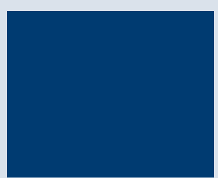
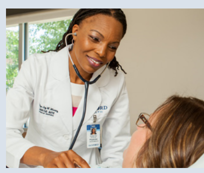
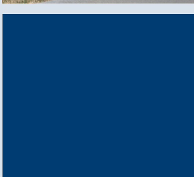
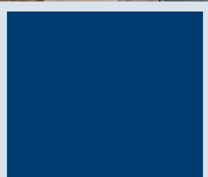
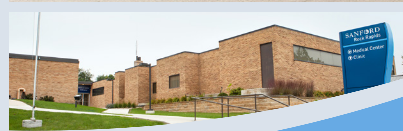
SANFORD HEALTH











SANFORD HEALTH

Dear Community Members,

Sanford Bismarck Medical Center is pleased to present the 2018 Community Health Needs Assessment (CHNA).

Sanford completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The CHNA process aligns with Sanford's mission - *Dedicated to the work of health and healing.*

During 2017 and 2018, members of the community were invited to complete a survey to help identify the unmet needs. Key stakeholders completed a survey to identify concerns for the community related to economic well-being, transportation, children and youth, the aging population, safety, access to services, and mental and behavioral health. Sanford analyzed the data from the primary research and met with key stakeholders to prioritize the identified needs. Our strategies to address the needs are included in this report.

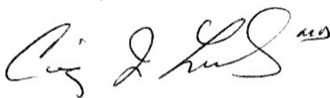
Sanford Bismarck will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Health Care Access*
- *Behavioral Health and Substance Abuse*

The CHNA also focused on the strengths of our community and includes the many community assets that are available to address the community health needs. We have also included an impact report from our 2016 implementation strategies.

Sanford Bismarck is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can fulfill our mission.

Sincerely,



Craig Lambrecht, MD
President
Sanford Bismarck Medical Center

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Sanford Medical Center Bismarck

Community Health Needs Assessment

2018

Executive Summary

Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend the not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Our Guiding Principles

- All health care is a community asset
- Care should be delivered as close to home as possible
- Access to health care must be provided regionally
- Integrated care delivers the best quality and efficiency
- Community involvement and support are essential to success
- Sanford Health is invited into the communities we serve

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r).

The Internal Revenue Code 501(r) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. We are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each and every assessed need or defend why we are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

Study Design and Methodology

1. Primary Research

   A. *Key Stakeholder Survey*

   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and Burleigh Public Health distributed the survey link via email to stakeholders and key leaders located within the Bismarck/Mandan community and Burleigh and Morton counties. Data collection occurred during December 2017. A total of 68 community stakeholders participated in the survey.

   B. *Resident Survey*

   The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the State Health Improvement Program (SHIP) surveys and those questions were included in the resident survey. The North Dakota Public Health Association developed an Addendum to the survey with questions specific to the American Indian population. The survey was sent to a representative sample of the Burleigh County and Morton County populations secured through Qualtrics, a qualified vendor. A total of 645 community residents participated in the survey.

   C. *Community Asset Mapping*

   Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

   D. *Community Stakeholder Discussions*

   Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation

strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

E. *Prioritization Process*
The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.

F. *Secondary Research*
   A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
   B. The U.S. Census Bureau estimates
   C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is https://www.communitycommons.org/maps-data/
   D. Bismarck-Burleigh County Community Health Profile 2018
   E. Morton County Community Health Profile 2018

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Burleigh and Morton counties in North Dakota. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNAs but there is still a need to capture demographics that better represent the community. This is part of our CHNA continuous improvement process.

Internal Revenue Code 501(r) requires that a broad base of key community stakeholders have input into the needs of the community. Those community members specified in the statute include persons who represent the broad interests of the community served by the hospital facility including those with special expertise in public health; Federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; and leaders, representatives, or members of medically underserved, low income, and minority populations.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process.

Public comments and responses to the community health needs assessment and the implementations strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/contact-us/form.

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.5; however, the high ranking needs of 3.5 or above are

considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in many cases the indicators are aligned and validate our findings.

Economic Well-Being
Community stakeholders are most concerned about homelessness (ranking 4.44), that there is a need for housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence (4.33), affordable housing (3.87), and hunger (3.62).

People in Burleigh County and Morton County are struggling with food insecurity - 22% of resident surveys report that their food did not last until they had money to buy more.

Children and Youth
Community stakeholders are most concerned about the cost and availability of quality childcare (3.97), substance abuse by youth (3.97), childhood obesity (3.94), teen suicide (3.86), the availability and cost of services for at-risk youth (3.79), bullying (3.78), and teen tobacco use (3.54).

Aging Population
Community stakeholders are most concerned about the cost of long-term care (4.07), the cost of memory care (4.03), and the cost of in-home services (3.69).

Safety
Community stakeholders are most concerned about abuse of prescription drugs (4.27), a culture of excessive and binge drinking (3.74), domestic violence (3.74), the presence of street drugs (3.71), child abuse and neglect (3.64), sex trafficking (3.63), and criminal activity (3.50).

Health Care Access
Community stakeholders are most concerned about the availability of mental health providers (4.27), the availability of behavioral health (substance abuse) providers (4.23), access to affordable prescription drugs (3.67), access to affordable health care (3.66), access to affordable health insurance (3.65), coordination of care between providers and services (3.64), and the availability of non-traditional hours (3.56).

Mental Health and Substance Abuse
Community stakeholders are most concerned about drug use and abuse (4.53), alcohol use and abuse (4.19), depression (3.90), suicide (3.89), and dementia and Alzheimer's (3.63).

Resident survey participants are facing the following issues:

- 68% report that they are overweight or obese
- 49% have been diagnosed with anxiety
- 42% self-report binge drinking at least 1X/month
- 42% have been diagnosed with depression
- 26% self-report that they have drugs in their home they are not using
- 26% have been diagnosed with high cholesterol
- 23% report that alcohol use has had a harmful effect on them or a member of their family in the past two years
- 22% have a diagnosis of hypertension
- 22% report running out of food before having money to buy more
- 17% currently smoke cigarettes
- 17% have not visited a dentist in more than a year

Community stakeholders worked through a multi-voting prioritization process to determine the top priorities and needs of the community.

Sanford Bismarck will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Health Care Access*
- *Behavioral Health and Substance Abuse*

Implementation Strategies

Priority 1: Health Care Access

According to the County Health Rankings for Clinical Care, access to affordable health care is important to physical, social and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that barriers to accessing health insurance coverage are reduced.

Priority 2: Behavioral Health and Substance Abuse

The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities." In 2014, an estimated 22.5 million Americans age 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year.

Sanford has made behavioral health a significant priority and has developed strategies to reduce mortality and morbidity from behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by substance abuse.

Sanford Bismarck Medical Center

Community Health Needs Assessment

2018

Sanford Bismarck Medical Center

Community Health Needs Assessment

2018

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Acknowledgements

Sanford Health would like to thank and acknowledge the Steering Committees for their assistance and expertise while conducting the assessment and analysis of the community needs.

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Bemidji
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bemidji
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls

- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Bemidji
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Joy Johnson, VP of Operations, Sanford Bemidji
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- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Sanford Community Health Improvement/Community Benefit - CHNA Director
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

We express our gratitude to the following community collaborative members for their expertise during the planning, development and analysis of the community health needs assessment:

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- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Beltrami Public Health
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- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
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- Christian Harris, New American Consortium
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- Deb Jacobs, Wilkin County Public Health
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- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health

- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

We extend our special thanks to the community and county leaders, public health administration, physicians, nurses, legislators and community representatives for diverse populations for their participation in this work. Together we are reaching our vision "to improve the human condition through exceptional care, innovation and discovery."

The following Bismarck/Mandan community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Angie Abrams, Northland Community Health Center
- Deanna Askew, ND Department of Health
- Josh Askvig, City of Bismarck
- Kathleen Atkinson, Ministry on the Margins
- Scott Banks, CHI St. Alexius Health
- Dwight Barden, Burleigh County Housing Authority
- Jim Barnhardt, Community Member
- Bill Bauman, YMCA
- Rick Becker, State Legislator
- Cassie Beise, Lutheran Social Services
- Amy Beito, Rasmussen College
- Biana Bell, Community Options
- Nadine Boe, Northland Community Health Center
- Taija Bohn, Family Wellness
- Glen Bosch, State Legislator
- Jessica Brewster, West Central Human Service Center
- Kate Brovold, Austin's Mission
- Julia Brown, Pride
- Mike Chaussee, AARP
- Joan Connell, MD, ND Department of Health
- Dwight Cook, State Legislator
- Kirk Cristy, Sanford Health
- Gloria David, City of Bismarck
- Jeremy Davis, Ruth Meiers Hospitality House
- Lorraine Davis, ND Native American Development Center
- Dick Dever, State Legislator
- Sister Mariah Dietz, CHI St. Alexius Health
- Jason Dockter, State Legislator
- Dan Donlin, Bismarck Police Department
- Dave Draovitch, Bismarck Police Department
- Jay Eberle, Centre, Inc.
- Karen Ehrens, Go! Bismarck Mandan
- Karla Eisenbeisz, The Banquet at Trinity Lutheran Church
- Deb Eisman, Choice Financial
- Fred Fridley, Sanford Health
- Michelle Gayetter, Vulnerable Adult Protective Services

- Trina Gress, Community Options
- Jena Gullo, United Way
- Jodi Hammeren, Bismarck-Burleigh Public Health
- Melanie Hanson, Centre, Inc.
- Kilee Harmon, CHI St. Alexius Health
- Hannah Haynes, Bismarck-Mandan Young Professionals Network
- Tim Heibling, City of Mandan
- Melanie Heitkamp, Youth Works
- Paul Herr, Century Baptist Church
- Kate Herzog, Downtown Business Association of Bismarck
- Robert Hieb, MD
- Kjerti Hintz, Bismarck-Burleigh Public Health
- Hlibichuk, Nate, New Freedom Center
- Mary Hoffman, Community Healthcare Association of the Dakotas
- Carl Hokenstad, City of Bismarck
- Pam Hopkins, Sanford Health
- Jennifer Horning, Bismarck-Mandan Face it Together
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- Al Hurley, Sanford Health
- Shiraz Hyder, MD, CHI St. Alexius Health
- Katie Johnke, Bismarck-Burleigh Public Health
- Keith Johnson, Custer Health
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- Kathleen Jones, Burleigh County Commission
- Sue Kahler, Bismarck-Burleigh Public Health
- Jan Kamphuis, Sanford Health
- Betsy Kanz, Bismarck-Burleigh Public Health
- Karen Karls, State Legislator
- George Keiser, State Legislator
- Ralph Kilzer, State Legislator
- Nicole Klemisch, UND Center for Family Medicine
- Kevin Klipfell, Bismarck Parks & Recreation
- Carol Koller, CHI St. Alexius Health
- Dawn Kopp, Downtown Business Association of Bismarck
- Deb Knuth, American Cancer Society
- Sister JoAnn Krebsbach, University of Mary
- Brittany Kudrna, Northland Community Health Center
- Sister Nicole Kunze, University of Mary – Annunciation Monastery
- Craig Lambrecht, MD, Sanford Health
- Vernon Laning, State Legislator
- Vicki Laraway, Dakota Center for Independent Living
- Dennis Larkin, Lutheran Social Services – Violence Free
- Diane Larson, State Legislator
- Michael LeBeau, MD, Sanford Health
- Kim Lee, City of Bismarck
- Jody Link, Community Healthcare Association of the Dakotas
- Steve Marquardt, City of Bismarck
- Bob Martinson, State Legislator

- Carlotta McCleary, Mental Health America of ND
- Randy McDaniel, CHI St. Alexius Health
- Leander McDonald, PhD, United Tribes Technical College
- Jeanne Messall, Missouri Valley Homeless Coalition
- Sister Nancy Miller, University of Mary – Annunciation Monastery
- Carrie McLeod, Sanford Health
- Suzie McShane, BSC Dakota Nursing Program
- Chris Meeker, MD, Sanford Health
- Lisa Meier, State Legislator
- Mark Meier, Heaven's Helpers/Soup Cafe
- Renae Moch, Bismarck-Burleigh Public Health
- Rachel Monge, Great Plains Food Bank
- Shawn Morlock, CHI St. Alexius Health
- Daunelle Morsette, MHA Nation
- Marie Mott, Bridging the Dental Gap
- Kelly Nagel, ND Department of Health
- Shelly Napel, Community Healthcare Association of the Dakotas
- Sharon Nelson, NDSU School of Nursing
- Steve Neu, Ruth Meiers Hospitality House
- Jim Neubauer, City of Mandan
- Nancy Neuhardt, BisMan Community Food Co-op
- Tim Olson, YMCA
- Lisa Omlid, Lutheran Social Services
- Kim Osadchuk, Burleigh County Social Services
- Mark Owl, MHA Nation
- Ryan Parsons, Bismarck-Mandan Chamber of Commerce
- Shelly Peterson, ND Long Term Care Association
- Heather Pfaff, Charles Hall Youth Services
- Todd Porter, State Legislator
- Rhonda Rath, Bismarck Senior Center
- Patty Regan, Aid, Inc.
- Linda Reinicke, Lutheran Social Services - Child Care Aware
- Tammy Renner, Rasmussen College
- Lynden Ring, West Central Human Service Center
- Karen Rohr, State Legislator
- Jodi Roller, MD, University of Mary
- Amber Ruzicka, United Way
- Pam Sagness, ND Department of Human Services
- Meranda Sanderson, MHA Nation
- Andy Santos, CHI St. Alexius Health
- Brenda Sather, Community Action
- Anton Sattler, Bismarck-Burleigh Public Health
- Dan Schaefer, Metro Ambulance
- Pamela Scherf, Welcome House
- Kurt Schley, CHI St. Alexius Health
- Theresa Schmidt, Bismarck-Burleigh Public Health
- Maggie Seamands, Sanford Health
- Mike Seminary, City of Bismarck
- Shelle, First Choice Clinic
- Gayla Sherman, Charles Hall Youth Services
- Karen Smith, HIT
- Kurt Snyder, Heartview Foundation

- Shannon Spotts, WIC
- Kim Stevenson, Mandan Senior Center
- Jaci Strinden, CHI St. Alexius Health
- Beth Stroup-Menge, Heartview Foundation
- Greg Sturm, Salvation Army
- Jolynn Sun, Sanford Health
  Angelia Svihovec, CHI St. Alexius Health
- Guy Tangedahl, MD, UND Center for Family Medicine
- Nathan Toman, State Legislator
- Jason Tomanek, City of Bismarck
- Mylyn Tufte, ND Department of Health
- Turdukan Tostokova, Lutheran Social Services
- Tamara Uselman, Bismarck Public Schools
- Gerald Vetter, Light of Christ Catholic Schools
- Jim Vetter, Dakota Boys & Girls Ranch
- Becky Wahl, Community Healthcare Association of the Dakotas
- Sister Gerard Wald, University of Mary
- Marnie Walth, Sanford Health
- Julie Ward, CHI St. Alexius Health
- Sister Thomas Welder, University of Mary
- Andrea Werner
- Shonda Wild, Lutheran Social Services
- Gerald Wise, City of Lincoln
- Jodi Wolf, Bismarck-Burleigh Public Health
- Pastor Wyatt, Bismarck Ministerial Association
- Mara Yborra, United Tribes Technical College Extension
- Diane Zainhofsky, Abused Adult Resource Center
- Sister Rosanne Zastoupil, University of Mary – Annunciation Monastery
- Jason Ziegler, Mandan Police Department
- Randy Ziegler, Bismarck Police Department

Description of Sanford Medical Center Bismarck

Sanford Medical Center is a 217-bed tertiary medical center in Bismarck, North Dakota, providing comprehensive, multi-specialty care for patients in central and western North Dakota. Sanford Bismarck consists of a hospital, a level II adult trauma center, seven primary care clinics, four multi-specialty clinics, three walk-in clinics, three occupational health clinics, a home health agency, three kidney dialysis centers, three long-term care facilities, one independent living center, and a college of nursing. It serves as a regional hub for AirMed air ambulance services and supports 12 regional Critical Access Hospitals by providing specialized care including cancer care, heart, women's and children's specialties, OccMed services, orthopedics and sports medicine.

Sanford Bismarck began operation in 1902 when two renowned physicians, Drs. Eric P. Quain and Niles O. Ramstad, opened Q&R Clinic with a vision of providing outstanding, comprehensive patient care in one convenient location. Q&R Clinic was the second multi-specialty clinic in the nation, second only to Mayo Clinic in Rochester, Minnesota. In 1908, Bismarck Evangelical Hospital, now Sanford Medical Center Bismarck, opened at the urging of Dr. Ramstad.

Key accreditations include The Joint Commission, verification by the American College of Surgeons as a level II adult trauma center, Center for Medicare and Medicaid Services (CMS) for long-term care, Commission on Collegiate Nursing Education CCNE), Magnet designation for nursing, and Commission on Accreditation of Rehabilitation Facilities (CARF).

Community involvement and education have played an important role in Sanford Health's mission for more than 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and support the communities Sanford serves. These partnerships provide the

foundation for health care awareness, education, prevention and research for the health care issues that matter most to people in those communities.

Sanford Bismarck employs more than 3,600 people including 260 physicians and advanced practice providers.

Description of the Community Served

Bismarck is a diverse, dynamic, family-oriented community in central North Dakota. The community is experiencing fast-paced growth as a direct result of oil development throughout western North Dakota. The U.S. Census named it as one of the 50 fasting growing metro areas in the country.

Bismarck is the second-largest city in the state with 69,000 residents and the adjoining city of Mandan has 21,000 residents. Bismarck is the state capital and also serves as home to Bismarck State College, the University of Mary, and several of the state's top businesses. The community offers quality schools, excellent medical care, plentiful recreation possibilities, community involvement opportunities, and neighborhood support. Bismarck was designated an All-American City in 1997, and the Bismarck MSA has been named a "Five Star Community" by *Expansion Management* magazine multiple times.

Bismarck is situated on the Missouri River so community members have access to various water-based activities including fishing, boating and waterfront recreation. The riverfront is an important part of its rich history of exploration and adventure - the community and nearby areas are part of the Lewis and Clark Trail and home to several Native American historical sites and Fort Abraham State Park.

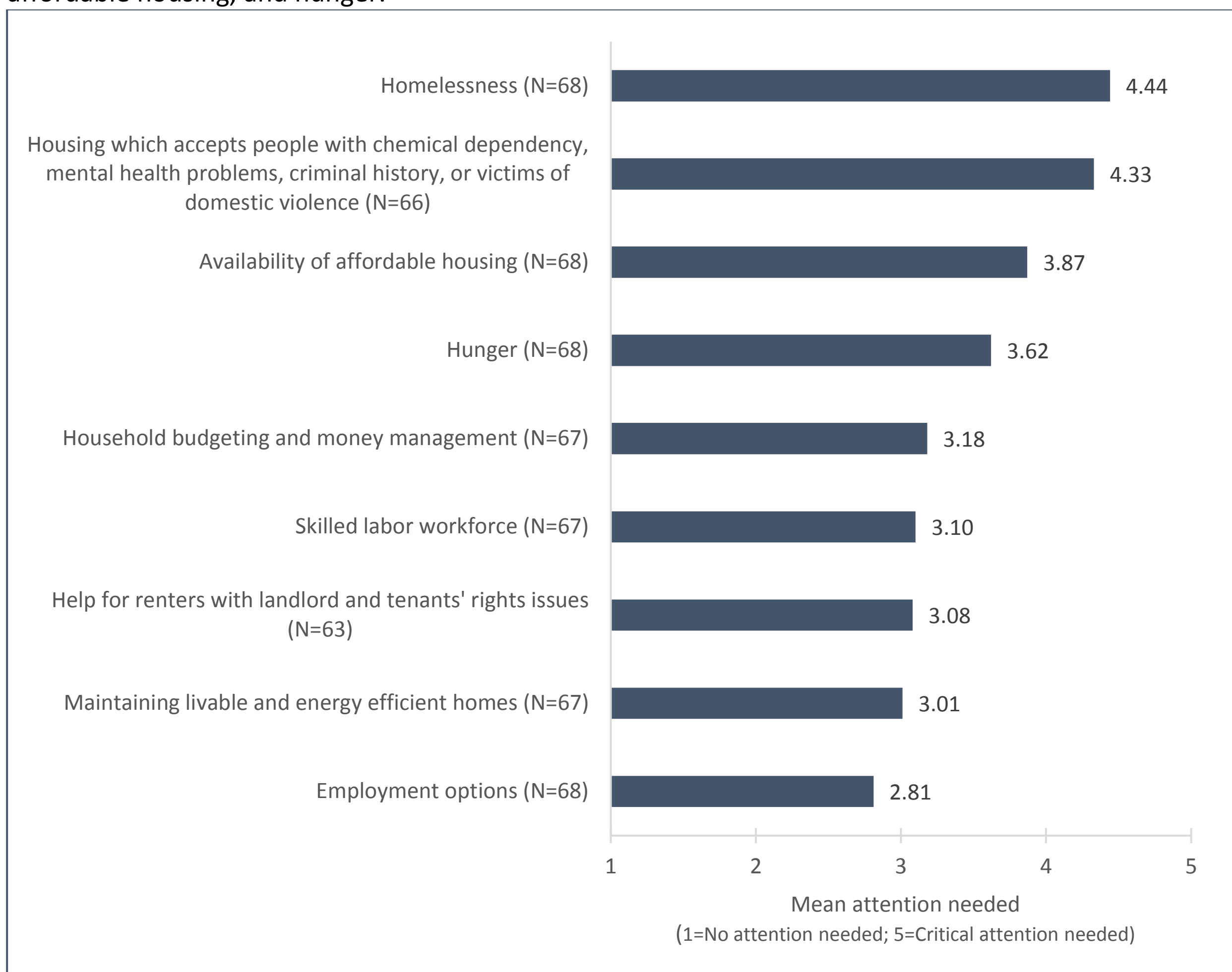
Spurred by strong agriculture industry and a booming oil industry - North Dakota recently became the second-strongest oil producing state in the U.S. - North Dakota is enjoying an economy that is as good as or better than any other in the country. The community of Bismarck is home to an innovative medical community, a vibrant energy industry, and a host of technical service companies.

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.5 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.5; however, the high ranking needs of 3.5 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases, the indicators align with and validate our findings.

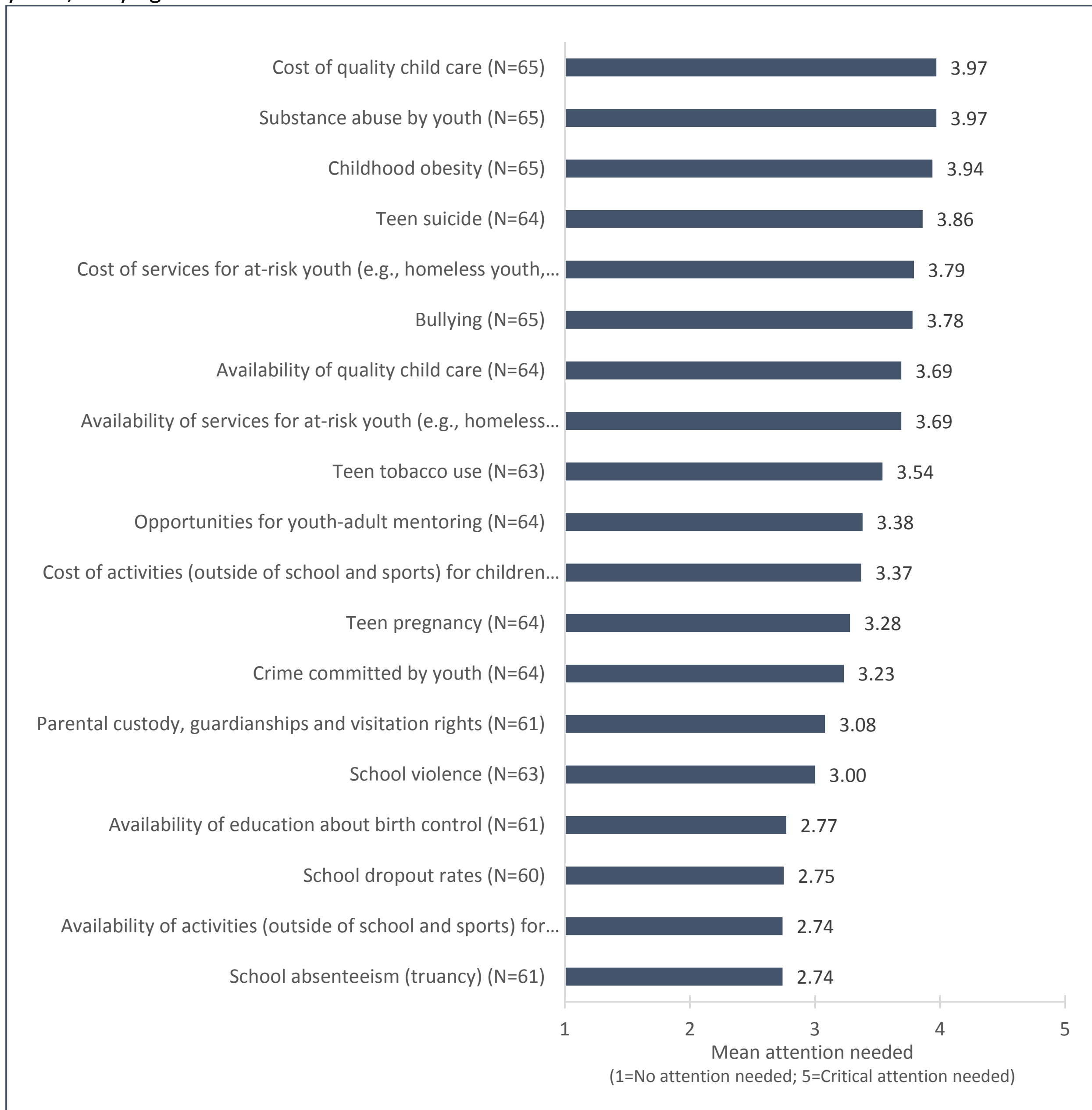
Economic Well-Being: The concern for the community's economic well-being is focused on homelessness, the need for housing that accepts people in recovery, mental illness, criminal history of victims of domestic abuse, affordable housing, and hunger.



Healthy People 2020 has defined the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks". Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on

population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Children and Youth: The highest concerns for children and youth are the cost and availability of quality childcare, substance abuse, childhood obesity, teen suicide, the cost and availability of services for at-risk youth, bullying and teen tobacco use.



According the U.S. Department of Drug Enforcement Administration (DEA), nationally almost 20 percent of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for

substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

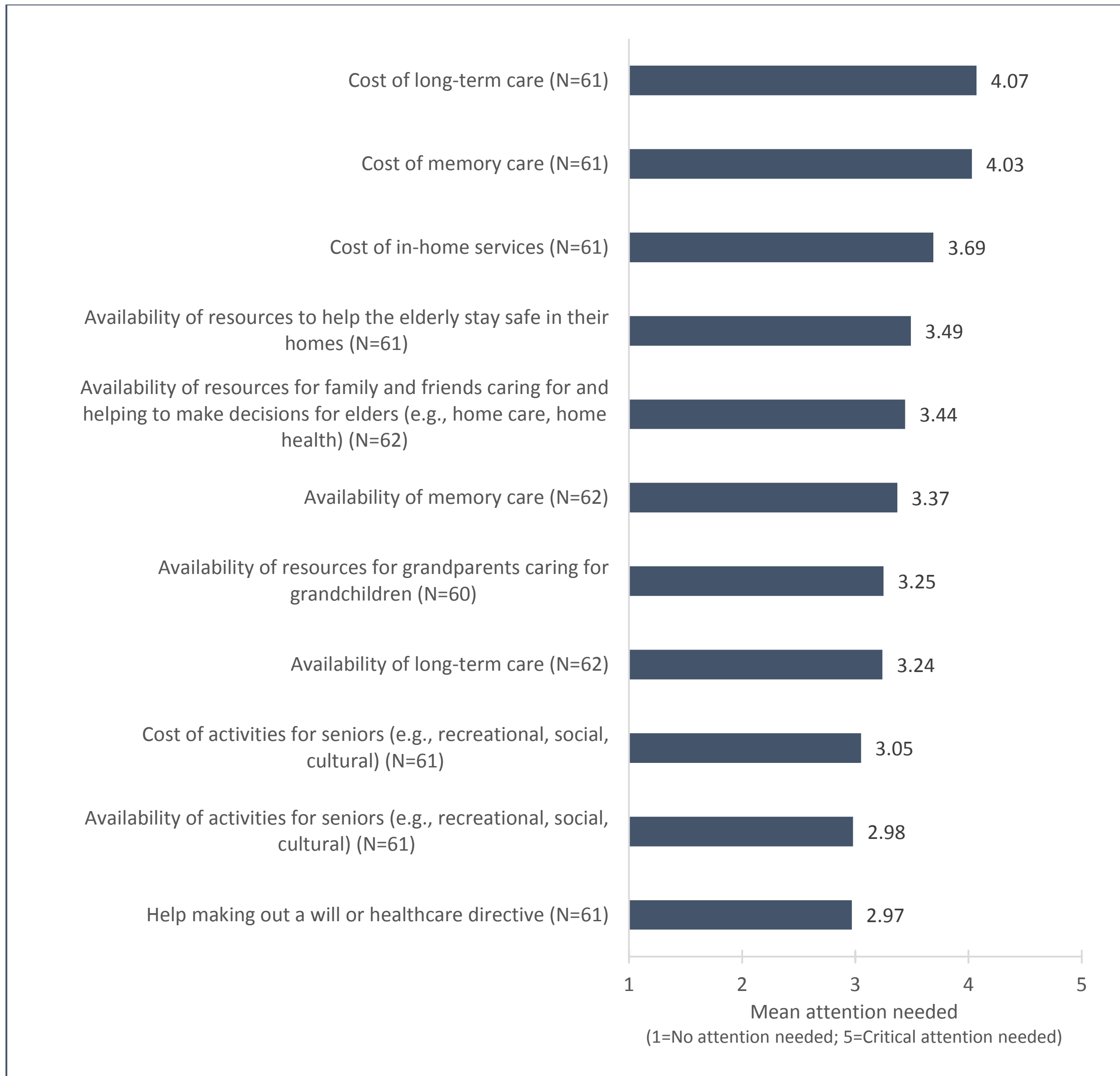
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

Protective factors include:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

Aging Population: The cost of long-term care and memory care are top concerns once again and were top concerns during the 2016 CHNA cycle. The cost of in-home services and the availability of resources to help the elderly stay safe in their homes are also high concerns.

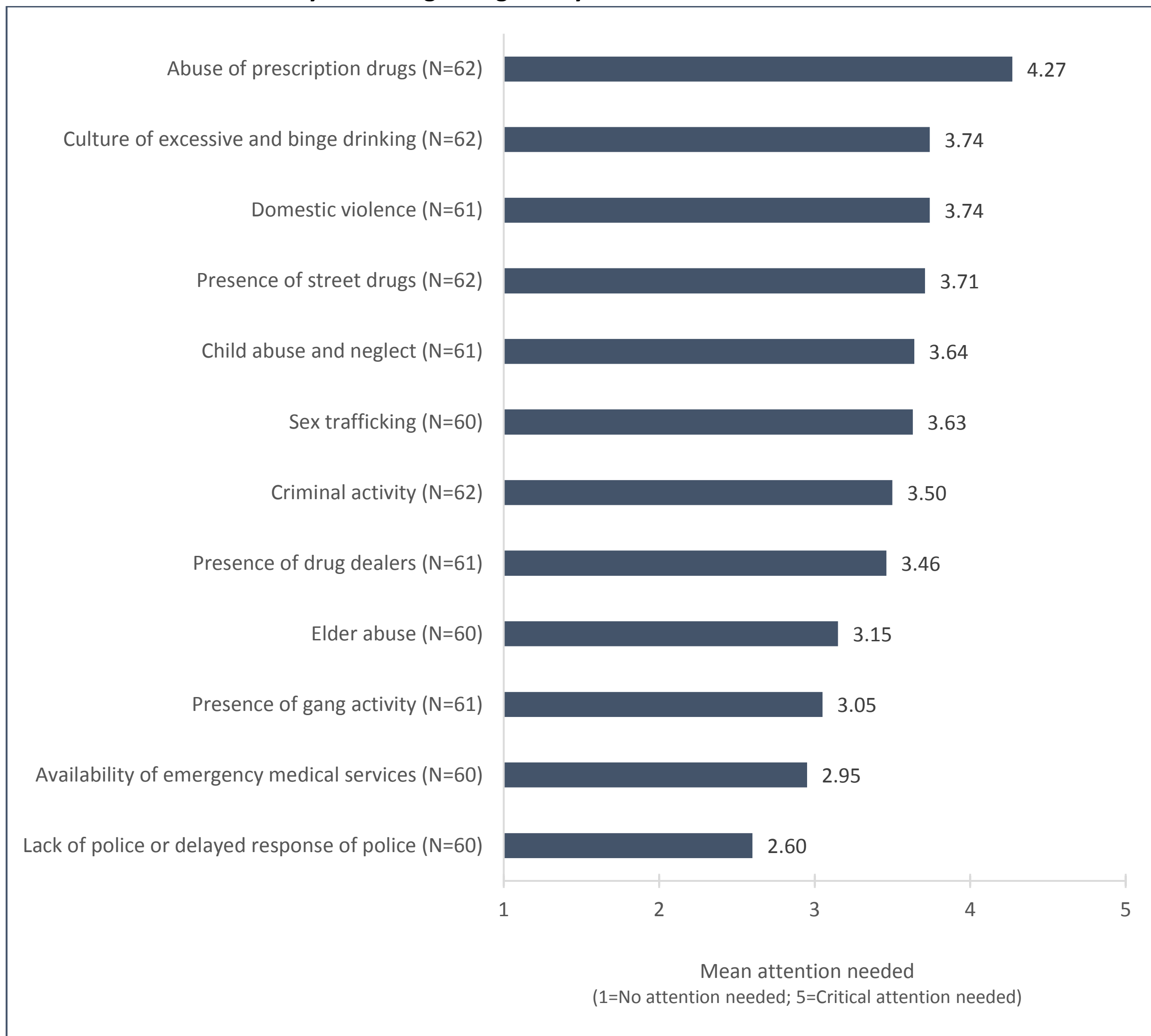
Current state of community issues regarding the AGING POPULATION



Acording to the U.S. Health and Human Services Administration on Aging, the cost of long-term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

Safety: The abuse of prescription drugs, the culture of excessive drinking, domestic violence, child abuse and neglect, sex trafficking and the presence of street drugs and criminal activity are top concerns for safety in the community.

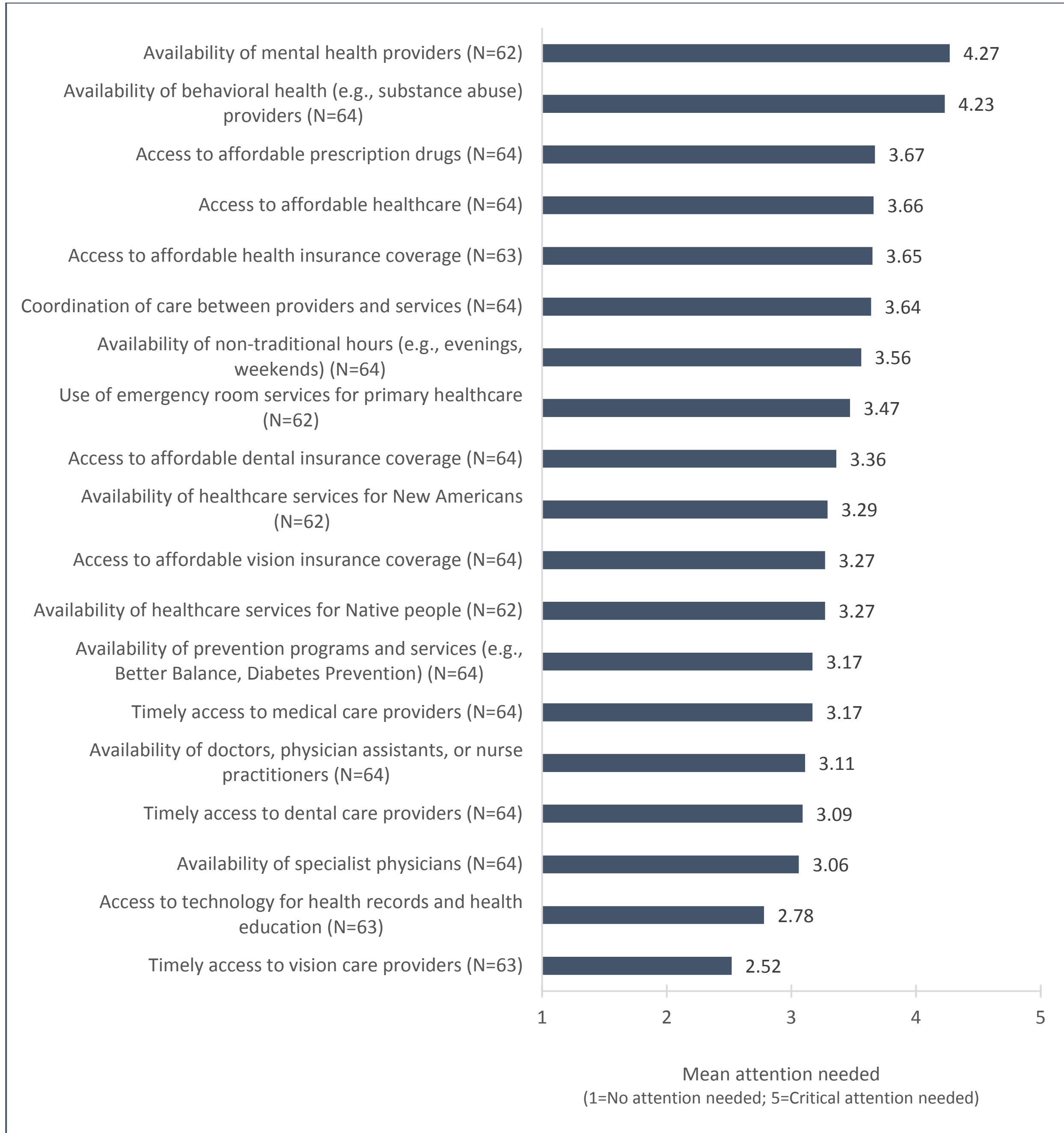
Current state of community issues regarding Safety



The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term *non-medical use* of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are opioids, central nervous system depressants (this category includes tranquilizers, sedatives, and hypnotics) and stimulants - most often prescribed to treat attention deficit hyperactivity disorder (ADHD). Prescription drug misuse can have serious medical consequences. Providers at Sanford Health have reduced opioid prescriptions over the last three years in an effort to have fewer pills in circulation and a reduced opportunity for misuse.

Health Care and Wellness: The availability of mental health and behavioral health providers are ranked very high among the top concerns for the community. Access to affordable health insurance and affordable health care, affordable prescription drugs, and the availability of non-traditional hours are all high concerns for community stakeholders.

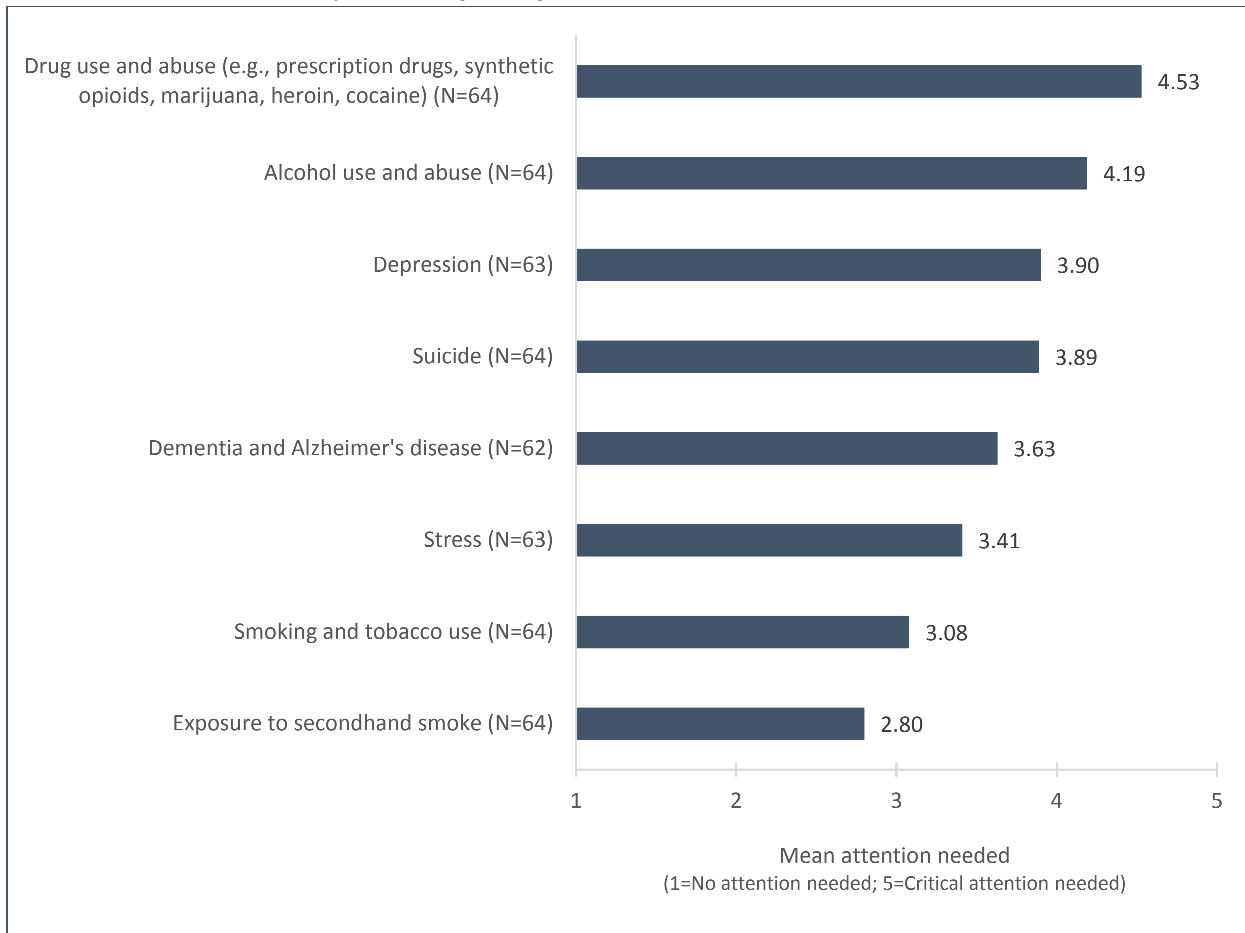
Current state of community issues regarding Health Care and Wellness Access



According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025.

Mental Health and Substance Abuse: Drug use and abuse, alcohol use and abuse, depression, suicide, stress, dementia and Alzheimer's are top concerns for the community.

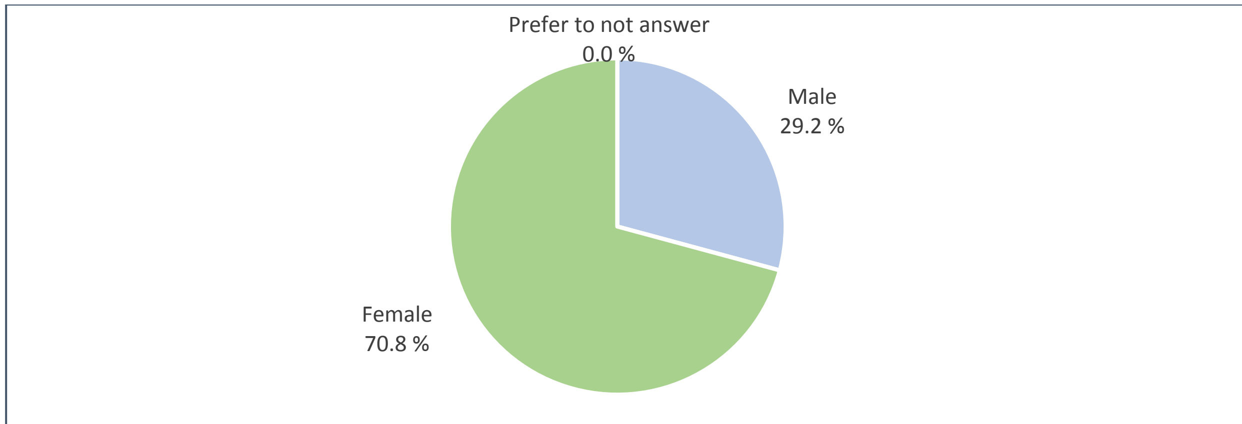
Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



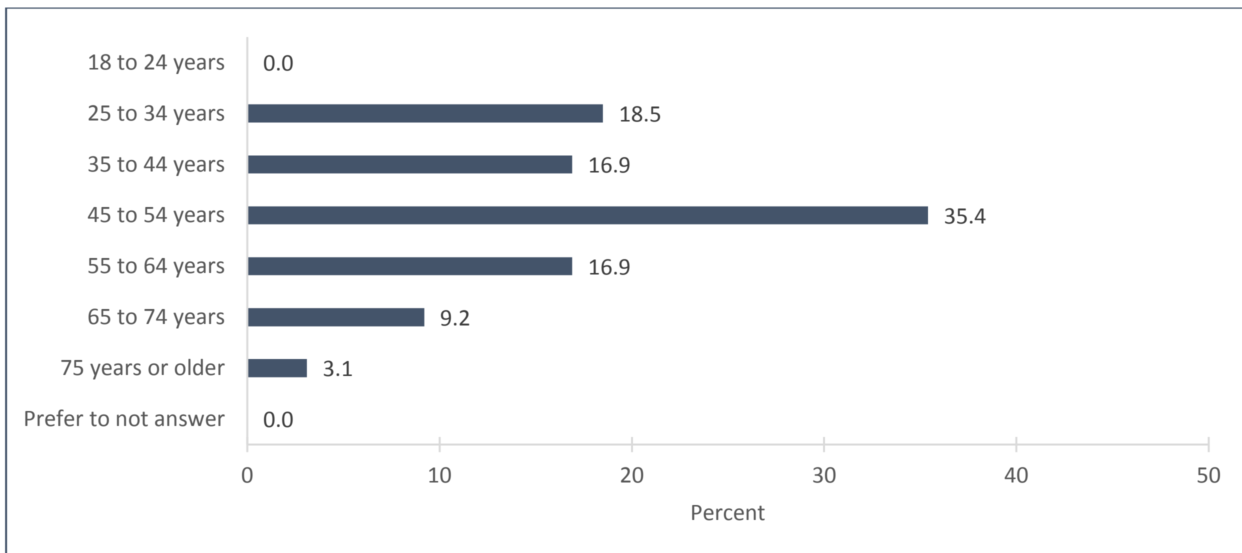
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental illness, 1.7 million of whom were age 18 to 25. Additionally, 15.7 million adults (age 18 or older) and 2.8 million youth (age 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans age 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide."

Demographic Information for Key Stakeholder Participants

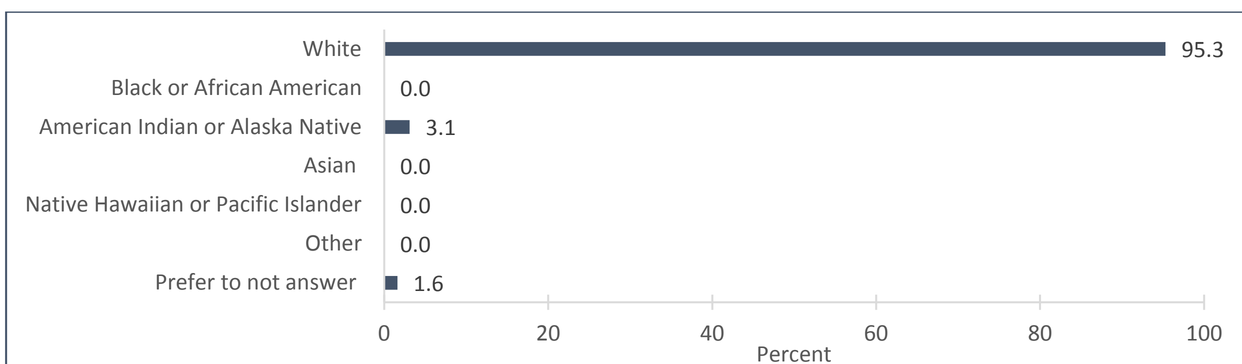
Biological Gender



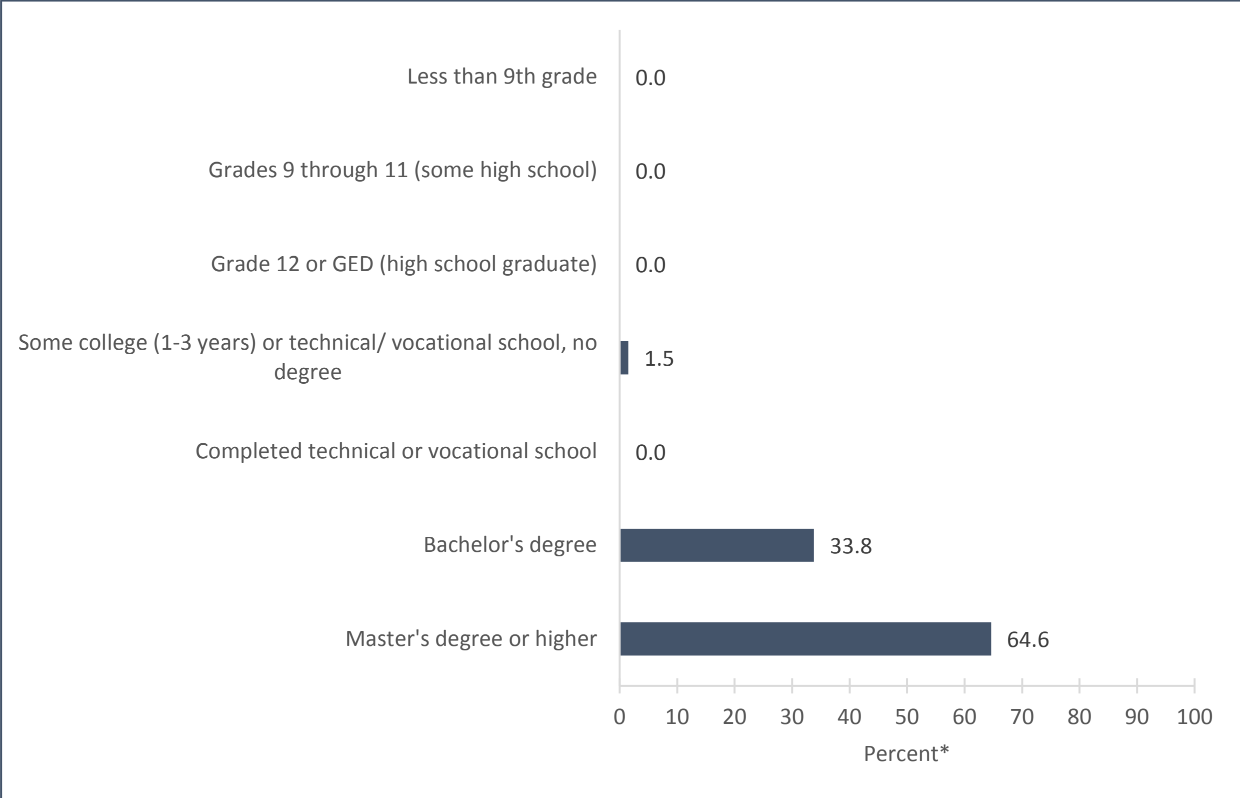
Age of Participants



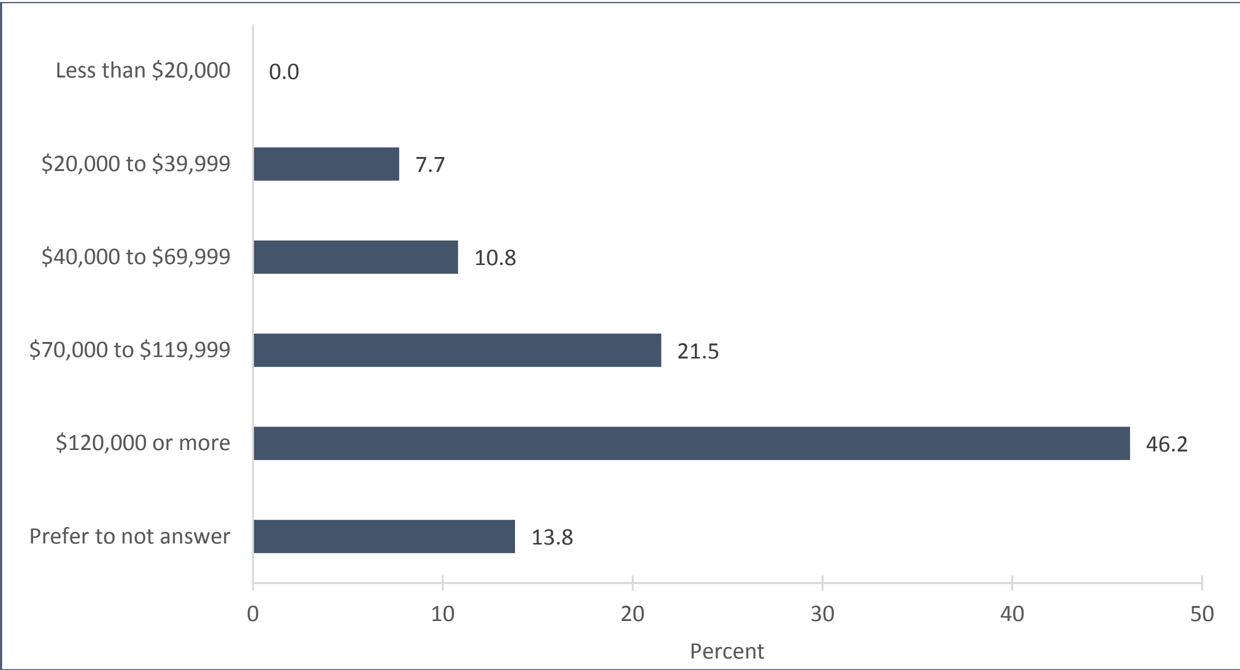
Race of Participants



Highest Level of Education Completed



Annual Household Income of Respondents, From All Sources, Before Taxes



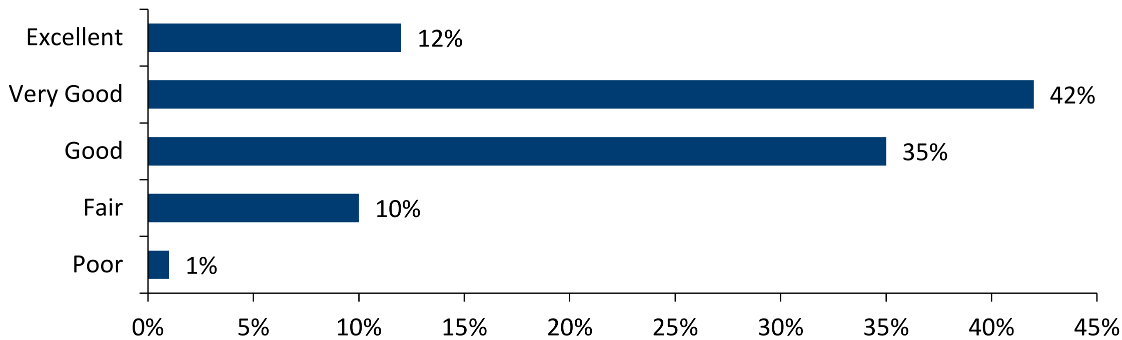
Residents' Health Concerns

Health is personal and it starts in our homes, schools, workplaces, neighborhoods, and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

The resident survey asks questions specific to the participant's personal health and health behaviors.

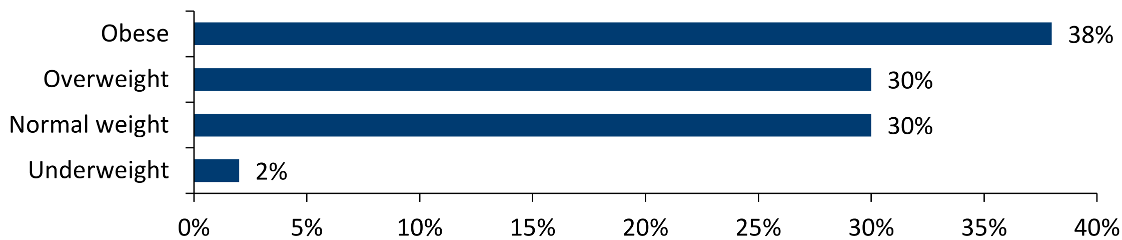
How would you rate your health?

Eighty-nine percent of survey participants' rated their health as good or better.



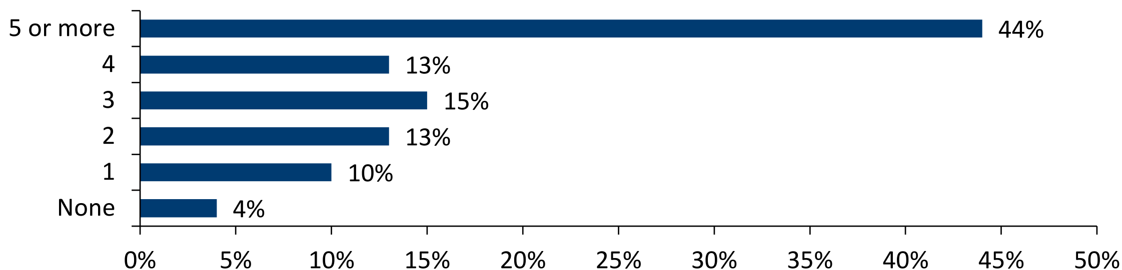
Body Mass Index (BMI)

Sixty-eight percent are either overweight or obese.



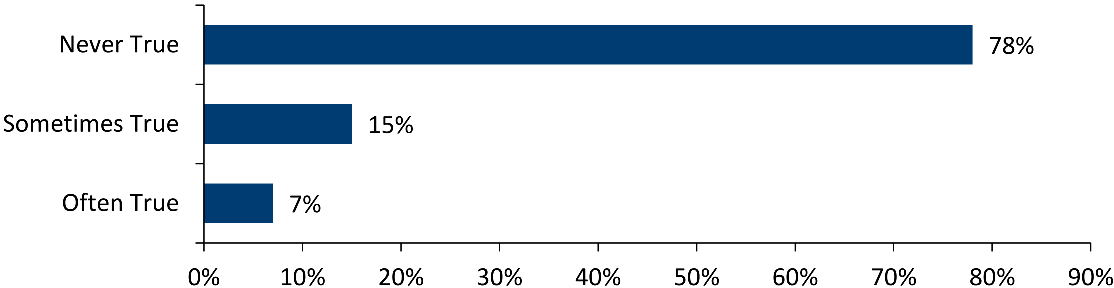
Total Daily Servings of Fruit and Vegetables

Fifty-six percent of residents are not getting the recommended 5 or more daily servings of fruits/vegetables.



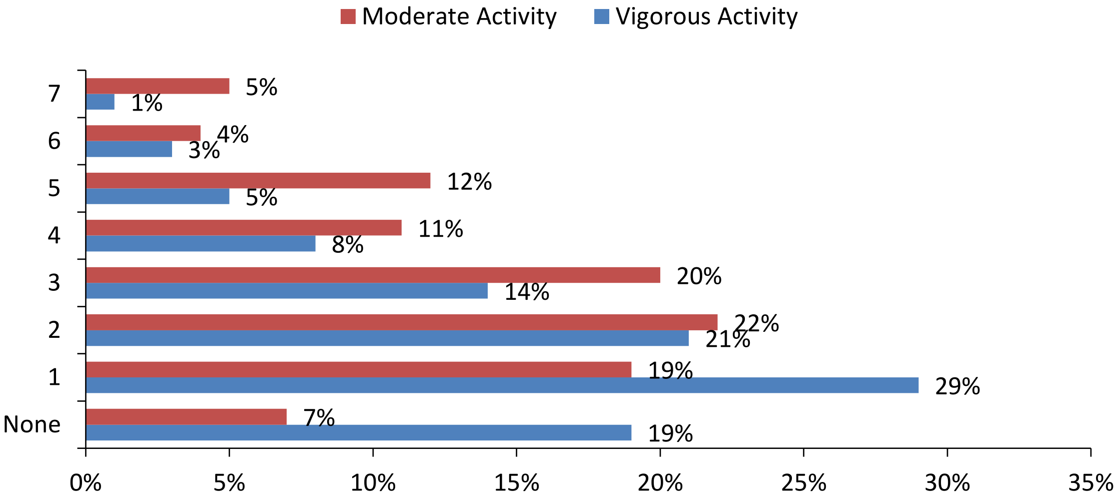
The food that we bought just did not last and we did not have money to get more.

Twenty-two percent run out of food before having money to buy more.



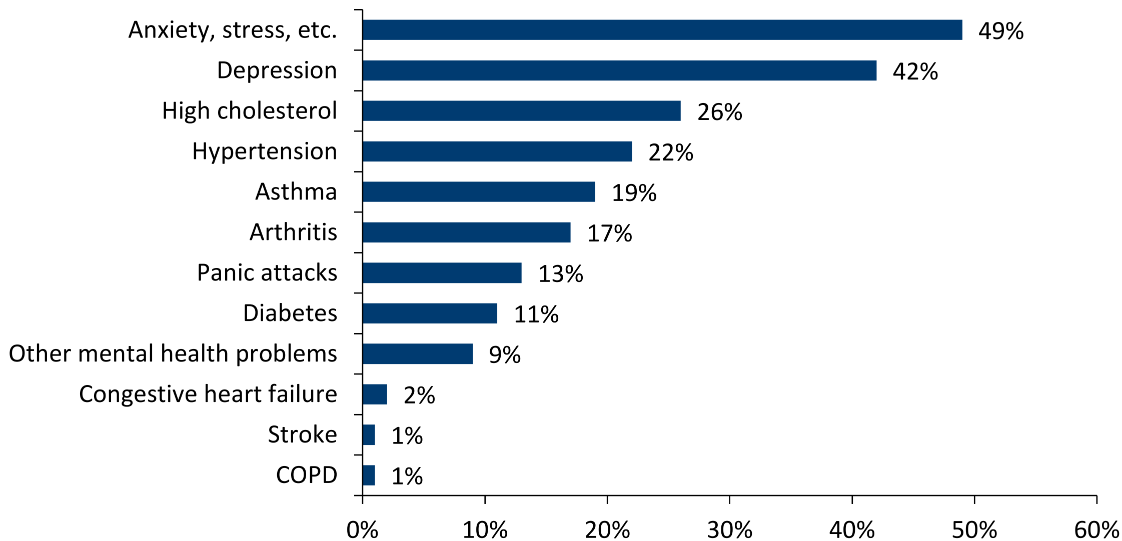
Days per Week of Physical Activity

Fifty- two percent of residents report moderate exercise on three of more days each week.



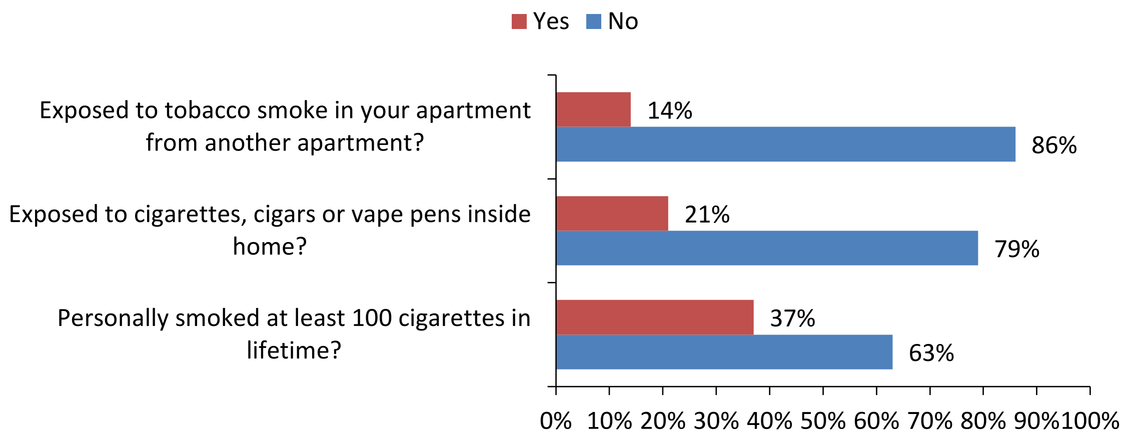
Past Diagnosis

Anxiety and depression diagnosis are very high ranking in comparison to the national statistics. The Substance Abuse and Mental Health Services Association (SAMHSA) reports an estimated 16.2 million adults in the United States had at least one major depressive episode in 2016. This number represented 6.7% of all U.S. adults.



Exposure to Tobacco Smoke

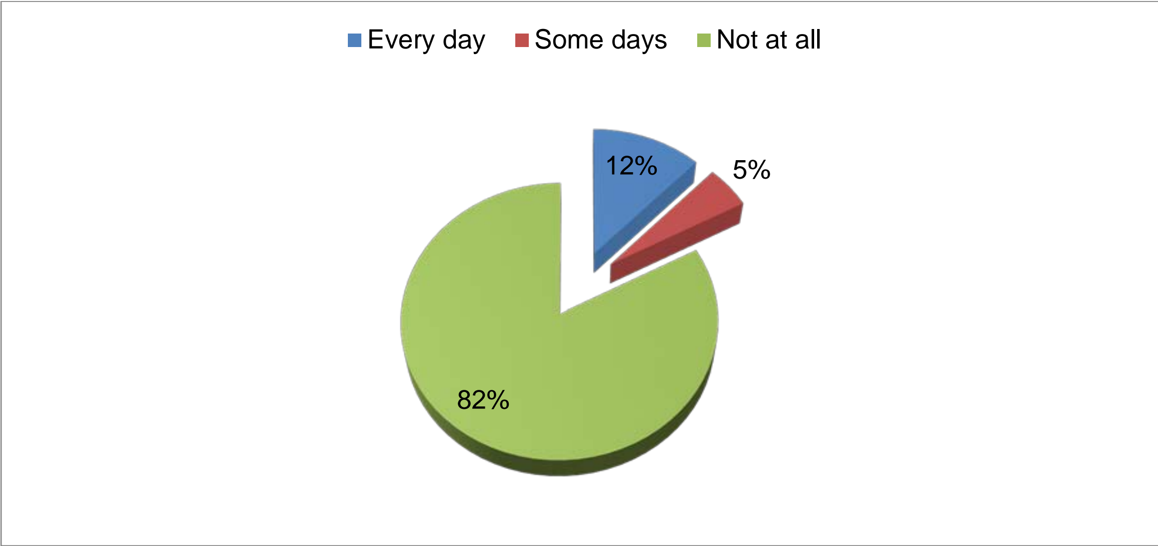
Twenty-one percent of survey participants are exposed to cigarettes, cigars or vape pens in their homes.



Do you Currently Smoke Cigarettes?

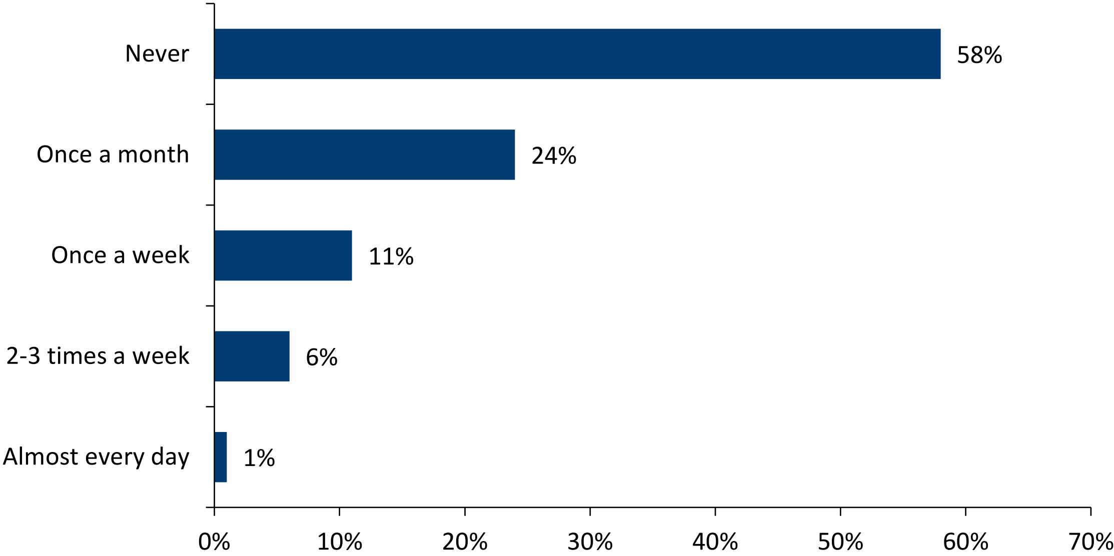
Seventeen percent smoke cigarettes with 15% smoking every day.

Current Tobacco Use



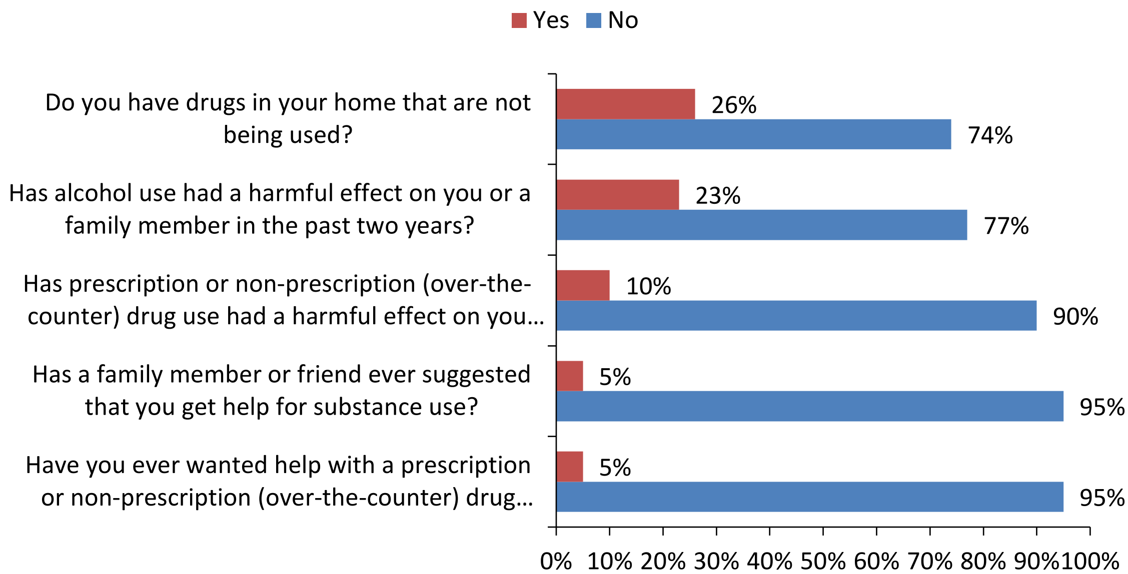
Binge Drinking

Forty-two percent of resident report binge drinking at least one time per month.



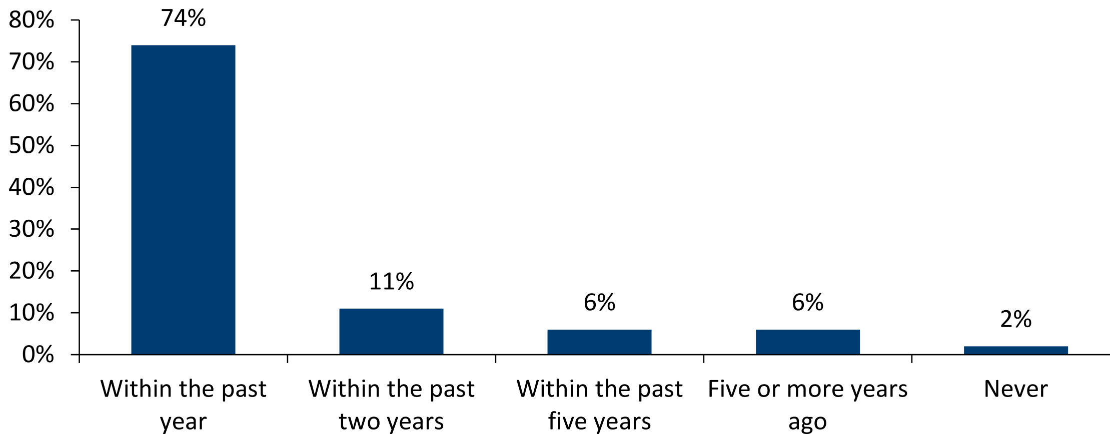
Drug and Alcohol Issues

North Dakota is ranked the #1 binge drinking state in the nation. https://www.cbsnews.com/pictures/ booziest-states-in-America-who-binge-drinks-most/26/.



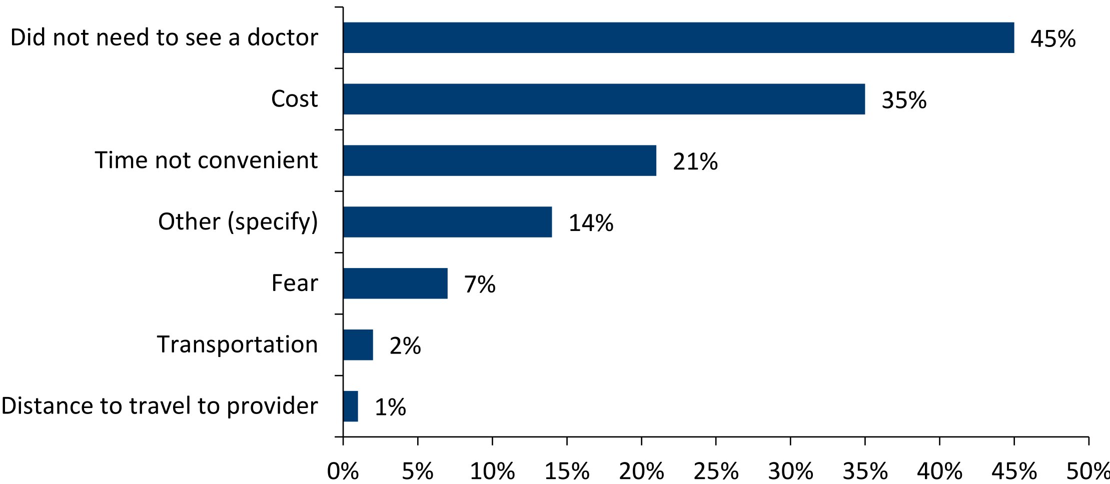
How long has it been since you last visited a doctor or health care provider for a routine check-up?

Twenty-five percent have not had a routine check-up in more than a year.



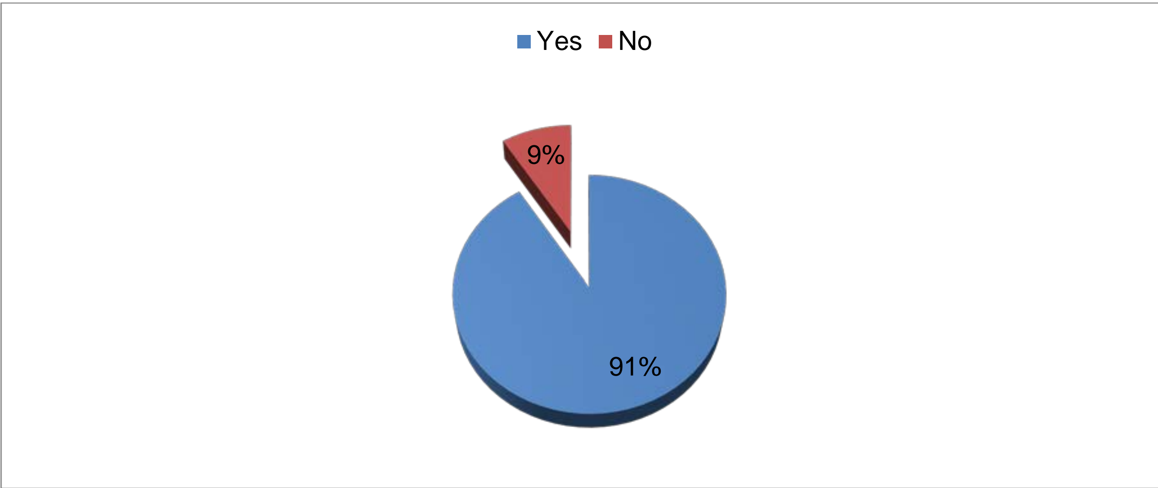
Barriers to a Routine Check-up

Forty-five percent of resident participants perceive that they do not need to see a doctor for a routine check-up.



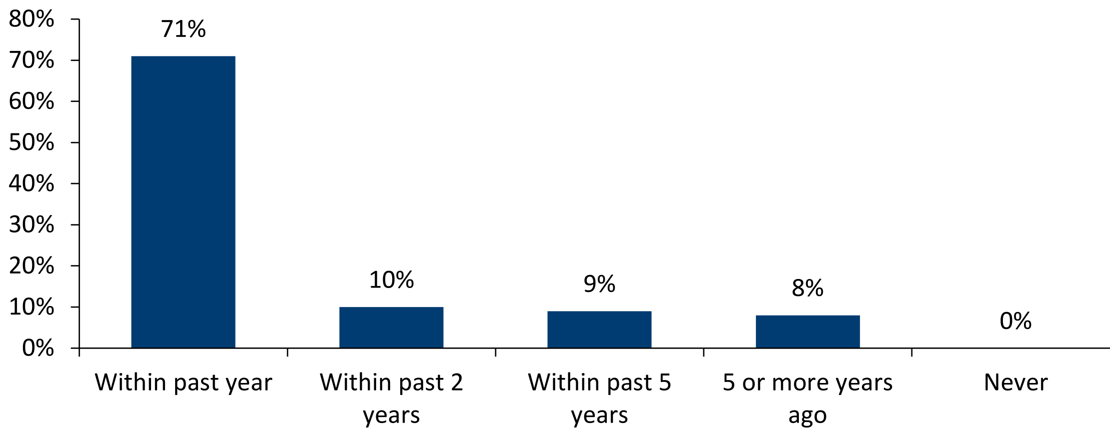
Do you currently have any type of health insurance?

Nine percent of survey respondents do not have health care insurance.



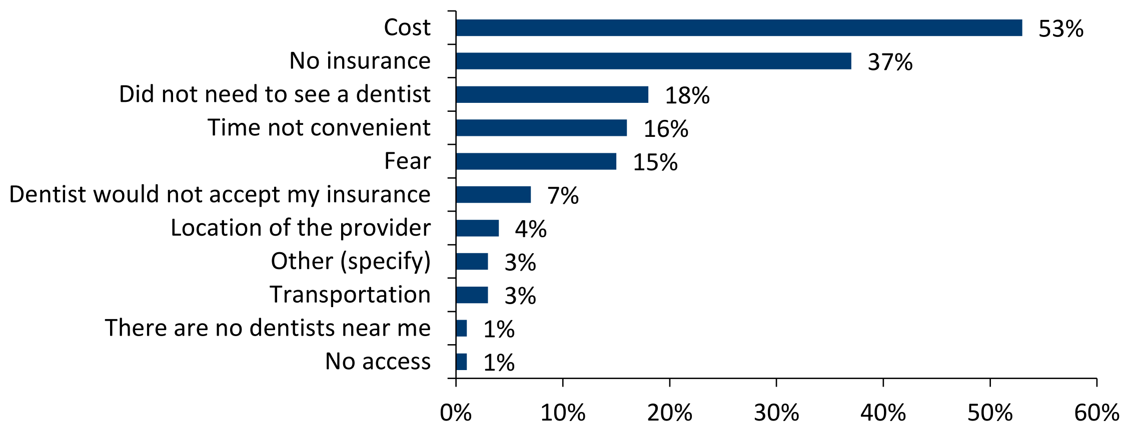
How long has it been since you last visited a dentist?

Twenty-nine percent have not visited their dentist in more than a year.



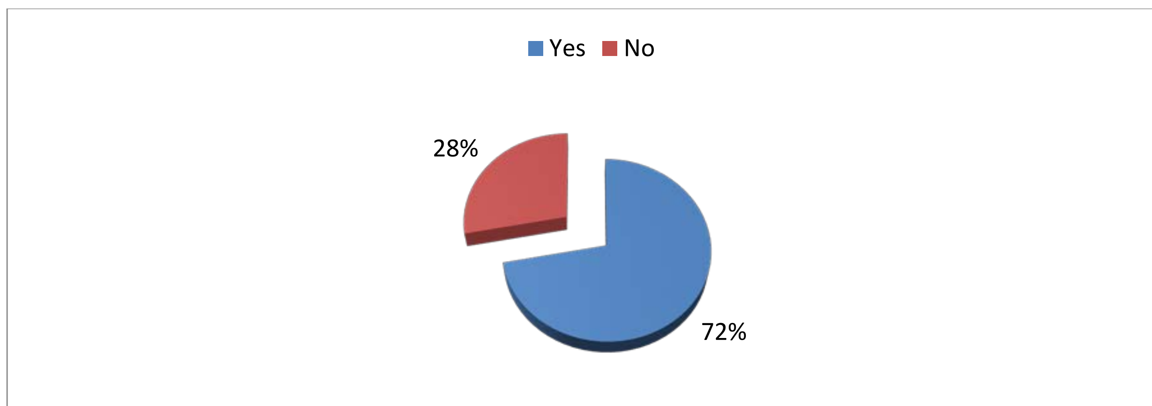
Barriers to Visiting the Dentist

Cost and lack of insurance are the biggest barriers to seeking dental care.



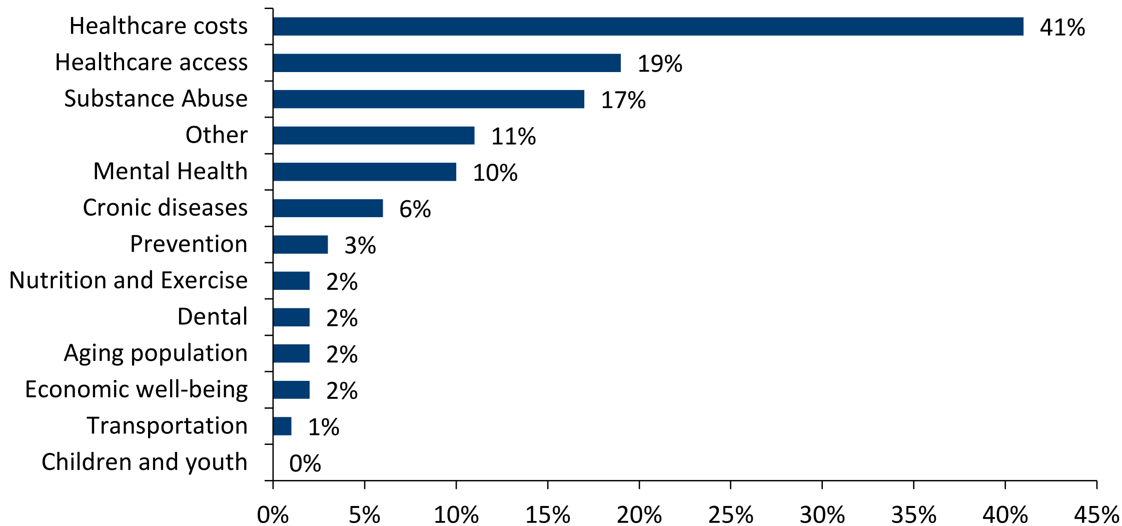
Do you have any kind of dental care or oral health insurance coverage?

Twenty-eight percent do not have dental insurance.



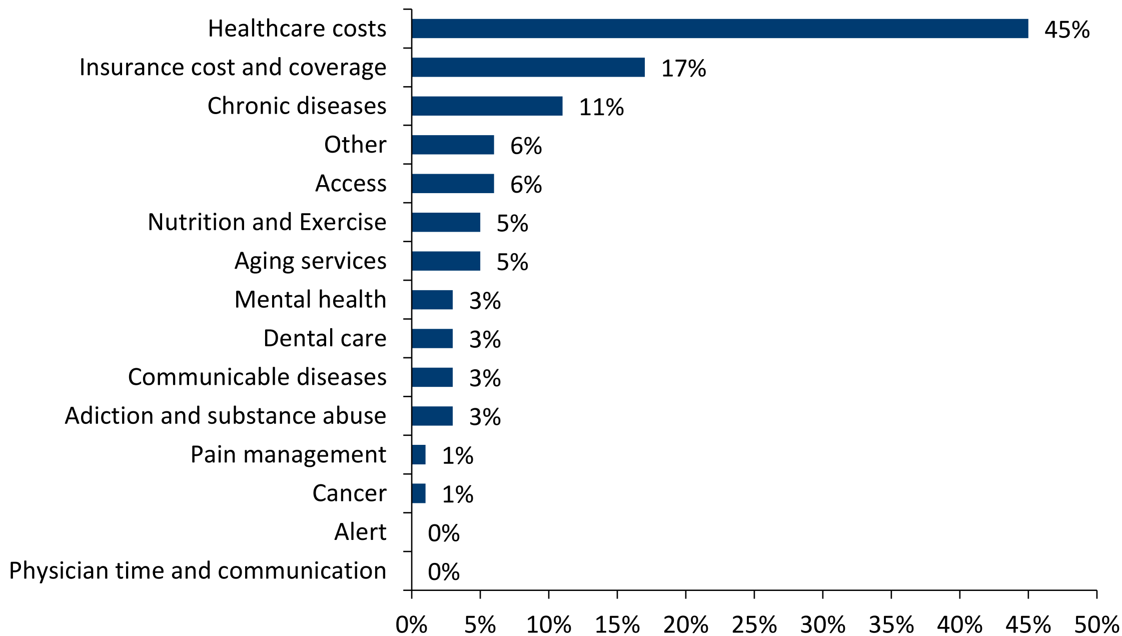
What do you see as the most important community issues?

When asked what the biggest concerns are for the community, 41% of survey participants stated health care costs.



What do you see as the most important issue for family?

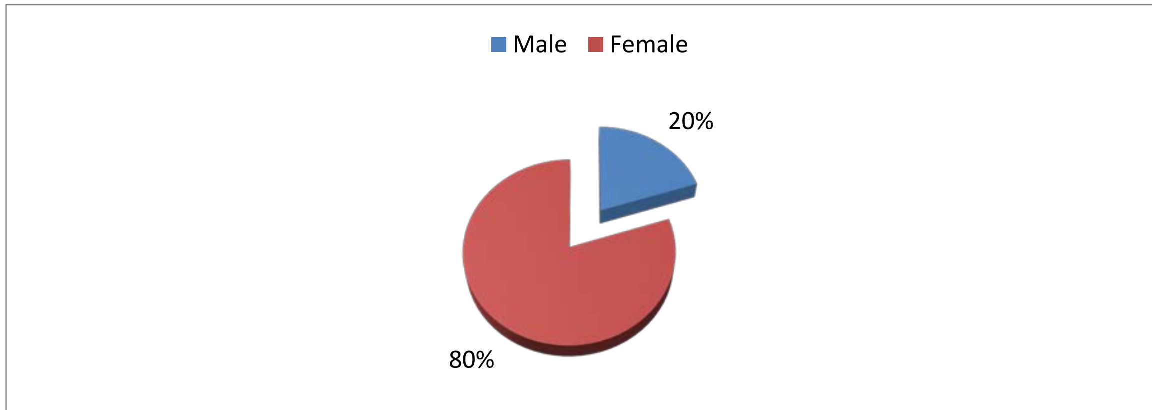
When asked what the biggest concerns are for the family, 45% responded that it is health care costs.



Demographic Information for Community Resident Participants

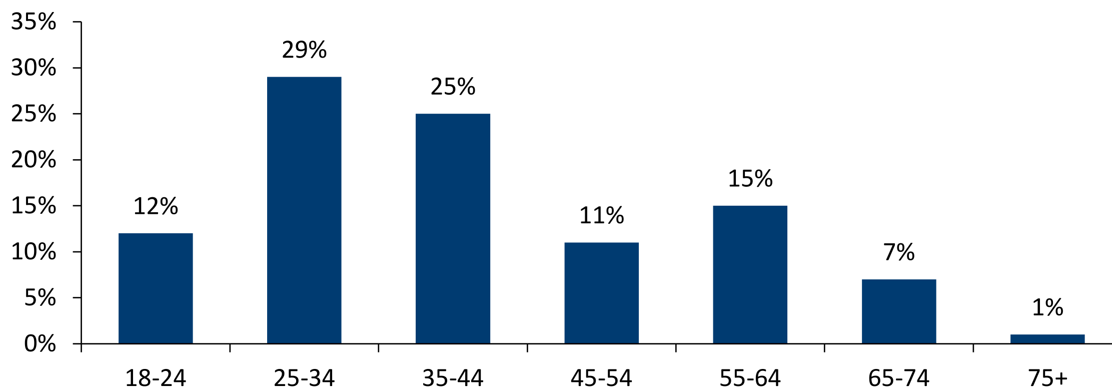
Biological Gender

Only 20% of the survey participants were male.

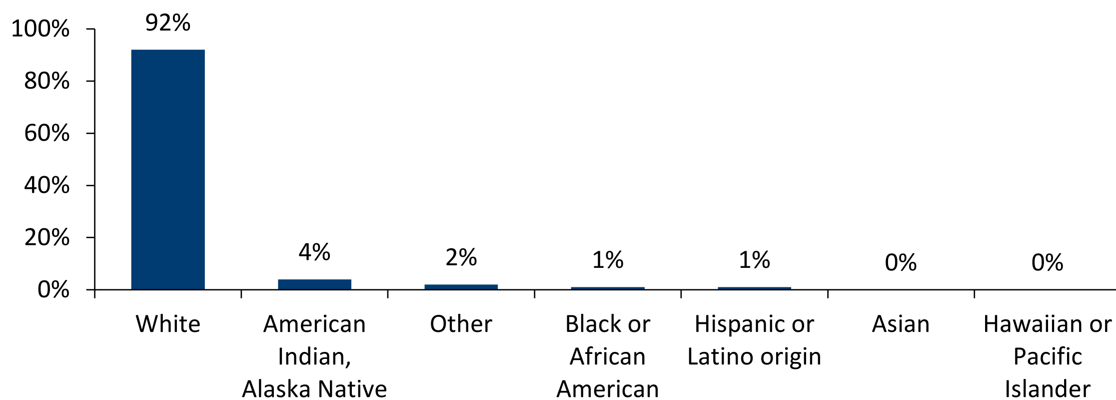


Age

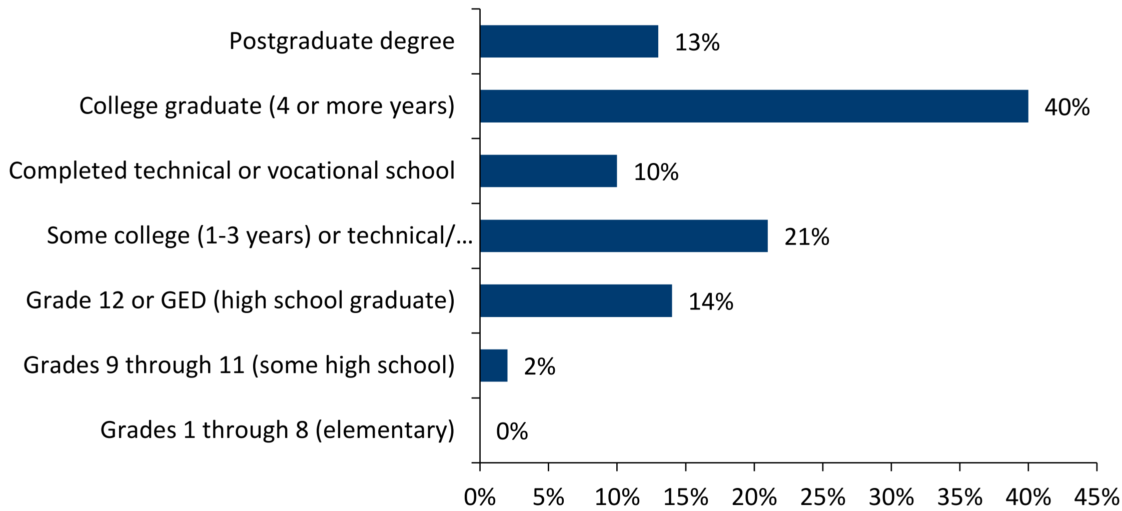
Every age group is represented among the survey participants; however, only 1% fell into the 75+ age group.



Ethnicity

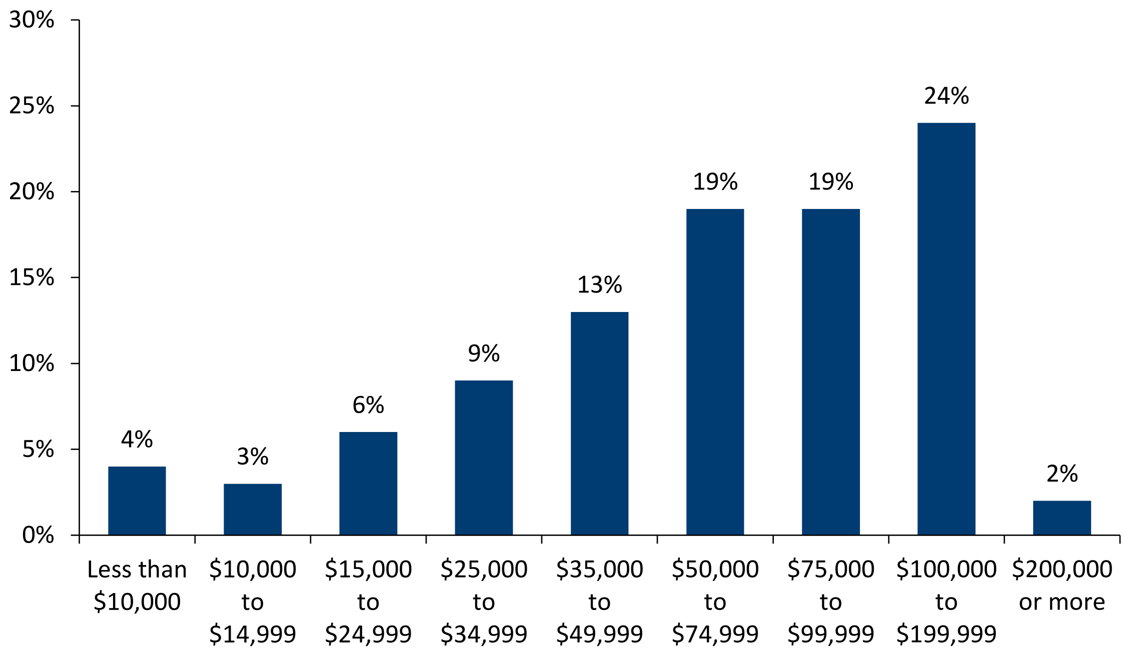


Education Level



Total Annual Household Income

Thirteen percent of survey participants have an annual household income at or below the Federal Poverty Level for a family of four ($25,100 in 2018).



Secondary Research Findings

Census Data

	Burleigh County	Morton County
Population	94,487	30,809
% below 18 years of age	23.1	23.2
% 65 and older	14.9	15.6
% White – non-Hispanic	89.4	90.3
American Indian	4.2	3.9
Hispanic	2.3	2.8
African American	2.0	1.1
Asian	0.8	0.4
% Female	49.8	49.6
% Rural	18.5	31.9

County Health Rankings

	Burleigh County	Morton County	State of North Dakota	U.S. Top Performers
Adult smoking	16%	17%	20%	14%
Adult obesity	30%	33%	32%	26%
Physical inactivity	22%	24%	24%	20%
Excessive drinking	24%	25%	26%	13%
Alcohol-related driving deaths	38%	63%	48%	13%
Food insecurity	6%	6%	8%	10%
Uninsured adults	7%	9%	9%	7%
Uninsured children	6%	7%	8%	3%
Children in poverty	7%	11%	12%	12%
Children eligible for free or reduced lunch	20%	29%	31%	33%
Diabetes monitoring	88%	88%	87%	91%
Mammography screening	72%	72%	69%	71%
Median household income	$66,400	$65,000	$61,900	$65,600

Health Needs and Community Resources Identified

The Internal Revenue Service requires that a community health needs assessment include an inventory of resources that are available to address the unmet needs. This document is referred to as an asset map. Sanford Health conducted asset mapping by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources are available in the community and county to address the needs. The asset map was reviewed by Sanford leadership and by community key stakeholders to validate the assets. The asset map helped to identify gaps in services. Once gaps were determined the key stakeholder group proceeded to the prioritization discussion and multi-voting exercise. The group was asked to prioritize the top two concerns that would be further developed into implementation strategies.

The process executed in the work was based on the McKnight Foundation model "Mapping Community Capacity" by John L. McKnight and John Kretzmann, Institute for Policy Research at Northwestern University.

The asset mapping process identified needs from the following:

- Key stakeholder survey
- Resident survey
- Facilitated discussion by the key stakeholders
- Secondary research
- Community resources that are available to address the needs

Please see the asset map in the Appendix.

Prioritization

A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to discuss community needs and complete the multi-voting exercise.

The following needs were brought forward for prioritization:

Criteria to Identify Priority Problem	Criteria to Identify Intervention for Problem
• Cost and/or return on investment • Availability of solutions • Impact of problem • Availability of resources (staff, time, money, equipment) to solve problem • Urgency of solving problem (Ebola or air pollution) • Size of problem (e.g. # of individuals affected)	• Expertise to implement solution • Return on investment • Effectiveness of solution • Ease of implementation/maintenance • Potential negative consequences • Legal considerations • Impact on systems or health • Feasibility of intervention

Health Indicator/Concern
Economic Well-Being • Homelessness 4.44 • Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.33 • Availability of affordable housing 3.87 • Hunger 3.64 o Residents report running out of food before having enough money to buy more
Children and Youth • Cost of quality childcare 3.97 • Substance abuse by youth 3.97 • Childhood obesity 3.94 • Teen suicide 3.86 • Cost of services for at-risk youth 3.79 • Bullying 3.78 • Availability of quality childcare 3.69 • Availability of services for at-risk youth 3.69 • Teen tobacco use 3.54 • Teen births • High school graduation rates
Aging Population • Cost of long-term care 4.07 • Cost of memory care 4.03 • Cost of in-home services 3.69
Safety • Abuse of prescription drugs 4.27 • Culture of excessive and binge drinking 3.74 • Domestic violence 3.74 • Presence of street drugs 3.71 • Child abuse and neglect 3.64 • Sex trafficking 3.63 • Criminal activity 3.50 • Alcohol impaired driving deaths
Health Care Access • Availability of mental health providers 4.27 • Availability of behavioral health providers 4.23 • Access to affordable prescription drugs 3.67 • Access to affordable health care 3.66 • Access to affordable health insurance coverage 3.65 • Coordination of care between providers and services 3.64 • Availability of non-traditional hours 3.56

Health Indicator/Concern
Wellness • Obesity • High cholesterol • Hypertension • Asthma • Arthritis • Flu shots
Mental Health and Substance Abuse • Drug use and abuse 4.53 42% self-report binge drinking on the resident survey • Alcohol use and abuse 4.19 • Depression 3.90 • Suicide 3.89 • Dementia and Alzheimer's Disease 3.63 • Anxiety and stress • Exposure to second hand smoke at home • 18% currently smoke cigarettes

Please see the multi-voting prioritization worksheet in the Appendix.

Implementation Strategies

How Sanford Bismarck is Addressing the Needs

Sanford is addressing all of the assessed needs that fall within our scope of work. In some cases, the need is one where we do not have the expertise to adequately address the need. However, Sanford leaders will communicate the findings to community experts and leaders.

Identified Concerns	How Sanford Bismarck is Addressing the Community Needs
ECONOMIC WELL BEING	
Homelessness Housing that accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence Affordable housing	• Bismarck-Mandan commandeered an affordable housing study to guide community-specific policy and affordable housing strategies. Sanford Health Bismarck has and will continue to participate in focus group meetings as identified by city leaders. • Burleigh County Housing Authority planning to build a public housing complex that will accept individuals dually diagnosed with mental health and substance use disorder conditions. Sanford Health will engage as a key community stakeholder. • Support United Way efforts to meet the emergency shelter needs of Bismarck and Mandan. • Invite temporary housing agencies to consider a respite care partnership with Sanford Health.
Hunger Running out of food & not having enough money to buy more Children in poverty in Morton & Burleigh counties	• Partnering with Great Plains Food Bank to ensure access to food; partnership includes targeted programming for pregnant and new moms. • Partnering with community-wide Little Pantry project to place free food in outdoor kiosks throughout the community. • Dedicated resources to help families in need apply for health services, health coverage and patient assistance.
CHILDREN AND YOUTH	
Cost of quality childcare Availability of quality childcare	• Partnering with Missouri Valley YMCA, Basin Electric and CHI St. Alexius to provide a community daycare center providing services for an additional 240 children. • Provide childcare services at new Family Wellness facility, a YMCA and Sanford Health community facility.
Bullying	• Community-based organizations such as Missouri Valley United Way offer community education services to increase awareness and prevention of bullying in the community. • Bismarck public schools have passed bullying policies.
Substance abuse Childhood obesity Teen suicide Cost of services for at-risk youth Availability of services for at-risk youth Teen tobacco use Teen births 30 compared to 27 statewide HS graduation rates: Morton – 82%, Burleigh – 86%	• Established free running program for at-risk youth. • Support numerous athletic, education and recreation activities for children of all ages. Supporting community activities and facilities fosters healthy lifestyles and social interaction/engagement which in turn reduce risk for obesity, substance use disorder, teen pregnancy, suicide and high school dropouts. • Provide obesity, depression, suicide, sexual activity and substance use education in both the clinical setting and in community forums.

Identified Concerns	How Sanford Bismarck is Addressing the Community Needs
AGING POPULATION	
Cost of long-term care Cost of memory care Cost of in-home services	• Sanford Bismarck collaborates with community aging service providers, e.g. skilled nursing facilities and assisted living centers, to coordinate care for the aging population to assist in transitions from levels of care. • Social workers, case managers and discharge planners work collaboratively with area service providers to identify appropriate resources and to ensure safe discharges. In addition to its hospital setting, Sanford Health has placed care planners in each of its long-term living facilities to assist in transitions of care. • Facilitate use of in-home services to improve patient outcomes, provide respite care for family caregivers and help patients remain in their homes with family and loved ones.
SAFETY	
Abuse of prescription drugs Culture of excessive & binge drinking Presence of street drugs Alcohol-impaired driving deaths Having drugs in their home that are not being used – 26%	• Sanford Health Bismarck supports Face It TOGETHER, a non-profit addiction management organization, to increase substance abuse awareness, education and access to recovery resources. • Partner with Reducing Pharmaceutical Narcotics in Our Communities Task Force and associated initiatives, e.g. community education and drug takeback programs.
Domestic violence Child abuse & neglect Sex trafficking Criminal activity	• Sanford Children's Child Abuse Pediatrics and A Child's Voice advocacy centers focus on diagnosis, treatment and prevention for children who have been or may have been neglected or physically, emotionally or sexually abused. The programs offer safe, child-friendly environments where specialists conduct assessments, forensic medical evaluations, photo documentation, colposcopic evaluation and a variety of treatment services for children and their families. • Provide expert testimony in court cases, make referrals, serve as a resource for other agencies and conduct child abuse prevention and education programs. • 4her North Dakota works to educate, advocate and eradicate sex trafficking via free education and training events. • Prevent Child Abuse North Dakota and Sanford Health Bismarck provide community education and awareness events and sponsors a running team tasked with raising awareness and helping children at risk. • Bismarck Police Department and Burleigh County Sherriff's Department have assigned officers and resources to provide community education/prevention presentations and conduct security surveys of homes and businesses.
HEALTH CARE ACCESS	
Availability of mental health providers Availability of behavioral health Access to affordable prescription drugs Access to affordable health care Access to affordable health insurance coverage Coordination of care between providers and services	• Collaborating with Face It TOGETHER, a non-profit addiction management organization, to increase substance abuse awareness, education and access to recovery resources. • Sanford Health Bismarck offers financial assistance for emergency and other medically necessary services provided and billed through Patient Financial Services. This assistance, ranging from a reduction for balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need. • Established relationship with local public health officials to help patients in need access care and prescription medication. • SHB case managers and RN Health Coaches coordinate care between medical providers and applicable services within and outside the health care system.

Identified Concerns	How Sanford Bismarck is Addressing the Community Needs
Availability of non-traditional hours Report health care costs as the most important community issue – 41% Report health care access as the most important community issue – 19%	• Sanford Health Bismarck provides free, onsite financial advocacy staff to help patients and their families apply for financial assistance and/or affordable health care coverage. • Sanford Health Bismarck provides medical care for dental-related problems regardless of patients' ability to pay; additionally, SHB advocates access to affordable care by engaging policy makers at the local and state level. • Facilitated My Chart access for Ruth Meiers transitional housing residents to improve patients' access to their care provider teams.
WELLNESS	
Get 5 or more fruits & vegetables per day – 44% Overweight – 30% Obese – 38% Get moderate activity 3 or more times/wk. – 52% High cholesterol – 26% Hypertension – 22% Asthma – 19% Arthritis – 17% Diabetes – 11% Have not seen a doctor or health care provider in the past year – 26% Have not had a flu shot in the past year -37%	• Sanford Bismarck provides in-kind human resources and sponsorship funding to support more than 100 community groups and events each year—investments targeting increased wellness-related awareness and education. By sharing information about the importance of healthy lifestyles, e.g. good food choices and consistent physical activity, Sanford Bismarck leaders and medical providers aim to increase prevention and control of chronic disease and some forms of cancer. • Sanford Bismarck helped create a youth running group targeting pediatric health • Family Wellness Center, a partnership between Sanford Health and Missouri Valley Family YMCA, offers more than 70 fitness classes for members of all ages, a gymnasium, indoor track and child-watch services. In 2017, more than 2,000 Bismarck-Mandan area individuals and families joined Family Wellness and more than $12,000 in financial assistance was granted to children and families in need. The facility provides year-round access to wellness opportunities necessary to help combat chronic illnesses including diabetes, depression, substance use disorder, obesity and heart disease. • Edith Sanford Run/Walk for Breast Cancer: Annual breast cancer awareness event features a 5K run and walk as well as a comprehensive education fair that includes information regarding prevention, screening, treatment and community support programs. • Established Better Choices, Better Health, a chronic disease self-management program designed to helps adults manage the symptoms of diabetes, arthritis, heart disease, stroke, asthma, lung disease, pain, depression and anxiety. The evidence-based program is free to patients with chronic disease and caregivers. • Sanford Bismarck provides year-round comprehensive programming for patients newly diagnosed with pre-diabetes as well free one-hour community sessions during the months of September through May.
Have not seen a dentist within the past year – 27%	• Support ND Dental Association's Mission of Mercy free dental care event. • Partner with Bridging the Dental Gap to improve referral process from dental-related emergency room visits to appropriate dental care.

Identified Concerns	How Sanford Bismarck is Addressing the Community Needs
Mental Health & Substance Abuse	
Drug use and abuse Alcohol use and abuse Depression Suicide Dementia and Alzheimer's Disease Anxiety & stress – 49% Depression – 42% Panic attacks – 13% Currently using tobacco – 18% Adult smoking: Burleigh – 16% Morton – 17% Excessive drinking: Burleigh – 22% Morton – 23% Exposure to second hand smoke in their home – 21% Binge drinking at least once/month – 42%	• Collaborating with Face It TOGETHER, a non-profit addiction management organization, to increase substance abuse awareness, education and access to recovery resources. • SHB is a smoke-free campus and provides education and counseling to patients and their families regarding the health hazards of tobacco use and support to quit. Sanford Bismarck offers a smoking cessation program for community members and partners with Burleigh County Public Health and N.D. Department of Health tobacco prevention and control programs. • Sanford Health Bismarck works collaboratively with private providers and treatment centers, Burleigh County Public Health and West Central Human Service Centers to provide coordinated mental health and behavioral health services to community members. • Sanford Health has collaborated with law enforcement, social services providers and other community care providers to develop a community-wide continuum of care to meet the behavioral health needs of the county. • Sanford Bismarck helped create a community-based youth running group targeting pediatric health including self-esteem, self-confidence and physical fitness. • Sanford Bismarck's Family Wellness Center partnership is a key investment in the community's wellness—increased social connectivity and access to community programming increase positive outlook and helps reduce depression and stress. • Sanford Health Bismarck is collaborating with Face It TOGETHER, a non-profit addiction management organization, to Bismarck-Mandan to help provide substance abuse awareness, education and recovery resources. • SHB is a smoke-free campus and provides education and counseling to patients and their families regarding the health hazards of tobacco use and support to quit. Sanford Bismarck offers a smoking cessation program for community members and partners with Burleigh County Public Health and N.D. Department of Health tobacco prevention and control programs. • Sanford Health Bismarck works collaboratively with private providers and treatment centers, Burleigh County Public Health and West Central Human Service Centers to provide coordinated mental health and behavioral health services to community members. • Sanford Health has collaborated with law enforcement, social services providers, and other community care providers to develop a community-wide continuum of care to meet the behavioral health needs of the county. • Sanford Bismarck helped create a community-based youth running group targeting pediatric health including self-esteem, self-confidence and physical fitness. • Sanford Bismarck's partnership in the in-development Family Wellness Center is a key investment in the community's wellness—increased social connectivity and access to community programming increase positive outlook and helps reduce depression and stress.

Implementation Strategies – 2019-2021

Priority 1: Health Care Access

According to the County Health Rankings for Clinical Care, access to affordable health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that barriers to accessing health insurance coverage are reduced.

Priority 2: Behavioral Health and Substance Abuse

The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities." In 2014, an estimated 22.5 million Americans age 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year.

Sanford has made behavioral health a significant priority and has developed strategies to reduce mortality and morbidity from behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by substance abuse.

Implementation Strategies Action Plan – 2019 - 2021

Priority 1: Health Care Access

Projected Impact: Reduce financial barriers to securing health care services

Goal 1: Reduce barriers to accessing health insurance coverage

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Help community members secure health coverage and/or financial assistance through the Sanford Health Financial Assistance Program	Track the number people Sanford helps apply for medical coverage and financial assistance	Sanford Health financial advocacy team, Sanford Health case managers and social workers	Aleesa Broby, Maggie Seamands	Bismarck/Burleigh Public Health, United Way, Missouri Valley Homeless Coalition
Conduct outreach and educational activities to promote access to affordable health care opportunities for minorities, underserved, and vulnerable populations	Track the number of people Sanford helps enroll in health coverage programs as a result of this work	Sanford Health financial advocacy team, community outreach and public policy resources	Aleesa Broby, Marnie Walth	Fort Yates Indian Health Service, United Way, Bismarck/Burleigh Public Health
Identify and remove unnecessary policy-related barriers to securing health coverage for at-risk populations	Track the number of people who secure coverage for health care via Sanford's assistance	Sanford Health public policy, case management and financial advocacy resources	Aleesa Broby, Maggie Seamands, Marnie Walth	Burleigh County Social Services, Missouri Valley Homeless Coalition, ND Department of Corrections, Bismarck/ Burleigh Public Health

Goal 2: Reduce financial barriers to prescription medication

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Increase prescription medicine compliance by minimizing financial barriers; identify resources and implement workflows to assist community members unable to afford prescribed medications	Track the number of people we assist	Sanford Health financial advocacy team, Sanford Health Foundation and community outreach coordinator	Sara Haugen Tom Simmer	United Way, Ruth Meiers Hospitality House, Bismarck/Burleigh County Public Health

Goal 3: Reduce barriers to nutritional food sources

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Target low-income, at-risk patients to prevent nutrition-related disease and deficiencies	Track the number of mothers Sanford connects to reliable food sources	Women's medical services and case management	Kyla Sanders	Great Plains Food Bank, Bismarck/Burleigh Public Health

<u>Priority 2</u>: Behavioral Health and Substance Abuse

Projected Impact: Improve community's substance abuse continuum of care

Goal 1: Increase community awareness regarding substance abuse prevention, intervention, treatment and recovery

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Partner with community stakeholders to identify gaps in continuum of care, increase community members' awareness of the disease of addiction, and improve access to care.	Track increased awareness via community surveys	High-risk case managers, community outreach resources	Dr. Chris Meeker, Jo Lynn Rising Sun	Bismarck/Burleigh County Public Health, Face It TOGETHER, Burleigh and Morton County Sherriff's Offices, Bismarck and Mandan Police Departments, Heartview Foundation

Goal 2: Opioid stewardship

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Reduce volume of prescription pain medications in the communities we serve	Reduced prescription volume and pill count	Sanford Health opioid stewardship committee, physician education	Dr. Chris Meeker, Dr. Doug Griffin	ND Hospital Association
Increase community awareness of strategies to reduce unnecessary pain medicine prescriptions	Track number of communication activities and public presentations	Sanford Health medical officer, education and public policy	Dr. Chris Meeker and Dr. Doug Griffin	ND Department of Health, ND Hospital Association, ND Medical Association

Goal 3: Medication assisted treatment

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources	Leadership	Note any community partnerships and collaborations - if applicable
Manage high-risk pregnancies including SUD pregnancies with referrals to treatment centers (Heartview)	Increase the number of patients participating in MAT services	Maternal fetal medicine staff	Kyla Sanders	Bismarck/Burleigh Public Health, Heartview Foundation

Implementation Strategies Action Plan – 2017 - 2019

Priority 1: Access to Affordable Care
Projected Impact: Increase percent of community members accessing preventive and acute care in an appropriate setting
Goal 1: Increase access to healthy lifestyle improvement opportunities

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
• Establish Family Wellness Center to provide year-round physical fitness opportunities to community residents. • Support and lead community-wide education initiatives.	Increase percent of residents participating in physical fitness most days of the week	Sanford Health Bismarck therapy teams	Kirk Cristy, Melanie Carvell and Fred Fridley	Missouri Valley YMCA

Goal 2: Patients are aware of the best coverage option

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
• Extend supportive services to help patients navigate through coverage options. • Support "no wrong door" policy to help community members secure health coverage and/or financial assistance through the Sanford Health Financial Assistance Program. • Provide connectivity to financial advocacy help to uninsured and underinsured patients and their families. • Provide education and support needed to redirect people using emergency department care for non-emergent services. • Conduct outreach and educational activities to promote access to affordable health care opportunities for minorities, underserved, and vulnerable populations.	Increase percent of residents with health care coverage	Sanford Health financial advocacy team	Lori Blees and Kirk Cristy	Burleigh County Social Services, North Dakota Navigator Project, ND Bureau of Indian Affairs

Priority 2: Substance Abuse
Projected Impact: Improve community's substance abuse continuum of care
Goal: Substance abuse services are provided across the full continuum of care

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Note any community partnerships and collaborations - if applicable
• Partner with community stakeholders to identify gaps in continuum of care. • Increase community members' awareness of the disease of addiction. • Improve access to care.	Increased awareness regarding substance abuse	RN Health Coaches, public policy team, human resources	Al Hurley Marnie Walth	Bismarck/Burleigh County Public Health, Burleigh County Social Services, Face It TOGETHER, Burleigh County Sherriff's Office, Bismarck Police Department, ND Department of Human Resources, Reducing Pharmaceutical Narcotics in our Communities, Justice and Mental Health Planning Committee

Demonstrating Impact – 2017 – 2019 Strategies

During the 2016 Community Health Needs Assessment research cycle community members were invited to discuss community needs, provide recommendations and vote on the top priorities to address over the following 3 years. At Sanford Bismarck Medical Center, the top priorities addressed through an implementation strategy process include:

1) Access to affordable care
2) Substance use disorder continuum of care

Access to Affordable Care

To increase access to affordable care, Sanford identified two goals: increase access to health insurance coverage, and increase access to services and facilities that increase the opportunity to make healthy lifestyle choices.

To help uninsured and underinsured patients secure access to care, the following tactics were successfully achieved:

- Integrated full-time, on-site financial advocates to help uninsured and underinsured patients apply for health coverage and apply for Sanford Health's Financial Assistance Program.
- Established relationship with local public health officials to help patients in need access care and prescription medication.
- Provided support and assistance to underserved and vulnerable populations via community volunteer work, e.g. support Bismarck/Mandan emergency homeless shelter stakeholders.
- Planning to provide Medicaid enrollment assistance on-site at Standing Rock Sioux Reservation.
- Facilitated My Chart access for Ruth Meiers transitional housing residents.

To increase access to services and facilities that foster healthy lifestyles, Sanford successfully implemented the following initiatives:

- Family Wellness Center construction and implementation complete (grand opening held January 17, 2017). A partnership between Sanford Health and Missouri Valley Family YMCA, the community facility features more than 70 fitness classes for members of all ages, a gymnasium, indoor track and child-watch services. In 2017, more than 2,000 Bismarck-Mandan area individuals and families joined Family Wellness and more than $12,000 in financial assistance was granted to children and families in need.
- Edith Sanford Run/Walk for Breast Cancer: Annual breast cancer awareness event features a 5K run and walk as well as a comprehensive education fair that includes information regarding prevention, screening, treatment and community support programs.
- Established Better Choices, Better Health, a chronic disease self-management program designed to helps adults manage the symptoms of diabetes, arthritis, heart disease, stroke, asthma, lung disease, pain, depression and anxiety. The evidence-based program is free to patients with chronic disease and caregivers. Seventy-five community members were served during the inaugural program.

Substance Use Disorder Continuum of Care

When evaluating the region's substance use disorder continuum of care, it was determined prevention, intervention and recovery services are critically needed. To begin meeting the need, Sanford partnered with community stakeholders to implement the following initiatives:

- Donated .25 FTE for one year to launch Face It TOGETHER, a community-based approach to addressing addiction, in Bismarck-Mandan. Serving as interim director, the .25 FTE focused on increasing community stakeholder awareness of addiction recovery services and securing funding to hire a full-time executive director.
- "Caring for Our Community: Time to Talk Opioids," a six-part opioid education series designed for health care providers and community members. Topics include recognizing addiction in the workplace, removing stigma and shame barriers, socioeconomic impact, diversion, strategies to reduce overdose-related deaths and evidenced-based treatment programs including peer recovery coaching and medication assisted treatment (MAT).
- Sanford Health Opioid Stewardship: Sanford launched an opioid stewardship committee in 2016 to reduce the volume of opioids prescribed to patients experiencing pain while integrating evidence-based, best practice strategies to manage pain effectively.
    - FY17: Completed by >95% of Sanford providers
    - From January 2016 to June 2017 Sanford Health providers reduced the number of opioid prescriptions by 24% in our North Dakota regions
- Law enforcement medical clearance: Sanford facilitated a community stakeholder project to eliminate barriers to help law enforcement appropriately triage individuals under the influence of drugs or alcohol.

Community Feedback from the 2016 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2016 Community Health Needs Assessment and has provided online comment fields on our website for ease of access. There have been no comments or questions about the Sanford Bismarck Medical Center's CHNA.

Appendix

Primary Research

BISMARCK/MANDAN ASSET MAP

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
Economic Well Being	Homelessness 4.44 Housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.33 Affordable housing 3.87 Hunger 3.64	28% Report running out of food and not having enough money to get more	Children in poverty – 11% in Morton 9% in Burleigh	Homelessness resources: • Abused Adult Resource Center, 218 W. Broadway Ave., Bismarck • Ruth Meiers Hospitality House, 1800 E. Broadway Ave., Bismarck • Welcome House, 1902 E. Thayer. Ave. BismarckAID, Inc., 314 W. Main St., Mandan • Community Action Program, 2105 Lee Ave., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Youthworks, 221 W. Rosser Ave., Bismarck Housing resources: • Burleigh Co. Housing Authority, 410 S. 2nd St., Bismarck • Morton Co. Housing Authority, 1500 – 3rd Ave. NW, Mandan • ND Housing Finance Agency, 2624 Vermont Ave., Bismarck • Standing Rock Housing Authority, 1333 – 92nd St., Ft Yates, ND • Dakota Foundation, 600 S. 2nd St., Bismarck • Ruth Meiers New Beginnings, 1800 E. Broadway Ave., Bismarck • Ruth Meiers Hospitality House, 1800 E. Broadway Ave., Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Native American Development Center, 205 N 24th Street, Bismarck • ND Hsg. Finance Agency, 2624 Vermont Ave., Bismarck • Pam's House, PO Box 500, Bismarck • New Awakenings Apts., PO Box 500, Bismarck • VA Supportive Housing, 619 Riverwood Dr., Bismarck • Supportive Housing for Veteran Families, 2105 Lee Ave., Bismarck • AID, Inc., 314 W. Main St., Mandan • Community Works, 200 – 1st Ave. NW, Mandan • Money Follows the Person Housing (ND Dept. of Human Services), 600 E. Blvd. Ave., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Welcome House, 1902 E. Thayer Ave., Bismarck • Low Income housing:

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				○ Breton Hts. Apts., 4001 Lockport St., Bismarck ○ Alberta Hts. Apts., 4111 Lockport St., Bismarck ○ Park Century Apts., 2800 Gateway Ave., Bismarck ○ Ithica Hts. Apts., 2820 Ithica Dr., Bismarck ○ Brandon Hts. Apts., 580 Brandon Pl., Bismarck ○ Westgate Apts., 2810 Gateway Ave., Bismarck ○ Heritage Apts., 112 N. 5th St., Bismarck ○ Century East Apts., 1715 & 1823 Mapleton Ave., Bismarck ○ Calgory Apts., 3310, 3420 & 3540 N. 19th St., Bismarck ○ Century East Apts. II & III, 2939 & 3001 Ohio St., Bismarck ○ Washington Hts. Apts., 2801, 2809, 2835 & 2843 Hawken St., Bismarck Hunger resources: • Carrie's Kids, 1223 S. 12th St., Bismarck • United Way, 515 N. 4th St., Bismarck • Great Plains Food Bank, 721 Memorial Hwy., Bismarck • The Banquet at Trinity Lutheran Church, 502 N 4th, Bismarck • Spirit of Life Church Food Pantry, 801 – 1st St. SE, Mandan • Ministry on the Margins, 201 N. 24th St., Bismarck • All Nations Assembly of God, 121 – 48th Ave. SE, Bismarck • Bismarck Emergency Food Pantry, 725 Memorial Hwy, Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Corpus Christi Church, 1919 N. 2nd St., Bismarck • Crystal River Ministry Center, 924 N. 11th St., Bismarck • Faith Center, 2303 E. Divide, Bismarck • Helping Hands Food Pantry, 1826 – 8th St. N., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Hope on the Horizon, 529 Memorial Hwy., Bismarck • Love Your Neighbor Food Pantry – 4909 Shelburne St., Bismarck • River of Hope, 1996 – 43rd Ave. N., Bismarck • Heaven's Helpers Soup Café – 220 N. 23rd St., Bismarck • United Tribes Technical College Community Meal, 3315 Univ. Dr., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Abundance of Grace Food Pantry, 4209 Old Red Trail, Mandan • Riverside School, 406 S. Anderson St., Bismarck • SNAP, 415 E. Rosser Ave., Bismarck • WIC, 2400 E. Bdwy St., Bismarck • Grocery Stores: ○ Dan's Supermarket, 835 S. Wash. St., Bismarck ○ Dan's Supermarket, 3101 N. 11th St., Bismarck ○ Dan's Supermarket, 1190 Turnpike Ave. Bismarck ○ Dan's Supermarket, 3103 Yorktown Dr. Bismarck ○ Dan's Supermarket, 500 Burlington St. SE, Mandan ○ BisMan Food Co-op, 711 E. Sweet Ave., Bismarck ○ Asian Market, 220 W. Front Ave., Bismarck ○ Walmart, 1400 Skyline Blvd., Bismarck ○ Walmart, 1000 Old Red Trail NW, Mandan ○ Walmart, 2717 Rock Island Place, Bismarck ○ Target, 600 Kirkwood Mall, Bismarck ○ Sam's Club, 2821 Rock Island Pl., Bismarck ○ Cashwise Foods, 1144 E. Bismarck Expressway, Bismarck
Children and Youth	Cost of quality child care 3.97 Substance abuse 3.97 Childhood obesity 3.94 Teen suicide 3.86 Cost of services for at-risk youth 3.79 Bullying 3.78 Availability of quality child care 3.69 Availability of services for at-risk youth 3.69		Teen births 30 in Morton County compared to 27 statewide HS graduation rates 82% in Morton County and 86% in Burleigh County	Child Care resources: • Child Care Resource & Referral, 1616 Capitol Way, Bismarck • Head Start, 720 N. 14th St., Bismarck • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Morton Co. Social Services, 200 – 2nd Ave., Mandan Drug, Alcohol & Smoking resources: • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
	Teen tobacco use 3.54			• Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central CD Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan, ND • First Link, 4357 – 13th Ave. S., Bismarck • Teen Challenge, 1406 -2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Bismarck-Mandan Face it Together, no physical address) Obesity resources: • Bismarck Parks & Recreation, 400 E. Front Ave., Bismarck • Mandan Parks & Recreation, 2600 – 46th Ave. SE, Mandan • Capitol Ice Complex, 221 E. Reno Ave., Bismarck • Cops & Kids Fishing Program, 221 N. 5th St., Bismarck • MHA Nation, 404 Frontage Rd., New Town, ND • Native American Development Center, 205 N. 24th St., Bismarck • Aquastorm Swim Team, 1601 Canary Ave., Bismarck • Bis-Man Tennis Association, PO Box 1984, Bismarck • Bismarck Midget Football, Bismarckyouthfootball@gmai.com • Bismarck Soccer League, 919 S. 7th St., Bismarck • Fast Pitch Softball, PO Box 891, Bismarck • BLAST Program, 400 E. Front Ave., Bismarck • Bobcats Youth Hockey, 1200 N. Washington St., Bismarck • Boy Scouts, 1929 N. Washington St., Bismarck • Girl Scouts, 735 Airport Rd., Bismarck • Charles Hall Youth Services, 513 E. Bismarck Expressway, Bismarck • Dakota United Soccer Club, 919 S. 7th St., Bismarck • Great Plains Track & Field, 400 E. Front Ave., Bismarck • YMCA, 1608 N. Washington St., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• VFW Sports Center, 1200 N. Wash. St., Bismarck • Legion Skating Rink, S. Wash. St., Bismarck • Tatley Skating Rink, Airport Rd & Michigan Ave., Bismarck Resources for at-risk youth: • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • Dakota Family Services, 1227 N. 35th St., Bismarck • Dakota Zoo, 600 Riverside Park Rd., Bismarck • Gateway to Science, 1810 Schafer St., Bismarck • Girl Scouts, 735 Airport Rd., Bismarck • Boy Scouts, 1929 N. Wash. St., Bismarck • Head Start, 720 N. 14th St., Bismarck • Mountain Plains Youth Services, 225 W. Rosser Ave., Bismarck • Open Door Community Center, 1140 S. 12th St., Bismarck • Youthworks, 217 W. Rosser Ave., Bismarck • Bismarck Police Youth Bureau, 221 N. 5th St., Bismarck • Carrie's Kids, 1223 S. 12th, Bismarck
Aging Population	Cost of LTC 4.07 Cost of memory care 4.05 Cost of in-home services 3.69			Resources for the Aging Population: • AARP, 107 W Main Ave. #125, Bismarck, ND • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Good Samaritan Home Care, 309 N. Mandan St., Bismarck • Gracefully Aging, 1200 Missouri Ave., Bismarck • Long Term Care Association, 1900 N. 11th St., Bismarck • Lutheran Social Services, 1616 Capitol Way, Bismarck • Sanford Home Care, 910 – 18th St. NW, Mandan • Meals on Wheels, 721 Ave. A., Bismarck • Spectrum Home Care, 1006 E. Central Ave., Bismarck • Visiting Angels, 1102 S. Wash St., Bismarck • Support Systems, Inc., 1929 N. Wash. St., Bismarck • Missouri Slope Care Center, 2425 Hillview Ave., Bismarck • Enable, 1836 Raven Dr., Bismarck • Volunteer Caregiver Exchange, 600 S. 2nd St., Bismarck • Baptist Health Care Center, 3400 Nebraska Dr., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Brandon Hts. Village, 580 Brandon Pl., Bismarck • Crescent Manor, 410 S. 2nd St., Bismarck • Edgewood Vista, 3124 Colorado LN, Bismarck & 3406 Dominion St., Bismarck • Good Samaritan Society, 309 N. Mandan St., Bismarck & 301 Lorrain Dr., Bismarck • Maple View East, 2625 N. 19th St., Bismarck • Maple View North, 4217 Montreal St., Bismarck • Marillac Manor, 1016 N. 28th St., Bismarck • Patterson Place, 420 E. Main Ave., Bismarck • Primrose Retirement Community, 1144 College Dr., Bismarck • St. Vincent's Care Center, 1021 N. 26th St., Bismarck • St. Gabriel's Community, 4580 Coleman St., Bismarck • The Terrace, 901 E. Bowen Ave., Bismarck • Touchmark, 1000 W. Century Ave., Bismarck • Valley View Heights, 2500 Valleyview Ave., Bismarck • BBPH Home Health Program, 500 E. Front Ave., Bismarck • CHI St Alexius Palliative Care, 310 N. 9th St., Bismarck • Custer Health, 403 Burlington St. SE, Mandan • Alzheimer's Assn., 406 W. Main St., Mandan • Vulnerable Adults Aging Services, 600 E. Blvd. Ave., Bismarck • Vulnerable Adult Protective Service, 1237 W. Divide Ave., Bismarck • Protection & Advocacy, 400 E. Bdwy. Ave., Bismarck • AID Inc. (transportation), 314 W. Main St., Mandan • Capital Area Transit (transport.), 3750 E. Rosser Ave., Bismarck
Safety	Abuse of prescription drugs 4.27 Culture of excessive and binge drinking 3.74 Domestic violence 3.71 Presence of street drugs 3.71	26% report having drugs in their home that are not being used	Alcohol impaired driving deaths 332% in Burleigh and 61% in Morton	Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources: • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan Domestic Violence resources: • Abused Adult Resource Center/Pam's House, 218 W. Broadway Ave., Bismarck • Ruth Meier's Hospitality House, 1100 E. Blvd. Ave., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
	Child abuse and neglect 3.64 Sex trafficking 3.63 Criminal activity 3.50			• Vulnerable Adults Aging Services, 600 E. Blvd. Ave., Bismarck • Vulnerable Adult Protective Service, 1237 W. Divide Ave., Bismarck • Protection & Advocacy, 400 E. Bdwy. Ave., Bismarck • Welcome House, 1912 E. Thayer Ave., Bismarcksoup Criminal Activity resources: • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan Child Abuse/Neglect resources: • West Central Human Service Center, 1237 W. Divide Ave., Bismarck • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan • God's Child Project, 721 Memorial Highway, Bismarck Sex Trafficking resources: • Sanford Victims of Sexual Abuse, 300 N. 7th St., Bismarck • CHI St. Alexius SANE, 900 E. Bdwy. Ave., Bismarck
Healthcare Access	Availability of mental health providers 4.27 Availability of behavioral health 4.23 Access to affordable prescription drugs 3.67 Access to affordable healthcare 3.66 Access to affordable health insurance coverage 3.65 Coordination of care between providers and services 3.64	41% report healthcare costs as the most important community issue 19% report health care access as the most important community issue		Mental Health/Behavioral Health resources: • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • CHI St. Alexius EAP, 1310 E. Main Ave., Bismarck • Mental Health Assn., 523 N. 4th St., Bismarck • Partnerships Program (W Central Health Services Center), 1237 W. Divide Ave., Bismarck • Pride, Inc., 1200 Missouri Ave., Bismarck • Sanford Health providers, 300 N. 7th St., Bismarck • CHI St. Alexius providers, 900 E. Broadway, Bismarck • The Village, 107 W. Main Ave., Bismarck • West Central Human Service Center, 1237 W. Divide Ave., Bismarck • Veterans Administration, 2700 State St., Bismarck • Northland Community Health Center Bismarck 914 S. 12th St. Suite 101 Bismarck 58504

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
	Availability of non-traditional hours 3.56			Affordable Prescription Drugs resources: • Prescription Connection, 1701 S. 12th St., Bismarck • ND RX Card, NorthDakotaRXCard.com • ND Prescription Drug Repository Program, 1906 E. Broadway Ave., Bismarck • Needy Meds, NeedyMeds.org • Partnership for Prescription Assistance, PPARX.org • ND Assn. for the Disabled, 1014 S. 12th St., Bismarck Affordable Healthcare resources: • Northland Community Health Center Bismarck 914 S 12th St. Suite 101 Bismarck, ND 58504 • Medicaid, 600 E. Blvd. Ave., Bismarck • Sanford Patient Navigators, 300 N. 7th St., Bismarck • Custer Family Planning, 701 E. Rosser Ave., Bismarck • Joanne's Clinic, 1800 E. Bdwy. Ave., Bismarck • UND Ctr. for Family Medicine, 701 E. Rosser Ave., Bismarck • First Choice Clinic, 1120 College Dr., Bismarck • Blue Cross Member Advocate Program, 1-800-342-4718 • Caring for Children, 600 E. Blvd. Ave., Bismarck • Sanford's Community Care Program, 300 N. 7th St., Bismarck • CHI St. Alexius' Community Care Program, 900 E. Bdwy, Bismarck • Sanford's Medical Home Program, 300 N. 7th St., Bismarck • Mid Dakota Clinic Medical Home Program, 9th & Rosser, Bismarck • Sanford Case Managers/Social Workers/Parish Nurses, 300 N, 7th St., Bismarck • CHI St. Alexius Case Management/ Social Workers, 900 E. Broadway, Bismarck • Bridging the Dental Gap, 1223 S. 12th St., Bismarck • Ronald McDonald Mobile Clinic, 609 N. 7th St., Bismarck • Bismarck-Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan • Aid, Inc., 314 W. Main St., Mandan • Burleigh Co. Senior Adults, 315 N. 20th St., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Burleigh Veterans Services, 221 N. 5th St., Bismarck • Prescription Connection, 1701 S. 12th St., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • United Tribes Technical College, 3315 University Dr., Bismarck • Jerene's Wish/Warford Orthodontics, 1145 W. Turnpike Ave., Bismarck • ND Assn. for the Disabled, 1014 S. 12th St., Bismarck • Experience Health ND (ND Dept. of Health), 600 E. Blvd. Ave., Bismarck Affordable Insurance Coverage resources: • ND Department of Insurance, 600 E. Blvd. Ave., Bismarck • Medicaid – Burleigh Co. Human Services, 415 E. Rosser Ave., Bismarck • Homeless Coalition, 1684 Capitol Way, Bismarck • Prime Care Select, 900 E. Bdwy. Ave., Bismarck • Bridging the Dental Gap, 1223 S. 12th St., Bismarck Availability of Non-Traditional Hours resources:
Wellness		Only 44% report getting 5 or more fruits and vegetable per day 30% self-reported overweight 38% self-report obese level 52% self-report getting moderate activity 3 or more times/week 26% report high cholesterol 22% report hypertension 19% report asthma 17% report arthritis 11% report diabetes	Adult obesity 29% Burleigh, 33% Morton	Sanford Health Dietitians 300 N 7th St Bismarck CHI St. Alexius Dietitians 900 E Broadway Bismarck Sanford Wellness Center Exercise Physiologist/specialists Sanford Health Providers 300 N 7th St. Bismarck CHI St Alexius providers 900 E Broadway Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
		26% have not seen a doctor or healthcare provider in the past year 37% have not had a flu shot in the past year 27% have not seen a dentist within the past year		
Mental Health and Substance abuse	Drug use and abuse 4.53 Alcohol use and abuse 4.19 Depression 3.90 Suicide 3.89 Dementia and Alzheimer's Disease 3.63	49% report anxiety and stress 42% report depression 13% report panic attacks 18% report currently using tobacco 21% report exposure to second hand smoke in their home 18% currently smoke cigarettes 42% report binge drinking at least once per month 26% report having drugs in their home that they are not using	Adult smoking 16% Burleigh, 17% Morton 22% excessive drinking ion Burleigh and 23% in Morton	Drug / Alcohol Abuse resources: • Ideal Option 549 Airport Road Bismarck • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central CD Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan • First Link, 4357 – 13th Ave. S., Bismarck • Teen Challenge, 1406 -2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Bismarck-Mandan Face it Together, no physical address Mental Health resources: • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • CHI St. Alexius EAP, 1310 E. Main Ave., Bismarck

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need
				• Mental Health Assn., 523 N. 4th St., Bismarck • Partnerships Program (W Central Health Services Center), 1237 W. Divide Ave., Bismarck • Pride, Inc., 1200 Missouri Ave., Bismarck • Sanford Health providers, 300 N. 7th St., Bismarck • CHI St. Alexius providers, 900 E. Broadway, Bismarck • The Village, 107 W. Main Ave., Bismarck • West Central Human Service Center, 1237 W. Divide Ave., Bismarck • Veterans Administration, 2700 State St., Bismarck Dementia/Alzheimer's resources: • Alzheimer's Assn., 406 W. Main St., Mandan

Key Stakeholder Survey

Bismarck-Mandan Medical Center

Community Health Needs Assessment

Results from a December 2017 Non-Generalizable

Online Survey of Community Stakeholders

January 2018

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a December 2017 online survey of community leaders and key stakeholders identified by Sanford Bismarck-Mandan Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the month of December. A total of 68 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being "no attention needed"; 2 being "little attention needed"; 3 being "moderate attention needed"; 4 being "serious attention needed"; and 5 being "critical attention needed," respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

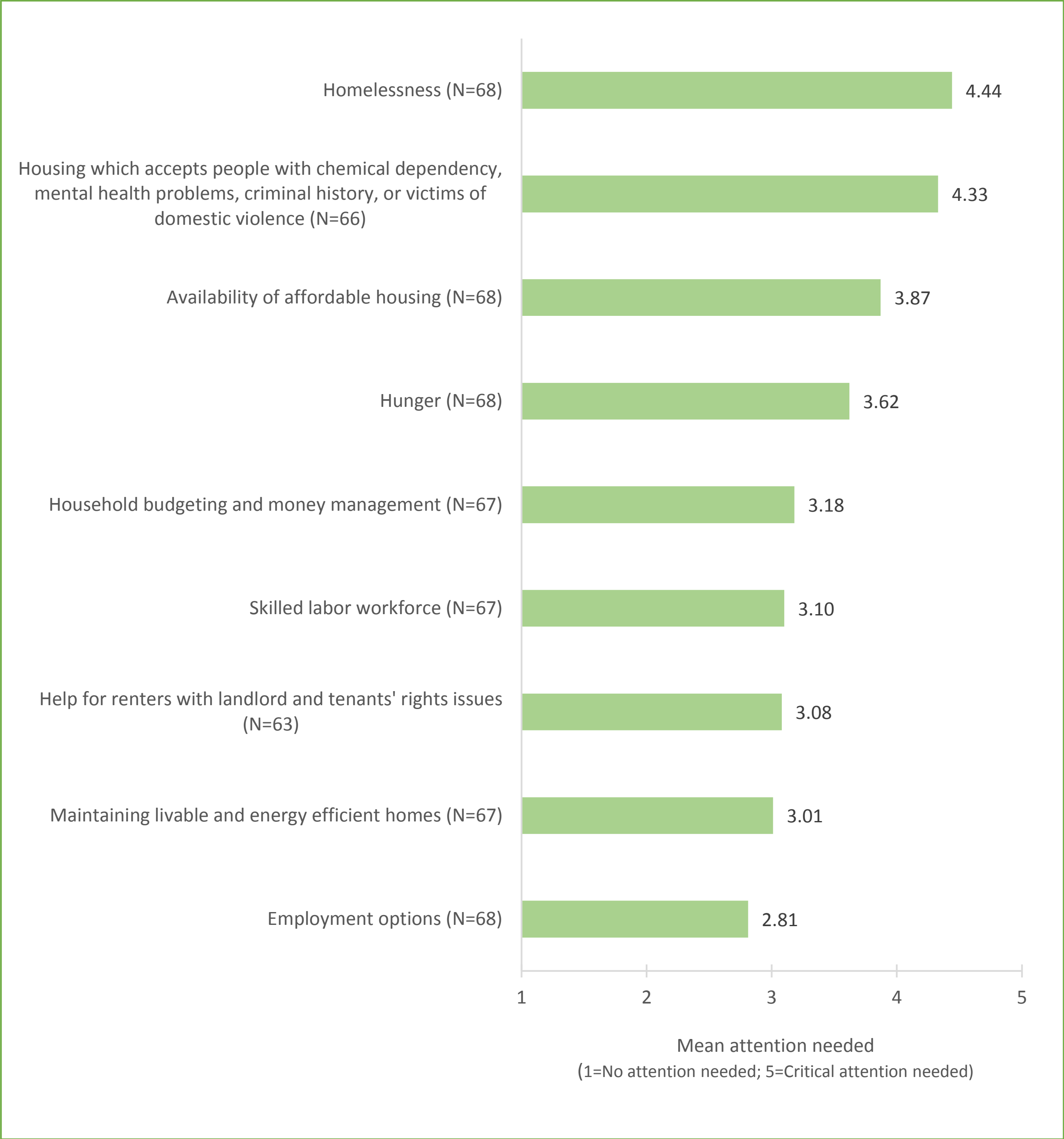


Figure 2. Current state of community issues regarding TRANSPORTATION

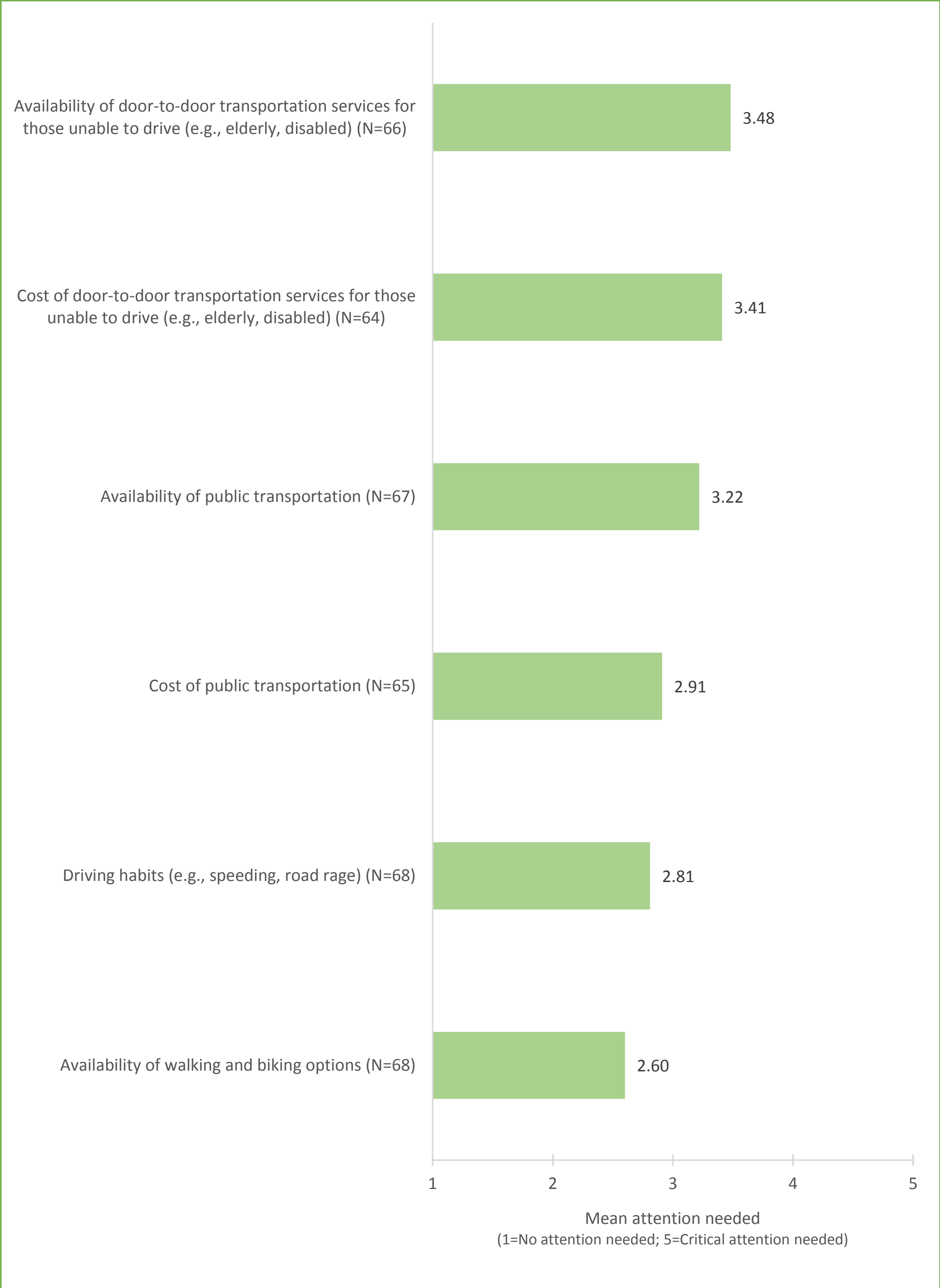


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

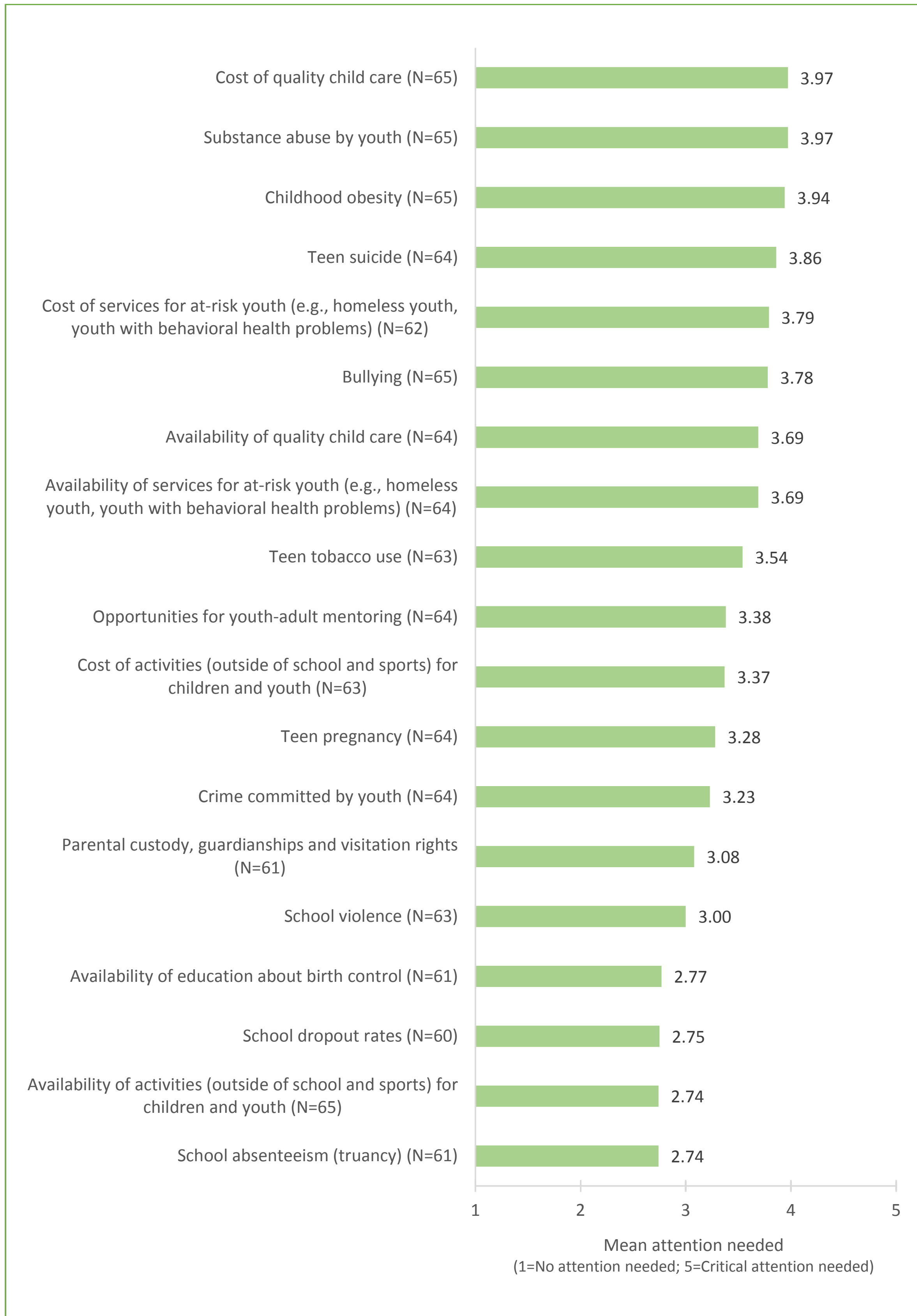


Figure 4. Current state of community issues regarding the AGING POPULATION

Figure 5. Current state of community issues regarding SAFETY

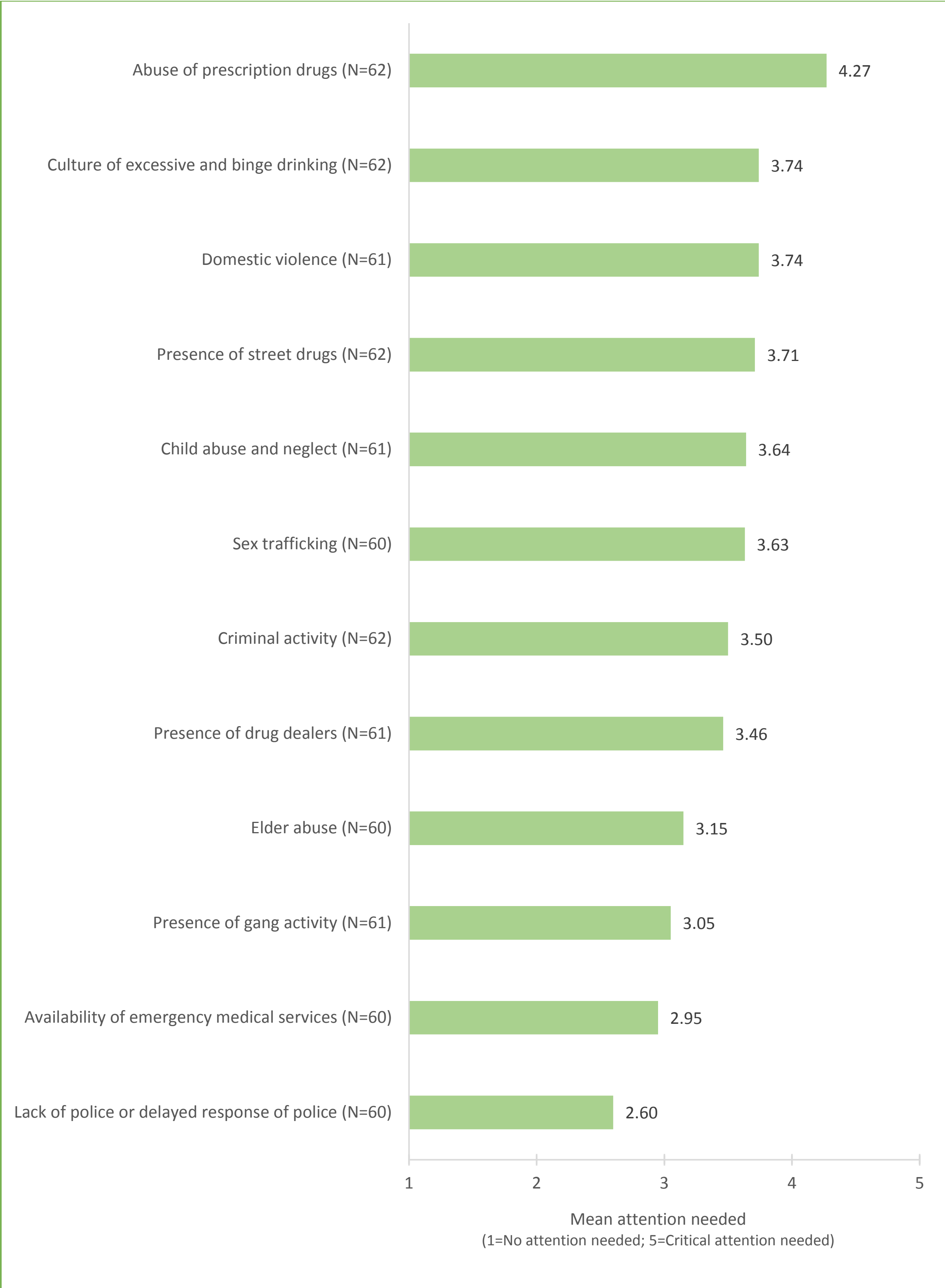
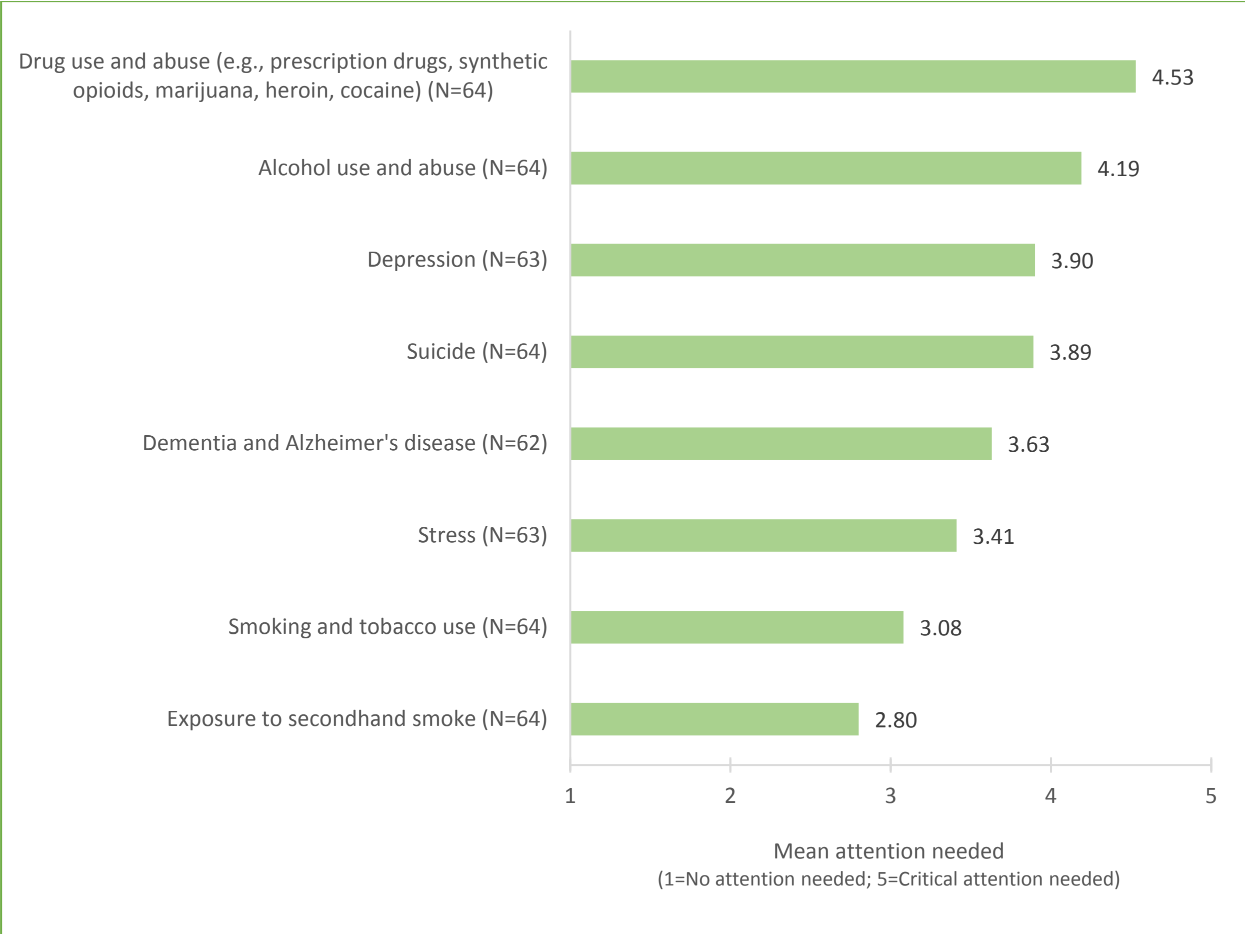


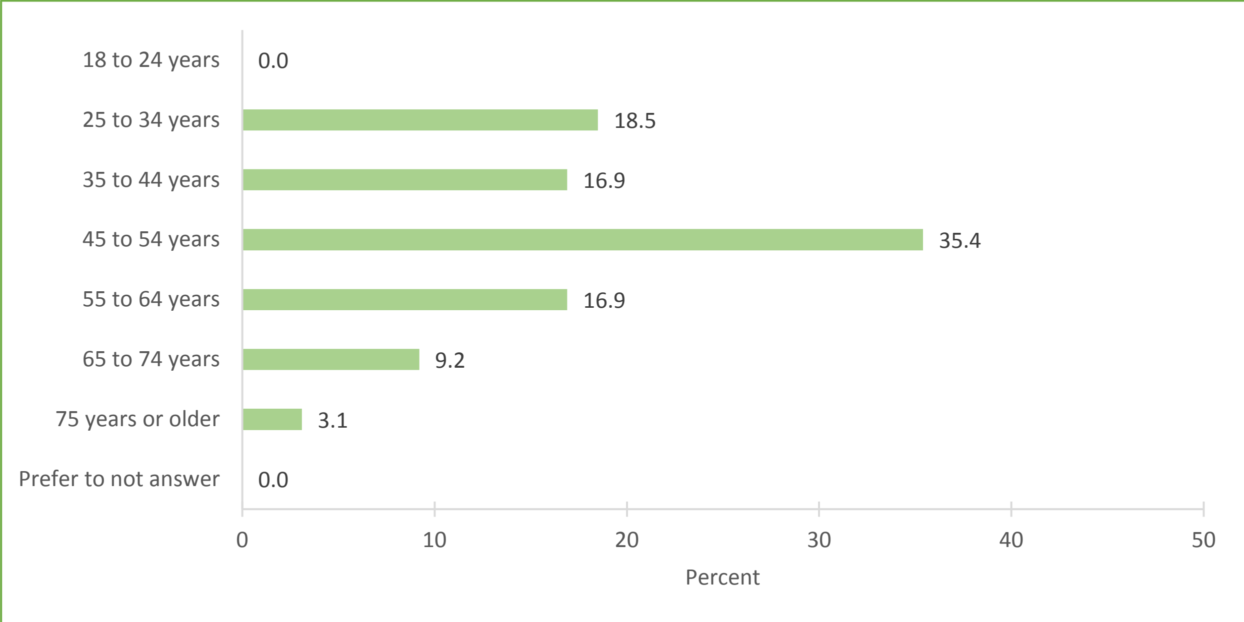
Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



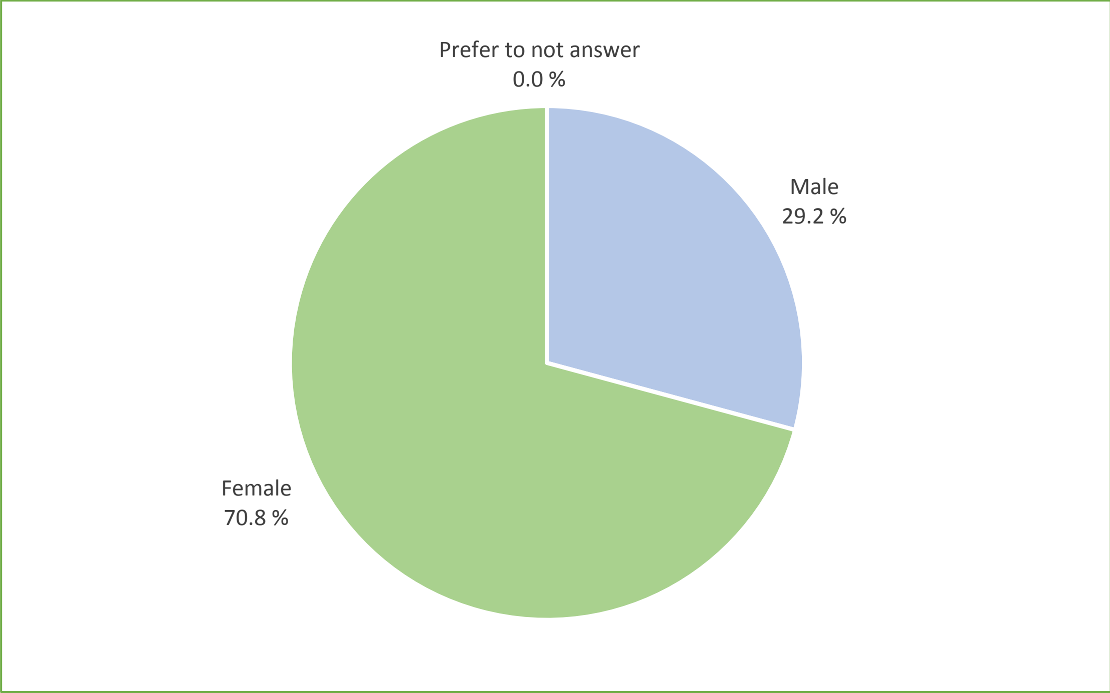
Demographic Information

Figure 8. Age of respondents



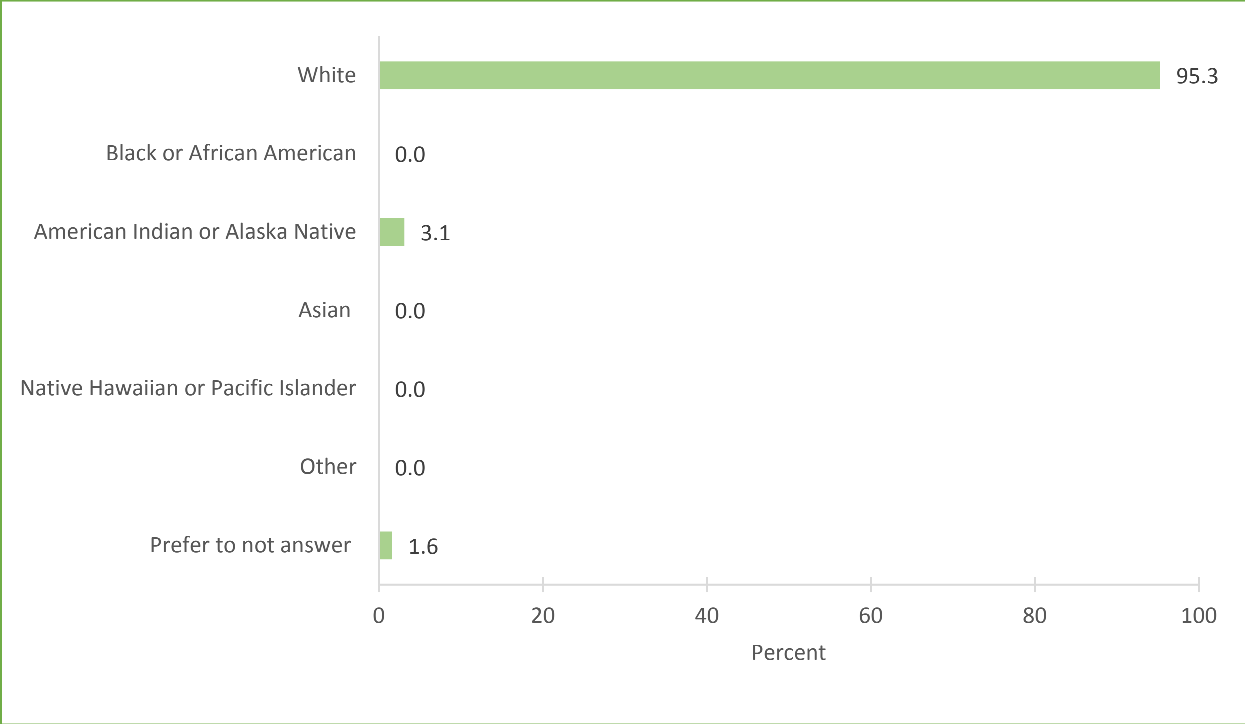
N=65

Figure 9. Biological sex of respondents



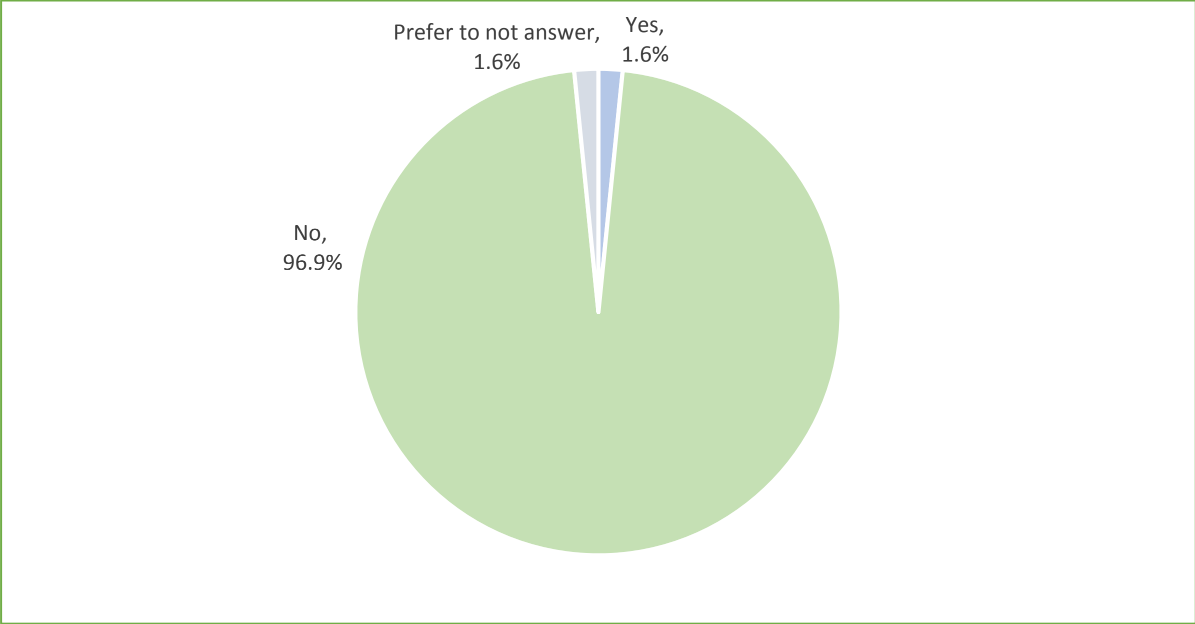
N=65

Figure 10. Race of respondents



N=64

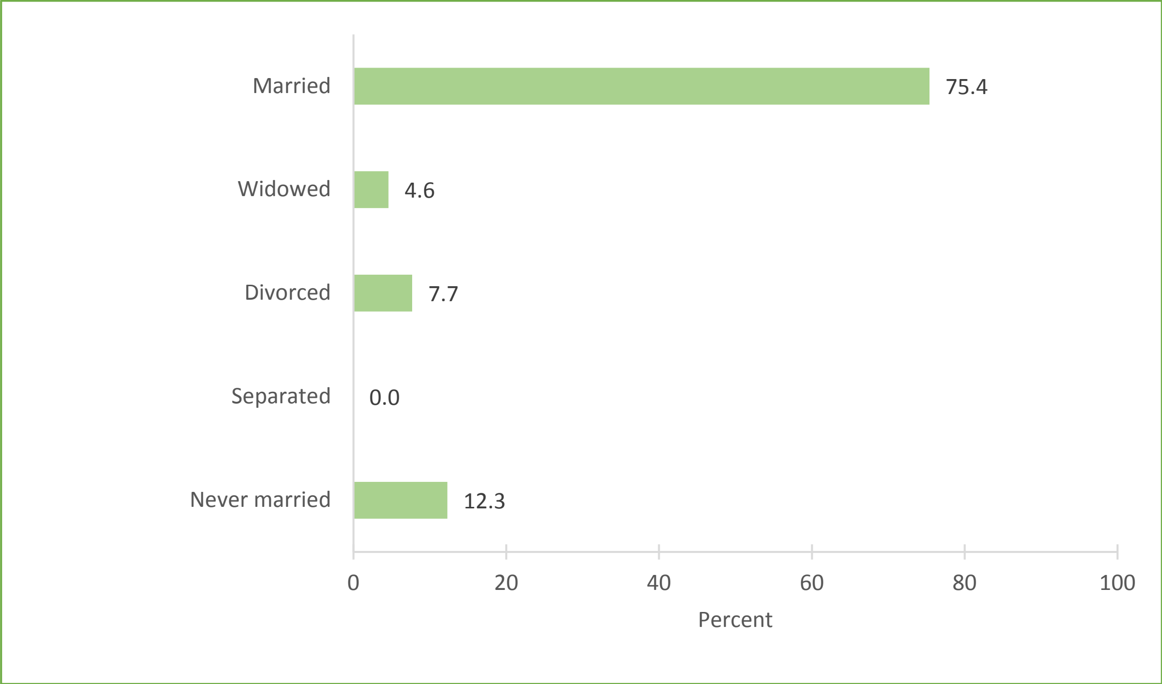
Figure 11. Whether respondents are of Hispanic or Latino origin



N=64

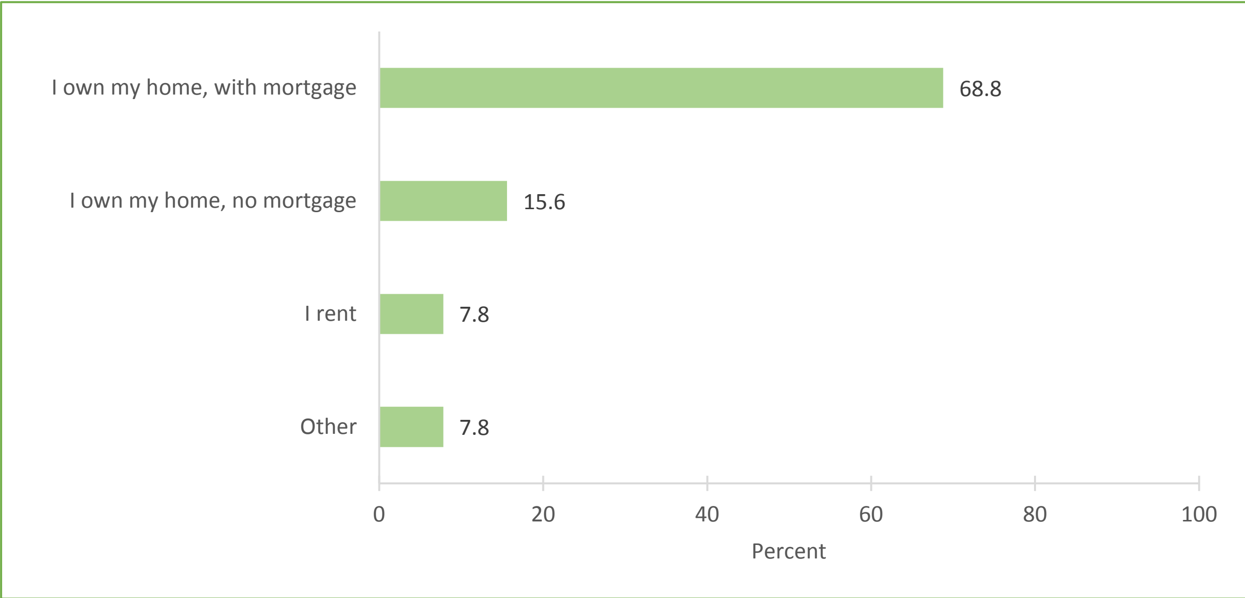
*Percentages do not total 100.0 due to rounding.

Figure 12. Marital status of respondents



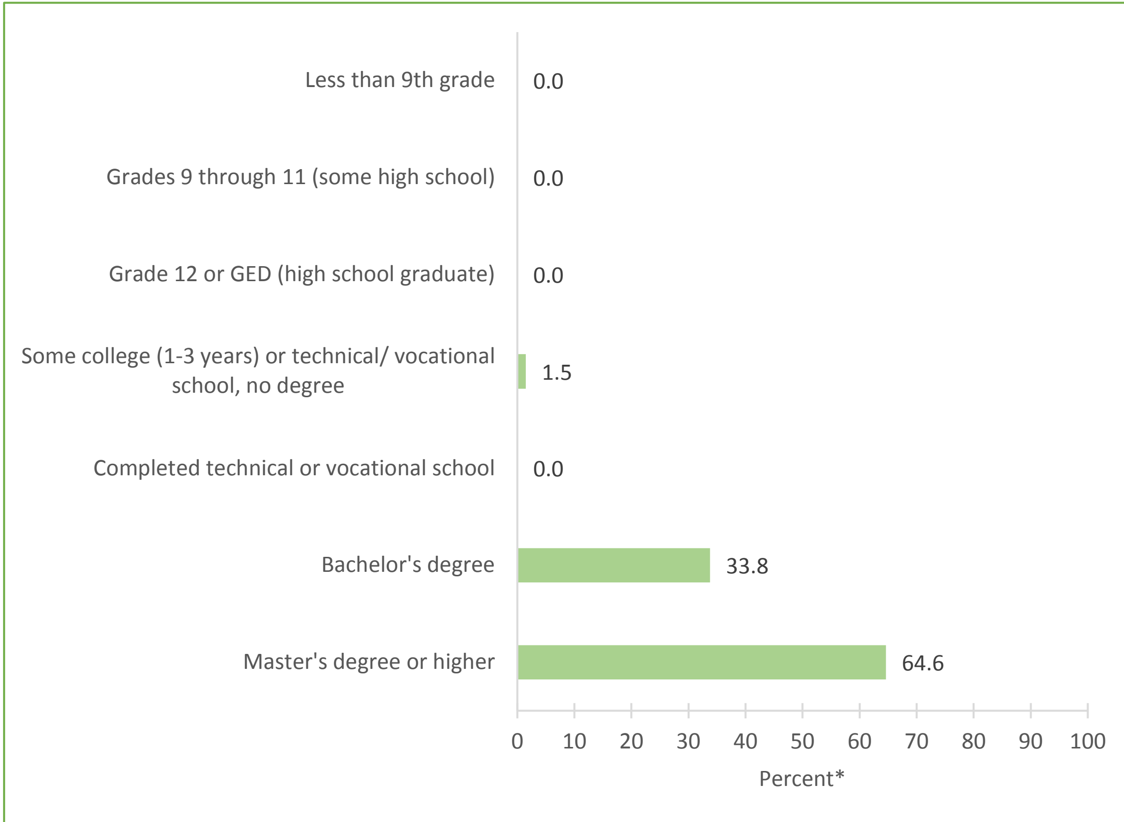
N=65

Figure 13. Living situation of respondents



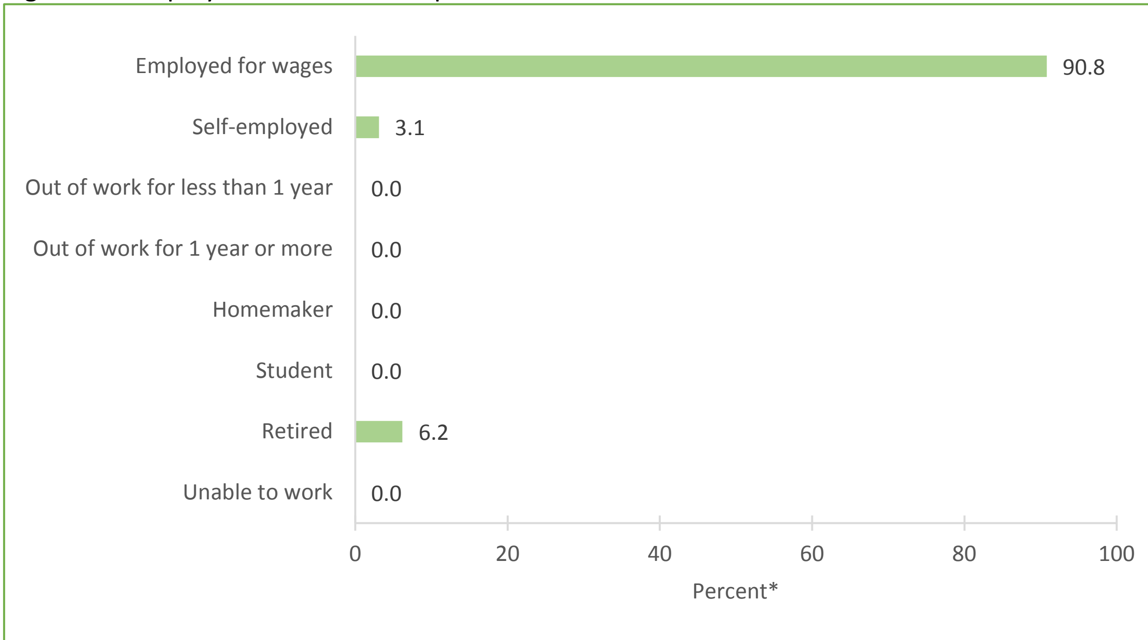
N=64

Figure 14. Highest level of education completed by respondents



N=65
*Percentages do not total 100.0 due to rounding.

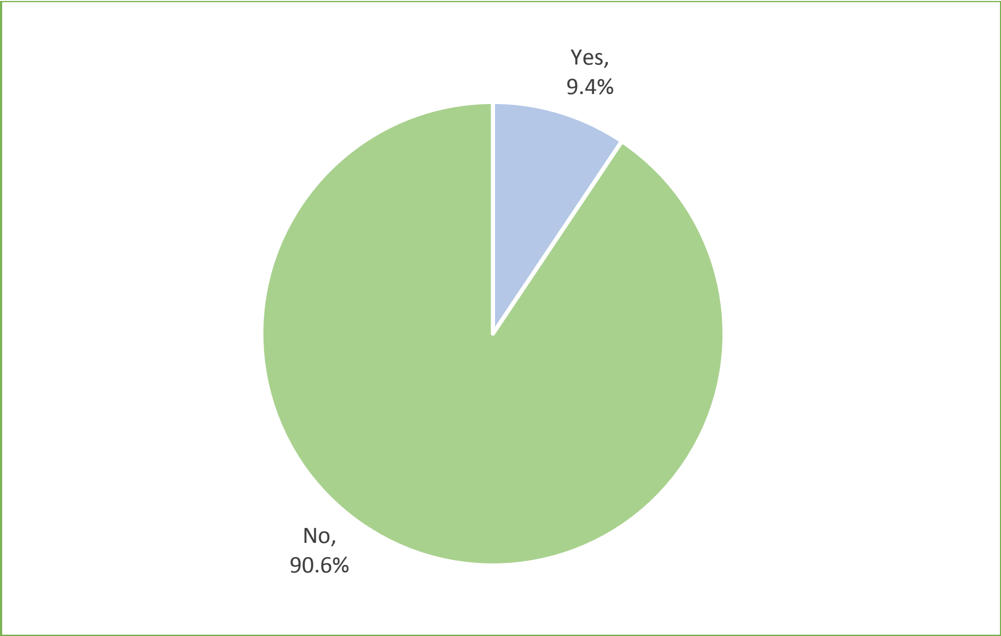
Figure 15. Employment status of respondents



N=65

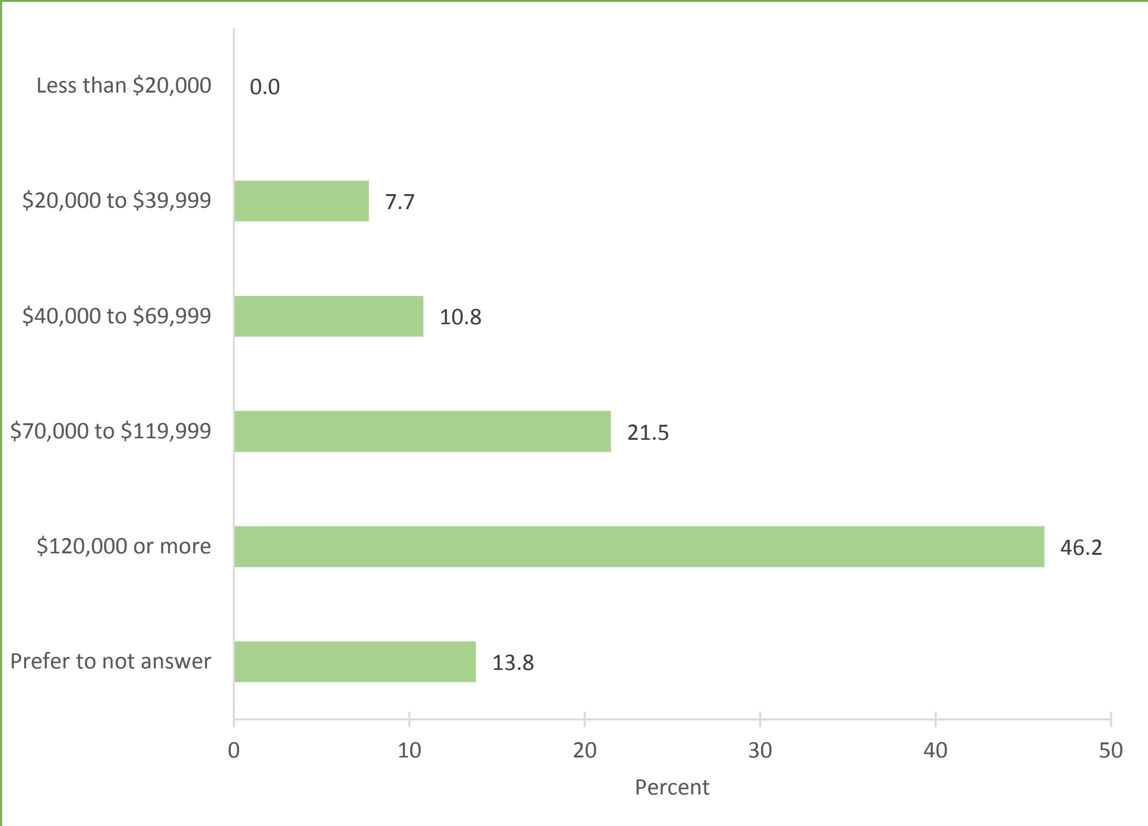
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=64

Figure 17. Annual household income of respondents, from all sources, before taxes



N=65

Table 1. Zip code of respondents

Zip code	Number of respondents
58501	20
58503	17
58504	13
58554	10
57504	1
58502	1
58530	1

N=63

Table 2. Comments from respondents

Comments
Need to address the need for homeless shelter & support services and intoxication management facility & services as soon as possible.
North Dakota needs better tenant rights. As it stands currently, tenants can be evicted for little to no reason. Most cases I see they are evicted for trying to improve the living space they are occupying because the landlord will not put any money into the property. It is unfair. The condition of some of the places I inspect are deplorable especially when I find out how much they cost. This issue only adds to the poverty issues most people are facing right now.
Survey did not include Brain Injury services or lack of. We need awareness and continuum of care for individuals with Mild, Moderate and Traumatic Brain Injuries.
Teen drug and alcohol substance abuse problems are very prevalent in our community.
Thanks for doing the survey.
There are questions that would be answered differently for Mandan vs. Bismarck (i.e. law enforcement availability).
There is a lack of jobs in leadership roles and at the mid to higher income range.
There should be a category that says "Don't Know".
This is perception data, influenced by community messaging. As I filled out the survey, I realized I was responding in some areas that I know little about. Ex: bullying is down but since bullying isn't defined, respondents may think bullying is conflict. They are very different terms.

APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=68)	3.87	1.5	2.9	30.9	36.8	27.9	0.0	100.0
Employment options (N=68)	2.81	7.4	36.8	27.9	23.5	4.4	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=67)	3.08	4.5	26.9	32.8	16.4	13.4	6.0	100.0
Homelessness (N=68)	4.44	0.0	1.5	14.7	22.1	61.8	0.0	100.1
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=68)	4.33	1.5	1.5	17.6	19.1	57.4	2.9	100.0
Household budgeting and money management (N=68)	3.18	4.4	11.8	51.5	23.5	7.4	1.5	100.1
Hunger (N=68)	3.62	0.0	10.3	38.2	30.9	20.6	0.0	100.0
Maintaining livable and energy efficient homes (N=68)	3.01	8.8	17.6	42.6	22.1	7.4	1.5	100.0
Skilled labor workforce (N=68)	3.10	2.9	25.0	33.8	32.4	4.4	1.5	100.0
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=68)	3.48	0.0	20.6	29.4	26.5	20.6	2.9	100.0
Availability of public transportation (N=68)	3.22	1.5	29.4	25.0	30.9	11.8	1.5	100.1
Availability of walking and biking options (N=68)	2.60	14.7	35.3	27.9	19.1	2.9	0.0	99.9
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=68)	3.41	1.5	20.6	30.9	20.6	20.6	5.9	100.1
Cost of public transportation (N=68)	2.91	2.9	36.8	32.4	13.2	10.3	4.4	100.0
Driving habits (e.g., speeding, road rage) (N=68)	2.81	5.9	36.8	38.2	8.8	10.3	0.0	100.0
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=65)	2.74	10.8	32.3	33.8	18.5	4.6	0.0	100.0
Availability of education about birth control (N=64)	2.77	7.8	28.1	42.2	12.5	4.7	4.7	100.0
Availability of quality child care (N=65)	3.69	0.0	16.9	21.5	35.4	24.6	1.5	99.9
Availability of services for at-risk youth (e.g., homeless youth, youth	3.69	0.0	9.2	33.8	33.8	21.5	1.5	99.8

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
with behavioral health problems) (N=65)								
Bullying (N=65)	3.78	0.0	7.7	30.8	36.9	24.6	0.0	100.0
Childhood obesity (N=65)	3.94	0.0	4.6	26.2	40.0	29.2	0.0	100.0
Cost of activities (outside of school and sports) for children and youth (N=65)	3.37	0.0	13.8	50.8	15.4	16.9	3.1	100.0
Cost of quality child care (N=65)	3.97	1.5	6.2	21.5	35.4	35.4	0.0	100.0
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=64)	3.79	0.0	6.3	35.9	26.6	28.1	3.1	100.0
Crime committed by youth (N=65)	3.23	1.5	20.0	40.0	27.7	9.2	1.5	99.9
Opportunities for youth-adult mentoring (N=65)	3.38	1.5	13.8	43.1	26.2	13.8	1.5	99.9
Parental custody, guardianships and visitation rights (N=64)	3.08	0.0	29.7	34.4	25.0	6.3	4.7	100.1
School absenteeism (truancy) (N=63)	2.74	3.2	41.3	34.9	12.7	4.8	3.2	100.1
School dropout rates (N=62)	2.75	1.6	45.2	30.6	14.5	4.8	3.2	99.9
School violence (N=65)	3.00	1.5	32.3	35.4	20.0	7.7	3.1	100.0
Substance abuse by youth (N=65)	3.97	0.0	7.7	23.1	33.8	35.4	0.0	100.0
Teen pregnancy (N=65)	3.28	0.0	26.2	36.9	16.9	18.5	1.5	100.0
Teen suicide (N=65)	3.86	0.0	10.8	26.2	27.7	33.8	1.5	100.0
Teen tobacco use (N=65)	3.54	3.1	13.8	30.8	26.2	23.1	3.1	100.1
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=64)	2.98	3.1	25.0	43.8	17.2	6.3	4.7	100.1
Availability of long-term care (N=64)	3.24	1.6	28.1	26.6	26.6	14.1	3.1	100.1
Availability of memory care (N=64)	3.37	1.6	23.4	28.1	25.0	18.8	3.1	100.0
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=64)	3.44	0.0	15.6	37.5	29.7	14.1	3.1	100.0
Availability of resources for grandparents caring for grandchildren (N=63)	3.25	0.0	25.4	31.7	27.0	11.1	4.8	100.0
Availability of resources to help the elderly stay safe in their homes (N=64)	3.49	1.6	14.1	31.3	32.8	15.6	4.7	100.1
Cost of activities for seniors (e.g., recreational, social, cultural) (N=64)	3.05	3.1	26.6	42.2	9.4	14.1	4.7	100.1
Cost of in-home services (N=63)	3.69	1.6	9.5	28.6	34.9	22.2	3.2	100.0
Cost of long-term care (N=63)	4.07	1.6	3.2	22.2	30.2	39.7	3.2	100.1
Cost of memory care (N=62)	4.03	1.6	3.2	25.8	27.4	40.3	1.6	99.9
Help making out a will or health care directive (N=63)	2.97	3.2	30.2	38.1	17.5	7.9	3.2	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
SAFETY								
Abuse of prescription drugs (N=62)	4.27	0.0	3.2	14.5	33.9	48.4	0.0	100.0
Availability of emergency medical services (N=60)	2.95	5.0	40.0	23.3	18.3	13.3	0.0	99.9
Child abuse and neglect (N=62)	3.64	0.0	9.7	37.1	30.6	21.0	1.6	100.0
Criminal activity (N=62)	3.50	0.0	16.1	33.9	33.9	16.1	0.0	100.0
Culture of excessive and binge drinking (N=62)	3.74	1.6	6.5	35.5	29.0	27.4	0.0	100.0
Domestic violence (N=62)	3.74	0.0	8.1	30.6	38.7	21.0	1.6	100.0
Elder abuse (N=62)	3.15	0.0	25.8	40.3	21.0	9.7	3.2	100.0
Lack of police or delayed response of police (N=62)	2.60	12.9	37.1	27.4	14.5	4.8	3.2	99.9
Presence of drug dealers (N=62)	3.46	1.6	19.4	30.6	25.8	21.0	1.6	100.0
Presence of gang activity (N=62)	3.05	3.2	33.9	32.3	12.9	16.1	1.6	100.0
Presence of street drugs (N=62)	3.71	0.0	9.7	35.5	29.0	25.8	0.0	100.0
Sex trafficking (N=61)	3.63	0.0	18.0	27.9	24.6	27.9	1.6	100.0
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=64)	3.36	1.6	15.6	46.9	17.2	18.8	0.0	100.1
Access to affordable health insurance coverage (N=63)	3.65	1.6	6.3	36.5	36.5	19.0	0.0	99.9
Access to affordable health care (N=64)	3.66	1.6	6.3	37.5	34.4	20.3	0.0	100.1
Access to affordable prescription drugs (N=64)	3.67	1.6	4.7	35.9	40.6	17.2	0.0	100.0
Access to affordable vision insurance coverage (N=64)	3.27	1.6	21.9	40.6	20.3	15.6	0.0	100.0
Access to technology for health records and health education (N=64)	2.78	10.9	31.3	32.8	15.6	7.8	1.6	100.0
Availability of behavioral health (e.g., substance abuse) providers (N=64)	4.23	0.0	1.6	20.3	31.3	46.9	0.0	100.1
Availability of doctors, physician assistants, or nurse practitioners (N=64)	3.11	6.3	26.6	31.3	21.9	14.1	0.0	100.2
Availability of health care services for Native people (N=64)	3.27	6.3	20.3	32.8	15.6	21.9	3.1	100.0
Availability of healthcare services for New Americans (N=64)	3.29	6.3	17.2	34.4	20.3	18.8	3.1	100.1
Availability of mental health providers (N=62)	4.27	0.0	9.7	11.3	21.0	58.1	0.0	100.1
Availability of non-traditional hours (e.g., evenings, weekends) (N=64)	3.56	7.8	14.1	28.1	14.1	35.9	0.0	100.0
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=64)	3.17	7.8	17.2	39.1	21.9	14.1	0.0	100.1
Availability of specialist physicians (N=64)	3.06	7.8	26.6	32.8	17.2	15.6	0.0	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Coordination of care between providers and services (N=64)	3.64	3.1	15.6	25.0	26.6	29.7	0.0	100.0
Timely access to medical care providers (N=64)	3.17	4.7	25.0	35.9	17.2	17.2	0.0	100.0
Timely access to dental care providers (N=64)	3.09	4.7	32.8	26.6	20.3	15.6	0.0	100.0
Timely access to vision care providers (N=63)	2.52	12.7	41.3	33.3	6.3	6.3	0.0	99.9
Use of emergency room services for primary health care (N=62)	3.47	1.6	17.7	35.5	22.6	22.6	0.0	100.0
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=64)	4.19	0.0	3.1	20.3	31.3	45.3	0.0	100.0
Dementia and Alzheimer's disease (N=63)	3.63	0.0	11.1	33.3	34.9	19.0	1.6	99.9
Depression (N=63)	3.90	0.0	4.8	25.4	44.4	25.4	0.0	100.0
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=64)	4.53	0.0	0.0	6.3	34.4	59.4	0.0	100.1
Exposure to secondhand smoke (N=64)	2.80	6.3	42.2	25.0	18.8	7.8	0.0	100.1
Smoking and tobacco use (N=64)	3.08	4.7	29.7	32.8	18.8	14.1	0.0	100.1
Stress (N=63)	3.41	3.2	15.9	36.5	25.4	19.0	0.0	100.0
Suicide (N=64)	3.89	0.0	4.7	32.8	31.3	31.3	0.0	100.1

*Percentages may not total 100.0 due to rounding.

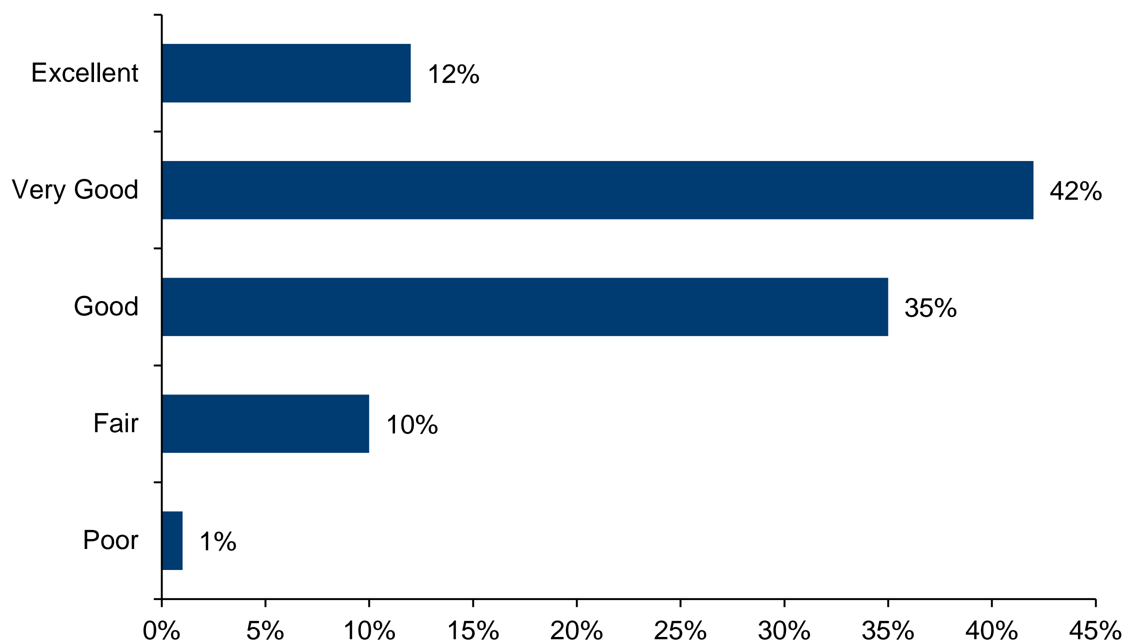
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflects total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Resident Survey

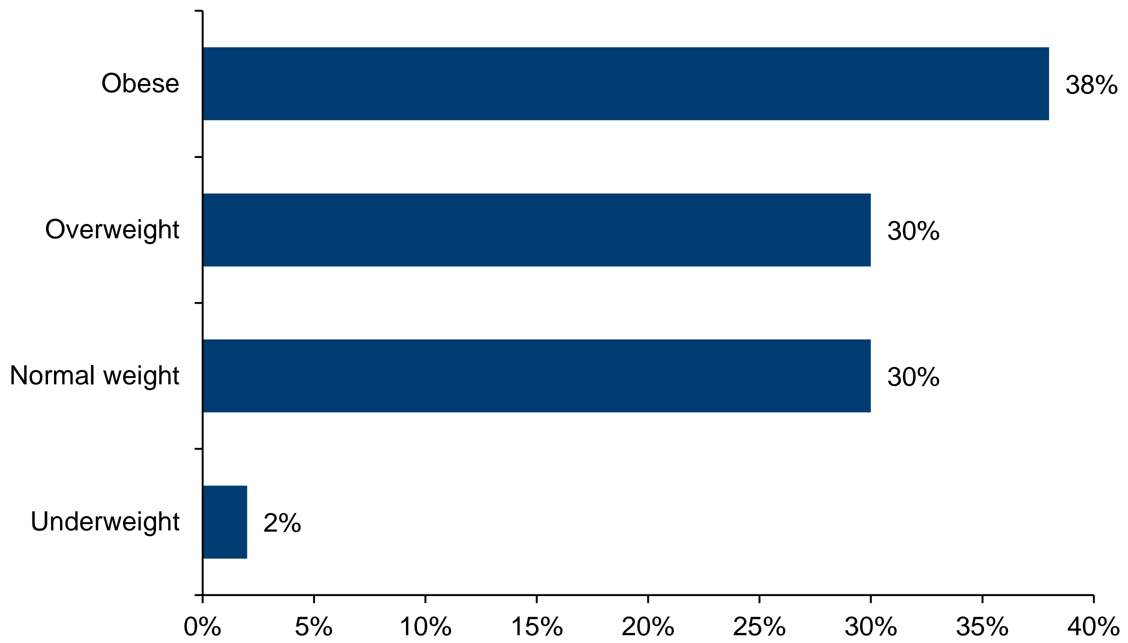
Bismarck CHNA Report 02202018

February 20, 2018

Charts Exported by MarketSight®

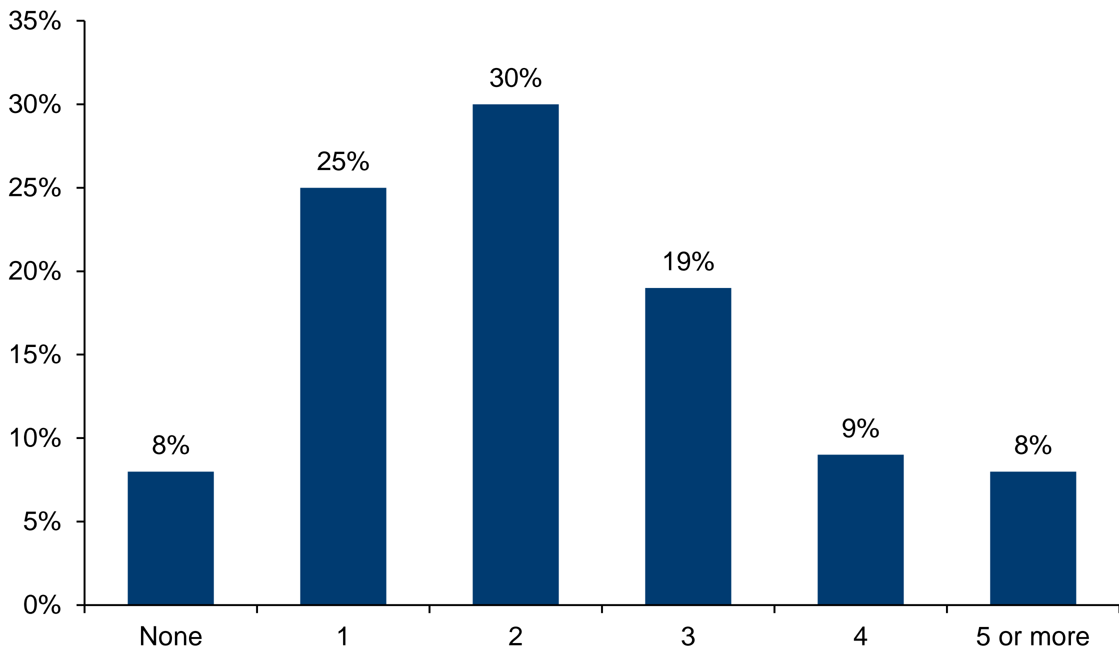

How would you rate your health?
Excellent
Very Good
Good
Fair
Poor
12%
42%
35%
10%
1%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
Base: Poor (n=6), Fair (n=65), Good (n=228), Very Good (n=270), Excellent (n=75), Sample Size = 644
(Community = Burleigh / Morton)

BMI

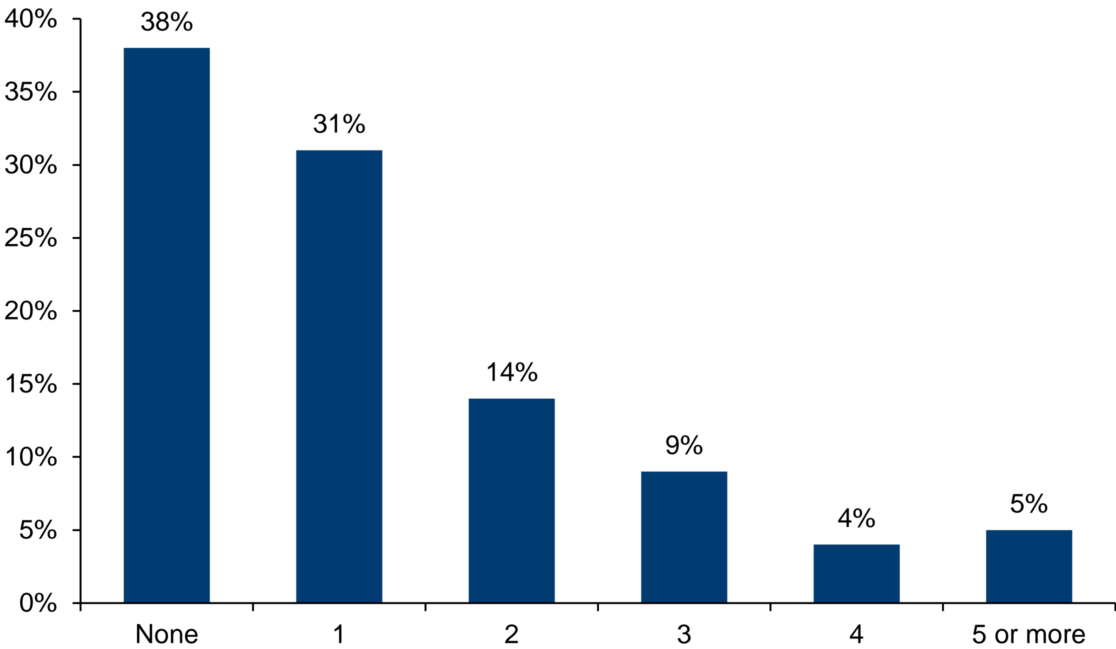


Base: Underweight (n=11), Normal weight (n=191), Overweight (n=191), Obese (n=241), Sample Size = 634

(Community = Burleigh / Morton)

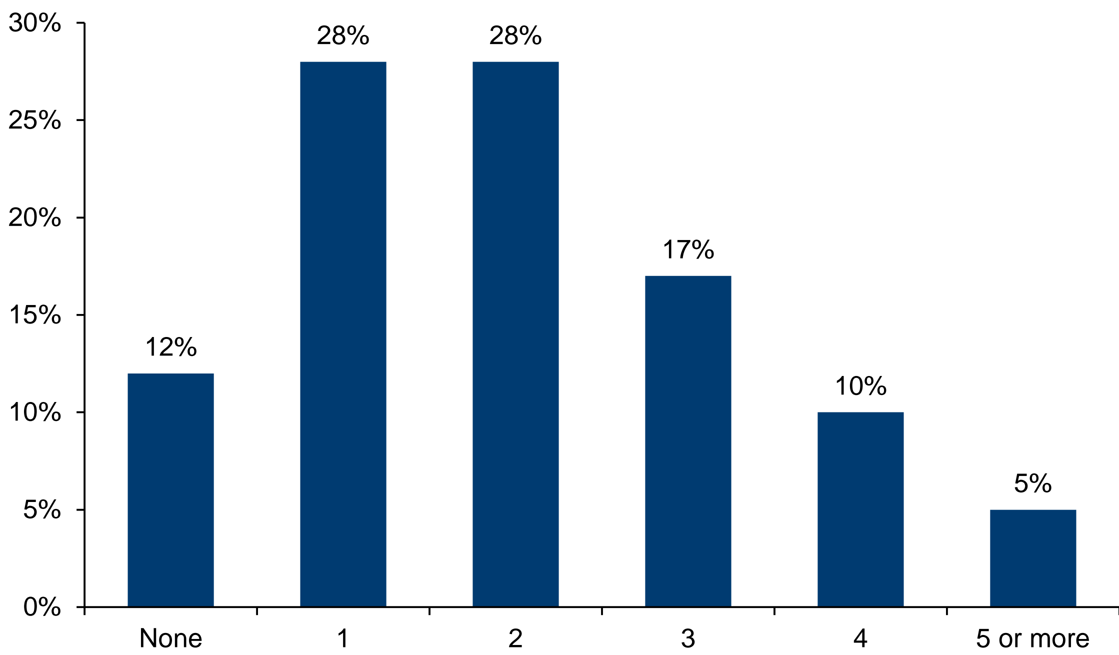


Servings of Vegetables
35%
30%
25%
20%
15%
10%
5%
0%
8%
25%
30%
19%
9%
8%
None
1
2
3
4
5 or more
Sample Size = 595
(Community = Burleigh / Morton)



Base: None (n=151), 1 (n=123), 2 (n=56), 3 (n=34), 4 (n=14), 5 or more (n=21), Sample Size = 399

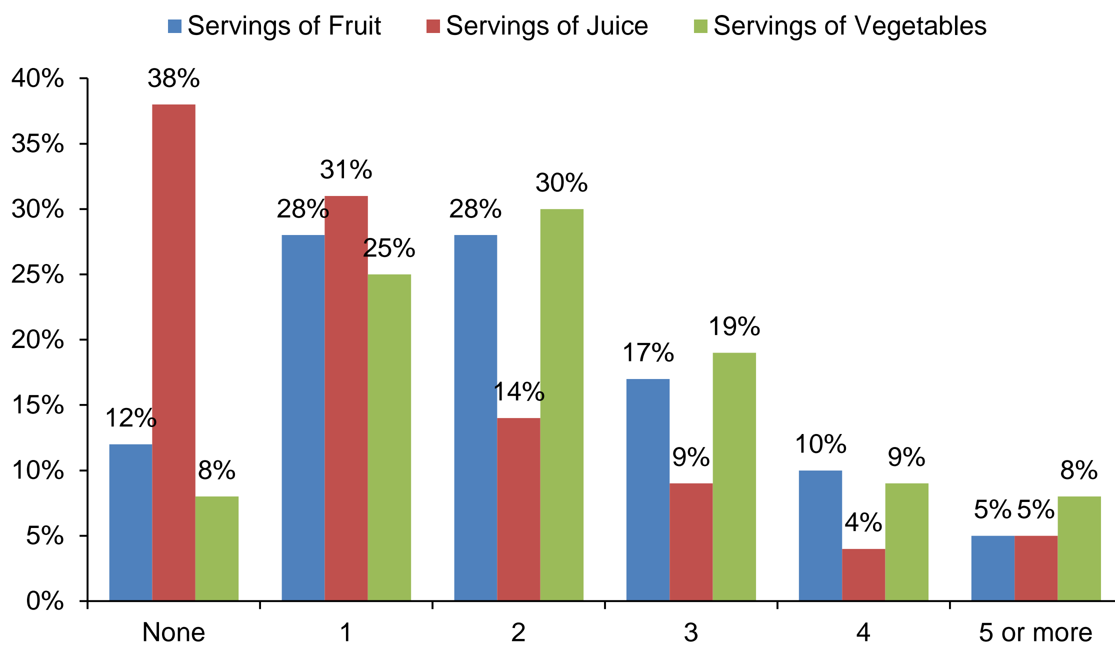
(Community = Burleigh / Morton)



Base: None (n=63), 1 (n=145), 2 (n=143), 3 (n=90), 4 (n=52), 5 or more (n=25), Sample Size = 518

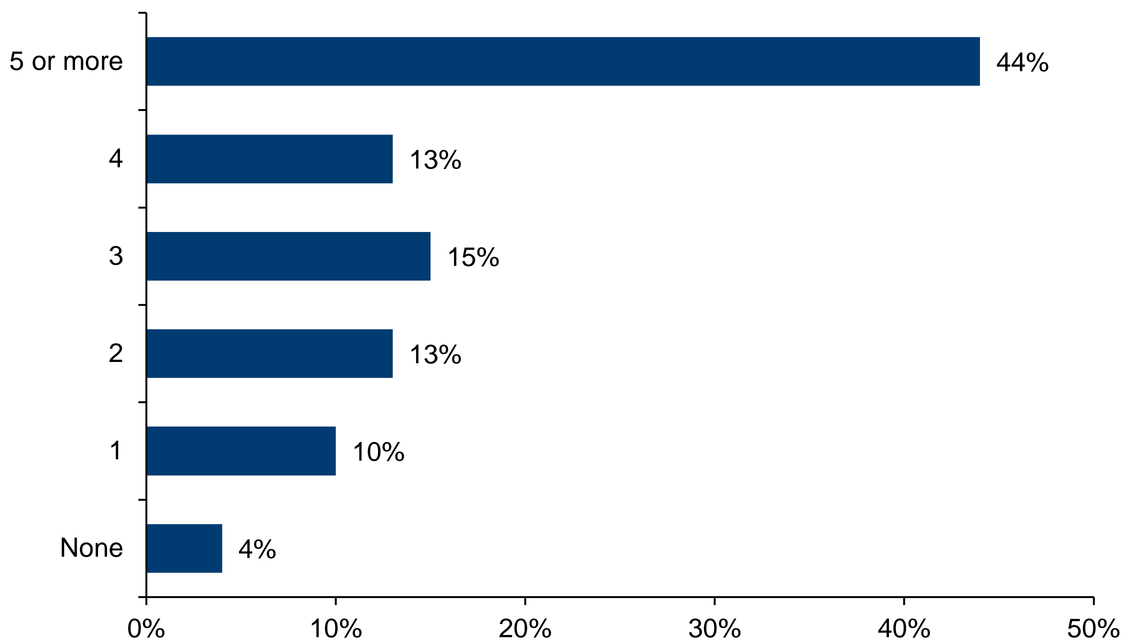
(Community = Burleigh / Morton)

Servings of Fruit, Vegetables and Juice



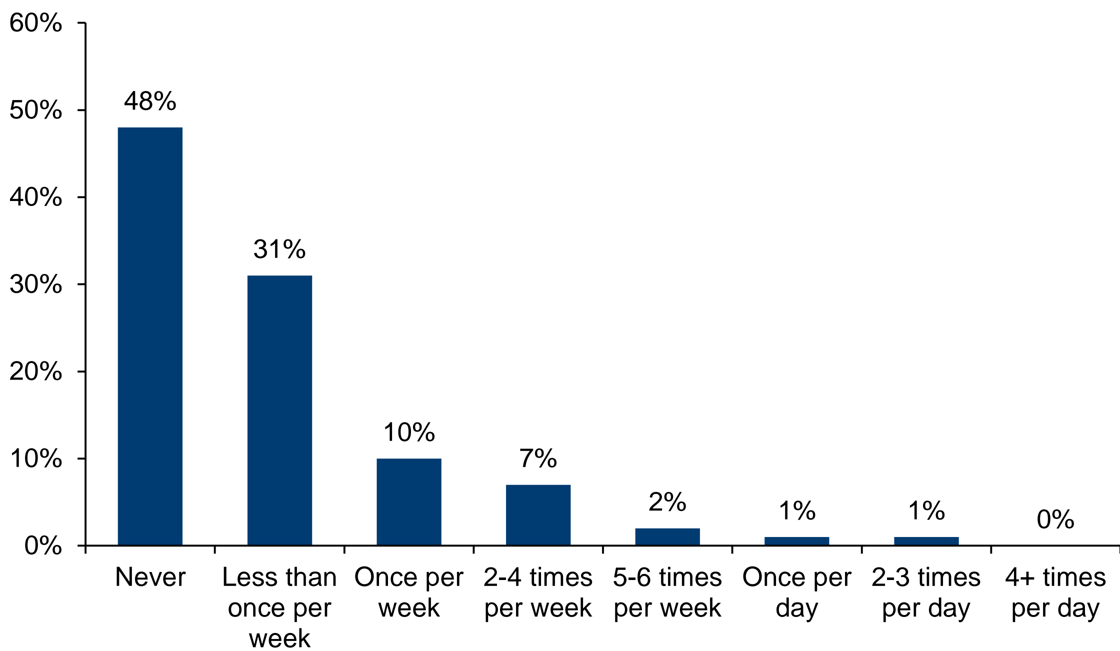
Sample Size = Variable

(Community = Burleigh / Morton)



Base: None (n=24), 1 (n=62), 2 (n=85), 3 (n=96), 4 (n=84), 5 or more (n=279), Sample Size = 630

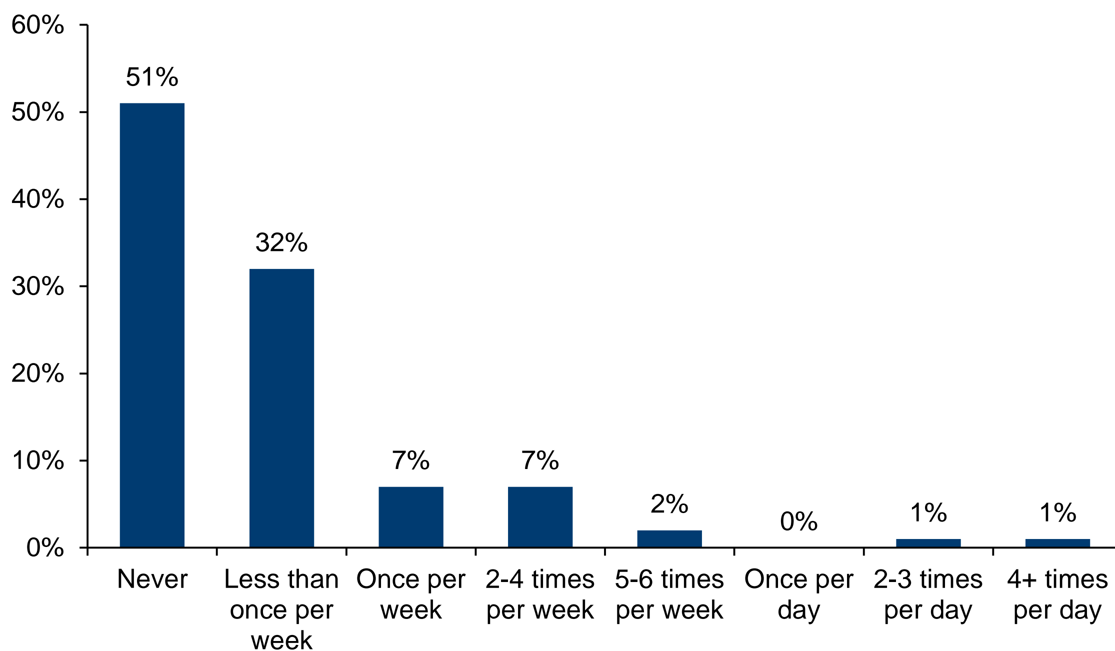
(Community = Burleigh / Morton)



Base: Never (n=306), Less than once per week (n=194), Once per week (n=61), 2-4 times per week (n=43), 5-6 times per week (n=14), Once per day (n=9), 2-3 times per day (n=5), 4+ times per day (n=1), Sample Size = 633

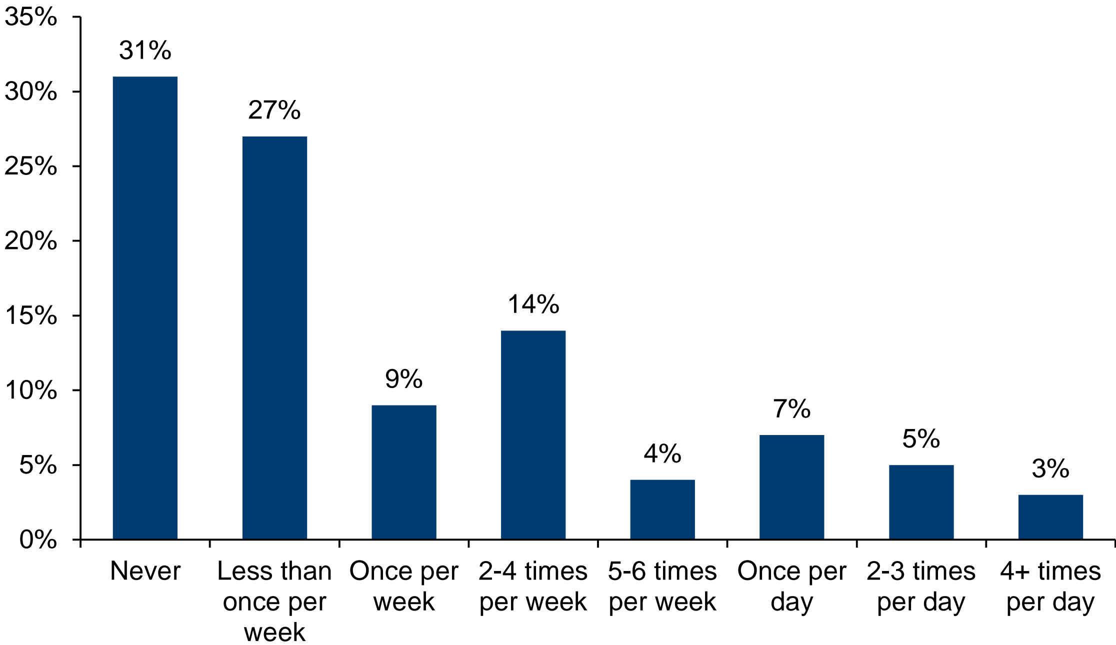
(Community = Burleigh / Morton)

Gatorade, Powerade, etc.



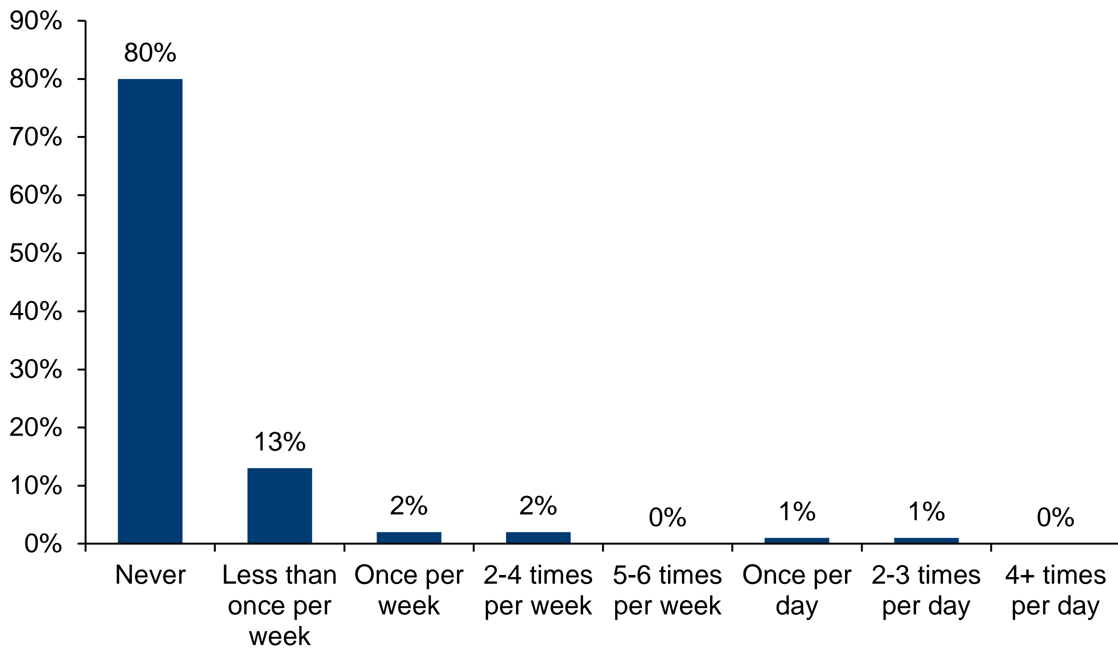
Base: Never (n=322), Less than once per week (n=203), Once per week (n=43), 2-4 times per week (n=42), 5-6 times per week (n=11), Once per day (n=3), 2-3 times per day (n=6), 4+ times per day (n=4), Sample Size = 634

(Community = Burleigh / Morton)



Base: Never (n=198), Less than once per week (n=171), Once per week (n=57), 2-4 times per week (n=91), 5-6 times per week (n=24), Once per day (n=46), 2-3 times per day (n=29), 4+ times per day (n=19), Sample Size = 635

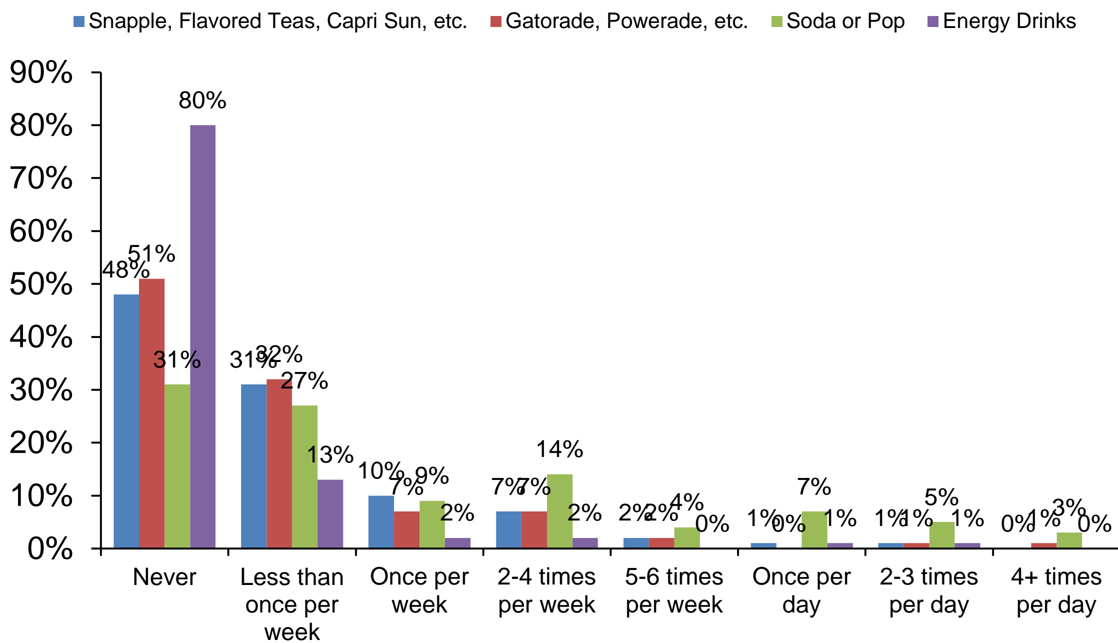
(Community = Burleigh / Morton)



Base: Never (n=505), Less than once per week (n=81), Once per week (n=11), 2-4 times per week (n=15), 5-6 times per week (n=3), Once per day (n=7), 2-3 times per day (n=5), 4+ times per day (n=1), Sample Size = 628

(Community = Burleigh / Morton)

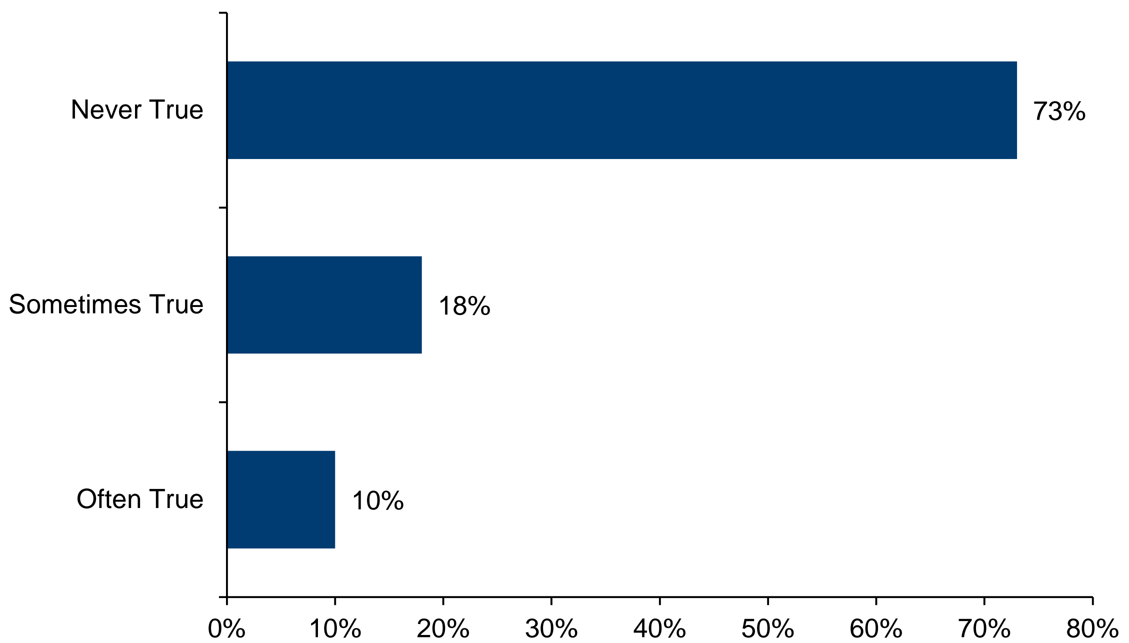
Sugar Sweetened Drinks



Sample Size = Variable

(Community = Burleigh / Morton)

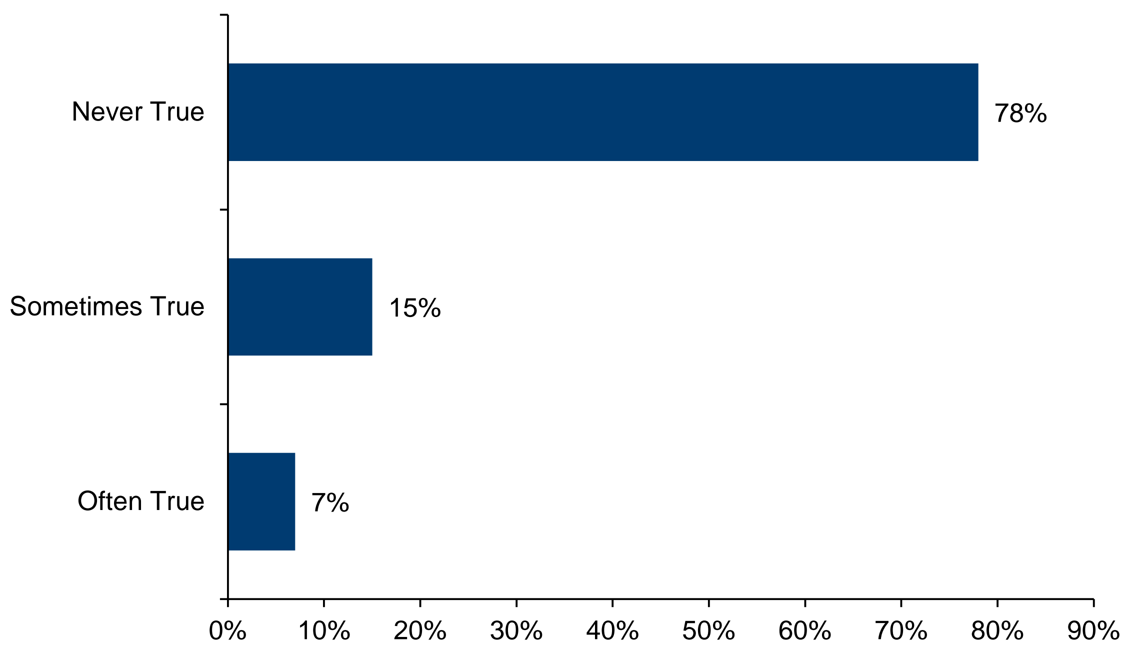
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=63), Sometimes True (n=113), Never True (n=467), Sample Size = 643

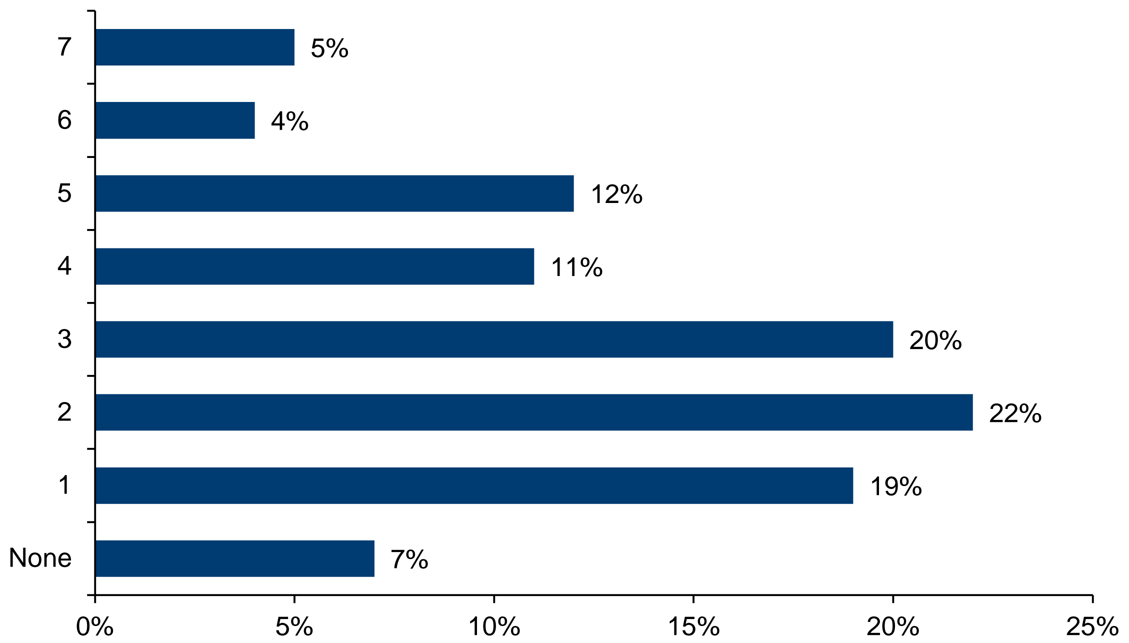
(Community = Burleigh / Morton)

The food that we bought just didn't last, and we didn't have money to get more.



Base: Often True (n=45), Sometimes True (n=97), Never True (n=501), Sample Size = 643

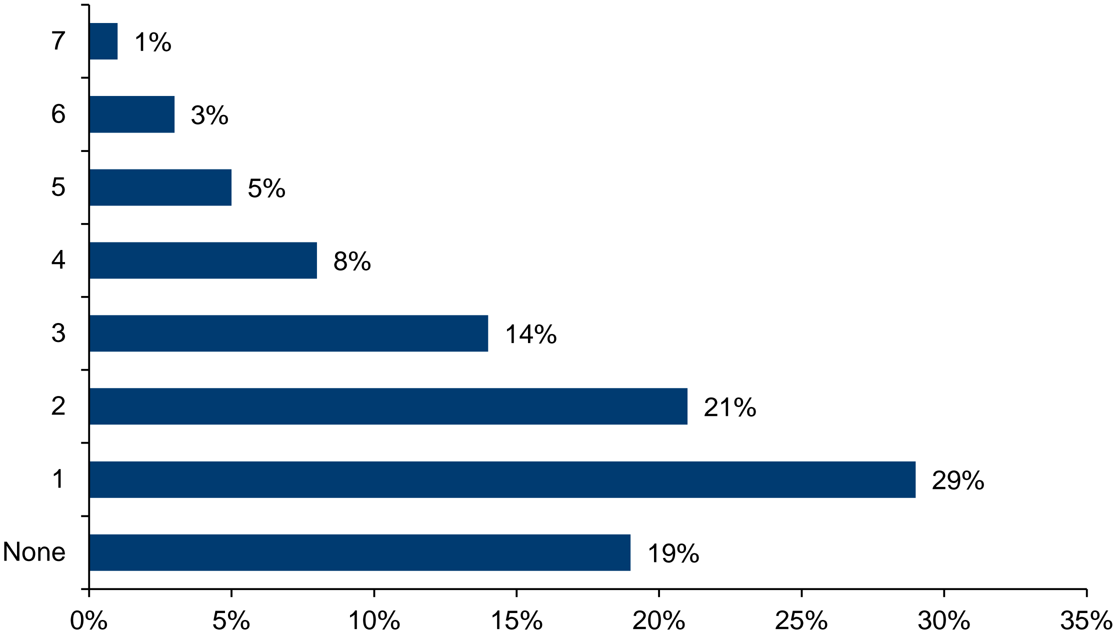
(Community = Burleigh / Morton)



Base: None (n=40), 1 (n=112), 2 (n=130), 3 (n=116), 4 (n=65), 5 (n=72), 6 (n=23), 7 (n=30), Sample Size = 588

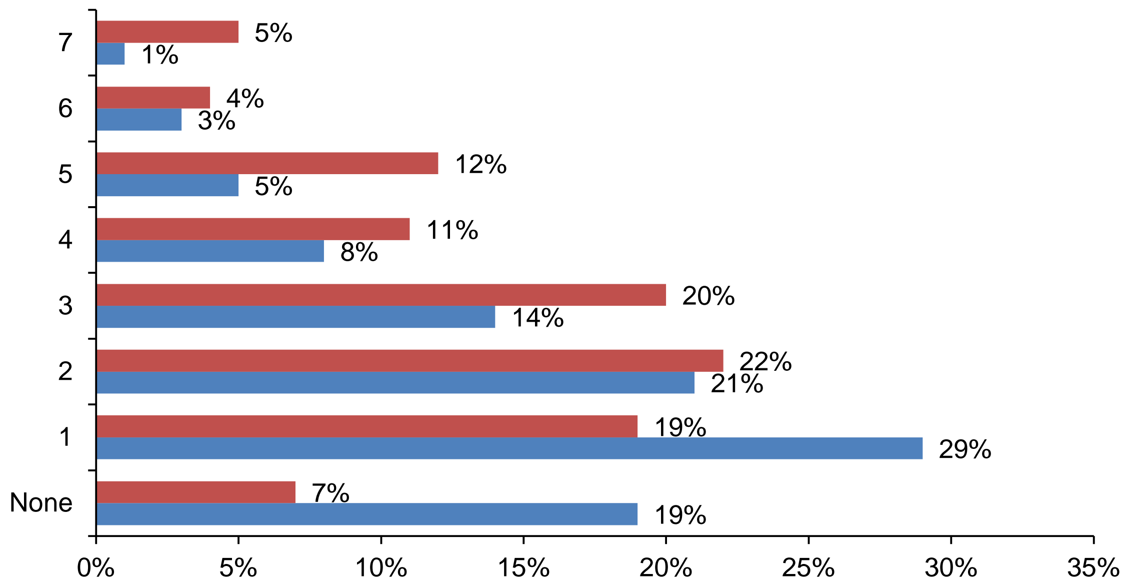
(Community = Burleigh / Morton)

Days Per Week of Vigorous Physical Activity



Base: None (n=89), 1 (n=136), 2 (n=98), 3 (n=66), 4 (n=39), 5 (n=26), 6 (n=12), 7 (n=7), Sample Size = 473

(Community = Burleigh / Morton)



Sample Size = Variable

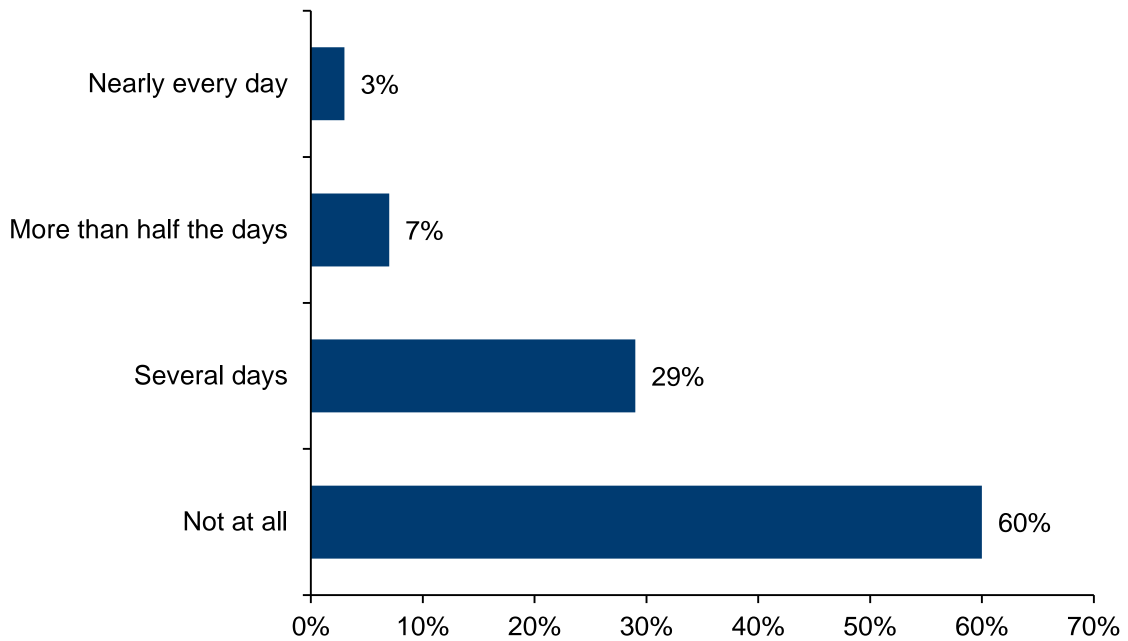
(Community = Burleigh / Morton)

Past Diagnosis

Diagnosis	Percent
Anxiety, stress, etc.	49%
Depression	42%
High cholesterol	26%
Hypertension	22%
Asthma	19%
Arthritis	17%
Panic attacks	13%
Diabetes	11%
Other mental health problems	9%
Congestive heart failure	2%
Stroke	1%
COPD	1%

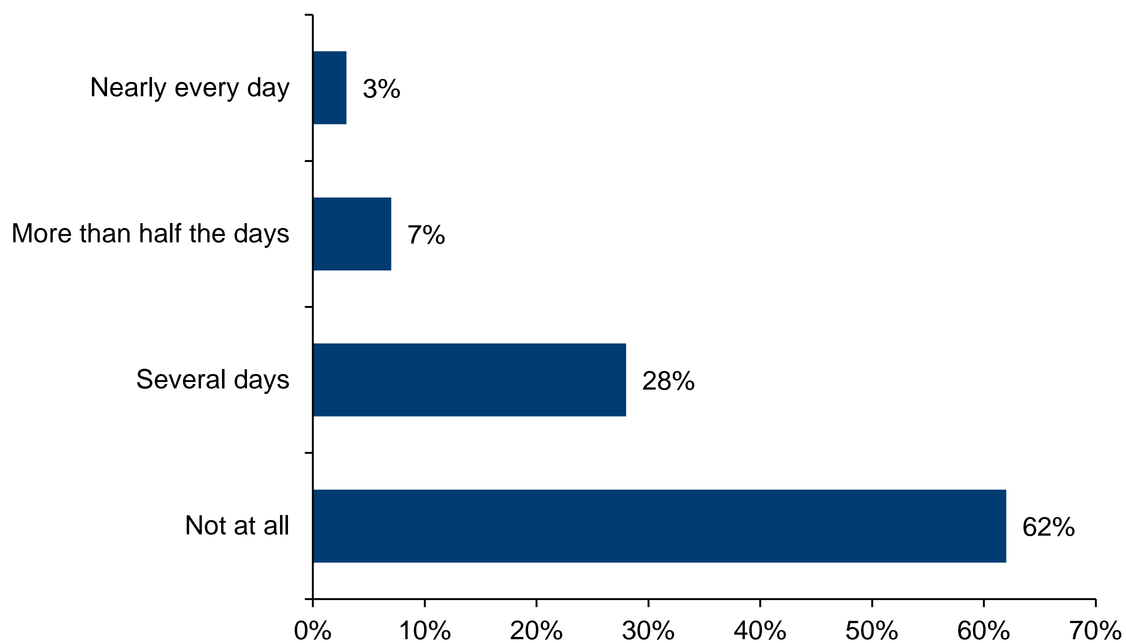
0% 10% 20% 30% 40% 50% 60%

Base: Anxiety, stress, etc. (n=198), Arthritis (n=68), Asthma (n=78), Congestive heart failure (n=8), COPD (n=4), Depression (n=169), Diabetes (n=45), High cholesterol (n=103), Hypertension (n=89), Other mental health problems (n=35), Panic attacks (n=54), Stroke (n=3), Sample Size = 402
(Community = Burleigh / Morton)



Base: Not at all (n=386), Several days (n=189), More than half the days (n=46), Nearly every day (n=21), Sample Size = 642

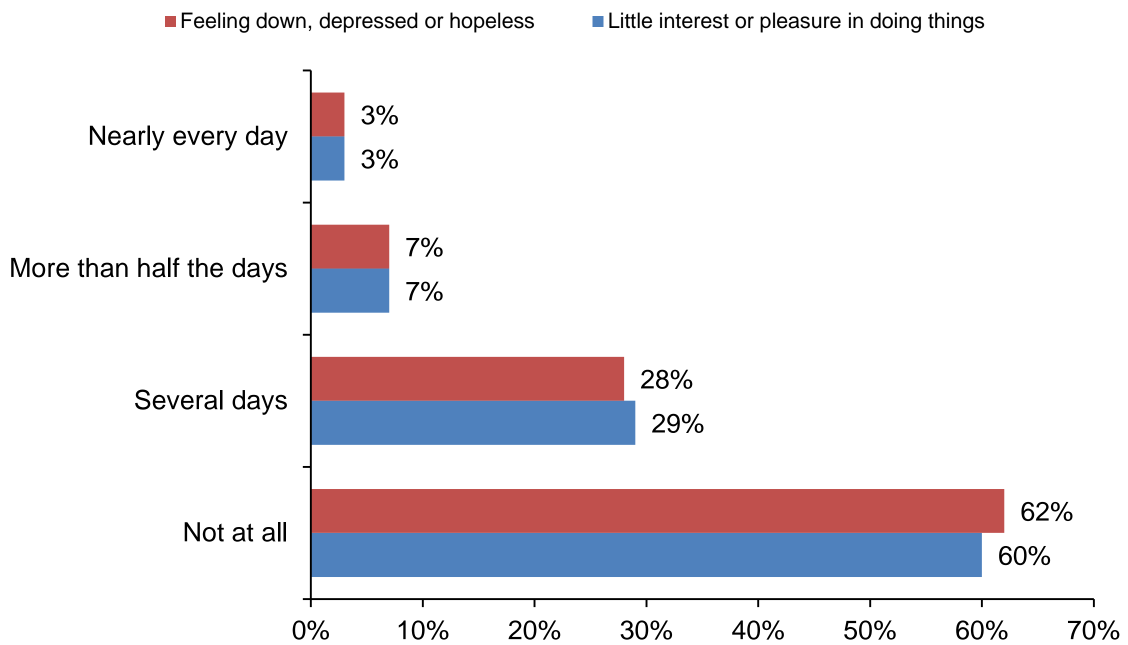
(Community = Burleigh / Morton)



Base: Not at all (n=397), Several days (n=180), More than half the days (n=47), Nearly every day (n=20), Sample Size = 644

(Community = Burleigh / Morton)

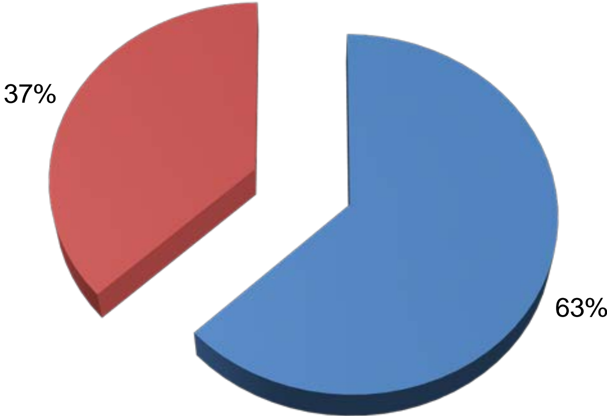
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = Variable

(Community = Burleigh / Morton)

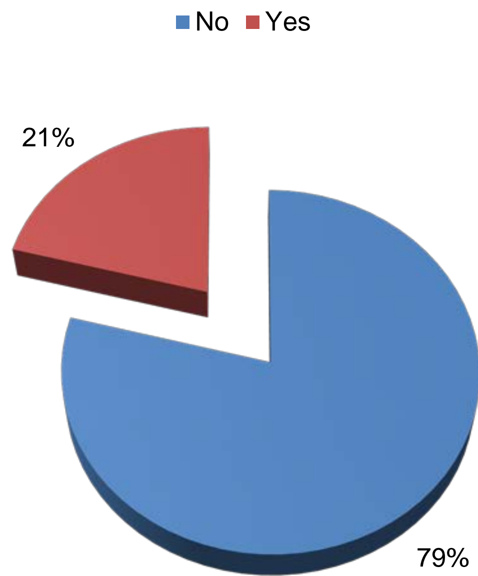
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=237), No (n=408), Sample Size = 645

(Community = Burleigh / Morton)

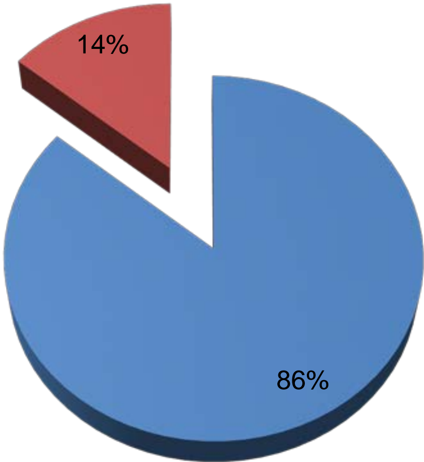
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Sample Size = 644

(Community = Burleigh / Morton)

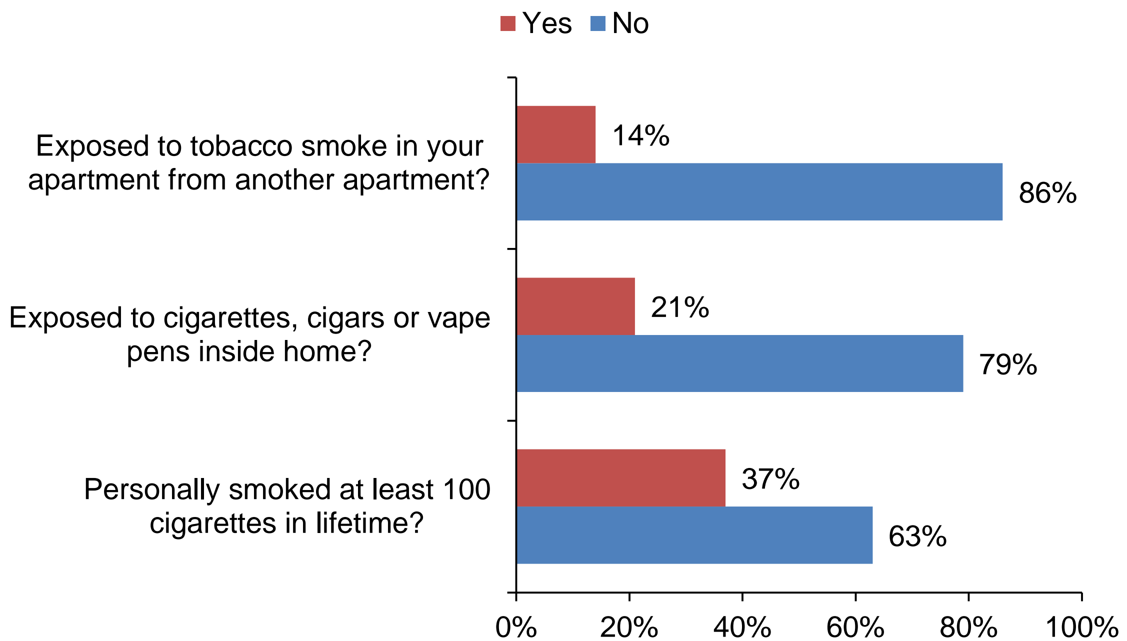
Have you smelled tobacco smoke in your apartment that comes from another apartment?



Base: Yes (n=92), No (n=550), Sample Size = 642

(Community = Burleigh / Morton)

Exposure to Tobacco Smoke

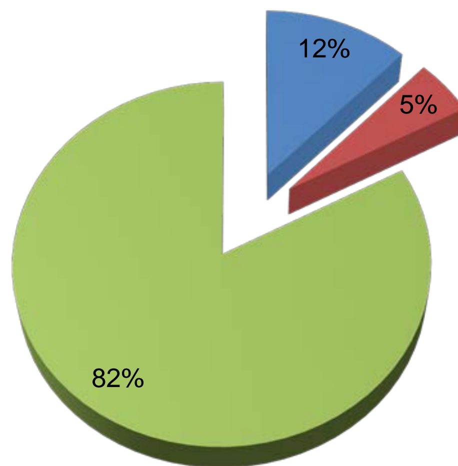


Base: Personally smoked at least 100 cigarettes in lifetime? (n=645), Exposed to cigarettes, cigars or vape pens inside home? (n=644), Exposed to tobacco smoke in your apartment from another apartment? (n=642), Sample Size = Variable

(Community = Burleigh / Morton)

Do you currently smoke cigarettes?

■ Every day ■ Some days ■ Not at all

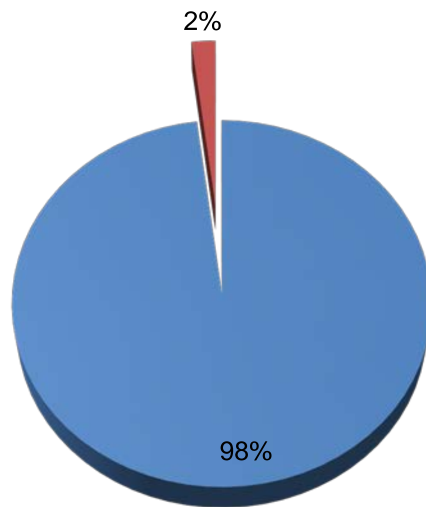


Base: Not at all (n=531), Some days (n=33), Every day (n=80), Sample Size = 644

(Community = Burleigh / Morton)

Do you currently use chewing tobacco?

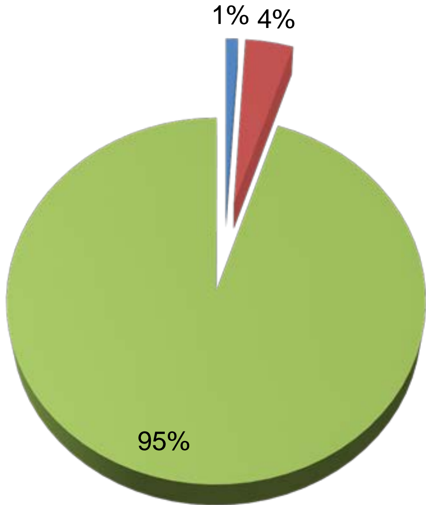
Not at all   Some days



Base: Not at all (n=631), Some days (n=10), Sample Size = 641

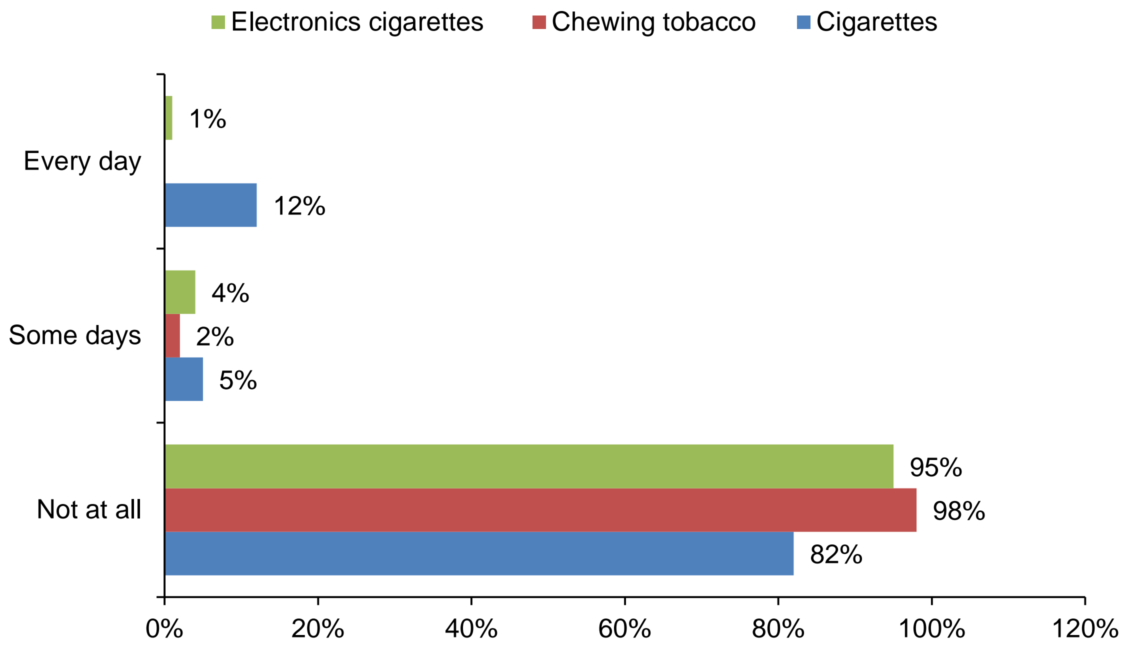
(Community = Burleigh / Morton)

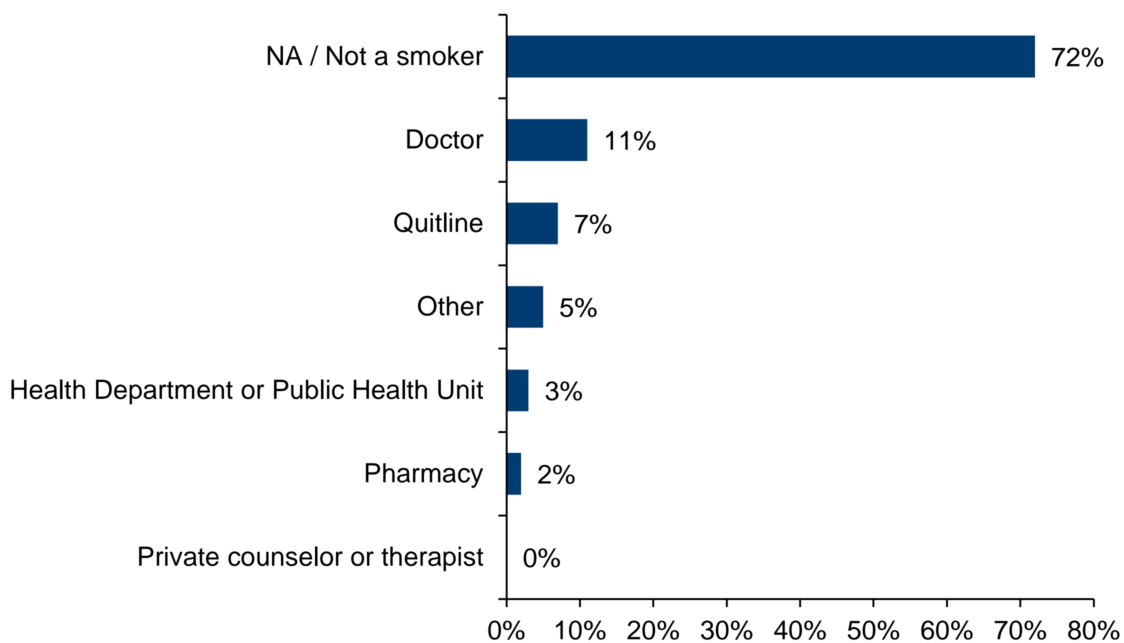
Do you currently use electronics cigarettes or vape?



Base: Not at all (n=608), Some days (n=26), Every day (n=7), Sample Size = 641

(Community = Burleigh / Morton)


Current Tobacco Use
Electronics cigarettes
Chewing tobacco
Cigarettes
Every day
Some days
Not at all
1%
12%
4%
2%
5%
95%
98%
82%
0%
20%
40%
60%
80%
100%
120%
Sample Size = Variable
(Community = Burleigh / Morton)



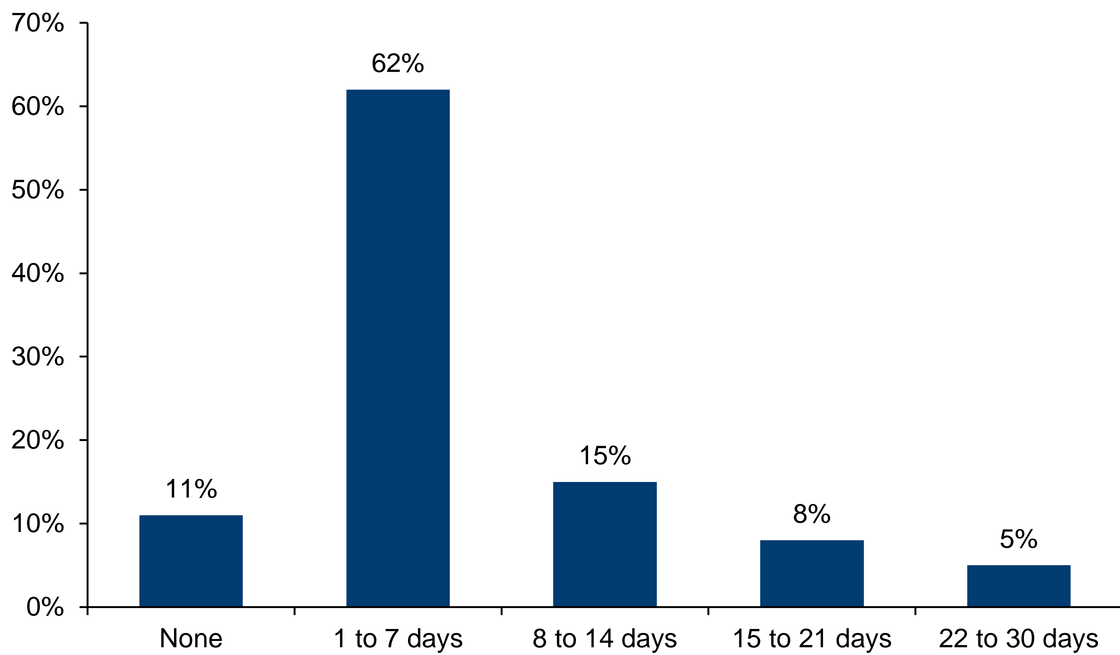
Base: NA / Not a smoker (n=410), Quitline (n=39), Doctor (n=65), Pharmacy (n=9), Private counselor or therapist (n=2), Health Department or Public Health Unit (n=20), Other (n=28), Sample Size = 573

(Community = Burleigh / Morton)

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)

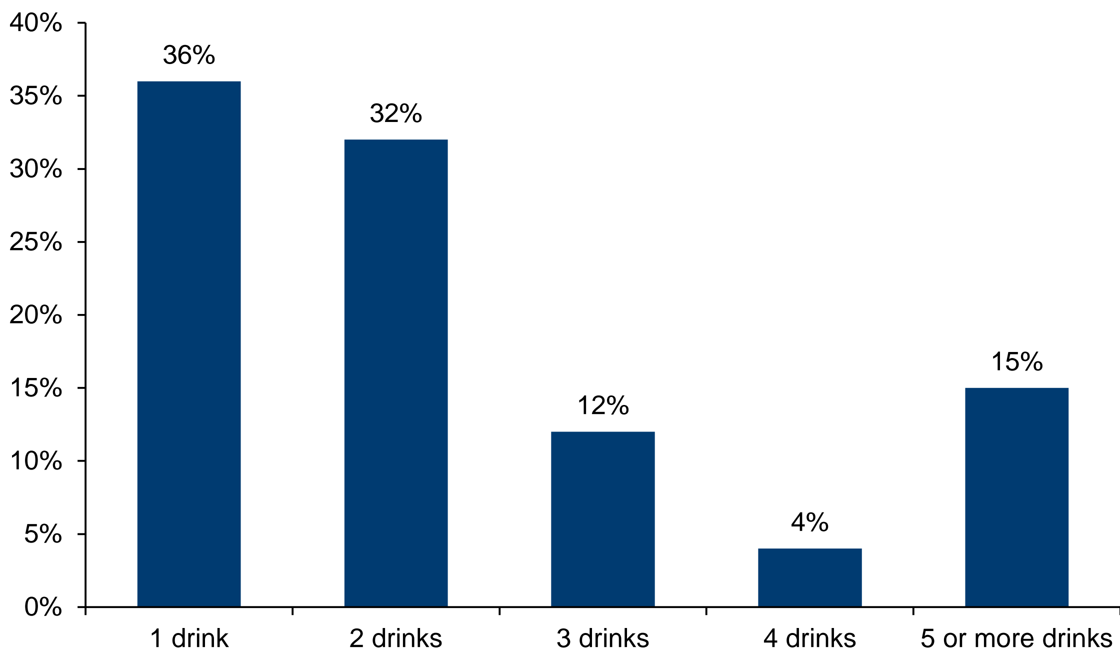
Base: Yes (n=72), No (n=74), Sample Size = 146

(Community = Burleigh / Morton)



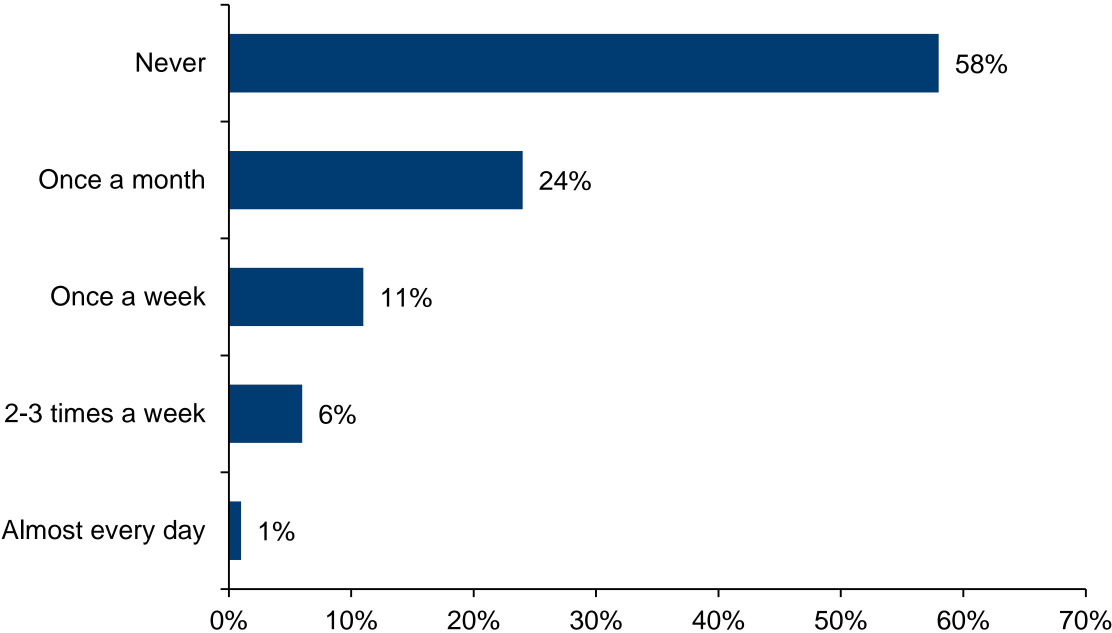
Base: None (n=61), 1 to 7 days (n=332), 8 to 14 days (n=78), 15 to 21 days (n=41), 22 to 30 days (n=25), Sample Size = 537

(Community = Burleigh / Morton)



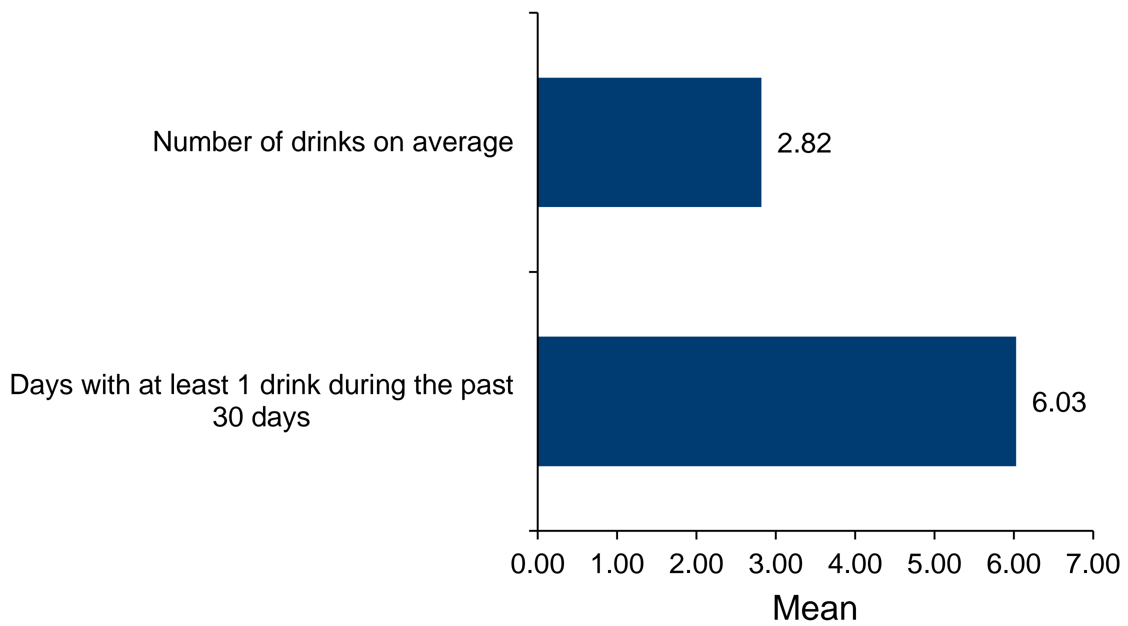
Base: 1 drink (n=167), 2 drinks (n=148), 3 drinks (n=57), 4 drinks (n=20), 5 or more drinks (n=69), Sample Size = 461

(Community = Burleigh / Morton)



Base: Almost every day (n=3), 2-3 times a week (n=28), Once a week (n=54), Once a month (n=115), Never (n=276), Sample Size = 476

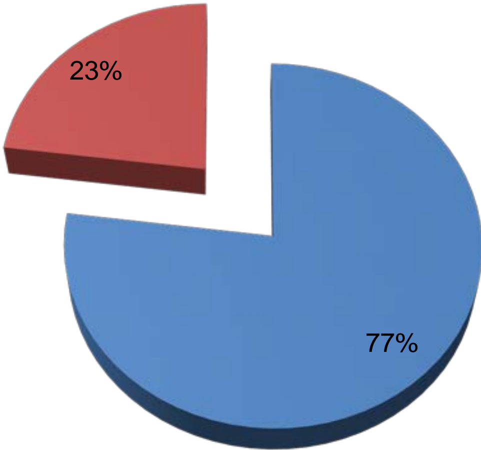
(Community = Burleigh / Morton)



Base: Days with at least 1 drink during the past 30 days (n=537), Number of drinks on average (n=472), Sample Size = Variable

(Community = Burleigh / Morton)

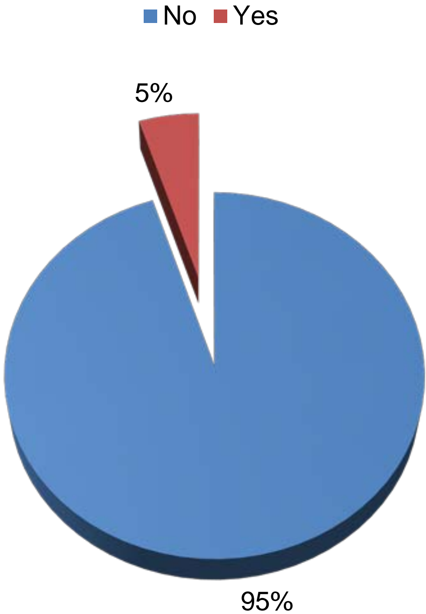
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=147), No (n=496), Sample Size = 643

(Community = Burleigh / Morton)

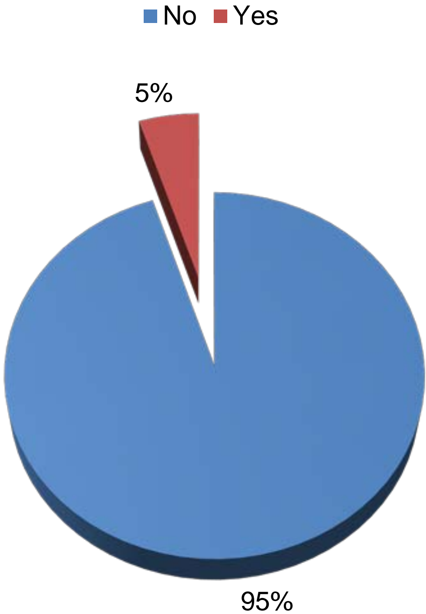
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=33), No (n=611), Sample Size = 644

(Community = Burleigh / Morton)

Has a family member or friend ever suggested that you get help for substance use?



Base: Yes (n=35), No (n=609), Sample Size = 644

(Community = Burleigh / Morton)

Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?

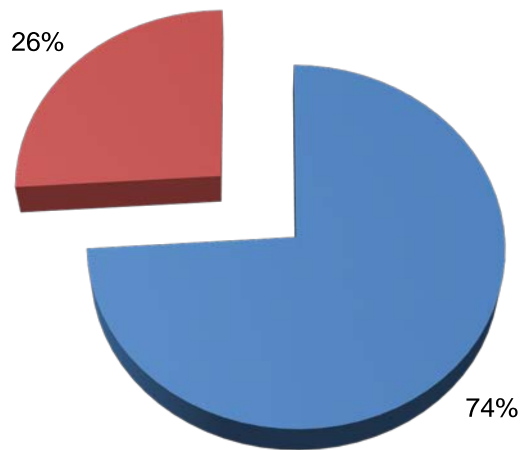
No Yes

Base: Yes (n=64), No (n=581), Sample Size = 645

(Community = Burleigh / Morton)

Do you have drugs in your home that are not being used?

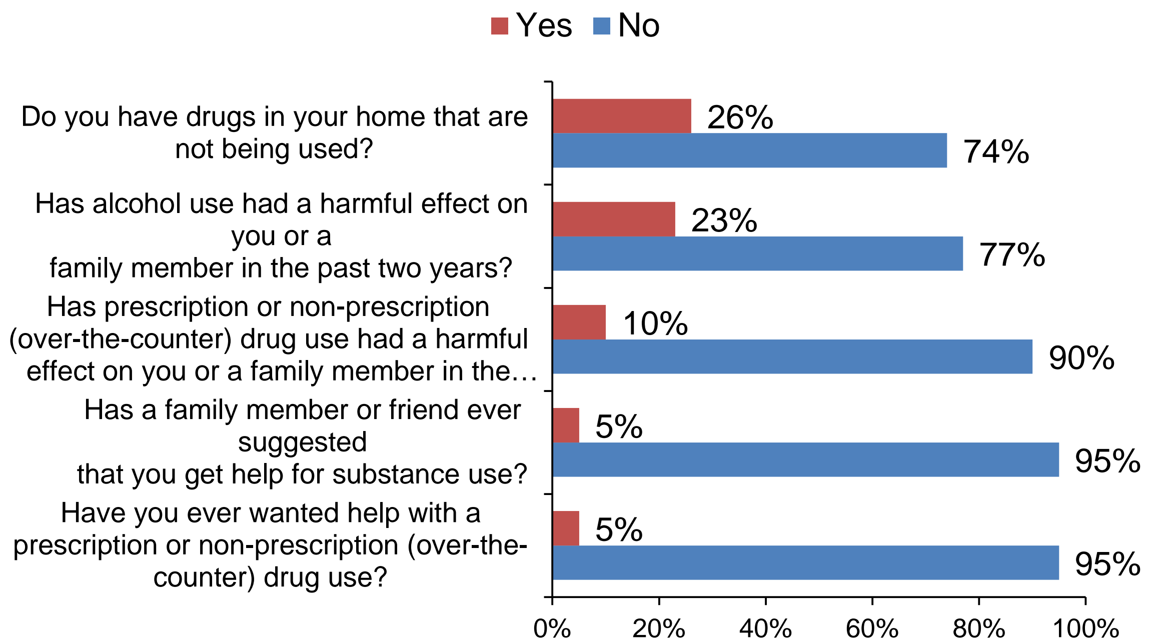
■ No ■ Yes



Base: Yes (n=165), No (n=480), Sample Size = 645

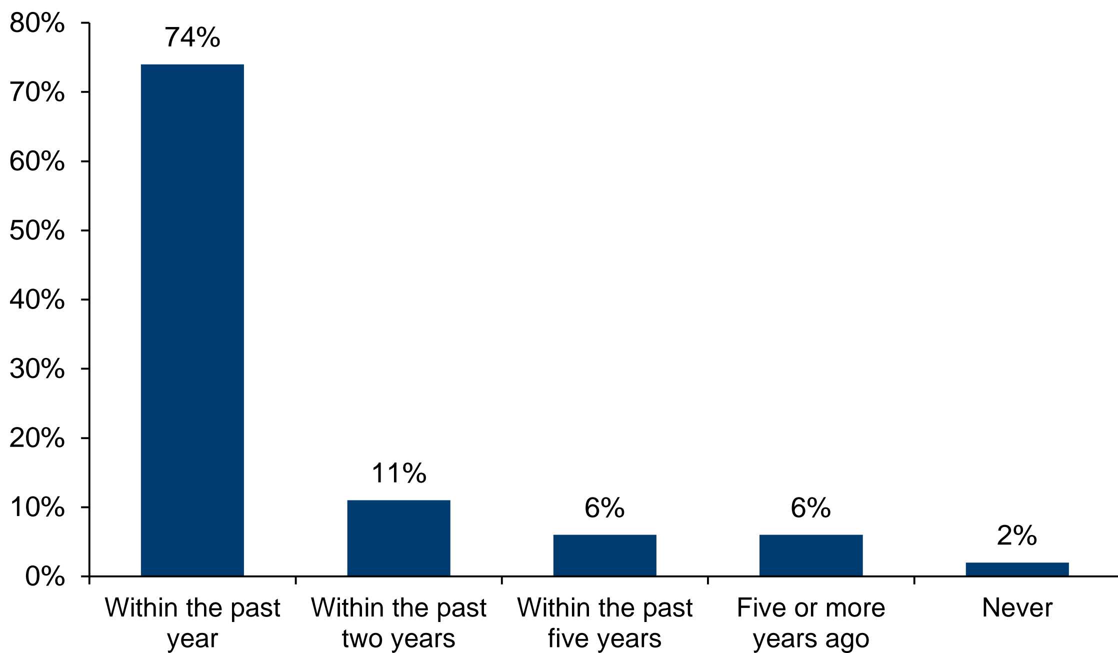
(Community = Burleigh / Morton)

Drug and Alcohol Issues



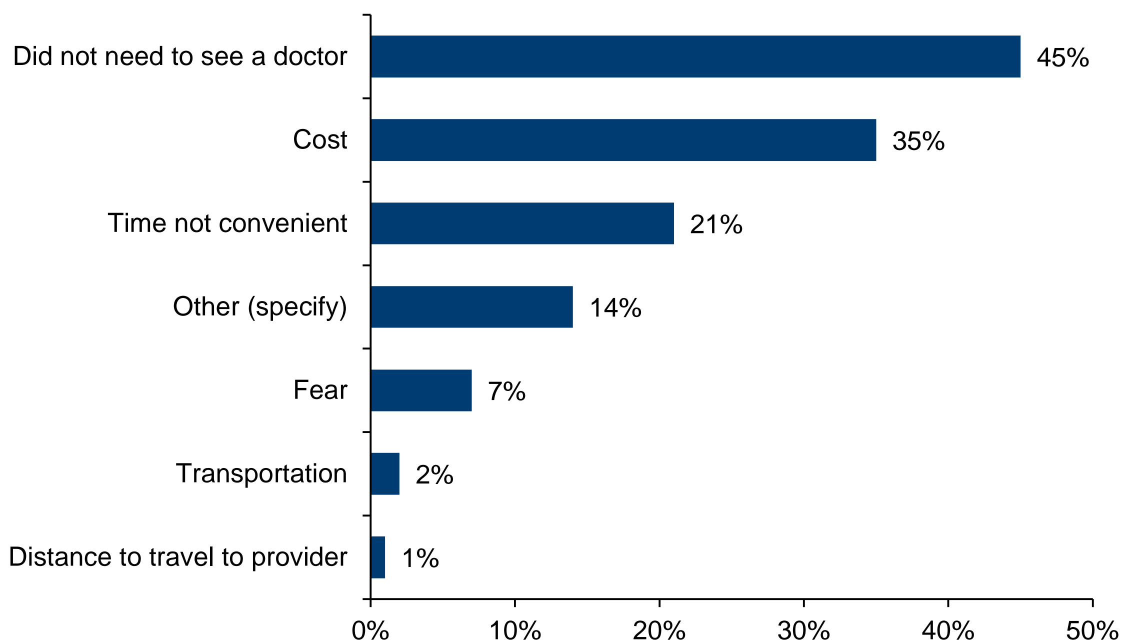
Sample Size = Variable

(Community = Burleigh / Morton)



Base: Within the past year (n=473), Within the past two years (n=72), Within the past five years (n=41), Five or more years ago (n=37), Never (n=12), Sample Size = 635

(Community = Burleigh / Morton)

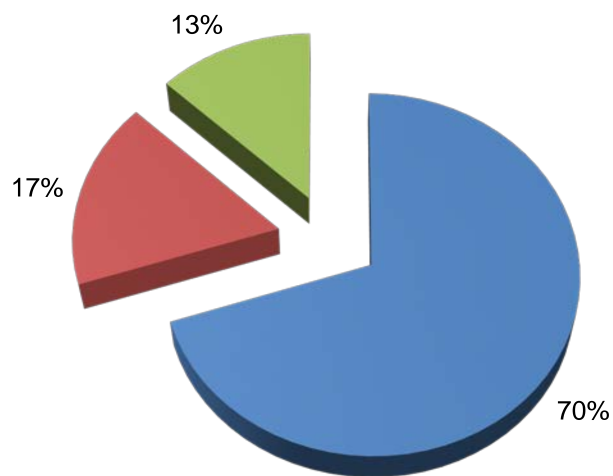


Base: Distance to travel to provider (n=1), Cost (n=60), Fear (n=12), Transportation (n=3), Time not convenient (n=35), Did not need to see a doctor (n=76), Other (specify) (n=23), Sample Size = 170

(Community = Burleigh / Morton)

Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?

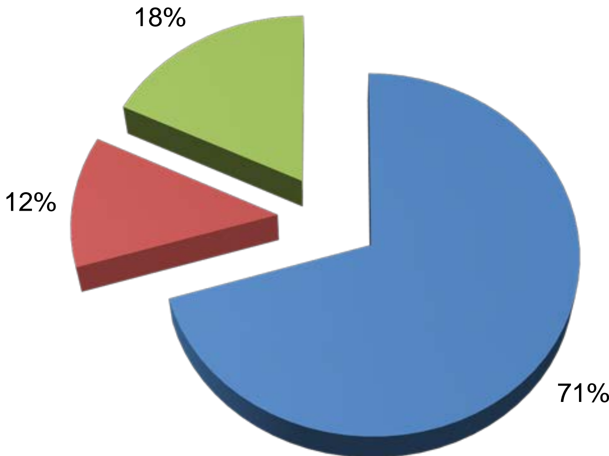
Yes No Don't know / Unsure



Base: Yes (n=452), No (n=107), Don't know / Unsure (n=84), Sample Size = 643

(Community = Burleigh / Morton)

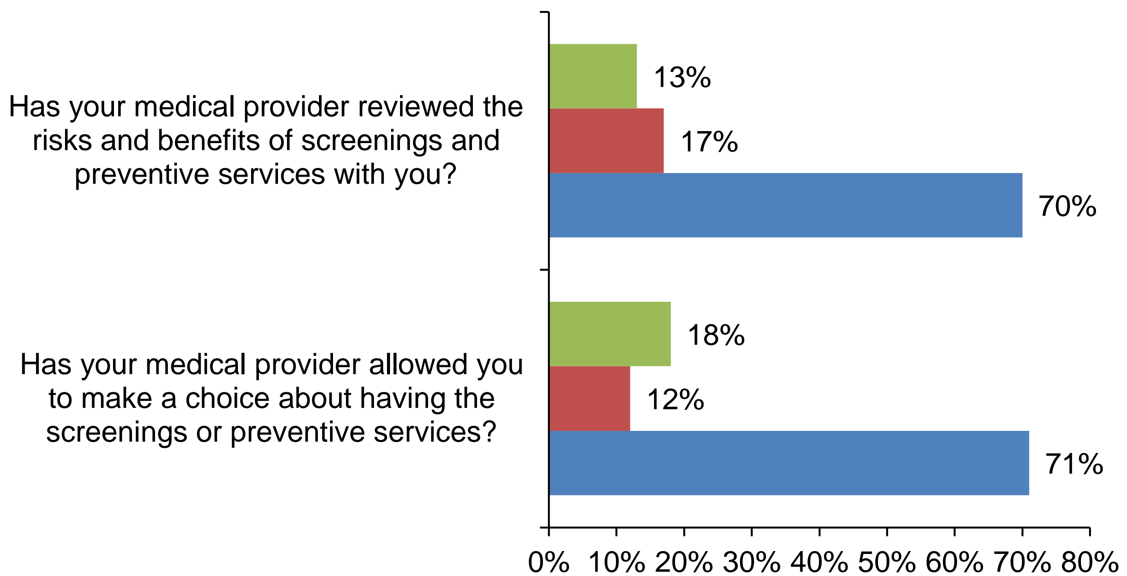
Has your medical provider allowed you to make a choice about having screenings or preventive services?



Base: Yes (n=453), No (n=76), Don't know / Unsure (n=113), Sample Size = 642

(Community = Burleigh / Morton)

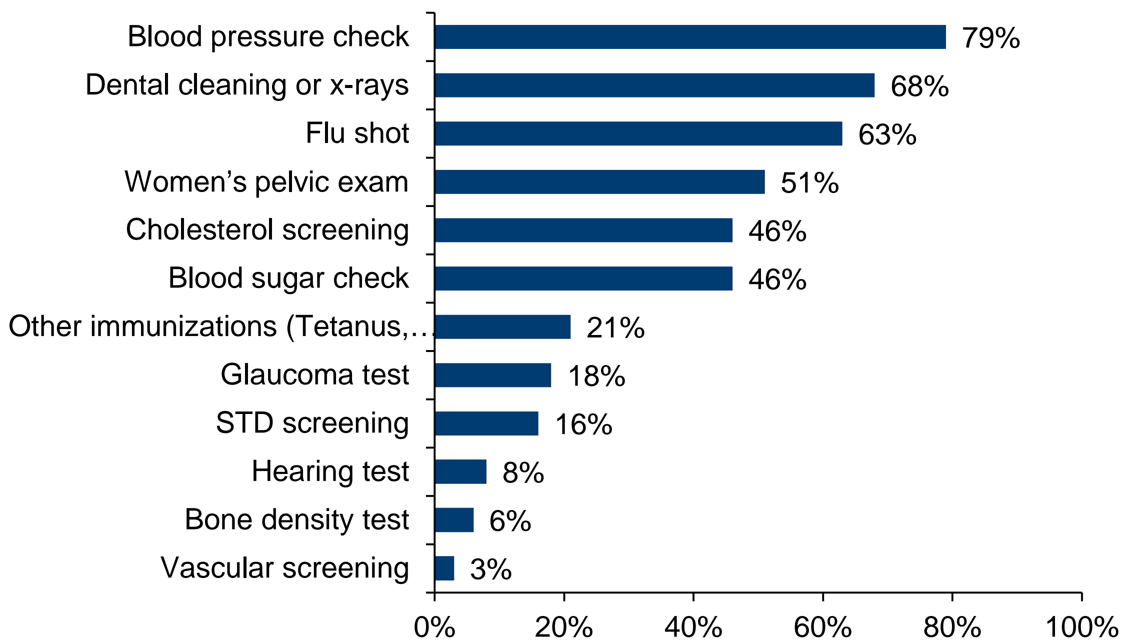
Screenings



Sample Size = Variable

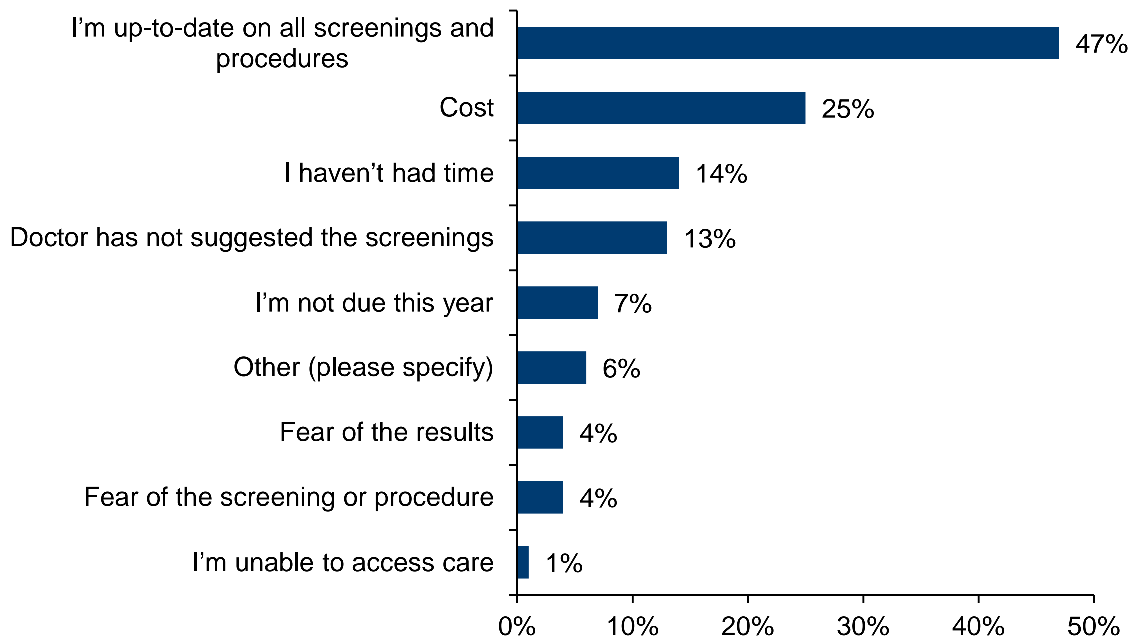
(Community = Burleigh / Morton)

Preventive Procedures Last Year



Base: Blood pressure check (n=452), Blood sugar check (n=264), Bone density test (n=33), Cholesterol screening (n=264), Dental cleaning or x-rays (n=391), Flu shot (n=361), Other immunizations (Tetanus, Hepatitis A or B) (n=120), Glaucoma test (n=104), Hearing test (n=46), Women’s pelvic exam (n=290), STD screening (n=91), Vascular screening (n=20), Sample Size = 572
(Community = Burleigh / Morton)

Barriers for Preventive Procedures

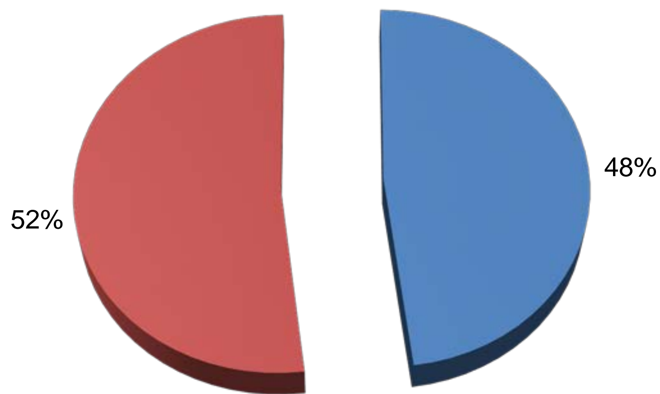


Base: I'm up-to-date on all screenings and procedures (n=302), Doctor has not suggested the screenings (n=85), Cost (n=158), I'm unable to access care (n=6), Fear of the screening or procedure (n=24), Fear of the results (n=24), I'm not due this year (n=46), I haven't had time (n=87), Other (please specify) (n=37), Sample Size = 636

(Community = Burleigh / Morton)

Do you have children under the age of 18 living in your household?

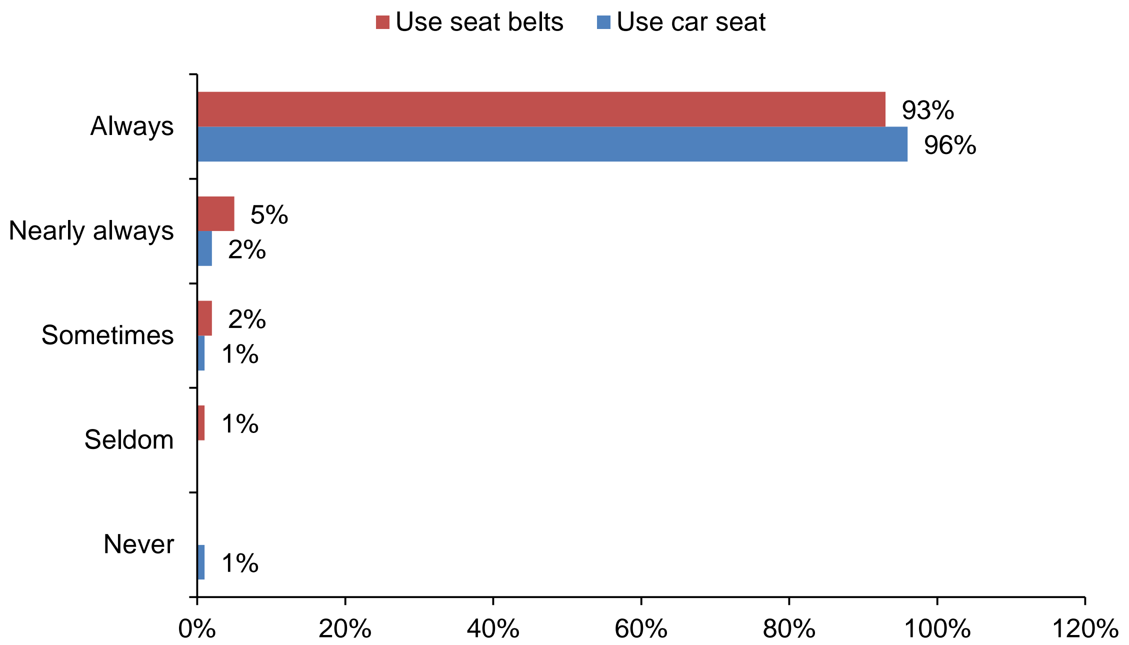
■ Yes ■ No



Base: Yes (n=312), No (n=332), Sample Size = 644

(Community = Burleigh / Morton)

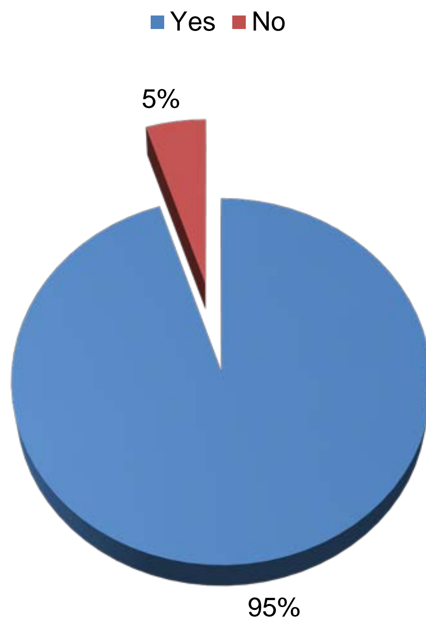
Children's Car Safety



Sample Size = Variable

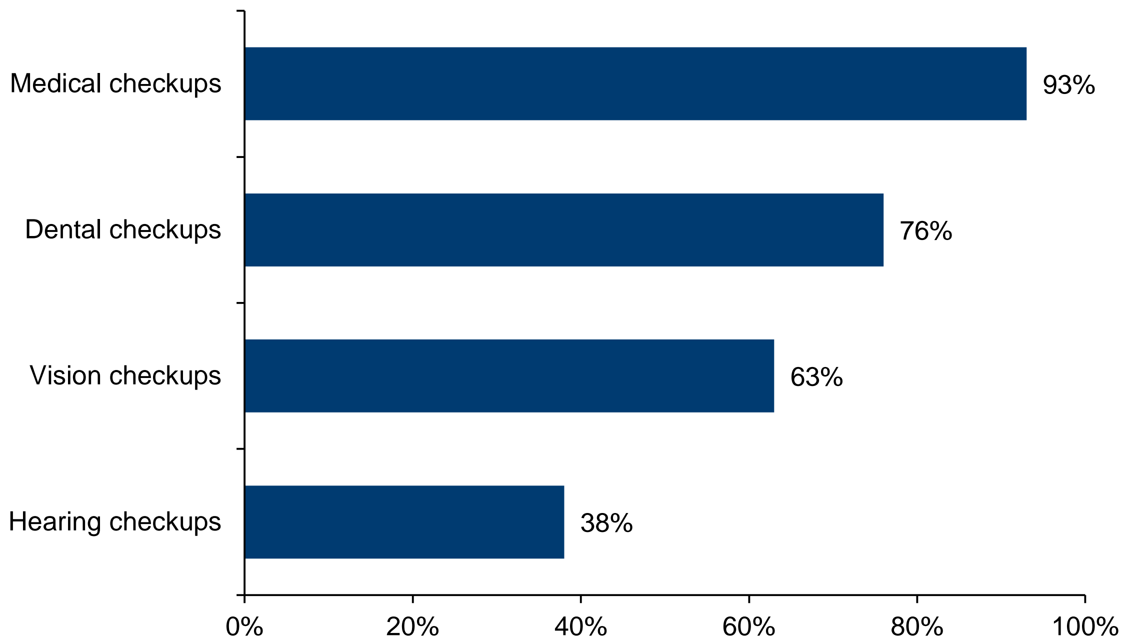
(Community = Burleigh / Morton)

Do you have healthcare coverage for your children or dependents?



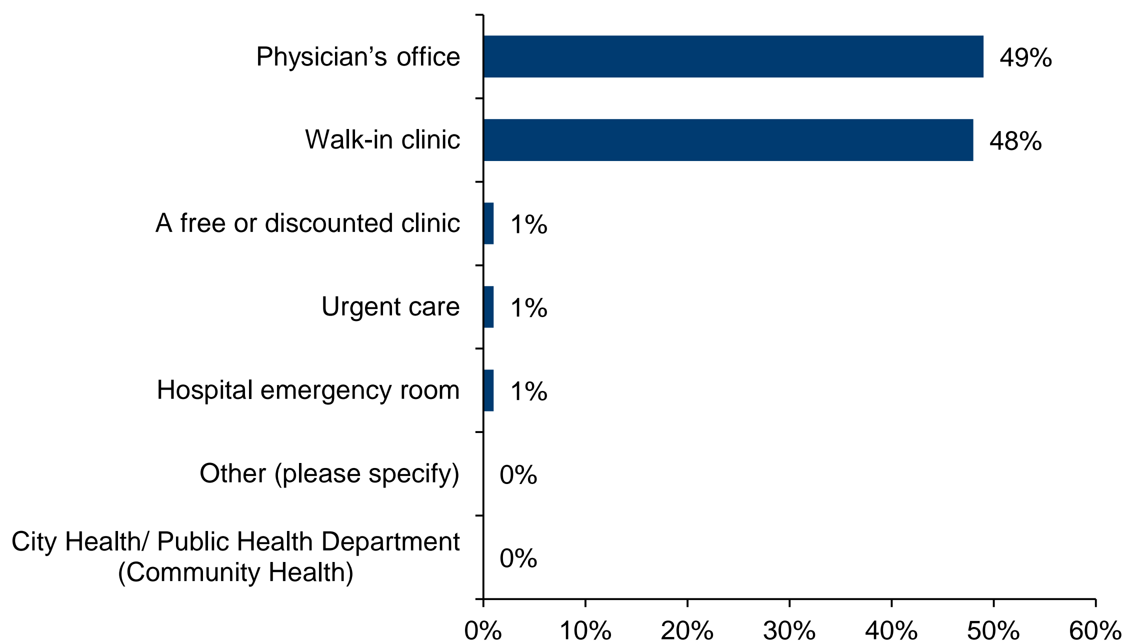
Base: Yes (n=298), No (n=15), Sample Size = 313

(Community = Burleigh / Morton)



Base: Dental checkups (n=234), Vision checkups (n=192), Hearing checkups (n=116), Medical checkups (n=285), Sample Size = 307

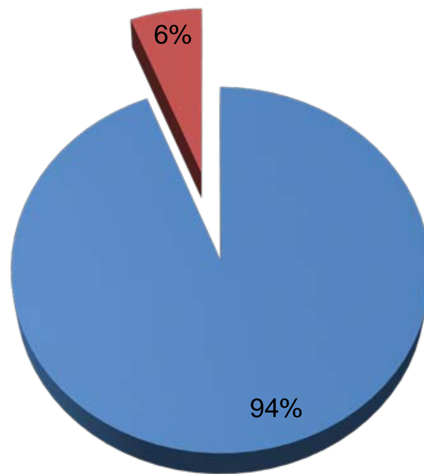
(Community = Burleigh / Morton)



Base: Physician's office (n=154), Hospital emergency room (n=4), Urgent care (n=2), Walk-in clinic (n=149), City Health/ Public Health Department (Community Health) (n=1), A free or discounted clinic (n=2), Other (please specify) (n=1), Sample Size = 313

(Community = Burleigh / Morton)

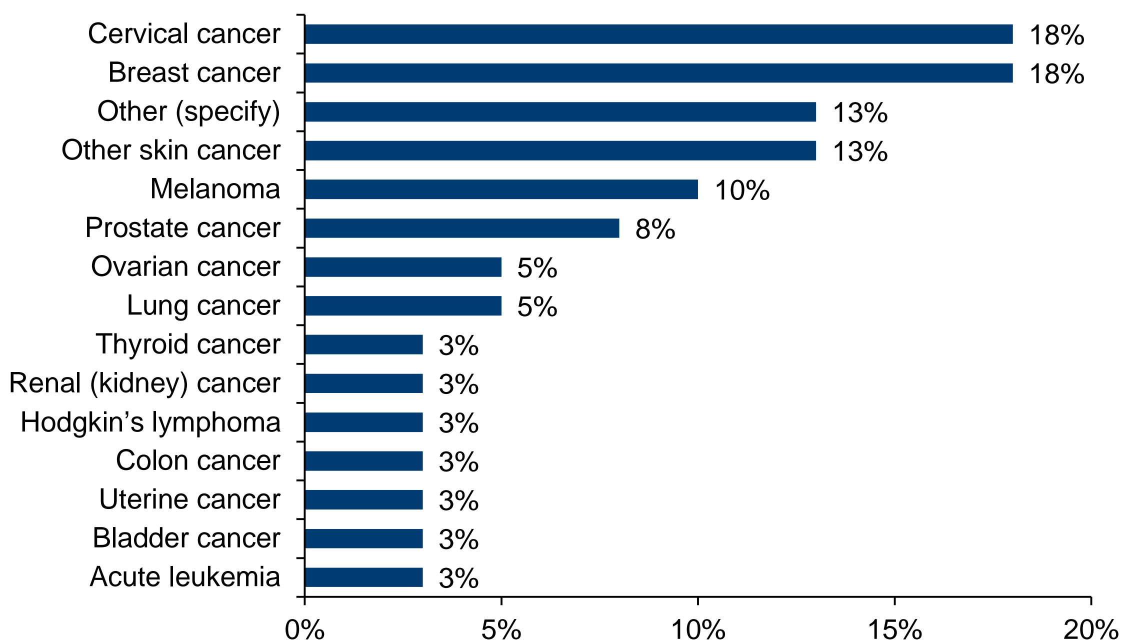
Have you ever been diagnosed with cancer?



Base: Yes (n=39), No (n=606), Sample Size = 645

(Community = Burleigh / Morton)

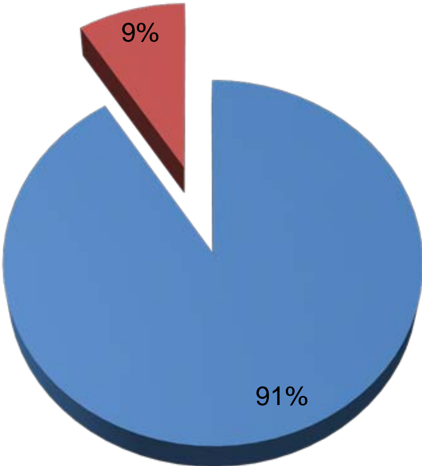
Type of Cancer



Base: Acute leukemia (n=1), Bladder cancer (n=1), Uterine cancer (n=1), Breast cancer (n=7), Cervical cancer (n=7), Colon cancer (n=1), Hodgkin's lymphoma (n=1), Lung cancer (n=2), Melanoma (n=4), Other skin cancer (n=5), Ovarian cancer (n=2), Prostate cancer (n=3), Renal (kidney) cancer (n=1), Thyroid cancer (n=1), Other (specify) (n=5), Sample Size = 39

(Community = Burleigh / Morton)

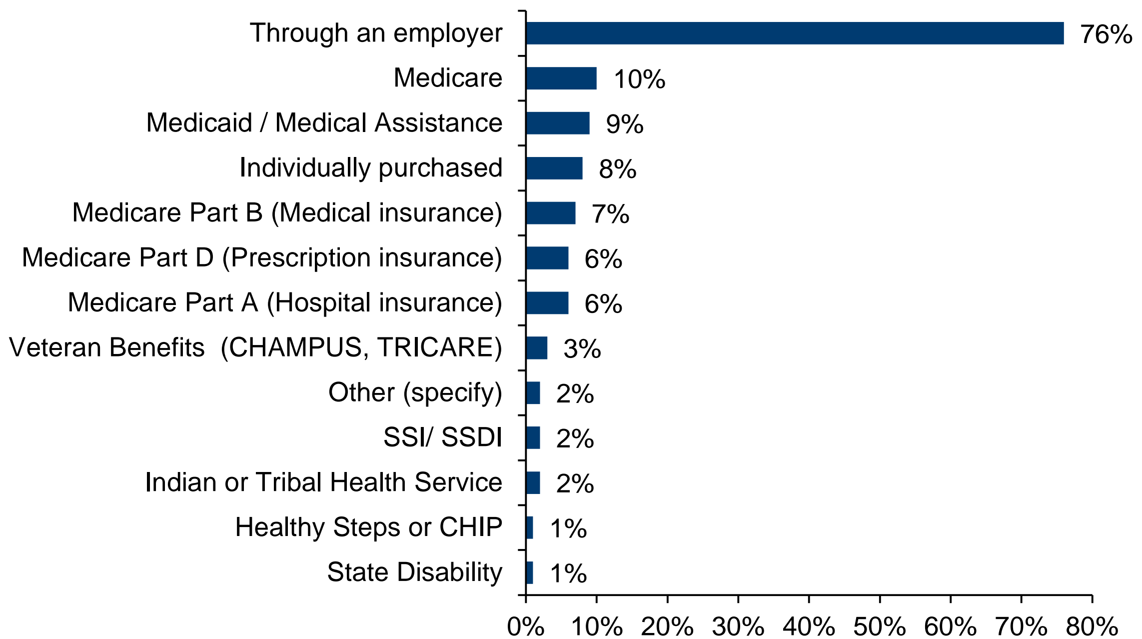
Do you currently have any kind of health insurance?



Base: Yes (n=586), No (n=58), Sample Size = 644

(Community = Burleigh / Morton)

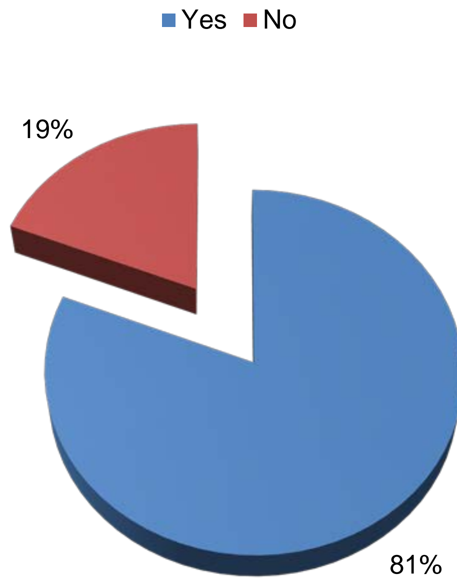
Type of Insurance



Base: Through an employer (n=443), Individually purchased (n=49), Indian or Tribal Health Service (n=11), Medicare (n=59), Medicare Part A (Hospital insurance) (n=36), Medicare Part B (Medical insurance) (n=42), Medicare Part D (Prescription insurance) (n=35), State Disability (n=3), SSI/ SSDI (n=9), Medicaid / Medical Assistance (n=51), Veteran Benefits (CHAMPUS, TRICARE) (n=20), Healthy Steps or CHIP (n=6), Other (specify) (n=12), Sample Size = 586

(Community = Burleigh / Morton)

Do you have an established primary healthcare provider?



Base: Yes (n=522), No (n=122), Sample Size = 644

(Community = Burleigh / Morton)

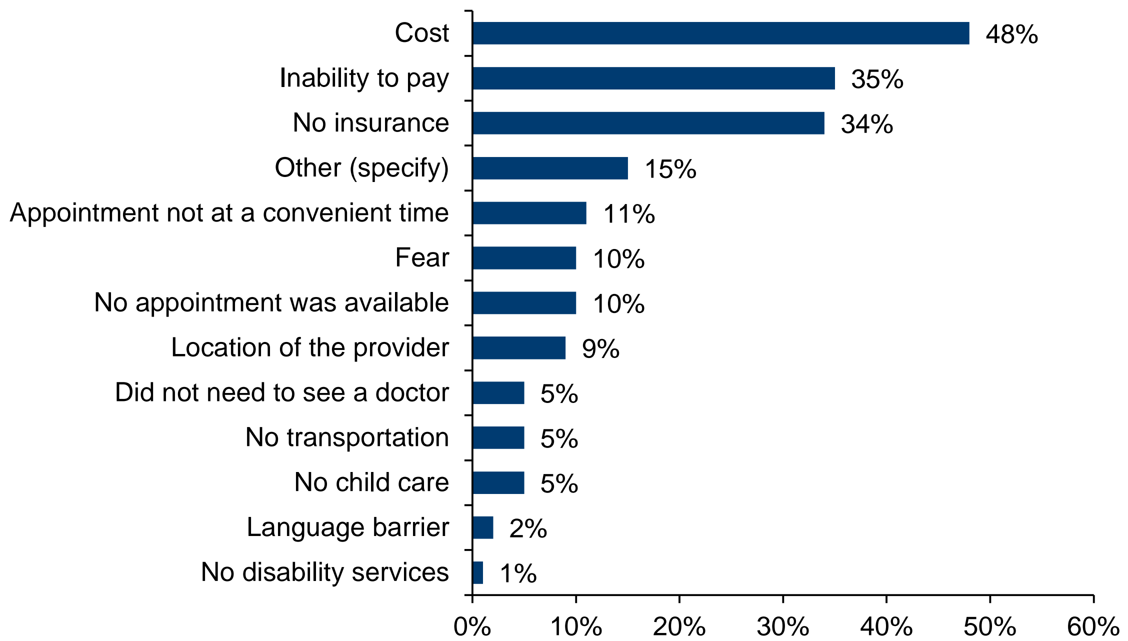
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?

■ No ■ Yes

Base: Yes (n=92), No (n=553), Sample Size = 645

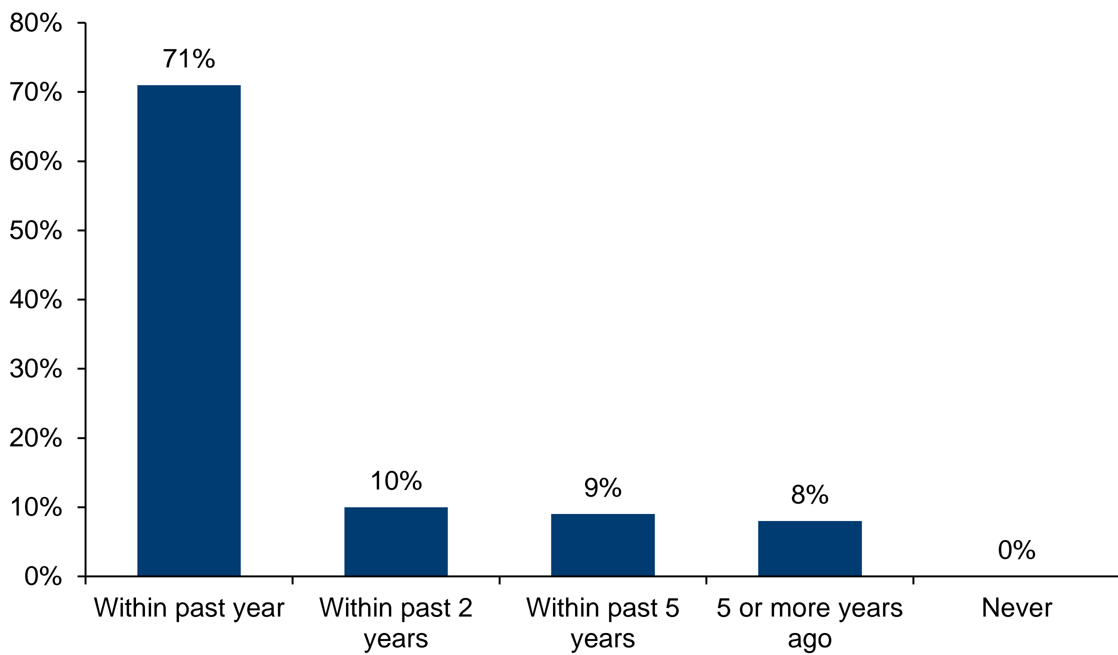
(Community = Burleigh / Morton)

Barriers to Receiving Care Needed



Base: Inability to pay (n=31), No child care (n=4), No appointment was available (n=9), Appointment not at a convenient time (n=10), No disability services (n=1), No insurance (n=30), Language barrier (n=2), No transportation (n=4), Location of the provider (n=8), Cost (n=42), Fear (n=9), Did not need to see a doctor (n=4), Other (specify) (n=13)
(Community = Burleigh / Morton)

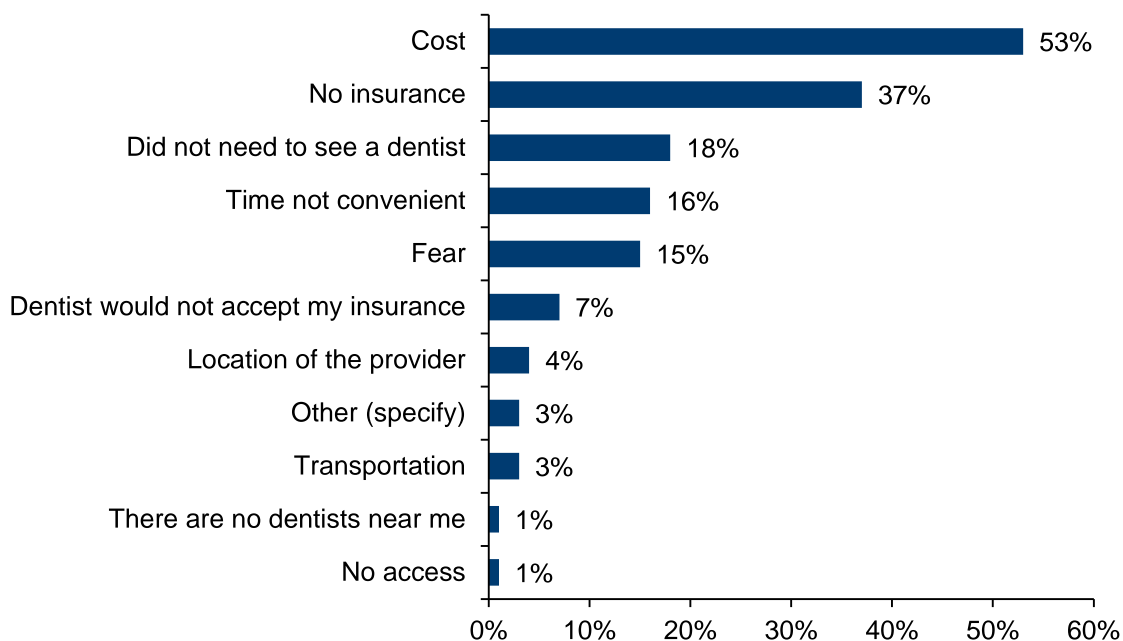
How long has it been since you last visited a dentist?



Base: Within past year (n=455), Within past 2 years (n=65), Within past 5 years (n=60), 5 or more years ago (n=54), Never (n=3), Sample Size = 637

(Community = Burleigh / Morton)

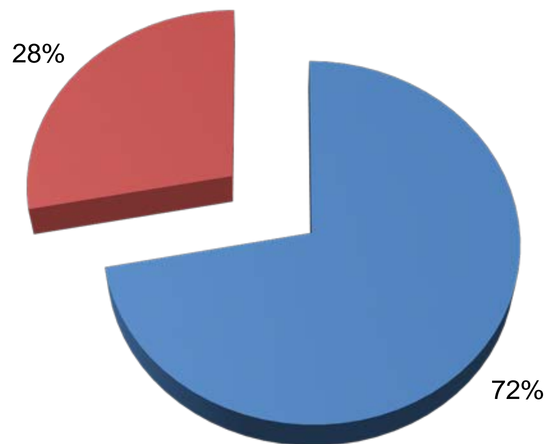
Barriers to Visiting the Dentist



Base: No access (n=2), No insurance (n=70), Location of the provider (n=8), Cost (n=101), Fear (n=29), Transportation (n=5), Time not convenient (n=30), There are no dentists near me (n=2), Dentist would not accept my insurance (n=13), Did not need to see a dentist (n=34), Other (specify) (n=5), Sample Size = 190

(Community = Burleigh / Morton)

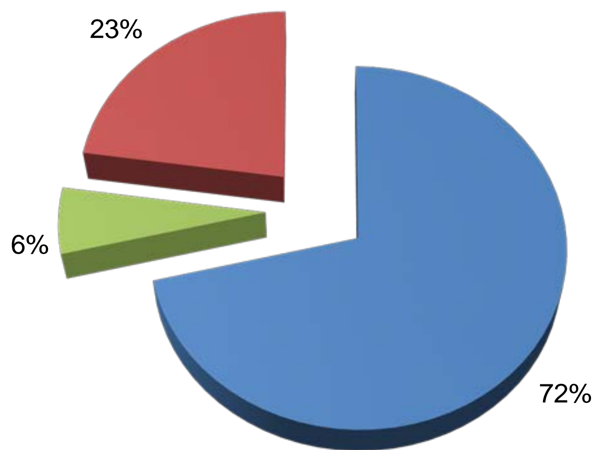
Do you have any kind of dental care or oral health insurance coverage?



Base: Yes (n=453), No (n=178), Sample Size = 631

(Community = Burleigh / Morton)

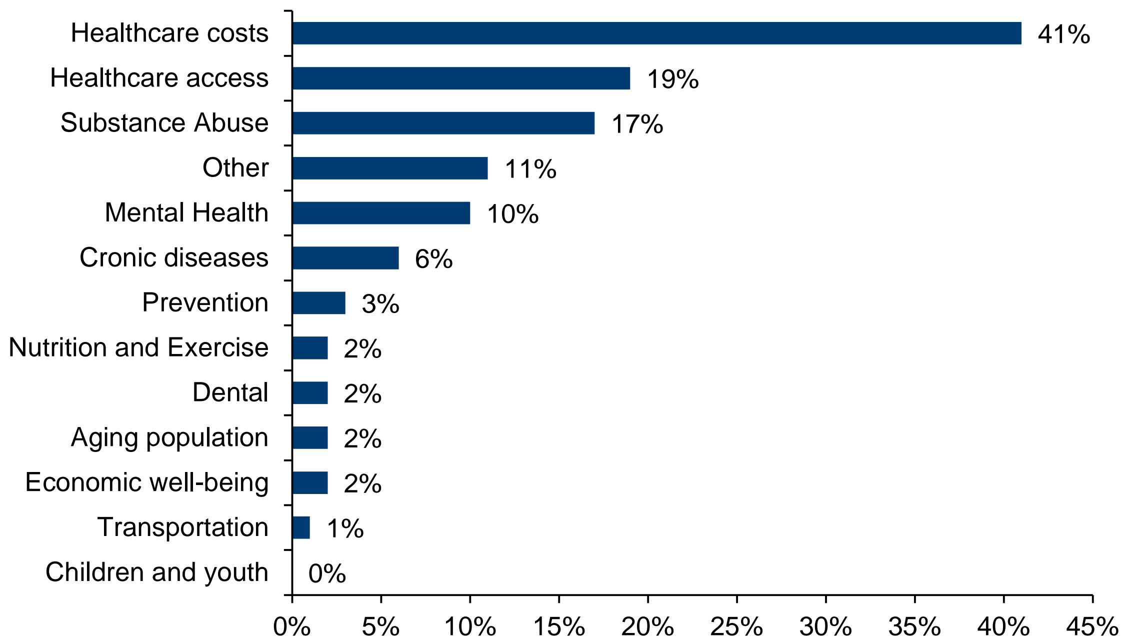
Do you have a dentist that you see for routine care?



Base: Yes, only one (n=457), Yes, more than one (n=37), No (n=145), Sample Size = 639

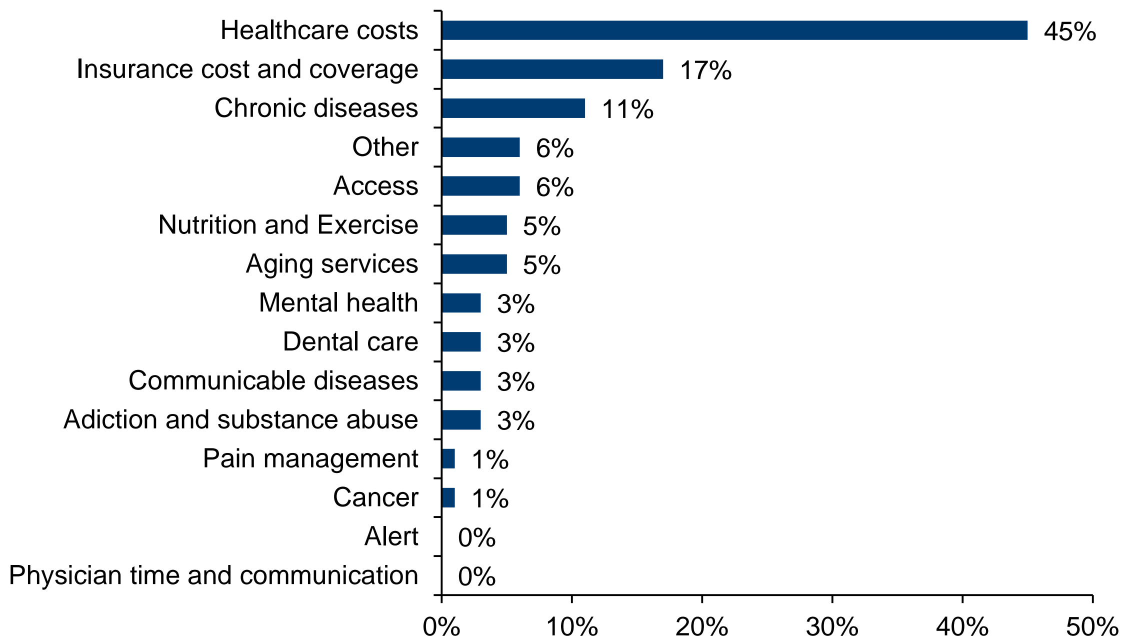
(Community = Burleigh / Morton)

Most Important Community Issues



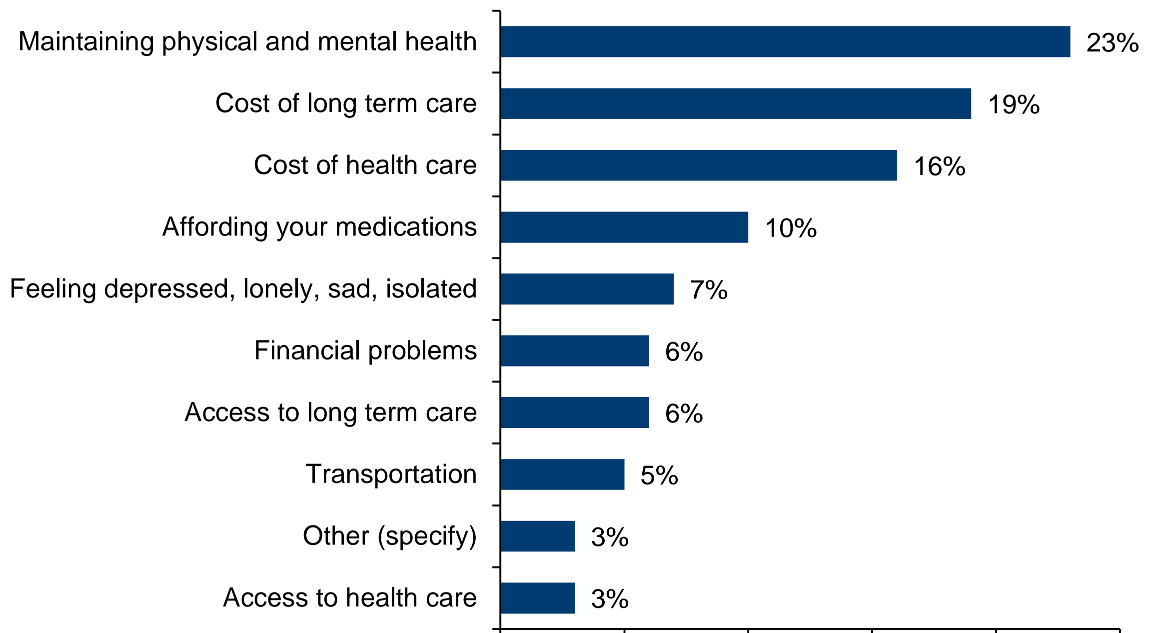
Base: Economic well-being (n=10), Transportation (n=5), Children and youth (n=1), Aging population (n=7), Healthcare access (n=85), Mental Health (n=45), Substance Abuse (n=74), Cronic diseases (n=25), Healthcare costs (n=184), Dental (n=10), Prevention (n=13), Nutrition and Exercise (n=11), Other (n=50),
Sample Size = 508
(Community = Burleigh / Morton)

Most Important Issue for Family

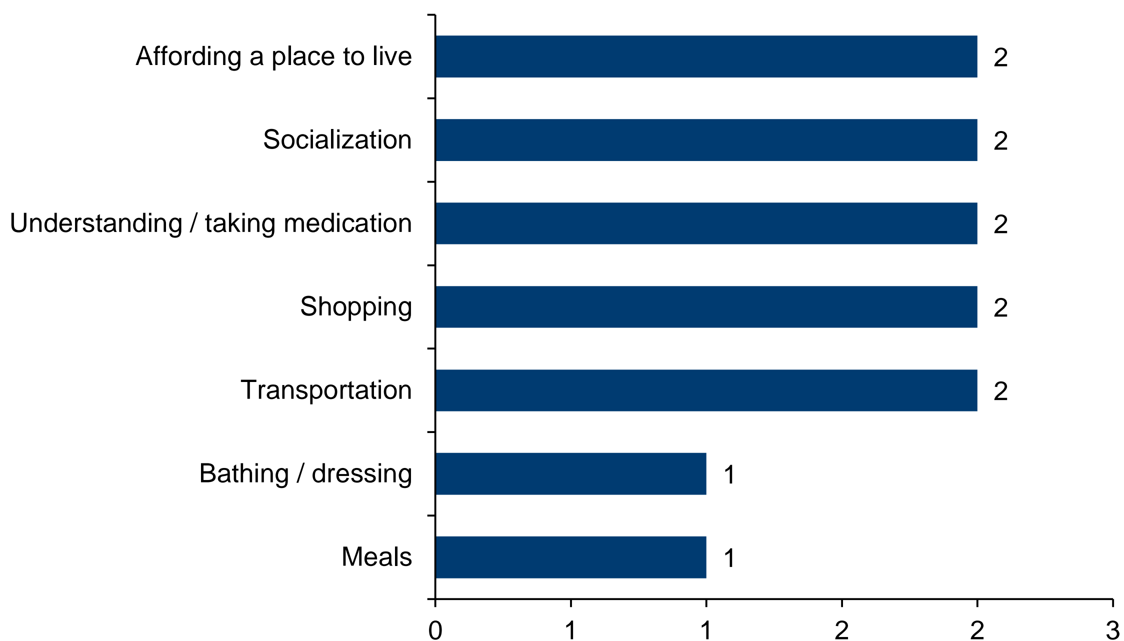


Base: Access (n=22), Adiction and substance abuse (n=12), Aging services (n=18), Cancer (n=4), Chronic diseases (n=40), Communicable diseases (n=12), Healthcare costs (n=169), Dental care (n=13), Nutrition and Exercise (n=20), Insurance cost and coverage (n=63), Mental health (n=13), Pain management (n=4), Physician time and communication (n=1), Alert (n=1), Other (n=21), Sample Size = 495

(Community = Burleigh / Morton)



Base: Access to health care (n=5), Cost of health care (n=24), Affording your medications (n=15), Maintaining physical and mental health (n=34), Feeling depressed, lonely, sad, isolated (n=11), Access to long term care (n=9), Cost of long term care (n=28), Financial problems (n=9), Transportation (n=8), Other (specify) (n=4) Sample Size = 54
(Community = Burleigh / Morton)

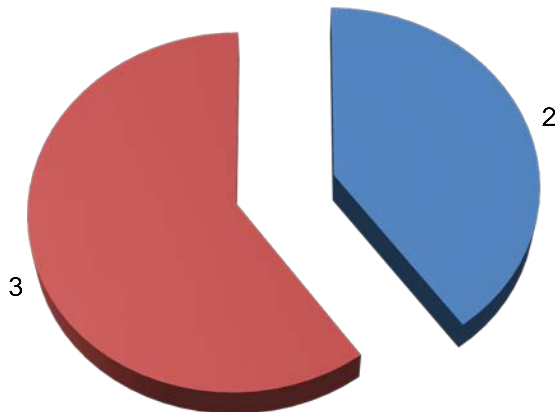


Sample Size = 6

(Community = Burleigh / Morton)

Do you know where to go to get help with the tasks you need assistance with? (Age 65+)

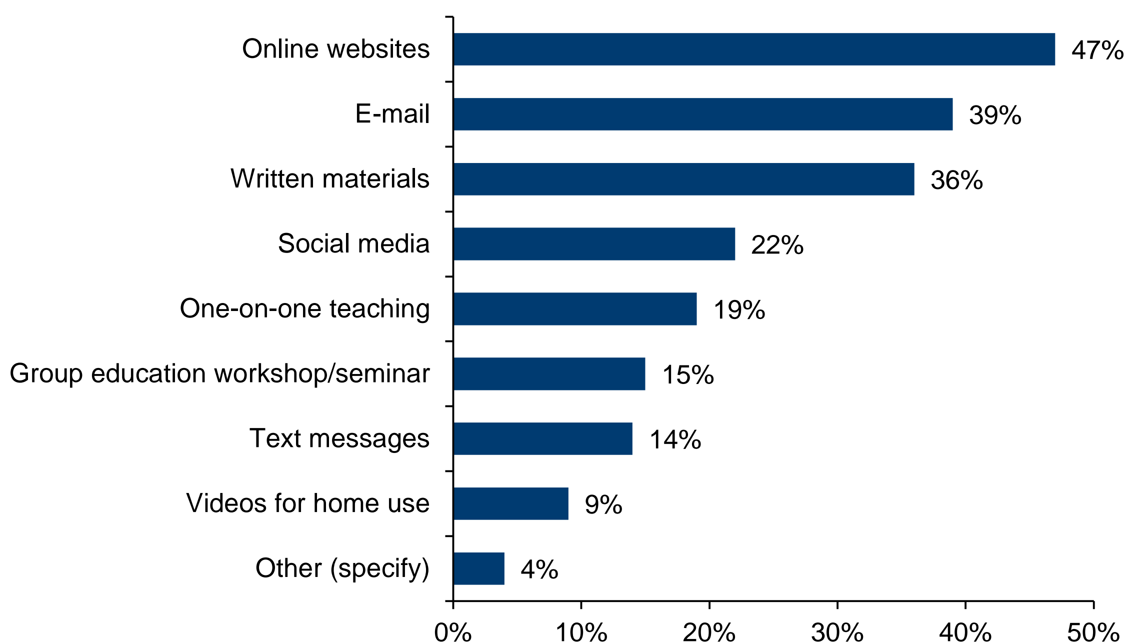
■ Yes ■ No



Sample Size = 5

(Community = Burleigh / Morton)

What method(s) would you prefer to get health information?

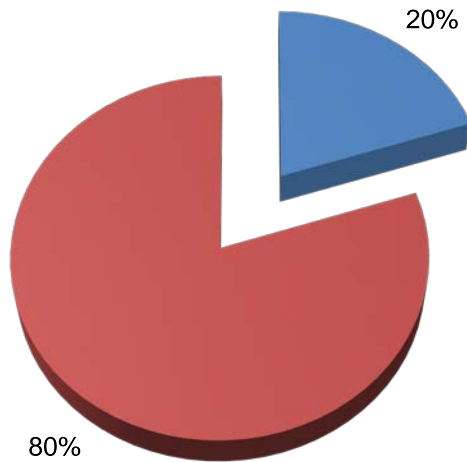


Base: Written materials (n=226), Videos for home use (n=56), Social media (n=141), Text messages (n=89), One-on-one teaching (n=120), E-mail (n=247), Group education workshop/seminar (n=95), Online websites (n=293), Other (specify) (n=25), Sample Size = 630

(Community = Burleigh / Morton)

Gender

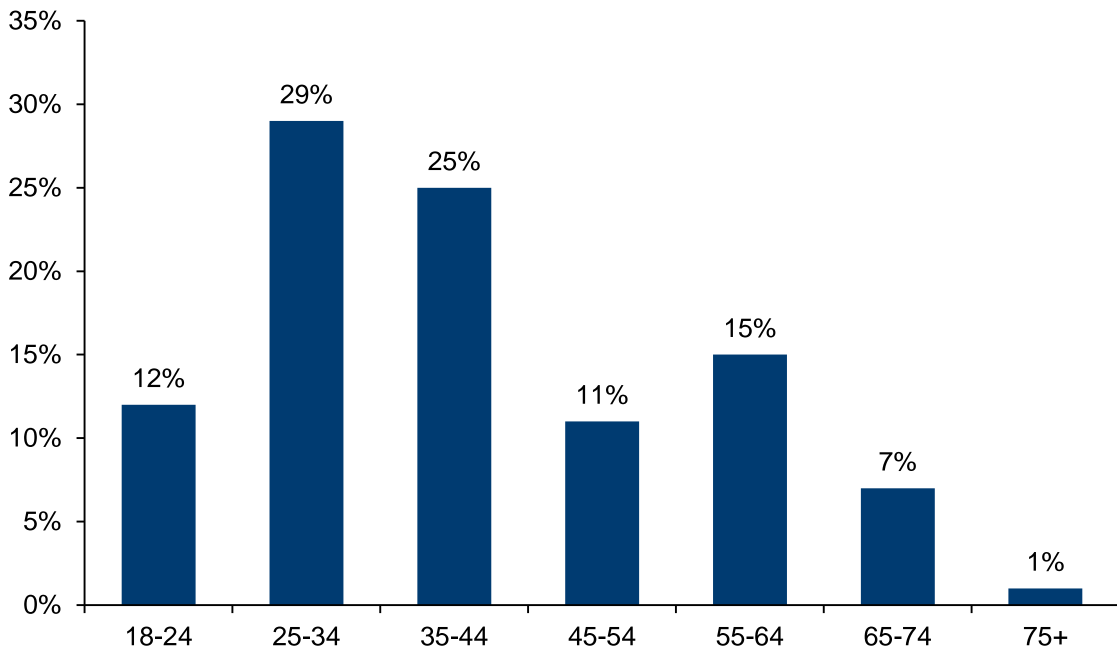
■ Male ■ Female



Base: Male (n=129), Female (n=511), Sample Size = 640

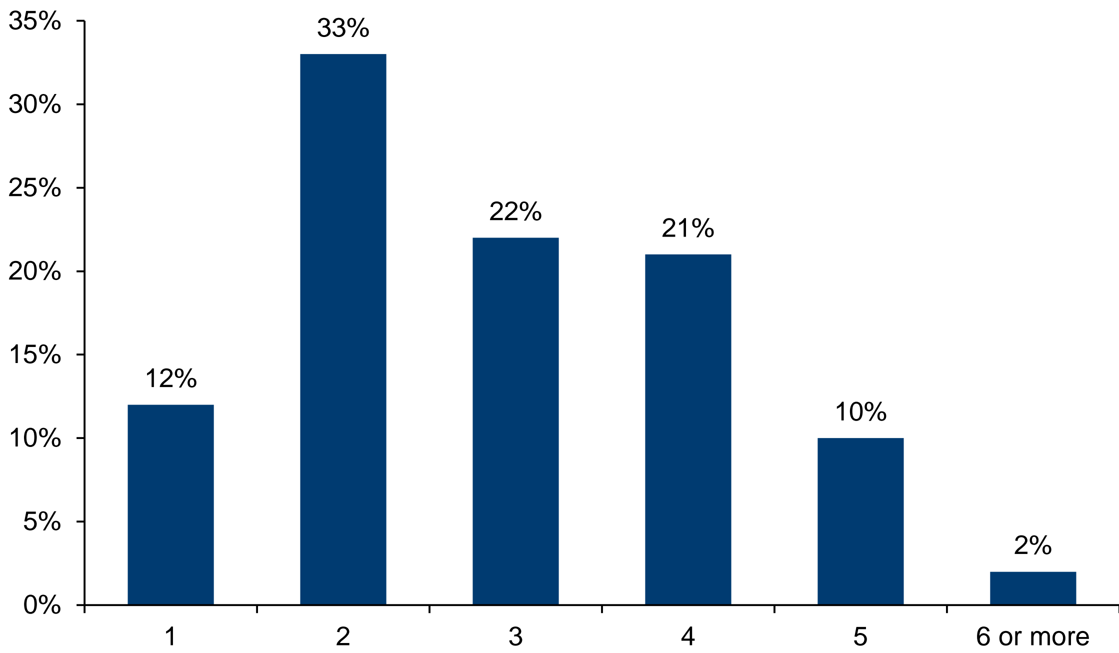
(Community = Burleigh / Morton)

Age



Base: 18-24 (n=76), 25-34 (n=186), 35-44 (n=158), 45-54 (n=74), 55-64 (n=95), 65-74 (n=47), 75+ (n=8), Sample Size = 644

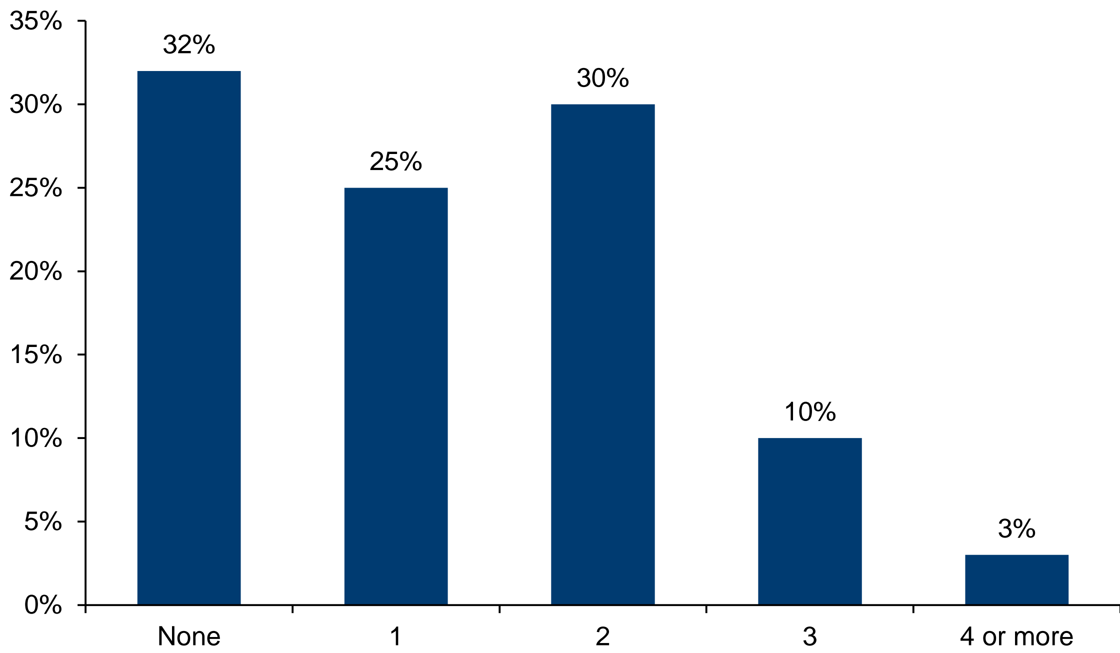
(Community = Burleigh / Morton)



Base: 1 (n=74), 2 (n=212), 3 (n=144), 4 (n=133), 5 (n=62), 6 or more (n=16), Sample Size = 641

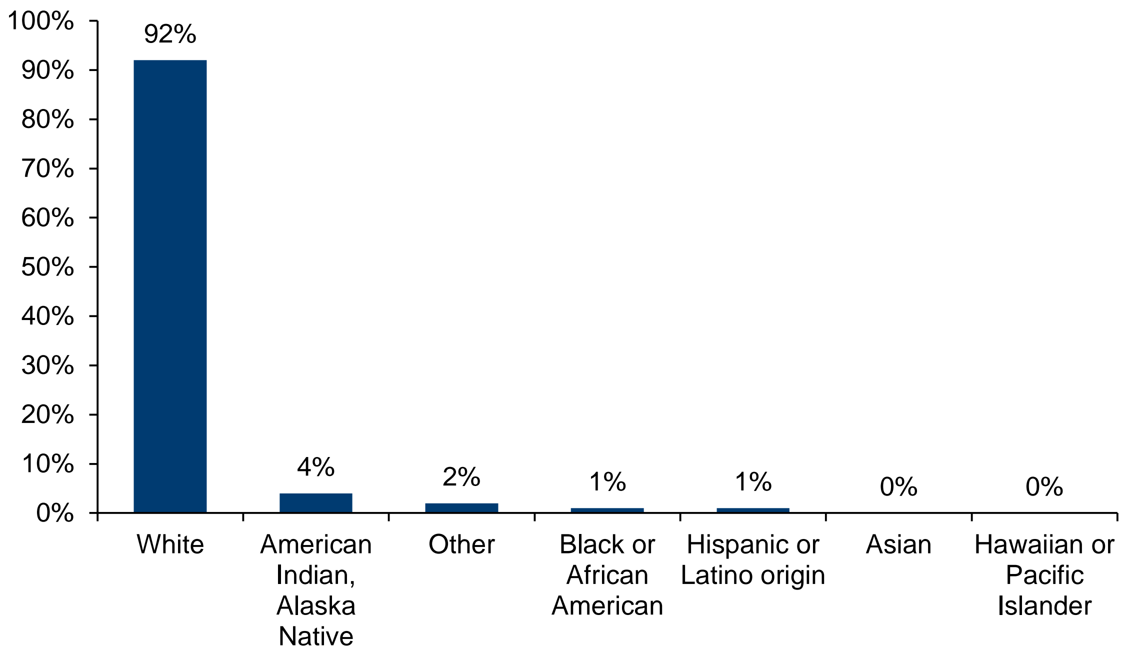
(Community = Burleigh / Morton)

Children in Household Under 18



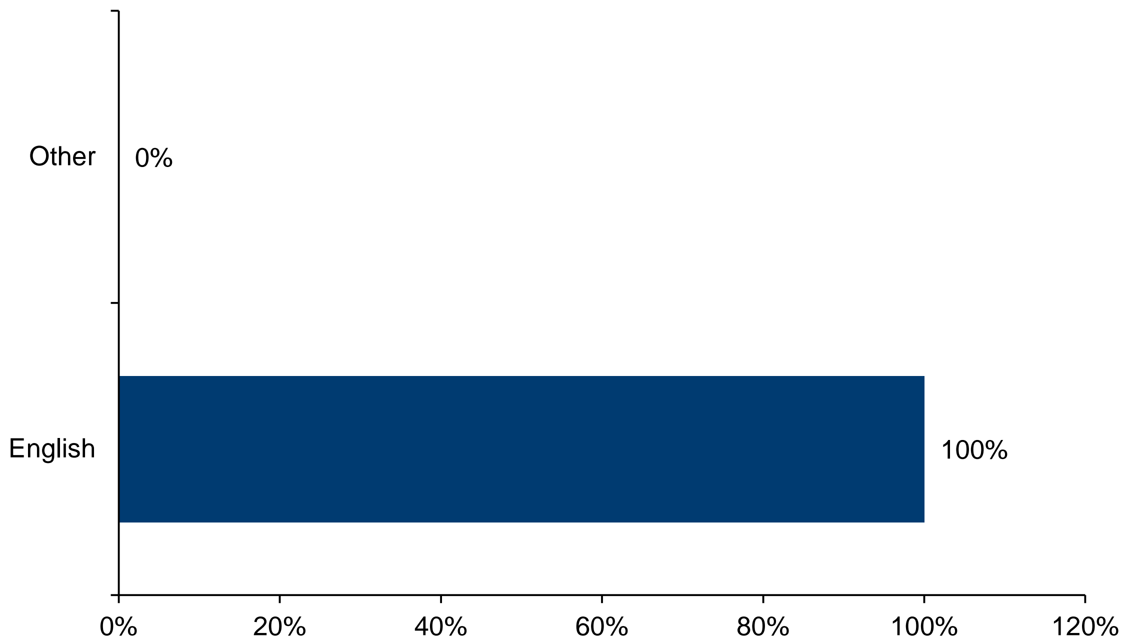
Base: None (n=146), 1 (n=115), 2 (n=141), 3 (n=47), 4 or more (n=14), Sample Size = 463

(Community = Burleigh / Morton)



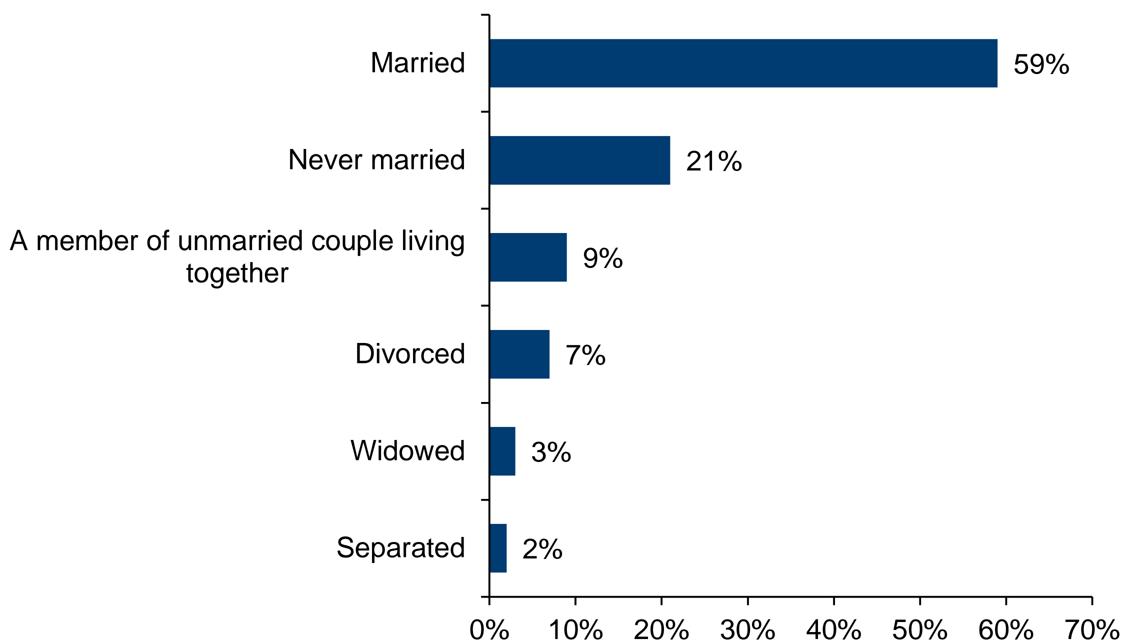
Base: White (n=588), Black or African American (n=5), Asian (n=3), American Indian, Alaska Native (n=26), Hawaiian or Pacific Islander (n=1), Hispanic or Latino origin (n=8), Other (n=10), Sample Size = 641

(Community = Burleigh / Morton)



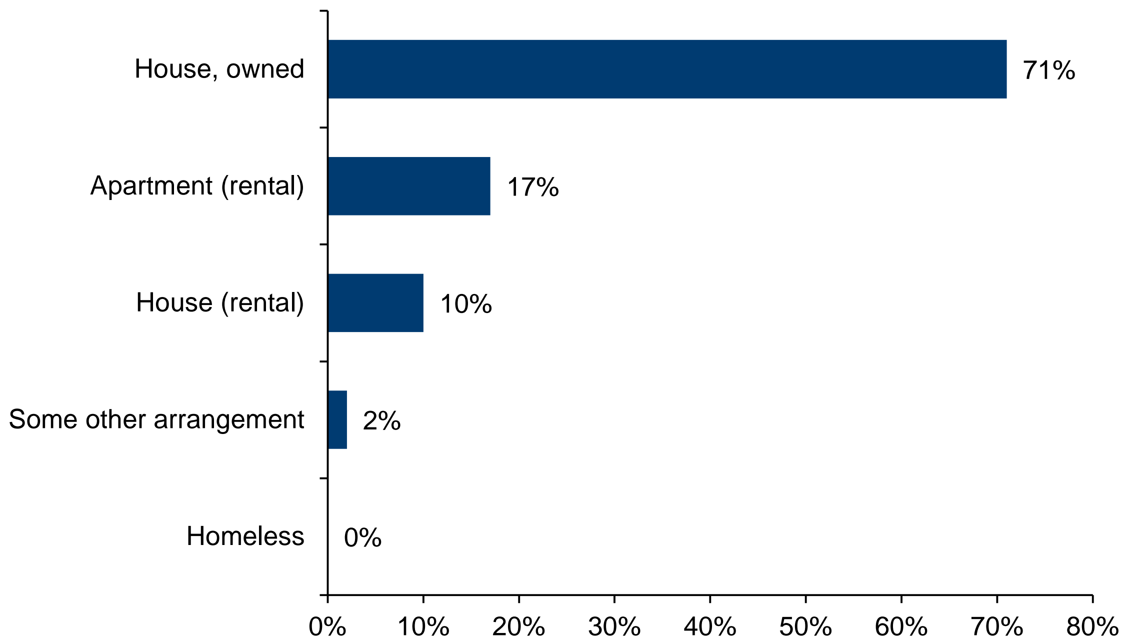
Base: English (n=640), Other (n=1), Sample Size = 641

(Community = Burleigh / Morton)



Base: Never married (n=133), Married (n=378), Divorced (n=45), Widowed (n=21), Separated (n=10), A member of unmarried couple living together (n=55), Sample Size = 642

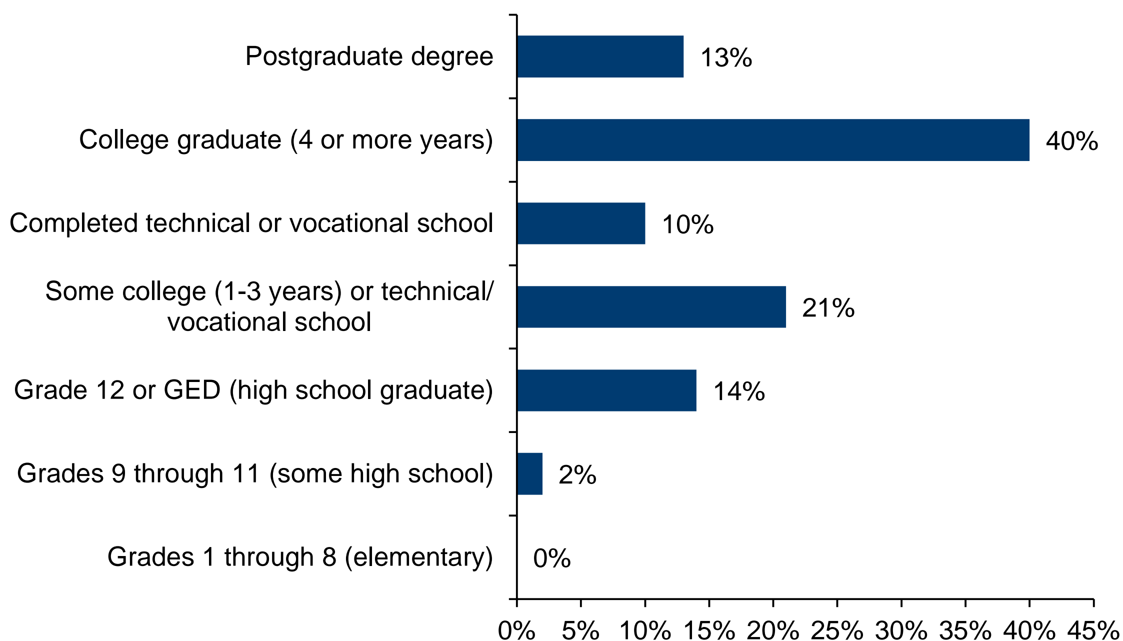
(Community = Burleigh / Morton)



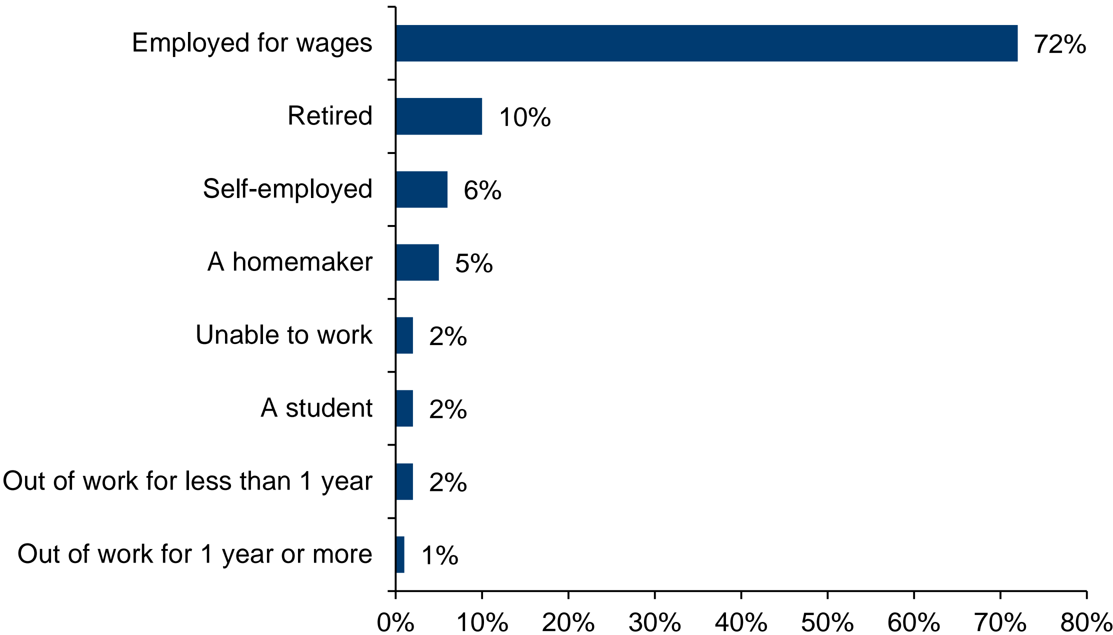
Base: House, owned (n=453), House (rental) (n=64), Apartment (rental) (n=108), Homeless (n=2), Some other arrangement (n=15), Sample Size = 642

(Community = Burleigh / Morton)

Education Level



Base: Grades 1 through 8 (elementary) (n=3), Grades 9 through 11 (some high school) (n=11), Grade 12 or GED (high school graduate) (n=92), Some college (1-3 years) or technical/ vocational school (n=138), Completed technical or vocational school (n=62), College graduate (4 or more years) (n=256), Postgraduate degree (n=81), Sample Size = 643
(Community = Burleigh / Morton)

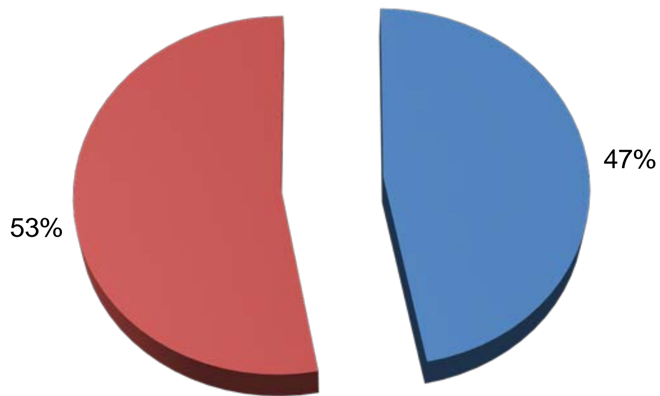


Base: Employed for wages (n=461), Self-employed (n=41), Out of work for less than 1 year (n=13), Out of work for 1 year or more (n=6), A homemaker (n=34), A student (n=12), Retired (n=66), Unable to work (n=10), Sample Size = 643

(Community = Burleigh / Morton)

Sample Source

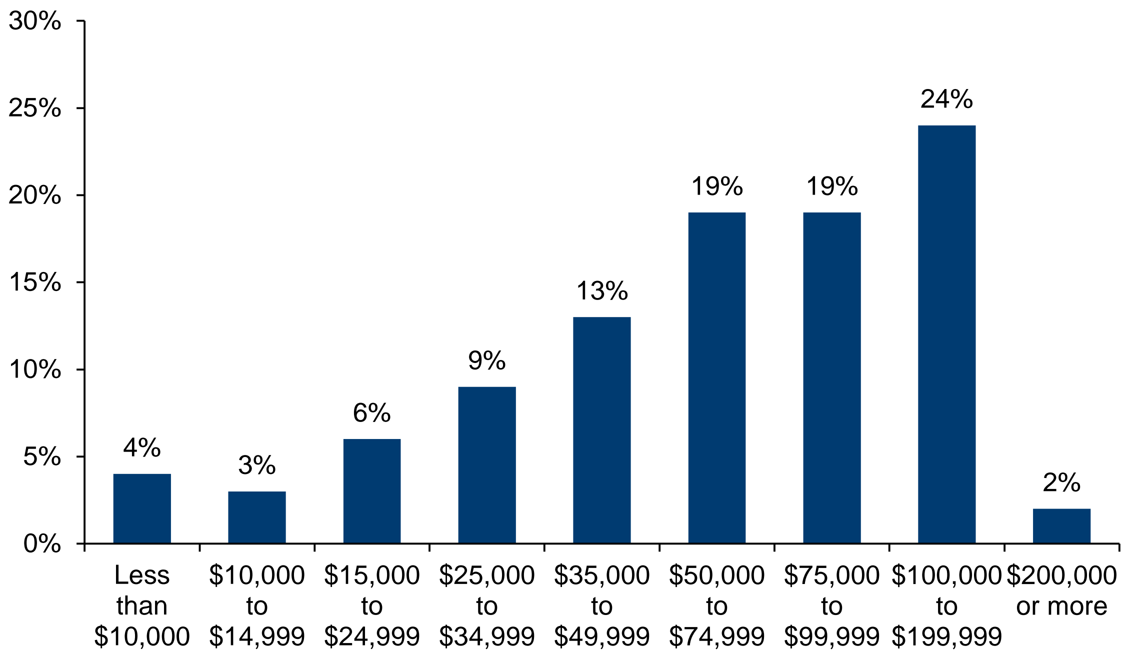
■ Qualtrics ■ Open Invitation / FaceBook



Base: Qualtrics (n=300), Open Invitation / FaceBook (n=345), Sample Size = 645

(Community = Burleigh / Morton)

Total Household Income



Base: Less than $10,000 (n=21), $10,000 to $14,999 (n=20), $15,000 to $24,999 (n=33), $25,000 to $34,999 (n=52), $35,000 to $49,999 (n=78), $50,000 to $74,999 (n=113), $75,000 to $99,999 (n=112), $100,000 to $199,999 (n=141), $200,000 or more (n=12), Sample Size = 582

(Community = Burleigh / Morton)

Bismarck-Mandan 2019 Community Health Needs Assessment
Prioritization Worksheet

Criteria to Identify Priority Problem

- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (Ebola or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem

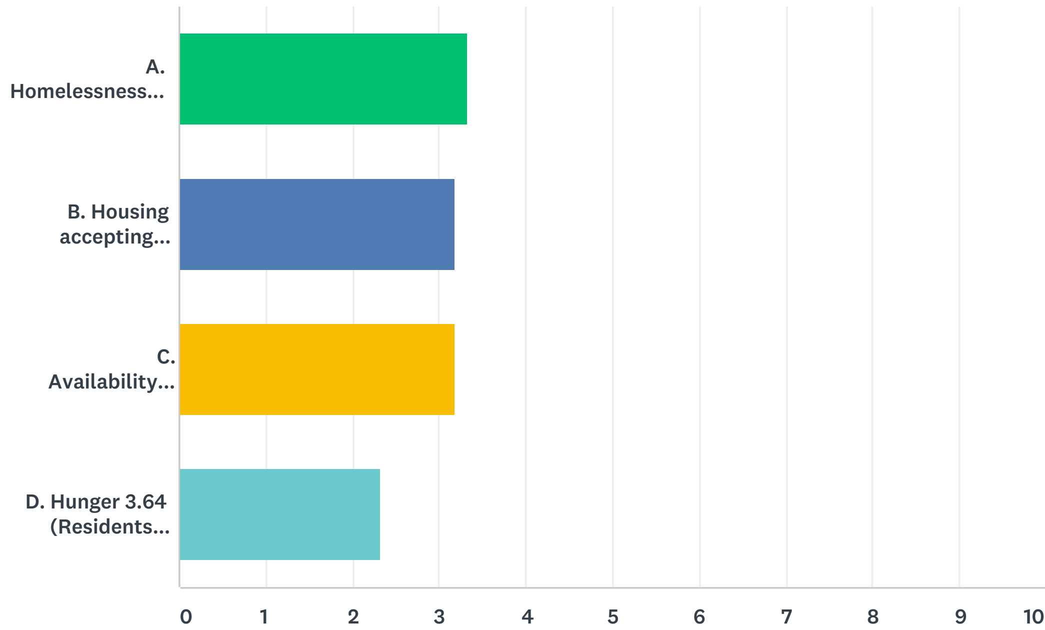
- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health
- Feasibility of intervention

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being • Homelessness 4.44 • Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.33 • Availability of affordable housing 3.87 • Hunger 3.64 ○ Residents report running out of food before having enough money to buy more			
Children and Youth • Cost of quality childcare 3.97 • Substance abuse by youth 3.97 • Childhood obesity 3.94 • Teen suicide 3.86 • Cost of services for at-risk youth 3.79 • Bullying 3.78 • Availability of quality childcare 3.69 • Availability of services for at-risk youth 3.69 • Teen tobacco use 3.54 • Teen births • High school graduation rates	**#1**		
Aging Population • Cost of long-term care 4.07 • Cost of memory care 4.03 • Cost of in-home services 3.69			
Safety • Abuse of prescription drugs 4.27 • Culture of excessive and binge drinking 3.74 • Domestic violence 3.74 • Presence of street drugs 3.71 • Child abuse and neglect 3.64 • Sex trafficking 3.63 • Criminal activity 3.50 • Alcohol impaired driving deaths			

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Health Care Access • Availability of mental health providers 4.27 • Availability of behavioral health providers 4.23 • Access to affordable prescription drugs 3.67 • Access to affordable health care 3.66 • Access to affordable health insurance coverage 3.65 • Coordination of care between providers and services 3.64 • Availability of non-traditional hours 3.56	#3		
Wellness • Obesity • High cholesterol • Hypertension • Asthma • Arthritis • Flu shots			
Mental Health and Substance Abuse • Drug use and abuse 4.53 42% self-report binge drinking on the resident survey • Alcohol use and abuse 4.19 • Depression 3.90 • Suicide 3.89 • Dementia and Alzheimer's Disease 3.63 • Anxiety and stress • Exposure to second hand smoke at home • 18% currently smoke cigarettes	#2		

Q1 Economic Well-Being - Rank priorities 1 - 3 with one being most important.

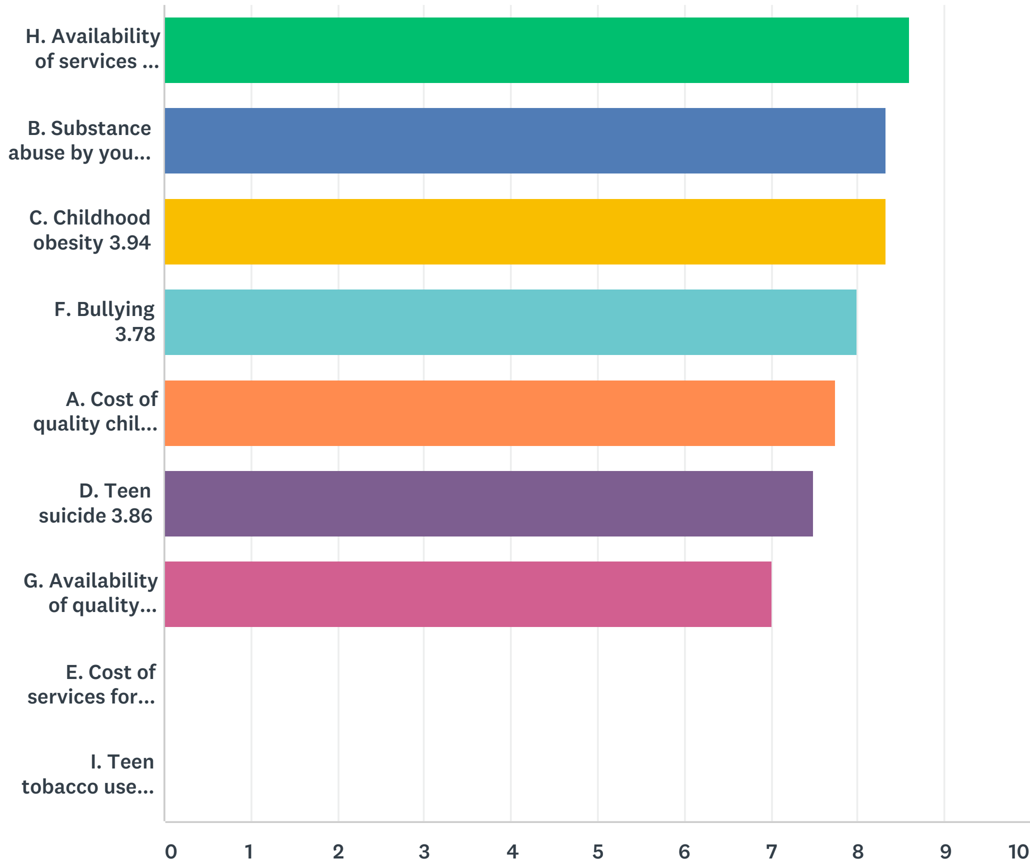
Answered: 8 Skipped: 0



	1	2	3	4	N/A	TOTAL	SCORE
A. Homelessness 4.44	50.00% 4	0.00% 0	25.00% 2	0.00% 0	25.00% 2	8	3.33
B. Housing accepting people with chemical dependency, mental health issues, criminal history or victims of domestic violence 4.33	12.50% 1	62.50% 5	0.00% 0	0.00% 0	25.00% 2	8	3.17
C. Availability of affordable housing 3.87	37.50% 3	12.50% 1	25.00% 2	0.00% 0	25.00% 2	8	3.17
D. Hunger 3.64 (Residents report running out of food before having money to buy more)	0.00% 0	25.00% 2	50.00% 4	0.00% 0	25.00% 2	8	2.33

Q2 Children & Youth - Rank priorities 1 - 3 with one being most important.

Answered: 8 Skipped: 0

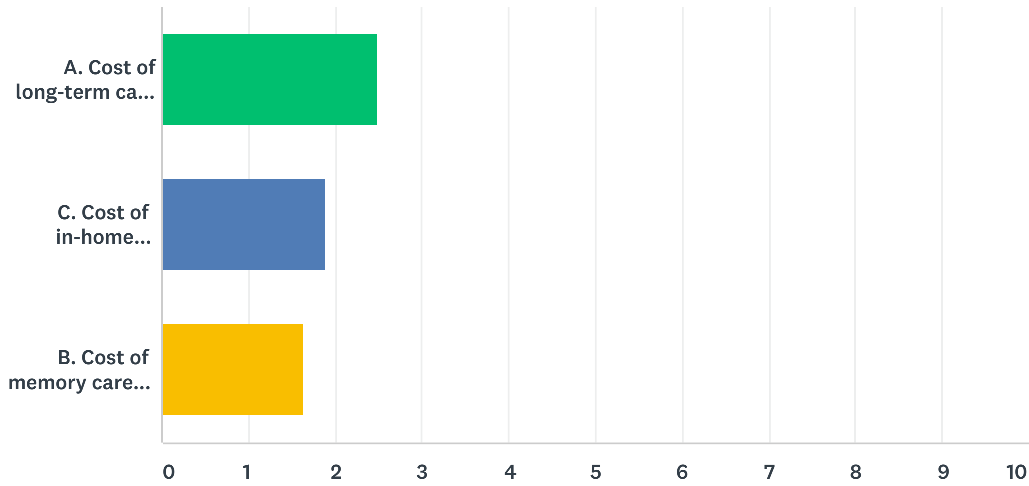


	1	2	3	4	5	6	7	8	9	N/A	TOTAL	SCORE
H. Availability of services for at-risk youth 3.69	37.50% 3	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	37.50% 3	8	8.60
B. Substance abuse by youth 3.97	12.50% 1	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	62.50% 5	8	8.33
C. Childhood obesity 3.94	25.00% 2	0.00% 0	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	62.50% 5	8	8.33
F. Bullying 3.78	0.00% 0	37.50% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	62.50% 5	8	8.00
A. Cost of quality child care 3.97	12.50% 1	12.50% 1	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	7.75
D. Teen suicide 3.86	12.50% 1	0.00% 0	37.50% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	7.50
G. Availability of quality child care 3.69	0.00% 0	0.00% 0	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	75.00% 6	8	7.00

E. Cost of services for at-risk youth 3.79	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00
I. Teen tobacco use 3.54	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

Q3 Aging Population - Rank priorities 1 - 3 with one being most important

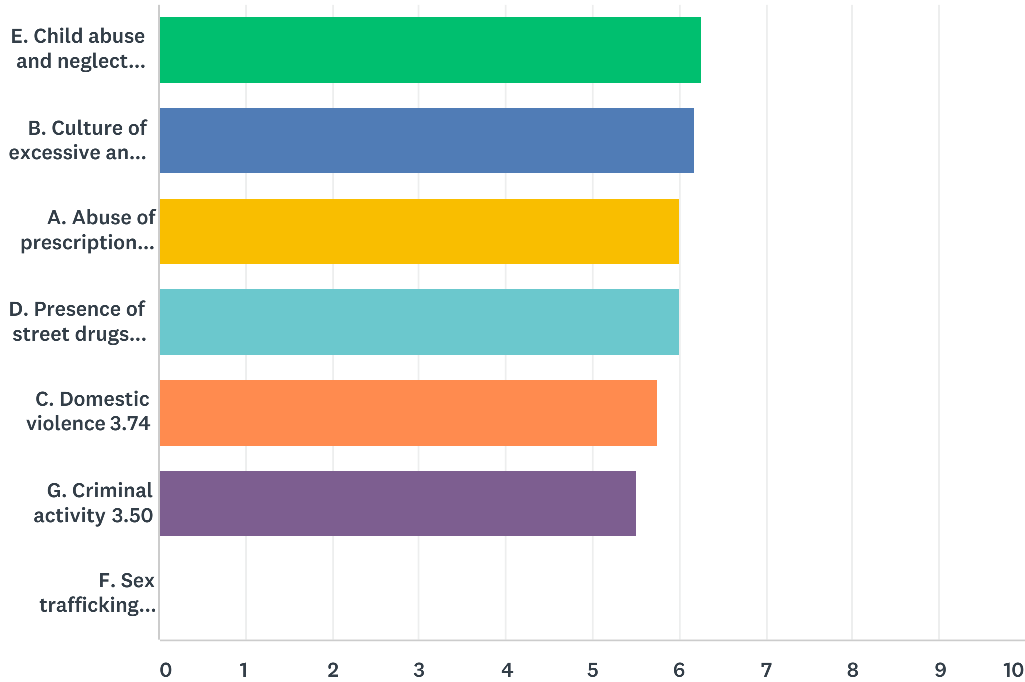
Answered: 8 Skipped: 0



	1	2	3	TOTAL	SCORE
A. Cost of long-term care 4.07	62.50% 5	25.00% 2	12.50% 1	8	2.50
C. Cost of in-home services 3.69	37.50% 3	12.50% 1	50.00% 4	8	1.88
B. Cost of memory care 4.03	0.00% 0	62.50% 5	37.50% 3	8	1.63

Q4 Safety - Rank priorities 1 - 3 with one being most important

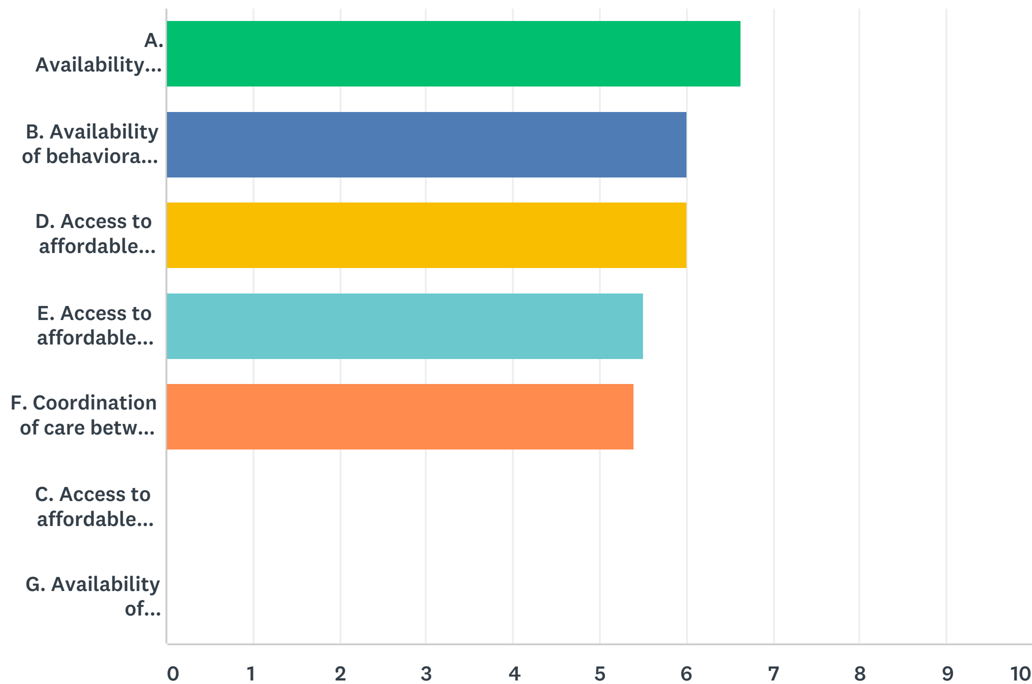
Answered: 8 Skipped: 0



	1	2	3	4	5	6	7	N/A	TOTAL	SCORE
E. Child abuse and neglect 3.64	25.00% 2	12.50% 1	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	6.25
B. Culture of excessive and binge drinking 3.74	25.00% 2	37.50% 3	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.00% 2	8	6.17
A. Abuse of prescription drugs 4.27	37.50% 3	12.50% 1	37.50% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	12.50% 1	8	6.00
D. Presence of street drugs 3.71	0.00% 0	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	87.50% 7	8	6.00
C. Domestic violence 3.74	12.50% 1	12.50% 1	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	5.75
G. Criminal activity 3.50	0.00% 0	12.50% 1	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	75.00% 6	8	5.50
F. Sex trafficking 3.63	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

Q5 Healthcare Access - Rank priorities 1 - 3 with one being most important.

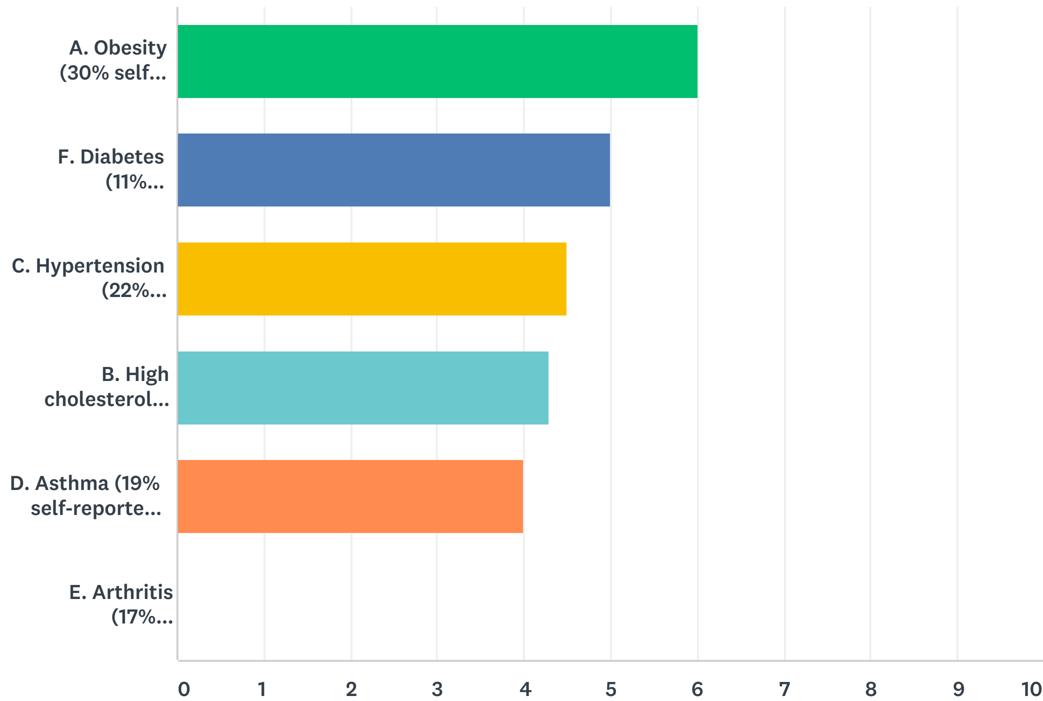
Answered: 8 Skipped: 0



	1	2	3	4	5	6	7	N/A	TOTAL	SCORE
A. Availability of mental health providers 4.27	62.50% 5	37.50% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	8	6.63
B. Availability of behavioral health providers 4.23	12.50% 1	37.50% 3	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	37.50% 3	8	6.00
D. Access to affordable healthcare 3.66	12.50% 1	0.00% 0	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	75.00% 6	8	6.00
E. Access to affordable health insurance coverage 3.65	0.00% 0	25.00% 2	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	5.50
F. Coordination of care between providers and services 3.64	12.50% 1	0.00% 0	50.00% 4	0.00% 0	0.00% 0	0.00% 0	0.00% 0	37.50% 3	8	5.40
C. Access to affordable prescription drugs 3.67	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00
G. Availability of non-traditional hours 3.56	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

Q6 Wellness - Rank priorities 1 - 3 with one being most important

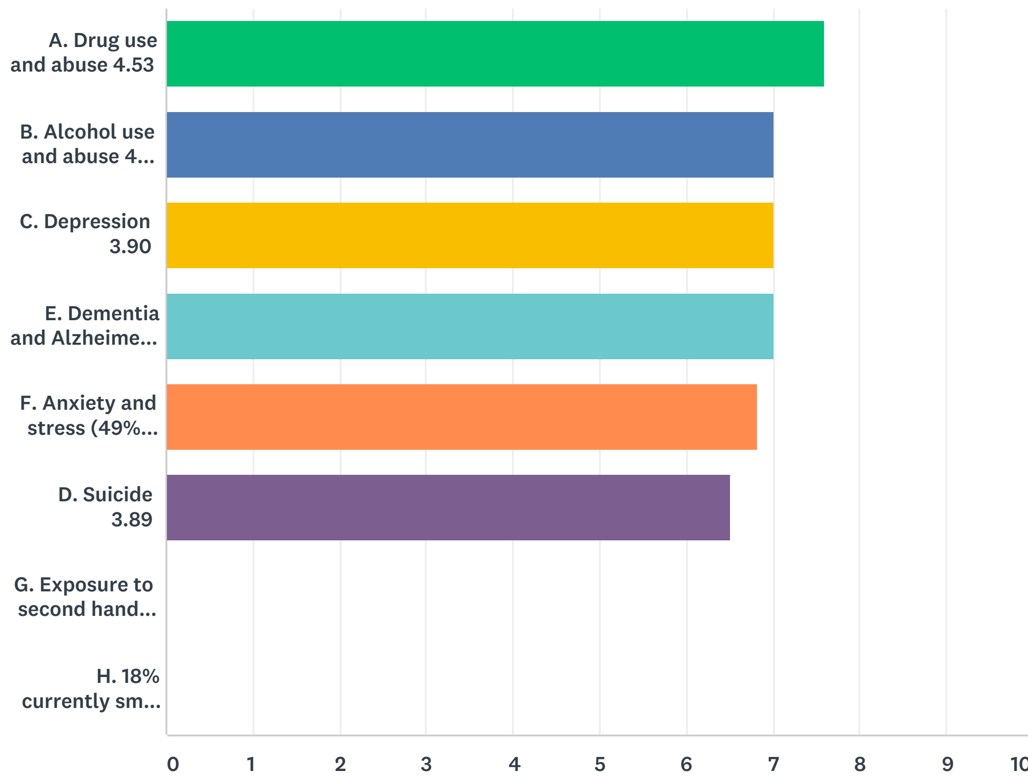
Answered: 8   Skipped: 0



	1	2	3	4	5	6	N/A	TOTAL	SCORE
A. Obesity (30% self reported overweight/38% self reported obese)	100.00% 8	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	8	6.00
F. Diabetes (11% self-reported diabetes)	0.00% 0	50.00% 4	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	5.00
C. Hypertension (22% self-reported high BP)	0.00% 0	25.00% 2	25.00% 2	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	4.50
B. High cholesterol (26% self-reported high cholesterol)	0.00% 0	25.00% 2	62.50% 5	0.00% 0	0.00% 0	0.00% 0	12.50% 1	8	4.29
D. Asthma (19% self-reported asthma)	0.00% 0	0.00% 0	12.50% 1	0.00% 0	0.00% 0	0.00% 0	87.50% 7	8	4.00
E. Arthritis (17% self-reported arthritis)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

Q7 Mental Health & Substance Abuse - Rank priorities 1 - 3 with one being most important

Answered: 8 Skipped: 0



	1	2	3	4	5	6	7	8	N/A	TOTAL	SCORE
A. Drug use and abuse 4.53	37.50% 3	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	37.50% 3	8	7.60
B. Alcohol use and abuse 4.19 (42% self-report binge drinking on the resident survey)	12.50% 1	12.50% 1	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	62.50% 5	8	7.00
C. Depression 3.90	25.00% 2	12.50% 1	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	37.50% 3	8	7.00
E. Dementia and Alzheimer's Disease 3.63	0.00% 0	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	87.50% 7	8	7.00
F. Anxiety and stress (49% report anxiety & stress)	25.00% 2	12.50% 1	37.50% 3	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	25.00% 2	8	6.83
D. Suicide 3.89	0.00% 0	25.00% 2	25.00% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 4	8	6.50
G. Exposure to second hand smoke at home (21% report exposure to SHS at home)	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

H. 18% currently smoke cigarettes	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 8	8	0.00

Secondary Data

Bismarck-Burleigh Public Health

Burleigh County Community Health Profile

Authors:

Tracy K. Miller, PhD, MPH
State Epidemiologist

Kodi Pinks, MPH
Epidemiologist

March 2018

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Data Sources

The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the census estimates for 2015 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The tables present the number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group in poverty (e.g., percentage of children under five years in poverty).

The **Vital Statistics** section of this report comes from the birth and death records collected by the North Dakota Department of Health Vital Records. This data is aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. In order to maintain a person's confidentially, the number of events is blocked if fewer than six.

The **Adult Behavioral Risk Factor** section of this report is derived from the North Dakota Department of Health's Behavioral Risk Factor Surveillance Survey. The aggregated data (the number of years specified in the table) is continuously collected by telephone survey from persons 18 years and older residing in North Dakota. All data is self-reported data.

Data presented in the **Crime** section of this report is collected from the North Dakota Attorney General website located at: www.ag.nd.gov/Reports/BCIReports/CrimeHomicide/CrimeHomicide.htm.

Data presented in the **Child Health Indicators** section of this report is collected from the Kids Count Data Center website located at: www.datacenter.kidscount.org.

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  www.jerryblank.us/gallery-nd.html
- ND Department of Commerce – Oil wells
  www.commerce.nd.gov/news/MediaGallery/
- ND Tourism Division – All other photos
  www.ndtourism.com/

POPULATION DATA

Table 1

Population by Age Group, 2016 Census Estimates				
Age Group	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
0-9	12,901	13.7%	105,035	13.9%
10-19	11,446	12.1%	93,820	12.4%
20-29	13,322	14.1%	127,579	16.8%
30-39	13,630	14.4%	101,492	13.4%
40-49	10,770	11.4%	79,632	10.5%
50-59	12,446	13.2%	95,466	12.6%
60-69	10,479	11.1%	80,159	10.6%
70-79	5,447	5.8%	41,996	5.5%
80+	4,046	4.3%	32,773	4.3%
Total	94,487	100.0%	757,952	100.0%
0-17	21,820	23.1%	176,311	23.3%
65+	14,124	14.9%	109,999	14.5%

Table 2

Female Population and Percentage Female by Age, 2016 Census Estimates				
Age Group	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
0-9	6,231	13.3%	51,145	13.9%
10-19	5,606	11.9%	45,349	12.3%
20-29	6,373	13.6%	58,619	15.9%
30-39	6,402	13.6%	47,001	12.7%
40-49	5,172	11.0%	37,992	10.3%
50-59	6,323	13.4%	46,809	12.7%
60-69	5,399	11.5%	39,397	10.7%
70-79	2,961	6.3%	22,236	6.0%
80+	2,545	5.4%	20,430	5.5%
Total	47,012	100.0%	368,978	100.0%
0-17	10,565	22.5%	85,921	23.3%
65+	7,902	16.8%	60,025	16.3%

Table 3

Race, Five Year Estimates (2012-2016)				
Race	Burleigh County		North Dakota	
	Number	Percentage	Number	Percentage
Total	90,560	100.0%	736,162	100%
White	83,296	92.0%	649,730	88.3%
Black	1,142	1.3%	14,761	2.0%
American Indian	3,404	3.8%	38,369	5.2%
Asian	689	0.8%	9,296	1.3%
Pacific Islander	51	0.1%	336	0.0%
Other	270	0.3%	5,691	0.8%
Multi-race	1,708	1.9%	17,979	2.4%

POPULATION DATA

Table 4

Household Populations, 2011 ACS Five Year Estimates	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Total	80,225	100.0%	666,783	100.0%
In Family Households	62,757	78.2%	509,097	76.4%
In Non-Family Households	14,715	18.3%	132,651	19.9%
Total In Households	77,472	96.6%	641,748	96.2%
Institutionalized*	1519	1.9%	9,675	1.5%
Non-institutionalized*	1234	1.5%	15,360	2.3%
Total in Group Quarters	2753	3.4%	25,035	3.8%

*2011 is the most recent data

Table 5

Population Change 2000-2015 Census	Burleigh County	5 Year Change (%)	North Dakota	5 Year Change (%)
2000	69,416		642,200	
2005	74,126	6.8%	636,677	-0.9%
2010	81,308	9.7%	674,530	5.9%
2015	93,104	14.5%	756,927	12.2%

Table 6

Marital Status of Persons Age 15 and Older, 2016 ACS Five Year Estimates Marital Status	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Total Age 15+	73,081	100.0%	594,068	100.0%
Never Married	21,924	30.0%	189,508	31.9%
Now Married	39,318	53.8%	308,915	52.0%
Separated	438	0.6%	5,347	0.9%
Widowed	4,019	5.5%	33,862	5.7%
Divorced	7,381	10.1%	56,436	9.5%

Table 7

Educational Attainment Among Persons 25+, 2016 ACS Five Year Estimates Education	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Total	60,830	100.0%	477,607	100.0%
Less than 9th Grade	1864	3.1%	16,846	3.5%
Some High School	2,148	3.5%	21,188	4.4%
High school or GRE	14,419	33.9%	131,086	27.4%
Some College/Assoc. Degree	21,579	35.5%	173,933	36.4%
Bachelor's Degree	14,754	24.3%	97,890	20.5%
Post Graduate Degree	6,066	10.0%	36,664	7.7%

POPULATION DATA

Table 8

Persons with Disability, 2016 ACS Five Year Estimates				
Group	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Total	88,605	100.0%	720,312	100.0%
Any Disability	9,185	10.4%	77,651	10.8%
No Disability	79,420	89.6%	642,661	89.2%
Self Care Disability	1,520	1.8%	11,469	1.7%
0-17 with any disability	610	6.6%	5,618	7.2%
18-64 with any disability	4,304	46.9%	38,310	49.3%
65+ with any disability	4,271	46.5%	33,723	43.4%

Table 9

Income and Poverty Status by Age Group, 2016 ACS Five Year Estimates				
	Burleigh County		North Dakota	
Median Household Income		$66,057		$59,114
Per Capita Income		$36,093		$33,107
	Number	Percent	Number	Percent
Below Poverty Level	6,745	7.7%	79,314	11.2%
Under 5 Years	590	8.7%	7,618	9.6%
5 to 11 Years	711	10.5%	8,423	10.6%
12 to 17 Years	487	7.2%	5,349	6.7%
18 to 64 Years	4,241	62.9%	48,969	61.7%
65 to 74 Years	252	3.7%	3,532	4.5%
75 Years and Over	464	6.9%	5,423	6.8%

Table 10

Family Poverty and Childhood and Elderly Poverty, 2016 ACS Five Year Estimates				
	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Total Families	23,693	100.0%	183,466	100.00%
Families in Poverty	1,090	4.6%	12,659	6.90%
Families with Own Children	11,191	47.2%	84,714	46.17%
Families with Own Children in Poverty	895	3.8%	9,912	5.40%
Families with Own Children and Female Parent Only	2,588	10.9%	23,485	27.72%
Families with Own Children and Female Parent Only in Poverty	598	2.5%	8,408	4.58%
Total Known Children in Poverty	1,788	8.2%	21,390	12.1%
Total Known Age 65+ in Poverty	716	5.1%	8,955	8.1%

* Percent family poverty is percent of total families

Table 11

Age of Housing, 2016 ACS Five Year Estimates				
	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Housing Units: Total	39,774	100.0%	350,134	100.0%
1980 and Later	21,673	54.5%	149,657	42.7%
1970 to 1979	7,930	19.9%	67,069	19.2%
Prior to 1970	10,171	25.6%	133,408	38.1%

Vital Statistics Data

BIRTHS AND DEATHS DEFINITIONS

Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.

Pregnancy Rate = Total pregnancies divided by the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock (OOW) Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.

Childhood and Adolescent Death Rate = Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

Crude Death Rate = Death events divided by population x 100,000.

Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

Vital Statistics Data

BIRTHS AND DEATHS

Table 12

Births, 2012-2016	Burleigh County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	6,520	16.0	54,644	16.3
Pregnancies and Rate	7,036	17.3	59,226	17.6
Fertility Rate		80.7		84.6
Teen Births and Rate	316	23.1	2,715	23.8
Teen Pregnancies and Rate	371	27.1	3,263	28.6
Out of Wedlock Births and Ratio	2,000	306.8	17,518	320.6
Out of Wedlock Pregnancies and Ratio	2,431	345.5	21,289	359.5
Low Birth Weight Birth and Ratio	420	64.4	3,448	63.1

Table 13

Child Deaths, 2012-2016	Burleigh County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	26	4.0	299	5.5
Child and Adolescent Deaths and Rate	22	22.3	235	28.8
Total Deaths and Crude Rate	3,362	827.0	30,152	896.6

Table 14

Deaths and Age Adjusted Death Rate by Cause, 2012-2016	Burleigh County		North Dakota	
	Number	Adj. Rate	Number	Adj. Rate
All Causes	3,375	641.0	30,303	674.8
Heart Disease	572	89.2	6,571	140.3
Cancer	727	110.4	6,215	142.1
Stroke	181	26.8	1,546	31.9
Alzheimer’s Disease	385	58.0	2,130	41.2
COPD	142	20.1	1,623	35.2
Unintentional Injury	162	31.6	1,764	45.9
Diabetes Mellitus	86	14.0	908	20.6
Pneumonia and Influenza	77	12.1	791	16.5
Cirrhosis	36	7.1	429	11.6
Suicide	73	16.8	630	18.4
Hypertension	73	11.6	467	9.5

NR-Not Reportable

Table 15

Leading Causes of Death by Age Group for Burleigh County, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly 7	Sudden Infant Death*	Prematurity*
5-14	Unintentional Injury*	Cancer*	Suicide*
15-24	Unintentional Injury 16	Suicide 12	Heart*
25-34	Unintentional Injury 25	Cancer 7	Cerebrovascular Disease*
35-44	Unintentional Injury 15	Heart 13	Suicide 13
45-54	Cancer 45	Suicide 15	Heart 15
55-64	Cancer 131	Heart 50	Atherosclerosis 28
65-74	Cancer 173	Heart 83	COPD 28
75-84	Cancer 220	Heart 140	Alzheimer's Dz 83
85+	Alzheimer's Dz 283	Heart 267	Cancer 137

*Numbers less than six are not listed.

Table 16

Leading Causes of Death by Age Group for North Dakota, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly 53	Prematurity 50	Sudden Infant Death 45
5-14	Unintentional Injury 21	Suicide 6	Homicide*
15-24	Unintentional Injury 191	Suicide 127	Cancer 16
25-34	Unintentional Injury 211	Suicide 125	Heart 50
35-44	Unintentional Injury 184	Suicide 107	Heart 99
45-54	Cancer 350	Heart 282	Unintentional Injury 210
55-64	Cancer 1,094	Heart 646	Unintentional Injury 192
65-74	Cancer 1,563	Heart 902	COPD 348
75-84	Cancer 1,793	Heart 1,441	COPD 565
85+	Heart 3,141	Alzheimer's Dz 1,566	Cancer 1,261

*Numbers less than six are not listed.

ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0-11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalence's in the two populations.

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 17

	ALCOHOL	Burleigh 2011-2015	North Dakota 2011-2015
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	23.0 (20.8-25.2)	24.1 (23.3-24.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days.	5.9 (4.6-7.2)	6.7 (6.3-7.2)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days.	2.9 (1.3-4.5)	3.4 (2.8-3.9)
	ARTHRITIS		
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	25.0 (23.2-26.8)	24.6 (24.0-25.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	44.4 (39.4-49.4)	47.0 (45.2-48.9)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	11.8 (10.3-13.3)	11.9 (11.3-12.4)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	7.9 (6.7-9.2)	8.4 (7.9-8.9)
	BODY WEIGHT		
Overweight, Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight).	35.5 (33.2-37.7)	36.5 (35.7-37.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese).	30.0 (27.8-32.3)	30.3 (29.6-31.1)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese).	65.5 (63.2-67.8)	66.8 (66.0-67.7)
	CANCER		
Any Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	6.5 (5.6-7.4)	6.4 (6.1-6.7)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.4 (3.6-5.2)	4.3 (4.0-4.5)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	4.0 (3.3-4.7)	4.0 (3.7-4.2)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.5 (1.9-3.1)	2.4 (2.2-2.6)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	7.8 (6.8-8.9)	7.5 (7.2-7.8)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 18

	CHOLESTEROL	Burleigh 2011-2015	North Dakota 2011-2015
Never Cholesterol Test	Respondents who reported never having a cholesterol test.	20.0 (17.3-22.7)	22.8 (21.8-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years.	24.2 (21.4-27.0)	27.2 (26.2-28.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	38.5 (35.7-41.4)	36.1 (35.1-37.1)
	CHRONIC LUNG DISEASE		
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis.	4.6 (3.8-5.4)	4.7 (4.4-5.0)
	COLORECTAL CANCER		
No Colorectal Cancer Screening within Recommended Timeframe	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	36.5 (31.5-41.4)	40.0 (38.3-41.7)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	8.0 (6.8-9.1)	8.5 (8.2-8.9)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day.	15.1 (13.0-17.2)	13.9 (13.2-14.6)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor.	12.6 (11.1-14.1)	14.0 (13.5-14.6)
Poor Physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good.	10.7 (9.4-12.1)	11.3 (10.8-11.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good.	10.3 (8.9-11.8)	11.4 (10.9-12.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	13.4 (11.3-15.6)	13.6 (12.8-14.4)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	33.0 (30.7-35.2)	31.3 (30.6-32.1)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 19

HEALTH CARE ACCESS		Burleigh 2011-2015	North Dakota 2011-2015
Health Insurance	Respondents who reported not having any form or health care coverage.	9.2 (7.6-10.8)	10.8 (10.2-11.3)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	7.9 (6.4-9.3)	7.8 (7.3-8.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	23.7 (21.4-26.0)	26.7 (25.9-27.5)
HYPERTENSION			
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	29.1 (26.7-31.6)	29.9 (29.0-30.7)
IMMUNIZATION			
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year.	41.6 (37.8-45.3)	40.1 (38.9-41.4)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	31.0 (27.3-34.8)	28.5 (27.3-29.7)
INJURY			
Falls	Respondents 45 years and older who reported that they had fallen in the past 12 months.	23.9 (20.4-27.4)	27.4 (26.2-28.7)
Seatbelt Use	Respondents who reported not always wearing their seatbelt.	64.9 (62.6-67.3)	61.4 (60.6-62.3)
ORAL HEALTH			
Dental Visit	Respondents who reported that they have not had a dental visit in the past year.	25.9 (22.2-29.6)	33.7 (32.4-35.0)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	9.9 (8.0-11.8)	14.3 (13.6-15.1)
PHYSICAL ACTIVITY			
No Leisure Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity.	21.8 (19.8-23.7)	25.1 (24.4-25.8)
TOBACCO			
Current Smoking	Respondents who reported that they smoked every day or some days.	17.1 (15.1-19.0)	20.6 (19.9-21.4)
WOMEN'S HEALTH			
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years.	22.2 (16.4-28.0)	25.1 (23.1-27.1)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years.	25.7 (21.0-30.4)	27.0 (25.4-28.6)

CRIME

Data presented on the North Dakota Attorney General website changed from previous years. In an effort to continue to provide this data, the variables are defined as follows which differs slightly from the 2010-2013 data:

- Rape: includes statutory rape and forcible rape
- Assault: only includes aggravated assault

Table 20

Burleigh County							
	2012	2013	2014	2015	2016	5 Year	5-Year Rate
Murder	1	2	1	1	2	7	1.5
Rape	37	30	40	58	53	218	48.1
Robbery	17	15	15	21	29	97	21.4
Assault	188	181	174	183	162	888	196.1
Violent crime	243	228	230	263	246	1,210	267.2
Burglary	372	392	266	417	551	1,998	441.2
Larceny	1,645	1,413	441	477	525	4,501	994.0
Motor vehicle theft	119	122	136	225	338	940	207.6
Property crime	2,136	1,927	843	1,119	1,414	7,439	1,642.8
Total	2,379	2,155	1,073	1,382	1,660	8,649	1,910.0

Table 21

North Dakota							
	2012	2013	2014	2015	2016	5 Year	5-Year Rate
Murder	20	14	19	21	17	91	2.5
Rape	243	237	389	428	365	1,662	44.9
Robbery	117	151	166	157	181	772	20.9
Assault	1,071	1,156	1,145	1,185	1,132	5,689	153.7
Violent crime	1,451	1,558	1,719	1,791	1,695	8,214	222.0
Burglary	2,200	2,656	2,490	3,212	3,051	13,609	367.8
Larceny	10,184	10,243	5,214	6,181	6,157	37,979	1,026.4
Motor vehicle theft	1,031	1,228	1,462	1,725	1,887	7,333	198.2
Property crime	13,415	14,127	9,166	11,118	11,095	47,826	1,292.5
Total	14,866	15,685	10,885	12,909	12,790	54,345	1,468.7

CHILD HEALTH INDICATORS

The following information is no longer available on the website:

- High school dropouts (dropouts per 1000 persons Grades 9-12)
- Children Ages 0-17 Impacted by Domestic Violence (Percentage of all children ages 0-17)
- Offenses Against Person—Juvenile Court Referrals (Percentage of total juvenile court referrals)
- Alcohol-Related Juvenile Court Referrals (Percentage of juvenile court referrals)

Table 22

Child Indicators: Education 2016	Burleigh County		North Dakota	
Children ages 3 to 21 enrolled in special education in public schools	1,551	11.8%	14,426	13.2%
Four-year high school cohort graduates	89.3%		87.3%	
Average expenditure per student in public school	$10,925		$11,945	

Table 23

Child Indicators: Economic Health 2016	Burleigh County		North Dakota	
TANF recipients ages 0-19	350	1.5%	4,649	2.4%
SNAP recipients ages 0-18	3,516	15.7%	37,758	20.5%
Eligible recipients of free or reduced price lunch	3,040	20.5%	37,928	32.6%
Medicaid recipients ages 0-20	5,776	23.0%	59,156	28.1%
Median income for families with children ages 0-17	$84,773		$75,818	
Children ages 0 to 17 living in low-income families (<200% of poverty)	4,812	24.1%	50,147	30.5%

Table 24

Child Indicators: Families and Child Care 2016	Burleigh County		North Dakota	
Women in labor force, by age of children (ages 0-17)	8,695	86.4%	59,532	79.4%
Children ages 0-17 living in a single parent family	4,477	21.7%	39,192	23.4%
Children in foster care	215	1.0%	2,381	1.3%
Victims of child abuse and neglect - services required (Percent of suspected victims)	263	24.7%	1,805	27.2%
Births to mothers receiving prenatal care beginning after first trimester or not at all	174	12.9%	1,612	14.2%

Table 25

Child Indicators: Juvenile Justice 2016	Burleigh County		North Dakota	
Children ages 10-17 referred to juvenile court	535	6.0%	3,471	4.9%

*LNE-Low Number Events

Custer Health

Morton County Community Health Profile

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March 2018

NORTH DAKOTA DEPARTMENT *of* HEALTH

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Data Sources

The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the census estimates for 2015 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The tables present the number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group in poverty (e.g., percentage of children under five years in poverty).

The **Vital Statistics** section of this report comes from the birth and death records collected by the North Dakota Department of Health Vital Records. This data is aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. In order to maintain a person's confidentially, the number of events is blocked if fewer than six.

The **Adult Behavioral Risk Factor** section of this report is derived from the North Dakota Department of Health's Behavioral Risk Factor Surveillance Survey. The aggregated data (the number of years specified in the table) is continuously collected by telephone survey from persons 18 years and older residing in North Dakota. All data is self-reported data.

Data presented in the **Crime** section of this report is collected from the North Dakota Attorney General website located at: www.ag.nd.gov/Reports/BCIReports/CrimeHomicide/CrimeHomicide.htm.

Data presented in the **Child Health Indicators** section of this report is collected from the Kids Count Data Center website located at: www.datacenter.kidscount.org.

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POPULATION DATA

Table 1

Population by Age Group, 2016 Census Estimates				
Age Group	Morton County		North Dakota	
	Number	Percent	Number	Percent
0-9	4,244	13.8%	105,035	13.9%
10-19	3,539	11.5%	93,820	12.4%
20-29	4,261	13.8%	127,579	16.8%
30-39	4,307	14.0%	101,492	13.4%
40-49	3,508	11.4%	79,632	10.5%
50-59	4,197	13.6%	95,466	12.6%
60-69	3,557	11.5%	80,159	10.6%
70-79	1,869	6.1%	41,996	5.5%
80+	1,327	4.3%	32,773	4.3%
Total	30,809	100.0%	757,952	100.0%
0-17	7,150	23.2%	176,311	23.3%
65+	4,801	15.6%	109,999	14.5%

Table 2

Female Population and Percentage Female by Age, 2016 Census Estimates				
Age Group	Morton County		North Dakota	
	Number	Percent	Number	Percent
0-9	2,062	13.5%	51,145	13.9%
10-19	1,757	11.5%	45,349	12.3%
20-29	2,069	13.6%	58,619	15.9%
30-39	2,006	13.1%	47,001	12.7%
40-49	1,728	11.3%	37,992	10.3%
50-59	2,057	13.5%	46,809	12.7%
60-69	1,777	11.6%	39,397	10.7%
70-79	957	6.3%	22,236	6.0%
80+	856	5.6%	20,430	5.5%
Total	15,269	100.0%	368,978	100.0%
0-17	3,508	23.0%	85,921	23.3%
65+	2,615	17.1%	60,025	16.3%

Table 3

Race, Five Year Estimates (2012-2016)				
Race	Morton County		North Dakota	
	Number	Percentage	Number	Percentage
Total	29,633	100.0%	736,162	100%
White	27,565	93.0%	649,730	88.3%
Black	200	0.7%	14,761	2.0%
American Indian	1,020	3.4%	38,369	5.2%
Asian	37	0.1%	9,296	1.3%
Pacific Islander	0	0.0%	336	0.0%
Other	141	0.5%	5,691	0.8%
Multi-race	670	2.3%	17,979	2.4%

POPULATION DATA

Table 4

Household Populations, 2011 ACS Five Year Estimates	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total	27,076	100.0%	666,783	100.0%
In Family Households	22,421	82.8%	509,097	76.4%
In Non-Family Households	4,150	15.3%	132,651	19.9%
Total In Households	26,571	98.1%	641,748	96.2%
Institutionalized*	462	1.7%	9,675	1.5%
Non-institutionalized*	43	0.2%	15,360	2.3%
Total in Group Quarters	505	1.9%	25,035	3.8%

*2011 is the most recent data

Table 5

Census	Morton County	5 Year Change (%)	North Dakota	5 Year Change (%)
2000	25,303		642,200	
2005	25,245	-0.2%	636,677	-0.9%
2010	27,471	8.8%	674,530	5.9%
2015	30,368	10.5%	756,927	12.2%

Population Change 2000-2015

Table 6

Marital Status of Persons Age 15 and Older, 2016 ACS Five Year Estimates

Marital Status	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total Age 15+	24,140	100.0%	594,068	100.0%
Never Married	5,794	24.0%	189,508	31.9%
Now Married	14,315	59.3%	308,915	52.0%
Separated	121	0.5%	5,347	0.9%
Widowed	1,497	6.2%	33,862	5.7%
Divorced	2,438	10.1%	56,436	9.5%

Table 7

Educational Attainment Among Persons 25+, 2016 ACS Five Year Estimates

Education	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total	20,665	100.0%	477,607	100.0%
Less than 9th Grade	871	4.2%	16,846	3.5%
Some High School	770	3.7%	21,188	4.4%
High school or GRE	6,446	26.6%	131,086	27.4%
Some College/Assoc. Degree	7,350	35.6%	173,933	36.4%
Bachelor's Degree	3,868	18.7%	97,890	20.5%
Post Graduate Degree	1,360	6.6%	36,664	7.7%

POPULATION DATA

Table 8

Persons with Disability, 2016 ACS Five Year Estimates				
Group	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total	29,084	100.0%	720,312	100.0%
Any Disability	2,791	9.6%	77,651	10.8%
No Disability	26,293	90.4%	642,661	89.2%
Self Care Disability	331	1.2%	11,469	1.7%
0-17 with any disability	265	9.5%	5,618	7.2%
18-64 with any disability	1,250	44.8%	38,310	49.3%
65+ with any disability	1,276	45.7%	33,723	43.4%

Table 9

Income and Poverty Status by Age Group, 2016 ACS Five Year Estimates				
	Morton County		North Dakota	
Median Household Income	$63,549		$59,114	
Per Capita Income	$34,715		$33,107	
	Number	Percent	Number	Percent
Below Poverty Level	2,521	8.7%	79,314	11.2%
Under 5 Years	81	3.2%	7,618	9.6%
5 to 11 Years	199	7.9%	8,423	10.6%
12 to 17 Years	251	10.0%	5,349	6.7%
18 to 64 Years	1,455	57.7%	48,969	61.7%
65 to 74 Years	274	10.9%	3,532	4.5%
75 Years and Over	261	10.4%	5,423	6.8%

Table 10

Family Poverty and Childhood and Elderly Poverty, 2016 ACS Five Year Estimates				
	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total Families	8,011	100.0%	183,466	100.00%
Families in Poverty	409	5.1%	12,659	6.90%
Families with Own Children	3,499	43.7%	84,714	46.17%
Families with Own Children in Poverty	248	3.1%	9,912	5.40%
Families with Own Children and Female Parent Only	506	6.3%	23,485	27.72%
Families with Own Children and Female Parent Only in Poverty	214	2.7%	8,408	4.58%
Total Known Children in Poverty	531	7.4%	21,390	12.1%
Total Known Age 65+ in Poverty	535	11.1%	8,955	8.1%

* Percent family poverty is percent of total families

Table 11

Age of Housing, 2016 ACS Five Year Estimates				
	Morton County		North Dakota	
	Number	Percent	Number	Percent
Housing Units: Total	13,733	100.0%	350,134	100.0%
1980 and Later	5,612	40.9%	149,657	42.7%
1970 to 1979	3,075	22.4%	67,069	19.2%
Prior to 1970	5,046	36.7%	133,408	38.1%

Vital Statistics Data

BIRTHS AND DEATHS DEFINITIONS

Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.

Pregnancy Rate = Total pregnancies divided by the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock (OOW) Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.

Childhood and Adolescent Death Rate = Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

Crude Death Rate = Death events divided by population x 100,000.

Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

Vital Statistics Data

BIRTHS AND DEATHS

Table 12

Births, 2012-2016	Morton County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	2,332	17.0	54,644	16.3
Pregnancies and Rate	2,494	18.2	59,226	17.6
Fertility Rate		92.8		84.6
Teen Births and Rate	135	33.3	2,715	23.8
Teen Pregnancies and Rate	132	32.6	3,263	28.6
Out of Wedlock Births and Ratio	757	324.6	17,518	320.6
Out of Wedlock Pregnancies and Ratio	896	359.3	21,289	359.5
Low Birth Weight Birth and Ratio	148	63.5	3,448	63.1

Table 13

Child Deaths, 2012-2016	Morton County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	12	5.2	299	5.5
Child and Adolescent Deaths and Rate	NR	14.7	235	28.8
Total Deaths and Crude Rate	1,337	973.4	30,152	896.6

Table 14

Deaths and Age Adjusted Death Rate by Cause, 2012-2016	Morton County		North Dakota	
	Number	Adj. Rate	Number	Adj. Rate
All Causes	1,341	592.8	30,303	674.8
Heart Disease	241	101.8	6,571	140.3
Cancer	286	121.3	6,215	142.1
Stroke	56	17.5	1,546	31.9
Alzheimer's Disease	118	48.5	2,130	41.2
COPD	63	22.7	1,623	35.2
Unintentional Injury	72	44.7	1,764	45.9
Diabetes Mellitus	41	18.1	908	20.6
Pneumonia and Influenza	34	14.6	791	16.5
Cirrhosis	22	13.3	429	11.6
Suicide	27	19.2	630	18.4
Hypertension	24	11.9	467	9.5

NR-Not Reportable

Table 15

Leading Causes of Death by Age Group for Morton County, 2012-2016			
Age	1	2	3
0-4	Prematurity*	Unintentional Injury*	Congenital Anomaly*
5-14	Cerebral Palsy*	No Reported Deaths	
15-24	Unintentional Injury 10	Suicide*	No Reported Deaths
25-34	Suicide 10	Unintentional Injury 8	Cancer*
35-44	Unintentional Injury 9	Heart 6	Cirrhosis*
45-54	Cancer 21	Unintentional Injury 8	Cirrhosis*
55-64	Cancer 43	Heart 16	Atherosclerosis 9
65-74	Cancer 87	Heart 34	COPD 10
75-84	Cancer 84	Heart 59	Cerebrovascular Disease 24
85+	Heart 119	Alzheimer's Disease 86	Cancer 48

*Numbers less than six are not listed.

Table 16

Leading Causes of Death by Age Group for North Dakota, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly 53	Prematurity 50	Sudden Infant Death 45
5-14	Unintentional Injury 21	Suicide 6	Homicide*
15-24	Unintentional Injury 191	Suicide 127	Cancer 16
25-34	Unintentional Injury 211	Suicide 125	Heart 50
35-44	Unintentional Injury 184	Suicide 107	Heart 99
45-54	Cancer 350	Heart 282	Unintentional Injury 210
55-64	Cancer 1,094	Heart 646	Unintentional Injury 192
65-74	Cancer 1,563	Heart 902	COPD 348
75-84	Cancer 1,793	Heart 1,441	COPD 565
85+	Heart 3,141	Alzheimer's Disease 1,566	Cancer 1,261

*Numbers less than six are not listed.

ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0-11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalence's in the two populations.

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 17

ALCOHOL		Morton 2011-2015	North Dakota 2011-2015
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	22.0 (18.5-25.4)	24.1 (23.3-24.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days.	6.9 (4.8-8.9)	6.7 (6.3-7.2)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days.	2.2 (0.2-4.2)	3.4 (2.8-3.9)
ARTHRITIS			
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	26.8 (23.7-29.9)	24.6 (24.0-25.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	40.4 (32.0-48.8)	47.0 (45.2-48.9)
ASTHMA			
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	11.6 (9.0-14.3)	11.9 (11.3-12.4)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	8.7 (6.4-10.9)	8.4 (7.9-8.9)
BODY WEIGHT			
Overweight, Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight).	36.7 (32.9-40.5)	36.5 (35.7-37.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese).	30.2 (26.7-33.7)	30.3 (29.6-31.1)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese).	66.9 (63.0-70.8)	66.8 (66.0-67.7)
CANCER			
Any Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	7.6 (6.0-9.2)	6.4 (6.1-6.7)
CARDIOVASCULAR			
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.5 (3.1-5.8)	4.3 (4.0-4.5)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	4.7 (3.4-6.0)	4.0 (3.7-4.2)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	3.0 (1.9-4.2)	2.4 (2.2-2.6)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.9 (7.0-10.8)	7.5 (7.2-7.8)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 18

	CHOLESTEROL	Morton 2011-2015	North Dakota 2011-2015
Never Cholesterol Test	Respondents who reported never having a cholesterol test.	19.3 (14.7-24.0)	22.8 (21.8-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years.	23.8 (19.0-28.6)	27.2 (26.2-28.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	37.1 (32.3-41.9)	36.1 (35.1-37.1)
	CHRONIC LUNG DISEASE		
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis.	6.7 (4.7-8.8)	4.7 (4.4-5.0)
	COLORECTAL CANCER		
No Colorectal Cancer Screening within Recommended Timeframe	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	42.1 (34.4-49.7)	40.0 (38.3-41.7)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	7.0 (5.4-8.7)	8.5 (8.2-8.9)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day.	15.0 (11.4-18.5)	13.9 (13.2-14.6)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor.	14.9 (12.2-17.6)	14.0 (13.5-14.6)
Poor Physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good.	11.5 (9.2-13.8)	11.3 (10.8-11.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good.	11.7 (9.1-14.4)	11.4 (10.9-12.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	15.5 (11.4-19.5)	13.6 (12.8-14.4)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	32.7 (29.1-36.4)	31.3 (30.6-32.1)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 19

	HEALTH CARE ACCESS	Morton 2011-2015	North Dakota 2011-2015
Health Insurance	Respondents who reported not having any form or health care coverage.	11.9 (8.9-14.8)	10.8 (10.2-11.3)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	7.6 (5.3-9.9)	7.8 (7.3-8.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	22.1 (18.6-25.6)	26.7 (25.9-27.5)
	HYPERTENSION		
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	33.5 (29.1-37.8)	29.9 (29.0-30.7)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year.	40.7 (34.6-46.8)	40.1 (38.9-41.4)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	31.7 (25.6-37.8)	28.5 (27.3-29.7)
	INJURY		
Falls	Respondents 45 years and older who reported that they had fallen in the past 12 months.	32.8 (26.9-38.7)	27.4 (26.2-28.7)
Seatbelt Use	Respondents who reported not always wearing their seatbelt.	57.0 (53.0-61.1)	61.4 (60.6-62.3)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year.	35.8 (29.8-41.9)	33.7 (32.4-35.0)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	15.2 (11.5-18.9)	14.3 (13.6-15.1)
	PHYSICAL ACTIVITY		
No Leisure Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity.	26.6 (23.1-30.0)	25.1 (24.4-25.8)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days.	25.5 (21.7-29.3)	20.6 (19.9-21.4)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years.	21.6 (13.1-30.2)	25.1 (23.1-27.1)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years.	21.3 (14.6-27.9)	27.0 (25.4-28.6)

CRIME

Data presented on the North Dakota Attorney General website changed from previous years. In an effort to continue to provide this data, the variables are defined as follows which differs slightly from the 2010-2013 data:

- Rape: includes statutory rape and forcible rape
- Assault: only includes aggravated assault

Table 20

Morton County							
	2012	**2013**	**2014**	**2015**	**2016**	**5 Year**	**5-Year Rate**
Murder	2	0	2	0	1	5	3.3
Rape	13	14	26	32	16	101	67.6
Robbery	5	5	4	6	5	25	16.7
Assault	40	42	45	46	41	214	143.3
Violent crime	60	61	77	84	63	345	231.1
Burglary	66	79	67	88	143	443	296.7
Larceny	489	565	325	541	528	2,448	1,639.7
Motor vehicle theft	50	56	53	101	120	380	254.5
Property crime	605	700	445	730	791	3,271	2,190.9
Total	665	761	522	814	854	3,616	2,422.0

Table 21

North Dakota							
	2012	**2013**	**2014**	**2015**	**2016**	**5 Year**	**5-Year Rate**
Murder	20	14	19	21	17	91	2.5
Rape	243	237	389	428	365	1,662	44.9
Robbery	117	151	166	157	181	772	20.9
Assault	1,071	1,156	1,145	1,185	1,132	5,689	153.7
Violent crime	1,451	1,558	1,719	1,791	1,695	8,214	222.0
Burglary	2,200	2,656	2,490	3,212	3,051	13,609	367.8
Larceny	10,184	10,243	5,214	6,181	6,157	37,979	1,026.4
Motor vehicle theft	1,031	1,228	1,462	1,725	1,887	7,333	198.2
Property crime	13,415	14,127	9,166	11,118	11,095	47,826	1,292.5
Total	14,866	15,685	10,885	12,909	12,790	54,345	1,468.7

CHILD HEALTH INDICATORS

The following information is no longer available on the website:

- High school dropouts (dropouts per 1000 persons Grades 9-12)
- Children Ages 0-17 Impacted by Domestic Violence (Percentage of all children ages 0-17)
- Offenses Against Person—Juvenile Court Referrals (Percentage of total juvenile court referrals)
- Alcohol-Related Juvenile Court Referrals (Percentage of juvenile court referrals)

Table 22

Child Indicators: Education 2016	Morton County		North Dakota	
Children ages 3 to 21 enrolled in special education in public schools	597	12.9%	14,426	13.2%
Four-year high school cohort graduates	81.6%		87.3%	
Average expenditure per student in public school	$10,958		$11,945	

Table 23

Child Indicators: Economic Health 2016	Morton County		North Dakota	
TANF recipients ages 0-19	124	1.6%	4,649	2.4%
SNAP recipients ages 0-18	1,313	17.9%	37,758	20.5%
Eligible recipients of free or reduced price lunch	1,439	30.3%	37,928	32.6%
Medicaid recipients ages 0-20	2,313	29.2%	59,156	28.1%
Median income for families with children ages 0-17	$90,278		$75,818	
Children ages 0 to 17 living in low-income families (<200% of poverty)	1,247	19.2%	50,147	30.5%

Table 24

Child Indicators: Families and Child Care 2016	Morton County		North Dakota	
Women in labor force, by age of children (ages 0-17)	2,757	87.2%	59,532	79.4%
Children ages 0-17 living in a single parent family	1,218	18.5%	39,192	23.4%
Children in foster care	17	0.2%	2,381	1.3%
Victims of child abuse and neglect - services required (Percent of suspected victims)	102	21.6%	1,805	27.2%
Births to mothers receiving prenatal care beginning after first trimester or not at all	53	10.3%	1,612	14.2%

Table 25

Child Indicators: Juvenile Justice 2016	Morton County		North Dakota	
Children ages 10-17 referred to juvenile court	176	6.1%	3,471	4.9%

*LNE-Low Number Events

Definitions of Key Indicators

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in
calculating the 2018 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County*
Health Rankings web site for your state.

For additional information about how the *County Health Rankings* are calculated, please visit www.countyhealthrankings.org

Contents:

Outcomes & Factors Rankings

Outcomes & Factors Sub Rankings

Ranked Measures Data (including measure values, confidence intervals* and z-scores**)

Additional Measures Data (including measure values and confidence intervals*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

* 95% confidence intervals are provided where applicable and available.
** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable
values for ranked counties, and truncateprioritizati9n
d at -3 or +3 if county population is less than 20,000).

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	**Years of Potential Life Lost Rate**	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics

Measure	Data Elements	Description
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites
Poor or fair health	**% Fair/Poor**	Percentage of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	**Physically Unhealthy Days**	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	**Mentally Unhealthy Days**	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	**% Smokers**	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	**% With Access**	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	**% Excessive Drinking**	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	**Teen Birth Rate**	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic mothers
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetes monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for

Measure	Data Elements	Description
		work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – f rom the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	**% Drive Alone**	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

County Health Rankings for Burleigh and Morton Counties in North Dakota

	North Dakota	Burleigh (BR), NDx	Morton (MO), NDx PEER COUNTY
Health Outcomes		12	13
Length of Life		4	13
Premature death	6,600	5,600	6,700
Quality of Life		20	10
Poor or fair health	14%	12%	11%
Poor physical health days	3.0	2.6	2.7
Poor mental health days	3.1	2.8	2.6
Low birthweight	6%	6%	6%
Health Factors		1	19
Health Behaviors		5	32
Adult smoking	20%	16%	17%
Adult obesity**	32%	30%	33%
Food environment index**	9.1	9.3	9.1
Physical inactivity**	24%	22%	24%
Access to exercise opportunities	75%	76%	74%
Excessive drinking	26%	24%	25%
Alcohol-impaired driving deaths	48%	38%	63%
Sexually transmitted infections**	427.2	444.2	342.0
Teen births	25	23	32
Clinical Care		1	9
Uninsured	9%	6%	8%
Primary care physicians	1,330:1	1,010:1	2,170:1
Dentists	1,550:1	1,230:1	3,850:1
Mental health providers	610:1	470:1	5,130:1
Preventable hospital stays	49	38	34
Diabetes monitoring	87%	88%	88%
Mammography screening	69%	72%	72%
Social & Economic Factors		5	22
High school graduation**	85%	86%	82%
Some college	73%	76%	72%
Unemployment	3.2%	2.6%	3.3%
Children in poverty	12%	7%	11%
Income inequality	4.3	3.9	3.7
Children in single-parent households	28%	26%	22%
Social associations	15.7	16.2	13.2
Violent crime**	260	263	233
Injury deaths	68	55	68
Physical Environment		38	37
Air pollution - particulate matter	7.5	7.5	7.5
Drinking water violations		No	No
Severe housing problems	11%	11%	10%
Driving alone to work	80%	83%	83%

	North Dakota	Burleigh (BR), NDx	Morton (MO), NDx PEER COUNTY
Long commute - driving alone	14%	9%	18%
	North Dakota	**Burleigh (BR) , ND x**	**Morton (MO) , ND x**
Length of Life			
Premature age-adjusted mortality	320	270	320
Child mortality	60	40	50
Infant mortality	7	5	8
Quality of Life			
Frequent physical distress	9%	8%	8%
Frequent mental distress	9%	9%	9%
Diabetes prevalence**	8%	8%	8%
HIV prevalence	53	64	40
Health Behaviors			
Food insecurity**	8%	6%	6%
Limited access to healthy foods	7%	4%	7%
Drug overdose deaths	8	6	
Drug overdose deaths - modeled	10.6	6-7.9	8-11.9
Motor vehicle crash deaths	16	11	18
Insufficient sleep	29%	24%	28%
Clinical Care			
Uninsured adults	9%	7%	9%
Uninsured children	8%	6%	7%
Health care costs**	$8,341	$8,168	$7,952
Other primary care providers	838:1	543:1	3,851:1
Social & Economic Factors			
Disconnected youth	8%	6%	
Median household income	$61,900	$66,400	$65,000
Children eligible for free or reduced price lunch	31%	20%	29%
Residential segregation - black/white**	57	58	58
Residential segregation - non-white/white**	46	34	18
Homicides	2	2	
Firearm fatalities	12	12	15
Physical Environment			
Demographics			
Population	757,952	94,487	30,809
% below 18 years of age	23.3%	23.1%	23.2%

	North Dakota	Burleigh (BR), NDx	Morton (MO), NDx PEER COUNTY
% 65 and older	14.5%	14.9%	15.6%
% Non-Hispanic African American	2.8%	2.0%	1.1%
% American Indian and Alaskan Native	5.5%	4.2%	3.9%
% Asian	1.5%	0.8%	0.4%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%
% Hispanic	3.6%	2.3%	2.8%
% Non-Hispanic white	85.0%	89.4%	90.3%
% not proficient in English	1%	0%	0%
% Females	48.7%	49.8%	49.6%
% Rural	40.1%	18.5%	31.9%

2018

Note: Blank values reflect unreliable or missing data

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