CHI St. Gabriel's Health
A member of CommonSpirit

Community Health Improvement

Strategic Action Plan

Fiscal Year 2026 - 2028

CHI St. Gabriel's Health – Little Falls, MN

Board approved October 2025

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*References are retrieved from the CHI St. Gabriel's Health Community Health Needs Assessment of 2025

At-a-Glance Summary

Community Served 	As a critical access hospital, CHI St. Gabriel's Health serves patients from across the region, but primarily the more than 34,000 residents of Morrison County. For the purposes of this CHNA, CHI St. Gabriel's Health primarily serves Morrison County where Little Falls is located, and is the only hospital in Morrison County.
Significant Community Health Needs Being Addressed	The significant community health needs the hospital intends to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs the hospitals intends to address with strategies and programs are: ● Behavioral Health (substance use and mental health) ● Social Drivers of Health
Strategies and Programs to Address Needs 	The hospital intends to take actions and to dedicate resources to address these needs, including: ● **Behavioral Health (substance use and mental health)** ○ Morrison County Suicide Prevention Cohort ○ Provide geriatric mental health to improve the lives of older adults ● **Social Drivers of Health** ○ Total Health Road Map: community health workers helping patients to connect with resources ○ Provide access to food through Food Assistance Program, and food pantry ○ Provide access to food through Picnic Pals ○ Provide access to food through food pantry

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the "Strategies and Program Activities by Health Need" section of the document.

This document is publicly available online at the hospital's website. Written comments on this strategy and plan can be submitted to the Administration Office

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of CHI St. Gabriel's Health. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8 or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

Our Hospital and the Community Served

About the Hospital

CHI St. Gabriel's Health is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

CHI St. Gabriel's Health Overview

CHI St. Gabriel's hospital is located, as it has been for more than 130 years, on Second Street SE in Little Falls, MN, the county seat of Morrison County. Founded in 1892 by the Franciscan Sisters of Little Falls, the hospital remains committed to a faith-based ministry that serves the whole person, rooted in the Catholic tradition.

In the spring of 2020, CHI St. Gabriel's Health opened its new Family Medical Center, a 15,000 sq. ft extension on the north end of the hospital that added needed clinic, exam and meeting space and allowed the hospital to serve the community with a walk-in clinic and onsite retail pharmacy. CHI St. Gabriel's Health serves as the primary medical resource for the more than 33,000 people living in Morrison County, home to approximately 75 percent of the people admitted annually into the hospital, with the remaining 25 percent living within approximately 30 miles of the county.

Today, CHI St. Gabriel's hospital, a CMS designated Critical Access Hospital, provides 25 beds for inpatient services, an emergency room, same-day surgical facilities for outpatient procedures, and educational services in nutrition, birthing, grief, and more. CHI St. Gabriel's Health hospital includes:

- Family Medical Center
- Urgent Care/ Walk In Clinic
- Retail Pharmacy
- Little Falls Orthopedics
- CHI Health at Home/ Home Health and Hospice
- Alverna Apartments

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in

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our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

https://www.chistgabriels.com/wp-content/uploads/2025/07/Finance-G-003-Financial-Assistance-POLICY-07-01-25_-EN.pdf

Description of the Community Served

As a Critical Access Hospital, CHI St. Gabriel's Health's primary service area is considered the county in which it is located (Morrison County, MN). Morrison County is considered the primary service area for this needs assessment and Todd and Wadena counties are considered the secondary service area.

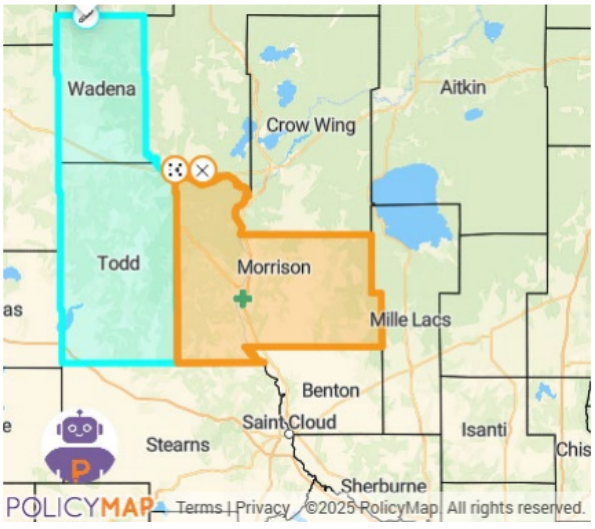

Figure 1: CHI St. Gabriel's Health CHNA Service Area - Morrison County, MN.

*References are retrieved from the CHI St. Gabriel's Health Community Health Needs Assessment of 2025

Community Description

Morrison County is home to just more than 34,000 people. Morrison is Minnesota's 17th largest county by area, encompassing 1,124.5 square miles. With a population density of fewer than 29 people in each square mile, Morrison County ranks 41st among Minnesota counties for population density. Nearly 1 in 4 residents in Morrison County are under the age of 18 (23.0 percent) and 20.1 percent are aged 65 and older. The county's racial composition is largely non-Hispanic white (95.1 percent). Less than 1 percent of the population speaks English less than very well. The county's gender split is roughly even at 51 percent male and 49 percent female.

Socioeconomic Factors

There are 13,718 households in Morrison County with an average of 2.4 persons per household. Median household income is $66,264, which is substantially lower than median household income in Minnesota and the United States ($84,313 and $75,149, respectively). About 80 percent of households in Morrison County are owner-occupied and median owner costs are $1,464 per month including the mortgage. Median rent in Morrison County is $779 per month. Both median owner costs and median rent are lower in Morrison County than Minnesota and the United States. About 1 in 4 households in Morrison County are occupied by householders living alone (28.6 percent) or have children in residence (27.6 percent). The percentage of households with residents aged 65 and older and householders aged 65 and older living alone are higher in Morrison County than in Minnesota overall as well as nationally. The poverty rate in Morrison County is 10.3 percent, which is higher than the poverty rate in Minnesota overall (9.3 percent) but lower than the national rate (12.5 percent). About 1 in 10 (10.7 percent) children in Morrison County live below the poverty line compared to 10.9 percent statewide and 16.7 percent nationally. Nearly 1 in 3 (31.1 percent) school-aged children in Morrison County are eligible for free or reduced-price school lunch, which is roughly on par with Minnesota overall (31.5 percent) and lower than the national percentage (50.8 percent).

Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

Morrison, Todd, and Wadena counties are each designated as a Health Professional Shortage Area (HPSA) by the United States Health Resources & Services Administration. Todd County as well as parts of Morrison and Wadena counties are also designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

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Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in May, 2025. The CHNA report includes:

- Description of the community assessed consistent with the hospital's service area;
- Description of the assessment process and methods;
- Data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website https://www.chistgabriels.com/wp-content/uploads/2025/06/chna-st-gabriels-2025.pdf or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

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

Significant Health Need	Description	Intend to Address?
Substance Misuse	When asked about the most harmful behaviors in their community, half of respondents (54 percent) cited drug use and nearly half (46 percent) cited alcohol use. In addition, nearly half of respondents (45 percent) acknowledged that substance misuse was a concern in their own home; 17 percent said it was 'sometimes' a concern, 10 percent said it was 'often' concern, and 19 percent said 'rarely'.	No
Obesity or Overweightness	Thirty percent of respondents cited poor eating habits as one of the most harmful behaviors in their community. The adult obesity rate is higher in Morrison County (37 percent) than in Minnesota (32 percent) and the nation overall (34 percent).	No

*References are retrieved from the CHI St. Gabriel's Health Community Health Needs Assessment of 2025

Significant Health Need	Description	Intend to Address?
Affordability of healthcare services	Eleven percent of respondents indicated they do not have a primary care provider. Of those respondents who do not have a primary care provider, 31 percent cited cost as the reason for not having one, 31 percent said they did not need one, 23 indicated conflicts with work, and 17 percent cited a lack of insurance.	No
Mental Health (anxiety, stress, depression)	Seventy percent of respondents rated their level of overall stress in the past month as either medium or high; 19 percent said it was high. Nineteen percent of respondents also indicated stress has prevented them from attending work, school, or social events. The prevalence of poor mental health days in the past month in Morrison County (4.5 days) is similar to Minnesota (4.3 days) and national (4.8 days) averages.	Yes
Social Connections	Nearly all respondents reported some level of social interaction with family, friends, and neighbors in a typical month. However, respondents interact more frequently using a digital format (text, call, or social media) than in person. Three-fourths of respondents (77 percent) reported interacting digitally at least 10 days per month; 35 percent said every day. In contrast, 56 percent of respondents reported interacting in person with family, friends, and neighbors at least 10 days per month; 11 percent said every day.	No

Significant Needs the Hospital Does Not Intend to Address

CHI St. Gabriel's Health will not directly prioritize the following health needs because there are existing community partners that are best positioned to address this need. We will continue to explore ways to support others' efforts.

- Substance Misuse: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources.
- to expand access to food for people with limited resources, but is not the exclusive focus of that work. In order to meaningfully address the other health priorities, we will focus our finite resources on access to health care services

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and community resources, while exploring opportunities to support partner's efforts to address this health need directly.

- Affordability of healthcare services: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources.
- Social connections: While vitally important, community partners determined that it would be difficult to impact this strategy collectively compared to the others due to lack of resources.

2025 Implementation Strategy and Plan

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

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

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

Hospital and health system participants in the community input meeting included the President, Mission Director, VP of Finance, Chaplain Coordinator, Marketing Coordinator, Quality Director, Foundation Director, ER Director, VP of Patient Care Services, Program Director and Spiritual Care.

Community input or contributions to this implementation strategy included working with community partners to provide input throughout the stages of gathering/ interpreting data, mapping existing assets and gaps, prioritizing health needs and developing implementation strategies. Community partners included: Little Falls Schools, Midstate Education District, Morrison County Health and Human Services, North Dakota State University, Eldercare of Minnesota, Senior Life Solutions.

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CHI St. Gabriel's Health hosted a Community Health Needs Assessment/Implementation Strategy prioritization community input meeting January 7th, 2025. Attendees reviewed survey findings, compared them to their own perceptions of community needs, and discussed the demographics of survey respondents. The community and hospital prioritized Behavioral Health (Mental Health, and Social Drivers of Health (food, nutrition) to work on over the 2026-2028 community health improvement plan cycle.

The programs and initiatives described here were selected on the basis of ….

- Severity and impact on other health need areas
- Hospitals' expertise and ability to make impact
- Community's interest in the hospital engaging in this work
- Existing work engaging various community partners
- Political will to address systemic barriers

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[1] to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen "vital conditions" or provide "urgent services," both of which are valuable to support thriving people and

[1] The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

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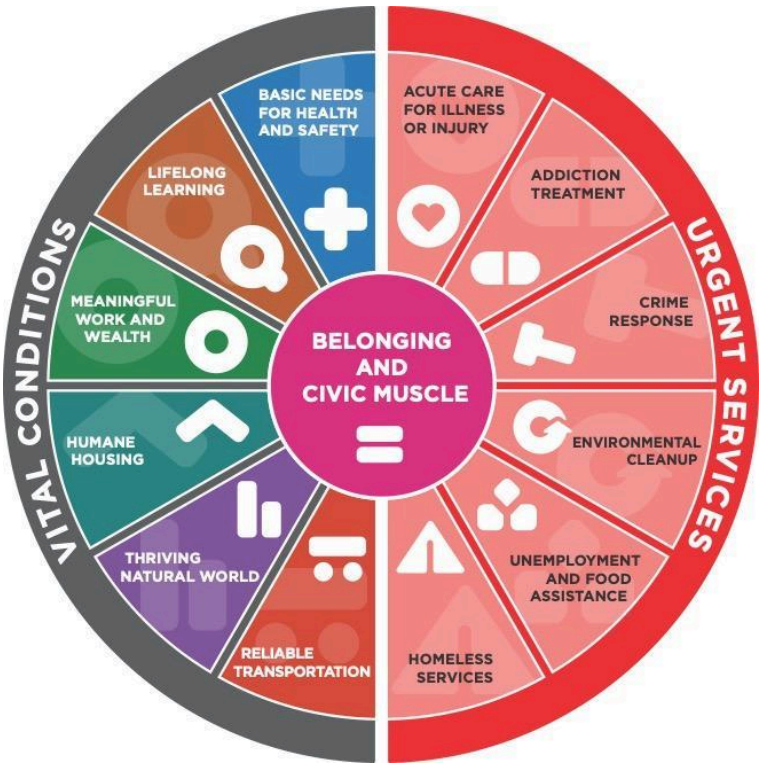
communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

What are Vital Conditions?
These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.



What are Urgent Services?
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

What is Belonging and Civic Muscle?
This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

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Strategies and Program Activities by Health Need

Health Need:	**Behavioral Health (Mental Health and Substance Abuse)**				
Population(s) of Focus:	General population, aging older adults, individuals with a mental health and/or substance use challenge				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Morrison County Suicide Prevention Cohort	Collaborate with Morrison County Public Health and Human Services in planning and implementation of cohort objectives. Dedicate hospital/clinic staff resources to cohort participation	•	•	•	US
Provide geriatric mental health to improve the lives of older adults	Senior Life Solutions: Recruiting more patients to the senior life program	•	•	•	US
Planned Resources:	Staff time and meeting space (in kind)				
Planned Collaborators:	Morrison County Public Health and Human Services, Senior Life Solutions				

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Anticipated Impacts (overall long-term goals)	Measure	Data Source
Prevent the occurence of suicide	Percentage of suicide rate in Minnesota	Minnesota Department of Health
Increase social connection and support for seniors experiencing grief and depression.	Percent of people reported feelings sad, blue, or depressed in last 30 days	CHNA

Health Need:	**Social Drivers of Health**				
Population(s) of Focus:	Individuals in Morrison Todd and Wadena counties who are underserved, vulnerable, and/or in need of assistance—including those living at or below the poverty line or experiencing food insecurity. This support encompasses access to insurance details and wider community resources.				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Total Health Road Map: community health workers helping patients to connect with resources	Referrals are sent to community health workers who partner with community based organizations to address food insecurity.	•	•	•	US

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Health Need:	**Social Drivers of Health**				
Provide access to food through Food Assistance Program	Partnership between Morrison County, Cooking for our neighbors, St. Gabriels, to provide frozen meals to patients and community members.	●	●	●	US
Provide access to food through Picnic Pals	Summer program for children providing meals with hospital staff volunteering their time in distributing meals.	●	●	●	US
Provide access to food through food pantry	Collaboration with Extension to develop an onsite food pantry at CHI St. Gabriel's Health for community members to access emergency food.	●	●	●	US
Planned Resources:	Food donations, financial and in-kind contributions, grants				
Planned Collaborators:	Morrison county food shelf, Extension Service, Helping Hands 365, Morrison County Health and Human Services, Little Falls Farmers Market, Oasis and Minnesota SNAP Extension				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Decreased prevalence of food insecurity	Food Environment Index of Morrison County	CHNA

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