CHI St. Francis Health
A member of CommonSpirit

# Community Health Improvement

## Strategic Action Plan

### Fiscal Year 2026 - 2028

CHI St. Francis Health – Breckenridge, MN

Board approved August 2025

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*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

## At-a-Glance Summary

| | |
|---|---|
| **Community Served**  | For the purposes of this CHNA, St. Francis Medical Center dba CHI St. Francis Health identified Richland County, ND and Wilkin County, MN, including the zip codes that cover 80% of patients served 56520, 58030, 58041, and 58075, as the primary service area. As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, the heath system also serves residents from Richland County where there are no local hospitals. Therefore, both counties (Richland County, ND and Wilkin County, MN) were included in the CHNA community definition |
| **Significant Community Health Needs Being Addressed**  | The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA).<br>• Mental health (anxiety, stress, depression)<br>• Substance misuse<br>• Child care, child abuse, cyber bullying<br>• Community services<br>• Barriers to accessing health care |
| **Strategies and Programs to Address Needs**  | The hospital intends to take actions and to dedicate resources to address these needs, including:<br>• **Behavioral Health (Mental Health and Substance Use)**<br>○ Increase community awareness of mental health trends and resources as well as substance abuse<br>○ Provide Senior Life Solutions, with an outpatient mental health program for geriatric patients<br>○ Participate in the Local Mental Health Advisory Council (LAC)<br>• **Health Related Social Needs/Social Determinants of Health**<br>○ Increase availability of fresh produce for patients, staff and community members through the Farm at St. Francis with<br>○ Increase the identification of health related social needs through screening in clinic and hospital<br>• Provide resources and care coordination for patients with with unmet social needs |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

- Provide financial assistance for patients who are uninsured or under-insured
- Provide access to health care by assisting patients with enrollment in health coverage
- Align community investments with community- identified health priorities

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted to the Administration Office of CHI St. Francis Health. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8 or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

## Our Hospital and the Community Served

### About the Hospital

CHI St. Francis Health is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

### CHI St. Francis Health Overview

Founded in 1899 by the Franciscan Sisters of Little Falls, CHI St. Francis Health is a 25-bed critical access hospital in Breckenridge, Minnesota, serving a rural community on the North Dakota border. It is the sole provider of acute care in the two-county area, offering emergency services, inpatient care, and surgical procedures. Beyond acute care, the hospital provides primary and specialty care through on-campus and Milnor, ND clinics, and operates a skilled nursing facility (CHI St. Francis Home) and a senior living facility (AppletreeCourt). The hospital's origins are deeply rooted in community collaboration and faith. In 1899, Franciscan Sisters Mary Francis and Mary Rose arrived with a vision to build a hospital, gaining support from local businessman Ezra G. Valentine. The first 65 x 40 feet building was completed in 1899, admitting its first patient on November 10th. Community support and donations, including a significant contribution from James J. Hill of Great Northern Railroad, fueled its growth. Over the years, CHI St. Francis Health underwent several expansions and renovations to meet evolving community needs. A new wing was added in 1924, and a larger, modern facility was built in 1952. The hospital also established a School of Nursing, graduating its first class in 1910. In the latter half of the the 20th century, CHI St. Francis Health continued to expand its services. It merged with CHI St. Francis Home in 1987. A new health care campus was



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completed in 2005. Today, CHI St. Francis Health stands as a testament to the enduring legacy of the Franciscan Sisters and the unwavering support of the Breckenridge community.

## Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Financial Assistance for Medically Necessary Care


It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website

https://www.chistfrancishealth.org/content/dam/sfcareorg/website/workfiles/financial-assistance/fap-2025/Finance%20G-003%20Financial%20Assistance%20POLICY%2007-01-25_%20EN.pdf.



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

## Description of the Community Served

As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, the hospital also serves residents from Richland County, ND where there are no local hospitals. Therefore, both counties (Richland and Wilkin County) were included in the CHNA community definition. See Figure 1 to the right.


Figure 1: CHI St. Francis Health CHNA Service Area - Richland County, ND and Wilkin County

### Community Description

CHI St. Francis Health is located in Breckenridge, MN, which is a community of approximately 3,300 residents. The city of Breckenridge is located in Wilkin County. Major sectors of industry include: education (18.7%), manufacturing (15.6%) and healthcare and social assistance (15.1%). Adjacent to Breckenridge is the city of Wahpeton, ND. Wahpeton is located in Richland County and the county seat. Major sectors of industry in Wahpeton include: manufacturing (22.5%), retail trade (14.7%) and healthcare and social assistance (14.5%). Population according to the most recent census estimates that Richland County is 52% rural, encompasses 1,436 square miles and has 16,529 residents. The population of Richland County is primarily non-Hispanic White, with a slightly higher percentage of residents over 65 years of age compared to the State of North Dakota (18.7%, 15.7% respectively). Wilkin County is 50.1% rural. Wilkin County residents are largely non-Hispanic White and the county has a slightly older
population compared to the state of Minnesota.

### Socioeconomic Factors

The median household income in Wilkin County ($64,447) is substantially lower than the median in Minnesota ($84,313) and the nation ($75,149). The median household income in Richland County ($67,089) is also less than the median in North Dakota ($73,959) and the nation ($75,149). Most residents in both counties aged 25 and older have at least some college experience (62.5 percent in Wilkin County and 68.9



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

percent in Richland County). About 1 in 4 (24.2 percent in Wilkin County and 24.0 percent in Richland County) have attained a bachelor's degree or higher – percentages which are lower than in either state and the nation (38.2 in Minnesota, 31.4 percent in North Dakota, and 38.2 percent in the United States have at least a bachelor's degree). Fewer than one in 10 residents ages 25 and older did not complete
high school (6.7 percent in Wilkin County and 6.5 percent in Richland County).

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

Wilkin and Richland counties are each designated as a Health Professional Shortage Area(HPSA) and Wilkin County is designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

## Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in
May 2025. The CHNA report includes:

- Description of the community assessed consistent with the hospital's service area;
- Description of the assessment process and methods;
- Data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website https://www.chistfrancishealth.org/content/dam/sfcareorg/website/workfiles/chna/st-francis-breckenridge-chna-2025.pdf or upon request from the hospital, using the contact information in the At-a-Glance Summary.

### Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

| Significant Health Need | Description | Intend to Address? |
|---|---|---|
| Mental health (anxiety, stress, depression). | A majority of respondents (88 percent) are concerned about mental health in their community; 57 percent are very concerned | Yes |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

| Significant Health Need | Description | Intend to Address? |
|---|---|---|
| | and 31 percent are somewhat concerned. Further, 58 percent of respondents disagreed when asked if their community has adequate mental health services. | |
| Substance misuse | Nearly all respondents (98 percent) are at least slightly concerned about substance misuse in their community (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs); 63 percent are very concerned. | Yes |
| Child care, child abuse, cyber bullying | Nearly half (48 percent) of respondents disagreed that their community has adequate child care services. Further, 40 percent of newcomers to the community indicated that it was either very difficult or somewhat difficult to find child care. Respondents were also concerned about child abuse or neglect and cyber bullying. | No |
| Community services | When asked about various community services, respondents were generally positive. Respondents most frequently cited public transportation, child care, and affordable housing as inadequate in their community. | Yes |
| Barriers to accessing health care | The cost of health care services, prescription medications, and the availability of local health care services were most frequently identified as barriers to health care. Respondents most frequently (62 percent) cited the price of health care services, even with insurance, as a barrier to health care; 39 percent said it is somewhat of a barrier and 23 percent said it is an extreme barrier. | Yes |

Significant Needs the hospital is addressing in this implementation plan based on the Community Health Needs Assessment priorities are Behavioral Health (Mental Health and Substance Abuse) and Health Related Social Needs. Health Related Social Needs will include strategies addressing barriers to accessing health care and social determinants of health identified as “community services.”



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### Significant Needs the Hospital Does Not Intend to Address

CHI St. Francis Health will not  directly prioritize the following health needs because there are existing community partners that are best positioned to address this need. We will continue to explore ways to support others' efforts. Child care, child abuse, cyber bullying: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources.

## 2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

### Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

Hospital and health system participants in the community input meeting included the President, Mission Director, VP of Operational Finance, Chaplain, Quality Director, Foundation Director, HR Director, Critical Access Hospital (CAH)Director and Community Health Worker.

Community input or contributions to this implementation strategy included working with community partners to provide input throughout planning. Community partners included: Wilkin Emergency Management, Wilking County Public Health, Breckenridge Police Department, Southern Valley Early Childhood Initiative, North Dakota State University, and Essentia Health.



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

CHI St. Francis Health hosted Community Health Needs Assessment/Implementation Strategy prioritization community input meeting. Attendees reviewed survey findings, compared them to their own perceptions of community needs, and discussed the demographics of survey respondents. The health needs identified by participants mirrored those from the 2022 CHNA, and attendees concurred that these issues remain priority community health needs. This conclusion was also reflected in the survey findings. For the upcoming three-year CHNA cycle, mental health and substance abuse, along with health-related social needs, were prioritized.

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

- existing programs with evidence of success/impact;
- research into effective interventions;
- access to appropriate skills or resources;
- ability to measure impact;
- goal to address a vital condition;
- goal to address an urgent services need

## Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

## Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[1] to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

[1] The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.



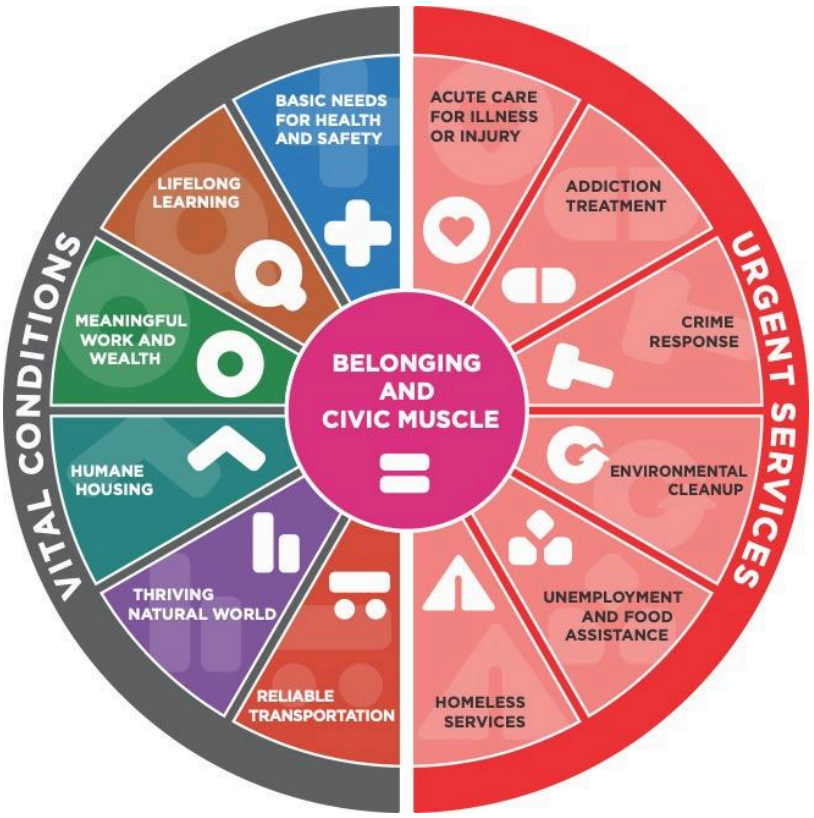
*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

**What are Vital Conditions?**
**These are characteristics of places and institutions that all people need all the time to be healthy and well.** The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

**What are Urgent Services?**
**These are services that anyone under adversity may need temporarily to regain or restore health and well-being.** Urgent services address the immediate needs of individuals and communities, say, during illness.

**What is Belonging and Civic Muscle?**
**This is a sense of belonging and power to help shape the world.** Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.




**Well-Being Portfolio in this Strategy and Plan**

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.



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## Strategies and Program Activities by Health Need

| **Health Need**: | Behavioral Health (Mental Health and Substance Abuse) | | | | |
|---|---|---|---|---|---|
| **Population(s) of Focus:** | General population, aging older adults, individuals with a mental health and/or substance use challenge | | | | |
| Strategy or Program | Summary Description | Strategic Alignment | | | |
| | | Strategy 1: **Extend care continuum** | Strategy 2: **Evidence-informed** | Strategy 3: **Community capacity** | **Vital Condition (VC) or Urgent Service (US)** |
| Increase community awareness of mental health concerns and resources and expand mental health services | 1. Represent CHI St. Francis Health on local mental health committees<br>2. Provide educational opportunities for community members<br>3. Expand mental health services through the Hope Unit that will improve mental health and reduce substance abuse.<br>4. Explore a feasibility of adding a licensed social worker to the team | ● | ● | ● | US |
| Expand access to mental health support for aging adults. | Grow Senior Life Solutions: CHI St. Francis implemented Senior Life Solutions in FY 2025. Our goal in FY26 to FY28 is to serve more geriatric mental health patients with these niche services. | ● | ● | ● | US |
| Attend quarterly | Participate in Local Advisory Councils to | ● | ● | ● | US |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

| | | | | | |
|---|---|---|---|---|---|
| **Health Need**: | Behavioral Health (Mental Health and Substance Abuse) | | | | |
| meeting of "Local Mental Health Advisory Council (LAC) which is a partnership of over 20 individuals including community members, community health practitioners, Health and Human Services employees, Wilkin County social services | continue partnership with public health to create awareness on mental health and substance abuse | | | | |
| Planned Resources: | CHI St. Francis Health's two mental health practitioners; Senior Life Solutions Service line for geriatric patients. | | | | |
| Planned Collaborators: | Local Mental Health Advisory Council (LAC) which is a partnership of over 20 individuals including community members, community health practitioners, Health and Human Services employees, and Wilkin County social services. | | | | |

| Anticipated Impacts (overall long-term goals) | Measure | Data Source |
|---|---|---|
| Improvement in the number of self-reported poor mental health days per month by county (2024 data Wilkin 4.5 days & Richland 3.6 days) | Poor Mental Health Days per month | County Health Rankings & Roadmaps |
| Reduction in the percentage of adult excessive drinking percent (Wilkin 20% and Richland 22%) | Adult excessive drinking | County Health Rankings & Roadmaps |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

| **Health Need**: | Health Related Social Needs/Social Determinants of Health | | | | |
|---|---|---|---|---|---|
| **Population(s) of Focus:** | Individuals in Wilkin and Richland counties who are underserved, vulnerable, and/or in need of assistance—including those living at or below the poverty line or experiencing food insecurity—can access vital information. This support encompasses access to insurance details and wider community resources. | | | | |
| Strategy or Program | Summary Description | Strategic Alignment | | | |
| | | Strategy 1: **Extend care continuum** | Strategy 2: **Evidence-informed** | Strategy 3: **Community capacity** | **Vital Condition (VC) or Urgent Service (US)** |
| Increase availability of fresh produce for patients, staff and community members. | Grow the Farm at CHI St. Francis, providing fresh produce to patients, staff and community members. | ● | ● | ● | Basic needs for health and safety (VC) |
| Increase the identification of patients' health related social needs through screening. | Provide resources and care coordination for patients with with unmet social needs. | ● | ● | ● | Basic needs for health and safety (VC)<br>Acute care for illness or injury (US) |
| Equitable access to care through financial aid/charity care and enrolling patients in medicaid and medicare | 1. Continue to provide financial assistance to those patients meeting our financial eligibility criteria.<br>2. Assist patients in Medicaid and Medicare enrollment to ensure they are receiving benefits they are eligible for. | ● | ● | ● | Acute care for illness or injury (US) |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025

| | | | | | |
|---|---|---|---|---|---|
| **Health Need**: | Health Related Social Needs/Social Determinants of Health | | | | |
| Partner with local organizations, provide financial support, implement impactful community health initiatives. | Align community investments with hospital priorities by providing financial support to local organizations through a targeted Community Health Improvement Grant program, based on needs identified in the Community Health Needs Assessment (CHNA). | ● | ● | ● | Basic needs for health and safety (VC) |
| **Planned Resources:** | The Farm at CHI St. Francis Health; Community Health Care Worker; Patient Advocate; CHI St. Francis Community Benefit Team. | | | | |
| **Planned Collaborators:** | Local food shelf; | | | | |

| Anticipated Impacts (overall long-term goals) | Measure | Data Source |
|---|---|---|
| Increased food security/ fresh food availability | pounds of produce grown/ distributed. | Local log of produce donated to food shelves |
| Increase the number of patients screened for health- related social needs annually. | Number of patients screened by community health care worker | Local logging of patients screened |
| Financial assistance provided to individuals who are uninsured or underinsured | the number of patients receiving assistance | Financial statements |
| Aligned investing in community prioritized health needs | Dollars granted to community-based organization | Local approval of grant |



*References are retrieved from the CHI St. Francis Community Health Needs Assessment of 2025