Langdon Prairie Health 2025

Community Health Needs Assessment

Adopted by Board Resolution August 27, 2025

Langdon Prairie
HEALTH

[1]Response to Schedule H (Form 990) Part V B 4 & Part V B 9

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A Message to Our Community

Dear Community Member:

At Langdon Prairie Health (LPH), we are committed to our mission: to "Improve the lives of the communities we serve." For over 50 years, we have provided high-quality, compassionate healthcare to the greater Langdon and Walhalla communities. Our 2025 Community Health Needs Assessment (CHNA) outlines the health and medical needs of our community and details how LPH will work to address them.

As required by the Affordable Care Act, not-for-profit hospitals like ours must conduct a CHNA every three years to assess and prioritize community health needs. This report reflects our dedication to meeting those needs while aligning with our mission. We invite you to review this document and share your insights as we strive to enhance the well-being of our community.

While LPH cannot address every challenge identified, we are committed to collaborating with local organizations, agencies, and individuals to tackle the most pressing needs. Some issues may require action from other entities or personal responsibility from community members. Together, we can drive meaningful change.

This CHNA serves as a roadmap for improving health and medical services in our area. We value your input and encourage you to share ideas on how we can work together to make our community healthier for all.

Sincerely,

R. Wayne Reid, RT(R)(N)ARRT,MBA
Chief Executive Officer
Langdon Prairie Health

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 2025 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 2025 Significant Health Needs identified for Cavalier County are:

- Cancer
- Access to Childcare
- Excess Drinking

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 181 community members was received. Survey responses were gathered between July 2025 and August 2025.

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.

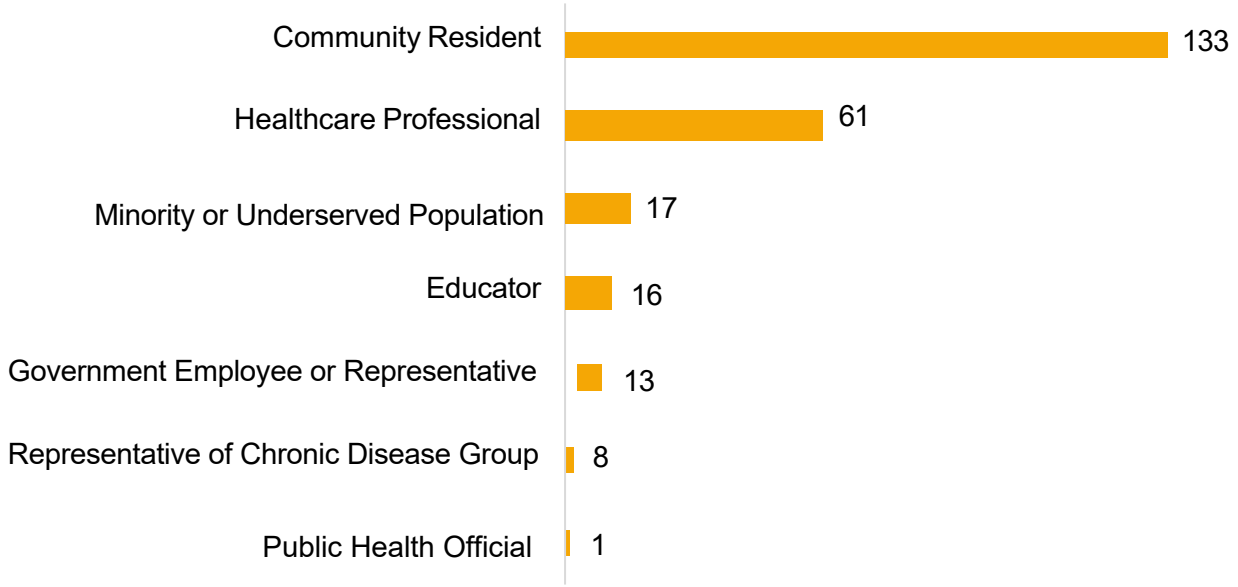
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues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

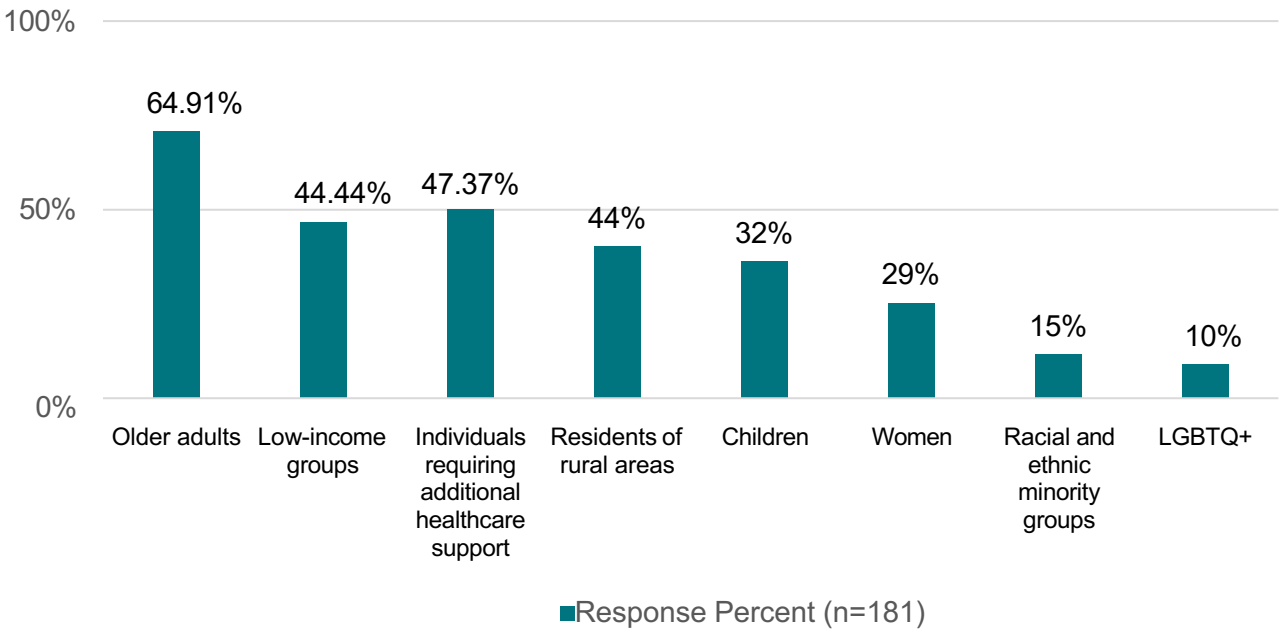
Survey Question: Please select all roles that apply to you (n=181)



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.

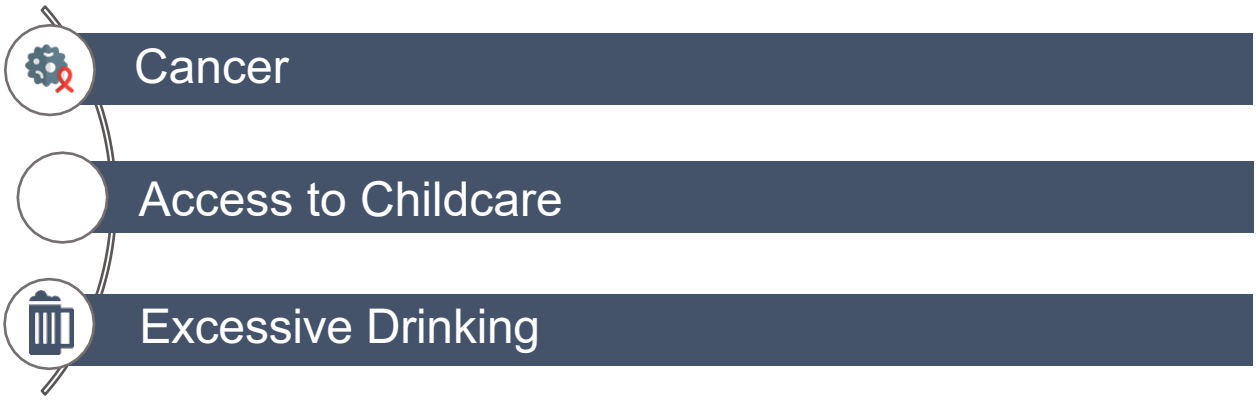
Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- 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:
    - Cancer
    - Affordable healthcare
    - Access to senior services

Input on 2025 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 2025 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below:



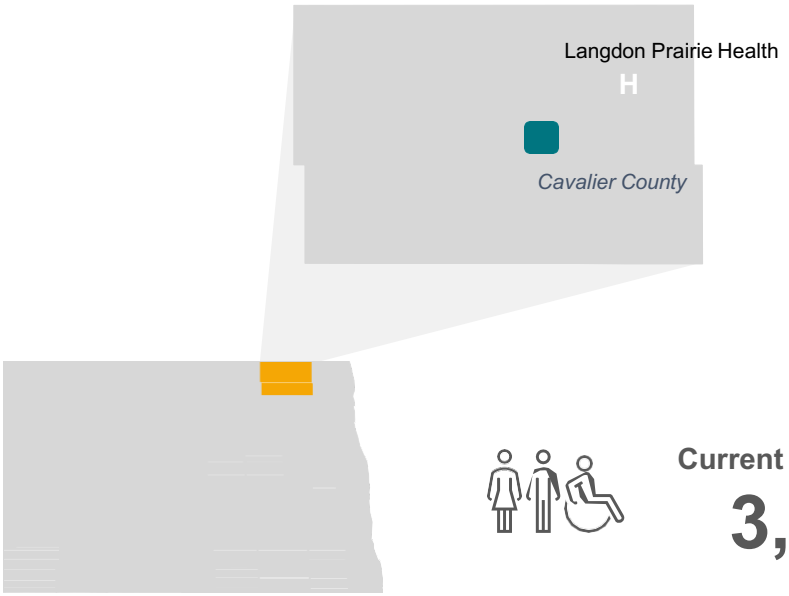
Community Served

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 2024, LPH received ___% of its Medicare inpatients from this area.

Cavalier County Demographics



Current Population :

3,663

Race/Ethnicity

	Cavalier County	North Dakota
White	*92.8%*	*82.4%*
Black	*0.1%*	*3.17%*
Asian & Pacific Islander	*0.1%*	*1.6%*
Other	*3.4%*	*0.76%*
Hispanic*	*2.6%*	*4.49%*

*Ethnicity is calculated separately from Race

Age

	Cavalier County	North Dakota
0 – 17	*22.9%*	*23.0%*
18 – 44	*23.1%*	*39.5%*
45 – 64	*26.2%*	*20.5%*
65 +	*27.8%*	*17.0%*

Education and Income

	Cavalier County	North Dakota
Median Household Income	*$67,064*	*$73,959*
Some High School or Less	*9%*	*5.0%*
High School Diploma/GED	*31.7%*	*24.0%*
Some College/ Associates Degree	*41.5%*	*37.0%*
Bachelor's Degree or Greater	*20.6%*	*33.6%*

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
21.2	**18%**	**25%**	**35%**	**40%**	**24%**
ND: 15.5	*ND: 15.5%*	*ND: 23.7%*	*ND: 35.2%*	*ND: 32%*	*ND: 22.7%*

Quality of Life

Suicide Rate: 17.27

Per 100,000
Compared to 20.82 in ND

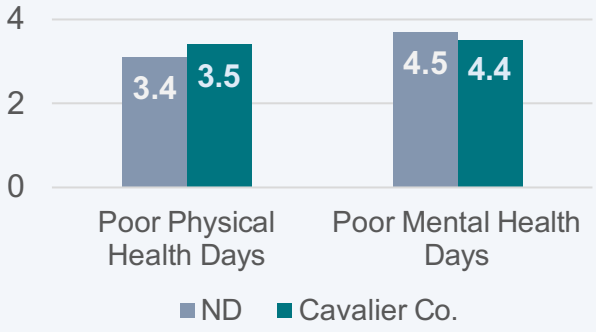
Poor or Fair Health: 14%

Compared to 14% in ND

Low Birthweight: 10%

Compared to 7% in ND

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



Methods of Identifying Health Needs

Collect & Analyze

Evaluate

Select

Analyze existing data and collect new data

842 indicators collected from data sources

181 surveys completed by community members

Evaluate indicators based on the following factors:

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

Select priority health needs for implementation plan

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:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors 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)
Cancer	4.46
Women's Health	4.35
Diabetes	4.32
Heart Disease	4.32
Mental Health	4.29
Stroke	4.24
Alzheimer's and Dementia	4.23
Obesity	4.2
Lung Disease	4.16
Kidney Disease	4.11
Liver Disease	4.09
Dental	4.05
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	4.22
Healthcare Services: Physical Presence	4.05
Healthcare Services: Affordability	4.42
Access to Senior Services	4.36
Healthcare Services: Prevention	4.28
Access to Healthy Food	4.24
Access to Exercise/Recreation	4.12
Education System	4.26
Employment and Income	4.27
Community Safety	4.20
Affordable Housing	4.24
Transportation	3.95
Social Support	3.94
Social Connections	3.85
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	3.85
Drug/Substance Abuse	3.90
Livable Wage	4.25
Smoking/Vaping/Tobacco Use	3.75
Diet	4.08
Physical Inactivity	4.02
Risky Sexual Behavior	3.62
Other (please specify)	See appendix

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.46
Healthcare Services: Affordability	4.42
Access to Senior Services	4.36
Women's Health	4.35
Diabetes	4.32
Heart Disease	4.32
Mental Health	4.29
Healthcare Services: Prevention	4.28
Employment and Income	4.27
Education System	4.26
Livable Wages	4.25
Stroke	4.24
Access to Healthy Food	4.24
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Alzheimer's and Dementia	4.23
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Diet	4.08
Dental	4.05
Healthcare Services: Physical Presence	4.05
Physical Inactivity	4.02
Transportation	3.95
Social Support	3.94
Drug/Substance Abuse	3.90
Social Connections	3.85
Excess Drinking	3.85
Smoking/Vaping/Tobacco	3.75
Risky Sexual Behavior	3.62

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed

Growing health needs where interventions by the hospital are feasible and could make an impact

Impact on Health Disparities

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%

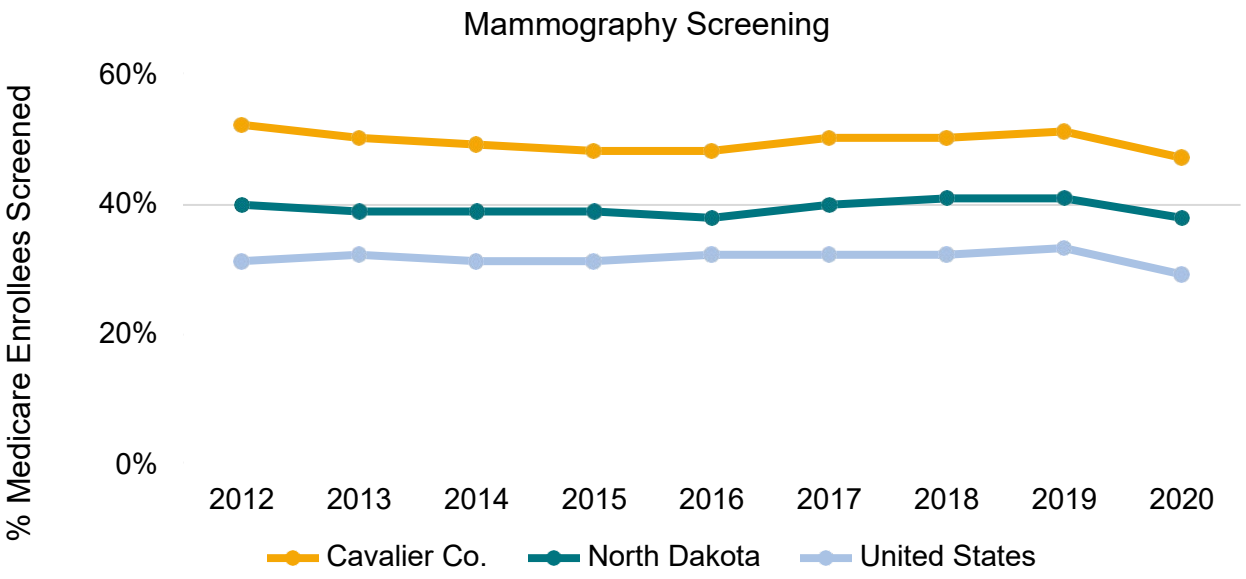
Source: County Health Rankings

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%

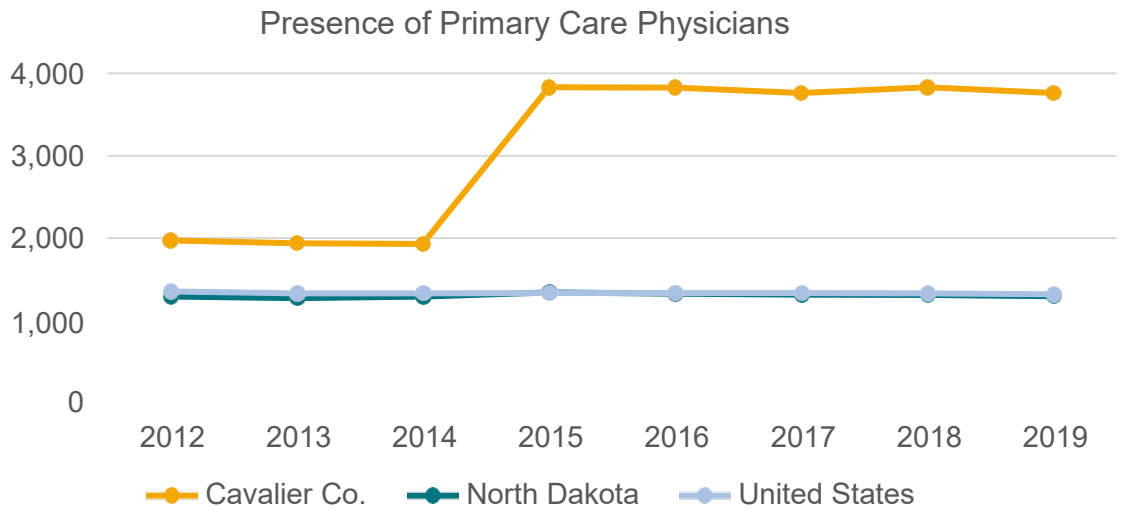
Source: County Health Rankings, worldhealthranking.com, National Cancer Institute



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

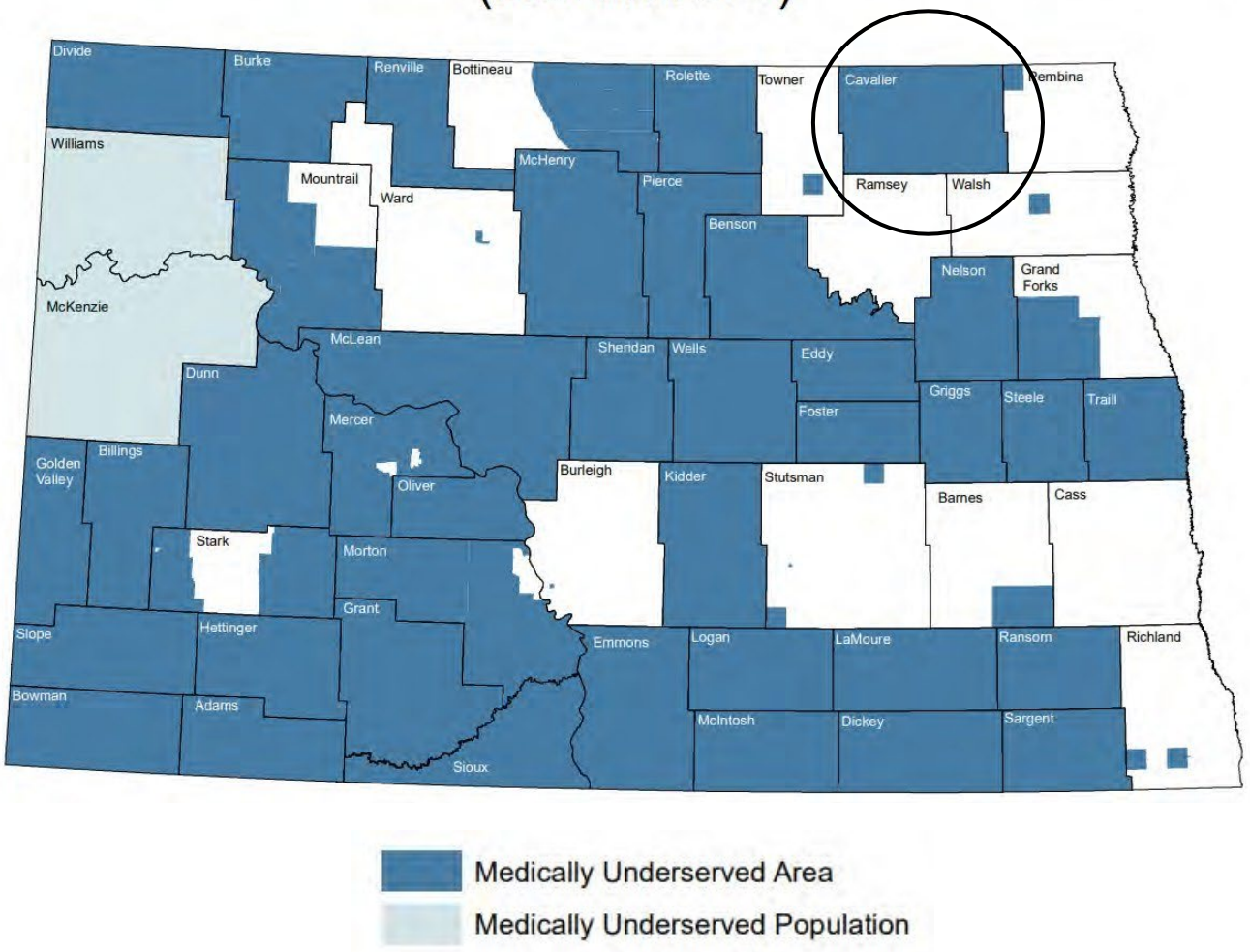
Healthcare Services: Physical Presence

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)



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

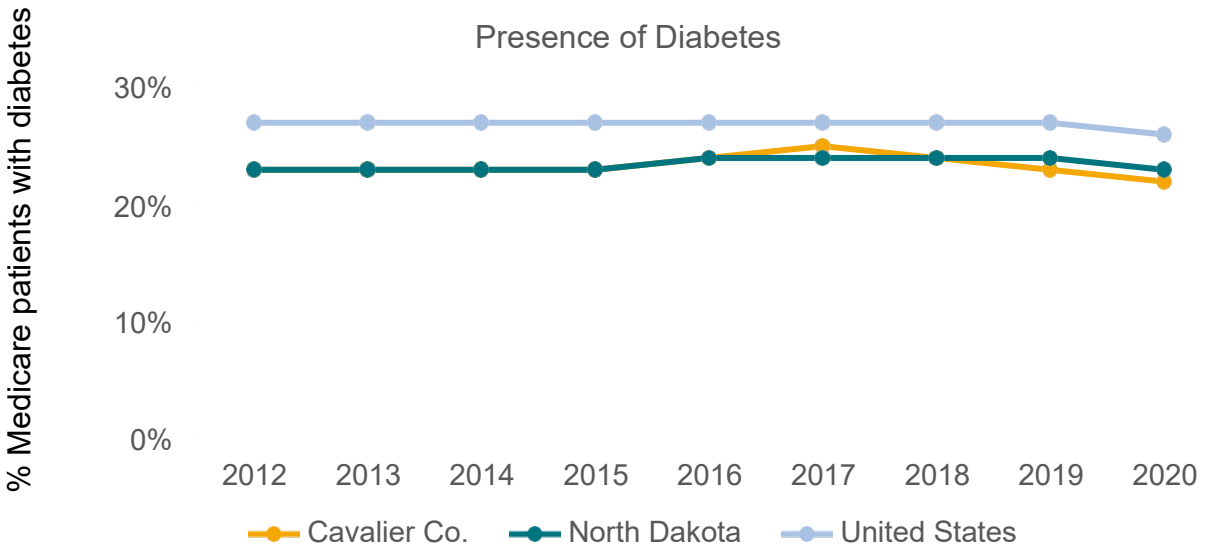
Source: Center for Rural Health: University of North Dakota School of Medicine & Health Sciences

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



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

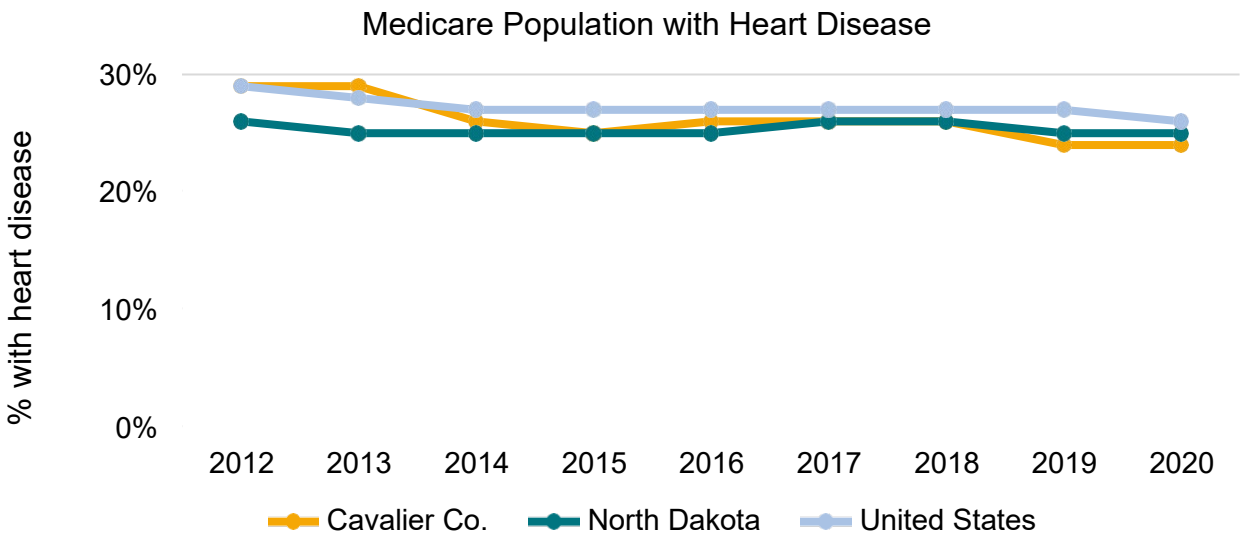
Heart Disease

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

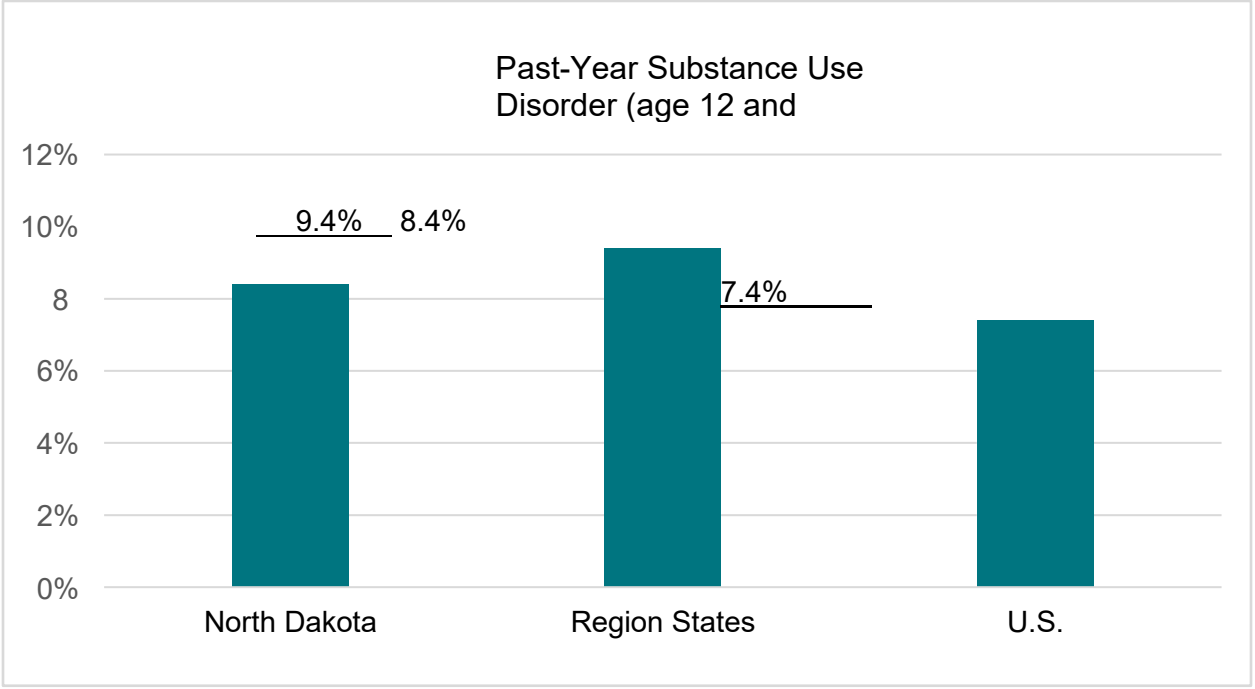
Source: worldlifeexpectancy.com



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.



Source: SAMHSA, Behavioral Health Barometer, North Dakota, Volume 6
Note: Region States include Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

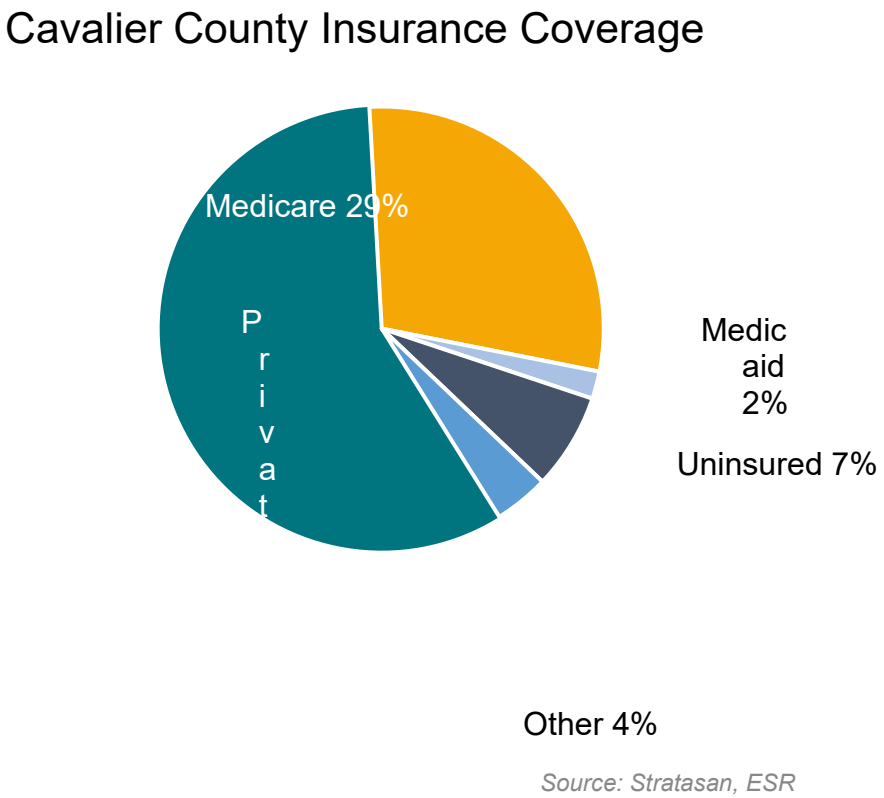
Healthcare Services: Affordability

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



Source: Stratasan, ESR

Implementation Plan Strategy

Behavioral Health

Statistics:

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

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.
- 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 County: **24.2** *(ND: 24.3*)
- Heart disease mortality rate*: Cavalier County: **150.6** *(ND: 147.3)*
- Cancer mortality rate*: Cavalier County: **162.1** *(ND: 139.5*)

**per 100,000*

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

- Wellvana 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 County: **6%** *(ND: 8%*)
- Unemployment: Cavalier County: **3.2%** *(ND: 2.8%*)
- Median household income: Cavalier County: **$54,300** *(ND: $64,300)*
- Primary care physician ratio: Cavalier County: **3,760:1** *(ND: 1,290:1)*
- 65+ population: Cavalier County: **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 Co. Rank	Condition		ND	Cavalier Co	
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:

County Health Rankings

	Cavalier County	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

- 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	August 2025	2025
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	August 2025	2013-2025
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	August 2025	2025
Bureau of Labor Statistics	Unemployment rates	August 2025	2025
NAMI	Statistics on mental health rates and services	August 2025	2025
Centers for Disease Control and Prevention	Health risks of excessive drinking	August 2025	2025
National Cancer Institute	Cancer incidence rate	August 2025	2014-2025
Center for Rural Health	Map of medically underserved areas/populations	August 2025	2025
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	August 2025	2024
Centers for Disease Control and Prevention	Adult heart disease statistics	August 2025	2019, 2025
SAMHSA, Behavioral Health Barometer. North Dakota, Volume 6	Drug use statistics	August 2025	2024

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 Community to gain input on local health needs and the needs of priority populations. The survey polled where 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 181 survey respondents was received. Survey responses started on July 18, 2025 and ended on August 1, 2024.

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	74.3%	133
Healthcare Professional	34.08%	61
Educator	8.94%	16
Government Employee or Representative	7.26%	13
Public Health Official	1.68%	3
Minority or Underserved Population	9.5%	17
Representative of Chronic Disease Group or Advocacy Organization	4.47%	8
	Answered	179
	Skipped	2

Q2: What is your age?

Answer Choices	Responses	
Under 18	1.7%	3
18-24	6.24%	11
25-34	16.48%	29
35-44	22.16%	39
45-54	17.61%	31
55-64	18.75%	33
65+	12.5%	22
Prefer not to respond	4.55%	8
	Answered	176
	Skipped	5

Q3: What is your gender?

Answer Choices	Responses	
Female	67.05%	118
Male	21.59%	38
Transgender	2.84%	5
Non-Binary	1.14%	2
Prefer not to respond	7.39%	13
	Answered	176
	Skipped	5

Q4: What zip code do you primarily live in?

Answer Choices	Responses	
58249	128	
58352	5	
58282	4	
58269	7	
58281	3	
58260	5	
58355	1	
58220	7	
58323	3	
58104	1	
58728	0	
58345	1	
58234	0	
58372	0	
58229	3	
86314	0	
58301	5	
58318	0	
	Answered	173
	Skipped	8

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	64.91%	111
Individuals requiring additional healthcare support	47.37%	81
Low-income groups	44.44%	76
Residents of rural areas	43.86%	75
Children	31.58%	54
Women	29.24%	50
Racial and ethnic minority groups	15.20%	26
LGBTQ+	9.94%	17
	Answered	171
	Skipped	10

Q6: What do you believe to be some of the needs of the groups selected above?

Answered: 91 Skipped: 90

Q7: Please share what you have seen done by LPH to address the Ability to Retain Healthcare Providers.

Answered: 81 Skipped: 100

Q8: Please share what you have seen done by LPH to address Depression/Anxiety.

Answered: 72 Skipped: 109

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	89.6%	130
No, the data does not reflect my community today	10.3%	15
	Answered	145
	Skipped	36

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
Cancer	2	1	19	40	104	166	4.46
Women's Health	2	2	23	45	90	162	4.35
Diabetes	2	5	21	46	90	164	4.32
Heart Disease	2	5	25	42	95	169	4.32
Mental Health	7	5	23	29	103	167	4.29
Stroke	2	4	29	47	83	165	4.24
Alzheimer's and Dementia	2	7	26	45	83	163	4.23
Obesity	7	7	19	41	87	161	4.2
Lung Disease	3	7	29	43	77	159	4.16
Kidney Disease	2	9	35	41	77	164	4.11
Liver Disease	3	8	35	43	75	164	4.09
Dental	6	8	32	45	74	165	4.05
Other (please specify)						27	
						Answered	144
						Skipped	37

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
Healthcare Services Affordability:	1	9	16	34	108	168	4.42
Access to Senior Services	2	3	26	37	98	166	4.36
Healthcare Services: Prevention	5	3	27	37	94	166	4.28
Employment and Income	5	3	24	43	89	164	4.27
Education System	5	7	16	52	89	169	4.26
Access to Healthy Food	4	5	28	40	91	168	4.24
Affordable Housing	2	7	24	49	83	165	4.24
Access to Childcare	6	8	21	36	90	161	4.22
Community Safety	3	8	26	47	85	169	4.2
Access to Exercise/Recreation	6	6	27	52	77	168	4.12
Healthcare Services: Physical Presence	4	7	33	51	67	162	4.05
Transportation	6	12	35	45	69	167	3.95
Social Support	5	12	37	48	66	168	3.94
Social Connections	6	12	44	46	60	168	3.85
Other (please specify)						3	
						Answered	162
						Skipped	19

Comments:

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	20	3	27	50	68	168	3.85
Drug/Substance Abuse	17	6	24	47	71	165	3.90
Livable Wage	3	3	33	39	89	167	4.25
Smoking/Vaping/Tobacco Use	21	7	29	47	64	168	3.75
Diet	5	5	33	54	72	169	4.08
Physical Inactivity	8	5	33	52	70	168	4.02
Risky Sexual Behavior	18	14	36	38	56	162	3.62
Other (please specify)						0	
						Answered	181
						Skipped	0

Q13: Where do you primarily seek your healthcare?

Answer Choices	Responses	
Langdon Prairie Health	89.87%	142
Somewhere other than Langdon Prairie Health (please specify)	10.12%	16
	Answered	158
	Skipped	23

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	51.38%	28.73%	13.81%	1.1%	1.66%	181
Ease of making an appointment	49.17%	30.39%	11.6%	2.21%	1.66%	181
Having caring staff who take time to listen to their patients	42.54%	31.49%	15.47%	2.21%	2.21%	181
Excellent quality of care	40.88%	35.91%	16.02%	1.66%	1.1%	181
Speed of services	43.09%	30.39%	17.13%	3.31%	0.55%	181
Technology	33.15%	28.73%	21.55%	2.76%	5.52%	181
Confidentiality	36.46%	20.44%	19.34%	5.52%	9.39%	181

Having state-of-the-art facilities and medical equipment	28.73%	24.86%	27.62%	5.52%	4.97%	181
Having well-trained, knowledgeable specialists, doctors and staff	14.04%	29.82%	30.70%	13.16%	12.28%	181
Easy to understand billing	29.83%	26.52%	23.76%	7.73%	6.08%	181
Supporting the community by sponsoring events and being involved in community activities	39.23%	25.41%	22.10%	4.42%	2.21%	181
Affordable	45.86%	27.07%	13.26%	3.87%	1.1%	181
Offering a full range of medical services	24.86%	28.18%	24.86%	6.63%	7.73%	181
					Answered	181
					Skipped	0

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	58.70%	81
Ophthalmology (eye surgery like cataract surgery)	39.86%	55
OB/Gynecology	36.23%	50
Mental Health	31.88%	44
Podiatry (foot surgery)	29.71%	41
MRI	28.99%	40
Chemotherapy	26.81%	37
Massage	25.36%	35
Cardiac Rehab	25.36%	35
Allergy Care	23.91%	33
Chiropractic	21.01%	29
Cosmetic/Laser	19.57%	27
Asthma Care	18.84%	26
Acupuncture	17.39%	24
Other (please specify)	12.31%	17
Midwifery	12.32%	17
	Answered	138
	Skipped	43

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%	96
LPH website	51.33%	77
Newspaper	44%	66
Mail	36%	54
Email	28.67%	43
Radio	36.67%	55
On the Horizon magazine	18.67%	28
Google Search	28.67%	43
Streaming TV	16%	24
Instagram	16%	27
Other (please specify)	2%	3
	Answered	150
	Skipped	31

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	56.72%	76
Telephone visits with a healthcare provider	44.78%	60
Patient portal feature of your electronic medical record to communicate with a healthcare provder	44.78%	60
Smartphone app to communicate with a healthcare provider	49.25%	66
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	44.78%	60
Virtual triage/screening option before coming to clinic/hospital	35.82%	48
Other (please specify)	2.33%	3
	Answered	134
	Skipped	47

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.	77.30%	109
Support with navigating benefits, healthcare resources, and community resources	60.28%	85
Access to virtual care options (telehealth, phone visits, remote monitoring)	55.32%	78
Educational content (classes, webinars, support groups) focused on aging, caregiving, money management, etc.	45.39%	64
Other (please specify)	4.56%	8
	Answered	141
	Skipped	40

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

Q20: Preferred clinic appointment time

Answer Choices	Responses	
Early Morning (7:00AM-9:00AM)	32.95%	57
Morning (9:00AM-11:00AM)	22.54%	39
Early Afternoon (11:00AM-1:00PM)	8.67%	15
Afternoon (1:00PM-3:00PM)	10.40%	18
Late Afternoon (3:00PM-5:00PM)	9.83%	17
Evening (5:00PM-7:00PM)	15.61%	27
	Answered Skipped	173 8

2025 Community Health Needs Assessment – Board Overview

Survey Highlights

- Broader Participation: 2025 survey showed increased diversity in respondents, including higher representation from minority/underserved populations and new gender identity categories.
- Shifts in Priorities: Mental health, substance concerns, and healthcare access all remain important, but urgency ratings softened compared to 2022.
- Older Adults & Access to Care: Still a top priority, though slightly reduced in emphasis.
- Community Factors: Healthcare Services (Physical Presence) and Access to Childcare showed the largest declines in urgency.

Key Takeaways

- Mental Health remains the leading health concern, though urgency ratings fell.
- Substance use issues (alcohol, drugs, smoking) all declined in urgency compared to 2022.
- Access & Affordability of services remain central concerns.
- Transportation and confidentiality emerged in comments as ongoing challenges.
- Older Adults remain the top population priority.

Board Action Items for 2025–2028

- **Increase Community Awareness of Services:** Advertising campaigns, public access channel, and regular provider articles. Expand outreach through community in-services (both in-person and via TEAMS).
- **Expand Access to Appointments:** Add additional morning appointments in Langdon to improve convenience and care access.
- **Support Aging in Place:** Launch or expand community programs such as Community Paramedic, QSP, Visiting Nurse, and home visits by providers.
- **(Recommendation)** Consider creating a Community Health Council with representatives from Fire, Law Enforcement, Social Services, and Public Health to strengthen collaboration and long-term planning.

Prepared for Langdon Prairie Health Board of Directors – 2025