Community Health Needs Assessment

SANFORD BROADWAY MEDICAL CENTER
2022-2024
Dear Community Members,

Sanford Fargo is pleased to present the Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. It is through this work that we identify unmet health needs in the community, and then strategically plan how to best address those needs. This process is well aligned with Sanford’s vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

As a result of this process, we will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Access to Affordable Health Care
- Mental Health / Behavioral Health and Substance Abuse

The CHNA process also focused on the many strengths and resources available in our community. This report includes an overview of the community assets that are available to address various community health needs. We have also included an impact report from our 2019 implementation strategies.

We are committed to extending care beyond our bricks and mortar, and ultimately improving the health and wellness of our entire community. We are committed to improving the quality of life for all Fargo area residents. We invite you to join us and thank you for your support of these ongoing efforts.

Sincerely,

Bryan Nermoe

President and Chief Executive Officer – Fargo Medical Center
BACKGROUND

Community Description
The Sanford Fargo Medical Center is located in Fargo, North Dakota. Fargo is a diverse, dynamic, family-oriented community on the eastern border of North Dakota. It is the largest city in North Dakota, accounting for nearly 16 percent of the state population. Fargo is the county seat of Cass County. Fargo and its twin city of Moorhead, MN, adjacent West Fargo, ND, and Dilworth, MN, form the core of the metro area, which in 2018 had a population of 240,000.

Founded in 1871, Fargo is the economic center of southeastern North Dakota. It is a culture, retail, health care, education, and industry hub for the region. The Fargo-Moorhead metro area is home to three universities: North Dakota State University, Concordia College, Minnesota State University Moorhead, and numerous other private and state colleges and technical schools and is home to over 38,000 students.

Although the economy of the Fargo area has historically been dependent on agriculture, the city now has a growing economy based on food processing, manufacturing, technology, retail trade, higher education, and health care. US News & World Report ranked Fargo as the #1 city for finding a job, Farmers Insurance named it the #3 most secure place to live, and Moving.com named it #5 on its list of best places to live in America.

Fargo-Moorhead is home to a growing number of innovative technology and biomedical companies, attracted to the community by its educated workforce, low labor costs, favorable tax climate, advanced telecommunications infrastructure and available energy and water supplies. Education and health services account for the largest non-agricultural industries.

The community as defined for purposes of the Community Health Needs Assessment includes Cass County, ND, and Clay County, MN. Demographic detail for the counties is included in the appendix.

Partners
The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Sanford Health
- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Executive Director, Legal
- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant
System Partners
We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:

- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Renae Moch, Director, Burleigh Public Health and President, North Dakota Public Health Association
- Ann Kinney, Senior Research Scientist, Minnesota Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifer, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse, Beltrami County Health and Human Services
- Erica Solseth, CHI St. Alexius Health
- Sister Nancy Miller, Director Mission Integration, CHI St. Alexius Health
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Fargo Partners
We express our gratitude to the following community collaborative members for their participation in the community stakeholder meetings:

- Julie Sorby, Family HealthCare
- Jayne Gust, Sanford Health
- Megan Jensen, United Way
- Kyle Christianson, The Lotus Center
- Jode Freyholtz-London, Wellness in the Woods
- Clare Holland, Family HealthCare
- Bridget Henne, Fargo Cass Public Health
- Ellen Robinsetin, NDSU
- Michael Little, ND Dental Foundation & Optometric Foundation of ND
- Jamie Hennen, Clay County Public Health
- Kelsie Tucholke, Clay County Public Health
- Lonnie Pederson, Jeremiah Program
- John Rudrud, Sanford Health
- Kane Tigner, Sanford Health
- Joshua Ebert, Clay County Public Health
- Ahmed Shiil, United Way
- Rory Biel, Clay County Public Health
- Karen Pifer, Essentia Health
- Leslie Witte, Clay County Public Health

Joined Virtually:
- Anna Frissell, Red River Child Advocacy Center
- Buboltz, Jackie, Essentia Health
- Shannon Monroe, Moorhead Police Department

Ken Foster, Concordia College
Tim Hiller, Churches United
Hollie Mackey, Indigenous Association
Kaleb Liebl, Family HealthCare
Erika Yoney, Moorhead Area Public Schools
Arlette Preston, City of Fargo
Kim Seeb, Family HealthCare
Maeve Williams, Fargo Cass Public Health
Beth Nelson, Blue Cross Blue Shield of Minnesota
Kathy McKay, Clay County Public Health
Kim Lipetzky, Fargo Cass Public Health
Nyamal Dei, Clay County Public Health
Karen Nitzkosrsky, Clay County Public Health
Ahmed Makaraan, Somali Community Development Association
Matuor Alier, Moorhead Area Public Schools
Justin Bohrer, Fargo Cass Public Health
Andy Wiese, Sanford Health
Rebecca Kent, Essentia Health
Kory Peterson, City of Horace
Larry Anenson, Fargo Cass Public Health
Sanford Fargo Description

Sanford Broadway Medical Center, located in downtown Fargo is the oldest of three Sanford Health medical center campuses in Fargo with 583 licensed beds. It is the site of the original St. Luke’s Hospital which was established in 1908.

The Broadway campus is undergoing extensive remodeling following the opening of Sanford Medical Center Fargo in July 2017 and the relocation of many services to that location. The longer-term mission for the Broadway facility is a greatly expanded Roger Maris Cancer Center which will anchor the Broadway campus and provide many new services and specialties, such as bone marrow transplants. In addition to an extensive array of cancer services provided, including an inpatient oncology unit, Sanford Broadway is currently home to the Heart Center, CV diagnostic services, palliative care unit, inpatient ICU, Urgent Care, same day surgery, and others.

It is connected to Sanford Broadway Clinic, which is the region’s largest multi-specialty clinic offering over 50 medical specialties including 15 pediatric sub-specialties.

Sanford Health is the largest employer in the Fargo metro area with 9,400 Sanford employees in Fargo-Moorhead-West Fargo, including 500 board-certified physicians and 200 advanced practice providers (APPs). It is accredited by The Joint Commission.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population’s health and the prevalence of disease and health issues within our community. 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 and justify the 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. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.
**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 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 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, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each and every assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. 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 to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford’s fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the 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 the local community and across Sanford’s care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment. Sanford Health, Essentia Health, Family HealthCare, Clay County Public Health, and Fargo Cass Public Health, which are referred to as the “Cass-Clay Working Group,” coordinated the community survey and stakeholder meeting. Priority health needs for purposes of the individual implementation plans were identified by each organization based
upon their current capacities, areas of expertise, alignment with strategic plans, and service areas, among other topics.

**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 contacting them 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 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.

**Community and Stakeholder Survey**

Members of the community 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 the needs of the community based upon the UW Population Health 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. 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 Cass County, ND, and Clay County, MN, populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (https://news.sanfordhealth.org/community/health-needs-assessment-survey/) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 1,008 respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.
Secondary Data
County Health Rankings is based upon the UW Population Health model and serves 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 and builds 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. Fargo is included with Sioux Falls SD and Bismarck 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.

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

Community Stakeholder Meetings
The Cass-Clay Working Group held a joint meeting in which community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced with the participants divided into small groups. Each participant was asked to consider the needs identified through the survey 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.

The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
• Does the community have gaps in services, access, outreach, etc.?
• OPPORTUNITIES – where can we have greatest impact in addressing these needs?
• Which are most urgent in nature?
• Is there work being done on these needs?
• What are the resources currently not utilized within the community that could address this topic?
• Which fall within the purview of healthcare 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?

Each group was asked to submit their top three priorities at the end of the meeting based upon the survey data and stakeholder meeting discussions. Representatives for the Cass-Clay Working Group subsequently developed a top 10 list of health needs based upon the primary and secondary data and input from the community stakeholder meeting. Priority health needs for purposes of the individual implementation plans were identified by each organization based upon their current capacities, areas of expertise, alignment with strategic plans, and service areas, among other topics.

**Community Definition:**
Cass and Clay Counties, North Dakota are included in the data analysis and represent a majority of the volumes to Sanford Fargo medical centers. No population was excluded from the process.
COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary
CHNA respondents were asked to rate various community health issues and 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 CHNA respondents in the Fargo area regarding the following community health issues were positive. Average scores for access to daily transportation (average score=3.07), long-term nursing care and senior housing quality (average score=3.37), child care and preschool quality (average score=3.51), community safety (average score=3.60), employment and economic opportunities (average score=3.60), access to healthy foods (average score=3.61), access to exercise opportunities (average score=3.67), health care quality (average score=3.75), and environmental health (average score=3.89) in the Fargo market were all above 3.00. However, with the exception of transportation, long-term care, and child care, average scores for CHNA respondents in the Fargo area for each of these community health issues was lower than the comparison group average.

When asked about their personal health, CHNA respondents in the Fargo area rated their current health and wellness as good (average score=3.28) and their current ability to access health care services as fairly good (average score=3.81). However, both scores were lower than the comparison group average. Despite lower rankings when compared to similar-sized markets, it is important to note that average scores of CHNA respondents in all three markets were very similar.

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

Identified Significant Health Needs

Access to Affordable Health Care
Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. NDSU reported health care accessibility and cost as two separate health needs. The Cass-Clay Working Group determined that the two topics are most appropriately addressed as a combined topic for purposes of the local CHNA process.

When CHNA respondents in the Fargo area were asked about the most important health care issues impacting their community, the cost of health care was their top concern (higher than COVID-19 and general access concerns). In addition, when respondents were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), cost and the ability to afford needed health care was their top health care concern. Regarding routine checkups, 13 percent of CHNA respondents in the Fargo area had not been to a physician or provider for a routine checkup in the past year (which is the lowest percentage when compared to similar-sized markets served by Sanford Health). When asked why, the third leading concern was cost and inability to afford care (18%), behind COVID-19 concerns (40%) and not needing to see a doctor (33%). In addition, 13 percent of CHNA respondents in the Fargo area indicated that they or a family member needed medical care in the past year but did not receive it. When asked why, the main reason was due to cost and inability to pay for health care services (59%), followed by COVID-19 concerns (33%) and no health insurance (29%).

According to CHR, approximately 7 percent of people in the Fargo area are uninsured, a rate
which is slightly lower than the average for similar markets served by Sanford Health.

While CHNA respondents in the Fargo area rated their ability to access health care as fairly good (average score=3.81), the score was slightly lower than the comparison group average. One in five CHNA respondents in the Fargo area reported traveling outside of their community to receive health care services in the past three years (22%). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (60%), followed by 36 percent of respondents who traveled for better or higher quality care.

One in six CHNA respondents in the Fargo area indicated they do not currently have a primary care physician (16%), which is the highest percentage among similar markets. When asked which health care services they would like to see offered or improved in their community, approximately one in four CHNA respondents in the Fargo area said walk-in or urgent care (29%), dental care (28%), and family medicine or primary care (23%). According to CHR, the Fargo area has one primary care physician for every 1,272 people (which is the highest ratio among similar-sized markets served by Sanford Health) and one dentist for every 1,375 people (which is the lowest ratio among similar markets).

During the community stakeholder meeting participants brought up increasing access to healthcare access as a top concern several times. Although participants were pleasantly surprised by the healthcare access numbers. Meeting participants discussed cultural competency of health care and support resources for vulnerable and underserved as areas where health care access could be improved. Cost of care, lack of financial assistance resources, health equity, health literacy, lack of knowledge of available resources, and lack of mobile care units were brought up as contributing factors to poor healthcare access. Participants identified improving primary care and specialty services as an area that systems could have a meaningful impact.

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<th><strong>Local Asset Mapping</strong></th>
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<td><strong>Affordable Insurance resources:</strong></td>
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<tr>
<td>• Blue Cross, 4510 – 13th Ave. S., Fargo</td>
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<tr>
<td>• Medica, 1711 Gold Dr., Fargo</td>
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<td>• Sanford Health Plan, 1749 – 38 St. S., Fargo</td>
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<td><strong>Affordable Dental resources:</strong></td>
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<tr>
<td>• Family HealthCare Center dental clinic, 715 N. 11th St., Moorhead</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• RRV Dental Access Project, 715 – 11th St. N., Moorhead</td>
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<tr>
<td><strong>Affordable Vision coverage:</strong></td>
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<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td><strong>Affordable Health Care resources:</strong></td>
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<tr>
<td>• Essentia Charity Care program (all locations)</td>
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<tr>
<td>• Essentia Clinics (several locations)</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Health Care for Homeless Veterans, 2101 N. Elm, Fargo</td>
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<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• Sanford Charity Care program (all locations)</td>
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<td>• Sanford Clinics (several locations)</td>
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<tr>
<td>• VA Clinic, 2101 N. Elm, Fargo</td>
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<tr>
<td>Prescription Assistance resources:</td>
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<tr>
<td>• Fargo Area Prescription Assistance, 505 N. Bdwy, Fargo</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• Prescription Assistance Program, 624 Main Ave., Fargo</td>
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<tr>
<td>• Prescription Connection, 600 E. Blvd. Ave., Bismarck</td>
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<tr>
<td>• Salvation Army prescription assistance program,</td>
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<thead>
<tr>
<th>Dental Resources:</th>
<th>Dental Resources Cont.:</th>
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<tbody>
<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
<td>• Northern Lights Dental, 4150 19th Ave S #301, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
<td>• Robert A Saunders DDS PC &amp; Brittany C Krog DDS, 2834 S University Dr, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
<td>• Corwin Family Dentistry, 827 28th St S Suite A, Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
<td>• Majidian Dental, 1231 27th St S Suite B, Fargo</td>
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<tr>
<td>• RRV Dental Access Project, 715 – 11th St. N., Moorhead</td>
<td>• Dakota Pediatric Dentistry 4423 45th St S, Fargo</td>
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<tr>
<td>• Family HealthCare Center dental clinic, 715 N. 11th St., Moorhead</td>
<td>• Vetter Dental, 1331 32nd Ave S #3, Fargo</td>
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<td>• Smile Solutions, 1910 42nd St S suite a, Fargo</td>
<td>• Valley Dental, 1338 Gateway Dr S, Fargo</td>
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<tr>
<td>• Southview Dental Care: Dr. David Tranby, 2704 12th St S, Moorhead</td>
<td>• Cornerstone Dental, 3030 49th St S, Fargo</td>
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<td>• Melinda Harr Dental, 1509 32nd Ave S, Fargo</td>
<td>• Dahl and Mack Dental, 1324 23rd St S, Fargo</td>
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<td>• Dental Care Fargo, 3226 13th Ave S, Fargo</td>
<td>• Evergreen Dental, 1220 Main Ave #220, Fargo</td>
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<td>• Fargo Moorhead Dental &amp; Dentures, 4302 13th Ave S Suite 10, Fargo</td>
<td>• Tronsgard &amp; Sullivan DDS, PC, 1231 27th St S, Fargo</td>
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<td>• Lundstrom Family Dentistry, 4110 40th St S #102, Fargo</td>
<td>• Northern Lights Dental, 4150 19th Ave S #301, Fargo</td>
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<td>• Aspen Dental 1650 45th St S STE 108, Fargo</td>
<td>• Southpointe Dental – Dr Lichtsinn, 3210 18th St S suite a Fargo</td>
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<td>• Arch Dental 321 44th St N, Fargo</td>
<td>• Crossroads Dental, 1918 9th St E, West Fargo</td>
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<td>• Dakota Smiles 3170 44th St S #100, Fargo</td>
<td>• Dental Care Fargo: Carrie Peterson, DDS, 3226 13th Ave S, Fargo</td>
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<td>• Saving Smiles Dentistry, 3210 18th St S Suite B, Fargo</td>
<td>• Smile Care, 3011 25th St S, Fargo</td>
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<td>• Serenity Valley Family Dentistry, 3633 Lincoln St S STE C, Fargo</td>
<td>• South University Dental Associates, 3115 S University Dr, Fargo</td>
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<tr>
<td>• Blake Ristvedt Dental, 520 Main Ave Suite 705, Fargo</td>
<td>• Designer Smiles, 3525 25th St S, Fargo</td>
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<thead>
<tr>
<th>Acute Care Providers:</th>
<th>Urgent Care Providers:</th>
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<tr>
<td>• Sanford Medical Center Fargo, 5225 23rd Ave S, Fargo</td>
<td>• Sanford Children’s Urgent Care Clinic, 2701 13th</td>
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<tr>
<td>• Essentia Health Fargo, 3000 32nd Ave S, Fargo</td>
<td>• Sanford South University Urgent Care, 1720 S University Dr, Fargo</td>
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<tr>
<td>• Sanford South University Medical Center, 1720 S University Dr, Fargo</td>
<td>• Sanford Orthopedics and sports walk in clinic, 2301 25th St S, Fargo</td>
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<td>Providers</td>
<td>Providers Cont.</td>
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<tr>
<td>• Sanford Broadway Medical Center, 801 Broadway N, Fargo</td>
<td>• UrgentMED, 2829 S University Dr #101, Fargo</td>
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<tr>
<td>• Fargo VA Health Care System, 2101 Elm St N, Fargo</td>
<td>• Sanford Children’s Urgent Care Clinic, 2701 13th St</td>
</tr>
<tr>
<td>• Sanford Fargo N Clinic, 2601 Broadway N, Fargo</td>
<td>• West Fargo Eyecare Associates, 3139 Bluestem Dr #112, West Fargo</td>
</tr>
<tr>
<td>• DMS Health Technologies Inc, 1351 Page Drive South, Suite 300, Fargo</td>
<td>• Internal Medicine Associates (IMA Healthcare), 4450 31st Ave S Ste 102, Fargo</td>
</tr>
<tr>
<td>• Lamb Plastic surgery Center, 1507 S University Dr, Fargo</td>
<td>• Sanford Orthopedics, 2301 25th St S, Fargo</td>
</tr>
<tr>
<td>• Fargo Psychiatric Clinic, 2810 Broadway N, Fargo</td>
<td>• Sanford Southpointe, 2400 32nd Ave S, Fargo</td>
</tr>
<tr>
<td>• Sanford Health Occupational Medicine Clinic 3838 12th Ave N, Fargo</td>
<td>• Heartland Healthcare Network, 3453 Interstate Blvd S Suite A, Fargo</td>
</tr>
<tr>
<td>• Sanford West Fargo clinic, 1220 Sheyenne St, West Fargo, ND 58078</td>
<td>• Fargo Center For Dermatology: Dr Rachel Ness, 3173 43rd St S suite a, Fargo</td>
</tr>
<tr>
<td>• Essentia Health-West Fargo Clinic, 1401 13th Ave E, West Fargo</td>
<td>• Sanford Reproductive Medicine Clinic, 1111 Harwood Dr S, Fargo</td>
</tr>
<tr>
<td>• Essentia health - 52nd avenue clinic, 4110 51st Ave S, Fargo</td>
<td>• Center For Special Surgery, 2829 S University Dr #103, Fargo</td>
</tr>
<tr>
<td>• Vance Thompson Vision – Fargo, 505 32nd Ave E Suite B, West Fargo</td>
<td>• Thom Eye &amp; Laser Clinic, 3171 44th St S, Fargo</td>
</tr>
<tr>
<td>• Sanford Dermatology &amp; Laser Clinic, 4656 40th Ave S, Fargo</td>
<td>• Sanford south university point of care, 1720 S University Dr, Fargo</td>
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<tr>
<td>• Fargo Dialysis Center, 4474 23rd Ave S stem, Fargo</td>
<td>• Valley Medical Clinic, 300 Main Ave #200, Fargo</td>
</tr>
<tr>
<td>• Sanford Dialysis, 2801 S University Dr, Fargo</td>
<td>• Northern Plains Surgery Center, 44 4th Street South, Fargo</td>
</tr>
<tr>
<td>• Bagan Strinden Vision, 4344 20th Ave S #1, Fargo</td>
<td>• Family HealthCare, 301 Northern Pacific Ave, Fargo</td>
</tr>
<tr>
<td>• Kari Wessman MD, PC, 3000 32nd Ave S, Fargo</td>
<td>• Sanford Transplant Center, 736 Broadway N, Fargo</td>
</tr>
<tr>
<td>• Essentia Health-West Acres Clinic, 3902 13th Ave S, Fargo</td>
<td>• Essentia Health-Moorhead Clinic, 801 Belsly Blvd, Moorhead</td>
</tr>
<tr>
<td>• Fargo Cass Public Health, 1240 25th S St, Fargo</td>
<td>• Concordia College Health Services, 901 8th St SE, East Grand Forks</td>
</tr>
</tbody>
</table>

**Employment Resources:**
- • Fargo Workforce Center, 1350 32nd St. S, Fargo
- • Spherion, 2730 7th Ave S, Fargo
- • Preference Employment Solutions, 2605 42nd St S, Fargo
- • Volt Services Group, 4201 38th St SW #108, Fargo
- • Kelly Services, 4501 15th Ave S, Fargo
- • Prairie Staffing, 1323 23rd St S C, Fargo
- • Express Employment Professionals, 1100 19th Ave N Ste R1, Fargo
- • Aerotek, 3154 41st St S #1, Fargo

**Major Employers:**
- • Sanford Health, 5225 23rd Ave, S, Fargo
- • North Dakota State University, 1340 Administration Ave, Fargo
- • Blue Cross Blue Shield of North Dakota, 4510 13th Ave S, Fargo
- • Fargo Public Schools, 3901 40th Ave S, Fargo
- • Essentia Health-Fargo, 3000 32nd Ave S, Fargo
- • US Bank, multiple locations
- • Microsoft, 3900 Great Plains Dr S, Fargo
- • Fargo VA Hospital, 2101 Elm St N, Fargo

Physical Activity and Nutrition
The environments where people live, learn, work, and play affect access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape the health and the risk of being overweight and obese.

After cost and the ability to afford needed health care, chronic health issues were the most common health care concern that CHNA respondents and their families in the Fargo area face on a regular basis. The most commonly cited chronic health concerns involved overweight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that one in twelve adults in the Fargo area has diabetes (8%) and nearly one in three adults has obesity (31%), both of which are about average for similar-sized market areas served by Sanford.

CHR data also indicate that 19 percent of individuals in the Fargo market are physically inactive (which is similar to the comparison group average) and 7 percent are considered food insecure and do not have a reliable source of food (which is also similar to the comparison group average). While CHNA respondents in the Fargo area rated access to healthy foods between good and very good (average score=3.61), the score was slightly lower than the comparison group average. When the 14 percent of CHNA respondents in the Fargo area who rated access to healthy foods as poor or fair were asked why they did so, a common theme was that access to healthy food is dependent on a person’s income and access to transportation. Respondents added that a local corner convenience store (which typically offers processed foods and less healthy options) is often much more accessible and less expensive than a larger grocery store.

During the facilitated discussion nutrition was discussed in numerous small groups, including food insecurity among women and children. Increasing access to healthy food options in the community and addressing hunger needs was identified as an opportunity, especially with a growing concern for obesity in the wake of the COVID-19 pandemic.
## Local Asset Mapping

### Fitness resources:
- Anytime Fitness, 1801 – 45th St. S., Fargo
- Anytime Fitness, 5050 Timber Pkwy S., Fargo
- Anytime Fitness, 2614 N. Bdwy, Fargo
- Anytime Fitness, 935 – 37th Ave. S., Moorhead
- Core Fitness, 2424 – 13th Ave. S., Fargo
- Cold Fusion, 114 Bdwy, Fargo
- Courts Plus, 3491 S. Univ., Fargo
- Cross Fit, 1620 – 1st Ave. N., Fargo.
- Curves, 123 – 21st St. S., Mhd.
- Edge Fitness, 6207 – 53rd Ave. S., Fargo
- Elements Fitness, 3120 – 25th St. S., Fargo
- Fargo Park District, 701 Main Ave., Fargo
- Fitness 52, 2600-52nd Ave. S. Fargo.
- Fitness 4 Life, 1420 – 9th St. E., West Fargo
- Health Pros personal training, 2108 S. University, Fargo
- LA Weight Loss Center, 5050 – 13th Ave. S., Fargo
- Ladies Workout Express, 1420 – 9th St. E., West Fargo
- Max Training, 1518 - 29th Ave. S., Moorhead
- Metro Rec Ctr., 3110 Main, Fargo
- Moorhead Park District, 324 – 24th St. S., Moorhead
- No More Diets Support Group, Fargo
- Overeaters Anonymous, OA.org
- Planet Fitness, 4325 – 13th Ave. S., Fargo

### Obesity resources:
- Eating Disorders Support Group, Sanford, 1720 S. University, Fargo.
- Essentia Dieticians, 3000 – 32nd Ave. S., Fargo
- Gastric Bypass Support Group, Atonement Lutheran, 4201 S. University, Fargo
- Sanford Dietitians, 801 Bdwy, Fargo
- Sanford Eating Disorders & Wt. Management Center, 1717 S. University, Fargo

### Health care resources for high cholesterol/hypertension:
- Clay Co. Public Health, 715 - 11th St. N., Moorhead
- Essentia Health clinics (several locations)
- Family HealthCare Center, 301 NP Ave., Fargo
- Family HealthCare Center, 4025 – 9th Ave. S, Fargo
- Family HealthCare Center, 726 – 13th Ave. E., West Fargo
- Fargo Cass Public Health, 1240 – 25th St. S., Fargo
- Fargo VA, 2101 Elm St. N., Fargo
- Homeless Health, 311 NP Ave, Fargo
- Sanford Health clinics

### Healthy Food resources:
- Cash Wise (several locations)
- Family Fare (several locations)
- Hornbacher’s (several locations)
- Tochi, 1111 – 2nd Ave. N., Fargo

### Nutrition Information:
- Cass Co. Extension Service nutrition classes, 1010 – 2nd Ave. S., Fargo
- Cass Co. SNAP, 1010 – 2nd Ave. S, Fargo
- Cass Co. WIC, 1240 – 25th St. S., Fargo
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 adulthood.\(^2\)

When CHNA respondents in the Fargo 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 (51%). According to CHR, adults in the Fargo market average about 3.7 mentally unhealthy days each month and 12 percent of adults average at least 14 days of mental distress per month. One of the most important measures of mental health within a community is suicide. CHR data indicate that there are 16 suicides for every 100,000 people in the Fargo area, a rate similar to those in the Bismarck and Sioux Falls market areas served by Sanford Health.

According to CHR, the Fargo area has one mental health provider for every 364 people (which is the lowest ratio among similar-sized markets served by Sanford Health).

During the stakeholder meeting mental/behavioral health arose as a consistent area of opportunity among participants. Meeting participants were not surprised that mental health came up as one of the top health needs. Mental/behavioral health needs have been a constant concern in the community, and it has worsened due to COVID-19. The sheriff’s department also mentioned seeing a need for increased mental health services.

\(^2\) U.S. Department of Health & Human Services, MentalHealth.gov. Available at https://www.mentalhealth.gov/basics/what-is-mental-health
During the stakeholder meeting, groups raised a concern about the need to address the stigma surrounding mental health. Non-traditional care delivery methods, such as telehealth were noted to be effective at treating mental health. The mental health needs of the pediatric/adolescent community were particularly a focus of community stakeholders.

<table>
<thead>
<tr>
<th>Mental health resources:</th>
<th>Mental Health Resources Cont.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alzheimer’s Association, 2631 – 12th Ave. S., Fargo</td>
<td>• Lutheran Social Services of ND, 3911 – 20th Ave. S., Fargo</td>
</tr>
<tr>
<td>• ARC of West Central MN, 810 – 4th Ave. S., Moorhead</td>
<td>• Lutheran Social Services of MN, 715 – 11th St. N., Moorhead</td>
</tr>
<tr>
<td>• Catholic Family Services, 5201 Bishops Blvd., Fargo</td>
<td>• Mental Health America, 112 N. University, Fargo</td>
</tr>
<tr>
<td>• Clay Co. Public Health, 715 – 11th St. N., Moorhead</td>
<td>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo</td>
</tr>
<tr>
<td>• Clay Co. Social Services, 715 – 11th St. N., Moorhead</td>
<td>• Prairie St. John’s, 510 - 4th St. S., Fargo</td>
</tr>
<tr>
<td>• Community Outreach Center (on MSUM Campus), Lommen Hall 113, Moorhead MN</td>
<td>• Prairie St. John’s, 2925 – 20th St. S., Moorhead</td>
</tr>
<tr>
<td>• Creative Care for Reaching Independence (CCRI), 2903 – 15th St. S., Moorhead</td>
<td>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo</td>
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<tr>
<td>• Drake Counseling Services, 1202 – 23rd St. S., Fargo</td>
<td>• Prairie St. John’s, 510 - 4th St. S., Fargo</td>
</tr>
<tr>
<td>• Essentia (Fargo &amp; Mhd locations)</td>
<td>• Prairie St. John’s, 2925 – 20th St. S., Moorhead</td>
</tr>
<tr>
<td>• Fargo VA, 2101 Elm St. N., Fargo</td>
<td>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo</td>
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<tr>
<td>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo</td>
<td>• Safe Harbour, 1003 – 18- 1/2 St. S., Moorhead</td>
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<tr>
<td>• FirstLink, 4357 – 13th Ave. S., Fargo</td>
<td>• Sanford Health Behavioral Health, 100 – 4th St. S., Fargo</td>
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<tr>
<td>• Human Service Associates, 403 Center Ave., Moorhead</td>
<td>• SENDCA, 3233 S Univ., Fargo</td>
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<tr>
<td>• Heartland Industries, 2600 – 16th Ave. S., Moorhead</td>
<td>• SE Human Services, 2624 – 9th Ave. S., Fargo</td>
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<tr>
<td>• Lakeland Mental Health, 1010 - 32nd Ave. S., Moorhead</td>
<td>• Solutions, 891 Belsly Blvd., Moorhead</td>
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<tr>
<td>• Living Free, Jail Chaplains, P. O. Box 6444, Fargo</td>
<td>• Tran$ Em (Transitional Supported Employment of MN), 810 – 4th Ave. S., Moorhead</td>
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<tr>
<td>• Insight (women)</td>
<td>• Village Family Service Center, 1201 – 25th St. S., Fargo</td>
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<tr>
<td>• Stepping into Freedom (men)</td>
<td>• Village Family Service Center, 1401 – 8th St. S., Moorhead</td>
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<tr>
<td>• Anger: Our Master (men)</td>
<td>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead</td>
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</tbody>
</table>

**Substance use disorder/addiction**

Although not noted as a health need through the survey process, the community stakeholder meeting participants raised substance abuse and addiction in numerous groups. Substance abuse is a known community issue and the sheriff’s department reported that it has been getting worse recently. Participants expressed concern for some community members prioritizing drugs over essential things like food. They also mentioned that substance abuse has been increasing due to COVID-19. Participants were particularly concerned about substance abuse in the community’s youth. Participants expressed a concern that current interventions in the community may be insufficient to address the topic. Access to nontraditional services to treat substance abuse was mentioned as a valuable resource to treat substance use disorder/addiction.
Local Asset Mapping

<table>
<thead>
<tr>
<th>Substance Abuse services:</th>
<th>Substance Abuse Services Cont.:</th>
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</thead>
<tbody>
<tr>
<td>• AA, 1112 – 3rd Ave. S., Fargo</td>
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<tr>
<td>• AA Red Road to Recovery, 109 – 9th St. S., Fargo</td>
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<tr>
<td>• AA Club House, 1112 – 3rd Ave. S., Fargo</td>
<td></td>
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<tr>
<td>• ADAPT, Inc., 1330 Page Dr., Fargo</td>
<td></td>
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<tr>
<td>• Anchorage, 725 Center Ave., Moorhead</td>
<td></td>
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<tr>
<td>• Burl, Eddie DUI Seminar, 1351 Page Dr., Fargo</td>
<td></td>
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<tr>
<td>• Cass Co. Public Health Detox, 1240 – 25th St. S., Fargo</td>
<td></td>
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<tr>
<td>• Celebrate Recovery, 21 – 9th St. S., Fargo</td>
<td></td>
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<tr>
<td>• Centre, Inc., 123 – 15th St. N., Fargo</td>
<td></td>
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<tr>
<td>• Clay Co. Chemical Dependency, 715 – 11th St. N., Moorhead</td>
<td></td>
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<tr>
<td>• Clay Co. Detox, 715 – 11th St. N., Moorhead</td>
<td></td>
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<tr>
<td>• Clay Co. Social Services, 715 – 11th St. N., Moorhead</td>
<td></td>
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<tr>
<td>• Codependents Anonymous, 1330 S. University Dr., Fargo</td>
<td></td>
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<tr>
<td>• Discovery Counseling, 115 N. University, Fargo</td>
<td></td>
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<tr>
<td>• Drake Counseling, 1202 - 23 St. S., Fargo</td>
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<tr>
<td>• First Step Recovery, 409 – 7th St. S., Fargo</td>
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<tr>
<td>• Gamblers Choice, LSS, 3911 – 20th Ave. S., Fargo</td>
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<tr>
<td>• Gull Harbor Apts., 1704 Belsly Blvd., Moorhead</td>
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<tr>
<td>• Howe, Robert E., 1445 – 1st Ave. N., Fargo</td>
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<tr>
<td>• Journey Counseling, 222 N. Broadway, Fargo</td>
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<tr>
<td>• Lost &amp; Found Ministry, 111 – 7th St. S., Moorhead</td>
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<tr>
<td>• McGrath, Claudia Counseling, 417 – 38th St. S., Fargo</td>
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<tr>
<td>• Narcotics Anonymous, 18 – 18th St. S., Fargo</td>
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<tr>
<td>• New Hope Recovery, 118 Bdwy, Fargo</td>
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<tr>
<td>• Only Human Counseling, 118 Bdwy, Fargo</td>
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<tr>
<td>• Pathways Counseling &amp; Recovery Center, 1306 – 9th St. N., Fargo</td>
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<tr>
<td>• Positive Solutions, 6245 – 16th St. S., Fargo</td>
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<tr>
<td>• Prairie St. John’s, 510 - 4th St. S., Fargo</td>
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<tr>
<td>• Prairie St. John’s, 2925 – 20th St. S., Moorhead</td>
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<tr>
<td>• Safe Harbor, 810 – 4th Ave. S., Moorhead</td>
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<tr>
<td>• Sanford Behavioral Health Center, 100 – 4th St. S., Fargo</td>
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<tr>
<td>• SE Human Service Center, 2624 – 9th Ave. S., Fargo</td>
<td></td>
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<tr>
<td>• Sexaholics Anonymous, 701-235-7335</td>
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<tr>
<td>• ShareHouse, 4227 – 9th Ave. S., Fargo</td>
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<tr>
<td>• ShareHouse Wellness Center, 715 N. 11th St., Moorhead</td>
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<tr>
<td>• Simon Chemical Dependency Services, 3431 – 4th Ave. S., Fargo</td>
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<tr>
<td>• SMART Recovery, 1260 N. University Dr., Fargo</td>
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<tr>
<td>• SMART Recovery, 200 – 5th St. S., Moorhead</td>
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<tr>
<td>• Shiaro, Chris Counseling, 4227 – 9th Ave. S., Fargo</td>
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<td>• Sister’s Path, 4219 – 9th Ave. S., Fargo</td>
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<tr>
<td>• Veterans Administration, 2101 N. Elm, St., Fargo</td>
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<td>• Village Family Service Center, 1201 – 25th St. S., Fargo</td>
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<tr>
<td>• Village Family Service Center, 1401 – 8th St. S., Moorhead</td>
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<tr>
<td>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead</td>
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</tbody>
</table>

Senior Housing and Long-Term 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 aging.

CHNA respondents in the Fargo area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.37); however, nearly one in five respondents rated the quality as poor or fair (18%). 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 lack of affordable housing for seniors. In regard to long-term care specifically, responses

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3 The Urban Institute, Urban Wire: Aging. Available at https://www.urban.org/urban-wire/topic/aging
focused on poorly treated residents by overworked staff receiving low wages. When CHNA survey respondents in the Fargo area were asked which health care services they would like to see offered or improved in their community, one in five respondents said long-term care (22%).

Senior housing and long-term care, although important, was not included by participants in the stakeholder meeting as a priority facing the community compared to others discussed. Further exploration of aging-in-place resources may assist efforts to decrease strains on the current system while allowing seniors to remain in their home or less costly care location.

### Local Asset Mapping

#### Nursing Home resources:
- Bethany, 201 S. University, Fargo
- Bethany, 4255 – 30 Ave. S., Fargo
- Ecumen Evergreens, 1401 W. Gateway Circle, Fargo
- Ecumen Evergreens, 503 – 3rd Ave. S., Moorhead
- Edgewood Vista, 4420 – 37th Ave. S., Fargo
- Elim Care, 3524 S. Univ., Fargo
- Eventide, 225 – 13th Ave. W., West Fargo
- Eventide, 3225 – 51st St. S., Fargo
- Eventide, 1405 – 7th St. S., Mhd.
- Eventide, 801 – 2nd Ave. N., Mhd.
- Farmstead Care, 3200 – 28th St. S., Moorhead
- Farmstead Estates, 3433 – 28th St. S., Moorhead
- ManorCare, 1315 S. Univ., Fargo
- Maple View Memory Care, 4552 – 36th Ave. S., Fargo
- Moorhead Rehab & Healthcare Center, 2810 – 2nd Ave. N., Mhd.
- Rosewood, 1351 N. Bdwy., Fargo
- Villa Maria, 3102 S. Univ., Fargo

#### Alzheimer’s/Dementia resources:
- After the Diagnosis Support Group (for those diagnosed with Alzheimer’s & dementia), 736 Broadway, Fargo
- Alzheimer’s Caregiver Support Group, 2702 – 30th Ave. S., Fargo
- Alzheimer’s Support Group, 202 – 1st Ave. N., Moorhead
- Alzheimer’s Assn., 2631 – 12 Ave. S., Fargo
- Arbor Park Village, 520 - 28 St. N., Moorhead · Bethany – 201 S. Univ., Fargo
- Early Onset Memory Loss Support Group, 701-277-9757
- Edgewood Vista, 4420 – 37 Ave. S., Fargo
- Elim Care, 3534 S. Univ., Fargo
- Eventide/Fairmont, 801 – 2nd Ave. N., Moorhead
- Evergreens, 503–3rd Ave. S., Mhd
- Evergreens, 1401 W. Gateway Circle, Fargo
- Morning Out (for those who have Alzheimer’s or other dementia), 610-13th St. N., Mhd.
- River Pointe, 2401 – 11th St. S, Moorhead

#### Resources to assist the elderly in staying in their homes:
- Access, 403 Center Ave., Mhd.
- Active at Home Helpers, 417 Main Ave., Fargo
- Care 2000, 725 Ctr. Ave., Mhd.
- Change is Good (helping the elderly to downsize), 9533 – 70 St. S., Sabin MN
- Comfort Keepers, 12205 - 4 Ave. S., Fargo
- Community Living Services, 1001 – 28 St. S., Fargo
- Coram Healthcare, 2901 S. Frontage Rd., Mhd.
- C & R Quality Living, 1336 – 25 Ave. S., Fargo
- Griswold Home Health, 819 – 30 Ave. S., Moorhead
- Heart 2 Heart, 701-200-7828
- HERO, 5012 – 53 St. S., Fargo

#### Resources to assist the elderly in staying in their homes cont.: 
- Caregiver Support & Respite Program, 218 – 10th St. S., Mhd
- Family Caregiver Support Program, ND Dept. of Human Services, 1237 W. Divide Ave., Bismarck
- Family Hospice support for widows & widowers, 1701 – 38 St. S., Fargo.
- Mhd Caregiver Discussion Group, 210 – 7th St., S, Mhd.
- Support Group for Alzheimer’s Caregivers (young onset)

**Elderly Nutrition Services:**
- Cash Wise (grocery delivery – several locations)
- Congregate Meals (Fargo, W Fargo & Moorhead)
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 adults.

CHNA respondents in the Fargo area rated community access to daily transportation as good (average score=3.07); however, 30 percent of respondents rated access to daily transportation as poor or fair – and the average score was the lowest rating among community health issues, with the exception of affordable housing. When respondents who rated community access to daily transportation as poor or fair were asked why they did so, responses acknowledged a reasonable bus system in the core Fargo metro area, however, lines do not reach all neighborhoods or business districts and employment locations. Respondents indicated that public transportation options outside the metro are even more scarce, if available.

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Public transportation was discussed during the community health needs assessment stakeholder meeting. Participants mentioned that the transportation needs do not meet the size or growth of the community. Transportation needs are especially high for those with mental health issues and may be contributing adversely to individual outcomes. While the current transportation service area was noted in the survey results, participants also indicated scheduling issues have a negative economic impact for those who cannot make it to work due to limited transportation.

<table>
<thead>
<tr>
<th>Transportation resources:</th>
<th>Transportation resources cont.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anytime Transportation, 1403 – 13-1/2 St. S., Fargo</td>
<td>• Metro Senior Ride Service, 2801 – 32nd Ave. S., Fargo</td>
</tr>
<tr>
<td>• CareAVan Mobility 4U Inc., 2626 S. Bay Dr., Fargo</td>
<td>• Metro Area Transit (regular buses), 650 – 23rd St. N., Fargo</td>
</tr>
<tr>
<td>• Doyle Taxi, 1418 Main Ave., Fargo</td>
<td>• Metro Transit (paratransit buses), 650 – 23rd St. N., Fargo</td>
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<tr>
<td>• Handi-Wheels, 2525 Bdwy. N., Fargo</td>
<td>• Ready Wheels, 2215 – 18th St. S., Fargo</td>
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<tr>
<td>• Lucky 7 Taxi, 909 – 14th St. N., Fargo</td>
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</table>

**Affordable Housing, Employment, Economic Development**

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.

CHNA respondents in the Fargo area rated the availability of affordable housing in their community as less than good (average score=2.58) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents suggested that housing prices in general are inflated and continue to rise at a pace that exceeds any rise in wages for middle- and low-income individuals. Regarding affordable housing programs that offer assistance, respondents cited long wait lists, difficulty navigating the process, and substandard units when available.

CHR data suggest that 13 percent of households in the Fargo area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 12 percent of households spend at least 50 percent of their household income on housing costs – both rates are higher than those in the Bismarck and Sioux Falls markets.

Although the survey data raised areas of concern amongst affordable housing specifically, meeting participants tied affordable housing, employment, and economic development together. Housing needs were a focus of discussion with most commonly cited reasons related to employment factors or economic development. It was mentioned that housing costs have been rising recently and that job availability for the vulnerable is exacerbated by a lack of access to good paying jobs. Participants noted that housing availability in the community does not meet the current needs. Ideas on how to address the housing needs focused on increasing the employment and economic development of the area. Participants in the stakeholder meeting brought up increasing employment and economic development multiple times.
### Local Asset Mapping

#### Housing resources:
- Cass Co. Housing Authority, 230 – 8th Ave. W., West Fargo
- Cass Co. Social Services (help w/utility costs), 1010 – 2nd Ave. S., Fargo
- Clay Co. Hsg. & Redevelopment Authority, 116 Center Ave. E., Dilworth
- Down payment & Closing Costs Assistance Program, ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck
- Fargo Hsg. & Redevelopment Authority, 325 Broadway, Fargo
- Home Key Program, ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck
- Housing Rehab Program, 200 – 3rd St. N., Fargo
- Jeremiah Program, 3104 Fiechtner Dr., Fargo
- Lake Agassiz Habitat for Humanity, 210 N. 11th St., Moorhead
- LSS HUD Housing Counseling, 1325 – 11th St. S., Fargo

#### Housing resources cont.:
- Presentation Partners in Housing, 1101 – 32nd Ave. S., Fargo
- Rental Assistance - ND Dept. of Commerce, 1600 E. Century Ave., Bismarck
- ReStore (thrift store for construction, homes, etc.), 210 N. 11th St., Moorhead
- Salvation Army (provides assistance with hsg. & utilities), 304 Roberts St., Fargo
- Section 8 Hsg. Choice Voucher Program, 325 Broadway, Fargo
- SENDCAAA weatherization program & low income hsg., 3233 University Dr. S., Fargo
- SENDCA (emergency rent/ utilities), 3233 S. Univ. Dr., Fargo
- Village HUD Housing Counseling, 1201 – 25th St. S., Fargo
- Wells Fargo Assist (to help those with payment challenges), 1-800-678-7986
- ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck
- Moorhead Public Housing, 800 – 2nd Ave. N., Moorhead

#### Transitional housing resources:
- Centre, Inc., 123 – 15th St. S., Fargo
- Lakes & Prairies Transitional Housing Program, 715 – 11th St. N., Moorhead
- Red River Recovery Center, 701 Center Ave. E., Dilworth
- SE Human Service Center Alcohol & Drug Abuse Unit, 2624 – 9th Ave. S., Fargo
- ShareHouse, 4227 – 9th Ave., Fargo
- YMCA, 3100 – 12th Ave. N., Fargo
- Youthworks, 317 S. University, Fargo

#### Homelessness resources:
- Churches United, 1901 – 1st Ave. N., Moorhead
- Cooper House, 414 – 11th St. N., Fargo
- Dorothy Day House, 714 – 8th St. S., Moorhead
- Family HealthCare Center (main clinic), 301 NP Avenue, Fargo
- FHC Moorhead Dental Clinic, 715 -11th St. N., Moorhead
- FHC S. Fargo clinic, 4025 – 9th Ave. S., Fargo
- FHC West Fargo clinic, 726 – 13th Ave. E., West Fargo
- Fraser, Ltd., 2902 S. Univ., Fargo
- Gladys Ray shelter & Veteran Drop In Center, 1519 – 1st Ave. S., Fargo
- Homeless Health Services, 311 NP Avenue, Fargo
- Open Doors, 213 NP Ave., Fargo
- Myrt Armstrong Recovery Center, 1419 – 1st Ave. S., Fargo
- Native American Center, 109 – 9th St. S. Fargo
- New Life Center, 1902 – 3rd Ave. N., Fargo
- Stepping Stones, 2901 S. Univ., Fargo
- Youthworks, 317 S. University, Fargo
- YWCA Shelter, 3000 S. University, Fargo
### Low income/subsidized housing resources:
- Amber Valley Apts., 4854- 5150 Amber Valley Pkwy S., Fargo
- Arbor Park Village, 530 – 30th St. N., Moorhead
- Bluestem Townhomes, 4518 Blue Stem Ct. S., Fargo
- Burrel Apts., 409 – 4th St. N., Fargo
- Candleight, 2000-2100 – 21st Ave. S., Fargo
- Century Square, 3820 – 25th St. S., Fargo
- Chestnut Ridge, 3141 – 32nd St. S, Fargo
- Church Townhomes, 1538 – 16-1/2 St. S., Fargo
- Colonial Apts., 355 – 4th Ave. N., Fargo
- Community Homes I, 702 – 23rd St. S., Fargo
- Community Homes II, 2210 – 6th Ave. S., Fargo
- Cooper House, 414 – 11th St. N., Fargo
- Country Edge Townhomes, 3066 – 34th St. S., Fargo
- Crossroads Senior Living, 1670 E Gateway Cir. S., Fargo
- Fieldcrest Townhomes, 1801 Belsly Blvd., Moorhead
- Fieldstone Village, 4574 – 44th Ave. S., Fargo

### Employment Resources:
- Fargo Workforce Center, 1350 32nd St. S, Fargo
- Spherion, 2730 7th Ave S, Fargo
- Preference Employment Solutions, 2605 42nd St S, Fargo
- Volt Services Group, 4201 38th St SW #108, Fargo
- Kelly Services, 4501 15th Ave S, Fargo
- Prairie Staffing, 1323 23rd St S C, Fargo
- Express Employment Professionals, 1100 19th Ave N Ste R1, Fargo
- Aerotek, 3154 41st ST S #1, Fargo
- Job Service, 1350 32nd St S, Fargo
- HireQuest Direct of Fargo, 1335 2nd Ave N suite a, Fargo
- CareerForce in Moorhead, 715 11th St N #302, Moorhead
- Labor Masters, 1404 33rd St SW C, Fargo
- Heartland Labor, 813 N University Dr, Fargo

### Major Employers/businesses:
- Sanford Health, 5225 23rd Ave S, Fargo
- North Dakota State University, 1340 Administration Ave, Fargo
- Blue Cross Blue Shield of North Dakota, 4510 13th Ave S, Fargo
- Fargo Public Schools, 3901 40th Ave S, Fargo
- Essentia health-Fargo, 3000 32nd Ave S, Fargo
- US Bank, multiple locations
- Microsoft, 3900 Great Plains Dr S, Fargo
- Fargo VA Hospital, 2101 Elm St N, Fargo
- Concordia College 901 8th St S, Moorhead
- Minnesota State University Moorhead, 1104 7th Ave S, Moorhead
- City of Fargo, 225 4th St N, Fargo
- Moorhead Public Schools, 2410 14th St S #1, Moorhead

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[55](https://livability.com/nd/fargo/careers-opportunities/top-employers-in-fargo-nd)
<table>
<thead>
<tr>
<th><strong>Economic Development Resources:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Greater Fargo Moorhead Economic Development Corp. 51 Broadway North Suite 500, Fargo</td>
<td></td>
</tr>
<tr>
<td>• <a href="https://gfmedc.com/entrepreneurs/frequently-used-resources/">https://gfmedc.com/entrepreneurs/frequently-used-resources/</a> (greater Fargo Moorhead economic development resources)</td>
<td></td>
</tr>
</tbody>
</table>

**Diversity, Inclusion, Health Equity**

Although not noted as a health need through the survey process, diversity, inclusion, and health equity arose as a discussion point multiple times by separate breakout groups. Interpreters and reinforcement of cultural competency was mentioned as an opportunity to improve health care accessibility and care delivery. Health literacy was another area of improvement with groups noting that it adversely impacted access to care for vulnerable populations, including the American Indian population.

<table>
<thead>
<tr>
<th><strong>Local Asset Mapping</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diversity, Inclusion, Health Equity Resources:</strong></td>
<td><strong>Possible Partners to Address Issue.</strong></td>
</tr>
<tr>
<td>• City of Fargo, Dr. Terry Hogan, Director of Diversity Equity and Inclusion</td>
<td>• Sanford Health, 5225 23rd Ave S, Fargo</td>
</tr>
<tr>
<td>• Cultural Diversity Resources, 112 N University Dr #306, Fargo</td>
<td>• North Dakota State University, 1340 Administration Ave, Fargo</td>
</tr>
<tr>
<td>• FMWF Chamber (has training and resources), 202 1st Ave N, Moorhead</td>
<td>• Blue Cross Blue Shield of North Dakota, 4510 13th Ave S, Fargo</td>
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<tr>
<td></td>
<td>• Fargo Public Schools, 3901 40th Ave S, Fargo</td>
</tr>
<tr>
<td></td>
<td>• Essentia Health-Fargo, 3000 32nd Ave S, Fargo</td>
</tr>
<tr>
<td></td>
<td>• US Bank, multiple locations</td>
</tr>
<tr>
<td></td>
<td>• Microsoft, 3900 Great Plains Dr S, Fargo</td>
</tr>
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<td>• Fargo VA Hospital, 2101 Elm St N, Fargo</td>
</tr>
<tr>
<td></td>
<td>• Concordia College 901 8th St S, Moorhead</td>
</tr>
<tr>
<td></td>
<td>• Minnesota State University Moorhead, 1104 7th Ave S, Moorhead</td>
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<tr>
<td></td>
<td>• City of Fargo, 225 4th St N, Fargo</td>
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<tr>
<td></td>
<td>• Moorhead Public Schools, 2410 14th St S #1, Moorhead</td>
</tr>
</tbody>
</table>
**Childcare**

Although not noted as a need through the survey process, the community stakeholder meeting, a majority of groups added childcare as an area of concern. Access to childcare centered primarily on the cost of childcare when available with some raising concerns about quality. Meeting participants were also concerned with children’s health and promoting available resources and the opportunity that childcare could play in improving children’s health.

### Local Asset Mapping

#### Services for at-risk youth:
- Boys & Girls Club, 2500 – 18th St. S., Fargo
- Cass Co. Social Services, 1010 – 2nd Ave S., Fargo
- Cass Co. Family Services Division, 211 – 9th St. S., Fargo
- Cass Co. Youth Commission, 211 – 9th St. S., Fargo
- Catholic Family Services, 5201 Bishops Blvd., Fargo
  - CHARISM, 122-1/2 N. Bdwy, Fargo
  - Christian Family Life Services, 2360 – 7th Ave. E., West Fargo
  - Clay Co. Social Services, 715 – 11th St. N., Moorhead
  - Early Intervention Program, SE Human Service Center, 2624 – 9th Ave. S., Fargo
  - Family HealthCare Center, 301 NP Avenue., Fargo
  - Fargo Youth Commission, 2500 – 18th St. S., Fargo
  - Fargo Youth Initiative, 200 -3rd St. N., Fargo
  - FM Youth Center, 2500 – 18th St. S., Fargo
  - Follow Along Program, MN Department of Health, Box 64975, St. Paul, MN
  - Head Start, 3233 S. Univ., Fargo
  - Head Start, 715 – 11th St. N., Fargo
  - Lutheran Social Services of MN, 3508 – 10th Ave. S., Moorhead
  - Lutheran Social Services of ND, 3911 – 20th Ave. S., Moorhead
  - Parenting Resource Center (NDSU Extension), 1010 – 2nd Ave. S., Fargo
  - Right Track (ND Dept. of Human Services), 2624 – 9th Ave. S., Fargo
  - SENDCA, 3233 Univ. Dr. S., Fargo
  - Village Family Service Center, 1201 – 25th St. S., Fargo
  - Stepping Stones Resource Center, 2902 S. Univ., Fargo
  - Youthworks, 317 S. Univ., Fargo
  - Youth Center @ Rose Creek, 4809 S. University, Fargo

#### Child care resources:
- ABC Sandcastle, 2502 – 18th St. S., Fargo
- ABC 123, 1700 Center Ave. W., Dilworth
- ABC Infant Daycare, 3505 – 8th St. S., Moorhead
- Academy for Children, 20 – 8th St. S., Fargo
  - Beginnings, 521 – 32nd Ave. W., West Fargo
- Betty’s Busy Bees, 1426 – 16-1/2 St. S., Fargo
- Bright Futures, 2600 -52nd Ave. S., Fargo
- Centered on Kids, 861 Belsly Blvd., Moorhead
- Child Care Aware, 3911 – 20th Ave. S., Fargo
- Child Care Resource & Referral, 715 – 11 St. N., Fargo
- Child Care Assistance Program, ND Dept. of Health Services, 600 E. Blvd., Bismarck
- Cobber Kids, 1306 – 3rd St. S., Moorhead
- Curious Kids, 1109 – 19th Ave. N., Fargo
- Early Explorers, 2935 – 13th St. S., Moorhead
- Early Years, 1209 Center Ave. W., Dilworth
- Elim Children’s Center, 3534 University Dr. S., Fargo
- Great Beginnings, 121 – 17th St. N., Mrhd.
- Happy Days, 2824 Bdwy, Fargo
- Here We Grow, 3247 – 39th St. S., Fargo
- Here We Grow, 3247 – 39th St. S., Moorhead
- Hope Lutheran, 2900 Broadway, Fargo
- Kids Being Kids, 1004 Westrac Dr. S., Fargo
- Kiddiland, 1027 – 15 St. S., Fargo
- Sanford Child Care, 502 – 7th St. N., Fargo
- Lil Bloomers, 4656 – 40th Ave. S., Fargo
- Lil Bloomers, 5170 Prosperity Way, Fargo
- MSUM Early Education Center, 1213 – 6th Ave. S., Moorhead
- Our Redeemer, 100 – 14th St. S., Moorhead
- Small Wonders, 4745 Amber Valley Pkwy, Fargo
- Sorock Premier Nanny Services, 200 – 5th St. S., Moorhead
- Tot Spot, 820 Page Dr., Fargo
- Tracy McDougall’s Kids, 3411 – 12th St. S., Moorhead
- WeeKare Childcare Center, 23002 – 30-1/2 Ave. S., Fargo
- YMCA, 400 – 1st Ave. S., Fargo
Health Literacy and Navigation
The survey process did not specifically identify health literacy and care navigation as a community need but it was raised as an opportunity among several of the small groups at the stakeholder meeting. Participants expressed a need for improving education on health care and affordability resources, health care navigation, and general wellness education. Resources are available to address these issues although some in the community may not know what is available or how to access the resources. This issue was discussed much along the lines of health equity, with community members citing a specific opportunity in medically vulnerable populations.

<table>
<thead>
<tr>
<th>Local Asset Mapping</th>
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</thead>
<tbody>
<tr>
<td><strong>Health Care Education Resources:</strong></td>
</tr>
<tr>
<td>• Sanford Health.org</td>
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<td>• Essential Health</td>
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<tr>
<td>• Cass-Clay Public Health</td>
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<tr>
<td>• Health Resources &amp; Services Administration</td>
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<tr>
<td><strong>Affordable Insurance resources:</strong></td>
</tr>
<tr>
<td>• Blue Cross, 4510 – 13th Ave. S., Fargo</td>
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<td>• Medica, 1711 Gold Dr., Fargo</td>
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<tr>
<td>• Sanford Health Plan, 1749 – 38 St. S., Fargo</td>
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<tr>
<td><strong>Affordable Dental resources:</strong></td>
</tr>
<tr>
<td>• Family HealthCare Center dental clinic, 715 N. 11th St., Moorhead</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• RRV Dental Access Project, 715 – 11th St. N., Moorhead</td>
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<tr>
<td><strong>Affordable Vision coverage:</strong></td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Sanford Clinic, 311 NP Ave, Fargo</td>
</tr>
<tr>
<td><strong>Prescription Assistance resources:</strong></td>
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<tr>
<td>• Fargo Area Prescription Assistance, 505 N. Bdwv, Fargo</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• Prescription Assistance Program, 624 Main Ave., Fargo</td>
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<tr>
<td><strong>Social Services Organization:</strong></td>
</tr>
<tr>
<td>• Cass County Social Services, 1010 2nd Ave S #2, Fargo</td>
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<tr>
<td><strong>Affordable Health Care resources:</strong></td>
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<tr>
<td>• Essentia Charity Care program (all locations)</td>
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<tr>
<td>• Essentia Clinics (several locations)</td>
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<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
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<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
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<tr>
<td>• Health Care for Homeless Veterans, 2101 N. Elm, Fargo</td>
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<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
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<tr>
<td>• Sanford Charity Care program (all locations)</td>
</tr>
<tr>
<td>• Sanford Clinics (several locations)</td>
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<tr>
<td>• VA Clinic, 2101 N. Elm, Fargo</td>
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<tr>
<td><strong>Affordable Health Care Services for Native people:</strong></td>
</tr>
<tr>
<td>• Fargo HealthCare Center, 301 NP Ave., Fargo</td>
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<tr>
<td>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo</td>
</tr>
<tr>
<td>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo</td>
</tr>
<tr>
<td>• Homeless Health, 311 NP Ave, Fargo</td>
</tr>
</tbody>
</table>
### Dental Resources:

- Fargo HealthCare Center, 301 NP Ave., Fargo
- Family HealthCare Center, 4025 – 9th Ave. S, Fargo
- Family HealthCare Center, 726 – 13th Ave. E., West Fargo
- Homeless Health, 311 NP Ave, Fargo • RRV Dental Access Project, 715 – 11th St. N., Moorhead
- Family HealthCare Center dental clinic, 715 N. 11th St., Moorhead
- Smile Solutions, 1910 42nd St S suite a, Fargo
- Southview Dental Care: Dr. David Tranby, 2704 12th S, Moorhead
- Melinda Harr Dental, 1509 32nd Ave S, Fargo
- Dental Care Fargo, 3226 13th Ave S, Fargo
- Fargo Moorhead Dental & Dentures, 4302 13th Ave S Suite 10, Fargo
- Lundstrom Family Dentistry, 4110 40th St S #102, Fargo
- Aspen Dental 1650 45th St S STE 108, Fargo
- Arch Dental 321 4th St N, Fargo
- Dakota Smiles 3170 44th St S #100, Fargo
- Saving Smiles Dentistry, 3210 18th St S Suite B, Fargo
- Serenity Valley Family Dentistry, 3633 Lincoln St S STE C, Fargo
- Blake Ristvedt Dental, 520 Main Ave Suite 705, Fargo

### Dental Resources Cont.:

- Northern Lights Dental, 4150 19th Ave S #301, Fargo
- Robert A Saunders DDS PC & Britanny C Krog DDS, 2834 S University Dr, Fargo
- Corwin Family Dentistry, 827 28th St S Suite A, Fargo
- Majidian Dental, 1231 27th St S Suite B, Fargo
- Dakota Pediatric Dentistry 4423 45th St S, Fargo
- Vetter Dental, 1331 32nd Ave S #3, Fargo
- Valley Dental, 1338 Gateway Dr S, Fargo
- Cornerstone Dental, 3030 49th St S, Fargo
- Dahl and Mack Dental, 1324 23rd St S, Fargo
- Evergreen Dental, 1220 Main Ave #220, Fargo
- Tronsgard & Sullivan DDS, PC, 1231 27th St S, Fargo
- Northern Lights Dental, 4150 19th Ave S #301, Fargo
- Southpointe Dental – Dr Lichtsinn, 3210 18th St S suite a Fargo
- Crossroads Dental, 1918 9th St E, West Fargo
- Dental Care Fargo: Carrie Peterson, DDS, 3226 13th Ave S, Fargo
- Smile Care, 3011 25th St S, Fargo
- South University Dental Associates, 3115 S University Dr, Fargo
- Designer Smiles, 3525 25th St S, Fargo

### Acute Care Providers:

- Sanford Medical Center Fargo, 5225 23rd Ave S, Fargo
- Essentia Health Fargo, 3000 32nd Ave S, Fargo
- Sanford South University Medical Center, 1720 S University Dr, Fargo
- Sanford Broadway Medical Center, 801 Broadway N, Fargo

### Acute Care Providers Cont.:

- West Fargo Eyecare Associates, 3139 Bluestem Dr #112, West Fargo
- Internal Medicine Associates (ima Healthcare), 4450 31st Ave S Ste 102, Fargo
- Sanford Orthopedics, 2301 25th St S, Fargo
- Sanford Southpointe, 2400 32nd Ave S, Fargo

### Urgent Care Providers:

- Sanford Children’s Urgent Care Clinic, 2701 13th
- Sanford Orthopedics and sports walk in clinic, 2301 25th St S, Fargo
- UrgentMED, 2829 S University Dr #101, Fargo

### Providers:

- Fargo VA Health Care System, 2101 Elm St N, Fargo
- Sanford Fargo N Clinic, 2601 Broadway N, Fargo
- DMS Health Technologies Inc, 1351 Page Drive South, Suite 300, Fargo
- Lamb Plastic surgery Center, 1507 S University Dr, Fargo

### Providers Cont.:

- Sanford Children’s Urgent Care Clinic, 2701 13th
- West Fargo Eyecare Associates, 3139 Bluestem Dr #112, West Fargo
- Internal Medicine Associates (ima Healthcare), 4450 31st Ave S Ste 102, Fargo
- Sanford Orthopedics, 2301 25th St S, Fargo
- Sanford Southpointe, 2400 32nd Ave S, Fargo
Sanford Area of Focus
The health needs identified through the survey and secondary research process above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of Cass-Clay Working Group were also present. List of attendees thanked is in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process.
**IMPLEMENTATION PLAN**

**Priority 1: Access to Affordable Health Care**
Sanford Health is positioned locally to have a positive impact on Health Care Access within the community. This effort will focus on two primary goals – to expand healthcare access and support services and expanded platform to access Primary Care Services, areas of focus identified in the stakeholder meeting.

**Current activities**
Sanford is addressing the need by including Access to Healthcare as a priority focus area for the 2022-2024 implementation plan. We launched Home Based Primary Care in 2021. The goal is to provide quality medical care at home to patients who have difficulty accessing medical care because of physical disability or dementias. An interdisciplinary team sees the patient in their home and consists of social worker, care manager, LPN and Physician/APP.

Family Medicine Resident Clinic now sees patients in local shelters, YWCA, Headstart and will begin in one of the Fargo schools in late fall 2021. The goal of these outreach sites is to improve access to care for these patients.

Sanford will be expanding primary care clinic locations by adding a Horace Clinic in late 2022. Using telehealth, we have expanded our access in clinics for patients unable to travel to the clinic.

**Projected Impact**
Upon completion of the action plan, the Community would see that patients will have greater ease to access Primary Care Providers for virtual or in-person visits, home visits and increased expanded hours. Patients may experience less frequent utilization of emergency care, which is often more expensive than preventative and screening services.

**Goal 1: Expand healthcare access and support resources for vulnerable and underserved populations**

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Dedicated Resources</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Home Based Primary Care</td>
<td>Number of patients served Q4 2022, increased screenings, emergency department avoidance.</td>
<td>Emily Gard, Darin Lang, MD</td>
<td>Kathryn Norby</td>
<td></td>
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<td></td>
<td></td>
<td>Kirsten Juhl, MD</td>
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</tr>
<tr>
<td>Expand Family Medicine services (checkups and vaccination clinics) provided by our Residency Program in shelters, YWCA, Head Start and Fargo Public School</td>
<td>Patients served, vaccination rates Q1 2022</td>
<td>Emily Gard, Lara Lunde, MD</td>
<td>Kathryn Norby</td>
<td>Shelters, YWCA, Head Start, Fargo Public Schools</td>
</tr>
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<td></td>
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<td>Amie Haugo, MD</td>
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</tr>
</tbody>
</table>
### Goal 2: Expand platform and access to Primary Care Services

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Dedicated Resources</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Primary Care Clinic location in Horace, ND</td>
<td>Improved patient satisfaction Q4 2022</td>
<td>Andrew Larson</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
<tr>
<td>Increase non-traditional hours in Primary Care Clinics (virtual or in-person visits)</td>
<td>Improved patient satisfaction Q3 2022, increased patient utilization.</td>
<td>Andrew Larson</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
<tr>
<td>Make virtual visits (telehealth appointments) available for all Primary Care Providers</td>
<td>Provider schedules modified; Improved patient satisfaction Q2 2022, increased utilization of telehealth</td>
<td>Andrew Larson</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
<tr>
<td>Recruitment – providers and nursing</td>
<td>Additional providers and nurses</td>
<td>HR partners</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
</tbody>
</table>

### Priority 2: Mental Health / Behavioral Health and Substance Abuse

Sanford Health is positioned locally to have a positive impact on Mental Health / Behavioral Health and Substance Abuse within the community. This effort will focus on three primary goals – Recruitment and access to mental health providers, development of a community strategy for mental health promotion, and substance abuse.

**Current activities**

Mental Health: Sanford Health continues to recruit providers to improve access to mental health services. We have expanded school partnerships to increase workforce for our mental health providers. A mental health consult team started in 2021 with a goal of embedding therapists on hospital units.
Using telehealth, we have expanded our access in clinics for patients unable to travel to the clinic. Sanford Health is hosting Community Mental Health Collaboration meetings with our community partners with a goal of improving the mental health provided in the community, to serve those in a behavioral health crisis.

A grant has been submitted for our Community Mental Health Collaboration project, with notice of award timeframe in December 2021. We currently screen for depression at clinic visits and have Integrated Health Therapists embedded in all of the primary care clinics.

Substance Abuse: Patients identified by their Primary Care Provider as having an opioid use disorder are able to receive treatment with our Suboxone Clinic and MAT community partners. Patients are seen by our Integrative Health Therapists for a comprehensive behavioral health evaluation, followed by a referral to the appropriate behavioral health provider (e.g. Addiction treatment, therapy, psychiatry). The patient then is scheduled with one of our four certified physicians who prescribe Suboxone for induction.

Sanford Health’s collaboration with a Fargo-based peer-to-peer substance abuse program provider, F5, began in 2019. The collaboration remains strong and the F5 team begin counseling sessions within our hospital for patients with drug/alcohol addiction.

Sanford supports many community partners to address the substance abuse in our community. Partnerships include Fargo Cass Public Health (Mobile Crisis Unit) and Recovery Reinvented.

Projected Impact
Upon completion of this action plan, the community would have better access to and utilization of mental health and substance abuse services due to services being provided at the right time and right place.

Goal 1: Recruit providers and increase access to care

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Dedicated Resources</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>School partnerships for Master’s Level Therapists (LAPC/MSW) - Recruitment</td>
<td>Number of students placed number that join Sanford Q1 2022, increase appointment availability.</td>
<td>Emily Gard Behavioral Health Staff</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
<tr>
<td>Collaborative Care – improve access</td>
<td>Number of patients in program, decrease in wait time to access BH,</td>
<td>Laurie Carey Jennifer Faul Andrew Larson Dr. Kohoutek Dr. Burgard</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
</tbody>
</table>
## Goal 2: Develop community strategy for mental health promotion

<table>
<thead>
<tr>
<th><strong>Actions/Tactics</strong></th>
<th><strong>Measurable Outcomes &amp; Timeline</strong></th>
<th><strong>Dedicated Resources</strong></th>
<th><strong>Leadership</strong></th>
<th><strong>Note any community partnerships and collaborations – if applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Collaboration (Grant)</td>
<td>Patients served, collaborative calls with BH services, reduced ambulance and ED admissions Q1 2022</td>
<td>Community Paramedics</td>
<td>Kathryn Norby, Sherm Syverson</td>
<td>First Link, SouthEast Law Enforcement Leaders, Solutions</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>Completion of depression screening at visits; depression remission Q1 2022</td>
<td>Emily Gard, Andrew Larson, Laurel Carey</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
</tbody>
</table>
Goal 3: Decrease substance Abuse

<table>
<thead>
<tr>
<th>Actions/Tactics</th>
<th>Measurable Outcomes &amp; Timeline</th>
<th>Dedicated Resources</th>
<th>Leadership</th>
<th>Note any community partnerships and collaborations – if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Suboxone Clinic</td>
<td>Number of patients served, prescribing physicians; incorporate into resident clinics Q4 2022</td>
<td>Andrew Larson</td>
<td>Kathryn Norby</td>
<td></td>
</tr>
<tr>
<td>F5 Partnership – peer coaching in hospital</td>
<td>Number of patients served Q1 2022</td>
<td>Kelsey DeVlieger</td>
<td>Darla Dobberstein</td>
<td>F5</td>
</tr>
<tr>
<td>Assess and refer to medical detox or the withdrawal management unit</td>
<td>Number of patients referred for medical detox, number referred to WMU</td>
<td>ED Staff Case Management</td>
<td>Sherm Syverson</td>
<td>Cass &amp; Clay county public health Withdrawal Management Unit (Detox)</td>
</tr>
</tbody>
</table>

Needs Not Addressed

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:

Physical Activity and Nutrition: is not included in the Implementation Plan as other organizations, including those listed in the asset map are addressing the need. As such, it was determined to be a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford has and continues to address the nutrition need in the community. A food pantry was established in partnership with Great Plains Food Bank at our Southwest Children's Clinic in 2021. Patients and families are screened for food insecurity at every appointment in both primary and urgent care. Food and other products such as diapers, wipes and feminine products are provided to any family that identifies a need.

Sanford has multiple community partnerships to promote physical activity and nutrition such as Fargo Park District, American Gold Gymnastics and BIO Girls. These partnerships provide scholarship dollars for youth to participate in activities, encouragement and education for youth's health promotion.

Senior Housing and Long-Term Care: Senior housing and Long-Term Care is not included in the Implementation Plan as it was determined this need is a lower priority compared to the other areas for purposes of the Community Health Needs Assessment. Sanford Health works
collaboratively with many of the long-term care facilities providing medical oversight as required by regulation and mental health services from our Internal Medicine, Family Medicine and Psychiatry departments.

Sanford will share results of the Community Health Needs Assessment with The Evangelical Good Samaritan Society and other long-term care providers, as requested.

**Public Transportation:** Public Transportation is not included in the Implementation Plan it was determined this need is a lower priority compared to other areas. Additionally, other organizations, including those listed in the asset map, are addressing the need. Sanford Health is addressing the need by partnering with Handi-Wheels and United Way Cass Clay, both which support improved access to Public Transportation. Information from the Community Health Needs Assessment process will be shared with stakeholders addressing the issue, as appropriate.

**Affordable Housing, Employment, Economic Development:** Affordable Housing, Employment, Economic Development is not included in the Implementation Plan as it was determined this need is a lower priority compared to other areas. Additionally, other organizations, including those listed in the asset map, are addressing the need. Sanford Health partners with Chamber of Commerce, YWCA and the Greater Fargo Moorhead Economic Development Corp. These partnerships support focused efforts on economic development, workforce and housing needs. Information from the Community Health Needs Assessment process will be shared with stakeholders addressing the issue, as appropriate.

**Diversity, Inclusion, Health Equity:** Diversity, equity and inclusion is not a new focus at Sanford Health but it's one the organization is committing to strengthen in order to foster a more inclusive culture. Natasha Smith joined the Sanford family in March 2021 as our first Head of Diversity, Equity and Inclusion. Natasha is working to form an enterprise strategic plan to strengthen our existing commitment and build new initiatives to support diversity, equity and inclusion in everything we do – in all markets for our employees and patients. Diversity, Equity, and Inclusion Consultants are in the process of being hired in order to have a concentrated focus and presence within specific markets. We are taking a wide lens approach to strategic planning. Several providers will receive the preferred providership designation for the LBGTQ+ demographic by year-end. Key stakeholders and the most recent employee engagement survey results are being leveraged to define and incorporate viable strategic outcomes. We continue to work on ensuring representation, creating awareness, driving that inclusivity and feeling of belonging in the workplace and for patient care. Although the need is a focus for Sanford, it is not included in the Implementation Plan as the stakeholder group determined this need is a lower priority compared to other areas for purposes of the Community Health Needs Assessment.

**Childcare:** Childcare is not included in the Implementation Plan as other organizations, including those listed in the asset map are addressing the need. As such, it was determined to be a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Health partners with YMCA, YWCA, Youthworks and Village Family Service Center to improve childcare support and accessibility and will share Community Health Needs Assessment finds with stakeholders, as needed.

**Health Literacy and Navigation:** Health Literacy and Navigation is not included in the Implementation Plan it was determined this need is a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Health recognizes the importance of improving education about healthcare resources and is addressing the needs by offering resources for this purpose, including, but not limited to, care navigation services in numerous service lines and "Patient Learning" resources available online at https://www.sanfordhealth.org/patients-and-visitors. The webpage includes link to patient
education resources, a health library, and a video library. The page also links to information on billing, advanced care planning, Sanford's financial assistance policy and other resources, such as advanced care planning. Information is further available in care delivery settings. Sanford will continue to see opportunities to make patients and the larger community aware of education opportunities.

EVALUATION OF 2019-2021 CHNA

**Goal 1: Healthcare Access**
In a partnership with a Sanford primary care clinic in West Fargo, a collaborative care model was designed in 2019 with hopes of expansion to all clinic locations in the next 3-5 years. The model allows primary care physicians and integrated health therapists embedded with primary care clinics to evaluate patients and quickly consult with psychology or psychiatry about plans of care. The goal of the program is to provide a consultative model that delivers the right level of care to the right patient at the right time.

Sanford has successfully recruited a number of providers to improve access for the local community. In 2019, Sanford added new behavioral health providers, including one APP in adult psychiatry, five MD adult psychiatrists, one PhD psychologist, and four Integrated Health Therapists (LPCC, MSW, LMSW, LICSW). In 2020, Sanford further expanded the behavioral health providers by adding a MD adult psychiatrist, a PhD child psychologist, an APP in adult psychiatry, and Six Integrated Health Therapists.

During the summer/fall of 2019, Sanford Health began collaborating with Fargo Public Schools and Moorhead Public Schools to research and develop a tele-behavioral health program that could be expanded across the state of North Dakota. The model of care allows children to see behavioral health providers virtually without being taken out of the school environment. In turn, the behavioral health professional does not need to utilize valuable time to travel to and from the school. This expands hours of availability by reducing down-time for the student and healthcare provider. The Tele-behavioral health pilot project in schools launched in spring of 2020. After initial enrollment of two children, the schools in Fargo/Moorhead were shut down and additional enrollment of children was put on hold. The enrolled children were able to complete the program in their homes. The pilot project re-launched in fall of 2020 with 20 kids enrolled. Due to hybrid/virtual learning in schools, the pilot remained on hold until early 2021.

Sanford Fargo also began efforts to increase walk in hours and weekend hours but due to COVID those efforts have been put on hold.

In 2020, Sanford primary care added access to clinics by recruiting additional Family Medicine and Internal Medicine providers including: 1 APP and 4 MD's in family medicine, and 1 APP and 1 MD in internal medicine.

In 2019, the Advanced Practice Fellowship was launched to promote role expansion of Advanced Practice Providers to improve access. The program is a one-year training program for nurse practitioners and physician assistants who have completed their primary training program and are licensed providers. We offer rotations in primary and specialty care for a year. Rural community options are included. Fellows are assigned a preceptor and they see 4-6 patients per day. The fellows practice within primary care clinics to learn the collaborative care practice model with our primary care physicians. However, the fellowship was delayed from August 2020 to January 2021 because of COVID.
A full-time behavioral health Advanced Practice RN (APRN) was hired in 2019 for emergency department coverage. This has increased the level of care and allowed for faster evaluations and proper placement of people suffering mental health crises.

We opened a Post Hospital transition clinic 6 days a week for medically complex patients that were discharged from the hospital. With care management, social work, integrated health therapists and pharmacists. Now patients could be seen very soon after their discharge.

The Pediatric Mental Health Care Access Program is a Sanford project that focuses on collaborative care opportunities for pediatric medical providers to enhance treatment of pediatric mental health difficulties in North Dakota. In this program, primary care providers receive training, mental health education, and expert consultation on treating mental health conditions in children. The program collaborates with the University of North Dakota School of Medicine and Health Sciences and the North Dakota Department of Health. It’s funded by the Health Resource Services Administration.

Sanford has developed materials to educate patients (decision path) on primary care and walk-in urgent care clinic options. Signage posted indicating where to go for severity of symptoms in all exam rooms, elevators as well main corridors. Scheduling and triage nurses provide real-time education for out patient’s as to where to receive care at most appropriate setting. Patient education in our clinics includes educational brochures with picture pages of their primary care team and how to access care. In 2019 demonstrated a shift of patient visits from urgent care to neighborhood clinics, which shows patients are receiving care at the right place at the right time.

Despite a growing community, our ER volumes have reduced and visits have shifted to our neighborhood clinics. There was a 4% decrease in Urgent Care utilization (83,823 visits in 2018 to 80,459 in 2019). During the same period, we saw a 25% increase in our primary care walk-in visit utilization from 11,452 in 2018 to 14,677 in 2019.

**Goal 2: Mental Health**

Sanford Health began collaborating with a F5, a Fargo-based peer-to-peer substance abuse support program provider in 2019. The program began in August 2020 and is offered twice per week to inpatients detoxing from alcohol and other substances. Patients are encouraged to meet in a group setting. Outcomes that are measured include re-admission rates, emergency visits, and EMS encounters.

In September 2019, Sanford Health implemented the use of a substance abuse and chemical dependency screening tool for pediatric trauma patients called SBIRT. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. Patients at risk are provided with resources to address their specific at-risk behavior while they receive care for their traumatic injuries.

At our Suboxone clinic, we are working towards co-prescribing Narcan with any opioid prescription. This is the next step in the effort to decrease deaths by overdose in our community.

IHT services have increased in our clinics. Sanford Fargo now has 10 IHTs in primary care clinics, increasing from 9 in 2019. On average IHTs see five patients per day to assess and refer to medical detox or the withdrawal management unit.

Sanford Fargo increased the number of medication assisted treatment certified providers in 2019. Five physicians received waivers to prescribe suboxone after completing an 8-hour training course. The program launched in early 2020 and five participants went through the treatment.
Outcomes set to be measured include re-admission rates, number of emergency department visits, EMS encounters and rate of peer-to-peer group attendance (goal 50% attendance) for a six-month period beginning July 2020.

Patient Health Questionnaires are used to assess patients and refer them to an IHT if needed. This process was disrupted due to COVID. Mental Health First Aid Training was paused in 2020 due to COVID. It will be replaced with BeHeard which has the capacity to be delivered both in-person and virtually. PHQ’s are deployed by the panel assistant. Primary care physician receives elevated PHQ and places appropriate referrals to IHT for intervention. IHT available to see patient in real-time to address clinical needs. Patients with a PHQ-9 score >9 work with IHT and other providers to reduce the severity of depression. PHQs are also in place to determine the patient’s risk of suicide. PHQ is given to patient based on outlined criteria. If positive, Columbia Suicide Severity Rating Scale is administered by nursing. Results elevated to physician/APP for disposition of treatment interventions.

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/contact-us.
APPENDIX

Survey Responses
Survey responses are available through an online dashboard at https://www.sanfordhealth.org/about/community-health-needs-assessment

Expanded Demographics (individual values located in table below)
Clay County Minnesota had a 2019 population of 64,222, with a growth rate of 8.9% form 2010-2019 it exceeded Minnesota’s 6.3% growth in the same time period. In addition, Clay County has a slightly lower population density than its home state. However, Cass County, North Dakota had a population of 181,923 in 2019 accounting for almost 24% of North Dakota’s total. Cass County grew 21.5% from 2010-2019, surpassing its home state’s 13.3% growth rate. Cass County has a population density nearly 8.8 times higher than North Dakota as a whole. Both Counties have a lower population proportion over the age of 65 than both states.

The median value of a home in Clay County is less than its state median at 197,100, conversely the median value of a home in Cass County is more than its state at 223,800. Computer ownership and internet follows a similar trend with Cass County surpassing ND, and Clay County coming short of MN. Cass County has a Secondary education rate of 40.2% surpassing all groups in the comparison. Both counties have labor force participation rates over 70 percent which is higher than either of the state’s overall labor force participation rate. Both counties and ND have a median income around $65,000 while MN’s median income surpasses $71,000.

<table>
<thead>
<tr>
<th></th>
<th>Clay County, MN</th>
<th>Minnesota</th>
<th>Cass County, ND</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population estimates, July 1, 2019, (V2019)</td>
<td>64,222</td>
<td>5,639,632</td>
<td>181,923</td>
<td>762,062</td>
</tr>
<tr>
<td>Population estimates base, April 1, 2010, (V2019)</td>
<td>58,999</td>
<td>5,303,927</td>
<td>149,778</td>
<td>672,576</td>
</tr>
<tr>
<td>Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)</td>
<td>8.9%</td>
<td>6.3%</td>
<td>21.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Population per square mile, 2010</td>
<td>56.4</td>
<td>66.6</td>
<td>84.9</td>
<td>9.7</td>
</tr>
<tr>
<td>Persons under 5 years, percent</td>
<td>7.1%</td>
<td>6.2%</td>
<td>6.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Persons under 18 years, percent</td>
<td>24.8%</td>
<td>23.1%</td>
<td>22.5%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Persons 65 years and over, percent</td>
<td>13.4%</td>
<td>16.3%</td>
<td>12.5%</td>
<td>15.7%</td>
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<tr>
<td>White alone, percent</td>
<td>89.8%</td>
<td>83.8%</td>
<td>86.7%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Black or African American alone, percent</td>
<td>4.4%</td>
<td>7.0%</td>
<td>6.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone, percent</td>
<td>1.8%</td>
<td>1.4%</td>
<td>1.5%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Asian alone, percent</td>
<td>1.4%</td>
<td>5.2%</td>
<td>3.4%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone, percent</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Two or More Races, percent</td>
<td>2.5%</td>
<td>2.6%</td>
<td>2.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hispanic or Latino, percent</td>
<td>4.7%</td>
<td>5.6%</td>
<td>2.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>White alone, not Hispanic or Latino, percent</td>
<td>86.0%</td>
<td>79.1%</td>
<td>84.4%</td>
<td>83.7%</td>
</tr>
<tr>
<td>Median value of owner-occupied housing units, 2015-2019</td>
<td>$197,100</td>
<td>$223,900</td>
<td>$223,800</td>
<td>$193,900</td>
</tr>
<tr>
<td>Category</td>
<td>2015</td>
<td>2018</td>
<td>2019</td>
<td>2020</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Median gross rent, 2015-2019</td>
<td>$865</td>
<td>$977</td>
<td>$833</td>
<td>$826</td>
</tr>
<tr>
<td>Households with a computer, percent, 2015-2019</td>
<td>90.2%</td>
<td>91.6%</td>
<td>92.6%</td>
<td>89.8%</td>
</tr>
<tr>
<td>Households with a broadband Internet subscription, percent, 2015-2019</td>
<td>80.7%</td>
<td>84.8%</td>
<td>85.4%</td>
<td>80.7%</td>
</tr>
<tr>
<td>High school graduate or higher, percent of persons age 25 years+, 2015-2019</td>
<td>94.9%</td>
<td>93.1%</td>
<td>94.8%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, percent of persons age 25 years+, 2015-2019</td>
<td>34.2%</td>
<td>36.1%</td>
<td>40.2%</td>
<td>30.0%</td>
</tr>
<tr>
<td>With a disability, under age 65 years, percent, 2015-2019</td>
<td>6.4%</td>
<td>7.3%</td>
<td>6.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years, percent</td>
<td>5.1%</td>
<td>5.8%</td>
<td>6.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>In civilian labor force, total, percent of population age 16 years+, 2015-2019</td>
<td>71.3%</td>
<td>69.6%</td>
<td>75.6%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Median household income (in 2019 dollars), 2015-2019</td>
<td>$65,269</td>
<td>$71,306</td>
<td>$64,482</td>
<td>$64,894</td>
</tr>
<tr>
<td>Per capita income in past 12 months (in 2019 dollars), 2015-2019</td>
<td>$30,768</td>
<td>$37,625</td>
<td>$37,620</td>
<td>$36,062</td>
</tr>
<tr>
<td>Persons in poverty, percent</td>
<td>11.9%</td>
<td>9.0%</td>
<td>11.4%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Total employer establishments, 2019</td>
<td>1,346</td>
<td>151,495</td>
<td>5,603</td>
<td>24,654</td>
</tr>
<tr>
<td>Total employment, 2019</td>
<td>17,973</td>
<td>2,729,420</td>
<td>108,178</td>
<td>353,333</td>
</tr>
<tr>
<td>Total employment, percent change, 2018-2019</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.9%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
CHNA Survey Questionnaire
The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

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

Poor  o  Fair  o  Good  o  Very Good  o  Excellent  o  Don’t Know  o

Why did you give it that rating?

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

Poor  o  Fair  o  Good  o  Very Good  o  Excellent  o  Don’t Know  o

Why did you give it that rating?

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

Poor  o  Fair  o  Good  o  Very Good  o  Excellent  o  Don’t Know  o

Why did you give it that rating?

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

Poor  o  Fair  o  Good  o  Very Good  o  Excellent  o  Don’t Know  o

Why did you give it that rating?
How would you rate the ENVIRONMENTAL health of your community?
(clean air; clean water, etc.)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t Know</th>
</tr>
</thead>
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</tbody>
</table>

Why did you give it that rating?


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

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t Know</th>
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</thead>
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</table>

Why did you give it that rating?


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

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t Know</th>
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</tbody>
</table>

Why did you give it that rating?


YOUR HEALTH AND WELLNESS

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

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

5
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)

- Addiction Treatment
- Behavioral Health / Mental Health
- Cancer Care
- Chiropractic Care
- Dental Care
- Dermatology
- Emergency / Trauma
- Eye Services (Ophthalmology, Optometry)
- Family Medicine / Primary Care
- General Surgery
- Heart Care
- Labor and Delivery
- Long-Term Care / Nursing Homes
- Orthopedics and Sports Medicine
- OBGYN / Women’s Care
- Pediatrics / Children’s Care
- Walk-in / Urgent Care

Other (please specify):

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?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- More than 5 years ago
- Never
What has kept you from having a routine check-up? (Select all that apply)

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

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

- Poor
- Fair
- Good
- Very Good
- Excellent

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?

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

**What is your biological sex?**

- [ ] Male
- [ ] Female

**Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?**

- [ ] Yes
- [ ] No

**How many people live in your house, including yourself?** ____________

**How many children under age 18 currently live with you in your household?** ____________

**Are you Spanish, Hispanic, or Latino in origin or descent?**

- [ ] Yes
- [ ] No

**What is your race? (Select all that apply)**

- [ ] American Indian or Alaska Native
- [ ] Caucasian or White
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Black or African American
- [ ] Other (please specify)

**How long have you been a US Citizen?**

- [ ] I am not a US citizen
  - Are you planning to become a US citizen?  
    - [ ] Yes
    - [ ] No
    - [ ] Prefer not to answer

  - [ ] 0 - 5 years
  - [ ] 6 - 10 years
  - [ ] More than 10 years

**What language is spoken most frequently in your home?** ________________

**What is your current marital status?**

- [ ] Married
- [ ] Single, never married
- [ ] Unmarried couple living together
- [ ] Divorced
- [ ] Widowed
- [ ] Separated
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)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation
- Other (please specify)

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.