

CHI St Francis Health 2022 Community Health Implementation Strategy

Adopted November 2022



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At-a-Glance Summary

<p>Community Served</p> 	<p>For the purposes of this CHNA, St. Francis Medical Center dba CHI St. Francis Health identified Richland County, ND and Wilkin County, MN, including the zip codes that cover 75% of patients served in calendar year 2019 (58075, 56296, 58061, 58060, 58067, 58013, 58053, 58081, 58058, 58041, 57260, 58030, 56583, 56565, 56522, 56543, 56520, 56553), as the primary service area. As a Critical Access Hospital, CHI St. Francis Health’s primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, the health system also serves residents from Richland County where there are no local hospitals. Therefore, both counties (Richland County, ND and Wilkin County, MN) were included in the CHNA community definition.</p>			
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are as follows:</p> <table border="1" data-bbox="407 867 1430 1024"> <tr> <td data-bbox="407 867 857 1024"> <ul style="list-style-type: none"> ● Mental Health ● Substance Use </td> <td data-bbox="857 867 1430 1024"> <ul style="list-style-type: none"> ● Health-related Social Needs </td> </tr> </table>		<ul style="list-style-type: none"> ● Mental Health ● Substance Use 	<ul style="list-style-type: none"> ● Health-related Social Needs
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<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <ul style="list-style-type: none"> ● Mental Health <ul style="list-style-type: none"> ○ Implementing THRIVE Program (Positive Psychology Initiative) ○ Increase access to Peer Support Groups ○ Increase Mental Health Professionals in School Systems ● Substance Use <ul style="list-style-type: none"> ○ Engaging youth to conduct a gap analysis in activities available ○ Create Youth Art Projects based on analysis ○ Strengthen marketing using positive community norms messaging and support system of available youth activities ● Health-related Social Needs <ul style="list-style-type: none"> ○ Better snow removal on sidewalks ○ Cooking demonstrations at well-attended, public events ○ Increase transportation to food access points ○ Mobile farmers markets 			

Anticipated Impact



Mental Health: Reducing suicidal ideation for HS Students in Richland/Wilkin Counties.

Substance Use: Reducing High School Students who drink in Richland/Wilkin Counties.

Health Related Social Needs: Increase food security rates in Richland and Wilkin Counties.

Planned Collaboration



Intend to collaborate with a number of community partners on the activities described in this report, including:

- Local Area School Districts
- PartnerSHIP 4 Health/SHIP
- Local Healthcare Providers
- Solutions Behavioral Healthcare
- Community Organizations/Non-profits
- Local Businesses
- Local Government (City and County)
- Local K-12 Students
- Local Families and Community Members
- Kinship
- Police Department and Probation
- City Parks and Recreation
- Boy and Girl Scouts
- BIO Girls
- Community Center/Youth Center
- Public Health
- Local Faith Communities
- Breckenridge Active Living Committee
- We Care Coalition
- Red Door Art Gallery
- Chalk Festival
- NDSCS
- U of M Extension and 4H
- Local College Students
- Chamber of Commerce
- Community Education
- Current bus/taxi providers
- Otter Express
- Medical transportation service providers
- MN DOT
- Red River CAP
- CAPLP
- SENDCCA
- Farm at St. Francis
- Twin Towns Farmers Market
- Local Farmers

This document is publicly available online at the hospital's website. Written comments on this report can be submitted to St. Francis Medical Center, 2400 St. Francis Drive, Breckenridge, MN 56520 or by e-mail to jolyn.dohman@commonspirit.org.

Our Hospital and the Community Served

About the Hospital

CHI St. Francis Health is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

CHI Health Overview

CHI Health is a regional health network consisting of 28 hospitals and two stand-alone behavioral health facilities in Nebraska, North Dakota, Minnesota and Western Iowa. Our mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The community health needs assessment (CHNA) and implementation plan was completed with our community partners and residents in order to ensure we identify the top health needs impacting our community, leverage resources to improve these health needs, and drive impactful work through evidence-informed strategies.

CHI St. Francis Health is located in Breckenridge, Minnesota, a rural community on the border with North Dakota. CHI St. Francis Health is a 25 bed critical access hospital that provides emergency services to the surrounding community, along with inpatient care, surgical and behavioral health services. CHI St. Francis Health was founded by the Franciscan Sisters of Little Falls in 1899 and remains the only provider of acute care in the two-county service area. In addition, CHI St. Francis Health provides primary and specialty care through the following:

- Clinics (Primary Care Walk-In Clinic, Milnor Clinic and Mental Health Clinic)
- Senior Living and Rehabilitation (St. Francis Nursing Home and Appletree Court Senior Living)
- Community Health, including Violence Prevention

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



Description of the Community Served

As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, the hospital also serves residents from Richland County, ND where there are no local hospitals. Therefore, both counties (Richland and Wilkin County) were included in the CHNA community definition. See Figure 1 to the right.

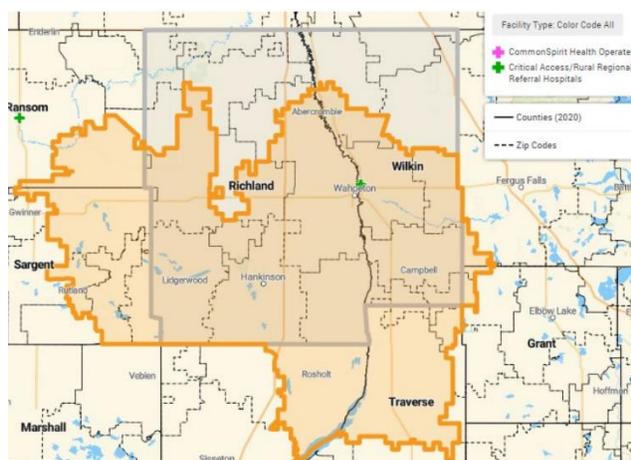


Figure 1: CHI St. Francis Health CHNA Service Area - Richland County, ND and Wilkin County, MN1 Assessment Process and Method

Community Description

CHI St. Francis Health is located in Breckenridge, MN, which is a community of approximately 3,200 residents. The city of Breckenridge is located in Wilkin County. Major sectors of industry include: education (18.7%), manufacturing (15.6%) and healthcare and social assistance (15.1%). Adjacent to Breckenridge is the city of Wahpeton, ND. Wahpeton is located in Richland County and the county seat. Major sectors of industry in Wahpeton include: manufacturing (22.5%), retail trade (14.7%) and healthcare and social assistance (14.5%). Population according to the most recent census estimates that Richland County is 52% rural, encompasses 1,436 square miles and has 16,529 residents. The population of Richland County is primarily non-Hispanic White, with a slightly higher percentage of residents over 65 years of age compared to the State of North Dakota (18.7%, 15.7% respectively). Wilkin County is 50.1% rural. Wilkin County residents are largely non-Hispanic White and the county has a slightly older population compared to the state of Minnesota.

Socioeconomic Factors

The median income in Richland and Wilkin County is lower than the corresponding state average (\$61,371 in Richland County, \$64,894 in North Dakota and \$60,595 in Wilkin County, \$71,306 in Minnesota). Each county outperforms its state in high school graduation rates (90.2% in Richland County, 86.3% in North Dakota and 94.4% in Wilkin County and 86.9% in Minnesota) and percentage of uninsured adults and children.

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Richland and Wilkin Counties have six designated Health Professional Shortage Areas (HPSA) including primary care, dental health, and mental health disciplines. The six designated HPSA sites with scores ranging from 11 to 21 on a scale from 0- 26, in which a higher score indicates a higher need, or greater shortage. Richland and Wilkin Counties have two designated Medically Underserved Areas (MUA). The score for the designated MUA’s in Richland and Wilkin County are 46.9 and 59.2, respectively on a scale ranging from 0- 100.

*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2022

Community Assessment and Significant Needs

The health issues that form the basis of the hospital’s community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted by the Hospital Board in May 2022. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital’s website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Care	Residents in Richland and Wilkin County lack access to specialty care medical services	No
Mental Health	Students in Richland and Wilkin Counties experience anxiety and depression	Yes
Substance Use	Students in Richland and Wilkin Counties are consuming alcohol and adults are experiencing excessive drinking	Yes

Significant Health Need	Description	Intend to Address?
Health-Related Social Needs	Students in Richland and Wilkin Counties are experiencing food insecurity. Adults in Richland and Wilkin Counties are experiencing poverty	Yes
Cancer Treatment	Residents in Richland and Wilkin County lack access to cancer treatment services	No
Dental Access	Residents in Richland and Wilkin County lack access to dental care services	No
Obesity	Residents in Richland and Wilkin County experience high rates of obesity	No
Violence	Residents in Richland and Wilkin County experience violent crimes	No

Significant Needs the Hospital Does Not Intend to Address

CHI St. Francis will not be addressing the below listed needs as community partners identified collaboratively the lack of feasibility, lack of resources, low impact, and lower community value alignment comparative to the top priorities selected.

Access to Care: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources.

Dental Access: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources and poor feasibility.

Cancer Treatment: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources and poor feasibility.

Obesity: While vitally important, community partners determined that the impact of the selected strategies would align better with community value and needs.

Violence: While vitally important, community partners determined that the impact of the selected strategies would align better with community value and needs. Additionally, the hospital currently operates ongoing programming focused on Violence Prevention.

2022 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others on to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included the Vice President of Patient Care and the Director of Mission for CHI St. Francis Health.



Community input or contributions to this implementation strategy included working with community partners to provide input throughout planning. Community partners included: Essentia Health, Richland-Wilkin Emergency Food Pantry, Wilkin County Public Health, Wilkin County Social Services, Wilkin/Richland Early Childhood Initiative, Southern Valley Early Childhood Education Initiative, PartnerSHIP 4 Health.

Planning Sessions

CHI St. Francis Health worked with Creating Community Consulting to facilitate the implementation planning. Three implementation planning sessions were held during the Fall of 2022 with 18 total attendees at Breckenridge City Hall. Each session was focused on a separate community health need in order to create a strategic approach to change.

The programs and initiatives described here were selected using the Results Based Accountability (RBA) framework. At each session the participants reviewed the priority area, data trends, discussed the story behind the data, identified resources available to address the community health needs and then brainstormed solutions.

Brainstorming was focused on best practices, low or no cost ideas, outside of the box ideas, and expanding on what’s working in the community. Top potential opportunities were ranked on impact, feasibility, value alignment, and clarity. To assist in strategy prioritization the below definitions were provided:

- **Impact:** What degree would this strategy push the data up or down? Is it likely this strategy will change the data results in the future?
- **Feasibility:** Is this strategy feasible in our community and is it affordable?

- Value Alignment: Does this strategy in value alignment with the community, the people it seeks to serve/support, and known best practices?
- Clarity: Does this strategy seem clear in how it could be implemented locally? Can it actually be done?

Through this process the strategies were identified along with action steps, resources needed, and partners that could support the work.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Strategies and Program Activities by Health Need

 Health Need: Mental Health					
Anticipated Impact (Goal)	Reducing suicidal ideation for HS Students in Richland/Wilkin Counties.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Implementing THRIVE Program (Positive Psychology Initiative)	<ul style="list-style-type: none"> ● THRIVE is a positive psychology initiative that has been successfully implemented in neighboring MN counties ● Provide community members and schools opportunity to learn about this initiative ● Train partners on Positive Community Norms ● Implement THRIVE based on already available program materials 	●	●	●	●
Increase access to Peer Support Groups	<ul style="list-style-type: none"> ● Identify school(s) interested in partnering ● Build buy-in from staff and students ● Provide Peer Support Groups for students 	●	●	●	●
Increase Mental Health Professionals in School Systems	<ul style="list-style-type: none"> ● Resource mapping of what is happening at each district in the two counties ● Build awareness of these services with parents, students, community members ● Work with home school and provide schools to increase access 	●	●	●	●
Planned Resources	Identify Champion/Point Person (PT role) for THRIVE Initiative Identify Facilitator to Lead Peer Support Groups, will also need curriculum and funding sources to support				

 Health Need: Mental Health	
	Funding for MH Professional Contracts
Planned Collaborators	Schools, PartnerSHIP 4 Health/SHIP, Healthcare Providers, Solutions Behavioral Healthcare, Community Organizations, Businesses, Local Government, Students, Families, Kinship

 Health Need: Substance Use					
Anticipated Impact (Goal)	Reducing High School Students who drink alcohol in Richland/Wilkin Counties.				
Strategy or Program	Summary Description	Strategic Objectives			
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact
Engaging youth to best determine gap in activities available	<ul style="list-style-type: none"> • Provide RBA training to community leaders and partners • Provide Positive Community Norms training to community leaders and partners • Support Positive Social Media Messaging targeting youth • Use RBA framework to engage with youth to determine opportunities that meet their needs • Implement ideas from youth engagement 	•	•	•	•
Create Youth Art Projects	<ul style="list-style-type: none"> • Identify physical spaces to potential partner with to expand youth art opportunities based on ideas from youth engagement • Incorporate Positive Community Norms into projects (THRIVE Initiative) 	•	•	•	•

 Health Need: Substance Use						
Strengthen marketing and support system of available youth activities	<ul style="list-style-type: none"> • Work alongside other strategies to ensure current youth activities that are available in the community are better marketed and build more awareness • Work collaboratively to increase distribution of youth activity marketing materials 	•	•	•	•	
Planned Resources	Commitment from school for staff, resources to support solutions from youth, Potential pilot in Breckenridge and Campbell (district is ready to engage) - replicate as other districts are ready					
Planned Collaborators	Schools, Police, Probation, Parks and Recreation, Scouts, BIO Girls, Community Center/Youth Center, Public Health, Churches, 4H, City, Active Living Committee, We Care Coalition, Red Door Art Gallery, Chalk Festival					

 Health Need: Health-related Social Needs						
Anticipated Impact (Goal)	Increase food security rates in Richland and Wilkin Counties.					
Strategy or Program	Summary Description	Strategic Objectives				
		Alignment & Integration	Clinical - Community Linkages	Capacity for Equitable Communities	Innovation & Impact	
Better snow removal on sidewalks to improve pedestrian access to groceries	<ul style="list-style-type: none"> • To be advanced by PartnerSHIP4Health in partnership with the City of Breckenridge 	•	•	•	•	
Cooking demonstrations at well-attended, public events	<ul style="list-style-type: none"> • Identifying events where people already gather • Identify organization with capacity/willingness to be a lead 	•	•	•	•	

 Health Need: Health-related Social Needs					
	organizer				
Increase transportation to food access points	<ul style="list-style-type: none"> Collect data on usage of transportation services to food access points Host convening to pull stakeholders together 	•	•	•	•
Mobile farmers markets and expansion of Farm at St. Francis project	<ul style="list-style-type: none"> Bring people together to discuss clarity/scope around what mobile outreach means/looks like Implement social network analysis and planning to expand impact of the Farm 	•	•	•	•
Planned Resources	Commitment from school for staff, Resources to support solutions from youth, Potential pilot in Breckenridge and Campbell (district is ready to engage) - replicate as other districts are ready				
Planned Collaborators	PartnerSHIP 4 Health; Breckenridge Active Living Committee, City Officials, Community Members, NDSCS, Churches, U of M Extension, College students, Chamber of Commerce, Community Education, Schools, Current bus/taxi providers, Otter Express, Medical transportation service providers, MN DOT, Red River CAP, CAPLP, SENDCCA, Farm at St. Francis, Twin Towns Farmers Market, Local Farmers				