2016 COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN

Barnes County

North Dakota

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CHI Governing Board Approval 10.20.2016

Chairperson of the Board — Date 10/20/2016

CHI Mercy Health

Center for Rural Health

Public Health

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Organization Mission

CHI Mercy Health

CHI Mercy Health has been a part of the Valley City community since 1928 when it was founded by the Sisters of Mercy. Their vision was to build healthier communities through a healing ministry. Over the years we've progressed to meet the needs of the community - by offering services - close to home. CHI Mercy Health of Valley City is part of Catholic Health Initiatives (CHI): the third largest Catholic, not-for-profit health care system in the country. CHI operates hospitals, long-term care facilities, assisted living facilities and residential units in 18 states.

The **Mission** of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

As part of the Catholic Health Initiatives Health Care Ministry, CHI Mercy Health is guided by its **Core Values**:

- Reverence—profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.
- Integrity—moral wholeness, soundness, fidelity, trust, truthfulness in all we do.
- Compassion—solidarity with one another, capacity to enter into another's joy and sorrow
- Excellence—Preeminent performance, becoming the benchmark putting forth our personal and best.

Specific services provided by CHI Mercy Health are:

General and Acute Services

1. Ambulatory Care/Infusions
2. Cardiac Rehab
3. Emergency Room
4. Hospital (Acute Care)
5. Nutrition Counseling
6. Observation Services
7. Pharmacy
8. Respite Care
9. Swing Bed Services

Screening/Therapy Services

1. Chronic Disease Management—Young Peoples' Healthy Heart Program
2. Occupational Therapy
3. Physical Therapy
4. Respiratory Therapy
5. Sleep Studies
6. Social Services
7. Tele-Psychology Screenings

Surgery Services

1. General and Same Day Surgery
2. Sedated Dental Surgery
3. Cataract Surgery
4. Pain Management Injections

Radiology Services

1. CT scan
2. DEXA (Bone Density) Scans
3. Digital mammography
4. EKG
5. Fluoroscopy (C-Arm)
6. General X-Ray
7. Nuclear medicine (mobile unit)
8. MRI (mobile unit)
9. Ultrasound

Laboratory Services

1. Hematology
2. Blood banking
3. Chemistry
4. Coagulation
5. Microbiology
6. Phlebotomy
7. Urinalysis
8. Work place drug testing

Services offered by OTHER providers

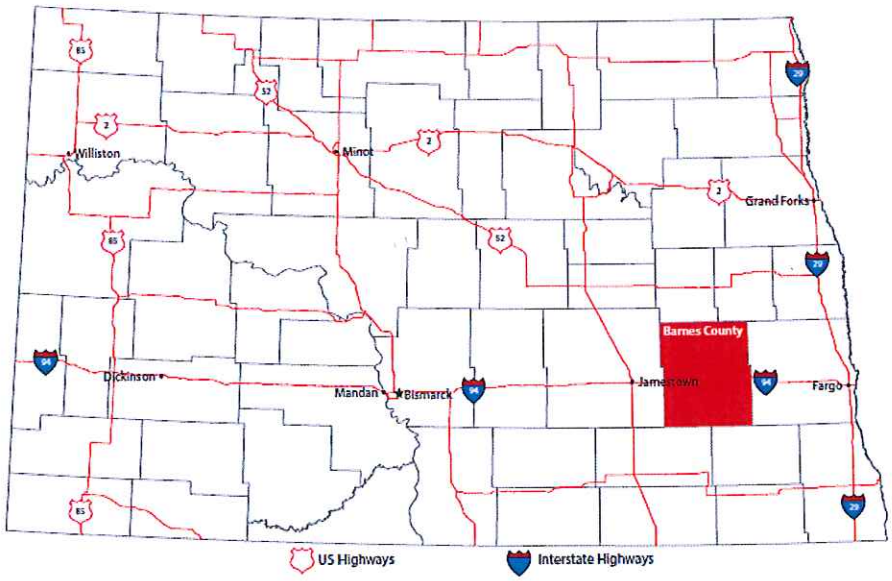
1. Ambulance
2. Podiatry/Orthopedic Services
3. Dental Surgery
4. Cataract Surgery
5. General Surgery
6. Sleep Studies
7. Tele-Psychology Screenings

Community Served

As illustrated in Figure 1, Barnes County is located in southeastern North Dakota. The county seat is Valley City, which lies in the center of the county. The state capital, Bismarck, is located two hours to the west of Valley City. The 2014 estimated population of Barnes County was 11,144. Valley City's estimated population in 2014 was 6,676. The remainder of Barnes County consists of an approximate population of 4,468 residents. Rural Barnes County has several incorporated cities, including Wimbledon (215), Sanborn (193), Litchville (171), Oriska (121), and Dazey (104).

Outside of CHI Mercy Health, other agencies that provide health services for Barnes County, include City-County Health District, Essentia Health Clinic, and Sanford Health Clinic.

Figure 1: Barnes County, North Dakota



In terms of demographics, Barnes County tends to reflect state averages. The percentages of residents under age 18 and of those aged 65 and older both are within a few percentage points of the North Dakota averages. Rates of education are very close to North Dakota averages. The median household income in Barnes County ($54,009) is slightly lower than the state average of North Dakota ($55,579).

Data compiled by County Health Rankings show that with respect to health outcomes, Barnes County is better than North Dakota as a whole. There also is room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment.

Factors on which Barnes County was performing poorly relative to the rest of the state included:

- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- mammography screening
- sufficient numbers of mental health providers
- unemployment
- injury deaths

Of 84 potential community and health needs set forth in the survey, Barnes County residents who took the survey, indicated the seven needs as the most important:

1. Ability to retain doctors and nurses in the area
2. Jobs with livable wages
3. Bullying/cyber-bullying
4. Obesity/overweight
5. Availability of specialists
6. Attracting and retaining young families
7. Affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough specialists (n=170), not able to see the same provider over time (N=168), not enough doctors (N=162), not enough evening or weekend hours (N=152), and no insurance or limited insurance (N=148).

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

- Friendly, helpful, and supportive people
- Close to work and activities
- Family friendly; good place to raise kids
- Safe place to live, little/no crime

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

- Low number of jobs available/no qualified staff
- Mental health needs – adult and youth
- Need for additional services for the elderly
- Recruiting and retaining medical staff
- Substance abuse (alcohol and drugs)

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

- Mental health service shortage
- Substance Abuse (alcohol and drugs)
- Licensed child care capacity
- Bullying/cyber-bullying

Implementation Strategy Process

CHI Mercy Health and City-County Health District began the community health implementation process with a May 25, 2016 meeting at CHI Mercy Health. This meeting was facilitated by Tiffany Knauf, who also led us through the CHNA process. The meeting was attended by 12 members of the Barnes County community representing healthcare, domestic violence advocates, mental health providers, Valley City State University faculty, Barnes County Ministerial Association, Barnes County Social Services, and NDSU extension service.

This group already identified that we would not pursue the need for licensed child care as it was not a healthcare proficiency. The group then reviewed the three remaining CHNA priorities and all agreed that Mental Health Access is tied very closely to Substance Abuse as many patients deal with both issues at the same time. Due to this discovery, the team decided to focus on Mental Health Access as its first priority to create an implementation strategy. It was further decided that this is such a high priority in our community, and that we have limited resources to address all issues at once, we would work on the Bullying issue after we implement our Mental Health strategy.

During this meeting, our facilitator walked us through the storming and norming process for developing an implementation strategy as follows:

- Objectives
- Strategies
- Indicators
- Action Steps
- Target Dates
- Delegation

We developed outcome measures for our objective to address our priority need. We also broke our strategies into assessment, advocacy, education, collaboration, and policy.

After development of this implementation plan, the large group decided that the beginning work would need to be done by a smaller, subcommittee. This subcommittee meets monthly to continue the work on the details within the implementation plan.

Prioritized List of Significant Health Needs Identified in CHNA

To help inform future decisions and strategic planning, City-County Health District and CHI Mercy Health conducted a community health needs assessment in Barnes County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the county were given the chance to participate in a survey. Approximately 658 Barnes County residents took the survey. Additional information was collected through ten key informant interviews with community leaders. The input from all of these residents represented the broad interests of the communities of Barnes County. Together with secondary data gathered from a wide range of sources, the information gathered presented a snapshot of health needs and concerns in the community.

The assessment process was collaborative. Professionals from City-County Health District and CHI Mercy Health were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the Center for Rural Health.

A Community Group met on February 24, 2016. Twenty-three community members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top **four** community health needs. All of the potential needs were listed on large poster boards, and each member was given four stickers so they could place a sticker next to each of the four needs they considered the most significant. Figure 2 outlines all of the potential needs.

The results were totaled, and the concerns most often cited were:

- **Mental health service shortage (20 votes)**
- **Substance Abuse (alcohol and drugs) (17 votes)**
- **Licensed child care capacity (12 votes)**
- **Bullying/cyber-bullying (11 votes)**

Figure 2 Prioritization of Community's Health Needs

Center *for* Rural Health
The University of North Dakota
School of Medicine & Health Sciences

POTENTIAL COMMUNITY HEALTH NEEDS
(Listed in alphabetical order)

	IDENTIFIED NEED	VOTE
1.	□ Affordable housing problems	7
2.	□ Attracting and retaining young families	3
3.	• Air pollution ✓ ❖	0
4.	• Alcohol-impaired driving deaths	1
5.	□ Bullying/cyber-bullying	11
6.	□ Cancer	1
7.	□ Crime and safety	5
8.	• Elevated level of injury deaths ✓ ❖	2
9.	• Elevated level of children in poverty ✓	3
10.	• Elevated rate of physical inactivity ✓ ❖	0
11.	• Elevated rate of premature death ✓ ❖	1
12.	□ ➢ High rate of unemployment	2
13.	• Lack of exercise opportunities ✓ ❖	0
14.	• Licensed child care capacity ✓	12
15.	• Mammography screenings ✓ ❖	1
16.	• ➢ Mental health service shortage	20
17.	□ Obesity/overweight	0
18.	➢ □ Recruiting and retaining medical staff □ Availability of specialists	9
19.	➢ Services for the elderly	1
20.	• Sexually transmitted infections	0
21.	➢ Substance Abuse (alcohol and drugs) • Elevated rate of excessive drinking ✓ ❖	17

Legend:

✓ = Not meeting state average
❖ = Not meeting national benchmark
□ = Survey
• = Secondary data
➢ = Key Informant interviews

Significant Health Needs to be Addressed

The following CHNA priority needs will be addressed by CHI Mercy Health in continued collaboration with City-County Health District:

- Mental health service shortage
- Substance Abuse (alcohol and drugs)
- Bullying/cyber-bullying

Due to the nature of Mental Health and Substance Abuse, we are addressing the need of mental health access to encompass Substance Abuse issues. In addition, due to CHI Mercy Health and City-County Health limited resources, the Bullying implementation strategy will begin formation in late 2017.

Community Health Implementation Strategy Objective:

Increase the access to mental health services, by Barnes County residents, by May 2021.

Outcome Measures:

- Decrease ratio of mental health providers in Barnes County, ND from 3,701 (2015 County Health Rankings (CHR)) to 1,500:1 (2021 CHR) by May 2021.
- Decrease average wait time for Barnes County residents to see a mental health provider by 50% from 30 days (October 2016) to 15 days (May 2021).
- Increase potential mental health provider caseloads for Barnes County clients by 20%(May 2021).

Strategies:	Indictors	Action Steps:	Timeline	Delegation
Assessment	1. Provider assessment tool is developed by December 2016. 2. Provider assessment data is gathered and analyzed by April 2017. 3. Resource list developed by April 2017.	1. Create provider assessment tool 2. Develop list of providers to distribute assessment. 3. Use assessment distribution to create resource list. 4. Flow chart developed, which describes how to access mental health services from client perspective 5. Service map (community mapping) to show community services, and the "service" area of providers	1. September 2016 2. October 2016 3. November 2016 4. November 2016 5. December 2016	1-5 Mental Health Subcommittee
Advocacy	1. Fact sheet presented to stakeholders to 2017 coalition meeting	1. Using assessment data, create fact sheet to present to stakeholders 2. Medicare – no services – must go to Jamestown 3. Identify organizations/employers that current participate in the employee assisted program (EAPs) 4. Advocate to organizations (larger) to include employee assistance programs (EAPs) in benefits 5. Maggie Anderson Meeting – related to	1. December 2016 2. December 2016 3. January	1. MH Subcommittee 2. MH

		reimbursements by DHS for mental health visits – and provider "type classification" 6. Attend/receive reports for Mental Health Legislative Committees (Behavioral Health stakeholders group)	2017 4. February 2017 5. February 2017 (VC Legislative Reception) 6. November/ December 2016	Subcommitte 3. MH Subcommitte with assistance from BC Development Corp 4. MH Coalition 5. MH Coalition 6. MH Coalition
Education	1. Distribute resource list to 30 local organizations as well as to all local churches.	1. Create/format resource list 2. Develop resource list distribution plan 3. EAP education to participating providers – educate organization staff	1. December 2016 2. January 2017 3. March 2017	MH Subcommitte
Collaboration	1. Membership pledge signed by at least 14 organizations listed in action steps by December 2016. 2. Trainings/presentations occurred at 6 out of 12 coalition meetings. 3. Coalition meetings occurred 11 out of 12 months for each year (2017-2021)	1. Create larger "advisory" group – which will hold monthly meetings 2. Mental Health Access Coalition – developed out of 2012 CHNA. Must have monthly meetings, meeting summaries, agendas 3. Standard meetings set for coalition 4. Develop membership pledge for coalition members 5. Recruit and receive commitment from designated sectors 6. Logo/name selected. 7. Evaluate training needs of coalition partners 8. Decide on leadership/internal roles 9. Membership pledge signed by: Mental Health business owner, hospital, public health, schools (K-12 and college), policy maker, law enforcement, judicial, social services, veterans, substance abuse counselor, social worker, medical doctor, Southcentral human services.	1. December 2016 2. January 2017 3. February 2017 4. December 2016 5. January 2017 6. March 2017 7. April 2017 8. April 2017 9. May 2017	MH Coalition
Policy	1. MH Coalition to learn about MH issues on dock in 2017 ND Leg. 2. Policy/Bill formation 3. Bill Lobby 4. Bill Passed if needed	1. Invite District 24 ND legislators to December coalition meeting 2. Follow up meetings with legislative team on bills 3. Attend VC Legislative Social to talk to all ND Legislators on MH issues in BC 4. Testify at ND Legilature	1. December 2016 2. January 2017 3. February 2017 4. March 2017	1. MH Subcommittee 2. MH Coalition 3. MH Coalition 4. MH Coalition

Significant Health Needs Not Addressed

Licensed child care capacity is the one significant health need that CHI Mercy Health will not be addressing in the Implementation Strategy from the latest CHNA. This was determined because of the following:

- Hospital lack of knowledge or expertise in licensed child care
- Hospital lack of resources to provide strategy or solution

During the CHNA process and continuing into the Implementation Planning process, CHI Mercy Health has been sure to include a member of the Barnes County Development Corporation at all meetings. Bringing this issue renewed light--their team provided solutions for this issue as follows:

- BCDC provided grant funding for a local licensed child care agency to expand/add on to their facility and increase capacity by 15 children
- BCDC worked closely with a new family within Valley City to open another licensed facility by renovating a formerly City-Owned building that had fallen into disrepair