CHI St. Alexius Health

Imagine better health.®

CHI St. Alexius Health

Community Health Needs Assessment

Implementation Strategies

2019-2021

CHI St. Alexius Health

Imagine better health.®

900 East Broadway
PO Box 5510
Bismarck, ND 58506-5510

P 701.530.7000
CHIStAlexiusHealth.org

Welcome

It is with great pleasure I share our 2019 Community Health Needs Assessment (CHNA) report with you. As a not-for-profit hospital, we conduct a CHNA once every three years to meet federal and state requirements. A CHNA assists CHI St. Alexius Health's board of directors in understanding our communities' health needs and aids in developing strategies to meet them.

CHI St. Alexius Health is committed to creating healthier communities by strengthening the quality of life, health and well-being of the residents we serve. Also, we are dedicated to advancing population health through our participation in PrimeCare Select, a clinically integrated network.

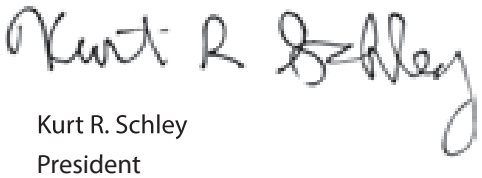
Our Catholic Health Initiatives' vision is to live up to our name as "One CHI":

Catholic: *Living our Mission and Core Values*

Health: *Improving the health of the people and communities we serve.*

Initiatives: *Pioneering models and systems of care to enhance care delivery.*

Our community faces complex and challenging health issues. CHI St. Alexius Health recognizes the fact we must work collaboratively with local partners to address the needs within our local communities. Together we can imagine and provide better health.



Kurt R. Schley
President
CHI St. Alexius Health Bismarck

Table of Contents

Acknowledgements

The 2018 Community Health Collaborative is comprised of CHI St Alexius Health, Burleigh Public Health, and Sanford Health and the Center for Social Research at North Dakota State University.

A community health needs assessment, completed in 2017 and early 2018, provides the foundation for improving and promoting the health of the community. The assessment identifies and describes factors that affect the health of a population, and factors that determine the availability of resources within the community to adequately address health concerns.

Following the survey and prioritization of the health needs identified through the survey process, CHI St. Alexius Health chose three areas of concern as priorities to be included in the 2019-2021 strategic plan. Teams have begun to assess the capability of our associates to impact the area of concern. They are currently reviewing the literature, determining what we can reasonable accomplish, and identify where we can show the greatest impact.

Community Health Collaborative Core Group Members

Angelia Svihovec, MBA
Vice President of Regional Services & State Advocacy
CHI St. Alexius Health

Renae Moch, MBA FACMPE
Public Health Director
Bismarck-Burleigh Public Health

Marnie Walth
Senior Legislative Affairs Specialist
Sanford Health

Sister Mariah Dietz, DNSc
Vice President of Mission Integration
CHI St. Alexius Health

It is with gratitude that CHI St. Alexius Health recognizes those community stakeholders who participated in planning efforts and facilitated discussions and assisted with prioritizing needs identified through the assessment process. Gratitude is extended to the Burleigh and Morton County residents who assisted in survey completion and all others who supported these efforts in any way throughout the assessment proves. Together we can create a healthier community.

Description of CHI St. Alexius Health

CHI St Alexius Health, founded in 1885 to care for the health needs of the people of the region, supports the Catholic health ministry's commitment to improve the health of our communities and provide quality and compassionate health care.

CHI St. Alexius Health Bismarck, founded in 1885 to care for the health needs of the people of the region, supports the Catholic health ministry's commitment to improve the health of our communities and provide quality and compassionate health care.

CHI St. Alexius Health Bismarck is comprised of a tertiary hospital in Bismarck and critical access hospitals (CAHs) in Garrison and Turtle Lake. CHI St Alexius Health Bismarck has a management relationship with five CAHs which are located in the communities of Ashley, Elgin, Linton, Wishek, and Mobridge. Other CAH's that comprise the CHI St. Alexius Health system include hospitals in Carrington, Dickinson, Devils Lake and Williston.

CHI St. Alexius Health is a Roman Catholic organization whose sponsors are the Benedictine Sisters of Annunciation Monastery, Bismarck, ND. As a Catholic Institution within the Diocese of Bismarck we abide by the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops.

Mission: The mission of 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.

Vision: "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 that are poor and vulnerable."

Values: Nearly 700 employees, physicians, participating congregation members and board members from throughout Catholic Health Initiatives participated in the process of naming our core values. These values define CHI and serve as our guiding principles. They are the roots from which all of our activities, decisions and behaviors grow.

- *Reverence:* Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.
- *Integrity:* Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.
- *Compassion:* Solidarity with one another, capacity to enter into another's joy and sorrow.
- *Excellence:* Demonstrating preeminent performance, becoming the benchmark, putting forth our personal and professional best.

CHI St. Alexius Health believes that everyone should have access to high-quality affordable health care. We work toward this goal by creating the highest value health care delivery models. We are dedicated to serving all patients who need our care. Approximately half of our medical services are for Medicare patients and patients in other government programs. In 2016, our benefit to the broader community included 19 million in services that went unpaid through Medicare, Medicaid, or other senior and indigent care programs. We also provided an additional 19 million in charity care to patients in significant financial need.

CHI St Alexius Health follows the Internal Revenue guidelines and the recommendations of the Catholic Health Association for Community Benefit reporting. It is the policy of Catholic Health Initiatives and its tax-exempt Direct Affiliates and tax-exempt Subsidiaries that are health care providers to collaborate with community partners to identify community needs and assets, and to plan, coordinate and implement responses to such needs. In addition, because it is important to ensure that the communities served by CHI Entities benefit from CHI programs and services, it is the policy of CHI to document and report on CHI Entity community benefit activities in a consistent and comprehensive manner.

In February of 2019 CHI St. Alexius Health, as part of Catholic Health Initiatives (CHI) merged with Dignity Health to form Common Spirit Health. Together seeking to be stronger in our delivery of health care to:

- Build healthier communities wherever we are
- Transform health care access and delivery
- Personalize care for those with acute and chronic conditions
- Create an inspired culture of excellence for our employees and physicians
- Advance our sacred calling to serve all

CHI St. Alexius health is committed to building on its strengths in providing faith based care to better serve communities in the region through enhanced services and improved coordination of care. Our partnerships ensure a viable, innovative, high-quality care for everyone who enters under our arch.

Description of Community served

The residents of the cities of Bismarck and Mandan and their surrounding area are the primary sources of those patients served by CHI St Alexius Health. Bismarck is the capital of the State of North Dakota and the county seat of Burleigh County. The U.S. Census population estimate for Bismarck in 2017 was 72,865 people and 95,030 for Burleigh County. Bismarck is the 2nd most populous city in the state of North Dakota. The City of Mandan is directly across the Missouri River from Bismarck. Bismarck and Mandan make up the core of the Bismarck-Mandan Metropolitan Statistical Area.

As a hub of retail and health care, Bismarck is the economic center of south-central North Dakota and North-central South Dakota. Bismarck has received national recognition and stands out as an emerging community by being listed on the following: Forbes Best Small Places for Business and Careers, Milken Institute's Best Small Cities, and CNN Money's list of top 100 places to live in the nation. Bismarck-Burleigh County serves as home to higher education facilities such as the University of Mary, Bismarck State College, and United Tribes Technical College in addition to several of the state's top businesses.

Evaluation of the 2015 Community Health Needs Plan

Overview of CHI St Alexius' community Benefit program

- Follows the Internal Revenue guidelines and the recommendations of the Catholic Health Association for Community Benefit reporting. It is the policy Catholic Health Initiatives and its tax-exempt Direct Affiliates and tax-exempt subsidiaries that are health care providers to

collaborate with community partners to identify community needs and assets, and to plan, coordinate and implement responses to such needs. In addition, because it is important to ensure that the communities served by CHI entities benefit from CHI programs and services, it is the policy of CHI to document and report on CHI Entity community benefit activities in a consistent and comprehensive manner.

- The formalized categories for reporting community benefit include financial assistance, Medicaid shortfall, community health improvement, education, research, subsidized health services, community building, and cash and in-kind contributions.
- The purpose of the Community Benefit Annual Report is to communicate the work that has transpired during FY 2016. The reported work address the identified community needs from the 2013 community health needs assessment and the implementation strategies for the 2014-2016 reporting cycle.
- In 2016, St. Alexius Medical Center participated in a Community Health Needs Assessment sponsored by St. Alexius, Bismarck City Health, Burleigh/Morton Counties and Sanford Health.
- The community needs assessment identified the strengths and resources available in a community to meet the needs of its members. The assessment focused on the capabilities of the community, including its agencies and organizations. It provides a framework for identification of issues and developing services that build healthier communities. The data included statistics on health status, community health needs, gaps, problems and assets. The sharing of findings with key stakeholders enabled the mobilized community members to work collaboratively toward building a healthier community.
- In an effort to identify our top areas of concern, results from the generalizable (paper) survey, non-generalizable community stakeholders/public (on line) survey the community stakeholders' focus group were compiled into an asset map that outlines the areas of concern within our community. The map ranked the areas of concern as well as the communities' available resources to address these needed.
- In order to obtain a true overall conclusion, regarding the needs that exist within our community and help coordinate the Community Health Needs Committee in deciding on the best course of action, CHI St Alexius Health Lean Six Sigma team worked very closely with the Vice President of Community Services to obtain the best result.

Implementation Priority Health Needs

Three areas of concern were identified: Chronic Diseases/Mental Health/Diabetes; Physical Activity and Eating Behaviors of Children and Adolescents, and Violence Prevention.

1. Chronic Diseases/Mental Health/Diabetes strategies:	
Resources	Work closely with Archway Mental Health, and Marketing associates; Diabetes Improvement Project
Activities	• Partnered with University of Mary to implement a diabetes improvement project. The goal was to identify newly diagnosed and uncontrolled diabetic patients quickly and efficiently while streamlining the multidisciplinary education of diabetic patients. Recognize at risk individuals.

	• Refer newly diagnosed and uncontrolled diabetic individuals to appropriate resources. • Public service announcements, digital media and printed collateral pieces.
Projected Outputs	• Revision of Diabetes Education to hospitalized, newly diagnosed patients. • Awareness was created through a series of public service announcements, digital media and printed collateral pieces.
Actual Outcomes	• Provided financial counseling assistance for those who are unable to pay for emergency and/or medically necessary medical care because of financial distress. • Worked closely with Northland Pace Program, CHI St. Alexius Health seeks to appropriately meet the needs of chronically ill persons needing supervision and support to live in their own home. • Collaborated with legal organizations to inform community members of power of attorney and wills. • Developed a multidisciplinary Diabetic Toolkit for newly diagnosed diabetics and those admitted with diabetic ketoacidosis. • The toolkit was fully implemented throughout the entire medical center by August, 2018.
2. Physical Activity and Eating Behaviors of children and adolescents	
Resources	• Kohl's grant, CHI St. Alexius Health associates • Nutritionists
Activities	• Programs were designed to enhance our Kohl's Care for Kids. ○ "Playing with Food" for children 3rd through 5th grade to learn about healthy meals and snacks. ○ "Fun and Health Day" for 2nd graders to learn about food and nutrition, poison prevention, staying safe with physical activities. ○ Back to School Buddy Clinic for pre-school and grade school age children to learn about healthy snacks, health behaviors and exercise. ○ "Cooking for Kids" for grade school children to learn about healthy food and kitchen safety. Kids learn to prepare a simple meal with kitchen safety tips. • Educate children and their parents/guardians about the importance of proper weight, good nutrition and exercise.
Projected Outputs	The Buddy Clinic will touch roughly 1000 children each year and teach them about going to the clinic with their "buddy" (stuffed animal). The "buddy" will have a checkup, immunization, x-ray and cast. There will be opportunities to learn about a "healthy plate" (fruits, veggies, protein and sugars).
Actual Outcomes	• Kohl's Care projects "Buddy Clinic" • Children learned: ○ "Play With Your Food" for children 3rd through 5th grade to learned about healthy meals and snacks. ○ "Fun and Health Day" of 2nd graders to learned about food and nutrition, poison prevention, staying safe with physical activities. ○ "Cooking for Kids" for grade school children to learned about healthy food and kitchen safety. Kids learn to prepare a simple meal with kitchen safety tips. ○ How to prepare simple foods. ○ Safety in the kitchen.

	○ Importance of activity and eating fruits and vegetables. • The Buddy Clinic provided education about health care services to over 1000 students each summer. In addition, they had fun learning what it was like to visit a health care provider, where they had height and weight, immunization for their buddy, an x-ray taken of the buddy with a possible cast. They also learned about the healthy plate and amount of exercise.
3.	Violence Prevention
Resources	**Within My Reach**
Activities	• Partnership with area schools. • Focus on healthy relationships for middle school students in an age-appropriate manner in area schools to: ○ Raise awareness. ○ Provide information on how gender roles and expectations, as well as our culture influence dating violence and sexual assault. ○ Learn about resources, risk reduction strategies and bystander intervention. ○ Involve local law enforcement officers.
Projected Outcomes	• Teach middle school students about healthy relationships
Actual Outcomes	• Schools did not respond to the opportunity to have their students participate in this program. • There were two sessions offered to teachers of middle school to teach the teacher about healthy relationships. • Psychologist has devoted five hours to work with faculty at St Mary's High School faculty and students • CHI St Alexius Health provides services to Light of Christ Schools and University of Mary students. All administrative expenses are donated.
Additional programs	
4.	Homelessness
	• CHI St Alexius Health participated with other community members in an effort to identify appropriate shelters for the homeless as well as planning for affordable housing.
5.	Rural Education
	• In partnership with the University of North Dakota, the State Department of Health, and the Department of Transportation, CHI St Alexius coordinates and operates the Simulation in Motion -North Dakota (SIM-ND) vehicle to provide education in emergency patient care to medical professionals throughout southwestern North Dakota. The SIM-ND vehicle is a mobile high tech/high touch, state-of-the-art "mini-emergency room "capable of training on more than 70 different emergency simulation scenarios. In 2016, the CHI St. Alexius Health team provided 66 simulation events to more than 800 regional EMT's, Paramedics, nurses, physicians and other health care providers with a focus on rural critical access hospitals and Emergency Management Services units.
6.	Health Professionals Education
	• CHI St Alexius Health is committed to participating in education. Medical students,

	nurses, pharmacists, dietitians, respiratory therapists, occupational and physical therapists and others experience their practicums within CHI St. Alexius Medical Center. The commitment of the hospital cannot be counted in financial terms alone, but rather the services it provides to all those institutions where the student will practice their skills upon graduation.
7.	Aging Services
	• Increasing numbers of aging individuals within this service area calls for additional services for this population. CHI St Alexius Health is working to address the needs of the elderly in a variety of ways: • CHI St Alexius Health Case managers reviewed and updated their practices to ensure that case managers meet with elderly patients/families within the first 24 hours to begin planning for discharge. The "Senior Resource Packet" helps guide the family decision making process. • An increased effort to align elderly patient needs with the appropriate levels of care. • Increased efforts to work with Health at Home to provide assistance for the chronic care needs of elderly patients. • Utilization of the Palliative Care program which is designed to manage the care of patients both at home and in the hospital.

2018 Community Health Needs Assessment

In 2018, CHI St. Alexius Health again participated in a Community Health Needs Assessment in collaboration with Sanford Health and Bismarck-Burleigh Public Health. This section of the report contains information regarding the purpose of the assessment and a description of the surveys and information gathered throughout the survey process. Priorities have been identified and key concerns will be addressed through implementation strategies in the next three years.

Purpose

The purpose of the survey of residents in Burleigh and Morton counties in North Dakota was to learn about the perceptions of the area residents regarding their personal health, the prevalence of disease, and other health issues experienced in the community.

This joint effort promotes a comprehensive and collaborative project for those entities involved.

Study Design & Methodology

Primary Research:

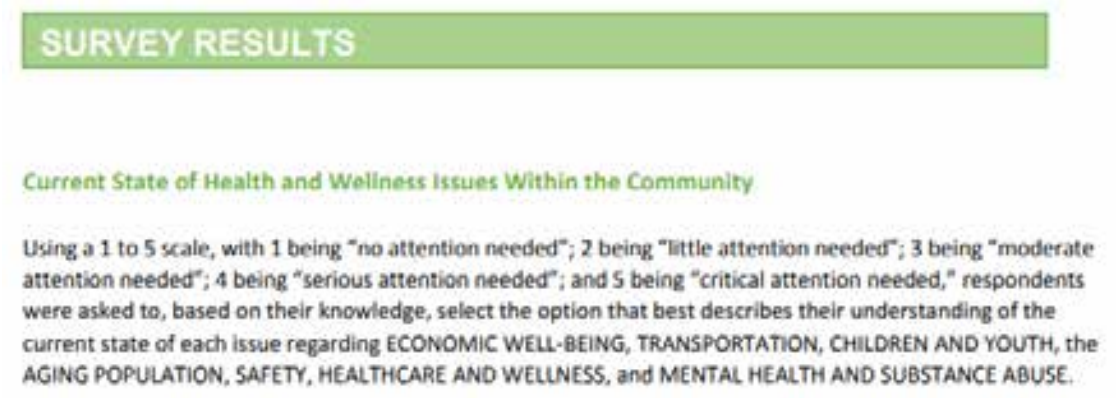
a. Key Stakeholder Survey

An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic wellbeing, transportation, children and youth, the aging population, safety, health care and wellness, mental health, and substance

abuse. The study was conducted through a partnership with the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Bismarck-Burleigh Public Health distributed the survey link via email to stakeholders and key leaders located within the Bismarck/Mandan community and Burleigh and Morton counties. Data collection occurred during December 2017. A total of 68 community stakeholders participated in the survey.

b. Resident Survey

The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts. The Minnesota Health Department reviewed the survey and advised the inclusion of key questions used in the State Health Improvement Program (SHP) surveys. Those questions were included in this survey. The North Dakota Public Health Association developed an addendum to the survey with questions specific to the American Indian population. The survey was sent to a representative sample of the Burleigh County and Morton County populations secured through Qualtrics, a qualified vendor. A total of 645 community residents participated in the resident survey.


SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being "no attention needed"; 2 being "little attention needed"; 3 being "moderate attention needed"; 4 being "serious attention needed"; and 5 being "critical attention needed," respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

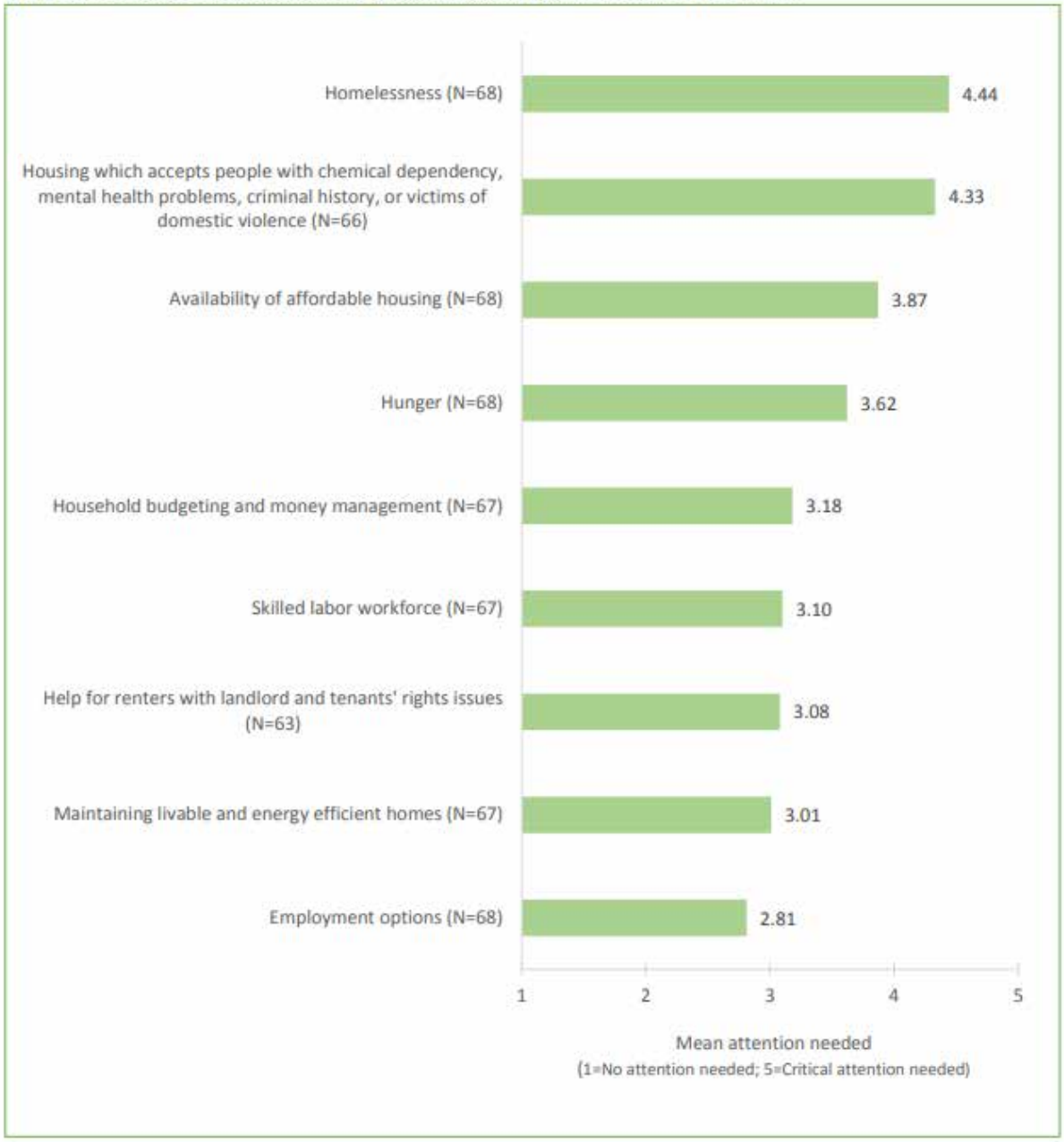


Figure 2. Current state of community issues regarding TRANSPORTATION

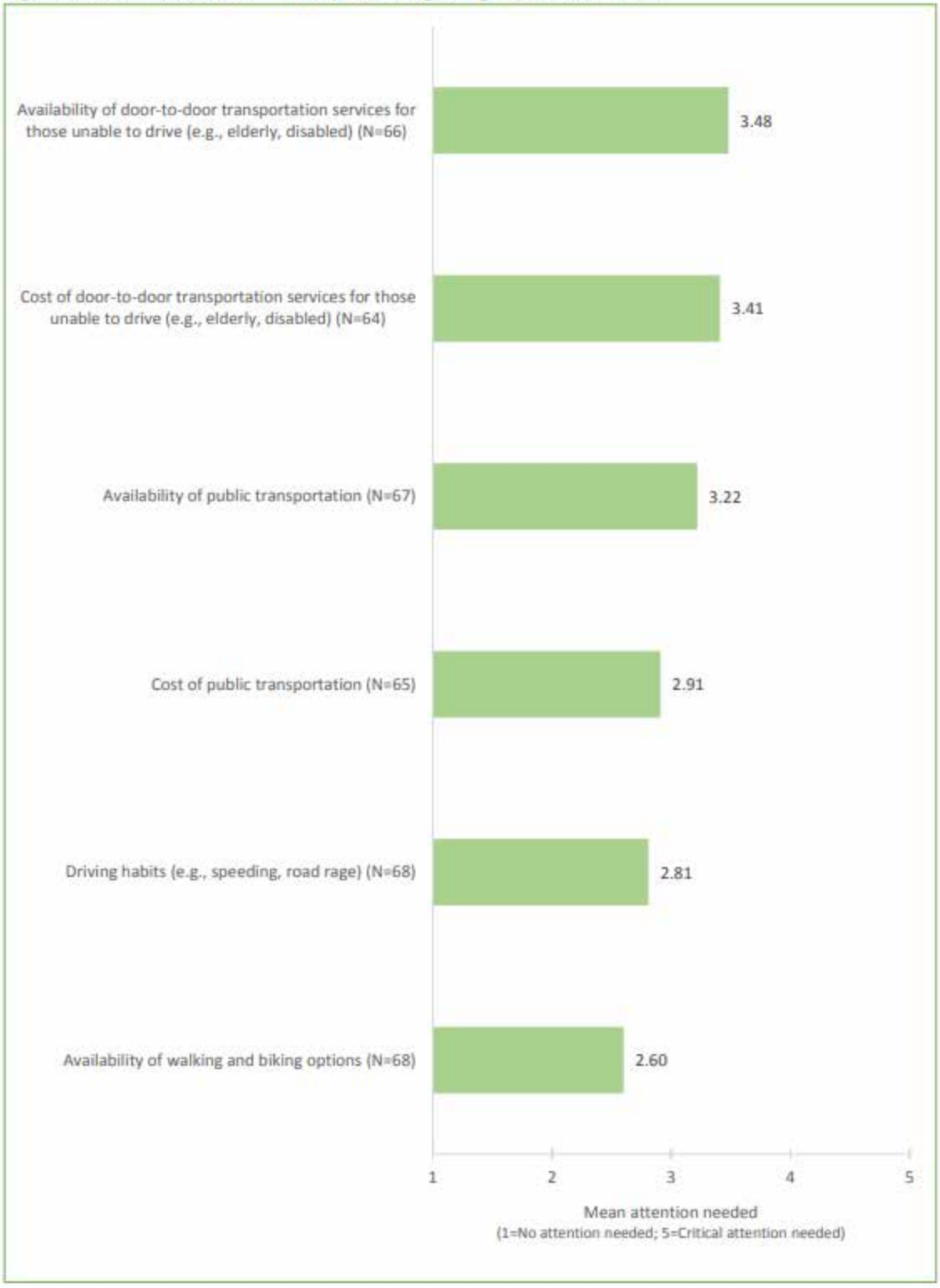


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

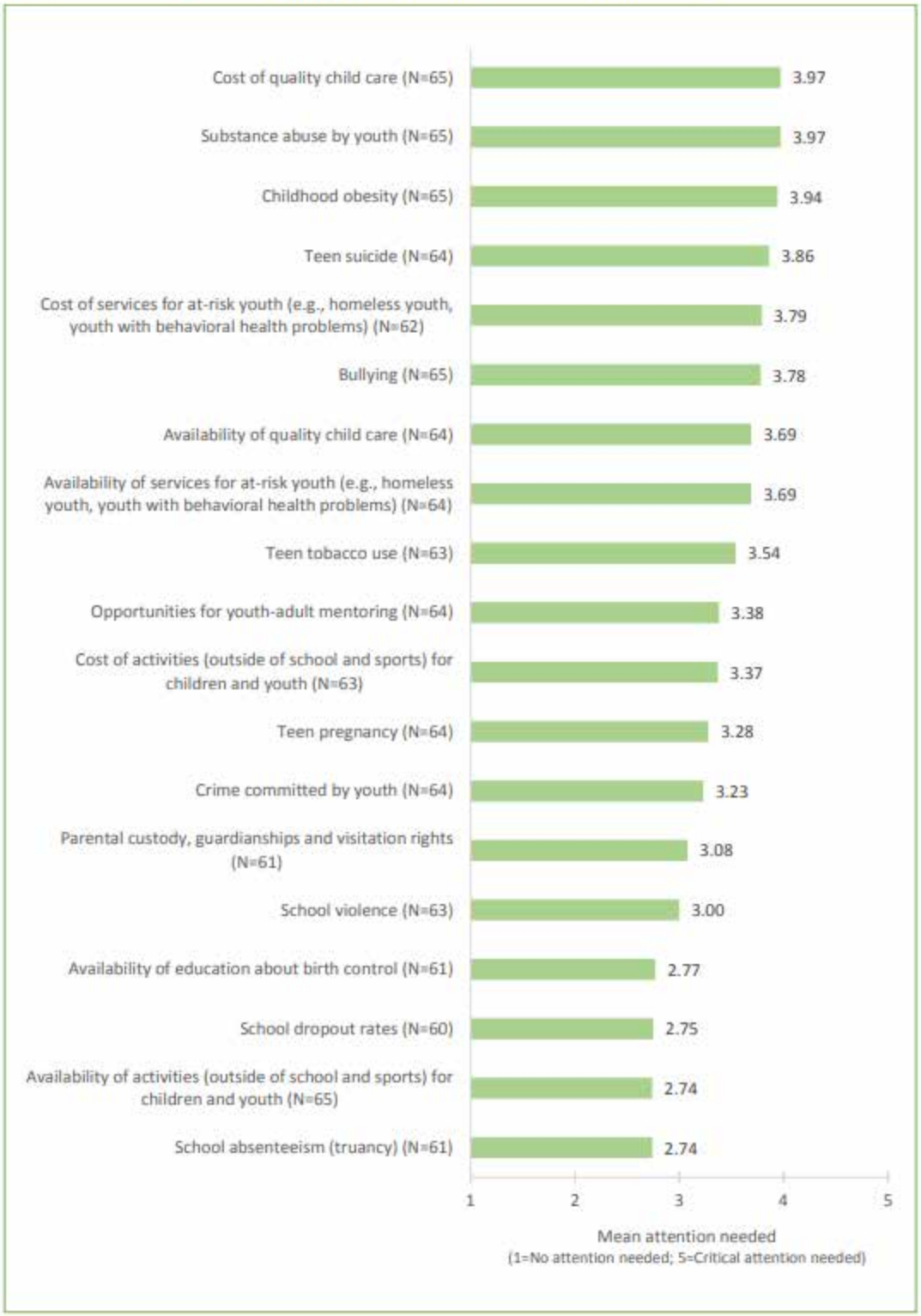


Figure 4. Current state of community issues regarding the AGING POPULATION

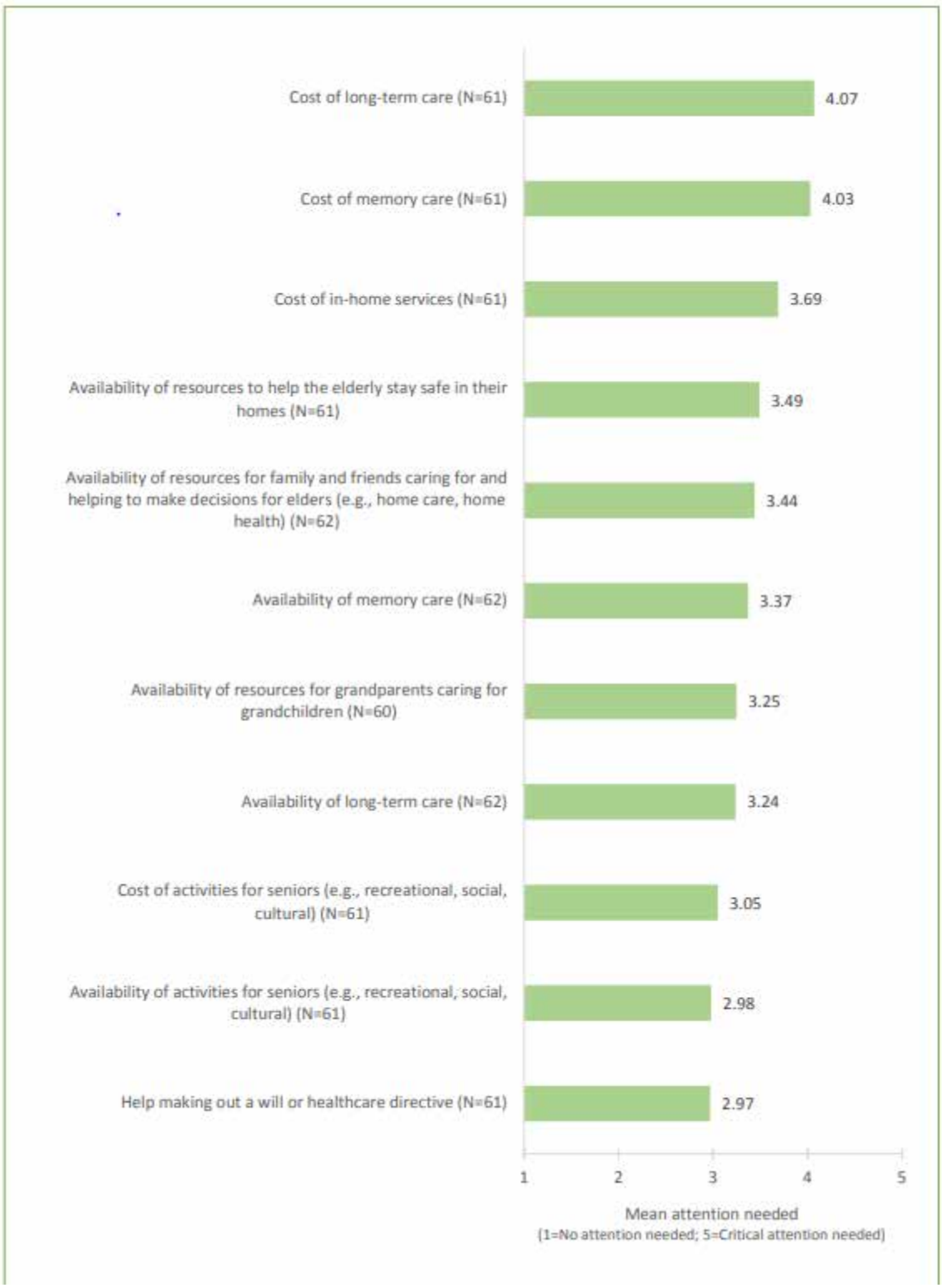


Figure 5. Current state of community issues regarding SAFETY

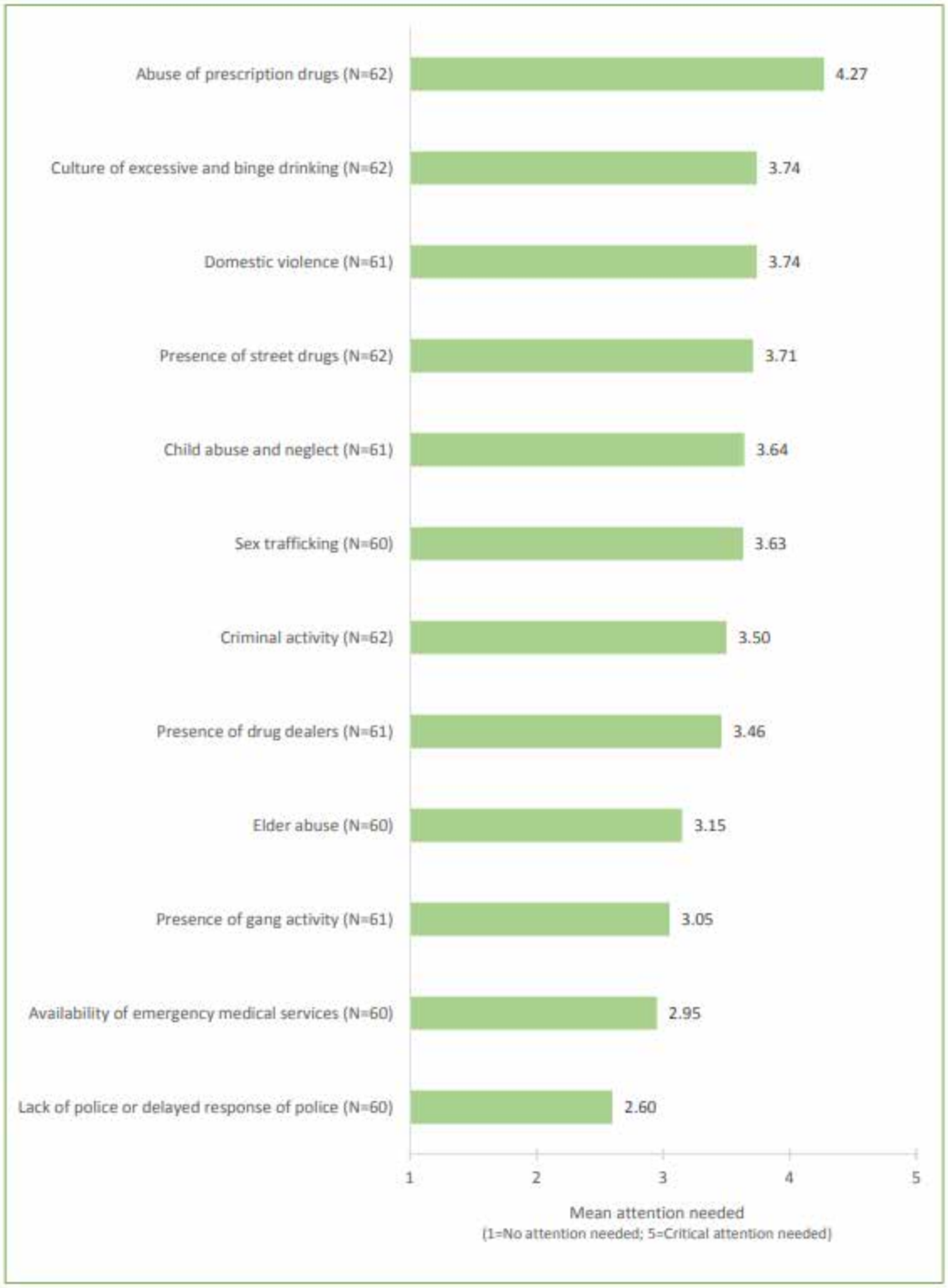


Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

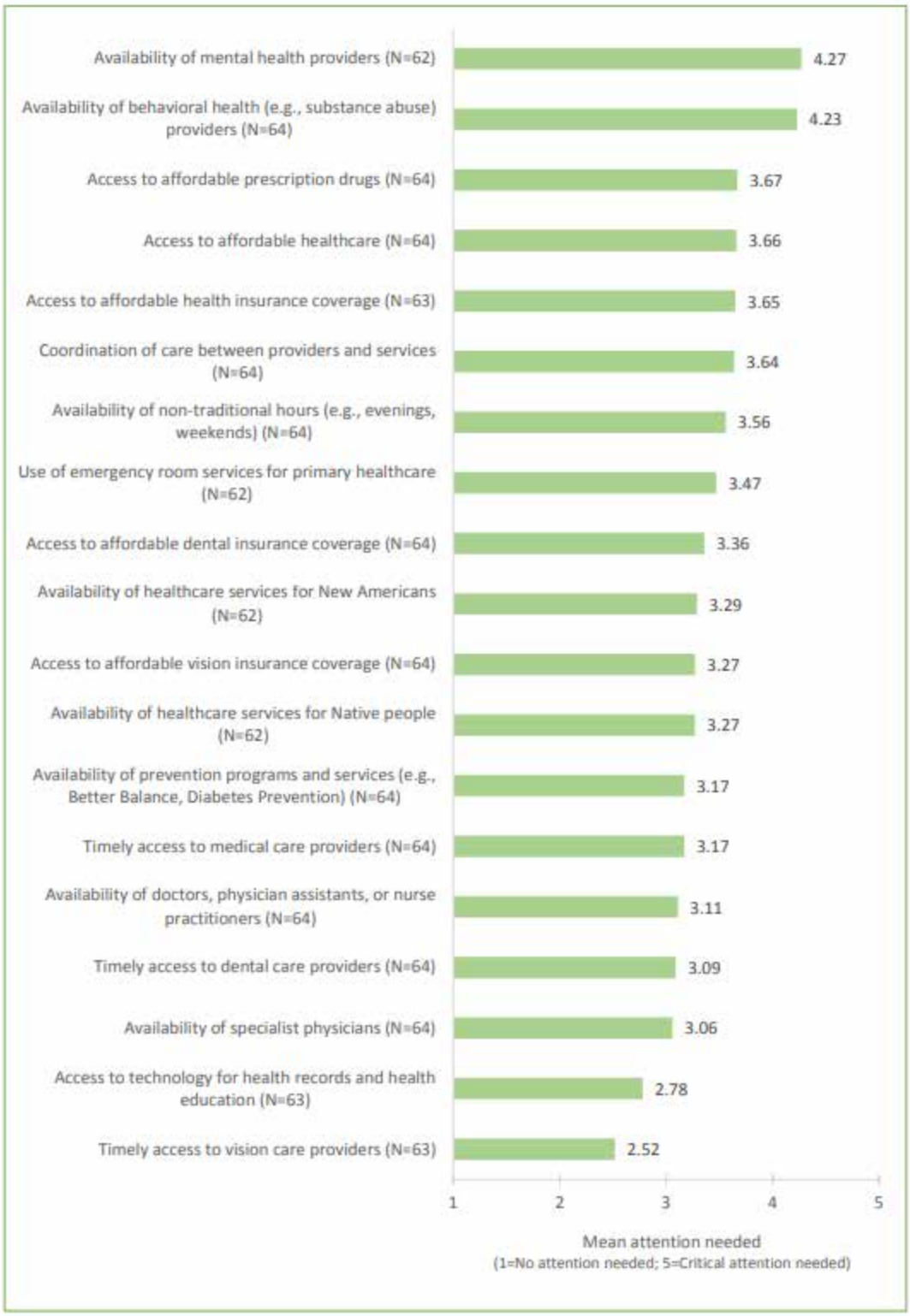
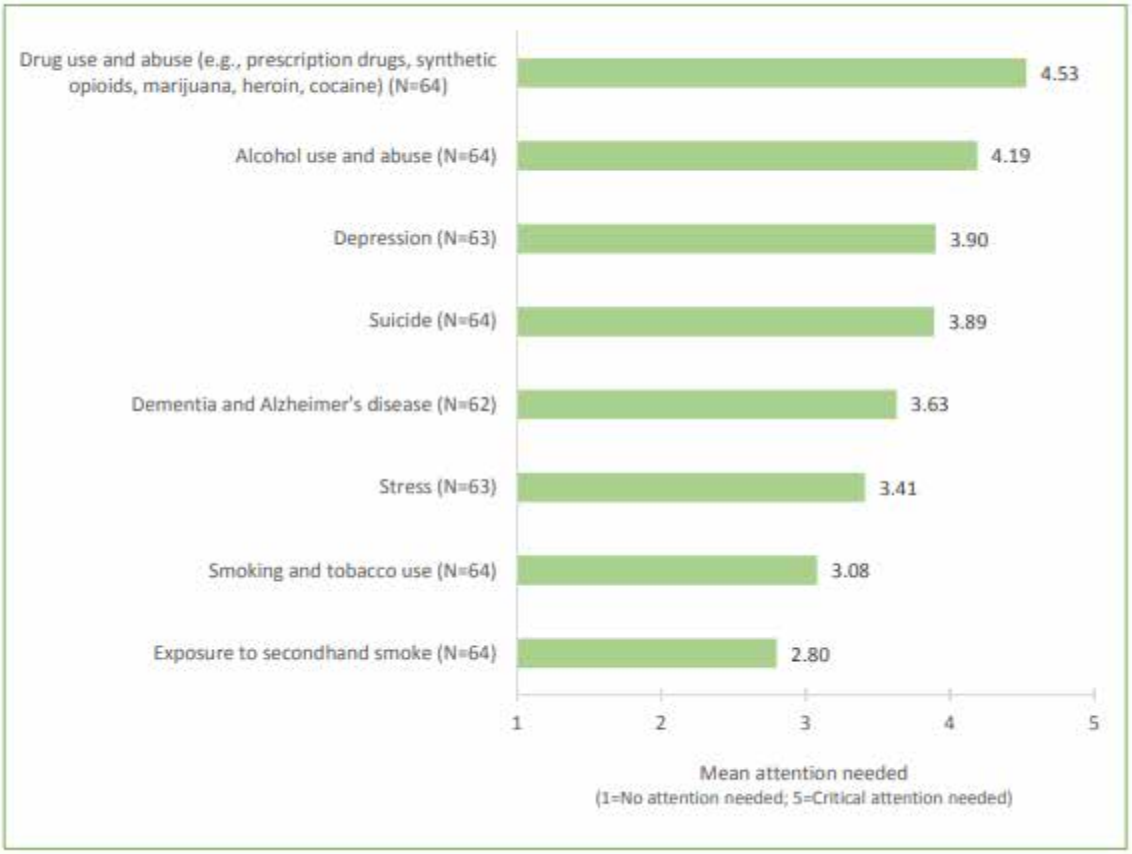
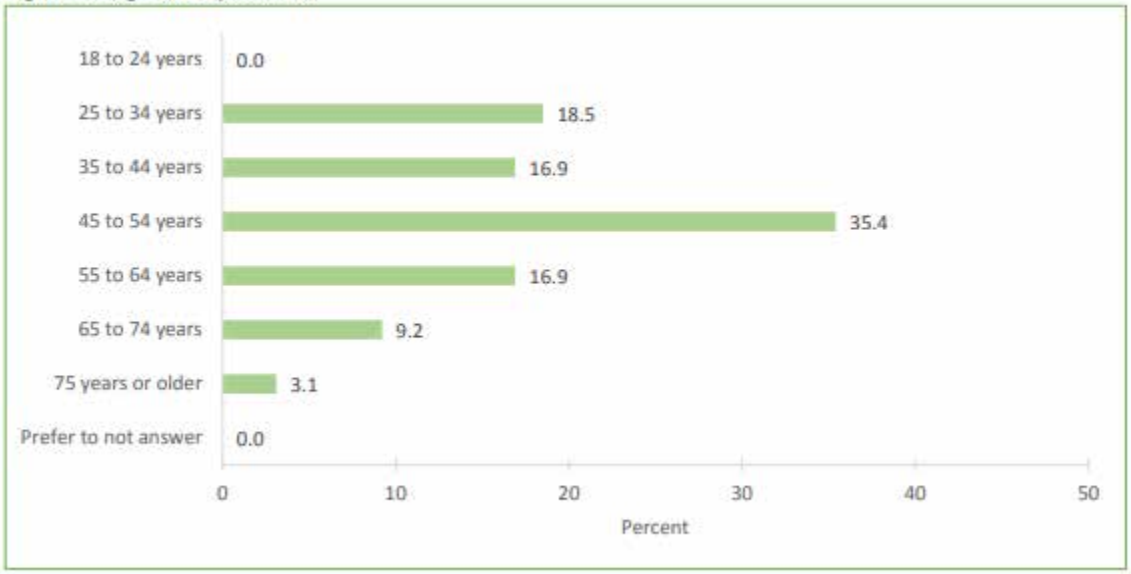


Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



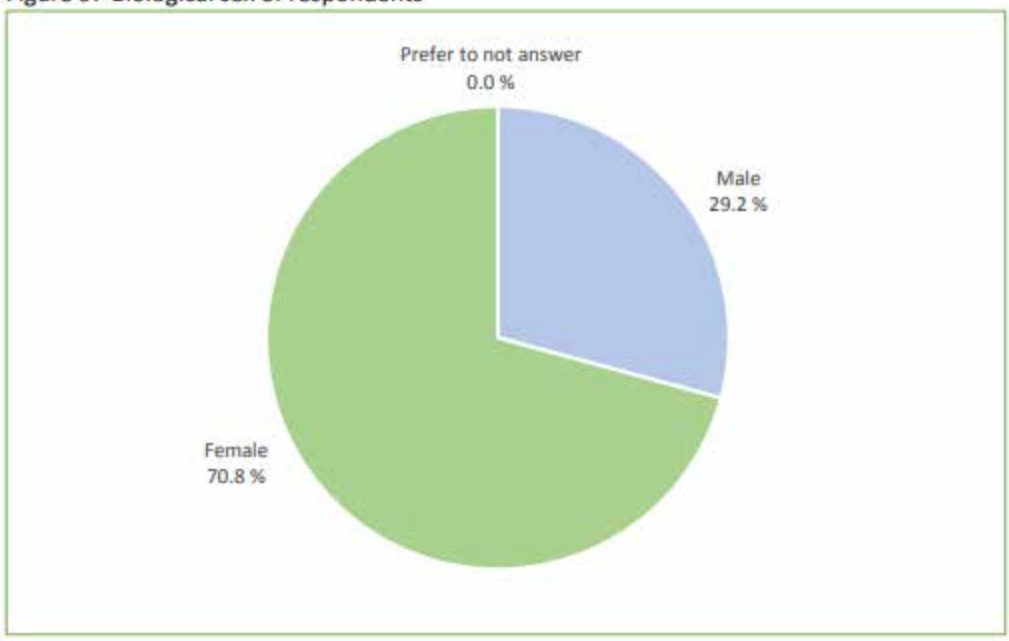
Demographic Information

Figure 8. Age of respondents



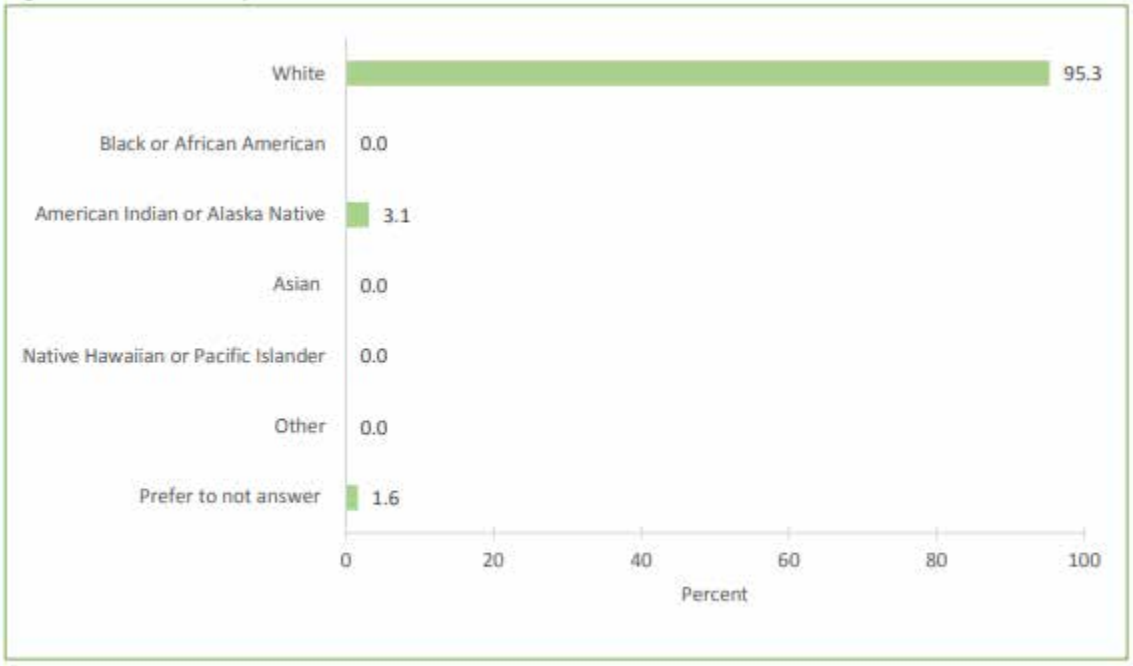
N=65

Figure 9. Biological sex of respondents



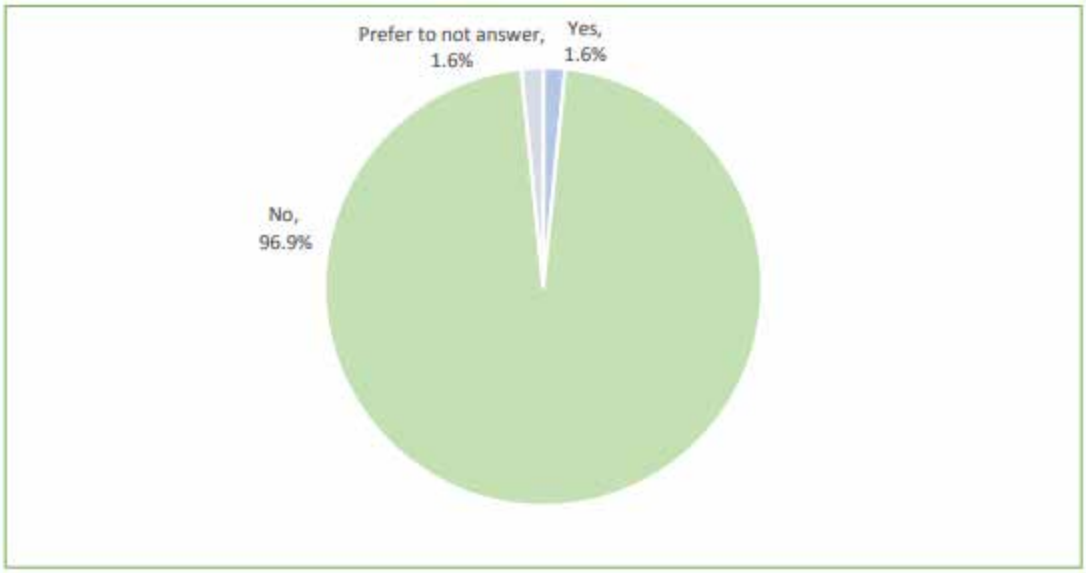
N=65

Figure 10. Race of respondents



N=64

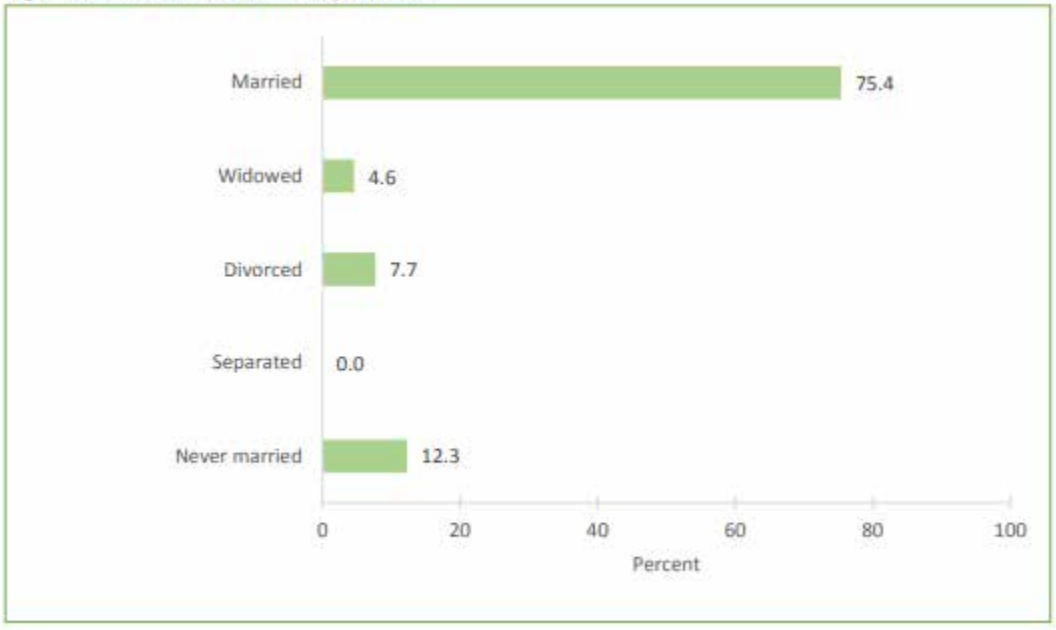
Figure 11. Whether respondents are of Hispanic or Latino origin



N=64

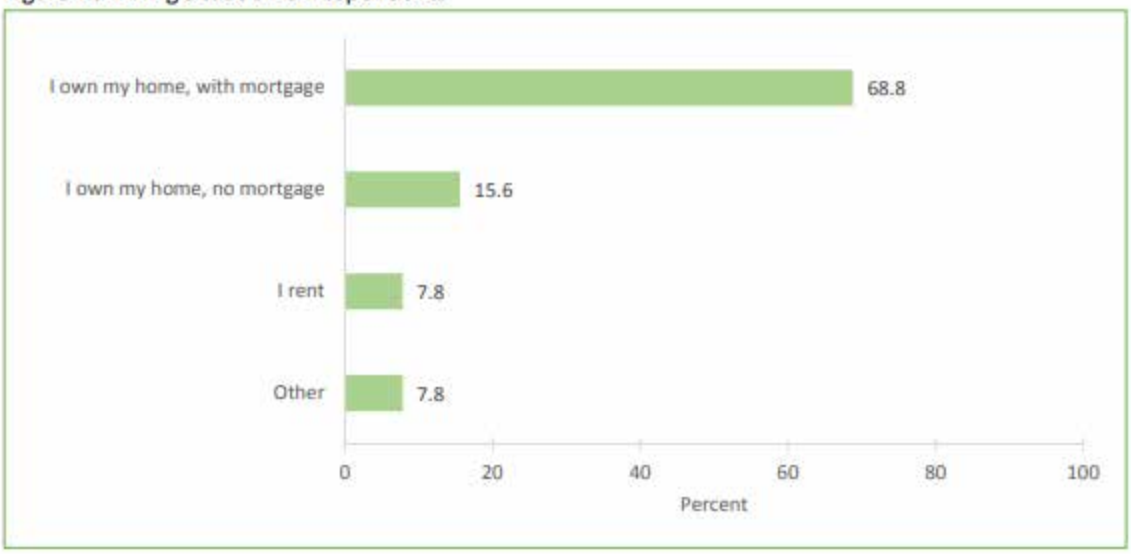
*Percentages do not total 100.0 due to rounding.

Figure 12. Marital status of respondents



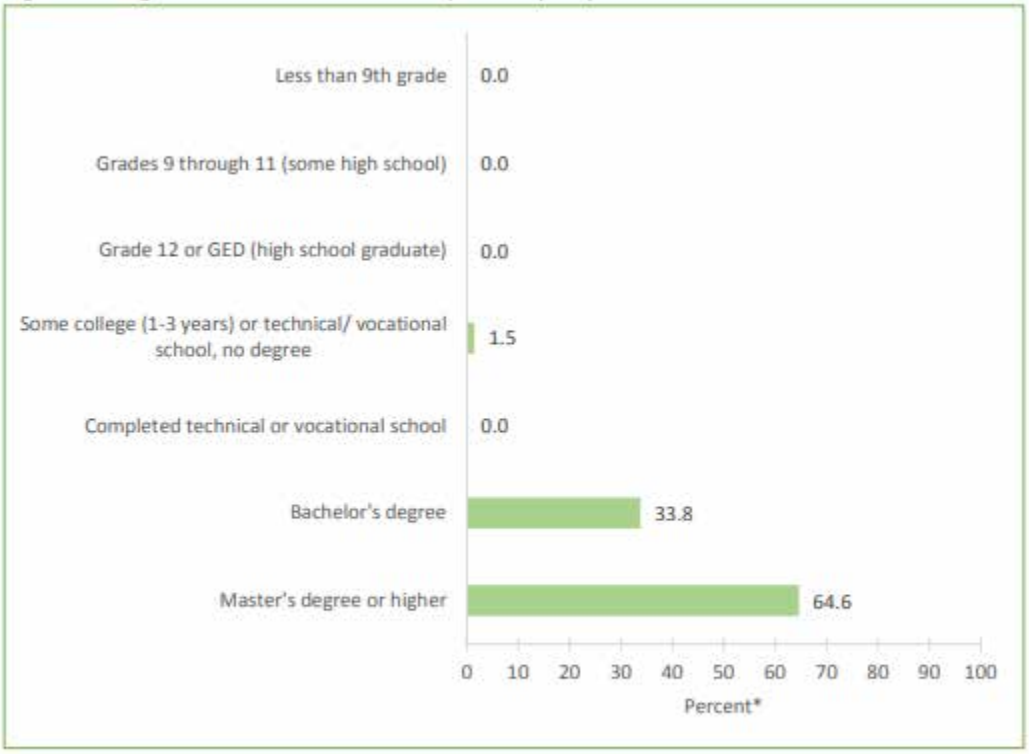
N=65

Figure 13. Living situation of respondents



N=64

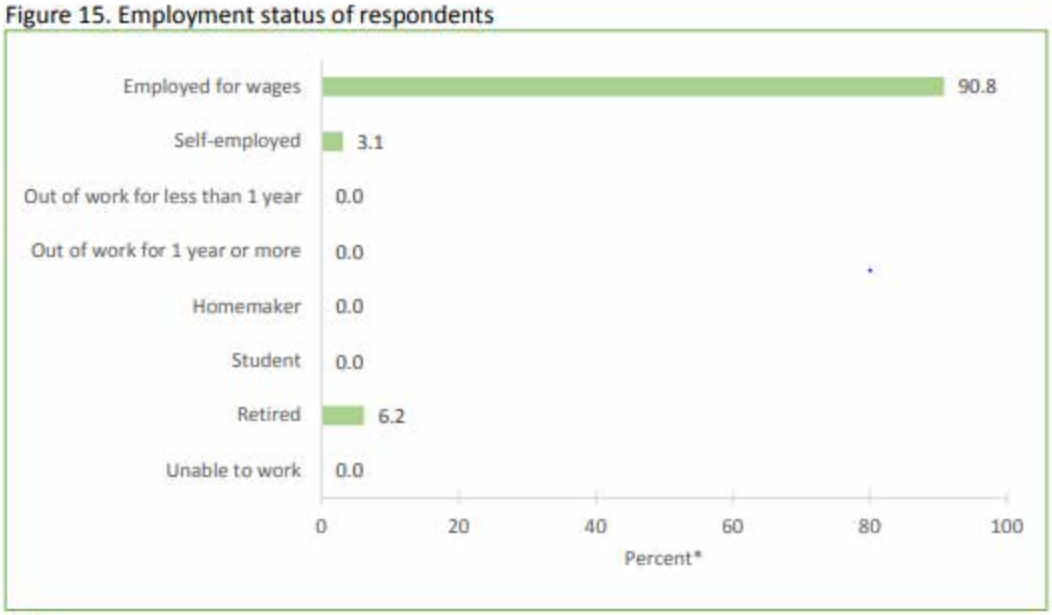
Figure 14. Highest level of education completed by respondents



N=65

*Percentages do not total 100.0 due to rounding.

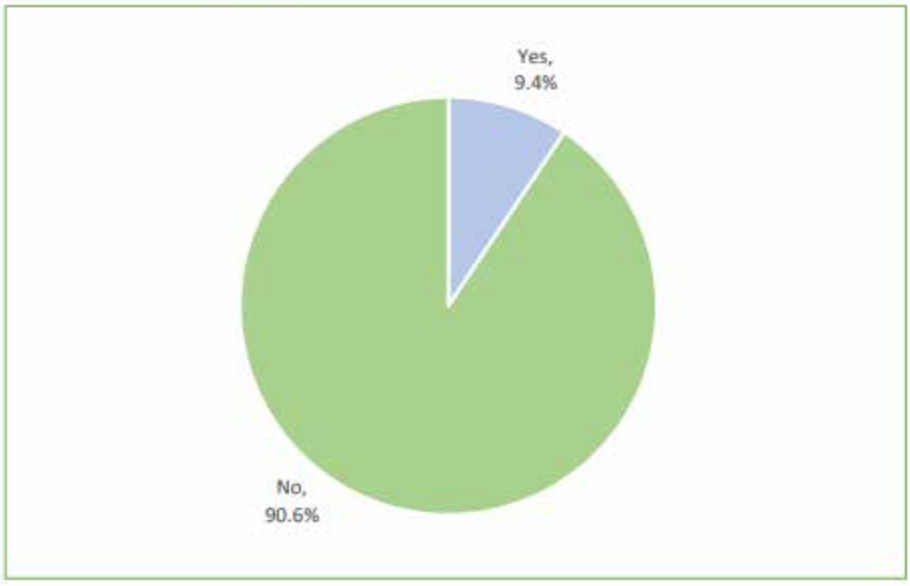
Figure 15. Employment status of respondents



N=65

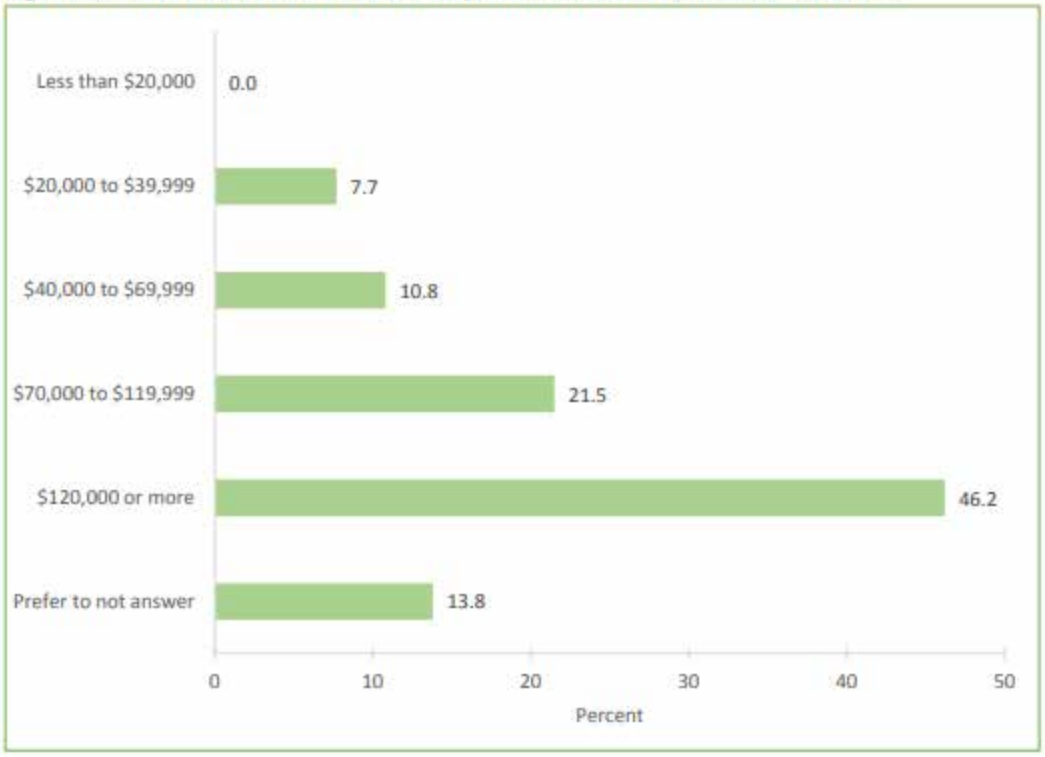
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=64

Figure 17. Annual household income of respondents, from all sources, before taxes



N=65

Table 1. Zip code of respondents

Zip code	Number of respondents
58501	20
58503	17
58504	13
58554	10
57504	1
58502	1
58530	1

N=63

Table 2. Comments from respondents

Comments
Need to address the need for homeless shelter & support services and intoxication management facility & services as soon as possible.
North Dakota needs better tenant rights. As it stands currently, tenants can be evicted for little to no reason. Most cases I see they are evicted for trying to improve the living space they are occupying because the landlord will not put any money into the property. It is unfair. The condition of some of the places I inspect are deplorable especially when I find out how much they cost. This issue only adds to the poverty issues most people are facing right now.
Survey did not include Brain Injury services or lack of. We need awareness and continuum of care for individuals with Mild, Moderate and Traumatic Brain Injuries.
Teen drug and alcohol substance abuse problems are very prevalent in our community.
Thanks for doing the survey.
There are questions that would be answered differently for Mandan vs. Bismarck (i.e. law enforcement availability).
There is a lack of jobs in leadership roles and at the mid to higher income range.
There should be a category that says "Don't Know".
This is perception data, influenced by community messaging. As I filled out the survey, I realized I was responding in some areas that I know little about. Ex: bullying is down but since bullying isn't defined, respondents may think bullying is conflict. They are very different terms.

APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=68)	3.87	1.5	2.9	30.9	36.8	27.9	0.0	100.0
Employment options (N=68)	2.81	7.4	36.8	27.9	23.5	4.4	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=67)	3.08	4.5	26.9	32.8	16.4	13.4	6.0	100.0
Homelessness (N=68)	4.44	0.0	1.5	14.7	22.1	61.8	0.0	100.1
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=68)	4.33	1.5	1.5	17.6	19.1	57.4	2.9	100.0
Household budgeting and money management (N=68)	3.18	4.4	11.8	51.5	23.5	7.4	1.5	100.1
Hunger (N=68)	3.62	0.0	10.3	38.2	30.9	20.6	0.0	100.0
Maintaining livable and energy efficient homes (N=68)	3.01	8.8	17.6	42.6	22.1	7.4	1.5	100.0
Skilled labor workforce (N=68)	3.10	2.9	25.0	33.8	32.4	4.4	1.5	100.0
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=68)	3.48	0.0	20.6	29.4	26.5	20.6	2.9	100.0
Availability of public transportation (N=68)	3.22	1.5	29.4	25.0	30.9	11.8	1.5	100.1
Availability of walking and biking options (N=68)	2.60	14.7	35.3	27.9	19.1	2.9	0.0	99.9
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=68)	3.41	1.5	20.6	30.9	20.6	20.6	5.9	100.1
Cost of public transportation (N=68)	2.91	2.9	36.8	32.4	13.2	10.3	4.4	100.0
Driving habits (e.g., speeding, road rage) (N=68)	2.81	5.9	36.8	38.2	8.8	10.3	0.0	100.0
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=65)	2.74	10.8	32.3	33.8	18.5	4.6	0.0	100.0
Availability of education about birth control (N=64)	2.77	7.8	28.1	42.2	12.5	4.7	4.7	100.0
Availability of quality child care (N=65)	3.69	0.0	16.9	21.5	35.4	24.6	1.5	99.9
Availability of services for at-risk youth (e.g., homeless youth, youth	3.69	0.0	9.2	33.8	33.8	21.5	1.5	99.8

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
with behavioral health problems) (N=65)								
Bullying (N=65)	3.78	0.0	7.7	30.8	36.9	24.6	0.0	100.0
Childhood obesity (N=65)	3.94	0.0	4.6	26.2	40.0	29.2	0.0	100.0
Cost of activities (outside of school and sports) for children and youth (N=65)	3.37	0.0	13.8	50.8	15.4	16.9	3.1	100.0
Cost of quality child care (N=65)	3.97	1.5	6.2	21.5	35.4	35.4	0.0	100.0
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=64)	3.79	0.0	6.3	35.9	26.6	28.1	3.1	100.0
Crime committed by youth (N=65)	3.23	1.5	20.0	40.0	27.7	9.2	1.5	99.9
Opportunities for youth-adult mentoring (N=65)	3.38	1.5	13.8	43.1	26.2	13.8	1.5	99.9
Parental custody, guardianships and visitation rights (N=64)	3.08	0.0	29.7	34.4	25.0	6.3	4.7	100.1
School absenteeism (truancy) (N=63)	2.74	3.2	41.3	34.9	12.7	4.8	3.2	100.1
School dropout rates (N=62)	2.75	1.6	45.2	30.6	14.5	4.8	3.2	99.9
School violence (N=65)	3.00	1.5	32.3	35.4	20.0	7.7	3.1	100.0
Substance abuse by youth (N=65)	3.97	0.0	7.7	23.1	33.8	35.4	0.0	100.0
Teen pregnancy (N=65)	3.28	0.0	26.2	36.9	16.9	18.5	1.5	100.0
Teen suicide (N=65)	3.86	0.0	10.8	26.2	27.7	33.8	1.5	100.0
Teen tobacco use (N=65)	3.54	3.1	13.8	30.8	26.2	23.1	3.1	100.1
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=64)	2.98	3.1	25.0	43.8	17.2	6.3	4.7	100.1
Availability of long-term care (N=64)	3.24	1.6	28.1	26.6	26.6	14.1	3.1	100.1
Availability of memory care (N=64)	3.37	1.6	23.4	28.1	25.0	18.8	3.1	100.0
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=64)	3.44	0.0	15.6	37.5	29.7	14.1	3.1	100.0
Availability of resources for grandparents caring for grandchildren (N=63)	3.25	0.0	25.4	31.7	27.0	11.1	4.8	100.0
Availability of resources to help the elderly stay safe in their homes (N=64)	3.49	1.6	14.1	31.3	32.8	15.6	4.7	100.1
Cost of activities for seniors (e.g., recreational, social, cultural) (N=64)	3.05	3.1	26.6	42.2	9.4	14.1	4.7	100.1
Cost of in-home services (N=63)	3.69	1.6	9.5	28.6	34.9	22.2	3.2	100.0
Cost of long-term care (N=63)	4.07	1.6	3.2	22.2	30.2	39.7	3.2	100.1
Cost of memory care (N=62)	4.03	1.6	3.2	25.8	27.4	40.3	1.6	99.9
Help making out a will or health care directive (N=63)	2.97	3.2	30.2	38.1	17.5	7.9	3.2	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
SAFETY								
Abuse of prescription drugs (N=62)	4.27	0.0	3.2	14.5	33.9	48.4	0.0	100.0
Availability of emergency medical services (N=60)	2.95	5.0	40.0	23.3	18.3	13.3	0.0	99.9
Child abuse and neglect (N=62)	3.64	0.0	9.7	37.1	30.6	21.0	1.6	100.0
Criminal activity (N=62)	3.50	0.0	16.1	33.9	33.9	16.1	0.0	100.0
Culture of excessive and binge drinking (N=62)	3.74	1.6	6.5	35.5	29.0	27.4	0.0	100.0
Domestic violence (N=62)	3.74	0.0	8.1	30.6	38.7	21.0	1.6	100.0
Elder abuse (N=62)	3.15	0.0	25.8	40.3	21.0	9.7	3.2	100.0
Lack of police or delayed response of police (N=62)	2.60	12.9	37.1	27.4	14.5	4.8	3.2	99.9
Presence of drug dealers (N=62)	3.46	1.6	19.4	30.6	25.8	21.0	1.6	100.0
Presence of gang activity (N=62)	3.05	3.2	33.9	32.3	12.9	16.1	1.6	100.0
Presence of street drugs (N=62)	3.71	0.0	9.7	35.5	29.0	25.8	0.0	100.0
Sex trafficking (N=61)	3.63	0.0	18.0	27.9	24.6	27.9	1.6	100.0
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=64)	3.36	1.6	15.6	46.9	17.2	18.8	0.0	100.1
Access to affordable health insurance coverage (N=63)	3.65	1.6	6.3	36.5	36.5	19.0	0.0	99.9
Access to affordable health care (N=64)	3.66	1.6	6.3	37.5	34.4	20.3	0.0	100.1
Access to affordable prescription drugs (N=64)	3.67	1.6	4.7	35.9	40.6	17.2	0.0	100.0
Access to affordable vision insurance coverage (N=64)	3.27	1.6	21.9	40.6	20.3	15.6	0.0	100.0
Access to technology for health records and health education (N=64)	2.78	10.9	31.3	32.8	15.6	7.8	1.6	100.0
Availability of behavioral health (e.g., substance abuse) providers (N=64)	4.23	0.0	1.6	20.3	31.3	46.9	0.0	100.1
Availability of doctors, physician assistants, or nurse practitioners (N=64)	3.11	6.3	26.6	31.3	21.9	14.1	0.0	100.2
Availability of health care services for Native people (N=64)	3.27	6.3	20.3	32.8	15.6	21.9	3.1	100.0
Availability of healthcare services for New Americans (N=64)	3.29	6.3	17.2	34.4	20.3	18.8	3.1	100.1
Availability of mental health providers (N=62)	4.27	0.0	9.7	11.3	21.0	58.1	0.0	100.1
Availability of non-traditional hours (e.g., evenings, weekends) (N=64)	3.56	7.8	14.1	28.1	14.1	35.9	0.0	100.0
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=64)	3.17	7.8	17.2	39.1	21.9	14.1	0.0	100.1
Availability of specialist physicians (N=64)	3.06	7.8	26.6	32.8	17.2	15.6	0.0	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Coordination of care between providers and services (N=64)	3.64	3.1	15.6	25.0	26.6	29.7	0.0	100.0
Timely access to medical care providers (N=64)	3.17	4.7	25.0	35.9	17.2	17.2	0.0	100.0
Timely access to dental care providers (N=64)	3.09	4.7	32.8	26.6	20.3	15.6	0.0	100.0
Timely access to vision care providers (N=63)	2.52	12.7	41.3	33.3	6.3	6.3	0.0	99.9
Use of emergency room services for primary health care (N=62)	3.47	1.6	17.7	35.5	22.6	22.6	0.0	100.0
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=64)	4.19	0.0	3.1	20.3	31.3	45.3	0.0	100.0
Dementia and Alzheimer's disease (N=63)	3.63	0.0	11.1	33.3	34.9	19.0	1.6	99.9
Depression (N=63)	3.90	0.0	4.8	25.4	44.4	25.4	0.0	100.0
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=64)	4.53	0.0	0.0	6.3	34.4	59.4	0.0	100.1
Exposure to secondhand smoke (N=64)	2.80	6.3	42.2	25.0	18.8	7.8	0.0	100.1
Smoking and tobacco use (N=64)	3.08	4.7	29.7	32.8	18.8	14.1	0.0	100.1
Stress (N=63)	3.41	3.2	15.9	36.5	25.4	19.0	0.0	100.0
Suicide (N=64)	3.89	0.0	4.7	32.8	31.3	31.3	0.0	100.1

*Percentages may not total 100.0 due to rounding.

**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflects total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Community Asset Mapping

Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the specific need.

Community Stakeholders Meeting

Community stakeholders were invited to attend a presentation of the findings of the CHAN research. On Thursday, April 5, 2018, the Community Health collaborative core Group hosted a Community Health Stakeholders meeting at the Bismarck Event Center Prairie Rose Rooms 102 & 103. Community profile information for Burleigh and Morton counties were presented to attendees in addition to survey findings from NDSU Center for Social Research.

A total of 61 stakeholders were present for the Community Health Stakeholders meeting representing the following agencies:

AARP, Bismarck City Commission, Bismarck Parks & Recreation, Bismarck Police Department, Bismarck-Burleigh Public Health, Bismarck-Mandan Chamber of Commerce, Bridging the Dental Gap, Burleigh County Commission, Burleigh County Housing Authority, Charles Hall Youth Services, CHI St. Alexius Health, City of Bismarck Administration, Community Healthcare Association of the Dakotas, Community Options, Go! Bismarck Mandan, Heartview Foundation, Lutheran Social Services, Mandan Police Department, Mental Health America of ND, Missouri Valley Homeless Coalition, ND Department of Health, Ruth Meiers Hospitality House, Sanford Health, State Legislators, UND Center for Family Medicine, United Tribes Technical College, United Way, University of Mary, Vulnerable Adult Protective Services, West Central Human Service Center, YMCA

Following the presentations, facilitated round table discussions took place where attendees provided feedback on the survey results and shared ideas on how their organizations could assist with the needs identified. Facilitators captured the discussions and feedback from attendees.

Prioritization Process

The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Community stakeholders utilized the worksheet for voting and prioritization was completed and ranked as follows:

2018 Community Health Needs Assessment Prioritization Worksheet

Burleigh-Morton 2018 Community Health Needs Assessment Prioritization Worksheet

Criteria to Identify Priority Problem
- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (Ebola or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem
- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health

Health Indicator/Concern	Group Consensus Ranking	Individual Ranking
Economic Well-Being A. Homelessness 4.44 B. Housing accepting people with chemical dependency, mental health, criminal history, domestic violence issues 4.33 C. Availability of affordable housing 3.87 D. Hunger 3.64 (No food no $ to buy more)	1. Homelessness 2. Affordable Housing 3. Hunger	1. Homelessness 2. Housing accepting people with chemical dependency, mental health, criminal history, domestic abuse victims 3. Affordable Housing
Children and Youth A. Cost of quality child care 3.97 B. Substance abuse by youth 3.97	1. Available services for at-risk youth	1. Available services for at-risk youth 2. Childhood obesity

C. Childhood obesity 3.94 D. Teen suicide 3.86 E. Cost of services for at-risk youth 3.79 F. Bullying 3.78 G. Availability of quality child care 3.69 H. Availability of services for at-risk youth 3.69 I. Teen tobacco use 3.54	2. Childhood Obesity 3. Substance Abuse by Youth	3. Availability of quality child care
Aging Population A. Cost of long-term care 4.07 B. Cost of memory care 4.03 C. Cost of in-home services 3.69	1. Cost of long-term care 2. Cost of in-home services 3. Cost of memory care	1. Cost of long-term care 2. Cost of in-home services 3. Cost of memory care
Safety A. Abuse of prescription drugs 4.27 B. Culture of excessive and binge drinking 3.74 C. Domestic violence 3.74 D. Presence of street drugs 3.71 E. Child abuse and neglect 3.64 F. Sex trafficking 3.63 G. Criminal activity 3.50	1. Abuse of prescription drugs 2. Culture of excessive & binge drinking 3. Child abuse & neglect	1. Culture of excessive & binge drinking 2. Child abuse & neglect 3. Abuse of prescription drugs
Healthcare Access A. Availability of mental health providers 4.27 B. Availability of behavioral health providers 4.23 C. Access to affordable prescription drugs 3.67 D. Access to affordable healthcare 3.66 E. Access to affordable health insurance 3.65 F. Care coordination between providers/services3.64 G. Availability of non-traditional hours 3.56	1. Availability of mental health providers 2. Availability of behavioral health providers 3. Access to affordable healthcare	1. Availability of mental health providers 2. Availability of behavioral health providers 3. Access to affordable healthcare
Wellness A. Obesity (30% self-report overweight/38% obese) B. High cholesterol (26% self-reported high) C. Hypertension (22% self-reported high BP) D. Asthma (19% self-reported asthma) E. Arthritis (17% self-reported arthritis) F. Diabetes (11% self-reported diabetes)	1. Obesity 2. Diabetes 3. High cholesterol	1. Obesity 2. High Cholesterol 3. Diabetes
Mental Health and Substance Abuse A. Drug use and abuse 4.53 B. Alcohol use/abuse 4.19 (42% self-report binge drinking on resident survey) C. Depression 3.90 D. Suicide 3.89 E. Dementia and Alzheimer's Disease 3.63 F. Anxiety and stress (49% report anxiety/stress) G. Exposure to second hand smoke at home (21% report exposure to SHS at home) H. 18% currently smoke cigarettes	1. Drug use and abuse 2. Depression 3. Alcohol use & abuse	1. Drug use & abuse 2. Anxiety & stress 3. Alcohol use & abuse

Health Indicator/Concern CHNA Survey Results

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Burleigh and Morton counties in North Dakota. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNA's but there is still a need to capture demographics that better represent the community.

Those community members specified in the statute include persons who represent the broad interest of the community served by the hospital facility including those with special expertise in public health; federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; and leaders, representatives, or members of medically underserved, low income, and minority populations. A good faith effort to engage all the aforementioned community representatives in the survey process was made. We worked closely with the local hospitals and publish health experts throughout the assessment process.

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. The high ranking needs of 3.5 or above are considered for prioritization. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in many cases the indicators are aligned and validate our findings.

Economic Well-Being

Community stakeholders are most concerned about homelessness (ranking 4.44), the need for housing that accepts people with chemical dependency, mental health problems, criminal history, victims of domestic violence (4.33), affordable housing (3.87), and hunger (3.62). People in Burleigh and Moron Counties are struggling with food insecurity – 22 % of resident surveys report that their food did not last until they had money to buy more.

Children and Youth

Community stakeholders are most concerned about the cost and availability of quality childcare (3.97), substance abuse by youth (3.97), childhood obesity (3.94), teen suicide (3.86), the availability and cost of services for at-risk youth (3.79), bullying (3.78), and teen tobacco use (3.54).

Aging Population

Community stakeholders are most concerned about the cost of long-terms care (4.07), the cost of memory care (4.03), and in-home services (3.69).

Safety

Community stakeholders are most concerned about abuse of prescription drugs (4.27), a culture of excessive and binge drinking (3.7), domestic violence (3.74), presence of street drugs (3.71), child abuse and neglect (3.64), sex trafficking (3.63), and criminal activity (3.50).

Health Care Access

Community stakeholders are most concerned about the availability of mental health providers (4.7), the availability of behavioral health (substance abuse) providers (4.23), the availability of behavioral health (substance abuse) providers (4.23), access to affordable prescription drugs (3.67), access to affordable health care (3.66), access to affordable health insurance (3.65), coordination of care between providers and services (3.64), and the availability of non-traditional hours (3.56).

Mental Health and substance Abuse

Community stakeholders are most concerned about drug use and abuse (4.53) alcohol use and abuse (4.19), depression (3.90), suicide (3.89), and dementia and Alzheimer's (3.63).

Resident survey participants are facing the following issues:

- 68% repot that they are overweight or obese
- 49% have been diagnosed with anxiety
- 43% self-report binge drinking at least 1x a month
- 42% have been diagnosed with depression
- 26% self-report that they have drugs in their home they are not using
- 26% have been diagnosed with high cholesterol
- 23% report that alcohol use has had a harmful effect on them or a member of their family in the past two years

- 22% have a diagnosis of hypertension
- 22% report running out of food before having money to buy more
- 17% currently smoke cigarettes
- 17% have not visited a dentist in more than a year

CHI St Alexius Priorities 2019 - 2021

CHI St. Alexius Health plans to address the following health topics for the 2019-2021 fiscal years:

1. Opioids
2. Food Insecurity
3. Domestic Violence

Committees have been selected to begin planning for each of the three topics selected for the next Community Benefit Plan. The following are initial thoughts on how each committee will proceed.

Approval:

This strategic plan for CHI St Alexius Health Community Health Needs Assessment 2019-2021 and Implementation Strategy Plans were approved by the Board of Directors on April 24, 2019.

900 East Broadway Avenue
Bismarck, ND 58501
P 701.530.7000