

Community Health Improvement

Strategic Action Plan Fiscal Year 2026 - 2028

CHI St. Alexius Health – Devils Lake, ND




Board approved October 2025



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At-a-Glance Summary

<p>Community Served</p> 	<p>CHI St Alexius Health Devils Lake identified Ramsey County as the primary service area for the community health needs assessment. It also serves patients and the communities within Benson, Eddy and Pierce counties. Collectively, these primary and secondary service areas are 4,200 square miles and approximately 25,000 people. This geography overlaps with the service area of the Lake Region District Health Unit (LRDHU). Three of the four counties border the Spirit Lake Indian Reservation.</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>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).</p> <p>Needs the hospitals intends to address with strategies and programs are:</p> <ul style="list-style-type: none">• Substance misuse• Mental health (anxiety, stress, depression)• Community Services• Availability of health care services
<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">• Behavioral Health (Mental Health and Substance Use)<ul style="list-style-type: none">◦ Partner with Lake Region District Health Unit to support, promote and/or refer to existing mental health/substance use programs◦ Partner with community organizations to support, promote and/or refer to existing mental health/substance use programs• Health Related Social Needs/Social Determinants of Health<ul style="list-style-type: none">◦ Total Health Roadmap - Connection to community-based services for unmet health needs◦ Invest in community organizations addressing housing instability and homelessness• Access and Continuity of healthcare<ul style="list-style-type: none">◦ Host community events for education, navigation and accessibility of resources in healthcare◦ Implement coordinated communication between clinic and hospital locations

- Implement EPIC hospital-wide for seamless EHR interoperability.
- Cultivate local talent, leverage Altru's recruiting for workforce development.
- Train nurses to become sexual assault nurse examiners, increasing access to care.

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 Devils Lake. 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](https://forms.gle/KGRq62swNdQyAehX8) at: <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 Devils Lake 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 Devils Lake Overview

CHI St. Alexius Health Devils Lake Hospital is a 25-bed critical access hospital that provides a wide array of hospital based health services. This includes an emergency department with a level 5 trauma center as well as a variety of inpatient and outpatient ancillary services. Inpatient services include an intensive care unit, acute care unit, obstetrics unit, and swing bed unit. CHI St. Alexius Health Devils Lake Hospital is the only hospital in east central North Dakota that offers inpatient obstetrics services. Other services include a hospitalist service, inpatient pharmacy, respiratory therapy, general surgery, endoscopy, ophthalmology, podiatry, cardiac rehabilitation, pulmonary rehabilitation, stress testing, clinical laboratory, medical nutrition therapy, occupational therapy, physical therapy,



x-ray, fluoroscopy, computed tomography (CT), ultrasound, and fluoroscopy services.

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:

<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. Alexis Health Devils Lake's primary service area is Ramsey County.

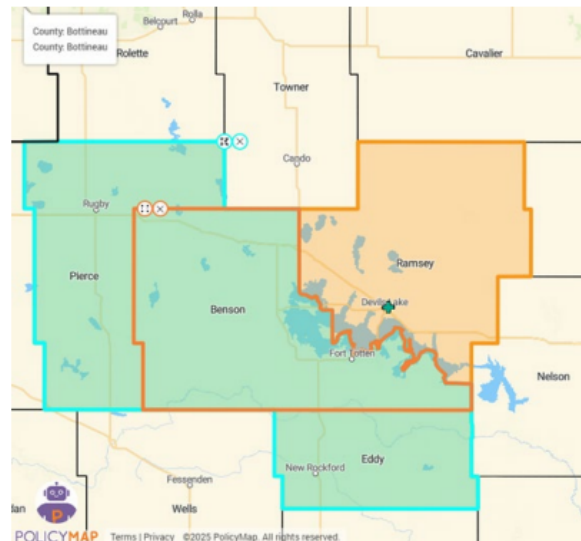


Figure 1: CHI St. Alexis Health Devils Lake CHNA Service Area - Ramsey

	county, Pierce county, Benson county, and Eddy county ND
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Community Description

CHI St. Alexius Health Devils Lake is located in Devils Lake, North Dakota. The hospital primarily serves Ramsey County, but also serves Benson, Eddy, and Pierce counties. CHI St. Alexius Health Devils Lake is the only hospital in Ramsey County and there are no hospitals in Benson or Eddy counties. Heart of America Medical Center is located in Pierce County. Though Pierce County is home to a hospital of its own, CHI St. Alexius Health Devils Lake is the only provider in the four-county area that offers labor and delivery services with obstetrical care. Along with the hospital, the economy is based on agri-business, service industries, and retail trade. Ramsey County is 1,186 square miles of rural land located in northeast North Dakota. It is the 26th-largest of the state’s 53 counties. It is bordered by Benson, Towner, Cavalier, Walsh, and Nelson Counties. Ramsey is divided into 36 townships with the seat of county government located in Devils Lake. The racial makeup of the counties is 81.9% White with 11.9% of the population being Native American.

Socioeconomic Factors

There are 5,049 households in Ramsey County with an average of 2.2 persons per household. Median household income is \$61,490, which is substantially lower than the median household income in North Dakota and the nation overall, \$73,959 and \$75,149, respectively. Nearly two-thirds of households in Ramsey County are owner-occupied and median owner costs are \$1,528 per month including the mortgage. Median rent in Ramsey County is \$663 per month. Both median owner costs and median rent are lower in Ramsey County than North Dakota and the nation overall. The poverty rate in Ramsey County is 15.8 percent, which is higher than the poverty rate in North Dakota overall (10.8 percent) and the nation (12.5 percent). About 1 in 4 (25.6 percent) children in Ramsey County live below the poverty line compared to 11.3 percent statewide and 16.7 percent nationally. Roughly 36 percent of school-aged children in Ramsey County are eligible for free or reduced-price school lunch, which is higher than in North Dakota overall (23.2 percent) but lower than the national average (50.8 percent).

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

Ramsey, Benson, Eddy, and Pierce counties are each designated as a Health Professional Shortage Area (HPSA) by the United States Health Resources & Services Administration. Furthermore, Ramsey and Benson counties have specific designations as Native American Population HPSAs and Pierce County has a specific designation as a Low Income HPSA. Benson, Eddy, and Pierce counties are also

designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

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/devils-lake-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. The hospital will address and work on them, but are not the sole responsible party for each of these things. 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?
Substance misuse	Nearly all respondents (99 percent) expressed concern about substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs) in their community. Eighty-nine percent of respondents were very concerned and 10 percent were slightly or somewhat concerned about substance misuse.	Yes
Mental Health (anxiety, stress, depression)	Ninety-six percent of respondents expressed concerns about mental health in their community. Mental health was very concerning for 78 percent of respondents and another 18 percent were slightly or	Yes

Significant Health Need	Description	Intend to Address?
	somewhat concerned about this issue. Further, 68 percent disagreed when asked if their community has adequate mental health services.	
Community Services	Affordable housing, adequate public transportation, adequate child care services, and coordination of care across providers were identified as services that were inadequate in the community. Three-quarters (75 percent) of respondents disagreed that their community has enough affordable housing for everyone who needs it and a similar percentage (72 percent) disagreed that their community has adequate public transportation services. Sixty-two percent of respondents disagreed that the community has adequate child care services and 50 percent disagreed when asked if health care is well coordinated across providers and services.	Yes
Availability of health care services	The cost of health care services, the availability of local services, the price of prescription drugs, the length of time to see a provider, and distance to access care were cited as at least somewhat of a barrier to a majority of respondents. When asked about barriers to seeking health care, the price of health care services, even with insurance, was cited as at least somewhat of a barrier by 80 percent of respondents; 31 percent indicated cost was an extreme. The availability of local services to meet health care needs was at least somewhat of a barrier for 71 percent of respondents; 25 percent indicated it was an extreme barrier.	Yes

2025 Implementation Strategy and Plan (ISP)

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 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.

CHI Health makes significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

In order to select priority areas and design meaningful, measurable strategies, hospital leadership and community partners participated in a community input meeting. Hospital leaders present in the meeting included the president, supply chain manager, ER supervisor, nursing supervisor, community health worker, quality/risk manager and foundation/marketing director. Community partners present in the meeting included: Altru Health System, NDSU Extension, Lake Region District Health Unit, North Dakota School for the Deaf, Devils Lake Police Department, ND Courts, Lake Region State College, and Lake Region Ambulance

Service. In this meeting, participants reviewed primary and secondary data, including community demographics and health indicators, such as population trends, health behaviors, disease burden, top causes of morbidity and mortality, social drivers of health and top health needs expressed by residents through a community health conducted as part of the 2025 CHNA. They considered:

- 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.

- 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 Portfolio¹ 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.

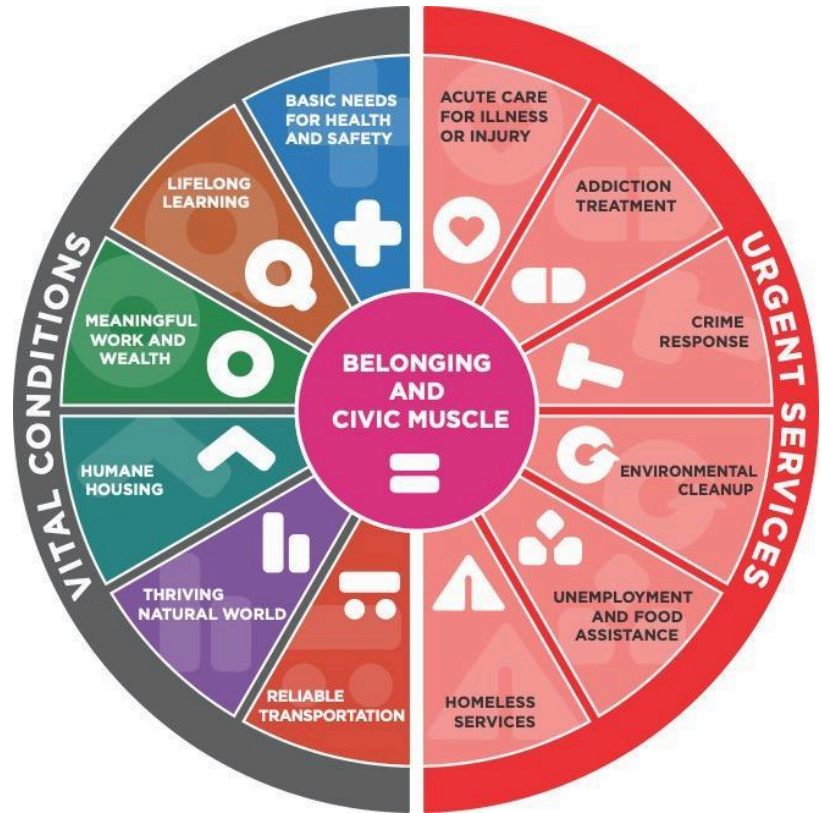
What are Vital Conditions?

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.

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.

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.

Strategies and Program Activities by Health Need

Health Need:	Behavioral Health				
Population(s) of Focus:	General population, individuals with a mental health and/or substance use challenge				
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)
Partner with Lake Region District Health Unit to support, promote and/or refer to existing mental health/substance use programs	Participate in the Community Health Coalition, Responsible Beverage Training, Alcohol misuse education, AL-Teen, provide cessation information	•	•	•	VC
Partner with community organizations to support, promote and/or refer to existing mental health/substance use programs	Promote education and cessation through the following: Responsible Beverage Training, Refer to Human Service Center for a substance abuse evaluation, Provide information via radio and social media, Provide counseling and nicotine replacement therapy, support groups, ND Quits	•	•	•	US

Health Need:	Behavioral Health
Planned Resources:	Staff time (in kind), media communications
Planned Collaborators:	Lake Region District Health Unit, Devils Lake Public Schools, Minnewaukan Public Schools, Warwick Public Schools, Four Winds High School, Starkweather Public School, North Star Public Schools and Human Service Center

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved awareness of and access to BH resources	47 percent of respondents indicated that the availability of mental health and substance misuse treatments has worsened.	CHNA

Health Need:	Health Related Social Needs/Social Determinants of Health				
Population(s) of Focus:	Individuals in Ramsey, Benson, Eddy and Pierce counties who are underserved, vulnerable, and/or in need of assistance—including those living at or below the poverty line.				
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)
Total Health Roadmap - community health workers connecting patients to	Screen patients for HRSN and address unmet HRSN through Community Health Worker	•	•	•	US

Health Need:	Health Related Social Needs/Social Determinants of Health				
community-based services for unmet health needs					
Invest in community organizations addressing housing instability and homelessness	Invest in the community through utilization of the hospital's foundation. Support the behavioral health center as they grow their practice by working together for patients.	•	•	•	US
Planned Resources:	Community Health Improvement Grants, Community Health Worker				
Planned Collaborators:	Community- based social service agencies				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase the capacity of community service providers to meet the needs of residents experiencing homelessness and/or housing instability.	Percentage of resident reporting “Disagree,” “Neither agree or disagree,” or “Agree” on having enough affordable housing for everyone who needs it	CHNA
Increase patient connection to community resources for food insecurity, housing instability, etc.	Percentage of resident reporting “Disagree,” “Neither agree or disagree,” or “Agree” on service in the community	CHNA

Health Need:	Access and Continuity of Healthcare				
Population(s) of Focus:	Individuals living in Ramsey, Benson, Eddy and Pierce counties who are in need of health care services				
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)
Host community events for education, navigation and accessibility of resources in healthcare	Community health fair located in town, host a summer/back to school fair	•	•	•	VC
Implement coordinated communication between clinic and hospital locations	Establish means to ensure prompt communication between providers at all locations and avoid any delay in care	•	•	•	US
Implement EPIC hospital-wide for seamless EHR interoperability.	Launch Epic electronic health record platform for the hospital	•	•	•	VC
Cultivate local talent, leverage Altru's	Promote the 'grow your own' idea. Utilize the recruiting staff from Altru post transition.	•	•	•	VC

Health Need:	Access and Continuity of Healthcare				
recruiting for workforce development.					
Train nurses to become sexual assault nurse examiners, increasing access to care.	Train nurses as Sexual Assault Nurse Examiners;	•	•	•	US
Planned Resources:	Staff time (in kind), technology (Epic), training (SANE)				
Planned Collaborators:	Press-Ganey, IT and Clinical Informatics in DL and GF, Coalition members, Lake Region State College				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase community awareness	Percentage of resident reporting “Disagree,” “Neither agree or disagree,” or “Agree” on having adequate healthcare services to meet health care needs	CHNA
Improve care coordination	Percentage of resident reporting “Disagree,” “Neither agree or disagree,” or “Agree” on having well coordinated care across providers and services	CHNA
Increase the health care workforce and improve employee retention	Ratio of healthcare providers in Ramsey county	CHNA
Improved access to specialized, trauma-informed care for survivors of intimate partner violence, human trafficking and sexual assault	Percentage of residents reporting “Not concerned at all,” “Slightly concerned,” “Somewhat concerned,” and “Very concerned” on violence in the community	CHNA