March 2011

Community Health Needs Assessment

Pembina County Memorial Hospital
Cavalier, North Dakota

Vision

To develop a family centered integrated healthcare organization which provides services that meet the needs of the region, thereby making us the provider of choice.

Completed by

The North Dakota Medicare Rural Hospital Flexibility (Flex) Program
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Introduction

Pembina County Memorial Hospital's mission is to provide a family centered approach to the delivery of health services and to promote a healthy lifestyle to those it serves in Cavalier and surrounding communities. In order to fulfill its mission and move toward achievement of its vision, Pembina County Memorial Hospital recognized the need to solicit community and staff input in order to inform future decisions and its strategic plan. A community health needs assessment was completed by the Center for Rural Health at The University of North Dakota School of Medicine and Health Sciences through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy and as such all associated costs of the assessment is covered by the federal grant.

A survey process was used in combination with key informant interviews of locally identified community leaders. Information was collected throughout January and February 2011. Residents of the facility's service area and staff of Pembina County Memorial Hospital were given the opportunity to provide feedback.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify community needs; and identify action needed to address the future delivery of health care in the defined area. Benefits of conducting an assessment include 1) accessing timely input from the local community, providers, and staff; 2) review and analysis of secondary data related to health conditions and risks; 3) information to guide decision making, marketing efforts, and the development of a strategic plan; 4) community engagement and local involvement that informs the future of health care delivery; and 5) the ability to meet federal regulation requirements (H.R. 3590) of the Patient Protection and Affordable Care Act for charitable hospitals which requires the completion of a health care assessment every three years.

Pembina County Memorial Hospital

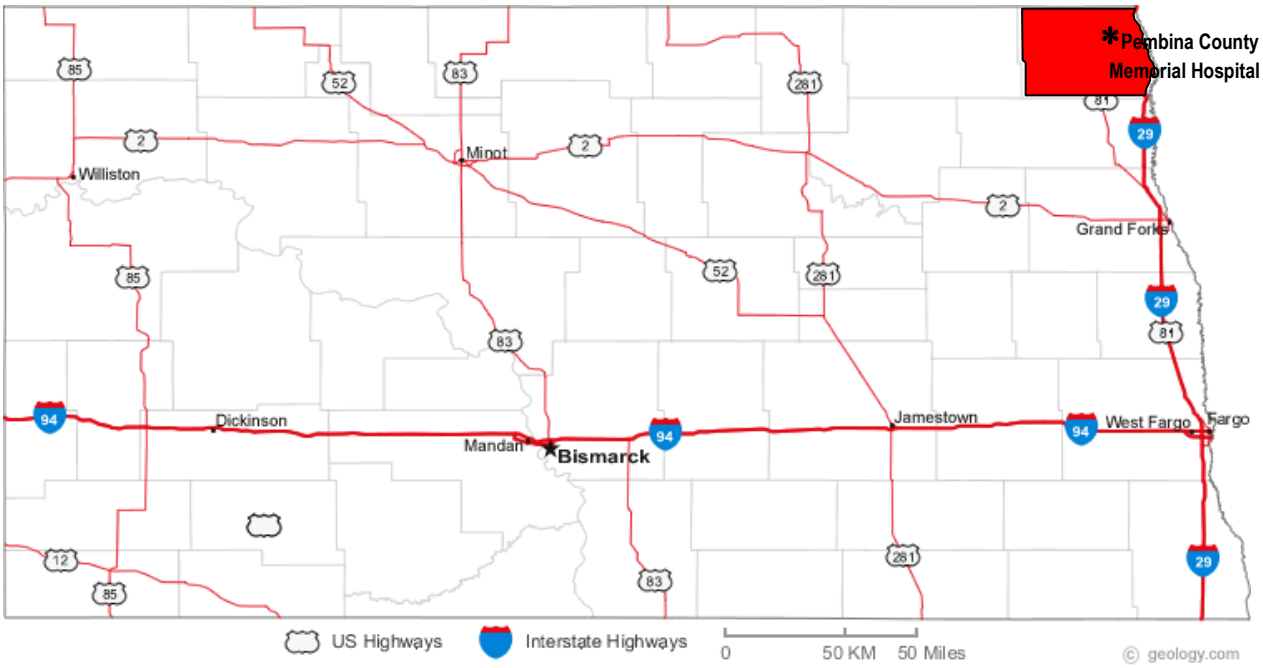
Pembina County Memorial Hospital is a 25-bed critical access hospital located in Cavalier, North Dakota. It is a state designated Level IV Trauma Center and employs approximately 185 people. The hospital is part of the local health system which also includes Wedgewood Manor and ClinicCare. Locally available services include: acute care, care coordination, inpatient and ambulatory surgery, cardiac rehabilitation, lab, physical therapy, chemotherapy, long term care, outpatient care, diabetes education center, rehabilitative services, radiology, and sleep apnea testing.

The history of Pembina County Memorial Hospital dates back to the summer of 1945 when a group of area residents met to discuss the ways they might honor the veterans of World Wars l and ll. The suffering, the devastation, and the loss of untold numbers of human lives – all products of armed conflicts – was still fresh on the minds of many; therefore, it was only natural and fitting that the group settled on building a "living" memorial. That memorial would be in the form of a county hospital. It would be a place of healing, a perfect tribute to the veterans of

World Wars l and ll. A planning committee, including representatives from each of the county's townships, was formed and the project was set in motion. Given its central location, Cavalier was selected as the site of the facility, and in 1952, ground breaking took place. In 1953 Pembina County Memorial Hospital opened its doors to the public. Today, Pembina County Memorial Hospital and Wedgewood Manor have significant economic impact. Its primary impact to the county is $4,126,946 and its secondary impact is $2,063,473 for a total impact of $6,190,419 annually. (Note: Figures based on the impact of jobs and expenditures generated by the hospital within the community was estimated using payroll information and an economic multiplier of 1.5.)

Service Area - Pembina County

Pembina County is the state's oldest county and Cavalier, North Dakota is the county seat, located 80 miles north of Grand Forks and 16 miles from the Canadian border. Pembina County Memorial Hospital serves the entire county and identifies its service area as the towns of Cavalier, Hamilton, Crystal, Hoople, St. Thomas, Mountain, Walhalla, Pembina, Bathgate, Edinburg, Gardar, Neche and Hensel.



The county population based on the 2000 census was 8,585 with 1,354 residents living in Cavalier. A more detailed description of the county's population explains that 1,337 (16.7%) of individuals live with a disability, 95% are Caucasian, 1.4% American Indian, 32% are high school graduates, 16% have a bachelor's degree or higher, 7.4% of families are living below the poverty level, and 22% are 65 years old and over. The median age was 41.6 in 2000 compared

to 36.2 for North Dakota. The county is 1,118 square miles, with a three square mile water area and has 7.7 persons per square mile thereby defined as a rural county.

The median household income was $36,430 in 2008 with industries providing employment as follows:

- Education, health and social services – 18.5%
- Agriculture, forestry, fishing, hunting, mining – 15.9%
- Manufacturing – 15.8%
- Retail trade – 11.9%

Health Conditions – Pembina County (secondary data)

A variety of sources were reviewed in order to inform this assessment. The North Dakota Department of Health's community health profile for Pembina County is included as Attachment A. The profile features comparative data between Pembina County and North Dakota. Additional information from the Center for Disease Control (2008) and the National Survey of Children's Health Data Resource Center follows.

- The estimated percentage of adults diagnosed with diabetes in Pembina County (after being adjusted for age) was 7.1% which is higher than in surrounding counties (Cavalier and Walsh).
- The estimated percentage of adults diagnosed as obese (after being adjusted for age) was 29.3% which is higher than in both of the surrounding counties.
- The estimated percentage of adults that are physically inactive is 24.8%. Figures are based on individuals that report no physical activity or exercise other than their regular job.

Examining the aforementioned statistics together demonstrates their interrelatedness. The CDC explains that physical inactivity can lead to obesity and type 2 diabetes while physical activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles, and improve mental health.

Information related to adult alcohol use risk factors is available by region. The Northeast region of North Dakota is defined as including four counties, namely Pembina, Grand Forks, Nelson and Walsh.

- The binge drinking rate (defined as five or more drinks on one or more occasions during the past 30 days) for the Northeast region is 23.7% (1997-2003 data) compared to the statewide rate of 20.7%.
    - Those most at risk based on statewide data include males, ages 18-34, uninsured, the American Indian population and those employed in farming, sales, ranching and food/drink service.

- The rate of heavy drinking (defined as an average of more than two drinks per day for males or more than one drink per day for females, during the past 30 days) for the Northeast region is 5.6% (2001-2003 data) compared to the statewide rate of 5.2%.
    - Those most at risk based on statewide data include males, ages 18-24, uninsured, the American Indian population, and those employed in farming, ranching, and food/drink service.

Statewide data related to children's health from the National Survey of Children's Health Data Resource Center indicated the following:

- 91.6% of children currently insured (compared to 90.9% nationally)
- 78.9% of children who have had a preventive medical visit in the past year (compared to 88.5% nationally)
- 77.2% of children who have had a preventive dental visit in the past year (compared to 78.4% nationally)
- 17.6% of children age 10 months to five years who received a standardized screening for developmental or behavioral problems (compared to 19.5% nationally)
- 11.4% of children aged 2-17 years have one or more emotional, behavioral or developmental conditions (compared to 11.3% nationally)

Assessment Methodology

A community assessment tool was developed in 2010 by the Center for Rural Health at The University of North Dakota School of Medicine and Health Sciences through its Medicare Rural Hospital Flexibility (Flex) Program. Targeted users of the survey are critical access hospitals. The survey tool is designed to:

- meet individual hospital needs and may be further customized upon request
- understand community awareness of services provided by the local health system
- understand whether consumers are utilizing local services
- solicit the need for additional/different services
- solicit suggestions to improve the overall delivery of health care at the community level

Three versions of the survey tool were utilized for different audiences (each is made available online and hard copy), namely 1) health care consumers, 2) community leaders, and 3) health care professionals. Copies are included in Attachment B.

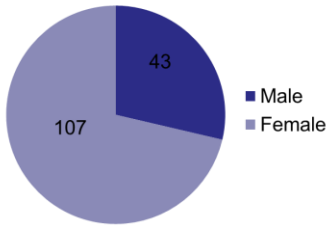
The Center for Rural Health in the past administered such surveys via mail however accurate rural addresses have become difficult to obtain, people in general seem to be less inclined to take time to complete surveys by mail, and accessing e-mail addresses for residents in general was not feasible. As such other methods were used to administer the community needs assessment survey. **First**, surveys were given to patients of the clinic and hospital through the months of January and February 2011. Surveys included a postage-paid return envelope for return to the UND Center for Rural Health ensuring confidentiality. A total of 66 surveys were returned.

Second, the survey was made available via the Internet and the link to access the survey was marketed throughout the community. The local chamber of commerce featured the link in its newsletter and posted it on its website; the local grocery store inserted bookmarks that included PCMH's logo and the survey link; flyers were distributed throughout the community advertising the opportunity and the link; and community leaders were asked to distribute the survey within their 'circles' to encourage participation. **Third**, PCMH was asked to provide the UND Center for Rural Health with a list of community leaders representing all sectors of the community; i.e. business, faith, education, health care, agriculture. A total of 19 community leaders were identified and contacted by the UND Center for Rural Health. Each was asked to participate in an individual interview and/or to complete the survey and to help distribute additional surveys if they wished. **Lastly**, all staff employed by PCMH were provided a survey (shortened version) and asked to reflect on what patients tell them about the care provided. A total of 65 PCMH staff surveys were returned. **Overall**, a total of 150 responses were received, the results of which are used to inform this report.

Demographics

Overall the 150 respondents represented a broad set of demographics, including age, gender, household income, and years lived in the service area. More females responded (N=107) and ages ranged from 19 to 87 years (mean = 61 years; median = 62 years).

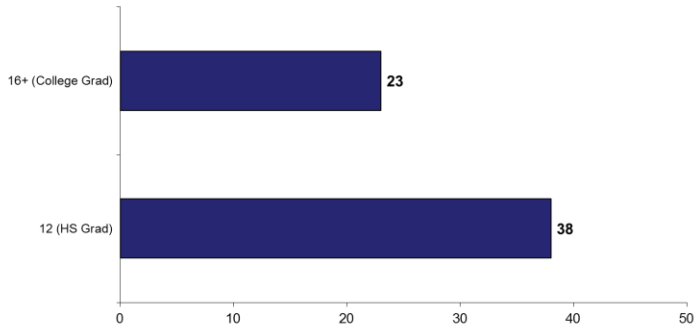
Figure 1: Gender of Respondents



Analysis of respondents' residential tenure indicated the majority were long-time residents of the area (mean = 44 years; median = 41 years), with several having spent their entire lives in the region.

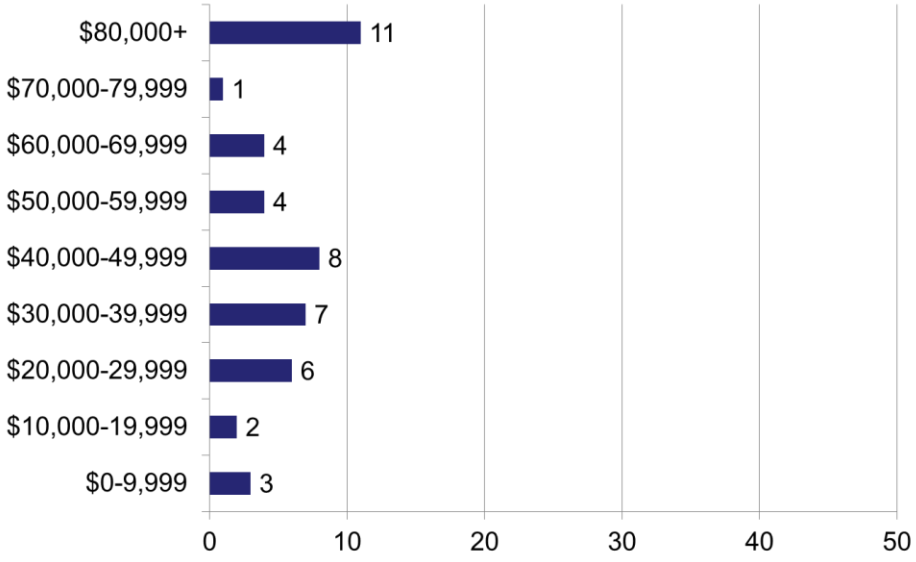
Almost all respondents' (93%) had an educational level of at least a high school diploma, with "high school graduate" being the most cited (N=38) level of education followed by "four year degree" (N=23).

Figure 2: Educational Level of Respondents



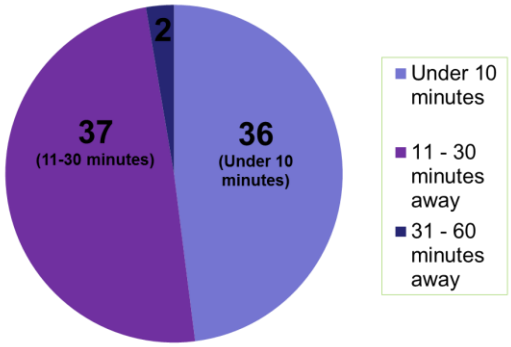
The annual household income varied across all categories which ranged from $9,999 and under to $80,000 and over. Respondents were mostly married (N=60).

Figure 3: Respondents' Annual Household Income



Consumer respondents participated from a varied geographic area including those residing less than ten minutes from Pembina County Memorial Hospital (N=36); 11-30 minutes away (N=37); and 31-60 minutes (N=2).

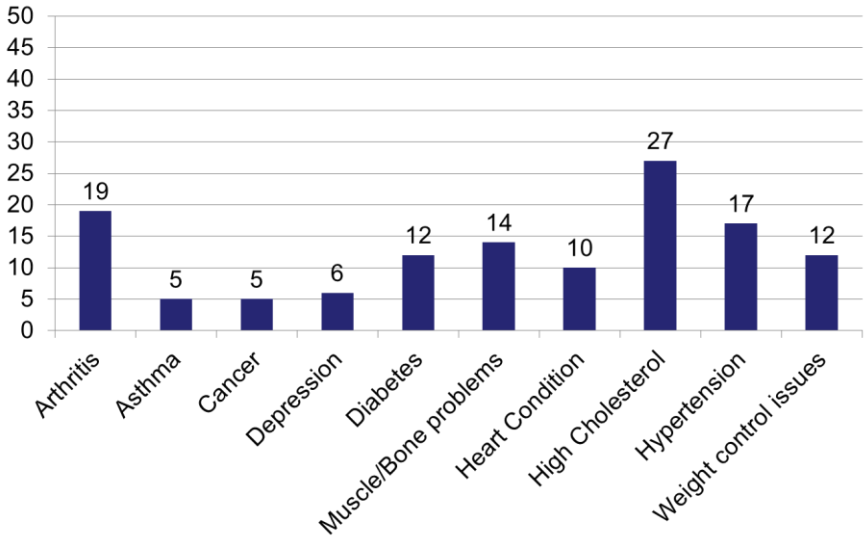
Figure 4: Respondent Travel Time to PCMH



Health Status and Access

Consumer respondents identified themselves as having general health conditions including arthritis (N=19); asthma (N=5); cancer (N=5); depression (N=6); diabetes (N=12); muscle/bone problems (N=14); heart condition (N=10); high cholesterol (N=27); hypertension (N=17) and weight control issues (N=12). Of the 63 consumer respondents, 13 reported no current health conditions; 12 reported having one health condition; and 36 respondents reported having two or more current health conditions.

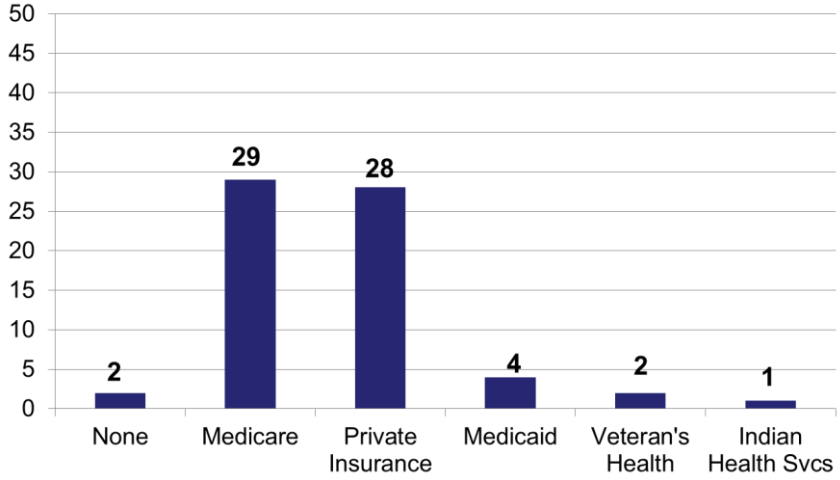
5: Respondent Self-Reported Health Status



When asked whether they had accessed local health care in the last three years the majority had. Of the 63 consumer respondents 26 had utilized the emergency room in the last year and another 15 had in the past one to three years. Fifty-seven respondents had accessed the clinic in the last year, 23 had used the hospital in the past year, and another 22 in the past one to three years. Respondents were also asked about their use of non-local health care. Six respondents had utilized a non-local emergency room in the past year; eight had utilized a non-local hospital in the past year; and 22 had accessed a non-local clinic in the past year.

Health insurance status is often associated with whether people have access to health care. Two consumer respondents indicated that they did not have insurance with the remainder having some form of insurance. The most referenced insurance types were Medicare (N=29) and private insurance (N=28). Medicaid was identified by four respondents, veteran's health by two and Indian Health Services by one respondent.

Figure 6: Respondents' Insurance Status

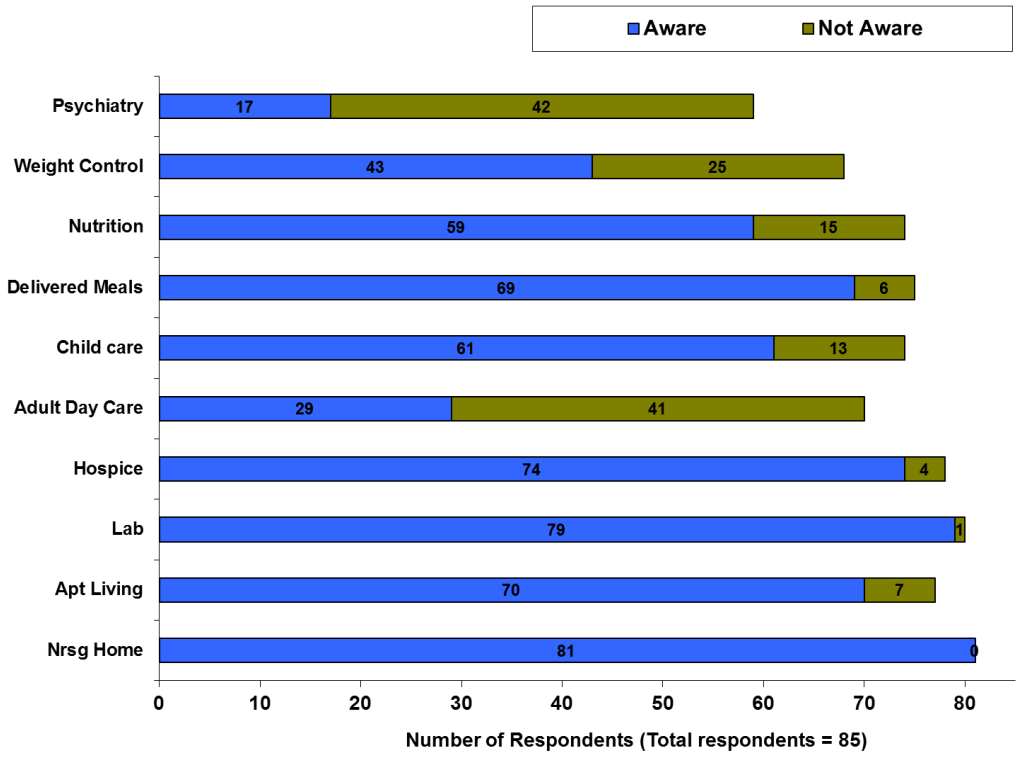


Awareness of Services

Community leaders and community members (health care consumers) were asked if they were aware of locally available services. A total of 85 surveys were returned. The following figures explain the results, which indicate that awareness of local services is overall good. The following services, based on the Center for Rural Health's interpretation of the results, warrant attention to improve local awareness:

- adult day care
- weight control
- nutrition counseling
- psychiatric care
- post natal care
- laproscopic surgery
- cardiac rehab
- cardio stress testing
- MRI
- hearing tests
- speech therapy
- sleep studies
- chemotherapy

Figure 7: Respondent Awareness of Locally Available Services (1 of 4)



Note: The number of respondents is reported instead of the percentage because percentages can be misleading with smaller numbers.

Figure 8: Respondent Awareness of Locally Available Services (2 of 4)

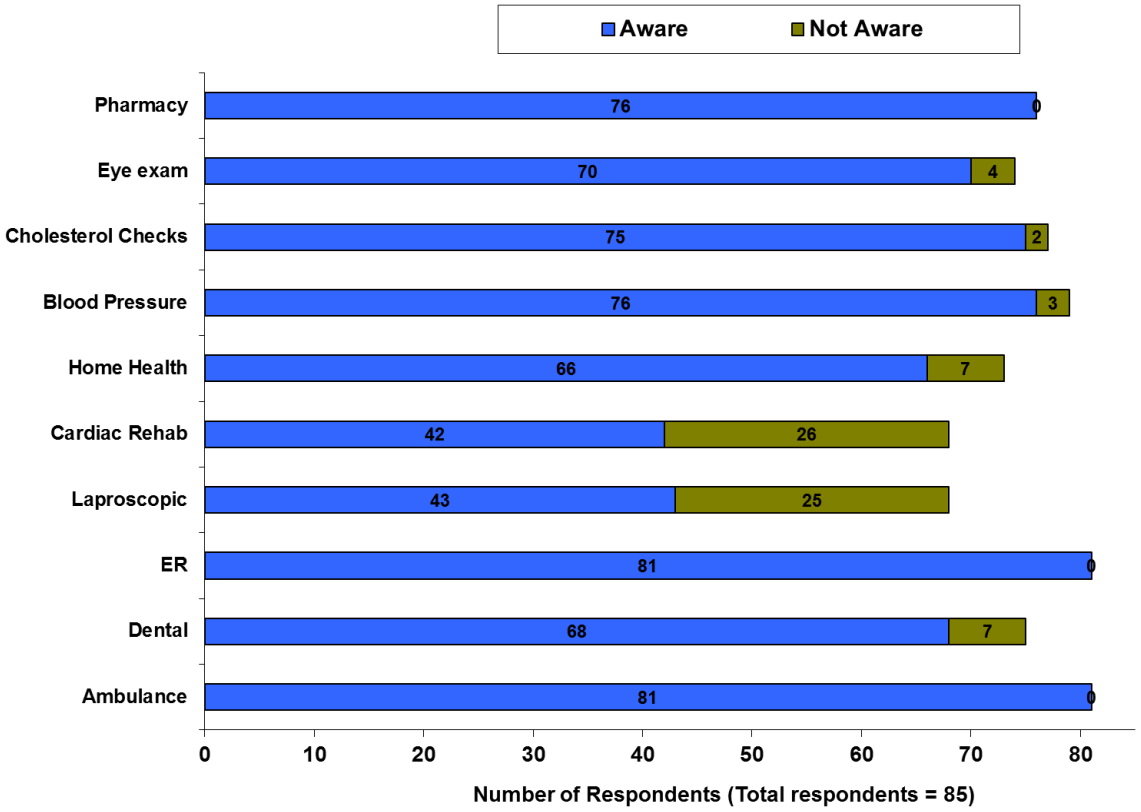


Figure 9: Respondent Awareness of Locally Available Services (3 of 4)

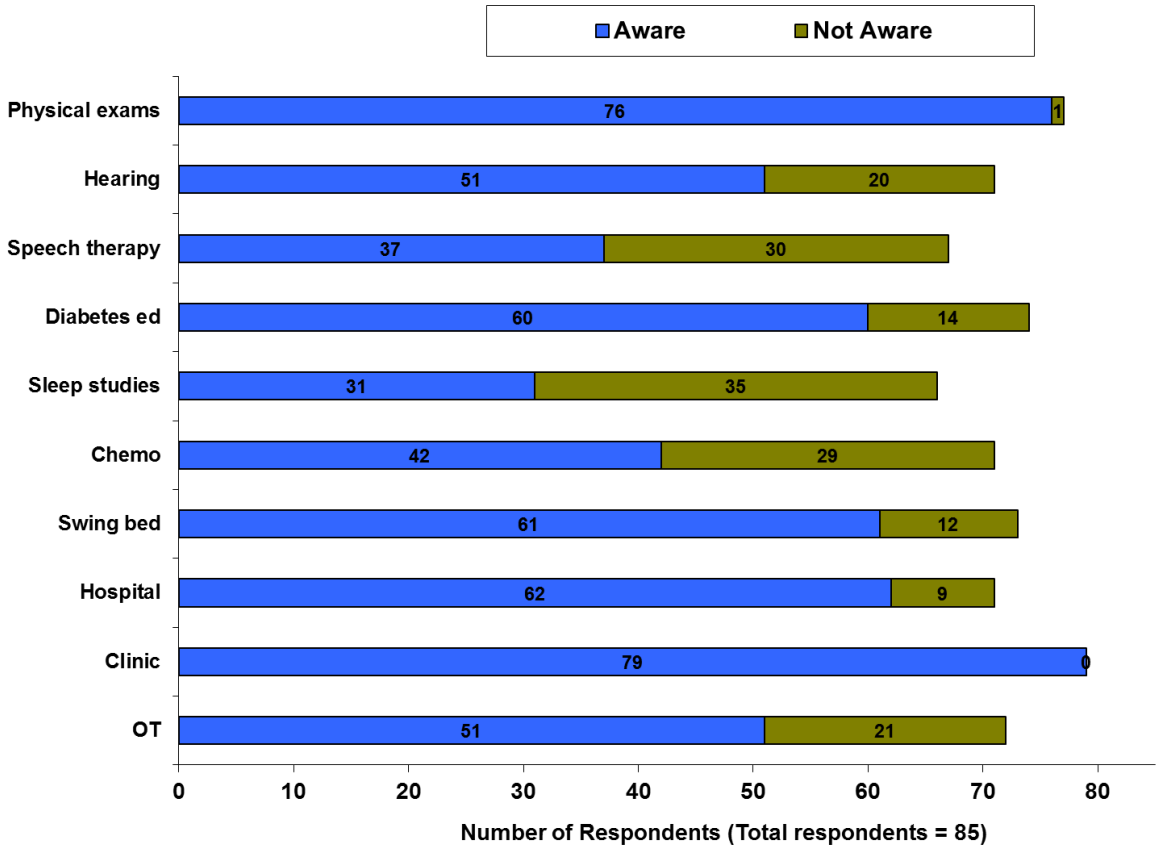
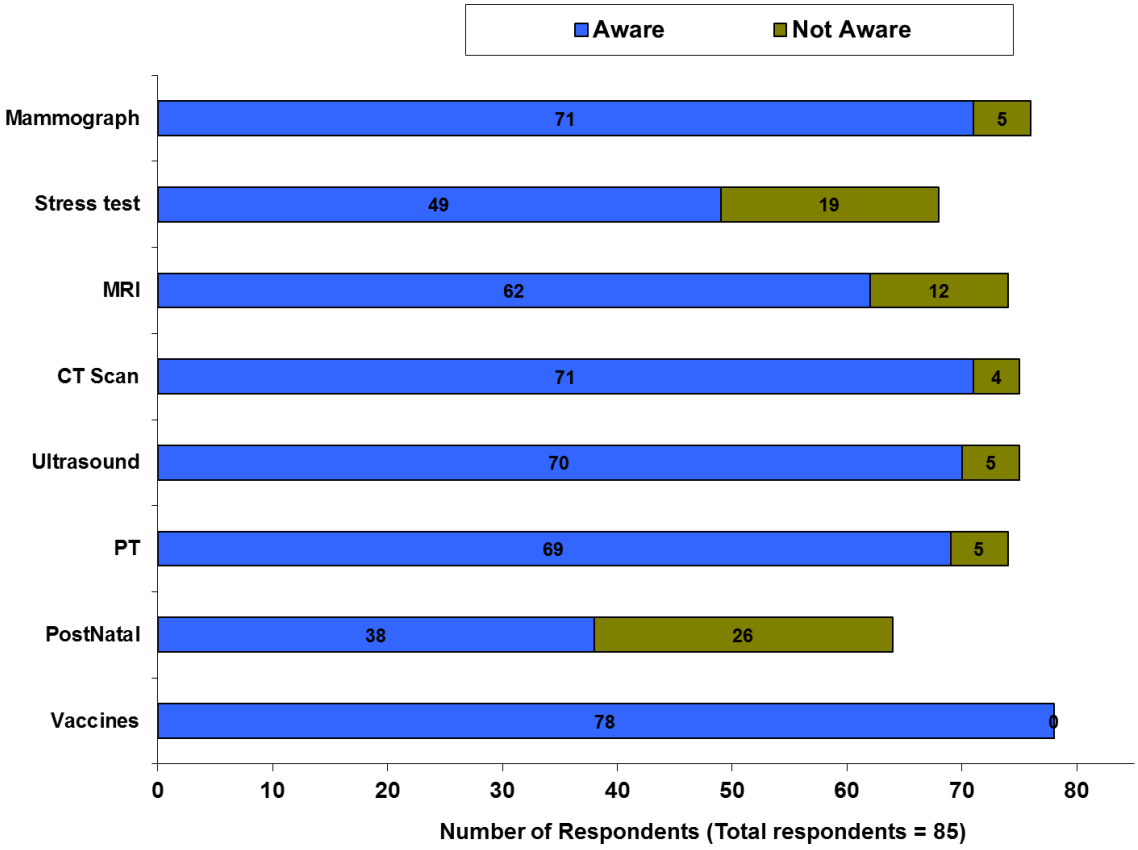


Figure 10: Respondent Awareness of Locally Available Services (4 of 4)



Health Service Use and Needs

Community leaders and community members (health care consumers) were asked to review a list of locally available services and indicate whether they have used those services either locally or non-locally. Two locally available services where there appears to be market share loss are eye and dental care. Further analysis by the local health system may reveal concerns or opportunities for other targeted marketing efforts.

Figure 11: Respondent Use of Locally Available Services (1 of 4)

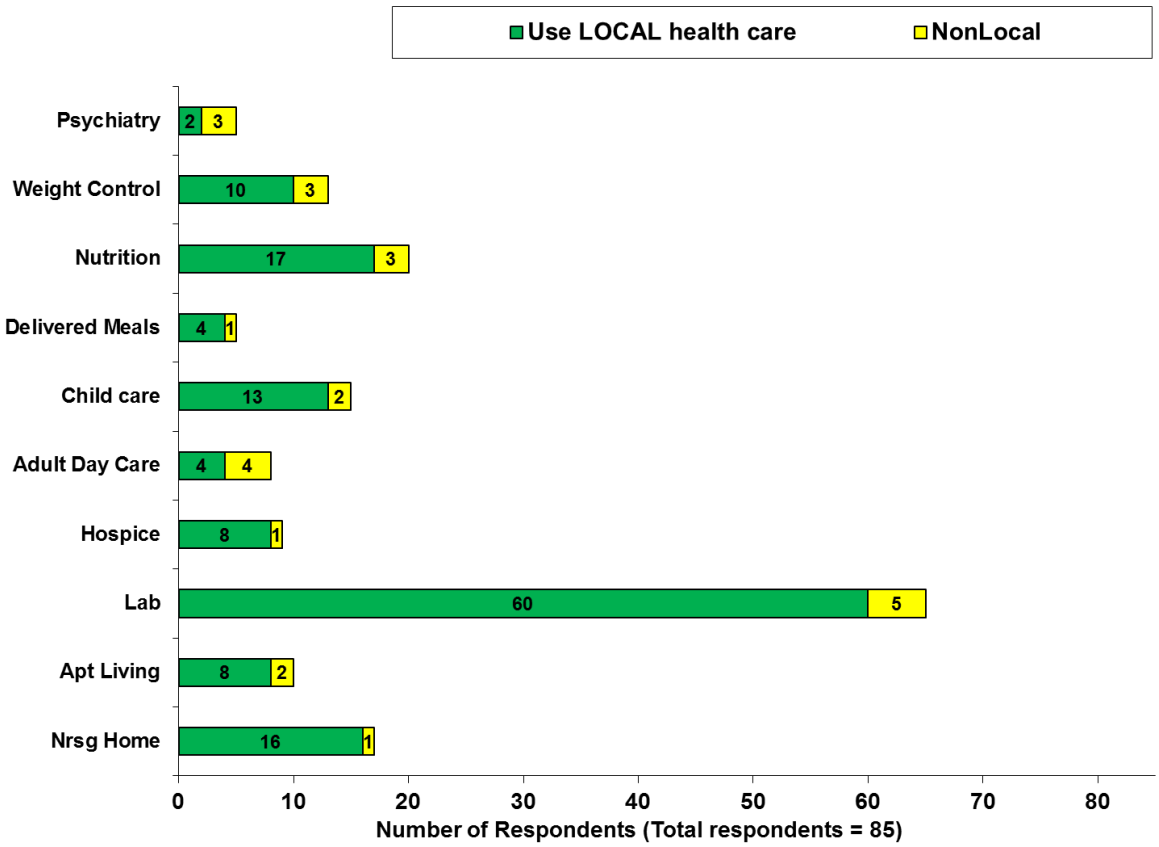


Figure 12: Respondent Use of Locally Available Services (2 of 4)

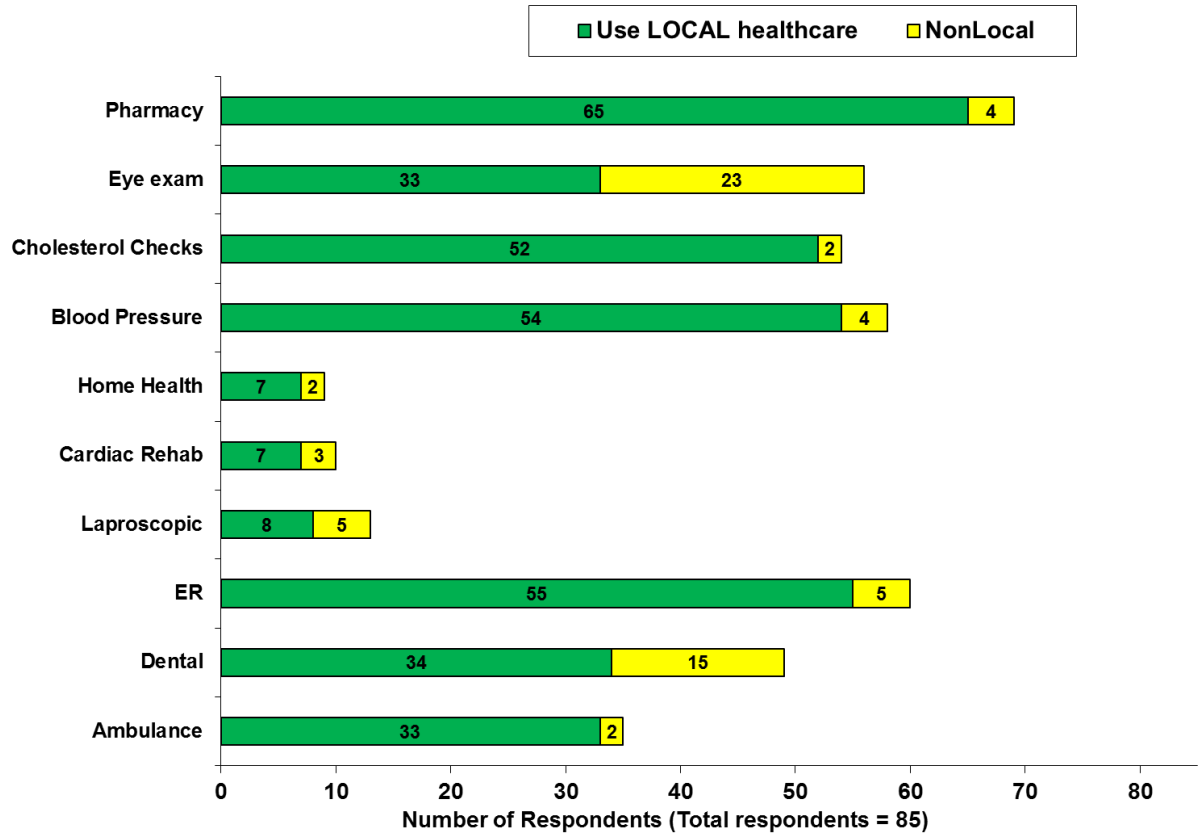


Figure 13: Respondent Use of Locally Available Services (3 of 4)

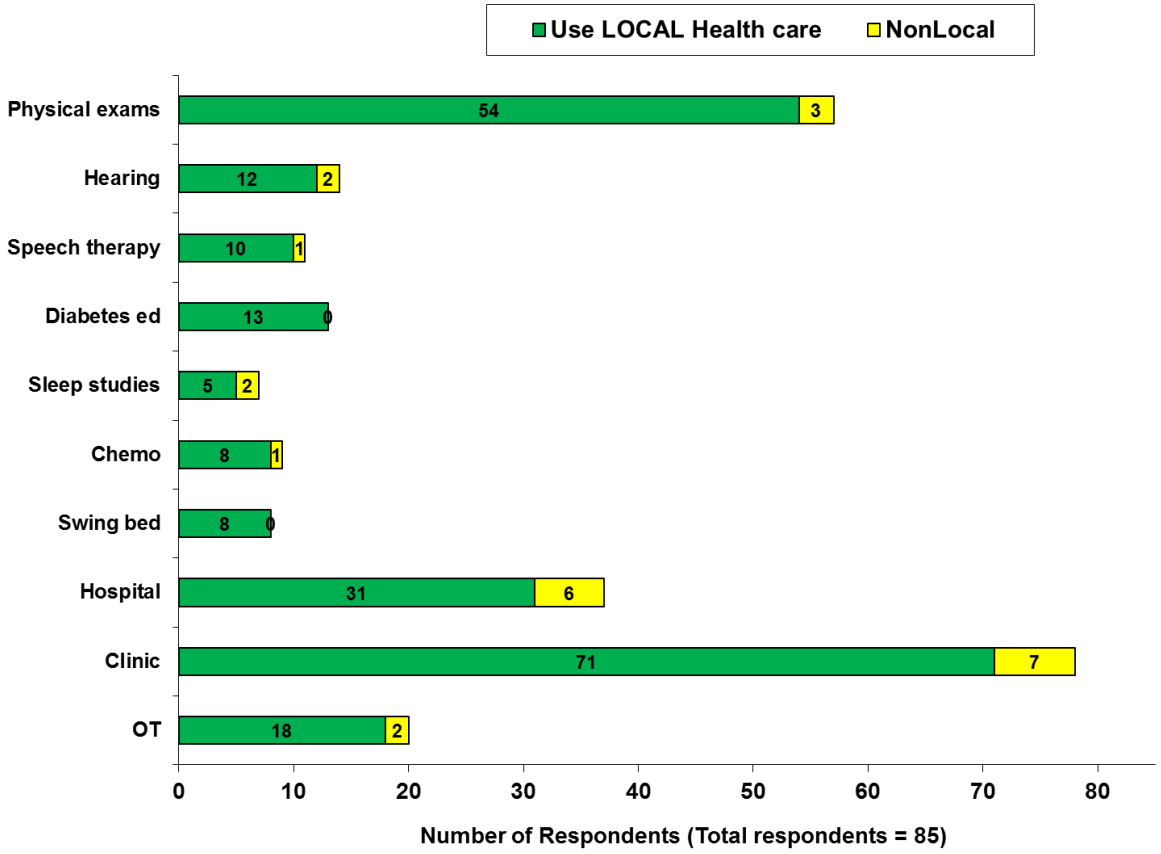
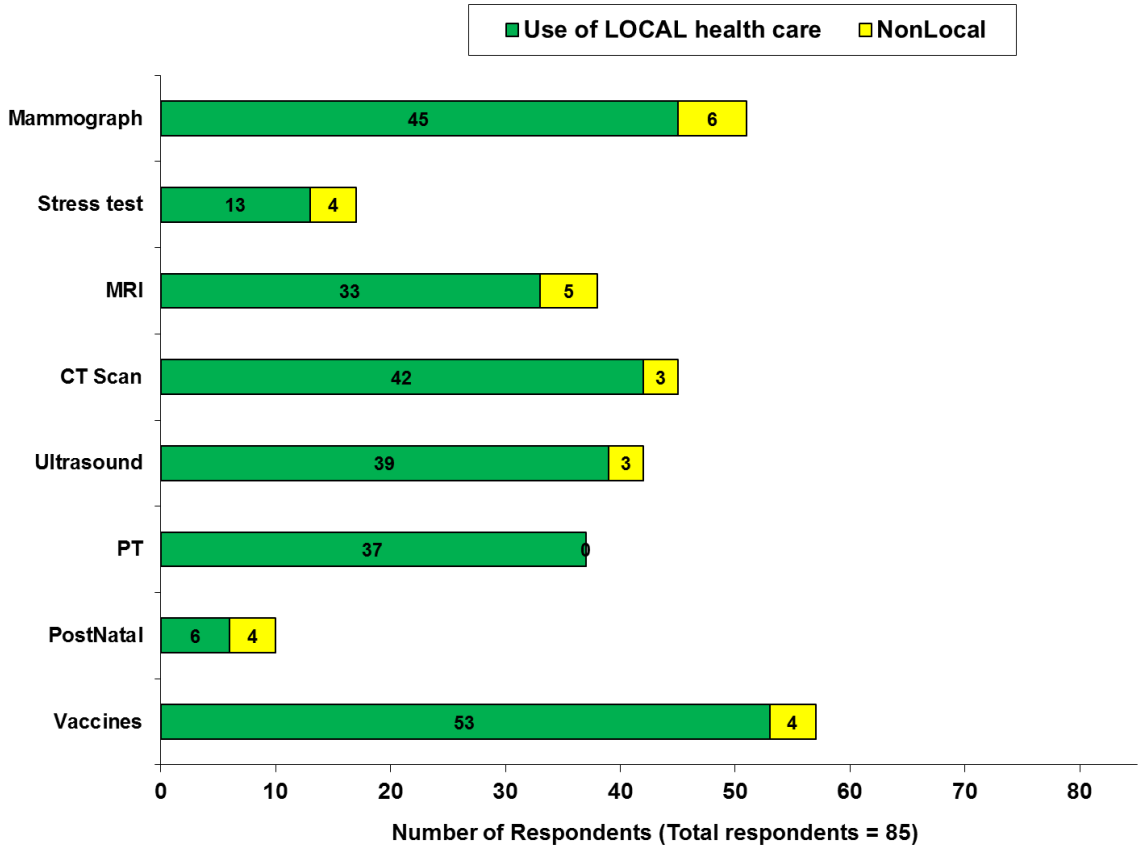


Figure 14: Respondent Use of Locally Available Services (4 of 4)



Respondents were asked for their suggestions of service gaps or areas they would like to see available locally. The following is a list of services followed by the number of respondents that identified each. [*Note*: responses were entered into an open field from an open ended question.]

Consumer Suggestions	**Staff Suggestions**
• More full time doctors (6) • Assisted living facilities for the elderly (5) • More access to specialists (4) • Dialysis (3) • Collaboration (combining) of the two clinics; need to work better with other health providers! I feel all doctors should operate under the same facility (3) • Another dentist but can the town support more? I still use a small town dentist, just not in Cavalier (2) • Surgeon • OB • Think about the future need for eye doctor • Collaboration as a community around prevention (physical exercise and diet) • volunteers - health talks - toenails • Transportation so I can get to Grand Forks to see my specialist • Better quality control for immunizing • Mental health services	• Another doctor (7) • More services for pre-natal/deliveries (6) • More assisted living accommodations (6) • Specialists (5) • Another grocery store, tourism attractions, factory or industrial jobs, bakery (2) • More female physicians/PA/nurse practitioners (2) • Telehealth for dermatology &basic psych care • Services for cancer patients • Good doctors • More doctor coverage • Keep chemo tx • Better wages • Better pay for nurses • Hospital chiropractic services along with physical therapy. • Housing • Homecare • Transportation • Dialysis • Child care

Both consumers and staff listed the top need for services as doctors (both primary care and specialists) followed by more housing options through assisted living.

Consumers and community leaders were asked why they use local health care (if applicable) and non-local health care. The following results indicate local health care is used for a number of reasons including convenience and proximity and there is trust with "people I know" providing care. Use of non-local health care, resulting in residents leaving the Cavalier area to receive care, was due to the need for specialty care. No other reasons of significance were noted.

Figure 15: Reasons Respondents Use Care - Local and Non Local (1 of 2)

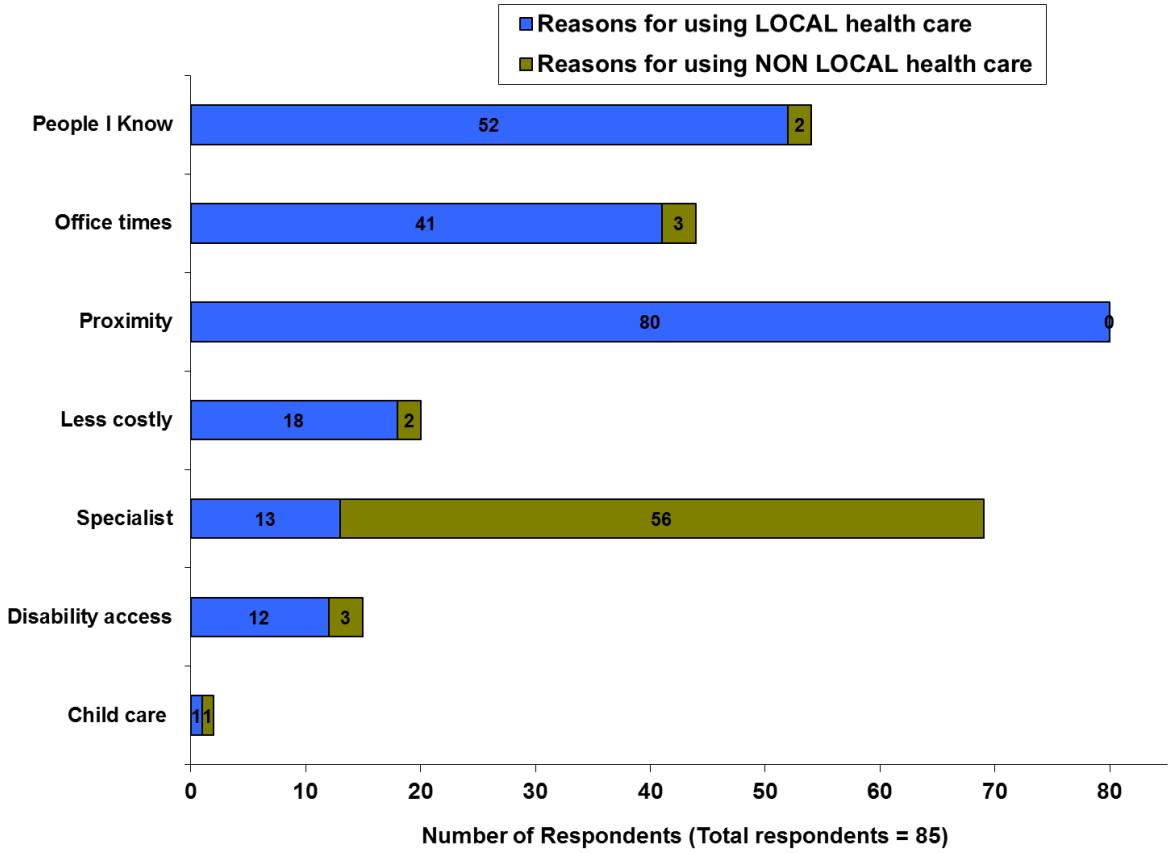
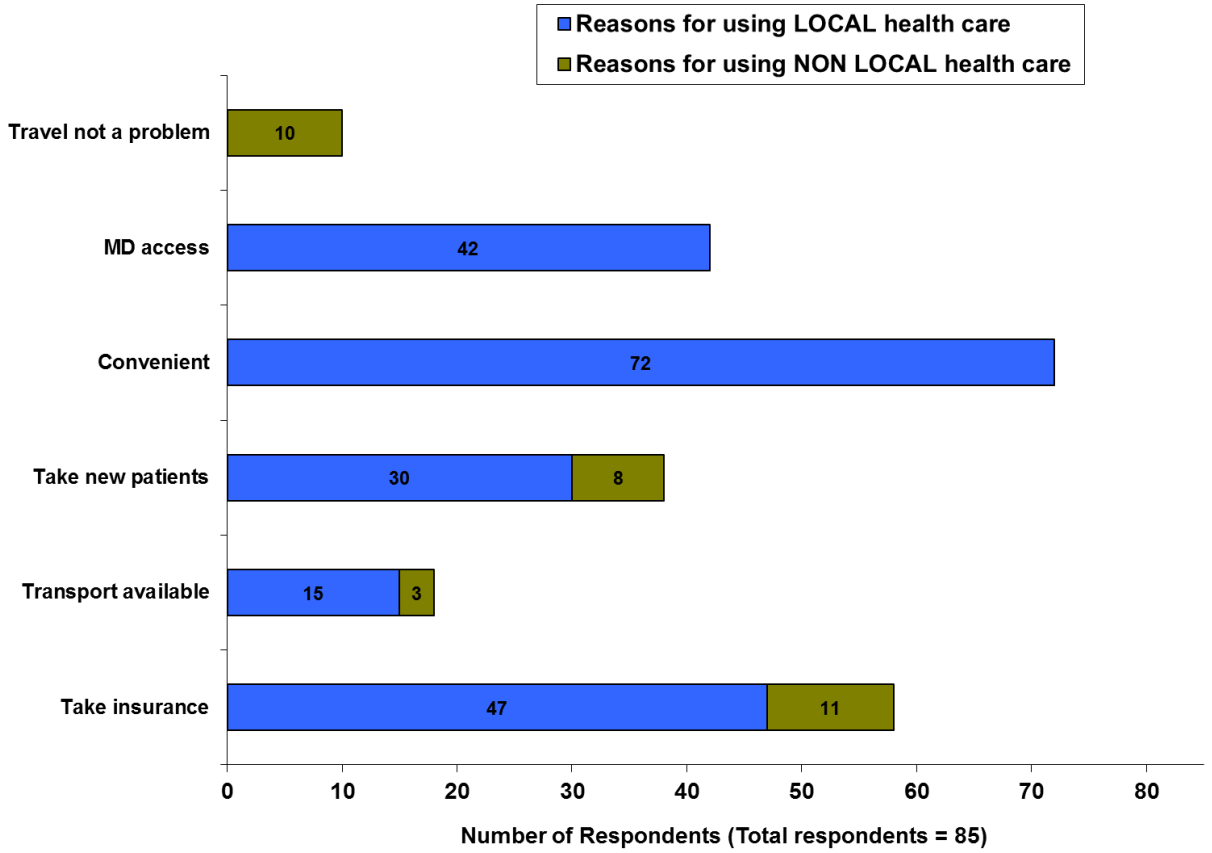


Figure 16: Reasons Respondents Use Care - Local and NonLocal (2 or 2)



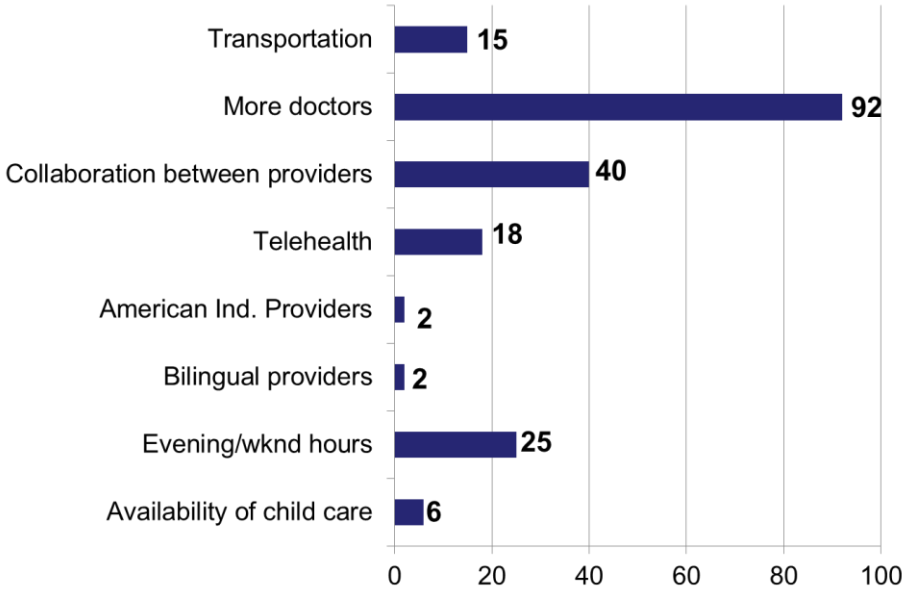
Respondents were given the opportunity to add other reasons for using local health care and the following was shared by consumers:

- High quality professional care
- Very good care
- They are accommodating
- It is vital to the community – most important reason!
- Our hospital is a blessing to have in our area.
- Good care
- Very friendly
- Good care
- Excellent service
- They respect patients
- The friendliness

- I feel like a family when I come there

All respondent groups (staff, consumers and community leaders) were asked what would help to remove barriers that may be affecting their use of local health services.

Figure 17: Areas that Would Help Remove Barriers to Access Health Care



A significant majority of respondents identified their perception of needing more doctors in order to address barriers to the community utilizing local health care. A significant number also identified the opportunity to improve collaboration between competing health providers indicating that this serves as a barrier to the local community. Lastly, increasing availability of health care by having evening and weekend hours may improve access and use of local services. Respondents were given the opportunity to add "other barriers" and the following individual responses were shared by consumers:

- Senior care
- FAA physicals
- OB – weather is a significant concern
- Confidentiality – people talk in town about procedures that others have had if they were in the ambulance
- Pre-natal, nursery, ob/gyn
- Caregiver relief or center
- Specialists

- Pediatricians
- Assisted living facility
- Better dentist
- More doctor choices
- Doctors that know what's what
- Lower cost
- Get Altru out of town
- A provider that listens to patients
- Doctors being able to spend more time with patients

Community and Staff Concerns

Respondents were asked to review a list of potential concerns/conditions and indicate whether each was a concern for them now, at the present time, and/or into the future (two to five years).

Figure 18: Community and Staff Concerns (1 of 2)

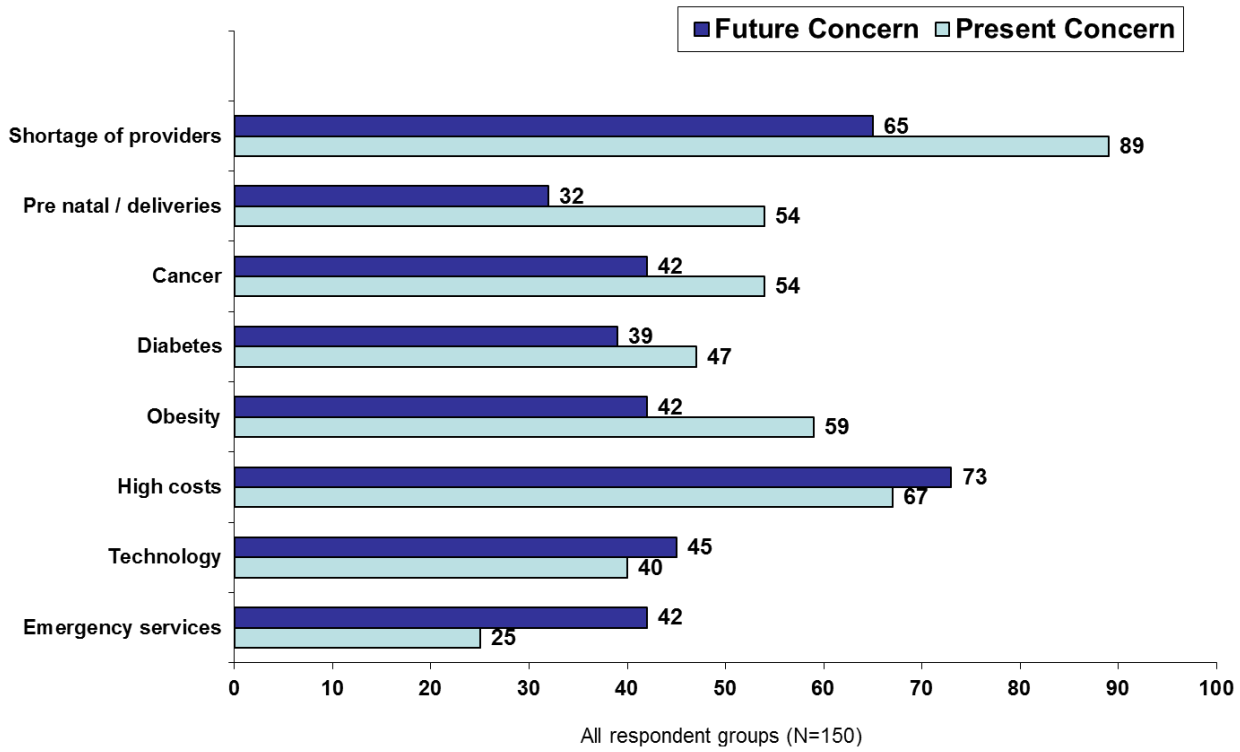
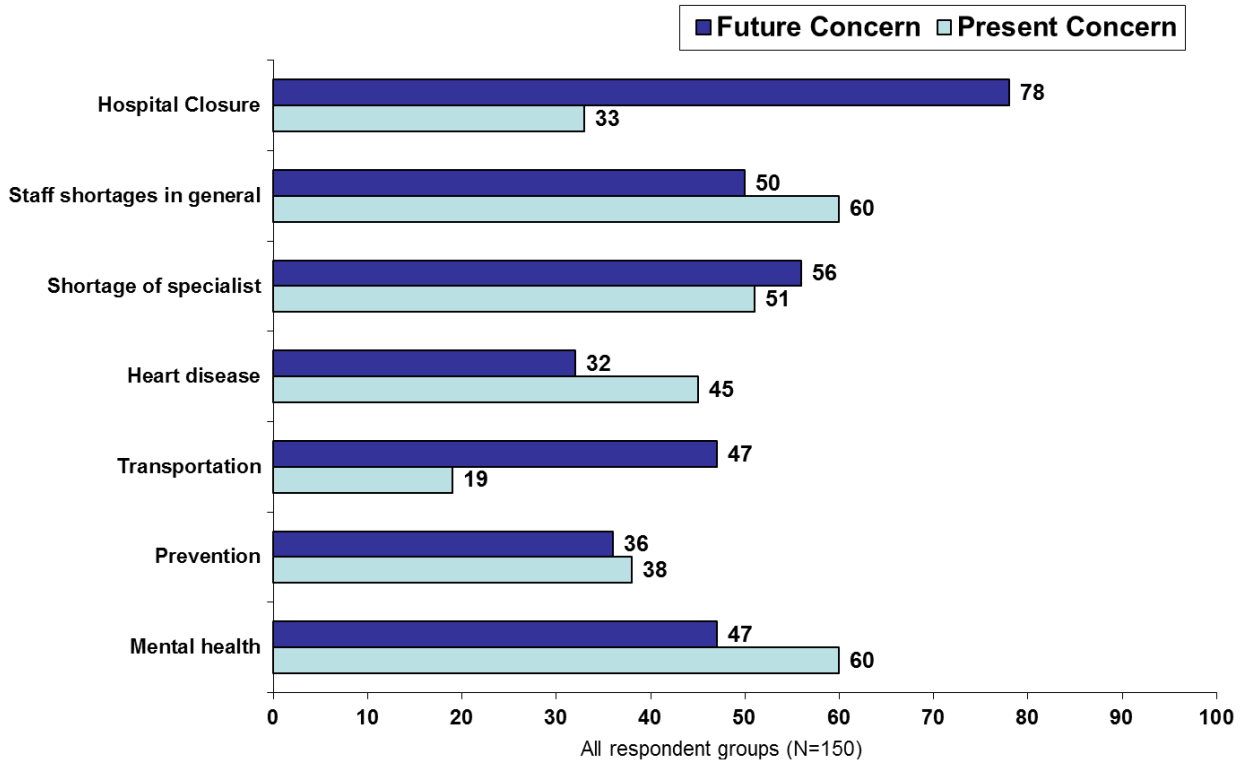


Figure 19: Community and Staff Concerns (2 of 2)



Respondents were given the opportunity to identify additional concerns not listed in the table.

The following are other concerns expressed:

- Attracting and affording good health care professionals
- Nursing home costs
- Clinic closure in Walhalla
- Two to five years - shortage of nurses
- Insurance coverage
- Clinic closure
- New health care costs and reimbursements.
- Confidentiality is a concern; people seem to know what procedures people have had or if they've been in the ambulance. Staff/providers/board members should not contribute to the conversation. It is disturbing to people to think that if they use local health care others will know about it.

Priority Consumer Concerns
Community members/consumers were asked to prioritize one concern and explain their rationale. Three themes emerged namely, hospital closure, shortage of physicians, and the cost of health care. The following is a summary of each area.

1. **Hospital Closure**

Fourteen respondents said their most pressing concern was the possibility the hospital could close. Comments included:

- We really need to keep our hospital open.
- Pembina County needs a hospital and a clinic, we cannot have a hospital closure!!
- The hospital must maintain financial viability (we have an aging population).
- Hospital closure – I don't feel that care in the larger hospitals are giving the personal care that smaller facilities give.
- Keeping the local hospital/clinic viable and open – very important to the community.

Hospital closure was a recurring theme discussed with community leaders through key informant interviews. Community leaders confirmed rumors are evident and people are worried about the hospital closing. One community member said people's concern began when the surgeon left as people equate a hospital with having a surgeon. Another said that the community would support a mill levy if needed to sustain the hospital.

2. **Physician Shortages**

Thirteen respondents identified physician shortages as their most pressing concern. Comments included:

- The possibility of being unable to attract doctors to a small rural community.
- Shortage of doctors, we need doctors that are willing to become a part of our community and have a sense of ownership in the community.
- Shortage of providers – because of new health plan.
- Another doctor that takes call.
- More doctor choice.
- Shortage of health care providers, they are stretched to their limit now.
- They need some new, younger doctors to support Cavalier.

- In the ER we only have one doctor. He will burn himself out if we don't find another doctor to help him out.
- Our town should be able to support more doctors. Now patients are sent to Grand Forks.
- Increasing difficulty to get clinic appointments on day of call due to decreased number of providers available.

- Six respondents identified shortage of specialists it their top concern, three of which identified the need for pre-natal and delivery care and mental health.

3. Cost of Health Care

Five respondents explained cost of health care was their largest concern.

Comments included:

- Higher costs, the people that are paying for insurance now, will be the ones paying for the 30 million more to be covered by Obama's Health Care; Cost- health care costs continue to rise.
- The costs of nursing home care – people are living longer and will experience more physical and mental diseases.
- Cost- people avoid going to the doctors because of cost.
- Costs- I do not have insurance.

4. Other Concerns

Two respondents identified the need for health care staff in general.

Two respondents identified the lack of collaboration as their top concern. Comments included:

- To work or have better relations with other local care facilities. This hospital has never been one to work well with other health care facilities.
- Let's work together regionally. One small hospital could have OB, another have mental health, etc. Urban facilities okay to partner with – we need to be efficient with health care.

Priority Staff Concerns

Pembina County Memorial Hospital employees were asked to prioritize one concern and explain their rationale. Two themes emerged and mirrored the concerns of community members namely, hospital closure and shortage of physicians. The following is a summary of each area.

1. **Hospital Closure**

Nineteen staff identified hospital closure as their largest concern. Comments included:

- Hospital closure – I feel the small town hospitals are forced to transfer people out for further care. So if I had to choose I would just go to Grand Forks in the first place.
- Hospital closure – from possibility of not getting admissions from clinics, lack of choices for physicians, cost/reimbursement issues, amount of health care staff to adequately care for patients.
- Hospital closure. I need this job and the community needs this hospital.
- Hospital closure due to the shortage of supporting physicians.
- The hospital closing- overall county disaster- not only for health care but for economy as well.
- PCMH has been struggling financially and I feel that PCMH may not be here in years to come unless someone takes over the facility.
- If the hospital was to close it would really hurt the community and patients would have to travel further for care.
- If the hospital closes the nearest medical services would be too far away.
- Hospital closure – I think it could be a real possibility and we need to keep our services.
- Hospital closure, because if there is no hospital there is no ER and it's a long ways to Grand Forks when you're having a heart attack.
- Hospital and clinic closure. Both provide necessary services for the community.
- The need for local people to know what out hospital has and to use it. Altru Clinic to stop sabotaging the local hospitals business.
- Hospital closure due to not enough health care staff. We need a close hospital.
- Hospital closure. It would make a lot of people lose their jobs and patients would have to travel long distances to see a doctor.
- Hospital closure because the hospital and nursing home are one so I'm afraid if one closes the other will to.
- Afraid the hospital will close if taken over by a bigger facility and the community really relies on the hospital.

- To keep good health care local so you don't have to travel so far for general check-ups.

2. **Physician shortages**

Eighteen staff identified the need for more doctors as their priority. Comments included:

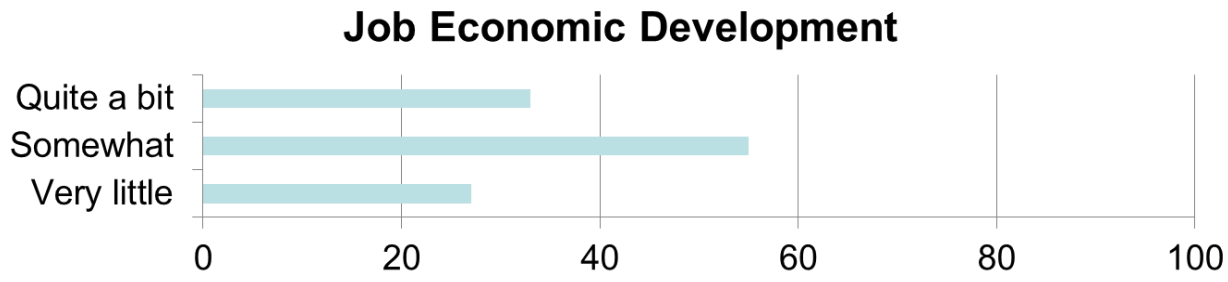
- We need more doctors. Not enough and that makes it hard for patients to get in.
- We need a choice in healthcare providers. Dr. Sumra works too much to be at the top of his game.
- Doctor coverage. People tend to seek out other doctors if they do not care for the physicians offered in rural communities.
- We have had a loss of providers and the community is used to choice. Now that that is no longer an option people will go elsewhere.
- Greater female choice.

3. Other Concerns

- Three staff identified cost of healthcare as a priority concern.
- Three staff identified nursing shortages as a priority concern.
- Two staff identified offering a competitive salary as a priority concern.
- Prevention and education. A lot of health care is retroactive instead of proactive.
- Diabetes. The other health effects it has and how many people it is going to affect!

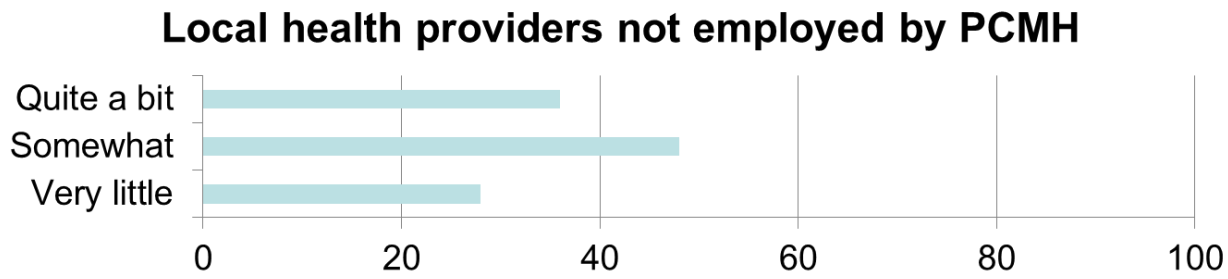
Collaboration

The degree to which collaboration between the local health system and other local entities, such as job/economic development, would help the local hospital was asked. The results explain that respondents see opportunities for local collaboration across all areas. Individual interviews held with community leaders provided more insight to collaboration. Comments are shared below and correspond with the five areas that were questioned above.



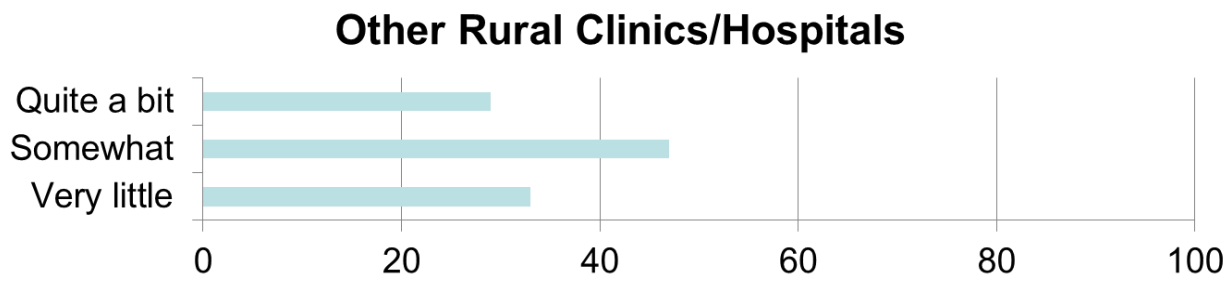
Job/economic development – collaboration:

- No specific comments shared were regarding this area of collaboration.



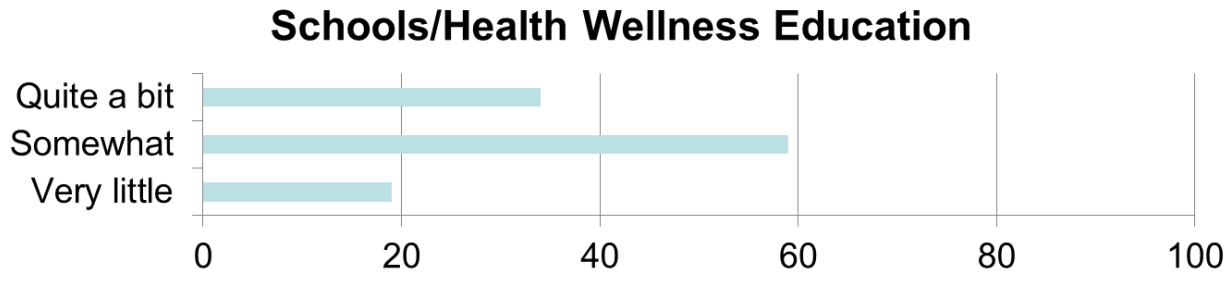
Local health providers (not employed by the hospital) – collaboration:

- "Some people are very loyal to Dr. Larson even though there was a quality of care issue. He doesn't refer to local hospital and that is a concern too."



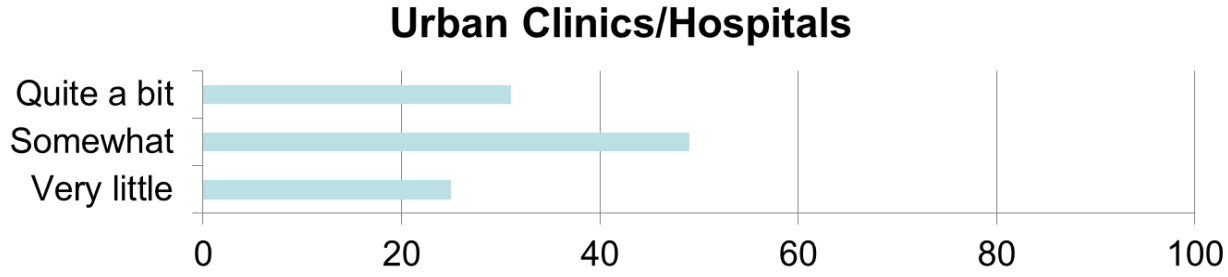
Other rural clinics/hospitals – collaboration:

- "An example of good collaboration: Langdon refers to Cavalier for chemotherapy" and "PCMH shares a CEO with Grafton."



Schools/health wellness education – collaboration:

- "The local facility works well with the local schools. It provides job shadowing opportunities for students and also employs them."
- "Our school has formed a committee (some time ago) to develop a major building project around wellness; health care representation has been requested and no one attends."
- "Would like to see the school and health care work together and have the hospital contribute with grants, etc."



Urban clinics /hospitals - collaboration

- "The number one priority is sustainability of local health – we need to think regionally."
- "Improvement could be made for collaboration between the two clinics."

- "Is it difficult for the clinics to collaborate because medical records between the clinic and hospital aren't available?"
- "People have loyalty to specific doctors, doesn't matter if they are associated with PCMH or Altru. "
- "Some people bypass Grand Forks and go to Fargo (I've heard they don't trust those doctors at Altru)."
- "I wonder if the larger facilities respect PCMH as they should – that bothers me."
- "I've never heard of competition between Altru and PCMH but I do wonder how a community our size can handle/manage two clinics."
- "A lot of people are not positive about Altru; most bypass and go to Sanford; not confident in the care provided."
- "Let's look at both Altru and Sanford if needed to sustain; make an informed choice."

Summary

There is a definite sense of community support and need to maintain local access to quality health care. Community leaders were optimistic and made comments such as "try to find ways to grow" and "I don't want us to go backward" and finally, let's "strive to be the best – people will come and support us".

A few global comments were made regarding organizational leadership. One community leader questioned whether PCMH ever held public meetings and encouraged improving community engagement so the community is informed. One mentioned that board members should be required to be proactive and publically engage with the community around health care, indicating a concern with the board's current community involvement. Lastly, another suggested the need for leadership to bring a more positive attitude toward staff thereby developing a culture that promotes working together as a team.

Many positive comments support the community's attitude about PCMH, including:

- *Patient care is far better here!*
- *Our local healthcare is very good.*
- *I have always felt well cared for.*
- *They send you on if needed – I appreciate knowing that.*
- *Apartment living is excellent.*
- *PCMH provides so much to our community.*
- *PCMH nursing staff is excellent!*
- *They are always available and so accommodating – they do a tremendous job!*
- *They are great.*
- *I'm happy to have local care.*

The low number of respondents (i.e. 150) may not be representative of the entire health system's service area. This should be kept in mind when using the information to guide decision making. However, responses do represent a diverse group including community leaders, consumers and staff of Pembina County Memorial Hospital. Individual statements are valid and the perception of those who shared them real. The results are an important component that the facility will use to move toward fulfilling its vision and ensuring it continues to fulfill its mission.

Respondents represented a broad range of demographics including self-identified health status conditions such as diabetes, asthma, and others. Secondary data indicates higher than average health conditions related to obesity, diabetes and physical inactivity. Pembina County is part of the state's northeast region which has higher binge drinking rates compared to the overall state as well. All present areas of opportunity for prevention and increased awareness of available services.

Locally available services were recognized by a large number of respondents; however, opportunities are evident for increased marketing and awareness such as speech therapy, chemotherapy, cardiac rehabilitation, sleep studies, post natal care, weight control and nutrition counseling.

There is an overall perception that maintaining access to local health care is reliant on the need for providers. Concern was expressed by staff and community members in this regard and the connection to keeping the hospital open.

Lastly, collaboration between the local health facility and others such as job development, education and other health care providers is recognized as necessary and a positive way of maintaining access to care.