

# CHI Oakes Hospital Oakes, North Dakota

## Community Health Needs Assessment



June 30, 2016

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## **Introduction**

Oakes Community Hospital, dba CHI Oakes Hospital (CHIOH), is a 20-bed critical access hospital providing various inpatient and outpatient services to approximately 14,000 people in southeastern North Dakota. It is also a 24-Hour Emergency Level V Trauma Center. The hospital is part of a larger values-based organization, Catholic Health Initiatives (CHI).

CHI Oakes Hospital is ranked highly in the entire CHI system in the categories “likely to recommend” and “overall satisfaction.”

The medical staff consists of providers that are multi-specialists in family practice, internal medicine, cardiology, sports medicine, and geriatrics. There are also a number of specialists on the courtesy staff that provide services such as cataract and orthopedic care. The physicians partner with the highly trained nursing staff to provide excellent patient care. The hospital offers safety focused, quality healthcare in a progressive environment. CHI Oakes Hospital has a dynamic nursing team with excellent skills. All nurses receive ACLS Certification and cross training for all areas of the hospital.

The purpose of conducting a community health needs assessment (CHNA) is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community’s health care needs. A health needs assessment benefits the community by collecting timely input from the local community, providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes, compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan, and engaging community members about the future of health care. Completion of a CHNA and implementation plan every three years is also a requirement for non-profit hospitals in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

## **Methods**

### **CHNA Process**

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee
2. Definition of the community served by the hospital facility
  - a. Demographics of the community
  - b. Existing health care facilities and resources
3. Data collection and analysis
  - a. Primary data
  - b. Secondary data
4. Identification and prioritization of community health needs and services to meet community health needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Dissemination of priorities and implementation strategy to the public.

### **CHNA Advisory Committee**

The CHNA Advisory Committee was formed by Leadership at CHIOH. The Committee was tasked with completing the objectives outlined by the IRS CHNA requirements. The Committee consisted of the following members:

- Becki Thompson, Market President
- Julie Entzminger, Foundation Director/Human Resources
- Renee Seyer, Programs Coordinator/Public Relations
- Karla Hoelscher, Project Consultant

### **Community Served Determination**

The service area for CHIOH was created with input from the CHIOH CHNA Advisory Committee. The definition includes Dickey County.

## **Primary Data Collection**

In March of 2016, a community survey was distributed to local organizations within Dickey County. The online link was also presented to healthcare professionals for their participation. The questions were developed to capture input regarding health needs in the community. This survey was also made available at a community event co-sponsored by the Oakes Public School with access at the community computer lab.

The survey that was conducted online and by paper copy can be found in Appendix 8.

Respondents were asked to prioritize and rank health issues, access issues, and service availability within the community.

In March thru May of 2016, key participants were asked a series of questions designed by the Advisory Committee. These individuals were identified by the CHNA Advisory Committee from within the organizations listed in Appendix 1, based on their qualifications to represent the broad interests of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews in addition to the online survey.

These questions were developed from a variety of nationally accepted health improvement models and tailored by the Committee to uncover the health needs that may exist within the CHIOH community. Interview questions and resulting feedback can be found in Appendix 2. Responses were recorded and later condensed into common themes.

## **Secondary Data Collection**

Secondary data was collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of North Dakota and the Nation.

The secondary data collected for this analysis was collected from the following sources:

- ESRI Business Information Solutions, 2015 (Based on US Census Data)
- County Health Rankings
- North Dakota Job Service Labor Market Information Center
- North Dakota Census Office, 2016

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and CHIOH Board-Approved implementation plan.

### **Information Gaps**

There were no major gaps in information for this community health needs assessment because quantitative information for demographic and health status were available at the county level. That said, to the extent that health status differs significantly by zip code within the county, health information was not available at that granularity.

## Community/Demographic Profile

### Population

The population for the CHIOH service area is expected to decrease over the next five years, by 83 people. North Dakota is expected to grow by approximately 2.4%. Population is expected to rise nationally by over 4%.

### 2015 and 2020 Population

	2015	2020	% Change (2015-2020)	Change (2015-2020)
<b>Dickey County</b>	<b>5,119</b>	<b>5,036</b>	<b>-1.6%</b>	<b>-83</b>
<b>North Dakota</b>	<b>750,458</b>	<b>845,284</b>	<b>2.4%</b>	<b>94,846</b>
<b>USA</b>	<b>321,370,000</b>	<b>334,500,000</b>	<b>4.08%</b>	<b>13,130,000</b>

ESRI Business Information Solutions, 2015  
North Dakota Census Office, 2016

### Population by Age

Population was grouped into major age categories for comparison. In general, Dickey County has a significantly older population than North Dakota and the Nation. The service area population is expected to continue aging over the next five years. This will likely cause a rise in health care utilization as older populations tend to utilize health care services at a higher rate. Health needs will also continue to shift toward disease categories that tend to present at an older age.

### Population by Race and Ethnicity

CHIOH's service area is predominantly white, equating to roughly 93% of the total population. The Hispanic population, which is included in 'some other race alone,' makes up 3.4% of the population in Dickey County. It is important for CHIOH to continue outreach with this subpopulation to ensure that the health needs of all population groups within the County are being met.

County Health Rankings, 2016

## **Income**

Income data was analyzed for Dickey County and compared to the state of North Dakota and the Nation. 2014 census data reveals that Median and Average household income for Dickey County is lower than the State and the Nation.

Job Service North Dakota Labor Market Information Center, 2016

\*\*Additional Demographic and Population data available in Appendix 6



## **Secondary Data Results**

The County Health Rankings display health rankings of nearly every county in the nation and illustrate that much of what affects health occurs outside of the doctor's office. The rankings help counties understand what factors influence how healthy residents are and how long they will live. The rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity, and teen births.

Overall, Dickey County ranked 4<sup>th</sup> of 49 in the state for health outcomes based on the data collected by County Health Rankings.

County Health Rankings, 2016

### **Birth Statistics**

Low birth rates in a community are often associated with poor health of the mothers. Low birth rates can lead to higher incidences of fetal mortality, inhibited growth and cognitive developments, as well as chronic disease in later life; and is generally a predictor of newborn health and survival. Low birth weight percentages in Dickey County of 5% are lower than in North Dakota and the Nation, which are both at 6%.

Teen birth rates were also analyzed for Dickey County and compared to North Dakota and the Nation. Teen birth rates in Dickey County are lower than North Dakota national levels. That said, the percentage of children in poverty in Dickey County is higher than in North Dakota and National levels. This is an important group as poverty among children can often be associated with many negative health consequences throughout childhood. Dickey County also shows 21% with limited access to healthy foods and 7% with food insecurity.

County Health Rankings, 2016

### **Insurance**

Individuals without health insurance often forego care due to high cost, which can lead to a higher prevalence of chronic conditions. The goal of the Affordable Care Act is to lower the rate of uninsured and thereby reduce the negative health consequences stemming from lack of affordable health insurance. The uninsured rate in Dickey County is higher than North Dakota, which is in line with the national benchmark. Because the Medicare-eligible population in Dickey County is higher than North Dakota and the Nation, this means that the rate of uninsured in the 0-64 population range may be even higher than the uninsured rate numbers reflect.

County Health Rankings, 2016

## **General Population Health**

One measure of health among the community included in the County Health Rankings Nationwide study is reported general well-being. Reported general health of “poor or fair health” in Dickey County was lower than North Dakota, and in line with the Nation. North Dakota, however, is higher than the Nation. What this means is that the population in Dickey County considers themselves to be slightly healthier in general, and this trend is moving in a positive direction.

A similar self-reported measure is “poor physical health days,” which refer to days in which an individual does not feel well enough to perform daily physical tasks. Rates in Dickey County are below North Dakota and the Nation. This is a positive indication as people in Dickey County are reporting feeling better physically.

A third measure of general health of the population is the percentage of adult obesity. Nationally, the rate has been around 25% of the population. In North Dakota, the percentage of adults who are obese has remained at 30%, the same as 2013, but higher than the 27% reported in 2010. The percentage is slightly higher in Dickey County, at 33% for 2016, up from 29% in 2013, and 28% in 2011. The health ramifications stemming from obesity are significant. The trend in North Dakota and Dickey County is alarming, and represents a major health factor that should be addressed further in the coming years.

Another indicator, “Poor mental health days,” refers to the number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. The reported days in Dickey County are lower than North Dakota and the Nation. They have been falling consistently over the past four years which is a positive indication. Mental health has come into the spotlight nationally as an area where continued focus and improvement efforts are warranted; however, this remains a significant area of concern as needs within the county and state exceed available resources.

County Health Rankings, 2016

## **Adult Smoking**

Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

The percentage of adults that report smoking in Dickey County has remained flat at approximately 16%, which is slightly below North Dakota’s rates but above the national benchmark rate of 14%.

County Health Rankings, 2016

### **Preventable Hospital Stays**

Hospitalization for diagnoses treatable in outpatient settings suggests that the quality of care provided in those outpatient settings was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Rates for Dickey County have declined since 2010, to 49 per 1,000 Medicare enrollees. This is above the national benchmark and below the North Dakota rates.

County Health Rankings, 2016

### **Screening**

Screening for potential health issues is a major indicator of future health needs within a community.

Diabetes screening rates in Dickey County have fluctuated between 90%-100% over the past five years. This is higher than North Dakota and at the National Benchmark, which is a very positive indication.

Mammography screening had declined precipitously in Dickey County from 82% in 2011 down to 67% in 2013, but has seen an increase to 76% in 2016. This is above the National Benchmark rate of 71% and the North Dakota rate of 68%. This downward trend should be explored in the coming years. This screening need has been the focus of grant dollars to increase awareness and provide free screenings for the uninsured.

County Health Rankings, 2016

## **Summary of Key Findings and Prioritized Needs**

The following issues were identified through the interview and survey process described in the primary data collection section (in no particular order):

1. High cost of health care
2. Mental health: Adults & Children
3. Cancer
4. Alcohol and substance abuse
5. Maintaining enough health care and EMS workers
6. Aging population & lack of health care resources in the future
7. Financial viability of the hospital
8. Obesity
9. Focus on wellness/prevention of disease – availability of exercise facilities
10. Domestic violence & child abuse
11. Crime & community violence
12. Heart disease
13. Lack of affordable housing and assisted living facilities

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in Appendix 3. The criteria measures were established by the Committee, drawing from recommendations from the National Rural Health Association.

## **Existing Health Care and Other Facilities and Resources**

A complete list of health care and other facilities and resources available within the community to meet the identified health care needs, including location and description of services, can be found in Appendix 4.

## **Implementation Plan**

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

The CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in Appendix 5. In summary, the following priorities were addressed through the implementation strategy:

1. High cost of health care
2. Mental health – Adults & Children
3. Maintaining enough health care & EMS workers
4. Obesity
5. Focus on wellness/prevention of disease – availability of exercise facilities

The implementation strategy detail for each priority located in Appendix 5 provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

## **References**

ESRI Business Information Solutions, 2015

North Dakota Census Office, 2016

County Health Rankings – see Appendix 6

North Dakota Job Service Labor Market Information Center Report – see Appendix 7

# Appendix 1

## **List of Participating Organizations/Individuals for Community Input**

**CHI Oakes Hospital Board of Directors** – Represents the needs of the entire community. As a Board member, represents the needs of patients and hospital staff.

**Senior Citizens Center** – Represents the needs of the senior population and low-income population groups.

**Oakes Police Department** – Represents the needs of the medically underserved, low-income, minority and other populations. Aware of current needs and trends versus locally available resources.

**Kedish House Domestic Violence & Sexual Assault Shelter** – Represents the needs of victims of domestic violence and sexual assault.

**Oakes Ministerial Association** – Represents the broad interests of the population within the community, especially the needs of low-income, medically underserved, and minority populations. Familiar with their efforts to reach out to local needs not always identified through traditional methods.

**Oakes Public Schools** – Represents the needs of children in the community.

**Oakes Enhancement, Inc.** – Represents the needs of businesses and all population groups in the community.

**Dickey County Health Services** – Represents the broad health interests of the county.

**Oakes Good Samaritan Center** – Represents the needs of the senior population and low income population groups.

**Oakes Ambulance Service** – Represents the needs of those utilizing emergency and healthcare services in the community. Knowledgeable regarding wide variety of population groups.

**Local Social Workers** – Represents the needs of a broad population in the community, especially low-income, medically underserved, minority, and elderly populations.

**CHIOH Patient & Family Advocacy Council** – Represents patients in the community and surrounding service area as a whole by sharing information, concerns and suggestions from a variety of perspectives.



# Appendix 2

**Key Participant Additional Interview Questions**

1. What do you feel are the most pressing health needs or issues in Dickey County?
2. Do you feel there is a wide variety/choice of primary health care providers?
3. How well do existing programs and services meet the needs and demands of people in your community?
4. What programs or services are lacking in the community?
5. What could be done to improve health care in our community?
6. What positive aspects of health care services are available in Dickey County?

## Findings from Key Interviews

Questions were asked of key community members and health professionals. Responses are listed below by question categories.

**1. What do you feel are the most pressing health needs or issues in Dickey County?**

Interviewees agreed with identified priorities, although there was some variation in prioritization based on their area of most involvement within the community.

**2. Do you feel there is a wide variety/choice of primary health care providers?**

Choice of health services for a community of our size was good.  
Would like to see additional counseling and mental health services.  
Adequate availability of visiting specialists through the clinics in town.

**3. How well do existing programs and services meet the needs and demands of people in your community?**

Available services are good for basic needs.  
There is a willingness of medical providers to refer them to specialists as needed.  
Several expressed the need to promote all services that are available locally, as they felt that if a community member has never used a particular service, they probably don't know about it.

**4. What programs or services are lacking in the community?**

Would like to have maternity or pediatric services more available.  
Mental health resources are not sufficient to meet the needs.

**5. What could be done to improve health care in our community?**

Make services more affordable for those in need.  
Recruit additional doctors.  
Promote prevention of heart disease, stroke, and other medical conditions.  
Train additional medical providers for sexual assault screening.  
Provide more accessibility to senior citizens.  
Provide help for those living in very unhealthy conditions.

**6. What positive aspects of health care services are available in Dickey County?**

Good core services – clinics, hospital, nursing home, eye doctor, dentist, dialysis center, home health, hospice, ambulance service, life flight.  
Good transportation options – senior bus is very helpful.  
Good volunteers throughout medical community.  
Highly trained and knowledgeable medical personnel.  
Wide range of medical services provides favorable retirement option.  
Quality health care staff.

# Appendix 3

## Criteria Used to Prioritize Health Needs



CHNA survey  
summary.xls

Double click to view summary data used to prioritize Health Needs

# Appendix 4

## Existing Health Care and Other Facilities and Resources



Appendix 4.pdf

Double Click to View Dickey County Community Services Brochure

# Appendix 5



# CHI Oakes Hospital Oakes, North Dakota

## Community Health Needs Assessment Implementation Plan

June 30, 2016

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**Priority: High cost of health care**

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Objective/Strategy

- Address high cost of care/inability to afford out-of-pocket expenses, such as co-pays and deductibles.
- Continued diligence in providing financial assistance to the uninsured and underinsured as a vital part of our healing ministry. Provide assistance with application for services that these patients may not be aware of or know how to pursue.
- Maintain high quality of care by pursuing alternate methods of funding, i.e., grants and utilization of Foundation funds as available

Tactics (How)

- Work with Patient Access staff to help identify financial needs and refer them to coordinator who will facilitate application for potential healthcare coverage or financial assistance.
- Continue to promote our Foundation as a means to meet operational and capital needs of the hospital outside of funds from current operations.

Programs/Resources to Commit

- Additional education to all staff on stewardship and financial assistance opportunities.

Impact of Programs/Resources on Health Need

- Additional help for vulnerable families who may otherwise forego needed medical assistance.
- Revenue Stream to the Foundation at CHIOH to fund expenses related to the healing ministry.

Accountable Parties

- Julie Entzminger, CHIOH Foundation Director/Human Resources
- Becki Thompson, Market President
- Arlyne Buro, Patient Access Manager
- Patient Access/Financial Assistance staff

Partnerships/Collaboration

- Conifer Health Solutions – Patient Access Staff

**Priority: Mental health – Adults & Children**

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Objective/Strategy

- To provide increased awareness of needs and expand mental health resources for patients in our ministry area.

Tactics (How)

- Expand relationship with Avera e-Emergency group to assist in placements of patients needing inpatient behavioral health services.
- Work with Dr. Lopez and Telepsych group to provide inpatient placements, outpatient clinical services, education and awareness of resources available.
- Potential expansion of counseling services through existing agencies or local schools

Programs/Resources to Commit

- Telepsych system will largely be covered by grant funds coordinated by Catholic Health Initiatives
- Additional education to providers in hospital and clinic
- Establishment of outpatient services in the clinic
- Promotion of outpatient service availability

Impact of Programs/Resources on Health Need

- Increased traffic to clinic inside hospital, and additional services provided through this program. Allows area residents access to needed services without the expense, time and energy to travel out of town. It also creates an economic impact on community with more patients visiting Oakes and the retail area.
- Included with this priority will be the concerns related to alcohol and drug use and abuse.

Accountable Parties

- April Albertson, Clinic Director
- Becki Thompson, Market President
- Kim Ketterling, VP of Patient Care Services

Partnerships/Collaboration

- Dr. Lopez and Telepsych staff
- Avera e-Emergency staff
- Oakes Public School counselors & administration

**Priority: Cancer**

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Reason for Not Responding to This Priority

- CHIOH does have chemotherapy and infusion therapy available but there are few oncologists that have time to serve a small rural critical access hospital. We do have the ability of working with cancer specialists within a tri-state area to provide chemotherapy and infusion therapy locally. We will also continue to offer cancer screenings, mammography and promotion of early detection with services offered at our facility.

**Priority: Alcohol and substance abuse**

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Reason for Not Responding to This Priority

- Alcohol and substance abuse would be included in the mental health priority and will not be addressed as a separate priority.

**Priority: Maintaining enough health care & EMS workers**

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Objective/Strategy

- Ensure that we continue to have sufficient professionally trained staff to offer the services that are currently a part of our ministry.

Tactics (How)

- Monitor employee satisfaction of current staff
- Work with universities in our area that train healthcare workers – participate in internships, job shadowing and opportunities to build relationships with potential future employees
- Support other healthcare facilities and EMS to promote continuance of a wide variety of services available in our area
- Attend school job fairs to promote healthcare
- Encourage job shadowing in the facility
- Continue to provide scholarship opportunities for those pursuing healthcare
- Continue educational assistance programs for current staff

Programs/Resources to Commit

- Current staff time to provide educational opportunities to students
- Promotion of our facility throughout the region as a workplace of choice

Impact of Programs/Resources on Health Need

- Successful retention and recruitment of staff will allow us to take care of the aging population in our service area

Accountable Parties

- Julie Entzminger, CHIOH Foundation Director/Human Resources
- Becki Thompson, Market President
- CHIOH Department Managers & Administrative Team

Partnerships/Collaboration

- Oakes Ambulance Service
- Oakes Good Samaritan Society
- Job Service North Dakota
- Area universities offering training in medical professions

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**Priority: Aging population/lack of health care resources in the future**

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Reason for Not Responding to This Priority

- The local Good Samaritan Society nursing home has beds available, along with beds here at the hospital for swing bed care, all available 24/7 for the aging population. No further improvements are warranted with these services currently available. The priority of maintaining adequate staff to provide these services is, however, an ongoing concern. In addressing that priority, we will help sustain needed resources for our aging population.

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**Priority: Financial viability of the hospital**

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Reason for Not Responding to This Priority

- CHIOH is currently a part of Catholic Health Initiatives which provides the opportunity for large group purchases and services that would otherwise be unavailable to a small facility. Expenses, productivity and good stewardship will remain a top priority to ensure long term financial viability of our facility. Opportunities to expand service lines and revenue will continually be pursued.

**Priority: Obesity**

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Objective/Strategy

- Enhanced care for obesity.
- Develop additional education within our clinic for weight loss.
- Continue to promote healthy living and weight maintenance within our own staff as well.

Tactics (How)

- Upgrade website to include marketing of programs and services available for obesity and diabetes.
- Promotion of services through front-line registration staff.
- Communicate services offered at CHIOH through existing and new community marketing.

Programs/Resources to Commit

- Provide communication materials for education and training of patients.
- Additional education to front-line registration staff.
- Existing outreach activities as well as possibly additional hours for current Dietitian position for this purpose.

Impact of Programs/Resources on Health Need

- Increased traffic to hospital, and additional free care/services provided through this program.
- Through health care reform and insurance exchanges, expectation of a decrease in obesity and diabetes health related issues.

Accountable Parties

- CHI Oakes Hospital Clinic providers
- Barb Erlandson, RD (Dietitian)
- Monica Ptacek, RN (Wellness Representative)
- April Albertson, Clinic Director

Partnerships/Collaboration

- Blue Cross/Blue Shield of ND for wellness grant opportunities.
- Fargo Medical Weight Loss Clinic or similar program

**Priority: Focus on wellness/prevention of disease – availability of exercise facilities**

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Objective/Strategy

- To provide increased awareness and promotion of healthy eating and exercise habits, good lifestyle choices and overall wellness.

Tactics (How)

- Provide awareness of resources that are available to assist in pursuing a healthier lifestyle and improved overall health.
- Work with Tornado Watch backpack program to provide healthy food to families in need
- Work with Bountiful Baskets food cooperative to promote use of fresh fruits and vegetables at reduced cost

Programs/Resources to Commit

- Additional education to providers in hospital and clinic
- Promotion of local fitness center – assistance with grant opportunities as possible
- Provide information on locally available healthy food choices at reasonable costs

Impact of Programs/Resources on Health Need

- Healthier lifestyle choices will have an impact on the overall health of our community
- Improved health of the community will reduce the need for medical treatments and lower costs

Accountable Parties

- April Albertson, Clinic Director
- Becki Thompson, Market President
- Kim Ketterling, VP of Patient Care Services
- Monica Ptacek, RN, Wellness coordinator

Partnerships/Collaboration

- Ryan Lagodinski, Owner – “The Jim” fitness center
- Rhonda Lovelace, coordinator, Bountiful Baskets food cooperative
- Oakes Public School Tornado Watch program

**Priority: Domestic violence and child abuse**

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Reason for Not Responding to This Priority

- This priority is currently being addressed through the Violence Prevention Coalition group in partnership with other CHI facilities with grant funding from the CHI Mission & Ministry fund. We will continue to support those efforts through education, training of medical and community personnel dealing with at risk populations, and assistance in other areas as possible. It will not be addressed as a separate priority for this implementation plan.

**Priority: Crime and community violence**

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Reason for Not Responding to This Priority

- Crime and community violence is not within the scope of our work as a hospital and no resources are available to go outside the current mission. We will, however, continue to collaborate with local law enforcement to support their efforts in reducing these incidents.

**Priority: Heart Disease**

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Reason for Not Responding to This Priority

- Our hospital currently has a visiting cardiologist once/month and offers cardiac stress testing for patients. No further resources are being committed to heart disease in our facility at this time.
- Cardiac rehabilitation is already offered in our community.
- Local ambulance service is pursuing Cardiac Community designation.

**Priority: Lack of affordable housing and Assisted Living facilities**

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Reason for Not Responding to This Priority

- Affordable housing is not within the scope of our work as a hospital and no resources are available to go outside the current mission.



# Appendix 6

## County Health Rankings & Roadmaps



Appendix 6a.pdf



Appendix 6b.pdf

Double Click to display County Health Rankings & Roadmaps

# Appendix 7

## North Dakota Job Service Labor Market Profile



Appendix 7.pdf

Double Click to view Dickey County Area Profile

# Appendix 8

## **CHI Oakes Hospital Online & Paper Survey Question Set**



Appendix 8.pdf

Double Click to View Survey questions