Langdon Prairie Health 2022

Community Health Needs Assessment

Adopted by Board Resolution July 27th, 2022[1]

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A Message to Our Community

Langdon Prairie
HEALTH

Dear Community Member:

At Langdon Prairie Health (LPH), we have spent more than 50 years providing high-quality, compassionate healthcare to the greater Langdon and Walhalla communities. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan of how LPH will respond to such needs.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve once every three years. We welcome your review of this document as, not only part of our compliance with federal law, but our continuing efforts to meet your health and medical needs.

Though we are not able to solve all the problems identified by this report, we view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community. Together, we can make our community healthier for every one of us.

Thank You,

Jeff Stanley, PharmD, MBA
Chief Executive Officer

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Executive Summary

Langdon Prairie Health ("LPH" or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

1) a definition of the community served by the hospital facility and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts

5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Cavalier County are:

- Behavioral Health
- Chronic Disease Management
- Access to Healthcare Services

In the Implementation Strategy section of the report, LPH addresses these areas through identified programs, resources, and services provided by LPH, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- Stratasan

- www.countyhealthrankings.org

- www.worldlifeexpectancy.com

- Bureau of Labor Statistics

- NAMI

- Centers for Disease Control and Prevention

- National Cancer Institute

- Center for Rural Health

- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

- SAMHSA, Behavioral Health Barometer. North Dakota, Volume 6

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and the general public to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Survey input from 164 community members was received. Survey responses were gathered between March 2022 and April 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based upon findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in an appendix to this report. Participants self-identified into the following classifications:

1) **Public Health Official**

2) **Government Employee or Representative**

3) **Minority or Underserved Population**

4) **Chronic Disease Groups**

5) **Community Resident**

6) **Educator**

7) **Healthcare Professional**

8) **Other** (please specify)

Survey Question: Please select all roles that apply to you (n=161)

Role	Count
Community Resident	131
Healthcare Professional	56
Educator	14
Government Employee or Representative	10
Minority or Underserved Population	2
Public Health Official	2
Representative of Chronic Disease Group or Advocacy Organization	1
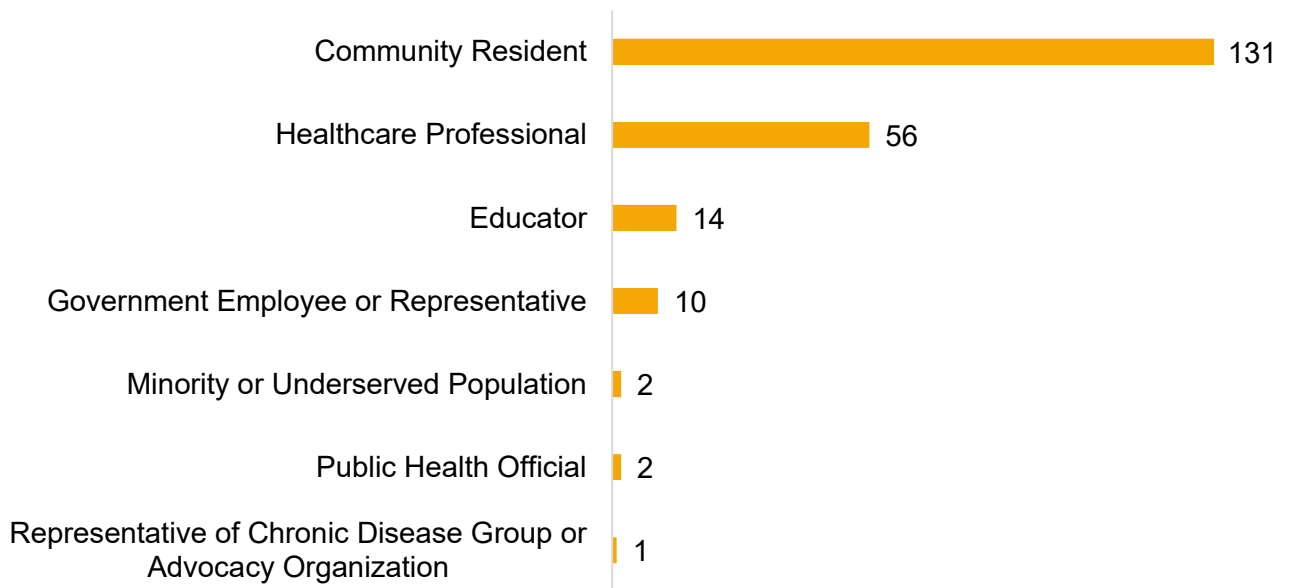
Input on Priority Populations

Information analysis augmented by local opinions showed how Cavalier County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)

Bar chart showing Response Percent (n=154):
- Older adults: 71%
- Low-income groups: 47%
- Individuals requiring additional healthcare support: 43%
- Residents of rural areas: 40%
- Children: 36%
- Women: 25%
- Racial and ethnic minority groups: 12%
- LGBTQ+: 9%
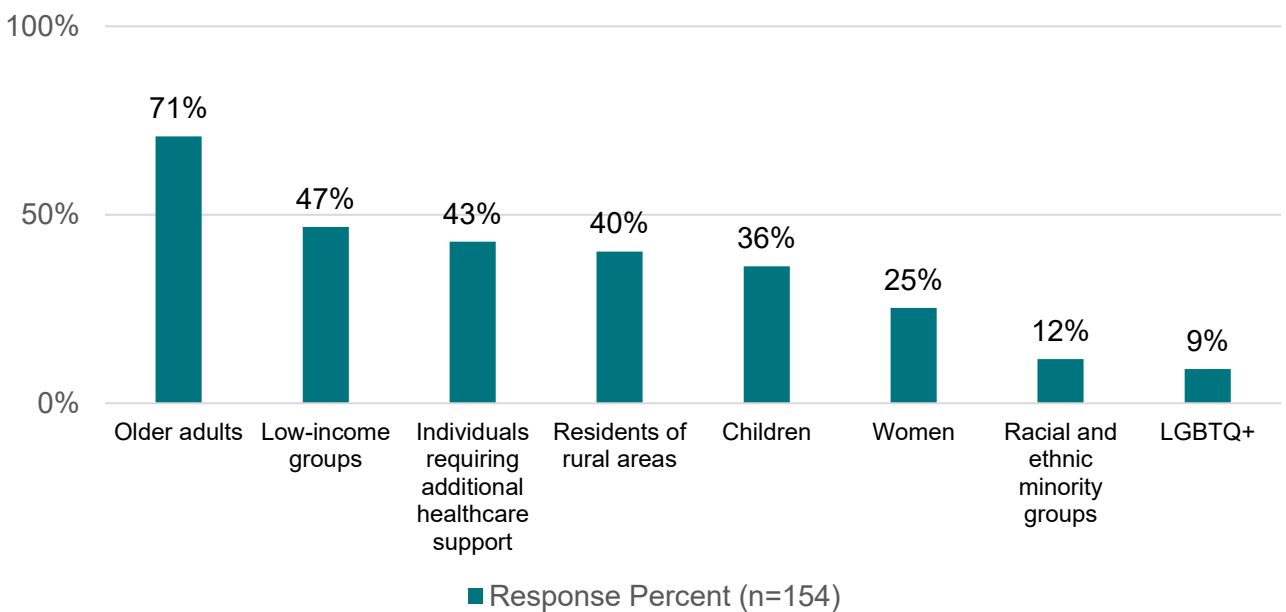
- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, were abstracted in the following "take-away" bulleted comments:

  - The top three priority populations identified by the local experts were older adults, low-income groups, and individuals requiring additional healthcare support.

  - Summary of unique or pressing needs of the priority groups identified by the surveyors:

    - Mental health services

    - Affordable healthcare

    - Access to specialists

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to LPH's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

Ability to Retain Healthcare Providers

Depression/Anxiety

Alcohol Abuse

Community Served

For the purpose of this study, Langdon Prairie Health defines its service area as Cavalier County in North Dakota which includes the following Zip codes:

58249 – Langdon   58372 – Sarles   58239 – Hannah   58281 – Wales

58323 – Calvin   58352 – Munich   58311 – Alsen   58355 – Nekoma

58269 – Osnabrock 58255 – Maida   58260 – Milton

During 2021, LPH received 82% of its Medicare inpatients from this area.

Cavalier County Demographics

Langdon
Prairie Health
H

Cavalier County

Current Population :
3,582
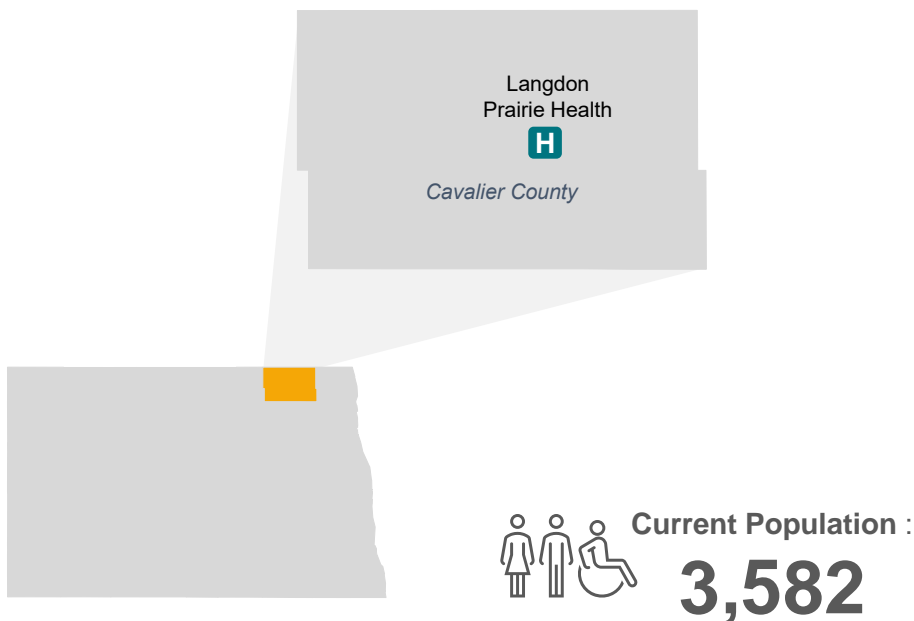
Race/Ethnicity

	Cavalier County	North Dakota
White	*94%*	*82.4%*
Black	*0.1%*	*3.6%*
Asian & Pacific Islander	*0.4%*	*1.9%*
Other	*5.2%*	*12.1%*
Hispanic*	*1.3%*	*4.4%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

	Cavalier County	North Dakota
0 – 17	*16.2%*	*21.1%*
18 – 44	*25.2%*	*36.4%*
45 – 64	*28.1%*	*24.0%*
65 +	*30.5%*	*18.5%*

Education and Income

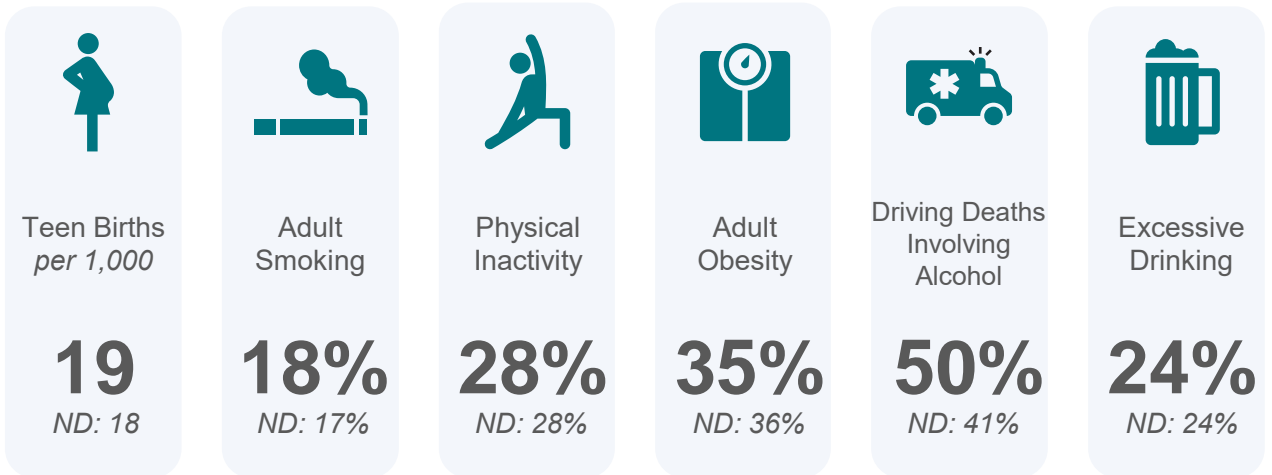|	Cavalier County	North Dakota
Median Household Income	*$70,653*	*$69,218*
Some High School or Less	*6.2%*	*5.8%*
High School Diploma/GED	*31.7%*	*26.3%*
Some College/Associates Degree	*41.5%*	*36.2%*
Bachelor's Degree or Greater	*20.6%*	*31.6%*

Source: Stratasan, ESRI

Community Health Characteristics

The data below provides an overview of Cavalier County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
19	**18%**	**28%**	**35%**	**50%**	**24%**
ND: 18	*ND: 17%*	*ND: 28%*	*ND: 36%*	*ND: 41%*	*ND: 24%*

Quality of Life

Suicide Rate: 15.8
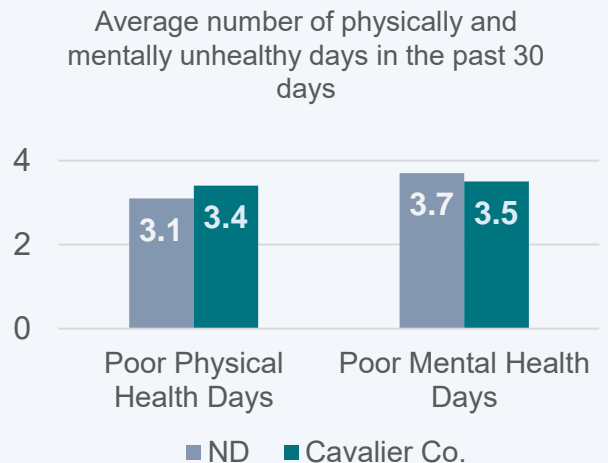*Per 100,000*
Compared to 18.2 in ND

Poor or Fair Health: 15%
Compared to 13% in ND

Low Birthweight: 10%
Compared to 7% in ND

Average number of physically and mentally unhealthy days in the past 30 days

	ND	Cavalier Co.
Poor Physical Health Days	3.1	3.4
Poor Mental Health Days	3.7	3.5

Source: County Health Rankings 2022 Report

Socioeconomic Factors

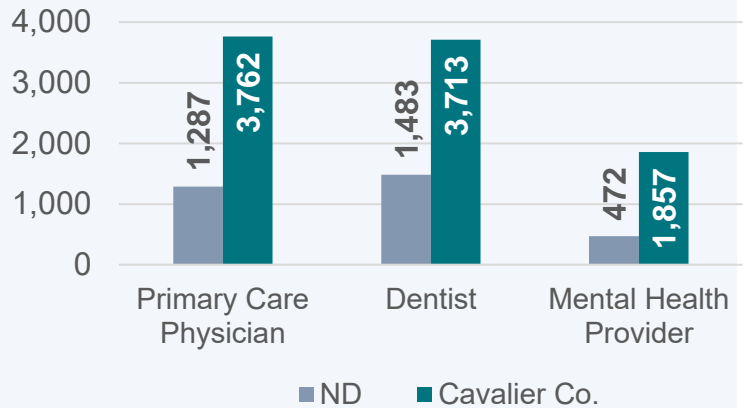| Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
5.1	**3.1%**	**17%**	**12%**	**79**	**95**
ND: 4.4	*ND: 3.7%*	*ND: 19%*	*ND: 11%*	*ND: 258*	*ND: 72*
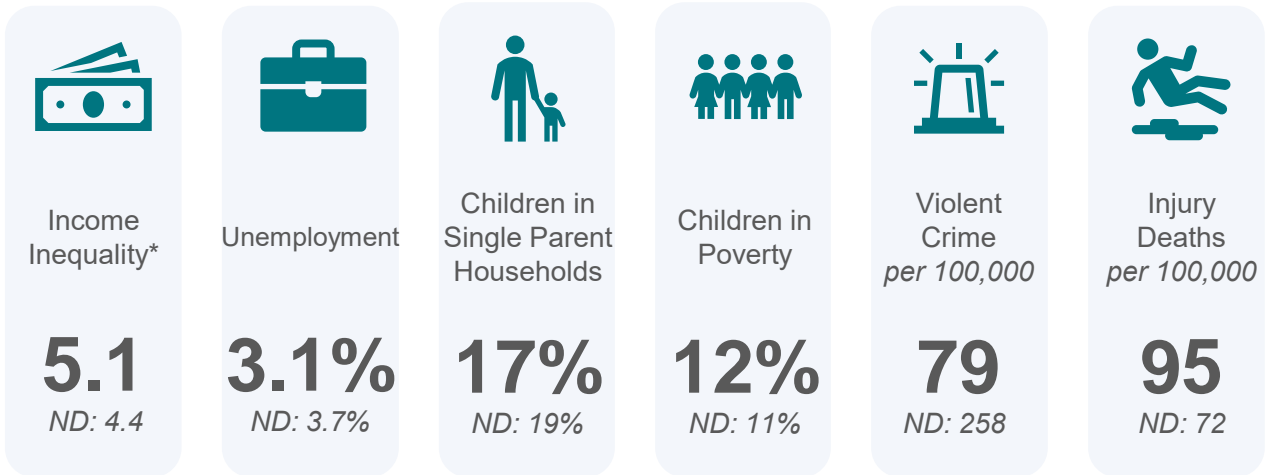
Access to Health

Uninsured: 7%
Compared to 7% in ND

Preventable Hospital Stays: 3,485
Per 100,000
Compared to 3,553 in ND

Access to Exercise Opportunities: 61%
Compared to 64% in ND

Number of people per 1 Provider

	ND	Cavalier Co.
Primary Care Physician	1,287	3,762
Dentist	1,483	3,713
Mental Health Provider	472	1,857

Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
6.7	**6%**	**73%**	**80%**
ND: 6.4	*ND: 12%*	*ND: 81%*	*ND: 83%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics, Stratasan, ESRI
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

164 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- ✓ Worse than benchmark
- ✓ Identified by the community
- ✓ Impact on health disparities
- ✓ Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Community Disparities

Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- <u>Health factors</u> include chronic diseases, health conditions, and the physical health of the population.

- <u>Community factors</u> are the external social determinants that influence community health.

- <u>Personal factors</u> are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.74
Cancer	4.50
Diabetes	4.49
Heart Disease	4.48
Obesity	4.39
Women's Health	4.39
Stroke	4.29
Alzheimer's and Dementia	4.27
Dental	4.18
Lung Disease	4.12
Kidney Disease	4.11
Liver Disease	3.99
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Access to Childcare	4.54
Healthcare Services: Physical Presence	4.50
Healthcare Services: Affordability	4.46
Access to Senior Services	4.41
Healthcare Services: Prevention	4.36
Access to Healthy Food	4.33
Access to Exercise/Recreation	4.25
Education System	4.24
Employment and Income	4.24
Community Safety	4.15
Affordable Housing	4.13
Transportation	4.02
Social Support	3.96
Social Connections	3.88
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Excess Drinking	4.52
Drug/Substance Abuse	4.47
Livable Wage	4.23
Smoking/Vaping/Tobacco Use	4.17
Diet	4.08
Physical Inactivity	4.03
Risky Sexual Behavior	3.83
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.74
Access to Childcare	4.54
Excess Drinking	4.52
Cancer	4.50
Healthcare Services: Physical Presence	4.50
Diabetes	4.49
Heart Disease	4.48
Drug/Substance Abuse	4.47
Healthcare Services: Affordability	4.46
Access to Senior Services	4.41
Obesity	4.39
Women's Health	4.39
Healthcare Services: Prevention	4.36
Access to Healthy Food	4.33
Stroke	4.29
Alzheimer's and Dementia	4.27
Access to Exercise/Recreation	4.25
Education System	4.24
Employment and Income	4.24
Livable Wage	4.23
Dental	4.18
Smoking/Vaping/Tobacco Use	4.17
Community Safety	4.15
Affordable Housing	4.13
Lung Disease	4.12
Kidney Disease	4.11
Diet	4.08
Physical Inactivity	4.03
Transportation	4.02
Liver Disease	3.99
Social Support	3.96
Social Connections	3.88
Risky Sexual Behavior	3.83

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

LPH Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Excess Drinking	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓

Overview of Priorities

Mental Health

Mental health was the #1 community-identified health priority with 80.7% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 9th leading cause of death in Cavalier County and ranks 30th out of 53 counties (with 1 being the worst in the state) in North Dakota for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Cavalier Co.	North Dakota
Average number of mentally unhealthy days (past 30 days)	3.5	3.7
Number of people per 1 mental health provider	1,857	472
Suicide death rate (*per 100,000*)	15.8	18.2
Medicare depression prevalence	12%	19%

Source: County Health Rankings, worldlifeexpectancy.com, Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Excess Drinking

Excess drinking was the #2 community-identified health priority with 69.3% of respondents rating it as extremely important to address in the community. Excess drinking was also identified as a top health priority in the 2019 CHNA report. Excess drinking can lead to an array of negative health outcomes such as an increased risk of chronic diseases, weakened immune system, and mental health problems (CDC).

|	Cavalier Co.	North Dakota
Excessive drinking	24%	24%
Alcohol-impaired driving deaths	50%	41%

Source: County Health Rankings

Cancer

Cancer was identified as the #3 health priority with 64.6% of survey respondents rating it as extremely important to be addressed. Cancer was not identified as a top health priority in 2019. Cancer is the 1st leading cause of health in Cavalier County and ranks 25th out of 53 counties (with 1 being the worst in the state) in North Dakota for cancer death rate (World Life Expectancy). Cavalier County has a higher mammography screening rate than the state of North Dakota.

	Cavalier Co.	North Dakota
Cancer mortality (*per 100,000*)	162.1	139.5
Cancer incidence (*per 100,000*)	403.7	453.2
Mammography screening rate	63%	53%

Source: County Health Rankings, worldhealthranking.com, National Cancer Institute
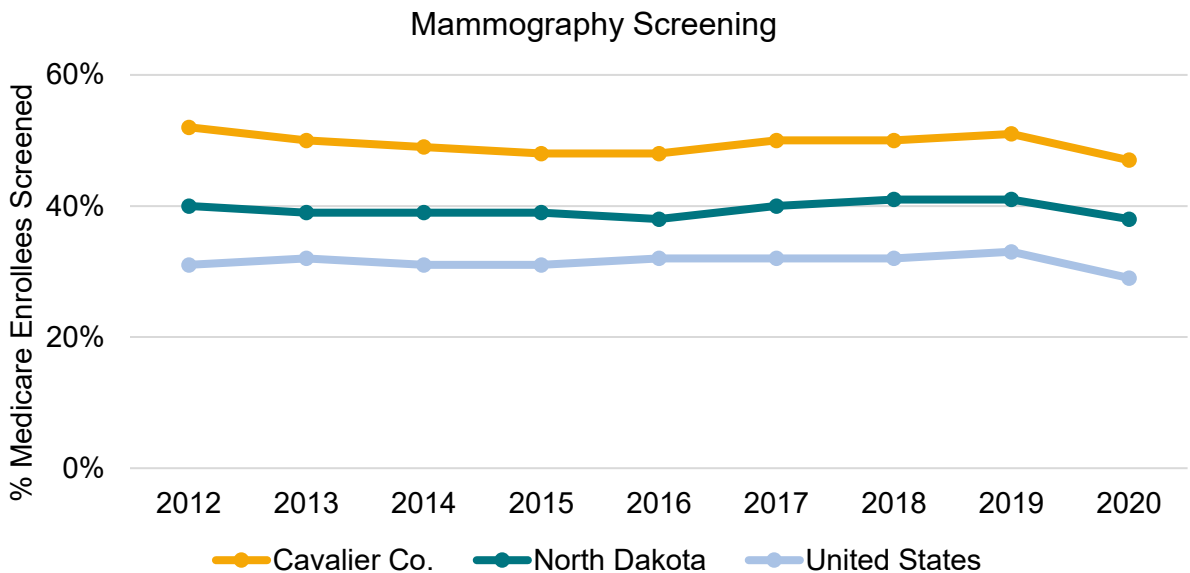
Mammography Screening

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Healthcare Services: Physical Presence

The physical presence of healthcare services was identified as the #4 health priority with 62.8% of respondents rating it as extremely important to address. Langdon Prairie Health is the primary hospital in Cavalier County with the next closest facilities located outside the service area. Cavalier County has a larger, less favorable ratio of population per primary care physician (3,762:1) and per dentist (3,713:1) compared to the state of North Dakota (1,287:1 and 1,483:1 respectively). Cavalier County is also classified as a Medically Underserved Area by the Center for Rural Health (see the following page for graphic), indicating the need for additional primary care services.
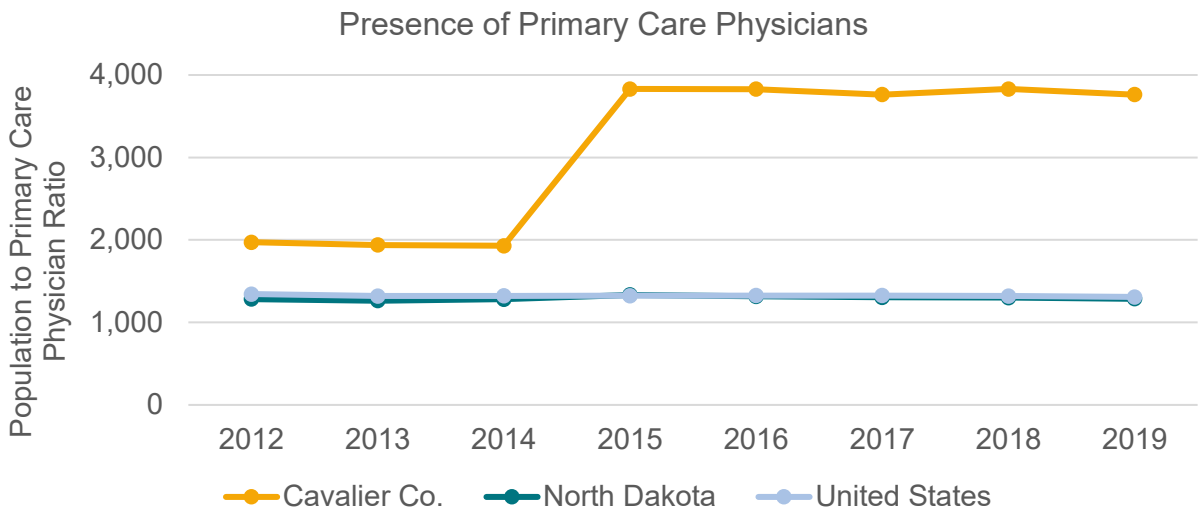
Source: County Health Rankings

North Dakota Medically Underserved Areas/Populations (MUAs/MUPs)

Medically Underserved Area

Medically Underserved Population
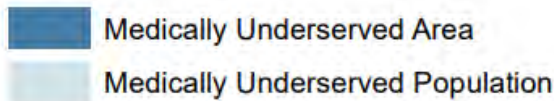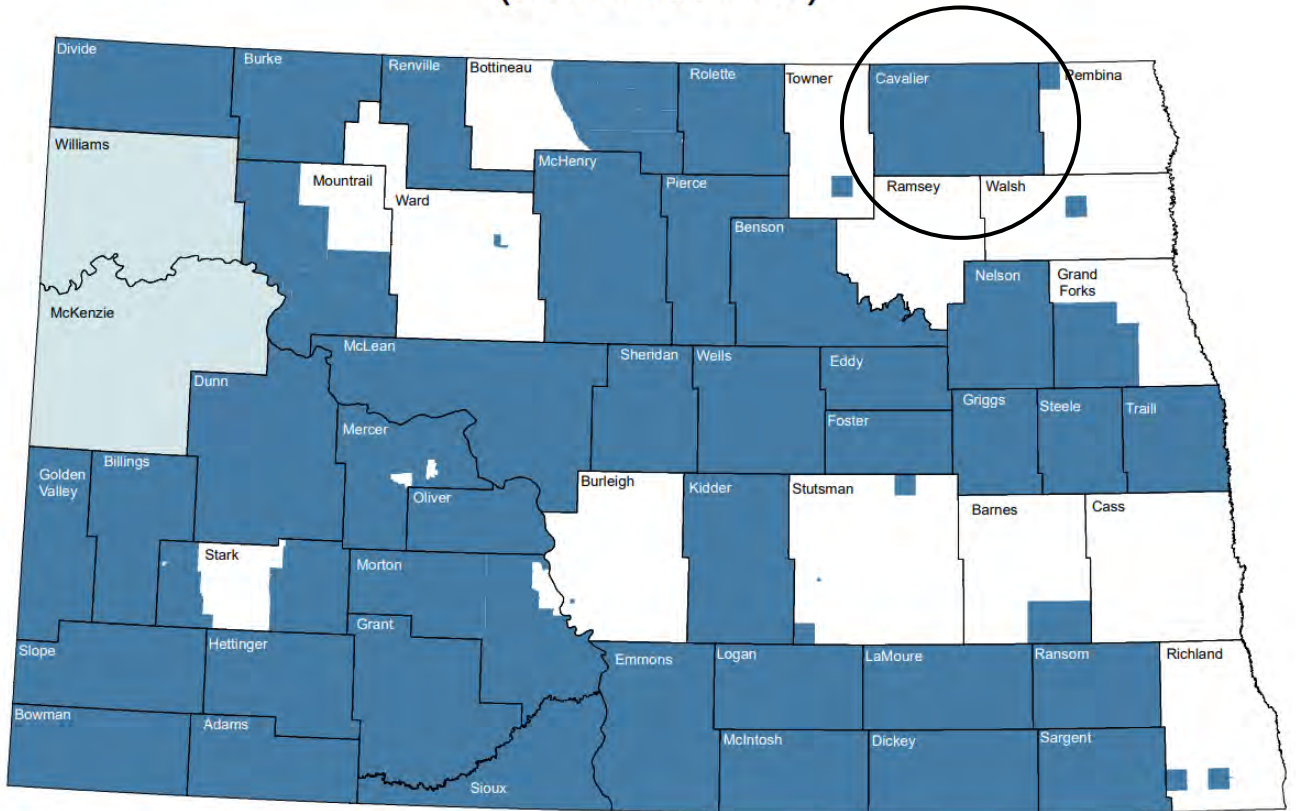
Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

Source: data.HRSA.gov, U.S. Department of Health and Human Services

Created by the North Dakota Healthcare Workforce Group on 4/2022

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

Diabetes

Diabetes was identified as the #5 health priority with 61.3% of respondents rating it as extremely important to address. Diabetes was not identified as a health priority in the 2019 CHNA report. Diabetes is the 7th leading cause of health in Cavalier County and ranks 25th out of 53 counties (with 1 being the worst in the state) in North Dakota for diabetes death rate (World Life Expectancy).

	Cavalier Co.	North Dakota
Adult obesity	35%	36%
Physical inactivity	28%	28%
Access to exercise opportunities	61%	64%
Diabetes mortality (*per 100,000*)	24.2	24.3

Source: County Health Rankings, worldhealthranking.com
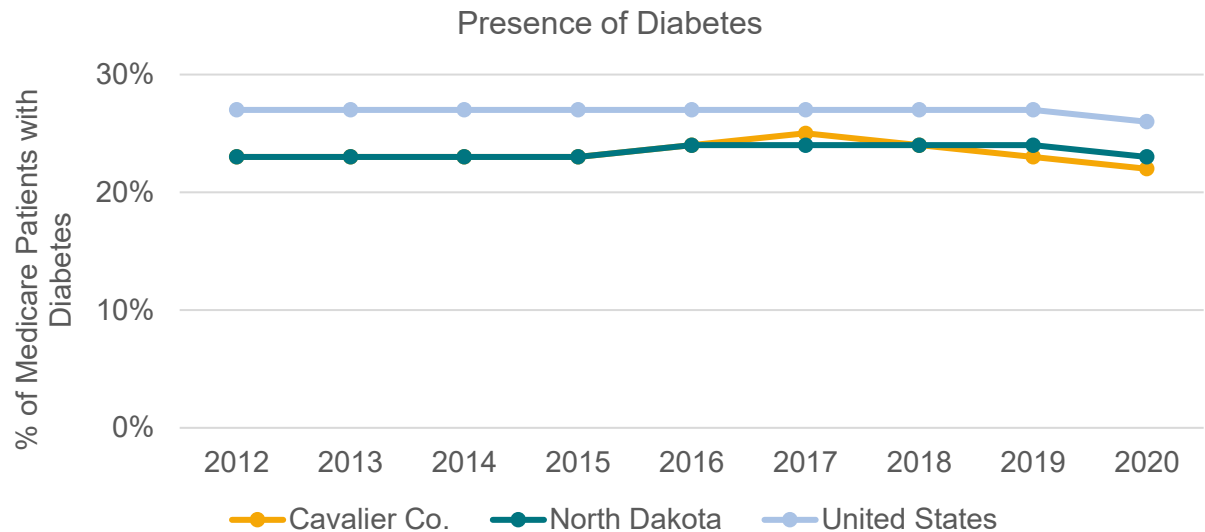
Presence of Diabetes

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Heart Disease

In the community survey, heart disease was identified as the #6 health priority with 59.8% of respondents rating it as extremely important to address. Heart disease was not identified as a top health priority in the 2019 CHNA report.

Heart disease is the 2nd leading cause of death in Cavalier County and the county has a higher death rate from heart disease than the state of North Dakota. Amongst the Medicare population, Cavalier County has a similar prevalence of heart disease as both North Dakota and the U.S. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

	Cavalier Co.	North Dakota
Heart disease mortality (*per 100,000*)	150.6	147.3

Source: worldlifeexpectancy.com
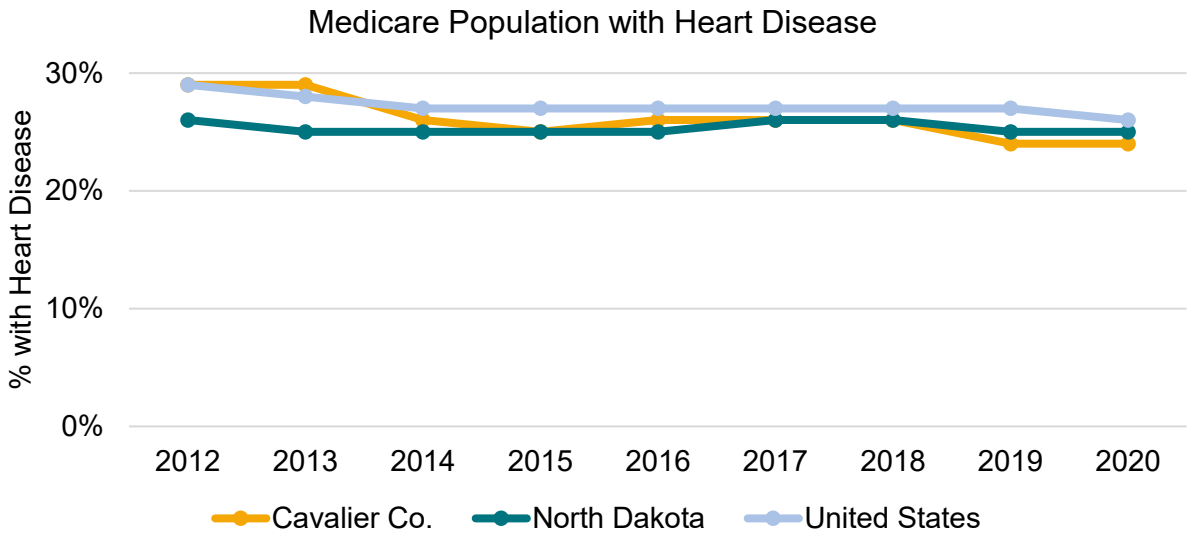
Medicare Population with Heart Disease

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Drug/Substance Abuse

Drug and substance abuse was identified as the #7 health priority with 61.4% of survey respondents rating it as extremely important to be addressed. Drug/substance abuse was not identified as a top health priority in 2019. While data around drug/substance abuse is limited in Cavalier County, rates of past-year substance use disorder in North Dakota is greater than the U.S. but less than other region states.

**Past-Year Substance Use Disorder
(age 12 and older)**

Category	Percentage
North Dakota	8.4%
Region States	9.4%
U.S.	7.4%
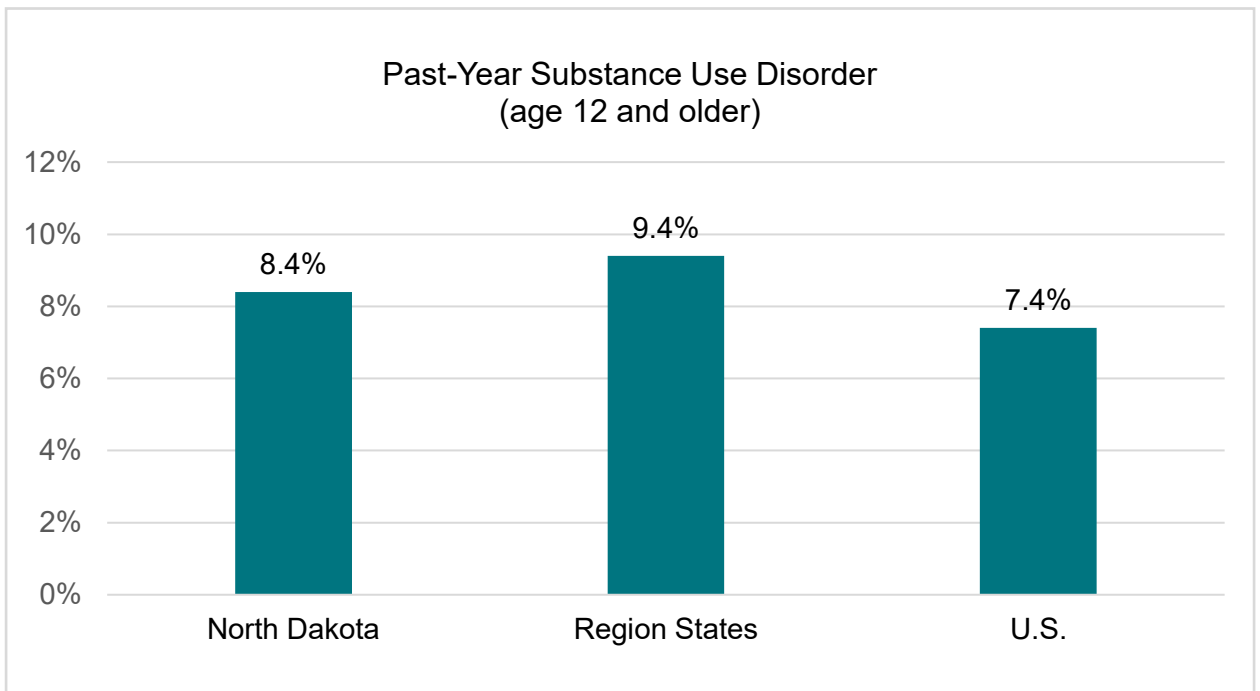
Source: SAMHSA, Behavioral Health Barometer, North Dakota, Volume 6
Note: Region States include Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Healthcare Services: Affordability

Affordability of healthcare services was the #8 identified health need in the community with 61.1% of survey respondents rating it as extremely important to be addressed.

Cavalier County has similar uninsured and unemployment rates to the state of North Dakota. Cavalier County is also similar to benchmark when it comes to children in poverty and median household income. Additionally, low-income populations were identified as one of the top priority populations in the community, making the affordability of healthcare services a critical need.

	Cavalier Co.	North Dakota
Uninsured	7%	7%
Unemployment	3.1%	3.7%
Children in poverty	12%	11%
Median household income	$70,653	$69,218

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan, ESRI

Cavalier County Insurance Coverage
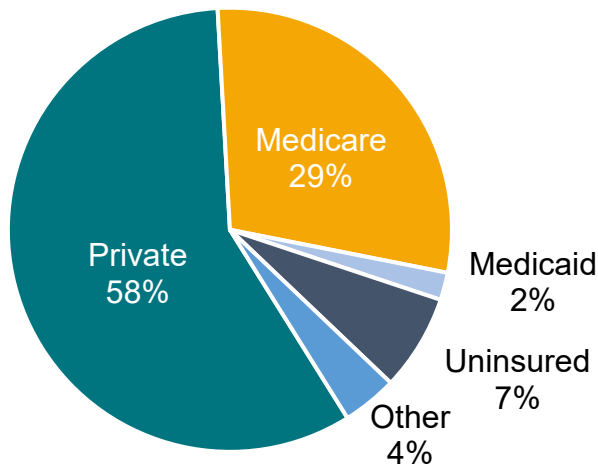
Source: Stratasan, ESRI

Implementation Plan Framework

Langdon Prairie Health's action plan is organized by key groups which will allow the Hospital to prioritize and address the identified health needs with available time and resources.

🔴 **Mental Health**

🔴 **Excess Drinking**

🟡 **Cancer**

🔵 **Healthcare Services: Physical Presence**

🟡 **Diabetes**

🟡 **Heart Disease**

🔴 **Drug/Substance Abuse**

🔵 **Healthcare Services: Affordability**

BEHAVIORAL HEALTH 🔴

CHRONIC DISEASE MANAGEMENT 🟡

ACCESS TO HEALTHCARE SERVICES 🔵

Service Offerings and Programs

Collaborations with Community Agencies

Understanding of Key Underlying Social Factors
Access to Childcare

Implementation Plan Strategy

Behavioral Health

Statistics:

- Poor mental health days: Cavalier: **3.5** (*ND: 3.7*)
- Frequent mental distress: Cavalier: **12%** (*ND: 11%*)
- Excessive drinking: Cavalier: **24%** (*ND*: *24%*)
- Alcohol-impaired driving deaths: Cavalier: **50%** (*ND: 41%*)
- Mental health provider ratio: Cavalier: **1,860:1** (*ND: 470:1*)

Hospital services, programs, and resources available to respond to this need include:

- Behavioral mental health task force – a local group that consists of representatives from public health, law enforcement, social services, the board of education, and LPH.
- Depression screenings are performed during every visit at the primary care clinic.
- Tele-psychiatry offerings.

Impact of actions taken since the immediately preceding CHNA:

- Alcoholics Anonymous (AA) services are now provided at Walhalla Clinic.
- LPH has a provider trained in child behavioral health.
- Walhalla Clinic offers a robust medical marijuana program to limit opioid use among chronic pain patients.

Additionally, The Hospital plans to take the following steps to address this need:

- Add Alcoholics Anonymous/Narcotics Anonymous (AA/NA) services.
- Increase education and awareness on mental health in the community.
- Work with addiction counselors in the area to connect AA/NA participants with their services.
- Explore potential screening protocols for drug/substance/alcohol use.
- Increase education for physicians to be aware of counselors that they can refer patients to.
- Continue work with the behavioral mental health task force.
- Explore the development of a suboxone treatment program through a certified provider.
- Develop and support providers who are interested in behavioral health.

Identified measures and metrics to progress:

- Number of depression screenings performed in primary care clinic
- Participation in AA meetings
- Number of telepsychiatry visits and referrals

Partner organizations that may also address this need:

Organization	Contact/Information
Local addiction counselors	
Langdon Area School District	(701) 256-5291 langdon.cardinal@k12.nd.us http://www.langdon.k12.nd.us/
Cavalier County Health District	(701) 256-2402 https://cavaliercountyhealth.com/
Cavalier County Sheriff's Office	https://cavaliercountysheriffsoffice.us/

Chronic Disease Management

Statistics:

- Diabetes mortality rate*: Cavalier: **24.2** *(ND: 24.3)*

- Heart disease mortality rate*: Cavalier: **150.6** *(ND: 147.3)*

- Cancer mortality rate*: Cavalier: **162.1** *(ND: 139.5)*

per 100,000

Hospital services, programs, and resources available to respond to this need include:

- Caravan Health Collaborative – LPH Accountable Care Organization (ACO).

- Comprehensive primary care services.

- Chronic care management services – chronic disease patients receive phone calls every other week from healthcare professionals to review how their care is going.

- Transitional care management services – patients discharged from the hospital with a chronic condition receive a call to ensure a follow-up appointment is scheduled at the clinic.

- LPH providers conduct annual wellness visits.

- Population health nurse available on staff.

- LPH conducts an annual health fair with over 30 different vendors.

- LPH conducts Women's Health Day and Men's Health Day to provide screening services.

- COVID-19 prevention and education services.

- Telemedicine appointments are available across a range of service lines.

- Cavalier County Senior Meals and Services and the Foundation provide free meals for two weeks after discharge to Medicare patients.

- Screening services

  - Blood Pressure Monitoring

  - Bone Density Testing

  - Colonoscopies

  - Diabetes Management

  - DOT Yearly Physicals

  - Lab Testing

  - Mammography

  - Sports Physicals

  - Wellness Check-Ups

- Visiting outreach providers:
    - Cardiology
    - Dermatology
    - OB/GYN
    - Oncology
    - Orthopedics
    - Pain Management
    - GI

Additionally, The Hospital plans to take the following steps to address this need:

- Work with commercial insurances to broaden chronic care management services to all patients.
- Increase education and awareness around chronic diseases on social media.
- Initiate community paramedic program, including disease monitoring and medication management for CHF and COPD.
- Explore potential programs to provide care in a patient's home as an alternative to long-term care.
- Evaluate the potential of increasing specialty rotations for services that are heavily utilized.

Identified measures and metrics to progress:

- Patients enrolled in chronic care management program
- Number of annual wellness visits performed
- Screening rates: A1c, mammography, diabetes management, blood pressure, colonoscopies

Partnership organizations that may also address this need:

Organization	Contact/Information
Langdon Area School District	(701) 256-5291 langdon.cardinal@k12.nd.us http://www.langdon.k12.nd.us/
Doxy.me – telemedicine services	https://doxy.me/en/
Cavalier County Senior Meals & Services	(701) 256-2828 211 8th Avenue, Langdon ND 58249 ccsms@utma.com https://www.cavaliercountyseniormealsandservices.com/
Langdon Prairie Health Foundation	(701) 256-6139 909 Second Street, Langdon, ND 58249
Altru Health System – specialist services	https://www.altru.org/

Access to Healthcare

Statistics:

- Uninsured adults: Cavalier: **6%** *(ND: 8%)*

- Unemployment: Cavalier: **3.2%** *(ND: 2.8%)*

- Median household income: Cavalier: **$54,300** *(ND: $64,300)*

- Primary care physician ratio: Cavalier: **3,760:1** *(ND: 1,290:1)*

- 65+ population: Cavalier: **27.9%** *(ND: 16.1%)*

Hospital services, programs, and resources available to respond to this need include:

- Weekend clinic hours.

- 24-hour emergency care and swing bed services.

- Telemedicine appointments are available across a range of service lines.

- Visiting outreach providers:

    - Cardiology

    - Dermatology

    - OB/GYN

    - Oncology

    - Orthopedics

    - Pain Management

    - GI

- Financial assistance policy for patients up to 200% of the federal poverty line.

- Price transparency – price estimator tool available on the Hospital's website.

- Screening for financial assistance – policy is included on all statements and applications are included with patient packets.

- Billing support staff available onsite at LPH.

- Social worker on staff to help connect patients to available resources.

- Hospital-backed loans for patients through Choice Financial Bank.

- Free health screenings for employees during healthcare worker appreciation week.

- Outreach clinic in Walhalla.

- LPH conducts an annual health fair where free health screenings are provided.

- Agreement with the University of North Dakota to train and recruit medical, nursing, and physician assistant students.

- On the Horizon: LPH's Community Magazine provides stories from patients and features information about hospital services and health tips.

Impact of actions taken since the immediately preceding CHNA:

- Updated financial assistance policy.
- Optimized Hospital website to be more user-friendly and to provide clear information on services available.
- Improved Hospital signage to support community awareness and wayfinding.

Additionally, The Hospital plans to take the following steps to address this need:

- Add early and late weekday hours at the clinic.
- Continue to expand telemedicine offerings.
- Continue to improve billing processes at the hospital.
- Continue to invest in the local community for nursing staff.

Identified measures and metrics to progress:

- Charity care contribution
- Number of inpatient and outpatient visits

Partnership organizations that may also address this need:

Organization	Contact/Information
University of North Dakota	https://und.edu/
Center for Rural health	https://ruralhealth.und.edu/
Doxy.me – telemedicine services	https://doxy.me/en/
Cavalier County Senior Meals & Services	(701) 256-2828 211 8th Avenue, Langdon ND 58249 ccsms@utma.com https://www.cavaliercountyseniormealsandservices.com/
Altru Health System – specialist services	https://www.altru.org/

Appendix

Community Data

Community Demographics

Demographic Profile

	Cavalier County				North Dakota				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	*3,582*	*3,454*	*-3.6%*	*100.0%*	*792,340*	*804,669*	*1.6%*	*100.0%*	*3.6%*	*100.0%*
By Age										
00 - 17	582	572	*-1.7%*	*16.2%*	166,993	171,636	*2.8%*	*21.1%*	*2.4%*	*21.7%*
18 - 44	902	826	*-8.4%*	*25.2%*	288,426	288,756	*0.1%*	*36.4%*	*2.7%*	*36.0%*
45 - 64	1,006	822	*-18.3%*	*28.1%*	190,375	177,497	*-6.8%*	*24.0%*	*-2.2%*	*25.0%*
65+	1,092	1,234	*13.0%*	*30.5%*	146,546	166,780	*13.8%*	*18.5%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	461	421	*-8.7%*	*12.9%*	150,956	152,292	*0.9%*	*19.1%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	3,377	3,244	*-3.9%*	*94%*	652,708	659,099	*1.0%*	*82.4%*	*1.4%*	*69.2%*
Black	3	3	*0.0%*	*0.1%*	28,689	30,431	*6.1%*	*3.6%*	*4.9%*	*13.0%*
Asian & Pacific Islander	16	16	*0.0%*	*0.4%*	14,825	15,520	*4.7%*	*1.9%*	*13.6%*	*6.1%*
Other	186	191	*2.7%*	*5.2%*	96,118	99,619	*3.6%*	*12.1%*	*10.0%*	*11.7%*
Hispanic*	45	45	*0.0%*	*1.3%*	35,078	36,518	*4.1%*	*4.4%*	*10.9%*	*18.9%*
Households										
Total Households	1,628	1,584	*-2.7%*		328,760	334,918	*1.9%*			
Median Household Income	$ 70,653	$ 76,732			$ 69,218	$ 77,612			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*6.2%*				*5.8%*		*11.1%*
High School Diploma/GED				*31.7%*				*26.3%*		*26.8%*
Some College/Associates Degree				*41.5%*				*36.2%*		*28.5%*
Bachelor's Degree or Greater				*20.6%*				*31.6%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. North Dakota's Top 15 Leading Causes of Death are listed in the tables below in Cavalier County's rank order. Cavalier County was compared to all other North Dakota counties, North Dakota state average and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in ND (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Cavalier County Compared to U.S.)
ND Rank	Cavalier Rank	Condition		ND	Cavalier	
2	1	Cancer	25 of 53	139.5	162.1	*Higher than expected*
1	2	Heart Disease	44 of 53	147.3	150.6	*Lower than expected*
3	3	COVID-19	45 of 53	121.9	52.1	*Lower than expected*
4	4	Accidents	29 of 53	51.9	46.7	*Lower than expected*
7	5	Stroke	30 of 53	32.1	40.1	*As expected*
6	6	Lung	23 of 53	34.6	39.8	*As expected*
8	7	Diabetes	25 of 53	24.3	24.2	*As expected*
5	8	Alzheimer's	45 of 53	39.7	18.2	*Lower than expected*
9	9	Suicide	30 of 53	18.2	15.8	*As expected*
11	10	Flu - Pneumonia	34 of 53	15.2	12.6	*As expected*
15	11	Hypertension	7 of 53	9.6	10.9	*As expected*
10	12	Liver	10 of 53	17.7	10.8	*As expected*
12	13	Kidney	39 of 53	11.9	7.5	*Lower than expected*
13	14	Parkinson's	18 of 53	10.1	7.3	*As expected*
14	15	Blood Poisoning	25 of 53	9.8	6.4	*As expected*
16	16	Homicide	12 of 53	4.4	3.2	*As expected*

County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

County Health Rankings

	Cavalier	North Dakota	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank (best being #1)	**20/53**			
- Premature Death*	**n.d.**	7,133	8,200	5,400
Quality of Life				
Overall Rank (best being #1)	**43/53**			
- Poor or Fair Health	🔴 **15%**	13%	17%	12%
- Poor Physical Health Days	🔴 **3.4**	3.1	3.9	3.1
- Poor Mental Health Days	🟢 **3.5**	3.7	4.2	3.4
- Low Birthweight	🔴 **10%**	7%	8%	6%
Health Behaviors				
Overall Rank (best being #1)	**12/53**			
- Adult Smoking	🔴 **18%**	17%	17%	14%
- Adult Obesity	🟢 **35%**	36%	33%	26%
- Physical Inactivity	🟡 **28%**	28%	27%	20%
- Access to Exercise Opportunities	🔴 **61%**	64%	66%	91%
- Excessive Drinking	🟡 **24%**	24%	18%	13%
- Alcohol-Impaired Driving Deaths	🔴 **50%**	41%	28%	11%
- Sexually Transmitted Infections*	🟢 **132.9**	509.1	327.4	161.4
- Teen Births (per 1,000 female population ages 15-	🔴 **19**	18	28	13
Clinical Care				
Overall Rank (best being #1)	**13/53**			
- Uninsured	🟢 **6%**	7%	11%	6%
- Population per Primary Care Provider	🔴 **3,762**	1,287	2,070	1,030
- Population per Dentist	🔴 **3,713**	1,483	2,410	1,240
- Population per Mental Health Provider	🔴 **1,857**	472	890	290
- Preventable Hospital Stays	🟢 **3,485**	3,553	4,710	2,761
- Mammography Screening	🟢 **63%**	53%	41%	50%
- Flu vaccinations	🟢 **58%**	50%	43%	53%
Social & Economic Factors				
Overall Rank (best being #1)	**6/53**			
- High school graduation	🟡 **93%**	93%	90%	96%
- Unemployment	🟢 **3.5%**	5.1%	3.9%	2.6%
- Children in Poverty	🔴 **12%**	11%	20%	11%
- Income inequality**	🔴 **5.1**	4.4	4.4	3.7
- Children in Single-Parent Households	🟢 **17%**	19%	32%	20%
- Violent Crime*	🟢 **79**	258	205	63
- Injury Deaths*	🔴 **95**	72	84	58
- Median household income	🔴 **$54,270**	$64,289	$50,600	$69,000
- Suicides	**n.d.**	19	17	11
Physical Environment				
Overall Rank (best being #1)	**8/53**			
- Air Pollution - Particulate Matter (µg/m³)	🔴 **6.7**	6.4	9.4	6.1
- Severe Housing Problems***	🟢 **6%**	12%	14%	9%
- Driving to work alone	🟢 **73%**	81%	81%	72%
- Long commute - driving alone	🟢 **13%**	15%	31%	16%

*Per 100,000 Population
**Ratio of household income at the 80th percentile to income at the 20th percentile
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities
Note: n.d. = no data

Key (Legend)

🟢 Better than ND
🟡 The same as ND
🔴 Worse than ND

Source: County Health Rankings 2022 Report

Detailed Approach

Langdon Prairie Health ("LPH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care

- Billing and collections

- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

LPH partnered with QHR Health ("QHR") to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*

2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*

3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility and a description of how the community was determined;*

2)   *a description of the process and methods used to conduct the CHNA;*

3)   *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*

4)   *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*

5)   *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health

2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics

7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	May 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	June 2022	2013-2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	June 2022	2020
Bureau of Labor Statistics	Unemployment rates	June 2022	2021
NAMI	Statistics on mental health rates and services	June 2022	2021
Centers for Disease Control and Prevention	Health risks of excessive drinking	June 2022	2020
National Cancer Institute	Cancer incidence rate	June 2022	2014-2018
Center for Rural Health	Map of medically underserved areas/populations	June 2022	2022
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	June 2022	2020
Centers for Disease Control and Prevention	Adult heart disease statistics	June 2022	2019, 2021
SAMHSA, Behavioral Health Barometer. North Dakota, Volume 6	Drug use statistics	June 2022	2020

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Community input from 164 survey respondents was received. Survey responses started on March 28th, 2022 and ended on April 19th, 2022.

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the LPH process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

Survey Results

Only relevant comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	81.37%	131
Healthcare Professional	34.78%	56
Educator	8.70%	14
Government Employee or Representative	6.21%	10
Public Health Official	1.24%	2
Minority or Underserved Population	1.24%	2
Representative of Chronic Disease Group or Advocacy Organization	0.62%	1
	Answered	161
	Skipped	3

Q2: What is your age?

Answer Choices	Responses	
Under 18	1.22%	2
18-24	5.49%	9
25-34	22.56%	37
35-44	19.51%	32
45-54	15.85%	26
55-64	19.51%	32
65+	14.02%	23
Prefer not to respond	1.83%	3
	Answered	164
	Skipped	0

Q3: What is your gender?

Answer Choices	Responses	
Female	83.54%	137
Male	12.80%	21
Transgender	0.00%	0
Non-Binary	0.00%	0
Prefer not to respond	3.66%	6
	Answered	164
	Skipped	0

Q4: What zip code do you primarily live in?

Answer Choices	Responses
58249	120
58352	5
58282	4
58269	4
58281	4
58260	3
58355	2
58220	1
58323	1
58104	1
56728	1
58345	1
58234	1
58372	1
58229	1
86314	1
58301	1
58318	1
Answered	153
Skipped	11

Q5: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Older adults	70.78%	109
Low-income groups	46.75%	72
Individuals requiring additional healthcare support	42.86%	66
Residents of rural areas	40.26%	62
Children	36.36%	56
Women	25.32%	39
Racial and ethnic minority groups	11.69%	18
LGBTQ+	9.09%	14
	Answered	154
	Skipped	10

What do you believe to be some of the needs of the groups selected above?

- Transition from nursing home to hospital and vice versa. Transportation that is affordable and available. Education about health issues.

- Well visits and check ins - nursing home placement

- Keep bringing in specialty Drs.

- Hack of home health care. Mental health.

- We have a lot of young families in town with lots of kids. With kids comes lots of different sicknesses!

- Lack of Continuity of care has affected the care for the elderly. Rural community members and people who need more healthcare are seeking care elsewhere due to not having lab or consistent imaging available. Women and children are seeking out care elsewhere because people are unsure of what kind of care can be given in Langdon. Young moms don't know that their kids can be seen by anyone other than a pediatrician. Langdon doesn't have many OBs coming to their clinic anymore either, and that has moms or young women going elsewhere.

- More testing available in Langdon. A fully functioning lab. MD's who stay long term.

- Nutritional meals. Caregivers. Advocate for those with no one.

- Need to travel for additional support. Some can't because of finance, transportation etc

- We need a real doctor that is here all the time.

- Mental health is going to continue to be a huge issue for our health systems. We would greatly benefit from a psychiatric nurse practitioner or physician to help those most at need. This applies to all categories listed above. No one is above mental health assistance

- I feel we have an extreme need for additional mental health care professionals. All populations listed above could benefit.

- Transportation and insurance

- Easier access to walkers and other equipment needed to go home with, and easier instructions on how to apply for help when looking for nursing homes, hospice, or home health

- Healthcare coverage for low income people who don't qualify for medicaid. In home caregiving supports for older adults who need supervision.

- Lack of education or opportunities, lack of care

- Education on services provided within LPH

- Loneliness, depression, lack of access to specialized health care availability with the exception of once or twice a month when the specialists come up from grand forks.

- Access to primary care, access to timely emergency medical care.

- Minority groups and low income groups are more misinformed of their physical needs and would have health issues unattended. Older adults have increased needs that come with their age and risks.

- Testing sites.

- Affordable insurance and affordable health care and prescription medications

- Insurance coverage for the low income groups, affordable health care and medications for the elderly

- Access to affordable healthcare

- I feel like we should have more housing available for low-income residents as well as for people who are just starting out in a new place and have nothing. I feel like there should be more resources for that as well. I also feel like we need way more mental health help in our community. Mental health is not talked about enough and needs to be made more aware.

- Home health care in all rural areas- wales hannah area is not served by any home health care entity

- In home services for elderly and home bound people. Activities for kids during the winter - a way for them to be active while it's cold outside.

- I believe that a full time of at least a part time mental health program is very needed for our community, there are a lot of younger adults in the community that could immensely thrive off of it.

- Assistance to stay in their homes longer

- There are a lot of diabetes, cancer and heart disease

- Multiple chronic conditions. General pediatric care.

- As you grow older your health needs change and you sometimes require specialize care. It would be easier if specialist were visiting on a regular basis. For example, orthopedics, podiatry, endocrinologist, allergist, dermatologist to just name a few.

- Supplemental insurance to cover high priced prescriptions and durable medical equipment.

- No medical coverage. Not enough medical coverage.

- Dental, pediatrics, specialists, transportation, socialization

- As being a temporary resident here and understanding the challenges of the area I think that residents need flexible options for health care. The clinic here is open on saturdays which is helpful. Maybe there should be a few days a month where appointments (especially for blood work) can be earlier (7am). This may help people who need lab draws and then head to work.

- Ob/gyn services, pediatric care, affordable prescriptions.

- Pediatrician, obgyn, dialysis, chemo

- We are all residents of a rural area.

- I have a lot of contact that are seniors that need more support living at home. I have many that would like in home care or help with daily tasks. I have contacts that would like someone to check on them.

- Access to our clinics and hospital. Education for the low income groups.

- Mental health services

- More specialized providers. Lower fees"

- Accessible services. Transportation. Competent long term healthcare providers especially at the physician level.

- Home health care. Dialysis. Mental health. Chemo infusion"

- Affordable assistance

- Wellness checks

- Being able to afford health care. Having transportation and/or someone to take them to appointments. Getting people vaccinated to protect these groups. "

- Mental health, substance use, infertility, and pediatric

- Equal rights and treatment options. To be treated fairly and compassionately.

- Addiction services. Mental health services.

- Home health. Pediatric services by a pediatrician.

- Money for medical insurance

- Safe physical activity. Access to healthy foods. Mental and behavioral healthcare.

Q6: Please share what you have seen done by LPH to address the Ability to Retain Healthcare Providers.

- I do not see LPH retaining staff. Over the past few years, it seems staff members who Were formally employed by LPH and reside in the area are leaving and traveling to further away places to perform the same job they were at LPH. There is a revolving door for many positions and longer term retention is not being achieved.

- We need to pay more . we have great providers. We need to get more providers to take call.

- Unfortunately we keep losing local employees.

- I think they are not getting enough of the local providers to stay in our hospital.

- Excellent local nurse practitioners. Need a full time dr.

- They need to find a way to retain employees. I think employee burn out is a big reason we lose lots of providers and employees. They need to be compensated for their overtime and on call time. All providers should take their fair share of ER and on call time. Employee moral could be better.

- Large salaries. Friendliness. Help with housing and adjusting to new place.

- I have not seen any progress in obtaining healthcare providers who are here 24/7. This is a HUGE need here in our community. These providers that come in a week here or there is not sufficient enough for continuity of care. However, the locum providers that we do currently have that come for a week at a time are very good and knowledgeable.

- Job postings on radio and in town.

- I think lph would be able to retain more healthcare providers by making call and clinic separate, making the providers less stressed and more adapt to be able to provide their best form of care. That would also create smaller wait times for patients waiting in the clinic to be seen.

- Continue to attempt to hire providers.

- Have retained our home town people.

- Offer fair wages.

- I have not seen effort to maintain/keep current staff or recruit quality staff and healthcare providers.

- Posters

- Continuous provider recruitment since 2016.

- I have seen them make sure we always have a provider on call.

- Providers in the clinic are from langdon and have stayed. For the hospital its typically people from out of town

- More recruitment

- I think it is important to do what you can to retain providers. I don't know what is being done to accomplish that.

- New services

- Patients love to see local area residents as employees at LPH. They feel that the longevity of that family name is important because of where the provider originated from. It boosts the patients confidence in their trust of the health care provider.

- 24/7 healthcare

- Keeping our health care providers local. Patients like to see familiar faces that are from the local area.

- Honestly, i have not see anything regarding the ability to maintain providers. Are we still actively looking for more? What are the benefits they are receiving to stay here?

- I haven't seen any improvement in retention of providers. We continue to get providers from out of state who are not a part of our community and are not very invested in our hospital. Our hospital needs to reach out to high school/college students who are interested in medical school and provide a guarantee for loan repayment or a large scholarship so we have providers who actually want to live here and practice here. I know it has been said that their pay has to be "fair" but we also have to find a way to entice providers to come here.

- Comparable pay scales & incentives

- Hired home town girls

- Incentives

- We need to keep our providers and not let them leave.

- The hospital has reached out to hire locums and traveling providers and nurses to accommodate the influx of patients.

- The clinic nps are doing well , the hospital needs to retain a hospitalist, cmo

- I don't recall seeing any advertising or communication with the community on hiring providers.

- New providers hired

- I have not seen much about LPH addressing the ability to retain healthcare providers at all. It seems as soon as a new provider is introduced to the community they seem to fall off the face of the earth.

- It seems like there continues to be frequent and constant turnover in most departments at all levels.

- Nothing. Many healthcare providers live in the community and do not work at LPH. There seems to be a lot of local people being let go or leaving and being replaced by people recruited in.

Q7: Please share what you have seen done by LPH to address Depression/Anxiety.

- Most of the providers here at LPH age are amazing. I've experienced a very great open communication with the providers in regards to depression and anxiety. They have always been there with an open here to help even if there is just a referral needed.

- They ask at dr visits. Not depressed so don't know other resources.

- School presentations, flyers, free physicals for athletes.

- I have personally seen nothing done.

- Safe place for those suffering. Referrals and transportation to appropriate facilities to help.

- I have not seen any progress being made for patients suffering from depression/anxiety. This is a nationwide issue that needs to be addressed.

- We need a specialist. Regular providers do what they can, but this is a huge issue

- I feel the providers take depression and anxiety are taken very seriously by the providers. However access to timely and personal mental health is still lacking.

- There are questions now at office visits that ask about depression and anxiety

- Screenings at every visit for depression and anxiety

- LPH transfers well with needed cases and when seen in the clinic their response is given well and they try to find the right medication for the patient

- Efforts to bring on more mental health resources

- Ask depression screening questions

- Patient's can be seen in the clinic by a provider to discuss their depression/anxiety.

- Extra screenings

- Posters

- Increased telemed services

- You are asked during a clinic visit if you are depressed. That is all i've seen.

- It would be great to have more counselors in the area. Waiting list for local providers are long.

- Community engagement and collaboration; providing mental health services through the task force joined in by the public health, law enforcement, social services, board of education and ccmh.

- The wkly newletter

- Offer more awareness to the community.

- More public awareness

- Honestly, not much. This needs to be made more aware. A lot of people are scared to talk about their mental health because of the stigma of being called crazy.

- There is a lot of depression and anxiety these days. Most providers go above an beyond to help their patients get back to feeling "normal". Often times the patient is referred on to specialist in those areas.

- The hospital needs more resources

- Making e-visits easily accessible

- They care for the patients overall wellbeing. Most patients are referred on to a specialist if they feel the patient is in need of more broad spectrum mental health care. Some patients, though prefer to stay with their provider as they feel comfortable with that person.

- The current providers (np's) are fabulous!

- Offers telemed services

- Joined behavioral health committee. Offer telehealth services.

- Treatment

- Every encounter the nurse performs a depression/anxiety screening.

- All clinic visits address the issue

- The providers or their nurses ask depression screening questions at every visit.

- Other than my pcp talking to me i have not seen anything in the community

- I have not seen anything advertised regarding treating depression or anxiety.

- I have not seen much done by lph to address depression/anxiety. On occasion I have seen a blurp on the facebook page but it must not stand out enough for me to stop and ponder it.

- Very little. Need to work with activity center and other local places to team up for activities for all ages

- Always part of appointment information

- Need more counseling/therapy options in our town, not just someone to provide medication

- Nothing. I would love to see therapy and psychiatry services in our area. I know of providers who could be serving this population and get there are posted job openings.

- Telemed

Q8: Please share what you have seen done by LPH to address Alcohol Use and Abuse.

- Not aware. Need local AAA.
- I have not seen any progress being made for patients suffering from alcohol use/abuse.
- I have not personally seen anything done to address this- but i believe public health has spread awareness, especially to the adolescent population.
- I'm not that familiar with any programs ran by lph.
- Nothing for alcohol use but has started the tobacco cessation group
- Screenings and making resources available.
- I think lph could work a little better on maybe finding rehab centers for the patients that need it and are wanting help.
- Screen patients and update history.
- Posters
- Providing patient education to those that have high risk.
- Behavioral mental health task force where you can apply for a prevention grant which focuses on alcohol binge drinking and underage drinking.
- Community awareness and offer treatment plans.
- Needs stronger community involvement
- Encouragement and information to patients
- Referrals to therapy groups
- I have not experienced this. But i would hope they educate the patient and refer to the help that is needed.
- Once again, not much. I'm not even sure if we have AA or NA meetings here?
- I have not seen anything done in this area. We don't even have an addiction counselor available at our hospital or clinic. Hiring an addiction counselor would be a great place to start.
- Provides help
- Nothing we should have AA meetings in town
- The hospital offers referrals for counseling as well as patient education materials to help encourage alcohol cessation.
- What i have seen is not specific to lph. There are numerous ads on local stations addressing the alcohol issue across north dakota. I think awareness is the start of progress.
- Nurses ask alcohol screening questions occasionally.
- I have not seen anything advertised for alcohol or abuse. Smoking cessation - I have heard on the radio.
- I saw a survey online for a long while but that is it
- I have seen more done with stopping smoking than I have about alcohol use and abuse.
- Education

Q9: Do you believe the above data accurately reflects your community today? (Data presented in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	87.72%	100
No, the data does not reflect my community today	12.28%	14
	Answered	114
	Skipped	50

Comments:

- Unfamiliar with pembina county numbers but numbers may reflect higher percent of low income and lower median income.
- We need a dentist in the walhalla area.
- Need accessible treatment for alcohol abuse.
- More poverty
- Probably accurate
- It is difficult to get a health care or dentist appointment. Usually a long wait.
- Lots of mental health issues with even school age kids and lack of enough mental health providers. Sometimes people can't wait 3 weeks or more to see a mental health counselor. Obesity is a huge problem with all age groups. So many school age kids are obese.
- We obviously need more healthcare providers and mental health providers to improve access to these services. If it's too difficult to schedule an appointment for a day that works for your schedule or the wait time is too long people will drive out of town to see a different provider they can get an appointment with.
- I am not a permanent resident but from what i have seen over that last few months seems to be accurately reflected in these statistics. Having had multiple conversations with langdon residents I do know that access to health care is challenging. Many opt out of the area for their care. The weather reflects the exercise and obesity numbers. Healthy food choices are limited (both at the grocery and at restaurants).
- A relationship with the activity center to create better service to the community would be helpful. There is not a lot offered there for the community. I believe cross fit and lifting is something people are peaking interest in. I believe people would be interested in perhaps professional personal training to help achieve goals.
- Driving deaths and injury deaths seem high not sure that is accurate.
- I would be suspect to believe the minority population is higher.
- This information does not appear accurate.
- Current population is lower than indicated otherwise this looks accurate.

Q10: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	1	1	3	17	92	114	4.74
Cancer	1	0	13	26	73	113	4.50
Diabetes	1	1	9	32	68	111	4.49
Heart Disease	1	0	10	34	67	112	4.48
Obesity	1	2	16	28	67	114	4.39
Women's Health	1	0	15	34	62	112	4.39
Stroke	2	1	14	41	55	113	4.29
Alzheimer's and Dementia	0	1	20	40	52	113	4.27
Dental	1	1	25	36	51	114	4.18
Lung Disease	1	5	20	41	47	114	4.12
Kidney Disease	1	4	24	37	47	113	4.11
Liver Disease	1	9	24	34	44	112	3.99
Other (please specify)						2	
					Answered		114
					Skipped		50

Comments:

• Mental health

Q11: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Access to Childcare	2	1	9	23	79	114	4.54
Healthcare Services: Physical Presence	2	2	5	33	71	113	4.50
Healthcare Services: Affordability	2	3	5	34	69	113	4.46
Access to Senior Services	1	2	9	38	62	112	4.41
Healthcare Services: Prevention	2	5	8	33	64	112	4.36
Access to Healthy Food	4	1	11	35	63	114	4.33
Access to Exercise/Recreation	2	2	16	39	54	113	4.25
Education System	3	3	16	34	58	114	4.24
Employment and Income	4	3	16	30	61	114	4.24
Community Safety	2	4	24	28	55	113	4.15
Affordable Housing	3	3	24	30	54	114	4.13
Transportation	2	5	28	33	46	114	4.02
Social Support	2	11	16	44	40	113	3.96
Social Connections	3	9	26	35	40	113	3.88
Other (please specify)						3	
					Answered		114
					Skipped		50

Comments:

- Cost of care is too much and housing and rent is too high for a town this small.

- Need for programs and services for low income families

Q12: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	2	2	6	28	75	113	4.52
Drug/Substance Abuse	2	1	8	33	70	114	4.47
Livable Wage	2	3	17	35	54	111	4.23
Smoking/Vaping/Tobacco Use	3	3	20	33	54	113	4.17
Diet	2	4	18	49	41	114	4.08
Physical Inactivity	2	4	21	48	38	113	4.03
Risky Sexual Behavior	4	4	32	38	33	111	3.83
Other (please specify)						0	
					Answered		114
					Skipped		50

Q13: Where do you primarily seek your healthcare?

Answer Choices	Responses	
Langdon Prairie Health	73.04%	84
Somewhere other than Langdon Prairie Health (please specify)	26.96%	31
	Answered	115
	Skipped	49

Comments:

- Altru – 8

- Altru and Sanford – 3

- Pembina County Memorial Hospital - 2

- Walhalla Location

- I do some at LPH if emergent but will travel elsewhere when able

- Langdon for basic care only. Serious we go elsewhere

- Sanford

- We do use LPH, but have often went down the road to seak more qualified help.

- Kittson Memorial Healthcare

- No PCP at this time
- First Care Health Center
- Half and half
- Smp-sa
- Pcmh
- Cavalier or Altru
- Grand Forks
- Langdon or Park River
- Grand Forks

Q14: Regardless of whether you or family members have used the services of Langdon Prairie Health (formerly Cavalier County Memorial Hospital and Clinics), how would you rate your impression of LPH on the following features, using a scale of Excellent, Very Good, Good, Fair or Poor? (Please select the appropriate number for each feature)

	Excellent	Very Good	Good	Fair	Poor	Total
Convenient location	40.71%	34.51%	19.47%	3.54%	1.77%	113
Ease of making an appointment	26.32%	42.98%	21.05%	6.14%	3.51%	114
Having caring staff who take time to listen to their patients	31.30%	30.43%	26.09%	7.83%	4.35%	115
Excellent quality of care	24.35%	34.78%	22.61%	11.30%	6.96%	115
Speed of services	15.79%	30.70%	36.84%	13.16%	3.51%	114
Technology	15.79%	30.70%	31.58%	17.54%	4.39%	114
Confidentiality	19.13%	31.30%	21.74%	14.78%	13.04%	115
Having state-of-the-art facilities and medical equipment	10.43%	31.30%	37.39%	12.17%	8.70%	115
Having well-trained, knowledgeable specialists, doctors and staff	14.04%	29.82%	30.70%	13.16%	12.28%	114
Easy to understand billing	13.04%	20.00%	37.39%	19.13%	10.43%	115
Supporting the community by sponsoring events and being involved in community activities	16.96%	15.18%	35.71%	18.75%	13.39%	112
Affordable	8.93%	22.32%	38.39%	20.54%	9.82%	112
Offering a full range of medical services	6.09%	24.35%	37.39%	25.22%	6.96%	115
					Answered	115
					Skipped	49

Q15: Which health services are you currently leaving town for that you would like to see offered or made more available at LPH? (Select all that apply)

Answer Choices	Responses	
Dental	52.94%	54
OB/Gynecology	37.25%	38
Mental Health	32.35%	33
Podiatry (foot surgery)	23.53%	24
Ophthalmology (eye surgery like cataract surgery)	22.55%	23
Other (please specify)	18.63%	19
Cosmetic/Laser	15.69%	16
Chemotherapy	14.71%	15
MRI	14.71%	15
Allergy Care	10.78%	11
Massage	10.78%	11
Cardiac Rehab	9.80%	10
Chiropractic	9.80%	10
Asthma Care	7.84%	8
Acupuncture	5.88%	6
Midwifery	3.92%	4
	Answered	102
	Skipped	62

Comments:

- All
- Dermatologist
- dermatology
- Surgery
- Family med doctor. I don't trust my health to a provider that got their degree online.
- Ultrasound
- ID
- neurology
- Gastroenterology

- Pediatrics

- Optometry

- Pediatric care

- Pediatrician, diabetes, cardiology

- I don't get chemo. But I have contacts that do and wish they didn't need to travel.

- Surgery

- Urology

- Neurology

Q16: What would be the best way for Langdon Prairie Health to get you information about the services and specialties they offer? (Please check your top three choices)

Answer Choices	Responses	
Facebook	64.22%	70
LPH website	41.28%	45
Newspaper	40.37%	44
Mail	38.53%	42
Email	28.44%	31
Radio	26.61%	29
On the Horizon magazine	12.84%	14
Google Search	11.93%	13
Streaming TV	11.01%	12
Instagram	8.26%	9
Other (please specify)	2.75%	3
	Answered	109
	Skipped	55

Comments:

- A digital sign that displays services and events.

- physical signs outside the facility

- Boarderland press. Maybe a regular column

Q17: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	67.62%	71
Telephone visits with a healthcare provider	49.52%	52
Patient portal feature of your electronic medical record to communicate with a healthcare provder	45.71%	48
Smartphone app to communicate with a healthcare provider	44.76%	47
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	29.52%	31
Virtual triage/screening option before coming to clinic/hospital	26.67%	28
Other (please specify)	2.86%	3
	Answered	105
	Skipped	59

Comments:

- I don't believe in person is top & video only when distance is a factor

Q18: We recognize that as individuals in our community age, there may be concerns about the ability to age at home rather than move to an external facility. What resources or support would help you to stay at home as long as possible? (please select all that apply)

Answer Choices	Responses	
Extended care options, including home health visits, chronic disease management support, etc.	86.92%	93
Support with navigating benefits, healthcare resources, and community resources	59.81%	64
Access to virtual care options (telehealth, phone visits, remote monitoring)	50.47%	54
Educational content (classes, webinars, support groups) focused on aging, caregiving, money management, etc.	31.78%	34
Other (please specify)	4.67%	5
	Answered	107
	Skipped	57

Comments:

- Home health aides

- Pts need to be seen in person as they age and if they are to stay home safely

- Exercise/silver sneakers classes

Q19: please share your thoughts on any additional resources and solutions that would support you and the community in the future.

- The nurses in langdon are the best! Wish the NP and drs were as good!

- Tech for seniors to better use resources that are available like telemed etc.

- Lph needs to focus on retaining staff. The community likes seeing people from the community working there. A familiar face gives peaceful mind if one is anxious. Most of our community members have left or have been fired. No consistency in providers. Too many mid levels and no drs. All these reasons make me choose to seek elsewhere.

- Chemotherapy

- Better doctors

- Communication from hospital & board. Weekly or monthly column in borderland express.

- Lactation consultant, pelvic floor therapist, water safety classes for toddlers, farm safety for all ages

- LPH needs to have patient care their main focus. Things may be a little tight financially in the initial phases, but we need to get patients back so we can start building this facility back up again. LPH needs more nurses, it needs more medical providers, it needs more services offered. The staff that work there are burned out. They need to hire qualified individuals in ALL departments.

- Behavioral health specialists, podiatry specialists.

- Assisted living option with in home supports. It would be nice if wheatland added assisted living supports to their congregate housing facility.

- Please fin a spot for the physical therapy department other than the furthest reaches of the basement. It's difficult for patients to get to.

- Keeping costs down for seniors on a budget

- There needs to be more daycare options for people of school age children that are still to young to stay at home by themself

- I wish that everyone would remember that we all are suppose to be a team here at LPH. Every job is important, doesn't matter what you do. All jobs are needed to run LPH. Wages need to be looked at all around the facility. Some of us should be making more than what we get paid.

- Treat all employees the same no matter what their job title is.   All job titles are vital in operating LPH !!

- Ensure every nook and cranny in our county has access to home health care!

- The hospital needs to work on retention of all staff, not just providers. It seems that the turnover rate is very high and there must be a reason for that.

- In house private counseling .

- I believe the hospital and clinic needs to have a more visible presence in the community.

- A program to benefit financially covering the difference in the billing that is not covered by insurances.

- If we are looking at healthy lifestyle maybe the hospital could, on face book or website put out healthy, easy recipes. I think there also could be a resource that shows links to FREE video workouts that people could access. Many are for seniors or those beginning exercisers. Attracting provides and other healthcare professionals will be challenging due to the remoteness of this facility. The more the community understands that this facility is for the and we are striving toward excellence than there will be more community buy in. Specialists could maybe come once a month so that people would not have to go out of town. Staffing-for entry level positions-develop an in house training-community members may be interested in working here but don't have access to the training/education having a way to do it in house would help tremendously. That includes current staff that may want to change to a different department/career.

- More community involvement by staff and officers

- The foundation of successful workers is found in healthy management. Happy workers create happy patients. Love on your workers, inspire them to grow, and support them as best as you can. Prevent burn out, create a listening/open environment for them.

- Finding and retaining an actual doctor.

- Local physicians do an amazing job at the clinic. Traveling nurses/doctors - lack of care due to not being consistent with the community.

- Keep the walhalla clinic open and well staffed. Offer educational and prevention services there including mental health services

- LPH is good asset to our community. However, I feel that we lack in providers. Personally I don't have any problem going to the nurse practitioners but there are many people in the community that prefer going to mds and thus are leaving town for healthcare. I do find it hard to get into certain practitioners in a timely fashion. I have to plan 4-6 weeks out for my annual check-up. I don't feel that there is as much open disclosure of what's going on as was promised when the new administrator first arrived.

- We need mental health services. This is an urgent need in the area.

- There seems to be very little if any confidentiality or professionalism at the langdon clinic and hospitals. I will never DR here not will my family.

- Putting money into services rather than having so many high paid staff that doesn't do anything but sit in their offices.