alcohol, and tobacco use and abuse. The task force's efforts will be focused on bringing the various groups together to coordinate their efforts and to look for gaps and opportunities to develop a more comprehensive and effective approach to education and prevention. Since substance use/abuse is often linked with mental health issues, addressing the resources and prevention efforts will have an effect on mental health in our community.

The goal of the Substance Use/Abuse Task Force is to develop a consistent and comprehensive approach to addressing substance use/abuse in the Wilkin and Richland County community, thus reducing the incidence of binge drinking, smoking, and teenage alcohol consumption. The objectives are as follows:

1. The Community Health Needs Assessment Steering Committee will invite stakeholders and community partners to be members of the Substance Use/Abuse Task Force. The task force will be established by October 2014.
2. The Substance Use/Abuse Task Force will identify community resources by January 2015.
3. The Substance Use/Abuse Task Force will identify areas of greatest impact and/or opportunity by April 2015.

4. The Substance Use/Abuse Task Force will develop an action plan with strategies, timelines, and outcomes by July 2015.
5. The Substance Use/Abuse Task Force will begin implementation of their action plan as of August 2015.

When the Substance use/abuse task force has established a clear action plan, the Mental Health Task Force will be developed. In the meantime, St. Francis will continue their efforts to recruit additional mental health providers to the community. There are fewer community-based groups already established to address mental health issues at this time. The steering committee will look for a variety of stakeholder groups and community partners in order to establish the Mental Health Task Force.

The goal of the Mental Health Task Force will be to develop a comprehensive and consistent approach to address mental health issues in the Richland and Wilkin County community, thus reducing the incidence of teenagers who report symptoms of depression and suicidal thoughts. The objectives are as follows:

1. The Community Health Needs Assessment Steering Committee will invite stakeholders and community partners to be members of the Mental Health Task Force. The task force will be established by October 2015.
2. The Mental Health Task Force will identify community resources by January 2016.
3. The Mental Health Task Force will identify areas of greatest impact and/or opportunity by April 2016.
4. The Mental Health Task Force will develop an action plan with strategies, timelines, and outcomes by July 2016.
5. The Mental Health Task Force will begin implementation of their action plan as of August 2016.

This implementation plan will be reviewed on a bi-monthly basis at the regular meeting of the Mission Integration Committee of the St. Francis Board of Directors. The Mission Integration Committee will report progress every two months to the St. Francis Board of Directors.

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 Healthcare Campus.

MSMAUCH

Mary Mauch
St. Francis Board Chair

6-21-13

Date