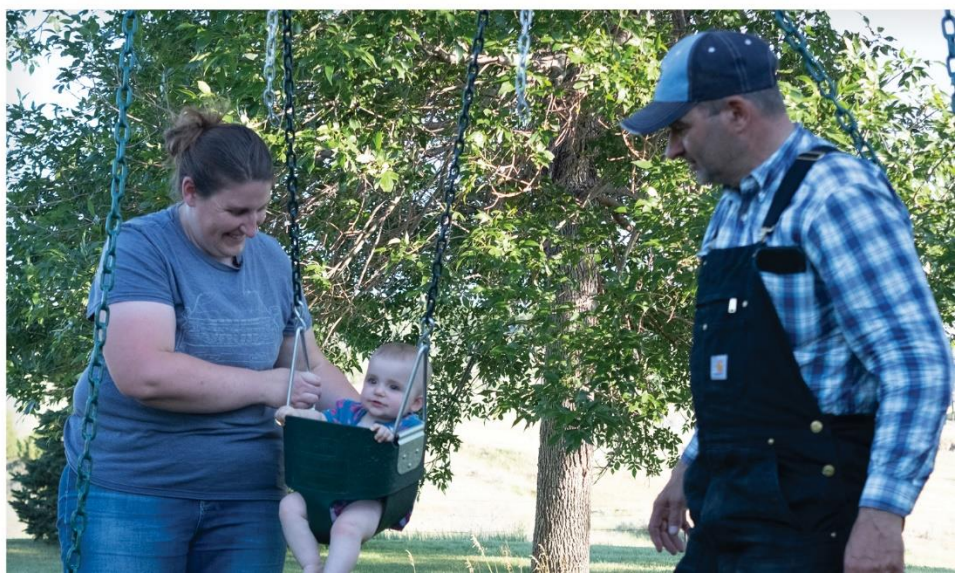




Community Health Needs Assessment

SANFORD BISMARCK MEDICAL CENTER
2025-2027



Dear Community Members,

It is once again my privilege to share with you Sanford Bismarck Medical Center's Community Health Needs Assessment report. Our hospital completes a community health needs assessment every three years to identify opportunities to improve the health and wellness of our community.

The report and implementation plan that follows will guide our work over the next three years and builds upon previous progress made in our community.

The Community Health Needs Assessment is a rigorous process in which we sought input from community members, leaders, and organizations including public health. Additionally, Sanford Health partnered with the North Dakota State University Center for Social Research to incorporate additional data analysis and provide an independent assessment. Together, these elements paint a picture of the current needs facing the community, opportunities for partnership with area businesses and organizations, and resources available to address identified needs. We also want to thank CHI St. Alexius Health, Bismarck-Burleigh Public Health, Western Plains Public Health for their continued partnership in the local CHNA process.

On behalf of the Sanford Bismarck Medical Center team, thank you for your continued support of the Community Health Needs Assessment process.

Sincerely,

Dr. Todd Schaffer
President and Chief Executive Officer
Sanford Bismarck Medical Center

BACKGROUND

Community Description

Sanford Bismarck Medical Center is located in Bismarck, North Dakota. Bismarck-Mandan is a diverse, dynamic, family-oriented community in central North Dakota. The community is experiencing fast-paced growth as a direct result of oil development throughout western North Dakota. The U.S. Census Bureau named it one of the 50 fastest growing metro areas in the country.

Bismarck is the second-largest city in the state with over 72,000 residents and the adjoining city of Mandan has 22,000 residents. Bismarck is the state capital and also serves as home to Bismarck State College, the University of Mary, and several of the state's top businesses. The community offers quality schools, excellent medical care, plentiful recreation possibilities, community involvement opportunities, and neighborhood support. Bismarck was designated an All-American City in 1997, and the Bismarck MSA has been named a "Five Star Community" by Expansion Management magazine multiple times.

Bismarck is situated on the Missouri River, giving community members access to various activities including fishing, boating and waterfront recreation. The riverfront is an important part of its rich history of exploration and adventure; the community and nearby areas are part of the Lewis and Clark Trail and home to several Native American historical sites and Fort Abraham Lincoln State Park.

Mandan resides on the west side of the Missouri River and is home to nearly 25,000 residents and serves as the county seat. The city is home to a mix of industries and over 500 employers. The community offers year-round recreational opportunities, including rodeo grounds; two golf courses, 30+ miles of walking and bike trails, a soccer complex, a baseball field, softball diamonds, tennis courts, indoor swimming pool, skateboard board park, 17 neighborhood parks, and a dog park.

Spurred by strong agriculture industry and a booming oil industry, North Dakota is the third strongest oil producing state in the U.S. North Dakota is enjoying an economy that is as good as or better than any other in the country. The community of Bismarck is home to an innovative medical community, a vibrant energy industry, and a host of technical service companies.

The community as defined for purposes of the Community Health Needs Assessment includes Burleigh and Morton Counties in North Dakota, and represent a majority of the volumes to the Sanford Bismarck Medical Center. No populations were intentionally excluded during the process of defining the community or within the CHNA process. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment builds on the work of previous cycles and is the result of the coordinated efforts of many internal and external partners. Sanford Health would like to thank the following and their teams for their assistance. This program would not be possible without their expertise.

Sanford Health

- Erika Batcheller, Executive Vice President, Chief External Affairs Officer
- Nick Olson, Executive Vice President, Chief Financial Officer
- Corey Brown, Senior Vice President, Government Affairs

- Amber Langner, Senior Vice President, Treasury
- Blayne Hagen, Vice President, General Counsel, Sioux Falls
- Lindsay Daniels, Vice President, Care Management
- Doug Nowak, Vice President, Data Analytics
- Natasha Smith, Head of Diversity, Equity and Inclusion
- Catherine Bernard, Director, Tax
- Karla Cazer, Clinical Nurse Specialist, Faith Community Nursing Center
- Deana Caron, Senior Tax Accountant
- Kurt Brost, Senior Director, Community Relations
- David Hill, Director, Chief Privacy Officer
- Jessica Sexe, Senior Director, Communications
- Phil Clark, Director, Marketing Insights
- Shawn Tronier, Lead Marketing Analyst
- Chase Gerar, Strategic Planning Advisor, Fargo
- Brian Ritter, Head of Market Affairs, Bismarck
- Kayla Winkler, Lead Community Relations Specialist, Bemidji

System Partners

- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Julie Ward, VP of Diversity, Equity & Inclusion, Avera McKennan Hospital & University Health Center
- Angela Schoeffelman, Community Program Manager, Avera Community Health Resource Center
- Alli Fast, Community Health Program Manager, Essentia Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research
- Kathy McKay, Public Health Administrator, Clay County Public Health
- Desi Fleming, Director of Public Health, Fargo Cass Public Health
- Justin Bohrer, Public Health Analyst & Operational Planning Lead, Fargo Cass Public Health
- Julie Sorby Engen, Director of Community Development, Family HealthCare
- Shelby Kommes, Public Health Coordinator, Sioux Falls Health Department
- Renae Moch, Public Health Director, Bismarck-Burleigh Public Health and Immediate Past President, North Dakota Public Health Association
- Erin Ourada, Administrator, Western Plains Public Health
- Joe Kippley, Public Health Director, Sioux Falls

Bismarck Partners

We express our gratitude to the following community collaborative members for their expertise during the planning, development and analysis of the community health needs assessment:

- Josh Askvig, State Director, AARP North Dakota
- Kathleen Atkinson, Executive Director, Ministry on the Margins
- Hilary Balzum, City of Bismarck
- Jim Barnhardt, Board Chairman, The Banquet
- Bill Bauman, Executive Director, YMCA
- Dave Bender, Heaven's Helpers/Soup Café
- Jodi Birdsall, Health Maintenance Coordinator, Bismarck-Burleigh Public Health
- Tricia Brown, Mosaic Triage Center
- Kelli Byram, Business Office Manager, Bismarck-Burleigh Public Health

- Madison Cermak, Business Development & Communications Director, City of Mandan
- Anne Cleary, City Commissioner, City of Bismarck
- Mike Connelly, City Commissioner, City of Bismarck
- Lorraine Davis, President and CEO, NATIVE, Inc
- Dr. Mary Dockter, Dean, School of Health Sciences, University of Mary
- Raquel Doll,
- Dr. J'Patrick Fahn, Executive Medical Director, CHI St. Alexius Health
- Denise Fettig-Loftesnes, United Way
- Clint Fuller, Police Officer, Bismarck Police Department
- Melanie Gaebe, Alzheimer's Association Minnesota-North Dakota
- Annette Goehring, ND Assistive
- Nate Hacker, Endeavor
- Kayla Hanson, Northland Community Health Center - Bismarck
- Kate Herzog, Chief Operating Officer, Downtown Business Association of Bismarck
- Kjersti Hintz, Women's Way Coordinator, Bismarck-Burleigh Public Health
- Britney Horst, Bismarck-Burleigh Public Health
- Katie Johnke, Nutrition Services Program Coordinator, Bismarck-Burleigh Public Health
- Susan Kahler, SAP Coordinator, Bismarck-Burleigh Public Health
- Dawn Kopp, Chief Executive Director, Downtown Business Association of Bismarck
- Joel Kostelecky,
- Sr. Nicole Kunze, Prioress, Annunciation Monastery
- Debbie Lafferty, Executive Director, Morton County Council on Aging
- Payton Larson, Environmental Health Specialist, Bismarck Burleigh Public Health
- Ron LeBeau, NATIVE, Inc
- Nate Michelson, Ministry on the Margins
- Renae Moch, Director, Bismarck-Burleigh Public Health
- Shawn Morlock, Cancer Program Coordinator, CHI St. Alexius Health
- Daniel Nairn, City of Bismarck
- Jim Neubauer, Mandan City Administrator, City of Mandan
- Tara Ohlhauser, Ministry on the Margins
- Kalen Ost, Public Information Officer, City of Bismarck
- Jenessa Reinisch, Centre Inc.
- Reed Reyman, President, CHI St. Alexius Health
- Kimberly Riepl, MPO, City of Bismarck
- Lynden Ring, West Central Human Services
- Jolynn Rising Sun, High risk case manager, Sanford Health
- Brian Ritter, Sanford Health
- Nita Ritzke, Disaster Program Manager, American Red Cross
- Kyla Sanders, RN, Western Morton County Aging in Community
- Shannon Sauter, UND Center for Family Medicine
- Todd Schaffer, Sanford Health
- Theresa Schmidt, Nurse Manager, Bismarck-Burleigh Public Health
- Michael Schmitz, Mayor, City of Bismarck
- Nicole Schurhamer, Executive Director, Burleigh County Housing Authority
- Angie Seidel, Health Services Coordinator, Bismarck-Burleigh Public Health
- Andrew Stromme, City of Mandan
- Gregory Sturm, Community Options
- Jacob Sutton, Director of Health & Wellness, United Tribes Technical College
- Jason Tomanek, City Administrator, City of Bismarck
- Kristin Vetter, Sanford Health

- Doug Wiles, Asst. City Administrator, City of Bismarck
- Shawnel Willer, Coordinator, ND Continuum of Care
- Amy Winkelman, Community Action
- Andrew Wood, Corporate Compliance, CHI St. Alexius Health
- Shaundra Ziemann, Family & Community Wellness Agent, NDSU Extension Service - Burleigh County

Sanford Bismarck Description

Sanford Bismarck Medical Center is a 248-bed tertiary medical center in Bismarck, North Dakota, providing comprehensive, multi-specialty care for patients in central and western North Dakota. Sanford Bismarck consists of a hospital, a level II adult trauma center, seven primary care clinics, four multi-specialty clinics, three walk-in clinics, three occupational health clinics, a home health agency, three kidney dialysis centers, three long-term care facilities, one independent living center, and a college of nursing. It serves as a regional hub for AirMed air ambulance services and supports 12 regional Critical Access Hospitals by providing specialized care including cancer care, heart, women's and children's specialties, OccMed services, orthopedics and sports medicine.

Sanford Bismarck began operation in 1902 when two renowned physicians, Drs. Eric P. Quain and Niles O. Ramstad, opened Q&R Clinic with a vision of providing outstanding, comprehensive patient care in one convenient location. Q&R Clinic was the second multi-specialty clinic in the nation, second only to Mayo Clinic in Rochester, Minnesota. In 1908, Bismarck Evangelical Hospital, now Sanford Medical Center Bismarck, opened at the urging of Dr. Ramstad.

Key accreditations include The Joint Commission, verification by the American College of Surgeons as a level II adult trauma center, Center for Medicare and Medicaid Services (CMS) for long-term care, Commission on Collegiate Nursing Education (CCNE), Magnet designation for nursing, and Commission on Accreditation of Rehabilitation Facilities (CARF).

Community involvement and education have played an important role in Sanford Health's mission for more than 100 years. Beyond providing medical care, Sanford partners with local and national organizations that know and support the communities it serves. These partnerships provide the foundation for health care awareness, education, prevention and research for the health care issues that matter most to people in those communities.

Sanford Bismarck employs more than 3,600 people including 260 physicians and advanced practice providers.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of a population's health and the prevalence of disease and health issues. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. It also serves to support progress made toward organizational strategies.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. Hospitals are required to seek input from at least one state, local, tribal or regional government public health department or state Office of Rural Health, with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are also required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations. This includes underserved populations experiencing disparities or at risk of not receiving adequate care due to being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources available to address identified and prioritized needs. Hospitals are to address each assessed need or explain why they are not addressing a need. Once needs have been identified and prioritized, hospitals are required to develop an implementation strategy for each. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS Form 990 Schedule H.

Finally, hospitals are required to be transparent with the findings and make the written CHNA report available to anyone who requests it. All CHNA reports and implementation strategies are housed on the Sanford website at www.sanfordhealth.org. Hospitals must keep three cycles of assessments on their website.

Sanford extended a good faith effort to engage all aforementioned community representatives in this process. We worked closely with public health experts throughout the entire assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

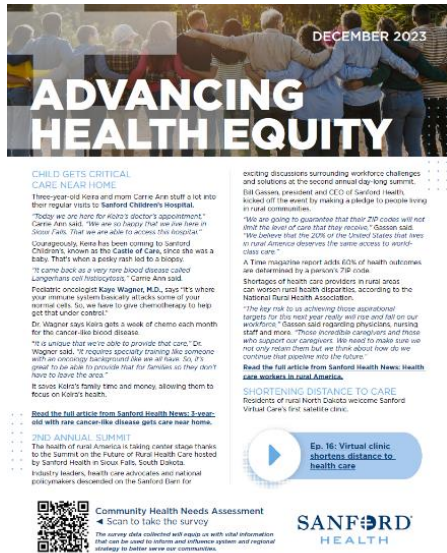
Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within local communities and across Sanford's care delivery footprint, developed a multi-faceted assessment program. The process is designed to establish multiple pathways to health needs assessment. Sanford Health, CHI St. Alexius, Western Plains Public Health, and Bismarck-Burleigh Public Health coordinated the community survey and stakeholder meeting. Priority health needs for individual implementation plans were identified by each organization, based on current capacities, expertise, strategic alignment, and service areas, among other relevant factors.



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in reaching respondents through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives: a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding certain populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.



Following the completion of the 2022-2024 report, Sanford Health determined that the survey collection process was an area for improvement. As noted, a multi-step process minimizes limitations that may exist among individual components. Sanford Health and system partners determined there is significant interest in the survey findings, as such, efforts to improve representation across demographics is a focus for current and future cycles.

Sanford invested in a communications strategy that included an earned media campaign on local media outlets and the public-facing Sanford Health News (<https://news.sanfordhealth.org/>). The system also promoted the survey internally through the organization's intranet, all-staff emails, and newsletters.

Internal efforts were supported with a robust external promotional campaign that included, a digital media program yielding 3.6 million impressions and a print ad campaign encouraging Native American communities to participate through placements in DeBahJiMon Magazine, Anishinaabeg Magazine and MHA Times (Mandan, Hidatsa, Arikara). Further support was given to collecting surveys at various community events. The goal of these efforts was to increase participation by those underrepresented the previous cycle, including lower income, minority, and medically underserved populations.

Overall, survey respondents this year were better aligned to community demographics. The investment made by the system and partners to improve representation provides a base of learnings for future CHNA cycles.

Community and Stakeholder Survey

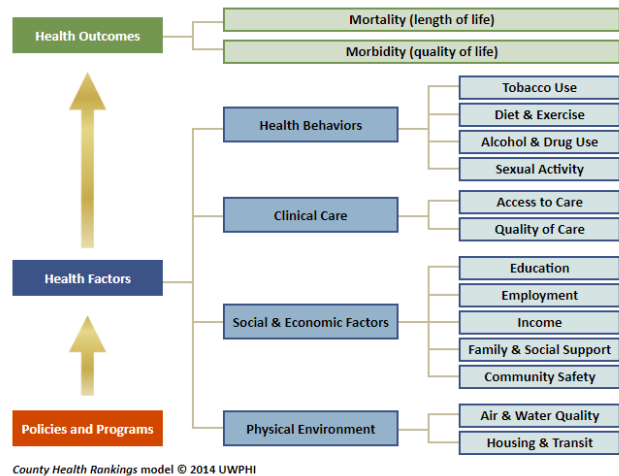
Community residents were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand health needs. Survey design is based on the UW Population Health Institute model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow-up opportunity to comment on the reason for their ranking. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of the Burleigh and Morton Counties in North Dakota, populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

The survey was the first of multiple efforts to engage community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were sent the survey asked to complete the instrument then forward the survey to their respective populations for greater involvement. Additional investments to increase involvement in the survey are noted in the “Limitations” section of the report.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 1,118 respondents from the CHNA area completed the survey. Promotional investments yielded a total of 9,714 completed surveys from across the Sanford footprint, an increase from 6,748 the previous cycle. The responses generated 48,643 open-ended responses and 1.76 million pieces of data (cells).

Secondary Data

County Health Rankings are based upon the UW Population Health model and serve as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.



Health Needs Identification Methodology

The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community, building upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Bismark is included with Sioux Falls SD and Fargo ND.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, which would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.

- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.
- The Center for Social Research validates the findings of the primary research by engaging at least two internal reviewers. Each reviewer has their own technique and strengths to review the findings; however, they check for accuracy in the data by reviewing the code/syntax, the output, the correct representation of the data in the report, verbiage, consistency, context, and overall readability. Both reviewers also supported previous CHNA reports.

Community Asset Mapping

Asset mapping was conducted to locate community resources available to address the assessed needs. Each unmet need was researched to determine what local resources are available. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining top needs for their community.

A positive development since the previous CHNA report is the integration of findhelp.com into the Sanford Health digital ecosystem. In 2022, the organization implemented findhelp, an online tool, incorporating contact and referral information to connect community-based organizations with patients to meet health-related social care needs. The system is available to the health care team and as a public facing site for self-navigation by consumers. A link is included on every after-visit summary provided to Sanford Health patients and is available on Sanfordhealth.org and in MyChart. Patients can receive information in the format that is meaningful to them (electronic or paper) and in their preferred language. The tool is used to identify local resources as part of the community asset mapping section of this report.

Community Stakeholder Meetings

Community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations were further included in the process during the community stakeholder meetings. During the meetings, survey findings were presented to community stakeholders. The meeting was hosted by Sanford Health, CHI St. Alexius Health, Bismarck-Burleigh Public Health, and Western Plains Public Health. Following the presentation, the attendings were divided into groups and a facilitated discussion was held. Each participant was asked to consider the needs identified that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration and prioritization of local needs.

The participants provided information to answer the following types of questions as it relates to identified needs:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- What opportunities exist, where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there already work being done on these needs?

- What are the resources currently not utilized within the community that could address this topic?
- Which needs fall within the purview of health care system and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

At the end of the meeting the participants were asked to rank the needs by level of importance. Representatives from Sanford Health, CHI St. Alexius Health, Bismarck-Burleigh Public Health, and Western Plains Public Health met later to select the priority needs to be addressed within their respective Implementation Plans. Priority Needs are based upon several factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current hospital and public health programs and resources to address the identified needs efficiently and effectively.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The overall health of the Bismarck community can be described as good. Survey respondents, supported by data from the County Health Rankings, indicated high marks for safety, high feelings of safety due to low crime levels, and positive perceptions of employment opportunities. However, eight areas of concern were brought forth for discussion to the Community Stakeholder Meeting for discussion (below).

The top health needs presented below were identified through a mix of primary and secondary research conducted by the North Dakota State University Center for Social Research, which was commissioned by Sanford Health to analyze the data, and Sanford Health. Priority was given to the key topics ranked lowest by community survey with further analysis provided through secondary research. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, were also included.

Each health need includes the drivers behind its inclusion in the list, including qualitative survey results, qualitative responses from the survey, and stratified results from the enterprise results that provide clarity to the local discussion. Secondary research from County Health Rankings and other sources were also provided. Insight from the community stakeholder meetings was included as a valuable tool for understanding the needs, and importantly, how to address each issue

For the purposes of this assessment, the Bismarck market area is defined as the combination of Burleigh and Morton counties in North Dakota. The community health summary and identified health needs presented below were identified through a mix of primary and secondary research. Priority was given to the key topics rated lowest by respondents of the community survey, with further analysis provided through secondary research using the 2023 County Health Rankings (CHR) data. Areas of focus that may not have been raised by the community survey but shown to be an area of focus through secondary research, are also included. To further assist in identifying community health needs, survey and CHR data were collected for similar-sized market areas served by Sanford Health. Similar-sized market areas identified for and included in this analysis include Bismarck, ND; Fargo, ND; and Sioux Falls, SD. For each measure, averages were calculated for each of the market areas and for the group as a whole for comparison purposes. Context and research provided to explain the importance of a particular health topic were obtained from CHR unless otherwise noted. A total of 1,118 respondents from the Bismarck area completed the survey.

Community Health Summary

Survey respondents were asked to rate various issues impacting health in their community and issues impacting their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among survey respondents in the Bismarck area regarding the following community health issues were positive. Average scores for environmental health (average score=3.85), access to exercise opportunities (average score=3.73), employment and economic opportunities (average score=3.47), access to healthy foods (average score=3.39), health care quality (average score=3.36), and community safety (average score=3.35) in the Bismarck market were all above 3.00. However, with the exception of environmental health and community access to exercise opportunities, average scores for survey respondents in the Bismarck area for each of these community health issues were lower than the comparison group average – and often the lowest of all three similar-sized market areas served by Sanford Health.

When asked about their personal health, survey respondents in the Bismarck area rated their current health and wellness as good (average score=3.28) (which is slightly higher than the comparison group average) and their current ability to access health care services as slightly better (average score=3.53) (which is the lowest among similar markets). Despite lower rankings when compared to similar-sized markets, it is important to note that average scores in all three markets were very similar.

CHR data indicate that Burleigh County is among the healthiest counties in North Dakota and Morton County ranks in the upper-middle range of North Dakota counties in terms of overall health. However, the following areas of concern were identified for further discussion (in no particular order).

Top Health Needs

Access to Health Care Providers and Quality Care

While survey respondents in the Bismarck area rated their own ability to access health care as good (average score=3.53), when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was the top issue (more so than cost and affordability concerns). When the 14 percent of respondents who rated their personal ability to access health care as poor or fair were asked why they did so, the general theme among responses was long wait times for appointments, limited specialty care, and health insurance costs.

One in five survey respondents in the Bismarck area indicated that they or a family member needed medical care in the past year but did not receive it (22%) (which is higher than the comparison group average). When asked why, the main reason was due to long wait times and cost (40% each). In addition, one in three respondents in the Bismarck area reported traveling outside of their community to receive health care services in the past three years (32%) (which is the highest percentage among similar-sized markets served by Sanford). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (72%), followed by 30 percent who traveled for better or higher quality care.

While most respondents in the Bismarck area have a primary care provider, 15 percent do not (which is higher than the comparison group average). When asked which health care services they would like to see offered or improved in their community, 27 percent of respondents said family medicine or primary care. In addition, one of four respondents also said dermatology (29%), cancer care (27%), and long-term care (26%). According to CHR, the Bismarck area has one primary care physician for every 1,073 people and one dentist for every 1,410 people – both ratios are similar to the comparison group average.

“Access to Affordable & Quality Healthcare” was ranked as the third highest need in the Bismarck-Mandan community by stakeholder meeting participants. One area highlighted in the meeting that was not directly called out in the survey results concerned the impact of substance abuse on emergency room wait times. Multiple stakeholder groups highlighted the wait times at local emergency rooms as an access issue. One area of discussion is how the lack of a local detox facility results in more ER utilization by those that could otherwise be at such a facility. Additional discussions centered on the impact of cost, transportation, need for additional case managers, and other services that could be offered or improved. Additional discussions included opportunities to improve youth engagement in schools through nursing staff and other providers.

Ultimately, hospital and Public Health representatives selected Access to Health Care Providers and Quality Care for inclusion as a priority need to be addressed in their respective Implementation Plans.

| Local Asset Mapping | |
|---|---|
| <p>Health Care Provider Resources:</p> <ul style="list-style-type: none"> • Sanford Medical Center, 300 N 7th St, Bismarck • CHI St. Alexius Health Bismarck Medical Center, 900 E Broadway Ave, Bismarck • Vibra Hospital of the Central Dakotas, 2nd & 3rd Floors, 1000 18th St NW, Mandan • Sanford Children’s Hospital, 300 N 7th St, Bismarck • Sanford North Walk-in Clinic, 3318 N 14th St, Bismarck • Sanford Downtown Walk-in Clinic, 225 N 7th St, Bismarck • Essentia Health-Mid Dakota Clinic, 401 N 9th St, Bismarck • Essentia Health-Mid Dakota Clinic Gateway Mall Pediatrics, 2700 State St Unit A5, Bismarck • TODAY Clinic Primecare, 401 N 9th St, Bismarck • Essentia Health-Mid Dakota Women’s Center, 1000 E Rosser Ave, Bismarck • Sanford Fifth & Broadway Clinic, 515 E Broadway Ave, Bismarck • CHI St. Alexius Health Pinehurst Clinic, 921 W Interstate Ave, Bismarck | <p>Health Care Provider Resources Cont.:</p> <ul style="list-style-type: none"> • Sanford East Interstate Ave Clinic, 1800 E Interstate Ave • Essentia Health-Mid Dakota Bismarck Kirkwood Clinic, 727 Kirkwood Mall, Bismarck • Sanford South Clinic, 1040 Tacoma Ave, Bismarck • Hughes J Md- St. Alexius Specialty Clinic, 900 E Broadway Ave, Bismarck • Northland Health Center, 914 S 12th St Ste 101, Bismarck • Sanford State Street Clinic, 3318 N 14th St, Bismarck • Sanford East Mandan Clinic, 102 Mandan Ave, Mandan • Sanford Clinic, 222 N 7th St, Bismarck • Sanford North Mandan Clinic, 910 18th St NW, Mandan • SONTAK Family Clinic PLLC, 4023 State Street Ste 60, Bismarck • Dermatologic Surgery/cosmetic, 2700 State St, Bismarck • Sanford North Dermatology Clinic, 2830 N Washington St, Bismarck <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |

Access to Affordable Health Care

Cost and the ability to afford needed health care was identified as the top health care concern that survey respondents and their families in the Bismarck area face on a regular basis. In addition, health insurance premiums and out-of-pocket costs were cited as top reasons for why respondents rated their personal access to health care as poor or fair.

Fortunately, most respondents in the Bismarck area have a primary care provider (85%) and have been in for a routine checkup or screening in the past year (87%). For respondents who have not been in for a routine checkup in the past year, when asked why, the second biggest reason was cost and the inability to afford care (26%), behind not needing care (27%). In addition, one in five survey respondents in the Bismarck area indicated that they or a family member needed medical care in the past year but did not receive it (22%) (which is the highest among similar markets). When asked why, the main reasons were due to cost and long wait times (40% each).

According to CHR, seven percent of people in the Bismarck area are uninsured, a rate which is similar to the comparison group average.

“Access to Affordable & Quality Healthcare” was ranked as the third highest need in the Bismarck-Mandan community by stakeholder meeting participants. Cost of care discussions within stakeholder groups centered around upstream drivers, such as mental health, financial literacy, economic drivers such as inflation, and education for those transitioning from homelessness or other countries to improve engagement with services and advance their personal social determinants of health.

Hospital and Public Health representatives will continue their efforts towards increased affordability but are not including it as a Priority Need within the Implementation Plan as there was a lower priority assigned to the need compared to those selected.

| Local Asset Mapping | |
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| <p>Affordable Insurance Coverage resources:</p> <ul style="list-style-type: none"> • Sanford Health Plan, 1833 E Expressway Bismarck • ND Department of Insurance, 600 E. Blvd. Ave., Bismarck • Medicaid – Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Homeless Coalition, 1684 Capitol Way, Bismarck • Prime Care Select, 900 E. Broadway Ave., Bismarck • Bridging the Dental Gap, 1223 S. 12th St. #1, Bismarck | <p>Affordable Prescription Drugs resources:</p> <ul style="list-style-type: none"> • ND RX Card, NorthDakotaRXCard.com • ND Prescription Drug Repository Program, 1838 E. Interstate Ave Ste D., Bismarck • Needy Meds, NeedyMeds.org • Partnership for Prescription Assistance, PPARX.org • ND Assn. for the Disabled, 1012 S. 12th St., Bismarck |
| <p>Affordable Healthcare Resources:</p> <ul style="list-style-type: none"> • Northland Community Health Center Bismarck 914 S 12th St. Suite 101 Bismarck, ND 58504 • N.D. Medicaid, 600 E. Blvd. Ave. #325, Bismarck • Sanford Patient Navigators, 300 N. 7th St., Bismarck • Custer Family Planning, 701 E. Rosser Ave., Bismarck • Joanne’s Clinic, 1800 E. Broadway Ave., Bismarck • UND Ctr. for Family Medicine, 701 E. Rosser Ave., Bismarck | <p>Affordable Healthcare Resources Cont.:</p> <ul style="list-style-type: none"> • Sanford’s Medical Home Program, 300 N. 7th St., Bismarck • Mid Dakota Clinic Medical Home Program, 401 N 9th St, Bismarck • Sanford Case Managers/Social Workers/Parish Nurses, 300 N, 7th St., Bismarck • CHI St. Alexius Case Management/ Social Workers, 900 E. Broadway, Bismarck • Bridging the Dental Gap, 1223 S. 12th St. #1, Bismarck • Ronald McDonald Mobile Clinic, 609 N. 7th St., Bismarck |

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| <ul style="list-style-type: none"> • Blue Cross Member Advocate Program, 1-800-342-4718 • Caring for Children, 600 E. Blvd. Ave., Bismarck • Jerene’s Wish/Warford Orthodontics, 1145 W. Turnpike Ave., Bismarck • ND Assn. for the Disabled, 1014 S. 12th St., Bismarck • Experience Health ND (ND Dept. of Health), 600 E. Blvd. Ave., Bismarck | <ul style="list-style-type: none"> • Bismarck-Burleigh Public Health, 407 S 26th St., Bismarck • Western Plains Public Health, 403 Burlington St. SE, Mandan • Aid, Inc., 314 W. Main St., Mandan • Burleigh Co. Senior Adults, 315 N. 20th St., Bismarck • Burleigh Veterans Services, 221 N. 5th St., Bismarck • Prescription Connection, 1640 Burnt Boat Dr., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • United Tribes Technical College, 3315 University Dr., Bismarck • The GODS CHILD Project, 721 Memorial Hwy, Bismarck <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |
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Healthy Living

In the United States, many leading causes of death and disease are attributed to unhealthy behaviors and related factors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

When survey respondents in the Bismarck area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues along with diet and exercise were top concerns (along with affordability issues). And the most commonly cited chronic health concerns involved weight loss, obesity, diabetes, and the heart. Diabetes is an important marker for a range of health behaviors. CHR data indicate that nearly one in ten adults in the Bismarck area has diabetes (8%) and one in three adults has obesity (34%), both of which are about average for similar-sized market areas served by Sanford.

Regarding tobacco and alcohol usage, CHR data indicate that one in six adults in the Bismarck area is a smoker (16%) and 23 percent of adults drink excessively – both percentages are similar to the comparison group average. However, CHR data also indicate that 38 percent of all driving deaths in the Bismarck area are alcohol-impaired (which is higher than the comparison group average) – and, the Bismarck area has the highest motor-vehicle crash death rate when compared with similar-sized markets (11.2 per 100,000 people).

Healthy living and healthy aging were ranked in the bottom three focus areas by stakeholder meeting participants. Several groups discussed the topic of nutrition from multiple angles, including the need for food pantries in various parts of Bismarck and Mandan. At least one group discussed how to better serve those receiving food assistance to ensure they have the knowledge and the means—such as a stove—to prepare the food. Additional discussion took place on current offerings and efforts in place with respect to senior wellness in addition to opportunities to engage youth in the schools. When community stakeholders discussed healthy living, they brought up issues with food insecurity and access to healthy foods.

Hospital and Public Health representatives will continue their efforts on healthy living but it is not included as a Priority Need within the Implementation Plan as there was higher priority assigned to the needs selected for prioritization.

| Local Asset Mapping | |
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| <p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 2207 E. Main Ave., Bismarck • West Central Chemical Dependency Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Western Plains Public Health, 403 Burlington St. SE, Mandan, ND • First Link, 4357 13th Ave. S. Ste 107L, Bismarck • Teen Challenge, 1406 2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Bismarck-Mandan Face it Together (no physical address) | <p>Children's Obesity resources:</p> <ul style="list-style-type: none"> • Bismarck Parks & Recreation, 400 E. Front Ave., Bismarck • Mandan Parks & Recreation, 2600 46th Ave. SE, Mandan • Capital Ice Complex, 221 E. Reno Ave., Bismarck • Cops & Kids Fishing Program, 221 N. 5th St., Bismarck • MHA Nation, 404 Frontage Rd., New Town, ND • Native American Development Center, 205 N. 24th St., Bismarck • Aquastorm Swim Team, 1601 Canary Ave., Bismarck • Bis-Man Tennis Association, PO Box 1984, Bismarck • Bismarck Youth Football, Bismarckyouthfootball@gmail.com • Dakota United Soccer, PO Box 2353, Bismarck • Bismarck Youth Fastpitch Softball, PO Box 891, Bismarck • BLAST Program, 400 E. Front Ave., Bismarck • Bobcats Youth Hockey, 1200 N. Washington St., Bismarck • Boy Scouts, 1929 N. Washington St. Ste AA, Bismarck • Girl Scouts, 735 Airport Rd., Bismarck • Charles Hall Youth Services, 513 E. Bismarck Expressway #42, Bismarck • YMCA, 1608 N. Washington St., Bismarck • VFW Sports Center, 1200 N. Wash. St., Bismarck • Legion Skating Rink, S. Wash. St., Bismarck • Tatley Skating Rink, Airport Rd & Michigan Ave., Bismarck |
| <p>Wellness Resources:</p> <ul style="list-style-type: none"> • Sanford Health Dietitians, 300 N 7th St, Bismarck • CHI St. Alexius Dietitians, 900 E Broadway, Bismarck • Sanford Wellness Center Exercise Physiologist/specialists, 2700 46th Ave SE, Mandan • Sanford Health Providers, 300 N 7th St., Bismarck | <ul style="list-style-type: none"> • Gyms Cont.: <ul style="list-style-type: none"> o Proximal 50 Life Center, 1151 W Divide Ave, Bismarck o CrossFit Tertiary, 3138 N 10th St Suite #3B, Bismarck o Big Muddy CrossFit, 1200 Industrial Dr Suite 2, Bismarck o PDW Fitness, 2000 Schafer St, Bismarck o BSC Aquatic & Wellness Center, 1601 Canary Ave, Bismarck |

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| <p>•CHI ST Alexius Providers 900 E Broadway Bismarck</p> <p>•Gyms:</p> <ul style="list-style-type: none"> o Family Wellness/Sanford Wellness Center, 2700 46th Ave SE, Mandan o Anytime Fitness, 141 Ivy Ave, Bismarck o Anytime Fitness, 4600 N 19th St., Bismarck o Anytime Fitness, 408 1st St. NW, Mandan o Planet Fitness, 2700 State St, Bismarck o Verge Fitness, 517 S 5th St, Bismarck o Lincoln Fitness, 109 McDougall Dr #3, Lincoln o Proximal 50 Downtown, 201 W Broadway Ave, Bismarck | <ul style="list-style-type: none"> o Solidcore, 1001 W Interstate Ave Suite 104, Bismarck o Capital Racquet & Fitness Center, 3200 N 10th St, Bismarck o Missouri Valley Family YMCA, 1608 N Washington St, Bismarck o Ice Dragon Brazilian Jiu-Jitsu and Kickboxing, 1341 S 20th St, Bismarck o Bismarck Brazilian Jiu-Jitsu, 1818 E Broadway Ave, Bismarck o Soul Haven Studio, 209 W Main Ave, Bismarck o Sanford POWER Center, 3451 N 14th St Suite C, Bismarck o Bis-Man Krav Maga, 725 Memorial Hwy, Bismarck |
| <p>Hunger/Healthy Food Resources:</p> <ul style="list-style-type: none"> • Carrie’s Kids, 1223 S. 12th St. #3, Bismarck • United Way, 515 N. 4th St., Bismarck • Great Plains Food Bank, 1315 S 20th St., Bismarck • The Banquet at Trinity Lutheran Church, 502 N 4th, Bismarck • Spirit of Life Church Food Pantry, 801 1st St. SE, Mandan • Ministry on the Margins, 201 N. 24th St., Bismarck • All Nations Assembly of God, 121 48th Ave. SE, Bismarck • Bismarck Emergency Food Pantry, 1012 S 12th St, Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Corpus Christi Church, 1919 N. 2nd St., Bismarck • Faith Center, 2303 E. Divide, Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Hope on the Horizon, 529 Memorial Hwy., Bismarck • Love Your Neighbor Food Pantry, 4909 Shelburne St., Bismarck • River of Hope, 1996 43rd Ave. NE., Bismarck • Heaven’s Helpers Soup Café, 220 N. 23rd St., Bismarck • United Tribes Technical College Community Meal, 3315 Univ. Dr., Bismarck • SNAP, 415 E. Rosser Ave., Bismarck • WIC, 2400 E. Bdwy St., Bismarck • Abundance of Grace Food Pantry, 4209 Old Red Trail, Mandan | <p>Hunger/Healthy Food Resources Cont.:</p> <ul style="list-style-type: none"> • Riverside School, 406 S. Anderson St., Bismarck • Grocery Stores: <ul style="list-style-type: none"> o Family Fare Supermarket, 835 S. Wash. St., Bismarck o Family Fare Supermarket, 3101 N. 11th St., Bismarck o Family Fare Supermarket, 1190 Turnpike Ave. Bismarck o Family Fare Supermarket, 3103 Yorktown Dr. Bismarck o Family Fare Supermarket, 500 Burlington St. SE, Mandan o Asian Market, 800 E Bowen Ave., Bismarck o Walmart, 1400 Skyline Blvd., Bismarck o Walmart, 1000 Old Red Trail NW, Mandan o Walmart, 2717 Rock Island Place, Bismarck o Target, 600 Kirkwood Mall, Bismarck o Sam’s Club, 2821 Rock Island Pl., Bismarck o Cashwise Foods, 1144 E. Bismarck Expressway, Bismarck o Cashwise Foods, 900 43rd Ave NE, Bismarck o Natural Grocers, 840 S Washington St., Bismarck o Adom African Market, 2304 E Broadway Ave, Bismarck <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood¹.

When survey respondents in the Bismarck area were asked about the most important health care issues impacting their community, mental health was among the top three issues. Mental health was also among the top four health care concerns that respondents and their families face on a regular basis. When survey respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (70%) followed by addiction treatment (44%).

According to CHR, adults in the Bismarck area average 3.7 mentally unhealthy days each month and 12 percent of adults average at least 14 days of mental distress per month (both rates are similar to the comparison group average). One of the most important measures of mental health within a community is suicide. CHR data indicate that there are 17 suicides for every 100,000 people in the Bismarck area, a rate similar to those in the Fargo and Sioux Falls market areas served by Sanford Health. In addition, there are 9 drug overdose deaths for every 100,000 people in the Bismarck area, a rate lower than the comparison group average. According to CHR, the Bismarck area has one mental health provider for every 437 people, which is slightly worse than the comparison group average.

Mental/behavioral health was identified as the top issue by stakeholder meeting participants. Discussions within the groups highlighted the drivers and need within the community. Included in the conversations were the impact of substance abuse on ER accessibility, the driver of mental health among those in need of housing, and the level of police calls for drug abuse. Partnerships between health care providers, community organizations, and others were also discussed. The stakeholder meeting also highlighted the need to engage earlier with those in need of service with the recognition that financial strain or other pressures can be drivers of mental health and substance abuse issues.

Hospital and Public Health representatives selected mental health and substance abuse for inclusion as a priority need to be addressed in their respective Implementation Plans.

| Local Asset Mapping | |
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| <p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck | <p>Mental Health/Behavioral Health resources:</p> <ul style="list-style-type: none"> • Burleigh Co. Social Services, 415 E. Rosser Ave. #113, Bismarck • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • CHI St. Alexius EAP, 1310 E. Main Ave., Bismarck • Mental Health America of ND, 523 N. 4th St. #2, Bismarck • Partnerships Program (W Central Health Services Center), 1237 W. Divide Ave., Bismarck • Pride, Inc., 1200 Missouri Ave., Bismarck |

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| <ul style="list-style-type: none"> • Village Family Services, 2207 E. Main Ave., Bismarck • West Central Chemical Dependency Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Western Plains Public Health, 403 Burlington St. SE, Mandan, ND • First Link, 4357 13th Ave. S. Ste 107L, Bismarck • Teen Challenge, 1406 2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Heritage Recovery Center, 112 N 5th St., Bismarck • Bismarck-Mandan Face it Together (no physical address) • Tobacco Dependence Treatment, 3200 32nd Ave S., Fargo | <ul style="list-style-type: none"> • Sanford Health providers, 300 N. 7th St., Bismarck • CHI St. Alexius providers, 900 E. Broadway, Bismarck • The Village Family Service Center, 2207 E. Main Ave., Bismarck • West Central Human Service Center, 1237 W. Divide Ave. #5, Bismarck • Veterans Administration, 2700 State St. #5, Bismarck • Northland Health Center, 914 S. 12th St. Suite 101 Bismarck 58504 <p>Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources:</p> <ul style="list-style-type: none"> • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |
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Long-Term Senior Care

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging².

Respondents in the Bismarck area rated the quality of long-term care, nursing homes, and senior housing as less than good (average score=2.98) – and one in three respondents rated the quality as poor or fair (32%). When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses referenced an overall staffing shortage and inadequately trained staff, resulting in limited and poorer quality patient care. When respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, one in four respondents said long-term care (26%).

Long-term senior care ranked in the lower half of the needs as voted upon by stakeholder meeting participants. Discussions included opportunities and challenges of offering care at home for seniors for those that are looking into, or have moved into, an assisted living or senior living arrangement. Care at home is a mechanism to reduce cost and increase access for those that may be able to remain at home, freeing needed senior housing space. Senior housing accessibility is an issue given the growing population, cost, and lack of corresponding housing supply. Other potential solutions, such as a senior community center were also highlighted as opportunities that are under development.

Hospital and Public Health representatives will continue their efforts to improve long-term senior care but are not including it as a Priority Need within the Implementation Plan as there as other selected needs were deemed to be of higher priority at this time.

Local Asset Mapping

Resources for the Aging Population:

- AARP, 107 W Main Ave. #125, Bismarck, ND
- Burleigh Co. Social Services, 415 E. Rosser Ave. #113, Bismarck
- Good Samaritan Home Care, 309 N. Mandan St., Bismarck
- Gracefully Aging, 1200 Missouri Ave., Bismarck
- North Dakota Long Term Care, 1900 N. 11th St., Bismarck
- Sanford Home Care, 910 18th St. NW, Mandan
- Meals on Wheels, 721 Ave. A., Bismarck
- Spectrum Home Care, 1006 E. Central Ave., Bismarck
- Missouri Slope Care Center, 2425 Hillview Ave., Bismarck
- Enable, 1836 Raven Dr., Bismarck
- Volunteer Caregiver Exchange, 600 S. 2nd St., Bismarck
- Baptist Health Care Center, 3400 Nebraska Dr., Bismarck
- ND Protection & Advocacy, 400 E. Bdwy. Ave., Bismarck
- AID Inc. (transportation), 314 W. Main St., Mandan
- Capital Area Transit (transport.), 3750 E. Rosser Ave., Bismarck

Resources for the Aging Population Cont.:

- Brandon Hts. Village, 580 Brandon Pl., Bismarck
- Crescent Manor, 410 S. 2nd St., Bismarck
- Edgewood Vista, 3124 Colorado LN, Bismarck & 3406 Dominion St., Bismarck
- Good Samaritan Society, 309 N. Mandan St., Bismarck & 301 Lorrain Dr., Bismarck
- Maple View East, 2625 N. 19th St., Bismarck
- Maple View North, 4217 Montreal St., Bismarck
- Marillac Manor, 1016 N. 28th St., Bismarck
- Patterson Place, 420 E. Main Ave., Bismarck
- Primrose Retirement Community, 1144 College Dr., Bismarck
- St. Vincent's Care Center, 1021 N. 26th St., Bismarck
- St. Gabriel's Community, 4580 Coleman St., Bismarck
- The Terrace, 901 E. Bowen Ave., Bismarck
- Touchmark, 1000 W. Century Ave., Bismarck
- Valley View Heights, 2500 Valleyview Ave., Bismarck
- BBPH Home Health Program, 500 E. Front Ave., Bismarck
- CHI St Alexius Palliative Care, 310 N. 9th St., Bismarck
- Custer Health, 403 Burlington St. SE, Mandan
- Alzheimer's Assn., 406 W. Main St., Mandan
- Vulnerable Adults Aging Services, 600 E. Blvd. Ave., Bismarck
- Vulnerable Adult Protective Service, 1237 W. Divide Ave., Bismarck

For Additional Resources Reference:

<https://sanford.findhelp.com/>

Quality Child Care

Participation in high-quality early childhood care and education programs can have positive effects on children's cognitive, language, and social development, particularly among children at risk for poor outcomes³.

Survey respondents in the Bismarck area rated the quality of child care, day care, and preschool as less than good (average score=2.94). When asked to explain why, respondents cited an overall lack of child care providers to meet the need. Respondents also raised concerns about limited capacity and restricted care options among existing providers, followed by cost.

The U.S. Department of Health and Human Services has historically considered child care affordable if the total expense consumes less than 10 percent of household income, and more recently proposed an affordability threshold set at 7 percent of household income⁴.

According to CHR, the average household in the Bismarck area spent 26 percent of its income on child care, over three times the proposed threshold for household affordability.

Safe and affordable child care ranked fourth in terms of need by stakeholder participants. Like the data presented in the report, discussions focused on costs and availability. Staffing also remains a constraint among local child care providers even as participants noted increasing salaries for staff. Various child care delivery models were highlighted in community stakeholder conversations.

Hospital and Public Health representatives will continue their efforts to improve child care in the community. However, they are not including it as a Priority Need within the Implementation Plan as other facilities or organizations in the community are addressing or are positioned to address the need.

| Local Asset Mapping | |
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| <p>Childcare Resources:</p> <ul style="list-style-type: none"> • Child Care Assistance Program (CCAP), 415 E Rosser Ave, Bismarck • Nurse-Family Partnership, 500 E Front Ave, Bismarck • Wee Folk Childcare, 910 S 18th St, Bismarck • All 4 You Child Care, 1824 N 11th St, Bismarck • Kids First Child Care Center Inc, 619 N 19th St, Bismarck • KinderKidz Bismarck, 1413 Sharloh LP, Bismarck • First Steps Learning Center, 1910 E Capitol Ave, Bismarck • Lil' Tots Daycare LLC, 215 W Front Ave, Bismarck • Little Scholars Learning Center, 2921 N 19th St & 1901 Oakland Dr, Bismarck • Little Einsteins, 3800 Nebraska Dr, Bismarck • Super Kids Jr. Academy, 1227 Park Ave, Bismarck | <p>Childcare Resources Cont.</p> <ul style="list-style-type: none"> • Noah's Ark Preschool/Daycare, 1550 Wichita Dr, Bismarck • New Song Kids Care, 3200 N 11th St, Bismarck • Door of Hope Freedom Center, 1998 43rd Ave NE, Bismarck • Early Childhood Learning Center, 2727 N 4th St, Bismarck • Just Like Home Family Child Care, 2415 Grant Dr, Bismarck • Merry-Go-Round Preschool, 1004 E Highland Acres Rd, Bismarck • YDC North, 1701 E Century Ave, Bismarck • The Afterschool Place, 1200 E Highland Acres Rd, Bismarck • The Enrichment Garden, 1100 Weiss Ave, Bismarck |
| <p>Services for at-risk youth:</p> <ul style="list-style-type: none"> • Police Youth Bureau, 700 S 9th St, Bismarck • Charles Hall Youth & Family Services, 513 E. Bismarck Expressway, Bismarck • Catholic Charities, 600 S 2nd St Ste 150, Bismarck | <p>Activities for Children & Youth (outside of school & sports activities):</p> <ul style="list-style-type: none"> • CRFC KidZone, 3200 N 10th St, Bismarck • Boy Scouts, 3320 Hamilton St #1, Bismarck • Girl Scouts, 735 Airport Rd, Bismarck • Public Library Programs, 515 N 5th Street, Bismarck • Various Faith-Based Youth Opportunities <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults⁵.

Respondents in the Bismarck area rated community access to daily transportation as less than good (average score=2.58). When asked to explain why they rated community access to daily transportation the way they did, respondents cited limited to non-existent taxi services, expensive and limited Uber and Lyft services, and limited bus routes (when available). Regarding bus service specifically, respondents listed concerns with inconvenient hours of operation and long wait times, challenges which are compounded for older individuals and those with a disability. While many respondents acknowledged multiple routes and paratransit options, a common concern was the length of trips and the inefficiency to use the system for school and work. In addition, for survey respondents who have not had a checkup in the past year and who did not receive needed medical care, 11 percent indicated that transportation was the barrier.

Public transportation ranked fifth overall by the stakeholder meeting participants. Breakout groups discussed transportation from numerous angles, include the difference in need and offerings in the cities compared to rural communities, whether hours of operation or service lines align to resident needs, and usage costs. Safe Routes to Services & Complete Street Study, an effort by the Bismarck-Mandan Metropolitan Planning Organization, is currently underway.

Hospital and Public Health representatives will continue to participate in efforts on the need but are not including it as a Priority Need within the Implementation Plan due other facilities or organizations in the community are addressing or are better positioned to address the need.

Local Asset Mapping

Transportation Resources:

- West River Transit, 3750 E Rosser Ave Bismarck
- Capital Area Transit, 3750 E Rosser Ave Bismarck
- Standing Rock Public Transit, 9299 Highway 24, Fort Yates
- Bismarck Transportation Services, (701) 543-6560
- Uber, Mobile application-based service
- Lyft, Mobile application-based service

For Additional Resources Reference:

<https://sanford.findhelp.com/>

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

Respondents in the Bismarck area rated the availability of affordable housing in their community as less than good (average score=2.08) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, respondents suggested that housing prices in the community far exceed average earnings and that wages have not kept pace with inflation and the higher cost of living in the area. Respondents added that much of the newer housing is focused on high density units for a wealthier market, making the opportunities for families attempting to purchase a first home and for seniors finding affordable living options a significant challenge.

CHR data indicate that 10 percent of households in the Bismarck area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9 percent of households spend at least 50 percent of their household income on housing costs – both rates are similar to the comparison group average.

Stakeholder meeting participants discussed the growing share of expenses consumed by housing and the impact it has on mental health and affordability of healthcare and other needs. While costs increase, participants noted that those with prior criminal records or other items on their record have even fewer options available. Groups highlighted the drivers of and need for housing for the homeless community in addition to the specific educational needs for those who transition to housing (conducting maintenance, utilize appliances, etc).

Hospital and Public Health representatives will continue to participate in efforts to address the need but are not including housing as a Priority Need within the Implementation Plan. Other facilities or organizations in the community are addressing or are better positioned to address the need.

| Local Asset Mapping | |
|--|--|
| <p>Homelessness resources:</p> <ul style="list-style-type: none"> • Abused Adult Resource Center, 218 W. Broadway Ave., Bismarck • Welcome House, 617 N 7th St., Bismarck • AID, Inc., 314 W. Main St., Mandan • Community Action Program, 2105 Lee Ave., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Youthworks, 217 W. Rosser Ave., Bismarck • Edwinton Place supportive housing, 1121 S. 11th St., Bismarck | <p>Low Income Housing:¹</p> <ul style="list-style-type: none"> • Breton Hts. Apts., 4001 Lockport St., Bismarck • Alberta Hts. Apts., 4111 Lockport St., Bismarck • Park Century Apts., 2800 Gateway Ave., Bismarck • Ithica Heights Apts., 2820 Ithica Dr., Bismarck • Brandon Hts. Apts., 580 Brandon Pl., Bismarck • Westgate Apts., 2810 Gateway Ave., Bismarck • Century East Apts., 1715 & 1823 Mapleton Ave., Bismarck • Calgary Apts., 3310-3540 N. 19th St., Bismarck • Century East Apts. II & III, 2909 & 3001 Ohio St., Bismarck • Washington Hts. Apts., 2801, 2809, 2835 & 2843 Hawken St., Bismarck |
| <p>Employment Resources:²</p> | <p>Housing resources:</p> |

| | |
|---|---|
| <ul style="list-style-type: none"> • Job Service North Dakota – Bismarck Workforce Center, 1601 E Century Ave, Bismarck • Job Service North Dakota, 1000 E Divide Ave, Bismarck • Veterans Employment Services, 1000 E Divide Ave, Bismarck • Spherion, 1830 E Century Ave #2, Bismarck • Dakota Staffing Solutions Inc., 1310 E Boulevard Ave #6, Bismarck • Professional Employment Practices, 200 E Main Ave, Bismarck • National Medical Resources, 2792 E Broadway Ave, Bismarck • People Ready, 804 S 18th St, Bismarck • Hirequest Direct of Bismarck, 214 N 24th St, Bismarck • Burdick Job Corporation, 1601 E Century Ave, Bismarck • Major Employers in descending order (2017): <ul style="list-style-type: none"> o State of North Dakota o Sanford Health o Bismarck Public School o CHI St. Alexius o U.S. Government o City of Bismarck o Bismarck State College o Mandan Public School District o Aetna o University of Mary o Housing Industry Training o MDU Resources Group o Bobcat/Doosan Company o Missouri Slope Lutheran Care Center o Basin Electric Power Cooperative o Mid-Dakota Clinic o Family Fare o Missouri Valley YMCA o National Information Systems Cooperative (NISC) o Walmart's o Burlington Northern Railroad o Cloverdale Foods o Burleigh County o Baptist Home o Scheels Sports | <ul style="list-style-type: none"> • Burleigh Co. Housing Authority, 410 S. 2nd St., Bismarck • Morton Co. Housing Authority, 1500 3rd Ave. NW, Mandan • ND Housing Finance Agency, 2624 Vermont Ave., Bismarck • Standing Rock Housing Authority, 1333 92nd St., Fort Yates • Dakota Foundation, 600 S. 2nd St. #308, Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Native American Development Center, 2403 E. Thayer Ave., Bismarck • ND Housing Finance Agency, 2624 Vermont Ave., Bismarck • Pam's House, PO Box 500, Bismarck • New Awakenings Apts., PO Box 500, Bismarck • VA Supportive Housing, 619 Riverwood Dr. Ste 105, Bismarck • Supportive Housing for Veteran Families, 2105 Lee Ave., Bismarck • AID, Inc., 314 W. Main St., Mandan • Community Works, 200 1st Ave. NW, Mandan • Money Follows the Person Housing (ND Dept. of Human Services), 600 E. Blvd. Ave., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Welcome House, 617 N 7th St., Bismarck <p>For Additional Resources Reference: https://sanford.findhelp.com/</p> |
|---|---|

Sanford Health Areas of Focus

The health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which convened a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of Bismarck-Burleigh Public Health, Western Plains Public Health, CHI St. Alexius Health and Sanford Health were also present. A list of attendees can be found in the introduction.

Stakeholders discussed health needs, potential causes, and provided additional insight for their local populations and community resources. Participant rankings and output from the meeting, organizational capacity, and mission fit were reviewed by the hospitals and public health departments at a later meeting to identify priority needs. The Community Health Needs Assessment identified two specific areas for focus for Sanford Bismarck Medical Center during the 2025-2027 implementation cycle:

1. Address the mental health of the community through near-term access improvement and early intervention in community schools.
2. Improve access through increased availability of providers, additional access points, and interventions to decrease substance abuse.

Implementation Plan for Prioritized Needs

Priority 1: Address the mental health of the community through near-term access improvement and early intervention in community schools.

Current Activities

At least one Sanford behavioral health provider currently provides services to Simle Middle School students, on campus. In addition, Sanford's BeHeard Program is being rolled out to other schools across the region and other Staff such as coaches at Sanford Sports have been trained to identify & address signs of behavioral health crisis. Further support is provided through weekly meetings between therapists and the schools' leadership teams to coordinate support services for high-risk students. Telehealth services are provided during the summer to continue care delivery options while school is not in session.

The support provided to the local school districts builds upon the efforts to enhance access through the clinic and hospital system. Sanford is working to expand access beyond standard clinic hours. One example is the addition of after-hours psychiatry services provided via telehealth assessments for patients that present in the emergency room overnight. Furthermore, Sanford partners with a local substance abuse treatment center to co-locate a counselor in the emergency room for those that need it. Sanford also offers behavioral and substance abuse services throughout their care delivery footprint and continue to expand the integration of these services into various care settings, including integrated health therapists within primary care clinics.

Projected Impact

Upon completion of the three-year Implementation Plan, the community would see an overall increase in the number of mental health provider appointments available within the community and increase in the number of outreach days and schools with an embedded mental health provider.

Goal 1: Expand behavioral health services offered in the primary care setting.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|---|---|---|---|--|
| Coordinate mental health interventions, such as monthly injections, to appropriate site of care | Increase in the number of interventions at primary care settings. Operational study in year 1 with potential for launch in year 2 | Human capital for operational study. Final resources to be determined upon completion of operational analysis | VP of Behavioral Health, VP of Primary Care, among others | CHI St. Alexius, Bismarck-Burleigh Public Health, and Western Plains Public Health |
| Increase virtual behavioral health visits as a care delivery option | Number of virtual behavioral health visits | Sanford Health licensed mental health providers | VP of Behavioral Health | |

Goal 2: Improve mental health resources for area students.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|---|--|---|--|
| Increase mental health providers and other qualified staff in area schools | Evaluation of care delivery gaps (include school resources) in year 1 Increase in the number of students with access to mental health care within their school by year 3 | Mental health providers Sanford Health licensed social worker or nurse practitioner | VP of Behavioral Health Sanford Head of Market Affairs | Local school administrators, Bismarck-Burleigh Public Health, and Western Plains Public Health |

Priority 2: Improve access through increased availability of providers, additional access points, and interventions to decrease substance abuse.

Current Activities

Sanford leaders have engaged both local and state leaders in an effort to expand both behavioral health and addiction counseling services. In addition, Sanford has hired additional behavioral health providers in Bismarck-Mandan and elsewhere in the Region to accommodate increasing demand. Sanford also meets on a quarterly basis with local law enforcement, emergency department providers and other partners to discuss trends, new developments, including substance abuse.

Projected Impact

Upon completion of the three-year Implementation Plan, emergency room access would increase due of fewer individuals presenting at the emergency room with substance abuse related issues.

Goal 1: Explore & Enhance Relationships w/ Addiction Service Providers

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|---|--|---|---|
| Determine the potential for Sanford to serve as a clinical training site for licensed addiction counselors | Determination if Bismarck can join Fargo as regions within Sanford to serve as clinical training site within the 2025-2027 Implementation Plan. | Human capital resources and others as necessary. | VP of Behavioral Health Sanford Head of Market Affairs | Heartview, |
| Participate in efforts to investigate and/or develop a community triage center | Development of a community triage center or alternative | Human capital resources and others as necessary. | Sanford Head of Market Affairs | Bismarck-Burleigh Public Health, Western Plains Public Health |

Goal 2: Explore feasibility of joint detox facilities and first-responder resources.

| Actions/Tactics | Measurable Outcome & Timeline | Resources to be Committed | Leadership | Community partnerships and collaborations, if applicable |
|--|---|---|---|--|
| Coordinate with partners on feasibility and cost study for a detox facility. | Completion of the evaluation within the 2025-2027 Implementation Plan | Human capital resources and others as necessary | VP of Behavioral Health Sanford Head of Market Affairs | Local school administrators, Bismarck-Burleigh Public Health, and Western Plains Public Health, local government officials |
| Engage first responders on near-term solutions to address detox needs | Completion of the evaluation in 2025 with next steps identified for 2026-2027 | Human capital resources and others as necessary | Brian Ritter | Local school administrators, Bismarck-Burleigh Public Health, and Western Plains Public Health, first responders |

Needs Not Addressed

Below are the needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process. Although not included in the Implementation Plan, the hospital supports efforts to address community needs, such as viewing the information collected within the Community Health Needs Assessment as a community benefit and sharing survey and assessment information with community partners to support the expansion or establishment of programs that reduce community needs. Additionally, Sanford Health further supports through its findhelp resource tool that informs patients and consumers of national and local resources. In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on [Sanfordhealth.org](https://www.sanfordhealth.org) and MyChart.

Access to Affordable Health Care

Sanford Health is addressing the need through a number of efforts, including, but not limited to, offering a financial assistance program to eligible patients. Sanford Health Plan representatives and local insurance agents give patients information on insurance products and services. Sanford Health also educates and assists eligible patients in the enrollment process for government or private insurance products. Hospital and Public Health representatives will continue efforts towards increased affordability but are not addressing it within the Implementation Plan as other needs were deemed higher priority.

Healthy Living

Sanford Health addresses the need through regular chronic conditions screenings at primary care settings, the Sanford *fit* initiative that educates children on healthy eating and activity habits, and increasing primary care access across the community, among others. Healthy living and healthy aging were ranked in the bottom three focus areas by stakeholder participants. Hospital and Public Health representatives will continue efforts towards healthy living but are not addressing it within the Implementation Plan as other needs were deemed higher priority.

Long-Term Senior Care

Sanford Health is addressing the need through its merger with one of the region's largest long-term care providers, Good Samaritan Society, to improve continuum of care for aging adults and those with a disability requiring long-term care services. Additionally, Sanford actively advocates for public policy decisions that place long-term care residents' quality of care and quality of life as top priority. Long-term senior care ranked in the lower half of the needs as voted upon by stakeholder meeting participants. Hospital and Public Health representatives will continue their efforts to improve long-term senior care but are not including it within the Implementation Plan due to other identified needs deemed higher priority.

Quality Child Care

Sanford Health does not directly offer child care, but is addressing the need through our work to improve pediatric health and care in the community. CHNA partners will also participate in discussions with community stakeholders and share the CHNA survey information with groups seeking to address the need. Hospital and Public Health representatives will continue their efforts to improve child care but are not including within

the Implementation Plan as other facilities or organizations in the community are addressing or are better positioned to address the need.

Public Transportation

Hospital and Public Health representatives will continue to participate in efforts by the community to address transportation issue and share information from the CHNA as appropriate. Transportation is not included as a Priority Need within the Implementation Plan due other facilities or organizations in the community who are addressing it or are better positioned to address the need.

EVALUATION OF 2022-2024 CHNA

System-wide Support and Utilization of the Community Health Needs Assessment Program

Sanford Health continues to integrate the CHNA report, supporting data, and Implementation Plans across the organization, including in the annual strategic planning program and operations. The Sanford Health Board of Trustees incorporated population health as an aspirational target metric necessary to become the “premier rural health system” in the country. The population health target aligns the work conducted through the CHNA with the overall evaluation of Sanford’s success.

CHNA data is made available throughout the planning process as needed as part of the annual strategic planning process, both internally and to external organizations that partner with the system. Sanford also incorporated the CHNA into the capital expenditure request process to give a voice to the needs and concerns of this population.

In 2022, the organization implemented findhelp, an online tool to incorporate contact and referral information to connect community-based organizations with patients to meet their health related-social care needs. The system is available to the health care team and as a public facing site for self-navigation to consumers. A link is included on every after-visit summary provided to patients and is available on Sanfordhealth.org and MyChart. Findhelp generated nearly 28,000 internal and external searches from within CHNA-defined communities on CHNA topics in 2022 and over 19,000 in 2023. The Bismarck CHNA area had 6,472 searches in 2022 and 2023.

Improve Access to Affordable Care

Sanford Bismarck is addressing the priority through two goals: reducing healthcare costs by reducing avoidable visits and increasing healthcare coverage in the community. Residents of the CHNA area conducted 6,472 searches on the findhelp platform since 2022. A quarter (27%) of them were health related.

Community Health Workers (CHWs) are one of the strategies deployed by the region to reduce avoidable visits. CHWs are trained public health workers who serve as a bridge between communities and the healthcare system. They are non-licensed providers with specific training to help patients address their social determinants of health outside the clinic setting.

Sanford Health Bismarck added a Community Health Worker in 2022 to help address patient needs outside the four walls of a clinic or a hospital. The CHW works with patients to improve health outcomes by helping those who might otherwise have trouble accessing the health system and by connecting patients to community services such as housing, transportation and food. The CHW plays an important role with health system care teams and has a unique

knowledge of barriers to access and are experts in overcoming those barriers.

Care Management is a dynamic process to improve communication and facilitate care for patients along a continuum through effective resource coordination, ongoing communication, and referrals for necessary social supports. Staff in both clinical and non-clinical roles, such as Community Health Workers, have been instrumental in ensuring all patients have access to care.

In 2022, Sanford Bismarck's CHW helped 164 patients. By helping patients connect to needed community services and other health-related living factors, the CHW helped reduce avoidable ER visits and avoidable hospitalizations for these patients by 56 percent and 68 percent, respectively. Both the health improvement and cost savings for both the patient and the healthcare system are tremendous.

From January to December 2023, over 1,800 patients were served by Bismarck Care Management teams including: Ambulatory RN Care Manager, Social Workers, Transitional Care RN, Health Guides and Community Paramedics. Collectively from January-October of 2023 this team decreased ED visits by 70% and inpatient encounters by 76%.

To increase healthcare coverage in the community, Sanford Health has integrated fulltime, onsite financial advocates who specialize in healthcare coverage enrollment to help community members who are uninsured and underinsured secure access to healthcare services. They help Sanford patients as well as community referrals.

Sanford Bismarck has financial advocates to increase health care coverage for patients. According to Elevate Patient Financial Solutions, Sanford Bismarck has assisted more than 3,000 patients each year since 2021: 2021 – 3,464 patients assisted, 2022 – 3,363, and 2023 – 3,635. Each patient represents an uninsured and underinsured person and their families that secured health care coverage, helping patients pay for much-needed healthcare services and ongoing care.

The Sanford Health Foundation also supports patients that may be temporarily unable to afford the medications they need due to extenuating circumstances, e.g., sudden loss of employment, Sanford's Foundation established a fund to help community members. Established internal workflow processes to help individuals unable to afford prescriptions receive the medication free of charge.

Improve Access to Behavioral Health Services

Two goals were identified through the Community Health Needs Assessment process to improve access to behavioral health services, a vital need for the communities served by Sanford Health. The first goal advances school-based services for pediatric patients while the second goal expands behavioral health services available through the emergency department.

Sanford Health has partnered with numerous schools in the Bismarck Public Schools District to provide onsite behavioral health services as part of a comprehensive tiered-system approach to providing resiliency training and interventions to help students be successful. For those students who may benefit from services provided by a licensed behavioral health provider, Sanford Health's role in this partnership is to provide onsite care. Further, Sanford's therapist meets weekly with the schools' leadership teams to better coordinate support services for high-risk students. To ensure access, Sanford provided telehealth visit options and continued caring for the students during the summer break.

This project began as a pilot program with Simle Middle School. In 2022, Sanford provided 341 visits with Simle students and their families and extended the service eight additional schools, providing a total of 989 visits in 2022.

Between January 1, 2023 - August 31, 2023, Sanford Bismarck conducted 680 behavioral health visits within area public schools. In addition to measuring the program's success based upon the number of visits conducted, it is advisable to consider the number of area schools at which Sanford is providing these services. Currently, Sanford is present at eight Bismarck schools, including: Legacy High School, Century High Schools, Horizon Middle School, Simle Middle School and Liberty, Centennial, Solheim and Murphy Elementary Schools as well as the Wilton Public School. These schools collectively serve thousands of students creating an impactful opportunity for Sanford Bismarck to improve access to behavioral health services for young people in the area.

Sanford Bismarck has also added the AMWELL after-hours psychiatry service that provides telehealth assessments to behavioral health (BH) patients that present to the ED from 7:00 PM – 7:00 AM each day. The assessments are supported by a Behavioral Health RN (BERT RN) that goes to the Emergency Department (ED) and sets up the iPad tele visit and remains in the room with the patient throughout. This service ensures 24/7 coverage for emergent mental and behavioral health needs. Sanford partners with Heartview Foundation, a substance use disorder treatment center, to co-locate the counselor in Sanford's emergency room. The counselor met with 159 patients, 93 of whom were referred to treatment at Heartview or elsewhere in 2022 alone. Heartview offers a 16-bed residential facility in Bismarck among other services. The organization has additional residential facilities in Cando, ND, and Dickinson, ND.

Sanford expanded its partnership with Heartview by collaborating with Heartview and the Bismarck Police Department on a grant application to provide treatment for patients with chronic SUD and/or opioid overdose. The grant was approved January 2022, and the program began August 2022. As of 2022, Sanford has referred 13 patients to Heartview for SUD medication-assisted treatment opportunities. As part of the program to help patients who experience an overdose be successful in seeking treatment, Sanford physicians prescribe buprenorphine to help patients safely transition to a medication-assisted therapy program.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/about/community-commitment/community-health-needs-assessment>

APPROVAL

Local CHNA priorities were reviewed and approved by the respective governing boards and the Sanford Health Board of Trustees approved all of the Sanford Community Health Needs Assessments and Implementation Plans.

APPENDIX

Expanded Demographics¹

Morton and Burleigh Counties make up about 17% of the population in North Dakota with populations of 33,895 and 100,012. The percent change for both counties is slightly higher for April 2020 to July 2023 than the state's percent change. The age population for the state and counties are similar across the board, with most of the population being under the age of 18. For the state and county populations the white alone population is what makes up most of their populations, although both Morton and Burleigh County have a higher percentage of those identifying as white in their communities.

The median value of housing units in Burleigh County is substantially higher than the state median and for Morton County. The median value for a house in North Dakota is \$232,500, while in Burleigh County it is \$302,300. Residents in the state and these counties are likely to have access to internet and a computer and make on average \$5,500 to \$8,000 more in income than the rest of the state.

| Fact | Morton County, ND | Burleigh County, ND | North Dakota |
|--|-------------------|---------------------|--------------|
| Population estimates, July 1, 2023, (V2023) | 33,895 | 100,012 | 783,926 |
| Population estimates base, April 1, 2020, (V2023) | 33,287 | 98,464 | 779,079 |
| Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023) | 1.80% | 1.60% | 0.60% |
| | | | |
| Persons under 5 years, percent | 6.40% | 5.90% | 6.40% |
| Persons under 18 years, percent | 23.50% | 23.20% | 23.50% |
| Persons 65 years and over, percent | 17.30% | 18.10% | 16.70% |
| | | | |
| White alone, percent | 90.60% | 89.70% | 86.60% |
| Black or African American alone, percent | 1.90% | 2.20% | 3.60% |
| American Indian and Alaska Native alone, percent | 4.50% | 4.70% | 5.30% |
| Asian alone, percent | 0.50% | 1.00% | 1.70% |
| Native Hawaiian and Other Pacific Islander alone, percent | 0.10% | 0.20% | 0.10% |
| Two or More Races, percent | 2.40% | 2.20% | 2.60% |
| Hispanic or Latino, percent | 4.60% | 3.10% | 4.60% |
| White alone, not Hispanic or Latino, percent | 87.10% | 87.40% | 83.00% |
| | | | |
| Housing Units, July 1, 2023, (V2023) | 15,596 | 44,382 | 380,841 |
| Owner-occupied housing unit rate, 2018-2022 | 73.40% | 71.40% | 63.20% |
| Median value of owner-occupied housing units, 2018-2022 | \$247,200 | \$302,300 | \$232,500 |
| Median selected monthly owner costs -with a mortgage, 2018-2022 | \$1,637 | \$1,841 | \$1,653 |

¹ <https://www.census.gov/quickfacts>

| | | | |
|--|----------|----------|----------|
| Median selected monthly owner costs -without a mortgage, 2018-2022 | \$583 | \$589 | \$551 |
| Median gross rent, 2018-2022 | \$973 | \$975 | \$912 |
| | | | |
| Language other than English spoken at home, percent of persons age 5 years+, 2018-2022 | 4.70% | 4.70% | 6.70% |
| | | | |
| Households with a computer, percent, 2018-2022 | 93.80% | 93.70% | 93.20% |
| Households with a broadband Internet subscription, percent, 2018-2022 | 89.00% | 87.90% | 85.80% |
| | | | |
| High school graduate or higher, percent of persons age 25 years+, 2018-2022 | 93.60% | 94.90% | 93.50% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022 | 26.70% | 37.30% | 31.40% |
| With a disability, under age 65 years, percent, 2018-2022 | 5.50% | 7.60% | 7.70% |
| Persons without health insurance, under age 65 years, percent | 8.30% | 7.20% | 7.50% |
| In civilian labor force, total, percent of population age 16 years+, 2018-2022 | 71.00% | 66.90% | 68.00% |
| In civilian labor force, female, percent of population age 16 years+, 2018-2022 | 67.00% | 63.40% | 64.00% |
| | | | |
| Mean travel time to work (minutes), workers age 16 years+, 2018-2022 | 19.9 | 17.8 | 17.9 |
| Median household income (in 2022 dollars), 2018-2022 | \$79,555 | \$82,141 | \$73,959 |
| Per capita income in past 12 months (in 2022 dollars), 2018-2022 | \$42,603 | \$43,615 | \$40,748 |
| Persons in poverty, percent | 10.00% | 9.80% | 11.50% |
| Total employer establishments, 2021 | 886 | 3,121 | 24,816 |
| Total employment, 2021 | 10,562 | 46,738 | 332,684 |

Community Health Needs Assessment Survey

The survey tool was delivered online via Qualtrics. The survey questions in printed format are presented below as a reference. Surveys made available in English, Spanish, Somali, and Sudanese.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you give it that rating?

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1

How would you rate the availability of AFFORDABLE HOUSING in your community?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

- Poor Fair Good Very Good Excellent Don't Know

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- Yes Please answer next question
- No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trama | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (<i>Ophthalmology, Optometry</i>) | <input type="radio"/> Other (<i>please specify</i>): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

How would you rate your current ability to ACCESS health care services?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes No Unsure

What are the reasons you or a family member did not receive the care needed?

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- Yes
- No

If yes, Where did you travel to? *(If you traveled more than once, enter the most recent place you traveled to?)*

City _____ State _____

What was the main reason you traveled for care? *(select all that apply)*

- Referred by a physician
- Better / higher quality of care
- Medical emergency
- Needed a specialist / service was not available locally
- Second opinion
- Immediate / faster appointment
- On vacation / traveling / snowbirds
- Cost or insurance coverage
- Don't feel welcomed or valued by local providers

Other *(please specify)*

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes
- No

Please indicate the source of your health insurance coverage.

- Employer *(Your employer, spouse, parent, or someone else's employer)*
- Individual *(Coverage bought by you or your family)*
- Federal Marketplace *(Minnesota Care / Obamacare / Affordable Care Act)*
- Medicare
- Medicaid
- Military *(Tricare, Champus, VA)*
- Indian Health Service *(IHS)*

Other *(please specify)*

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Other (*please specify*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.