

## Implementation Plan Resulting from the Spring 2016 Assessment

Carrington Health Center, DBA CHI St. Alexis Health Carrington

### I. Organizations Mission

CHI St. Alexis Health, Carrington began delivering its health care mission in 1916 as the Carrington Hospital. In 1941, the hospital was leased to the Presentation Sisters of the Fargo Diocese. The Presentation Sisters joined the Catholic Health Corporation of Omaha in 1980 and later became part of Catholic Health Initiatives. In 2014 and 2015, CHI St. Alexis Health, Carrington was recognized as a “Health Strong Hospital” by being one of the top 100 Critical Access Hospitals in the United States. Additionally, CHI St. Alexis Health, Carrington was named one of the top 20 Critical Access Hospitals in 2014 by the National Rural Health Association.

CHI St. Alexis Health officially announced the formation of its regional health care system on April 19, 2016. The system is the largest health care delivery system in central and western North Dakota and is comprised of a tertiary hospital in Bismarck, and critical access hospitals (CAHs) in Carrington, Dickinson, Devils Lake, Garrison, Turtle Lake, Washburn and Williston and numerous clinics and outpatient services. CHI St. Alexis Health manages four CAHs in North Dakota: Ashley, Elgin, Linton, and Wishek, as well as Mobridge Regional Medical Center in Mobridge, S.D.

Catholic Health Initiatives, a nonprofit, faith-based health system formed in 1996 through the consolidation of four Catholic health systems, expresses its mission each day by creating and nurturing healthy communities in the hundreds of sites across the nation where it provides care. The nation’s second-largest nonprofit health system, Englewood, Colorado-based CHI operates in 19 states and comprises 102 hospitals, including four academic health centers and major teaching hospitals as well as 30 critical-access facilities; community health-services organizations; accredited nursing colleges; home-health agencies; living communities; and other facilities and services that span the inpatient and outpatient continuum of care. In fiscal year 2015, CHI provided almost \$970 million in financial assistance and community benefit – an 8% increase over the previous year -- for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$1.6 billion with the inclusion of the unpaid costs of Medicare. The health system, which generated operating revenues of \$15.2 billion in fiscal year 2015, has total assets of approximately \$23 billion.

The mission of Catholic Health Initiatives and CHI St. Alexis Health, Carrington is "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.

CHI’s 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

CHI St. Alexius Health, Carrington’s goal is to be known as one of the best Critical Access Hospitals in the United States that gives the highest quality of patient care.

The primary tax-exempt purpose of CHI St. Alexius Health, Carrington is to provide healthcare services to residents in the community and surrounding area regardless of their ability to pay. CHI St. Alexius Health, Carrington is in a rural area and is a critical care access hospital.

CHI St. Alexius Health, Carrington provides a wide array of health services for our area including a Critical Access Hospital, Emergency Care, Level 5 Trauma Center, Ambulance services, Inpatient Care (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, weight management support group, iv therapy, occupational therapy, social ministries- healthy communities and faith in action, physical therapy, sleep disorder services, telemedicine, imaging services- back and joint injections, CT and DEXA scans, echocardiograms, EKG, fluoroscopy, general x-ray, digital mammography, MRI, cardiac stress testing with nuclear medicine, ultrasound, volunteer auxiliary services, and others available by referral- mental health and hospice and home health), and a Medical Clinic (DOT exams, family practice, elder care, health maintenance exams, nursing home rounds, pediatrics and well child exams, phone nurse, prenatal obstetrics, preoperative exams, and women’s health) and outreach clinic in Eddy County, with two physicians, a general surgeon, three Physician Assistants and many outreach specialists that provide needed local services for which our patients would otherwise have the inconvenience of traveling long distance to receive. The programs and services described throughout this report promote a healthy community and each year those services seem to expand in some form.

CHI St. Alexius Health Carrington has a governing Regional & Executive Board of Directors as well as a Quality Committee-Patient Family Advisory Council and a Foundation Advisory Council. CHI St. Alexius Health, Carrington is included in the Official Catholic Directory as a tax-exempt hospital.

## II. Community Served

CHI St. Alexius Health, Carrington Medical Center is located in a frontier area and is licensed as a critical access hospital with two provider-based clinics. One clinic is attached to the Carrington hospital and the other is located 16 miles to the north in New Rockford. Carrington is located in east central North Dakota, just two hours from four major cities in North Dakota: Fargo, Minot, Grand Forks, and Bismarck. Counties served by CHI St. Alexius Health, Carrington include Foster County and Eddy County in their entirety, plus portions of Stutsman and Wells. Other hospitals are located in both Stutsman and Wells counties. This service area is defined based on the location of the medical facilities, the geographic distance to other hospitals, and the history of usage by consumers. Located in the hospital’s service area are the communities of Bowdon, Carrington, Cathay, Fessenden, Glenfield, Grace City, McHenry, New Rockford, Pingree, Sykeston, and Woodworth.

Figure 1: Eddy, Foster, Stutsman and Wells counties, North Dakota



Table 1 summarizes general demographic and geographic data about Eddy, Foster, Stutsman and Wells counties.

<b>TABLE 1: EDDY, FOSTER, STUTSMAN &amp; WELLS COUNTIES: INFORMATION AND DEMOGRAPHICS</b>					
(From 2010 Census/2014 American Community Survey; more recent estimates used where available)					
	<b>Eddy County</b>	<b>Foster County</b>	<b>Stutsman County</b>	<b>Wells County</b>	<b>North Dakota</b>
Population (2014 est.)	2,377	3,362	21,129	4,192	739,482
Population change (2010-2014)	-0.3%	0.6%	0.1%	-0.4%	9.9%
People per square mile (2010)	3.8	5.3	9.5	3.3	9.7
Persons 65 years or older (2014 est.)	23.8%	22.0%	17.6%	27.1%	14.2%
Persons under 18 years (2014 est.)	22.2%	21.4%	20.4%	19.2%	22.8%
Median age (2014 est.)	48.8	46.4	41.1	51.2	35.9
White persons (2014 est.)	93.0%	97.4%	95.1%	97.7%	89.1%
Non-English speaking (2014 est.)	2.2%	4.4%	4.9%	2.6%	5.4%
High school graduates (2014 est.)	86.6%	88.1%	87.3%	84.1%	91.3%
Bachelor's degree or higher (2014 est.)	19.9%	20.0%	22.3%	19.7%	27.3%
Live below poverty line	10.7%	8.0%	11.6%	10.9%	11.5%
Children under 18 in poverty (2013)	20.9%	10.1%	18.7%	9.0%	14.1%

While the population of North Dakota has grown in recent years, the populations of the four counties studied were stable with modest changes between 2010 and 2014. The data show that the area is rural and that its residents are older than the state as a whole and are less likely to have completed a four-year degree, which can have workforce implications. Eddy and Stutsman counties had higher levels of children in poverty than North Dakota overall, while Foster and Wells counties experienced lower rates of children in poverty.

### **III. Implementation Strategy Process**

The implementation planning process was collaborative. Professionals from both CHI St. Alexius Health, Carrington and Foster County Public Health were heavily involved in researching and planning programs to meet the needs identified in the most recent Community Health Needs Assessment. They met regularly by telephone conference, via email, and had several face to face meetings. The process closely followed a model used during the last community health needs assessment cycle. CHI St. Alexius Health, Carrington did not receive any written comments from the public on the previous community health needs assessment or its most recent implementation strategy. The implementation plan will be adopted at the October 2016 CHI St. Alexius Health Board meeting. Board members will receive the implementation plan in advance in order to review its contents.

### **IV. Prioritized List of Significant Health Needs Identified in CHNA**

To help inform future decisions and strategic planning, CHI St. Alexius Health, Carrington and Foster County Public Health conducted a community health needs assessment in Foster County as well as surrounding counties. The assessment sought input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the Carrington area and surrounding region were provided the opportunity to participate in a survey. Approximately 238 residents took the survey. Additional information was collected through a focus group and key informant interviews with community leaders. The input from all of these residents represented the broad interests of the area communities. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

The demographics of the area reflect the overall makeup of North Dakota in many respects, but residents tend to be older than the state as a whole and are less likely to have completed a four-year degree, which can have workforce implications.

Data compiled by County Health Rankings show that as compared to North Dakota generally, Foster County is doing considerably better on measures of health outcomes and health factors. The county ranked 3<sup>rd</sup> of all North Dakota Counties on health outcomes and 8<sup>th</sup> on health factors. There also is room for improvement on certain individual factors that influence health. Factors on which Foster County was performing poorly relative to the rest of the state included:

- Rate of diabetics
- Physical inactivity
- Alcohol-impaired driving deaths
- Mental health providers
- Preventable hospital stays
- Unemployment
- Children in single-parent households

Of 74 potential community and health needs listed in the survey, residents who took the survey chose nine needs as the most important:

- Ability to recruit and retain primary care providers
- Cancer
- Obesity/overweight
- Youth alcohol use and abuse (including binge drinking)
- Cost of health insurance
- Availability of primary care providers
- Availability of specialists
- Attracting and retaining young families
- Affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough specialists, not enough medical providers, and the inability to get appointments or limited appointment hours.

When asked what the good aspects of the area were, respondents indicated that the top community assets were:

- Safe place to live, little/no crime
- Family-friendly; good place to raise kids
- Friendly, helpful, and supportive people
- Active faith community
- Quality health care
- Residents are involved in community

Input from community leaders provided via key informant interviews and a focus group echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these sessions were:

- Adequate childcare services
- Availability of substance abuse/treatment services
- Ability to recruit and retain primary care providers
- Prevalence of obesity, overweight
- Cost of health insurance
- Adult alcohol use and abuse
- Youth alcohol use and abuse
- Political unrest

Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the significant health needs or issues in the community are:

- Obesity/overweight
- Adequate childcare services
- Youth alcohol use and abuse
- Adult cyber bullying
- Adult alcohol use and abuse
- Lack of mental health providers

All six of these needs will be addressed in some way.

#### V. Significant Health Needs to be Addressed

Need 1:	Obesity/Overweight
Resources:	<ul style="list-style-type: none"> <li>• CHI St. Alexius Health Dietitian, Brooke Fredrickson</li> <li>• New Rockford community members: Jessica Dillion, Amy Wobbema, Nicholi, Cudworth, Deb Belquist</li> <li>• Senior center</li> <li>• Bowling Alley</li> <li>• Small businesses in Carrington</li> <li>• BCBS-ND Official Sponsor of Recess grant and FLEX grant</li> </ul>
Activities:	<ul style="list-style-type: none"> <li>• Apply for BCBS-ND Official Sponsor of Recess grant and FLEX grant</li> <li>• Couch to 5K programming, with a local 5K at the end through Healthy Communities Coalition and other community resources</li> <li>• Community cooking classes</li> <li>• Senior center cooking, dancing and music</li> <li>• Youth programming: bowling, soccer, Healthy Communities Coalition kids activities at the fair, exercise program through Rockin' Fitness, track meet, roller skating, ice skating, Easter egg hunt</li> <li>• Adult programming: adult kickball league and other intramural leagues</li> <li>• Implement program called Work It: work with smaller businesses for abbreviated biometrics screenings and tie in to weight management support group</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>• Completed BCBS-ND Official Sponsor of Recess grant and FLEX grant applications</li> <li>• Couch to 5K program through Health Talk with 25 participants in the 5K event</li> <li>• Offer 4 cooking classes in the community with 12 participants at each class</li> <li>• Offer a cooking class at the senior center with music and dancing to follow</li> </ul>

	<ul style="list-style-type: none"> <li>• Research options for a community activity planner to keep healthy activities thriving and available for all ages including fine arts events and intramurals for youth and adults</li> <li>• Implement program called Work It in 2 small businesses</li> </ul>
Actual Outcomes:	

<b>Need 2: Youth Alcohol Use and Abuse</b>	
Resources:	<ul style="list-style-type: none"> <li>• Sources of Strength high school students</li> <li>• Local law enforcement and political leaders</li> <li>• Partnership for Success Targeting Underage Drinking Grant through Foster County Public Health</li> </ul>
Activities:	<ul style="list-style-type: none"> <li>• Create videos in the media classes in the school that address alcohol use</li> <li>• Other community activities: late movies, outdoor theater, youth street dance, intermural sports, kickball tournament/league, teen swim, painting classes/art opportunities, add a sub-committee to the Healthy Communities Coalition to help plan and spread the word about youth activities</li> <li>• Educate youth on the effects and consequences of alcohol use through hands on educational activities: beer goggles, drunk driving simulator, more programming and dynamic assemblies, how alcohol &amp; drugs affects the body/performance, start in 5<sup>th</sup> and 6<sup>th</sup> grade all the way through 12<sup>th</sup></li> <li>• Parent education: put information out at community activities, radio, etc.</li> <li>• More enforcement with local laws and ordinances</li> <li>• Focus group with high school students for planning to address this need</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>• Meet with law enforcement and political leaders to discuss findings and potential solutions</li> <li>• Add at least two youth members to the Healthy Communities Coalition</li> <li>• The Healthy Communities Coalition will research youth activities and youth programming about youth alcohol use and abuse</li> <li>• Propose to the school that local youth create videos in the media classes that address alcohol use to compliment the programming offered by the Healthy Communities Coalition and Foster County Public Health grant</li> </ul>
Actual Outcomes:	<ul style="list-style-type: none"> <li>• A focus group with high school students was held on June 16, 2016. The participants voiced concerns about alcohol use and abuse in the community as well as suggested programming opportunities and healthy activities for youth.</li> </ul>

<b>Need 3: Adequate Childcare Services</b>	
Resources:	<ul style="list-style-type: none"> <li>• Currently there are 5 licensed daycares in Foster County, 6 in Eddy, 3 in Griggs, 5 in Wells, 56 in Stutsman (50 in Jamestown), and several unlicensed daycares in each community.</li> <li>• The Job Development Authority through the Carrington City Council</li> <li>• Pre-school may be offered in the Carrington public school system in the fall of 2018 or 2019 with two classrooms. This will help to alleviate the financial burden of paying for private pre-school</li> <li>• Due to resource constraints, other organizations in the community addressing the need, and a relative lack of expertise or competency to effectively address the need, CHI St. Alexis Health, Carrington will strive to create awareness about this need and assist and implement interventions when possible.</li> </ul>

Activities:	<ul style="list-style-type: none"> <li>• Compile a list resources that are available in the community</li> <li>• Create awareness about the resources that are available in the community</li> <li>• Create awareness about what other community entities are doing to address this need</li> <li>• The Job Development Authority through the Carrington City Council has formed a sub-committee to work on incentives for daycares to begin business, expand a current business, and/or become licensed.</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>• Create a press release addressing this need in collaboration with the JDA</li> <li>• Completion of the Daycare Facility Grant policy and procedure through the Job Development Authority.</li> </ul>
Actual Outcomes:	<ul style="list-style-type: none"> <li>• Completed Daycare Facility Grant program featured on the City of Carrington website.</li> </ul>

<b>Need 4: Adult Cyber-bullying</b>	
Resources:	<ul style="list-style-type: none"> <li>• Lutheran Social Services of ND Restorative Justice Program (LSSRJ)</li> <li>• Community members: Bert Murphy, Alan Stock</li> <li>• Common sense media website</li> <li>• Chamber of Commerce</li> <li>• Due to a relative lack of expertise or competency to effectively address this need and a lack of identified effective interventions to address this need, CHI St. Alexius Health, Carrington will strive to create awareness about this need and assist and implement interventions when possible.</li> </ul>
Activities:	<ul style="list-style-type: none"> <li>• Research which restorative justice programs could be modified for use in our community in collaboration with LSSRJ</li> <li>• Create awareness about the goals of restorative justice</li> <li>• Create programming for our community around restorative justice</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>• Make recommendations to the community about possible programming for restorative justice in our community</li> <li>• Create a series of articles in the newspaper</li> <li>• Bring LSSRJ to Carrington for a presentation</li> </ul>
Actual Outcomes:	

<b>Need 5: Adult Alcohol Use and Abuse</b>	
Resources:	<ul style="list-style-type: none"> <li>• The Strategic Prevention Framework State Incentive Grant (SPF SIG) sustainability plan through Foster County Public Health</li> <li>• Local law enforcement and political leaders</li> </ul>
Activities:	<ul style="list-style-type: none"> <li>• Responsible Event Assessments will be conducted in the community to look at events where alcohol is served to determine suggestions that can be made to organizers to deter adult binge drinking and youth drinking at events</li> <li>• Compliance Checks and Shoulder Taps Efforts will be conducted in the community through the use of under-age youth decoy(s) entering a liquor establishment to purchase alcohol or approaching an adult outside a liquor establishment, and asking the adult to purchase alcohol for the decoy</li> <li>• Research Policy Change and engage Foster County Commissioners to attempt passage of an ordinance for mandatory RBS Training and Compliance Checks</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>• Two Responsible Event Assessments will be conducted per year</li> <li>• Two Compliance Checks and Shoulder Taps Efforts will be conducted per year in the</li> </ul>

	<p>community with two events performed and five liquor establishments checked</p> <ul style="list-style-type: none"> <li>Propose policy change and speak at a Foster County Commissioners meeting to attempt passage of an ordinance for mandatory RBS Training and Compliance Checks</li> </ul>
Actual Outcomes:	

Need 6: Lack of Mental Health Providers	
Resources:	<ul style="list-style-type: none"> <li>CHI St. Alexius Health, Carrington currently works with Psychiatry Networks to offer emergency services in the emergency room and inpatient consults on the medical/surgical floor</li> <li>CHI St. Alexius Health, Carrington has two mental health providers that rent space in the facility in order to provide services locally. Dr. John Collins, a psychologist, spends approximately eight days per month providing services. Jesse Fuher, LPCC, LMFT spends two days per month providing services locally</li> </ul>
Activities:	<ul style="list-style-type: none"> <li>CHI St. Alexius Health, Carrington is launching a telemedicine service line for Psychiatry in the fall of 2016. This service will be offered as an outpatient clinic.</li> <li>Local provider education and local marketing and an open house around the telemedicine service line for Psychiatry</li> <li>Research a screening tool for mental health that could be utilized by all community medical providers to provide standardized, meaningful information in order to refer patients to the proper resources in the community</li> </ul>
Projected Outputs:	<ul style="list-style-type: none"> <li>Successful implementation of an outpatient clinic for four hours each week through Psychiatry Networks at Carrington Medical Center</li> <li>Completion of local provider education and local marketing around the telemedicine service line for Psychiatry</li> <li>Implementation a screening tool for mental health that could be utilized by all community medical providers</li> </ul>
Actual Outcomes:	

## VI. Significant Health Needs Not Addressed

All of the identified needs will be addressed in some way.

10/26/2016

*Date adopted by the CHI St. Alexius Health Regional Board*

LINK: CURRENT CHNA REPORT <http://www.carringtonhealthcenter.org/wp-content/uploads/2011/05/FINAL-Carrington-CHNA-report.pdf>