CHI St. Alexius Health™
A member of CommonSpirit

Community Health Improvement

Strategic Action Plan

Fiscal Year 2026 - 2028

CHI St. Alexius Health – Carrington, ND

Board approved October 2025

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*References are retrieved from the CHI St. Alexius Health- Carrington Community Health Needs Assessment of 2025

At-a-Glance Summary

Community Served 	CHI St. Alexius Health Carrington is located in Carrington, North Dakota. The hospital primarily serves Foster County, but also serves Eddy County. Foster and Eddy counties are considered the primary service area for this community health needs assessment.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital intends to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs the hospitals intends to address with strategies and programs are: ● Behavioral Health
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: ● **Behavioral Health** ○ Access to Mental Health care ○ Invest in community solutions to address mental health ○ Foster a supportive and informed school environment that promotes positive mental health and reduces the incidence of cyberbullying among K-12 students.

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted to the Administration Office of CHI St. Alexius Health- Carrington. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at:

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https://forms.gle/KGRq62swNdQyAehX8 or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

Our Hospital and the Community Served

About the Hospital

CHI St. Alexius Health- Carrington is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

CHI St. Alexius Health- Carrington Overview

CHI St. Alexius Health- Carrington located in Carrington, ND. The hospital is a Critical Access Hospital with 25 beds. Hospital major program and service lines: Critical Access Hospital, Emergency Care, Level V Trauma Center, Ambulance, Inpatient (acute care, swing bed, respite care, pharmacy, respiratory therapy), Surgical Services (general, endoscopes – colonoscopies and gastroscopies, ophthalmology, orthopedics, vein ablation), Outpatient Services (cardiac rehab, pulmonary rehab, stress testing, cardiac support group, diabetic education, laboratory, medical nutrition therapy, iv therapy, social ministries, physical therapy, sleep disorder services, telemedicine, imaging services – back and joint injections, CT and DEXA scans, echocardiograms, EKG, fluoroscopy, general x-ray, 3D mammography, MRI, cardiac stress testing with nuclear medicine, ultrasound, volunteer services, and others available by referral – mental health, hospice and home health, and Clinic services (DOT exams, mental health, family practice, elder care, health maintenance exams, nursing home rounds, pediatrics and well child exams, phone nurse, prenatal obstetrics, preoperative exams, men's health and women's health.

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

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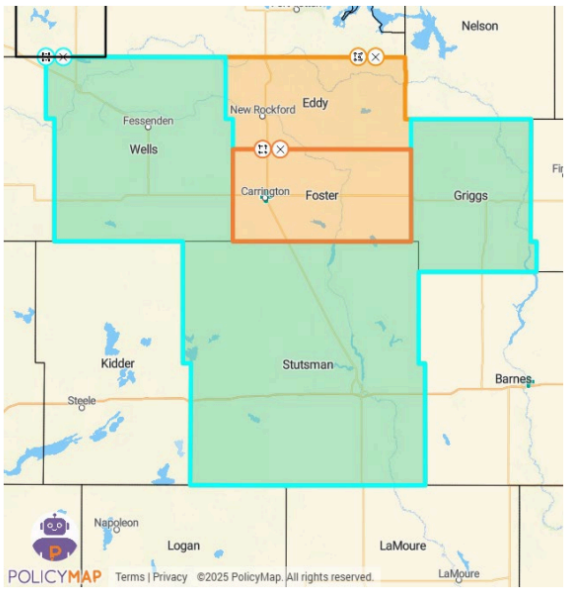
facilities to all patients, without regard to a patient's financial ability to pay.

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: https://www.chistalexiushealth.org/content/dam/stalexiushealthorg/documents/financial/fap-2025/Finance%20G-003%20Financial%20Assistance%20POLICY%2007-01-25_%20EN.pdf

Description of the Community Served

As a Critical Access Hospital, CHI St. Alexius Health Carrington's primary service area is Foster and Eddy County. CHI St. Alexius Health Carrington is the only hospital in Foster County, and there are no hospitals in Eddy County.	 Figure 1: CHI St. Alexius Health Carrington - Foster and Eddy County

Community Description

CHI St. Alexius Health Carrington is located in a frontier area. A frontier area is defined as a sparsely populated rural area, which is isolated from population centers and services. CMC is licensed as a critical access hospital with two provider-based rural health clinics. One clinic is attached to the Carrington hospital and the other is located 16 miles to the north in New Rockford, North Dakota. Carrington is located in east central North Dakota, just two hours from four major North Dakota cities: Fargo, Minot, Grand Forks, and Bismarck. Along with the hospital, the economy is based on agribusiness, service industries, and retail trade. Foster County is 644 square miles of

land located in the center of North Dakota. It is one of the smallest of the state's 53 counties, 18 miles by 36 miles in dimension. It is bordered by Eddy, Griggs, Stutsman and Wells counties. Foster is divided into 18 townships with the seat of county government located in Carrington. The population of Foster County is 3,388 residents, making it the state's 32nd most populous county. Eddy County's population is 2,345, making it the state's 39th most populous county. About 1 in 5 residents in both counties are under the age of 18 and about 1 in 4 are aged 65 and older (Table 2). The racial composition for both counties is largely non-Hispanic white (94.6 percent in Foster County and 90.4 percent in Eddy County), but Eddy County has a larger than average (4.1 percent) percentage of American Indian and Alaska Native residents due to the presence of the Spirit Lake Dakota Reservation in the northern part of the county. Less than 1 percent of each county's population speaks English less than very well (Table 1). Foster County's gender split is roughly even at 49.5 percent female and 50.5 percent male, whereas Eddy County is skewed slightly male (52.2 percent male and 47.8 percent female).

Socioeconomic Factors

There are 1,492 households in Foster County with an average of 2.2 persons per household, and 1,077 households in Eddy County with an average of 2.1 persons per household. The median household income in Foster County is $78,426, which is slightly higher than the median household income in both North Dakota ($73,959) and the nation ($75,149); however, the median household income in Eddy County ($50,375) is substantially lower than North Dakota and the nation overall (Table 3). Roughly 3 in 4 households in Foster County (78.3 percent) and 69.5 percent of households in Eddy County are owner-occupied. In Foster County the median owner costs are $1,355 per month including the mortgage, compared to $1,019 in Eddy County. Median rent in Foster County is $710 per month compared to $555 in Eddy County. Both median owner costs and median rent are lower in Foster and Eddy counties than in North Dakota and the United States overall. About 1 in 3 households in Foster County (33.9 percent) and 43.1 percent of households in Eddy County are occupied by householders living alone. Roughly 1 in 4 households in Foster County and 1 in 5 households in Eddy County have children in residence (Table 4). The percentages of householders living alone, households with residents aged 65 and older, and householders aged 65 and older living alone are higher in Foster and Eddy counties than in North Dakota and the United States overall.

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

Foster and Eddy counties are both designated as a Health Professional Shortage Area (HPSA) and as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

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Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in April 2025. The CHNA report includes:

- Description of the community assessed consistent with the hospital's service area;
- Description of the assessment process and methods;
- Data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website https://www.chistalexiushealth.org/content/dam/stalexiushealthorg/documents/about-us/chna/2025/carrington-chna-2025.pdf 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 or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Mental health (anxiety, stress, depression)	The majority of respondents were concerned about mental health in their community; 42 percent were very concerned and 36 percent were somewhat concerned. A large majority of respondents were also concerned about suicide in their community; 45 percent were very concerned and 40 percent were somewhat concerned.	Yes
Substance misuse.	A substantial majority of respondents expressed concern about substance misuse in their community, including alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs; 57 percent were very concerned and 29 percent were somewhat concerned.	No
Barriers to health care.	One-quarter of respondents (26 percent) indicated the price of prescription drugs,	No

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Significant Health Need	Description	Intend to Address?
	even with insurance, presented an extreme barrier to accessing health care and 49 percent said it was somewhat of a barrier. Sixty-seven percent of respondents cited concerns about confidentiality as a barrier to health care.	
Psychological abuse and crime.	Seventy-eight percent of respondents were at least somewhat concerned about child abuse or neglect in their community. Respondents also expressed concerns about cyber bullying and emotional abuse.	No

Significant Needs the Hospital Does Not Intend to Address

CHI St. Alexius Health- Carrington will not directly prioritize the following health needs because there are existing community partners that are best positioned to address this need. We will continue to explore ways to support others' efforts.

- Substance misuse: 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.
- Barriers to health 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.
- Psychological abuse and crime: 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.

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others 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

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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 staff, clinicians and board, and in collaboration with community partners.

Hospital and health system participants in the community input meeting included the President, Director of Mission, Foundation Director, Registered Nurse, Nurse Practitioner and Clinic Nurse.

Community input or contributions to this implementation strategy included working with
community partners to provide input throughout planning. Community partners included: Foster County Public Health, Carrington Dental Care, Carrington Chamber & Economic Development Corporation, North Dakota Highway Patrol, Carrington's Police Department, Foster County Sheriff's Office, Open Prairie Health and Carrington Drug.

CHI St. Alexius Health Carrington hosted a community health needs assessment data presentation and consensus workshop to prioritize community health needs. Attendees reviewed survey findings, compared them to their own perceptions of community needs, and discussed the demographics of survey respondents. The health needs identified by participants were cyberbullying, mental health, and housing. The hospital prioritized Mental Health and Cyber Bullying for our community as we see many values in improving these areas. Our strategic plan will be to incorporate specific initiatives designed to address both the immediate needs and the long-term systemic factors contributing to these critical health concerns.

The programs and initiatives described here were selected on the basis of...

- Severity and impact on other health need areas
- Hospitals' expertise and ability to make impact
- Community's interest in the hospital engaging in this work
- Existing work engaging various community partners
- Political will to address systemic barriers

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

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- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

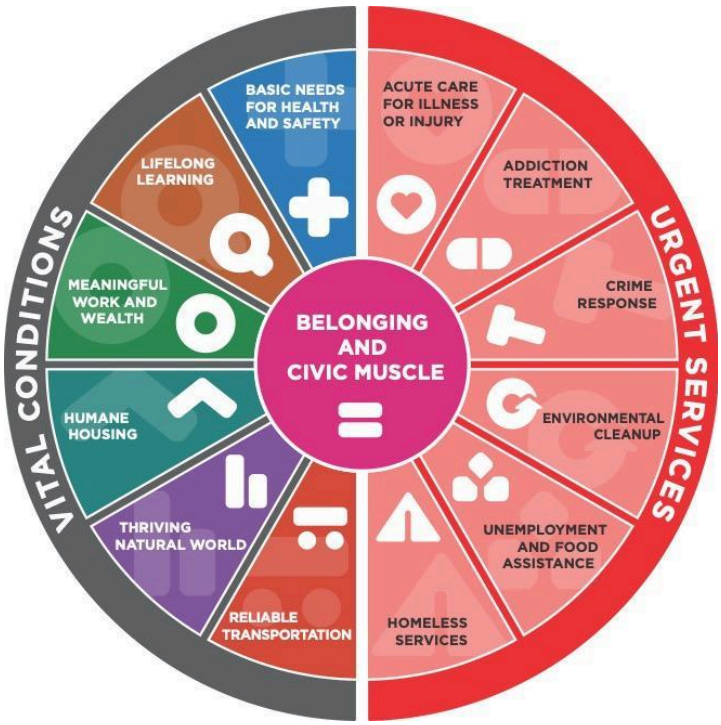
Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[1] to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

What are Vital Conditions?
These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.



[1] The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

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What is Belonging and Civic Muscle?
This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

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Strategies and Program Activities by Health Need

Health Need:	**Behavioral Health**				
Population(s) of Focus:	Individuals in need of mental health services in Foster and Eddy county				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Access to Mental Health	Host an annual mental health fair to provide access and resources to care. Survey school- age students to better understand MH challenges/ opportunities and guide intervention strategies in subsequent years.	●	●	●	VC
Invest in community solutions to address Mental Health	Align community investments with hospital priorities by providing financial support to local organizations through a targeted Community Health Improvement Grant program, based on needs identified in the Community Health Needs Assessment (CHNA).	●	●	●	VC

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Health Need:	**Behavioral Health**				
Foster a supportive and informed school environment that promotes positive mental health and reduces the incidence of cyberbullying among K-12 students.	Provide cyberbullying training/ presentations in public schools.	•	•	•	VC
Implement Violence Prevention programing	The Violence Prevention Program works toward preventing intimate partner violence	•	•	•	US
Planned Resources:	Community Health Improvement Grants, University North Dakota Center for Rural Health				
Planned Collaborators:	Foster County Public Health, Carrington Area Healthy Communities Coalition, Carrington Public Schools (Sources of Strength at the HS), Advance in Recovery, Flatland Psychiatry,				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Greater awareness of students perceptions of mental health and drivers of poor mental health, contributing to depression, anxiety and thoughts of suicide.	Percentage of residents reporting “Not concerned at all,” “Slightly concerned,” “ Somewhat concerned,” and “Very concerned” concern of Mental health in the community.	CHNA
Greater capacity of community- based organizations to deliver programs and services that impact residents' mental health and wellbeing in Foster and	Percentage of residents reporting “Disagree,””Neither agree or disagree,” or “Agree” of adequate mental health	CHNA

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Eddy Counties	services.	
Reduce cyberbullying in the community by providing education to youth	Percentage of residents reporting “Not concerned at all,” “Slightly concerned,” “ Somewhat concerned,” and “Very concerned” concern of cyberbullying in the community.	CHNA

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