CHI Oakes Community Hospital

2025 Community Health Implementation Strategy

Adopted August 2025

CHI Oakes Hospital™

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At-a-Glance Summary

Community Served	Dickey County, primarily an agricultural community, found in southeastern North Dakota. According to the 2020 U.S. Census, Dickey County had a population of 4,897. Its two largest communities have 2,923 of those residents: Ellendale, the county seat, had a population of 1,125, and Oakes had a population of 1,798.
Significant Community Health Needs Being Addressed	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are: • Availability of Mental Health Resources • Violence Prevention
Strategies and Programs to Address Needs	The hospital intends to take actions and to dedicate resources to address these needs, including: • Increase availability of mental health resources • Provide outreach trainings to raise awareness on violence between intimate partners • Provide workshops to equip individuals to build healthy relationships
Focus Population	Focus populations include first responders and residents experiencing behavioral health needs
Anticipated Impact	Anticipated impact on the focused needs assessment areas are: • Increased availability of mental health services to the communities served • Increased awareness of unhealthy relationships and having tools to build healthy relationships.
Planned Collaboration	Collaboration on these strategies and programs will occur between CHI Oakes Community Hospital and various partners and workgroups. • Oakes Mental Health Coalition • CommonSpirit Violence Prevention Coalition

This document is publicly available online at the http://www.oakeshospital.com/. Written comments on this report can be submitted to CHI Oakes Hospital, Attn: Community Health Needs Assessment, 1200 7th St., Oakes, ND 58474 or by e-mail to joshua.gow@commonspirit.org.

Our Hospital and the Community Served

About the Hospital

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

CHI Oakes Hospital began delivering its healthcare mission in 1923 as the St. Anthony Hospital. In 1950, the Sisters of St. Francis of the Immaculate Heart of Mary purchased the hospital and, eventually, opened a new facility. The Sisters of St. Francis transferred the sponsorship of the Oakes Community Hospital to CHI in 1998.

CHI Oakes Hospital is a 20-bed Critical Access Hospital that provides various inpatient and outpatient services to approximately 14,000 people in southeastern North Dakota. It is also a 24-Hour Emergency Level V Trauma Center. The hospital building was newly constructed in 2007, replacing a 50-year old building, and in 2010, Oakes Community Clinic was opened within the hospital building.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission.

Mission

The mission of CommonSpirit Health is making the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Vision

Our vision is to provide a healthier future for all inspired by faith, driven by innovation, and powered by our humanity.

Values

Our values are what brings our mission to life and allows for our vision to become reality:

- Compassion • Inclusion • Integrity • Excellence • Collaboration

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

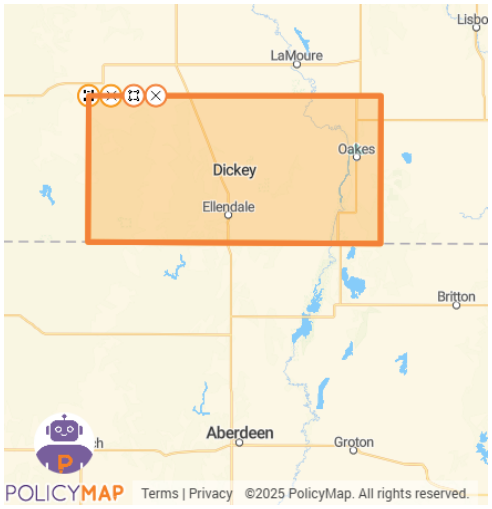
Dickey County is a rural county in southeastern North Dakota. The county seat and largest city is Oakes. With 5,003 residents, Dickey County is North Dakota's 24th most populous county. It is home to proportionally more adults aged 65 and older than North Dakota and the United States as a whole. Like most of North Dakota, Dickey County's racial composition is largely white. The median household income and median home value are both lower in Dickey County than in North Dakota or the nation, but so are the costs associated with home rental and home ownership. Dickey County's poverty rate is also lower than North Dakota and national averages.

Dickey County has a higher rate of adult obesity than North Dakota and the United States. And while the adult excessive drinking rate in Dickey County is lower than the average for North Dakota overall, driving deaths due to alcohol impairment are higher. The county's leading causes of death in 2021 were malignant neoplasms, diseases of the heart, and COVID-19. Dickey County has a higher annual flu shot rate than North Dakota and the nation. While the ratio of residents to primary care physicians in Dickey County is similar to the statewide and national averages, the ratio of residents to mental health care providers and to dentists in Dickey County are higher (worse) than the ratios in North Dakota and the nation.

Dickey County faces relatively moderate to very high expected annual loss due to cold waves, winter weather, strong wind, hail, and ice storms. However, Dickey County's overall risk due to natural hazards is Very Low. Dickey County's social vulnerability is rated as Very Low and its community resilience is rated Relatively High. These factors combined give Dickey County a Very Low National Risk Index Score.

The following zip codes correspond to 80 percent of admission to CHI Oakes Hospital: 58017, 58032, 58458, and 58474

Figure A: CHI Oakes Hospital Community Needs Assessment Service Area



Core demographics for Dickey County are summarized in Table 1.

Table 1: Core Demographic Summary, Dickey County, North Dakota

Measure	Dickey County, ND
Community Description	Rural
Population	5,003
Racial and Ethnic Distribution	
White, non-Hispanic alone	89.0%
American Indian and Alaska Native alone	2.2%
Black or African American alone	0.2%
Asian or Pacific Islander alone	1.0%
Some other race alone	1.6%
Two or more races	3.4%
Hispanic Origin (of any race)	4.8%
Median Household Income	$60,250
Percent of Persons below Poverty Rate	9.2%
Unemployment Rate	1.7%
Percent Population with less than High School Diploma	8.6%
Percent of People 5 and Older who are Non-English Speaking	2.6%
Percent of People without Health Insurance	8.0%
Percent of People with Medicaid	11.5%
Health Professional Shortage Area	Yes
Medically Underserved Area	Yes
Number of Hospitals in the County	1 (CHI Oakes Hospital)

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in May 2025. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

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

Significant Health Need	Description	Intend to Address?
Mental Health (anxiety, stress, depression) and suicide	Instances of mental health crises and suicide in the community continue. There is also a lack of behavioral health providers to meet the needs of the community.	Yes
Substance Misuse	Substance misuse among residents was identified as a concern, including the use and/or misuse of alcohol, prescription drugs, tobacco and vaping, and illicit or street drugs	No
Access to Healthcare	Residents identified multiple barriers to healthcare, including: Price of services (even with insurance) and availability of healthcare resources	No
Emotional and Physical Violence	Residents identified concerns with various forms of violence, including: Cyber bullying, emotional abuse, child abuse and neglect, and intimate partner violcence	Yes

Significant Needs the Hospital Does Not Intend to Address

The hospital does not intend to directly address substance misuse and abuse, but intends to focus efforts on mental health as it is a frequent comorbidity to substance misuse and abuse.

The hospital does not intend to directly address access to healthcare to focus resources on other needs. Access to healthcare services may improve through collaborative efforts with community agencies aimed at improving behavioral health services.

2025 Implementation Strategy

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

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

Creating the Implementation Strategy

CHI Oakes Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Hospital and health system participants included CommonSpirit Health national Community Health leaders, CommonSpirit Health Central Region Community Health leaders, and CHI Oakes Hospital administration, nursing leaders, mission leader, and foundation director.

Community input or contributions to this implementation strategy included the hospital community benefit action team, and members of the community mental health coalition.

The programs and initiatives described here were selected on the basis of utilizing existing programs and partnerships with evidence of success.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health applies three core strategies to community health improvement activities. The hospital strives to incorporate these strategies into its work, to help ensure that its program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions
- Strengthen community capacity to achieve equitable health and well-being
- Implement and sustain evidence-based health improvement program initiatives

Strategies and Program Activities by Health Need

 **Health Need: Behavioral Health**		
Anticipated Impact (Goal)	Increase availability of mental health resources in the community	
Strategy or Program	**Summary Description**	**Primary Population Served**
Mental health programs and events for residents	• Collaborate with community partners to provide behavioral health trainings for community residents	Dickey County Residents
Increase behavioral health providers	• Support local agencies recruiting behavioral health providers to hospital service area • Support training opportunities for healthcare workers, first responders, and others to address behavioral health crises • Partner with local agencies to expand availability of tele-health services for community residents	Dickey County Residents; First Responders and Healthcare Workers
Planned Resources	The hospital will provide staff to participate in this work, including mission, clinic leadership, administration, and others where appropriate	
Planned Collaborators	Oakes Mental Health Coalition, Growing Small Towns	

Health Need: Violence Prevention		
Anticipated Impact (Goal)	Decrease violence by increasing awareness of unhealthy relationships and providing education on developing healthy relationships	
Strategy or Program	**Summary Description**	**Primary Population Served**
Community Outreach Presentations	● Providing trainings and education for community members on violence prevention	Dickey County Residents
Healthy Relationship Workshops	● Workshops provided to county residents on healthy relationship skills	Dickey County Residents
Planned Resources	Director of Mission and Administrative Coordinator will represent hospital on violence prevention coalition and provide administrative support and trainings as needed	
Planned Collaborators	CommonSpirit Violence Prevention Coalition, Kedish House	

Program Highlights

Community Health Worker Program

CHI Oakes Hospital, as part of CommonSpirit Health, has implemented a Community Health Worker initiative to improve patient outcomes by addressing social determinants of health (SDoH). This initiative involves universal screening in primary care, integrating Community Health Workers (CHWs) to connect individuals with essential resources, and tailoring best practices to diverse rural populations in our community. By bridging clinical care with community outreach, the CHW program helps patients to overcome challenges related to socioeconomic factors impacting health, aligning with national initiatives and investing in technology-driven solutions to facilitate collaboration and equitable access to care, ultimately prioritizing patient-centered solutions and a more equitable healthcare system.

Oakes Mental Health Coalition

Initiated in response to a previous Community Health Needs Assessment, the Oakes Mental Health Coalition continues to be active in addressing behavioral health needs in Oakes, Ellendale, and surrounding areas. CHI Oakes Hospital is an active member of this coalition, utilizing strong collaborative partnerships with community agencies and non-profit organizations to address this growing need. Ongoing priorities for this coalition will include improving behavioral health resources to community members, whether that is through active recruitment of providers or utilization of tele-health options.

CommonSpirit Health Violence Prevention Program

The Violence Prevention Program began in 2015 as a community planning and coalition building process that engaged individuals and organizational stakeholders from eight North Dakota communities in developing a plan to prevent violence in our relationships and families. With a shared purpose of creating communities free of intimate partner violence, the Violence Prevention Program was formed. In July of 2025, the program was expanded to include the states of Minnesota, Nebraska, and Iowa.

The Violence Prevention Program works toward preventing intimate partner violence using a dual approach. First, the program focuses on building community and organizational capacity, by enhancing referral networks and increasing awareness of intimate partner violence, but also by teaching local community outreach leaders how to train professionals in many fields to incorporate intimate partner violence prevention efforts into their existing work. Community outreach leaders are trained annually and in-turn offer training geared toward professionals in their communities throughout the year. We also partner with nationally recognized speakers and trainers and offer an annual DV training opportunity to our statewide partners free of charge.

Second, the Violence Prevention Program educates individuals throughout the community on intimate partner violence prevention. This occurs by training local facilitators in Within My Reach, an evidence-based curriculum that promotes developing healthy relationships and decision-making skills. Local Within My Reach facilitators will use this curriculum to educate individuals in their communities throughout the year on useful skills that enhance relationships and mitigate instances of violence. All workshops are provided free of cost.