

Cavalier County Memorial Hospital and Langdon Service Area

2019 Community Health Needs Assessment

January 2020

Each Critical Access Hospital must conduct a Community Health Needs Assessment (CHNA) once every three years, as mandated by law. Local public health units seeking to gain/maintain accreditation conduct an assessment every five years. CHNAs completed by the Center for Rural Health (CRH) include secondary data review, community focus groups, key informant interviews, and a community survey. This fact sheet presents key community strengths and opportunities from the Langdon service area 2019 CHNA.

The Langdon service area is comprised of Cavalier County (population 3,829). In 2018, 27.4% of Cavalier County residents reported being 65 years old or older compared to 15% of North Dakotans.

Community Strengths

The top three assets identified in the community survey included friendly people, family friendly community, and little/no crime. Other community assets include community members being involved in their community and an active faith community. The community also reports a lower percentage of adult smokers (14%) than the North Dakota average (20%).

Health Outcomes and Factors

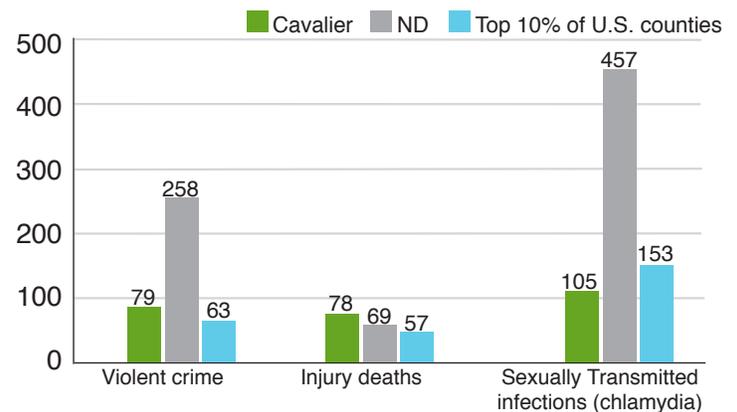
In review of secondary data, only 11% of Cavalier County residents reported poor or fair health. However, the county had a greater percentage of residents reporting excessive drinking, physical inactivity, and obesity than the top 10% of U.S. counties. Additionally, in 2018, 50% of driving deaths in Cavalier County involved alcohol compared to 46% of North Dakota driving deaths or 13% of driving deaths in the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Cavalier County	ND	Top 10% U.S.
Uninsured	9%	8%	6%
Excessive drinking	20%	26%	13%
Access to exercise opportunities	68%	74%	91%
Physical inactivity	29%	22%	19%
Adult obesity	35%	26%	32%

Injury deaths were more prevalent in Cavalier County (78 deaths per 100,000 residents) than the state average or the top 10% of U.S. counties (69 and 57 per 100,000 residents, respectively). However, the rate of violent crime and sexually transmitted infections (chlamydia) was lower in Cavalier County than the state average. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In Cavalier County in 2018, there were 172 licensed daycare spots for the 445 children ages 0-13 with both parents in the labor force, indicating a shortage of licensed childcare capacity. In 2018, 12% of Cavalier County youth received SNAP benefits, which was lower than the North Dakota average of 20%. See Table 2.

Table 2. Children's Health Factors by % of Population

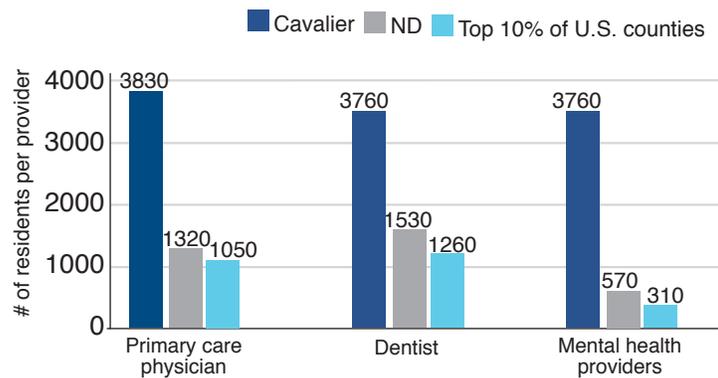
	Cavalier	ND
Children uninsured (2017)	10%	8%
Uninsured children below 200% of poverty (% of pop.) (2017)	48%	44%
Medicaid recipients (2018)	23%	27%
Children enrolled in Healthy Steps (2018)	2%	2%
Receiving SNAP (2018)	12%	20%

In 2018, the teen birth rate for Cavalier County was 26 births per 1,000 females (15-19 years old), which was higher than the state average or the top 10% of U.S. counties (23 and 14 per 1,000, respectively).

Healthcare Access

Based on the provider to population ratio, Cavalier County had more residents per single mental health provider than the state's average and the top 10% of U.S. counties (3,760 residents per one mental health provider). This trend was also seen in primary care physicians and dentists. See Figure 2.

Figure 2. Provider to Population Ratios, 2019



Community Concerns

In a survey disseminated by the CRH, residents identified up to three primary community concerns. The top two concerns were cost of long term care (74%) and ability to recruit and maintain primary care providers (61%). Youth alcohol use and abuse, adequate childcare services, and cancer made the top five. See Table 3.

Table 3. Community Concerns, 2019

Community Concerns	%
Cost of long term care	74%
Ability to recruit and maintain primary care providers	61%
Youth alcohol use/abuse	59%
Adequate childcare services	57%
Cancer	56%
Adult alcohol use/abuse	56%
Adult depression/anxiety	48%
Youth drug use/abuse	44%
Availability of resources to help the elderly stay in their homes	44%

In May, 2019, a community focus group identified their top concerns as:

1. Ability to retain primary care providers (MD, DO, NP, PA)
2. Depression and anxiety
3. Alcohol use and abuse

In the survey, community members also identified perceived barriers (up to three) specifically related to accessing local healthcare. The top five barriers were:

1. Not able to see the same provider over time (69% of respondents)
2. Not enough providers (42%)
3. Poor quality of care (27%)
4. Concerns about confidentiality (23%)
5. Not affordable (19%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was colonoscopies.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, there have been great advances for the Langdon community. In response to expanded clinic hours being identified as a need, the Langdon Clinic implemented 8 AM to noon Saturday hours. The community also voiced concern over provider recruitment, which was addressed when three FNP's were brought in to the hospital. Lack of knowledge of hospital services was also revealed by the previous process, to which CCMH responded by partnering with a healthcare marketing firm to expand service promotion. Finally, CCMH has joined a behavioral health task force—a group that meets monthly to work on behavioral health projects—reacting to a lack of mental health services as a top concern.

Implementation Strategies

Hospitals and local public health units prepare implementation strategies as a blueprint for meeting needs identified in a CHNA. Access the complete and community-specific CHNA Reports and Implementation Strategies at, ruralhealth.und.edu/projects/community-health-needs-assessment/reports.

Full Report

Dickson, L., Larson, S. Langdon Service Area: Community Health Needs Assessment, 2019

For More Information

Visit the website, ruralhealth.und.edu/projects/community-health-needs-assessment or contact:

Shawn Larson, BA, Project Coordinator
shawn.p.larson@UND.edu

Kylie Nissen, BBA Sr. Project Coordinator
kylie.nissen@UND.edu

Lynette Dickson, MS, RD, LRD Associate Director
lynette.dickson@UND.edu

Community Liaison

Jeff Stanley, CEO, Cavalier County Memorial Hospital
701.256.6180 • jeffs@ccmhnd.com

CHNAs are supported in part by the health facilities and under the Medicare Rural Hospital Flexibility Grant, U.S. Department of Health and Human Services Health Resources and Services Administration Federal Office of Rural Health Policy.