

*CCMh* CAVALIER COUNTY  
MEMORIAL  
HOSPITAL & CLINICS  
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## **Community Health Needs Assessment**

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## **Introduction**

A community may be defined by more than a set of physical boundaries; often times a set of shared characteristics or interests are used to define a community. The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state, and federal health departments) may provide health services, however not all health programming comes from these organizations. Successful health programming must also include input from community agencies and community members.

The first step in improving the health status of any community is to complete a community health needs assessment (CHNA) and share the findings with the community. A CHNA is a systematic collection and analysis of information about the health of the community. By using the findings of the assessment, communities can initiate strategies to begin improving the health of their residents.

Cavalier County Memorial Hospital (CCMH) conducted a county wide community assessment and this report outlines the findings of that assessment.

CCMH is committed to maintaining and protecting the health and environment of the communities it serves. Furthermore, CCMH is committed to building lasting partnerships with the communities it serves to improve the health status of the county. CCMH hopes community members and other agencies will find the health data that was collected from the CHNA helpful as they continue their efforts to identify the health issues and work to address priorities in their community.

## **Components of a CHNA**

For a CHNA to be accurate, data collected must be comprehensive and representative of the community it serves. CCMH collected information from many sectors of the population through community health focus group, paper surveys, electronic surveys and the public health's community health assessment roundtable findings.

## **Community Health Focus Group Meeting**

Information collected in focus group is often more comprehensive than surveys due to the unstructured format that allows for exploration and in-depth discussion of topics that are of interest to participants, making them an important supplement to verbal or written surveys. On February 10, 2015 CCMH held a focus group meeting that included persons with special knowledge and expertise in public health. Together, the group developed questions based on observations of community needs throughout the healthcare facilities. The goal was to identify isolated incidents from those that could affect a larger population of our communities. The process for distinguishing critical areas is below:

1. Which health issues should be included or excluded in the program development.
2. How should health issues be prioritized.
3. Which strategies are suggested or preferred to address health issues.
4. Which resources currently exist to address or attempt to address the health issues identified.

### **Paper Surveys**

In addition to utilizing the findings of the community health focus group, CCMH also delivered surveys to all of the schools in our community and handed out surveys to community members and local business for immediate pick-up and drop-off.

### **Electronic Surveys**

In order to capture some of the younger populations, CCMH developed an online survey for individuals that wished for the convenience of electronic survey formats. The links were available on all paper surveys, on the hospital's website, and listed in the local papers.

### **Community Members**

CCMH utilized the county newspaper and the CCMH foundation newsletter to notify Cavalier County residents in advance to watch for the CHNA surveys coming by way of their children, if school age, local business pick-up points, and the electronic link. Community members were asked for their opinions about public health issues, individual health concerns, behaviors they experienced in the past year, community and environmental issues and access to care. See Appendix B for a copy of the community member survey.

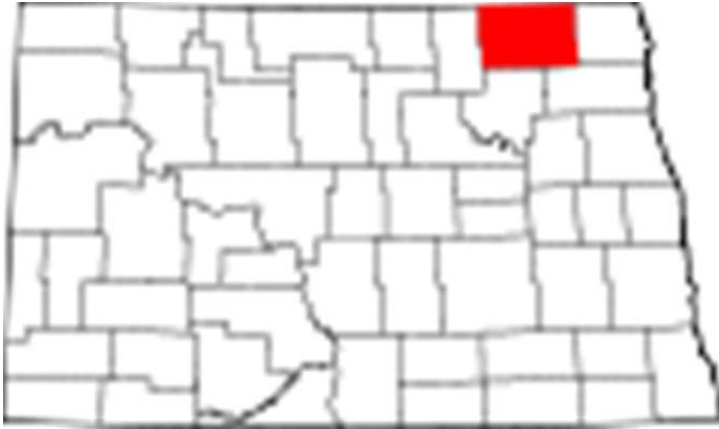
### **Public Health Community Health Roundtable Discussion**

Cavalier County Public Health leaders met with CCMH to discuss common themes within their facility. The purpose of their roundtable discussion was to interpret and discuss what the community health findings and develop questions to help analyze the health of our community and to prioritize and address those health topic areas.

## About Cavalier County, North Dakota

Cavalier County is located in the state of North Dakota. For map of Cavalier County see figure 1. At the time of the 2010 census, the county population was 3,993. The county was created by the 1873 territorial legislature and was organized on July 8, 1884 with Langdon as the county seat.

Figure1. Map of Cavalier County



### Geography

According to the U.S. Census Bureau, the county has a total area of 1,510 square miles, of which 1,488 square miles is land and 22 square miles (1.44%) is water.

### Cavalier County Demographics Summary

With 3,993 people, Cavalier County is the 29th most populated county in the state of North Dakota out of 53 counties. In 2010 the median household income of Cavalier County residents was \$48,786. However, 8.2% of Cavalier County residents live in poverty. The median age for Cavalier County residents is 50.3 years of age. Males make up 50.2% of the county population while females make up 49.98%. The largest Cavalier County racial/ethnic groups are white (97.4%), followed by American Indian (0.9%) and two or more races (0.7%).

### History

Cavalier County was created from the western part of Pembina County, North Dakota in 1873 and named by the territorial legislature for Charles Turner Cavalier (1818–1902), a well-known fur trader, customs agent, postmaster and first white settler. After petitioning the Territorial Governor for permission to organize the county, Patrick McHugh, W. Hudson Matthews, and L.C. Noracong met for that purpose on July 8th, 1884. On July 26th the new county officials met for the second time and chose Noracong as Chairman

of the Board with William H. Doyle and Matthews as Commissioners. The first Register of Deeds and County Clerk was McHugh. W.J. Mooney became the first Judge of Probate. Charles B. Nelson was the first Cavalier County Superintendent of Schools, and Clarence Hawkes the first Sheriff. Cavalier County took its current form in 1887 after the Territorial Legislature authorized an increase in size by taking a portion from Pembina County.

#### Places (Cities)

- Alsen
- Calio
- Calvin
- Hannah
- Langdon
- Loma
- Milton
- Munich
- Nekoma
- Osnabrock
- Sarles
- Wales

Note: all incorporated communities in North Dakota are called "cities" regardless of their size.

#### Townships

- Alma
- Banner
- Billings
- Bruce
- Byron
- Cypress
- Dresden
- Easby
- East Alma
- Elgin
- Fremont
- Glenila
- Gordon
- Grey
- Harvey
- Hay
- Henderson
- Hope
- Huron
- Langdon
- Linden
- Loam
- Manila
- Minto
- Montrose
- Moscow
- Mount Carmel
- Nekoma
- North Loma
- North Olga
- Osford
- Osnabrock
- Perry
- Seivert
- South Dresden
- South Olga
- Storlie
- Trier
- Waterloo
- West Hope

### **Community Assets for Health Improvement**

The most important assets for health improvement that communities have to offer are their residents, community organizations and businesses. They have the ability to network, influence and mobilize other community members to take action and create a lasting change in the health status of the community. Although the quantity of existing health services may vary among the sectors of the county, they are viewed as a valuable asset to the communities they serve.

Existing health services include:

- Hospital & Clinics
- Public Health
- Rehabilitation Service
- Mental Health Service
- Dental Service
- Pharmacy

Other community resources include land, parks, protective services (fire, police), libraries, etc. These resources often attract a large number of people and are an important resource to foster health improvement.

### **Major Findings**

After 2 weeks of collecting results, CCMH collected 203 responses. Thirty-three questions were asked and the majority of individuals answered all questions. The top areas of opportunity for CCMH were as follows:

- 1.) Availability of our providers
- 2.) Availability of dental care
- 3.) Ability to recruit physicians to the area
- 4.) Lack of knowledge of services offered locally
- 5.) Loss of patients to competing health systems
- 6.) Obesity/Diabetes/Poor Nutrition
- 7.) Depression/Mental Health

## **Cavalier County Health**

### **Health Concerns**

Community members ranked their top three health concerns as:

- Jobs with Livable Wages
- Adequate Leisure Activities
- Attracting and retaining young families

### **Availability of Health Services**

When asked about the Availability of Health Services in their area the survey participant answered:

- Availability of dental care (checked by 54.7% of the survey participants)
- Availability of Doctors and Nurses (checked by 51.3 % of the survey participants)
- Availability of Substance Abuse/Treatment services (checked by 25.3 % of the survey participants)

### **Environmental Health concerns**

Community member's top three environmental concerns are:

- Emergency services ambulance & 11 availability 24/7 (31.1 %)
- Traffic safety speeding, road safety (20.1 %)
- Quality of Care (20.4 %)

### **Physical Health**

Community member's top five health concerns are:

- Cancer (73.5%)
- Obesity/overweight (60.1 %)
- Poor nutrition, poor eating habits (35.1 %)
- Diabetes (33.1 %)
- Heart disease (33.1 %)



## **Access to Healthcare**

At the county level, a significant number of community members identified access barriers to healthcare as being an issue for themselves or their family. The primary reasons cited as access barriers to care were appointments not being available or convenient (26.0 %), ability to retain doctors (61.0 %), and cost of health insurance, prescription drugs, and cost of care (56.6 %).

A significant group of the population (21.2 %) believe that limited hours/appointment times to see a provider has inhibited their seeking of medical treatment. Another 30% of those surveyed believe that not being able to see the same provider over time has caused road blocks to their health care needs.

When asked about times/days for additional hours, 52.2 % of those surveyed said they would utilize a Saturday clinic from 08:00 - 12:00. While 51.5 % of those surveyed believed that extended hours of 07:30 - 11:00 would be beneficial for their schedules.

## **Mental Health and Substance Abuse**

While there is the perception of challenges for access to care, this is compounded when community members identify substance abuse issues and the availability of services for their treatment. The top issues listed:

- Alcohol use and abuse (70.2 %)
- Drug use and abuse (52.3 %)
- Depression (43.7 %)

Community Members and Elected officials were in agreement that substance abuse was a growing concern for our communities. The increase in mental health awareness has brought an increased emphasis on the correlation between the two issues.

## Available Services

A consistent message heard among health care works is that the community is not aware of the services offered at CCMH. To test this theory, CCMH included in its community needs assessment survey a list of the current top 40 services offered locally by CCMH. Of the services offered, the 5 highest totals are listed below. The survey simply asked for participants to check all services that they are aware that CCMH offers:

- Emergency Room: 0.7 of participants
- X-rays: .3 of participants
- Ambulance: 6.4 of participants
- Physical Therapy: 4.3 of participants
- Physicals: 5.0 of participants

Including those listed above, the total average of participants having knowledge of services offered by CCMH was only 55.4%. The lowest knowledge base of services offered are below:

- Nuclear Medicine: 12.1 of participants
- Holter Monitor: 20.0 of participants
- OTR drug screenings: 30.0 of participants
- Dexascan: 33.6 of participants
- Health Maintenance: 36.4 of participants

Of those surveyed, 65.2% claimed that they received services at other locations because they believed those services were not available in Langdon.

## What can CCMH do to help assist Communities with the Identified Issues?

CCMH has published this CHNA report on the facility website to inform Cavalier County residents of what their peers believe are the most pertinent public health issues in our community. Furthermore this report will serve as a foundation to build a lasting relationship between Cavalier County and CCMH. This report also serves as a stepping stone to further investigations of community health concerns, the enhancement of public health services offered to the community and community mobilization to create and promote community partnership that will address the health needs of the community. This report provides the community with a unique opportunity to become actively involved in creating a healthier Cavalier County.

## **Community Members**

- Review the findings of the CCMH Assessment
- Support community initiatives to create a healthy county population
- Integrate lifestyle modifications into your daily activities

## **Community Leaders**

- Review the findings of the CCMH Assessment
- Encourage community members to actively participate in opportunities to create a healthier community
- Stay informed of and support initiatives sponsored by CCMH

## **CCMH**

- Publicize services available to community members
- Offer public events to get our name and services into the community forefront
- Create services to address community needs.
- Consider making services offered to community members more convenient and accessible
- Collaborate with other service providers to maximize the scope and accessibility of services.

## Attachment A

### CCMH Strategic Action Plan Implementation

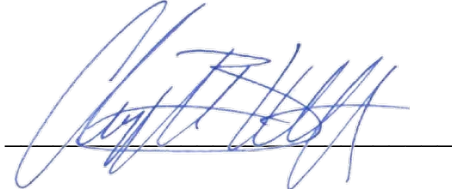
#### Project Results:

After 2 weeks of collecting results, CCMH collected 203 responses. Thirty-three questions were asked and the majority of individuals answered all questions. The top areas of opportunity for CCMH were as follows:

- 1.) Availability of our providers
- 2.) Availability of dental care
- 3.) Ability to recruit physicians to the area
- 4.) Lack of knowledge of services offered locally
- 5.) Loss of patients to competing health systems
- 6.) Obesity/Diabetes/Poor Nutrition
- 7.) Depression/Mental Health

While there were many more areas of opportunity, CCMH believes that it will take a community effort to accomplish many of these goals, and want to partner with the community on any initiative that individuals or other organizations would like to focus attention. CCMH has begun a focus on improving provider availability and recruiting new providers in ways that have not been done previously. CCMH is also dedicated to improving the lives of the community through overall wellness. Part of this is making the public aware of the services offered and encouraging them to utilize local facilities. However, it is also recognized that CCMH must first show commitment to the community to have that reciprocated. Therefore, CCMH will begin its focus on objectives 6 & 7, listed above. Throughout the 2017 fiscal year, July 2016 – June 2017, CCMH will begin offering a series of charity events that encourage an active life-style. All profits from events, monies collected minus expenses, will be donated to local charities such as the food bank and/or children hunger projects. The monies donated will have a stipulation that all food purchased must be healthy options that promote healthy eating: no processed foods, sugary products, high fat, etc.

By encouraging individuals to become active, and donating to a healthy eating life-style, CCMH hopes to impact change within the community that it serves.



Christopher B. Wyatt | Chief Executive Officer

Cavalier County Memorial Hospital and Clinics

**Appendix A**

**SURVEY PARTICIPANT DEMOGRAPHICS**

## Demographics of Survey Participants

| <b>Population</b>                  | <b>Number</b>               |
|------------------------------------|-----------------------------|
| Total                              | 203 152 Electronic 51 Paper |
| Male                               | 36                          |
| Female                             | 167                         |
| No response                        | 3                           |
| <br>                               |                             |
| <b>Average Age of Participants</b> | 4                           |
| <br>                               |                             |
| <b>Highest Level of Education</b>  |                             |
| Less than H                        | 10                          |
| H diploma or ED                    | 30                          |
| ome College or Tech school         | 47                          |
| Associate s Degree                 | 3                           |
| Bachelor s Degree                  | 61                          |
| raduate or professional degree     | 12                          |
| No response                        | 5                           |
| <br>                               |                             |
| <b>Annual Household Income</b>     |                             |
| Less than 15,000                   |                             |
| 15,000 to 24,                      | 15                          |
| 25,000 to 4 ,                      | 36                          |
| 50,000 to 74,                      | 24                          |
| 75,000 to ,                        | 23                          |
| 100,000 to 14 ,                    | 21                          |
| 150,000 and over                   | 7                           |
| Prefer not to answer               | 53                          |

**Appendix B**  
**COMMUNITY MEMBER SURVEY**

## Cavalier County Memorial Hospital Community Needs Assessment Survey

Cavalier County Memorial Hospital and Cavalier County Public Health District 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



Scan here to take the survey online!

If you prefer, you may take the survey online at:

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 Chris Wyatt at 701.256-6100

***Surveys will be accepted through May 15, 2016. 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to healthy food                                 | <input type="checkbox"/> Opportunities for advanced education |
| <input type="checkbox"/> Active faith community                                 | <input type="checkbox"/> Public transportation                |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Programs for youth                   |
| <input type="checkbox"/> Community groups and organizations                     | <input type="checkbox"/> Quality school systems               |
| <input type="checkbox"/> Health care  | <input type="checkbox"/> Other (please specify) _____         |

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

What are the major challenges facing your community?

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Attracting and retaining young families          |
| <input type="checkbox"/> Adequate childcare services                | <input type="checkbox"/> Change in population size (increase or decrease) |
| <input type="checkbox"/> Adequate school resources                  | <input type="checkbox"/> Jobs with livable wages                          |
| <input type="checkbox"/> Adequate youth activities                  | <input type="checkbox"/> Poverty  |
| <input type="checkbox"/> Affordable housing                         | <input type="checkbox"/> Other (please specify) _____                     |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Ability to get appointments                 | <input type="checkbox"/> Availability of specialists                          |
| <input type="checkbox"/> Availability of doctors and nurses          | <input type="checkbox"/> Availability of substance abuse/treatment services   |
| <input type="checkbox"/> Availability of dental care                 | <input type="checkbox"/> Availability of vision care                          |
| <input type="checkbox"/> Availability of mental health services      | <input type="checkbox"/> Availability of wellness/disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) _____                         |



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

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

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

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Adult alcohol use and abuse (including binge drinking)  | <input type="checkbox"/> Youth alcohol use and abuse (including binge drinking)   |
| <input type="checkbox"/> Adult drug use and abuse (including prescription drug abuse)  | <input type="checkbox"/> Youth drug use and abuse (including prescription drug abuse)   |
| <input type="checkbox"/> Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products (i.e. e-cigarettes, vaping, hookah) | <input type="checkbox"/> Youth mental health  |
| <input type="checkbox"/> Adult mental health   | <input type="checkbox"/> Youth suicide  |
| <input type="checkbox"/> Adult suicide   | <input type="checkbox"/> Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah) |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Other (please specify) _____   |
| <input type="checkbox"/> Stress  |   |

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

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

Considering the healthcare needs of our **Senior Population** do we have adequate basic care, long term care, assisted living and in-home (assistance with activities of daily living, bathing, meal preparation and housekeeping) available?

- Yes       No

## Delivery of Health Care

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

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

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

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

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

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## Demographic Information: Please tell us about yourself.

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

- Yes  No

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Indian Health Service (IHS)                  | <input type="checkbox"/> Medicare                       | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Insurance through employer or self-purchased | <input type="checkbox"/> No insurance                   |   |
| <input type="checkbox"/> Medicaid                                     | <input type="checkbox"/> Not enough insurance           |   |
|   | <input type="checkbox"/> Veteran's Health Care Benefits |   |

Age:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than 18 years | <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 65 to 74 years     |
| <input type="checkbox"/> 18 to 24 years     | <input type="checkbox"/> 45 to 54 years | <input type="checkbox"/> 75 years and older |
| <input type="checkbox"/> 25 to 34 years     | <input type="checkbox"/> 55 to 64 years |   |

How many individuals younger than 12 years old live in your household? \_\_\_\_\_

Highest level of education:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than high school      | <input type="checkbox"/> Some college/technical degree | <input type="checkbox"/> Bachelor's degree               |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Associate's degree            | <input type="checkbox"/> Graduate or professional degree |

Gender:

- |                                 |                               |                                      |
|---------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
|---------------------------------|-------------------------------|--------------------------------------|

Employment status:

- |                                    |  |                                     |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Homemaker           | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Multiple job holder | <input type="checkbox"/> Retired    |

Your zip code: \_\_\_\_\_

Race/Ethnicity (choose ALL that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> African American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> White/Caucasian  |   |

Annual household income before taxes:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$15,000   | <input type="checkbox"/> \$50,000 to \$74,999   | <input type="checkbox"/> \$150,000 and over   |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999   | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$149,999 |   |

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

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Q. Considering **the following services available at Cavalier County Memorial Hospital and Clinics**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anesthesia                      | <input type="checkbox"/> CT Scan             | <input type="checkbox"/> Physical Therapy     |
| <input type="checkbox"/> Endoscopy (Colonoscopy and EGD) | <input type="checkbox"/> Digital Mammograms  | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Ophthalmologic Surgeries        | <input type="checkbox"/> Digital Ultrasounds | <input type="checkbox"/> Speech Therapy       |
| <input type="checkbox"/> Pediatric Care                  | <input type="checkbox"/> Echocardiograms     | <input type="checkbox"/> Diabetes Education   |
| <input type="checkbox"/> Respite Care                    | <input type="checkbox"/> EKG                 | <input type="checkbox"/> Health Maintenance   |
| <input type="checkbox"/> Skin Procedures/Lesion Removal  | <input type="checkbox"/> Holter Moitor       | <input type="checkbox"/> Medic Alert          |
| <input type="checkbox"/> Swing Bed Care                  | <input type="checkbox"/> Laboratory          | <input type="checkbox"/> Nutrition Education  |
| <input type="checkbox"/> Emergency Room                  | <input type="checkbox"/> MRI                 | <input type="checkbox"/> OTR Drug Testing     |
| <input type="checkbox"/> Family Practice                 | <input type="checkbox"/> Nuclear Medicine    | <input type="checkbox"/> Social Work          |
| <input type="checkbox"/> Health Screenings               | <input type="checkbox"/> Pathology           | <input type="checkbox"/> Ambulance Service    |
| <input type="checkbox"/> Internal Medicine               | <input type="checkbox"/> Radiology           | <input type="checkbox"/> CPR training         |
| <input type="checkbox"/> Physicals                       | <input type="checkbox"/> Sleep Studies       | <input type="checkbox"/> EMT classes          |
| <input type="checkbox"/> Telemedicine                    | <input type="checkbox"/> X-Rays              |   |
| <input type="checkbox"/> Dexascan                        | <input type="checkbox"/> Cardiac Rehab       |   |
| <input type="checkbox"/> Cardiac Stress Tests            |  |   |

Q Are there services listed above that you have utilized at a facility other than CCMH

Q Do you utilize a pediatric medical provider somewhere outside of Langdon? Yes No NA

Q Do you utilize a medical provider outside of Langdon for women's services such as Mammography, gynecological exams etc. Yes No NA

If you have utilized a medical provider outside of Langdon please tell us why.

Hours of availability

Cost

Privacy

Service not available in Langdon

Local Provider not available.

Out-reach provider already "booked up"

Other \_\_\_\_\_

Q Would you utilize extended clinic hours of 7:30 a.m. to 6:00 p.m. Monday through Friday at our Langdon Clinic? Yes No

Q Would you utilize Saturday clinic hours of 8 a.m. to 12:00 p.m. at our Langdon Clinic? Yes No

Q Would you utilize Saturday clinic hours of 8 a.m. to 12:00 p.m. at our Walhalla Clinic? Yes No

Q Are you aware of your right as a patient to choose your provider and facility in which to receive care? Yes No

Q Are you aware of in network and out of network coverage for your insurance? Yes No

### **Marketing Health Services**

Q. Where do you find out about **LOCAL HEALTH SERVICES** available in your area? (Choose ALL that apply)

Advertising

Employer/worksite wellness

Health care professionals

Indian Health Service

Newspaper

Public health professionals

Radio

Social media (Facebook, Twitter, etc.)

Tribal Health

Web searches

Word of mouth, from others  
(friends, neighbors, co-workers, etc.)

Other: (please specify) \_\_\_\_\_

### **Public Health Services**

Q. Which of the following **SERVICES** provided by your local **PUBLIC HEALTH** unit have you or a family member used in the past year? (Choose ALL that apply)

Bicycle helmet safety

Blood pressure check

Breastfeeding resources

Car seat program

Child health (well baby)

Correction facility health

Diabetes screening

Emergency response & preparedness program

Flu shots

Environmental health services (water, sewer, health hazard abatement)

Health Tracks (child health screening)

Home health

Immunizations

Medications setup—home visits

Office visits and consults

School health (vision screening, puberty talks, school immunizations)

- Preschool education programs
- Assist with preschool screening
- Tobacco prevention and control

- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program
- Youth education programs (First Aid, Bike Safety)

### **Violence in the Community**

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bullying/cyber-bullying             | <input type="checkbox"/> Intimidation         | <input type="checkbox"/> Video game/media violence     |
| <input type="checkbox"/> Dating violence                     | <input type="checkbox"/> Isolation            | <input type="checkbox"/> Violence against children     |
| <input type="checkbox"/> Domestic/spouse violence            | <input type="checkbox"/> Physical abuse       | <input type="checkbox"/> Violence against women        |
| <input type="checkbox"/> Economic abuse/withholding of funds | <input type="checkbox"/> Stalking             | <input type="checkbox"/> Work place/co-worker violence |
| <input type="checkbox"/> Emotional abuse                     | <input type="checkbox"/> Sexual abuse/assault |  |
|  | <input type="checkbox"/> Verbal threats       |  |

### **Foundation Awareness**

Q. Are you aware of Cavalier County Memorial Hospital's Foundation, which exists to financially support CCMH?

Yes

No

Q. Have you supported the CCMH Foundation in any of the following ways? (Choose ALL that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cash or stock gift  | <input type="checkbox"/> Planned gifts through wills, trusts or life insurance policies | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Endowment gifts     |   |  |
| <input type="checkbox"/> Memorial/Honorarium |   |  |