CHI St. Alexius Health™
A member of CommonSpirit

Community Health Improvement

Strategic Action Plan

Fiscal Year 2026 - 2028

CHI St. Alexius Health – Dickinson, ND

Board approved October 2025

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

At-a-Glance Summary

Community Served 	Dickinson serves as the hub of southwest North Dakota which encompasses an 8-county area as well as portions of eastern Montana. Those eight counties are Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope and Stark. Dickinson is the largest community with over 26,000 people. The hospital primarily serves Stark County where Dickinson is located, therefore this is the primary Community Health Needs Assessment (CHNA) service area.
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 ● Health Related Social Needs ● Youth mental health and well being
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: ● **Behavioral Health** ○ Integrate primary and behavioral health care and expand access to services ○ Improve access to outpatient behavioral health services ○ Improve access to behavioral health services ● **Health Related Social Needs** ○ Improve access to transportation for health care services ○ Improve coordination of medical and social care ○ Improve access to emergency shelter and supportive housing ● **Youth Mental Health and Well-being** ○ Increase access to Youth Programming

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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 Dickinson. 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: 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 Dickinson 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 Dickinson is a 25- bed Critical Access Hospital located in Dickinson, North Dakota, serving the community with a wide range of health care services including women’s health, general surgery, internal medicine, orthopedics, rehabilitation services and a Level II Nursery. CHI St. Alexius Health Dickinson is a Level IV Trauma Center accredited by the American College of Surgeons and The Joint Commission (TJC).

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

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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

The hospital primarily serves Stark County where Dickinson is located, therefore this is the primary CHNA service area. Additionally, CHI St. Alexius Health Dickinson serves Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties. (Primary and secondary CHNA services areas are depicted in Figure 1). Other hospitals located within the service area include West River Health Services in Adams County, Southwest Healthcare Services Hospital in Bowman County, and Vibra Hospital of the Central Dakotas in Morton County. Stark County is a semi-rural county located in southwestern North Dakota and has an estimated population of 32,989.

Figure 1: CHI St. Alexius Health - Dickinson Service Area: Primary service area Stark County.

Additional counties served by CHI St. Alexius Health Dickinson are Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties.

Community Description

The American Community Survey's (ACS) most recent five-year estimate of Stark County's population is 32,989, making it the 7th most populous county in North Dakota. About 1 in 4 residents in Stark County are under the age of 18 and 13 percent are aged 65 and older. The county's racial composition is largely non-Hispanic white (86.2 percent). The percentage of residents in Stark County who are of Hispanic origin is 6.1 percent, which is nearly two percentage points higher than North Dakota overall (4.3 percent). Two percent of the population in Stark County speaks English less than

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very well. The county's gender split is skewed male, at 52.4 percent male and 47.6 percent female.

Socioeconomic Factors

Estimates from the ACS indicate that there are 13,200 households in Stark County with an average of 2.4 persons per household. Median household income is $78,734, which is higher than the median in North Dakota ($73,959) and the nation overall ($75,149). Nearly two-thirds of households in Stark County are owner-occupied (64 percent) and median owner costs are $1,739 per month including the mortgage. Median rent in Stark County is $988 per month. Both median owner costs and median rent are higher in Stark County than in North Dakota overall, but lower than the United States.

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

Stark, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties are each designated as a Health Professional Shortage Area (HPSA) and 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/dickinson-chna-2025.pdf or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The significant health needs listed below were identified in the CHNA. For each significant health need in the table below, those which the hospital intends to address with dedicated strategies and resources are indicated below. Identified needs may include specific health conditions, behaviors or health care services, and

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also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Affordability of housing	Most respondents (73 percent) disagreed that their community has enough affordable housing for everyone who needs it. Affordable housing was also identified as a priority need in the previous CHNA conducted in 2022, and more than half (54 percent) of respondents indicated that the availability of affordable housing has worsened since then.	Yes
Availability of child care services	Nearly two-thirds (65 percent) of respondents disagreed that their community has adequate child care services. Stark County has a higher percentage of families with children under the age of 18 (32.1 percent) than North Dakota on average (27.8 percent). Stark County also has a higher percentage of children ages 0 to 4 (8.3 percent) than North Dakota (6.7 percent)	No
Availability of public transportation	More than half (53 percent) of respondents disagreed that their community has adequate public transportation services. Nearly one-quarter (24 percent) of respondents indicated that access to transportation for health care services was at least somewhat of a barrier.	Yes
Mental health and substance misuse	Nearly three-quarters (73 percent) of respondents were very concerned about mental health (anxiety, stress, depression) and 73 percent were also very concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs) in their community. Mental health and substance misuse were also identified as priority needs in the previous CHNA and 62 percent of respondents said that mental health has worsened in their community since then.	Yes

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Significant Health Need	Description	Intend to Address?
Access to health care services	Half of respondents disagreed when asked if their community has adequate health care services (52 percent), that it was easy to get an appointment for health care services (52 percent), and that health care services were well coordinated across providers and services (52 percent).	Yes
Psychological abuse and crime	Most respondents (81 percent) were at least somewhat concerned about cyber bullying; 55 percent were very concerned. Similarly, 80 percent of respondents were at least somewhat concerned with child abuse/neglect; 49 percent were very concerned about the issue.	No

Significant Needs the hospital is addressing in this implementation plan based on the Community Health Needs Assessment are Behavioral Health, *which includes mental health and substance misuse,* Health- Related Social Needs, *which includes affordable housing, care coordination and transportation*, and Youth Concerns, *which includes psychological abuse and crime.*

Significant Needs the Hospital Does Not Intend to Address

CHI St. Alexius Health Dickinson will not address the needs listed below as community partners identified that the hospital needed to focus on areas where it was better positioned to make impact, where resources were available and the community was most interested in collaborating.

- Availability of child care services: 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.

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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.

Hospital and health system participants in the community input meeting included the President, Mission Director, Director of clinics, CNO, Director of Quality, CHI-Dickinson Foundation member, and CHI-Dickinson Board Member.

Community input or contributions to this implementation strategy included working with community partners to provide input throughout planning. Community Partners included: Senior Life Solutions, Dickinson Park and Rec, Dickinson Police Department, Dickinson Chamber of Commerce, Badlands Human Service Center, United Way of Dickinson, Baker Boy, Southwest District Health Unit, Heartview Foundation, Dickinson Public Schools, Sanford Health, Stark Development Corporation, Peace Lutheran Church and the Southwest Multi- County Correction Center (SWMCC).

CHI St. Alexius Health Dickinson hosted CHNA/IS prioritization community input meeting on January 28, 2025. 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 mirrored those from the 2022 CHNA, and attendees concurred that these issues remain priority community health needs. This conclusion was also reflected in the survey findings. For the upcoming three-year CHNA cycle, Care Coordination/ Transportation, Affordable Housing, Behavioral Health and Youth Concern, were prioritized by the group of hospital and community leaders

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

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- 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 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

[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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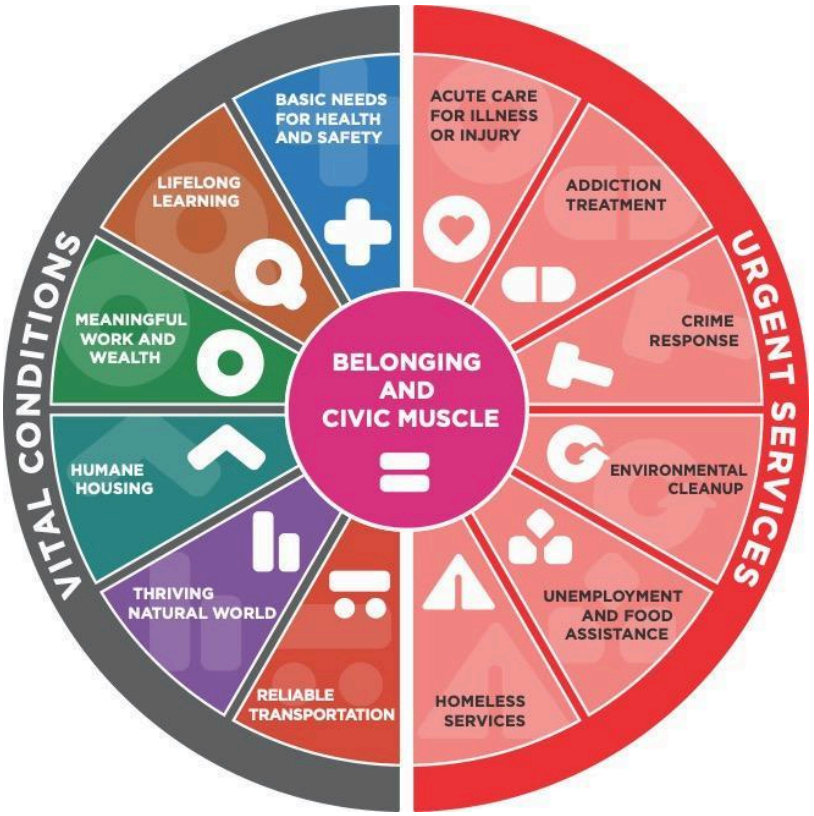
the conditions of communities. They help create a community environment that supports health.

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.

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Strategies and Program Activities by Health Need

Health Need:	**Behavioral Health**				
Population(s) of Focus:	Individuals living in Stark, Adams, Billings, Bouman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties who are underserved, vulnerable, and in need of assistance.				
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)**
Integrate primary and behavioral health care and expand access to services	Expand access through integration of primary and behavioral health care. Expand psychiatric consult capacity in the Emergency Department through telehealth.	•	•	•	VC
Improve access to outpatient behavioral health services	Enter into cooperative agreements for behavioral health care, ensuring patients get the appropriate level of care at the right time.	•	•	•	VC
Improve access to behavioral health services	Partner with community- based behavioral health service providers to ensure patients/	•	•	•	VC

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Health Need:	**Behavioral Health**				
	clients in need of service get the support they need in a timely manner. Attend Behavioral Health Collaborative meetings to improve collaboration and awareness of existing resources and trends.				
Planned Resources:	Staff time (in-kind), grants, Senior Life Solutions program, medical transport				
Planned Collaborators:	Badlands Human Service Center, Senior Life Solutions, Dickinson Transportation Services,				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improve access to mental health resources	Percentage of respondents disagreed that their community has adequate mental health services	CHNA

Health Need:	**Health Related Social Needs (HRSN)**	
Population(s) of Focus:	Individuals living in Stark, Adams, Billings, Bouman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties who are underserved, vulnerable, and in need of assistance.	
Strategy or Program	Summary Description	Strategic Alignment

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Health Need:	**Health Related Social Needs (HRSN)**				
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Improve access to transportation for health care services	Provide bus vouchers for the patients who are in need of transportation to and from medical appointments	●	●	●	VC
Improve coordination of medical and social care	Screen patients for HRSN and address unmet HRSN through community health navigation.	●	●	●	US
Improve access to emergency shelter and supportive housing	Researching for space by partnering with United of Midlands to provide housing services for the homeless in the community	●	●	●	VC
Planned Resources:	*Community Health Worker, bus vouchers, staff time (in-kind)*				
Planned Collaborators:	Badlands Behavioral Health, Heartview Healthy Transitions, Senior Life Solutions, Dickinson Transportation Services, SW Homeless Coalition, City and County Planning and Zoning				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improve transportation services to increase access to health care	Percent of respondents stated access to transportation for health care services	CHNA

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	was at least somewhat a barrier	
Improve coordination of care across health care services	Percent of respondents disagreed when asked if their community health care services were will coordinated across providers and services	CHNA

Health Need:	**Youth Mental Health and Well-being**				
Population(s) of Focus:	Youth living in Stark, Adams, Billings, Bouman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties.				
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)**
Increase access to Youth Programming	Implement a Community Blue Print project to support youth mental health and wellbeing in Dickinson and surrounding areas.	•	•	•	VC
Planned Resources:	Staff time (in-kind), grants				
Planned Collaborators:	FHI 360, Community organizations				

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Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decrease child abuse and neglect	Rate of child abuse and neglect, county	Fostering Court Improvement, Child Protective Services (CPS) Reports

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