

CHI St. Francis Health
Breckenridge, Minnesota
Community Health Needs Assessment Report

CHI St. Francis Health conducted a Community Health Needs Assessment from July 2018 through November 2018 for the 2019 fiscal year. St. Francis is a sole provider of hospital services with approximately 23,000 residents in its primary service 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 (7,766) 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 2018 County Health Rankings list 18.7% of Wilkin County residents as age 65 or older compared to 15.1% for the state of Minnesota. 22.3% of residents are younger than 18, which is slightly lower than the state which is 23.3%. 16.3% of Richland County residents are 65 years old or older compared to 14.5% for the state of North Dakota. 21.5% of residents in Richland County are younger than 18, which is slightly less than the 23.3% for the state. 93.9% of the residents in Wilkin County are identified as Non-Hispanic White, which is higher than the Minnesota statistic of 80.6%. 91.5% of the residents of Richland County are identified as Non-Hispanic White, which is higher than the North Dakota statistic of 85%. Hispanics account for 2.7% of the population in each county, and American Indians account for 1.6% and 2.9% respectively.

According to the 2018 County Health Rankings, the median household income for Wilkin County is \$54,400, which is less than the Minnesota median of \$65,600. The median household income for Richland County is \$59,600, which is slightly below the state median of \$61,900. The unemployment rate in Wilkin County is 3.3%, which is slightly lower than the state of Minnesota's rate which is 3.9%. The unemployment rate in Richland County is 2.8%, which is slightly lower than the state of North Dakota, which is 3.2%. 29% of the children in Wilkin County live in single parent households, which is slightly higher than 28% for the state of Minnesota. 24% of the children in Richland County live in single parent households, which is lower than the 28% for the state of North Dakota. 33% of the children in Wilkin County are eligible for free lunch programs as compared to 31% in the state of Minnesota. 42% of the children in Richland County are eligible for free lunch programs, which is higher than 38% for the state of North Dakota. This number has increased significantly in the past three years for both the county and the state (26% to 42% in the county and 25% to 38% in the state).

98.2% of the population of Wilkin County has graduated from high school (according to the US Census Bureau Quick Facts) and 79% have at least some college education. The state of Minnesota is lower in the high school graduation rate (83%), as well as the percentage of people who have some college (74%). 82% of the population in Richland County has graduated from high school and 69% have at least some college credits. The state of North Dakota has a slightly higher high school graduation rate of 85%, as well as the percentage of people who have some college (73%). (*Appendix B lists the 2018 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 Sanford Clinic changed during this time period. Current members of the Steering Committee include: (*Committee members' backgrounds and experience is included in Appendix C.*)

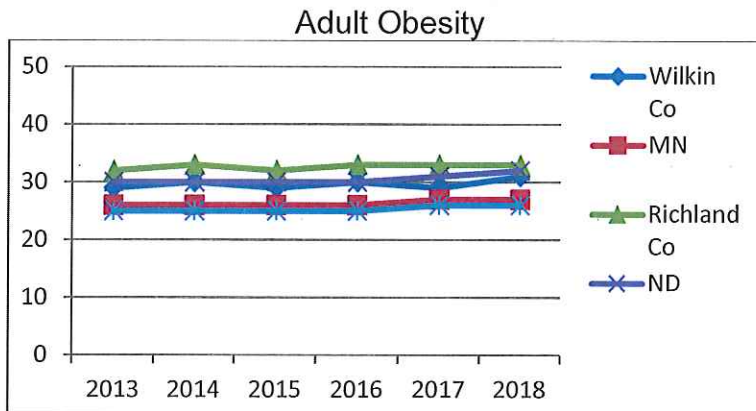
David Nelson, President, CHI St. Francis Health, Committee Chair
Deb Jacobs, Director, Wilkin County Public Health, Public Health expert
Deb Flack, Administrator, Richland County Public Health, Public Health expert
Julie Rosenberg, Administrator, Essentia Health Clinic - Wahpeton
Brittany Jaehning, Director 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 Operations/Mission, CHI St. Francis Health, Recorder

2016 CHNA Implementation Plan Progress Report:

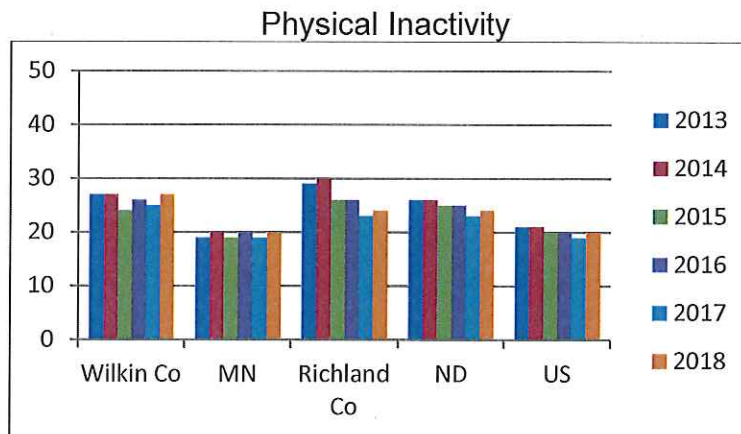
In the 2016 Community Health Needs Assessment, three priority areas were identified, Obesity Management, Substance Abuse/ Mental Health, and Child Care. Task forces continued their work in the area of Obesity Management and Substance Abuse/Mental Health. The Steering Committee asked the Child Care Coordinators to join them in further study of the Child Care needs in our community.

The ACTIVE (Obesity Management) task force continued to work together promoting wellness activities in both counties. Southern Valley Health Watch has taken the lead for Richland County. Their primary focus is offering citizens a variety of wellness activities, including walks, bird watching, and other activities that are geared to all age groups. The Breckenridge Active Living Committee has taken the lead for Wilkin County. Their main focus has been policy development and building infrastructure, including the construction of a 1.3 mile multi-use path that connects the northern end of Breckenridge with the existing path system in the community. Paths along the flood protection dikes were opened up for foot traffic as well. They have also developed a Frisbee golf course in Wells Memorial Park. The Richland-Wilkin ACTIVE task force Facebook page continues to be a great resource for promoting physical activity and nutrition.

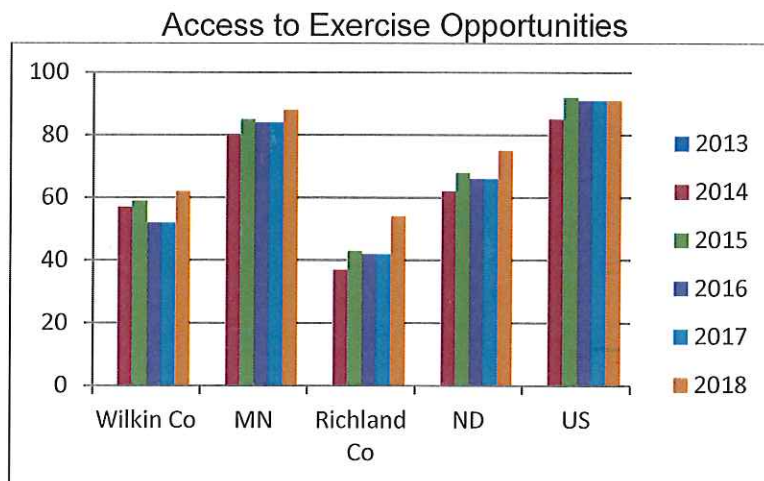
While the adult obesity rate has stayed fairly consistent according to the County Health Rankings, since 2013, it has mimicked the ratings for each respective state.



The rate for physical inactivity has also remained consistent. The ratings for Wilkin County is higher than the ratings for Minnesota and the Top U.S. Performers, however, the changes are aligned with the changes for the state. The ratings for Richland County have shown more improvement and currently correspond closely with the state of North Dakota. Both counties and states are higher than the Top U.S. Performers.



Access to exercise opportunities continues to be a concern in our community compared to the respective states and the United States. However an increase has been noted in both counties.



This summer, The ACTIVE task force met to review its achievements and progress towards their goals. The group felt they had met the majority of the physical activity goals thus far, so they voted to take a hiatus at this time. However, the Facebook page will continue to promote activities and informational materials. CHI St. Francis will organize a stakeholders group to establish community gardens on our site. One of the first partners was Cargill, who donated the funds to drill a well for easy access to a water supply for the gardens. Community gardens exist in Wahpeton at this time, however the gardeners have to haul water to the site. With the installation of the well, those gardeners who do not have the ability to haul water will be able to participate. Along with the gardens, the group is looking at setting up educational opportunities and mentoring between experienced gardeners and novices.

We did not expect to see the obesity rate drop immediately, which is why the long term goal was set to reduce the incidence of adult obesity in Richland and Wilkin counties by 5% by 2025. Increasing physical activity and addressing the access to exercise opportunities should have a long term effect on adult obesity, as will providing the means for people to access and utilize fresh produce.

The Substance Use/Abuse task force broadened their focus to include mental health issues. This created a large 35-member group. Progress was made on some of the goals that were identified. Both counties now have programs for disposal of unused medications. Coordination of pain medications is occurring between both primary care clinics and the hospital. In January 2017, the Minnesota Office of Rural Health offered assistance in helping the group identify their priorities through the Integrating Behavioral Health program. Participants identified the following objectives:

- Transportation for behavioral health patients in need of inpatient treatment.
- Internal processes for responding more effectively to patients presenting with behavioral health needs

The subcommittee on transportation of patients requiring inpatient services met a couple of times, but ran into road blocks involving regulations in both Minnesota and North Dakota regarding law enforcement's ability to cross state lines. The next steps involve working with legal counsel for both counties and CHI St. Francis to determine what legislative actions can be taken to resolve the issue. CHI St. Francis worked with the Minnesota Mobile Crisis Response team to initiate processes so the team is able to respond within the hospital. As long as the individual is on Minnesota soil the crisis team can assist them, no matter what their state of residence is. Education for the ER and Ambulance staff was conducted by the Response team.

The CHNA Steering Committee wanted to understand what constituted the Child Care issue before setting up a task force. They invited the child care coordinators from both Richland and Wilkin counties to join them for this purpose. Each of the child care coordinators brought data to review. In addition, the Steering Committee developed surveys for Child Care Providers and parents in the community. These surveys were conducted in the Spring of 2018. Noted areas of concern for parents were:

- Back-up coverage for when their provider was not available
- Services for newborns
- Affordability.

Sick child care did not seem to be a priority issue.

The Child Care Provider survey demonstrated that the majority of providers in both surveys have been in business for 10 or more years. Most are not at capacity by choice or regulatory mandates. In Wilkin County most have a waiting list, but not in Richland County. The majority of providers expect to continue their business for 2-5 years. The biggest challenges include:

- Dealing with parents
- Paperwork and regulations
- Staffing

Due to conflicting schedules and the retirement of the Wilkin County coordinator, this team has not met since June.

2019 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 utilized only data sources that were consistent across both states. Data sources reviewed included:

County Health Rankings for 2018

PartnerSHIP 4 Health 2018 Community Health Board CHNA Wilkin/Richland Survey Report

Minnesota County Level Indicators for Community Health Assessment

Other data sources used in previous assessments were not utilized this time 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. Therefore, after review, the Minnesota County Level Indicators was not used. Most of the data listed was either included in the County Health Rankings or was too old to be considered useful.

County Health Rankings:

The following results were concluded from the 2018 County Health Rankings. (*Appendix B – 2018 County Health Rankings for Wilkin County, MN and Richland County, ND*)

Positive Factors:

- Sexually transmitted diseases are lower in Wilkin County than both Minnesota and the Top US Performers.
- Teen births were significantly lower for both Richland County and Wilkin County as compared to their respective states and the Top US Performers.
- Diabetic monitoring is higher in both counties as compared to their respective states and the Top US Performers.
- The number of uninsured is lower in Wilkin County than Top US Performers. For Richland County the rate is lower than the State of North Dakota and the Top US Performers.
- The high school graduation rate is higher than the state of Minnesota. (98.2% for Wilkin County, according to the U.S. Census Bureau Quick Facts.)
- The percentage of citizens with some college education is higher in Wilkin County than the state of Minnesota and the Top US Performers.
- Unemployment is lower in both counties than their respective states.
- The percentage of children living in poverty is slightly lower in Wilkin County than the state of Minnesota.
- Social associations are higher in both counties than their respective states.
- Violent Crime rate is lower in both counties than their respective states, but higher than the Top US Performers.
- Injury Deaths are lower in Wilkin County than in Minnesota or the Top US Performers.
- Severe housing problems are lower in Wilkin County than the state of Minnesota and the Top US Performers.

Areas of Concern:

- The incidence of adult smoking is higher in Richland County and North Dakota than in Wilkin County, Minnesota, and the Top US Performers.
- The rate of adult obesity is higher in Wilkin County and lower in Richland County than their respective states. Both counties are higher than the Top US Performers.
- Physical inactivity was higher in Wilkin County than the state of Minnesota and the Top US Performers.

- Excessive Drinking is higher in both counties and states than the Top US Performers. However, Richland County was lower than the state of North Dakota.
- The ratio of patients to primary care physician is greater in Richland County than the state of North Dakota and the Top US Performers. Data has not been available for Wilkin County for the past three years, however in the previous three years it was averaging 6,500 to 1.
- The ratio of patients per mental health providers was significantly greater in both counties than their respective states and the Top US Performers.
- The ratio of patients per dentist is also greater for both counties than their respective states and the Top US Performers.
- Mammography screening is lower in Wilkin County than the state of Minnesota and the Top US Performers.
- The high school graduation rate is lower in Richland County than the state of North Dakota and the Top US Performers.
- Median household incomes are lower in both counties than their respective states.
- Particulate matter/Air pollution is higher in Richland County than the state of North Dakota and the Top US Performers. However the rate is consistent with Wilkin County and the state of Minnesota.

When comparing the 2015 to 2018 results, the following observations were made:
(Appendix D – Comparison of 2015 County Health Rankings and 2018 County Health Rankings for Wilkin County, MN and Richland County, ND)

- The Health Outcomes ranking for both counties decreased significantly in 2018. Wilkin County moved from 2nd to 50th and Richland County moved from 18th to 22nd.
- The Length of Life (mortality) ranking also decreased for both counties. (Wilkin County from 2nd to 63rd, and Richland County from 18th to 25th.)
- The Quality of Life (morbidity) ranking improved slightly for both counties. (Wilkin County from 23rd to 22nd and Richland County from 26th to 19th.)
- Poor physical health days decreased for both counties. (Wilkin County went from 3.3 to 3.0 and Richland County went from 2.9 to 2.7).
- However the poor mental health days increased for both counties. (Wilkin County 2.8 to 3.0 and Richland County 2.4 to 2.6).
- The Health Outcomes Factors ranking increased for Wilkin County (17 to 20) and improved for Richland County (25 to 16).
- The Health Behaviors Factors increased for Wilkin County (34 to 37) and decreased for Richland County (31 to 24).
 - The largest changes for Wilkin County were improved access to exercise opportunities (52 to 62) and decrease in Sexually Transmitted Diseases (107 to 77).
 - The largest changes for Richland County were improved access to exercise opportunities (43 to 54), increased excessive drinking (10 to 24), decrease in Sexually Transmitted Diseases (315 to 268), and decrease in Teen Births (21 to 16)

- The Clinical Care rankings increased for Wilkin County (54 to 65) and decreased for Richland County (13 to 8)
- The Social Economic Factors ranking Increased for Wilkin County (11 to 14) and decreased for Richland County (16 to 15),
- The Physical Environment rankings remained fairly constant. Wilkin County maintained at 14, and Richland County improved from 45 to 43.

Community Survey:

In addition to the data review, the Steering Committee chose to compare the actual statistics with the community perceptions. We participated in survey hosted by the State of Minnesota through PartnerSHIP 4 Health. This process encompassed four counties in west central Minnesota – Becker, Clay, Ottertail, and Wilkin, as well as Cass and Richland in North Dakota. The survey tool was the same for all 6 counties. 203 individuals completed the survey in Richland County and Wilkin County. The survey was set up based on state requirements, so there were changes in the survey tool when compared to the community survey conducted in 2015. Results were combined for both counties in the current study. (*Appendix E – Wilkin/Richland CHNA Survey Report*) (*Appendix F – Summary of Strengths and Top Concerns 2018 Community Survey*)

Community Survey results demonstrated the following trends...

Positive Factors:

- 93% of respondents ranked their health as good or above.
- Less than one-fourth of the respondents reported being diagnosed with the following diseases:
 - Arthritis – 16%
 - Panic Attacks – 15%
 - Diabetes – 14%
 - Asthma – 12%
 - Cancer – 11%
 - Stroke – 2%
 - Chronic Lung Disease – 2%
 - Congestive Heart Failure – 1%
- 74% of respondents report having a routine checkup in the past year
- 79% of respondents state their medical provider has reviewed the risks and benefits of preventive health procedures and screenings.
- 58% of respondents report they are up to date with their screenings and preventive health procedures.
- 99% of respondents with children under 18 report using their seat belts always.
- 96% of respondents with children under 18 report using car seats nearly always to always. (88% report always).
- 99% of respondents with children under 18 report they have insurance for their children.
- 99% of respondents with children under 18, state they take their children to a physician's office or walk-in clinic when sick.
- 97% of respondents have some type of health insurance.

- 88% of respondents have an established health care provider.
- 78% of respondents have visited the dentist in the past year.
- 77% of respondents have dental insurance.
- 75% of Senior respondents know where to get help with tasks when they need assistance.

Areas of Concern:

- 45% of respondents report eating less than 5 servings of fruits and vegetable per day, with 64% having fewer than 3 servings of vegetables, 72% having one or no servings of juice, and 76% having less than 3 servings of fruit.
- 69% of respondents report moderate exercise less than 5 days per week.
- 92% of respondents report vigorous exercise less than 5 days per week, with 50% being 1 day per week or less.
- 99% of respondents reported having some mental health diagnosis in the past, with 50% reporting anxiety, 42% reporting depression, 15% reporting panic attacks, and 7% reporting other mental health diagnosis. (Some respondents reported more than one mental health diagnosis.)
- 90% of respondents reported having at least one drink or more in the past 30 days.
- 51% of respondents reported binge drinking at least once per month.
- The average alcohol consumption is 3 drinks at a frequency of 6 days per week.
- 25% of respondents report having drugs in their homes that are not being used.

In addition, participants were asked to list the top health issues for the community, their families, and seniors. Here are their responses:

Community Issues –

- Health care costs
- Health care access
- Substance Abuse
- Mental Health

Family Issues:

- Health care costs
- Insurance cost and coverage

Senior Issues:

- Health care costs
- Maintaining their physical and mental health
- Financial problems
- Affording medications

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 G – 2018 Community*

Survey Demographics and Appendix H – 2018 County Health Rankings Demographics). The Steering Committee found that we were lacking input from the lower income families in our community. Historically, participation in surveys from this segment of the population tends to be poor. In an effort to gather information concerning this segment of the community, the Steering Committee invited providers who work with this population to participate in one of three focus groups. Participants included representatives from social services, public health, education, and other programs that serve these individuals and families. Three main questions were posed – What are the top three issues your clients face? What obstacles prevent resolution of the issues? What are some ways to resolve these issues? A variety of responses were collected (*Appendix I – CHNA Focus Groups*). The primary issues identified were:

- Transportation
- Access to and affordable child care
- Inability to navigate the system
- Mental health needs
- Communication obstacles.

After reviewing the data collected from the statistics, community survey, and focus groups, the Steering Committee deemed that the data collected adequately reflected the composite of our community. The following areas were found consistently to be consistently areas of concern throughout the data sources

- Cost of health care, including long term care
- Obesity
- Physical Inactivity
- Appropriate Nutrition
- Excessive Drinking
- Mental Health
- Transportation
- Child Care
- Navigation Assistance
- Deficit of Primary Care Providers

Through discussion, the Steering Committee identified the three priority focus areas for the next three years. They are Obesity, Behavioral Health (mental health and substance use), and 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 behavioral health. 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 that will assist us to strengthen our approach to these issues.

The ACTIVE task force has been in place for approximately five years. They bring together the community resources and organizations that are actively involved in obesity management across the two counties, especially those interested in promoting physical activity. That group is currently on hiatus; however the activities they put in place will be continued. A new group of stakeholders is being formed to address healthy eating, which will begin with the community garden plots on the CHI St. Francis Health campus. The goal is to have 60 garden plots available by Spring of 2019.

The Substance Use task force expanded to include mental health as the two topics are often interrelated. This group worked with the Minnesota Office of Rural Health to expand their focus in these areas. Resolution of the border transportation issue has been a stumbling block to progress in this area. A smaller subcommittee is being formed to include legal representation from both counties and CHI St. Francis Health to determine what legislative action needs to occur. In the meantime, both county Public Health agencies have established committees to address tobacco, alcohol, and other drugs. Medication Take-Back programs are active in both counties. Another topic of concern in the community is the rise of the practice of vaping. Both counties are involved in education about vaping and its effects.

Mental health resources have limited availability in our community. One full-time psychiatrist is on staff at the Hope Unit at CHI St. Francis Health, as well as one full-time psychologist and one part-time psychologist whose primary caseload is children. Sanford Health Clinic also employs two psychologists, as well as a tele-IHT (Integrated Health Therapist). There are a few independent psychologists and counselors in the community, most of whom work part-time. Each of the schools also has counseling services available. Mental health has been incorporated into the Substance Use/Abuse task force through the work with the Minnesota Office of Rural Health and their Integrating Behavioral Health program. Some of this integration occurred naturally as the two areas are often interrelated, and most of the members are the same for both areas.

Cancer prevention education is conducted by the Public Health Departments. Screenings are offered through each of the clinics, as well as CHI St. Francis Health. 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. In addition, the Kinship program is very active in youth mentoring in our community.

For the past eight 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. CHI St. Francis Health 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 to 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. An additional 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. The Family Footprints program has become even more important as our community is seeing an increase in the number of families affected by drugs and alcohol. There has also been an increase in the number of parents with learning disabilities. The Family Footprints Coordinator has a background in special education. She has been able to share with other agencies some tools and techniques for improving communication with these clients.

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, CHI St. Francis Health Patient Financial Services, etc. In addition, CHI St. Francis Health has established an after-hours clinic to help alleviate the misuse of the Emergency Room for non-emergent conditions. This is a more economical choice for dealing with minor illnesses. The response to this service has grown, thus the hours of operation have expanded to continue to try to meet the need. The other area that CHI St. Francis Health is involved in, is physician recruitment. Our community has had a number of primary care physicians either retire or move for other career opportunities. Eight (8) primary care physicians have left since 2015, and physician demand studies show that the Richland-Wilkin community is short five (5) family practice providers. Therefore, CHI St. Francis Health is actively recruiting primary care physicians. If candidates do not wish to work for CHI St. Francis Health, they will be encouraged to check out the other two clinics in our community. This shortage of providers has placed additional constraints on the community's ability to access health care on the same day.

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. Long term care rates are set by the states of Minnesota and North Dakota, which is unique to these two states.

The next step in addressing the child care issue is to bring together the major employers in the community, especially those with shift work to see what possible solutions they might offer. This issue will require collaborative work on the part of the community stakeholders.

The next steps for each of the three priority areas identified by the Richland-Wilkin Community Health Needs Assessment Steering Committee are noted below.

- **Obesity Management**
For the next steps, the ACTIVE task force will reorganize around the topic of healthy eating. One community player has already been identified – Cargill. They not only provided the funding for the community garden well, they also asked to continue to be part of the implementation process. Other possible community partners are the Extension Agents in each count, the food pantry, master gardeners, educators, etc. The long term goal is to not only provide space for raising fresh produce, but to provide education on what to do with the produce and how to preserve it for the winter months,
- **Substance Use/Abuse and Mental Health**
The Behavioral Health task force (Substance Use and Mental Health) will be on hiatus as the subcommittee works on legislative strategies to enhance efforts that are able to stretch across state borders. In the meantime, each county is pursuing efforts in these areas.
- **Child Care**
The Child Care task force will bring together employers in the community to help identify possible solutions to availability and affordability.

The Steering Committee will continue to meet on a regular basis to monitor progress and offer assistance as needed.

Publication of 2019 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, so that the public will be able to access this information. A link will be posted on the front page of the CHI St. Francis Health 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 Operations/Mission
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 15th day of February, 2019 by the Board of Directors of CHI St. Francis Health.

Carter J. Hansen
Carter Hansen
Board Chair
CHI St. Francis Health

2-15-19
Date