2017 Community Health Assessment

Cavalier Area

North Dakota

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Table of Contents

Executive Summary

To help inform future decisions and strategic planning, Pembina County Memorial Hospital Association, which conducts business as Pembina County Memorial Hospital (PCMH), conducted a community health needs assessment (CHNA). The Center for Rural Health (CRH) at the University of North Dakota School of Medicine and Health Sciences (UNDSMHS) 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. One hundred nine PCMH service area residents completed the survey. Additional information was collected through three key informant interviews with community leaders. The input from the residents represented the broad interests of the communities in the service area, primarily in Pembina County. Together with secondary data gathered from a wide range of sources, the survey presents a snapshot of health needs and concerns in the community.

The population of Pembina County decreased 4.3% from 2010 to 2015. The average of residents under the age of 18 (20.6%) is roughly two percentage points lower than the North Dakota average (22.8%). The percentage of residents ages 65 and older is higher (22.3%) than the North Dakota average (14.2%), and the rates of education are lower than the North Dakota averages. The median household income in Pembina County ($58,700) is lower than the North Dakota average of $60,200.

Data compiled by County Health Rankings show Pembina County is doing better than the North Dakota average in health outcomes for the following factors:

- Premature death
- Poor or fair health
- Poor physical and mental health days
- Adult smoking
- Excessive drinking
- Alcohol-impaired driving deaths
- Sexually transmitted infections
- Teen birth rate
- Diabetic screening
- Mammography screening
- Children in poverty
- Income inequality

- Children in single-parent households
- Violent crime
- Drinking water violations
- Severe housing problems

Factors in which Pembina County is performing poorly relative to the rest of the state include:

- Low birth rate
- Percentage of diabetic people
- Adult obesity
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Income inequality
- Number of uninsured
- Number of primary care physicians
- Number of dentists and mental health providers
- Number of preventable hospital stays
- Unemployment
- Injury deaths
- Air pollution – particulate matter

The 109 PCMH service area residents who completed the survey indicated eight of the 82 potential community and health needs set forth in the survey as the most important:

1. Cost of health insurance
2. Attracting and retaining young families
3. Obesity/overweight
4. Bullying/cyberbullying
5. Jobs with livable wages
6. Cancer
7. Availability of vision care
8. Assisted living options

The survey also revealed that the biggest barriers to receiving healthcare were no insurance or limited insurance (N=28), not affordable (N=26), and concerns about confidentiality (N=22).

When respondents were asked about the best aspects of the community, they indicated the top community assets are:

- People are friendly, helpful, and supportive
- Family friendly, good place to raise kids
- Safe place to live, little/no crime
- Active faith community
- Local events and festivals

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

- Attracting and retaining young families
- Assisted living options
- Not enough jobs with livable wages
- Drug use and abuse (including prescription drug abuse)
- Mental health
- Availability of resources for family and friends caring for elders
- Availability of vision care

The group will begin the next step of strategic planning to identify ways to address significant community needs.

Overview and Community Resources

With assistance from the CRH at the UNDSMHS, PCMH completed a community health assessment of the PCMH service area. The hospital identifies its service area as the towns of Bathgate, Cavalier, Crystal, Edinburg, Gardar, Hamilton, Hoople, Hensel, Mountain, Neche, Pembina, St. Thomas, and Walhalla.

Many community members and stakeholders worked together on the assessment.

PCMH is located in northeastern North Dakota, approximately 80 miles north of Grand Forks and 16 miles from the Canadian border. Along with the hospital, agricultural and border patrol operations provide the economic base for the town of Cavalier and Pembina County. Cavalier is located in Pembina Township on the Red River of the North, where it flows out of the state and into the Canadian province of Manitoba. According to the 2010 U.S. Census, Pembina County had a population of 8,585, while Cavalier, the county seat, had a population of 1,276.

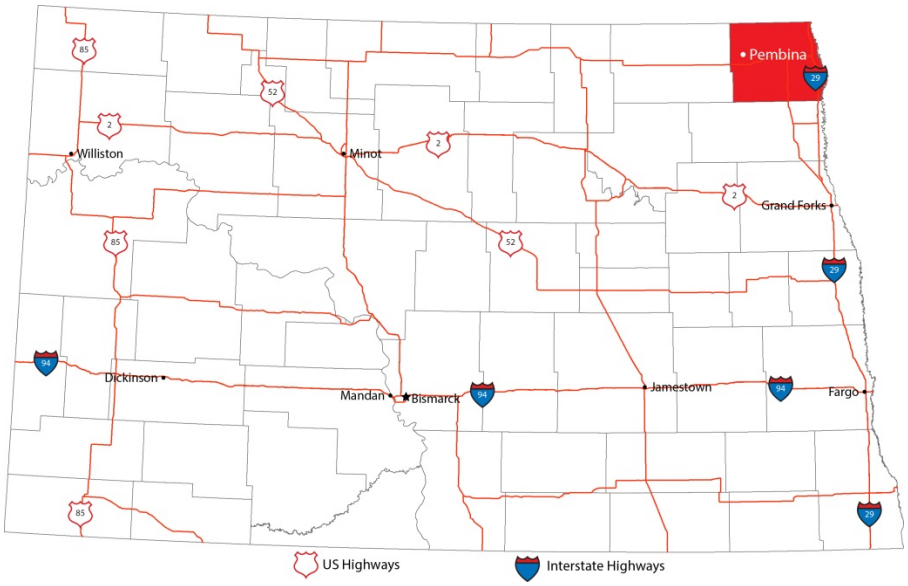
Pembina County has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a bike path, swimming pool, city park, tennis courts, golf course, skating rink, and movie theater. Pembina Gorge State Recreation Area offers multi-use trails for biking, hiking, and ATV riding. Icelandic State Park offers recreation and camping opportunities and hosts the Pioneer Heritage Center, Gunlogson Homestead, and Nature Preserve. Pembina County offers several cultural attractions, such as the Pembina State Museum, which pays tribute to the early history of the region, including several groups of Native peoples and the fur-trapping business, and the Pembina

County Historical Museum. In addition, the Cavalier Air Force Station provides insights into the monitoring and tracking of Earth-orbiting objects.

The Pembina County school system offers a comprehensive program for students in kindergarten through grade 12.

Other healthcare facilities and services in the area include the Altru Specialty Clinics in Cavalier and the Altru Clinic of Drayton, multiple pharmacies, an optometrist, dentist, and chiropractor. Pembina County Public Health is located in Cavalier.

Figure 1: Pembina County, North Dakota



Pembina County Memorial Hospital

Opened in 1953, PCMH is one of the most important assets in the community and the largest charitable organization in the Cavalier area. PCMH includes a 20-bed, critical access hospital located in Cavalier. As a hospital and designated level IV trauma center, the hospital provides comprehensive care for a wide range of medical and emergency situations. PCMH is part of the local healthcare system, which also includes Wedgewood Manor and CliniCare. PCMH provides

comprehensive medical care with physician and mid-level medical providers and consulting/visiting medical providers. With nearly 185 employees, PCMH is the largest employer in the region. It has two physicians, one general surgeon, and four mid-level providers.

The mission of PCMH and Wedgewood Manor is to "provide a family centered approach to the delivery of health services and to promote a healthy lifestyle to those we serve."

PCMH offers a variety of services locally through PCMH and/or Altru Specialty Clinic of Cavalier.

General and Acute Services

- Acne treatment
- Allergy, flu, and pneumonia shots
- Immunizations
- Blood pressure checks
- Cardiac rehab
- Clinic
- Emergency room
- Gynecology
- Hospital (acute care)
- Independent senior housing
- Mole/wart/skin lesion removal
- Nutrition counseling
- Orthopedics
- Pharmacy
- Prenatal care up to 32 weeks
- Physicals: annuals, Department of Transportation (DOT), sports, and insurance
- Sports medicine
- Surgical services—biopsies
- Surgical services—outpatient and inpatient
- Swing bed services
- Wellness service

Screening/Therapy Services

- Chronic disease management
- Holter monitoring
- Infusion services
- Laboratory services
- Pediatric services
- Physical therapy
- Respiratory care
- Sleep studies
- Social services
- Speech therapy

Radiology Services

- Digital mammography (mobile unit)
- 64-slice CT scan
- Echocardiograms
- EKG
- General x-ray
- Nuclear medicine (mobile unit)
- Mammograms
- MRI (mobile unit)
- Ultrasound

Laboratory Services

- Hematology
- Blood types
- Clot times
- Chemistry
- Urine testing

Public Health: Pembina County Public Health

Pembina County Public Health (PCPH) provides public health services, including environmental health, nursing services, the WIC (Women, Infants, and Children) program, health screenings, and educational services. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and that each person has an equal opportunity to enjoy good health. To accomplish this mission, PCPH is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality healthcare services for the people of North Dakota.

Specific services that PCPH provides are:

- Bicycle helmet safety education;
- Blood pressure checks;
- Breastfeeding resources;
- Car seat program;
- Child health (well-baby checks);
- Correction facility health;
- Blood sugar testing;
- Emergency response and preparedness program;
- Health Tracks (child health screening);
- Home visits;
- Immunizations;
- Medications setup—home visits;
- Office visits and consults;
- Preschool education programs;
- Assistance with preschool screening;
- Radon testing kits;
- School health (vision screening, puberty talks, school immunizations);
- Tobacco prevention and control;
- Tuberculosis testing and management;
- West Nile program—surveillance and education;

- Women, Infants, and Children (WIC) program;
- Flu shots for children 18 and younger; and
- Youth education programs (first aid, bike safety).

Assessment Process

The purpose of conducting a CHNA is to describe the health of local people, identify areas for health improvement, identify use of local healthcare services, determine factors that contribute to health issues, identify and prioritize community needs, and help healthcare leaders identify potential action to address the community's health needs.

A CHNA benefits the community by:

1) Collecting timely input from the local community, providers, and staff
2) Providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes
3) Compiling and organizing information to guide decision making, education, and marketing efforts and to facilitate the development of a strategic plan
4) Engaging community members about the future of healthcare; and
5) Allowing the community hospital to meet the federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete CHNAs at least every three years, as well as helping the local public health unit meet accreditation requirements

The assessment process was highly collaborative. Administrators and other professionals from PCMH, PCPH, and Altru Specialty Clinic were involved in planning and implementing the process. Along with representatives from the CRH, they met regularly by telephone conference and via email. The community group was comprised of many residents from outside the hospital and public health departments, including representatives from local government, law enforcement, and businesses. They provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Representatives from both PCMH and PCPH were heavily involved in planning the community group meetings.

The survey instrument was developed in a collaborative effort that took into account input from health organizations around the state. The North Dakota Department of Health's public health liaison organized a series of meetings that gathered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the CRH, and representatives from North Dakota State University (NDSU).

As part of the assessment's overall collaborative process, the CRH spearheaded efforts to collect data for the assessment in a variety of ways:

- A survey solicited feedback from area residents

- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews
- The community group, comprised of community leaders and area residents, was convened to discuss area health needs and inform the assessment process
- A wide range of secondary sources of data were examined, providing information on a multitude of measures, including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

The CRH provided substantial support to PCMH and PCPH in conducting the needs assessment. The CRH's involvement was funded partially through the Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy, part of the Health Resources and Services Administration (HRSA).

The CRH is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The CRH is the federally designated State Office of Rural Health (SORH) for the state of North Dakota. It is also the home to the North Dakota Flex program. The CRH connects the UNDSMHS to rural communities and their health institutions to facilitate, develop and maintain rural health delivery systems. In this capacity, the CRH works both at a national level and at state and community levels.

The methods used to gather data for this assessment included convening a community group, conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data.

Community Group

A community group consisting of 21 members was convened on June 29, 2017. During the first meeting, community group members were introduced to the needs assessment process, reviewed basic demographic information about Pembina County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The community group met a second time on August 9, 2017, with 19 community members in attendance. The group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Pembina County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the community group represented the broad interests of the community served by PCMH and PCPH. They included representatives of the health community, business community, political bodies, law enforcement, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with three key informants were conducted in person in Cavalier on June 29, 2017. Representatives from the CRH conducted the interviews. Interviews were held with key informants who provided insights into the community's health needs. Included among the informants were public health professionals with special knowledge in public health acquired through several years of direct experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases.

Topics covered during the interviews included the general health needs of the community, the general health of the community, community concerns, delivery of healthcare by local providers, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, it was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey instrument is included in Appendix A.

Community Member Survey

The community member survey was distributed to various residents of Pembina County. The survey tool was designed to:

- Learn about the good things in the community and the community's concerns
- Understand perceptions and attitudes about the health of the community and hear suggestions for improvement
- Learn more about how local health services are used by residents.

The survey covered these topics:

- Residents' perceptions about community assets
- Levels of collaboration within the community
- Broad areas of community and health concerns
- Need for health services
- Concerns about the delivery of healthcare in the community
- Barriers to using local healthcare;
- Preferences for using local healthcare versus traveling to other facilities;
- Travel time to a clinic and hospital;

- Use of preventive care;
- Use of public health services;
- Suggestions to improve community health; and
- Basic demographic information.

To promote awareness of the assessment process, information was provided at PCMH Foundation fundraising events, CliniCare registration areas, as well as through the Public Health Department.

Approximately 1,000 community member surveys were available for distribution in Pembina County. The surveys were distributed by community group members and at PCMH and the public health departments.

To help ensure anonymity, a postage-paid return envelope from the CRH was included with each survey. In addition, to help make the survey as widely available as possible, community members could also complete the survey online. Initially the survey period ran from April 1, 2017, to May 1, 2017, but the closing date was extended to June 1, 2017.

A total of 109 community members completed either a paper or online survey. That equals a 10% response rate. This response rate is at the low end of an on par return rate for this type of unsolicited survey methodology and indicates a lack of community engagement.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data was collected from a variety of sources, including the United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health, which touches on the multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

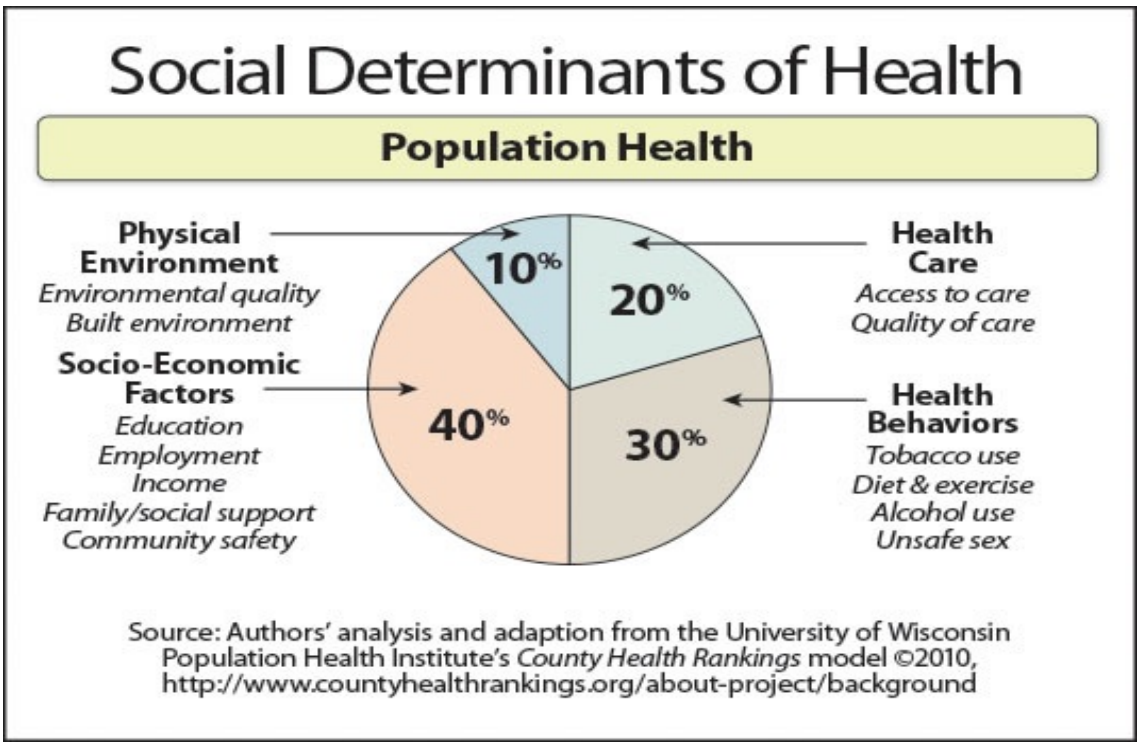
According to the World Health Organization, social determinants of health are, *"the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics."*

Basic needs such as clean air and water and safe and affordable housing are all essential to staying healthy. However, income level, educational attainment, race/ethnicity, and health literacy can impact a person's ability to access health services. In rural areas, the challenges can be compounded by a variety of barriers, including limited options for public transportation and fewer options for acquiring healthy food.

Figure 2 illustrates the small percent (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and the community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through the CHNA process, it was imperative to keep in mind how the social determinants of health impact the health of the community and what solutions can be implemented.

For more information and resources on social determinants of health, visit the Rural Health Information Hub website at https://www.ruralhealthinfo.org/topics/social-determinants-of-health.

Figure 2: Social Determinants of Health



Demographic Information

Table 1 summarizes general demographic and geographic data about Pembina County.

TABLE 1: PEMBINA COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2016 American Community Survey; more recent estimates used where available)		
	Pembina County	**North Dakota**
Population (2015 est.)	**7,091**	**793,482**
Population change (2010-2015)	**-4.3%**	**9.9%**
People per square mile (2010)	**6.6**	**9.7**
Persons 65 years or older (2015)	**22.3%**	**14.2%**
Persons under 18 years (2015)	**20.6%**	**22.8%**
Median age (2015 est.)	**47.2**	**35.9**
White persons (2015)	**95.5%**	**89.1%**
Non-English speaking (2015)	**4.2%**	**5.3%**
High school graduates (2015)	**89.6%**	**90.9%**
Bachelor's degree or higher (2015)	**19.0%**	**27.2%**
Live below poverty line (2015)	**8.9%**	**11.9%**

While the population of North Dakota has grown in recent years, Pembina County has seen a decrease in population since 2010. The U.S. Census Bureau estimates show the county's population decreased from 7,413 (2010) to 7,091 (2015).

Health Conditions, Behaviors, and Outcomes

As previously noted, several sources of secondary data were reviewed to inform this assessment. The following data is presented in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, Pembina County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of healthcare.

The data used in the 2015 County Health Rankings are pulled from more than 20 data sources and are then compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. The following is a breakdown of the variables that influence a county's rank. A model of the 2015 County Health Rankings – a flowchart of how a county's rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes
• Length of life
• Quality of life
 	
Health Factors
• Health behavior
  ○ Smoking
  ○ Diet and exercise
  ○ Alcohol and drug use
  ○ Sexual activity
• Clinical care
  ○ Access to care
  ○ Quality of care
	Health Factors (continued)
	• Social and economic factors
	  ○ Education
	  ○ Employment
	  ○ Income
	  ○ Family and social support
	  ○ Community safety
	• Physical environment
	  ○ Air and water quality
	  ○ Housing and transit

Table 2 summarizes the information gathered by County Health Rankings as it relates to Pembina County. It is important to note that the following statistics are based on the health behaviors and conditions of the county's residents, regardless of where they choose to receive their medical care. They are not necessarily the patients and clients of Pembina County Public Health or of other particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top United States Performers" for 2015. The top performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile,

depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

Pembina County rankings within the state are included in the summary that follows. Pembina County ranks 17th out of 49 ranked counties in North Dakota on health outcomes and 34th on health factors. The measures marked with a red checkmark (✓) are those where Pembina County is not measuring up to the state rate/percentage. A blue checkmark (✓) indicates that the county is faring better than the North Dakota average but not meeting the United States top 10% rate on that measure. Measures that are not marked with a colored checkmark but are marked with a smiling icon (☺) indicate that the county is doing better than the United States top 10%.

The data from the County Health Rankings show that Pembina County is doing the same or better than many of the counties in North Dakota in all but two of the *outcomes*. However, Pembina County, like many North Dakota counties, is doing poor in many areas when it comes to the United States top 10% ratings.

On health *factors*, Pembina County performs below the North Dakota average for counties in some areas as well.

Pembina County lags the state average on the following reported measures.

- Adult obesity
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Percentage of uninsured
- Number of primary care physicians
- Number of dentists and mental health providers
- Number of preventable hospital stays
- Percent of unemployment
- Number of injury deaths
- air pollution – particulate matter

	Pembina County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**17th**		**(of 49)**
Premature death	6,400 ✓	5,200	6,600
Poor or fair health	11% ☺	12%	14%
Poor physical health days (in past 30 days)	2.4 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.5 ☺	2.8	2.9
Low birth weight	7% ✓✓	6%	6%
% diabetic	10% ✓✓	9%	8%
Ranking: Factors	**34th**		**(of 49)**

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* 2016 – PEMBINA COUNTY			
Adult obesity	32%✓✓	25%	30%
Food environment index (10=best)	8.1✓✓	8.3	8.4
Physical inactivity	29% ✓✓	20%	25%
Access to exercise opportunities	48% ✓✓	91%	66%
Excessive drinking	20% ✓	12%	25%
Alcohol-impaired driving deaths	20%✓	14%	47%
Sexually transmitted infections	96.3☺	134.1	419.1
Teen birth rate	17☺	19	28
Clinical Care			
Uninsured	13% ✓✓	11%	12%
Primary care physicians	3,590:1✓✓	1,040:1	1,260:1
Dentists	2,380:1 ✓✓	1,340:1	1,690:1
Mental health providers	7,130:1✓✓	370:1	610:1
Preventable hospital stays	78✓✓	38	51
Diabetic screening	88%✓	90%	86%
Mammography screening	72% ☺	71%	68%
Social and Economic Factors			
Unemployment	5.9% ✓✓	3.5%	2.8%
Children in poverty	11%☺	13%	14%
Income inequality	3.9✓	3.7	4.4
Children in single-parent households	22% ✓	21%	27%
Violent crime	62☺	59	240
Injury deaths	93✓✓	51	63
Physical Environment			
Air pollution – particulate matter	10.7 ✓✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	5% ☺	9%	11%

http://www.countyhealthrankings.org/app/north-dakota/2016/overview

✓ = Not meeting North Dakota average

✓ = Not meeting U.S. Top 10% Performers

☺ **= Meeting or exceeding U.S. Top 10% Performers**

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. The following data is information about children's health in North Dakota. There is no data available at the county level. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-2012. The survey was conducted again by the Census Bureau in 2016, with initial data expected in 2017. More information about the survey may be found at www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below. The rates highlighted in **red** signify that the state is faring worse on that measure than the national average.

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Health Status	**North Dakota**	**National**
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	**35.8%**	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	**93.5%**	94.5%
Children who had preventive medical visit in past year	**78.6%**	84.4%
Children who had preventive dental visit in past year	**74.6%**	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	**20.7%**	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	**86.3%**	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	**29.8%**	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

The data on children's health and conditions reveal that while North Dakota is doing better than the national averages on a few measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children ages 10 to 17;
- Children with health insurance;
- Preventive primary care and dental visits;
- Developmental/behavioral screening for children 10 months to 5 years old;
- Children who have received needed mental healthcare; and
- Children living in smoking households.

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS COUNT data focus on the main components of children's well-being. More information about KIDS COUNT is available at

www.ndkidscount.org. The measures highlighted in **blue** in the table are those in which Pembina County is doing worse than the state average. The year of the most recent data is noted.

The data show that Pembina County is performing more poorly than the North Dakota average, on all of the examined measures, except the percentage of the population who are recipients of the Supplemental Nutrition Assistance Program (SNAP). The most marked difference was on the measure of uninsured children (almost 5% higher rate in Pembina County).

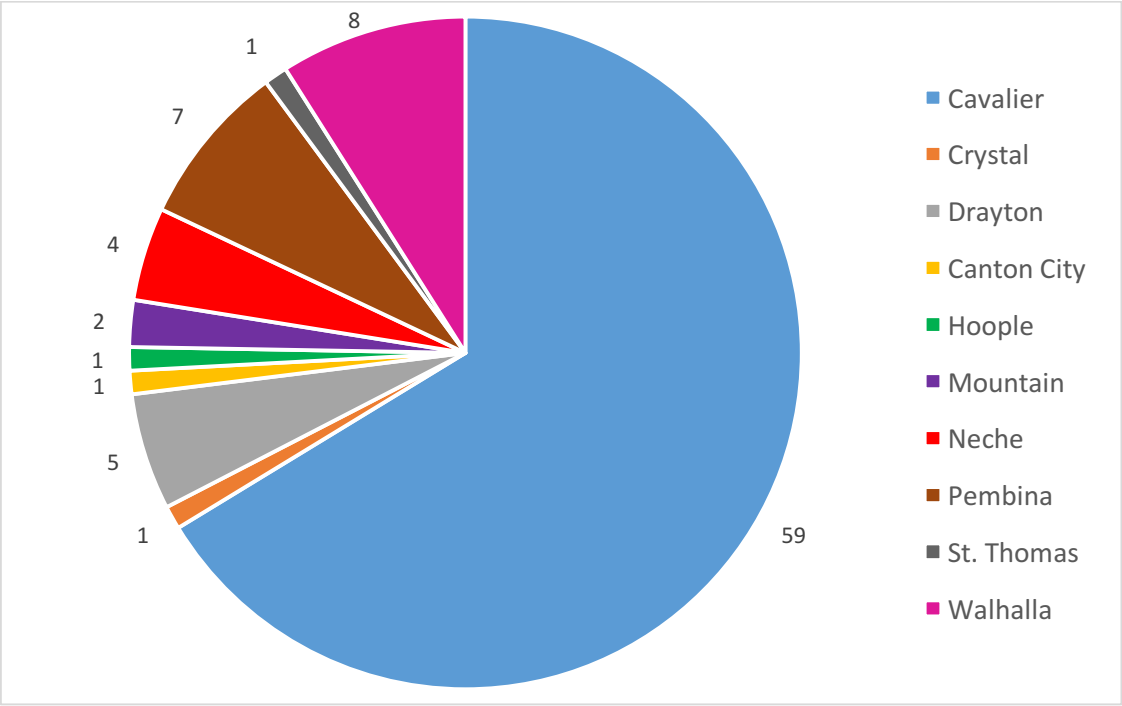
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Pembina County	North Dakota
Uninsured children (% of population age 0-18), 2015	**12.8%**	7.9%
Uninsured children below 200% of poverty (% of population), 2015	**50.0%**	45.2%
Medicaid recipient (% of population age 0-20), 2016	**31.0%**	28.1%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**2.1%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2016	**16.7%**	20.5%
Licensed child care capacity (% of population age 0-13), 2017	**40.9%**	41.5%
High school dropouts (% of grade 9-12 enrollment), 2015	**3.1%**	2.2%

Survey Results

As noted109 community members completed the written survey in communities throughout the county. The survey requested that respondents list their home zip code. Eighty-nine of the 109 respondents provided a zip code, and most of them lived in Cavalier. These results are shown in Figure 2.

Figure 2: Survey respondents' home zip code



Survey results are reported in seven categories: demographics; healthcare access; community assets, challenges; community concerns; delivery of healthcare; and other concerns or suggestions to improve health.

Survey Demographics

To better understand the perspectives offered by respondents, those taking the survey were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all questions.
Those who completed the survey indicated the following:

- Thirty-eight percent (N=38) were age 55 or older.
- The majority (80%, N=79) were female.
- Less than half of respondents (36%, N=36) had bachelor's degrees or higher.

- The number of those working full time (71%, N=71) was much higher than any other employment option.
- Less than one-fourth of the respondents who answered the question (32%, N=27) had household incomes of less than $50,000.

Figures 3 through 7 show these demographic characteristics. It illustrates the range of community members' household incomes and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided household incomes, seven community members reported household incomes of less than $25,000. Twenty percent (N=20) indicated household incomes of $100,000 or more.

Figure 3: Age Demographics of Survey Respondents

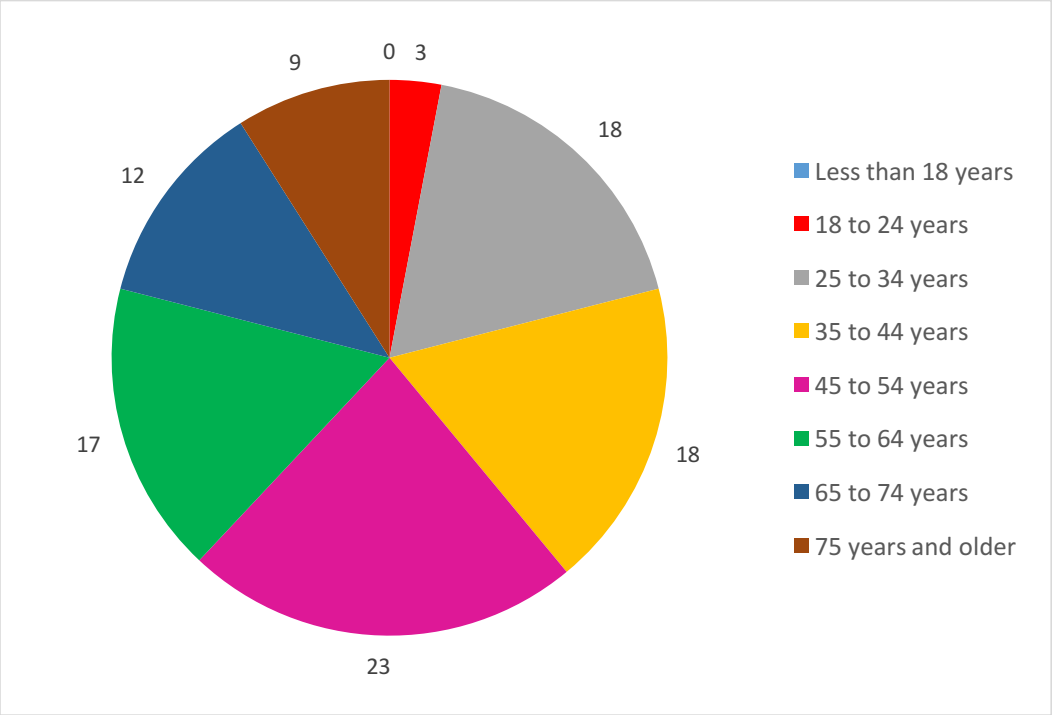


Figure 4: Gender Demographics of Survey Respondents

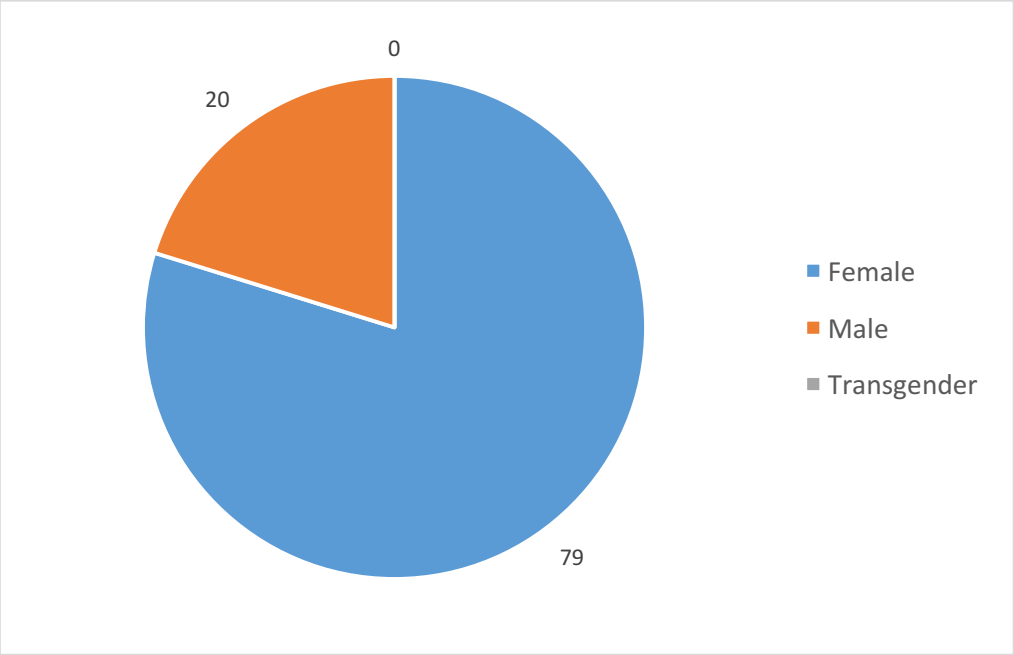


Figure 5: Educational Level Demographics of Survey Respondents

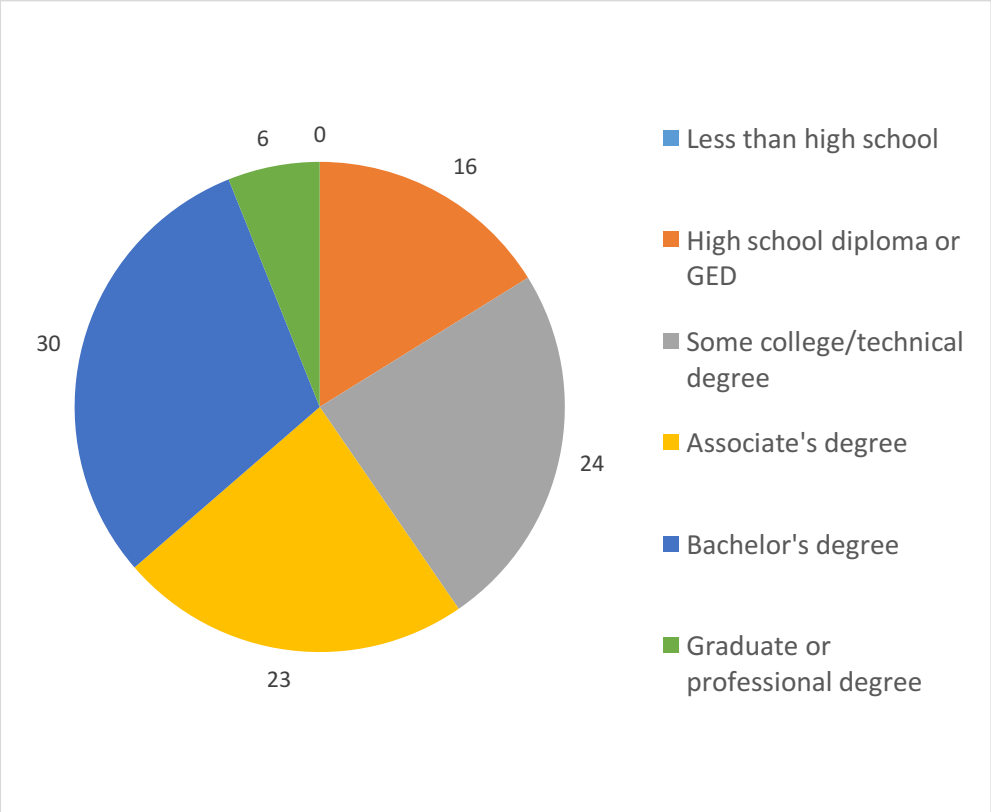


Figure 6: Employment Status Demographics of Survey Respondents

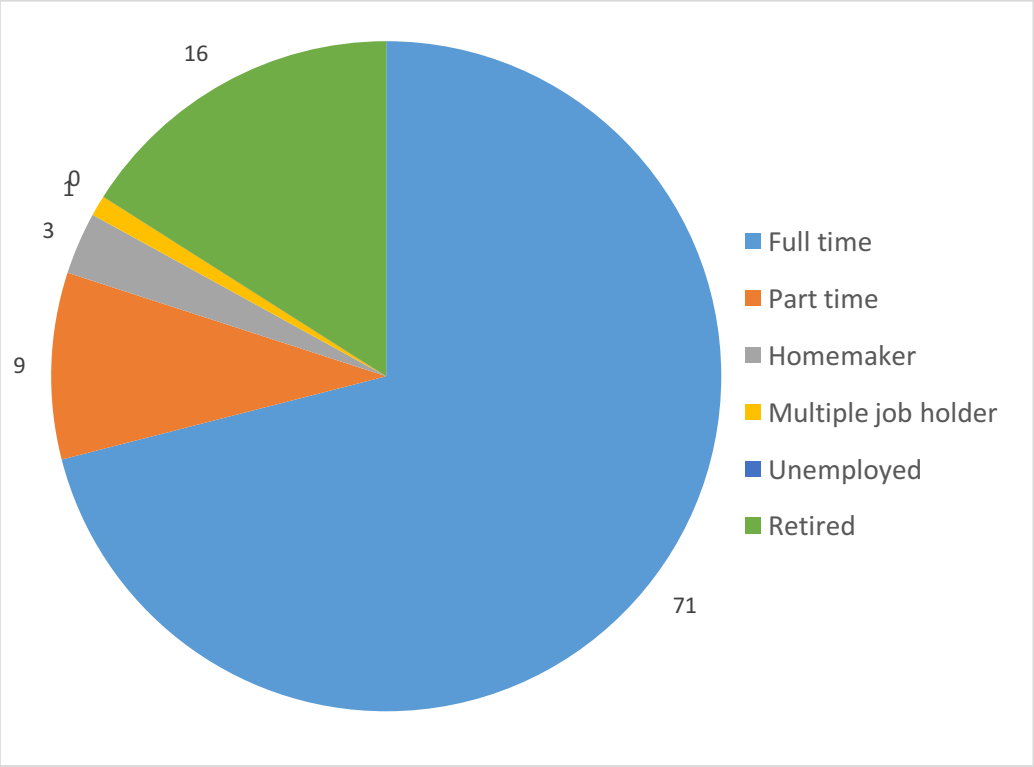
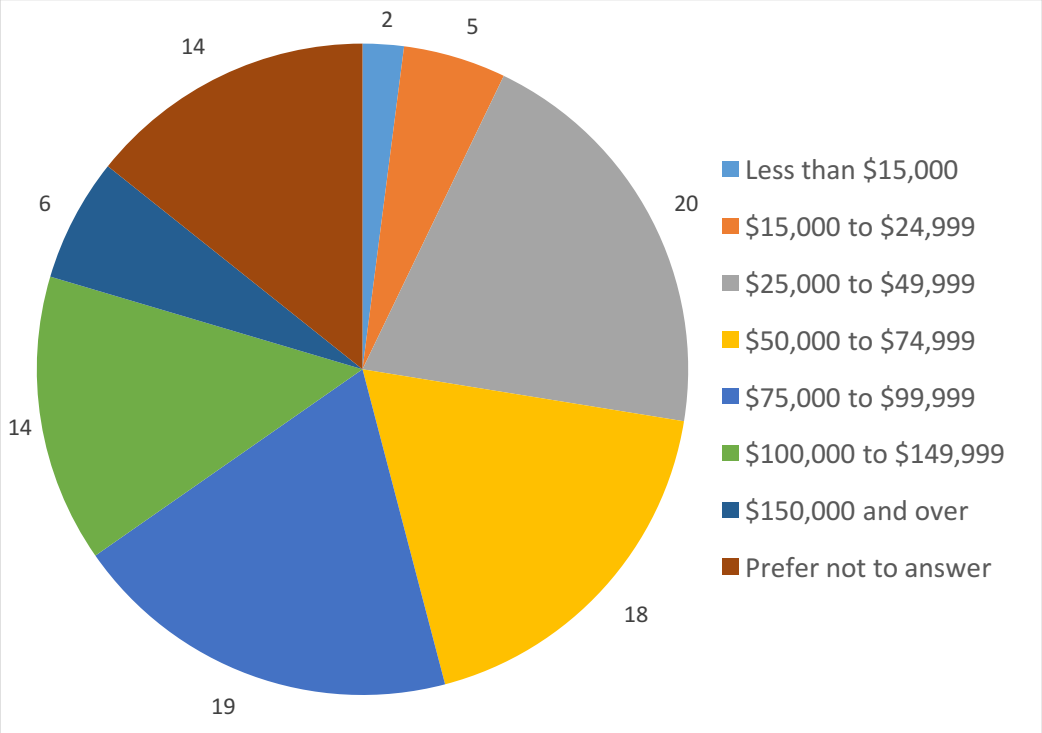
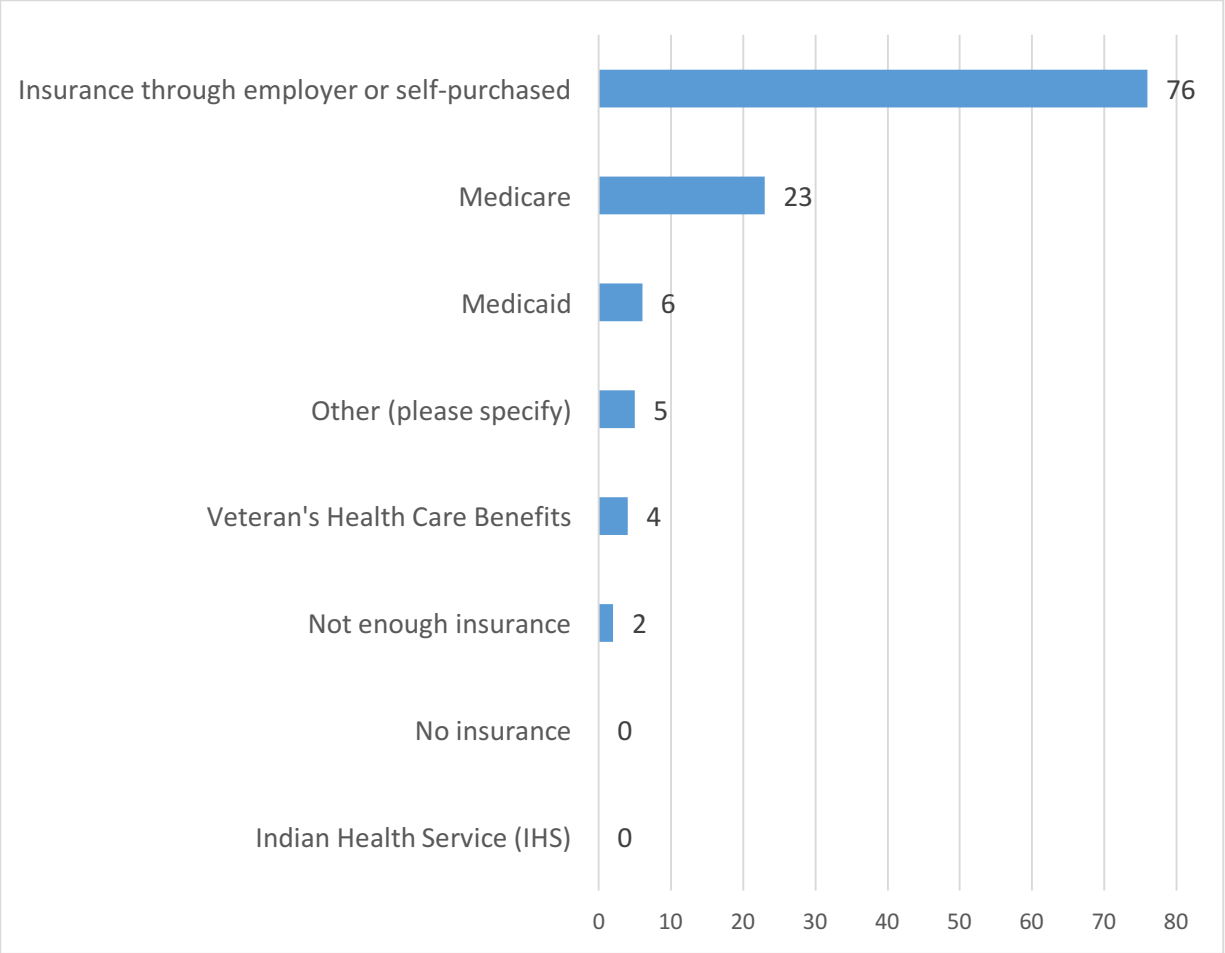


Figure 7: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status, which is often associated with whether people have access to healthcare. Two (N=2) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=96) or Medicare (N=55).

Figure 8: Insurance Status



All five responses that were indicated in the "other" category were insurance types that fit into one of the options available (four fit into "insurance through employer or self-purchased" and one in "Medicare").

Community Assets and Challenges

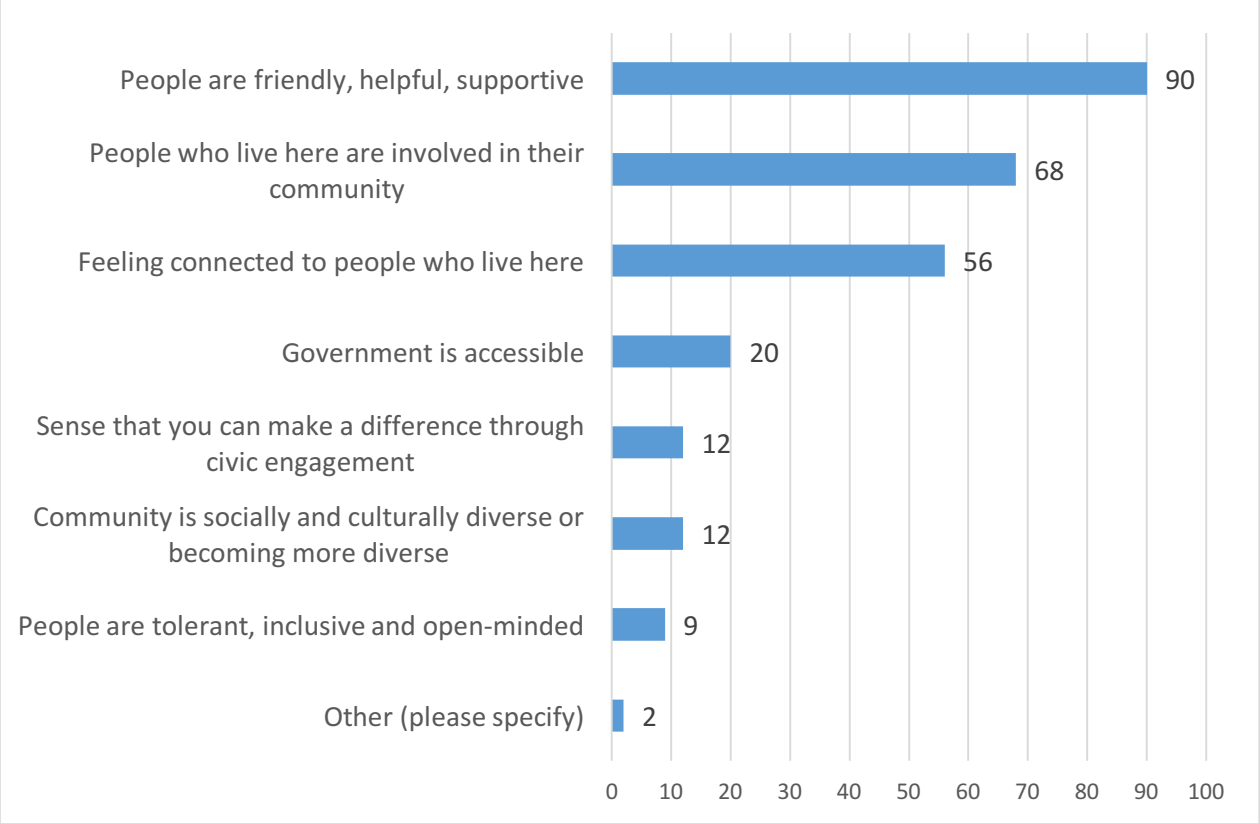
Survey respondents were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The

results indicate there is consensus (with 75 or more respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (N=90);
- Family friendly, good place to raise kids (N=89);
- Safe place to live, little/no crime (N=84);
- Active faith community (N=78); and
- Local events and festivals (N=77).

Figures 9 to 12 illustrate the results of these questions.

Figure 9: Best Things about the PEOPLE in Your Community



Respondents who selected "Other" specified that the best things about the people included that someone is always willing to help you and everyone knows everyone.

Figure 10: Best Things about the SERVICES AND RESOURCES in Your Community

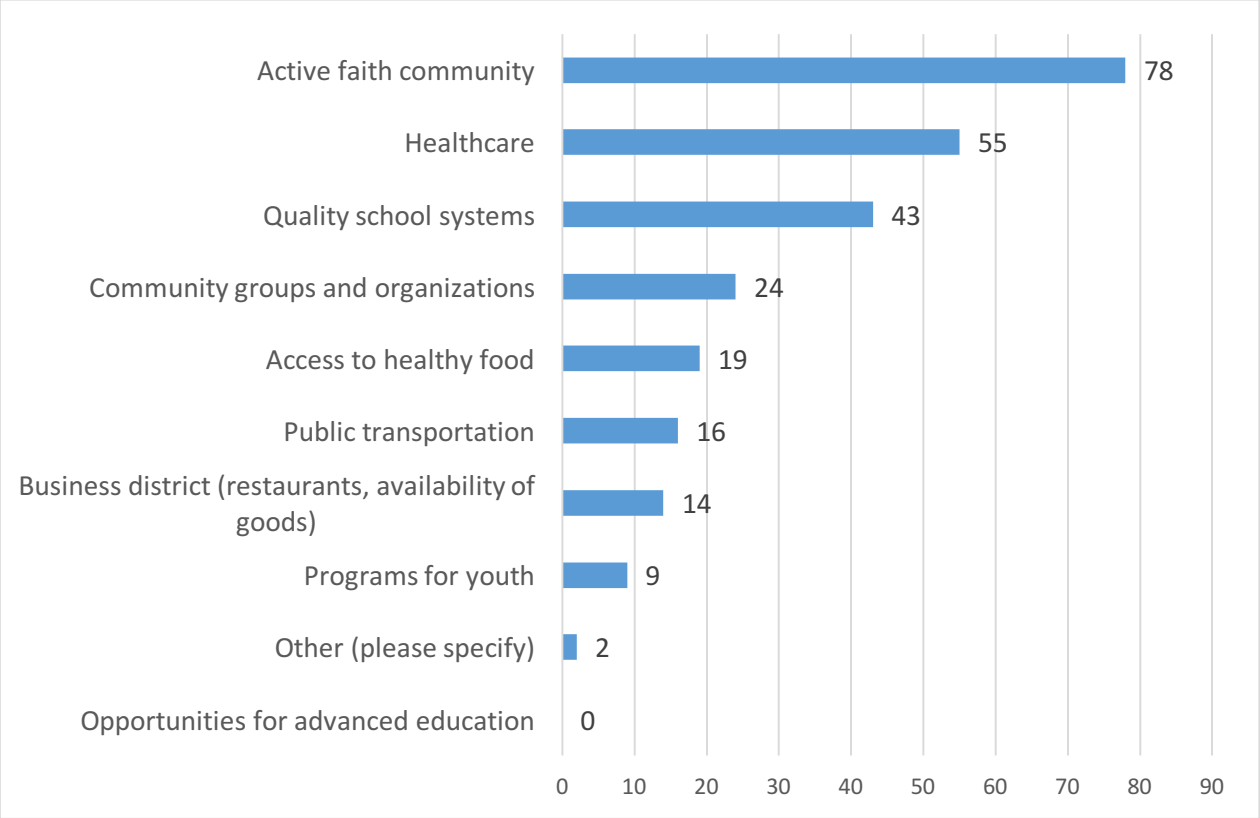
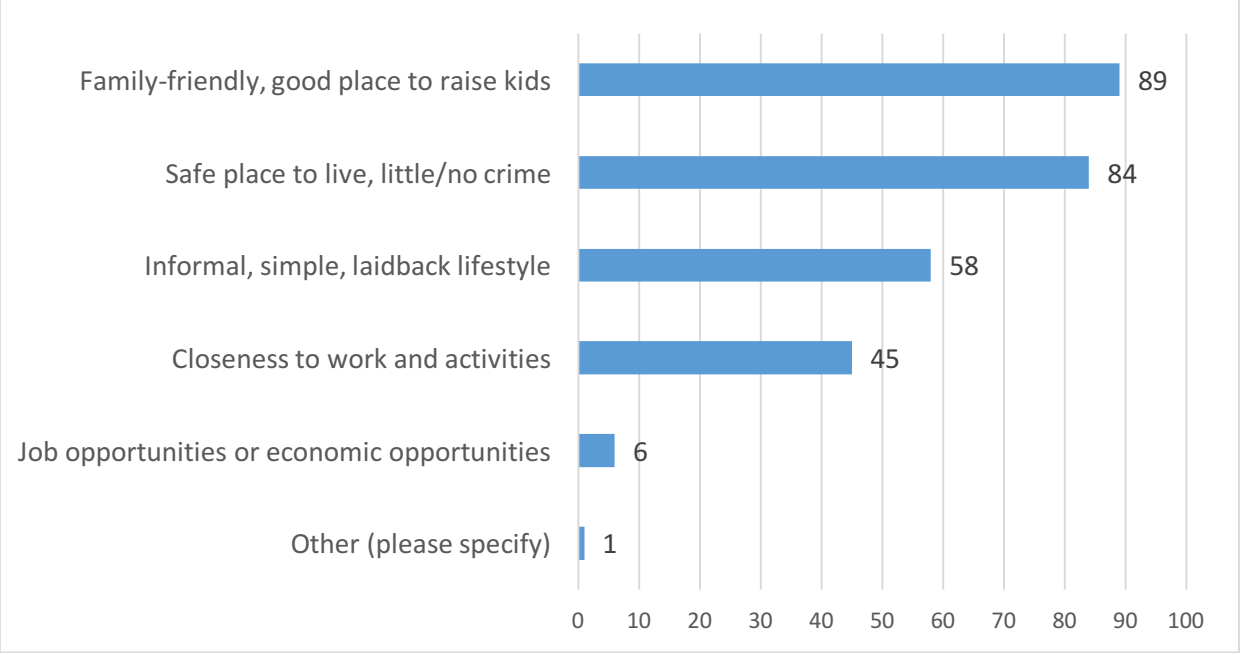
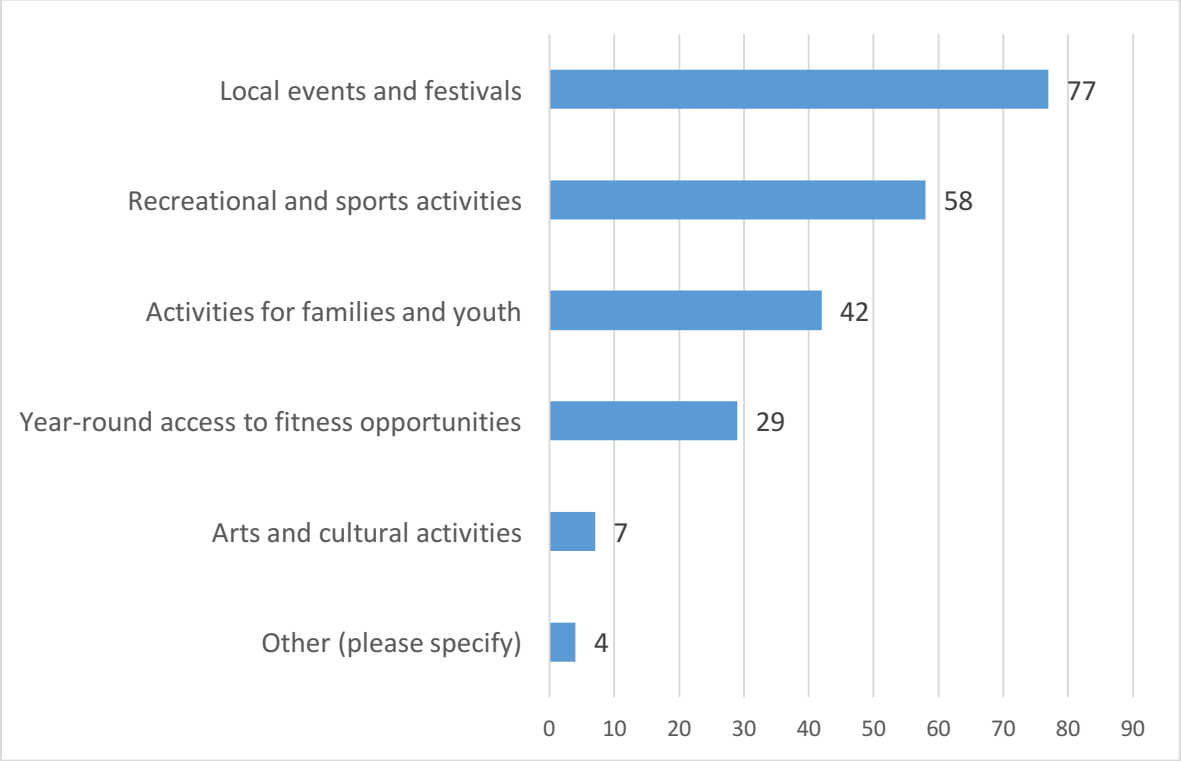


Figure 11: Best Things about the QUALITY OF LIFE in Your Community



The "Other" response was the lack of good or full-time jobs available.

Figure 12: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most commonly cited challenges included lack of job opportunities (N=17), lack of local restaurants/businesses and keeping the businesses that are currently available in business (N=13), lack of mental health services (N=10), aging population (N=10), lack of affordable housing (N=4), dissatisfaction with service provided by public health (N=4), and lack of activities and organizations for youth (N=4). There were 109 total survey respondents.

Community Concerns

At the heart of this community health assessment was a section on the survey asking survey respondents to review a wide array of potential community and health concerns in seven categories and to pick the top three concerns. The seven categories of potential concerns were:

- Delivery of health services
- Availability of health services
- Mental health and substances abuse
- Safety/environmental health
- Aging population
- Community health
- Physical health

Echoing responses in the survey about community challenges, the most commonly voiced concerns were:

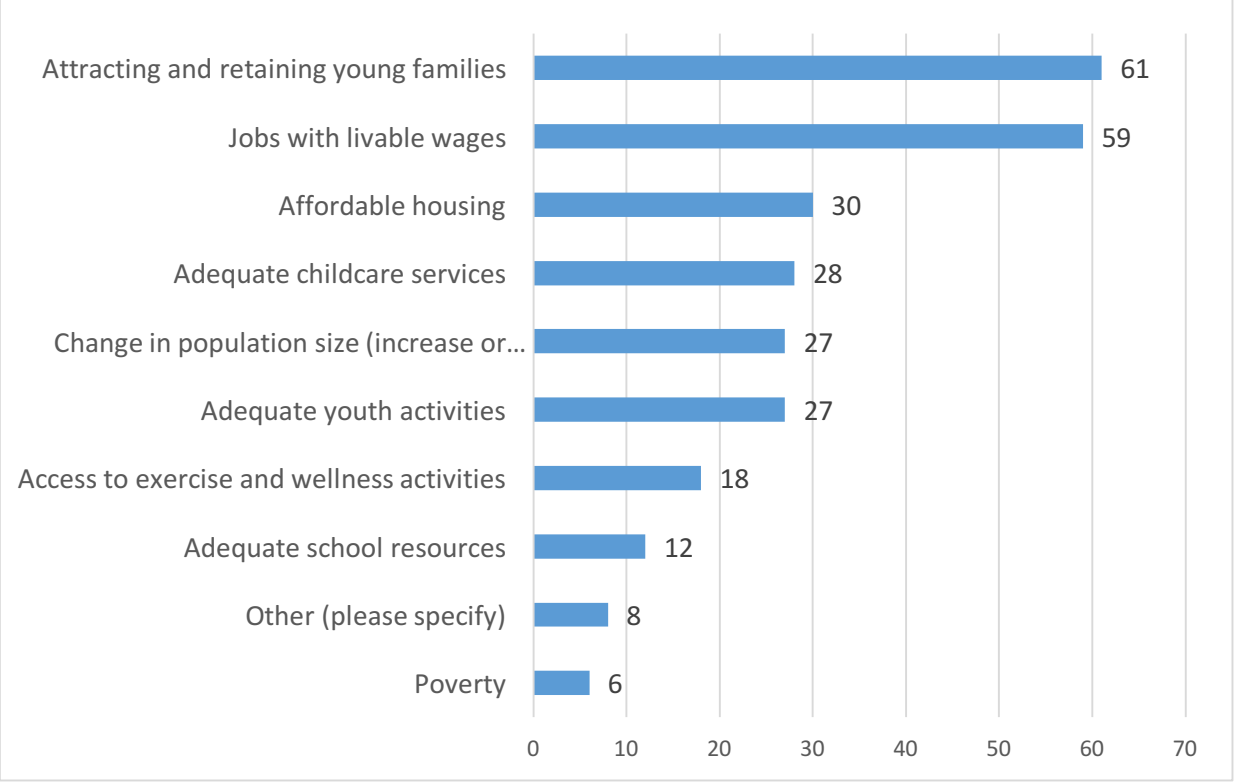
- Cost of health insurance (N=66)
- Attracting and retaining young families (N=61)
- Obesity/overweight (N=61)
- Bullying/cyberbullying (N=61)
- Jobs with livable wages (N=59)
- Cancer (N-56)
- Availability of vision care (N=53)

The other issues that had at least 40 votes included:

- Assisted living options (N=49)
- Cost of prescription drugs (N=47)
- Cost of healthcare services (N=45)
- Adult drug use and abuse (including prescription drug abuse) (N=44)

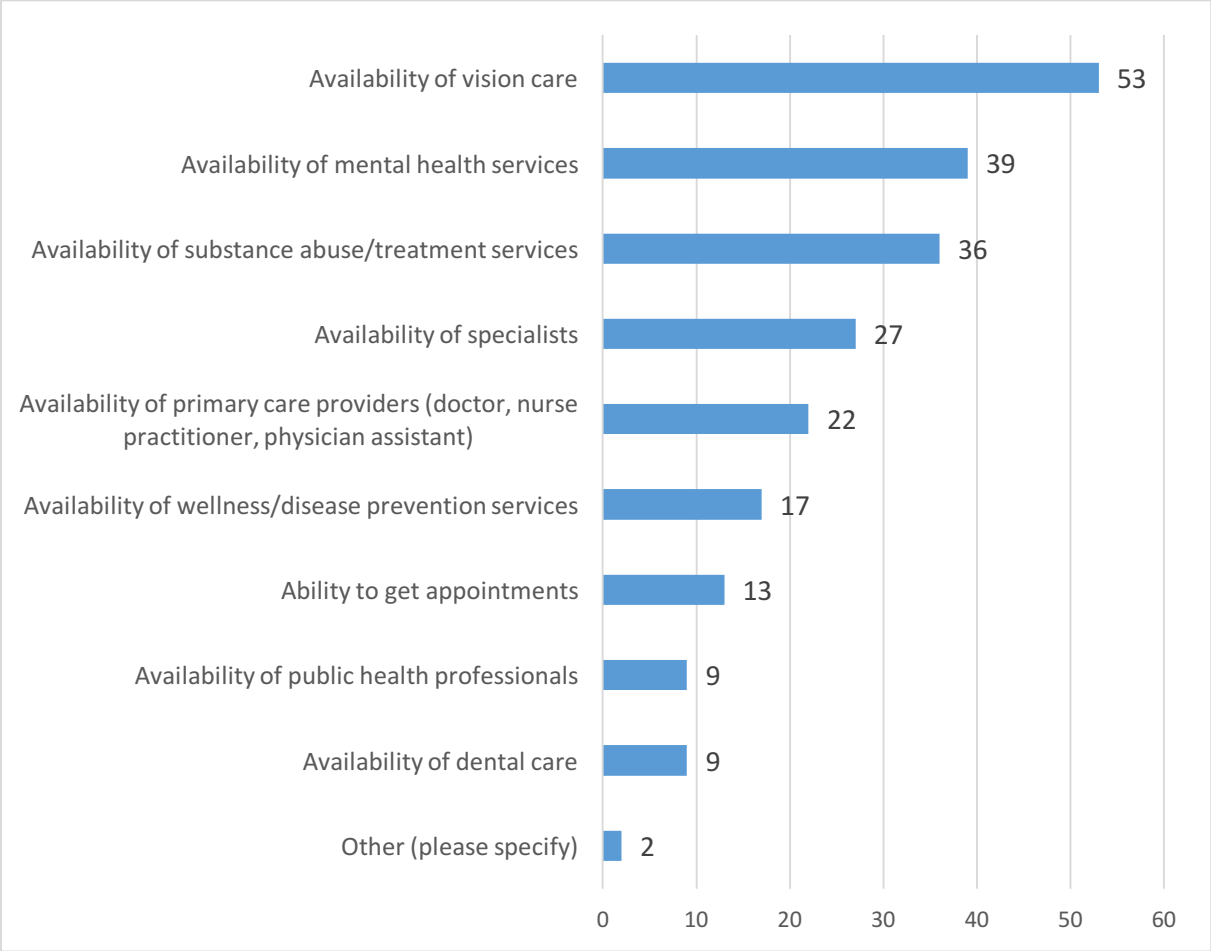
Figures 13 through 19 illustrate these results.

Figure 13: Community Health Concerns



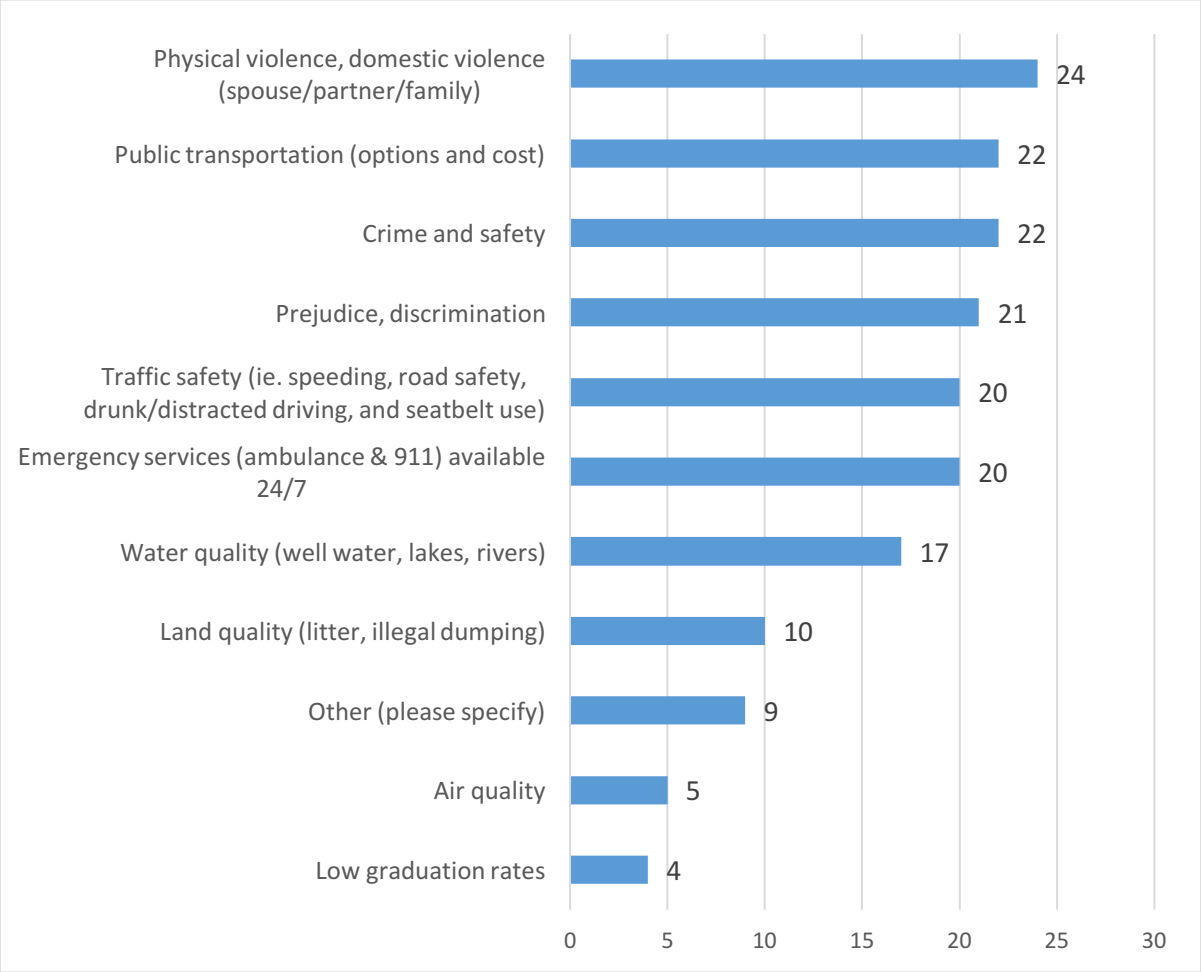
Addiction and behavioral health, cost of childcare, dissatisfaction with service provided by public health, and cost of health insurance were listed in the "Other" category for community health concerns.

Figure 14: Availability of Health Services Concerns



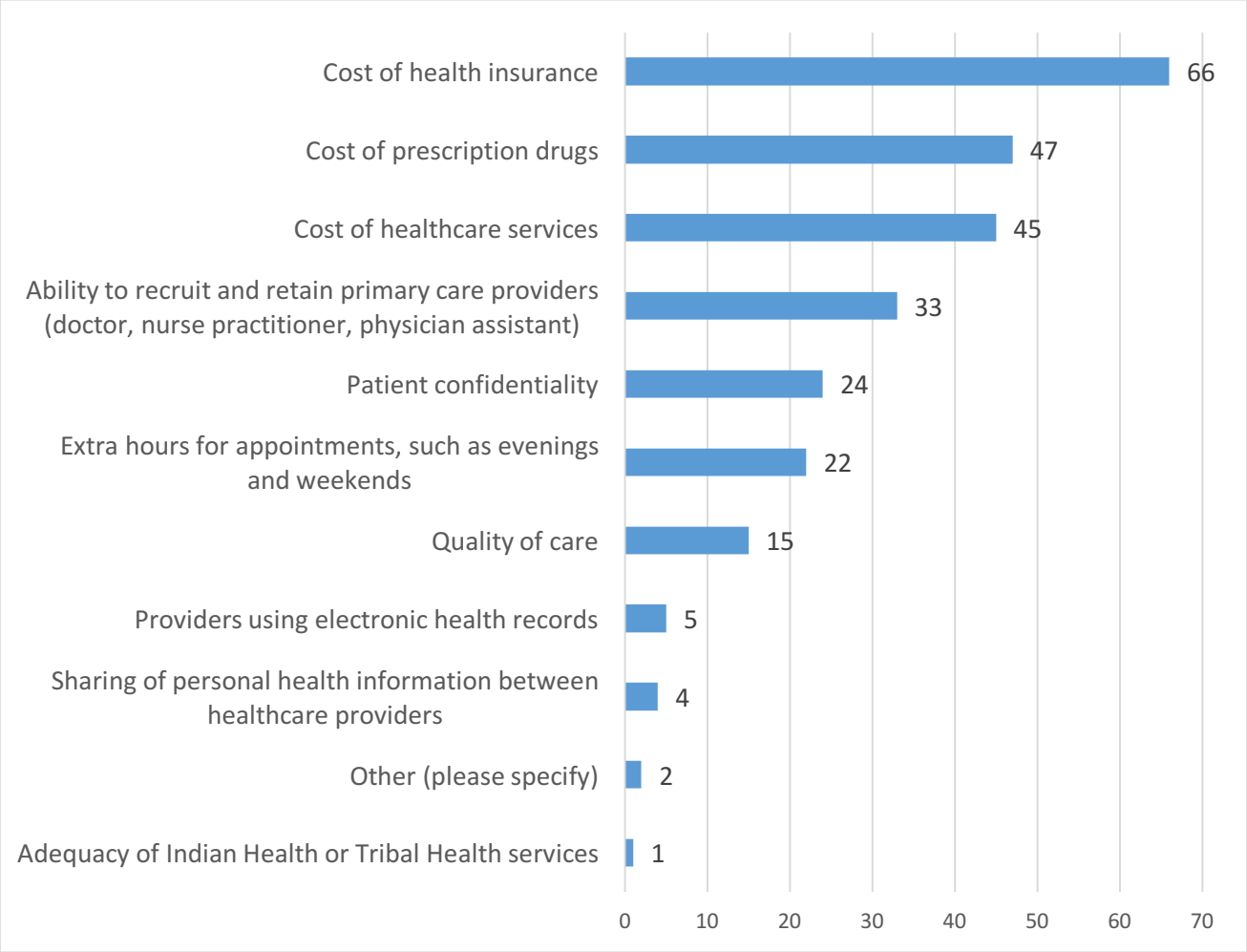
Respondents who selected "Other" specified availability of health services concerns as the cost of having lab work done as well as the inconvenience of having to travel over a distance to access most of these services.

Figure 15: Safety/Environmental Health Concerns



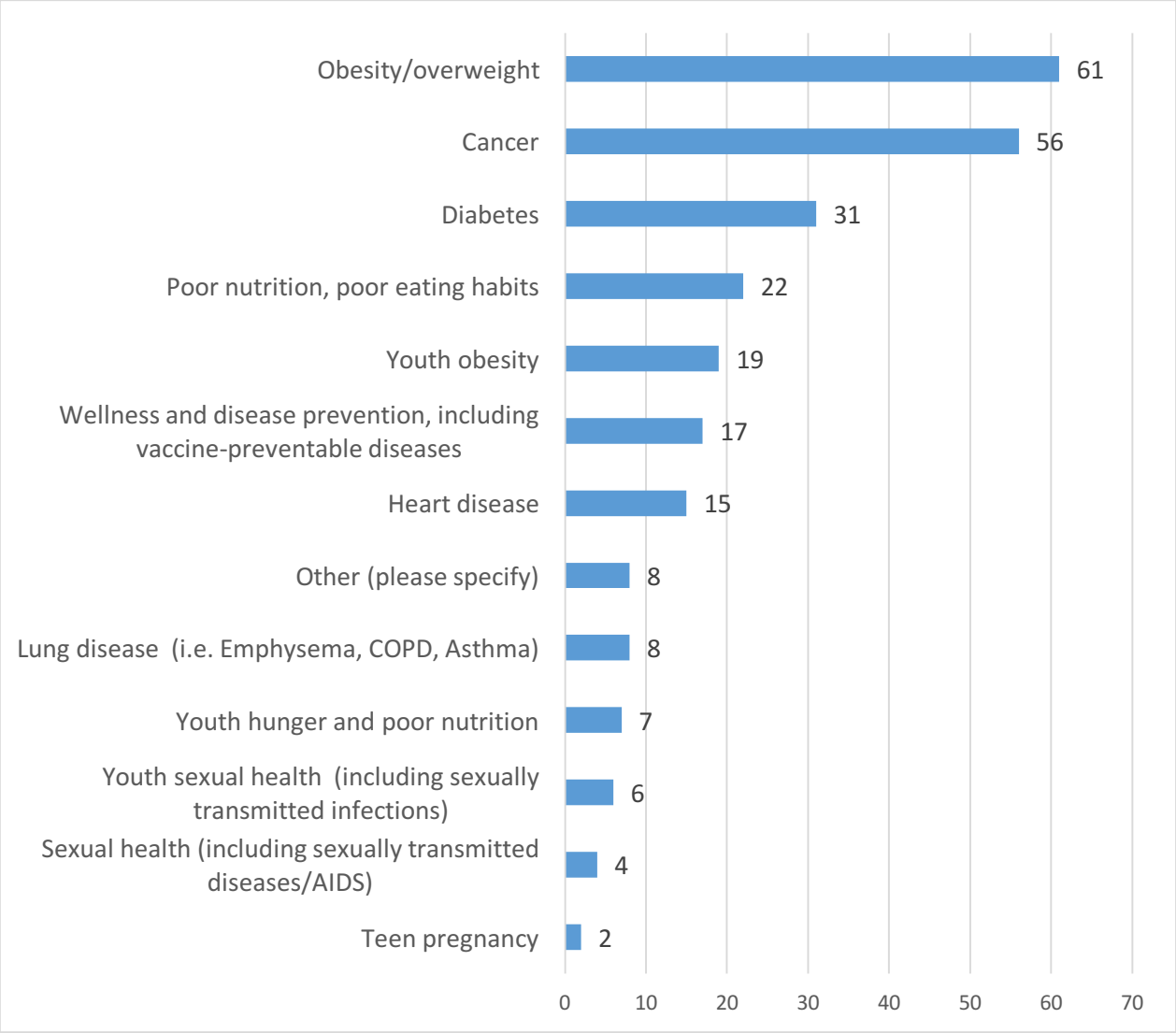
Listed in the "Other" category for safety and environmental health concerns were drug and alcohol use and abuse, drug trafficking, foster care availability, use of farm chemicals, and declining school enrollment.

Figure 16: Delivery of Health Services Concerns



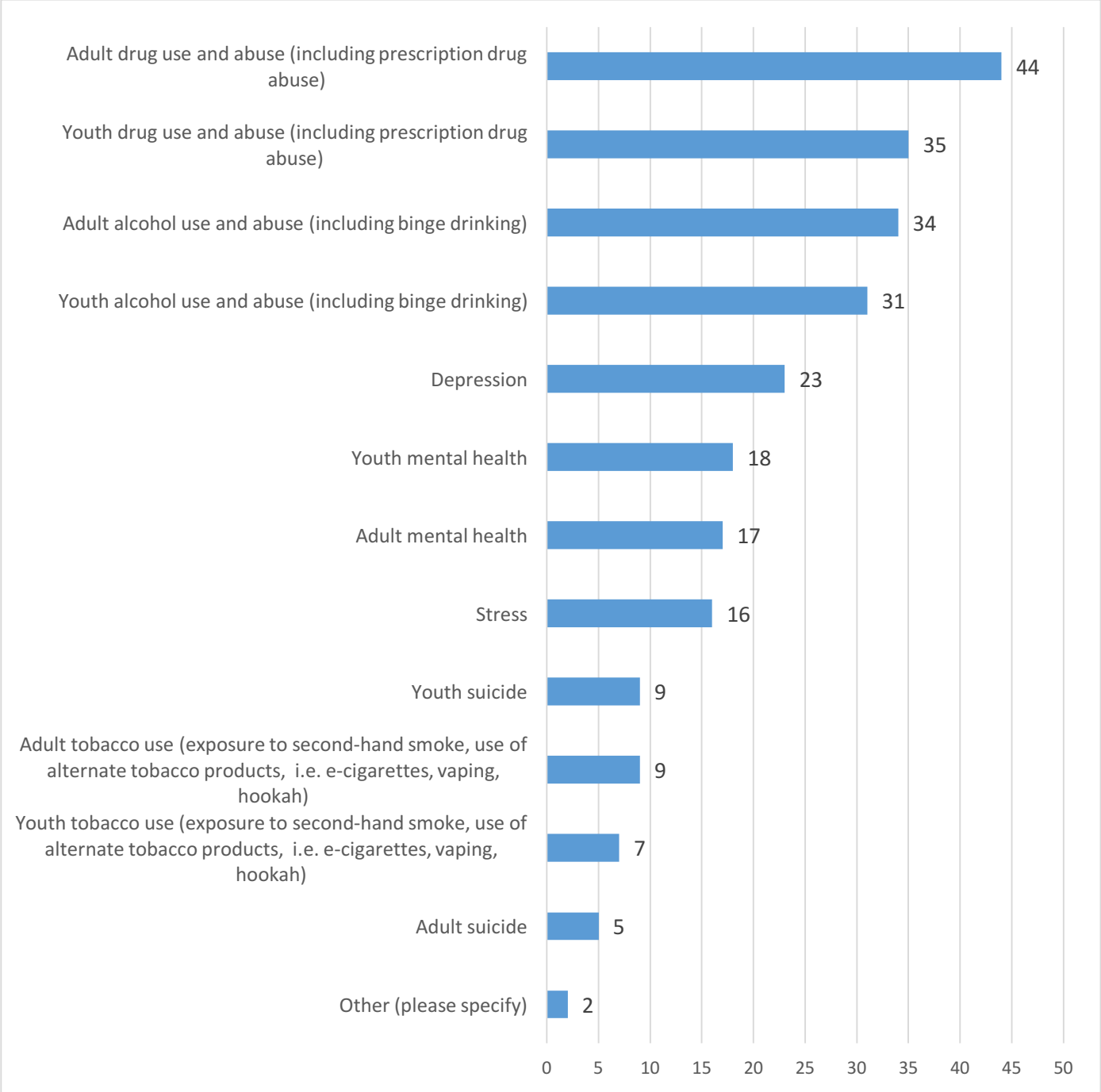
The lack of availability of all types of medical staff (not just doctors and nurses) and dissatisfaction with service provided by public health were specified as “Other” concerns.

Figure 17: Physical Health Concerns



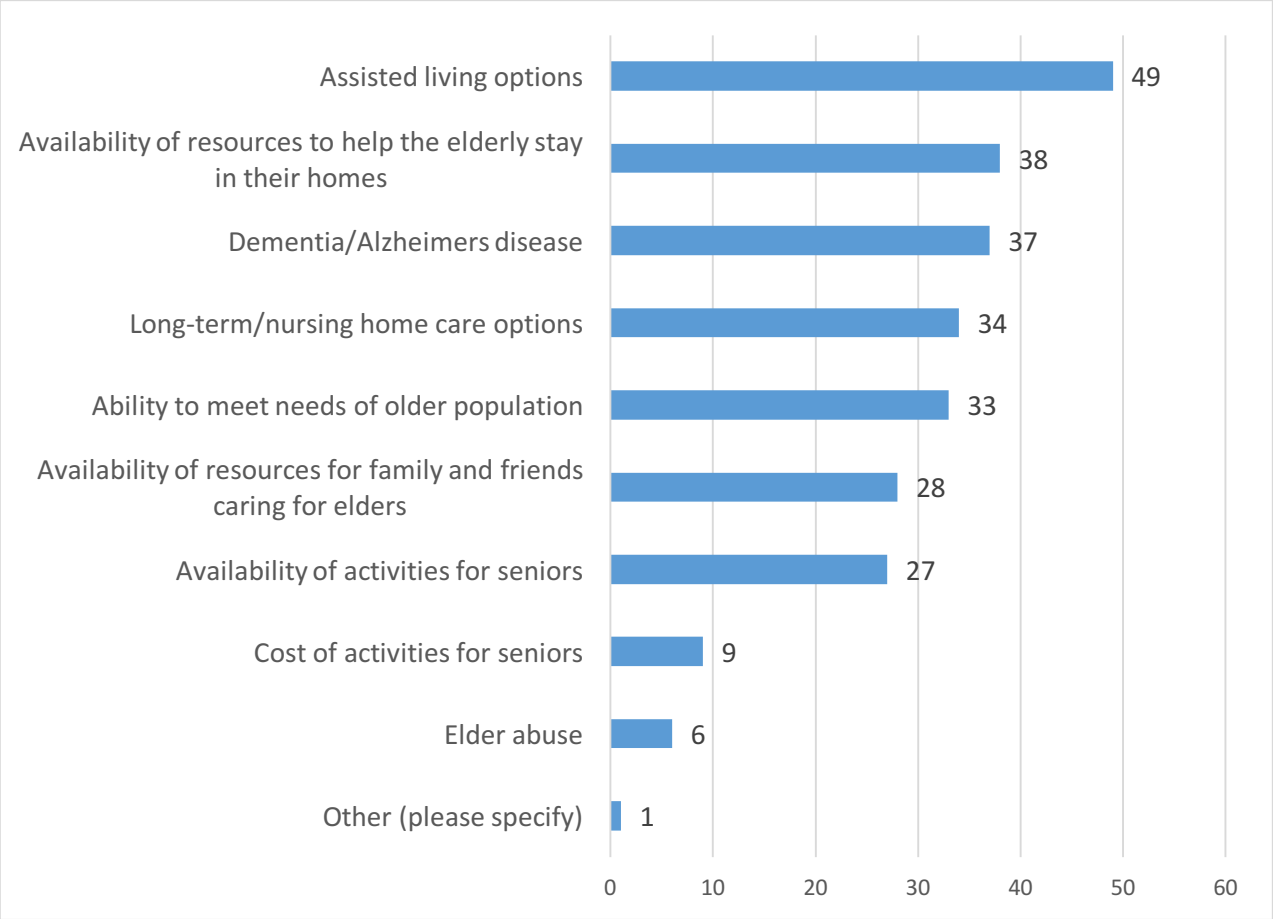
Other concerns (N=8) that were cited included exposure to farming chemicals, mental health issues, dissatisfaction of service provided by public health, drug and alcohol use and abuse, and Alzheimer's disease.

Figure 18: Mental Health and Substance Abuse Concerns



"Other" responses included concern with public health confidentiality and attitude toward patients.

Figure 19: Senior Population Concerns

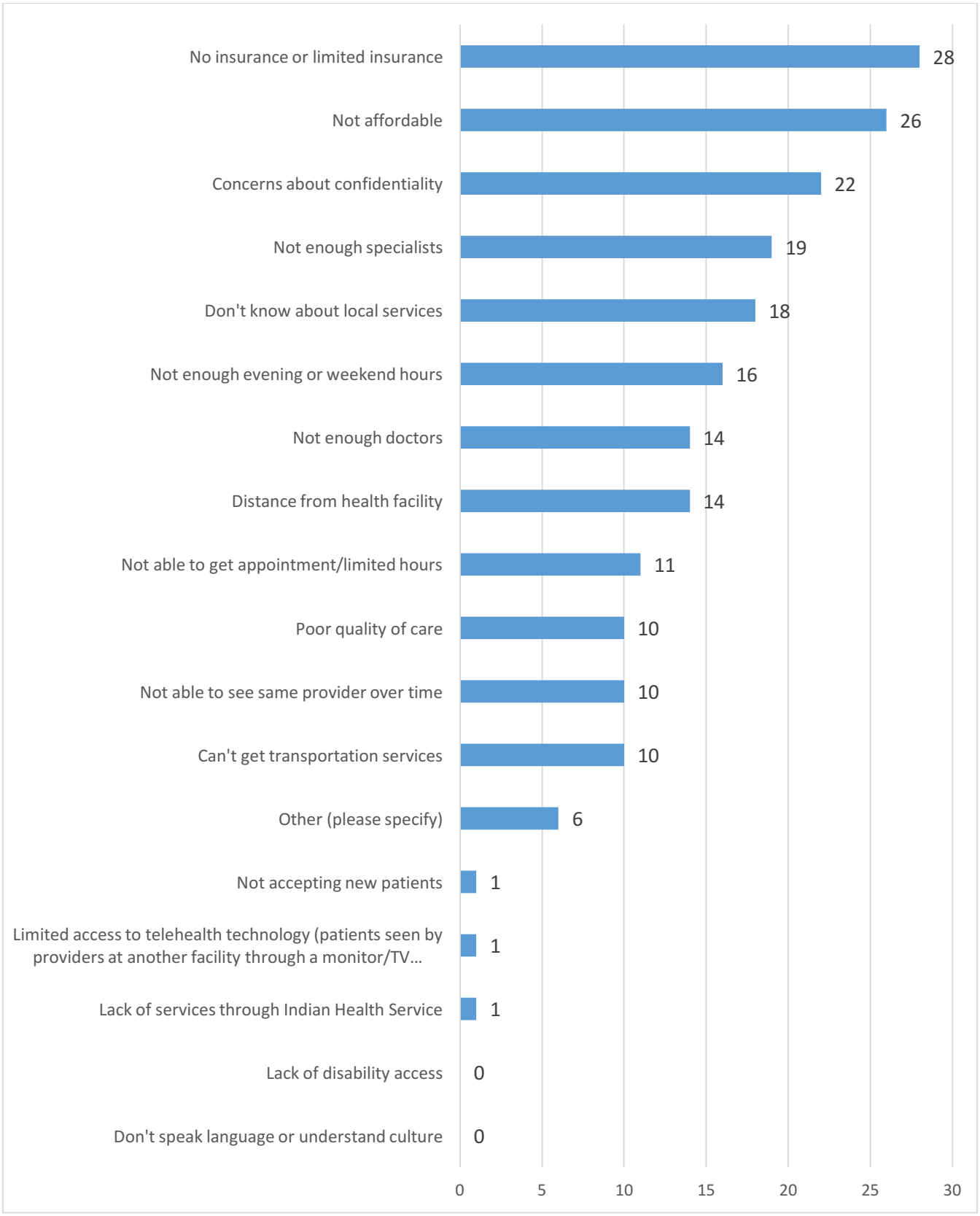


"Other" concerns listed included quality of care and low staffing numbers at the nursing home.

Delivery of Healthcare

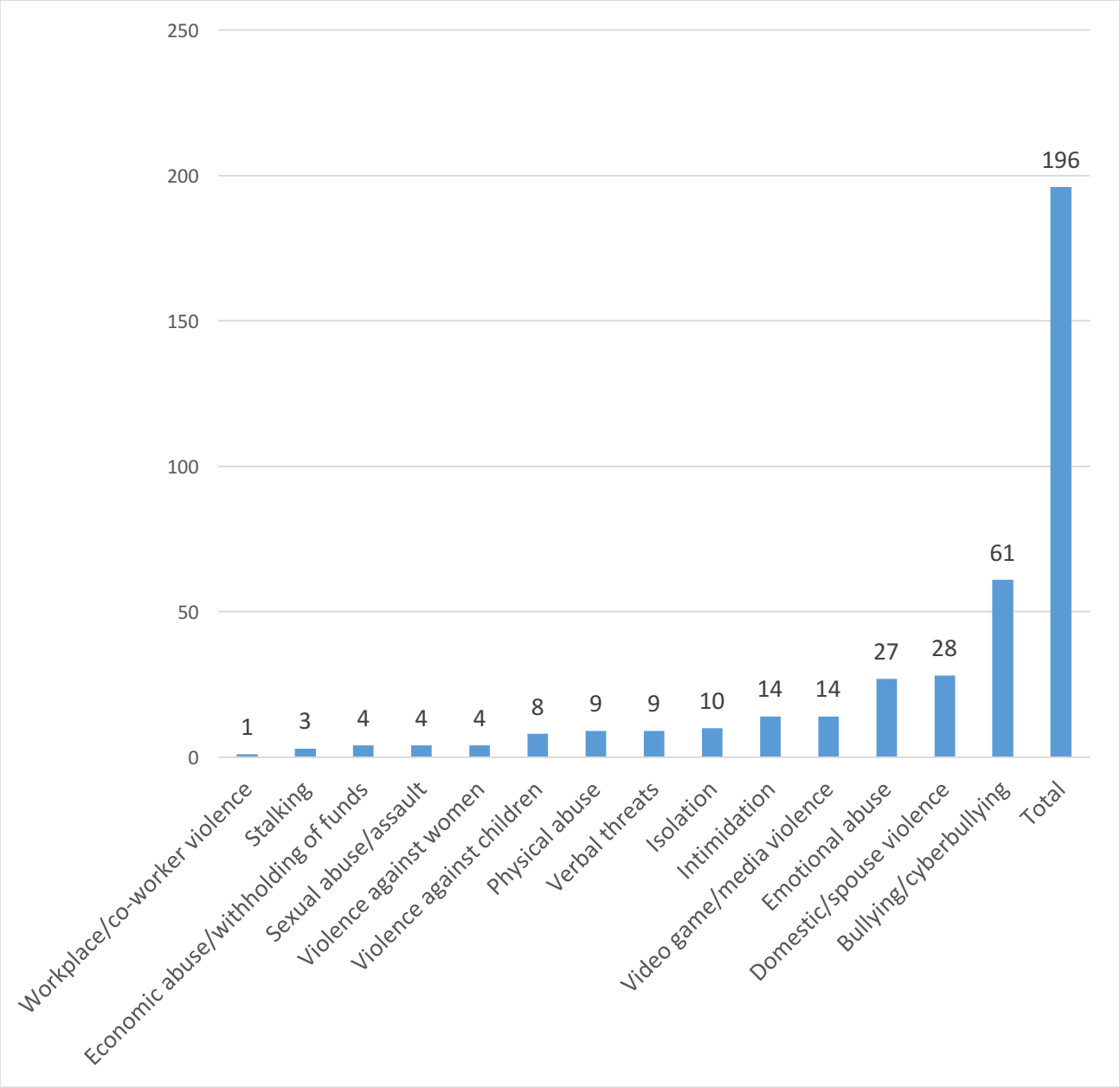
The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by residents was no insurance or limited insurance (N=28); followed by the affordability of care (N=26). The next most commonly identified barriers were concerns about confidentiality (N=22); not enough specialists (N=19); and lack of awareness about local services (N=18). "Other" concerns mentioned were the cost of lab work, professionalism of staff, and quality of care. Figure 20 illustrates these results.

Figure 20: Perceptions about Barriers to Care



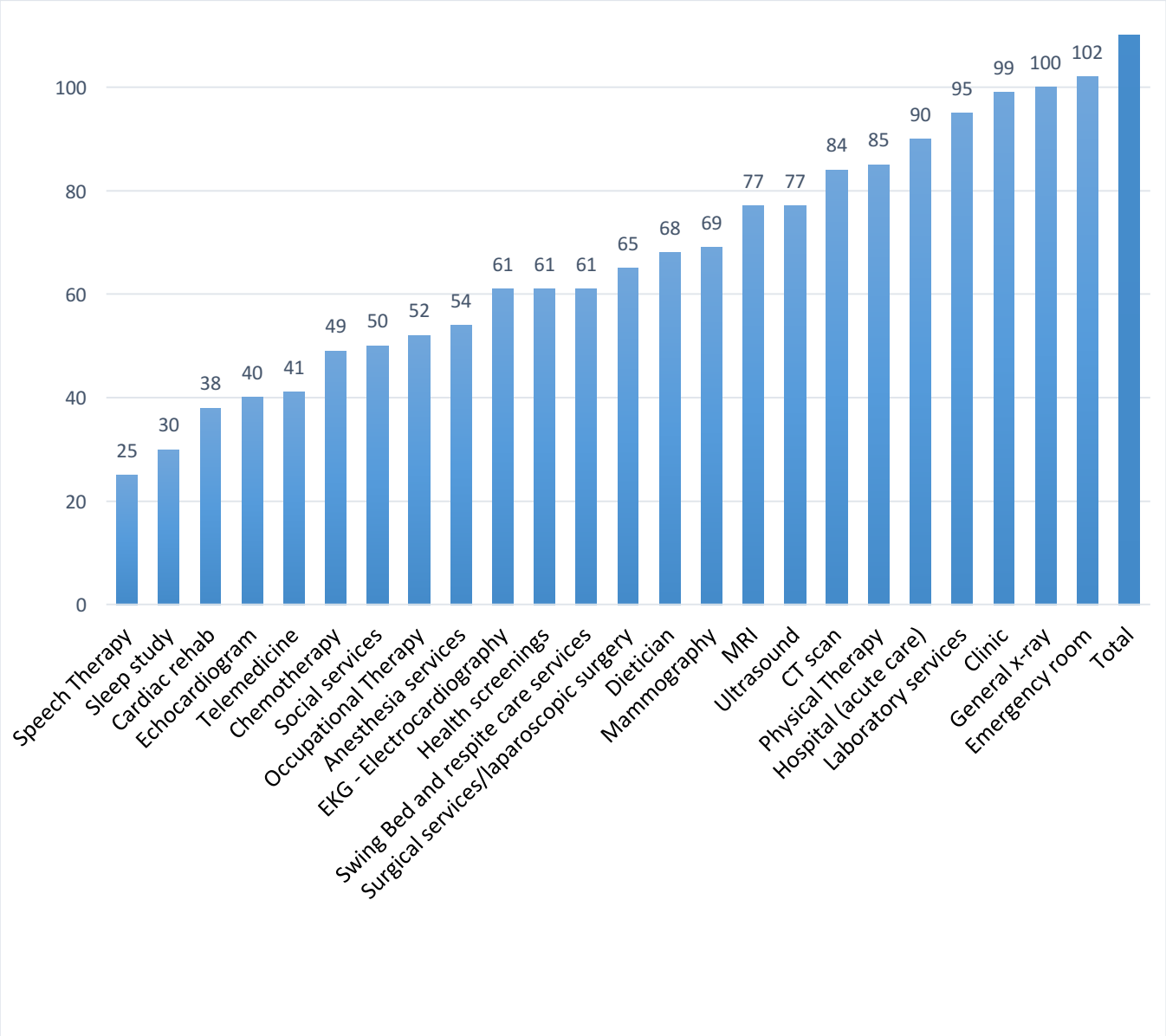
The survey also solicited input regarding concerns about various forms of violence in the community. Bullying/cyberbullying was the most prominent concern (N=61), followed by domestic/spouse violence (N=28). Figure 21 illustrates these results.

Figure 21: Community Violence Concerns



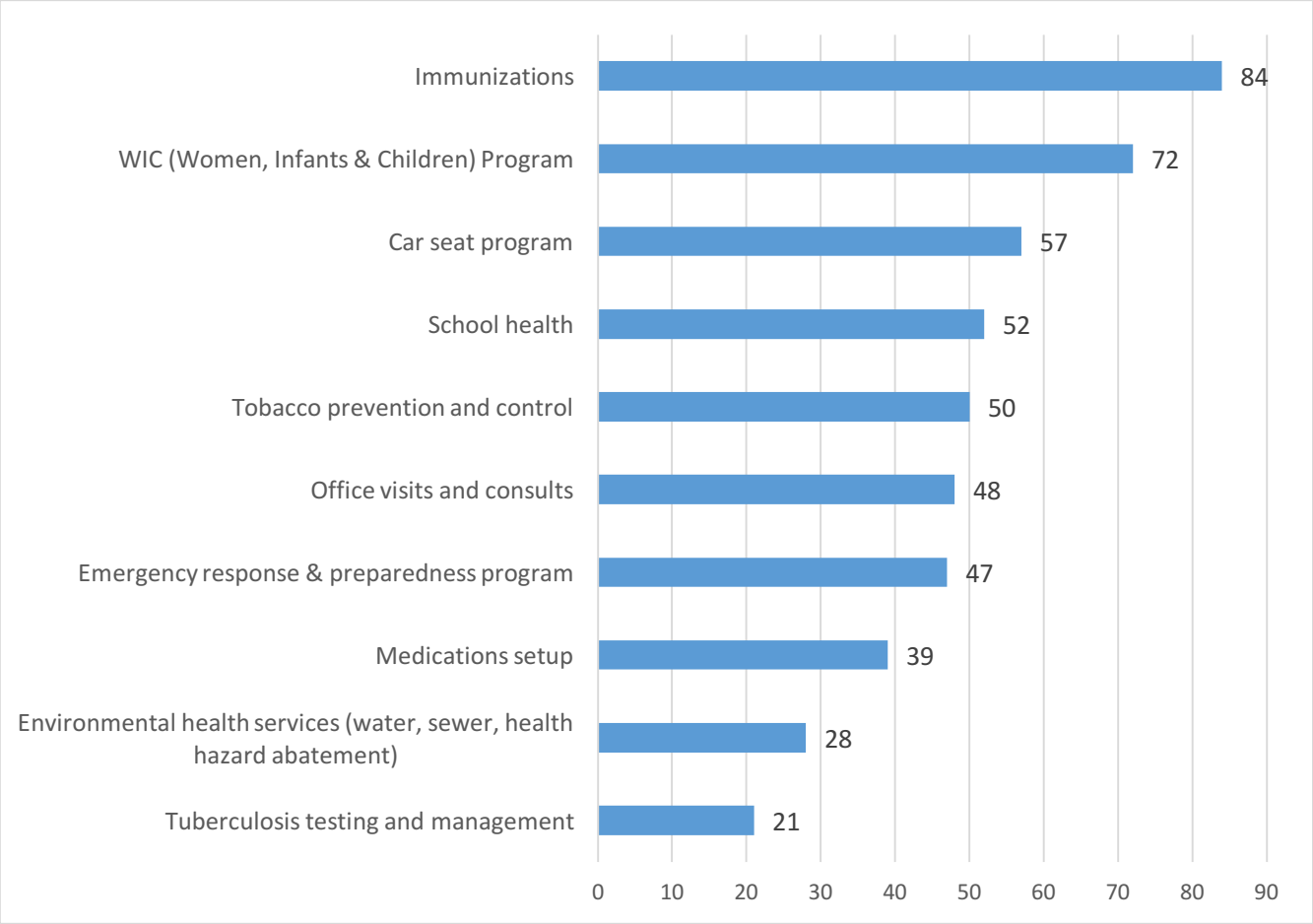
Survey participants were asked which PCMH services they are most aware of. Emergency room (N=102), general x-ray (N-100), clinic (N=99), laboratory services (N=95), and hospital (acute care) (N=90) were the services the community was most aware of. Figure 22 illustrates these results.

Figure 22: Services provided by PCMH that community is most aware of



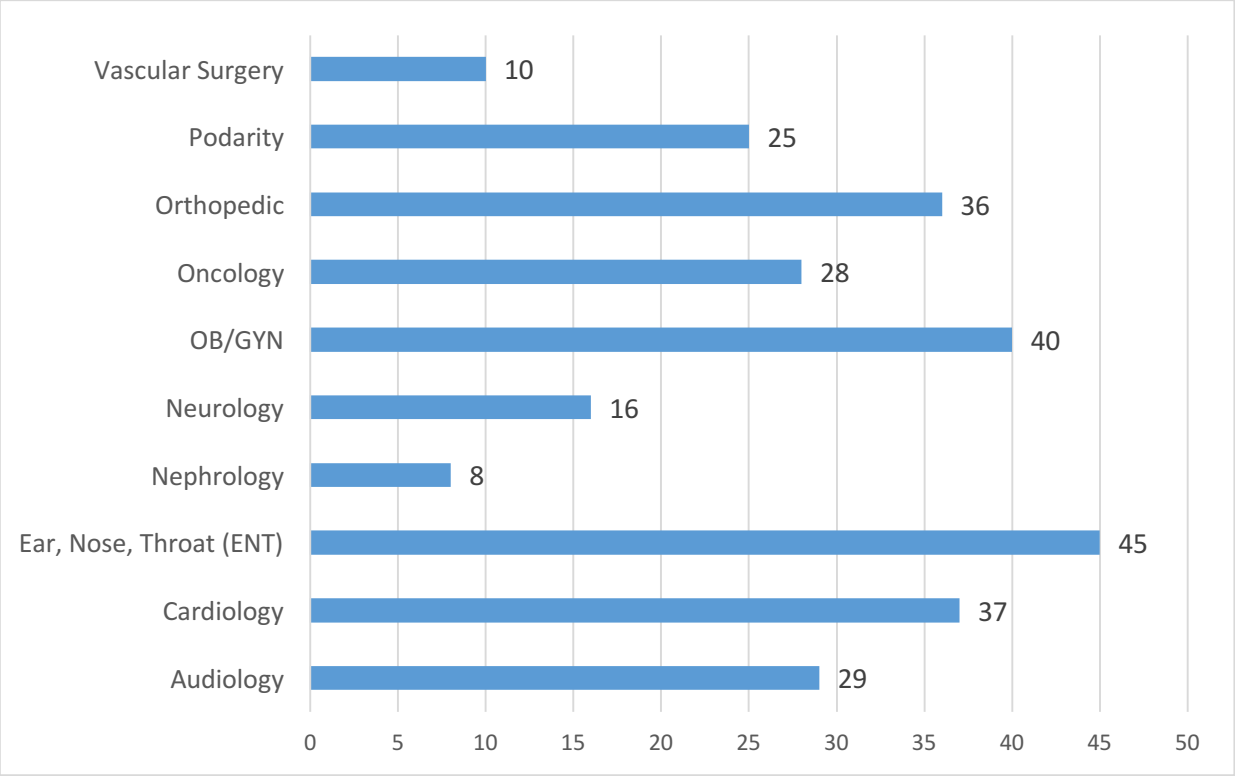
Survey participants were also asked which PCPH services they are most aware of. Figure 23 illustrates these results.

Figure 23: Awareness of services provided by Pembina County Public Health



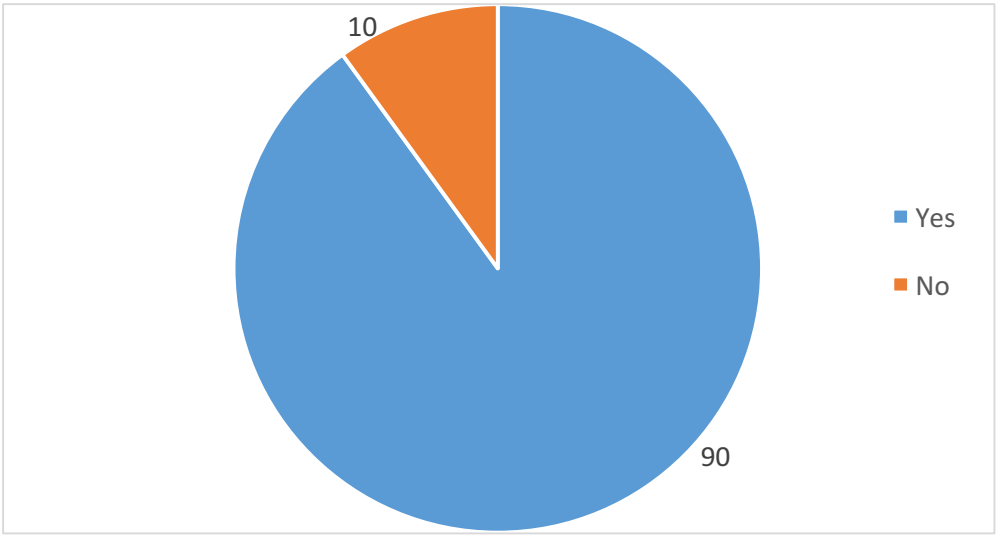
Input was solicited from respondents regarding which Altru Specialty care (Cavalier) services they were most aware of. Figure 24 illustrates these results.

Figure 24: Community Awareness of the Services Provided by Altru Specialty Care



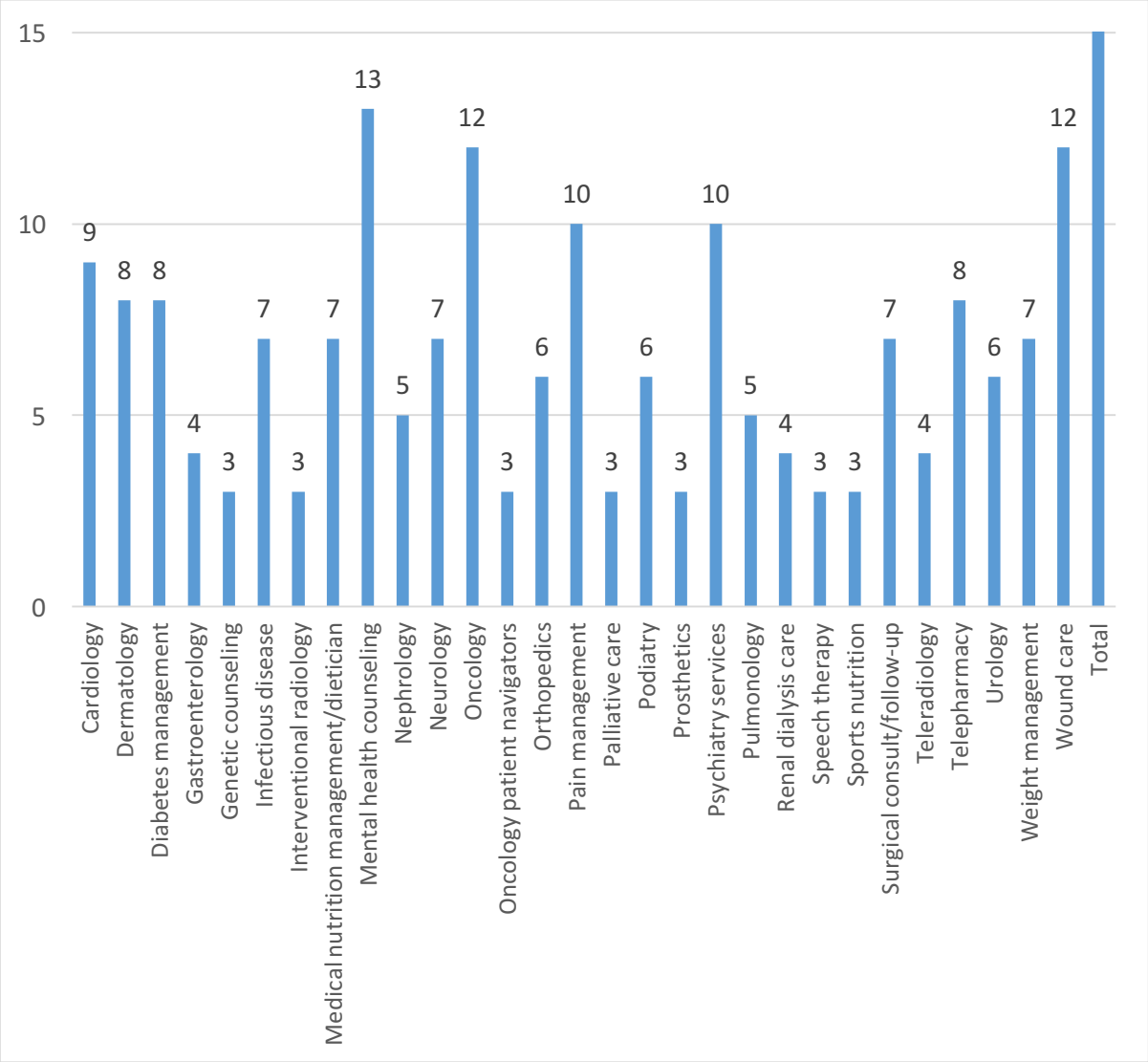
Survey respondents were asked which services offered locally by other healthcare providers/organizations they were aware of.. Figure 25 illustrates these results.

Figure 25: Awareness of CliniCare Hours (M-F 8am – 5pm, Sat 9am – 3pm)



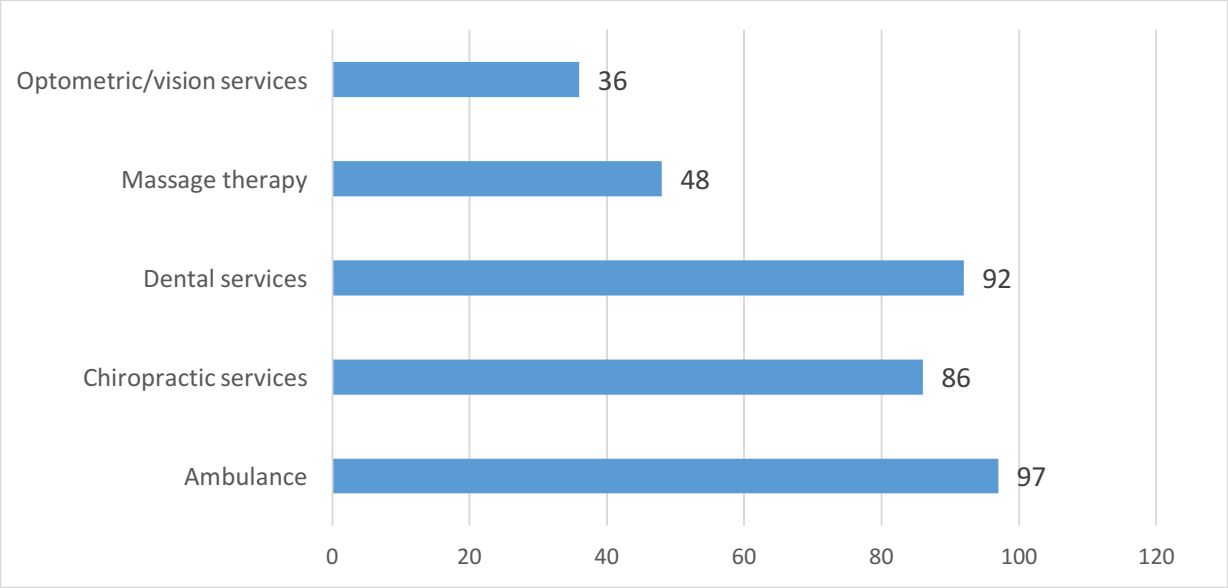
Respondents were asked which locally offered telemedicine services, provided by Altru Specialty care (Cavalier), they were most aware of. Figure 26 illustrates these results.

Figure 26: Awareness of Telemedicine services provided by Altru Specialty Care



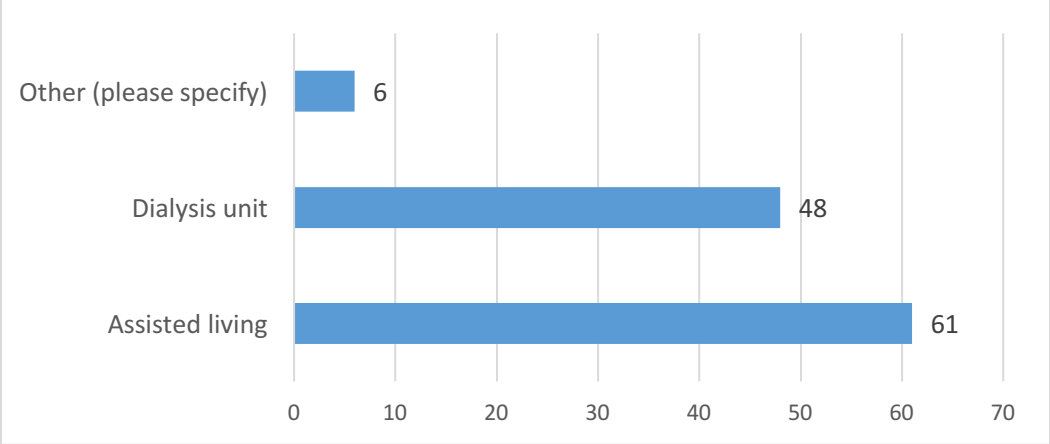
Survey respondents were asked which services offered locally by other healthcare providers/organizations they were aware of. Figure 27 illustrates these results.

Figure 27: Services offered by other providers



Survey participants were asked if the community would financially support capital improvements made by PCMH. Figure 28 illustrates these results.

Figure 28: Community support for capital improvement



"Other" suggestions included building an indoor pool, emergency room improvements, bringing in an obstetrician for labor and delivery, having a rheumatologist on staff, providing mental health counselors, and providing further training for staff.

Findings of Key Informant Interviews and the Community Meeting

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders and health professionals and also with the community group at the first meeting. The themes that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters.

Generally, overarching issues that developed during the interviews and community meeting can be grouped into five categories (listed in alphabetical order).

- Assisted living options
- Attracting and retaining young families
- Availability of mental health services
- Drug use and abuse (including prescription drug abuse)
- Not enough jobs with livable wages

Following are some of the comments made by those interviewed about these issues.

Drug use and abuse (including prescription drug abuse)

- The hospital should add Narcotics Anonymous.
- Drug abuse is a major problem.
- Prescription drug abuse is my top concern.

Assisted living options

- There is a gap between independent living and the nursing home that needs to be filled.
- Pretty elderly group of people here and even they tend to move to where their kids are to have them care for them. We need a facility to enable them to stay here.
- Wedgewood Manor – leadership challenges which result in low employee morale and negative feedback about the facility.
- There needs to be more aging services since there are more elderly in the community than any other age group.

Attracting and retaining young families

- We have to try to get people to stay in the community by having jobs available that attract and retain them
- It's difficult to attract people to the community

Availability of mental health services

- When people have problems, there are no mental health services available in the area or anywhere near here. Often these people don't have the resources to get to the places that have these services either, and they end up having to have law enforcement involved
- Above all, availability of mental health services is the biggest concern

Not enough jobs with livable wages

- Lack of decent employment opportunities
- There is limited space to move up in your job
- Salary levels are too low, and there aren't good incentives for people who are working really hard to make a living
- After people get a high school education they have to leave the community to find a job that supports them

Community Engagement and Collaboration

Key informants and focus group participants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, the hospital, pharmacy, public health, and other long-term care (including nursing homes/assisted living) are the most engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (4.5)
- Faith-based (4.5)
- Pharmacy (4.5)
- Business and industry (4)
- Hospital (healthcare system) (4)
- Other local health providers, such as dentists and chiropractors (4)
- Public Health (4)
- Schools (4)
- Social Services (3.5)
- Law enforcement (3)
- Economic development organizations (3)
- Long-term care, including nursing homes and assisted living (2)
- Human services agencies (2)

Priority of Health Needs

A community group met on August 9, 2017. Nineteen community members attended the meeting. Representatives from the CRH presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed on large poster boards, and each member was given four stickers so they could place stickers next to the four needs they considered the most significant.

The results were totaled, and the concerns most often cited were:

- Adult and youth drug use and abuse and availability of substance abuse treatment and services (18 votes);
- Assisted living options (10 votes);
- Attracting and retaining young families (9 votes); and
- Mental health services (7 votes).

Then, from those top priorities, each person put one sticker on the item he or she felt was the most important. The rankings were:

1. Adult and youth drug use and abuse and availability of substance abuse treatment and services (8 votes);
2. Attracting and retaining young families (6 votes);
3. Assisted living options (3 votes); and
4. Mental health services (0 votes).

After the prioritization process during the second meeting, the community group and key informants identified the number one need in the community was adult and youth drug use and abuse and availability of substance abuse treatment and services. A summary of this prioritization may be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2014 CHNA Process	Top Needs Identified 2017 CHNA Process
Cost and adequacy of health insurance	Adult and youth drug use and abuse and availability of substance abuse treatment and services
Mental health – including alcohol use and abuse	Attracting and retaining young families
Elevated rate of adult obesity	Assisted living options
Not enough jobs with livable wages	Mental health services
Lack of resources for elderly to stay in their homes	

The current process identified mental health services and alcohol use and abuse as common needs from 2014. Those areas were combined into one need in 2014, but in 2017, they were broken into two categories, with substance abuse treatment and services being added to drug use and abuse in 2017.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2014

In response to the needs identified in the 2014 CHNA process, the following actions were taken.

Cost and adequacy of health insurance – The facility continues lobbying efforts for healthcare support/reform at the state and federal levels. It is prudent as an employer when reviewing employer-sponsored health insurance options to make sure adequate needs are met with reasonable premiums.

Mental health - A behavioral health workgroup was formed to address the needs of the community, and quarterly education and awareness events are being scheduled. A brochure was created that provides resources to the community for support. An RN from PCMH is pursuing her degree as a nurse practitioner specializing in mental health. Currently the Northeast Human Services has allocated space in CliniCare to see patients for mental health needs.

Elevated rate of adult obesity - PCMH has hired a registered dietician to see inpatients and outpatients in the clinic. The dietician will also work with swing bed patients and with nursing home residents on diet and diabetes education. This practice is seeing growth and an increased number of outpatient visits.

Not enough jobs with livable wages - PCMH cannot directly affect this on a large scale, but it continues to monitor wage scales and adjust wages according to state averages.

Lack of resources for elderly to stay in their homes - PCMH continues to work with and refer people to other local agencies that can assist with this, such as Home Health and Faith in Action.

Next Steps – Strategic Implementation Plan

A CHNA and strategic implementation plan are required by hospitals and local public health units considering accreditation. Keep in mind the needs identified at this point are broad, community-wide needs, along with healthcare system-specific needs. This process is a first step to identify needs and determine areas of priority. The second step will be to convene the steering committee, or other community group, to select an agreed upon prioritized need on which to begin working. The strategic planning process will begin by identifying current initiatives, programs, and resources already in place to address the identified community needs. Taking community resources into consideration, additional steps will identify what is needed and feasible and what roles and responsibilities the hospital, clinic, and other community organizations play in developing and implementing strategies and activities to address the community health needs selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

"If you want to go fast, go alone. If you want to go far, go together." Proverb

Community Benefit Report

While not required, the CRH strongly encourages a review of the most recent Community Benefit Report to determine how/if it aligns with the needs identified, through the CHNA, as well as the Implementation Plan.

The community benefit requirement is a long-standing requirement of nonprofit hospitals and is reported in Part I of the hospital's Form 990. The strategic implementation requirement was added as part of the ACA's CHNA requirement. It is reported on Part V of the 990. Not-for-profit healthcare organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.
- Services designed to improve community health and increase access to healthcare.

Community benefit is also the basis of the tax-exemption of not-for-profit hospitals. The Internal Revenue Service (IRS), in its Revenue Ruling 69–545, describes the community benefit standard for charitable tax-exempt hospitals. Since 2008, tax-exempt hospitals have been required to report their community benefit and other information related to tax-exemption on the IRS Form 990 Schedule H.

What Are Community Benefits?

Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They increase access to healthcare and improve community health.

A community benefit must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services.
- Enhance health of the community.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community efforts.

A program or activity should not be reported as community benefit if it is:

- Provided for marketing purposes.
- Restricted to hospital employees and physicians.
- Required of all healthcare providers by rules or standards.
- Questionable as to whether it should be reported.
- Unrelated to health or the mission of the organization.

Appendix A – CHNA Survey Instrument

Center for Rural Health
The University of North Dakota School of Medicine & Health Sciences

Pembina County Memorial Hospital
Wedgewood Manor

Public Health
Prevent. Promote. Protect.
Pembina County Public Health

Pembina County Health Survey

Pembina County Memorial Hospital and Pembina County Public Health is interested in hearing from you about community health concerns.

The focus of this effort is to:

- Learn of the good things in your community as well as concerns in the community
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement
- Learn more about how local health services are used by you and other residents

If you prefer, you may take the survey online at http://tinyurl.com/PembinaCo or by scanning on the QR Code at the right.

Scan here to take the survey online!

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380.

Surveys will be accepted through May 1, 2017. Your opinion matters – thank you in advance!

Community Assets: Please tell us about your community by **choosing up to three options** you most agree with in each category below.

Q1. Considering the **PEOPLE** in your community, the best things are (choose up to THREE):

- ☐ Community is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in their community
- ☐ People are tolerant, inclusive and open-minded
- ☐ Sense that you can make a difference through civic engagement
- ☐ Other (please specify) _____

Q2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to THREE):

- ☐ Access to healthy food
- ☐ Active faith community
- ☐ Business district (restaurants, availability of goods)
- ☐ Community groups and organizations
- ☐ Health care
- ☐ Opportunities for advanced education
- ☐ Public transportation
- ☐ Programs for youth
- ☐ Quality school systems
- ☐ Other (please specify) _____

Q3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to THREE):

- ☐ Closeness to work and activities
- ☐ Family-friendly; good place to raise kids
- ☐ Informal, simple, laidback lifestyle
- ☐ Job opportunities or economic opportunities
- ☐ Safe place to live, little/no crime
- ☐ Other (please specify) _____

Q4. Considering the **ACTIVITIES** in your community, the best things are (choose up to THREE):

- ☐ Activities for families and youth
- ☐ Arts and cultural activities
- ☐ Local events and festivals
- ☐ Recreational and sports activities
- ☐ Year-round access to fitness opportunities
- ☐ Other (please specify) _____

Community Concerns: Please tell us about your community by choosing up to three options you most agree with in each category.

Q5. What are the major challenges facing your community?

_____

_____

Q6. Considering the **COMMUNITY HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Access to exercise and wellness activities
- ☐ Adequate childcare services
- ☐ Adequate school resources
- ☐ Adequate youth activities
- ☐ Affordable housing
- ☐ Attracting and retaining young families
- ☐ Change in population size (increase or decrease)
- ☐ Jobs with livable wages
- ☐ Poverty
- ☐ Other (please specify) _____

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to get appointments
- ☐ Availability of doctors and nurses
- ☐ Availability of dental care
- ☐ Availability of mental health services
- ☐ Availability of public health professionals
- ☐ Availability of specialists
- ☐ Availability of substance abuse/treatment services
- ☐ Availability of vision care
- ☐ Availability of wellness/disease prevention services
- ☐ Other (please specify) _____

Q8. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Air quality
- ☐ Crime and safety
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Land quality (litter, illegal dumping)
- ☐ Low graduation rates
- ☐ Physical violence, domestic violence (spouse/partner/family)
- ☐ Prejudice, discrimination
- ☐ Public transportation (options and cost)
- ☐ Traffic safety (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use)
- ☐ Water quality (well water, lakes, rivers)
- ☐ Other (please specify) _____

Q9. Considering the **DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to retain doctors and nurses in the area
- ☐ Adequacy of Indian Health or Tribal Health services
- ☐ Cost of health care services
- ☐ Cost of health insurance
- ☐ Cost of prescription drugs
- ☐ Extra hours for appointments, such as evenings and weekends
- ☐ Patient confidentiality
- ☐ Providers using electronic health records
- ☐ Quality of care
- ☐ Sharing of information between healthcare providers
- ☐ Other (please specify) _____

Q10. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Cancer
- ☐ Diabetes
- ☐ Lung disease (i.e. Emphysema, COPD, Asthma)
- ☐ Heart disease
- ☐ Obesity/overweight
- ☐ Poor nutrition, poor eating habits
- ☐ Sexual health (including sexually transmitted diseases/AIDS)
- ☐ Teen pregnancy
- ☐ Youth hunger and poor nutrition
- ☐ Youth obesity
- ☐ Youth sexual health (including sexually transmitted infections)
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Other (please specify) _____

Q11. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, concerns are (choose up to THREE):

- ☐ Adult alcohol use and abuse (including binge drinking)
- ☐ Adult drug use and abuse (including prescription drug abuse)
- ☐ Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products (i.e. e-cigarettes, vaping, hookah)
- ☐ Adult mental health
- ☐ Adult suicide
- ☐ Depression
- ☐ Stress
- ☐ Youth alcohol use and abuse (including binge drinking)
- ☐ Youth drug use and abuse (including prescription drug abuse)
- ☐ Youth mental health
- ☐ Youth suicide
- ☐ Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- ☐ Other (please specify) _____

Q12. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to THREE):

- ☐ Ability to meet needs of older population
- ☐ Assisted living options
- ☐ Availability of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Availability of resources to help the elderly stay in their homes
- ☐ Cost of activities for seniors
- ☐ Dementia/Alzheimer's disease
- ☐ Elder abuse
- ☐ Long-term/nursing home care options
- ☐ Other (please specify) _____

Q13. Regarding various forms of **VIOLENCE** in your community, concerns are (choose up to THREE):

- ☐ Bullying/cyber-bullying
- ☐ Dating violence
- ☐ Domestic/spouse violence
- ☐ Economic abuse/withholding of funds
- ☐ Emotional abuse
- ☐ Intimidation
- ☐ Isolation
- ☐ Physical abuse
- ☐ Stalking
- ☐ Sexual abuse/assault
- ☐ Verbal threats
- ☐ Video game/media violence
- ☐ Violence against children
- ☐ Violence against women
- ☐ Work place/co-worker violence

Delivery of Health Care

Q14. Where do you turn for trusted health information? (Choose ALL that apply)

- ☐ Other health care professionals (nurses, chiropractors, dentists, etc.)
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify) _____

Q15. Considering services provided at Pembina County Memorial Hospital, which services are you aware of? (Choose ALL that apply)

- ☐ Anesthesia services
- ☐ Cardiac Rehab
- ☐ Chemotherapy
- ☐ Clinic
- ☐ CT scan
- ☐ Dietician
- ☐ Echocardiogram
- ☐ EKG—Electrocardiography
- ☐ Emergency room
- ☐ General x-ray
- ☐ Health screenings
- ☐ Hospital (acute care)
- ☐ Laboratory services
- ☐ Mammography
- ☐ MRI
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Rheumatoid Arthritis treatment/Medication infusion
- ☐ Sleep Study
- ☐ Social services
- ☐ Speech therapy
- ☐ Surgical services/laparoscopic surgery
- ☐ Swing bed and respite care services
- ☐ Telemedicine
- ☐ Ultrasound

Q16. Considering services offered by Altru Specialty Care (Cavalier), which services are you aware of? (Choose ALL that apply)

- ☐ Audiology
- ☐ Cardiology
- ☐ Ear, Nose, Throat (ENT)
- ☐ Nephrology
- ☐ Neurology
- ☐ OB/GYN
- ☐ Oncology
- ☐ Orthopedic
- ☐ Podiatry
- ☐ Vascular Surgery

Q17. Considering services offered by Altru Specialty Care (Cavalier) via Telemedicine, which services are you aware of? (Choose ALL that apply)

- ☐ Allergy
- ☐ Cardiology
- ☐ Dermatology
- ☐ Diabetes Management
- ☐ Gastroenterology
- ☐ Genetic Counseling
- ☐ Infectious Disease
- ☐ Interventional Radiology
- ☐ Medical Nutrition Management/ Dietitian
- ☐ Mental Health Counseling
- ☐ Nephrology
- ☐ Neurology
- ☐ Oncology
- ☐ Oncology Patient Navigators
- ☐ Orthopedics
- ☐ Pain Management
- ☐ Palliative Care
- ☐ Podiatry
- ☐ Prosthetics
- ☐ Psychiatry Services
- ☐ Pulmonology
- ☐ Renal Dialysis Care
- ☐ Speech Therapy
- ☐ Sports Nutrition
- ☐ Surgical Consult/Follow-up
- ☐ Teleradiology
- ☐ Telepharmacy
- ☐ Urology
- ☐ Weight Management
- ☐ Wound Care

Q18. Considering services offered by other providers/organizations, which services are you aware of? (Choose ALL that apply)

- ☐ Ambulance
- ☐ Chiropractic services
- ☐ Dental services
- ☐ Massage therapy
- ☐ Optometric/vision services

Q19. Do you believe individuals in the community would financially support the following capital improvements by Pembina County Memorial Hospital? (Choose ALL that apply)

- ☐ Assisted Living
- ☐ Dialysis Unit
- ☐ Other: _____

Q20. Are you aware CliniCare is open Monday – Friday from 8 am – 5 pm and Saturdays 9 am – 3 pm?

- ☐ Yes
- ☐ No

Q21. Which of the following **SERVICES** provided by Pembina County Public Health are you aware of? (Choose ALL that apply)

- ☐ Car seat program
- ☐ Emergency response & preparedness program
- ☐ Environmental health services (water, sewer, health hazard abatement)
- ☐ Immunizations
- ☐ Medications setup
- ☐ Office visits and consults
- ☐ School Health
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program

Q22. What support groups are you aware of in the community? _____

Q23. What support groups would you like to see available in the community? _____

Q24. What specific health care services, if any, do you think should be added locally? _____

Q25. What **PREVENTS** you or other community residents from receiving health care? (Choose ALL that apply)

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Don't speak language or understand culture
- ☐ Lack of disability access
- ☐ Lack of services through Indian Health Services
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ No insurance or limited insurance
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Not accepting new patients
- ☐ Not affordable
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Poor quality of care
- ☐ Other (please specify) _____

Demographic Information: Please tell us about yourself.

Q26. Do you work for the hospital, clinic, or public health unit?

☐ Yes ☐ No

Q27. Health insurance or health coverage status (choose ALL that apply):

- ☐ Indian Health Service (IHS)
- ☐ Insurance through employer or self-purchased
- ☐ Medicaid
- ☐ Medicare
- ☐ No insurance
- ☐ Not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other (please specify) _____

Q28. Age:

- ☐ Less than 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q29. Highest level of education:

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

Q30. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q31. Employment status:

- ☐ Full time
- ☐ Part time
- ☐ Homemaker
- ☐ Multiple job holder
- ☐ Unemployed
- ☐ Retired

Q32. Your zip code: _____

Q33. Race/Ethnicity (choose ALL that apply):

- ☐ American Indian
- ☐ African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____
- ☐ Prefer not to answer

Q34. Annual household income before taxes:

☐ Less than $15,000	☐ $50,000 to $74,999	☐ $150,000 and over
☐ $15,000 to $24,999	☐ $75,000 to $99,999	☐ Prefer not to answer
☐ $25,000 to $49,999	☐ $100,000 to $149,999	

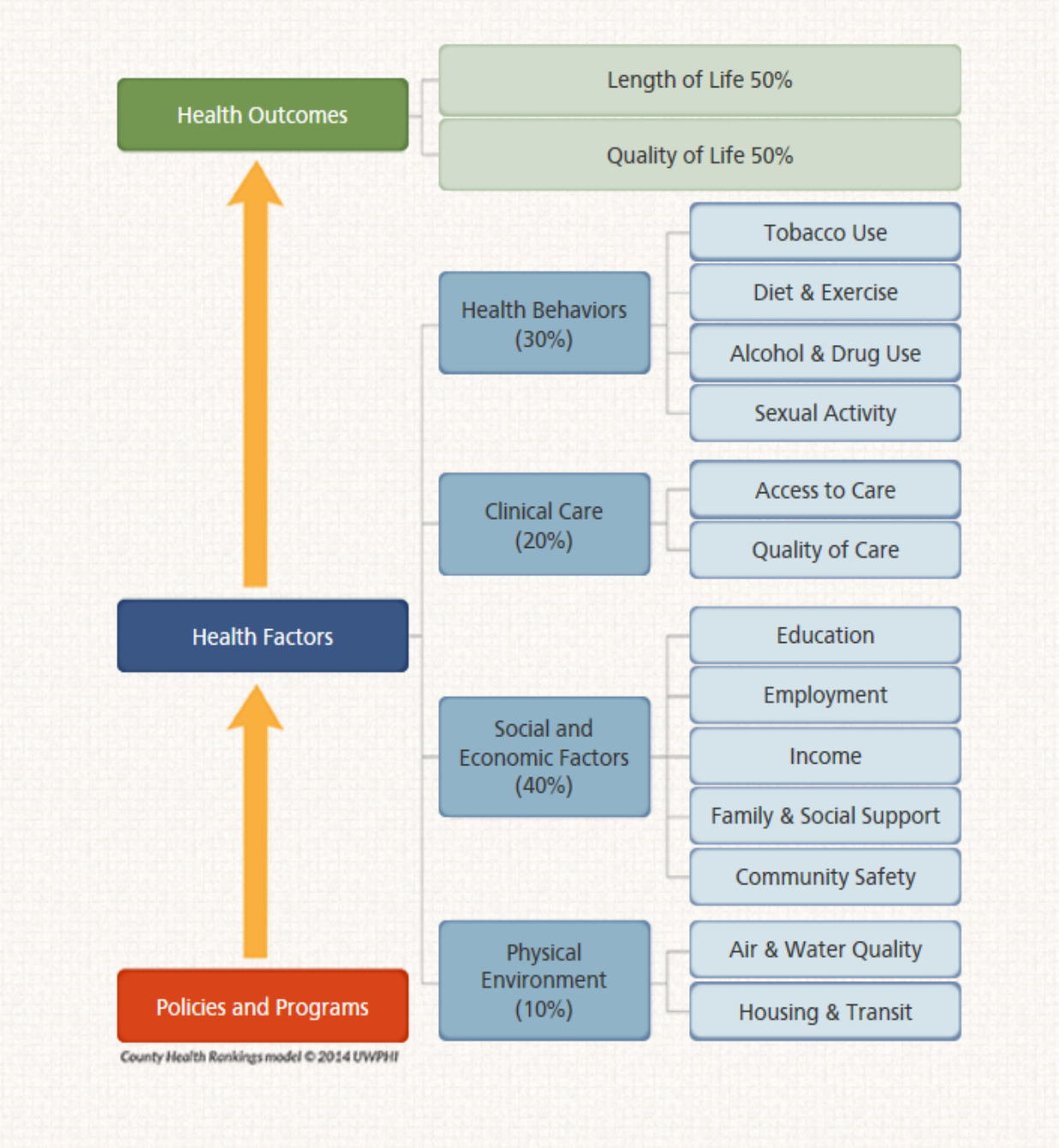
Q35. Overall, please share concerns and suggestions to improve the delivery of local health care.

_____

_____

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment

Cavalier, North Dakota

Ranking of Concerns

The top four concerns for each of the seven topic areas, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by the people in attendance at the second community meeting. The "Priorities" column lists the number of yellow/green/blue dots placed on the concerns indicating which areas are felt to be priorities. Each person was given four dots to place on the items they felt were priorities. The "Most Important" column lists the number of red dots placed on the flipcharts. After the first round of voting, the top four priorities were selected based on the highest number of votes. Each person was given one dot to place on the item they felt was the most important priority of the top five highest ranked priorities.

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Cost of health insurance	2	
Cost of prescription drugs		
Cost of health care services	2	
Ability to recruit and retain primary care providers (MD, NP, PA)		
AVAILABILITY OF HEALTH SERVICES		
Availability of vision care		
Availability of mental health services	7	**2**
Availability of substance abuse/treatment services	18	**8**
Availability of specialists	1	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult drug use and abuse	10	
Youth drug use and abuse	2	
Adult alcohol use and abuse		
Youth alcohol use and abuse		
SAFETY/ENVIRONMENTAL HEALTH		
Physical violence, domestic violence		
Public transportation (options and cost)		
Crime and safety		
Prejudice, discrimination		
AGING POPULATION		
Assisted living options	10	**3**
Availability of resources to help the elderly stay in their homes		
Dementia/Alzheimer's disease		
Long term/nursing home options	1	
COMMUNITY HEALTH		
Attracting and retaining young families	9	**6**
Jobs with livable wages	4	
Affordable housing	1	
Adequate childcare services		
PHYSICAL HEALTH		
Obesity/overweight		
Cancer		
Diabetes		
Poor nutrition, poor eating habits		