SAKAKAWEA MEDICAL CENTER

Coal Country Community Health Center

2025 Community Health Implementation Plan

Dunn, Mercer, and Oliver Counties

North Dakota

Sakakawea Medical Center, Coal Country Community Health Center,
Western Plains Public Health, Hill Top Home of Comfort, and Knife River Care Center

2025
Implementation Plan for the CHNA

Executive Summary

Introduction

To help inform future decisions and strategic planning, Sakakawea Medical Center (SMC), Coal Country Community Health Center (CCCHC), Western Plains Public Health (WPPH), Hill Top Home of Comfort (HTHC), and Knife River Care Center (KRCC) (collectively "Local Health Providers") conducted a Community Health Needs Assessment (CHNA) in 2025, the previous CHNA having been conducted in 2022. The Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey. Three hundred thirty-one local health provider service area residents completed the survey. Additional information was collected through seven key informant interviews with community members. The input from the residents, who primarily reside in Dunn, Mercer, and Oliver Counties, represented the broad interests of the communities in the service area. Together with secondary data gathered from a wide range of sources, the survey presents a snapshot of the health needs and concerns in the community.

With regard to demographics, Dunn County's population from 2020 to 2023 decreased by 1.8 percent; Mercer County's population also decreased 0.5 percent, and Oliver County had a population increase of 0.2 percent. The average number of residents younger than age 18 (26%) for Dunn County comes in 2.4 percentage points higher than the North Dakota average (23.6%); Mercer County's population younger than age 18 (23.5%) is 0.1 percentage points lower than the state average, and Oliver County (23.7%) comes in 0.1 percentage points higher than the state average for population younger than 18. Residents ages 65 and older is 3.9 percent higher for Dunn County (19.6%) than the North Dakota average (15.7%), 7.6 percent higher for Mercer County, and 10.5 percent higher for Oliver County. The rate of education is slightly lower for Dunn County (90.6%), Mercer County (89.5%), and slightly higher for Oliver County (94.6%) than the North Dakota average (93.5%). The median household income in all three counties is higher than the state average for North Dakota ($75,949), with Dunn County at $94,688; Mercer County at $79,405; and Oliver County at $76,953.

Data compiled by County Health Rankings show Dunn, Mercer, and Oliver Counties are doing better collectively than North Dakota in health outcomes/factors for seven categories; Dunn County is doing better than North Dakota in health outcomes/factors for 13 categories; Mercer County is doing better than North Dakota in health outcomes/

factors for 11 categories; and Oliver County is doing better than North Dakota in health outcomes/factors for 12 categories.

Dunn, Mercer, and Oliver Counties, according to County Health Rankings data, are collectively performing poorly, relative to the rest of the state, in four outcome/factor categories; Dunn County is performing worse than the state average in 14 categories; Mercer County is performing worse than the state average in 10 categories; and Oliver County is performing worse than the state average in 12 categories.

Of 106 potential community and health needs set forth in the survey, the 331 local health provider service area residents who completed the survey indicated the following nine needs as the most important:

- Attracting and retaining young families
- Availability of specialists
- Cost of long-term/nursing home care
- Depression/anxiety – youth and adult
- Drug use and abuse – youth and adult
- Having enough child daycare services
- Not enough affordable housing
- Not getting enough exercise/physical activity
- Smoking and tobacco use

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included not enough specialists (N=56), no insurance or limited insurance (N=54), and not enough evening or weekend hours (N=50).

When asked what the best aspects of the community were, respondents indicated the top community assets were:

- Feeling connected to people who live here
- Family-friendly
- People are friendly, helpful, and supportive
- Safe place to live
- Recreational sports activities
- Healthcare
- People who live here are involved in their community

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

- Alcohol use and abuse – adult
- Drug use and abuse – youth and adult

- Availability of resources to help the elderly stay in their homes
- Depression/anxiety – youth and adult
- Attracting and retaining young families
- Not enough affordable housing

2025 Community Health Strategic Implementation Plan (CHIP)

Prioritized Need 1:	Depression and Anxiety – All Ages Lead Organization: CCCHC
Resources:	CCCHC, KRCC, Hill Top Home of Comfort, Western Plains Public Health, Mercer County Ambulance, Sanford, CHI, Sakakawea Medical Center and Avel eCare, Trinity, Elbowoods, Local school districts, ND Health & Human Services (West Central, Badlands, North Central), ADAPT-Addiction and Behavioral Health Inc., Summit Counseling, Mercer County Sheriff's Office, Prairie St. John's, First Link-988 & 211, ADRL-Aging and Disability Resource Link, Youth Bureau, Pastoral Care, psychiatry, Chambers and Blohm, NuVation, DeCoteau Trauma, Community Options, Center Counseling, local pharmacies, ND Critical Incident Stress Management Team, WARC
Current Initiatives/Activities:	• Universal Screening SMC, CCCHC, WPPH, and KRCC • Youth Risk Behavior Survey (YRBS) completion and data analysis • EAP – employee assistance programs • Trauma Informed Care • Comprehensive Behavioral Health (BH) department at CCCHC with BH integrated care coordination and case management services • Visiting psychologist and tele-psychiatry • Integrating Mental Health, Physical Health And Continuity of Care Together (IMPACT) Program • Women's Action Resource Center (WARC) • Avel eCare Intake Assessment • Community support groups • Mercer County Youth Bureau • Crisis Management-First Link referral, debriefing protocols • ND Pediatric Mental Health Care Access program • BIMAS2 screenings in schools • Community outreach and education • Northern Great Plains Next Generation Tele-behavioral Health (NGP-NGT) Grant • Implemented Social Determinants of Health (SDOH) assessments for all patients 12 years of age and older annually at CCCHC to address social risk factors. • Implemented SDOH assessments for all acute status patients at SMC
New Proposed Initiatives/Activities	• Increase screenings and referral protocols – improved outcomes for screening and increased referrals received in primary care.

	Process in place for immediate referrals at SMC through on-site Licensed Addiction Counselor (LAC) or mental health counselor visits and after-hours appointment scheduling. • Alcohol Use Disorder (AUD) clinical pathway • Increase community engagement and marketing • Community outreach to businesses and churches about behavioral health services • Continue to expand screening through implementation of PHQ3/9 with Columbia Suicide Severity Rate Scale (C-SSRS) and Stanley Brown Safety Planning at CCCHC and SMC. Continue to provide expanded Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to all SMC nursing and CCCHC providers, nursing, and BH teams. Enhanced training provided to core team at CCCHC for crisis intervention and safety planning through NDHOPES Zero Suicide initiative.
Goal or Output:	• Continue to support clinical staff through debriefing protocols implemented throughout the Energy Capital Health Network (ECHN). • Ensure adequate access to BH counselors for youth and adolescent patient-populations. • Utilize the ND Pediatric Mental Health Care Access program. • Establish a data dashboard to monitor trends of patients receiving depression and anxiety screenings within the network.
Outcome/Timeline:	• Establish 2025 baseline of mental health screenings once the data dashboard is completed. Review data for the second quarter of 2026 with process improvement strategies as identified. • Increase the proportion of all patients seen who have received depression and anxiety screening across the network. • Increase the proportion of all positive screened patients who received a behavioral health referral.

Prioritized Need 2:	Availability of Specialists Lead Organizations: CCCHC and SMC
Resources:	CCCHC, SMC-general surgery, Avel eCare services, KRCC, WPPH, ND Health and Human Services, Hill Top, Southshore Physical Therapy, Stone Clinic, CC's Physical Therapy, local chiropractic providers, Therapy Solutions, 701 Therapy, Sanford, CHI, Trinity, RubiconMD, Red Door Therapy, Balance Medical, Miracle Ear, Dakota Foot and Ankle, Bone and Joint, Altru Psychiatry, local dental providers, K.I.D.S. Program, Oliver Mercer Special Education, CREA Early Intervention Program
Current Initiatives/Activities:	• eConsults with RubiconMD and SMC Avel eCare • Visiting Specialists (psychology, ortho, audiology, OB/GYN, cardiology, podiatry)

New Proposed Initiatives/Activities	• Expand SMC facilities and staff to support expansion of specialty services
Goal or Output:	• Increase access to specialist care services through in-network referrals. • Improve coordination of care by decreasing downstream referrals.
Outcome/Timeline:	• Increased patient satisfaction of timely access for referrals to specialty services by the end of the CHIP.

Prioritized Need 3:	Having enough daycare services Lead Organizations: CCCHC and SMC
Resources:	Local daycares, Chamber of Commerce and local businesses, schools, Job Development Authority (JDA), City and County governments, Economic Development, Local Parks & Rec, wellness centers, Convention and Visitors Bureau (CVB), NDSU Extension education classes, Center-Stanton Elementary PreK, North Dakota Health & Human Services (NDHHS) Childcare Assistance Program
Initiatives/Activities:	• Energy Capital Cooperative Child Care (ECCCC) • Killdeer school district provides on-site daycare for staff. • Home and community daycare providers
New Initiatives	• Explore new daycare opportunities including after-school programs. • Propose expansion of ECCCC after-school program to Beulah Elementary School.
Goal or Output:	• Actively pursue after-school childcare services within all four school districts. • Coordinate active expansion of daycare services with the ECHN.
Outcome/Timeline:	• Adequate childcare services for essential workforce include morning and early evening hours.