

# COMMUNITY HEALTH NEEDS ASSESSMENT

## SMP HEALTH – ST. ANDREW'S HOSPITAL

2025



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# BACKGROUND

## ABOUT SMP HEALTH – ST. ANDREW’S

### History of SMP Health – St. Andrew’s

SMP Health – St. Andrew’s has served as a cornerstone of healthcare in Bottineau and the surrounding region for more than a century. Its story reflects both the resilience of the community and the commitment of faith-driven leadership, local providers, and countless residents who have supported the institution through times of growth, challenge, and renewal.

### Founding Years (1911-1918)

The origins of St. Andrew’s trace back to 1911 when Father Joseph L. Andrieux, Pastor of St. Mark’s Church, joined with Dr. J.A.

Johnson, Dr. Alexander Russell

MacKay, and community leaders to

establish a healthcare facility. The first building was a repurposed structure from the School of Forestry, located along the creek. By 1913, Father Andrieux partnered with the Sisters of Mary of the Presentation to staff the hospital, and on October 10, 1913, the hospital officially opened. A new hospital building was erected just five years later, laying the foundation for expanded services.

### Growth and Expansion (1920s-1950s)

The following decades brought steady growth. In the early 1920s, the hospital experienced the loss of several founding sisters, yet remained strong through the support of sister facilities and dedicated staff. By 1928, demand from the community required expansion, doubling the facility’s size and adding capacity for more than 40 patients.

### *SMP Health – St. Andrew’s Mission:*

“SMP Health – St. Andrew’s, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor and elderly. Through the shared ministry with the laity, SMP Health – St. Andrew’s participates in the health care mission in the work of healing which is the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the Sister of Mary of the Presentation, we minister to one another and all who come to us for care.”

Education also became a focus. In 1938, a four-story nurse's dormitory was constructed with accommodations for 50 students, reflecting the hospital's role in shaping the local

### *Our Values*

#### **Commitment**

We strive to provide excellent service to the people of our community by caring for each person's spiritual, physical, and emotional needs.

#### **Respect**

Our goal is to protect the privacy and dignity of our patients and one another. We respect those we serve and each other by showing consideration for each person's values and spirituality.

#### **Trust**

We aim to develop trust with our patients by building their confidence in our ability to deliver quality healthcare in an honest and reliable manner.

#### **Teamwork**

Working together we create a team atmosphere by which we support one another, remembering we are all equal and all work to fulfill our mission.

healthcare workforce. Later, in 1956, with support from the Ford Foundation, new facilities were built to house obstetrics, central service, and laundry departments.

### **Strengthening Community Ties (1959-1970)**

In 1959, the creation of an advisory board marked a new era of collaboration between the hospital and the Bottineau community. The first major fundraiser, aimed at purchasing an x-ray machine and boiler equipment, demonstrated the community's willingness to invest in its local hospital. Throughout the 1960s, additional fundraising supported a \$2.2 million expansion project, completed in 1970, which became the core of the modern facility.

### **Transition and Adaptation (1980s-2000s)**

As healthcare needs evolved, St. Andrew's adapted its services and spaces. In 1986, older facility wings were renovated into apartments, a model that integrated healthcare and housing. The facility officially became known as St. Andrew's Health Center in 1993, reflecting a broader mission of health and wellness beyond acute care.

By the late 1990s, further updates included the establishment of St. Andrew's Clinic with exam and minor surgery rooms, and in July 2000, the hospital earned designation as a Level IV Trauma and Critical Access Hospital. These designations ensured access to essential care while sustaining financial viability in a rural setting.

### **Recent Developments (2000s-Present)**

The 21st century has brought both challenges and progress. While nursing home beds were de-certified in 2001 and financial campaigns were required to stabilize operations, community support remained strong. Investments in infrastructure included an expanded

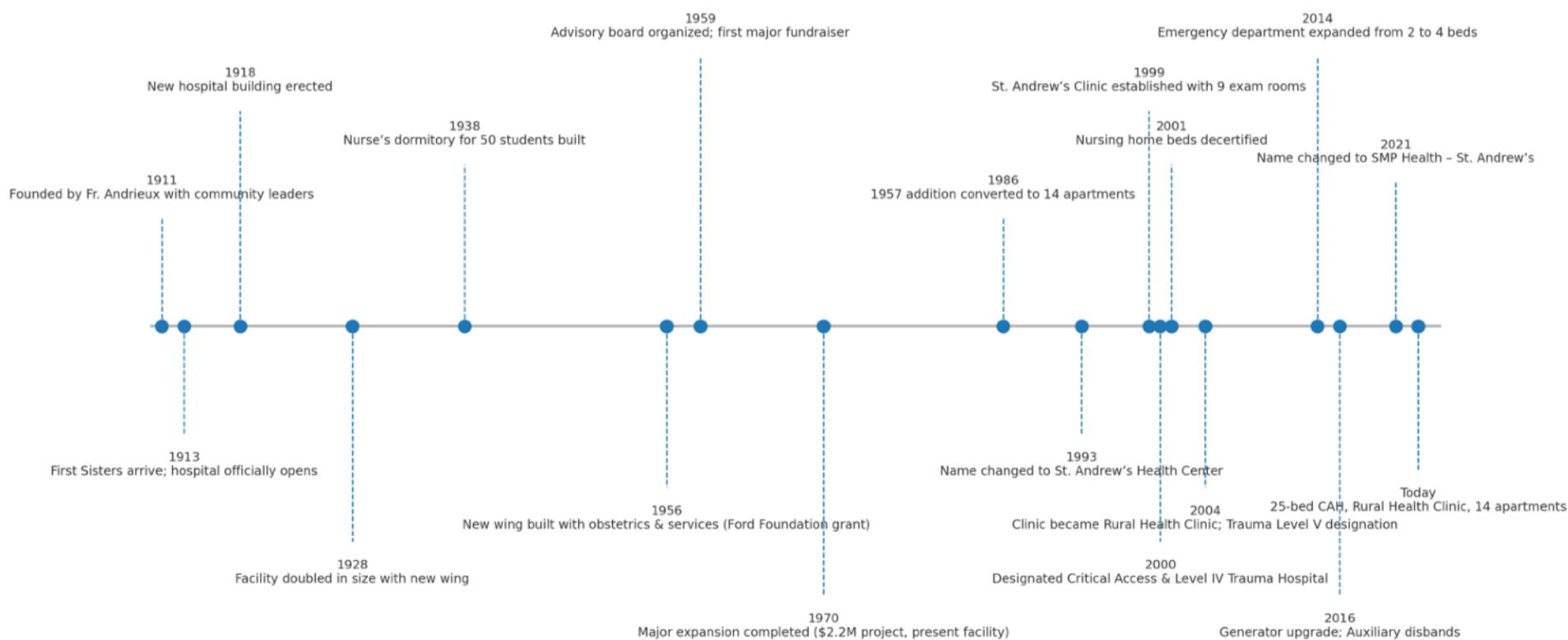
emergency department in 2014, doubling ER capacity from two to four beds, and a 2016 generator upgrade to meet modern safety codes.

In 2021, the facility adopted the name SMP Health – St. Andrew’s, aligning with the broader SMP Health system while honoring its century-long identity. Today, the hospital operates as a 25-bed Critical Access Hospital with a Rural Health Clinic and maintains 14 apartment units for community living.

## Legacy and Future

From its founding vision in 1911 to its present-day role, SMP Health – St. Andrew’s embodies the enduring values of service, faith, and community. Though the original structures are gone, the legacy of Father Andrieux, the Sisters of Mary of the Presentation, and the countless providers, staff, and community members who sustained it remains central. As a modern Critical Access Hospital, St. Andrew’s continues to balance the challenges of rural healthcare with a mission rooted in compassion and resilience, ensuring it will remain a trusted source of care for future generations.

### SMP Health - St. Andrew's: Over 100 Years of Service



## **ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS**

The Affordable Care Act (ACA), which was enacted March 23, 2010, added new requirements that hospital organizations must satisfy in order to be described in section 501(c)(3) as a nonprofit hospital. It also instituted new reporting and excise tax.

These new requirements for Charitable 501(c)(3) Hospitals are articulated in section 501(r). The ACA imposes the following new requirements on organizations that operate one or more hospital facilities (Hospital Organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- Establish written financial assistance and emergency medical care policies
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial policy before engaging in extraordinary collection actions against the individual
- Conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years

These CHNA requirements are effective for tax years beginning after March 23, 2012. They carry the minimum requirement of once every three years; however, hospitals are not penalized for doing them more often.

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- Emergency room care is open to all, regardless of ability to pay
- Surplus funds are used to improve patient care, expand facilities, train staff, etc.
- The hospital is controlled by independent civic leaders
- All available qualified physicians are privileged

The healthcare reform law, the Patient Protection and Affordable Care Act, added a new provision to the IRS code for not-for-profit hospitals. Under this provision, not-for-profit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years.

The health needs identified in the CHNA must be addressed in an action or Community Health Implementation Plan (CHIP). Other requirements of the new IRS provision include:

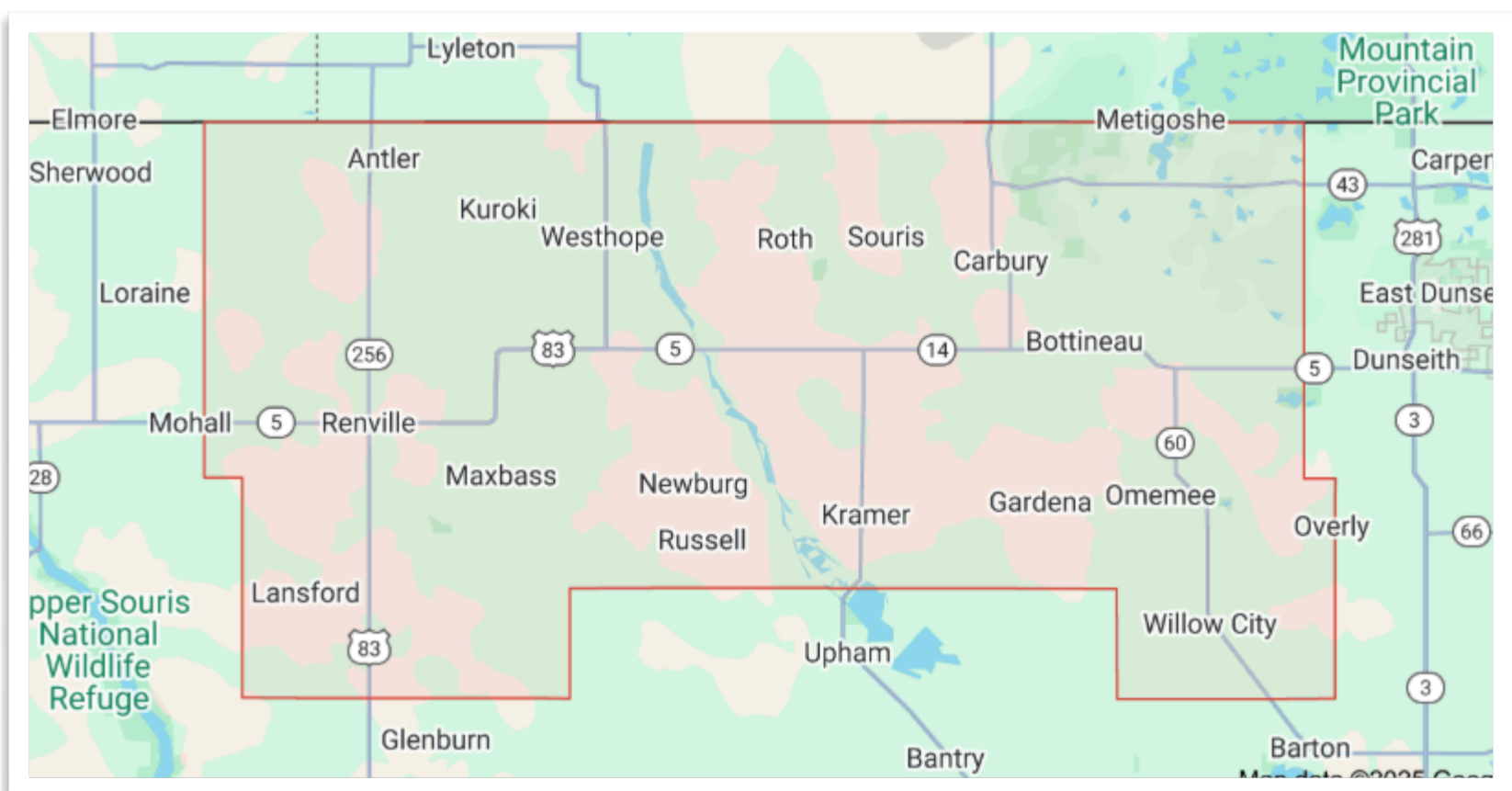
- The CHNA must take into account the broad interests of the community
- The assessment must involve individuals with expertise in public health
- The findings must be made widely available to the public

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's tax year starting after March 2012. Failure to complete a CHNA could result in a \$50,000 excise tax and possible loss of tax-exempt status.

SMP Health – St. Andrew's engaged Cycle of Business (COB) to assist in:

- Completing a Community Health Needs Assessment
- Provide SMP Health – St. Andrew's with the requirement necessary to be compliant on the IRS Form 990
- Create an initial Community Health Implementation Plan (CHIP) that addresses items to improve the health of the community

## **SERVICE AREA**



For purposes of this CHNA, we defined the SMP Health – St. Andrew’s Service Area as an area which covers Bottineau County, North Dakota. The area covers a population of approximately 8,377 people. Bottineau County lies on the Northern edge of North Dakota where it meets the Southern border of Canada. The county is almost rectangular in shape and extends South to include Lansford and Willow City, East to Overly and West to somewhere in between Mohall and Renville.

Data describing health status rankings at the zip code level was difficult to find. Therefore, data from Bottineau County was used to represent the service area. Special note was taken when the focus group took exception with the data provided about the county in general.

SMP Health – St. Andrew’s has defined its primary and secondary service areas to include the following zip codes:

<b>Community</b>	<b>Zip Code</b>	<b>Population-2020</b>	<b>Population-2023</b>
Bottineau	58318	3,865	3,843
Dunseith	58329	3,211	2,779
Mohall*	58761	885	852
Willow City	58382	386	322
Grano*	58750	386	609
Upham*	58786	297	482
Souris	58783	405	381
Westhope	58793	483	508
Maxbass*	58760	257	258
Sawyer*	55780	176	245
Antler	58711	271	164
Kramer	58748	114	149
Newburg	58762	286	231
<b>Estimated Service Area Population**</b>		<b>11,022</b>	<b>10,823</b>

\* Cities that are not in Bottineau County, ND

\*\*Population numbers vary due to zip codes outside of county that are still in primary and secondary service areas

## **PROCESSES AND METHODOLOGY**

Completion of the SMP Health – St. Andrew’s Community Health Needs Assessment (CHNA) followed a modified outline designed by the Center for Rural Health at the

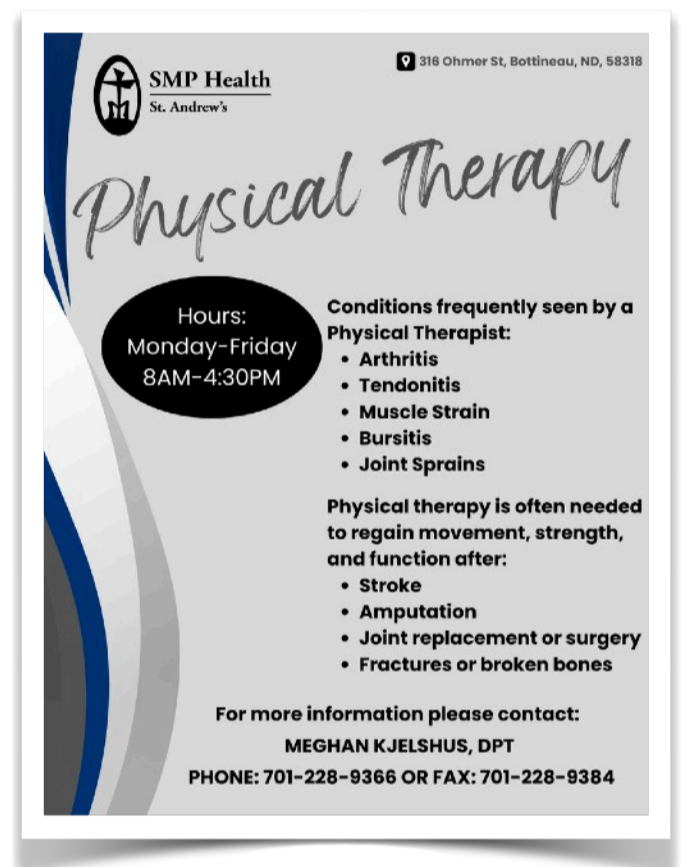
University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA generally follow their suggested methodology, but have been modified to meet the needs of SMP Health – St. Andrew’s and Bottineau County.

An initial meeting with St. Andrew's, and a few representatives of the community, was held to discuss what we currently understood of healthcare needs in the county. General health information about the county was discussed to ensure committee members understood the current state of health in the hospital’s service area. The participants were asked to review the survey that would be distributed to the public, ensuring the overall healthcare needs in the county were being addressed. Their input was assimilated into the survey to make sure we addressed the needs of the communities they represent.

The survey was then given to the members of the committee to distribute throughout the community to try to get a broad and diverse response. The goal was to ensure SMP Health – St. Andrew’s understood the health needs and desires of the community. Understanding where people were receiving healthcare outside of the community was important in understanding how to provide the services and resources necessary for a healthier county.

The Senior Leadership Team wanted to ensure the CHNA dealt with the opinions of the community and make sure they had created a data driven plan to address what would be appropriate for the hospital to accomplish. The hospital team selected several goals to work on over the next few years that would allow them to better serve the community. These goals were then compiled into a Community Health Implementation Plan (CHIP) for tracking progress. That plan was started in Cycle of Business’ Strategy management system, an online tool to track and monitor progress on the CHIP.

This process allowed SMP Health – St. Andrew’s to share with the public actions the hospital would take to improve the health in the community. The Hospital CHNA was prepared and taken to the Board of Directors for their input and final approval.



St. Andrew’s is helping you gain full mobility

## **RESOURCES AND SECONDARY INFORMATION**

The CHNA for SMP Health – St. Andrew’s utilized data from:

**County Health Rankings.** Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2019.

**Current Census Data.** The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Bottineau County, North Dakota, was conducted in 2022.

**Survey Conducted through the Hospital and Community.** A survey was designed with the help of SMP Health – St. Andrew’s and the focus team to gather information from the community on the immediate needs of the population.

**CDC PLACES Project.** A nationwide initiative developed by the Centers for Disease Control and Prevention (CDC) to provide local-level data on chronic disease risk factors, health outcomes, and preventive service use.

**Broad Interests of the Community were Considered.** SMP Health – St. Andrew’s took special care to find individuals who could help define the healthcare needs of the community representing the youth, the elderly, and varied demographics. The information from their survey was utilized in the creation of the hospital CHNA and CHIP.

The individuals involved in the initial meeting were asked to review the survey, the community demographics, and give their input on the health and wellness needs of the community. Additional efforts were made to reach out to the community in general for input on the survey. A link to the survey was sent out to the major employers in the area, emailed to community partners, and disbursed via social media to extend the reach as far as possible. After a couple of months, the survey had received responses from the community representing all demographics. That information was then brought back to the hospital and community members to discuss what was most important to the community and what the hospital could do to help improve the health and availability of healthcare in the community.

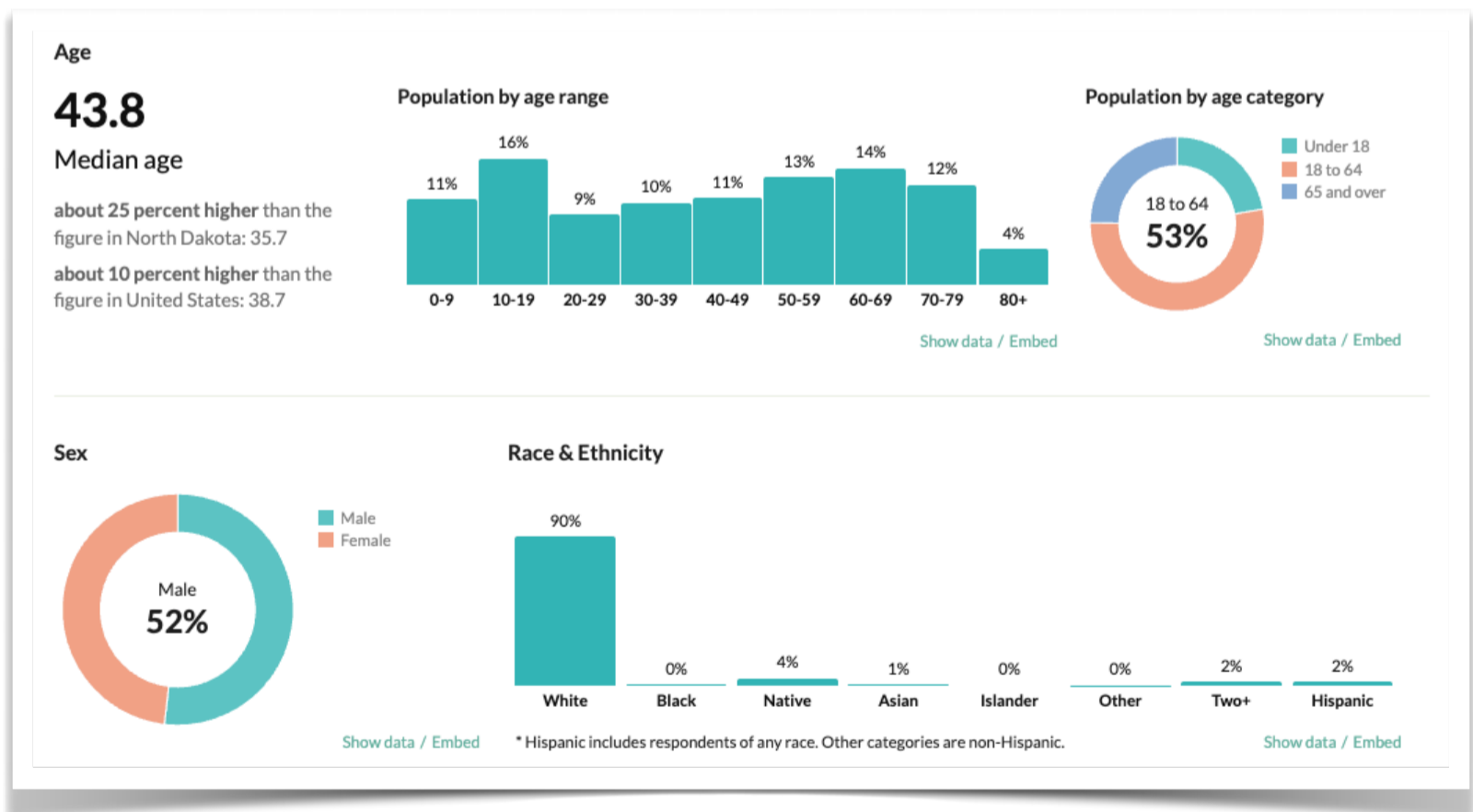
# PARAMETERS FOR DATA COLLECTION

COB and SMP Health – St. Andrew’s used the most recent population and demographic information available to ensure community needs were being met. This included gathering national statistics, as well as the demographics of the service area. The federal government tracks certain health statistics across the U.S. by county. This information was compiled to give a baseline, to show where certain health needs were being met and areas that needed improvement. Areas that needed improvement were considered when working on the implementation plan.

## DEMOGRAPHICS

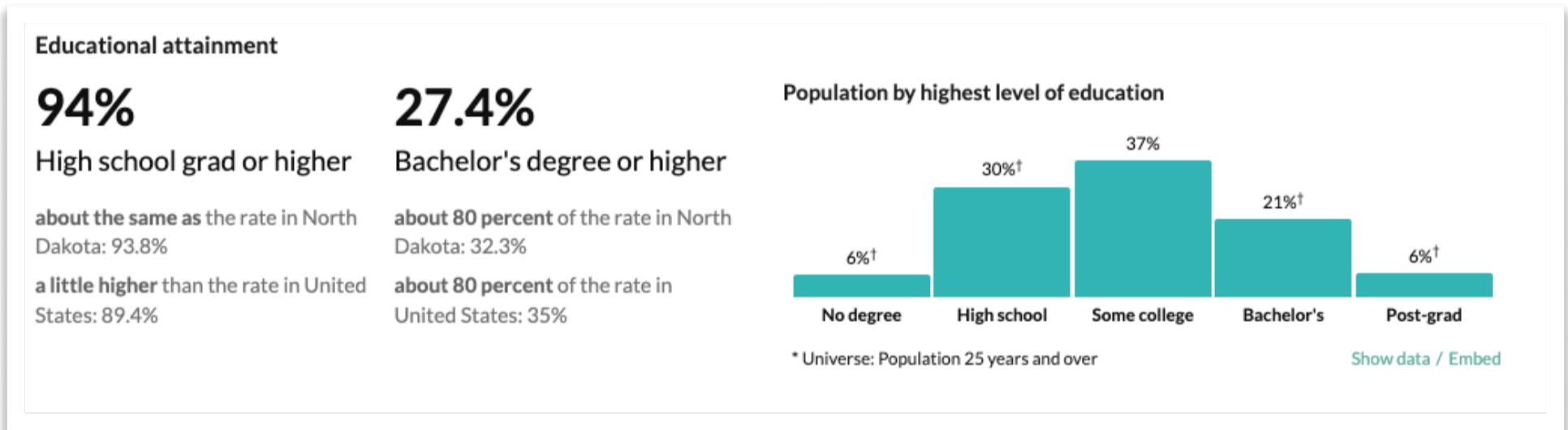
Demographics for the area were collected through the use of census data and other reports. The latest data was as recent as the 2022 Census. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

The population of Bottineau County, SMP Health – St. Andrew’s’s primary service area, is approximately 8,377 as of 2024. The following is a basic understanding of the demographics



and health situation in Bottineau County:

- 43% of the population are between the ages of 20 and 59
- 28% are aged 60 or older
- 48% of the population are female
- 90% are White
- 4% are Native American
- 2% are Hispanic



- 94% of Bottineau County residents have graduated from high school compared to the North Dakota average of 93.8%
- 27.4% of Bottineau County residents have a Bachelor’s degree or higher

## Income

**\$48,356**

Per capita income

about 10 percent higher than the amount in North Dakota: \$42,474

about 10 percent higher than the amount in United States: \$43,289

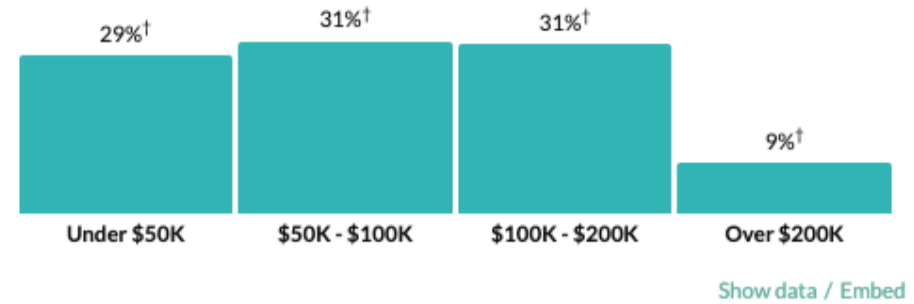
**\$83,460**

Median household income

about 10 percent higher than the amount in North Dakota: \$75,949

a little higher than the amount in United States: \$78,538

## Household income



## Poverty

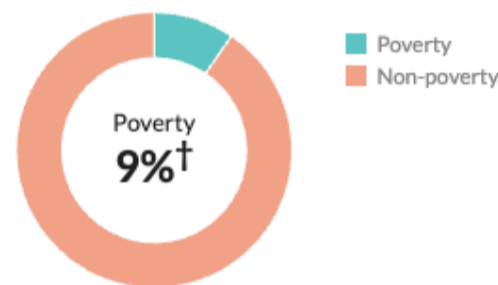
**7.6%**

Persons below poverty line

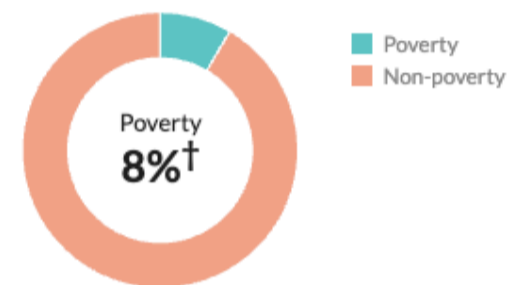
about two-thirds of the rate in North Dakota: 10.6%

about three-fifths of the rate in United States: 12.4%

### Children (Under 18)



### Seniors (65 and over)



[censusreporter.org](https://censusreporter.org)

- The median household income in Bottineau County is \$83,460 with a per capita income of \$48,356
- 7.6% of the population live in poverty as opposed to 10.6% in the State of North Dakota
- 9% of children live in poverty

When it comes to health, Bottineau County is not too far away, in most areas, from national United States Averages or the North Dakota averages. In a few areas, the state of North Dakota has better health statistics than the top performing areas of the country.

- People in Bottineau County report 3.8 Poor Physical Health Days per person, per year. United States Averages in the U.S. report 3.9 days per person, while the State of North Dakota reports 3.4 days per person.
- People in Bottineau County report experiencing 5.5 Poor Mental Health Days per person. This number is slightly higher than North Dakota or United States Averages.

- Air Pollution is at 1.3 compared to 7.3 for United States Averages and 6.0 for North Dakota.

	2022 Bottineau County	2025 Bottineau County	United States Averages	North Dakota
Poor Physical Health Days	3.5	3.8	3.9	3.4
Poor Mental Health Days	4.2	5.5	5.1	5.0
Air Pollution	4.6	1.3	7.3	6.0

countyhealthrankings.org

- Primary Care Physicians in Bottineau County are at a Patient to Physician ratio of 2130:1. National United States Averages are 1330:1.
- Dentists in the county are at a ratio of 3170:1. National United States Averages are 1360:1.
- Mental Health Providers are at a 3190:1 ratio compared to 300:1 for United States Averages.

	Bottineau County 2022	Bottineau County 2025	North Dakota	United States
Primary Care	3140:1	2130:1	1290:1	1330:1
Dentist	3140:1	3170:1	1420:1	1360:1
Mental Health	6290:1	3190:1	420:1	300:1

countyhealthrankings.org

Bottineau County has a mixed statistics when it comes to the following health risk factors:

- 17% of the population reported Poor Health. This is equal to the United States Averages and 3% higher than the North Dakota state averages.

- Adult Smoking is 20% which is 4% higher than the North Dakota average and 7% higher than the United States Averages.
- Adult obesity is currently reported at 39%, compared to both the North Dakota average at 36% and U.S. averages of 34%. This represents a 5% increase over the past three years.
- Excessive Drinking affects a quarter of the population at 25%. Bottineau County is equal to the North Dakota average of 25%. In addition, Alcohol-Impaired Driving Deaths sit at 75% and are worse than both the North Dakota 37% rate and the rate of United States Averages 26%.

	2022 Bottineau County	2025 Bottineau County	United States Averages	North Dakota
Poor Health	15%	17%	17%	14%
Adult Smoking	18%	20%	13%	16%
Adult Obesity	34%	39%	34%	36%
Excessive Drinking	24%	25%	19%	25%
Alcohol-Impaired Driving Deaths	64%	75%	26%	37%

countyhealthrankings.org

When it comes to sexually risky behavior, statistics seem to be low and to be improving in the area in 2025:

- Sexually Transmitted Infections are currently sitting at 156.8 per 100,000 people. These are much lower than we are seeing in United States Averages of 495 and North Dakota averages at 475.6.
- Teen Births are lower when compared to United States averages and than the numbers for North Dakota.
- An important note is that HIV Prevalence was unavailable in 2022. In 2025 there were 93 cases reported per 100,000 people in the county. These numbers are dramatically lower than the National Average of 387 cases, but higher than North Dakota cases at 84.

	Bottineau County 2022	Bottineau County 2025	North Dakota	United States
Sexually Transmitted Infections per 100,000	334.3	156.8	475.6	495
Teen Births per 1000	13	12	14	13
HIV Prevalence	Unavailable	93	84	387

countyhealthrankings.org

### Other areas deserving review:

- The average Life Expectancy for residents of Bottineau County is 80.3 as compared to 77.1 for United States Averages and 77.8 for North Dakota. In other words people in Bottineau County are expected to live a little bit longer than the national average as well as the average North Dakotan.
- Premature Age Adjusted Mortality designates the people who died before their 75th birthday per 100,000. This means that if Bottineau County had a population of 100,000 we should expect 290 to pass away before the age of 75. This is lower than the United States Average, but higher than the North Dakota number.
- Mammography Screenings were higher than the National Averages at 55%; a 1% increase from Bottineau County's 2022 data. United States Averages are at 44%. North Dakota is at 53%.
- Flu Vaccinations reported at 42% are 6% lower than those of United States Averages 48% 7% lower than the rate in North Dakota at 49%.
- Physical Inactivity was at 27% compared to 23% for United States Averages and 24% for North Dakota. Access to Exercise was at 63% compared to 57% in 2022, 84% for United States Averages, and 76% for North Dakota. This means people in Bottineau County are becoming more active, even though they may not have the facilities to workout.

	2022 Bottineau County	2025 Bottineau County	United States Averages	North Dakota
Life Expectancy	77.3	80.3	77.1	77.8
Premature Age Adjusted Mortality	370	290	410	380
Mammography Screenings	54%	55%	44%	53%
Flu Vaccinations	35%	42%	48%	49%
Physical Inactivity	30%	27%	23%	24%
Access to Exercise	57%	63%	84%	76%

countyhealthrankings.org

**A few highlights from this data for Bottineau County:**

- Mammography Screenings are up by 11%, higher than National Averages, but there is more opportunity there to help the women of the county
- Access to exercise has increased by 4% since 2022 but is still lower than numbers we are seeing across the US.
- Sexually Transmitted Infections and Teen Births have both gone down since 2022
- Adult Smoking has been reduced by 4%

# **DEVELOPING THE CHNA**

## **MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS**

### **INITIAL MEETING**

In March 2025, the SMP Health – St. Andrew’s partnered with Cycle of Business to initiate a Community Health Needs Assessment (CHNA). Cycle of Business began by collecting data and input from the community to develop a survey designed to inform both the CHNA and the Community Health Improvement Plan (CHIP).

An initial meeting was held in June of 2025, with community members, including representatives from the healthcare sector and individuals focused on the county’s demographic makeup. This engagement ensured a wide range of voices and perspectives were considered in the assessment process.

The public survey was launched later that month to gather critical feedback from residents. Over the following months, responses were collected and analyzed to formulate the goals of the CHNA. Once the data was collected the information was analyzed and discussed in a follow-up meeting with healthcare representatives from the community, to identify and discuss Bottineau County’s most pressing health concerns. Their input was collected and input into COB’s strategy management web tool and then refined into initial plans for the hospital to address.

Recognizing that many health-related challenges identified through the CHNA extend beyond the hospital’s direct influence, SMP Health – St. Andrew’s reviewed the findings to determine which needs it could realistically address. The goal was to ensure the hospital's efforts would have measurable impact within its capacity and role.

The final CHNA and Community Health Implementation Plan were developed in collaboration with Cycle of Business, aligning the data with actionable priorities specific to SMP Health – St. Andrew’s.

### **DISTRIBUTION OF SURVEY**

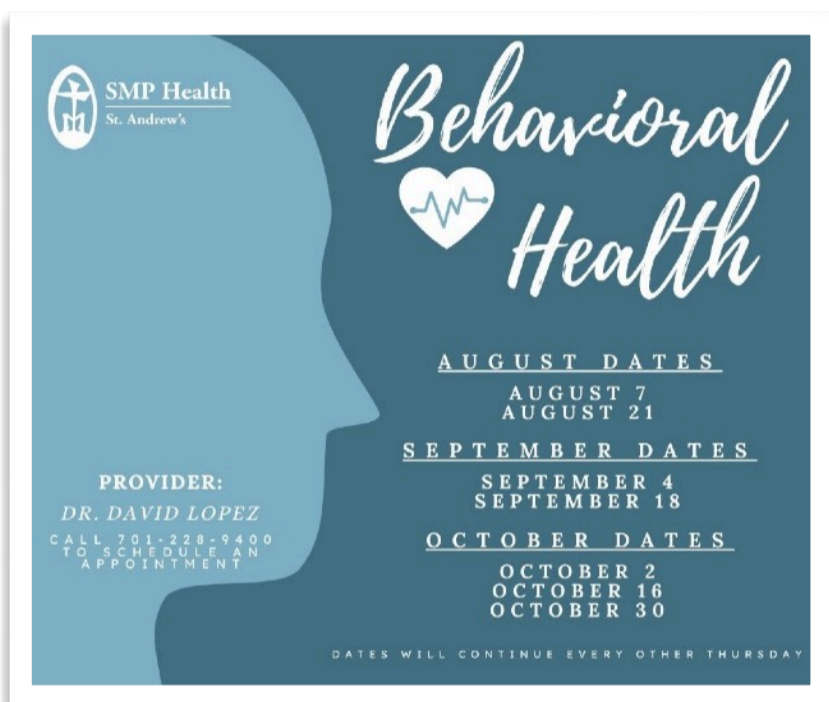
SMP Health – St. Andrew’s worked diligently to maximize the distribution reach of the survey within the community to ensure the validity of the data received. In partnering with the committee members and other stakeholders, the survey was distributed to a large number of community members. Community members were given one month to complete

the survey. In total 87 members of the community began the process with only 54 members completing the survey, Additional data was brought in from other resources to make sure there was an accurate picture of health in the community.

## COMMUNITY ENGAGEMENT

During the process the first meeting focused on a review of the demographics for Bottineau County, the health and wellness needs of the community, and the development of a community survey.

The second meeting involved a presentation and discussion regarding the responses from the completed community survey. Cycle of Business sorted and prioritized the survey data, and included additional data, to identify the most important and relevant health issues in the county.



Taking care of the mental as well as physical health in the community

Following the collection and analysis of survey responses, an additional focus group meeting was held. This meeting included individuals selected to represent health care workers in the community. This group reviewed the survey findings and shared insights on the most pressing health and wellness concerns across Bottineau County. The hospital representatives in the room, evaluated the data in the context of the hospital's mission, capacity, and strategic priorities. They discussed which issues could be

addressed by the hospital, which issues could be addressed by community partners, and which fell outside the hospital's direct purview, helping to ensure a collaborative and realistic approach to improving community health.

## THE SURVEY RESULTS

Before distributing the surveys to the community, questions from COB's previous surveys were reviewed and incorporated. The goal was to inform the hospital about current community conditions and how its services were being utilized. The survey addressed various aspects of healthcare including general healthcare needs, specialties, the elderly, and

general community concerns. These insights provided the hospital with a comprehensive understanding of how to better meet community needs and identify areas that could increase services offered.

## **AWARENESS OF SERVICES AT SMP HEALTH – ST. ANDREW’S**

In the survey, **74.7% of respondents** indicated that they use SMP Health – St. Andrew’s or one of its clinics for their primary healthcare needs. While this reflects a strong level of community engagement, it also highlights that many residents continue to seek care outside the local system. This trend is not uncommon among rural hospitals, where concerns around privacy often play a role in patients' decisions. In small communities, individuals may feel uncomfortable receiving care from friends, acquaintances, or neighbors who work at the hospital. This perceived lack of anonymity can lead patients to travel to other facilities, even for routine services or sensitive procedures.

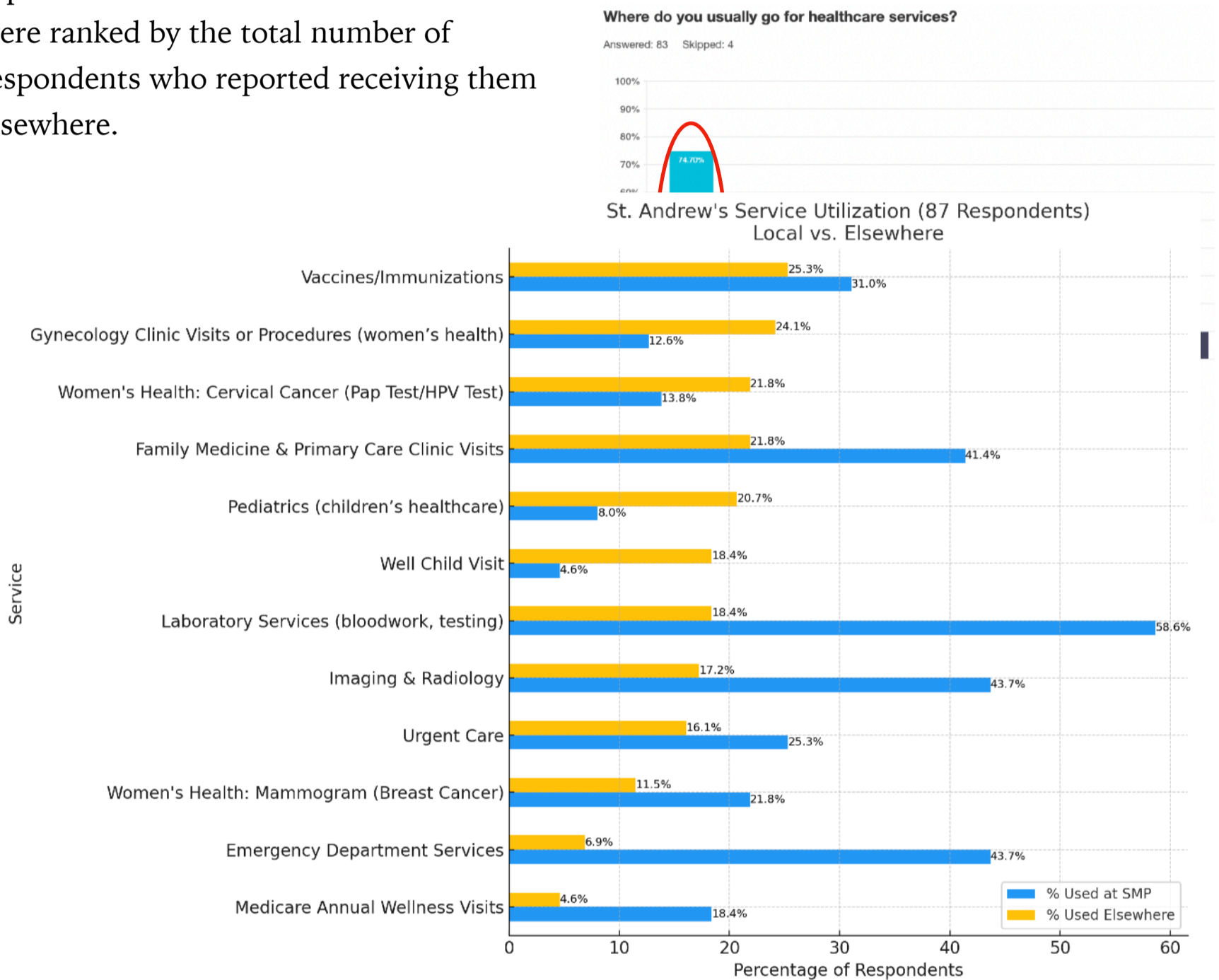
Beyond privacy concerns, some residents leave the area to access services that SMP Health – St. Andrew’s does not currently provide. In many cases, the patient volume is not high enough to support certain specialties, making it impractical to recruit and retain providers in those areas. SMP Health – St. Andrew’s understands its responsibility to provide accessible, high-quality healthcare services that are both needed and viable. This includes a focus on **primary care, emergency services, and targeted specialties** that align with community needs and available resources.

Importantly, the survey also revealed a gap in awareness regarding services SMP Health – St. Andrew’s *does* offer. Several participants identified receiving care elsewhere for services that are, in fact, available locally. This disconnect suggests that some residents are unaware of the full scope of care provided by the hospital and its clinics. The most frequently mentioned services being accessed outside the community included **Gynecology, Radiology/Imaging, Orthopedics, Mental Health/Therapy, and Laboratory Services**—most of which are currently offered by SMP Health – St. Andrew’s.

Improving communication to the community and increasing awareness of available services presents a clear opportunity, especially when promoting preventative care and screenings. By better informing the public, SMP Health – St. Andrew’s can reduce unnecessary outmigration, increase local utilization, and ensure that more residents receive quality care close to home. This not only enhances patient convenience and continuity of care, but also strengthens the hospital’s ability to remain financially sustainable and responsive to the evolving needs of the community.

## SERVICES USED AT OTHER LOCATIONS

The survey revealed that a significant number of patients sought certain healthcare services outside of SMP Health – St. Andrew’s, offering valuable insight into patient preferences and gaps in local service utilization. Services were ranked by the total number of respondents who reported receiving them elsewhere.



The top services with the highest number of patients going elsewhere included:

- Vaccines/Immunizations – 25.3%
- Gynecology – 24.1%
- Cervical Cancer Screening – 21.8%
- Family Medicine & Primary Care – 21.8%

- **Pediatrics** – 20.7%
- Well Child Visit – 18.4%
- Laboratory Services – 18.4%
- Imaging & Radiology – 17.2%
- **Urgent Care** – 16.1%
- Mammogram – 11.5%
- Emergency Department Services – 6.9%
- Medicare Annual Wellness Visits – 14.6%

Based on these findings, SMP Health – St. Andrew’s has clear opportunities to improve access and retention in high-demand areas, particularly in **Primary Care, Laboratory Services, Gynecology, Vaccinations, Imaging, Women’s Health screenings, Urgent Care, Pediatrics, and Annual Wellness Visits** for youth and seniors.

## **HEALTH PRIORITIES IN THE COMMUNITY**

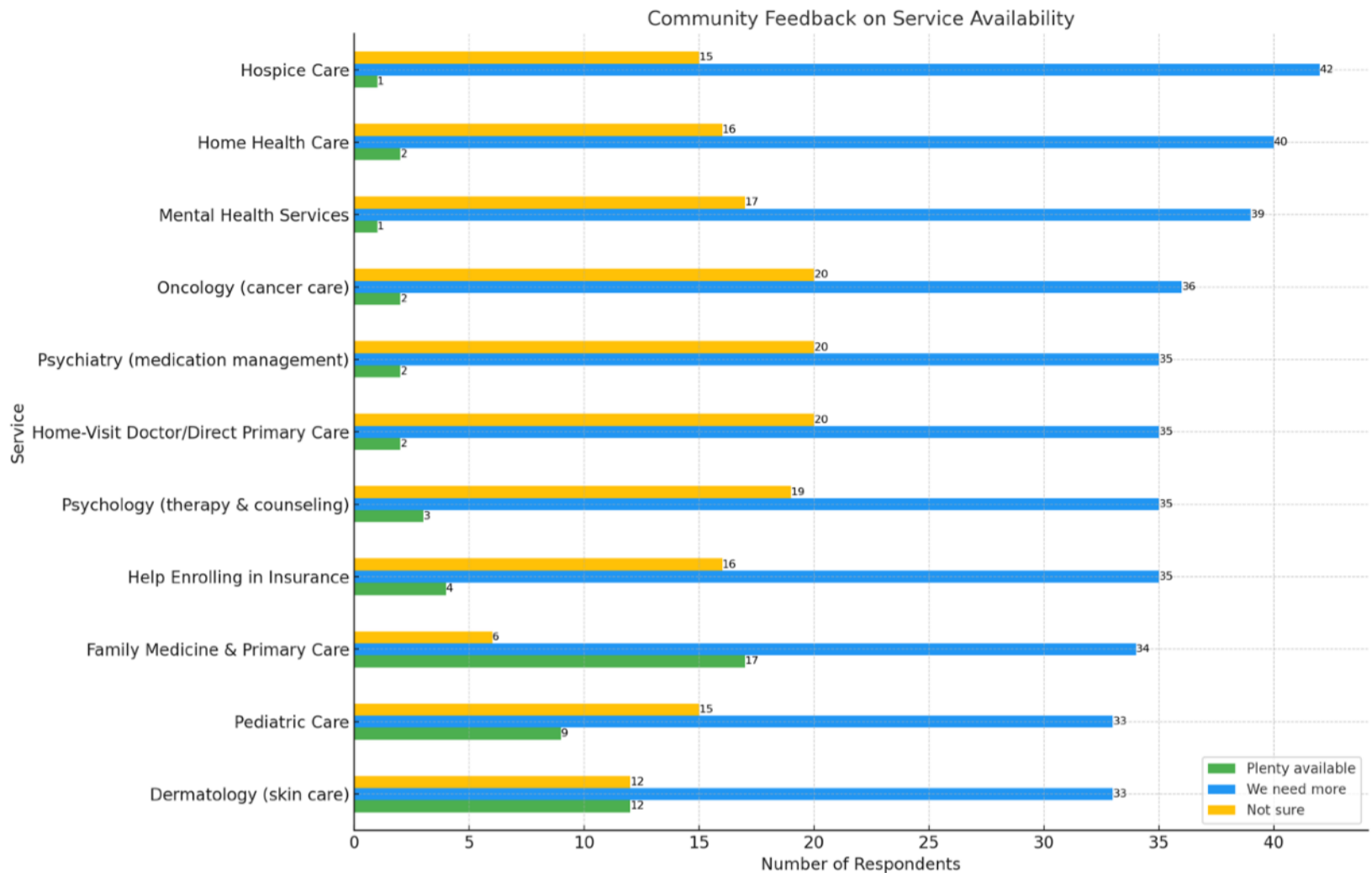
Community survey responses highlighted key perceptions about the adequacy of healthcare services in the area. When asked whether services were “**plenty available,**” “**we need more,**” or “**not sure,**” respondents consistently emphasized unmet needs across multiple specialties.

### High-Need Areas

The services with the strongest calls for expansion included:

- **Hospice Care** – 42 respondents (out of 58 total) indicated a need for more hospice services, underscoring concerns about end-of-life care availability.
- **Home Health Care** – 40 respondents expressed the need for additional in-home support, reflecting the importance of medical and personal care services for patients recovering or managing chronic illness.
- **Mental Health Services** – 39 respondents felt more resources were necessary, highlighting a significant community concern around access to behavioral health.

- **Oncology (Cancer Care)** – 36 respondents indicated a need for more cancer-related services, suggesting that patients often must travel to receive specialized care.



- **Behavioral Health Specialties** – Psychology, psychiatry, and home-visit physician services each received 35 “we need more” responses, indicating that comprehensive behavioral health care—including therapy, counseling, and medication management—remains insufficient to meet demand.

#### Moderate-Need Areas

- **Family Medicine & Primary Care** was flagged by 34 respondents as needing more access. While some (17 respondents) reported sufficient availability, the number calling for additional resources suggests that even core primary care capacity may not fully meet the community’s needs.
- **Dermatology (Skin Care)** and **Pediatrics** each drew 33 “we need more” responses. These results show demand for greater access to specialty services that are often available only in larger communities.

#### Low-Perceived Availability

Across all categories, only a small fraction of respondents indicated that services were “plenty available.” For most specialties, this group was in the single digits. For example, only 1–2 respondents felt hospice, mental health, oncology, or psychiatry were adequately provided. The one exception was family medicine, where 17 respondents believed availability was sufficient—though this still left twice as many asking for more.

### **Uncertainty in the Community**

A notable proportion of respondents selected “not sure,” particularly for oncology, psychiatry, psychology, and home-visit care (19–20 respondents each). This suggests a lack of awareness about current service availability, which may contribute to underutilization or the perception of gaps even where resources exist.

### **Implications for Planning**

The findings point to clear **priority needs** for St. Andrew’s and its partners in the community:

- 1. Strengthening end-of-life and in-home care** through expanded hospice and home health services.
- 2. Addressing behavioral health gaps**, including mental health therapy, psychiatry, and medication management.
- 3. Improving access to specialty care**, particularly oncology, dermatology, and pediatrics.
- 4. Enhancing community awareness** of existing services to reduce the number of residents uncertain about local resources.

By focusing on these areas, St. Andrew’s can potentially reduce outmigration for specialty and behavioral health services, meet the growing needs of its aging population, and strengthen its role as a trusted provider across the continuum of care.

## **CHRONIC CONDITIONS**

SMP Health – St. Andrew’s’s Community Health Needs Assessment identified six chronic conditions as the most prevalent in the service area: high cholesterol, high blood pressure, mental health issues, arthritis, and diabetes. Each of these conditions has significant implications for overall health, quality of life, and healthcare costs, making them critical areas for community health.

- **High Cholesterol & High Blood Pressure**

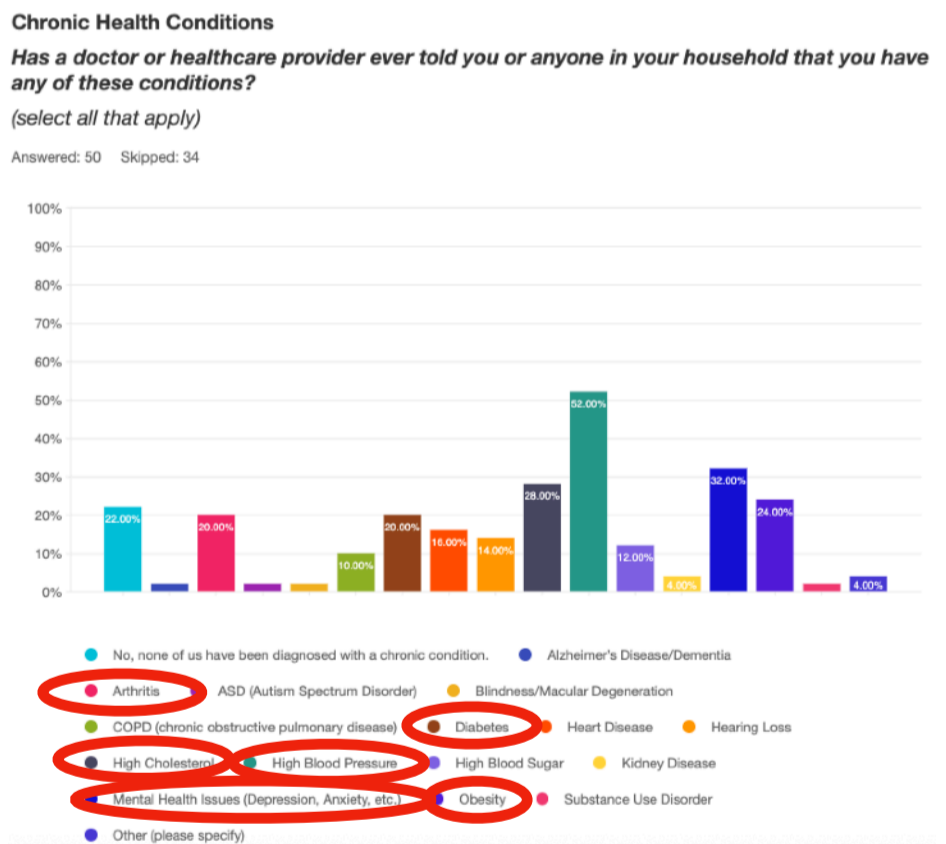
These cardiovascular risk factors are closely linked and often co-exist, increasing the likelihood of heart disease and stroke. SMP Health – St. Andrew’s may want to consider expanding preventive care initiatives, such as community screening events, heart-healthy education programs, nutrition counseling, and partnerships with local gyms or wellness centers to encourage physical activity. Early detection and consistent management through primary care providers are essential in reducing long-term complications.

- **Mental Health Issues**

Mental health continues to be a growing concern, impacting all age groups and often intersecting with physical health conditions. SMP Health – St. Andrew’s could explore working with outside groups to strengthen mental health services. Building collaborations with schools, employers, and community organizations can further support mental health awareness and early intervention.

- **Arthritis**

As a leading cause of disability, arthritis limits mobility and independence for many community members. SMP Health – St. Andrew’s may benefit from offering or partnering on physical therapy programs, low-impact exercise classes, and joint health education. Integrating pain management strategies and ensuring timely referrals to specialists can help patients maintain activity levels and quality of life.



- **Diabetes**

Diabetes management requires a comprehensive approach, including patient education, nutritional support, medication management, and regular monitoring. SMP Health – St. Andrew’s could enhance care by offering diabetes education classes, promoting screening events, and expanding access to endocrinology services—

potentially via tele-health. Partnering with local grocers or community gardens could also promote healthier eating options for at-risk populations.

### Integrating Efforts for Greater Impact

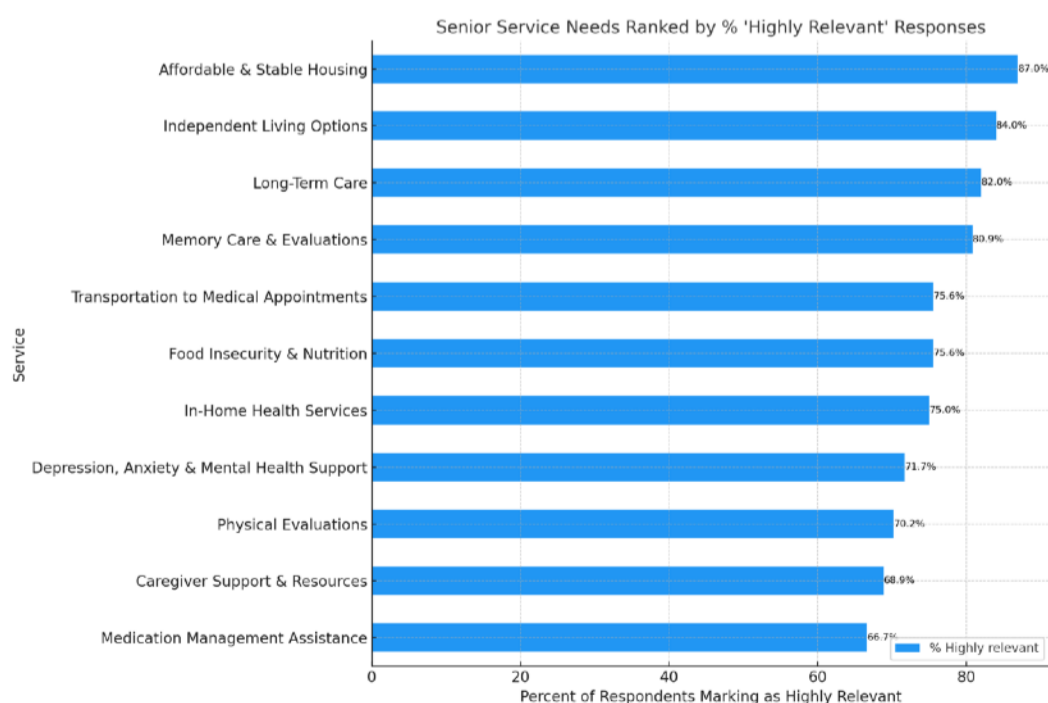
While each condition presents unique challenges, they share common risk factors such as poor diet, inactivity, and limited access to preventive care. Addressing these conditions collectively through integrated wellness programs, community partnerships, and strong primary care engagement can yield the most meaningful health improvements. SMP Health – St. Andrew’s’s role in leading and coordinating these efforts can help reduce the prevalence and impact of these chronic conditions, ultimately improving the health and vitality of the entire community.

## THE ELDERLY

Survey results clearly demonstrate that seniors in the St. Andrew’s service area face significant and diverse needs. Respondents overwhelmingly identified multiple categories of senior care as “**highly relevant**,” with very few considering them unimportant.

### Top Priority Needs

- **Independent Living Options** – 84% of respondents said these were highly relevant. This indicates a strong desire for models that allow seniors to remain self-sufficient while accessing meals, housekeeping, and social opportunities.



•**Long-Term Care** – 82% rated this highly relevant, underscoring the continued need for accessible nursing home and assisted living options.

•**Affordable & Stable Housing** – 87% saw this as a critical need, linking safe, affordable housing directly to healthy aging in the community.

### Cognitive and Daily Support Needs

- **Memory Care & Evaluations** – 81% of respondents identified this as highly relevant, reflecting widespread concern about dementia and cognitive decline.
- **In-Home Health Services** – 75% rated this highly relevant, showing strong support for programs that help seniors age in place with dignity.
- **Medication Management Assistance** – 65% viewed this as highly relevant, signaling the importance of avoiding hospitalizations and complications caused by medication errors.

## Social & Emotional Wellbeing

- **Food Insecurity & Nutrition** – 71% of respondents said this was highly relevant, pointing to a need for improved nutrition and food access among seniors.
- **Transportation to Medical Appointments** – 72% rated this highly relevant, illustrating one of the most common barriers in rural areas.
- **Depression, Anxiety, and Mental Health Support** – 72% also considered mental health services highly relevant, highlighting the importance of integrating emotional wellbeing into senior care.



Caring for you throughout your life

- **Caregiver Support & Resources** – 69% of respondents emphasized the importance of caregiver supports to reduce stress and improve quality of life for both seniors and families.
- **Physical Evaluations** – 69% marked this as highly relevant, showing recognition of the need for regular health screenings and functional assessments for older adults.

## Implications for St. Andrew's

The findings suggest **priority needs** for St. Andrew's and its community partners:

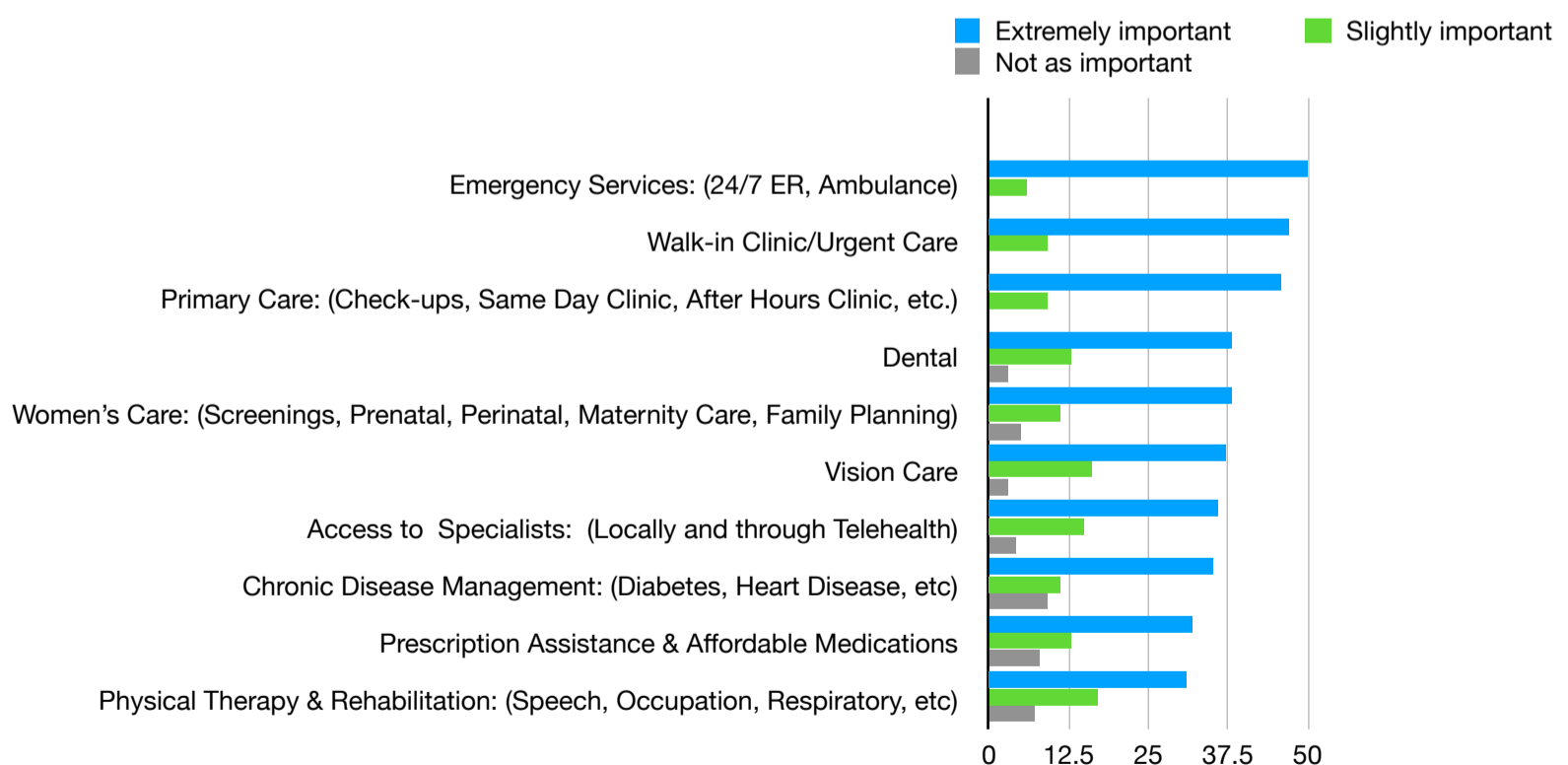
1. **Expand housing and living options** for seniors, including affordable housing, independent living, and long-term care facilities.

2. **Strengthen cognitive and home-based care**, particularly memory care services and in-home supports.
3. **Address everyday barriers** through medication management programs, better nutrition services, and reliable transportation.
4. **Promote emotional and caregiver health**, ensuring seniors and their families have access to mental health support and caregiving resources.

By prioritizing these needs, St. Andrew’s could position itself as a leader in **comprehensive senior care**, ensuring that older adults remain safe, connected, and supported within their own community.

## ASPECTS OF HEALTHCARE

SMP Health – St. Andrew’s sought to understand the healthcare aspects most important to their community. Not surprisingly, urgent care services such as Emergency Room and Ambulance Services topped the list. Walk-in Clinics came next, followed by expanded Primary Care services.



The next three areas of healthcare around expanding access to Dental Care, Women’s Care, getting Vision Care, Specialists, and how to manage Chronic Conditions to stay healthier

longer. Other areas that landed in the top 10, were around Prescriptions, and Physical Therapy & Rehabilitation.

These insights emphasize the need for SMP Health – St. Andrew’s to keep improving their urgent care and look at extending walk-in clinics hours. In addition this survey reinforces the need to expand the range of services and specialists that the hospital offers in order to better serve the community closer to home. Ultimately these aspects of healthcare are the basis of what SMP Health – St. Andrew’s decided to focus on for their end of service.

## INITIAL SURVEY OBSERVATIONS

The initial results from the community survey highlight several important areas for St. Andrew’s to consider as it plans for the future of healthcare in the region. These areas reflect both immediate community needs and potential opportunities for growth, each of which carries implications for patient outcomes, hospital sustainability, and long-term community trust.

**Recruiting Primary Care** emerged as a central theme. Community members consistently expressed concern about access to timely primary care services, noting the need for providers who can also support women’s health and preventative care. Ensuring strong primary care recruitment is critical for maintaining local access, reducing outmigration for

basic services, and building the foundation for comprehensive healthcare in Bottineau County.

Expanding **value-based care** was another key area of focus. Residents voiced support for increased wellness visits, immunizations, screenings, and chronic care management. These services not only improve population health but also align with broader shifts in healthcare reimbursement. Strengthening value-based care helps St. Andrew’s improve

outcomes, prevent complications, and stabilize financial performance by focusing on prevention and coordinated management rather than costly, late-stage interventions.



Survey results also pointed to the importance of **senior care**, including hospice, transportation, and preventative outreach. With an aging population, ensuring that seniors can remain in the community with access to supportive, high-quality care is essential. This focus supports both patient dignity and caregiver wellbeing while reinforcing St. Andrew's role as a trusted provider across all stages of life.

In addition, several areas were identified for **exploration and feasibility assessment**. Respondents expressed interest in improved **mental health and counseling services**, particularly in light of rising concerns around depression, anxiety, and other behavioral health challenges. While not identified as an immediate priority, this remains an important consideration for future service development. The community also highlighted the need to **explore infusion services** and the potential to offer **cardiac calcium scoring**. While both require significant evaluation of staffing, infrastructure, and demand, including them in future planning conversations ensures that St. Andrew's continues to evolve in step with community expectations.

### **Why These Areas Matter**

Together, these themes show that the community values **accessible primary care, proactive prevention, strong support for seniors, and expanded specialty services**. Each represents both a challenge and an opportunity for St. Andrew's to demonstrate leadership and commitment to meeting local needs. By addressing immediate priorities while carefully exploring future possibilities, the hospital positions itself not only as a healthcare provider, but as a long-term partner in sustaining the health and vitality of the community.

## **IMPLEMENTATION PLAN**

### **COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) – ST. ANDREW'S**

In addition to conducting a Community Health Needs Assessment (CHNA), hospitals are required to develop a Community Health Implementation Plan (CHIP) to outline strategies for addressing the issues identified in the CHNA. This plan provides a roadmap for how hospitals will respond to community priorities, while also supporting their accountability as nonprofit 501(c)(3) organizations.

SMP Health – St. Andrew’s CHIP reflects staff decisions, combined with input from community members, regarding the actions needed to address healthcare gaps. Based on survey findings and local input, **three primary areas** have been identified as priorities for action:

## 1. Recruiting Primary Care Providers

One of the most urgent needs identified through the survey is the **recruitment of additional primary care physicians**. Access to strong, reliable primary care is the foundation of community health, and St. Andrew’s recognizes the importance of ensuring patients can receive preventative, routine, and ongoing care close to home.

To address this, St. Andrew’s will take a multi-pronged approach:

- **Partner with 3RNET and the Center for Rural Health at the University of North Dakota (UND)** to expand outreach, leverage statewide networks, and identify candidates interested in rural practice.
- **Hire a dedicated recruiter** to actively pursue and secure a Family Practice Physician who can strengthen local primary care capacity.

<b>1.1 Recruit Primary Care</b>
1.1.1 Work with 3RNet and Center for Rural Health (UND)
1.1.2 Hire Recruiter to Help Recruit FP Physician

By investing in both partnerships and professional recruitment resources, St. Andrew’s is committed to filling this critical gap. Bringing in new primary care providers will ensure residents have consistent access to essential services, support preventative care efforts, and reduce the need for patients to leave the community for routine healthcare.

## 2. Strengthening Access to Preventative Care

St. Andrew’s Hospital recognizes that preventive care—particularly for women’s health—is essential to the overall well-being of the community. Early detection of disease and consistent access to routine screenings save lives, reduce long-term healthcare costs, and empower individuals to take an active role in maintaining their health. To meet these goals, the hospital is implementing a multi-faceted approach to strengthen access to preventive and gynecological care for women and families across the region.

The first initiative will be to **promote preventive health screenings** such as colorectal, prostate/PSA, and diabetes testing among others. By increasing awareness and making these screenings more accessible, St. Andrew's aims to catch chronic and life-threatening conditions earlier—when treatment is most effective. Educational outreach, provider reminders, and community partnerships will help ensure that more residents take advantage of these important preventive services.

<b>1.2 Strengthen access to preventative and routine gynecological care.</b>
1.2.1 Promote preventative health screenings. i.e. Colorectal, Prostate/PSA, Diabetes, etc.
1.2.2 Increase availability of women's health screenings, including Pap smears and mammograms.
1.2.3 Explore Gyno Options (Determine whether to bring on outreach or other)

At the same time, the hospital will **expand the availability of women's health screenings**, including Pap smears and mammograms. These services are critical to the early detection of cervical and breast cancers, both of which are highly treatable when found early. St. Andrew's will work to improve scheduling options, reduce wait times, and remove barriers such as transportation and cost so that women can receive timely care close to home.

Finally, St. Andrew's will **explore additional gynecological service options** to enhance care access and continuity. The goal is to ensure that

every woman—regardless of where she lives—has consistent access to preventive and routine gynecological care.

Through these efforts, St. Andrew's Hospital is reinforcing its commitment to proactive, patient-centered care. By focusing on prevention, expanding women's health services, and exploring new partnerships, the hospital will help create a healthier, more informed, and better-served community for generations to come.

### 3. Building a Stronger Value-Based Care Program

The third priority identified through the community survey is the need to **expand value-based care**. This approach focuses on improving health outcomes, preventing disease, and aligning care delivery with models that reward quality rather than volume. By strengthening value-based initiatives, St. Andrew's will be able to improve patient health while also supporting the long-term financial sustainability of the hospital.

St. Andrew's will focus on three key areas:

1. **Expand Annual Wellness Visits** – Increasing participation in annual wellness visits for seniors and younger populations will promote early detection of health issues, provide opportunities for preventative counseling, and support continuity of care.
2. **Increase Screenings** – Enhanced access to screenings such as Pap smears, PSA tests, STD testing, colorectal cancer screening, and others will ensure patients receive timely preventative care, reducing the risk of late-stage diagnoses.
3. **Strengthen Chronic Care Management** – By expanding chronic disease management programs and engaging with the **Rough Rider High Value Network**, St. Andrew’s will improve coordination of care for patients with long-term conditions such as diabetes, hypertension, and heart disease, while also meeting quality benchmarks associated with value-based care models.

<b>1.3 Value Based Care</b>
1.3.1 Expand Annual Wellness Visits for Seniors and Youth
1.3.2 Increase Screenings (PAP, PSA, STD, Colorectal, etc)
1.3.3 Strengthen Chronic Care Management and Value Based Care with Rough Rider High Value Network (Spreadsheet Items)

Through these efforts, St. Andrew’s aims to reduce preventable hospitalizations, improve patient outcomes, and align care delivery with best practices in prevention and population health.

### Postponed Areas for Future Exploration

While important, three areas have been identified for **postponed exploration** at a later time:

1.4 Explore Mental Health Counseling Program
1.5 Explore Feasibility of Infusion
1.6 Explore Cardiac Calcium Score

- Expanding mental health counseling services.

- Assessing the feasibility of providing **infusion services**.

- Exploring opportunities to offer **cardiac calcium scoring** for preventative cardiology.

By prioritizing its resources, St. Andrew's can focus on the areas of **greatest immediate impact**, while leaving the door open to explore these additional services as demand and capacity allow.

## **CONCLUSION**

SMP Health – St. Andrew's (SMP Health – St. Andrew's) stands at a promising crossroads—one shaped by the voices, concerns, and aspirations of the community it serves. Through this Community Health Needs Assessment, SMP Health – St. Andrew's has listened closely, engaged meaningfully, and charted a course of action that directly responds to the most pressing health challenges facing the residents of this county.

The path forward is filled with opportunity. By expanding specialty care in areas such as dermatology, pediatrics, allergy, and orthopedics, SMP Health – St. Andrew's is creating access to services that once required travel and time many families could not afford. Renewed focus on mental and behavioral health, including substance abuse treatment, therapy, and long-term support, reflects a deep understanding of the complex and personal nature of health. Women's health will be strengthened through targeted improvements in gynecology, obstetrics, preventative screenings, and lifelong care. Investments in chronic care and preventative health—such as diabetes management, cancer screenings, and education—will help keep people healthier, longer.

But SMP Health – St. Andrew's is not doing this alone. The hospital recognizes that achieving sustainable, community-wide health improvements requires collaboration. Whether through local partnerships, shared outreach efforts, or joint program development, SMP Health – St. Andrew's is committed to working hand-in-hand with community leaders, organizations, and residents. Together, these partnerships will amplify the hospital's impact and ensure that care is accessible, equitable, and relevant.

The hospital's dedication to innovation, responsiveness, and inclusivity signals a bright future—not just for SMP Health – St. Andrew's, but for the entire county. As these plans take shape and new services emerge, the hospital will remain a constant and trusted presence—rooted in the community and driven by a shared mission to improve health and quality of life for all. The future of healthcare in this region is strong, and SMP Health – St. Andrew's is proud to lead the way forward.



**SMP Health**

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SMP HEALTH - ST. ANDREW'S  
IN CONJUNCTION WITH  
CYCLE OF BUSINESS

**2025**