

CHI St. Francis Health
Breckenridge, Minnesota
2016 Richland- Wilkin 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 CHI St. Francis Health. The other three corporations are St. Francis Home, an 80-bed long term care skilled nursing facility, Appletree Court, a 20 unit HUD independent living center, and Healthcare and Wellness Foundation. All entities of CHI St. Francis Health 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 seventeen years. In 1996, the Franciscan Sisters joined with other religious congregations to form Catholic Health Initiatives.

The mission of CHI St. Francis Health, and Catholic Health Initiatives, is “to nurture the healing ministry of the Church supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.” The Vision Statement for St. Francis and Catholic Health Initiatives is, “As a ministry of the Catholic Church, we will lead the transformation of health care to achieve optimal health and well-being for the individuals and communities we serve, especially those who are poor and vulnerable. 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 healthier communities. They compel us to provide care to all in need and to work in collaboration with others as we build a healthier community. We carry on the legacy passed down to us from our foundresses, the Franciscan sisters, as we continue to identify and 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 attorney, educators, local business persons, religious, funeral director, etc. Care is taken to recruit board members who represent various sectors of the community.

The 2016 Richland-Wilkin Community Health Needs Assessment for CHI St. Francis Health and the community it serves was conducted from July 2015 through March April 2016. The implementation plan detailed in this report will be carried out over the next three years, from July 2016 through June of 2019. 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 May 20, 2016. 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 can be found in Appendix A of the 2016 Richland-Wilkin Community Health Needs Assessment Report.*) 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 2015 County Health Rankings list 18% of Wilkin County residents as age 65 or older compared to 14% for the state of Minnesota. 24% of residents are younger than 18, the same as the state statistic. 16% of Richland County residents are 65 years old or older compared to 14% for the state of North Dakota. 21% of residents in Richland County are younger than 18, which is slightly less than the 22% for 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. 95% of the residents in Wilkin County are identified as Non-Hispanic White, which is higher than the Minnesota statistic of 82%. 93% of the residents of Richland County are identified as Non-Hispanic White, which is higher than the North Dakota statistic of 87%. Hispanics account for 2% of the population in each county, and American Indians account for 1% and 2% respectively. (*Appendix B of the 2016 Richland-Wilkin Community Health Needs Assessment Report lists the 2015 County Health Rankings data for both Wilkin County and Richland County.*)

The majority of the patients requiring inpatient hospitalization services at St. Francis are over the age of 65, as are almost all of the long term care residents of St. Francis Home. This population has 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, CHI St. Francis Health, Committee Chair
- Deb Jacobs, Director, Wilkin County Public Health, Public Health expert
- Deb Flack, Administrator, Richland County Public Health, Public Health expert
- Julie Rosenberg, Administrator, Essentia Health Clinic, Wahpeton
- Jordan Ottoson, Director of Clinic Operations, Sanford Health Clinic, Wahpeton
- Gloria Dohman, retired, Associate Vice President for Institutional Effectiveness, North Dakota State College of Science
- Ann Trebesch, Vice President of Operations/Mission, CHI St. Francis Health, Recorder

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

- Obesity –
 - Approximately 30% of adults in our community are obese.
 - Physical inactivity is a factor for 26% of adults in our area.
 - 57% of survey respondents report eating fewer than 5 servings of fruits and vegetables per day.
 - More than 70% of respondents do not exercise for 30 minutes or more on at least 5 days per week.

- Substance Use/Abuse –
 - 70% of survey respondents report alcohol use, with approximately 30% reporting binge drinking within the past 30 days.
 - 10% of respondents self-reported a problem with alcohol use; with 16% reporting alcohol had a harmful effect on them or a family member in the past 2 years.
 - More than 64% expressed concern about the presence of street drugs, prescription drugs, and alcohol in the community.
 - Over 50% report concern with underage drinking and drug use and abuse.

- Mental Health –
 - The number of mental health providers is significantly less than the state or national averages in both Wilkin and Richland counties.
 - CHSI rates older adult depression in the moderate to least favorable category.
 - 48% of survey respondents reported having one or more days of poor mental health in the past 30 days.
 - Approximately 25% of respondents have had several or more days of feeling down, depressed, or hopeless in the past 2 weeks.
 - There are no inpatient behavioral health treatment facilities in our community, and bed availability in those communities that have treatment facilities is very limited. It can often take up to 6 to 8 hours to find placement for an individual needing services.

- Violence – (Domestic Violence and Child Abuse/Neglect)
 - The violent crime rate for Wilkin County has increased in the past 3 years.
 - CHSI rates violent crime as a moderate concern for our community.
 - 47% of survey respondents expressed concern about child abuse and neglect.
 - Bullying was identified as an area of high concern for participants.

- Affordable Health Care – (medical, dental, vision, prescription medications, long term care)
 - The number of Primary Care Physicians is lower than both the state and national averages.
 - Health care costs rose slightly in Wilkin County in the past 3 years.
 - Primary care access is listed in the moderate category by CHSI.
 - Over 60% of survey respondents expressed concern with the affordability of health care.

- Child Care
 - Approximately 20% of children live in single parent households in our community.

- The median household income in Wilkin County is approximately 13% less than the state.
- Over 52% of survey respondents with children expressed a concern regarding the availability and affordability of quality child care.
- Over 50% expressed a concern in regards to the availability and affordability of quality infant care.
- The number of child care providers in the community has decreased significantly over the past 20 years.

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

Obesity and Physical Inactivity:

- The ACTIVE task force has been established since the 2013 Community Health Needs Assessment. This group consists of various stakeholder groups and individuals throughout the community who are coordinating their efforts to address this issue. The task force's overall goal is to reduce the incidence of adult obesity in Richland and Wilkin counties by 5% by 2025. They are focusing their efforts in four main areas – youth, seniors, worksite wellness, and communication/education. While obesity did not decrease in the past three years, physical inactivity did see a slight decrease.
- The local clinics have obesity management programs in place to address obesity with their patients through the primary care providers. This includes nutrition consultation, which is also available through the Public Health Departments.
- Several organizations, including St. Francis, sponsor numerous walk/runs and other physical activity events throughout the year, including indoor venues during the winter months. Participation in these events appears to be increasing.
- Schools in the area have implemented programs to encourage healthy lifestyles for their students.

Substance Use/Abuse:

- The Substance Abuse Stakeholders group has been established in the past year. This group is comprised of public health, clinics, law enforcement, judicial system, treatment programs, schools, and advocacy groups. They have established several focus areas to address – disposal of unused medications, coordination of pain management medications, continuity of public policy and education, and advocacy regarding the legalization of marijuana.
- Wilkin County has a very active Youth and Community Prevention Coalition that is well established and has been working on teen substance use for over ten years. They are now working with Richland County to establish a similar coalition on the North Dakota side.
- St. Francis offers chemical dependency outpatient treatment through the Hope Unit department and 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. E-psychiatry services are available in the Emergency Room at St. Francis, with plans to expand in the outpatient clinic setting.

- Sanford Health Clinic also employs two psychologists, and there are limited independent psychologists and counselors in the community.
- Each of the schools also has counseling services available, at least on a part-time basis.
- Members of the local ministerial community are also available for counseling.
- Southeast Human Services offers limited 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).
- The Substance Abuse Stakeholders group has developed a sub-committee to address the transportation issue for individuals needing inpatient services for behavioral health and/or chemical dependency crises.

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.
- In collaboration with the Violence Prevention Task Force, St. Francis has developed 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. Prenatal visits are also available by referral for identified high-risk parents. A new addition to the program is the Parent Mentoring program. New parents who do not have a support system in their lives are matched with mentors who have proven parenting skills. The mentor acts as a coach and friend who can gently guide the parent along their parenting journey.

Affordable Health Care

- Both primary care clinics in the community are actively recruiting for additional primary care providers.
- St. Francis has recently opened an after-hours walk-in clinic to help address the non-emergent needs of the community.

Child Care

- The steering committee is working with the child care licensing agencies in both counties to study the dynamics of the child care issues further.

Tiffany Knauf, Project Coordinator for the Center of Rural Health, with the University of North Dakota School of Medicine and Health Sciences was enlisted to provide expertise in data analysis. Ms Knauf reviewed the data and the community survey results, along with the results from the 2013 Community Health Needs Assessment and was asked to assist the committee with determining the priority issues. The primary areas of concern in our community were Affordable Health care (health, dental, long term, vision, etc), Obesity, Substance Abuse,

Mental Health, and Child Care. Based on Ms. Knauf's findings, the following three priority areas were established to be addressed over the next three years – #1 Obesity, #2 Substance Use/Abuse and Mental Health, and #3 Child Care.

The steering committee continues to believe the most overall benefit will be achieved by focusing on primary prevention in the areas of obesity and substance use and abuse. These factors are leading contributors to other disease and chronic health conditions, such as cancer, diabetes, and hypertension. Because of the substance abuse and mental health are often interrelated; they were combined in the 2016 implementation plan. Child abuse/neglect and domestic violence are already being addressed by the Violence Prevention Task Force that connects both counties. At this time, the steering committee did not feel our community had the resources available to adequately address the issue of affordable health care. Child care will be studied by the steering committee and an action plan developed at the time the issue is further defined. The survey questions were not detailed enough to clearly identify the community's concerns with child care..

Small rural communities have limited resources available to address issues. Often the same individuals are involved in community efforts by virtue of their positions, etc. Therefore, the steering committee felt the most effective results would be achieved by concentrating our limited resources on three primary focus areas. The limit on resources is just one of the challenges our community faces as we address community health needs. Another difficult challenge 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 focus areas across the community.

The results of the 2016 Community Health Needs Assessment were made available to the public via the St. Francis website (www.sfcare.org). Updates on the efforts since 2013 will be published in the Fall issue of the St. Francis Community Newsletter. Each of the task forces will be featured, along with their accomplishments thus far. Members of the Steering Committee are also available to present the results and implementation strategy to community groups upon request. One such presentation has already been conducted for the Faith Partners group.

Work Plans:

The work of the ACTIVE Task Force addressing obesity management will continue as they strive for their 2025 goal of a 5% reduction in adult obesity. Their objectives include the following:

1. To work with seniors in our community to develop and/or enhance policies and programs to promote healthy lifestyles that meet their needs.
2. To work with local worksites to develop and implement a comprehensive worksite wellness policy that promotes healthy lifestyle choices.
3. To work with local schools and day care providers to develop and implement comprehensive approaches to promoting healthy lifestyles.

4. To increase community awareness and knowledge of healthy lifestyle opportunities and events.

The Substance Abuse Stakeholders Group will continue to develop their strategies to address substance use and abuse, as well as mental health issues in our community. The goal of this group is to develop a consistent and comprehensive approach to addressing substance use/abuse in the Wilkin and Richland County community. The objectives are as follows:

1. Increase the knowledge and utilization of the authorized medication disposal sites by October 2017.
2. Coordinate the prescribing of pain medications between all providers in the community by May 2018.
3. Develop a Richland County coalition to address the utilization of alcohol, tobacco, and other drugs by January 2018.
4. Develop a plan for transportation of individuals needing inpatient services for mental health and/or chemical dependency crises by June 2017.

The CHNA Steering Committee will continue to work with the day care licensing agencies and other community resources to determine what issues are incorporated in the community's expressed concern regarding child care. Once the issues are determined, the goals and objectives can be set. The goal at this time is to identify the issues and contributing factors related to child care in the Richland-Wilkin Community.

1. The Community Health Needs Assessment Steering Committee will invite stakeholders and community partners to participate in the discussion and data collection regarding Child Care in our community by January 2017.
2. Goals and objectives regarding child care will be established by June 2017.

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. In order to establish ownership of the issue, each task force will be responsible for developing an action plan for carrying out their goals and objectives with strategies, measurable outcomes, and timelines.

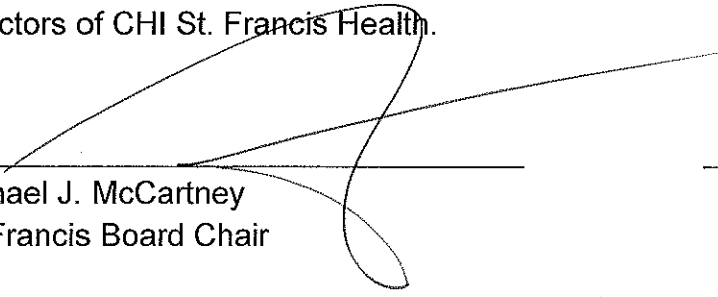
St. Francis will provide health professionals to serve as representatives and active members of the task forces in these priority areas. St. Francis will also serve as the facilitator for the task forces and will provide meeting space and administrative support in order to initiate and/or continue each of the groups.

This implementation plan will be reviewed on a quarterly basis by the CHNA Steering Committee. Progress will be reported every three months to the St. Francis Board of Directors.

Respectfully submitted,

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

Approved on the 8 day of November, 2016 by the Executive Committee of the Board of Directors of CHI St. Francis Health.



Michael J. McCartney
St. Francis Board Chair

11/8/2016

Date