CHI St. Francis Health

Breckenridge, Minnesota

Community Health Needs Assessment Report

CHI St. Francis Health conducted a Community Health Needs Assessment from August 2015 through January 2016 for the 2016 fiscal year. St. Francis is a sole provider of hospital services with approximately 23,000 residents in its primary area of Wilkin County, Minnesota and Richland County, North Dakota**.** (*Map of service area attached in Appendix A.*)The largest community in Wilkin County is Breckenridge (3,386), and Wahpeton (7,853) is largest community in Richland County. Both counties are considered rural. The Bureau of Primary Healthcare has designated Wilkin County as medically underserved area, and both counties are designated as mental health shortage areas.

**Community Demographics:**

Data from the 2010 U.S. Census shows that Wilkin County has a median age of 43.5, and Richland County’s median age is 39.4. The 2015 County Health Rankings list 18% of Wilkin County residents as age 65 or older compared to 14% for the state of Minnesota. 24% of residents are younger than 18, the same as the state statistic. 16% of Richland County residents are 65 years old or older compared to 14% for the state of North Dakota. 21% of residents in Richland County are younger than 18, which is slightly less than the 22% for the state. 95% of the residents in Wilkin County are identified as Non-Hispanic White, which is higher than the Minnesota statistic of 82%. 93% of the residents of Richland County are identified as Non-Hispanic White, which is higher than the North Dakota statistic of 87%. Hispanics account for 2% of the population in each county, and American Indians account for 1% and 2% respectively.

According to the 2015 County Health Rankings, the median household income for Wilkin County is $52,849, which is less than the Minnesota median of $60,664. The median household income for Richland County is $54,312, which is slightly below the state median of $56,800. The unemployment rate in Wilkin County is 3.8%, which is lower than the state of Minnesota’s rate which is 5.1%. The unemployment rate in Richland County is 3.5%, which is slightly higher than the state of North Dakota, which is 2.9%. 21% of the children in Wilkin County live in single parent households, which is lower than 28% for the state of Minnesota. 22% of the children in Richland County live in single parent households, which is lower than the 26% for the state of North Dakota. 33% of the children in Wilkin County are eligible for free lunch programs as compared to 30% in the state of Minnesota. 26% of the children in Richland County are eligible for free lunch programs, which is only slightly higher than the 25% for the state of North Dakota.

87% of the population of Wilkin County has graduated from high school and 68% have at least some college education. The state of Minnesota is lower in the high school graduation rate (78%), but has a higher percentage of people who have some college (73%). 87% of the population in Richland County has graduated from high school and 74% have at least some college credits. The state of North Dakota has a slightly lower high school graduation rate of 85%, but the same percentage of people who have some college (74%). (*Appendix B lists the 2015 County Health Rankings data for Wilkin County, MN and Richland County, ND*.)

Much of Wilkin and Richland counties are composed of agricultural businesses and family farms. Agribusinesses include Cargill (corn processing), Minn-Dak (sugar beet processing), and Giant Seeds (sunflowers). Other industries include Bobcat, Flex TM, Will-Rich, PrimeBoard, ComDel, and WCCO. Richland County has the most industry per capita in the state of North Dakota. North Dakota State College of Science is the largest single employer in the two county area. NDSCS is a two-year college with a focus on career and technical programs. The second largest single employer is CHI St. Francis Health, which provides inpatient, outpatient, and long term care services, as well as outpatient behavioral health. The combined City and County governments and the combined school systems would comprise the next largest groups of employers.

**Community Health Needs Assessment Steering Committee:**

The Community Health Needs Assessment Steering Committee has continued to meet since the last assessment to review and oversee the process of the implementation plan. The Clinic Manager for Essentia Health changed during this time period, and Gloria Dohman retired from her position at the local college. However, she remains a member of the Steering Committee as a community member. Current members of the Steering Committee include: (*Committee members’ backgrounds and experience is included in Appendix C.)*

David Nelson, President, CHI St. Francis Health, Committee Chair

Deb Jacobs, Director, Wilkin County Public Health, Public Health expert

Deb Flack, Administrator, Richland County Public Health, Public Health expert

Julie Rosenberg, Administrator, Essentia Health Clinic - Wahpeton

Jordan Ottoson, Director of Clinic Operations Sanford Health Clinic - Wahpeton

Gloria Dohman, retired, Associate Vice President for Institutional Effectiveness, North Dakota State College of Science

Ann Trebesch, Vice President of Mission Leadership Integration, CHI St. Francis Health, Recorder

**2013 CHNA Implementation Plan Progress Report:**

In the 2013 Community Health Needs Assessment, three priority areas were identified, Obesity Management, Substance Use/Abuse, and Mental Health. In each of the three areas, task forces were to be established, beginning with Obesity Management, and followed by Substance Use/Abuse and Mental Health in subsequent years. Each task force was to identify the existing community resources, identify areas of greatest impact and/or opportunity, develop an action plan, and begin implementing their plan.

The Obesity Management task force chose a more positive name for their group – the Richland- Wilkin ACTIVE (Active Community Taking Initiative with a Variety of Exercise and nutrition) task force. They held their initial meeting on October of 2013. Representation from the following areas accepted the invitation to participate:

* Southern Valley Health Watch
* Breckenridge Active Living Committee
* PartnerSHIP 4 Health
* NDSCS Wellness Committee
* Breckenridge Public Schools
* Wahpeton Public Schools
* Circle of Nations School
* Richland County Public Health
* Wilkin County Public Health
* St. Francis Medical Wellness and Food and Nutrition Departments
* Essentia Clinic
* Sanford Clinic
* Wahpeton Parks and Recreation
* Wilkin County Senior Citizens Advocate
* Richland County Parish Nurse program
* Daily News (local newspaper)

The ACTIVE task force identified the existing community resources and the current challenges. The identified an overarching goal to reduce the incidence of adult obesity in Richland and Wilkin counties by 5% by 2025. The task force identified four main priority areas –

* Youth
* Seniors
* Worksites
* Communications/Education

The task force split into four work groups, each assigned to one of the priority areas. The main task force meets every quarter to share the progress on their work plans and to coordinate activities. The work groups meet and in between the main meetings. Since June of 2014, the work groups have initiated the following:

* Activity kits were placed in 4 local day care settings to encourage physical activity, (Youth)
* Cosponsored education for local day care providers focused on exercise and nutrition with a record attendance. (Youth)
* Advocating for healthier snack options for concessions at local sporting events. (Youth)
* Established bird watching activities and walks. (Seniors)
* Distributed large print trail guides for the community. (Seniors)
* Established indoor walking activities during winter months. (Seniors)
* Advertised the availability of community garden plots. (Seniors)
* Developed/enhanced worksite wellness programs at four additional worksites – ComDel, North Dakota State College of Science (NDSCS), Wahpeton Public Schools, and OSPTI in conjunction with PartnerSHIP 4 Health. Although some of the businesses are located in North Dakota, PartnerSHIP 4 Health was able to assist because a significant number of the employees are Minnesota residents.
* Established a Facebook page for the ACTIVE task force to share information on physical activity opportunities and events, nutrition, exercise options, healthy choices, etc. One of the regular postings includes the weekly produce specials at the local grocery stores. The site also includes links to other local sites for healthy lifestyle information and activities.

While the adult obesity rate has not changed, according to the County Health Rankings, since 2013, the physical inactivity rate has decreased by three (3) percentage points in both counties by 2015.

 Adult Obesity Physical Inactivity

Access to exercise opportunities continues to be a concern in our community compared to the respective states and the United States.

 Access to Exercise Opportunities

 We did not expect to see the obesity rate drop significantly in just 3 years, which is why the long term goal was set for 2025. However, increasing physical activity and addressing the access to exercise opportunities should have a long term effect on adult obesity.

The Substance Use/Abuse task force was delayed in its start-up. The resource allocation required to establish these community groups was greater than expected, especially the staff time to coordinate. The Substance Use group held its initial meeting in August of 2015. Again community members from a multiple areas were invited to participate. The following community groups accepted the invitation:

* Law enforcement from Richland County, Wilkin County, City of Breckenridge, and the City of Wahpeton
* Essentia Clinic
* Sanford Clinic
* St. Francis – Nursing and Outpatient Chemical Dependency program
* Richland County Public Health
* Wilkin County Public Health
* Wilkin County Youth and Community Prevention Coalition
* NDSCS ATOD coalition
* Wilkin County Rule 25 Assessor
* Judicial – District Court Judge and Richland County DUI Court coordinator
* North Dakota State Legislators
* Wahpeton Public Schools
* Breckenridge Public Schools
* Richland-Wilkin United Way

The Executive Director for the local United Way serves as the facilitator for this task force.

Again, this task force began by identifying the existing resources and challenges the members see in the community. The four main areas evolving are:

* Disposal of Unused Medications
* Coordination of Pain Medications between all providers
* Continuity of Social Hosting policies
* Advocacy and public education regarding the hazards of legalizing marijuana

The task force is just at the point of dividing into work groups to address each of these areas.

The issue of Mental Health has not been addressed as yet, due to the intensity of resource commitment needed to establish these community groups. Many of the same participants are involved in multiple areas. The Steering Committee reviewed this action step in light of the current Community Health Needs Assessment results, which will be addressed later in this report.

**2016 Community Health Needs Assessment Data:**

The Steering Committee collected and reviewed data that had been updated since the previous Community Health Needs Assessment. Because our community encompasses two states as well as two counties, we tried to utilize data sources that were consistent across both state lines. Data sources reviewed included:

County Health Rankings for 2015

CDC’s CHSI Information for Improving Community Health

Other data sources used in the previous assessment were not utilized either because they were not updated since the last assessment or they were found to be inconsistent in data collection between the two states. Since we view our service area as one community, the Steering Committee chose to utilize data that is collected consistently.

The 2016 County Health Rankings were published after the conclusion of the steering committee’s data study. The committee did review them and determined there were no significant changes from the 2015 results. Some categories could not be compared for year to year changes, such as “Poor Physical Health Days”, “Poor Mental Health Days”, and “Excessive Drinking”, due to changes in how the data was collected. (*Appendix B-1 – 2016 County Health Rankings for Wilkin County, MN and Richland County, ND*)

County Health Rankings:

The following results were concluded from the 2015 County Health Rankings. (*Appendix B – 2015 County Health Rankings for Wilkin County, MN and Richland County, ND*)

Positive Factors:

* Low birth weight in Wilkin County was better than the rate for both the state of Minnesota and the 90th percentile of U.S. performers
* The number of uninsured is slightly lower in Wilkin County than the state of Minnesota and the 90th percentile of U.S. performers
* High school graduation rates for both Wilkin County and Richland County were better than their respective states.
* Unemployment in Wilkin County is lower than the state of Minnesota and the 90th percentile of U.S. performers.
* Food insecurity in both counties is better than their respective states.
* Health care costs in both Richland County and Wilkin County are lower than their respective states.
* Premature age-adjusted mortality is lower in both counties than their respective states.

Areas of Concern:

* The incidence of poor physical health days reported was higher for both Richland County and Wilkin County than their respective states and the 90th percentile of U.S. performers.
* The rate of adult obesity was higher in both counties than their respective states and the 90th percentile of U.S. performers.
* Physical inactivity was reported at a higher rate for both counties than their respective states and the 90th percentile of U.S. performers.
* Access to exercise opportunities for Wilkin County was lower than the state of Minnesota and the 90th percentile of U.S. performers.
* The number of primary care physicians was lower in Wilkin County than in the state of Minnesota. It was lower in both counties than the 90th percentile of U.S. performers.
* The number of mental health providers was significantly lower in both counties than their respective states and the 90th percentile of U.S. performers.
* Air pollution in Richland County was higher than in the state of North Dakota and in the 90th percentile of U.S. performers.
* The percentage of rural residents is significantly higher in both counties than in their respective states.
* The median household income is lower in both counties than in their respective states (13% for Wilkin County and 4% for Richland County).
* The percentage of children eligible for free lunch is higher in both counties than in their respective states.

When comparing the 2013 to 2015 results, the following observations were made:

(*Appendix D – Comparison of 2013 County Health Rankings and 2015 County Health Rankings for Wilkin County, MN and Richland County, ND) (Also attached is Appendix D-1 – County Health Rankings Comparison 2013 – 2016 for Wilkin County, MN and Richland County, ND)*

* The Health Outcomes ranking for both counties improved significantly in 2015. Wilkin County moved from 33rd to 2nd. Richland County moved from 33rd to 18th.
* The Length of Life (mortality) ranking improved for both counties.
* The Health Factors ranking improved slightly for both counties.
* While adult obesity remained the same, the percentage of physical inactivity improved by 3 percentage points for both counties.
* The rating for preventable hospital stays improved for both counties.
* The high school graduation rate improved for Wilkin County, but dropped slightly for Richland County.
* The unemployment rate decreased for both counties.
* The percentage of children in poverty increased slightly in Wilkin County and decreased slightly in Richland County.
* The violence crime rate increased significantly in Wilkin County and decreased slightly in Richland County.
* Air pollution increased in both counties.
* Premature age-adjusted mortality improved significantly for both counties.
* Health care costs rose slightly for Wilkin County and decreased slightly for Richland County.
* The median household income rose approximately 5% for both counties.
* The percentage of children eligible for free lunch rose 4% in Wilkin County.

CHSI Information for Improving Community Health:

The CHSI Information for Improving Community Health provided the following data:

*(Appendix E – CHSI Information for Improving Community Health for Richland County, ND) (Appendix F – CHSI Information for Improving Community Health for Wilkin County, MN)*

* Cancer deaths, female and male life expectancy, preterm births, syphilis, older adult preventable hospitalizations, uninsured, teen births, and living near highways were all in the most favorable (Better) quartile for both counties.
* Motor vehicle deaths, older adult depression, adult physical inactivity, and limited access to healthy foods were listed in the least favorable (Worse) quartile for Richland County. Older adult depression and limited access to healthy foods were listed in the middle (Moderate) quartile for Wilkin County.
* Coronary heart disease deaths, stroke deaths, older adult asthma, adult binge drinking, and adult smoking were listed in the least favorable (Worse) quartile for Wilkin County and in the middle (Moderate) quartile for Wilkin County .
* Gonorrhea, Primary care provider access, children in single-parent households, on-time high school graduation, poverty, unemployment, violent crime, access to parks, and housing stress were listed in the Moderate quartile for both counties.

Community Survey:

In addition to the data review, the Steering Committee chose to compare the actual statistics with the community perception. We participated in a mail-in survey process hosted by the State of Minnesota through the PartnerSHIP 4 Health. This process encompassed four counties in west central Minnesota – Becker, Clay, Ottertail, and Minnesota, as well as Cass County and Richland County, North Dakota. The survey was the same for all 6 counties. 340 individuals completed the survey in Richland County and 415 individuals completed the survey in Wilkin County, for a total of 755 respondents. This was a 25% increase in participation from our 2013 survey. (*Appendix G – Community Health Needs Survey Results for Richland County, ND and Wilkin County, MN) (Appendix H – Community Survey Results Summary)*

Community Survey results demonstrated the following trends…

Positive Factors:

* Over 92% of respondents in both counties ranked their health as good or above.
* Small percentages of respondents reported being diagnosed with the following diseases:
	+ Cancer – 7% in Richland County and 10% in Wilkin County
	+ Diabetes – 10% in Richland County and 11% in Wilkin County
	+ Chronic Lung Disease – 5% in both counties
	+ Heart Disease – 6% in Richland County and 7.5% in Wilkin County
	+ Stroke Related Problems – 2% in Wilkin County and 3% in Richland County
* Over 70% of respondents in both counties reported seeing a health care professional for a check-up within the past year.
* Approximately 99% of respondents in both counties report having health insurance coverage.
* 98% of respondents who are parents in both counties report that their children’s immunizations are up to date.

Areas of Concern:

* Over 30% of respondents in both counties report being told they have high blood pressure.
* 48% of respondents in both counties report having one or more days within the past 30 days that they would consider their mental health not good.
* Over 25% of respondents in both counties report having several or more days in the past two weeks where they experienced little interest or pleasure in doing things.
* 23.2% of Wilkin County respondents and 25.8% of Richland County respondents reported having several or more days in the past two weeks where they felt down, depressed, or hopeless.
* 59.6% of Richland County respondents and 75.8% of Wilkin County respondents reported eating fewer than 5 servings of fruits and vegetables yesterday.
* 69.5% of Wilkin County respondents and 71.5% of Richland County respondents reported exercising for at least 30 minutes of moderate exercise on fewer than 5 days per week.
* Over 70% of respondents in both counties report alcohol use, with 39.2% in Richland County and 27.2% in Wilkin County reporting binge drinking within the past 30 days.
* Approximately 10% of the respondents in both counties report having had a problem with alcohol use and 16% report alcohol as having had a harmful effect on them or a family member in the past two years.
* 39.7% of Richland County respondents were calculated to be overweight, but not obese, and 35.7% were calculated to be obese. In Wilkin County, 32.5% were calculated as overweight but not obese, and 39.5% were calculated to be obese. (based on height and weight)
* 60.4% of Richland County respondents and 55.3% of Wilkin County respondents report being somewhat to very concerned with child abuse and neglect.
* 63.8% of Wilkin County respondents and 64.1% of Richland County respondents report being somewhat to very concerned with the presence of street drugs, prescription drugs, and alcohol in the community.
* Over 60% of respondents in both counties report being somewhat to very concerned with the affordability of health care including: prescription drugs, health insurance, dental insurance, long te5rm care, etc.
* 54.5% of Richland County respondents and 61.3% of Wilkin County respondents report being somewhat to very concerned about obesity.
* 59% of Wilkin County respondents and 53.1% of Richland County respondents report being somewhat to very concerned about poor nutrition and eating habits.
* 59.9% of Wilkin County respondents and 55.5% of Richland County respondents report being somewhat to very concerned inactivity and lack of exercise.
* 58.5% of Wilkin County respondents and 52.2% of Richland County respondents report being somewhat to very concerned about drug use and abuse.
* 65.2% of Wilkin County respondents and 50.4% of Richland County respondents report being somewhat to very concerned about underage drinking.
* 55% of Richland County respondents and 66.1% of Wilkin County respondents report being somewhat to very concerned about underage drug use and abuse.
* 63.2% of Wilkin County respondents and 51.3% of Richland County respondents report being somewhat to very concerned about smoking and tobacco use.

In order to ensure the data collected from the Community Survey adequately reflected the broad interests of the community, the demographics for the survey were compared to the demographics for the County Health Rankings. (*Appendix I – 2016 Community Survey Demographics*)

Seniors have been identified as one of our vulnerable populations in our community. As shown in the graph below, the input from those 65 and older was actually higher than the percentage of community residents in that age range.

 Age Group

The statistics for unemployment were available for both the County Health Rankings and the community survey. However, only the Community Survey noted the percentage of respondents who are retired. These numbers correspond with the percentage of senior in our community.

 Employment Status

The County Health Rankings report ethnic origins in our community as 95% White in Wilkin County and 93% White in Richland County. The Community Survey results were consistent with these results with 98.8% and 98.2% respectively. 13 participants in Wilkin County and 8 participants in Richland County identified themselves as an ethnicity other than White.

Ethnicity

In reviewing the income information from the community surveys, the committee found these percentages correlated with the percentage of children in poverty, as well as the percentage that had completed at least some college, as reported in the Community Health Rankings.

Income

After completing their review, the Steering Committee felt that the community survey did adequately reflect the composite of our community.

The Steering Committee enlisted the assistance of Tiffany Knauf, Project Coordinator for the Center of Rural Health, with the University of North Dakota School of Medicine and Health Sciences. Tiffany reviewed both the data and the community survey results, along with the results from the 2013 Community Health Needs Assessment. She met with the Steering Committee to present her findings and to help determine priority focus areas in early January 2016.

Tiffany compared the survey results from both counties to determine what health needs were found in common. She identified the issues that garnered the highest percentages of respondents expressing they were very concerned. *(Appendix J – Highest Percentage Concerns)*

 Wilkin County, MN Areas of Highest Concern

 Richland County, ND Areas of Highest Concern

The following issues were found to be common in both counties.

* Cost of long term care
* Access to affordable health insurance
* Access to affordable health care
* Access to affordable prescription drugs
* Cost of affordable dental insurance coverage
* Cost of affordable vision insurance
* Cost of quality child care
* Cost of quality infant care
* Child abuse and neglect
* Domestic Violence
* Bullying
* Cancer
* Underage drug use and abuse
* Use of emergency room services for primary health care

In conclusion, Ms. Knauf found the primary areas of concern for our community were affordable health care – health, dental, long term, vision, etc., obesity, substance abuse, mental health, and child care. These concerns are supported by both community opinion and data. There was discussion as to whether or not substance abuse and mental health should be separate issues or combined. It was determined that since substance abuse and mental health are often interconnected, they could be combined. That would allow us to establish a new priority area this year regarding child care.

**Community Needs:**

The Steering Committee continues to believe the most overall benefit would be achieved by focusing on primary prevention in the areas of obesity and substance use and abuse. These factors are leading contributors to other diseases and chronic conditions, such as cancer, diabetes, and hypertension. One of the biggest challenges is that our community resides in not only two counties, but also two states with differing funding resources, regulations, etc. The main objective of our efforts will be to develop comprehensive and consistent programs across both counties in all of the focus areas.

While the identified areas of concern are significantly prevalent in our community, there also are assets in place to work with to strengthen our approach to these issues.

The ACTIVE task force has been in place for approximately two and a half years. They bring together the community resources and organizations that are actively involved in obesity management across the two counties. They continue to meet on a quarterly basis to share the work groups’ progress and to discuss new opportunities.

The Substance Use/Abuse task force is well into their planning and development phase. It too brings together the community organizations and resources involved in the various areas of Substance Use and Abuse – prevention, enforcement, education, treatment, etc. The involvement of the United Way as the neutral facilitator is an asset to the this group, especially since St. Francis has an active role in this issue with both the Emergency Room and their outpatient chemical dependency program.

Mental health resources have limited availability. One full-time psychiatrist is on staff at the Hope Unit at St. Francis, as well as one full-time psychologist and one part-time psychologist who sees primarily children. Sanford Health Clinic also employs a psychologist. There are a few independent psychologists and counselors in the community, who work part-time. Each of the schools also has counseling services available. Mental health will eventually be incorporated into the Substance Use/Abuse task force. Some of this will occur naturally as the two areas can often be interrelated.

Cancer prevention education is conducted by the Public Health Departments. Screenings are offered through each of the clinics, as well as St. Francis. Free or reduced rate mammograms and cervical cancer testing is done through programs with both states. Some chemotherapy is conducted in our community at the clinics; however the majority is done in either Fergus Falls or Fargo. End of life services for cancer patients are offered through CHI Health at Home Hospice. There are several fundraising events in our community to assist cancer patients and their families.

In the area of child abuse/neglect, bullying, and domestic violence, the community has a variety of resources. In addition to county social services, each county has an active Child Protection team, which brings together members of law enforcement, social services, and others involved in child care services. There are two crisis response centers in our community, one for Wilkin County and one for Richland County. Both provide victim assistance and advocacy, as well as community education services. There are active day care provider groups in both counties, as well. The school systems in both counties have active programs for addressing the issue of bullying.

For the past five years, the community has come together to address primary prevention for child abuse and/or neglect under the Violence Prevention Task Force. Membership includes law enforcement, schools, early childhood programs, social services, etc. St. Francis sponsors the Family Footprints program. An early childhood and parent educator meets with new parents after the birth of their child in the hospital. They then offer to conduct up two more home visits to help provide education for the parents and to answer questions. During the visits, the educator is able to assess needs and help provide referrals to needed resources before crisis situations arise. A new service offered through the Family Footprints program is Parent Mentoring. Parents with proven parenting skills are matched with parents of children from 0-5 years who do not have adequate resources within their own family structure. These mentors accompany the parents on their journey, serving as a resource to help these parents develop good parenting skills.

For access to health care, several entities offer assistance with helping people sign up for insurance coverage and programs – the county social service agencies, senior services, St. Francis Patient Financial Services, etc. In addition, St. Francis is working to establish an after-hours clinic that will help alleviate the misuse of the Emergency Room for non-emergent conditions. This will also be a more economical choice for dealing with minor illnesses. Other than helping people determine if they qualify for assistance programs, there is little that the Steering Committee can do about the affordability of coverage.

A new issue that arose during this assessment was the access to and affordability of child care. There are numerous child care providers in the community; however, there are none that provide evening, night, or weekend coverage. Several of the businesses in our community have shift work, which presents issues for workers with children.

The three priority areas that the Richland-Wilkin Community Health Needs Assessment Steering Committee has identified for their focus over the next three years are:

* Obesity Management
* Substance Use/Abuse and Mental Health
* Child Care

For the next steps, the steering committee will identify groups to work on the new priority area of child care, such as major businesses, parents, current child care providers, etc. This group will be asked to work together to develop a coordinated and comprehensive effort across both counties to address the issues related to child care.

The ACTIVE task force and the Substance Use/Abuse task force will continue to work towards their long-range goals. As was discovered during the first three years, the availability of community resources, especially when organizations have interest in more than one of the focus areas, will determine how quickly these efforts can progress. The Steering Committee will continue to meet on a regular basis to monitor this progress and offer assistance as needed.

**Publication of 2016 Community Health Needs Assessment Report:**

This report, along with the supporting data contained in the appendixes will be published on the St. Francis website at [www.sfcare.org](http://www.sfcare.org), so that the public will be able to access this information. A link will be posted on the front page of the St. Francis website. Paper copies of the report will be available to individuals who request this information. Requests can be made by stopping at the Guest Services Desk in the front lobby of St. Francis. Written requests may also be sent to the following:

 Ann Trebesch, Vice President of Mission Leadership Integration

CHI St. Francis Health

2400 St. Francis Drive

Breckenridge, Minnesota 56520

Information for accessing this report will be communicated to the public through local media.

Respectfully submitted,

Richland-Wilkin Community Health Needs Assessment Task Force

David Nelson, Chair

Approved on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2016 by the Board of Directors of CHI St. Francis Health.

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Mary Mauch Date

Board Chair

CHI St. Francis Health