



Sanford South University  
2016 Community Health  
Needs Assessment

**SANFORD**  
HEALTH

**Sanford South University**  
**Community Health Needs Assessment**  
**2016**

Dear Community Members,

Sanford Fargo is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a generalizable survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Additional surveys included key stakeholders from Cass and Clay counties and the assessment of American Indian residents. Sanford further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs and to further address these needs through the implementation strategies that are included in this document.

Sanford Fargo has set strategy to address the following community health needs:

- Depression
- Hypertension
- Flu shots

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the action steps that will be taken to address each identified need.

At Sanford Fargo, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of communities is at the core of who we are. Through our work with communities, we can bring health and healing to the people who live and work across our communities. Together, we can fulfill this mission.

Sincerely,



Paul Richard  
President  
Sanford Medical Center Fargo

**Sanford South University**  
**Community Health Needs Assessment**  
**2016**

**EXECUTIVE SUMMARY**

## Sanford South University

### Community Health Needs Assessment 2016

#### Purpose

A community health needs assessment is critical to a vital Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this 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 to develop a Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

#### Study Design and Methodology

##### 1. Generalizable Survey

A generalizable survey was conducted of residents in Cass County, North Dakota and Clay County, Minnesota. The purpose of the generalizable survey of residents in the greater Fargo-Moorhead area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

Staff at the North Dakota State University Center for Social Research, along with members of the Greater Fargo-Moorhead Community Health Needs Assessment Collaborative, created the survey tool and cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

Obtained through a qualified vendor, the sample was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

A total of 398 paper surveys were returned for scanning and an additional 3 surveys were completed on-line for a total of 401; the response rate was 27%. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analysis. A total of 382 surveys were analyzed, providing a generalizable sample with a confidence level of 95% and an error rate of plus or minus 5.2 percentage points.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

## **2. Non-Generalizable Survey**

An online non-generalizable survey was conducted on-line through a partnership between the Greater Fargo-Moorhead Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach. Data collection occurred throughout the month of June 2015 and a total of 51 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Fargo-Moorhead area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

## **3. Community Stakeholder Meeting**

Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health-related issues facing the community. Over 200 individuals were invited to attend from county commissions, city councils, school boards, and agencies representing the chronic disease groups and disparity. There were 53 attendees at the July 2015 community stakeholder meeting and the discussion helped to determine key priorities for the community.

#### 4. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

#### 5. Secondary Research

##### 2015 Assessment of American Indian Residents

Persons who self-identified as American Indian/Alaska Native were targeted for this study. Survey data was collected in July 2015 during the Fargo-Moorhead “Honoring Traditions of Health Wellness Community Health Fair” at Carl Ben Eielson Middle School in Fargo, North Dakota. There were 96 participants in this study.

The secondary data includes community health profiles from the North Dakota Department of Health for Cass County, North Dakota and the Minnesota Department of Health for Clay County Minnesota. The indicators that were reviewed for this assessment include: population data, vital statistics, adult behavioral risk factors, crime and child risk. Additionally, the County Health Rankings were included in the findings.

### Key Findings – Primary Research

The key findings are based on the generalizable and the non-generalizable survey data. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. Survey results that rank 3.5 or higher are considered to be high ranking concerns for both the generalizable survey and the key stakeholder non-generalizable survey.

1. **Economics:** Respondents were most concerned about affordable housing and hunger in regards to economics in Cass and Clay County. Homelessness is a moderate concern and was the third highest concern in the area of community economics.
2. **Aging:** The number one ranking concern among respondents overall is the cost of long term care. The availability of memory care and the availability of long term care also rank as top concerns for the aging.
3. **Children and Youth:** When considering children and youth, bullying ranks highest of the concerns for respondents. The cost of quality child care and the availability of quality infant care are also ranked as high concerns.
4. **Safety:** The presence of street drugs and alcohol in the community, the presence of drug dealers in the community, crime, child abuse and neglect, domestic violence and sex trafficking are the highest safety concerns of the respondents.
5. **Health Care:** The health care indicator addressed access to health care and cost concerns. Access to affordable health insurance, access to affordable health care, access to affordable prescription drugs, cost of affordable dental insurance coverage, and the cost of affordable vision insurance coverage are the highest concerns among the respondents.

6. **Physical Health:** Cancer, chronic disease, inactivity and lack of exercise, obesity, poor nutrition and eating habits, and infectious disease such as flu are the highest physical health concerns.
7. **Mental Health/Behavioral Health:** Depression, dementia and Alzheimer's, stress, underage drug use and abuse, underage drinking, suicide, drug use and abuse, and alcohol use and abuse are the highest concerns for mental health/behavioral health.

## Key Findings – Secondary Research Based on the 2015 County

### Health Rankings

#### Health Outcomes

Premature death: The premature death indicator is defined as years of potential life lost before age 75 per 100,000 population. The mortality health outcomes indicate that North Dakota as a state has more premature deaths (6,388 per 100,000) than Minnesota (5,038 per 100,000). Clay County, Minnesota has a higher rate (5,563 per 100,000) than Cass County, North Dakota (5,153).

Poor or fair health: 10% of adults in Cass County and 11% in Clay County report poor or fair health compared to 10% for the nation, 12% in North Dakota and 11% in Minnesota.

The average number of days reported in the last 30 as unhealthy mental health days is 2.4 in Cass County and 2.8 in Clay County. The state of North Dakota reports 2.4 days, and Minnesota reports 2.6 days.

The percent of live births with low birth weight (less than 2,500 grams) is 6.5% in Cass County and 6.7% in Clay County. Both North Dakota and Minnesota report 6.5%.

#### Health Factors

The percent of adults who are currently smoking is 16% in Cass County and 17% in Clay County. The state of North Dakota reports 18% of adults are current smokers and in Minnesota the percent of current adult smokers is 16%.

27% of the adult population in Cass County, and 30% in Clay County are considered obese with a BMI over 30. This compares with North Dakota at 30% and Minnesota at 26%.

The percent of adults reporting excessive or binge drinking is 21% in Cass County and 23% in Clay County. North Dakota reports 22% statewide and Minnesota reports 19%.

Driving deaths that have alcohol involvement is at 30% in Cass County and 22% in Clay County. North Dakota as a whole is at 46% and Minnesota is at 31%.

Sexually transmitted infections rank substantially higher than the national benchmark (138) for North Dakota (416), Minnesota (336), and Cass (445) and Clay Counties (316).

The teen birth rate is higher in North Dakota (28) and Minnesota (24) than the national benchmark, but is lower in Cass (19) and Clay Counties (15).



The clinical care outcomes indicate that North Dakota (12%) and Cass County (11%) have a higher percentage of uninsured adults, while Minnesota (9%) and Clay County (8%) have lower percentages.

The ratio of population to primary care physicians is 1,279:1 in North Dakota and 1,113:1 in Minnesota. Clay County's ratio is 1,045:1, while Cass County's ratio is more favorable at 863:1.

The ratio of population to mental health providers is 638:1 in North Dakota and 529:1 in Minnesota. Clay County's ratio is 386:1 and Cass County is at 400:1.

The number of professionally active dentists is 1,710:1 North Dakota, 1,529:1 in Minnesota, 1,404:1 in Cass County, and 1,377:1 in Clay County.

Preventable hospital stays are better in Cass (46) and Clay (39) counties than in North Dakota (56) and Minnesota (45).

Diabetic screening is at 88% in Cass County and 86% in North Dakota. Clay County is slightly lower at 87% and Minnesota is at 88%.

Mammography screening is at 70.8% in Cass County and 68% in North Dakota while Clay County is at 70.7% and Minnesota is at 66.7%.

The social and economic factor outcomes indicate that North Dakota is at 85% and Minnesota is at 78% for high school graduation. The high school graduation rate in Cass County is 85% and Clay County has a graduation rate of 87%.

Post-secondary education (some post-secondary education) is at 81.1% in Cass County, 74.4% in North Dakota, 73.2% in Clay County, and 73.3% in Minnesota.

The unemployment rate is 2.9% in North Dakota, 3% in Cass County, 5.1% in Minnesota, and 3.7% in Clay County.

The percentage of child poverty is 12% in North Dakota and 11% in Cass County. Child poverty is 13% in Clay County and 14% in Minnesota.

Social associations are defined as the number of membership associations per 10,000 populations and is higher in North Dakota at 17.3 than in Cass County at 11.4. Minnesota is higher at 13.2 than Clay County at 11.6.

The percentage of children in single parent households is 25% in Cass County, 26% in North Dakota, 25% in Clay County and 28% in Minnesota.

Violent crime is higher in Cass County at 284 per 100,000 population than in North Dakota at 240 per 100,000 population. Minnesota has 229 cases per 100,000 and Clay County is at 115 per 100,000 population.

Youth account for 21.9% of the population in Cass County and 23% of the population in Clay County. Elderly account for 10.5% of the population in Cass County and 12.4% of the population in Clay County.

The rural population of Cass County is 10.4%. The rural population of Clay County is 27.9%.

The following needs ranked highest and were brought forward for prioritization:

- Economics – affordable housing and hunger
- Aging – cost and availability of long term care and availability of memory care
- Children and Youth – cost and availability of quality child care and quality infant care, bullying
- Safety – presence of drug dealers in the community and the presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health care and affordable health insurance
- Physical Health – cancer, chronic disease, obesity, poor nutrition and inactivity
- Mental Health – depression, stress, substance use and abuse
- Preventive Health – flu vaccines

Members of the collaborative determined that flu vaccines are a top unmet need. Community stakeholders also rated chronic disease and mental illness as top priorities.

Sanford has determined the 2016-2019 implementation strategies for the following needs:

- Hypertension
- Depression
- Flu vaccines

## Implementation Strategies

### 1. Priority 1: Hypertension

- Hypertension is a risk factor for cardiovascular disease, and contributes to premature death from heart attack, stroke, diabetes and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension.
- Sanford has prioritized hypertension as a top priority and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measureable outcome is the number of patients with blood pressure < 140/90.

### 2. Priority 2: Depression

- Depression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicates that 11% of the residents have fair or poor mental health.
- Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal is to improve PHQ-9 scores for patients with depression. The measurable outcome is the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than nine whose six-month PHQ-9 score is less than five.

### **3. Priority 3: Flu Vaccines**

- The CDC states that Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. The North Dakota Department of Health reports that 33.5% of adults age 65 and older did not receive a flu vaccine in the past year. Respondents to the CHNA generalizable survey report that 26% of children 18 years and younger did not receive a flu vaccine in the past year.
- Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members. The goal is to increase the number of flu vaccines provided to community members. The measurable outcomes are the number of flu vaccines given to adults each year and the number of flu vaccines given to the pediatric population each year.

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**2016**

## Table of Contents

|  | Page |
|--|------|
| Purpose of the Community Health Needs Assessment   | 18   |
| Acknowledgements   | 18   |
| Description of Sanford South University Medical Center   | 22   |
| Description of the Community Served  | 23   |
| Study Design and Methodology   | 24   |
| Limitations of the Study   | 26   |
| Key Findings   | 28   |
| <ul style="list-style-type: none"><li>• Community Health Concerns</li><li>• Personal Health Concerns</li><li>• Demographics</li><li>• Health Needs and Community Resources Identified</li><li>• Prioritization</li></ul> |      |
| How Sanford is Addressing the Needs  | 77   |
| 2016-2019 Implementation Strategies  | 81   |
| 2013 Implementation Strategies Impact  | 85   |
| Community Feedback from 2013 Community Health Needs Assessment   | 90   |
| <i><u>Appendix</u></i>   | 92   |
| <i>Primary Research</i>  |      |
| <ul style="list-style-type: none"><li>• <i>Asset Map</i></li></ul>   |      |
| <i>Key Stakeholder Facilitated Discussion Summary</i>  |      |
| <i>Generalizable Survey Results</i>  |      |

## General Health and Wellness Concerns about the Community

Figure 1. Level of concern with statements about the community regarding ECONOMICS

Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

Figure 6. Level of concern with statements about the community regarding SAFETY

Figure 7. Level of concern with statements about the community regarding HEALTH CARE

Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE

## General Health

Figure 10. Respondents' rating of their health in general

Figure 11. Respondents' weight status based on the Body Mass index (BMI) scale

Figure 12. Number of servings of vegetables, fruit and fruit juice that respondents had yesterday

Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity

## Mental Health

Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue

Figure 15. Number of days in the last month that respondents' mental health was not good

Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues

## Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

Figure 19. Location respondents would first go if they wanted help to quit using tobacco

## Alcohol Use and Prescription Drug/Non-Prescription Drug Use

Figure 20. Number of days during the past month that respondents had at least one drink or any alcoholic beverage

Figure 21. During the past month, on days that respondents drank, average number of drinks per day respondents consumed

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years

## Preventive Health

- Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening
- Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening
- Figure 26. Whether respondents have any of the following chronic diseases
- Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason
- Figure 28. Where respondents get most of their health information
- Figure 29. Best way for respondents to access technology for health information

## Demographic Information

- Figure 30. Age of respondents
- Figure 31. Highest level of education of respondents
- Figure 32. Gender of respondents
- Figure 33. Race and ethnicity of respondents
- Figure 34. Annual household income of respondents
- Figure 35. Employment status of respondents
- Figure 36. Length of time respondents have lived in their community
- Figure 37. Whether respondents own or rent their home
- Figure 38. Whether respondents have health insurance (private, public or governmental) and oral health or dental care insurance coverage
- Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider
- Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick
- Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondent's household
- Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year
- Table 3. Zip code of respondents

## *Non-Generalizable (Key Stakeholder) Survey Results*

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Figure 13. Whether respondents, other than their regular job, participated in any physical activity exercises such as running, calisthenics, golf, gardening or walking for exercise

Figure 14. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity

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## Secondary Research

- *2015 Greater Fargo-Moorhead Community Health Needs Assessment of American Indian Residents*
  - *Introduction*
  - *Methodology*
  - *Survey Results*
    - *Level of Concern with Specific Issues*
    - *Economics*
    - *Transportation*
    - *Environment*
    - *Child and Youth*
    - *Aging Population*
    - *Safety*
    - *Health Care]Physical and Mental Health*
    - *Substance Use and Abuse*
    - *General Health*
    - *Mental Health*
    - *Tobacco Use*
    - *Alcohol Use and Prescription/Non-Prescription Drug Abuse*
    - *Preventive Health*
  - *Demographics*
  - *Appendix Tables*
  - *Survey Instrument*
- *Cass County Community Health Profile*
- *Definitions of Key Indicators/County Health Rankings*
- *Clay County, Minnesota and Cass County, North Dakota Comparison*

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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 is essential to success
- Sanford Health is invited into the communities we serve

## Acknowledgements

Sanford Health would like to acknowledge and thank the Steering Committees for their assistance and expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future direction of our work.

### Sanford Enterprise Steering Group:

- JoAnn Kunkel, CFO, Sanford Enterprise
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- Joy Johnson, COO Bemidji Region
- Kirk Christy, CFO, Bismarck Region
- Carrie McLeod, MBA, MM, LRD, CDE, Enterprise Lead, Enterprise Community Health/Community Benefit

### Sanford Fargo Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE, Enterprise Lead, Office of Health Care Reform, Community Benefit/Community Health Improvement
- Tiffany Lawrence, CPA, Fargo Region Co-Lead, CFO, Sanford Medical Center Fargo

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

- Alicia Collura, Sioux Falls Public Health
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The following Fargo-Moorhead, Cass and Clay County Key Community Stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Ann Malmberg, Essentia Health
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- Dan Griebing, Essentia Health
- Diane Solinger, Jeremiah Program
- Dinah Goldenberg, Fargo School Board
- Gina Nolte, Clay Co. Public Health
- Greg Glasner, Essentia Health
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- Jessie Doschadis, Family HealthCare Center
- John Vastag, ND IPAT
- Julie Hinkel, Gladys Ray Shelter
- Justin Bohrer, Fargo Cass Public Health
- Kaitlyn Kline, Kevin Cramer’s office
- Karen Nitzkorski, Clay Co. Public Health
- Kathy Anderson, Clay Co. Public Health
- Kathy McKay, Clay Co. Public Health
- Katie Nystuen, SE Human Services
- Kay Schwarzwalter, NDSU Center for Social Research
- Kaylin Frappier, Family HealthCare Center
- Keely Ihry, Dakota Medical Foundation
- Keith Bennett, Essentia Health
- Kent Eken, MN State Senator
- Kim Lipetzky, Fargo Cass Public Health
- Kristen Limb, Essentia Health
- Kristi Halvarson, Community Health Service Inc.
- Kristie Invie, Sanford Health
- Leah Siewert, Gladys Ray Shelter
- Linda Bartholomay, Sanford Health
- Lindsey Miller, Dakota Medical Foundation
- Lynne Kovash, Moorhead Schools
- Mari Dailey, Moorhead City Council
- Mark Altenburg, M State
- Maryann Harris, Clay Co. Public Health
- Mike Williams, Fargo City Commissioner
- Paul Richard, Sanford Health
- Rick Axelson, NDSU Center for Social Research
- Ruth Bachmeier, Fargo Cass Public Health
- Ryan Nagle, Heidi Heitkamp’s office
- Sara Stolt, Dakota Medical Foundation
- Shannon Bacon, American Cancer Society

- Shirley Dykshoorn, LSS of ND
- Sue Oatey, Concordia College
- Tiffany Knauf, Center for Rural Health
- Tiffany Lawrence, Sanford Health
- Tim Mahoney, Mayor of Fargo
- Tim Saylor, Essentia Health
- Tom Jones, American Heart Association

## Sanford South University Medical Center – Fargo, ND



Sanford South University is part of Sanford Medical Center Fargo, the largest medical center in North Dakota. South University has 170 licensed beds and provides highly specialized services, including a behavioral health inpatient and partial hospitalization unit, an eating disorder inpatient and a partial hospitalization unit, palliative care, orthopedic, eye and other surgery, an inpatient rehabilitation unit and Center for Screening.

Sanford is a major teaching hospital in partnership with area universities and the University of North Dakota School of Medicine and Health Sciences to provide clinical training for hundreds of medical students, medical residents, nurses and students in numerous health care and non-health care fields. Sanford also offers many activities and programs to attract high school and younger students to the health care field.

Community involvement has played an important role in Sanford Medical Center's mission for over 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and serve the communities across our region, providing health care awareness, education, prevention, fundraising and research for the health care issues that matter most to our communities.

Sanford Health is the largest employer in the Fargo-Moorhead community with a stable and growing workforce of 8,000 full-time employees. One out of every 27 people in Fargo-Moorhead currently works at a Sanford facility.

## Community Served – Fargo-Moorhead-West Fargo



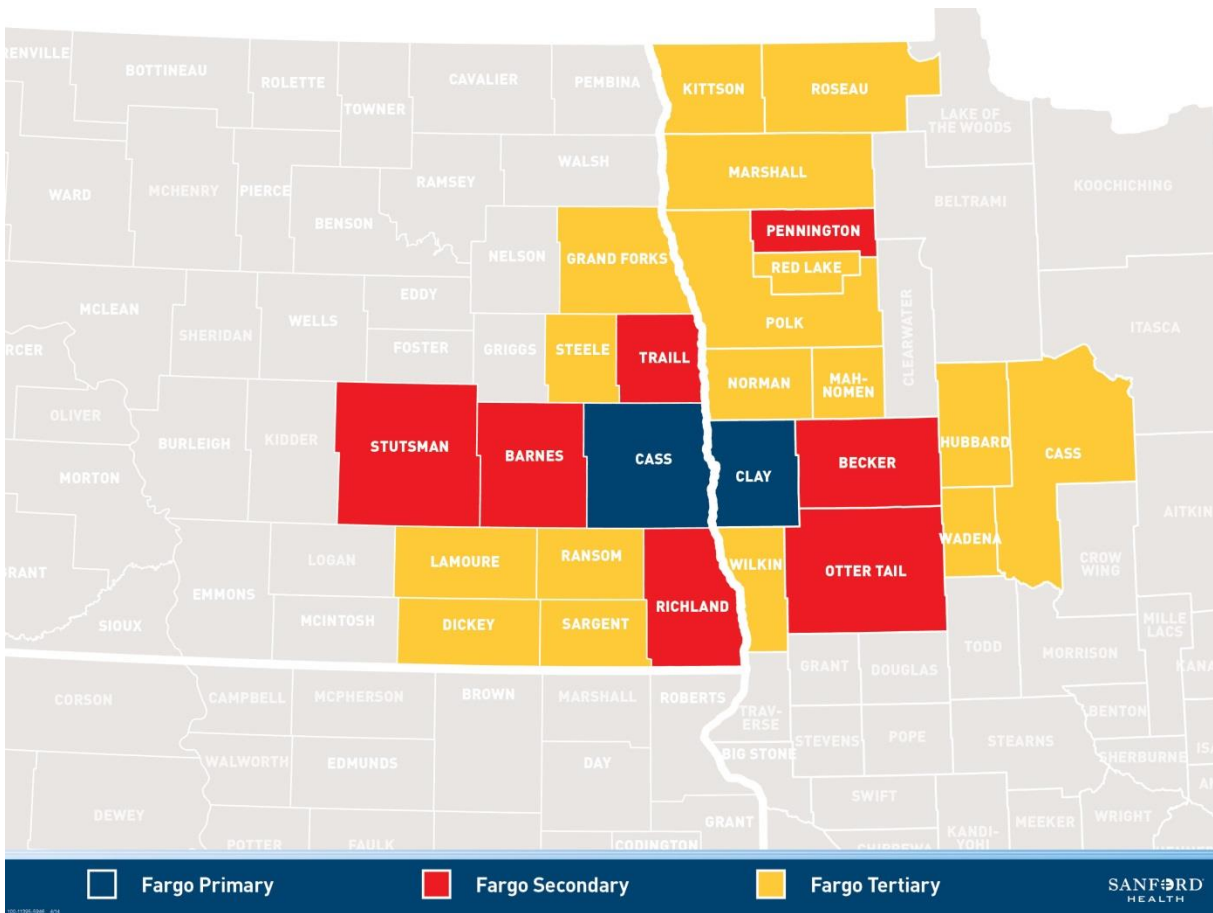
Fargo is a diverse, dynamic, family-oriented community on the eastern border of North Dakota. It is the largest city in North Dakota, accounting for nearly 16 percent of the state population and the county seat of Cass County. Fargo and its twin city of Moorhead, Minn., and adjacent West Fargo, N.D. and Dilworth, Minn., form the core of the metro area, which in 2015 had a population of 225,000.

Founded in 1871, Fargo is the economic center of southeastern ND. It is a cultural, retail, health care, educational and industrial hub for the region. The Fargo-Moorhead metro area has three universities: North Dakota State University, Concordia College, Minnesota State University Moorhead, and numerous other private and state colleges and technical schools and is home to over 30,000 students.

Although the economy of the Fargo area has historically been dependent on agriculture, the city now has a growing economy based on food processing, manufacturing, technology, retail trade, higher education and health care. US News & World Report ranked Fargo as the #1 city for finding a job, Farmers Insurance named it the #3 most secure places to live, and Moving.com named it #5 on its list of best places to live in America.

Fargo-Moorhead is home to a growing number of innovative technology and biomedical companies, attracted to the community by its educated workforce, low labor costs, favorable tax climate, advanced telecommunications infrastructure and available energy and water supplies. Education and health services account for the largest non-agricultural industries.





## Study Design and Methodology

### 1. Generalizable Survey

A generalizable survey was conducted of residents in Cass County, North Dakota and Clay County, Minnesota. The survey instrument was developed in partnership with members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative, Sioux Falls community collaborative, Bismarck community collaborative, public health leaders from across the enterprise, and researchers at the Center for Social Research (CSR) at North Dakota State University (NDSU). The purpose of the generalizable survey of residents in the greater Fargo-Moorhead area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

Staff at the CSR, along with members of the collaborative, created the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 54 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

Obtained through a qualified vendor, the sample was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Survey packets, which contained the cover letter, scannable paper survey, and a pre-paid return envelope, were mailed three days after the introductory postcards. Two percent of the packets were returned as undeliverable. A reminder postcard, containing a link to an on-line version of the survey, was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 398 paper surveys were returned for scanning and an additional 3 surveys were completed on-line for a total of 401; the response rate was 27 percent. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analysis. A total of 382 surveys were analyzed, providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5.2 percentage points.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

## **2. Non-Generalizable Survey**

A non-generalizable on-line survey was conducted through a partnership between the Greater Fargo-Moorhead Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach. Data collection occurred throughout the month of June 2015 and a total of 51 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Fargo-Moorhead area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. As stated in the generalizable survey methodology, many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

## **3. Community Stakeholder Meeting**

Community stakeholders were invited to a meeting to review the early findings from the generalizable survey and to discuss the top health issues or health-related issues facing the community. Over 200 individuals were invited to attend from county commissions, city councils, school boards, and agencies representing the chronic disease groups and disparity. There were 53 actual attendees at the July 2015 community stakeholder meeting and the discussion helped to determine key priorities for the community.

#### **4. Community Asset Mapping**

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

Each unmet need was researched to determine what resources were available in the community to address the needs. The Greater Fargo Moorhead Community Health Needs Assessment Collaborative performed the asset mapping and reviewed the findings. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

#### **5. Secondary Research**

##### **2015 Assessment of American Indian Residents**

Persons who self-identified as American Indian/Alaska Native were targeted for this study. Survey data was collected in July 2015 during the Fargo-Moorhead "Honoring Traditions of Health Wellness Community Health Fair" at Carl Ben Eielson Middle School in Fargo, North Dakota. There were 96 participants in this study.

The secondary data includes community health profiles from the North Dakota Department of Health for Cass County, North Dakota and the Minnesota Department of Health for Clay County Minnesota. The indicators that were reviewed for this assessment include: population data, vital statistics, adult behavioral risk factors, crime and child risk. Additionally, the County Health Rankings were included in the findings.

#### **Limitations of the Study**

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Cass County, North Dakota and Clay County, Minnesota. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S. Census Bureau, it was evident that older, white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

Literature reviews indicate that there are nonresponse rate issues among younger respondents. In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents. Studies have also shown lower response rates for socially disadvantaged groups (i.e., socially, culturally, or financially).

A good faith effort was made to secure input from a broad based of the community. Invitations were extended to county and community leaders, organizations and agencies representing diverse populations and disparities. A total of 53 attended the community stakeholder discussion.

The findings of the American Indian Resident survey only represent American Indian participants attending the health fair and may not be representative of other American Indians in the Fargo-Moorhead area. A total of 96 American Indian residents participated in the survey.

Additional data was reviewed through secondary research. The data for the secondary research was secured from the North Dakota Department of Health and the Minnesota Department of Health.

The Internal Revenue Code 501 (r) statute 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; 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. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under “About Sanford” in the Community Health Needs Assessment section.

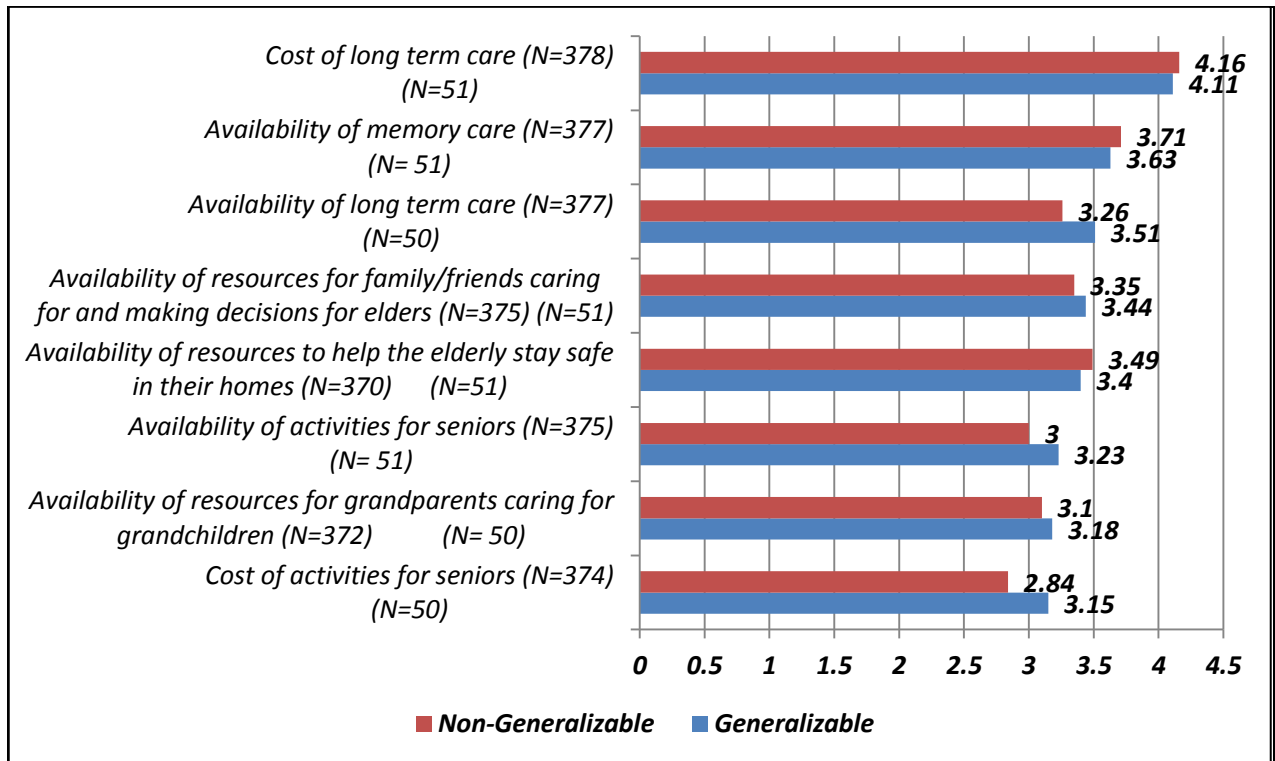
# Key Findings

## Community Health Concerns

### Aging Population

The greatest area of concern among respondents is for the aging population, including the cost and availability of long term care. The availability of memory care is also a significant concern. Secondary research finds that 10.5 percent of the population in Cass County and 12.4 percent of the population in Clay County are over 65 years of age.

#### **Level of concern with statements about the community regarding the AGING POPULATION**



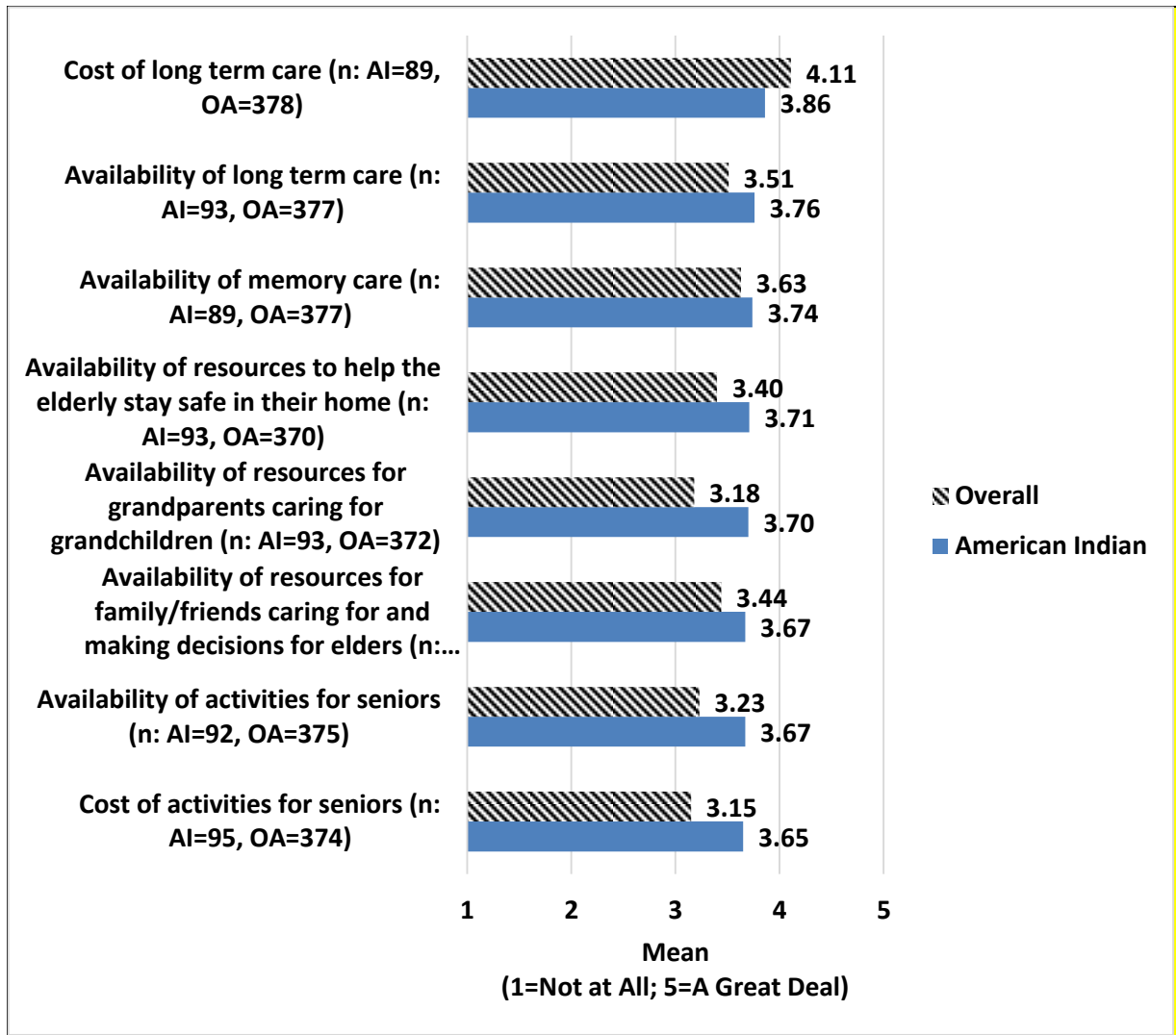
The North Dakota Long Term Care Association states that a primary reason for the concern about the cost of long term care is because people are not purchasing long term care insurance. Once long term care services are required it may be a surprise to learn the true cost of the service.

Resources for family/friends and resources for the elderly to help them stay in their homes are becoming widely available through programs such as the North Dakota State University Extension Office and the Sanford Faith Community Nurse Program.

### **American Indian (AI) Survey Responses**

AI respondents had higher mean scores for level of concern for most issues related to the aging population as compared to generalizable survey respondents (OA) respondents for most issues, except for long term care.

**Level of concern with statements about the community regarding the AGING POPULATION**

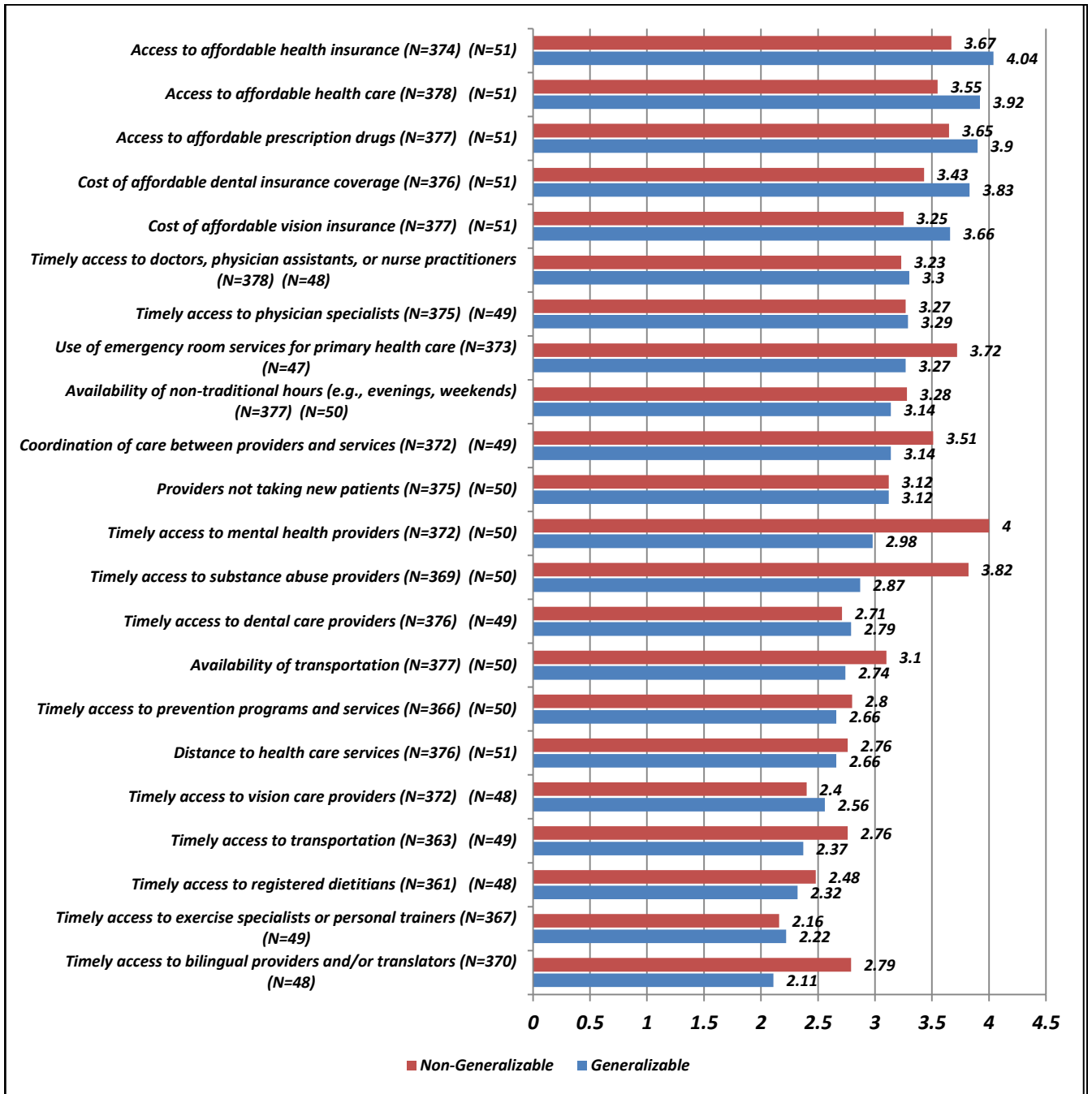


**Health Care Access and Cost**

Top priorities among residents (generalizable survey) relate to cost issues (i.e., access to affordable health insurance, affordable health care, and affordable prescription drugs), whereas top priorities among community leaders (non-generalizable survey) relate to service delivery (i.e., timely access to mental health providers, access to substance use providers, and the use of emergency room services for primary health care).

Secondary research through the 2015 County Health Rankings finds that 7% in Cass County and 6% in Clay County report that they could not see a doctor due to the cost. (See Appendix)

## Level of concern with statements about the community regarding HEALTH CARE



Access to care includes the ability to gain entry into a health system or provider service. Access can include the availability of health care providers and a workforce available to address the needs. Limited access can challenge the ability to receive appropriate levels of care and may pave the way to the utilization of higher cost entry points into the system through the emergency room.

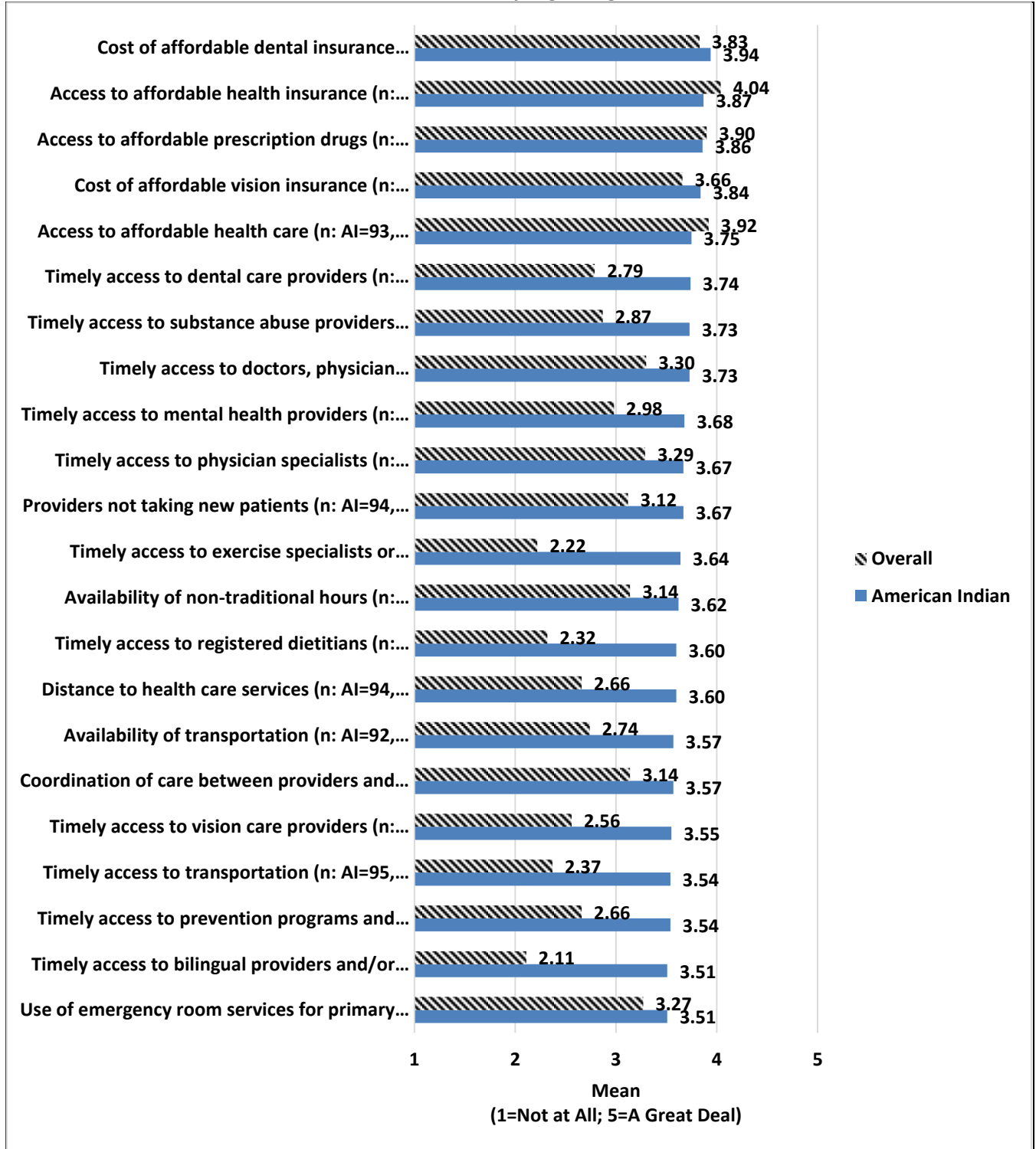
The cost of care may influence the health of individuals. A Dartmouth study finds that North Dakota is considered a high quality state for health care in comparison to other states. North Dakota is also considered to deliver health care at a low cost in comparison to other states.



### American Indian Survey Responses

AI respondents had a higher level of concern than OA respondents for the majority of health care-related issues with the exception of access to affordable health insurance, access to affordable prescription drugs, and access to affordable health care. The issues which resulted in the greatest difference between AI and OA mean scores were timely access to exercise specialists or personal trainers.

#### Level of concern with statements about the community regarding HEALTH CARE



Sanford provides a Community Care Program and financial assistance policy to address assistance to all who qualify for charity care. During fiscal year 2015 Sanford contributed over \$58 million for charity care for our patient population that required care without the ability to pay for services. Sanford has financial counselors available at all clinic and medical center facilities to assist patients with applications for assistance and access needs.

One example of a community resource that is addressing the access needs of patients is Sanford's My Sanford Nurse Program (formerly called Ask-A-Nurse). My Sanford Nurse served 324,295 individuals from throughout the footprint and nation during fiscal year 2014 and provided a community benefit of over \$1.8M with more than 45,965 nursing staff hours. There is no fee for this service.

Timely access for mental health and behavioral health providers continues to remain a concern across the community. Workforce gaps among mental health and behavioral health providers remain a challenge. Sanford has an aggressive recruiting program and continues to recruit these experts to our community. The North Dakota Human Services Behavioral Health Interim Committee is also focused on developing the behavioral health workforce for the state in the areas of adult psychiatry, child and adolescent psychiatry, and substance abuse providers. Sanford leaders are serving on the stakeholder group with this interim committee, along with other community providers.

### **Physical and Mental Health**

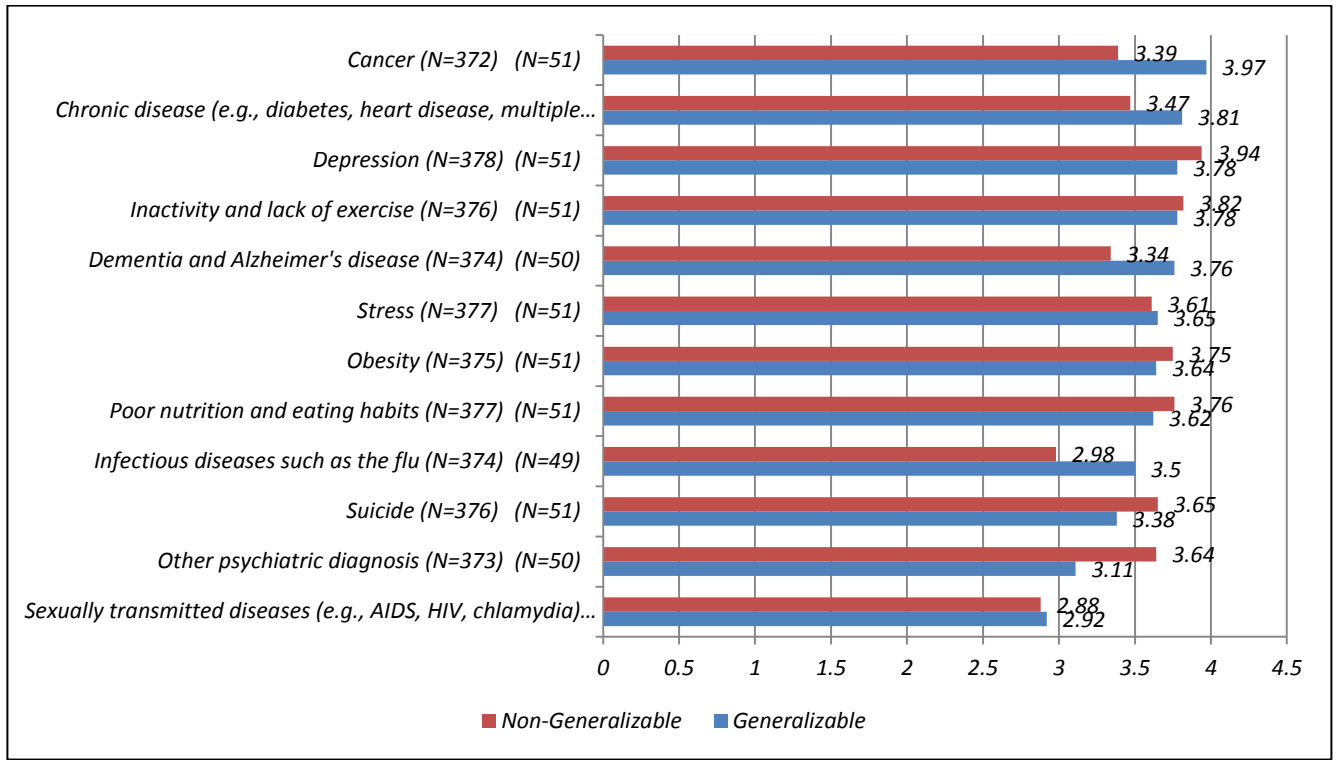
Both community leaders and residents have moderately high levels of concern for physical and mental health issues. The top concern among community leaders is depression, whereas the top concerns among residents are cancer and chronic disease. Additional high ranking concerns include inactivity and lack of exercise, obesity, poor nutrition, infectious disease, dementia and Alzheimer's disease, stress, and suicide.

- Community leaders have slightly higher levels of concern than residents about inactivity and lack of exercise, poor nutrition eating habits, and obesity.
- Depression and stress are moderately high mental health concerns among residents. However, community leaders are more concerned than residents about suicide.

Secondary research through the 2015 County Health Rankings find that the average number of self-reported mentally unhealthy days reported in the last 30 days is at 2.4 days in Cass County and 2.8 days in Clay County. Cass County residents reporting poor or fair health is at 10% and Clay County is at 11%. Cass County residents reporting that they are obese is at 27%; Clay County is at 30%. Cass County residents who report being physically inactive is at 21%; 24% of the residents in Clay County report being physically inactive. (See Appendix)

The North Dakota Department of Health reports that 6.2% of Cass County residents have been told by their health provider that they have cancer (excluding skin cancer). (See Appendix)

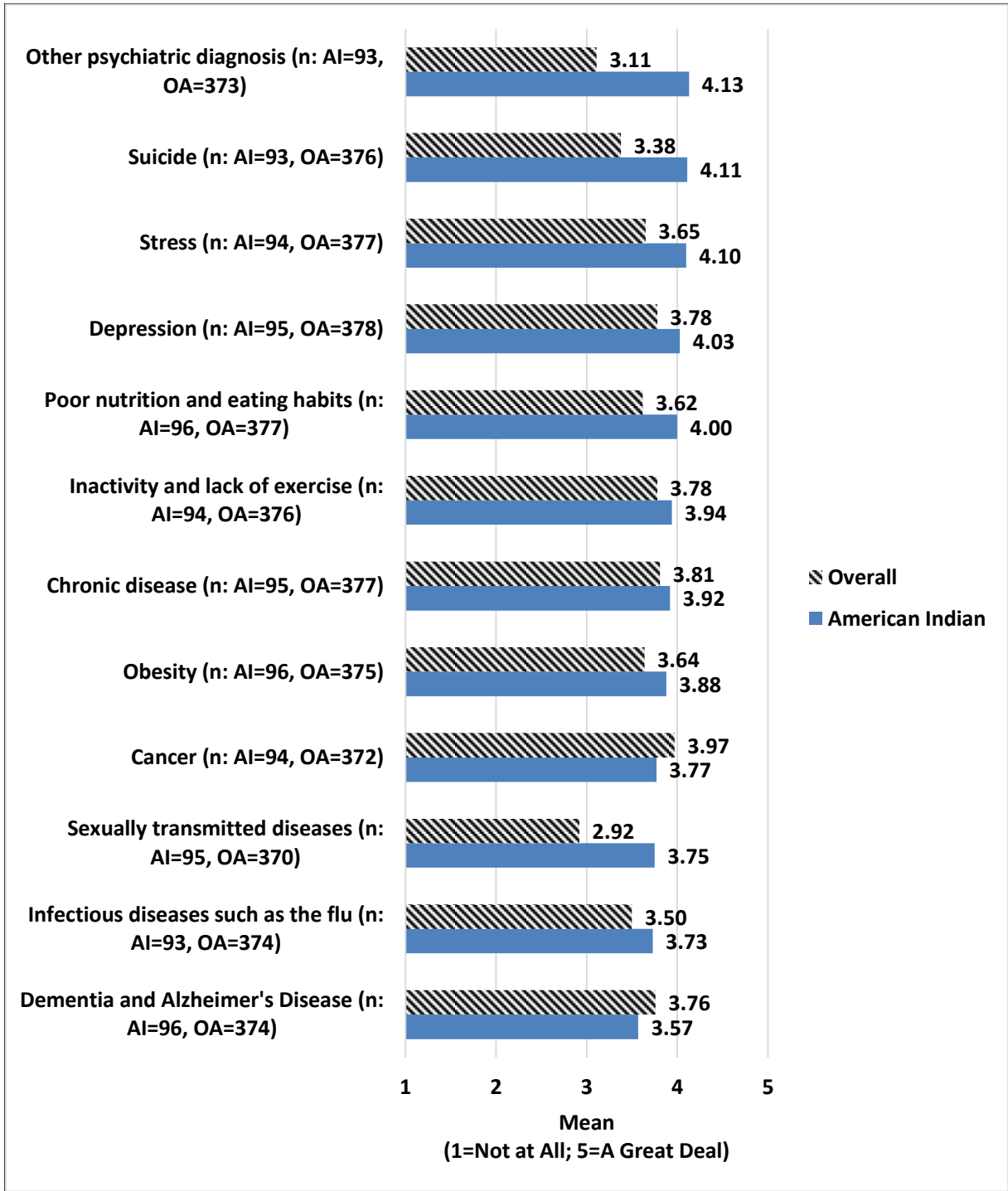
**Level of concern with statements about the community regarding PHYSICAL AND MENTAL**



**American Indian Survey Responses**

AI respondents had a higher level of concern than OA respondents for the majority of physical and mental-health related community issues with the exception of cancer and dementia and Alzheimer’s disease.

**Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH**



Concerns about cancer: The prevalence of cancer among our community members is on the minds of our residents. Cancer is the second leading cause of death in the United States for the adult population. According to the UND School of Medicine and Health Sciences 2015 Biennial Report, digestive system cancer is the most commonly diagnosed cancer in our state, followed by breast cancer. The study finds that the risk of cancer in North Dakota is higher than in the rest of the nation.

Sanford is committed to serving the cancer needs of our community through the Roger Maris Cancer Center and the 13 medical oncologists/hematologists, 5 radiation oncologists, 2 pediatric oncologists/hematologists, 7 palliative care board certified physicians, 1 oncology clinical psychologist, 1 medical geneticist, 3 genetic counselors, 1 doctor of nursing practice, 2 physician assistants, 2 nurse practitioners, 7 pharmacists, 4 radiation oncology medical physicists, and several hundred nurses.

Sanford's Roger Maris Cancer Center holds a number of accreditations including Joint Commission Accreditation, the American College of Surgeons Commission on Cancer – Silver Commendation, the National Accreditation Program for Breast Cancer through the American College of Surgeons Accreditation by the American College of Radiology – Radiation Oncology, Edith Sanford Breast Health Comprehensive Center recognized as a Certified Quality Breast Center of Excellence through the National Consortium of Breast Centers, Breast Imaging Center of Excellence through the American College of Radiology, Certification by the Quality Oncology Practice Initiative through the American Society of Clinical Oncology, and the Advanced Care Certification by The Joint Commission for Palliative Care Services.

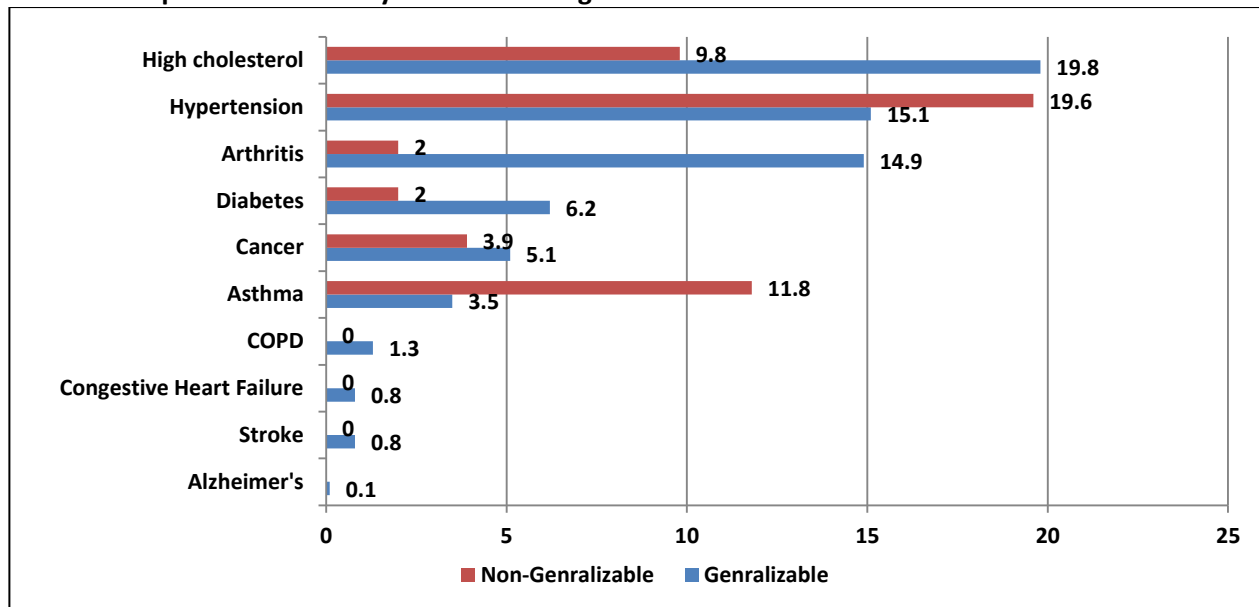
The Sanford Roger Maris Cancer Center desires to detect cancer at earlier stages when there is a better chance for cure. One example of the Center's focus on early detection is for colorectal screenings. Colorectal cancer screenings can detect precancerous colorectal polyps which, if removed, can prevent colorectal cancer and reduce an individual's colorectal cancer risk by 50 percent.

In 2014 at Sanford Roger Maris Cancer Center there were 158 colorectal cancer cases, 74 (47%) of which were more advanced (stage 3 or 4). Treatment results compared favorably with other cancer centers in the region and nationally. North Dakota is at the bottom third of the country for colorectal cancer screenings, which leads to later detection and more advanced colorectal cancer stages. Having one of the familial cancer syndromes increases the likelihood of developing cancer. The Roger Maris Cancer Center has a familial cancer syndrome clinic, where the team assists in coordinating care and helping individuals with an increased risk of cancer to plan for future screenings, and customizes the patient's treatment plan. Genetic risk assessment is an important component of the care at the Sanford Roger Maris Cancer Center.

Concerns about other chronic diseases: The top chronic diseases among respondents and community leaders include hypercholesterolemia, hypertension, asthma and arthritis. Respondents were also concerned about comorbidities such as obesity, poor nutrition and lack of physical activity.

The North Dakota Department of Health reports that 22.5% of Cass County residents have been diagnosed with arthritis and 8.5% of residents currently have asthma. The state health data also reports that 63.6% of Cass County residents are overweight or obese. The percentage of Cass County residents who report that they have been told by their provider that they have hypertension is 27.7% and 33.2% report the same for high cholesterol. Additionally, 22.8% of Cass County residents report never having a cholesterol test. (See Appendix)

**Whether respondents have any of the following chronic diseases**



**American Indian Survey Reponses**

Respondents were asked if they have any of the following chronic diseases: hypertension, arthritis, diabetes, high cholesterol, asthma, COPD, congestive heart failure, stroke, Alzheimer’s, or cancer. AI respondents were most likely to state they have hypertension or arthritis (16.7%, respectively) (Table 8, Appendix Table 18). None of the AI respondents stated they have cancer or Alzheimer’s.

AI respondents were much more likely than OA respondents to state they have diabetes (15.6% vs. 6.2%), while OA respondents were more likely than AI respondents to state they have high cholesterol (19.8% vs. 12.5%).

## Presence of Chronic Diseases

| Chronic diseases         | Percent*                  |                    |
|--------------------------|---------------------------|--------------------|
|                          | American Indian<br>(n=96) | Overall<br>(n=382) |
| Hypertension             | 16.7                      | 15.1               |
| Arthritis                | 16.7                      | 14.9               |
| Diabetes                 | 15.6                      | 6.2                |
| High cholesterol         | 12.5                      | 19.8               |
| Asthma                   | 10.4                      | 3.5                |
| COPD                     | 2.1                       | 1.3                |
| Congestive heart failure | 1.0                       | 0.8                |
| Stroke                   | 1.0                       | 0.8                |
| Alzheimer's              | 0.0                       | 0.1                |
| Cancer                   | 0.0                       | 5.1                |

\*Percentages do not total 100.0 due to multiple responses.

Chronic diseases are among the most common, costly, and preventable of health problems. According to the Center for Disease Control and Prevention (CDC) about 50% of all adults or over 117 million people have one or more chronic health conditions. One in four adults have two or more chronic health conditions (2012 data).

Sanford is actively working to address chronic disease through programs and quality indicators. The optimal vascular care includes 4 criteria: BP < 140/90, statin use (as recommended), daily aspirin, and no use of tobacco. Execution of these criteria has created positive outcomes for the patients with vascular (including hypercholesterolemia) issues.

Cardiovascular disease refers to any disease of the heart or vascular system, including heart attack, stroke, coronary heart disease, atherosclerosis, hypertension, and congestive heart failure. Heart disease and stroke continue to be the leading cause of death and disability across the United States.

Concern about cholesterol: The Sanford Heart Center in Fargo provides a comprehensive team of specialists and therapists who use advanced technology and proven treatments that beat national standards in speed and survival and above average outcomes.

Medical services specialties offered in the Fargo market include:

- Cardiac Electrophysiology
- Cardiac Rehabilitation
- Cardiology
- Cardiovascular Surgery
- Interventional Cardiology
- Left Atrial Appendage Occlusion
- Nuclear Cardiology
- Thoracic Surgery
- Trans catheter Aortic Valve Replacement (TAVR)

Sanford Heart is committed to continuous improvement, through expanding services and treatment options, clinical trials, and technological medical advancements.

### **Center for Screening**

Prevention is the best way to ward off heart disease. Sanford has made a great effort to help the community by offering a convenient and inexpensive heart assessment which includes calcium scoring. The Heart Screen at the Sanford Center for Screening uses advanced tools and diagnostics to uncover critical details about the health of your heart. Our screenings include:

- CT calcium score
- EKG
- Non-fasting cholesterol
- Blood pressure
- Body Mass Index (BMI)
- Framingham Score (risk estimate for developing heart disease in the next 10 years)

<http://www.sanfordhealth.org/fargo/services/heart-vascular-screenings>

**Concerns about hypertension:** Hypertension is also known as high blood pressure. Often there are no symptoms with this condition which is why it is called the “silent killer”. The American Heart Association reports that 1 in three adults, or approximately 80 million people, in the United States will have high blood pressure. Other than pregnancy, hypertension is the most common reason for adult office visits. Despite the number of resources used to treat hypertension, only about 50% of hypertensive patients have their BP under control using the definition of less than 140/90.

Studies show 35 to 60% of health care professionals measure BP incorrectly. Surprisingly, even a small difference in measurement can have a considerable impact on the prevalence of cardiovascular events and life expectancy. Researchers approximate overestimating BP could lead to nearly 30 million Americans receiving inappropriate treatment each year, unnecessarily exposing them to potential adverse side effects and increased health care costs. On the other hand, measuring BP even 5 mmHg too low will miss as many as 21 million people with hypertension in the U.S. each year.

Hypertension is addressed at Sanford through a standardized protocol, frequent blood pressure monitoring, and referral throughout all department. Continued improvement has been realized since the implementation of the standardized protocol.

### **Heart Check Centers at West Acres Mall and Airport**

As a benefit to the community of Fargo, Sanford Health has placed blood pressure kiosks in the West Acres Mall and at Hector Airport.

The blood pressure kiosks offer a place for members of the community to go to freely test their blood pressure. The kiosk at the West Acres Mall now offers additional information regarding blood pressure, weight management, orthopedic services, how to find a doctor and information about heart and stroke warning signs. Should participants choose to input an email address, additional health information about Sanford will be sent to them. The kiosk at the mall has historically serviced about 100 people daily.





Concerns about asthma: Asthma is addressed through the Sanford respiratory care asthma educators. The quality plan uses the asthma control test and seeks to reduce the percentage of patients with persistent asthma and elevated exacerbations. Additionally the Sanford chronic obstructive pulmonary disease (COPD) program was designated a “Best Practice” by the Advisory Board. The COPD program reduced readmission rates from 28% to 7% and care compliance increased from 58% to 93% after new standardized protocol was implemented.

Concerns about diabetes: Sanford offers a comprehensive diabetes education program. Sanford diabetes clinics and centers are dedicated to empowering people with diabetes to feel better and prevent long-term complications. Sanford offers assessment and personalized education care to give patients and their families the tools they need to manage diabetes while living well. Endocrinologists, certified diabetes nurses and certified diabetes dieticians provide diagnosis, assessment, one-on-one education, and instruction.

The chronic disease self-management Better Choices, Better Health Program at Sanford is offered free of charge to community members. Better Choices, Better Health is modeled after Stanford University’s chronic disease self-management program. The workshops are 2½ hours long and meet weekly for 6 weeks. The program is facilitated by two trained lay leaders and one or both have a chronic condition. Research has found that after participating in the program individuals are better able to manage their symptoms, communicate more easily with their doctors, are less limited by the disease, and generally feel better.

Concerns about obesity, poor nutrition and lack of physical activity: Sanford Enterprise chose obesity as an implementation strategy for the 2013 CHNA. Strategies included an annual obesity symposium for providers and monthly education programs for community members. The Sanford obesity symposium was attended by more than 400 registrants during April 2013 and March 2015. The symposium will be held again during March 2016. The symposium is evidence based. Sanford providers and national experts serve as faculty for the symposium.

The YMCA Family Wellness Center in Fargo, in partnership with Sanford Health, offers many classes each week that address wellness for children and families. The Family Wellness Center has multiple group exercise rooms as well as classrooms for educational events. Children and families have numerous fitness options as well as classes that address health, healthy nutrition and healthy cooking. The Family Wellness Center is a place for the entire family with drop-in child care, a kid-friendly pool with water slide, swimming lessons, and an open gym for free play.

Sanford Fargo provides numerous services, classes and events to address obesity. During FY 2014 Sanford dietitians and exercise specialists provided leadership for the Schools Alive events at more than a dozen schools. The Sanford Health Fargo Region licensed registered dietitians and exercise physiologists provided expert clinical guidance for the new Family *fit* Night programs in area schools. These programs, scheduled on a monthly basis, provided educational sessions on health, nutrition and physical fitness, as well as providing a time for creative physical activity with children and family members. The local elementary schools were selected in partnership with Sanford, TNT Kids Fitness, and the Boys and Girls Club. Over 2,200 parents and children attended these events in 2014.

The adult weight management program “Honor Your Health” is a comprehensive wellness program developed by Sanford Health Fargo Region which focuses on evidenced-based nutrition standards, physical activity and behavioral health. This class is offered for adults and provides a basis for young parents as well as all adults to learn about health and wellness. This program is a comprehensive approach to healthy lifestyle practices and may facilitate healthy behaviors for families.

The Sanford athletic training coverage at high school, college and local sporting events promotes wellness and fitness. During fiscal year 2014 the Fargo athletic trainers contributed over \$1,300,000 in community benefit to local sports teams at sporting events. Sanford supports physical activity through sponsorships of numerous active living and sporting events and numerous local sports teams.

Camp Fuel is a program for youth focusing on healthy self-esteem and body image and includes curriculum for healthy nutrition and activity. The camp promotes a positive self-image and strives to create an understanding that the body requires “fuel” from the foods we eat and burn. Topics covered in this camp include portions, dining out choices, label reading to create knowledge of purchasing options, increasing activity and the importance of an active lifestyle, behaviors that promote a healthy lifestyle, positive self-esteem, and body image. This camp is conducted at the Family Wellness Center during the summer months.

The Sanford Health *fit* initiative, <http://sanfordfit.org/> a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for children, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford’s *fit* Initiative has come a long way since its inception in 2010. Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

- The *fit* website for juniors, kids and teens creates an entertaining and interactive on-line environment where they can play games, watch videos and take daily challenges. Parents benefit from their own set of resources where they can find tips and tools on becoming

healthy role models and raising *fit* kids. To date, the children's and parent's sites have received more than 7.5 million visitors. Over 700 pieces of content have been added to the sites including videos, slideshows, games, articles, and even *fit* songs!

- In addition to the web, *fit* is developing meaningful school resources to bring value and fun into the primary education setting. We are doing this by integrating *fit* points into science and math components to provide health promotion, an avenue into the classroom without taking valuable time away from those critical subjects.
- *fit4Schools* – *fit4Schools* includes unique *fit*-based lessons integrated into daily classroom activities. *fit4schools.sanfordfit.org* is an on-line school resource that incorporates topics into math and science curriculum. To date the program has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use. To date it has:
  - Reached 50,000 schools
  - 180,000 page views from educators across the country
  - 12,000 lesson plan downloads, representing 600,000+ students

We are also reaching thousands of students through several pilot school programs.

- *fit4Schools* – *fit4Schools*, which includes unique *fit*-based lessons integrated into daily classroom activities, is in its final phase of development. It is being piloted in seven elementary schools in the Sanford region.
- Community
  - The *fit* friends, Denny, Abby, Sam, Alex and Marty, along with the *fit* team, have been making a variety of appearances at events across the Sanford footprint! *fit* has been at over 2 dozen events interacting with more than 15,000 children and parents to spread the word about the *fit* platform and resources.
  - Smartphone Apps – Through a series of fun and engaging apps, *fit* will continue to activate kids at the touch of a fingertip to live a fit and healthy lifestyle related to Mood, Recharge, Food and Move.
  - MOVE2Draw is a simple and fun way for kids to move and create their own unique drawings. Once a drawing is completed, it can be stored on the MOVE2Draw website.
  - eMOODicam is a photo application that allows the user to enhance a photo and bring the mood to life and share with others.
- Looking Forward
  - *fit* is continuing to look to the future for ways to continue to make a meaningful impact on children and families both on-line and off-line. Other exciting expansions that are in the works include:
    - Clinical Setting – Resources for the clinical setting to spur actionable and understandable discussions between health care providers and families.
    - Health Coaches – Exploring meaningful ways for health coaches to promote healthy choices with children and adults.
    - Engage Key Role Models – Firefighters and youth sport coaches are role models and have a big influence on children so that's why *fit* is developing resources for them to teach the principles of *fit* along with sports fundamentals and other outreach efforts.

- *fit*Club 4 Boys – 10-week after school program for boys, ages 8-12, to develop knowledge of *fit* principles and healthy behavior choices.
- *fit* Parent/child – Class for parents and children to understand healthy choices and the benefits of living a healthy lifestyle.



Concerns about mental/behavioral health: A second implementation strategy set by Sanford is to fully integrate behavioral health services or access to behavioral health outreach in all regional clinic sites in the Fargo, Sioux Falls, Bismarck and Bemidji regions.

A key implementation strategy for Sanford Health is to fully integrate behavioral health services into all primary care clinics. Sanford One Care is a new approach to addressing behavioral health in primary and specialty care clinics and medical centers. Sanford One Care uses technology to conduct behavioral health screenings in order to identify behavioral health concerns as early as possible. Through deployment of Medical Home with fully integrated behavioral health care services, Sanford is providing patient-centered care collaborative teams to meet the needs of Sanford patients.

- Depression is addressed at Sanford through PHQ-9 screening at the primary care office followed by management of the disease through a health care team.
- During 2015 Sanford hosted a behavioral health symposium. The symposium was designed to enhance the competence of health care professionals in the identification, treatment and management of behavioral health issues impacting specialty and primary care.

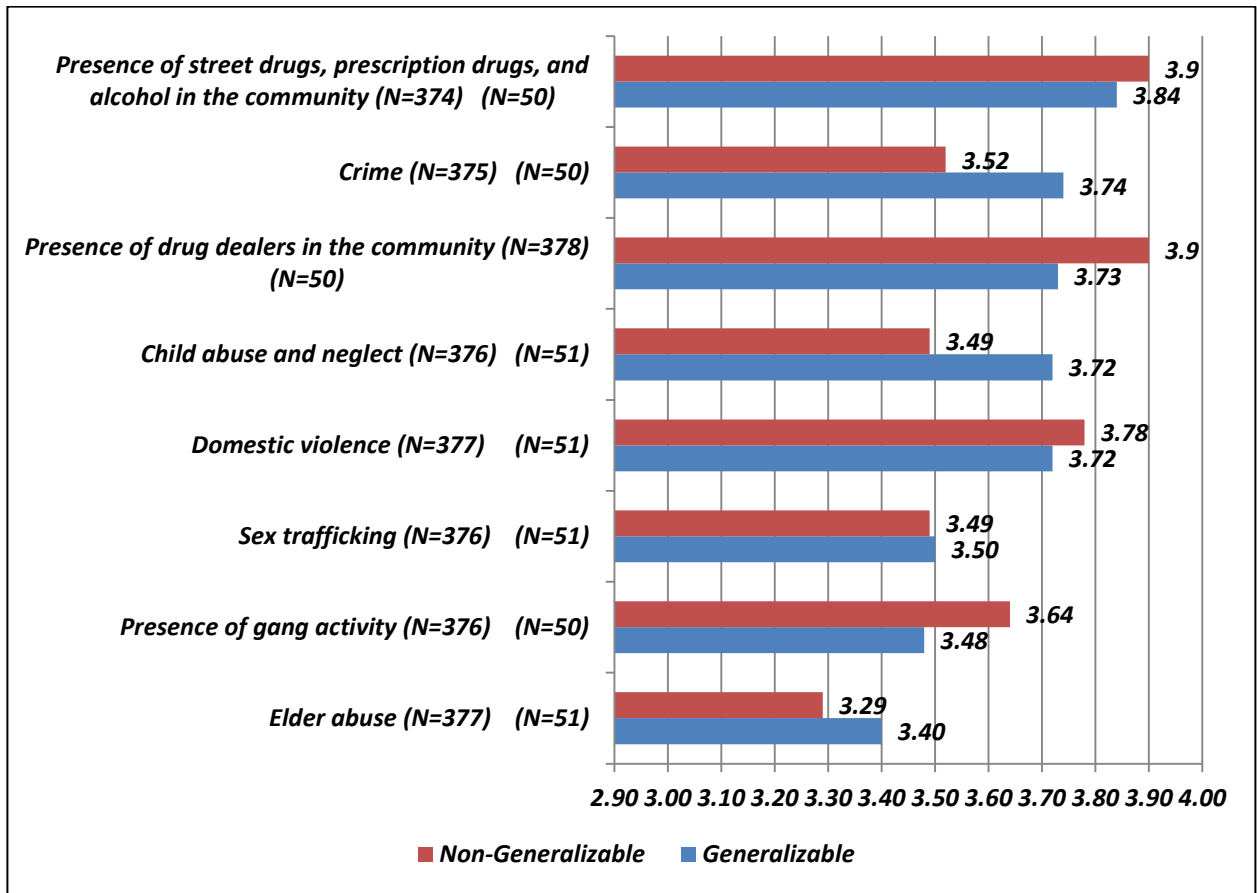
Sanford behavioral health experts are serving on the North Dakota Behavioral Health Stakeholders Advisory to the Department of Human Services Legislative Interim Committee to shape policy. The North Dakota Behavioral Health Stakeholders group works to address unmet needs in behavioral health in North Dakota. Using a Substance Abuse and Mental Health Services Administration (SAMHSA) template of the components of a comprehensive system of behavioral health care, the group has identified needs in North Dakota and is working on solutions to meet those needs. Types of behavioral health services addressed by this group include adult mental health, children's mental health, substance abuse, and workforce development.

**Safety**

Respondents have moderately high levels of concern with respect to safety issues (i.e., presence of street drugs, prescription drugs, and alcohol in the community; crime; presence of drug dealers in the community; domestic violence; child abuse and neglect). Regarding safety issues overall, residents have higher levels of concern than community leaders. However, the presence of street drugs, prescription drugs, and alcohol in the community is the top safety concern among both residents and community leaders. Crime, the presence of drug dealers in the community, child abuse and neglect, presence of gang activity, sex trafficking, and domestic violence are other moderately high concerns among residents and community leaders, although at higher levels of concern among residents.

Secondary research finds that alcohol-impaired driving deaths have reached 30% in Cass County and 22% in Clay County. (See Appendix)

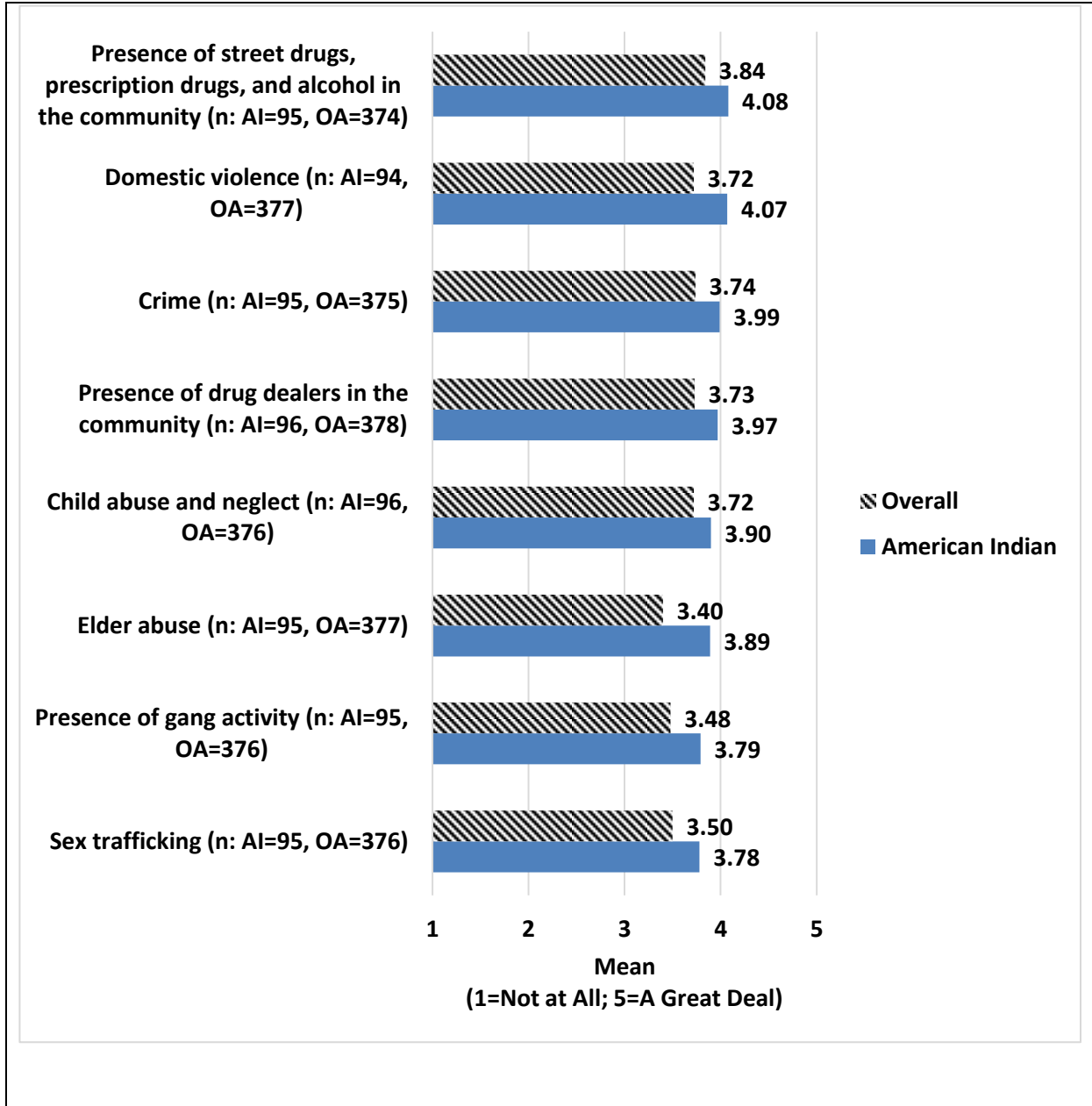
**Level of concern with statements about the community regarding SAFETY**



### American Indian Survey Reponses

The safety-related community issue which had the highest mean score in regard to level of concern among both AI and OA respondents was presence of street drugs, prescription drugs, and alcohol in the community.

### Level of concern with statements about the community regarding SAFETY

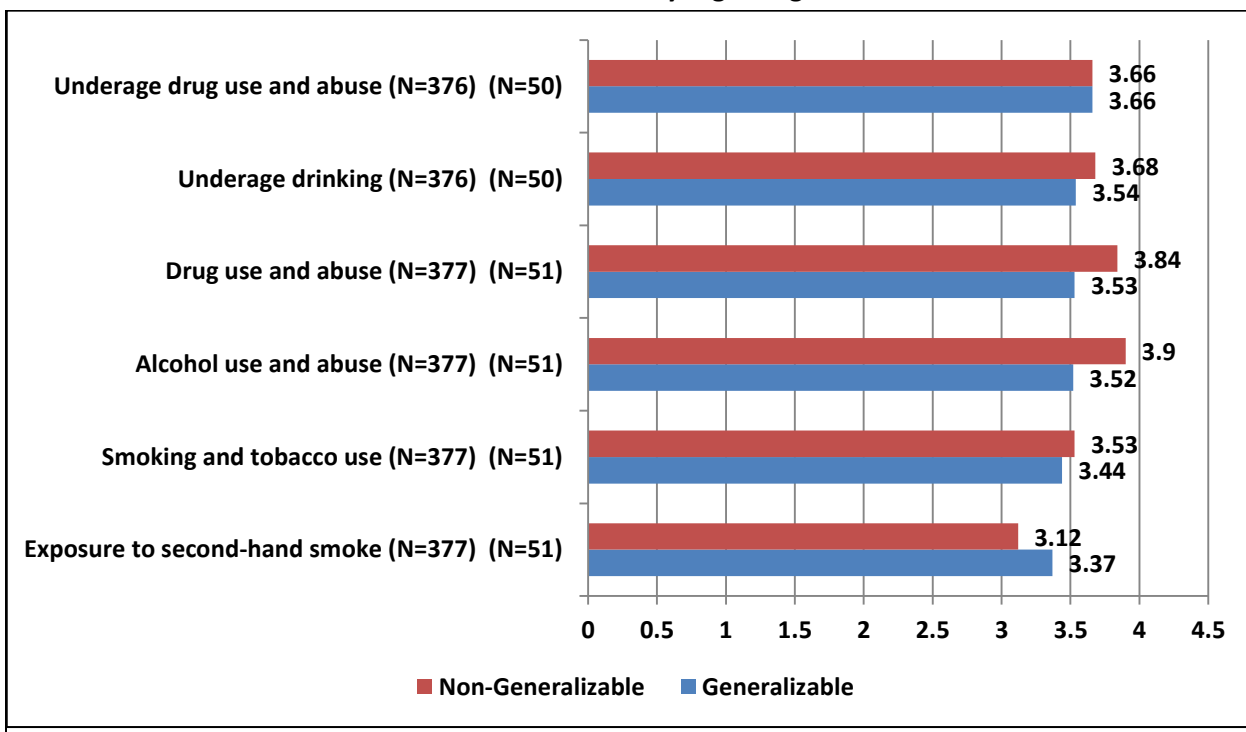


Sanford is participating in the North Dakota “Reducing Pharmaceutical Narcotics in Our Communities - Through Education and Awareness” committee. The committee has a four-pillar approach including: education and awareness, prescription drug take-back program, law enforcement, pharmacy partnership, and the prescription drug monitoring program.

Sanford is also working closely with the Rape and Abuse Crisis Center, the Red River Human Trafficking Response Team, and the Cross Borders Children’s Action Network.

Concerns about substance use and abuse: Community leaders are more concerned than residents about adult alcohol use and abuse and adult drug use and abuse. Residents, on the other hand, are more concerned than community leaders about underage usage of drugs and alcohol than about adult usage.

**Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE**



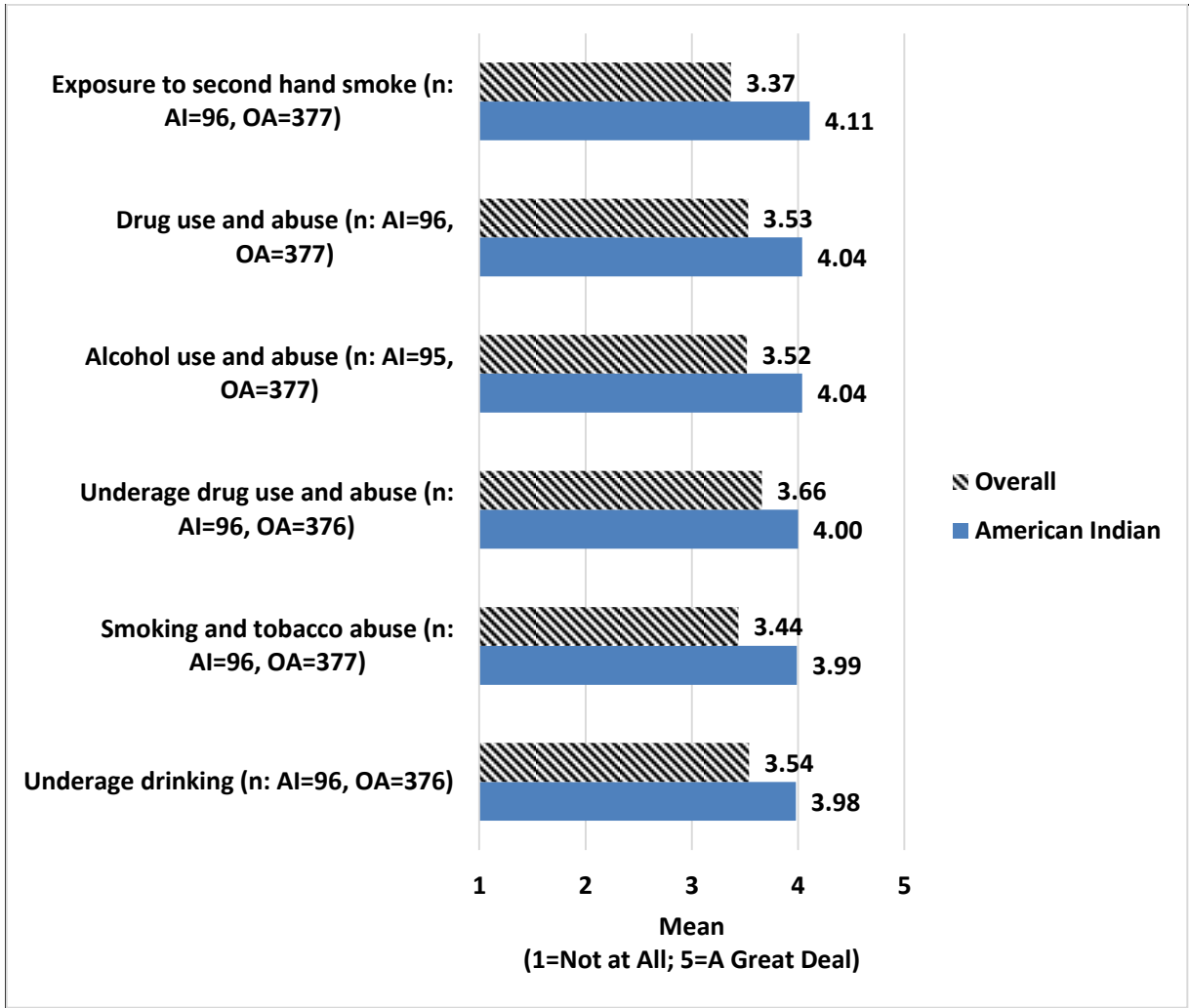
**American Indian Survey Responses**

The substance use and abuse-related community issue which had the highest mean score in regard to level of concern among AI respondents was exposure to second hand smoke (mean=4.11), while for OA respondents, underage drug use and abuse had the highest mean score (Figure 9, Appendix Table 1)

The substance use and abuse-related community issue which had the lowest mean score in regard to level of concern among AI respondents was underage drinking (mean=3.98), whereas for OA respondents, exposure to second hand smoke had the lowest mean score (mean=3.37).

AI respondents had a higher level of concern than OA respondents for all of the substance use and abuse-related issues.

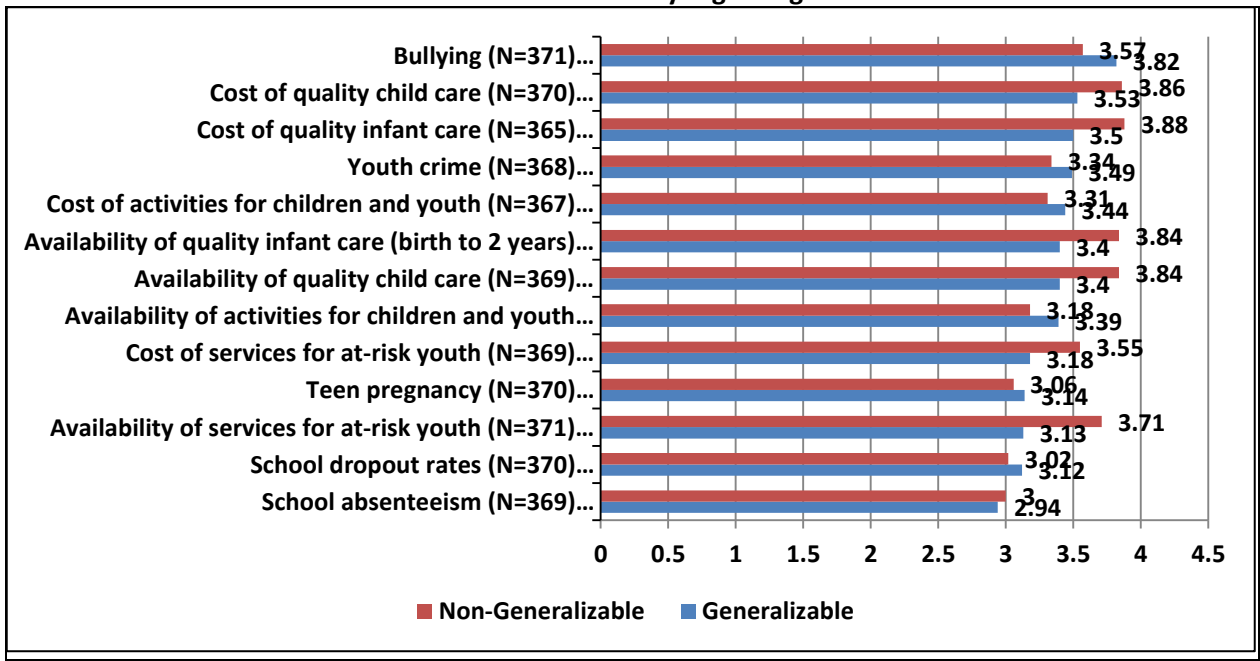
**Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE**



Concerns about children and youth: Bullying is ranked as the main childhood concern among residents. The costs and availability of quality child and infant care are ranked as top concerns among community leaders and residents; however, community leaders have higher levels of concern in these areas. The cost and availability of services for at-risk youth is also a moderately high concern among community leaders; however, residents rank the issue as a moderate concern.



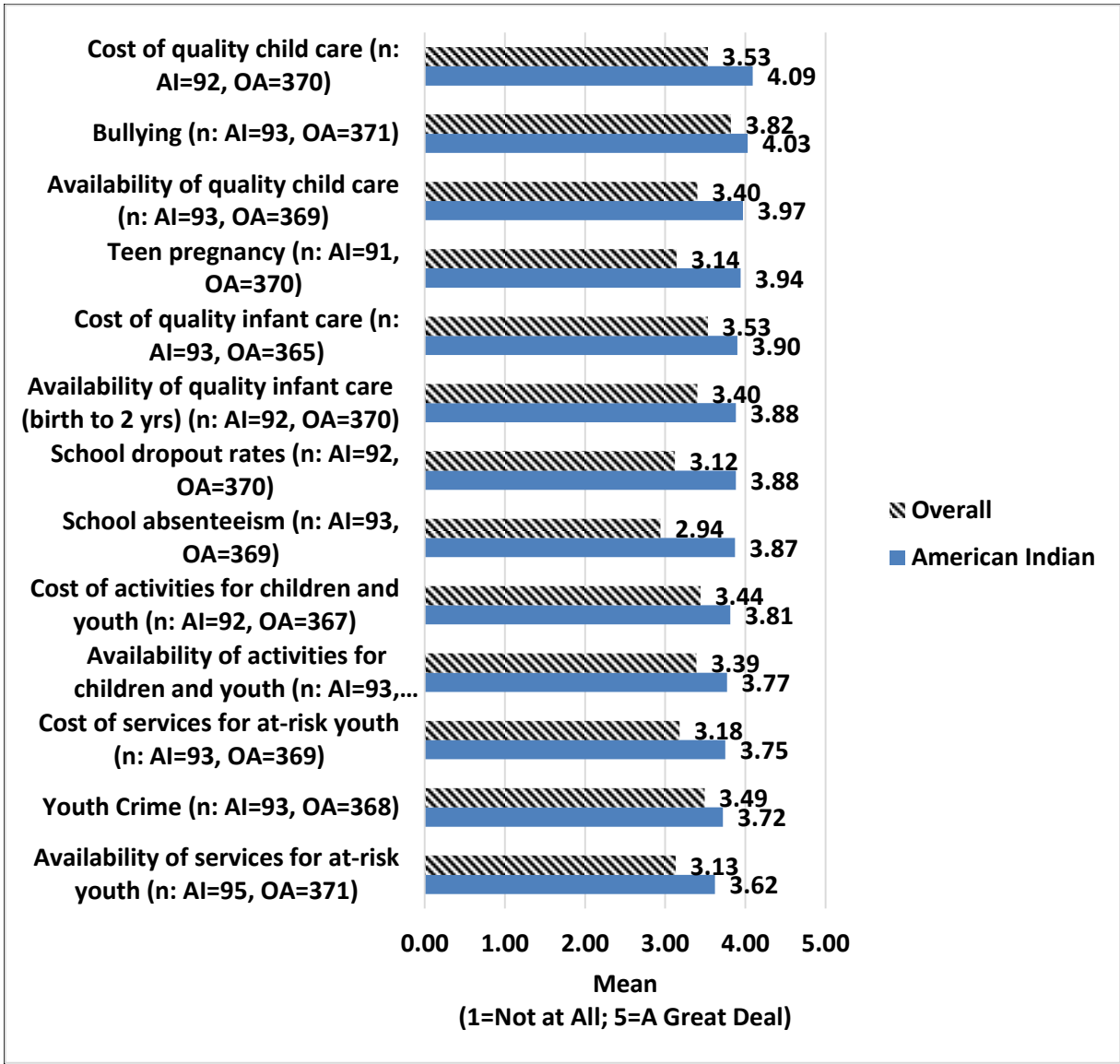
### Level of concern with statements about the community regarding CHILDREN AND YOUTH



### American Indian Survey Responses

The children and youth-related community issue which had the highest mean score in regard to level of concern among AI respondents was cost of quality child care (mean=4.09), while the children and youth-related community issue which had the lowest mean score for AI respondents was availability of services for at-risk youth (mean=3.62).

**Level of concern with statements about the community regarding CHILDREN AND YOUTH**

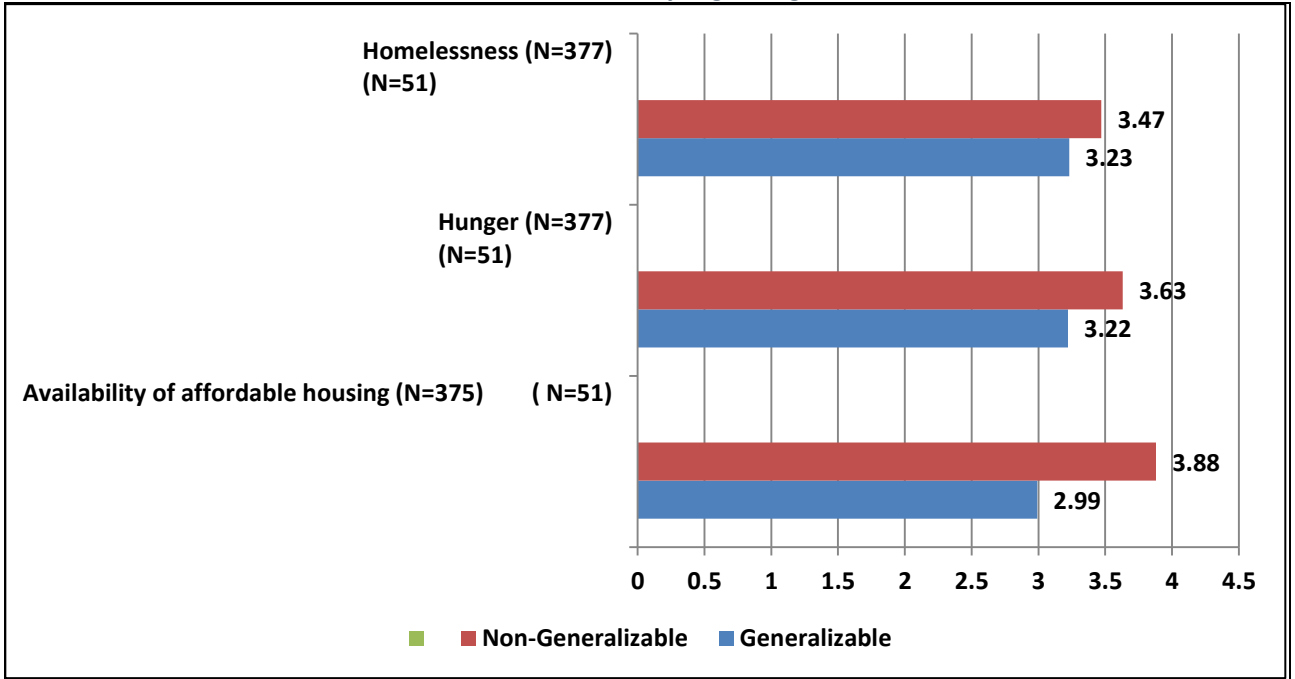


**Economics**

Community leaders are more concerned than residents about economic issues. Community leaders are most concerned about the availability of affordable housing and homelessness. Although a moderate level of concern, residents are most concerned about homelessness and hunger.

Secondary research through the 2015 County Health Rankings finds the percent of household with overcrowding, high housing costs, or lack of kitchen or plumbing facilities is at 14% in Cass County and 15% in Clay County. (See Appendix)

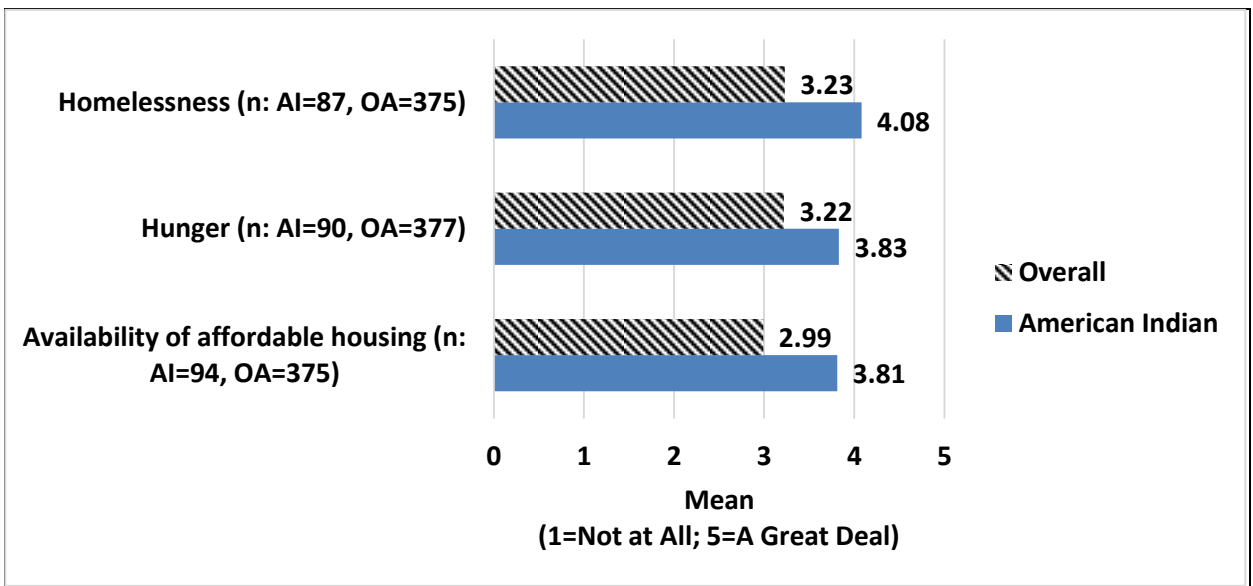
**Level of concern with statements about the community regarding ECONOMICS**



**American Indian Survey Responses**

The economic-related community issue which had the highest mean score in regard to level of concern among American Indian (AI) respondents was homelessness (mean=4.08), followed by hunger (mean=3.83), and availability of affordable housing (mean=3.81) (Figure 1, Appendix Table 1).

**Level of concern with statements about the community regarding ECONOMICS**



The Sanford Shelter Faith Community Nurse program for homeless shelters is located at the YMCA and at Churches United for the Homeless. The shelter nurse meets with patients, providing assessments, making referrals for services in the community or providing education regarding personal health. The

shelter nurse works with those who are homeless and refers them to resources in a timely manner to address health issues and reduce the risk of unnecessary admissions or readmissions to the hospital. The shelter nurses provide nursing care for over 8,200 interventions annually.

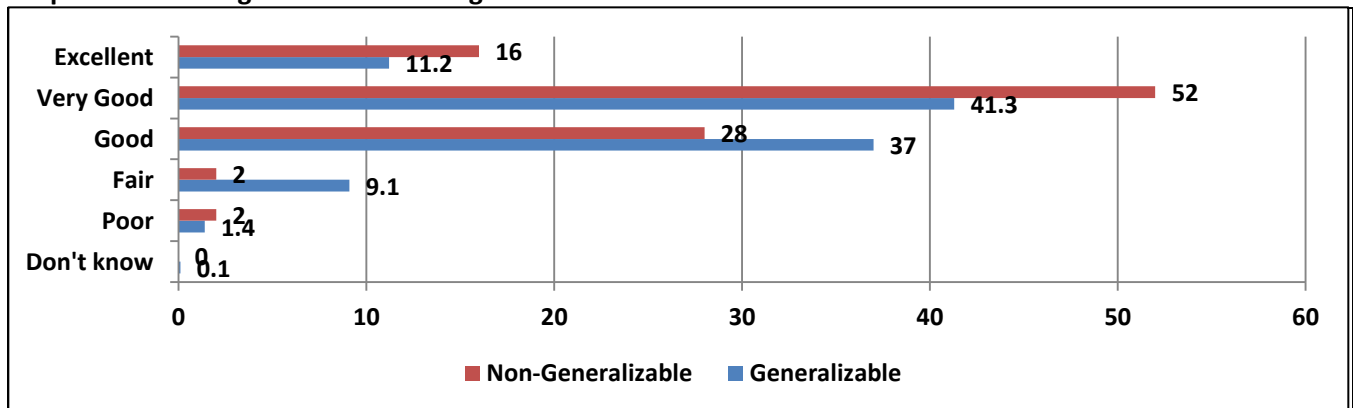
Sanford supports other services for the homeless population in our area including the Cooper House, the Coalition for Homeless, the Community of Care Task Force, Churches United for the Homeless, and Gourmet Soup Kitchen. Sanford supports the Great Plains Food Bank and the Daily Bread Program.

## Personal Health Concerns

### Respondents' Personal Health Status

The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the metro area are overweight or obese. However, the vast majority of community respondents rate their own health as excellent, very good, or good. With good overall health habits in mind, it is important to note that within the past year, three in four respondents visited a doctor or health care provider for a routine physical and the vast majority visited a dentist or dental clinic.

### Respondents' rating of their health in general

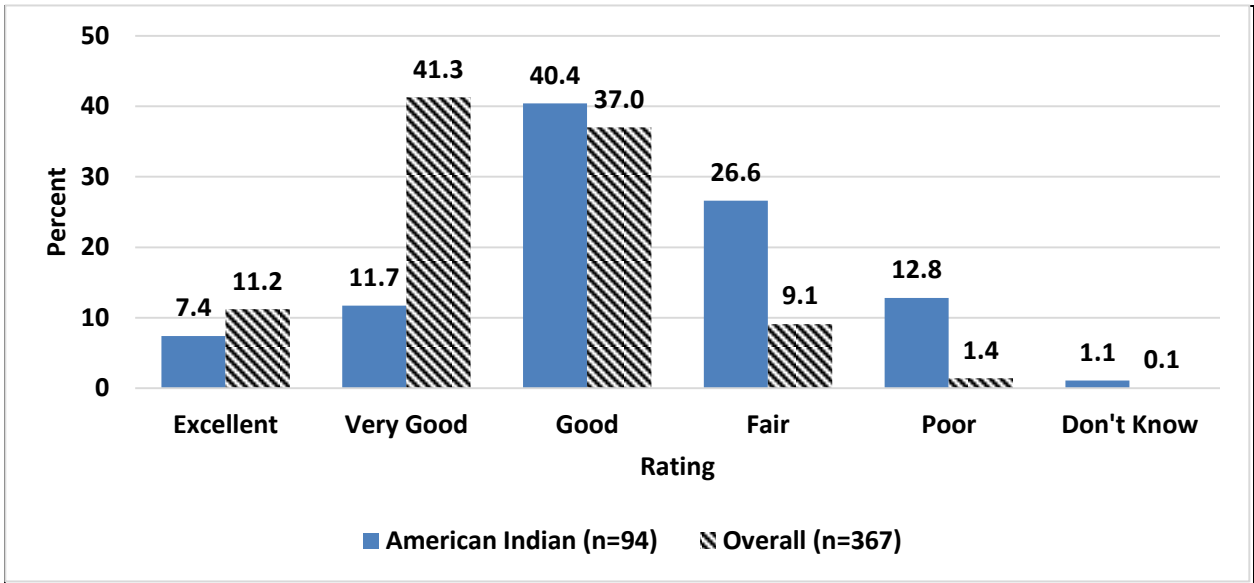


- 89.5% of the generalizable respondents rate their health as good or better
- 96% of the key stakeholder% of respondents reported that their health is good or better

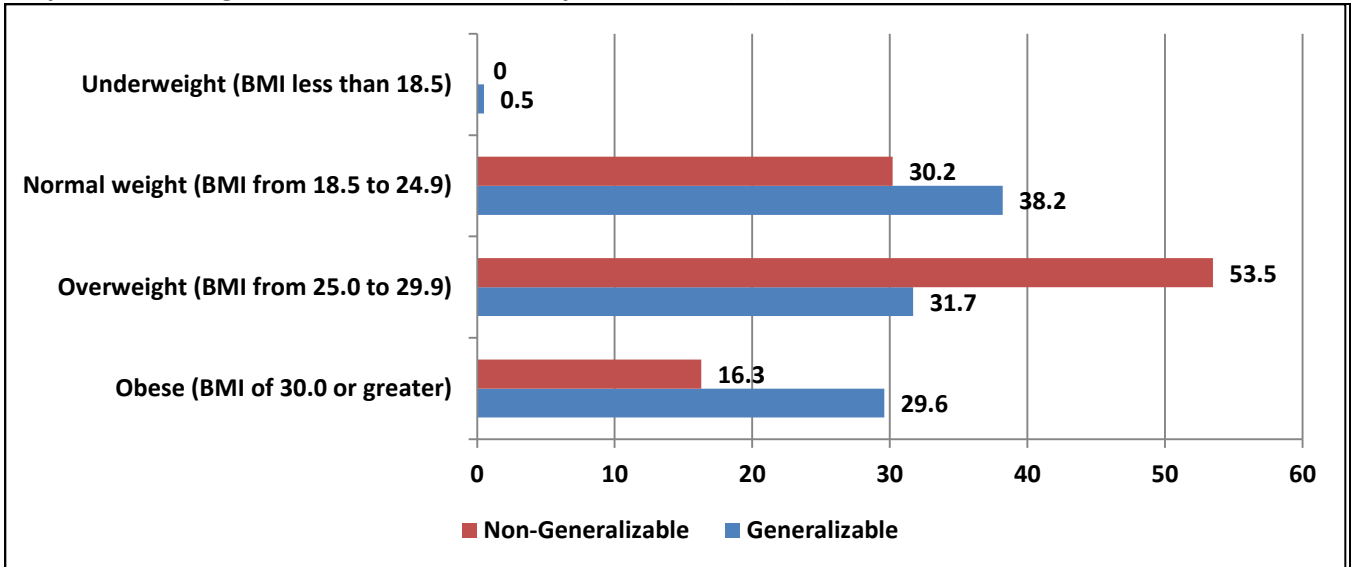
### American Indian Survey Responses

Respondents were asked to rate their health. Nearly 40% of AI respondents stated their health was "Fair" or "Poor", compared to 10.5% of OA respondents (Figure 10, Appendix Table 2). OA respondents were more than 2.5 times as likely as AI respondents to state their health was "Very Good" or "Excellent" (52.5% vs. 19.1%).

**Respondents' rating of their health in general**



**Respondents' weight status based on the Body Mass Index (BMI) scale**

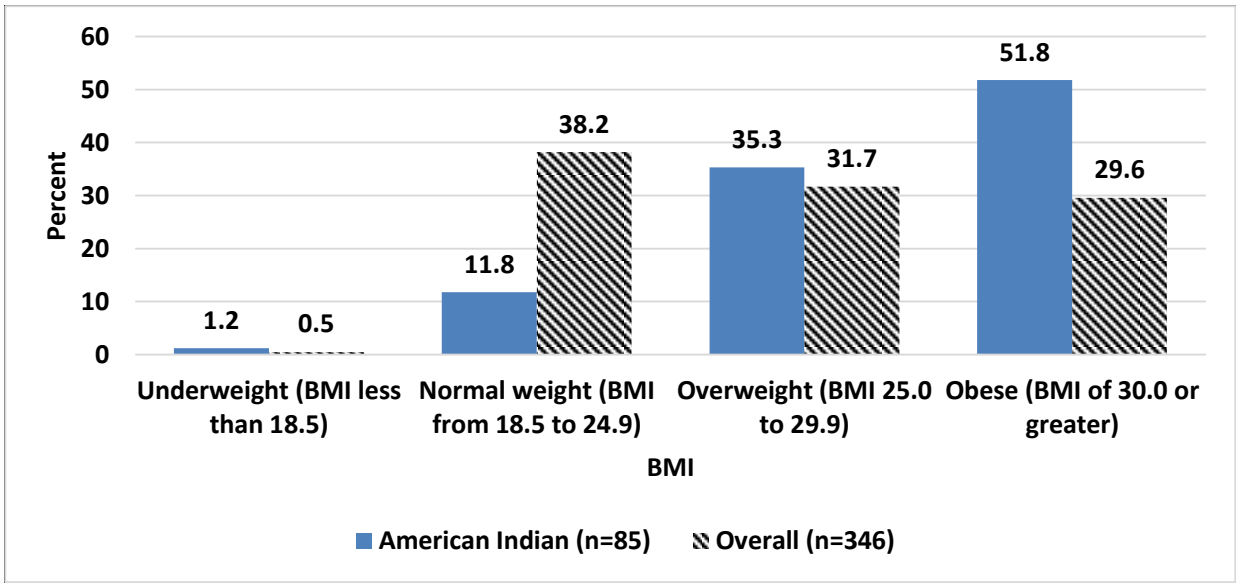


- 69.5 % report a BMI that is overweight or obese in the non-generalizable group
- 61.3% in the generalizable group

**American Indian Survey Responses**

Respondents were asked to report their current height and weight. Using this information, body mass index (BMI) was calculated for each respondent. More than half (51.8%) of AI respondents were considered to be obese (BMI of 30.0 or greater), while less than one-third (29.6%) of OA respondents were considered to be obese. OA respondents were three times as likely as AI respondents to have a normal weight.

**Respondents' weight status based on the Body Mass Index (BMI) scale**

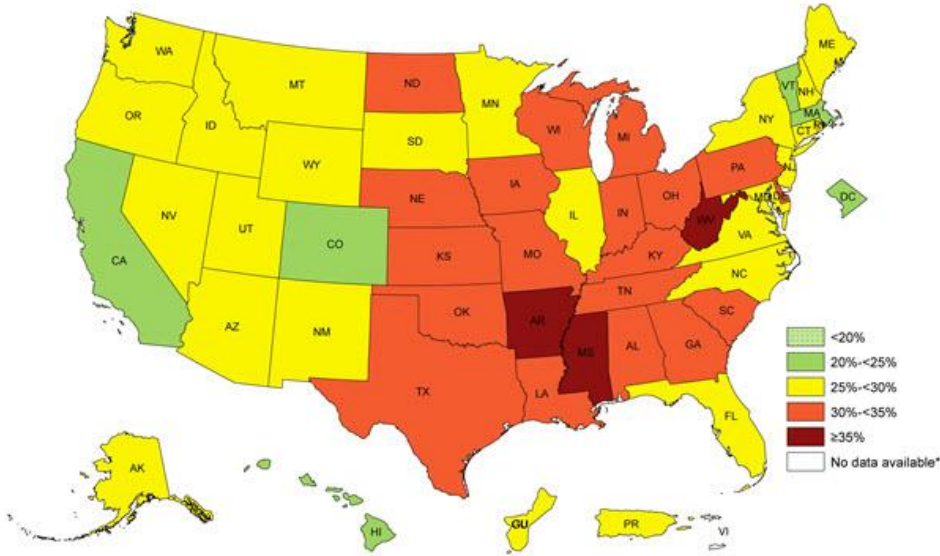


Obesity is a common, but serious disease. Obesity can have adverse effects on health and lead to a reduced life expectancy. Adults with a BMI over 25 are considered overweight and adults with a BMI over 30 are considered obese. According to the CDC, obesity and overweight are the second leading cause of preventable deaths, tagging close behind tobacco use.

**Health conditions related to obesity:**

- Coronary heart disease
- Type 2 diabetes
- Cancers ( endometrial, breast, and colon)
- Hypertension
- Dyslipidemia
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis
- Gynecological problems

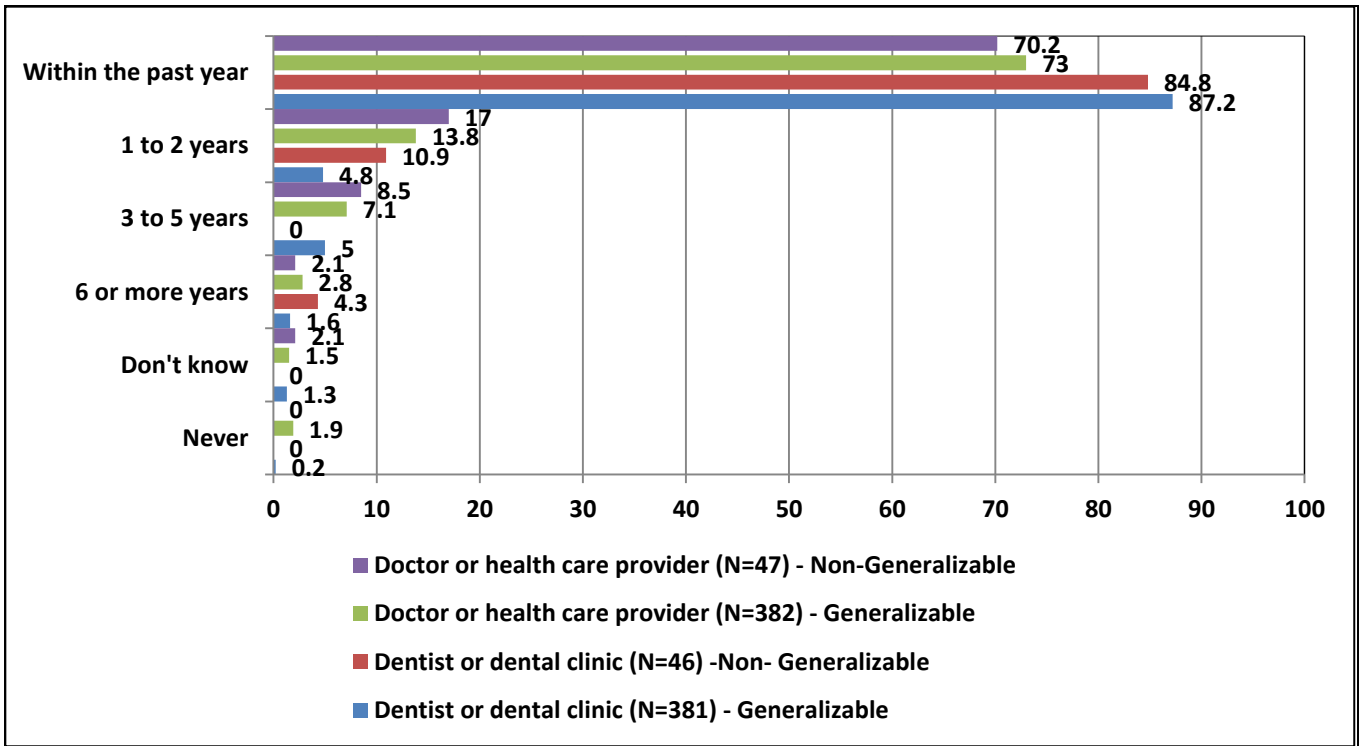
Nationally, more than 30% of adults, 17% of youth age 6 – 19 years, and more than 8% of children 2 to 5 years of age are obese.



Source: Behavioral Risk Factor Surveillance System, CDC

The Midwest had the highest prevalence of obesity (30.7%), followed by the South (30.6%), the Northeast (27.3%), and the West (25.7%).

**Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason**



- 23.7% of the generalizable respondents have waited longer than a year to visit a doctor or health care provider compared to 27.6% of the non-generalizable respondents
- 10.8% of the generalizable respondents have waited more than a year to see a dentist or dental clinic compared to 15.2% of non-generalizable respondents

### American Indian Survey Responses

Respondents were asked to specify when they had last visited a doctor/health care provider for a routine physical exam, or a dentist/dental clinic for any reason. Two-thirds (65.3%) of AI respondents stated they had visited a doctor/health care provider in the past year, while less than 52% stated they had visited a dentist/dental clinic for any reason in the past year.

### Length of time since respondents last visited a doctor/health care provider for routine exam and since they last visited a dentist/dental clinic

| Care provider type                             | Percent                         |         |              |         |              |         |                 |         |            |         |       |         |
|--|---------------------------------|---------|--------------|---------|--------------|---------|-----------------|---------|------------|---------|-------|---------|
|  | Length of time since last visit |         |              |         |              |         |                 |         |            |         |       |         |
|  | Within the past year            |         | 1 to 2 years |         | 3 to 5 years |         | 6 or more years |         | Don't Know |         | Never |         |
|  | AI                              | Overall | AI           | Overall | AI           | Overall | AI              | Overall | AI         | Overall | AI    | Overall |
| Doctor/health care provider (n: AI=95, OA=382) | 65.3                            | 73.0    | 15.8         | 13.8    | 9.5          | 7.1     | 2.1             | 2.8     | 3.2        | 1.5     | 4.2   | 1.9     |
| Dentist/dental clinic (n: AI=93, OA=381)       | 51.6                            | 87.2    | 18.3         | 4.8     | 20           | 5.0     | 5.4             | 1.6     | 1.1        | 1.3     | 3.2   | 0.2     |

### Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, dental screening, flu shot, pelvic exam (females), breast cancer screening (females), and cervical cancer screening (females). However, there are many screenings and tests that a majority of respondents did not receive (i.e., bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, prostate cancer screening (males), and skin cancer screening in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate.

### Whether or not respondents have had preventive screenings in the past year, by type of screening

| Type of screening                | Yes Generalizable | Yes Non-Generalizable | No Generalizable | No Non-Generalizable |
|----------------------------------|-------------------|-----------------------|------------------|----------------------|
| <b>GENERAL SCREENINGS</b>        |                   |                       |                  |                      |
| Blood pressure screening (N=380) | 84.3              | 89.4                  | 15.7             | 10.6                 |
| Blood sugar screening (N=379)    | 58.7              | 68.1                  | 41.3             | 31.9                 |
| Bone density test (N=367)        | 10.8              | 8.5                   | 89.2             | 91.5                 |
| Cardiovascular screening (N=373) | 26.4              | 42.6                  | 73.6             | 57.4                 |
| Cholesterol screening (N=378)    | 62.3              | 70.2                  | 37.7             | 29.8                 |



| Type of screening                                 | Yes Generalizable | Yes Non-Generalizable | No Generalizable | No Non-Generalizable |
|---|-------------------|-----------------------|------------------|----------------------|
| Dental screening and X-rays (N=378)               | 86.4              | 85.1                  | 13.6             | 14.9                 |
| Flu shot (N=380)                                  | 62.1              | 80.9                  | 37.9             | 19.1                 |
| Glaucoma test (N=374)                             | 46.7              | 51.1                  | 53.3             | 48.9                 |
| Hearing screening (N=377)                         | 17.8              | 14.9                  | 82.2             | 85.1                 |
| Immunizations (tetanus, hepatitis A or B) (N=374) | 19.3              | 42.6                  | 80.7             | 57.4                 |
| Pelvic exam (N=189 Females)                       | 67.0              | 73.9                  | 33.0             | 26.1                 |
| STD (N=369)                                       | 4.2               | 6.5                   | 95.8             | 93.5                 |
| Vascular screening (N=368)                        | 11.3              | 17.4                  | 88.7             | 82.6                 |
| <b>CANCER SCREENINGS</b>                          |                   |                       |                  |                      |
| Breast cancer screening (N= 189 Females)          | 65.2              | 73.9                  | 34.8             | 26.1                 |
| Cervical cancer screening (N=185 Females)         | 63.4              | 63.6                  | 36.6             | 36.4                 |
| Colorectal cancer screening (N=368)               | 32.3              | 40.0                  | 67.7             | 60.0                 |
| Prostate cancer screening (N=182 Males)           | 39.4              | 59.1                  | 60.6             | 40.9                 |
| Skin cancer screening (N=365)                     | 22.5              | 37.2                  | 77.5             | 62.8                 |

- For most types of screenings, the most common reasons for not getting the test or procedure are that it is not necessary and the doctor has not suggested one
- For dental screening and x-rays, the most common reason for not being tested is cost
- For the flu shot screening, most respondents cite other reasons for not getting the shot
- 72% of the generalizable survey respondents were under 55 years of age, and 55.3% of the non-generalizable respondents were under 55 years of age

**Whether respondents had cancer preventive screenings in the past year, by gender and age**

| Type of screening                  | Age of respondent         | Percent of respondents within age group |       |         |       |
|------------------------------------|---------------------------|---|-------|---------|-------|
|                                    |                           | Males                                   |       | Females |       |
|                                    |                           | Yes                                     | No    | Yes     | No    |
| <b>Breast cancer screening</b>     | Ages 45 and older         | 5.8                                     | 94.2  | 76.6    | 23.4  |
|                                    | 45 to 54 years of age     | 0.0                                     | 100.0 | 85.0    | 15.0  |
|                                    | 55 to 64 years of age     | 2.8                                     | 97.2  | 78.8    | 21.2  |
|                                    | 65 to 74 years of age     | 3.4                                     | 96.6  | 72.7    | 27.3  |
|                                    | 75 years or older         | 26.7                                    | 73.3  | 71.9    | 28.1  |
| <b>Cervical cancer screening</b>   | Females ages 25 and older | na                                      | na    | 49.4    | 50.6  |
|                                    | 25 to 34 years of age     | na                                      | na    | 100.0   | 0.0   |
|                                    | 35 to 44 years of age     | na                                      | na    | 66.7    | 33.3  |
|                                    | 45 to 54 years of age     | na                                      | na    | 78.9    | 21.1  |
|                                    | 55 to 64 years of age     | na                                      | na    | 53.8    | 46.2  |
|                                    | 65 to 74 years of age     | na                                      | na    | 40.6    | 59.4  |
|                                    | 75 years or older         | na                                      | na    | 21.9    | 78.1  |
| <b>Colorectal cancer screening</b> | Ages 55 and older         | 64.6                                    | 35.4  | 47.5    | 52.5  |
|                                    | 55 to 64 years of age     | 58.6                                    | 41.4  | 46.2    | 53.8  |
|                                    | 65 to 74 years of age     | 65.0                                    | 35.0  | 54.5    | 45.5  |
|                                    | 75 years or older         | 71.7                                    | 28.3  | 42.4    | 57.6  |
| <b>Prostate cancer screening</b>   | Males ages 55 and older   | 75.1                                    | 24.9  | na      | na    |
|                                    | 55 to 64 years of age     | 69.0                                    | 31.0  | na      | na    |
|                                    | 65 to 74 years of age     | 83.1                                    | 16.9  | na      | na    |
|                                    | 75 years or older         | 73.1                                    | 26.9  | na      | na    |
| <b>Skin cancer screening</b>       | Ages 18 and older         | 41.7                                    | 58.3  | 24.8    | 75.2  |
|                                    | 18 to 24 years of age     | 0.0                                     | 100.0 | 50.0    | 50.0  |
|                                    | 25 to 34 years of age     | 0.0                                     | 100.0 | 0.0     | 100.0 |
|                                    | 35 to 44 years of age     | 40.0                                    | 60.0  | 22.2    | 77.8  |
|                                    | 45 to 54 years of age     | 17.9                                    | 82.1  | 10.0    | 90.0  |
|                                    | 55 to 64 years of age     | 33.9                                    | 66.1  | 26.4    | 73.6  |
|                                    | 65 to 74 years of age     | 51.7                                    | 48.3  | 25.8    | 74.2  |
|                                    | 75 years or older         | 56.9                                    | 43.1  | 31.3    | 68.8  |

**American Indian Survey Responses**

Provided a list of preventive screenings (listed in Table 6), respondents were asked if they had received any of the specified screenings in the past year. A majority of all AI respondents, and AI respondents of specific age/gender, stated they received the following screenings in the past year: blood pressure (81.8%), breast cancer (64.7% of females aged 45 or older), and pelvic exam (58.5% of females). AI respondents were least likely to have received skin cancer screening in the past year (6.0%).

OA respondents were more likely than AI respondents to receive the following screenings: pelvic exam (for females) (67% vs. 58.5%), cervical cancer screening (for females) (63.4% vs. 41.5%), flu shot (62.1% vs. 40.4%), cholesterol screening (62.3% vs. 39.8%), prostate cancer screening (for males) (39.4% vs. 20.6%), and skin cancer screening (22.5% vs. 6.0%).

AI respondents were much more likely than OA respondents to receive a STD screening (43.7% vs. 4.2%).

**Respondents who have had preventive screenings in the past year, by type of screening**

| Type of preventive screening  | AI   |
|---|------|
| <i>Blood pressure screening (n: AI=88, OA=380)</i>                          | 81.8 |
| <i>Breast cancer screening (female, age 45 or older) (n: AI=17, OA=189)</i> | 64.7 |
| <i>Pelvic exam (female) (n: AI=53, OA=189)</i>                              | 58.5 |
| <i>STD screening (n: AI=87, OA=369)</i>                                     | 43.7 |
| <i>Cervical cancer screening (female) (n: AI=53, OA=185)</i>                | 41.5 |
| <i>Flu shot (n: AI=89, OA=380)</i>  | 40.4 |
| <i>Cholesterol screening (n: AI=88, OA=378)</i>                             | 39.8 |
| <i>Immunizations (n: AI=86, OA=374)</i>                                     | 37.2 |
| <i>Colorectal cancer screening (age 45 or older) (n: AI=30, OA=368)</i>     | 26.7 |
| <i>Hearing screening (n: AI=86, OA=377)</i>                                 | 22.1 |
| <i>Prostate cancer screening (male) (n: AI=34, OA=182)</i>                  | 20.6 |
| <i>Vascular screening (n: AI=71, OA=368)</i>                                | 12.3 |
| <i>Bone density test (n: AI=85, OA=367)</i>                                 | 8.2  |
| <i>Skin cancer screening (n: AI=83, OA=365)</i>                             | 6.0  |

Respondents who did not receive specific screenings were asked to identify the reasons why they did not (Table 7). AI respondents stated they did not receive the following screenings because their doctor had not suggested it: cholesterol screening, hearing screening, immunizations, pelvic exam, or colorectal cancer screening. AI respondents stated they did not receive the following screenings because they were not necessary: blood pressure screening, bone density test, STD screening, vascular screening, cervical cancer screening, prostate cancer screening, and skin cancer screening.

OA and AI respondents both were most likely to state they did not receive screenings because they were not necessary or because their doctor had not suggested them.

**Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening**

| Type of screening                                 | Percent of respondents |         |                         |         |       |         |                    |         |                     |         |                       |         |              |         |
|---|------------------------|---------|-------------------------|---------|-------|---------|--------------------|---------|---------------------|---------|-----------------------|---------|--------------|---------|
|   | Reasons                |         |                         |         |       |         |                    |         |                     |         |                       |         |              |         |
|   | Not necessary          |         | Doctor hasn't suggested |         | Cost  |         | Fear of procedures |         | Fear of the results |         | Unable to access care |         | Other reason |         |
|   | AI                     | Overall | AI                      | Overall | AI    | Overall | AI                 | Overall | AI                  | Overall | AI                    | Overall | AI           | Overall |
| Blood pressure screening                          | 43.8%                  | 60.8%   | 31.3%                   | 23.0%   | 6.3%  | 5.5%    | 6.3%               | 0.0%    | 0.0%                | 0.0%    | 0.0%                  | 0.8%    | 12.5%        | 21.3%   |
| Bone density test                                 | 25.6%                  | 48.8%   | 23.1%                   | 44.6%   | 2.6%  | 1.1%    | 1.3%               | 0.0%    | 0.0%                | 0.0%    | 2.6%                  | 0.2%    | 1.3%         | 3.6%    |
| Cholesterol screening                             | 20.8%                  | 50.7%   | 30.2%                   | 35.8%   | 3.8%  | 4.6%    | 1.9%               | 0.0%    | 0.0%                | 0.0%    | 1.9%                  | 0.1%    | 5.7%         | 10.5%   |
| Flu shot  | 24.5%                  | 40.9%   | 17.0%                   | 3.9%    | 7.5%  | 0.3%    | 1.9%               | 0.7%    | 1.9%                | 1.3%    | 1.9%                  | 0.3%    | 9.4%         | 51.6%   |
| Hearing screening                                 | 20.9%                  | 54.2%   | 22.4%                   | 36.1%   | 1.5%  | 1.8%    | 1.5%               | 0.0%    | 0.0%                | 0.1%    | 1.5%                  | 0.0%    | 7.5%         | 6.4%    |
| Immunizations                                     | 18.8%                  | 67.6%   | 18.5%                   | 21.9%   | 1.9%  | 1.3%    | 1.9%               | 0.0%    | 1.9%                | 0.0%    | 3.7%                  | 0.0%    | 9.3%         | 6.6%    |
| Pelvic exam (female)                              | 4.5%                   | 60.2%   | 13.6%                   | 12.1%   | 9.1%  | 1.6%    | 9.1%               | 0.7%    | 0.0%                | 0.0%    | 9.1%                  | 0.0%    | 4.5%         | 14.3%   |
| STD screening                                     | 14.3%                  | 84.9%   | 10.2%                   | 7.2%    | 6.1%  | 0.0%    | 2.0%               | 0.0%    | 0.0%                | 0.0%    | 2.0%                  | 0.0%    | 4.1%         | 2.8%    |
| Vascular screening                                | 22.5%                  | 56.0%   | 18.3%                   | 34.3%   | 2.8%  | 1.2%    | 1.4%               | 1.0%    | 0.0%                | 0.0%    | 1.4%                  | 0.2%    | 5.6%         | 4.7%    |
| Breast cancer screening (female, age 45 or older) | 0.0%                   | 35.5%   | 0.0%                    | 28.3%   | 16.7% | 11.4%   | 16.7%              | 0.0%    | 0.0%                | 5.0%    | 16.7%                 | 0.0%    | 16.7%        | 20.0%   |
| Cervical cancer screening (female)                | 19.4%                  | 53.6%   | 9.7%                    | 24.9%   | 6.5%  | 0.0%    | 9.7%               | 0.0%    | 0.0%                | 0.0%    | 3.2%                  | 0.0%    | 3.2%         | 9.2%    |
| Colorectal cancer screening                       | 9.1%                   | 54.1%   | 22.7%                   | 25.2%   | 9.1%  | 1.0%    | 9.1%               | 4.7%    | 0.0%                | 0.3%    | 4.5%                  | 0.0%    | 4.5%         | 14.8%   |
| Prostate cancer screening (male)                  | 29.6%                  | 44.1%   | 11.1%                   | 38.9%   | 0.0%  | 0.6%    | 0.0%               | 3.9%    | 3.7%                | 0.2%    | 3.7%                  | 0.0%    | 0.0%         | 13.4%   |
| Skin cancer screening                             | 24.4%                  | 46.4%   | 16.7%                   | 38.7%   | 3.8%  | 1.6%    | 1.3%               | 0.2%    | 0.0%                | 1.2%    | 2.6%                  | 1.3%    | 2.6%         | 9.2%    |

**Screenings**

- **Breast cancer screening:** According to the Center for Disease Control (CDC), a mammogram is an X-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.
- **Cervical cancer screening:** Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:
  - The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.

- The HPV test looks for the virus that can cause these cell changes (human papillomavirus) ([http://www.cdc.gov/cancer/hpv/basic\\_info/](http://www.cdc.gov/cancer/hpv/basic_info/))
  - The Pap test is recommended for all women between the ages of 21 and 65 years old, and can be done in a doctor's office or clinic.
- Colorectal cancer screening: Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75.
- Prostate cancer screening: The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:
  - Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
  - Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than age 65).
  - Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.

Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher. Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing

becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.

- Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:
  - Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
  - Look for skin abnormalities when performing physical examinations for other reasons.

### Flu Vaccines

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months and older receive a flu vaccine annually. Findings from the generalizable survey indicate that 37% of respondents did not have a flu shot last year.

The Center for Disease Control states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Even healthy people can get sick from the flu and spread it to others. Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

Sanford Health is addressing flu vaccines in the 2016 implementation strategy. Employees are required to have an annual flu vaccine as a protective measure for our patients as well as our staff. Sanford holds annual flu blitz events to increase the number of community members both pediatric and adult who receive the flu vaccine.

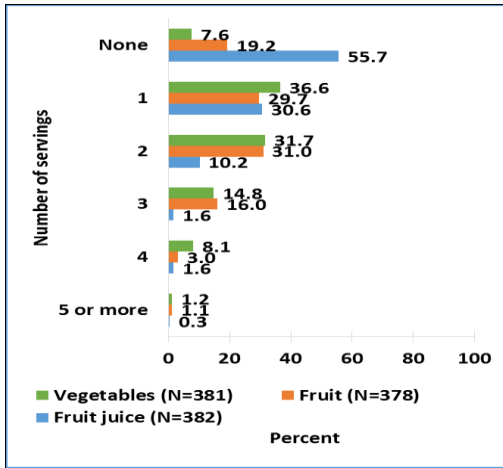
### Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 24.1% of respondents in the generalizable group reported having 3 or more servings of vegetables the prior day, and 39.4% in the non-generalizable group, while only 20.1% of the generalizable group reported having 3 or more servings of fruits the prior day, and 14.3% in the non-generalizable group.

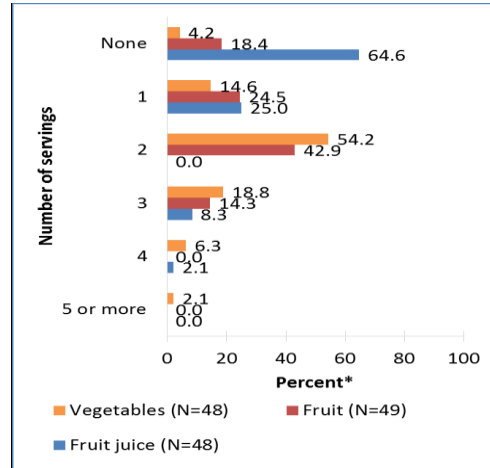
According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture Dietary guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A diet high in fruits and vegetables is associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie diet can be beneficial for weight management.

Secondary research provided by the North Dakota Department of Health finds that 84.2% of residents in Cass County report not getting 5 fruits and vegetables each day. (See Appendix)

**Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday**



*Generalizable survey group*



*Non-generalizable group (community leaders)*

**American Indian Survey Reponses**

Respondents were asked the number of servings of vegetables, fruits, and fruit juice they had consumed the previous day. One-fifth (21.1%) of AI respondents stated they had at least three servings of vegetables in the previous day. One-fourth (25.1%) of AI respondents stated they had at least three servings of fruits in the previous day.

Responses for AI and OA respondents were comparable for fruits and vegetable intake. AI respondents reported a higher intake of fruit juice than OA respondents.

**Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday**

| Type of Food/Drink | Percent of respondents |         |      |         |      |         |      |         |     |         |           |         |
|--------------------|------------------------|---------|------|---------|------|---------|------|---------|-----|---------|-----------|---------|
|                    | Servings               |         |      |         |      |         |      |         |     |         |           |         |
|                    | None                   |         | 1    |         | 2    |         | 3    |         | 4   |         | 5 or more |         |
|                    | AI                     | Overall | AI   | Overall | AI   | Overall | AI   | Overall | AI  | Overall | AI        | Overall |
| <b>Vegetables</b>  | 16.8                   | 7.6     | 27.4 | 36.6    | 34.7 | 31.7    | 15.8 | 14.8    | 3.2 | 8.1     | 2.1       | 1.2     |
| <b>Fruit</b>       | 15.6                   | 19.2    | 26.0 | 29.7    | 33.3 | 31.0    | 18.8 | 16.0    | 4.2 | 3.0     | 2.1       | 1.1     |
| <b>Fruit Juice</b> | 36.5                   | 55.7    | 33.3 | 30.6    | 14.6 | 10.2    | 11.5 | 1.6     | 3.1 | 1.6     | 1.0       | 0.3     |

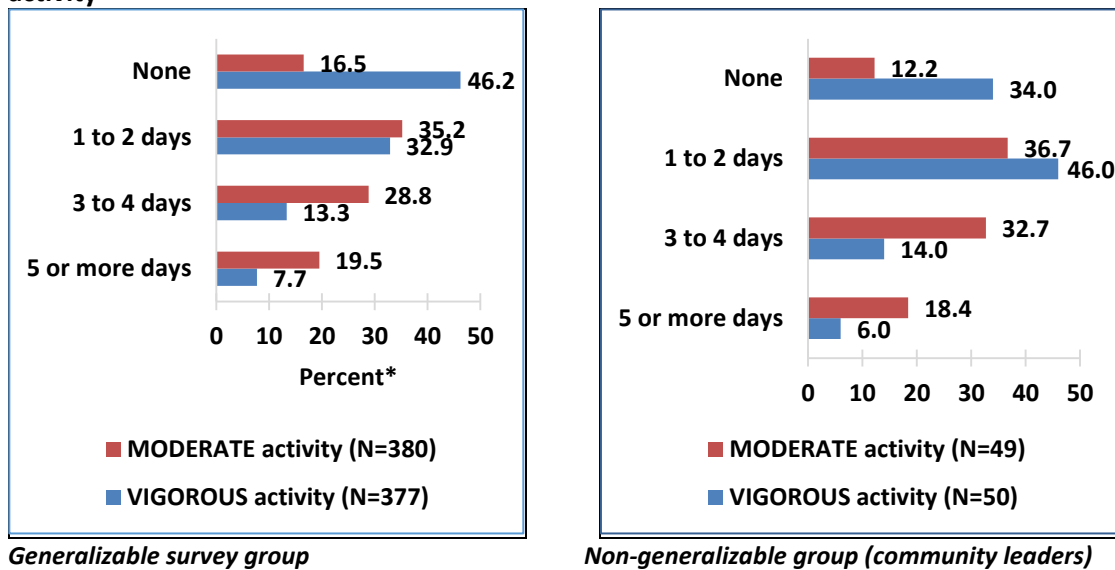
Vegetables - n: AI=95, OA=381; Fruit – n: AI=96, OA=378; Fruit Juice – n: AI=96, OA=382

Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. In the generalizable group, 48.3% of respondents engage in moderate activity 3 or more times per week and 21% engage in vigorous activity 3 or more times per week. In the non-generalizable group, 51% engage in moderate activity 3 or more times per week and 20% in vigorous activity 3 or more times per week.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

**Number of days in an average week respondents engage in MODERATE and VIGOROUS activity**



**American Indian Survey Reponses**

Respondents were asked the number of days they get at least 30 minutes of moderate or vigorous activity, with moderate activity defined as causing light sweating and small increases in breathing or heart rate and vigorous activity causing heavy sweating and large increases in breathing or heart rate. Nearly one-third (29.2%) of AI respondents stated they participate in moderate activity at least five days a week, with more than one-fifth (12.5%) stating they participate in vigorous activity a minimum of five days a week (Table 2, Appendix Table 5).

AI respondents were more likely than OA respondents to participate in either moderate (29.2% vs. 19.5%) or vigorous (12.5% vs. 7.7%) activity most days of the week.



**Number of days in an average week respondents engage in MODERATE or VIGOROUS activity**

| Activity Level           | Percent of respondents       |         |             |         |             |         |                |         |
|--------------------------|------------------------------|---------|-------------|---------|-------------|---------|----------------|---------|
|                          | Frequency of Weekly Activity |         |             |         |             |         |                |         |
|                          | None                         |         | 1 to 2 days |         | 3 to 4 days |         | 5 or more days |         |
|                          | AI                           | Overall | AI          | Overall | AI          | Overall | AI             | Overall |
| <b>Moderate Activity</b> | 3.1                          | 16.5    | 39.6        | 35.2    | 28.1        | 28.8    | 29.2           | 19.5    |
| <b>Vigorous Activity</b> | 18.8                         | 46.2    | 54.2        | 32.9    | 14.6        | 13.3    | 12.5           | 7.7     |

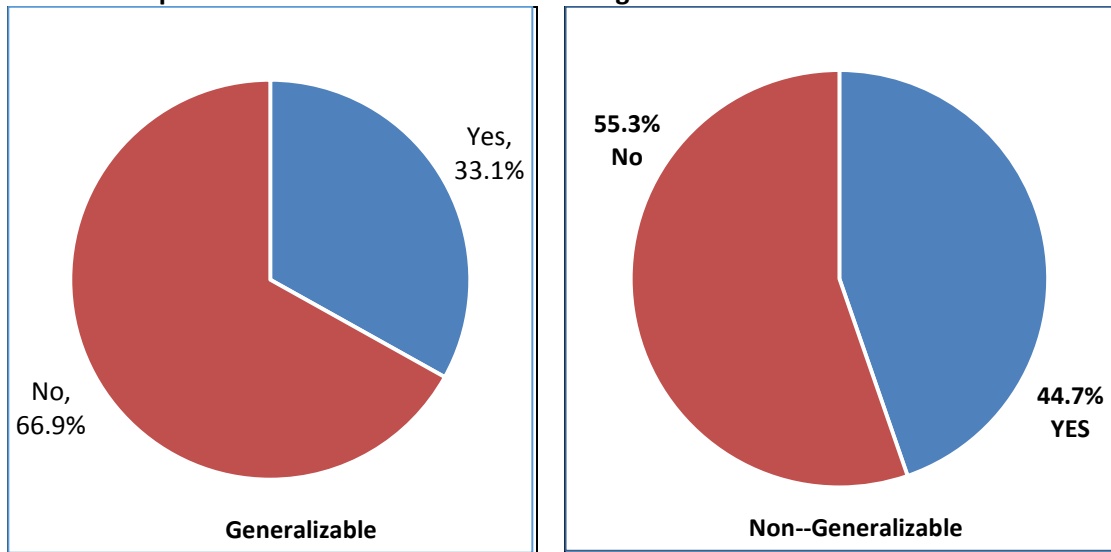
Moderate activity – n: AI=96, OA=380; Vigorous activity – n: AI=96, OA=377

Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, one in three respondents has smoked at least 100 cigarettes in their lifetime, which indicates former smoker status according to the Centers for Disease Control and Prevention.

Secondary research through the 2015 County Health Rankings finds that 16 percent of Cass County residents and 17 percent of Clay County residents are current smokers.

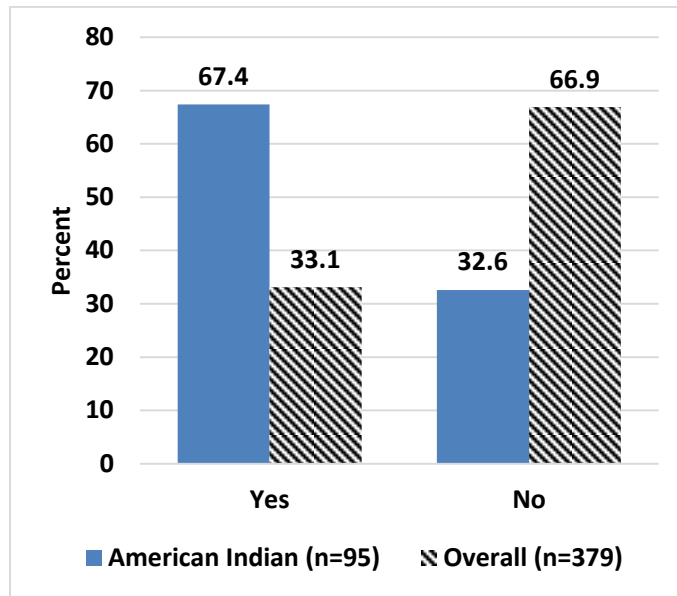
**Whether respondents have smoked at least 100 cigarettes in their entire life**



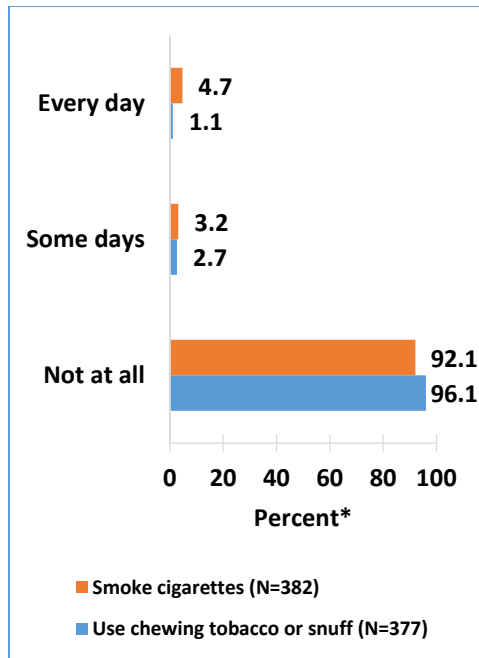
**American Indian Survey Responses**

AI respondents were twice as likely as OA respondents to state they have smoked at least 100 cigarettes (5 packs of cigarettes) in their lifetime (67.4% vs. 33.1%).

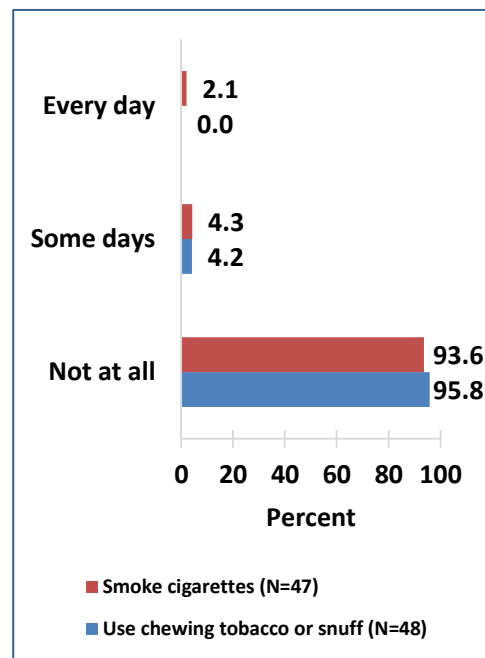
Whether respondents have smoked at least 100 cigarettes in their lifetime



How often respondents currently smoke cigarettes and use chewing tobacco or snuff



*Generalizable*



*Non-Generalizable*

## American Indian Survey Responses

Respondents were asked the frequency with which they smoke cigarettes or use chewing tobacco or snuff. Nearly 29% (38.9%) of AI respondents stated they smoke cigarettes every day, with 7.4% stating they use chewing tobacco or snuff every day.

### Frequency of cigarette and chewing tobacco/snuff use

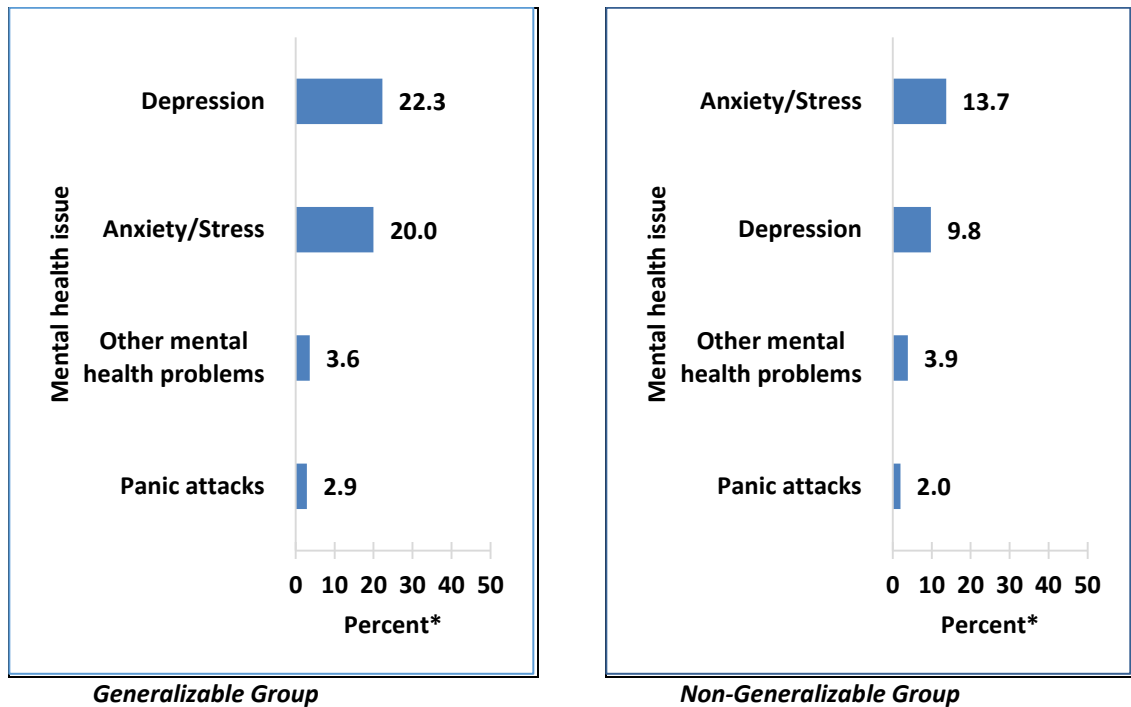
| Tobacco type   | Percent of respondents |         |           |         |            |         |
|--|------------------------|---------|-----------|---------|------------|---------|
|  | Frequency              |         |           |         |            |         |
|  | Everyday               |         | Some days |         | Not at all |         |
|  | AI                     | Overall | AI        | Overall | AI         | Overall |
| <b><i>Cigarettes (n: AI=95, OA=382)</i></b>            | 38.9                   | 4.7     | 20.0      | 3.2     | 41.1       | 92.1    |
| <b><i>Chewing tobacco/snuff (n: AI=95, OA=377)</i></b> | 7.4                    | 1.1     | 9.5       | 2.7     | 83.2       | 96.1    |

### Mental Health

Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among Fargo-Moorhead respondents, mental health is a moderately high area of concern, particularly depression, dementia and Alzheimer's disease. One in five respondents has been told or diagnosed by a doctor or health professional that they have anxiety or stress and a similar proportion has been told they have depression. In addition, half of respondents self-report that in the last month, there were days when their mental health was not good. 49.5% of the generalizable respondents reported days in the past month when their mental health was not good. 17.5% reported over 7 days. 58.3% of the non-generalizable respondents reported days in the past month when their mental health was not good, and 25% reported having over 7 days in the past month when their health was not good.

One in 10 respondents reported that their mental health was not good for at least half of the days in the last month. Furthermore, when asked specifically about particular mental health issues, one in five respondents reported little interest or pleasure in doing things for several days or more in the last two weeks and one in six respondents say that for at least several days in the last two weeks they were feeling down, depressed or hopeless.

**Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue**

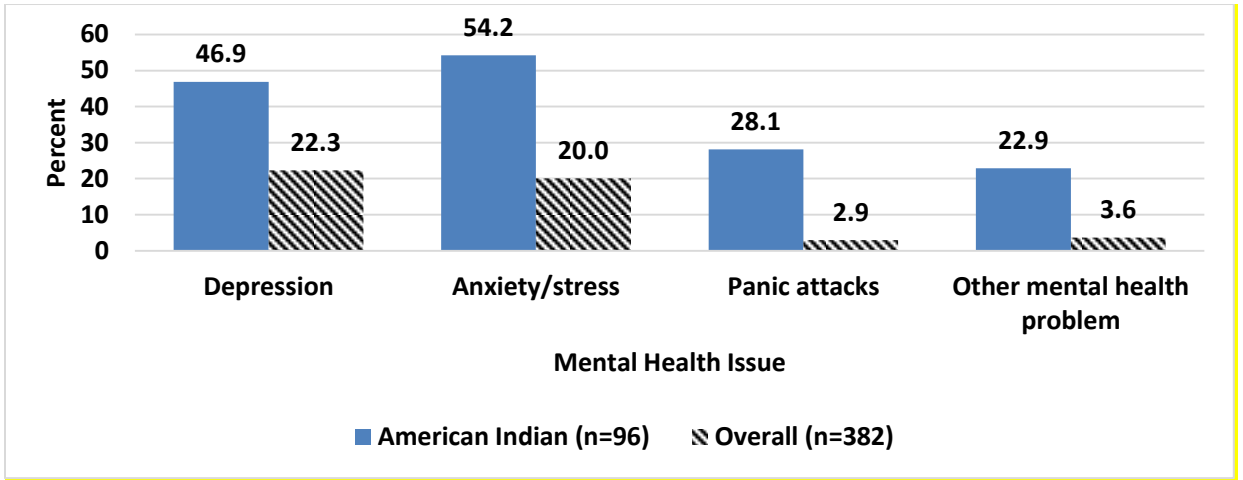


**American Indian Survey Reponses**

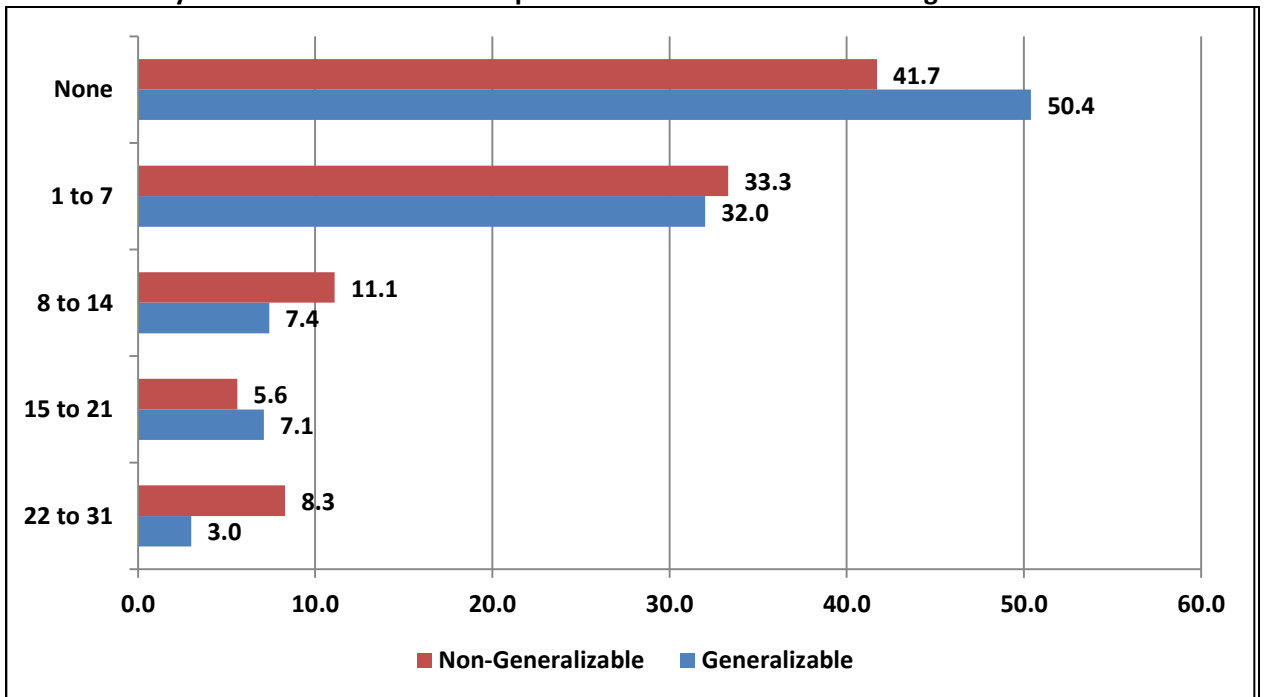
Respondents were asked if they had been told by a doctor or health professional they have any of the following conditions: depression, anxiety/stress, panic attacks, or any other mental health problem. More than half of AI respondents stated they had been diagnosed with anxiety/stress (54.2%), while 46.9% stated they had been diagnosed with depression, 28.1% with panic attacks, and 22.9% with other mental health problems.

AI respondents were twice as likely to state they had been diagnosed with depression as OA respondents (46.9% vs. 22.3%), 2.5 times as likely to state they had been diagnosed with anxiety/stress (54.2% vs. 20.0%), nearly 10 times as likely to state they had been diagnosed with panic attacks (28.1% vs. 2.9%), and 6 times as likely to have been diagnosed with other mental health issues (22.9% vs. 3.6%).

**Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue**



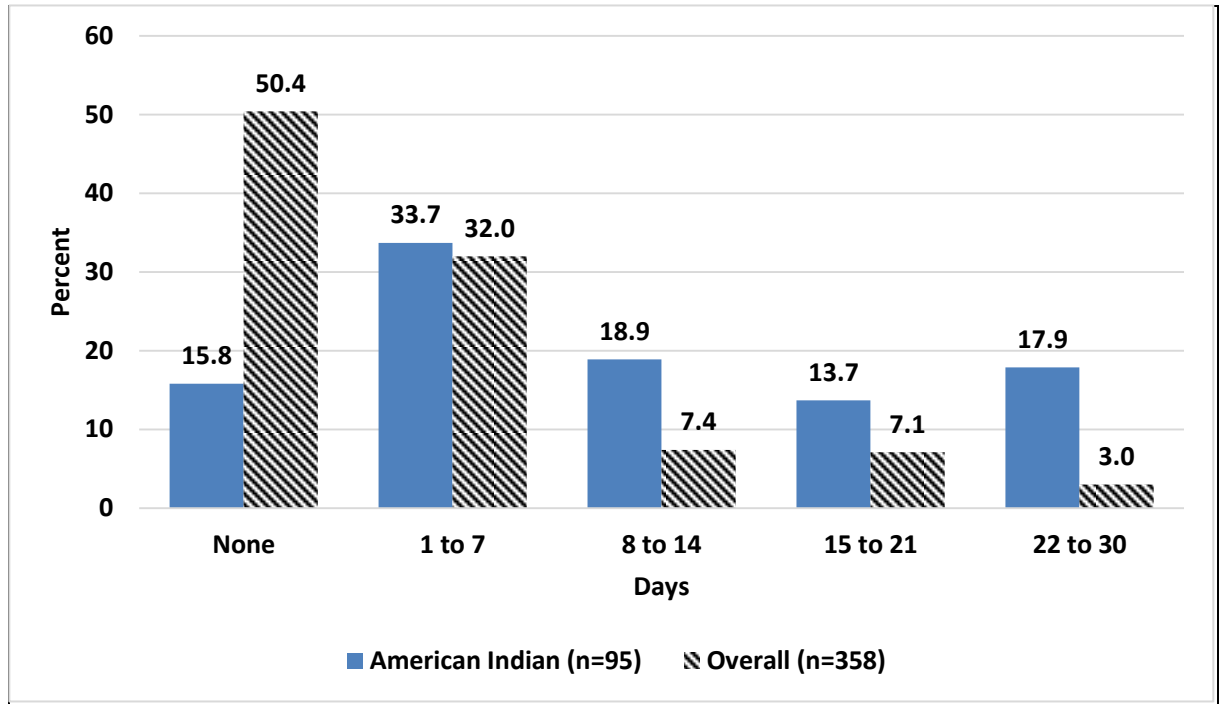
**Number of days in the last month that respondents' mental health was not good**



**American Indian Survey Reponses**

Respondents were asked to specify the number of days in the past 30 days they felt their mental health was not good, including stress, depression, and problems with emotions. More than 84% (84.2%) of AI respondents stated their mental health was not good on at least one day in the past 30 days. One-third (31.6%) stated their mental health was not good on at least half of the last 30 days.

**Number of days in the last month that respondents' mental health was not good**

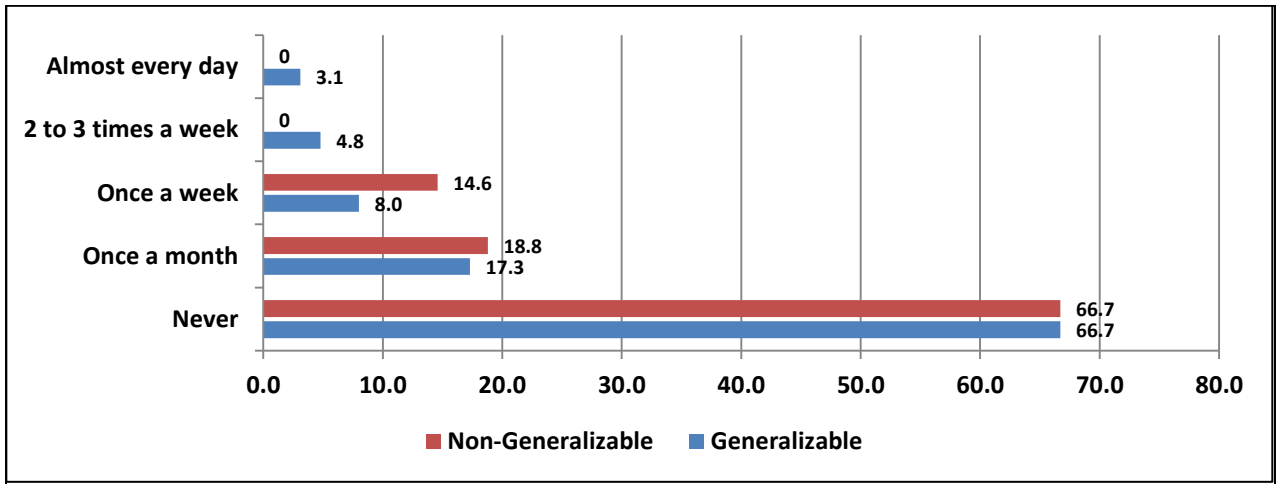


Substance Abuse Responses

Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In the Fargo-Moorhead community, one in five respondents drank alcoholic beverages on at least half of the days in the last month. On days they drank, one in eight respondents drank an average of four or more drinks per day. In regards to binge drinking, one in three respondents report binge drinking at least once per month. Specifically, 5 percent say they binge drink 2 to 3 times a week and an additional 3 percent binge drank almost every day in the past month. 33.2% of respondents report drinking at a binge level in the generalizable group and 21% in the non-generalizable group at least once per month.

Secondary research through the 2015 County Health Ranking indicates that 21% of Cass County and 23% of Clay County residents report binge drinking. (See Appendix)

Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (Binge drinking is defined by the CDC as 4 drinks for females, 5 drinks for males) on the same occasion

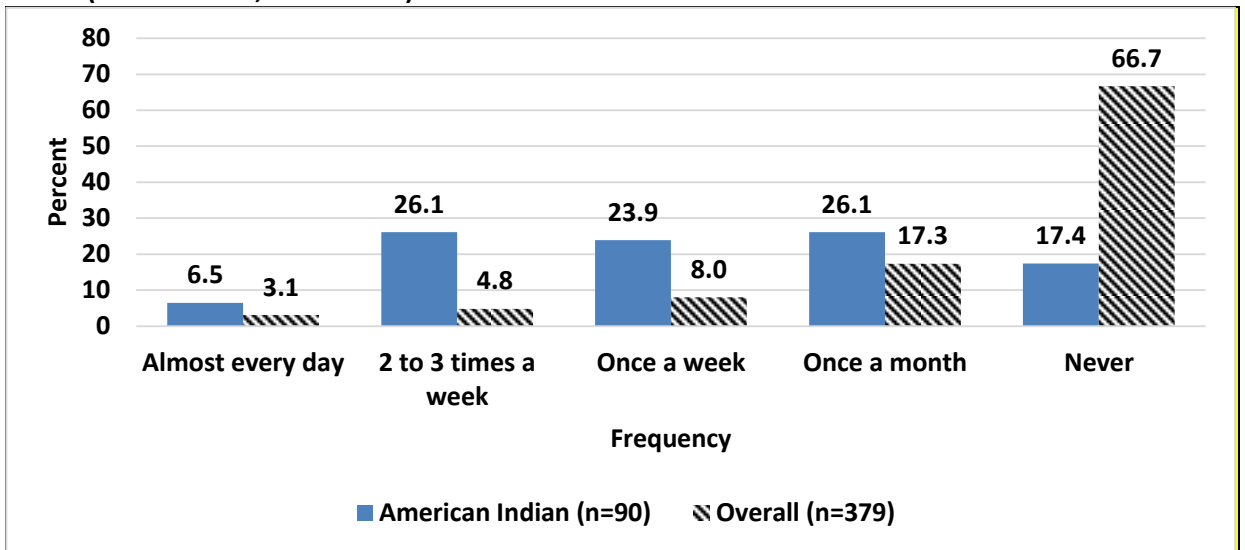


### American Indian Survey Reponses

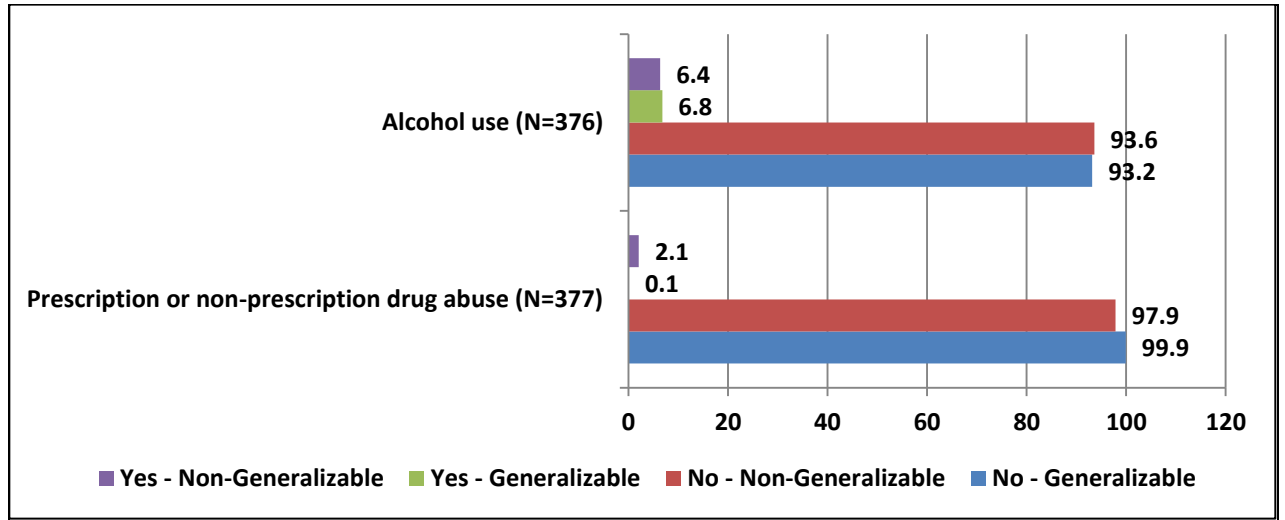
Respondents were asked to specify the number of times in the past month they consumed at least 4 (for females) or 5 (for males) alcoholic drinks on the same occasion. More than 17% (17.4%) of AI respondents stated they never had four or five drinks on the same occasion, while 6.5% stated they had four or five drinks almost every day.

AI respondents were 3.5 times as likely as OA respondents to state they had 4 or 5 drinks on one occasion at least once a week (56.5% vs. 15.9%).

Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



**Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse**



Less than 7% of respondents from either group reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking. Overall, one in six respondents report alcohol use has had harmful effects on themselves or a family member.

Other forms of substance abuse include the use of prescription or non-prescription drugs. No respondents in the metro area reported having had a problem with prescription or non-prescription drug abuse. However, respondents say prescription or non-prescription drug abuse has had harmful effects on themselves or a family member.

**American Indian Survey Responses**

Respondents were asked if they had a problem with alcohol use or prescription/non-prescription drug abuse and if so, if they got the help they needed. More than half of AI respondents (51.6%) stated they had a problem with alcohol use, and of these respondents, 56.3% stated they received the help they needed. More than one-fourth of AI respondents (26.4%) stated they had a problem with prescription/non-prescription drug abuse, and of these respondents, half stated they received help.

AI respondents were much more likely than OA respondents to report having a problem with alcohol use (51.6% vs. 6.8%) or prescription/non-prescription drug abuse (26.4% vs. 0.1%). AI respondents with alcohol use problems were more likely than OA respondents to receive the help they needed (56.3% vs. 25.6%), while OA respondents were more likely to state they didn't need help (43.8% vs. 14.6%).

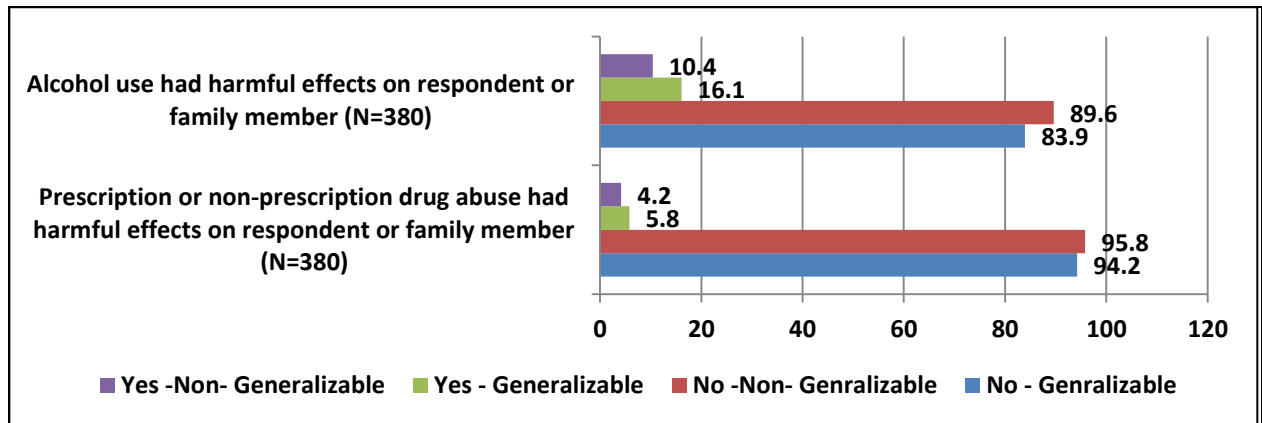


**Whether respondents have ever had a problem with alcohol use or prescription/ non-prescription drug abuse and if so, if they got the help they needed**

| Type of use/abuse                        | Percent of respondents |         |      |         |                       |         |      |         |                  |         |
|--|------------------------|---------|------|---------|-----------------------|---------|------|---------|------------------|---------|
|  | Problem                |         |      |         | If yes, received help |         |      |         |                  |         |
|  | Yes                    |         | No   |         | Yes                   |         | No   |         | Didn't Need Help |         |
|  | AI                     | Overall | AI   | Overall | AI                    | Overall | AI   | Overall | AI               | Overall |
| Alcohol use                              | 51.6                   | 6.8     | 48.4 | 93.2    | 56.3                  | 25.6    | 29.2 | 30.5    | 14.6             | 43.8    |
| Prescription/non-prescription drug abuse | 26.4                   | 0.1     | 73.6 | 99.9    | 50.0                  | 0.0     | 21.9 | 0.0     | 28.1             | 0.0     |

*Ever had problem with alcohol use - n: AI=95, OA=376; Ever had problem with presc/non-presc drug use - n: AI=91, OA=377; Received help with alcohol - n: AI=48, OA=25; Received help for presc/non-presc drug use - n: AI=32, OA=0*

**Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years**

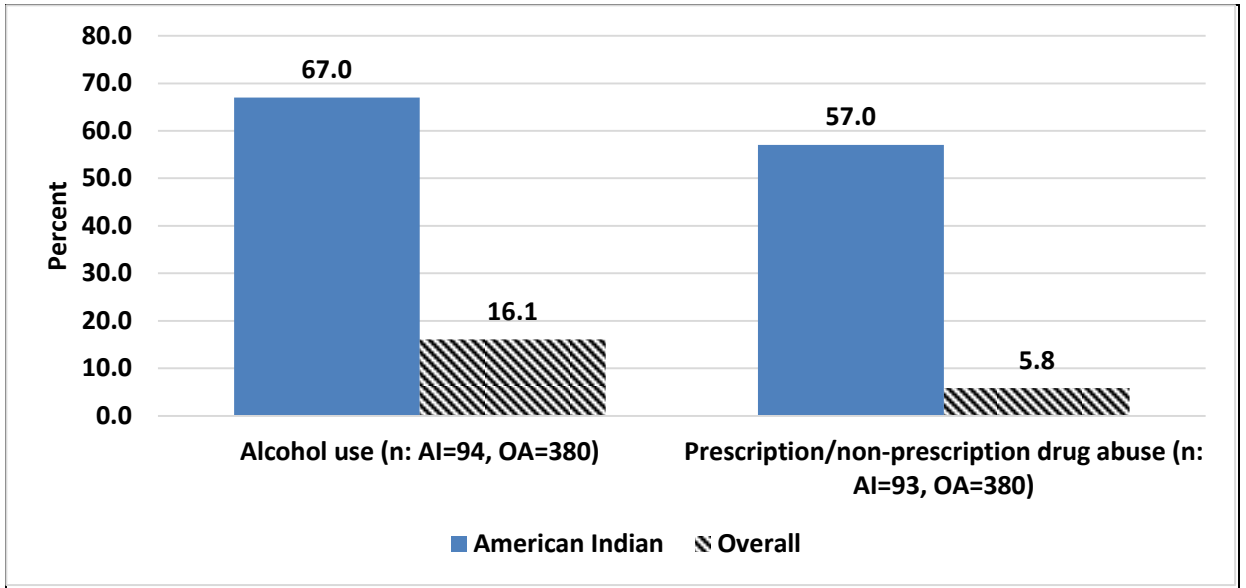


**American Indian Survey Responses**

Respondents were asked if alcohol use or prescription/non-prescription drug abuse had harmful effects on themselves or a family member over the past two years. Two-thirds of AI respondents stated they felt alcohol use has had harmful effects either on themselves or on a family member over the past two years, while 57% stated prescription/non-prescription drug abuse has had harmful effects on the same populations over the same period of time.

AI respondents were 4 times as likely as OA respondents to state that alcohol use has had harmful effects either on themselves or a family member over the past two years (67% vs. 16.1%). AI respondents were nearly 10 times as likely to state that prescription/non-prescription drug abuse has had harmful effects on either themselves or a family member over the past two years (57% vs. 5.8%).

Alcohol use or prescription/non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



## Demographics

### Total Population – 2010 U.S. Census Bureau

- Cass County: 149,778
- Clay County: 58,999

### Population by Age and Gender

|                    | Number                      | Percent                  | Males                      | Percent                | Females                    | Percent                |
|--------------------|-----------------------------|--------------------------|----------------------------|------------------------|----------------------------|------------------------|
| <b>&lt;5 years</b> | Cass: 10,415<br>Clay: 4,056 | Cass: 7<br>Clay: 6.9     | Cass: 5,313<br>Clay: 2,120 | Cass: 3.5<br>Clay: 3.6 | Cass: 5,102<br>Clay: 1,936 | Cass: 3.4<br>Clay: 3.3 |
| <b>5-9</b>         | Cass: 8,841<br>Clay: 3,772  | Cass: 5.9<br>Clay: 6.4   | Cass: 4,466<br>Clay: 1,911 | Cass: 3.0<br>Clay: 3.2 | Cass: 4,375<br>Clay: 1,861 | Cass: 2.9<br>Clay: 3.2 |
| <b>10-14</b>       | Cass: 8,378<br>Clay: 3,686  | Cass: 5.6<br>Clay: 6.2   | Cass: 4,277<br>Clay: 1,904 | Cass: 2.9<br>Clay: 3.2 | Cass: 4,101<br>Clay: 1,782 | Cass: 2.7<br>Clay: 3.0 |
| <b>15-19</b>       | Cass: 10,856<br>Clay: 5,445 | Cass: 7.2<br>Clay: 9.2   | Cass: 5,519<br>Clay: 2,610 | Cass: 3.7<br>Clay: 4.4 | Cass: 5,337<br>Clay: 2,835 | Cass: 3.6<br>Clay: 4.8 |
| <b>20-24</b>       | Cass: 18,392<br>Clay: 7,147 | Cass: 12.3<br>Clay: 12.1 | Cass: 9,560<br>Clay: 3,535 | Cass: 6.4<br>Clay: 6.0 | Cass: 8,832<br>Clay: 3,612 | Cass: 5.9<br>Clay: 6.1 |
| <b>25-29</b>       | Cass: 14,221<br>Clay: 4,121 | Cass: 9.5<br>Clay: 7.0   | Cass: 7,427<br>Clay: 2,138 | Cass: 5.0<br>Clay: 3.6 | Cass: 6,794<br>Clay: 1,983 | Cass: 4.5<br>Clay: 3.4 |
| <b>30-34</b>       | Cass: 11,331<br>Clay: 3,671 | Cass: 7.6<br>Clay: 6.2   | Cass: 6,000<br>Clay: 1,839 | Cass: 4.0<br>Clay: 3.1 | Cass: 5,331<br>Clay: 1,832 | Cass: 3.6<br>Clay: 3.1 |
| <b>35-39</b>       | Cass: 9,536<br>Clay: 3,311  | Cass: 6.4<br>Clay: 5.6   | Cass: 4,978<br>Clay: 1,681 | Cass: 3.3<br>Clay: 2.8 | Cass: 4,558<br>Clay: 1,630 | Cass: 3.0<br>Clay: 2.8 |
| <b>40-44</b>       | Cass: 8,826<br>Clay: 3,211  | Cass: 5.9<br>Clay: 5.4   | Cass: 4,529<br>Clay: 1,621 | Cass: 3.0<br>Clay: 2.7 | Cass: 4,297<br>Clay: 1,590 | Cass: 2.9<br>Clay: 2.7 |

|                    | Number                     | Percent                | Males                      | Percent                | Females                    | Percent                |
|--------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------------|------------------------|
| <b>45-49</b>       | Cass: 9,429<br>Clay: 3,671 | Cass: 6.3<br>Clay: 6.2 | Cass: 4,815<br>Clay: 1,824 | Cass: 3.2<br>Clay: 3.1 | Cass: 4,614<br>Clay: 1,847 | Cass: 3.1<br>Clay: 3.1 |
| <b>50-54</b>       | Cass: 9,594<br>Clay: 3,890 | Cass: 6.4<br>Clay: 6.6 | Cass: 4,723<br>Clay: 1,894 | Cass: 3.2<br>Clay: 3.2 | Cass: 4,871<br>Clay: 1,996 | Cass: 3.3<br>Clay: 3.4 |
| <b>55-59</b>       | Cass: 8,832<br>Clay: 3,412 | Cass: 5.9<br>Clay: 5.8 | Cass: 4,440<br>Clay: 1,725 | Cass: 3.0<br>Clay: 2.9 | Cass: 4,392<br>Clay: 1,687 | Cass: 2.9<br>Clay: 2.9 |
| <b>60-64</b>       | Cass: 6,577<br>Clay: 2,528 | Cass: 4.4<br>Clay: 4.3 | Cass: 3,338<br>Clay: 1,277 | Cass: 2.2<br>Clay: 2.2 | Cass: 3,329<br>Clay: 1,251 | Cass: 2.2<br>Clay: 2.1 |
| <b>65-69</b>       | Cass: 4,070<br>Clay: 1,858 | Cass: 2.7<br>Clay: 3.1 | Cass: 2,026<br>Clay: 909   | Cass: 1.4<br>Clay: 1.5 | Cass: 2,044<br>Clay: 949   | Cass: 1.4<br>Clay: 1.6 |
| <b>70-74</b>       | Cass: 3,104<br>Clay: 1,561 | Cass: 2.1<br>Clay: 2.6 | Cass: 1,350<br>Clay: 714   | Cass: 0.9<br>Clay: 1.2 | Cass: 1,754<br>Clay: 847   | Cass: 1.2<br>Clay: 1.4 |
| <b>75-79</b>       | Cass: 2,639<br>Clay: 1,320 | Cass: 1.8<br>Clay: 2.2 | Cass: 1,146<br>Clay: 579   | Cass: 0.8<br>Clay: 1.0 | Cass: 1,493<br>Clay: 741   | Cass: 1.0<br>Clay: 1.3 |
| <b>80-84</b>       | Cass: 2,335<br>Clay: 1,149 | Cass: 1.6<br>Clay: 1.9 | Cass: 904<br>Clay: 468     | Cass: 0.6<br>Clay: 0.8 | Cass: 1,431<br>Clay: 681   | Cass: 1.0<br>Clay: 1.2 |
| <b>85 and over</b> | Cass: 2,402<br>Clay: 1,190 | Cass: 1.6<br>Clay: 2.0 | Cass: 740<br>Clay: 388     | Cass: 0.5<br>Clay: 0.7 | Cass: 1,662<br>Clay: 802   | Cass: 1.1<br>Clay: 1.4 |
|                    |                            |                        |                            |                        |                            |                        |
| <b>Median age</b>  | Cass: 31.5<br>Clay: 31.6   |                        | Cass: 30.9<br>Clay: 30.9   |                        | Cass: 32.2<br>Clay: 32.3   |                        |

### Population by Race

|  | Cass    | Percent | Clay   | Percent |
|--|---------|---------|--------|---------|
| <b>White</b>                                     | 137,308 | 91.7    | 54,684 | 92.7    |
| <b>Black or African American</b>                 | 3,428   | 2.3     | 842    | 1.4     |
| <b>American Indian or Alaska Native</b>          | 1,827   | 1.2     | 803    | 1.4     |
| <b>Asian</b>                                     | 3,532   | 2.4     | 846    | 1.4     |
| <b>Native Hawaiian or other Pacific Islander</b> | 52      | 0.0     | 8      | 0.0     |
| <b>Hispanic or Latino</b>                        | 3,015   | 2.0     | 2,056  | 3.5     |

The per capita personal income in Cass County, North Dakota is \$52,711. The per capita personal income in Clay County, Minnesota is \$24,550. Those living below the poverty level are 13% in Cass County and 12.3% in Clay County. The unemployment rate in Cass County is 1.6% and the unemployment level in Clay County is 3%.

## *Health Needs and Community Resources Identified*

One of the requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. Asset mapping was conducted 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 were available in the community to address the needs.

The Greater Fargo Moorhead Community Health Needs Assessment Collaborative participated in the asset mapping and reviewed the research findings. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

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

The asset map includes identified needs from the following:

- Identified needs from the generalizable survey
- Identified needs from the non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

(See Appendix for the asset map.)

## *Prioritization*

The following needs were brought forward for prioritization:

- Economics – affordable housing and hunger
- Aging – cost and availability of long term care and availability of memory care
- Children and Youth – cost and availability of quality child care a quality infant care, bullying
- Safety – presence of drug dealers in the community and the presence of street drugs and alcohol in the community
- Health Care Access – access to affordable health care and affordable health insurance
- Physical Health – cancer, chronic disease, obesity, poor nutrition and inactivity
- Mental Health – depression, stress, substance use and abuse
- Preventive Health – flu vaccines

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 these findings with community leaders and experts who can best focus on a solution to the concern.

A document that shares what Sanford is doing to address the need or defends why Sanford is not addressing the need can be found in the Appendix.

Members of the collaborative determined that flu vaccines are a top unmet need. Community stakeholders also rated chronic disease and mental illness as top priorities.

Sanford has determined the 2016-2019 implementation strategies for the following needs:

- Hypertension
- Depression
- Flu vaccines

## How Sanford is Addressing the Needs

| Identified Concerns   | How Sanford South University is Addressing the Needs  |
|---|---|
| <p><b>Economics</b></p> <ul style="list-style-type: none"> <li>• Availability of affordable housing</li> <li>• Homelessness</li> </ul>  | <p>Sanford supports numerous community organizations that provide affordable housing and solutions to community members in need of housing. Examples of community organizations that are supported include: The Greater Fargo/Moorhead Economic Development Corporation, Habitat for Humanity, The Fargo, Moorhead, West Fargo Chamber of Commerce, and the United Way of Cass and Clay.</p> <p>The Sanford Shelter Faith Community Nurse Program is located at the YMCA and at Churches United for the Homeless. Sanford supports other services for the homeless population in our area including the Cooper House, the Coalition for the Homeless, the Community of Care Task Force, Churches United for the Homeless, and Gourmet Soup Kitchen. Sanford supports the Great Plains Food Bank and the Daily Bread Program. Sanford will also address these needs by sharing the results of the CHNA with community leaders.</p> |
| <p><b>Aging</b></p> <ul style="list-style-type: none"> <li>• Cost of long term care</li> <li>• Availability of memory care</li> <li>• Availability of long term care</li> </ul>     | <p>Sanford will address this need by sharing the results of the CHNA with community leaders.</p>  |
| <p><b>Children and Youth</b></p> <ul style="list-style-type: none"> <li>• Bullying</li> <li>• Cost of quality child care</li> <li>• Availability of quality infant care</li> </ul>  | <p>Sanford will address this need by sharing the results of the CHNA with community leaders.</p>  |
| <p><b>Safety</b></p> <ul style="list-style-type: none"> <li>• Presence of street drugs and alcohol in the community</li> <li>• Presence of drug dealers in the community</li> </ul> | <p>Sanford is participating in the North Dakota “Reducing Pharmaceutical Narcotics in our Communities – Through Education and Awareness” committee. The committee has as four-pillar approach including: education and awareness, prescription drug-take back program, law enforcement, pharmacy partnership, and the prescription drug monitoring program. Sanford is also working closely with the Rape and Abuse Crisis Center, the Red River Human Trafficking Response Team, and the Cross Borders Children’s Action Network.</p>  |

| Identified Concerns  | How Sanford South University is Addressing the Needs   |
|--|--|
| <ul style="list-style-type: none"> <li>• Crime</li> <li>• Child abuse and neglect</li> <li>• Domestic violence</li> <li>• Sex trafficking</li> </ul>   | <p>Sanford will also address this need by sharing the results of the CNHA with community leaders and legislators.</p>  |
| <p><b>Health Care</b></p> <ul style="list-style-type: none"> <li>• Access to affordable health insurance</li> <li>• Access to affordable health care</li> <li>• Access to affordable prescription drugs</li> <li>• Cost of affordable dental insurance coverage</li> <li>• Cost of affordable vision insurance coverage</li> </ul> | <p>Sanford provides the Community Care Program and a financial assistance policy to address financial assistance to all who qualify for charity care. During fiscal year 2014 Sanford contributed over \$51 million for charity care for our patient population who required care without the ability to pay for services. Sanford has financial counselors available at all clinic and medical center facilities to assist patients with applications for assistance and access needs.</p> <p>Sanford will also address this need by sharing the results of the CHNA with community leaders and legislators.</p>  |
| <p><b>Physical Health</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Chronic disease</li> <li>• Inactivity/lack of exercise</li> <li>• Obesity</li> <li>• Poor nutrition and eating habits</li> <li>• Infectious disease such as flu</li> </ul>  | <p>Sanford has set hypertension and flu vaccines as key implementation strategies for 2016-2019.</p> <p>Sanford is committed to serving the cancer needs of our community through the Roger Maris Cancer Center and the 13 medical oncologists/hematologists, 5 radiation oncologists, 2 pediatric oncologists/hematologists, 7 palliative care board-certified physicians, 1 oncology clinical psychologist, 1 medical geneticist, 3 genetic counselors, 1 doctor of nursing practice, 2 physician assistants, 2 nurse practitioners, 7 pharmacists, 4 radiation oncology medical physicists, and several hundred nurses.</p> <p>Sanford is actively working to address chronic disease through programs and quality indicators. The chronic disease self-management program at Sanford (Better Choices, Better Health) is offered free of charge to community members. Better Choices, Better Health is modeled after the Stanford University chronic disease self-management program. The workshops are 2-1/2 hours long and meet weekly for 6 weeks.</p> <p>Sanford Enterprise chose obesity as an implementation strategy for the 2013 CHNA. Strategies included an annual obesity symposium for providers and monthly education programs for community members. The Sanford obesity symposium was attended by more than 400 registrants during April 2013 and March 2015. The symposium will be held again during March 2016. The symposium is evidence-based and Sanford providers and national experts serve as faculty.</p> |

| Identified Concerns  | How Sanford South University is Addressing the Needs   |
|--|--|
|  | <p>The Family Wellness Center in Fargo offers many classes each week that address wellness for children and families in partnership with Sanford Health and the YMCA. The facilities have multiple group exercise rooms as well as classrooms for educational events. Children and families have numerous fitness options as well as classes that address health, healthy nutrition and healthy cooking. The Family Wellness Center is a place for the entire family, with drop-in child care, a kid-friendly pool with water slide, swimming lessons, and an open gym for free play.</p> <p>The adult weight management program “Honor Your Health” is a comprehensive wellness program developed by Sanford Health Fargo Region which focuses on evidence-based nutrition standards, physical activity and behavioral health. This class is offered for adults and provides a basis for young parents as well as all adults to learn about health and wellness. This program is a comprehensive approach to healthy lifestyle practices and may facilitate healthy behaviors for families.</p> <p>The Sanford Health <i>fit</i> initiative, a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, <i>fit</i> educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for kids, parents, teachers and clinicians. <i>fit</i> is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford’s <i>fit</i> initiative has come a long way since its inception in 2010. Through <i>fit</i> we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child’s life.</p> |
| <p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Dementia and Alzheimer’s</li> <li>• Stress</li> <li>• Underage drug use and abuse</li> <li>• Underage drinking</li> <li>• Suicide</li> <li>• Drug use and abuse</li> <li>• Alcohol use and abuse</li> </ul> | <p>Sanford has prioritized depression as a key implementation strategy for 2016-2019.</p> <p>A key implementation strategy during 2013-2016 for Sanford Health is to fully integrate behavioral health services into all primary care clinics. Sanford One Care is a new approach to addressing behavioral health in primary and specialty care clinics and medical centers. Sanford One Care uses technology to conduct behavioral health screenings in order to identify behavioral health concerns as early as possible. Through deployment of Medical Home with fully integrated behavioral health care services, Sanford is providing patient-centered care collaborative teams to meet the needs of Sanford patients.</p> <p>Sanford behavioral health experts are serving on the North Dakota Behavioral Health Stakeholders Advisory to the Department of Human Services Legislative Interim Committee to shape policy. The committee is</p>   |



| Identified Concerns | How Sanford South University is Addressing the Needs   |
|---------------------|--|
|                     | <p>addressing substance abuse, workforce, child and adolescent services and adult services.</p> <p>Sanford leaders also serve on the North Dakota Reducing Pharmaceutical Narcotics in Our Communities – Through Education and Awareness” committee.</p> <p>During 2015 Sanford hosted a behavioral health symposium. The symposium was designed to enhance the competence of health care professionals in the identification, treatment and management of behavioral health issues impacting specialty and primary care.</p> <p>Sanford will also address this need by sharing the results of the CHNA with community leaders and legislators</p> |

# **2016-2019 Implementation Strategies**

## Implementation Strategies

### Priority 1: Hypertension

- Hypertension is a risk factor for cardiovascular disease and contributes to premature death from heart attack, stroke, diabetes, and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension.
- Sanford has prioritized hypertension as a top priority and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measurable outcome is the number of patients with blood pressure < 140/90.

### Priority 2: Depression

- Depression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicate that 11% of the residents have fair or poor mental health.
- Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal is to improve PHQ-9 scores for patients with depression. The measurable outcome is the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than nine whose six-month PHQ-9 score is less than five.

### Priority 3: Flu Vaccines

- The CDC states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. The North Dakota Department of Health reports that 33.5% of adults age 65 and older did not receive a flu vaccine in the past year. Respondents to the CHNA generalizable survey report that 26% of children 18 years and younger did not receive a flu vaccine in the past year.
- Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members. The goal is to increase the number of flu vaccines provided to community members. The measurable outcomes are the number of flu vaccines given to adults each year and the number of flu vaccines given to the pediatric population each year.

**Community Health Needs Assessment  
Implementation Strategy for Fargo South University  
FY 2017-2019 Action Plan**

**Priority 1: Hypertension**

**Projected Impact: Reduction in the number of patients with uncontrolled hypertension**

**Goal 1: Protocol based care**

| <b>Actions/Tactics</b>   | <b>Measureable Outcomes</b>                            | <b>Dedicated Resources</b>     | <b>Leadership</b>                       | <b>Note any community partnerships and collaborations (if applicable)</b>        |
|--|--|--------------------------------|---|--|
| Nurses are educated on protocol for blood pressure checks and rechecks<br><br>Standardized nursing protocol for rechecks and referral will be implemented throughout all departments | The number of patients who has blood pressure < 140/90 | Melodi Krank<br><br>All nurses | Roberta Young, CNE<br>Tracy Kaeslin, VP | Resources:<br>American Heart Association<br>North Dakota Hypertension Task Force |

**Priority 2: Depression Remission**

**Projected Impact: Reduction in the severity of depression**

**Goal 1: Improve PHQ-9 scores for patients with depression**

| <b>Actions/Tactics</b>  | <b>Measureable Outcomes</b>  | <b>Resources</b>                          | <b>Leadership</b> | <b>Note any community partnerships and collaborations - if applicable</b> |
|---|--|---|-------------------|---|
| Develop Sanford My Chart capabilities for depression assessment                                   | Percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score was less than 5. | Mallory Koshiol                           | Dr. Heidi Twedt   | Fist Link   |
| Provide education on workflow to all health coaches and panel specialists to standardize workflow | All health coaches in primary care receive education on workflow   | Mallory Koshiol<br><br>All health coaches | Dr. Heidi Twedt   |   |

**Priority 3: Flu Vaccines**

**Projected Impact:** Reduction of influenza cases in our community through more community members obtaining an annual flu vaccine

**Goal 1:** Increase the number of flu vaccines provided to community members

| Actions/Tactics   | Measureable Outcomes                                     | Resources   | Leadership                              | Note any community partnerships and collaborations - if applicable |
|---|--|---|---|--|
| Develop consumer education materials about the importance of the annual flu vaccine<br><br>Conduct flu blitz clinics at various clinic locations in the community | Number of flu vaccines given to the adult population     | Melodi Krank<br>Sanford Nurses<br>Employee Health<br>Coding<br>Guest Services | Roberta Young, CNE<br>Tracy Kaeslin, VP | Community volunteers   |
| Provide flu vaccines to the pediatric population  | Number of flu vaccines given to the pediatric population | Melodi Krank<br>Sanford nurses<br>Employee Health<br>Coding<br>Guest services | Roberta Young, CNE<br>Tracy Kaeslin, VP |  |

# 2013 Implementation Strategy Impact

The 2013 Community Health Needs Assessment served as a catalyst to lift up obesity and mental health services as implementation strategies for the 2013-2016 timespan. The following strategies were implemented:

#### **Implementation Strategy to Address Obesity**

- Develop CME curriculum and annual symposium to address weight management and obesity for providers and interdisciplinary teams inclusive of medical, nutrition, nursing, and behavioral health professionals.
- Develop community education programming focusing on prevention and treatment of obesity. Include the following program options in the curriculum to create awareness of existing resources
  - Family Wellness Center Resources to leverage
    - Kids Fitness Classes
    - Kids cooking class (includes family)
    - Body Works
    - Camp Fuel
  - TNT Fitness for Children
  - Honor Your Health Program
  - WebMD Fit Program
  - Bariatric Surgery
  - Eating Disorder Institute/Behavioral Health
  - Profile
- Actively participate in community initiatives to address wellness, fitness and health living.

#### **Implementation Strategy for Mental Health Services – Sanford One Mind**

- Completion (to the extent resources allow) of full integration of behavioral health services in all primary care clinics in Fargo
- Completion (to the extent resources allow) of full integration of behavioral health services or access to behavioral health outreach in all clinic sites
- Complete presentation of outcomes of first three years of integrated behavioral health services
- Establish “Clara’s House” (to the extent that resources allow)
- Completion (to the extent resources allow) of American Indian Behavioral Health Service serving the Enterprise
- Design Team for Inpatient Psychiatric Unit, Partial Hospitalization and Clinic Space for Fargo present recommendations for design of new spaces
- Participate in a leadership role with the Fargo Moorhead Mental Health Strategic Planning Collaborative

The 2013 strategies have served a broad reach across our community and region. The impact has been positive and the work will continue into the future through new or continued programming and services.

## **Impact of the Strategy to Address Obesity**

The obesity initiative addressed education for providers and education for patients and community members. The first annual Sanford obesity symposium was held in 2014. Over 400 health care professionals from the region and beyond registered for the 2014 and the 2015 symposium. The purpose of the symposium is to enhance the knowledge and competence of participants by providing an update on the latest research associated with the prevention, treatment and management of obesity. The target audience includes primary care physicians, pediatricians and specialty care providers, advanced practice providers, licensed registered dietitians, nurses, and other interested health care professionals.

The symposium is an opportunity to provide prevention and treatment practice guidelines for the adult and pediatric population. The planning committee includes several published providers who are sought after nationally and internationally for their expertise.

The Family Wellness Center offers nutrition and fitness classes each month for community members. Cooking classes for children and parents, and nutrition classes for the general public are offered independent of membership. The Family Wellness Center is partnering with local schools to bring classes and services into the schools.

Camp Fuel is a program for youth focusing on healthy self-esteem and body image and includes curriculum for healthy nutrition and activity. The camp promotes a positive self-image and strives to create an understanding that the body requires “fuel” from the foods we eat and burn. Topics covered in this camp include portions, dining out choices, label reading to create knowledge of purchasing options, increasing activity and the importance of an active lifestyle, behaviors that promote a healthy lifestyle, positive self-esteem, and body image. This camp is conducted at the Family Wellness Center during the summer months. Camp Fuel has been at capacity each time it is offered, and fitness classes specifically for children are also well attended and continue to serve community members.

Sanford Fargo provides numerous services, classes and events to address obesity. During FY 2014 Sanford dietitians and exercise specialists provided leadership for the Schools Alive events at more than a dozen schools. The Sanford Health Fargo Region licensed registered dietitians and exercise physiologists provided expert clinical guidance for the new Family *Fit* Night programs in area schools. These programs, scheduled on a monthly basis, provided educational sessions on health, nutrition and physical fitness, as well as providing a time for creative physical activity with children and family members. The local elementary schools were selected in partnership with Sanford, TNT Kids Fitness, and the Boys and Girls Club. Over 2,200 parents and children attended these events in 2014.

The adult weight management program “Honor Your Health” is a comprehensive wellness program developed by Sanford Health Fargo Region which focuses on evidenced-based nutrition standards, physical activity and behavioral health. This class is offered for adults and provides a basis for young parents as well as all adults to learn about health and wellness. This program is a comprehensive approach to healthy lifestyle practices and may facilitate healthy behaviors for families.

The Sanford Health initiative, a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for kids, parents, teachers and clinicians. *fit* is the



only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life. In 2016 a new *fit* initiative will be available for 20,000 classroom teachers. The classroom curriculum has numerous modules that teachers can access and implement in part or comprehensively.

Sanford's Weight Loss Surgery Program is designated as a national Bariatric Center of Excellence and designation of Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program Accredited Centers. Sanford's Weight Loss Surgery Program emphasizes clinical research. Through Sanford's relationship with the Neuropsychiatric Research Institute, our program is one of only six clinical centers in the United States selected by the National Institutes of Health to participate in a bariatric research study known as LABS – short for Longitudinal Assessment of Bariatric Surgery. This study brings together experts in weight loss surgery, obesity research, internal medicine and other related fields to analyze the risks and benefits of weight loss surgery and its impact on patients' health and quality of life and to identify which patients would most likely benefit from weight loss surgery.

Sanford's Eating Disorders specializes in diagnosing and treating eating disorders in adolescents and adults. Clinical services to treat anorexia nervosa, bulimia nervosa, binge eating disorder and related forms of disordered eating are available at Sanford. Treatment options include outpatient, partial hospital or full inpatient services. The goal is to help patients regain control of their lives and overcome the potentially life-threatening consequences of living with an eating disorder. Programs are open to adolescents and adults and family involvement is encouraged each step of the way.

Profile by Sanford is a personalized retail weight loss program designed by Sanford Health physicians and scientists to be *simple, effective and sustainable*. With a certified Profile coach, personalized meal plans and smart technology to track progress, members see real results. Each weight loss plan is designed with a focus on *nutrition, activity and lifestyle*.

Sanford is taking a comprehensive and multi-faceted approach to obesity prevention and treatment. The impact is demonstrated through the lives of our community members who have had positive outcomes because of our programs and services.

### **Impact of the Strategy to Address Mental Health Services**

Behavioral health services have been integrated into primary care settings across the clinics in the Fargo Region. The measures that were executed to measure outcomes include:

- Depression (teens)
- Anxiety (teens)
- Substance abuse (teens)
- Behavioral health disorder (teens)
- Depression (adults)
- Anxiety (adults)
- Drug abuse/dependence (adults)
- Behavioral health disorder (adults)
- Patients Encountering Behavioral Health Providers (all)
- Patients Encountering Behavioral Health Providers (chronic)

- Patients Accessing Patient Portal (all)
- Patients Accessing Patient Portal (chronic)

With the exception of teen substance abuse, all indicators show statistically significant improvement.

Additional impact is noted in the six-month depression remission, avoidable ED utilization, and avoidable hospitalizations.

**Community Feedback  
from the 2013  
Community Health Needs  
Assessment**

Sanford Health is prepared to accept feedback on our 2013 Community Health Needs Assessment and has provided on-line comment fields for ease of access on our website. There have been no comments to date aside from a question asked about the service area for this report. A reader wanted to know if a separate report was developed for the Lisbon, North Dakota area. Since there is no hospital in Lisbon, a community health needs assessment was not conducted solely for that community.

# APPENDIX

# Primary Research

### Fargo/Moorhead/Cass/Clay Asset Mapping

| Identified concern | Community resources that are available to address the need  | Gap? |
|--------------------|---|------|
| Economics          | <p><b>Affordable Housing resources:</b></p> <ul style="list-style-type: none"> <li>• Cass Co. Social Services (help w/utility costs) 701-241-5765</li> <li>• Down payment &amp; Closing Costs Assistance Program 1-800-292-8621</li> <li>• Wells Fargo Assist (to help those with payment challenges)</li> <li>• Home Key Program 701-238-8080</li> <li>• Housing Rehab Program 701-241-1474</li> <li>• Lake Agassiz Habitat for Humanity 218-284-5253</li> <li>• Presentation Partners in Housing 701-235-6861</li> <li>• ReStore (thrift store for construction, homes, etc.) 218-284-5253</li> <li>• Salvation Army (provides assistance with hsg.)&amp; utilities 701-232-5565</li> <li>• SENDCAA weatherization program &amp; low income hsg. 701-232-2452</li> <li>• Xcel Energy Share Program</li> <li>• 1-866-837-9762</li> <li>• YWCA Supportive &amp; Transitional Hsg 701-232-3449</li> </ul> <p><b>Subsidized public housing:</b></p> <ul style="list-style-type: none"> <li>• Cass Co. Housing Authority 701-282-3443</li> <li>• Fargo Housing &amp; Redevelop. Authority 701-293-6262</li> <li>• ND Housing &amp; Finance Agency 701-239-7255</li> <li>• Century Square 701-287-4775</li> <li>• Community Homes 701-293-6014</li> <li>• Lashkowitz High Rise 701-293-6262</li> <li>• New Horizons Manor 701-293-7870</li> <li>• Pioneer Manor 701-293-7870</li> <li>• River Square apts. 701-364-2620</li> <li>• The 400 701-232-9412</li> <li>• Trollwood Village 701-293-6843</li> <li>• University Drive Manor 701-232-4423</li> <li>• VA Housing for Homeless Vets 701-239-3700 ext. 9-3472</li> <li>• Windwood Townhomes 701-232-1887</li> <li>• Moorhead Public Housing 218-299-5458</li> <li>• Lakes &amp; Prairies Community Action Partnership 218-299-7314</li> <li>• Arbor Park Village 218-359-9999</li> <li>• Fieldcrest Townhomes 701-232-1887 (Metro Mgmt.</li> <li>• Parkview Terrace Apts. 218-233-8548</li> <li>• Riverview Heights 218-299-5458</li> </ul> <p><b>Homeless resources (Shelters/<br/>Food Pantries):</b></p> <ul style="list-style-type: none"> <li>• Fraser, Ltd. Transitional Living/Emergency Shelter 701-356-8585</li> <li>• Gladys Ray 701-364-0116</li> <li>• New Life Center 701-235-4453</li> <li>• Youthworks (youth transitional housing) 701-232-8558</li> <li>• YWCA Women’s Shelter 701-233-3449</li> <li>• Churches United (shelter, food baskets, meals) - 218-236-0372</li> <li>• Clay Co. Social Service Center 218-299-7057</li> <li>• Lakes &amp; Prairies CAP (transitional hsg. program) 218-299-7014</li> <li>• Motivation, Education &amp; Training (emergency shelter) 218-299-7262</li> <li>• Dorothy Day House (shelter, meals, food pantry) 218-285-8895</li> <li>• New Life Center (shelter &amp; meals) - 701-235-4453</li> <li>• Salvation Army (shelter &amp; meals) - 701-232-5565</li> <li>• Faith Home &amp; Love church 218-236-7692</li> <li>• Centro Cultural 218-236-7318</li> </ul> | X    |

| Identified concern | Community resources that are available to address the need   | Gap? |
|--------------------|--|------|
| Aging population   | <p data-bbox="540 222 841 254"><b>Nursing Homes – Cass County:</b></p> <ul data-bbox="540 254 1094 590" style="list-style-type: none"> <li>• Bethany 701-239-3000 / 701-478-8900 (2 locations)</li> <li>• Ecumen Evergreens – 701-239-4524</li> <li>• Edgewood Vista – 701-365-4742</li> <li>• Elim 701-271-1800</li> <li>• Eventide @ Sheyenne Crossings – 701-478-6000</li> <li>• Good Samaritan (Arthur) – 701-967-8316</li> <li>• ManorCare 701-237-3030</li> <li>• Maple View Memory Care – 701-478-8655</li> <li>• Prairie Villa (Arthur) – 701-967-8316</li> <li>• Rosewood 701-277-7999</li> <li>• Villa Maria 701-293-7750</li> </ul> <p data-bbox="540 621 792 653"><b>Nursing Homes – Clay Co:</b></p> <ul data-bbox="540 653 938 705" style="list-style-type: none"> <li>• Eventide 218-233-7608</li> <li>• Golden Living Center 218-233-7578</li> </ul> <p data-bbox="540 737 870 768"><b>Alzheimer’s/Dementia resources:</b></p> <ul data-bbox="540 768 1393 1157" style="list-style-type: none"> <li>• After the Diagnosis Support Group – 701-277-9757 (Sanford)</li> <li>• Alzheimer’s Support Group (Hjemkomst Center) – 701-277-9757</li> <li>• Early Onset Memory Loss Support Group – 701-277-9757</li> <li>• Morning Out (for those who have Alzheimer’s or other dementia) – 218-233-7521</li> <li>• Alzheimer’s Assn – 701-277-9757</li> <li>• Arbor Park Village – 218-359-9999</li> <li>• Eventide/Fairmont – 218-233-8022</li> <li>• River Pointe – 218-287-6900</li> <li>• Evergreens, Mhd. – 218-287-6900</li> <li>• Bethany – 701-239-3000</li> <li>• Edgewood Vista – 701-365-8200</li> <li>• Elim – 701-271-1800</li> <li>• Evergreens, Fargo – 701-239-4524</li> </ul> <p data-bbox="540 1188 740 1220"><b>Caregiver resources:</b></p> <ul data-bbox="540 1220 1433 1524" style="list-style-type: none"> <li>• Community of Care (Casselton) – 701-347-0032</li> <li>• Caregiver Support &amp; Respite program – 1-800-488-4146</li> <li>• Caregivers Support Group – 701-261-3142</li> <li>• Caregiver Discussion Group – 218-233-7521</li> <li>• Mhd Caregiver Discussion Group – 218-233-7521</li> <li>• Rural Cass Caregivers – 877-815-8502</li> <li>• Support Group for Alzheimer’s Caregivers (young onset) – 701-277-9757</li> <li>• Alzheimer’s Support Group for those with family member in Eventide – 218-233-7508</li> <li>• Family Caregiver Support program – 701-298-4480</li> <li>• Hospice support for widows &amp; widowers – 701-356-1500</li> </ul> <p data-bbox="540 1556 764 1587"><b>Elder Abuse resources:</b></p> <ul data-bbox="540 1587 1256 1766" style="list-style-type: none"> <li>• Adult Protective Services – Fargo - 701-241-5747</li> <li>• Adult Protective Services - Moorhead – 218-299-5200</li> <li>• Rape &amp; Abuse Center (Abuse in Later Life Advocate) – 701-293-7273</li> <li>• Clay Co. Elder Abuse Project – 218-299-7542</li> <li>• Protection &amp; Advocacy Project – 701-239-7222</li> <li>• Guardian &amp; Protective Services – 701-297-8988</li> </ul> <p data-bbox="540 1797 1097 1829"><b>Resources to assist the elderly in staying in their homes:</b></p> <ul data-bbox="540 1829 1057 1881" style="list-style-type: none"> <li>• Community of Care (Casselton) – 701-347-0032</li> <li>• Sanford Healthcare Accessories – 701-293-8211</li> </ul> | X    |



| Identified concern | Community resources that are available to address the need   | Gap? |
|--------------------|--|------|
|                    | <ul style="list-style-type: none"> <li>• Sanford Home Care – 701-234-4900</li> <li>• Sanford Personal Care – 701-232-2452</li> <li>• Access – 218-233-3991</li> <li>• Care 2000 – 218-233-1000</li> <li>• Change is Good – 218-329-7442</li> <li>• Homewatch – 218-233-1667</li> <li>• LSS Caregiver Respite Services – 218-233-7521</li> <li>• Midwest Community Residential Services – 218-287-5422</li> <li>• Accent Multi Services – 701-293-6000</li> <li>• Active at Home Helpers – 701-200-4328</li> <li>• At Home Caregiver Services – 701-293-7294</li> <li>• Comfort Keepers – 701-237-0004</li> <li>• Community Living Services – 701-232-3133</li> <li>• C &amp; R Quality Living – 701-235-5744</li> <li>• Ebenezer Human Care – 701-412-5525</li> <li>• Heart 2 Heart – 701-200-7828</li> <li>• Sisters of Mary Home Care – 701-235-5750</li> <li>• Home Instead Home Care – 701-478-1010</li> <li>• Prairieland Home Care – 701-293-8172</li> <li>• Tami’s Angels – 701-237-3415</li> <li>• Lincare – 701-235-0175</li> <li>• HERO – 701-212-1921</li> <li>• Coram Healthcare – 218-233-2210</li> <li>• Griswold Home Health – 218-639-4419</li> <li>• LSS Senior Companion Program – 701-271-3247</li> <li>• LSS Senior Nutrition Program – 218-233-7521</li> <li>• Meals on Wheels – 701-293-1440 (Fargo)</li> <li>• Meals on Wheels – 218-287-0434 (Mhd.)</li> <li>• Outreach Assistance – 701-293-1440</li> </ul> <p>Elderly Nutrition Services:</p> <ul style="list-style-type: none"> <li>• Cash Wise (grocery delivery)</li> <li>• Hornbachers (grocery delivery)</li> <li>• SunMart (grocery delivery)</li> <li>• LSS Senior Nutrition Program 218-233-7521</li> <li>• Meals on Wheels (Fargo, W Fargo &amp; Moorhead)</li> <li>• Congregate Meals (Fargo, W Fargo &amp; Moorhead)</li> </ul> <p>Elder Care (adult day care):</p> <ul style="list-style-type: none"> <li>• Bethany Day Services 701-239-3544</li> <li>• Cass Co. Social Services 701-241-5747</li> <li>• Home Instead Senior Care 701-478-1040</li> <li>• Johnson Elder Care Home 701-277-7195</li> <li>• Kinder-er Care Home 701-281-3016</li> <li>• Rainbow Square (adult daycare at Rosewood) 701-277-7999</li> <li>• Villa Maria Club Connection 701-293-7750</li> <li>• Adult Life Program 701-299-5600</li> <li>• Arbor Park 218-359-9999</li> <li>• Evergreens 218-233-1535</li> <li>• Fairmont Adult Day Care 218-233-8022</li> <li>• Four Seasons 218-359-9999</li> <li>• Home Appeal 218-227-5274</li> <li>• River Pointe 218-287-6900</li> </ul> |      |

| Identified concern | Community resources that are available to address the need   | Gap? |
|--------------------|--|------|
| Children and Youth | <p>Resources for at risk children &amp; youth:</p> <ul style="list-style-type: none"> <li>• Center for Parenting &amp; Children 218-233-6258 (Moorhead); 701-235-6433 (Fargo)</li> <li>• Stepping Stones Resource Center 701-356-8585</li> <li>• Clay Co. Social Services 218-299-5200</li> <li>• Cass Co. Social Services 701-241-5761</li> <li>• Catholic Family Services 701-235-4457</li> <li>• Early Intervention Program</li> <li>• 218-284-3800</li> <li>• Follow Along Program 218-299-5200</li> <li>• Head Start 218-299-7002</li> <li>• Lutheran Social Services of MN 218-236-1494</li> <li>• Lutheran Social Services of ND 701-235-7341</li> <li>• Village Family Service Center 218-451-4900</li> <li>• Caring Program for Children 701-277-2227</li> <li>• Cass Co. Parenting, Children &amp; Family Resources 701-241-5765 / 241-5775</li> <li>• CHARISM 701-241-8570</li> <li>• Christian Family Life Services 701-237-4473</li> <li>• Family HealthCare Center 701-241-1360</li> <li>• Fargo Youth Commission 701-235-2147</li> <li>• Head Start 701-235-8931</li> <li>• Infant Development (SEHSC) 701-298-4471</li> <li>• Nokomis 701-232-5635</li> <li>• North Dakota Kids Count 701-231-5931</li> <li>• Right Tracks 701-793-3722</li> <li>• SENDCA 701-232-2452</li> <li>• Youthworks 701-232-8558</li> <li>• FirstLink – 701-293-6462</li> </ul> <p>Infant Child Care resources:</p> <ul style="list-style-type: none"> <li>• Child Care Resource &amp; Referral 218-299-7026</li> <li>• Child Care Assistance Program 701-328-2332</li> <li>• Child Care Aware 1-800-997-8515</li> <li>• Baby Bloomers 701-356-1299</li> <li>• Lots-4-Tots 701-235-5789</li> <li>• Tot Spot 701-232-6999</li> <li>• Hope Lutheran 701-235-6629</li> <li>• Children of Hope 701-936-9616</li> <li>• Cobber Kids’ Corner 218-299-4204</li> <li>• Centered on Kids 218-284-2774</li> <li>• YMCA 701-293-9622</li> <li>• Our Redeemer 218-233-8270</li> <li>• ABC Sandcastle 701-293-0149</li> </ul> <p>Poverty resources:</p> <ul style="list-style-type: none"> <li>• Caring Closet (free clothes) 701-235-6848</li> <li>• Family HealthCare Center 701-241-1360</li> <li>• Clay Co. Social Services 218-299-5200</li> <li>• Cass Co. Social Services 701-241-5761</li> <li>• Lutheran Social Services of ND 701-235-7341</li> <li>• Lutheran Social Services of MN 218-236-1494</li> <li>• Village Family Service Center 218-451-4900</li> <li>• Lakes &amp; Prairies Community Action Partnership 218-299-7314</li> <li>• Child Care Assistance Program 701-328-2332</li> <li>• Homeless Shelters</li> <li>• Food Pantries</li> </ul> | X    |

| Identified concern | Community resources that are available to address the need   | Gap? |
|--------------------|--|------|
| Crime/<br>Safety   | <p>Cass County Sheriff<br/>701-241-5800</p> <p>Clay County Sheriff<br/>218-299-5151</p> <p>Fargo Police 701-235-4493</p> <p>Moorhead Police 218-299-5120</p> <p>ND Crime Victim &amp; Witness Assistance Program – 701-241-5850</p> <p>Child Abuse &amp; Neglect resources:</p> <ul style="list-style-type: none"> <li>• Sanford Child &amp; Adolescent Maltreatment Center – 701-234-4580</li> <li>• Red Flag Green Flag program – 701-293-7298</li> <li>• Protection &amp; Advocacy Project – 701-239-7222</li> <li>• *Guardian &amp; Protective Services – 701-297-8988</li> </ul> <p>Domestic Violence resources:</p> <ul style="list-style-type: none"> <li>• Rape &amp; Abuse Crisis Center</li> <li>• 701-293-7273</li> <li>• YWCA Shelter 701-232-3449</li> <li>• ND Victim Assistance Assn.</li> <li>• 701-241-5850</li> <li>• Migrant Health Hispanic Battered Women &amp; Children Program 218-236-6502</li> <li>• Community Health Services, Inc. Domestic Violence Community Advocacy Program 218-236-6502</li> <li>• Clay Co. Crime Victim Advocacy Program. 218-299-7513</li> <li>• Churches United 218-236-0372</li> <li>• Mujeres Unidas del Red River Valley 218-236-9884</li> </ul> <p>Alcohol abuse resources:</p> <ul style="list-style-type: none"> <li>• AA Red Road to Sobriety 701-298-8233</li> <li>• Alcoholics Anonymous (more than 50 groups in the area) 701-235-7335 / 701-232-9930</li> <li>• Celebrate Recovery 701-232-0003</li> <li>• Codependents Anonymous 701-235-73335</li> <li>• SMART Recovery 701-235-5229</li> <li>• ADAPT, Inc. 701-232-1225</li> <li>• Centre Inc. 701-237-9340</li> <li>• Chris Shiaro Counseling 701-271-0600</li> <li>• Cass Co. Public Health (detox) 701-364-0116</li> <li>• Claudia McGrath Counseling 701-277-0654</li> <li>• Dakota Foundation (detox) 701-223-4517</li> <li>• Discovery Counseling 701-237-4542</li> <li>• Drake Counseling 701-293-0736</li> <li>• VA Substance Abuse Treatment Program. 701-239-3700</li> <li>• First Step Recovery 701-293-3384</li> <li>• Lynn W. Olund DUI Seminar Program 701-298-3874</li> <li>• Pathways Counseling &amp; Recovery Center 701-232-5955</li> <li>• PSJ Dui Seminar 701-476-7200</li> <li>• ShareHouse 701-282-6561</li> <li>• Sister’s Path 701-478-8440</li> <li>• Prairie St. Johns 701-476-7200</li> <li>• Simon Chemical Dependency Services 701-298-8108</li> <li>• SE Human Service Center 701-298-4500</li> </ul> <p>Affordable health care resources:</p> | X    |
| Cost/              | Affordable health care resources:  | X    |

| Identified concern   | Community resources that are available to address the need  | Gap? |
|----------------------|---|------|
| Access to Healthcare | <ul style="list-style-type: none"> <li>• Community Care/Charity Care programs at Sanford &amp; Essentia</li> <li>• Family HealthCare Center – 701-271-3344</li> <li>• Fargo Cass Public Health - 701-241-1360</li> <li>• Clay Co. Public Health – 218-299-5220</li> <li>• Prescription Assistance Program – 701-364-0398</li> <li>• Salvation Army prescription assistance program - 701-232-5565</li> </ul> <p>Reduced cost dental resources:</p> <ul style="list-style-type: none"> <li>• RRV Dental Access – 701-364-5364</li> <li>• Family HealthCare Center – 701-271-3344</li> <li>• Apple Tree Dental – Hawley -(218) 483-1038</li> </ul>  |      |
| Physical Health      | <p>Obesity resources</p> <ul style="list-style-type: none"> <li>• Sanford Dietitians</li> <li>• Sanford Eating Disorders &amp; Wt. Management Center – 701-234-4111</li> <li>• Eating Disorders Support Group – 701-234-4111</li> <li>• Gastric Bypass Support Group – 701-235-8502</li> <li>• Valley Fitness – 701-277-9010</li> <li>• Planet Fitness (Fargo) – 701-478-3300</li> <li>• Planet Fitness (Mhd) – 218-477-1955</li> <li>• Courts Plus – 701-237-4805</li> <li>• Core Fitness – 701-356-2044</li> <li>• Anytime Fitness (Fargo) – 701-566-8507</li> <li>• Anytime Fitness (Mhd) – 218-227-0010</li> <li>• 2020</li> <li>• Sanford Family Wellness Center – 701-234-2400</li> <li>• Touchmark Fitness – 701-526-1055</li> <li>• TNT Kids’ fitness – 701-365-8868</li> <li>• YMCA – 701-232-2547</li> <li>• Max Training – 701-359-0220</li> <li>• Metro Rec Center – 701-235-9211</li> </ul> <p>Farmers Markets:</p> <ul style="list-style-type: none"> <li>• Great Plains Community Farmers Market – 701-793-5532</li> <li>• New Festival – 7801-588-4316</li> <li>• Hildebrant’s – 701-281-1539</li> <li>• Farmer’s Market &amp; Beyond – 701-433-5360</li> <li>• Mhd Center Mall Market – 218-299-5296</li> <li>• Farmers Market &amp; Beyond – 701-433-5360</li> <li>• FM Farmers Market – 701-281-1539</li> <li>• Ladybug Acres produce stand – 701-799-3787</li> <li>• Red River Farmer’s Market – 701-491-8892</li> <li>• Sydney’s Health Market – 218-233-3310</li> <li>• Veggie Bus – 701-799-3787</li> <li>• Whistle Stop Farmers Market – 701-367-0490</li> <li>• Old Trail Market/Legacy Garden – 701-361-2111 or 701-361-3028</li> </ul> <p>Chronic Disease resources:</p> <ul style="list-style-type: none"> <li>• Sanford Dietitians</li> <li>• Sanford Better Choices, Better Health</li> <li>• Adult Connect Support Group (for epilepsy/seizure disorders) – 701-429-1165</li> <li>• Epilepsy Support Group – 701-232-8521</li> <li>• Parkinson’s Support Group – 701-365-8200</li> <li>• Young Onset Parkinson’s Support Group – 701-261-3142</li> <li>• FM Pelvic Pain Support Group – 218-790-0432</li> <li>• Post-Polio Support Group – 701-232-8417</li> </ul> | X    |

| Identified concern                  | Community resources that are available to address the need   | Gap? |
|-------------------------------------|--|------|
|                                     | <ul style="list-style-type: none"> <li>• Hepatitis Support Group – 701-234-2353</li> <li>• Life Threatening Illness Support Group – 218-233-3875</li> <li>• HIV/AIDS Support Group – 218-287-4636</li> <li>• Huntington’s Disease Support Group – 701-492-3123</li> <li>• Fibromyalgia Support Group – 701-235-9359 (First Luth.)</li> <li>• Fibromyalgia Support Group – 701-799-4200 (Sanford)</li> <li>• American Chronic Pain Assn. support group – 701-280-2472</li> <li>• Chronic Pain Support Group- 701-234-6600 (Sanford)</li> <li>• Chronic Pain Support Group – 701-261-3142 (HeartSprings Community Healing Center)</li> <li>• Crohn’s &amp; Colitis Support Group – 701-388-4025 (Sanford)</li> <li>• Diabetes Support Group – 701-364-8900 (Essentia)</li> <li>• Diabetes Support Group – 701-234-2245 (Sanford)</li> <li>• American Diabetes Association – 701-235-3080</li> <li>• NDSU Extension “dining with diabetes” class – 701-231-8944</li> <li>• Celiac Support Group – 701-232-3896</li> <li>• Red River Celiacs – 701-235-6603</li> <li>• Multiple Sclerosis Support Group – 701-293-5605</li> <li>• Sleep Disorders Support Group – 218-233-7918 (Grace Methodist in Mhd.)</li> <li>• Sleep Disorders Support Group – 701-297-7540 (Benson Psych. Services, Fgo.)</li> <li>• Stroke Support Group (Essentia) – 701-364-7752</li> <li>• Stroke Support Group (Sanford) – 701-234-5770</li> <li>• FirstLink – 701-293-6462</li> </ul> <p>Cancer resources:</p> <ul style="list-style-type: none"> <li>• Sanford Roger Maris Cancer Center – 701-234-6161</li> <li>• Essentia Cancer Center – 701-364-8910</li> <li>• Atonement Cancer Care Support Group – 701-237-9651</li> <li>• Cancer Support Group – 218-236-1333</li> <li>• Us Too Support Group (for prostate cancer survivors) – 218-233-1176</li> <li>• Embrace Cancer Survivorship Program – 701-234-7463</li> <li>• American Cancer Society – 701-232-1385</li> </ul> |      |
| Mental Health/<br>Behavioral Health | <p>Mental Health resources:</p> <ul style="list-style-type: none"> <li>• Alzheimer’s Association – 701-277-9757</li> <li>• ARC of West Central MN – 218-233-5949</li> <li>• Catholic Family Services – 701-235-4457</li> <li>• CCRI – 218-236-6730</li> <li>• Clay Co. Public Health – 218-299-5220</li> <li>• Clay Co. Social Services – 218-299-5200</li> <li>• Community Outreach Ctr at MSUM – 218-477-2513</li> <li>• Crisis Responders – 800-223-4512</li> <li>• Drake Counseling Services – 701-293-5429</li> <li>• EAP in the workplace</li> <li>• Essentia (Fargo &amp; Mhd locations)</li> <li>• Fargo Cass Public Health – 701-241-1360</li> <li>• FirstLink – 701-293-6462</li> <li>• Human Service Associates – 218-291-1658</li> <li>• Lakeland Mental Health – 218-233-7524</li> <li>• Lutheran Social Services of MN – 218-236-1494</li> <li>• Lutheran Social Services of ND – 701-235-7341</li> <li>• Mental Health Association (Mental Health America) – 701-237-5871</li> <li>• Mobile Mental Health Crisis Team – 800-223-4512</li> <li>• Prairie St. John’s (Mhd Clinic) – 218-284-0300</li> <li>• Prairie St. John’s (Fargo clinic) – 701-476-7216</li> <li>• Rape &amp; Abuse Crisis Center – 701-293-7273</li> <li>• Safe Harbour – 218-287-2593</li> </ul>   | X    |

| Identified concern | Community resources that are available to address the need  | Gap? |
|--------------------|---|------|
|                    | <ul style="list-style-type: none"> <li>• Sanford Health Behavioral Health – 701-234-6000</li> <li>• SE Mental Health – 701-298-4500</li> <li>• SENDCA – 701-232-2452</li> <li>• Social Connection – 218-284-6069</li> <li>• Solutions – 218-287-4338</li> <li>• Tran\$ Em (Transitional Supported Employment of MN) – 218-233-7438</li> <li>• VA – 701-239-3700 ext. 9-3150</li> <li>• Village Family Service Center – 701-451-4900</li> <li>• Vosburg Counseling for Seniors – 701-235-2092</li> </ul> <p>Substance Abuse/Addictions resources:</p> <ul style="list-style-type: none"> <li>• AA Club House – 701-232-9930</li> <li>• Anchorage, The – 218-287-1500</li> <li>• Centre Detox – 701-237-3341</li> <li>• Clay Co. Chemical Dependency Services – 218-299-5200</li> <li>• Clay County Detox – 218-299-5171</li> <li>• Clay Co. Public Health 218-299-5220</li> <li>• Clay Co. Social Services – 218-299-5200</li> <li>• First Step Recovery – 701-293-3384</li> <li>• Gamblers Choice – 701-235-7341</li> <li>• Gambling Problem Hotline – 800-472-2911</li> <li>• Lost &amp; Found Ministry/ Recovery Worship – 218-287-2089</li> <li>• Prairie St. John’s (Mhd Clinic) – 218-284-0300</li> <li>• Prairie St. John’s (Fargo clinic) – 701-476-7216</li> <li>• Safe Harbour – 218-287-2593</li> <li>• Sharehouse Wellness Center – 218-233-6398</li> <li>• Prairie St. John’s – 701-476-7216</li> <li>• SE Human Service Center – 701-298-4500</li> <li>• Sexaholics Anonymous – 701-235-5303</li> <li>• Sharehouse OP &amp; Residential Addiction Services – 701-282-6561</li> <li>• Simon Chemical Dependency Services – 701-298-8108</li> <li>• Sister’s Path – 701-478-6562</li> <li>• VA – 701-239-3700</li> <li>• Village, The – 701-451-4900</li> </ul> <p>Smoking Cessation resources:</p> <ul style="list-style-type: none"> <li>• BAN Program (Break Away from Nicotine) – 701-476-4083 (City of Fargo program)</li> <li>• ND Quits (ND Dept. of Health) – 701-214-4170</li> <li>• Sanford Health – 701-234-5191 (tobacco cessation counselor)</li> <li>• Sanford Health – 701-234-6452 (tobacco &amp; asthma education)</li> <li>• Fargo Cass Public Health (health educator) – 701-241-1367</li> <li>• Essentia Health (tobacco treatment specialist) – 701-364-4524</li> </ul> |      |
| Preventive health  | <p>Sanford Clinics – 701-234-2000</p> <p>Essentia Clinics – 701-364-8000</p> <p>Family HealthCare Center – 701-271-3344</p> <p>Fargo Cass Public Health – 701-241-1383</p> <p>Clay Co. Public Health – 218-299-7777</p>   | X    |



## Fargo/Moorhead 2016 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 |
|--|--------------|--------------|--------------|
| <b>Economics</b> <ul style="list-style-type: none"> <li>• Availability of affordable housing 3.88 (7)</li> <li>• Hunger 3.63</li> </ul>  |              |              |              |
| <b>Aging</b> <ul style="list-style-type: none"> <li>• Cost of long term care 4.16 ( 1)</li> <li>• Availability of memory care 3.71</li> <li>• Availability of LTC 3.51</li> </ul>  |              |              |              |
| <b>Children and Youth</b> <ul style="list-style-type: none"> <li>• Bullying 3.82 (10)</li> <li>• Cost of quality child care 3.86 (8)</li> <li>• Cost of quality infant care 3.99 ( 7)</li> <li>• Availability of quality child care 3.84 (9)</li> <li>• Availability of quality infant care 3.84 (9 )</li> <li>• Cost of services for at risk youth 3.55</li> </ul>  |              |              |              |
| <b>Safety</b> <ul style="list-style-type: none"> <li>• Presence of street drugs and alcohol in the community 3.84 ( 9)</li> <li>• Presence of drug dealers in the community 3.9 ( 6)</li> <li>• Crime 3.74</li> <li>• Child abuse and neglect 3.72</li> <li>• Domestic violence 3.78</li> <li>• Presence of ganga activity in the community 3.64</li> <li>• Sex trafficking 3.50</li> </ul>  |              |              |              |
| <b>Health care</b> <ul style="list-style-type: none"> <li>• Access to affordable health insurance 4.04 (2)</li> <li>• Access to affordable health care 3.92 ( 5)</li> <li>• Access to affordable prescription drugs 3.9 ( 6)</li> <li>• Timely access to substance abuse providers 3.82</li> <li>• Cost of affordable dental insurance coverage 3.8</li> <li>• Use of emergency room for primary care 3.72</li> <li>• Cost of affordable vision insurance 3.6</li> </ul>   |              |              |              |
| <b>Physical Health</b> <ul style="list-style-type: none"> <li>• Cancer 3.97 ( 3)</li> <li>• Chronic disease 3.81                             <ul style="list-style-type: none"> <li>○ High Cholesterol</li> <li>○ Hypertension</li> <li>○ Arthritis</li> </ul> </li> <li>• Inactivity and lack of exercise 3.82 (10)                             <ul style="list-style-type: none"> <li>○ 48% report moderate activity 3x/week</li> </ul> </li> <li>• Obesity 3.75                             <ul style="list-style-type: none"> <li>○ 61.3% of respondents report they are overweight or obese</li> </ul> </li> <li>• Poor nutrition and eating habits 3.76                             <ul style="list-style-type: none"> <li>○ Only 24.1% report having 3 or more vegetables/day</li> <li>○ Only 20.1% report having 3 or more fruits/day</li> <li>○ High Cholesterol</li> <li>○ Hypertension</li> </ul> </li> <li>• Infectious disease such as flu</li> </ul> | #2 priority  |              |              |
| <b>Mental Health</b> <ul style="list-style-type: none"> <li>• Depression 3.94 (4)</li> <li>• Dementia and Alzheimer’s 3.76</li> <li>• Stress 3.65</li> <li>• Suicide 3.65</li> </ul>   | #1 priority  |              |              |



| Health Indicator/Concern   | Round 1 Vote | Round 2 Vote | Round 3 Vote |
|--|--------------|--------------|--------------|
| <ul style="list-style-type: none"> <li>• Underage drug use and abuse 3.66</li> <li>• Underage drinking 3.68</li> <li>• Drug use and abuse 3.84 (9)</li> <li>• Alcohol use and abuse 3.9 (6) <ul style="list-style-type: none"> <li>○ 33.2% of respondents report binge drinking</li> </ul> </li> <li>• Smoking and tobacco use 3.53</li> </ul> |              |              |              |
| <p><b>Preventive Health</b></p> <ul style="list-style-type: none"> <li>• Flu shots 37.9% of respondents report not having a flu shot last year</li> </ul>  | #3 priority  |              |              |

**Present: See list of community stakeholders – page 20**

# Community Health Needs Assessment

## Facilitated Discussion Summary July 15, 2015

### What surprised you about what you've heard this morning?

- Knowing what CDC data is – showing differences between community vs. national states
- Difference between community and shareholder concerns vs. reality (2 responses)
- Stats re: feeling healthy but not getting follow-up; not thinking long term; fear of dentist
- The number of people who think they are healthy but have health risks
- Concern regarding healthcare/long term care costs (2 responses)
  - Affordability still seems to be a big issue – new generation will not have enough
  - Respondents appear to be uninformed/confused about insurance
  - Cost and affordability even in sectors that may be considered
  - Disconnect in affordability
- Blood pressure status – doctor hasn't suggested
- Where are community healthcare / Family HealthCare Center?
- 3% say they binge drink on a daily basis (2 responses)
- Low reporting on prescription drug misuse and abuse (is an issue in rural areas) (2 responses)
  - Is low reporting rate due to self-reporting?
- 92% reported not using tobacco – lower than expected
- The smoking prevalence
- Lack of transportation – survey didn't identify this as a priority, esp. in rural areas (2 responses)
- Mental health for minors not emphasized
- Surprised that mental health did not come up as much this time, but depression was mentioned – did respondents not realize that depression is a mental illness?
- Homelessness/lack of affordable housing
- Child care
- Responses on elder care
- Reimbursement for parish nurse programs
- Rapid growth of the communities (mostly the priority population) and how CHNA data could affect funding in the areas needing the most work but isn't representative of the data
- Everyone was impressed with all of the initiatives and the work being done through them; didn't know they were happening – how does the general public find out about all of this (2 responses)

### Based on the results, what do you feel is the biggest need for dedicated work in our community?

- Affordability seems to be a concern
  - Affordable care (esp. long term care) - based on results, although high percentage is insured
  - Long term care cost
  - Underinsured; uninsured
- Need more information: oral care, mental health (critical due to less stigma with self-reporting)
- Cancer screening rates issues statewide (wasn't teased out of survey)

- New American services / cultural awareness and sensitivity
- Community-based services need to be emphasized
- Aging issues in general
  - Elderly nutrition – case management & prevention; tie to concern about growing costs of nursing home care
  - Elder care/long term care
  - Aging life case management services at LSSND should be publicized more among partners
  - What are we doing to keep seniors in their homes to avoid the increasing cost of long term care?
  - No clear communication plan for aging issues and unsure how to support
  - Long term care cost
  - The public can't respond to questions when they don't know about the problem; example: elder abuse - it's happening but people don't know about it.
- Education is extremely important – example: 51% didn't get a flu shot for “another reason” – why?
- More prevention
- Too much duplication/inefficiency in ND
- Not leveraging small size of ND – when we put our minds to it, we can really get things done
- Blue ribbon commission and state level coordination
- Legislators need to listen!
- Healthy initiatives - we are not making an impact on obesity and healthy habits – we need to kick start! Pull all organizations together to think about new ways of doing things
- Still need mental health support and it interacts with other healthcare issues
- Binge drinking issue – how do we change the norm?
- Mental health (3 responses)
- Chronic disease
- Affordable housing
- Active living
- Obesity
- Cancer
- Worksite health
- Community walkability
- Physical health issues
- Does homelessness show anywhere?

**How can your organization address this need internally?**

- If we work on prevention, this will impact long term care/healthcare
- Work with key members on efforts with the City of Fargo
- Use data and research available
- Create policies in the workplace
- Offer a confidential Employee Assistance Program
- Determine what is available collectively – what is working on other organizations?

### **What ideas do you have in ways your role/organization could partner with other community resources to impact this need?**

- SEHS mobile crisis unit home support, safety net including linking to services
- Better access to care plans for mental health; shared EHR
- Integrating behavioral health into all departments
- Being involved in collaboration
  - Volunteering time, working with your organization to offer time off for volunteering (i.e. City allows 1 hr./wk. to volunteer)
  - Collaboration between mainstream health organizations and community organizations in communicating the true needs of the population
  - Learn about other organizations - what is available, costs
  - Better integration needed between services still siloed – don't feel we are moving together and increasing integration
- Reduce or reallocate resources (especially unnecessary ones; ex: ambulance calls for non-emergency needs). I asked about the necessity of community paramedics and everyone agreed that services rendered by CHW or CP will definitely reduce cost and also provide the needed services to priority population that has not been met in the past.
- Advertise or educate more about the assessment overall
  - Create comprehensive ways of delivering health info to the community.
  - Collaborate between three major universities and use college students for the work. College students are more willing, they have the time, and they need to be exposed to the realities of life in order to advocate for change through systems or policies.
- Change methodology of survey
  - Go door to door to reach more priority populations
  - Tap into community data through other organizations (may get more info on prioritized populations)
  - Reduce # of pages of survey (it's burdensome even for the educated population)
  - Incorporate information from school health survey or find other ways of reaching younger populations
- Utilize high risk care managers

### **How do you plan to communicate the information from today to your organization?**

- Engage with nursing/dental students to help them understand need for all hands on board publicly to address needs
- Provide minority Native American viewpoint through NDSU study
- Inform staff about the survey results
- Focus on the elderly refugee mental health initiative - small numbers, manageable and very successful
- Discuss these issues/ideas with our organization
- Most want the needs of the people they serve to be reflective of the overall data, so finding ways to get involved so that their voices are heard will be a priority
- Conduct all-staff meetings; communicate with other members of our organization
- Look at it as for a higher income concern
- Share true information with the different businesses that they contact with

## OTHER

### Comments about the survey tool/how the survey was done/how to make it better

- The survey is a good starting point; improve the survey with a deeper dive
- How do we get a better representation over the next three years (use incentives to get better response rate, i.e. \$10 to take the survey – funding: Essentia, Sanford, DMF?)
- Inconclusive results to the general population.
- How favorable the data is to these communities when the reality of these communities is far from what is presented
- Pattern of respondents from stakeholders and residents (explains the similarities in priorities)
- Was there a question that asked about social connectedness?
- Comments about who took the survey
  - Higher income self-reporting tool may not reflect reality
  - 99% of respondents are insured which means lots of people were missed
  - Limitations of the study (ethnicity, income, education, age). A lot of our discussion was focused on limitations because organizations at my table represented populations that weren't included.
  - Lack of focus on students, Native Americans, other races, all ages
  - There was discussion related to who answered the survey – higher income, higher educated, older
  - Low percentage of rental income individuals represented (93% own their own homes)
  - Concerns about the younger population being excluded

### Miscellaneous comments (didn't fit into the categories)

- Could do some really good research
- Talked about community paramedic opportunities
- Community awareness is very important
- Great to have local data to work with

## Generalizable Survey Results

### General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

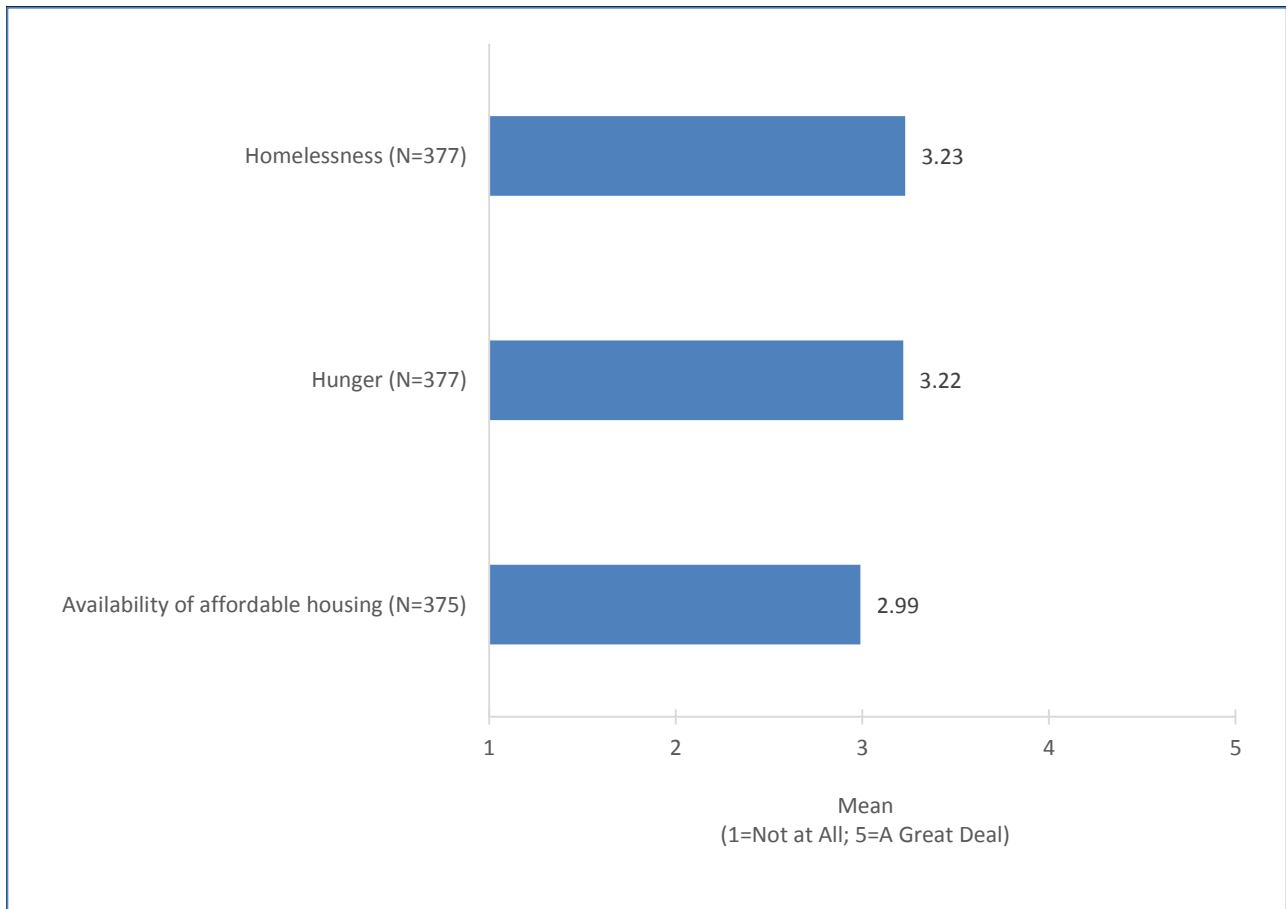


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

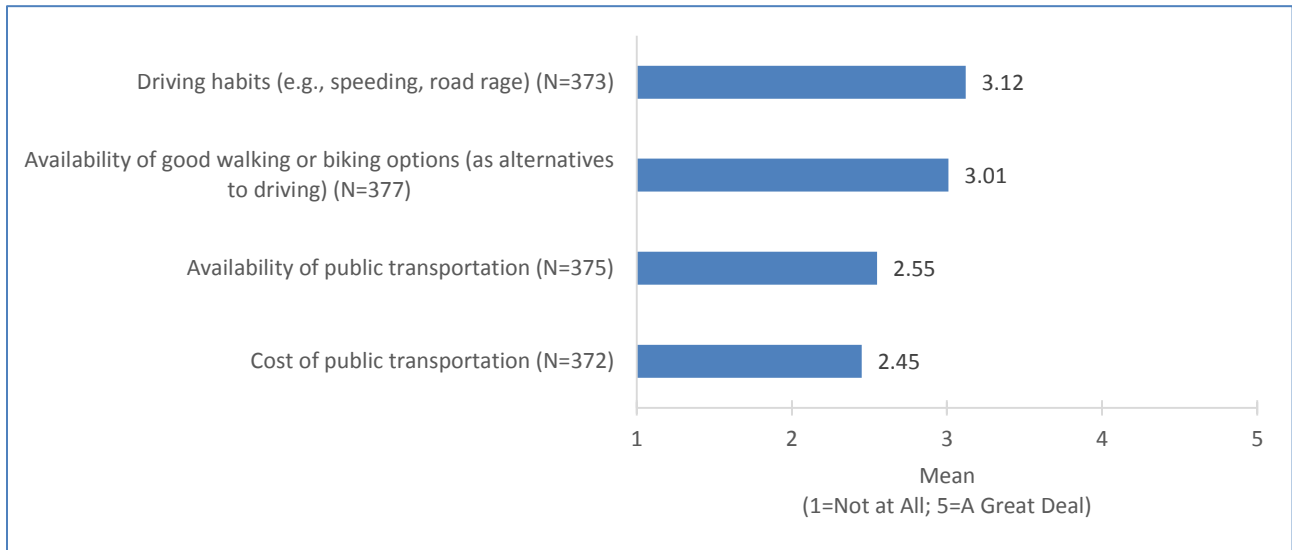


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

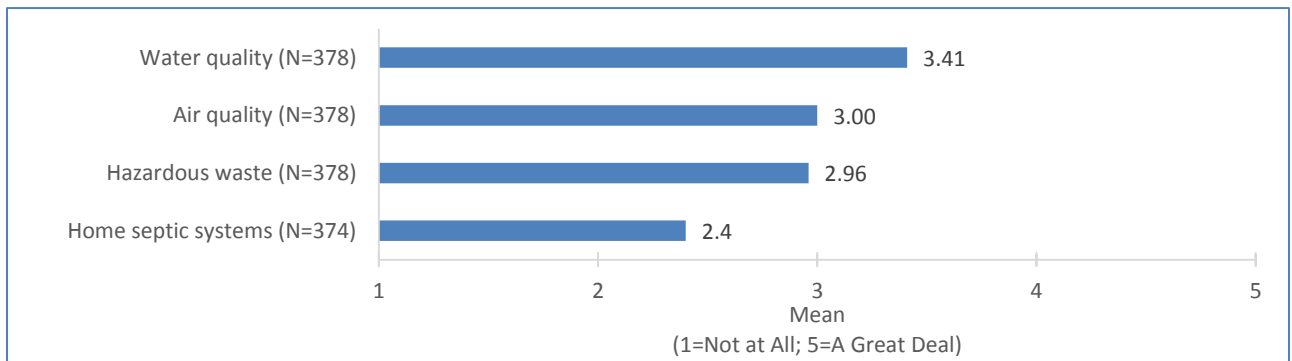


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

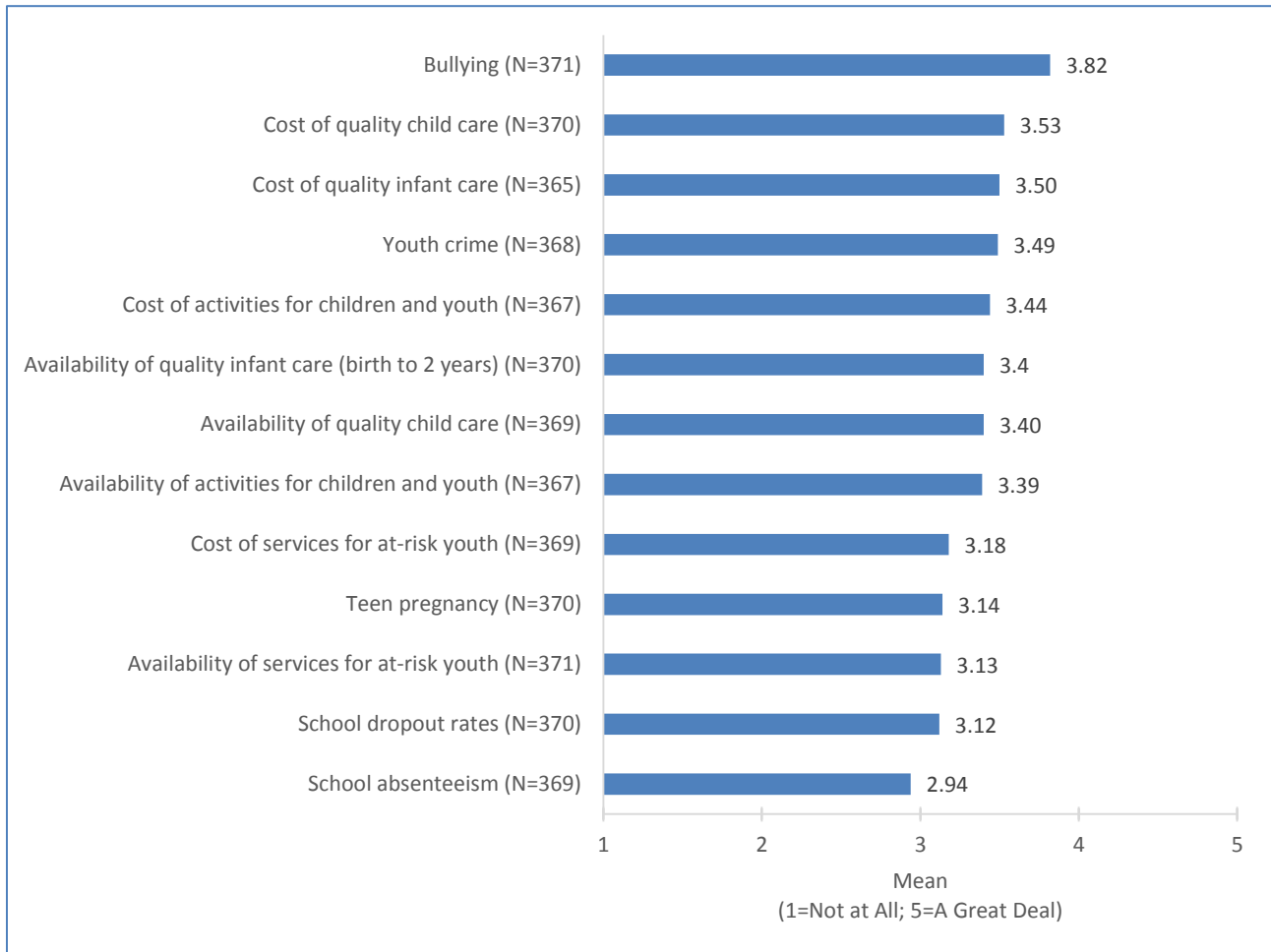


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

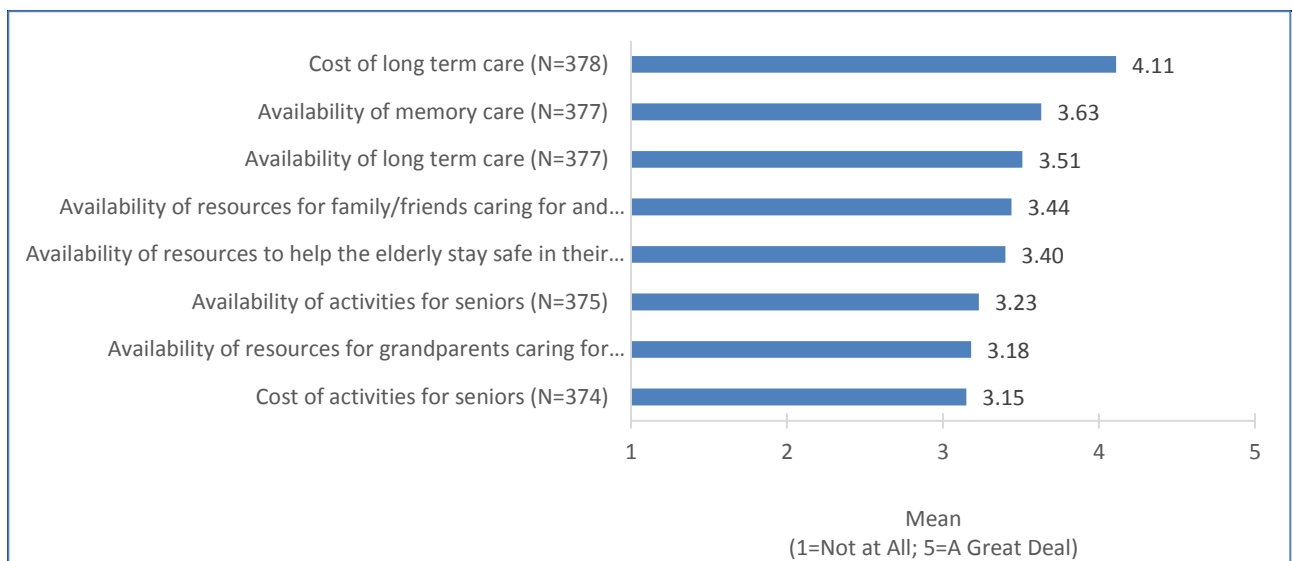




Figure 6. Level of concern with statements about the community regarding SAFETY

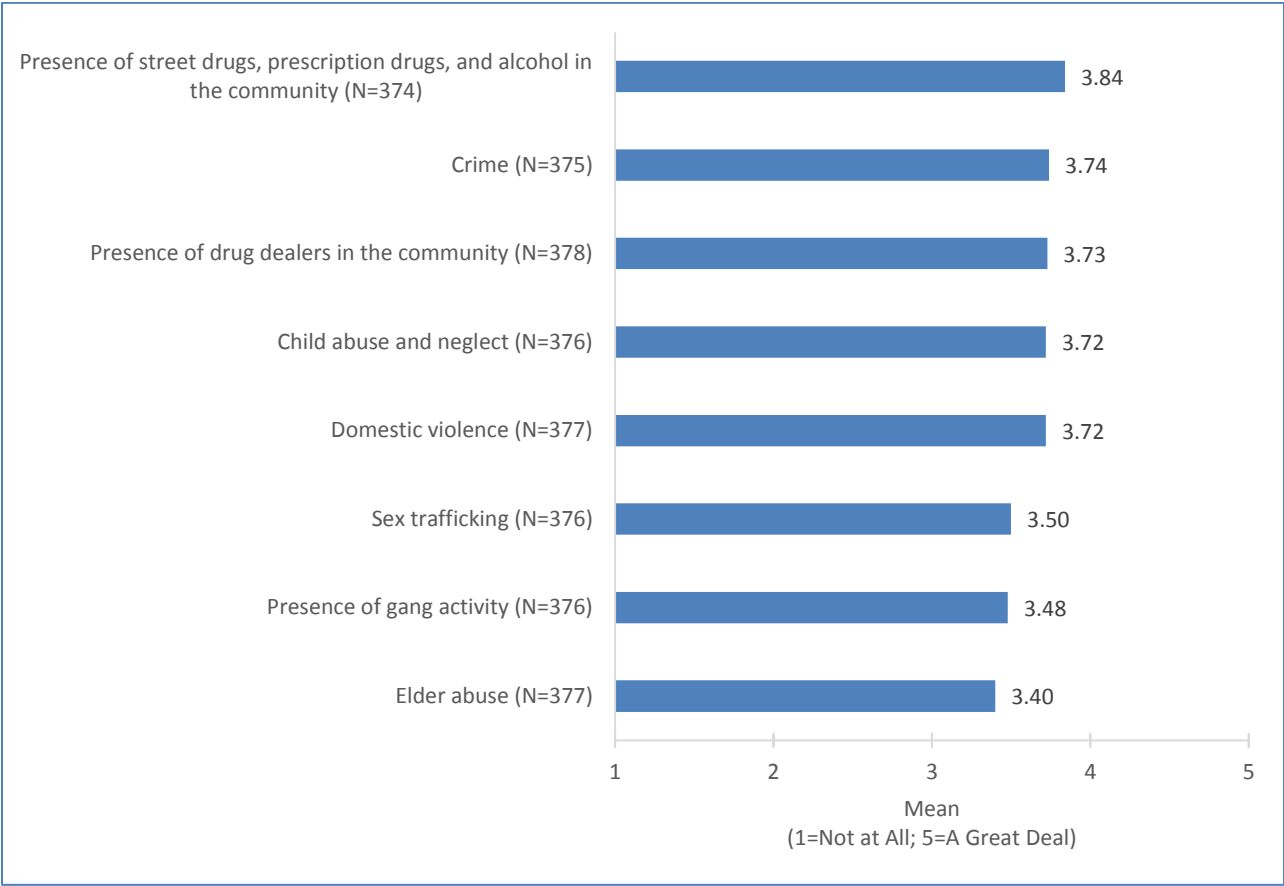


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

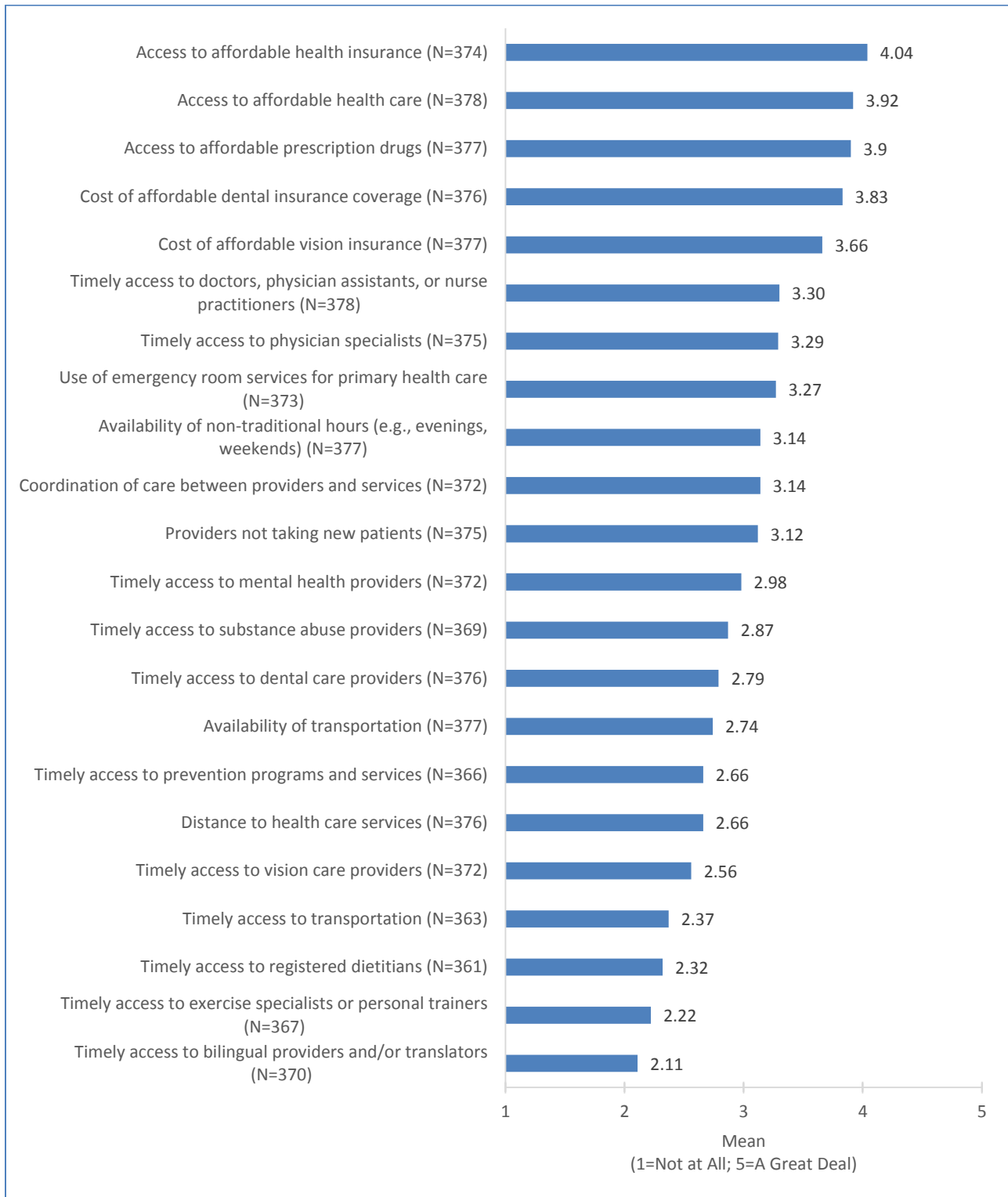


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

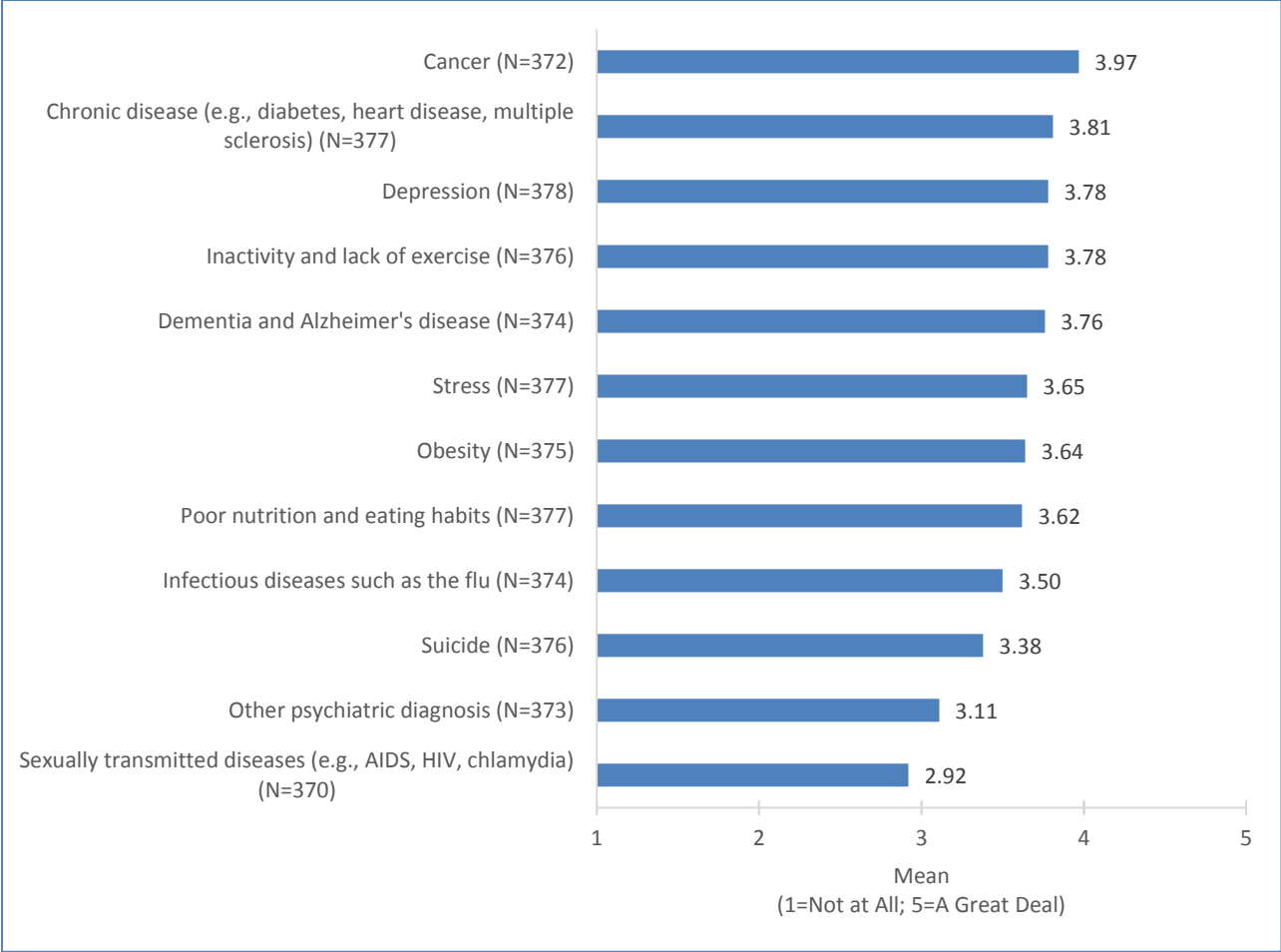
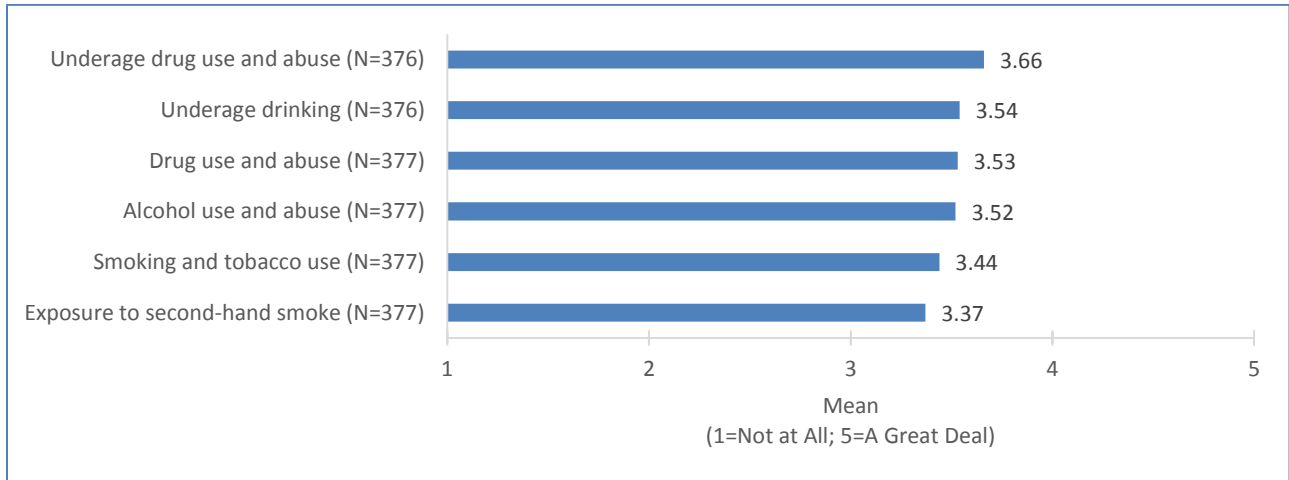
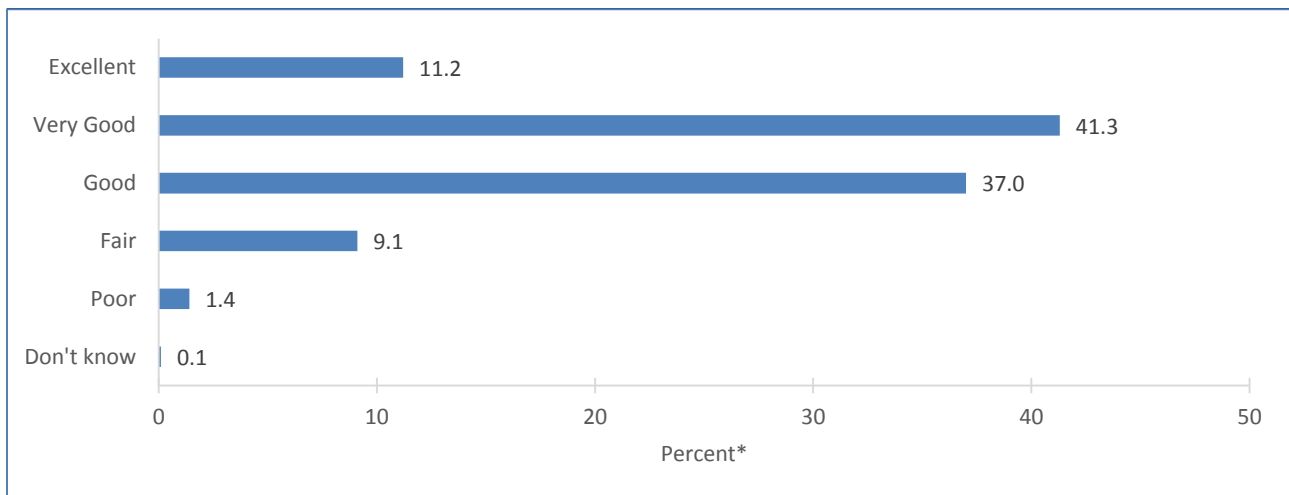


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



### General Health

Figure 10. Respondents' rating of their health in general



N=367

Figure 11. Respondents' weight status based on the Body Mass Index (BMI) scale

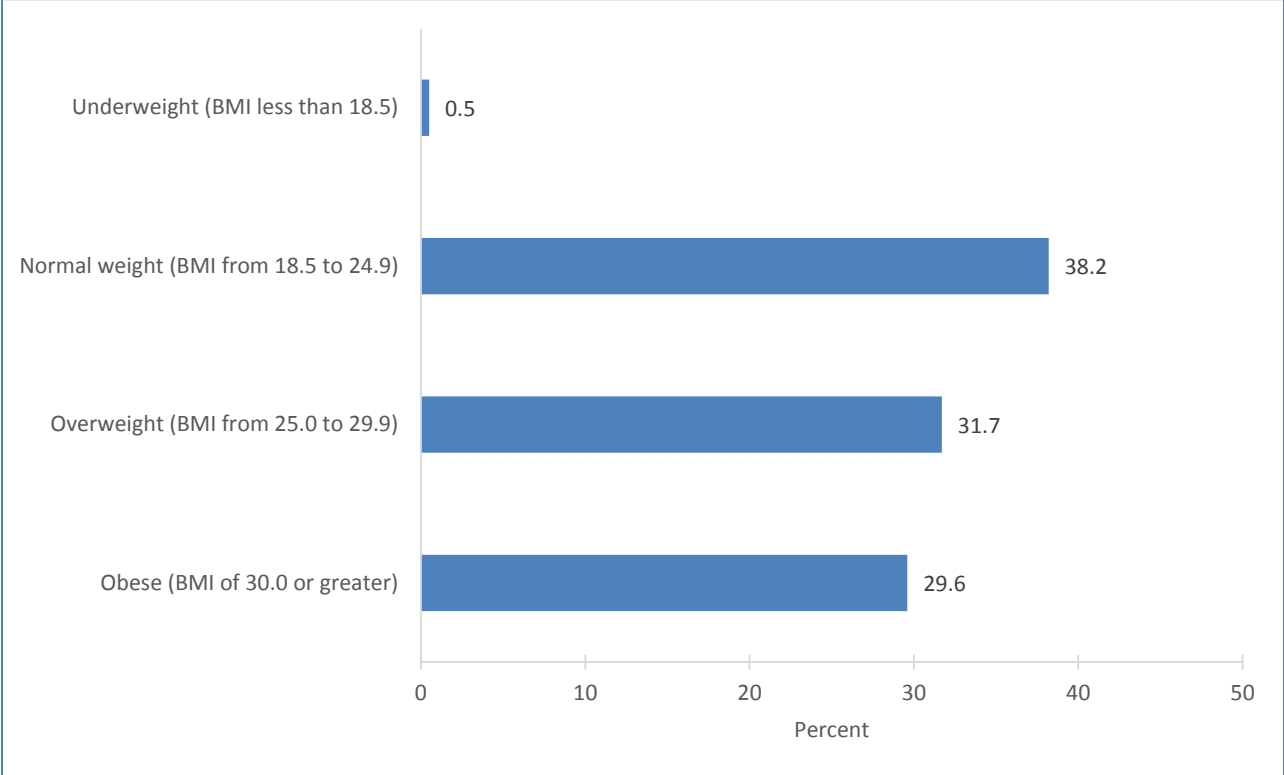


Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

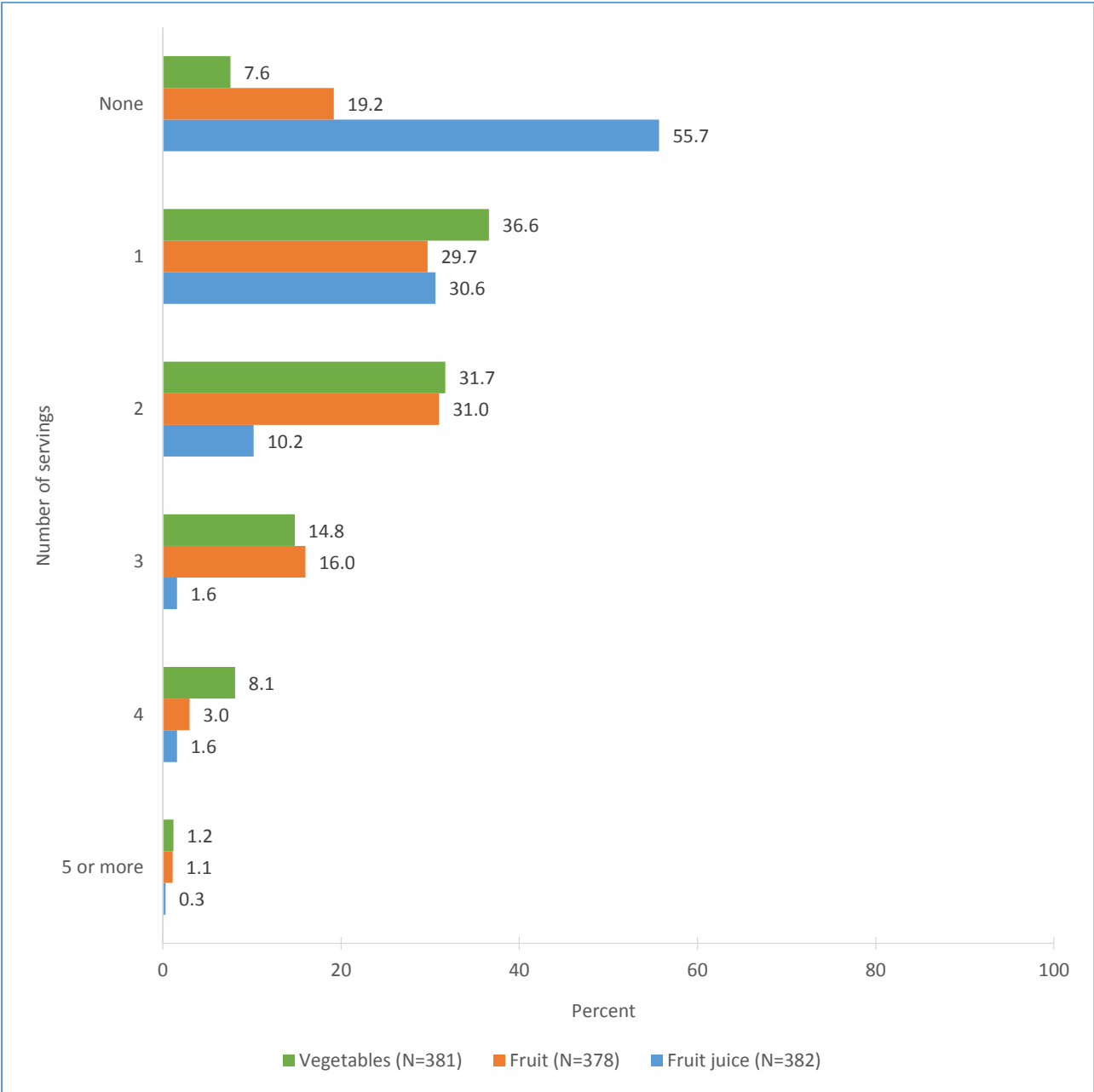
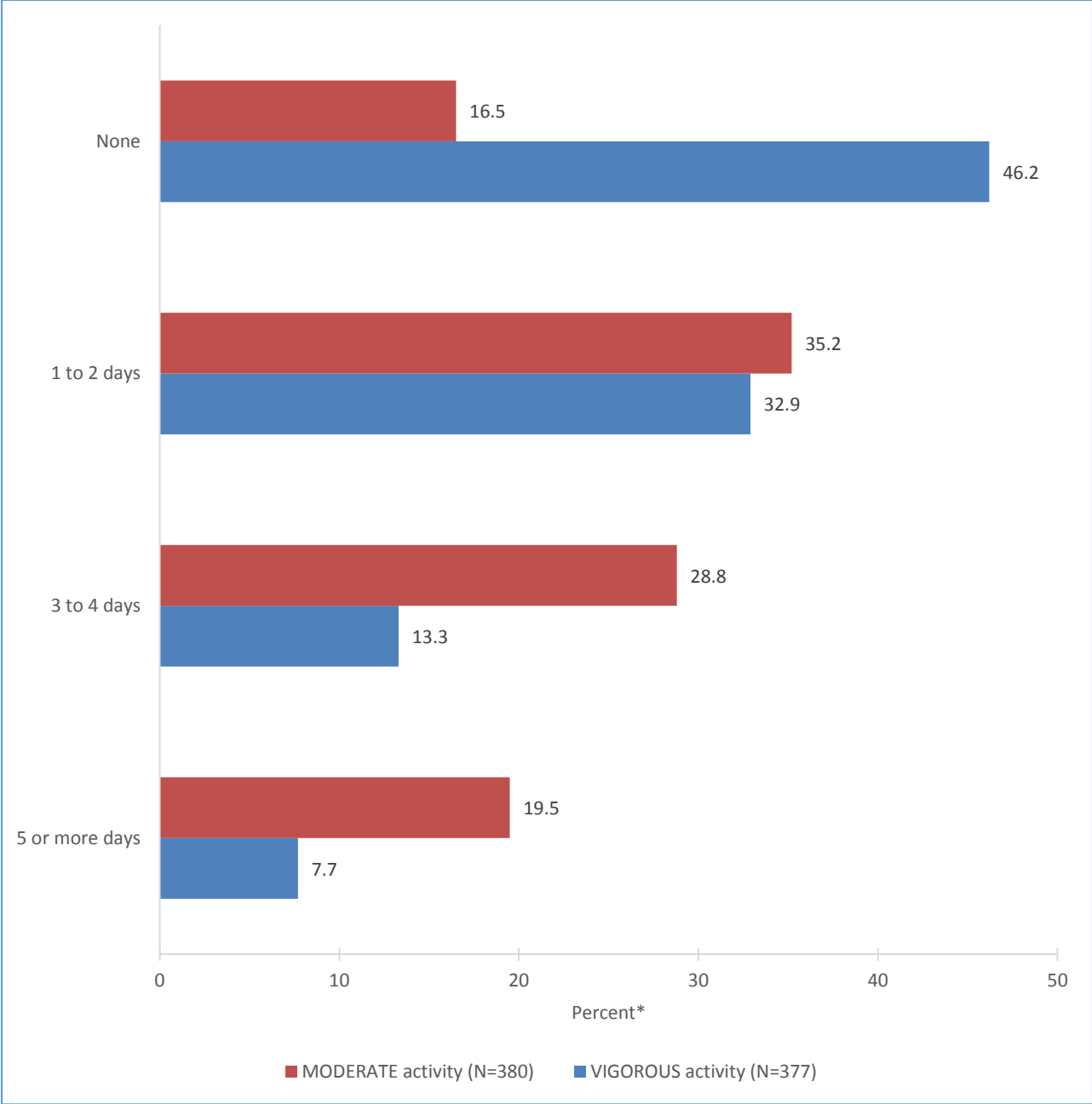


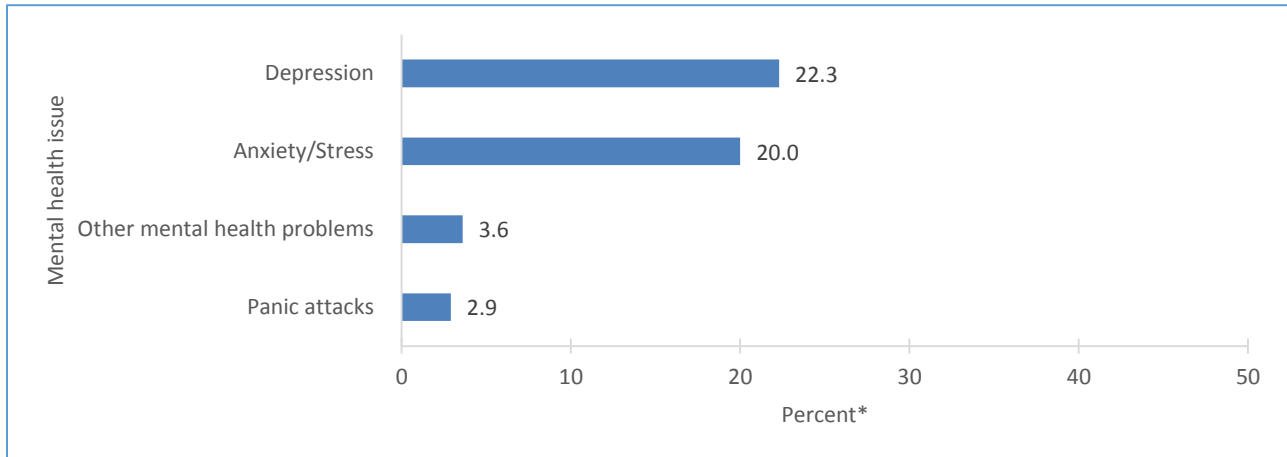
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



\*Percentages may not total 100.0 due to rounding.

## Mental Health

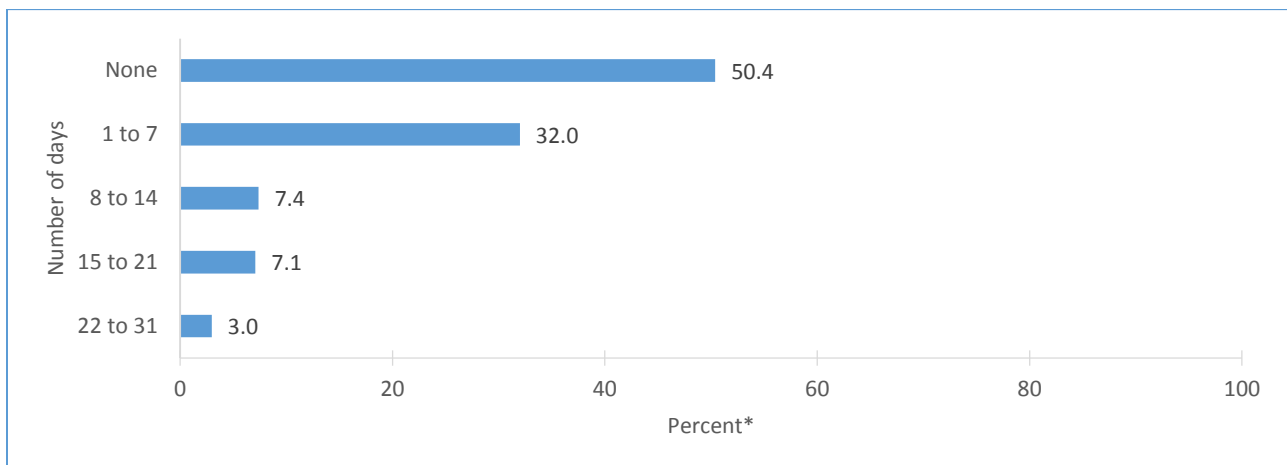
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=382

\*Percentages do not total 100.0 due to multiple responses.

Figure 15. Number of days in the last month that respondents' mental health was not good

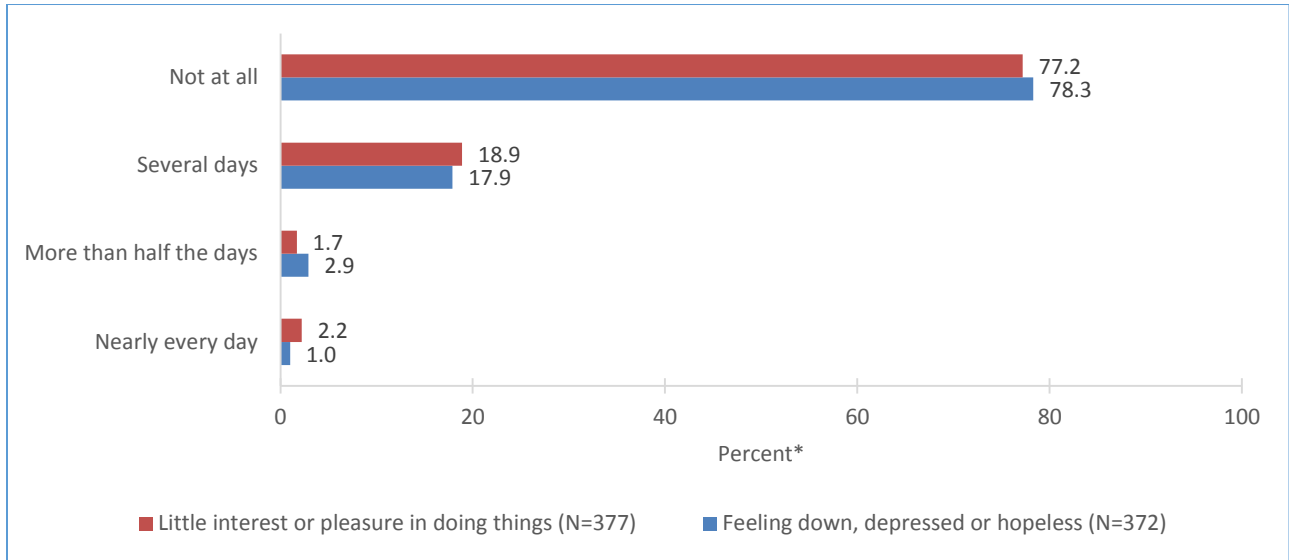


N=358

\*Percentages do not total 100.0 due to rounding.



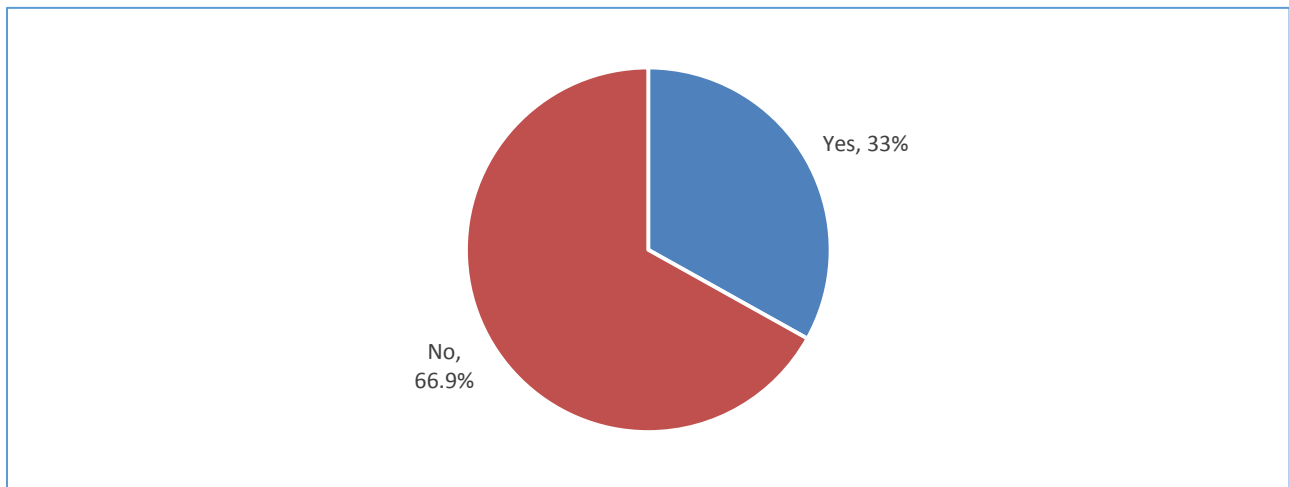
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



\*Percentages may not total 100.0 due to rounding.

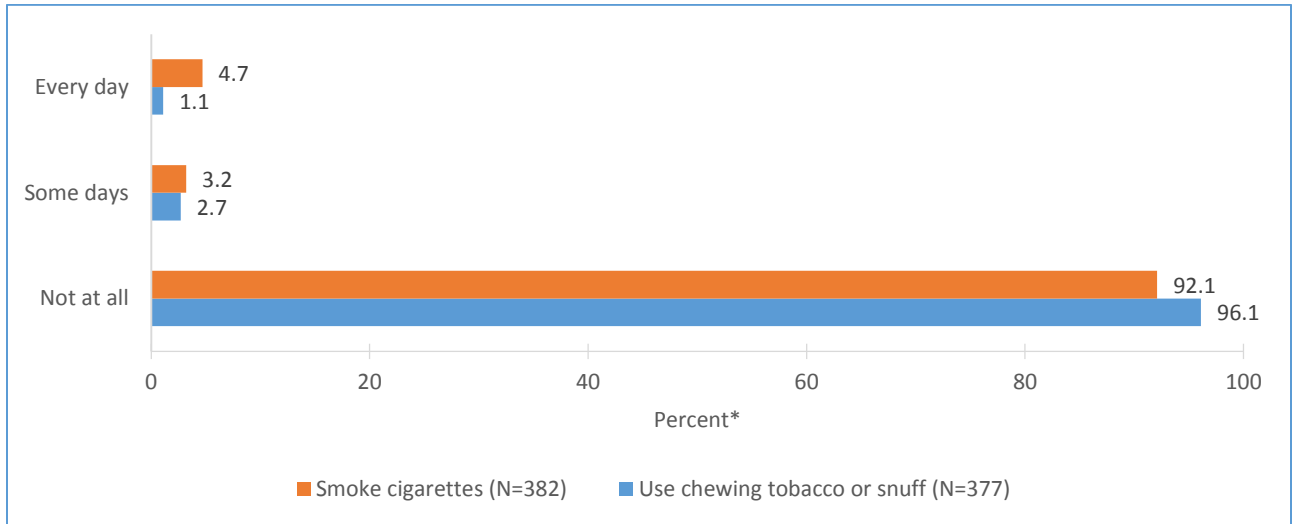
### Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



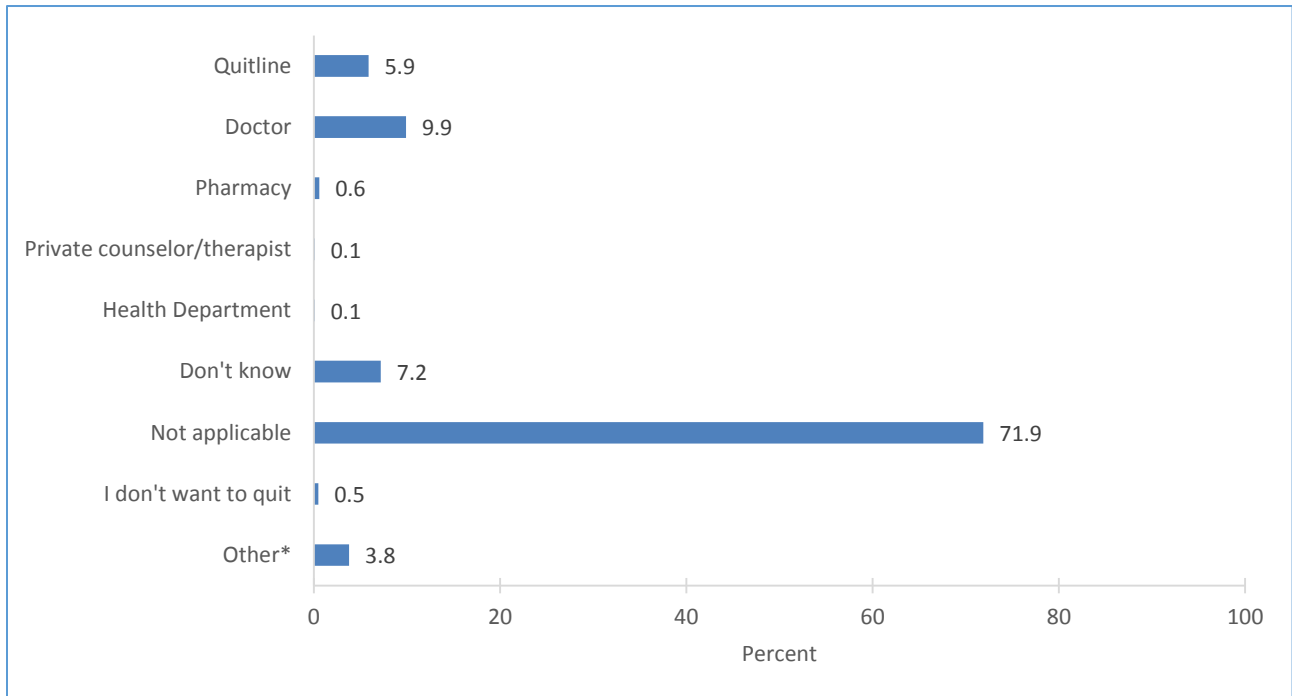
N=379

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff



\*Percentages may not total 100.0 due to rounding.

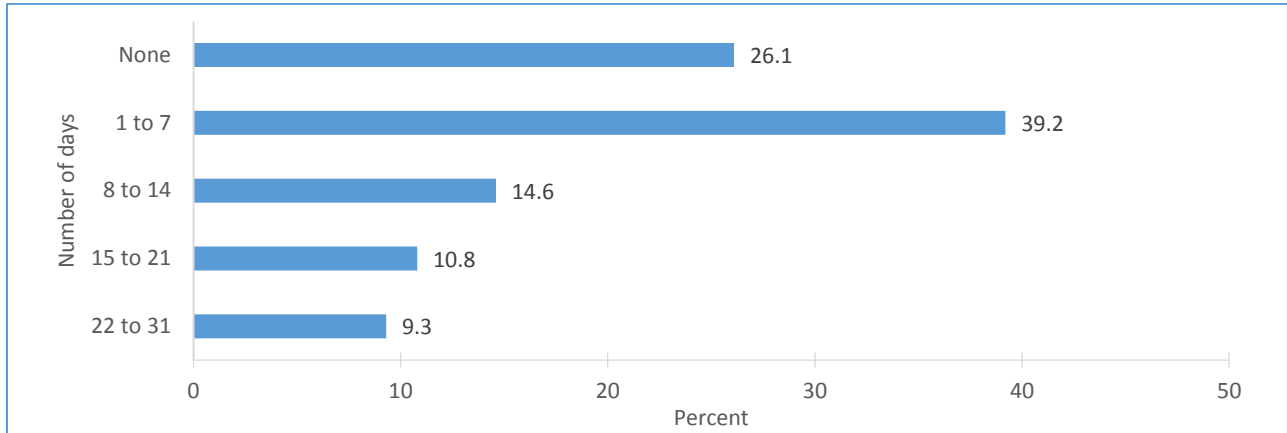
Figure 19. Location respondents would first go if they wanted help to quit using tobacco



N=349

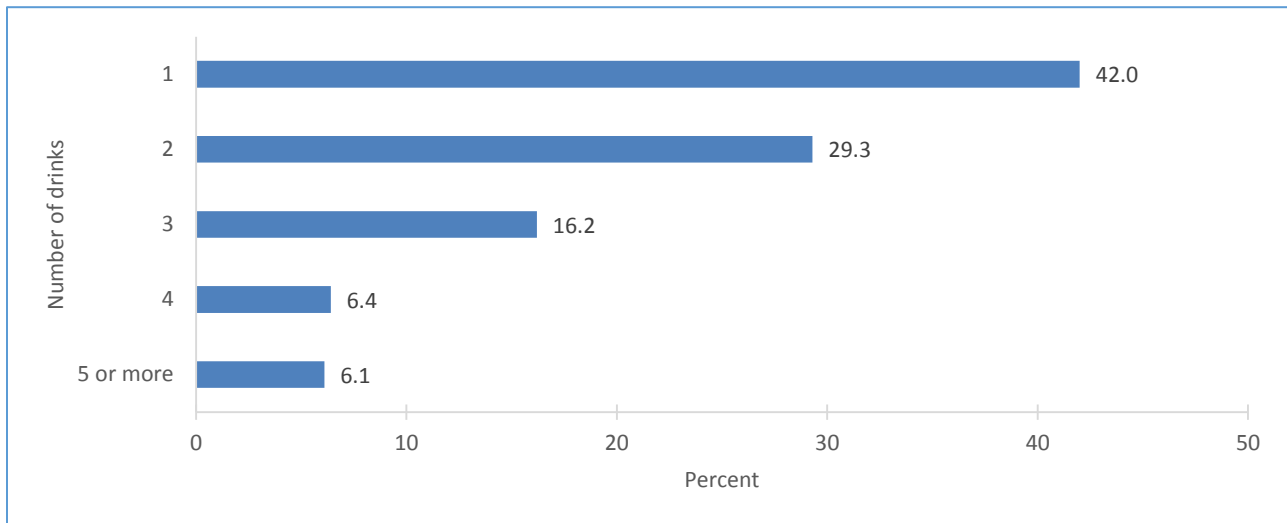
## Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



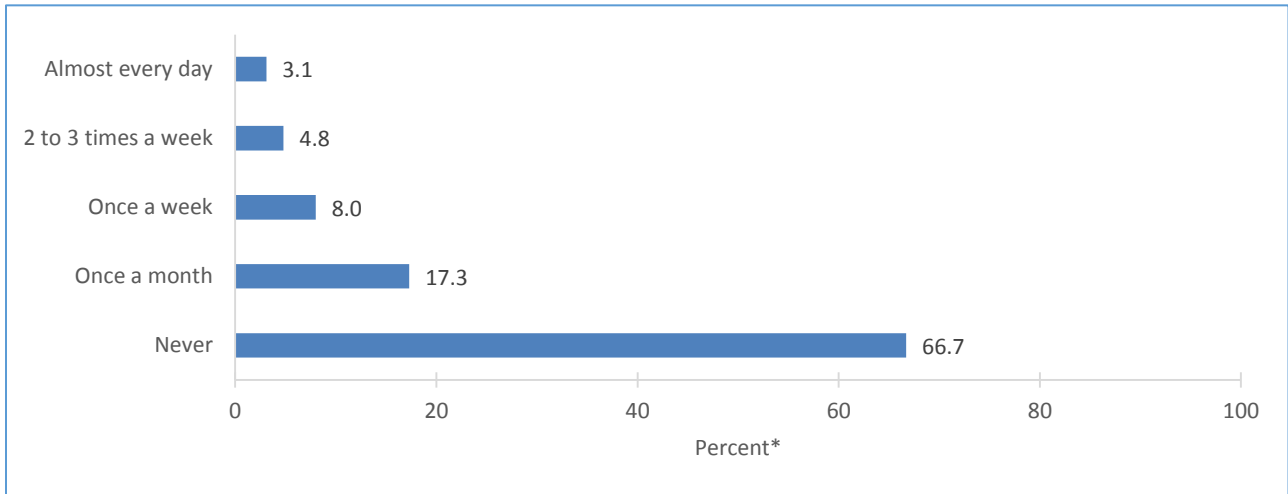
N=376

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=277

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=379

\*Percentages do not total 100.0 due to rounding.

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

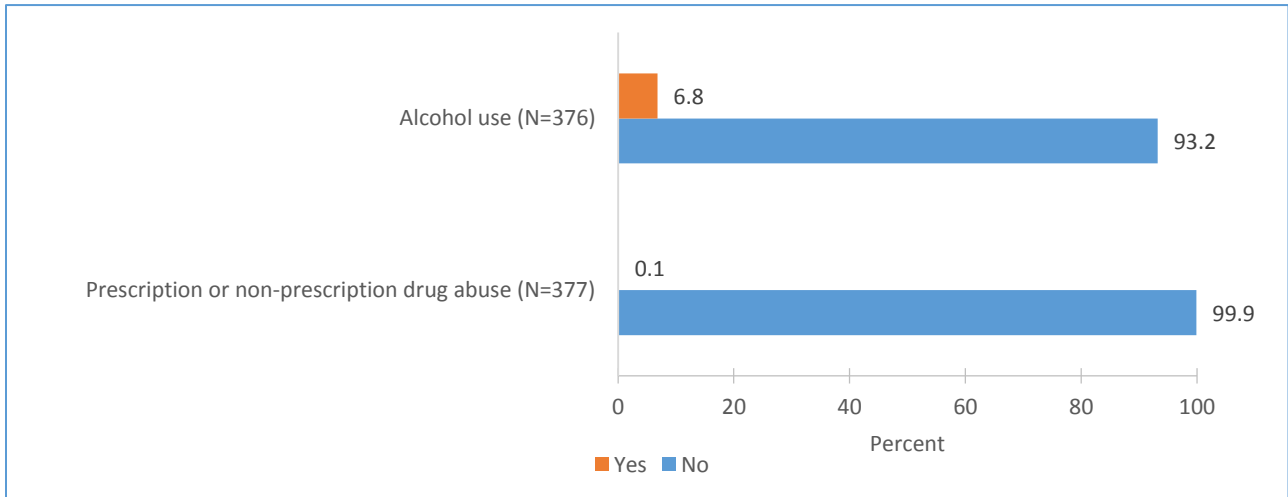
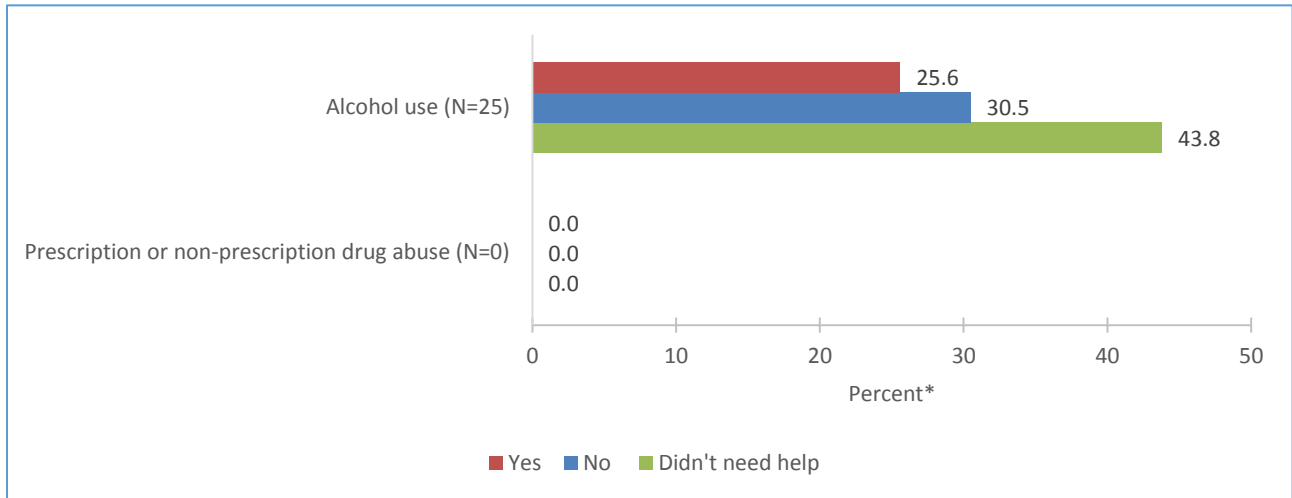
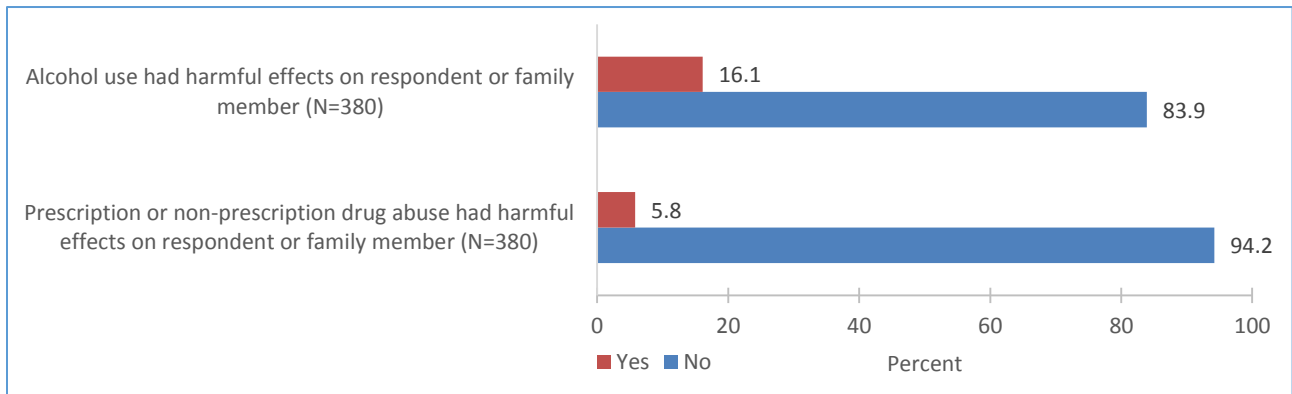


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed



\*Percentages do not total 100.0 due to rounding.

Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



## Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

| Type of screening                                 | Percent of respondents |      |       |
|---|------------------------|------|-------|
|   | Yes                    | No   | Total |
| <b>GENERAL SCREENINGS</b>                         |                        |      |       |
| Blood pressure screening (N=380)                  | 84.3                   | 15.7 | 100.0 |
| Blood sugar screening (N=379)                     | 58.7                   | 41.3 | 100.0 |
| Bone density test (N=367)                         | 10.8                   | 89.2 | 100.0 |
| Cardiovascular screening (N=373)                  | 26.4                   | 73.6 | 100.0 |
| Cholesterol screening (N=378)                     | 62.3                   | 37.7 | 100.0 |
| Dental screening and X-rays (N=378)               | 86.4                   | 13.6 | 100.0 |
| Flu shot (N=380)                                  | 62.1                   | 37.9 | 100.0 |
| Glaucoma test (N=374)                             | 46.7                   | 53.3 | 100.0 |
| Hearing screening (N=377)                         | 17.8                   | 82.2 | 100.0 |
| Immunizations (tetanus, hepatitis A or B) (N=374) | 19.3                   | 80.7 | 100.0 |
| Pelvic exam (N=189 Females)                       | 67.0                   | 33.0 | 100.0 |
| STD (N=369)                                       | 4.2                    | 95.8 | 100.0 |
| Vascular screening (N=368)                        | 11.3                   | 88.7 | 100.0 |
| <b>CANCER SCREENINGS</b>                          |                        |      |       |
| Breast cancer screening (N= 189 Females)          | 65.2                   | 34.8 | 100.0 |
| Cervical cancer screening (N=185 Females)         | 63.4                   | 36.6 | 100.0 |
| Colorectal cancer screening (N=368)               | 32.3                   | 67.7 | 100.0 |
| Prostate cancer screening (N=182 Males)           | 39.4                   | 60.6 | 100.0 |
| Skin cancer screening (N=365)                     | 22.5                   | 77.5 | 100.0 |

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

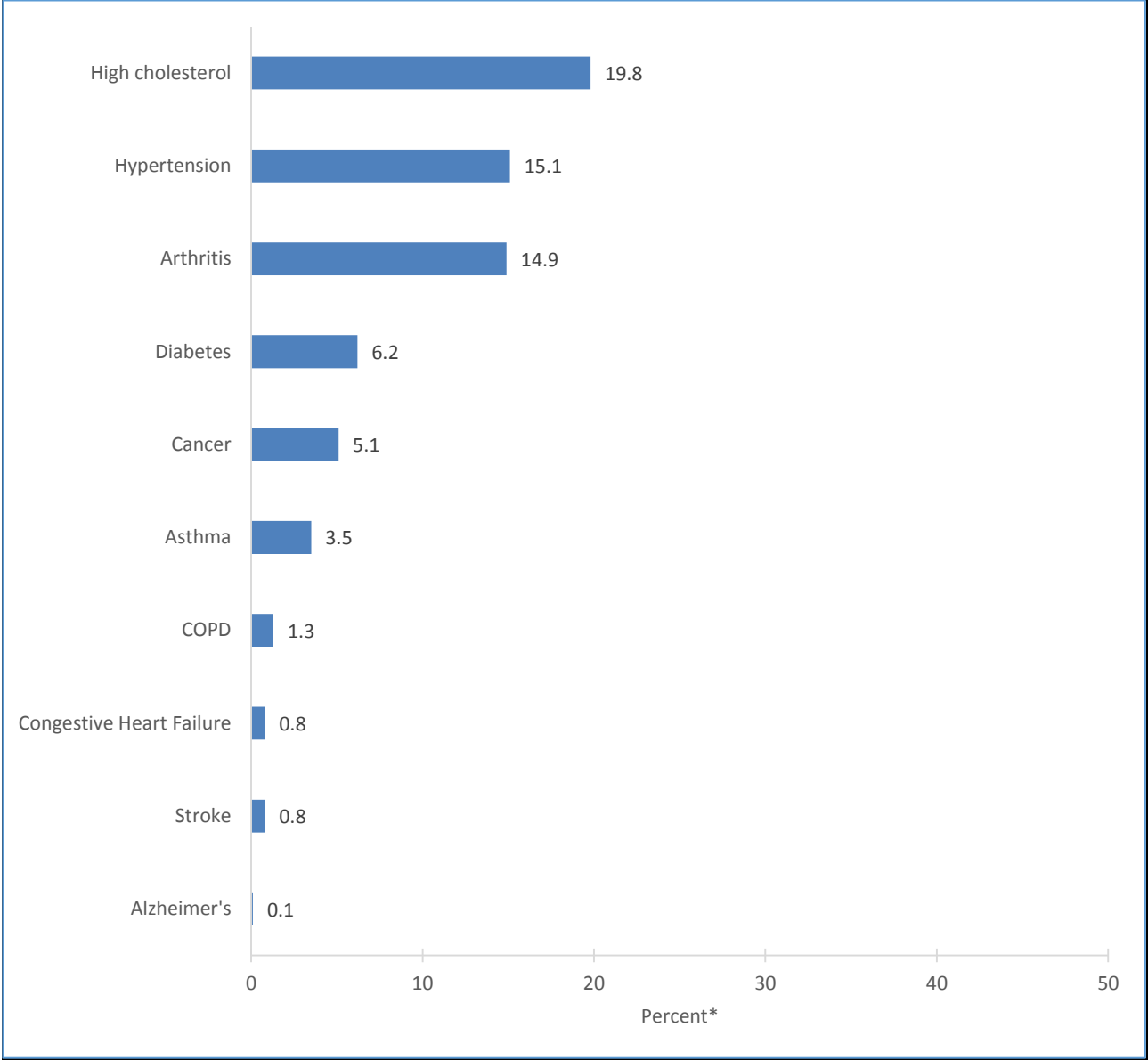
| Type of screening                  | Percent of respondents* |                         |      |                   |                 |                       |              |
|------------------------------------|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
|                                    | Not necessary           | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| <b>GENERAL SCREENINGS</b>          |                         |                         |      |                   |                 |                       |              |
| Blood pressure screening (N=60)    | 60.8                    | 23.0                    | 5.5  | 0.0               | 0.0             | 0.8                   | 21.3         |
| Blood sugar screening (N=157)      | 49.6                    | 36.8                    | 2.1  | 0.0               | 0.0             | 0.4                   | 6.7          |
| Bone density test (N=327)          | 48.8                    | 44.6                    | 1.1  | 0.0               | 0.0             | 0.2                   | 3.6          |
| Cardiovascular screening (N=274)   | 45.4                    | 47.3                    | 2.9  | 0.0               | 0.0             | 1.5                   | 3.8          |
| Cholesterol screening (N=143)      | 50.7                    | 35.8                    | 4.6  | 0.0               | 0.0             | 0.1                   | 10.5         |
| Dental screening and X-rays (N=52) | 23.1                    | 9.0                     | 28.9 | 14.7              | 0.4             | 0.0                   | 33.4         |
| Flu shot (N=144)                   | 40.9                    | 3.9                     | 0.3  | 0.7               | 1.3             | 0.3                   | 51.6         |
| Glaucoma test (N=199)              | 51.9                    | 23.9                    | 4.0  | 0.0               | 0.0             | 0.1                   | 17.6         |
| Hearing screening (N=310)          | 54.2                    | 36.1                    | 1.8  | 0.0               | 0.1             | 0.0                   | 6.4          |
| Immunizations (N=302)              | 67.6                    | 21.9                    | 1.3  | 0.0               | 0.0             | 0.0                   | 6.6          |
| Pelvic exam (N=62 Females)         | 60.2                    | 12.1                    | 1.6  | 0.7               | 0.0             | 0.0                   | 14.3         |
| STD (N=353)                        | 84.9                    | 7.2                     | 0.0  | 0.0               | 0.0             | 0.0                   | 2.8          |
| Vascular screening (N=326)         | 56.0                    | 34.3                    | 1.2  | 1.0               | 0.0             | 0.2                   | 4.7          |
| <b>CANCER SCREENINGS</b>           |                         |                         |      |                   |                 |                       |              |

| Type of screening                        | Percent of respondents* |                         |      |                   |                 |                       |              |
|--|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
|  | Not necessary           | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| Breast cancer screening (N=66 Females)   | 35.5                    | 28.3                    | 11.4 | 0.0               | 5.0             | 0.0                   | 20.0         |
| Cervical cancer screening (N=68 Females) | 53.6                    | 24.9                    | 0.0  | 0.0               | 0.0             | 0.0                   | 9.2          |
| Colorectal cancer screening (N=249)      | 54.1                    | 25.2                    | 1.0  | 4.7               | 0.3             | 0.0                   | 14.8         |
| Prostate cancer screening (N=110 Males)  | 44.1                    | 38.9                    | 0.6  | 3.9               | 0.2             | 0.0                   | 13.4         |
| Skin cancer screening (N=282)            | 46.4                    | 38.7                    | 1.6  | 0.2               | 1.2             | 1.3                   | 9.2          |

\*Percentages do not total 100.0 due to multiple responses.



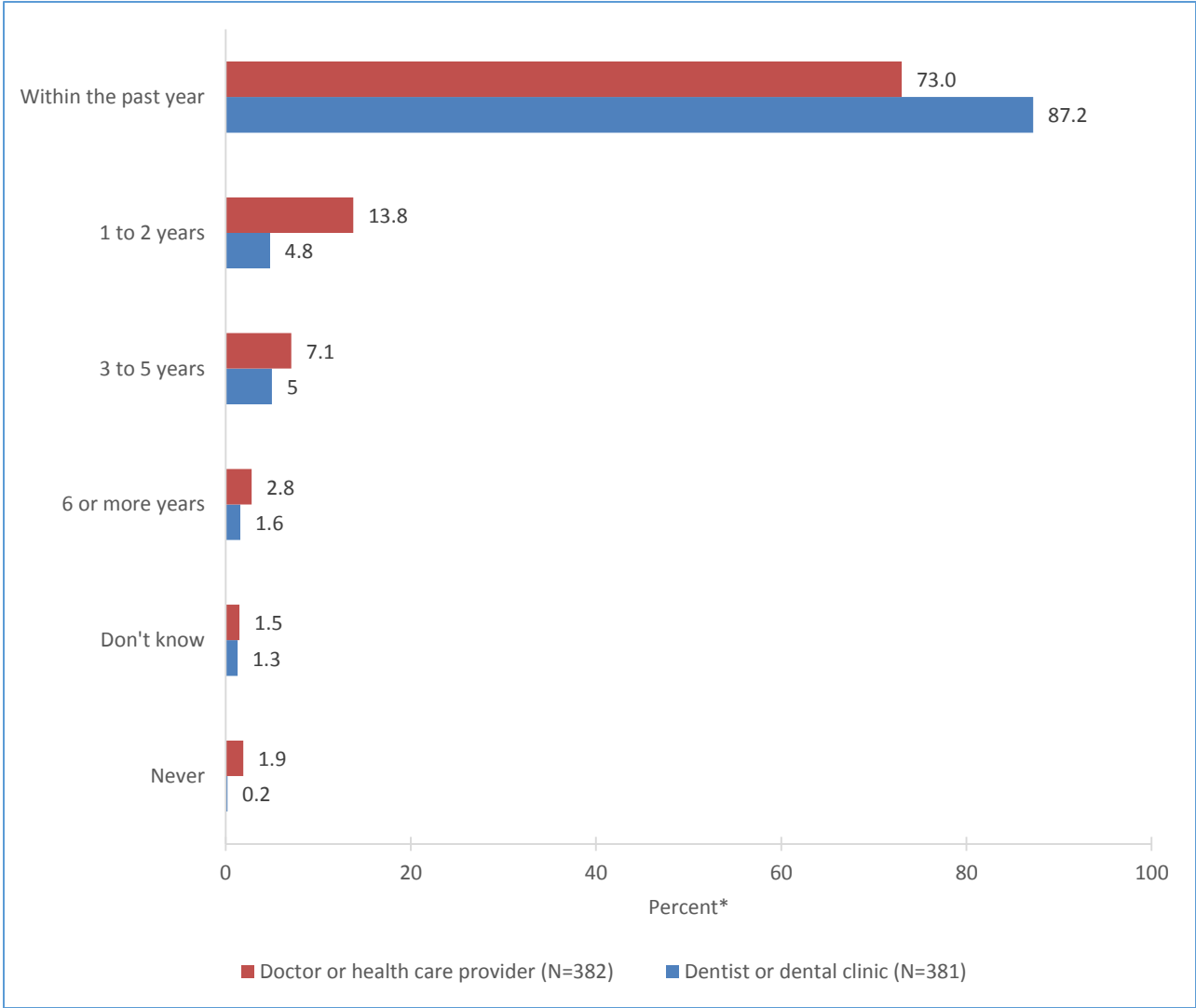
Figure 26. Whether respondents have any of the following chronic diseases



N=382

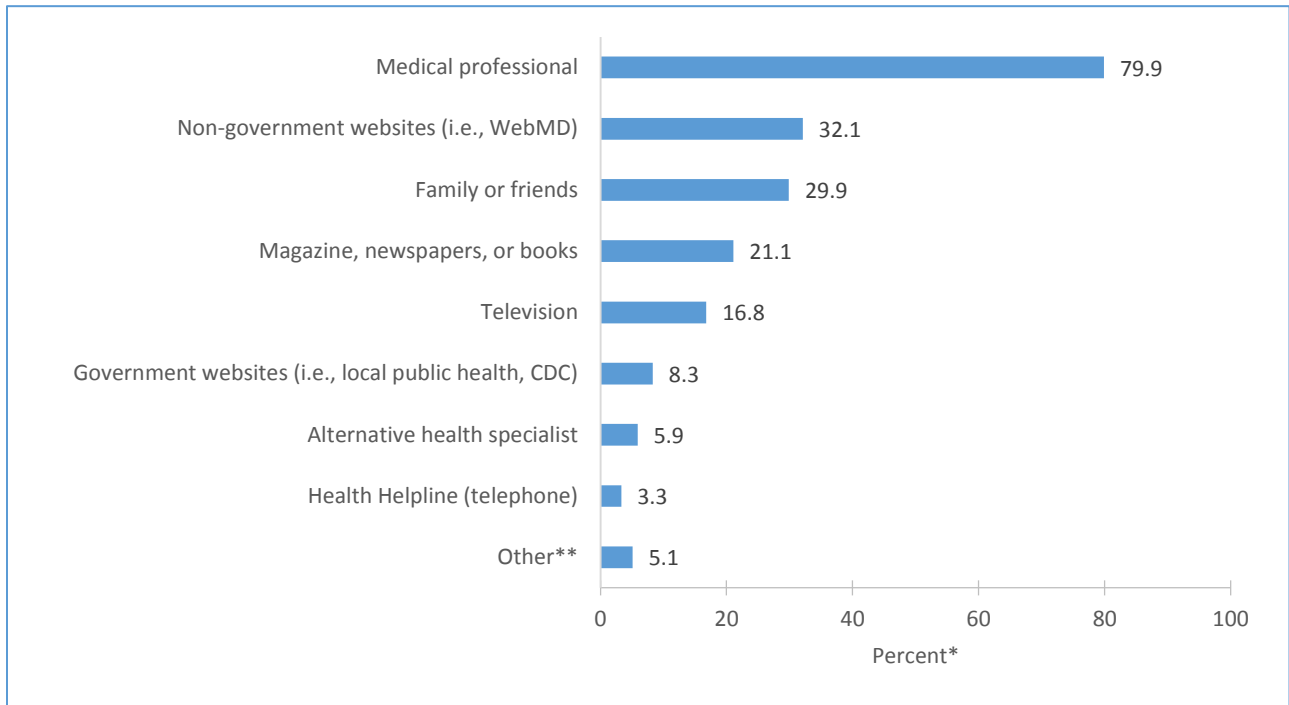
\*Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



\*Percentages do not total 100.0 due to rounding.

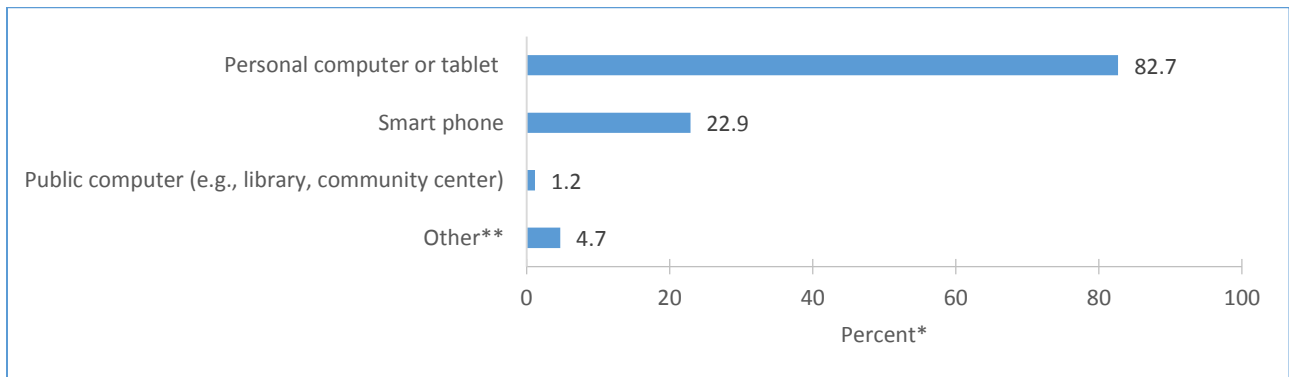
Figure 28. Where respondents get most of their health information



N=382

\*Percentages do not total 100.0 due to multiple responses.

Figure 29. Best way for respondents to access technology for health information

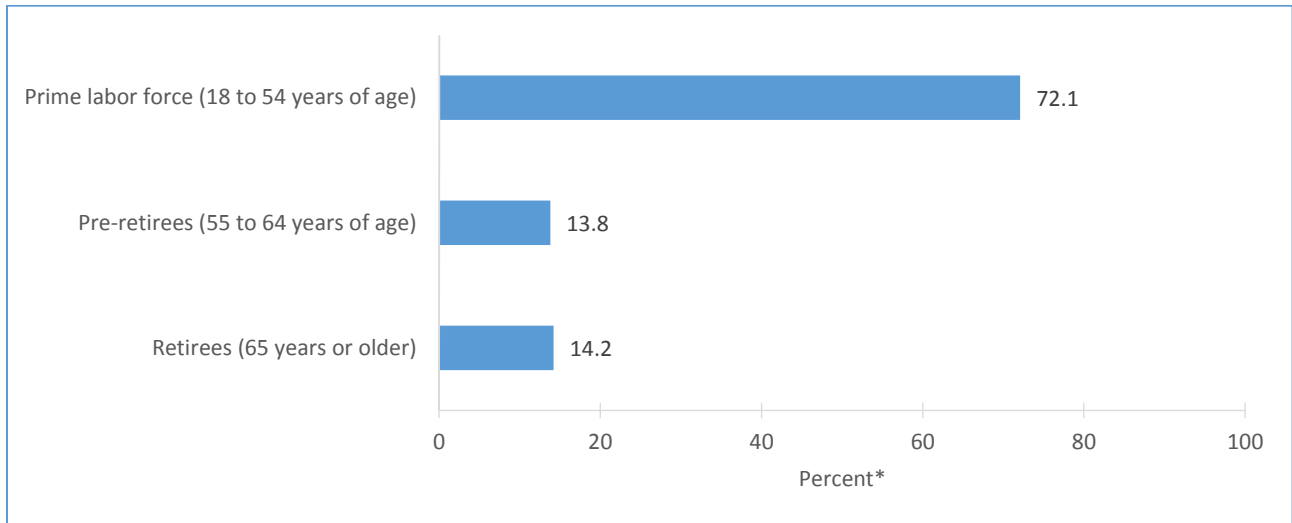


N=382

\*Percentages do not total 100.0 due to multiple responses.

## Demographic Information

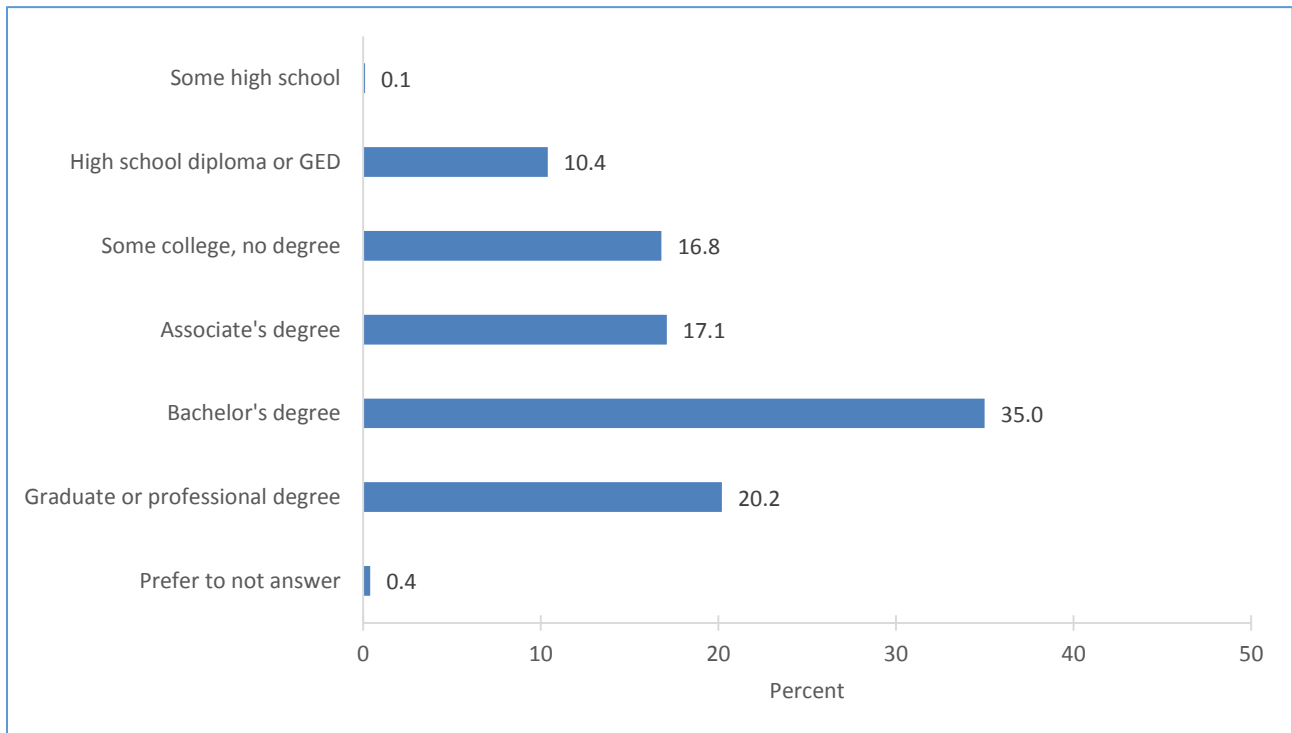
Figure 30. Age of respondents



N=382

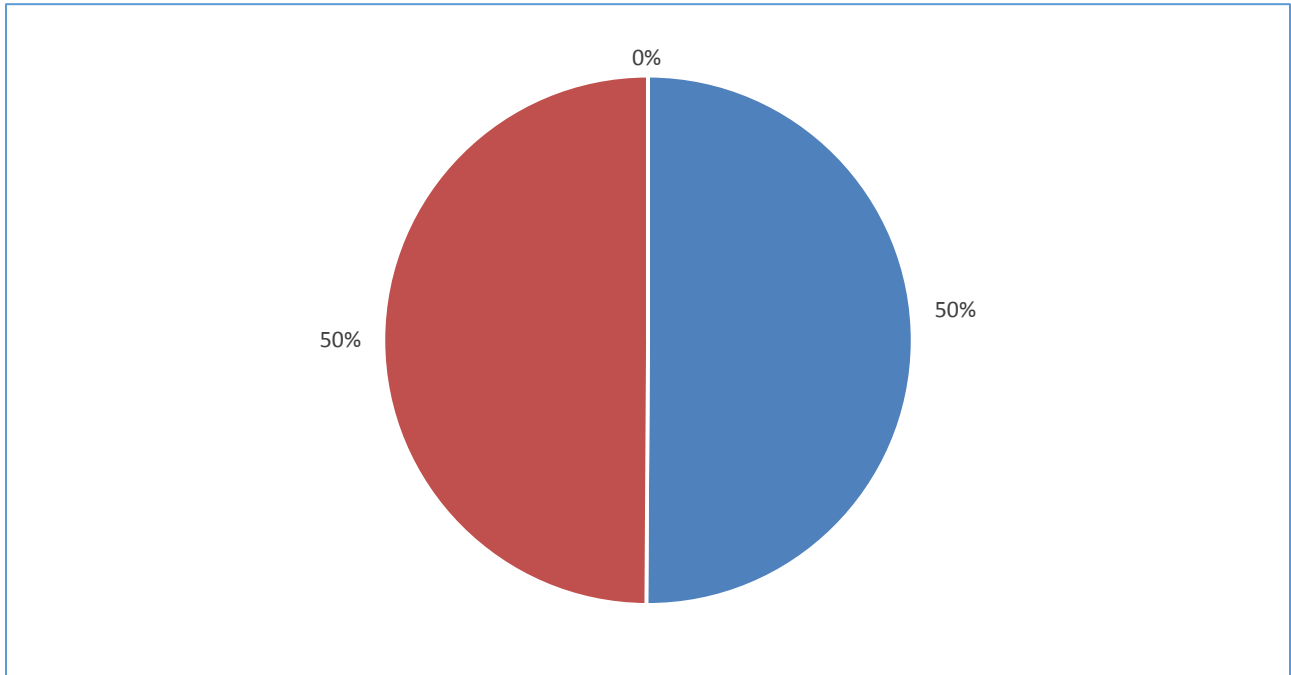
\*Percentages do not total 100.0 due to rounding.

Figure 31. Highest level of education of respondents



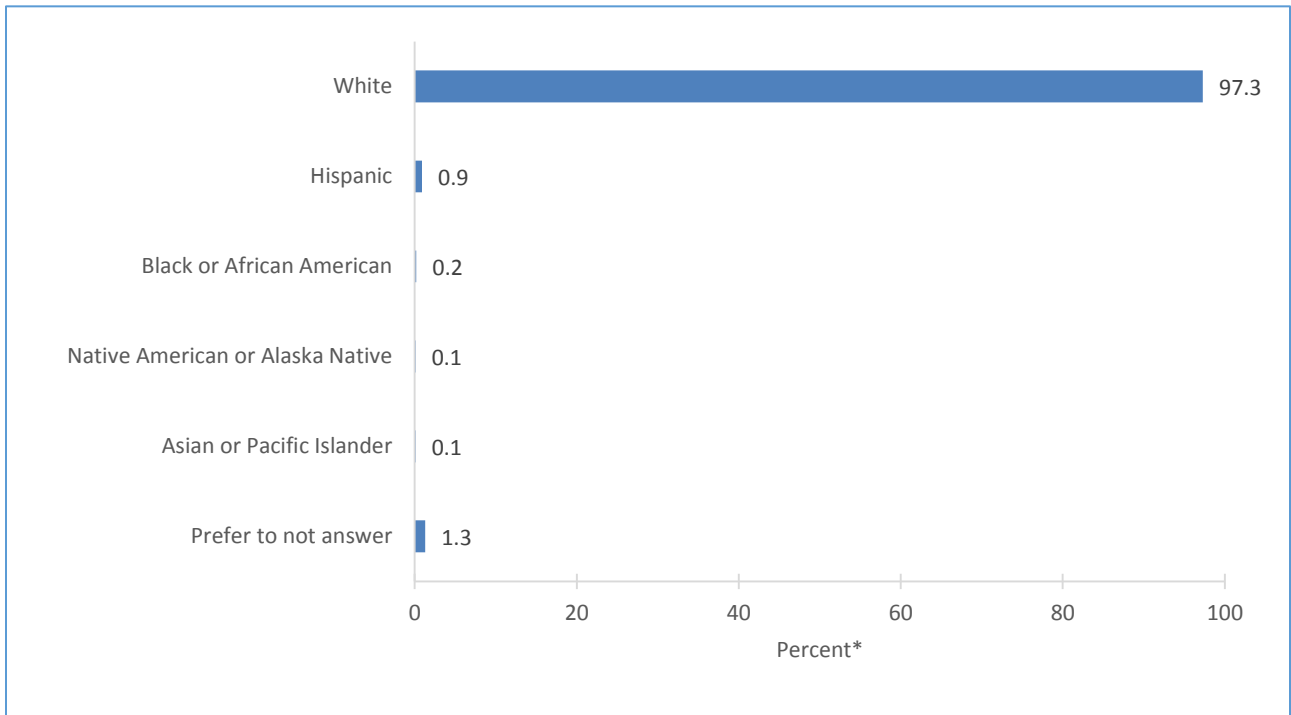
N=379

Figure 32. Gender of respondents



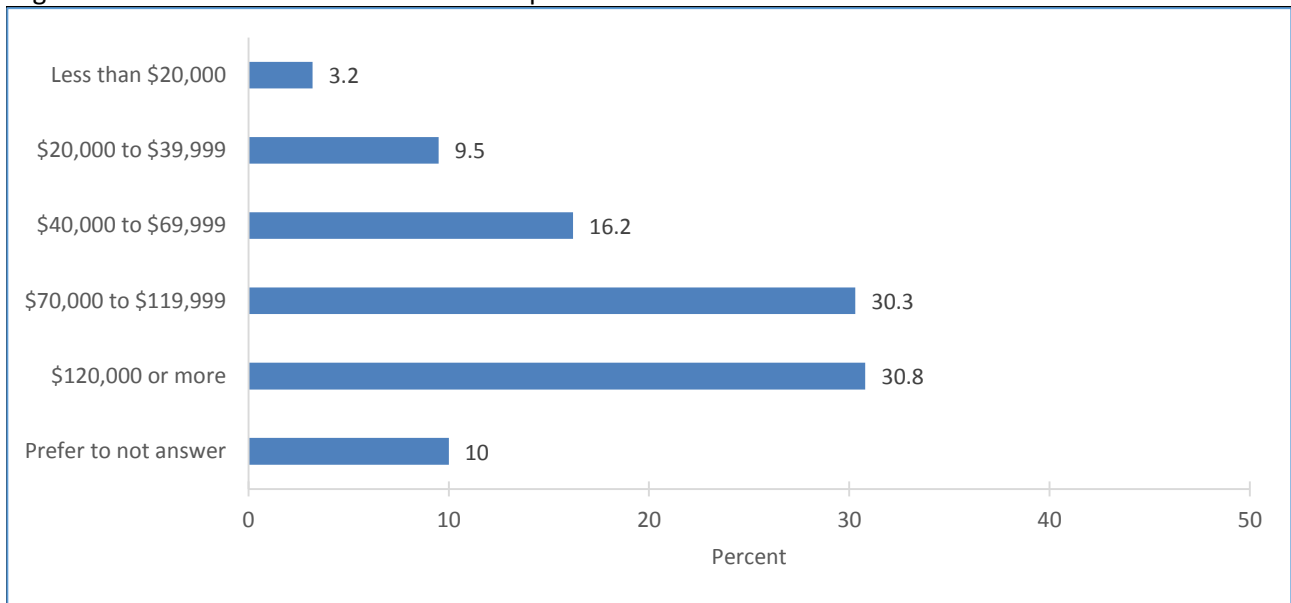
N=382

Figure 33. Race and ethnicity of respondents



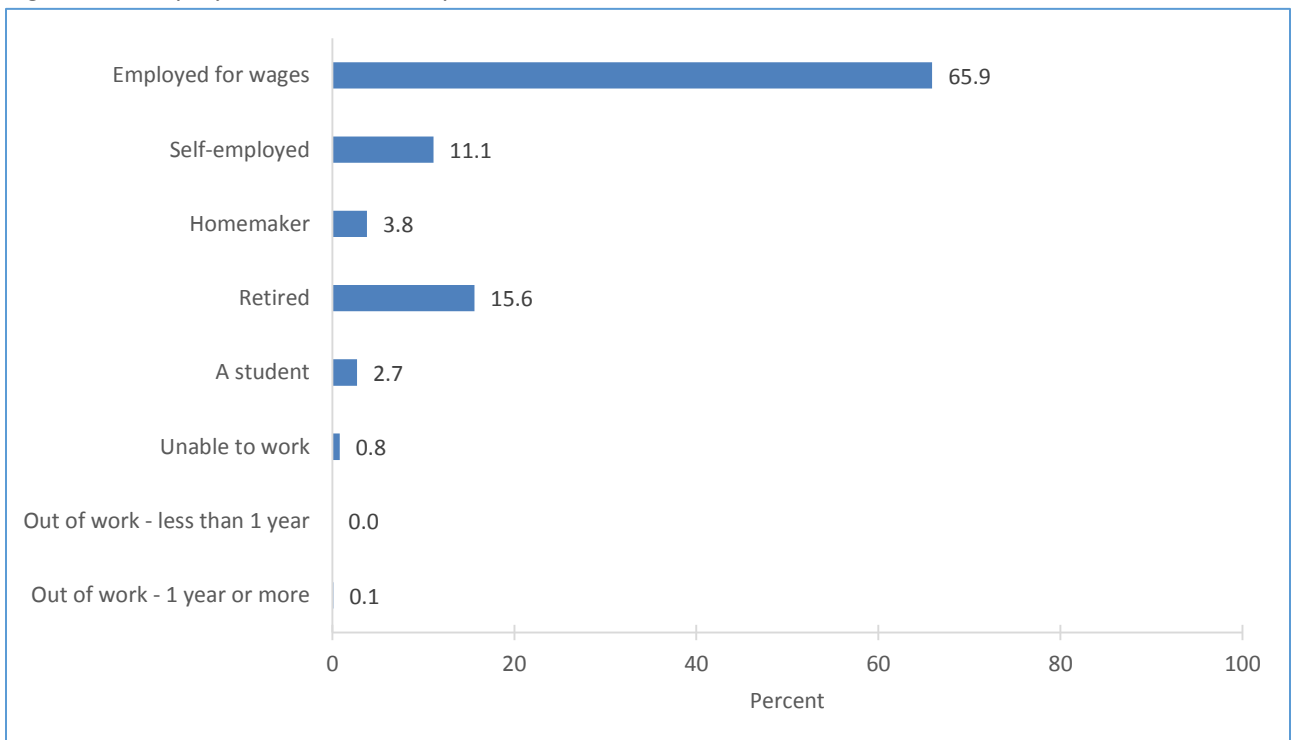
N=372 \*Percentages do not total 100.0 due to multiple responses.

Figure 34. Annual household income of respondents



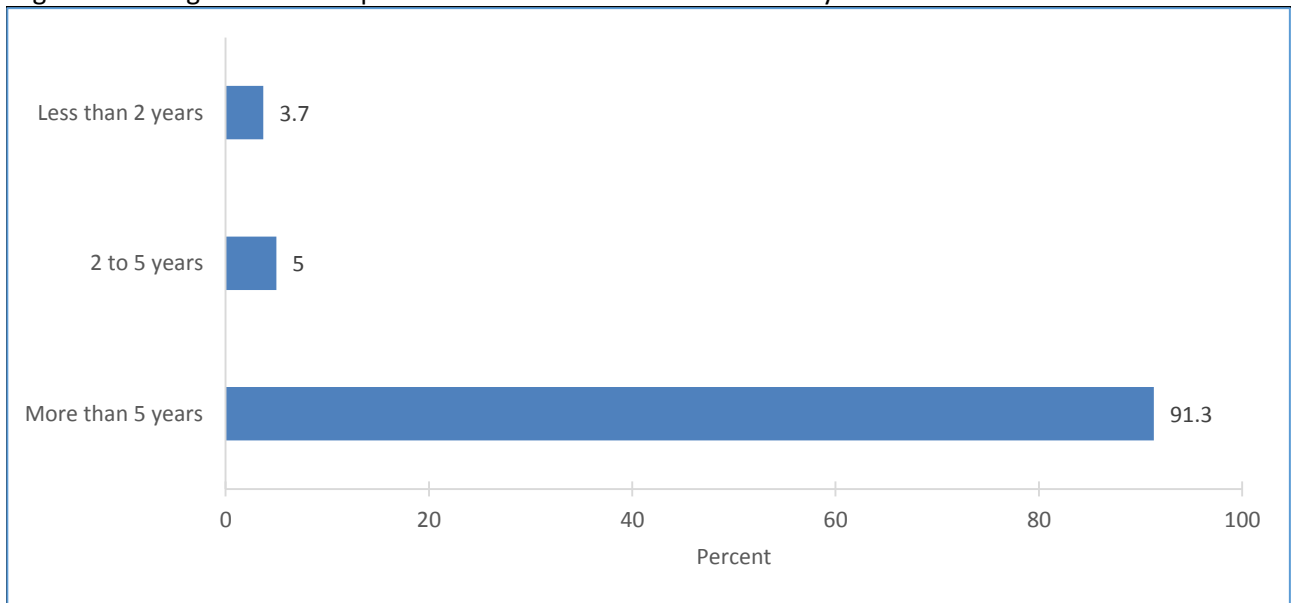
N=378

Figure 35. Employment status of respondents



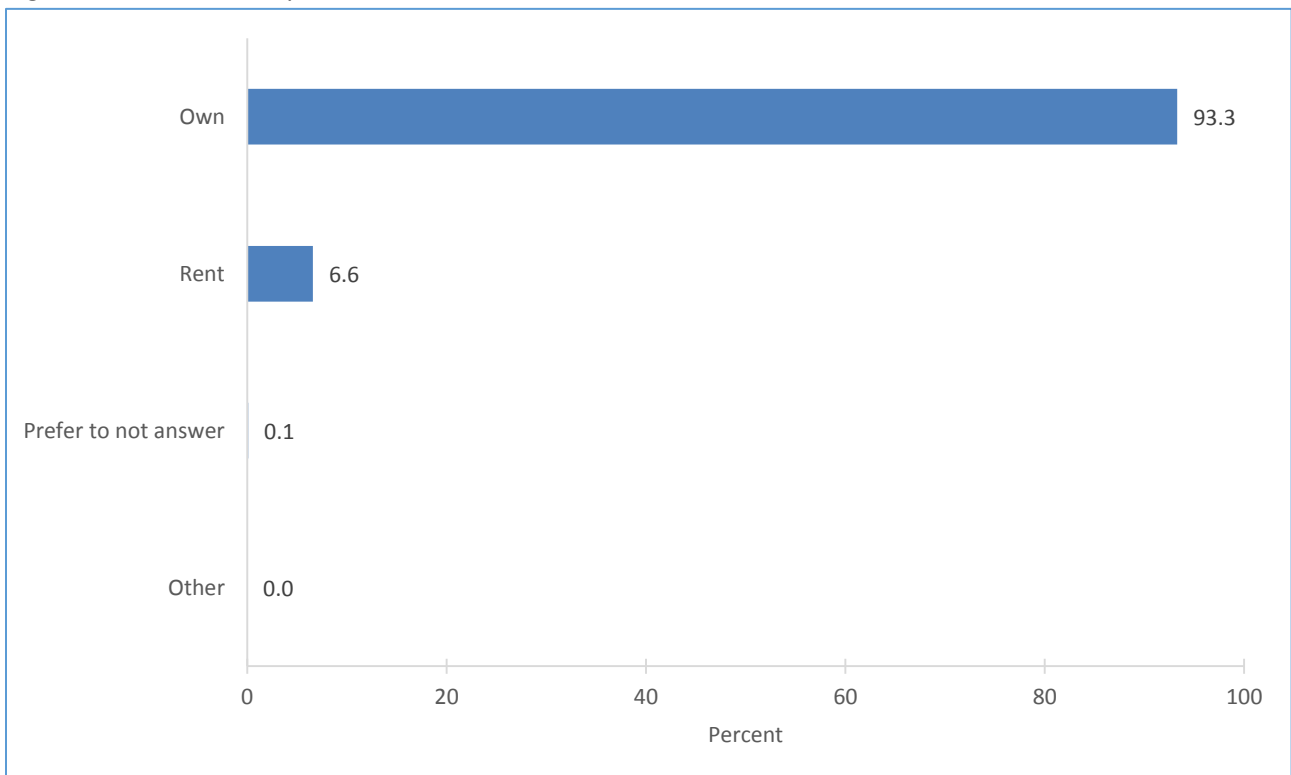
\*N=371

Figure 36. Length of time respondents have lived in their community



N=381

Figure 37. Whether respondents own or rent their home



N=381

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

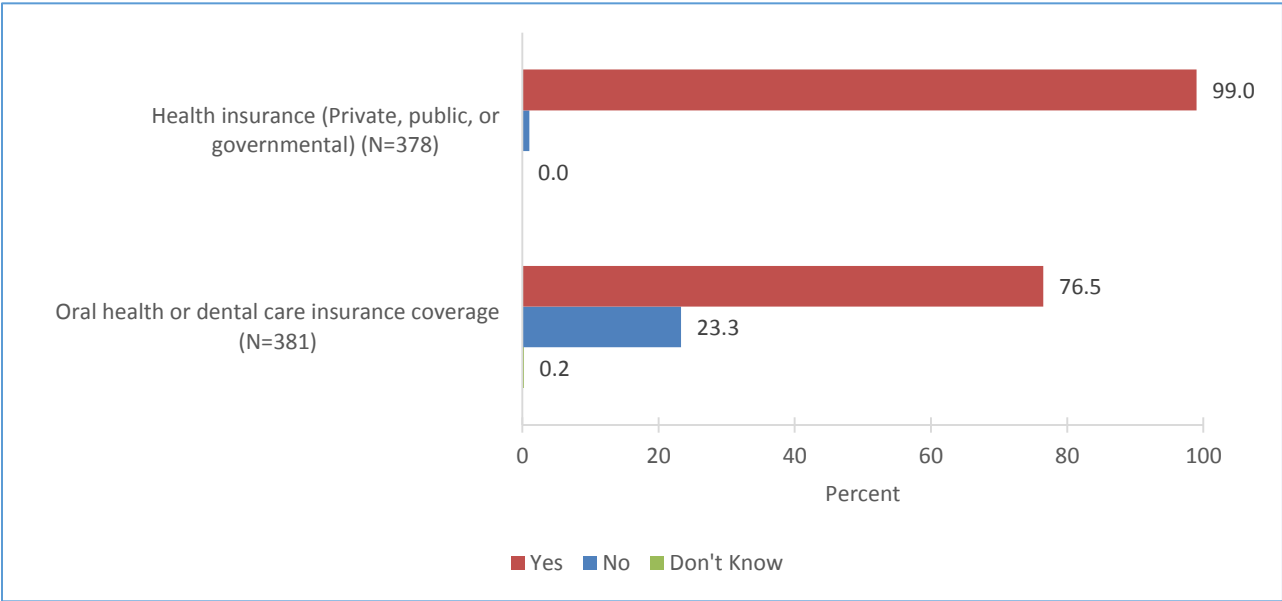
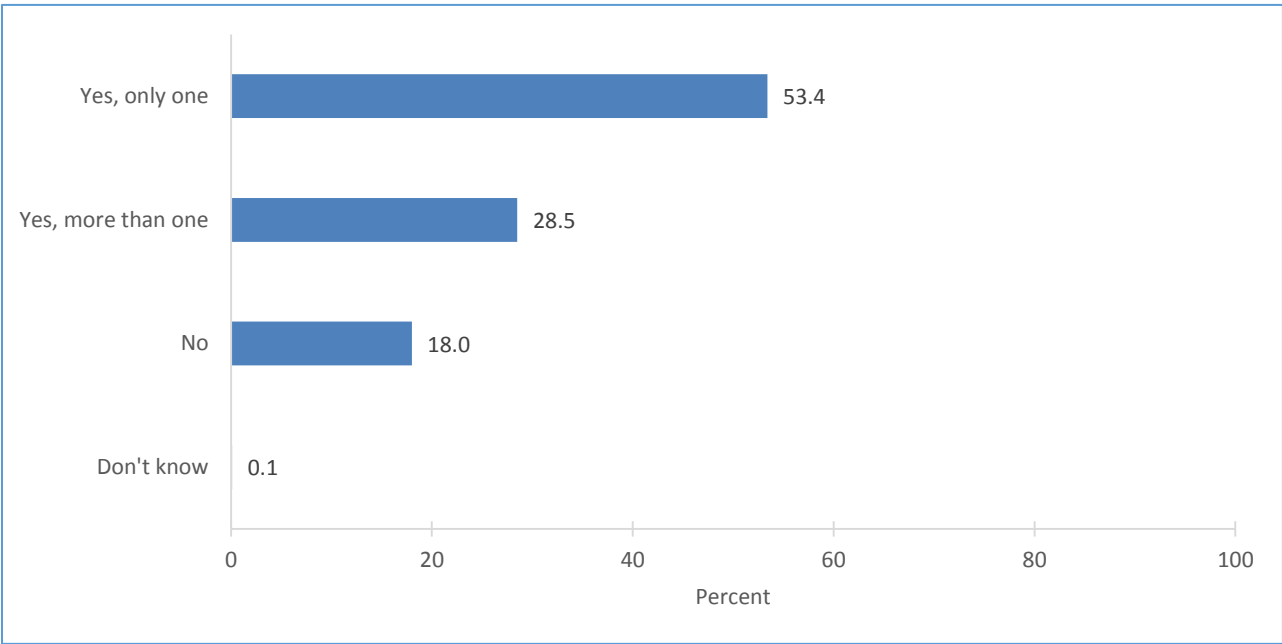


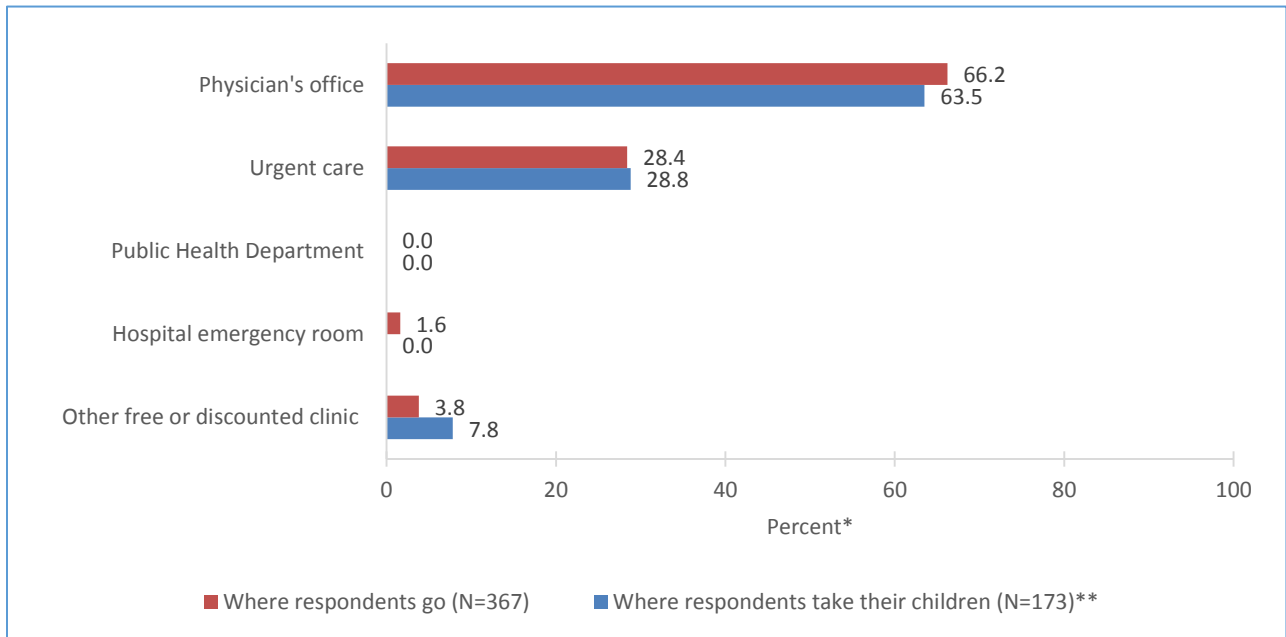
Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=379



Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick



\*Percentages may not total 100.0 due to rounding.

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

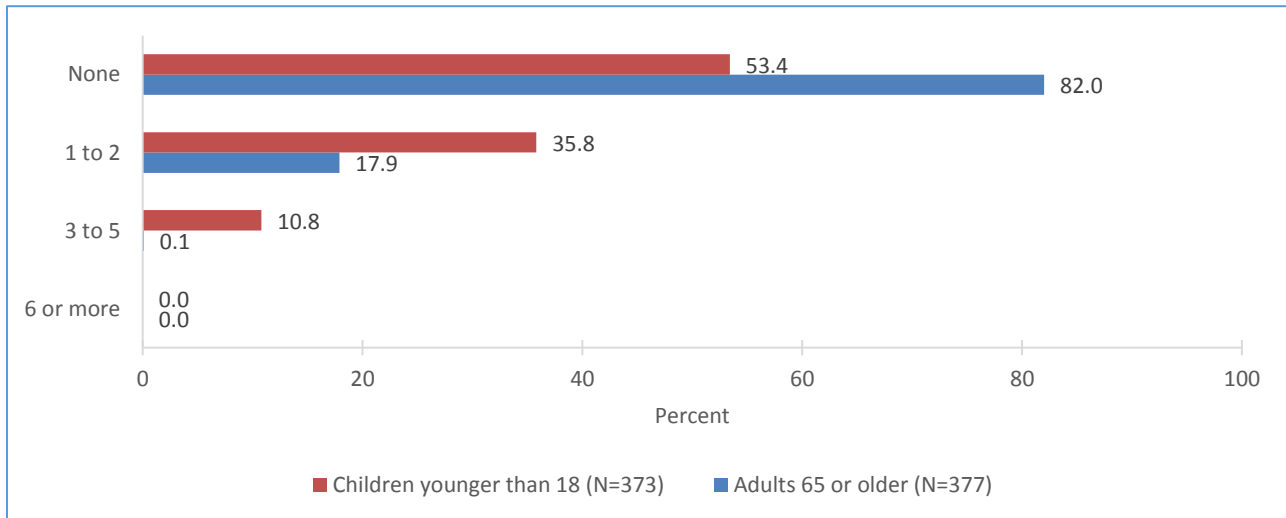


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year

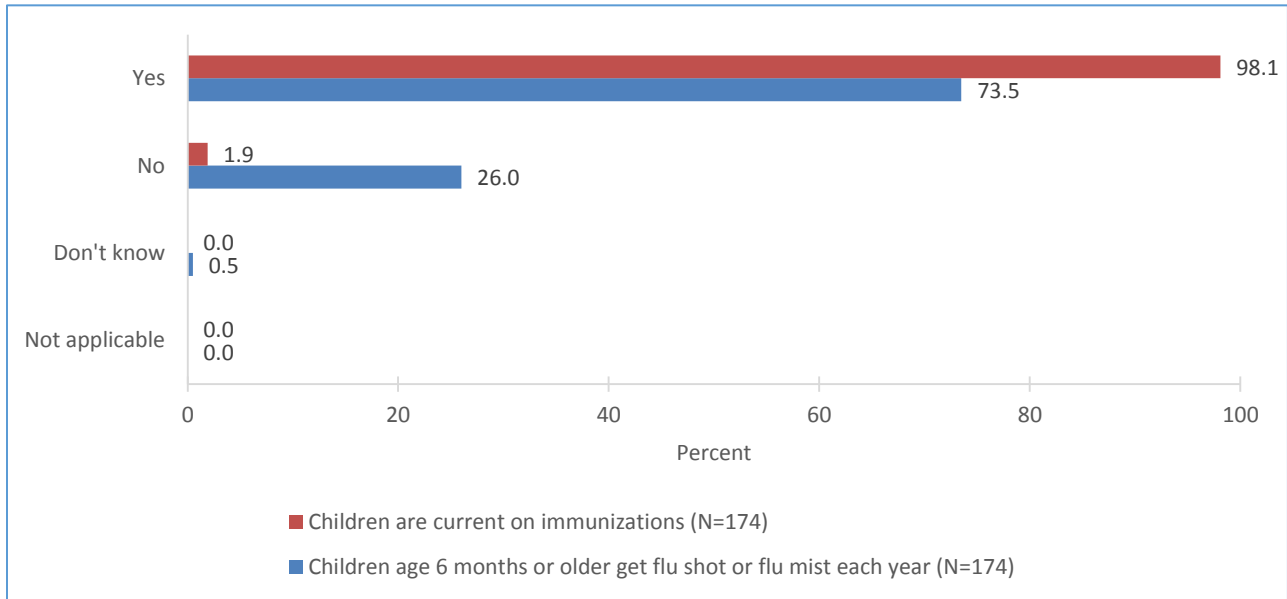


Table 3. Location of respondents based on zip code

|                        | Percent of respondents* |
|------------------------|-------------------------|
| <b>Cass County, ND</b> | 69.3%                   |
| North Fargo            | 11.5%                   |
| South Fargo            | 30.1%                   |
| West Fargo             | 14.5%                   |
| Rural                  | 13.2%                   |
|                        |                         |
| <b>Clay County, MN</b> | 28.4%                   |
| Moorhead               | 16.3%                   |
| Rural                  | 12.1%                   |
|                        |                         |
| Unknown or missing     | 2.7%                    |

N=382 \*Percentages do not total 100.0 due to rounding.

## Non-Generalizable (Key Stakeholders) Survey Results

### General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

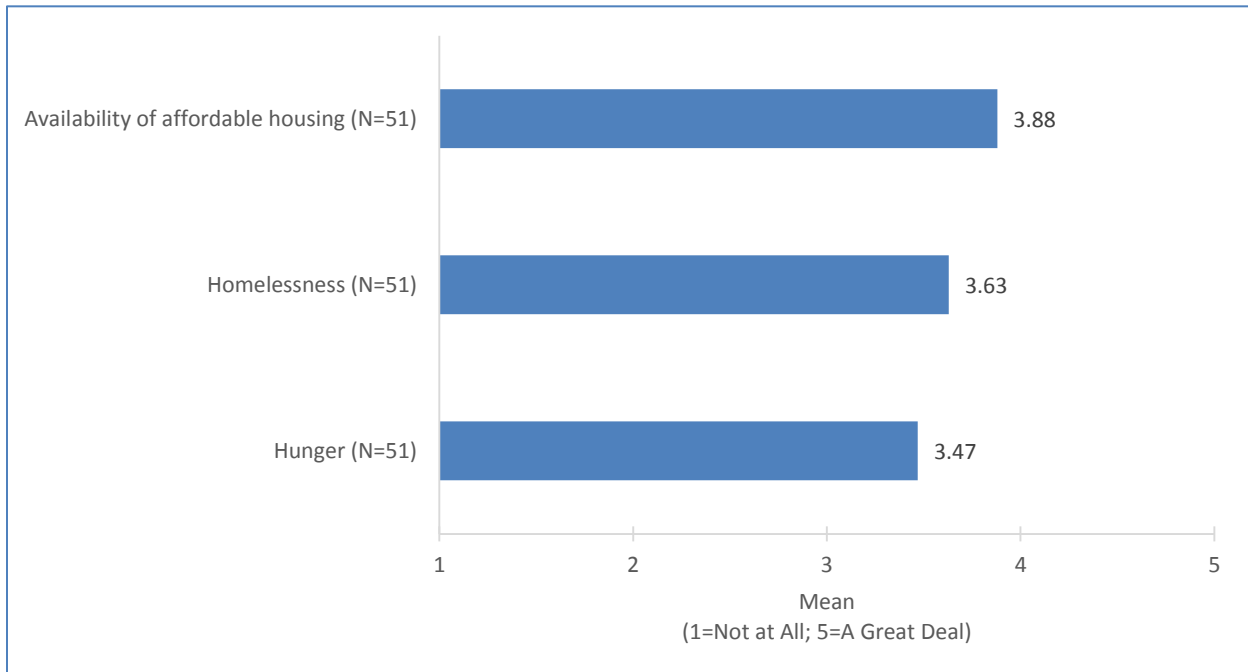


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

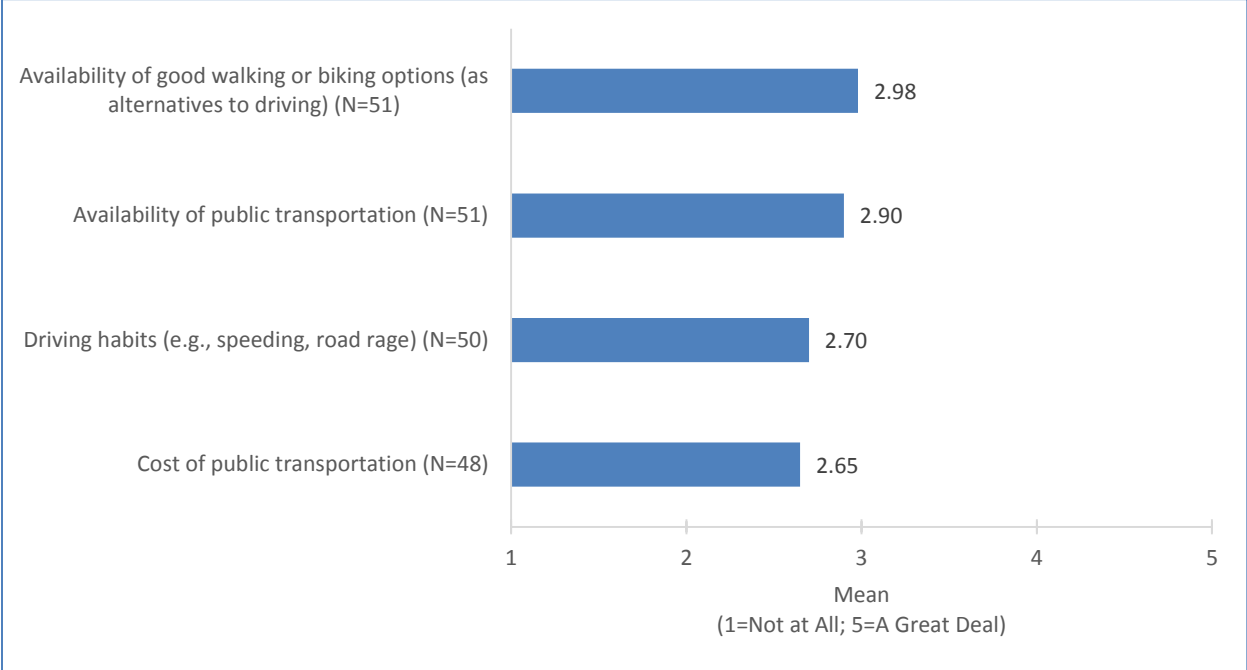


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

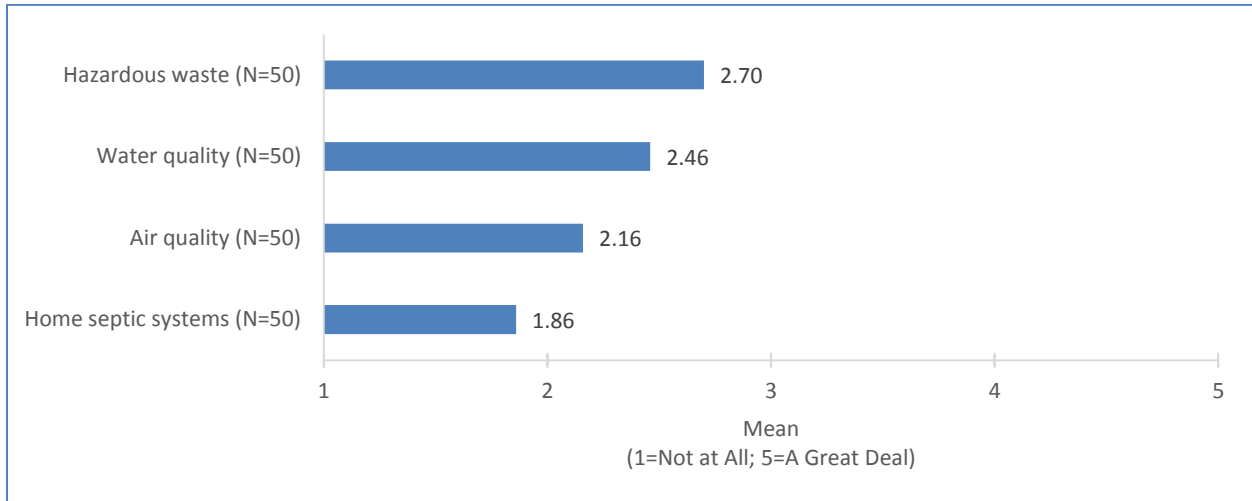


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

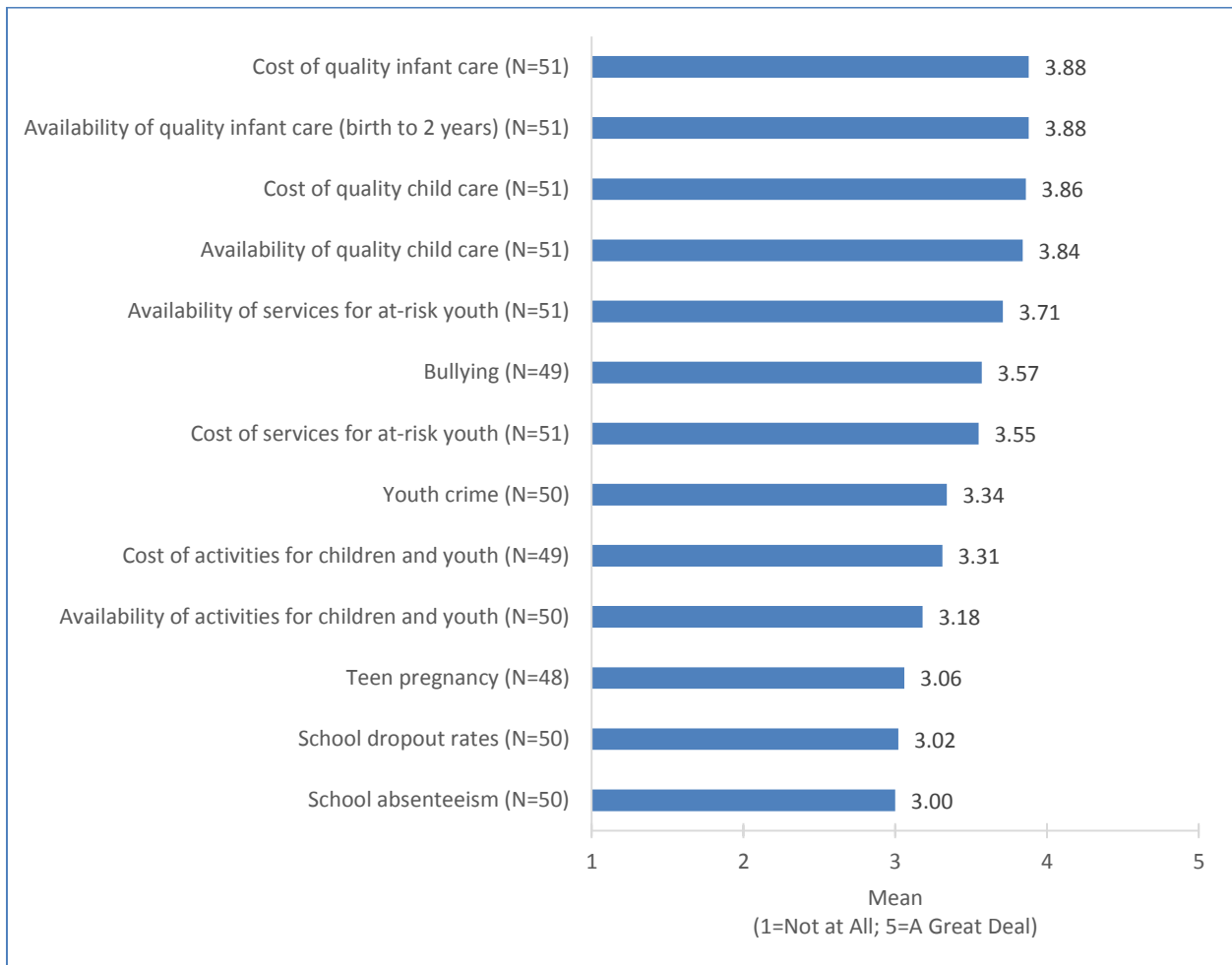


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

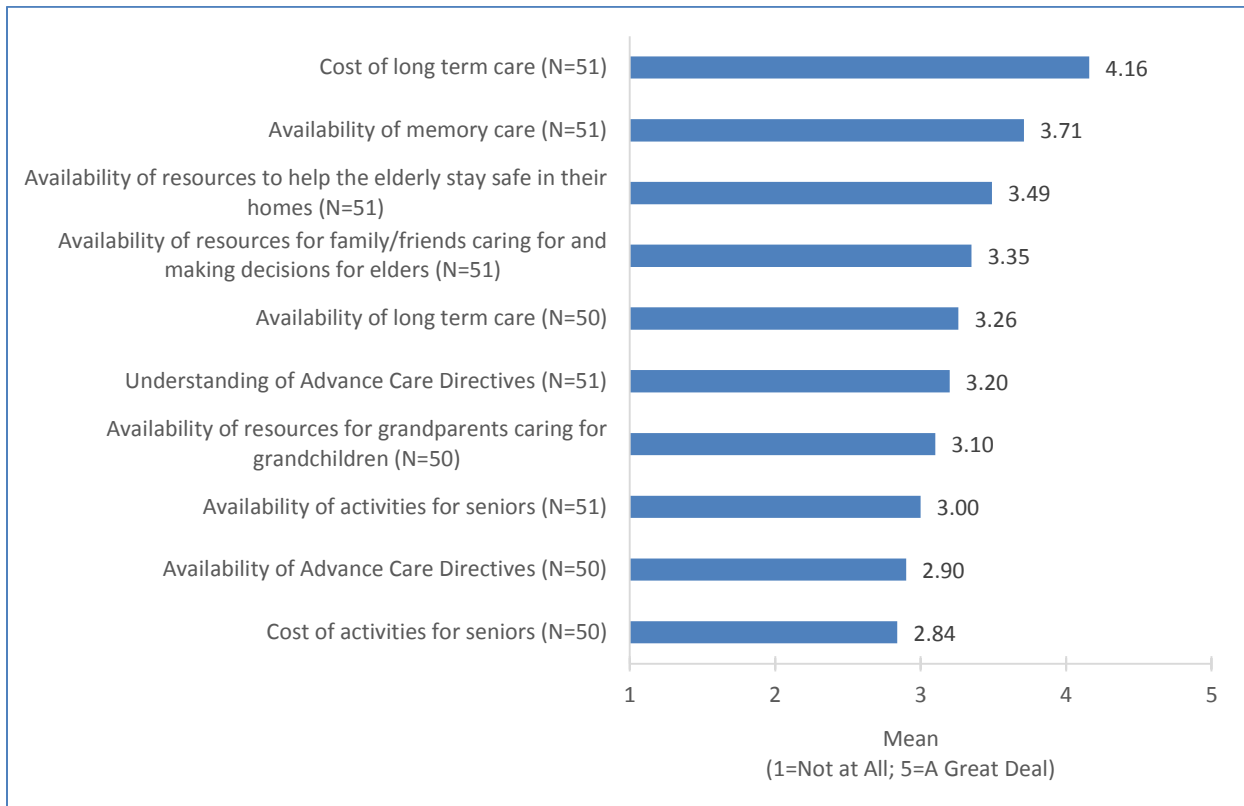


Figure 6. Level of concern with statements about the community regarding SAFETY

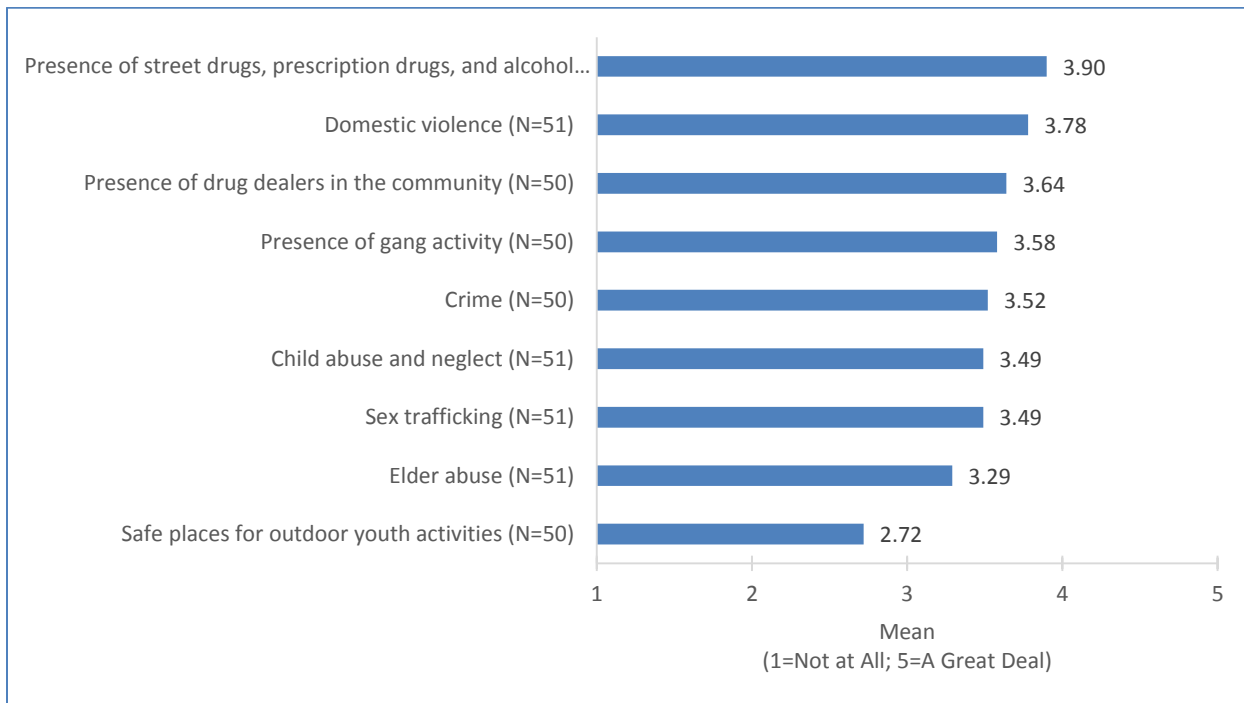


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

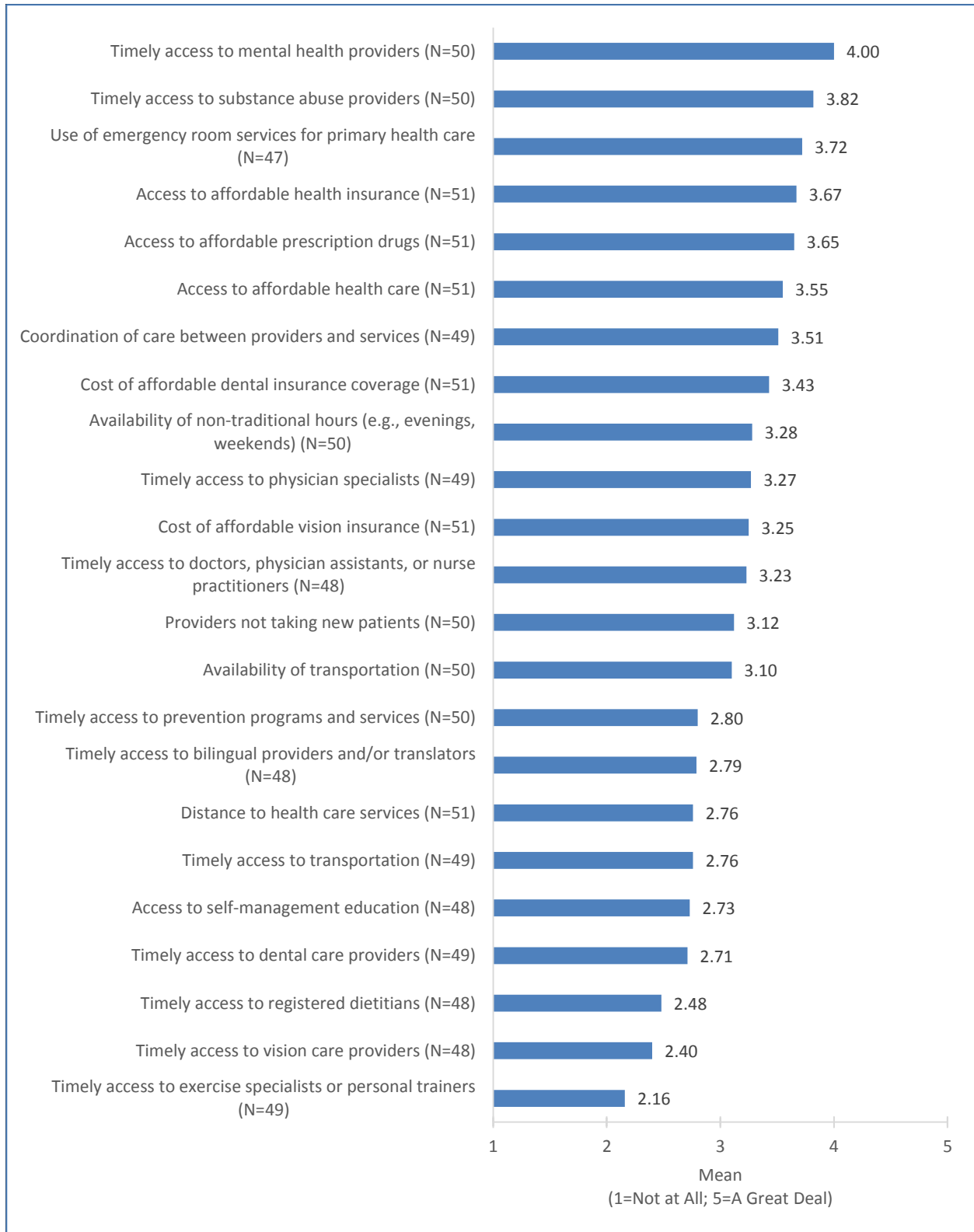


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

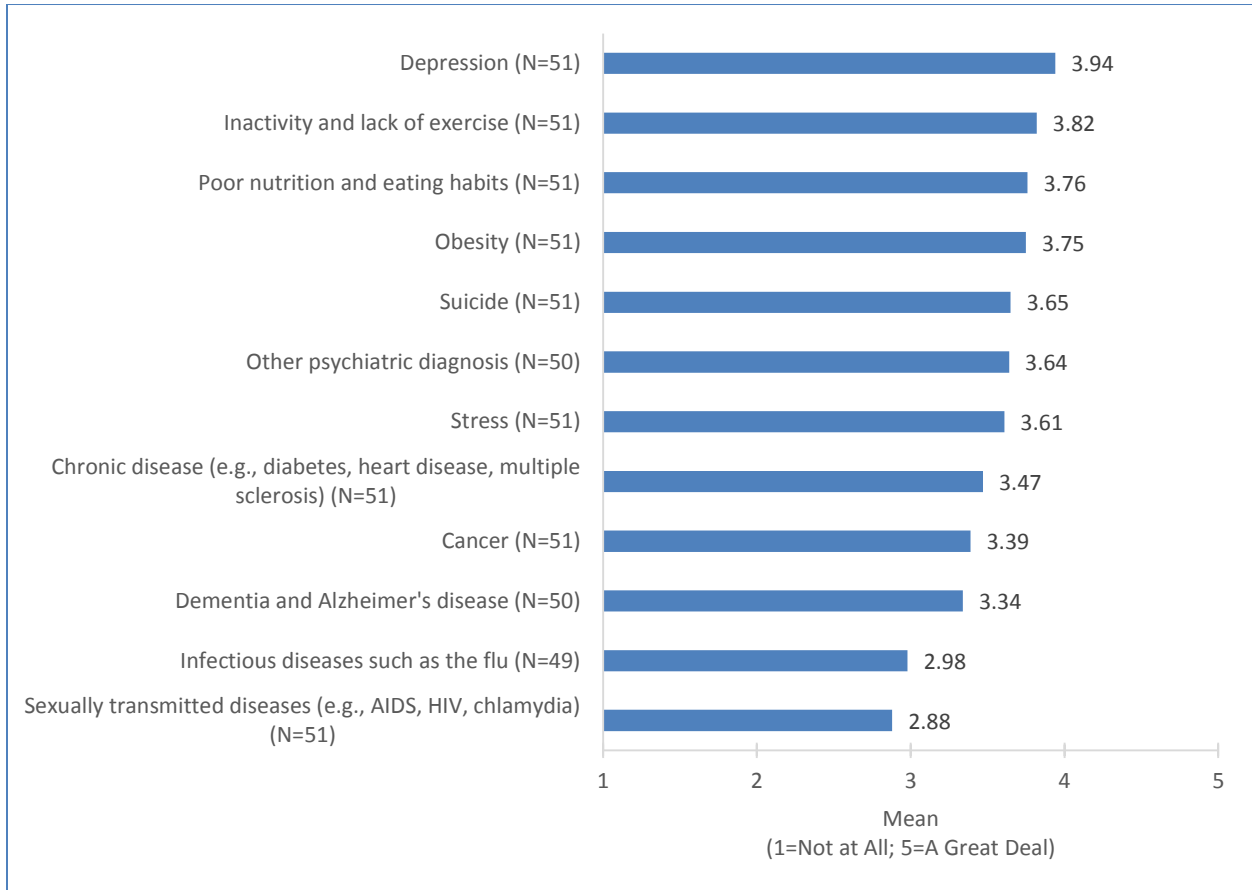
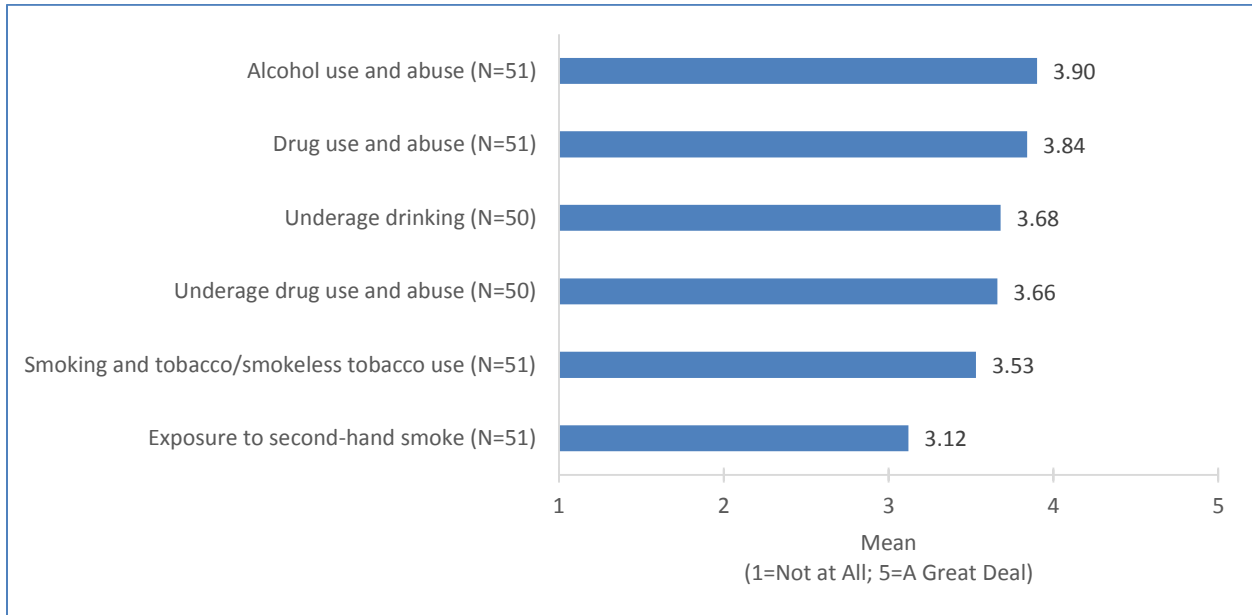


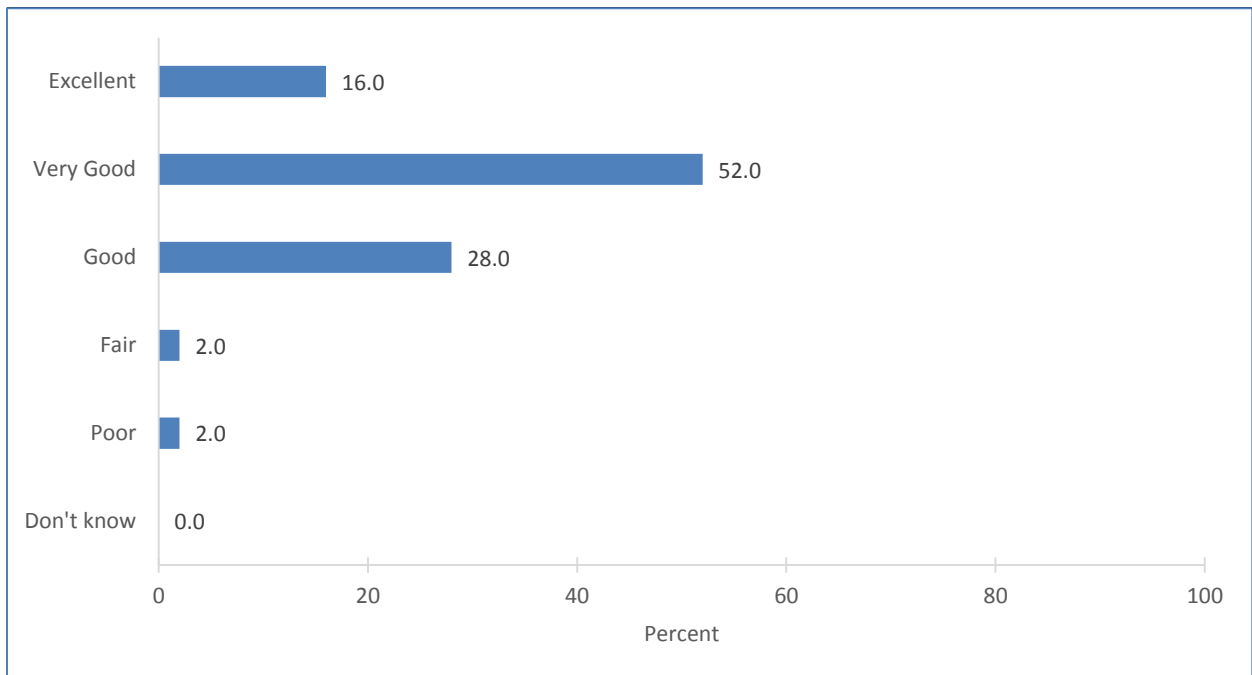


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



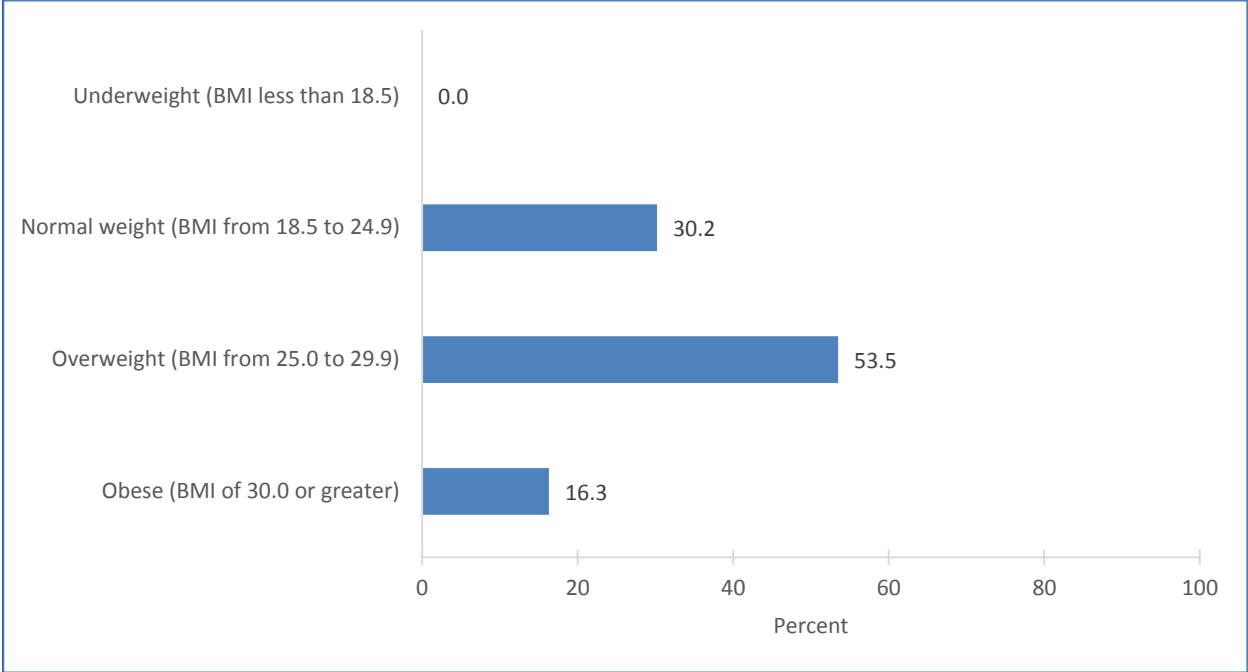
### General Health

Figure 10. Respondents' rating of their health in general



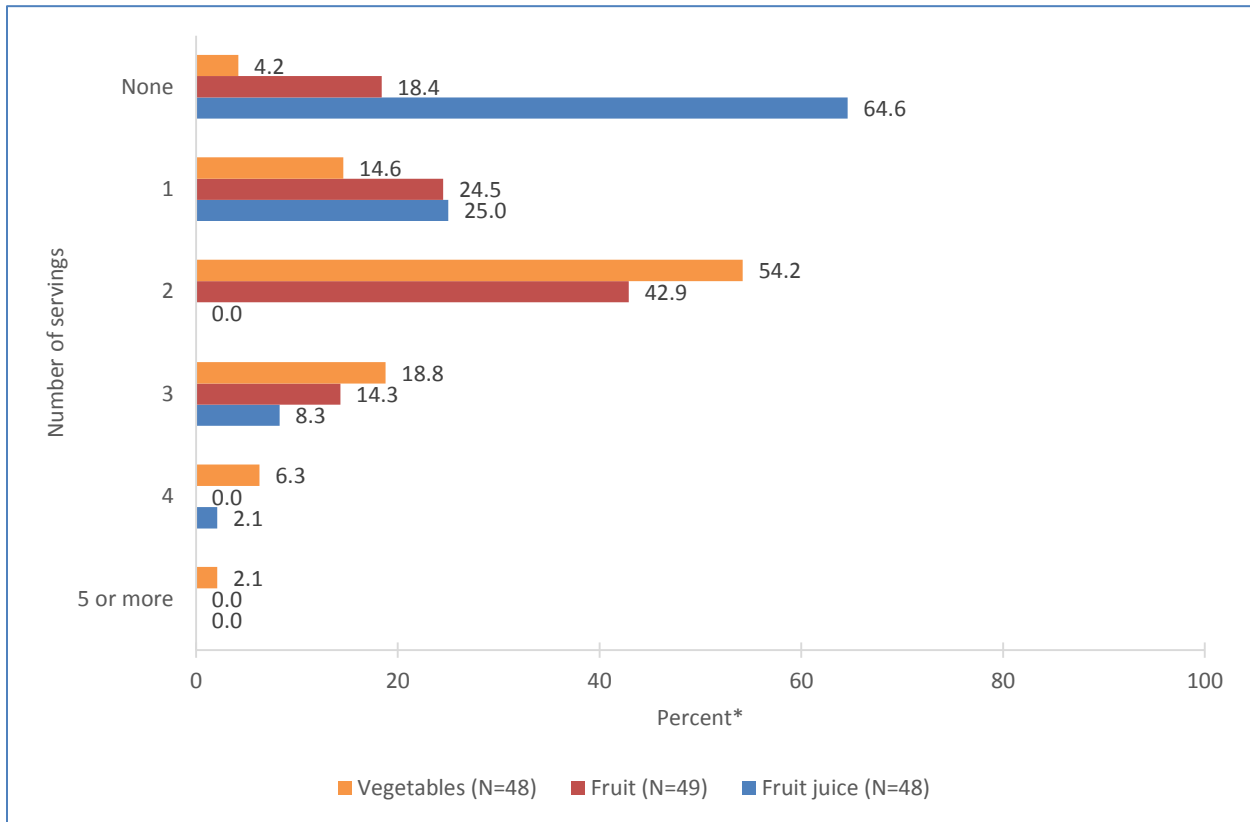
N=50

Figure 11. Respondents' weight status based on the Body Mass Index (BMI) scale



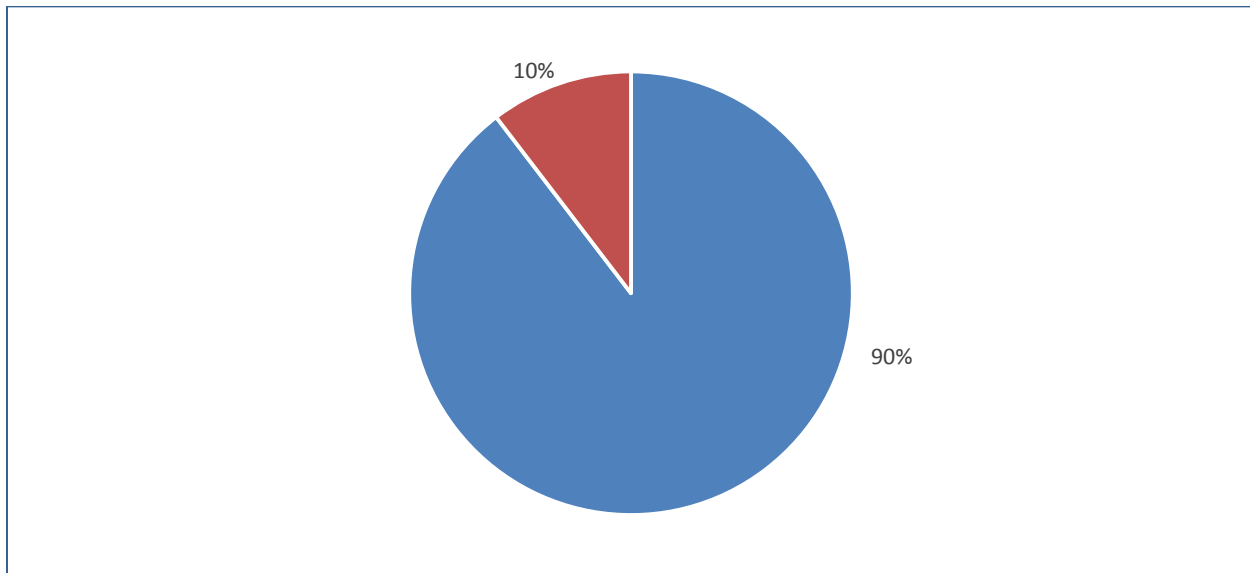
N=43

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



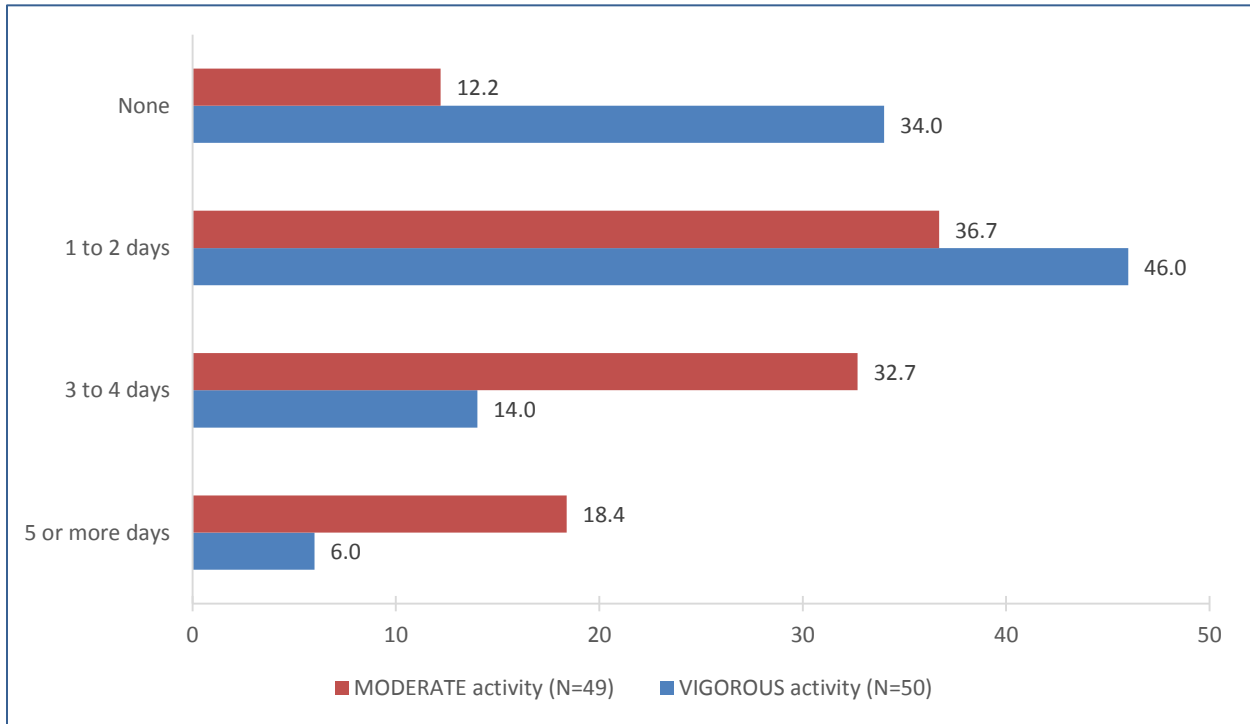
\*Percentages may not total 100.0 due to rounding.

Figure 13. Whether respondents, other than their regular job, participated in any physical activity exercises such as running, calisthenics, golf, gardening, or walking for exercise



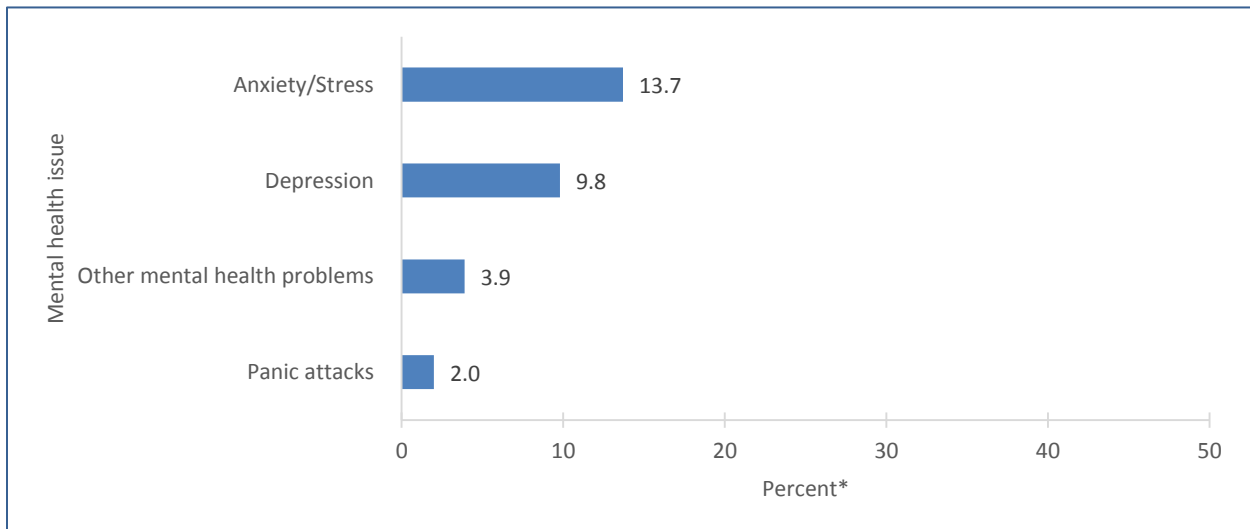
N=48

Figure 14. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



## Mental Health

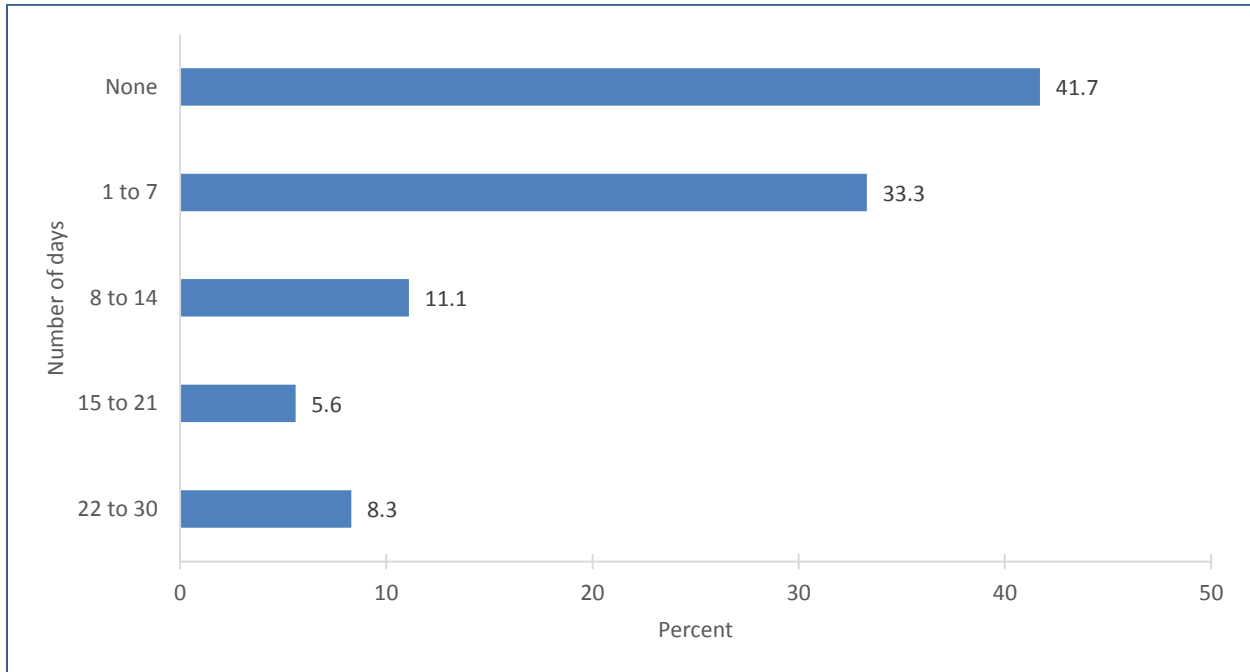
Figure 15. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=51

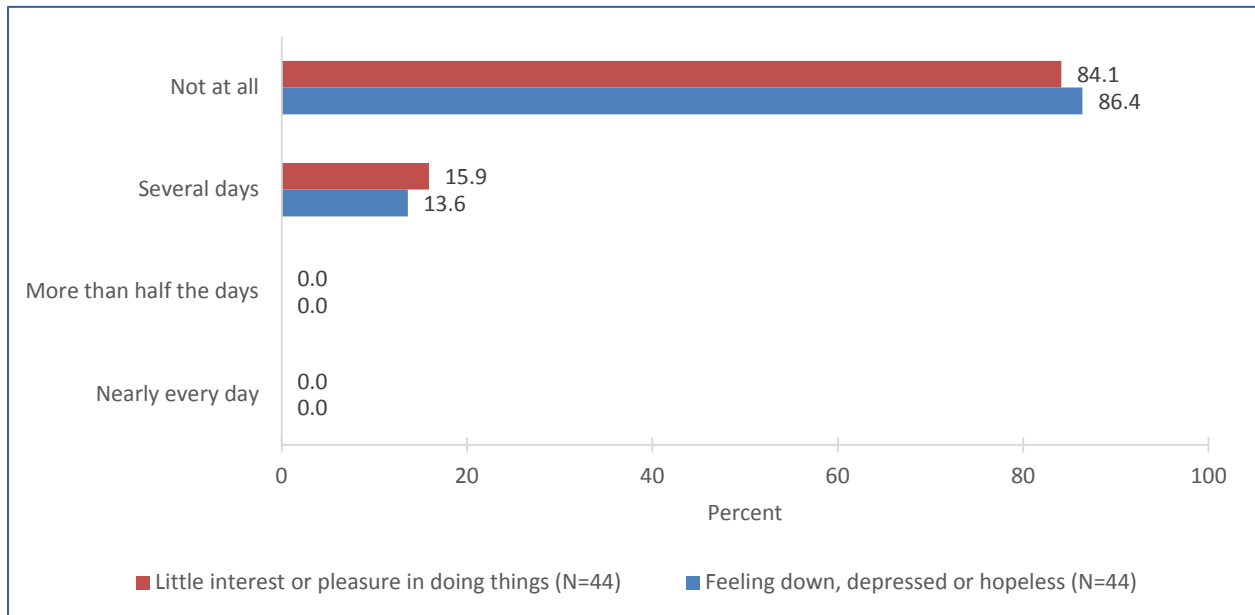
\*Percentages do not total 100.0 due to multiple responses

Figure 16. Number of days in the last month that respondents' mental health was not good



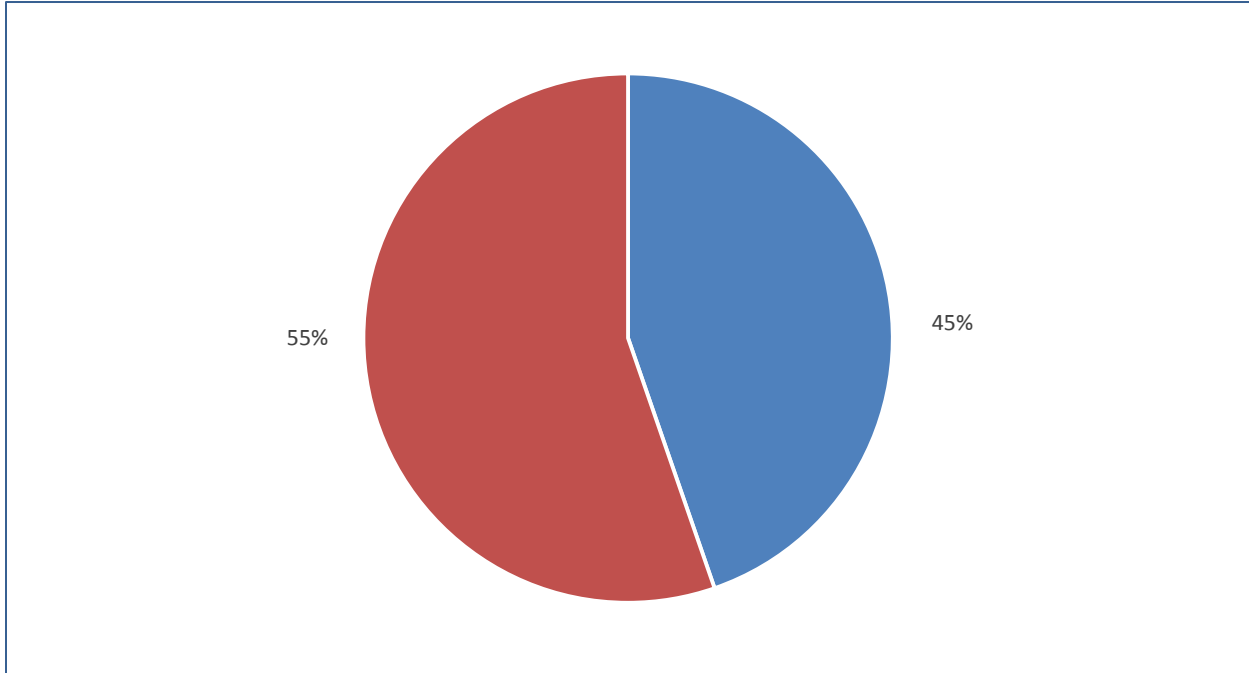
N=36

Figure 17. How often, over the past two weeks, respondents have been bothered by mental health issues



## Tobacco Use

Figure 18. Whether respondents have smoked at least 100 cigarettes in their entire life



N=47

Figure 19. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

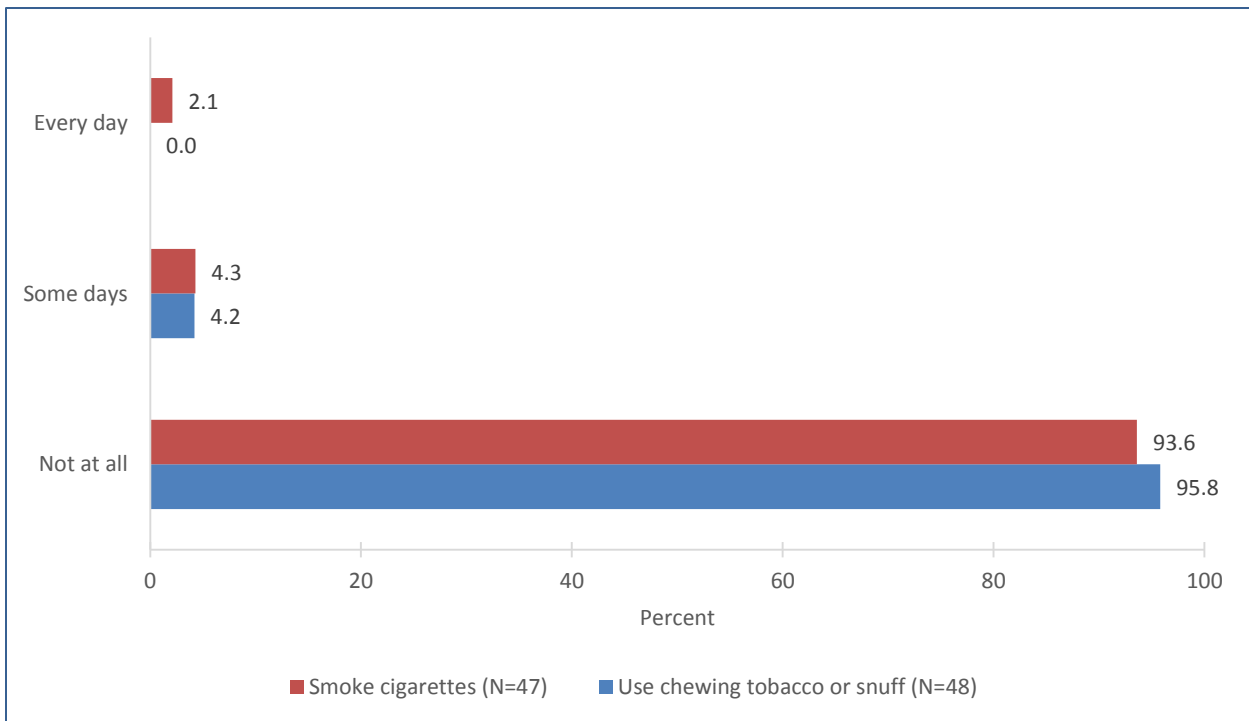
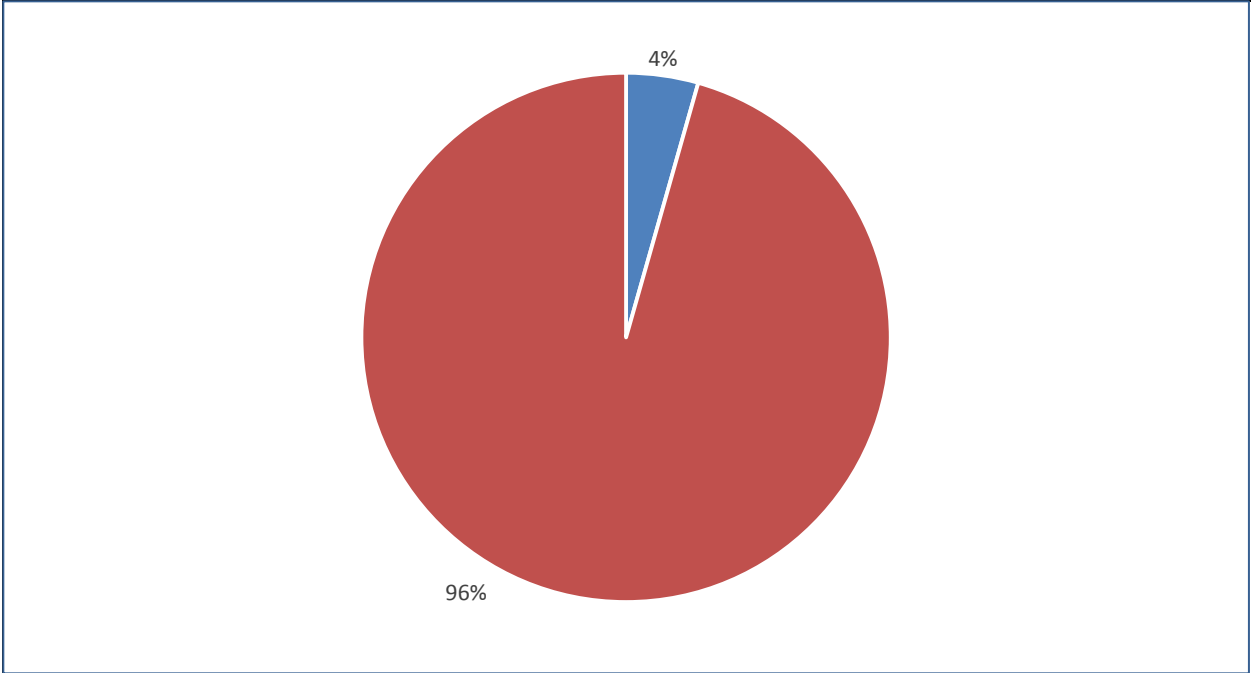
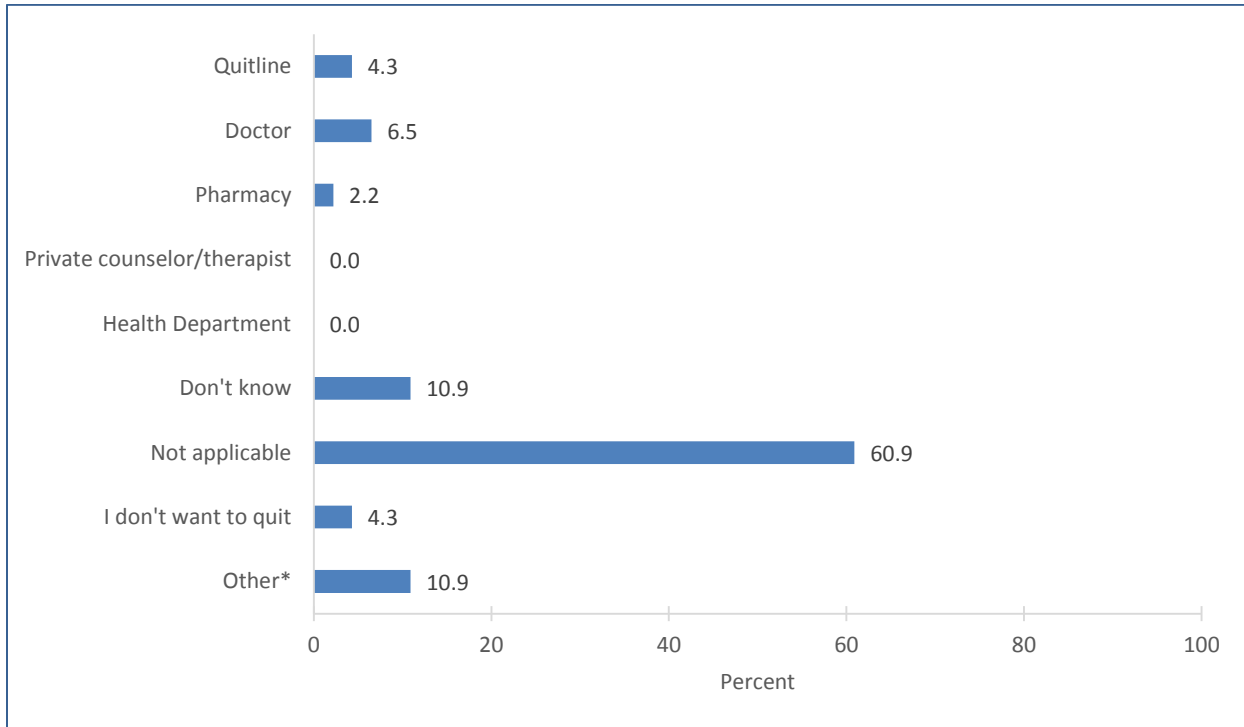


Figure 20. Whether respondents, during the past 12 months, have stopped smoking for one day or longer because they were trying to quit



N=45

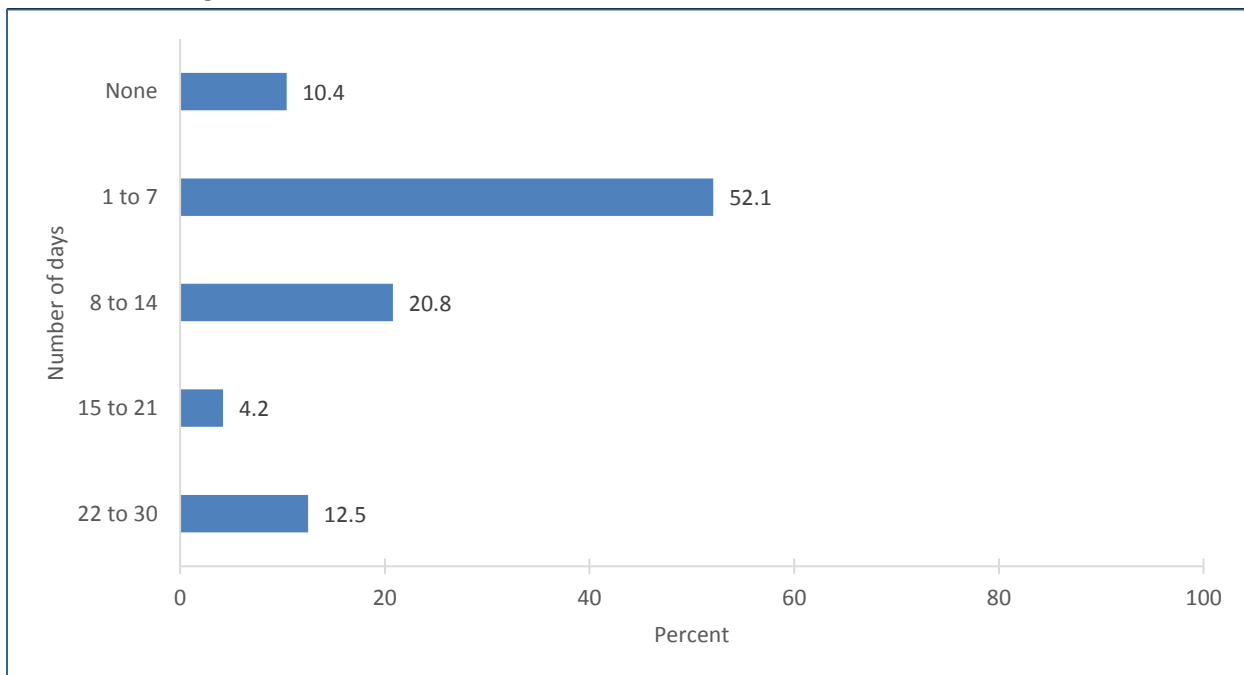
Figure 21. Location respondents would first go if they wanted help to quit using tobacco



N=46

### Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

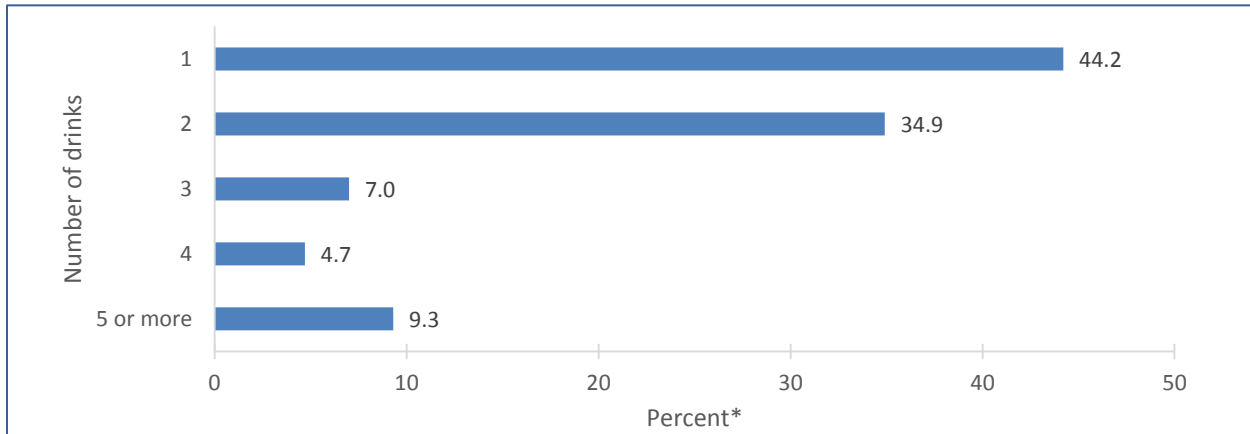
Figure 22. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=48



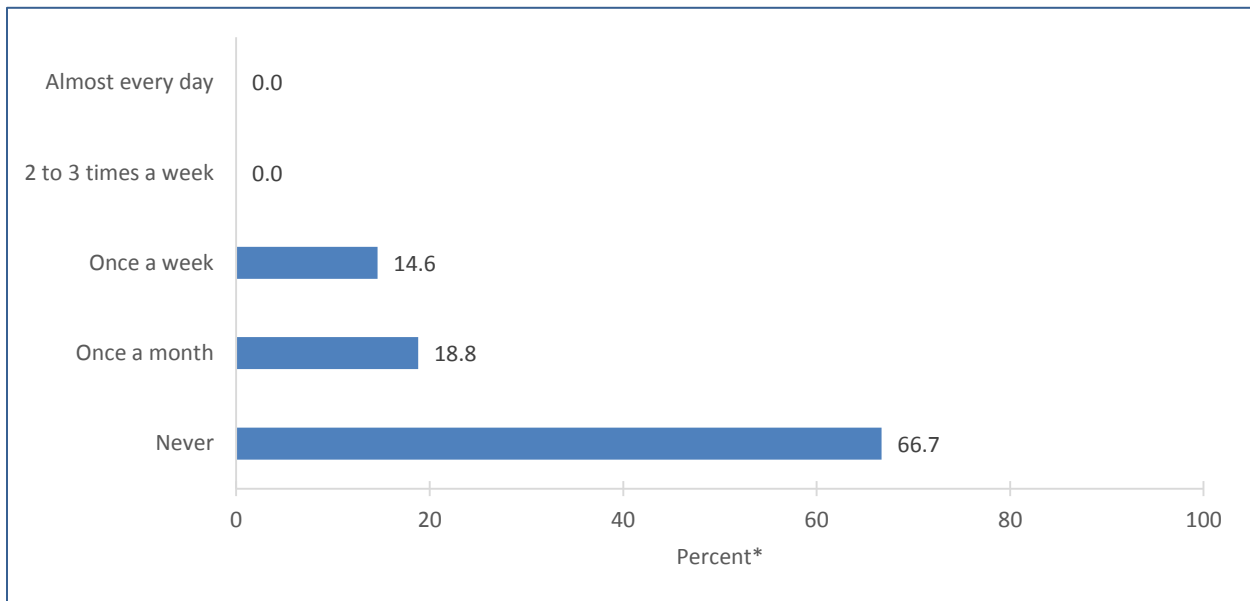
Figure 23. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=43

\*Percentages do not total 100.0 due to rounding.

Figure 24. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=48

\*Percentages do not total 100.0 due to rounding.

Figure 25. Whether respondents have ever had a problem with alcohol use or used prescription medication in ways other than they were prescribed

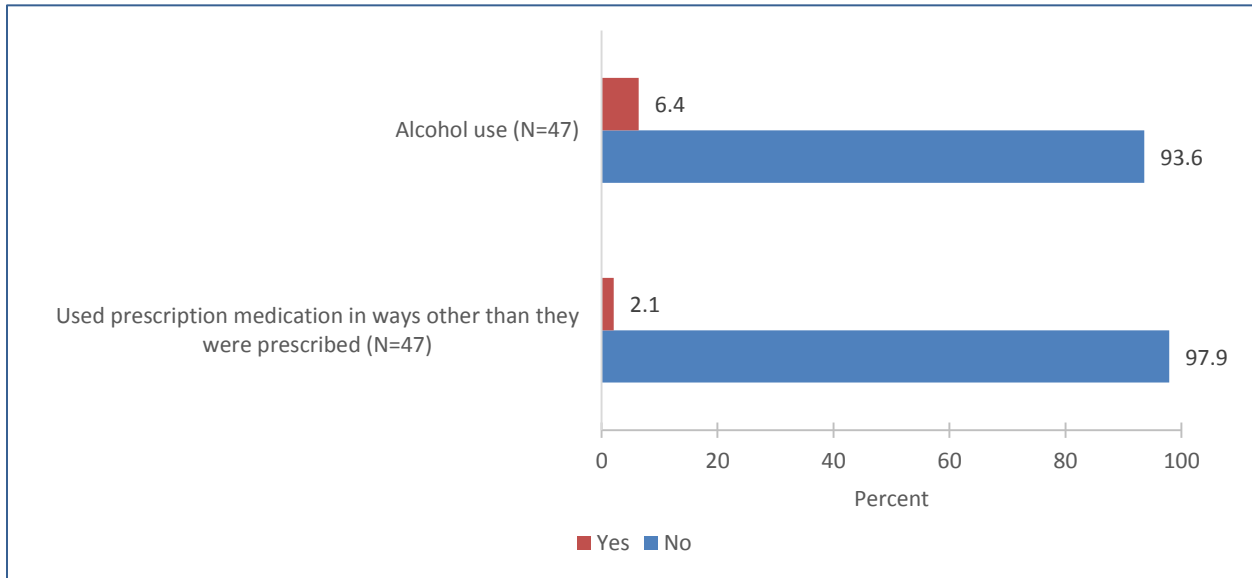
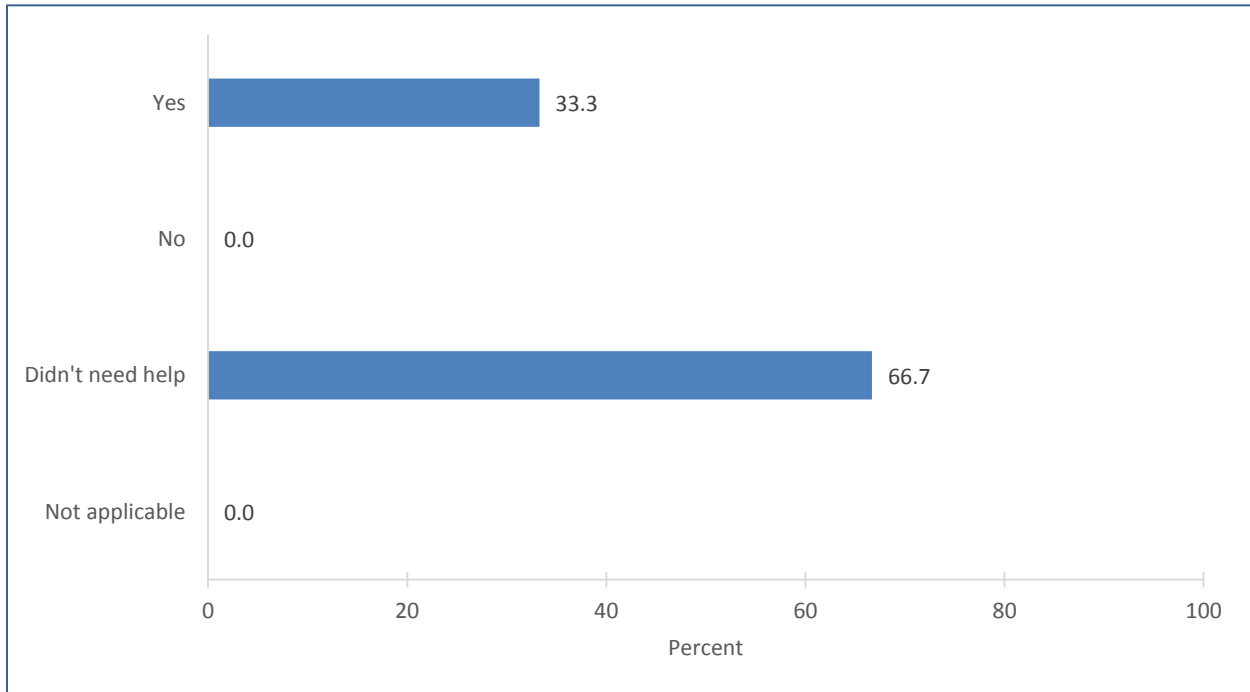
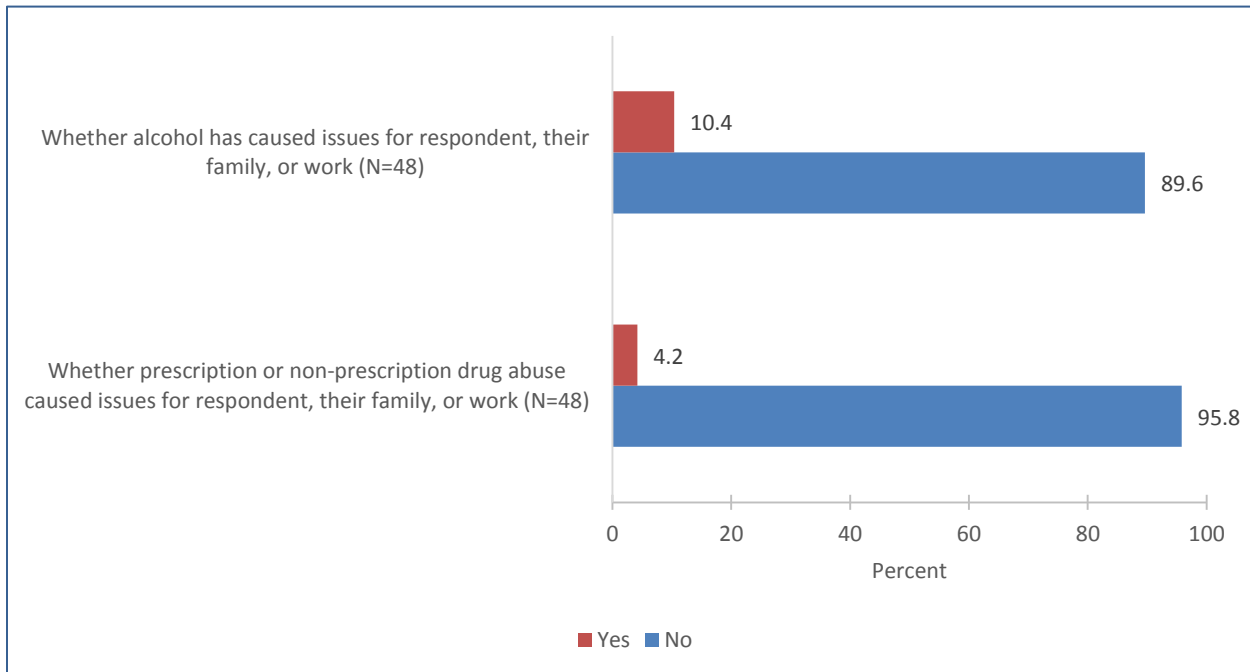


Figure 26. Of respondents who ever had a problem with alcohol use, whether respondents got the help they needed



N=3

Figure 27. Whether alcohol use or prescription or non-prescription drug abuse has caused issues for respondents, their family, or work over the past two years



## Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

| Type of screening                        | Percent of respondents |      |       |
|--|------------------------|------|-------|
|  | Yes                    | No   | Total |
| <b>GENERAL SCREENINGS</b>                |                        |      |       |
| Blood pressure screening (N=47)          | 89.4                   | 10.6 | 100.0 |
| Blood sugar screening (N=47)             | 68.1                   | 31.9 | 100.0 |
| Bone density test (N=47)                 | 8.5                    | 91.5 | 100.0 |
| Cardiovascular screening (N=47)          | 42.6                   | 57.4 | 100.0 |
| Cholesterol screening (N=47)             | 70.2                   | 29.8 | 100.0 |
| Dental screening and X-rays (N=47)       | 85.1                   | 14.9 | 100.0 |
| Flu shot (N=47)                          | 80.9                   | 19.1 | 100.0 |
| Glaucoma test (N=47)                     | 51.1                   | 48.9 | 100.0 |
| Hearing screening (N=47)                 | 14.9                   | 85.1 | 100.0 |
| Immunizations (N=47)                     | 42.6                   | 57.4 | 100.0 |
| Pelvic exam (N=23 Females)               | 73.9                   | 26.1 | 100.0 |
| STD (N=46)                               | 6.5                    | 93.5 | 100.0 |
| Vascular screening (N=46)                | 17.4                   | 82.6 | 100.0 |
| <b>CANCER SCREENINGS</b>                 |                        |      |       |
| Breast cancer screening (N=23 Females)   | 73.9                   | 26.1 | 100.0 |
| Cervical cancer screening (N=22 Females) | 63.6                   | 36.4 | 100.0 |
| Colorectal cancer screening (N=45)       | 40.0                   | 60.0 | 100.0 |
| Prostate cancer screening (N=22 Males)   | 59.1                   | 40.9 | 100.0 |
| Skin cancer screening (N=43)             | 37.2                   | 62.8 | 100.0 |

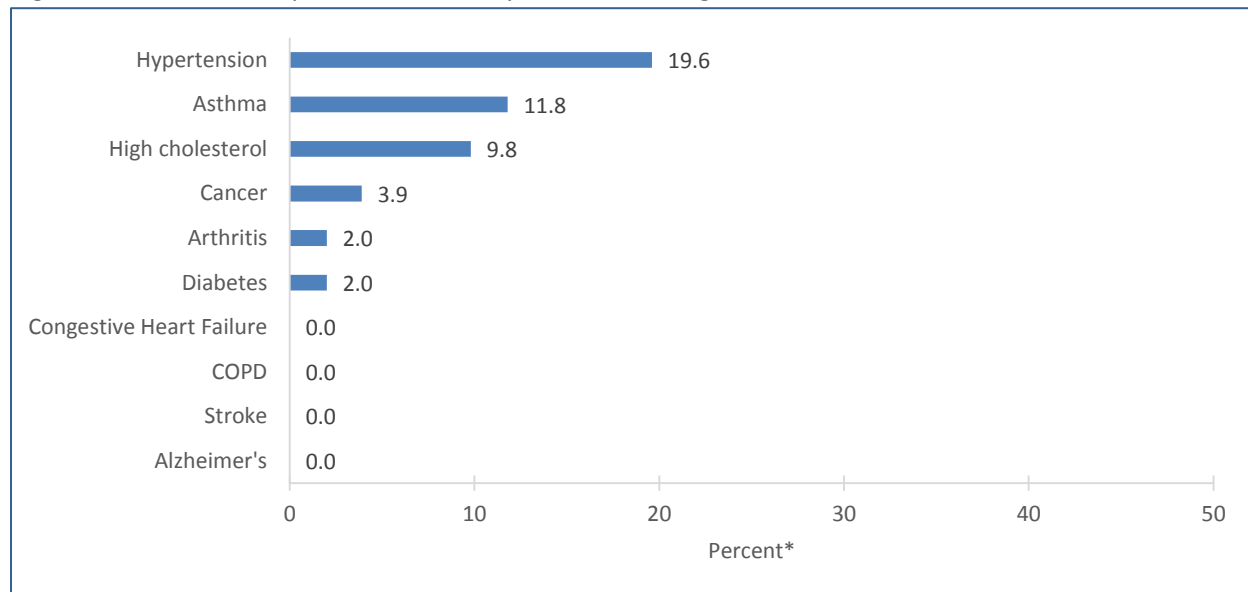
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

| Type of screening                 | Percent of respondents* |                         |      |                   |                 |                       |              |
|-----------------------------------|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
|                                   | Not necessary           | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| <b>GENERAL SCREENINGS</b>         |                         |                         |      |                   |                 |                       |              |
| Blood pressure screening (N=5)    | 60.0                    | 20.0                    | 0.0  | 0.0               | 20.0            | 0.0                   | 0.0          |
| Blood sugar screening (N=15)      | 46.7                    | 13.3                    | 6.7  | 0.0               | 6.7             | 0.0                   | 20.0         |
| Bone density test (N=43)          | 48.8                    | 34.9                    | 4.7  | 0.0               | 0.0             | 0.0                   | 7.0          |
| Cardiovascular screening (N=27)   | 51.9                    | 25.9                    | 0.0  | 0.0               | 0.0             | 0.0                   | 11.1         |
| Cholesterol screening (N=14)      | 50.0                    | 14.3                    | 7.1  | 0.0               | 0.0             | 0.0                   | 21.4         |
| Dental screening and X-rays (N=7) | 28.6                    | 0.0                     | 14.3 | 0.0               | 0.0             | 0.0                   | 42.9         |
| Flu shot (N=9)                    | 44.4                    | 0.0                     | 0.0  | 0.0               | 0.0             | 0.0                   | 44.4         |
| Glaucoma test (N=23)              | 43.5                    | 21.7                    | 0.0  | 0.0               | 0.0             | 0.0                   | 17.4         |

| Type of screening                       | Percent of respondents* |                         |      |                   |                 |                       |              |
|---|-------------------------|-------------------------|------|-------------------|-----------------|-----------------------|--------------|
|   | Not necessary           | Doctor hasn't suggested | Cost | Fear of procedure | Fear of results | Unable to access care | Other reason |
| Hearing screening (N=40)                | 52.5                    | 35.0                    | 0.0  | 0.0               | 0.0             | 0.0                   | 7.5          |
| Immunizations (N=27)                    | 59.3                    | 11.1                    | 0.0  | 0.0               | 0.0             | 0.0                   | 11.1         |
| Pelvic exam (N=6 Females)               | 33.3                    | 0.0                     | 0.0  | 0.0               | 0.0             | 0.0                   | 33.3         |
| STD (N=43)                              | 60.5                    | 9.3                     | 0.0  | 0.0               | 0.0             | 0.0                   | 9.3          |
| Vascular screening (N=38)               | 47.4                    | 34.2                    | 0.0  | 0.0               | 0.0             | 0.0                   | 10.5         |
| <b>CANCER SCREENINGS</b>                |                         |                         |      |                   |                 |                       |              |
| Breast cancer screening (N=6 Females)   | 83.3                    | 33.3                    | 0.0  | 0.0               | 0.0             | 0.0                   | 16.7         |
| Cervical cancer screening (N=8 Females) | 62.5                    | 12.5                    | 0.0  | 0.0               | 0.0             | 0.0                   | 25.0         |
| Colorectal cancer screening (N=27)      | 74.1                    | 18.5                    | 0.0  | 0.0               | 0.0             | 0.0                   | 3.7          |
| Prostate cancer screening (N=9 Males)   | 77.8                    | 22.2                    | 0.0  | 0.0               | 0.0             | 0.0                   | 0.0          |
| Skin cancer screening (N=27)            | 44.4                    | 44.4                    | 0.0  | 0.0               | 0.0             | 0.0                   | 14.8         |

\*Percentages may not total 100.0 due to multiple responses.

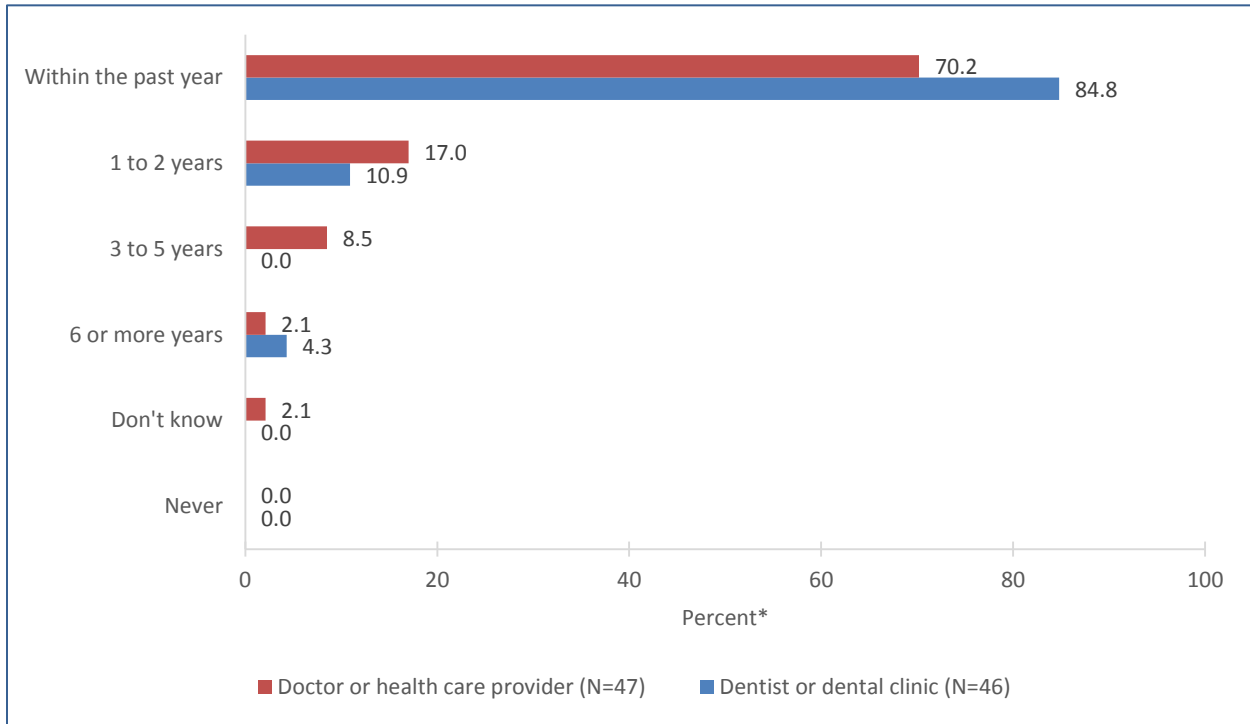
Figure 28. Whether respondents have any of the following chronic diseases



N=51

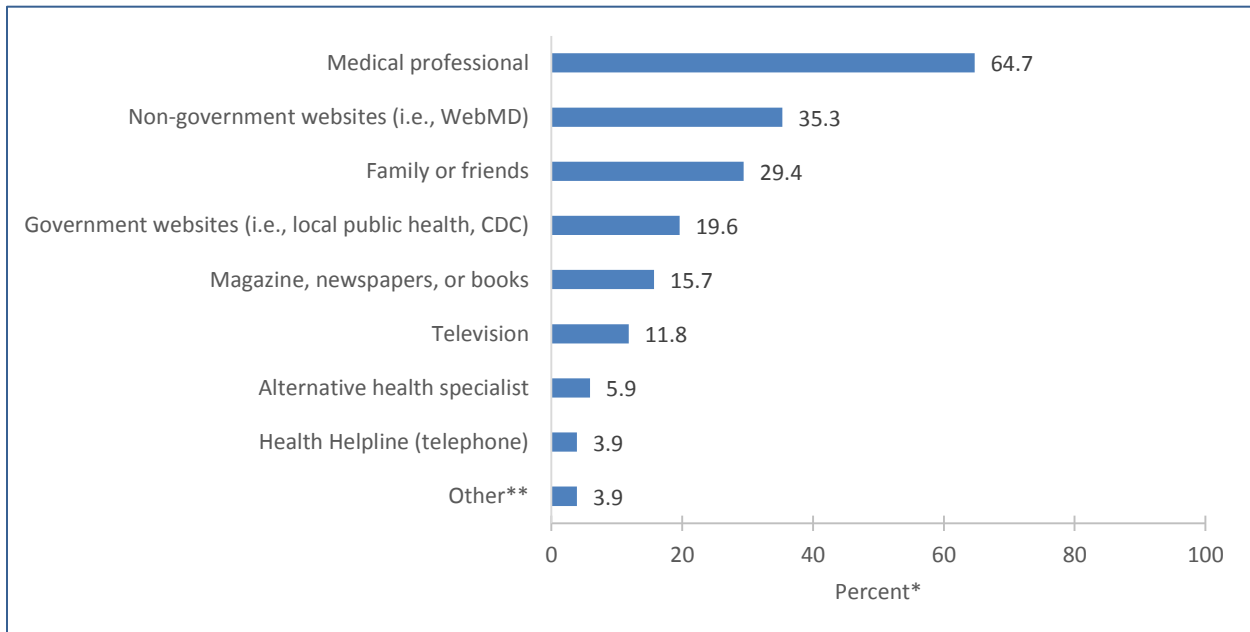
\*Percentages do not total 100.0 due to multiple responses.

Figure 29. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



\*Percentages may not total 100.0 due to rounding.

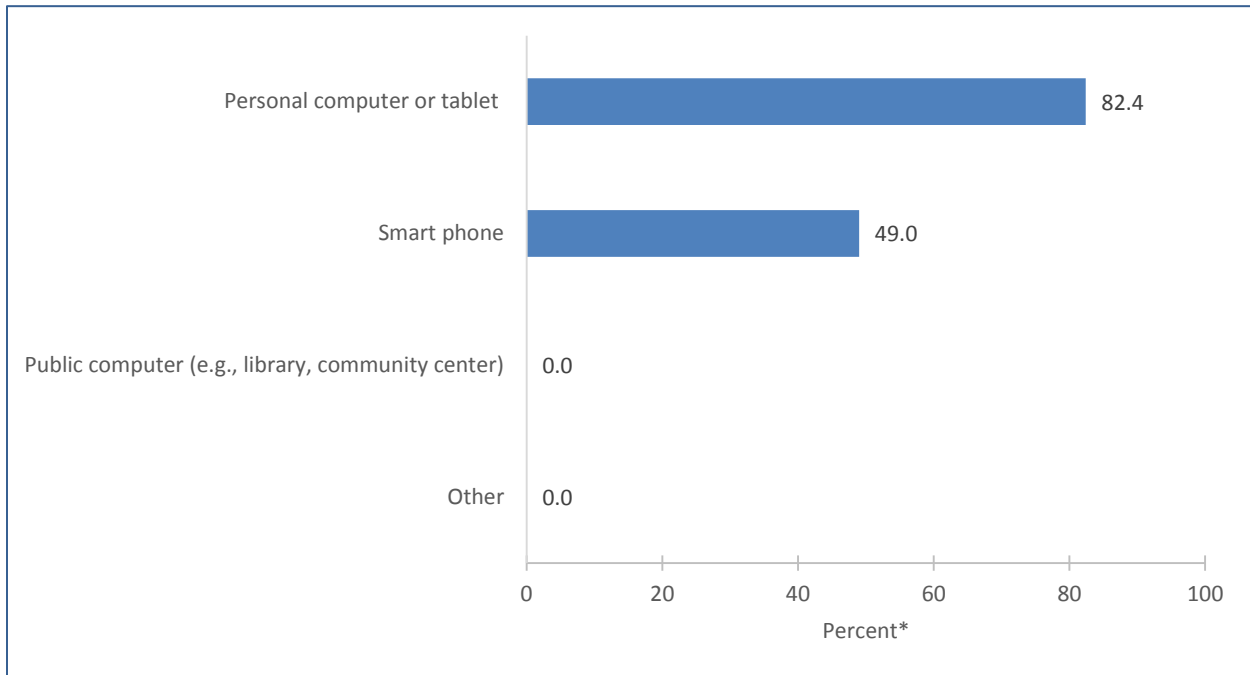
Figure 30. Where respondents get most of their health information



N=51

\*Percentages do not total 100.0 due to multiple responses.

Figure 31. Best way for respondents to access technology for health information

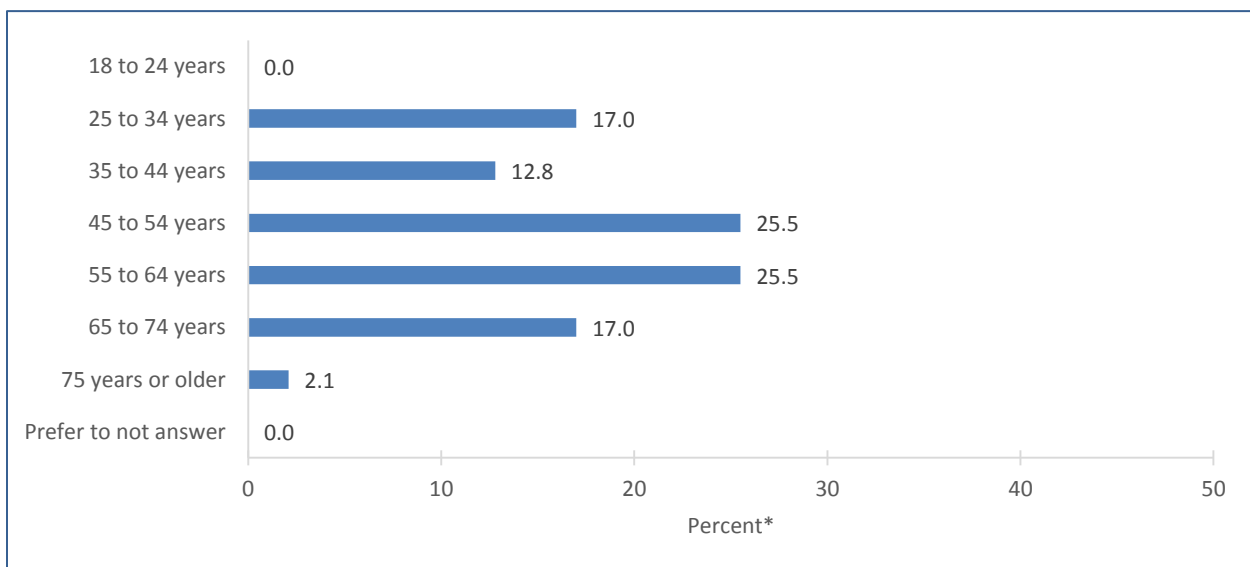


N=51

\*Percentages do not total 100.0 due to multiple responses.

### Demographic Information

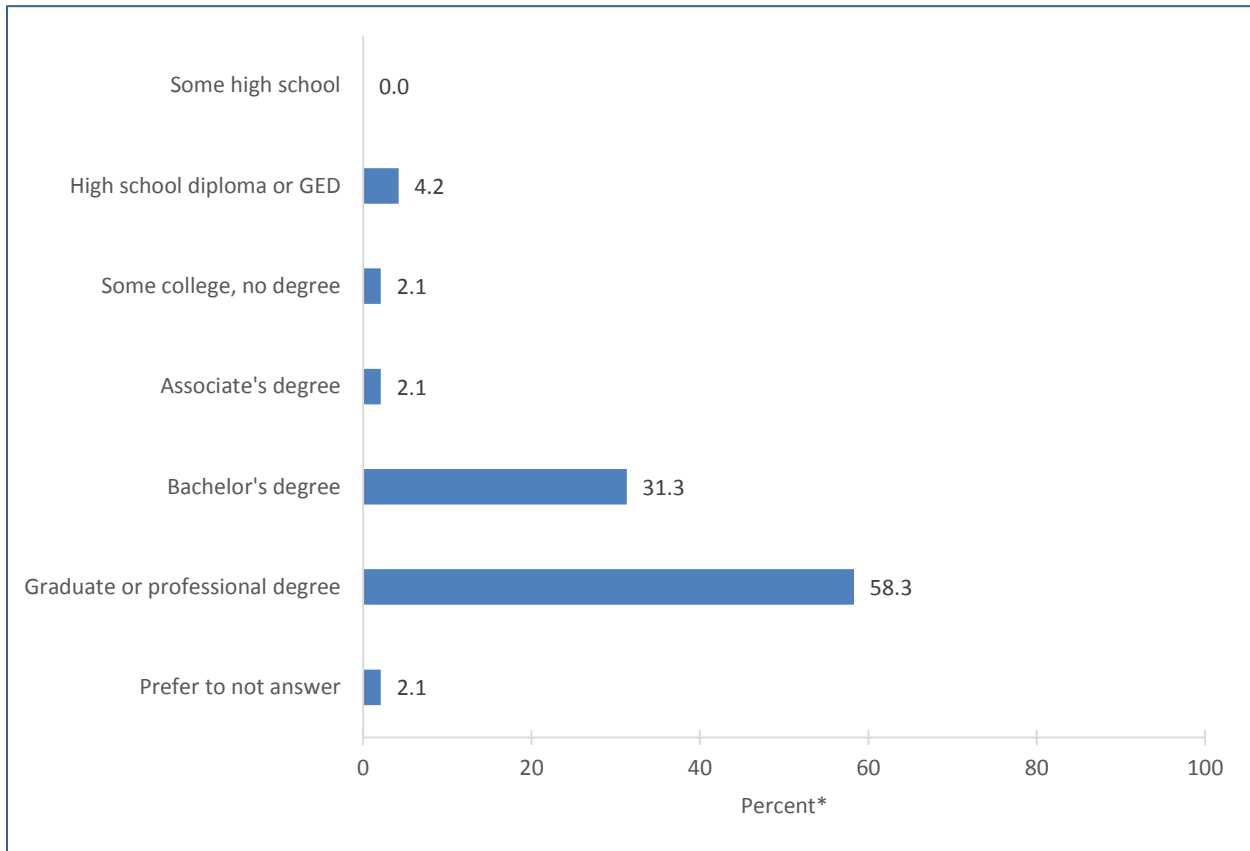
Figure 32. Age of respondents



N=47

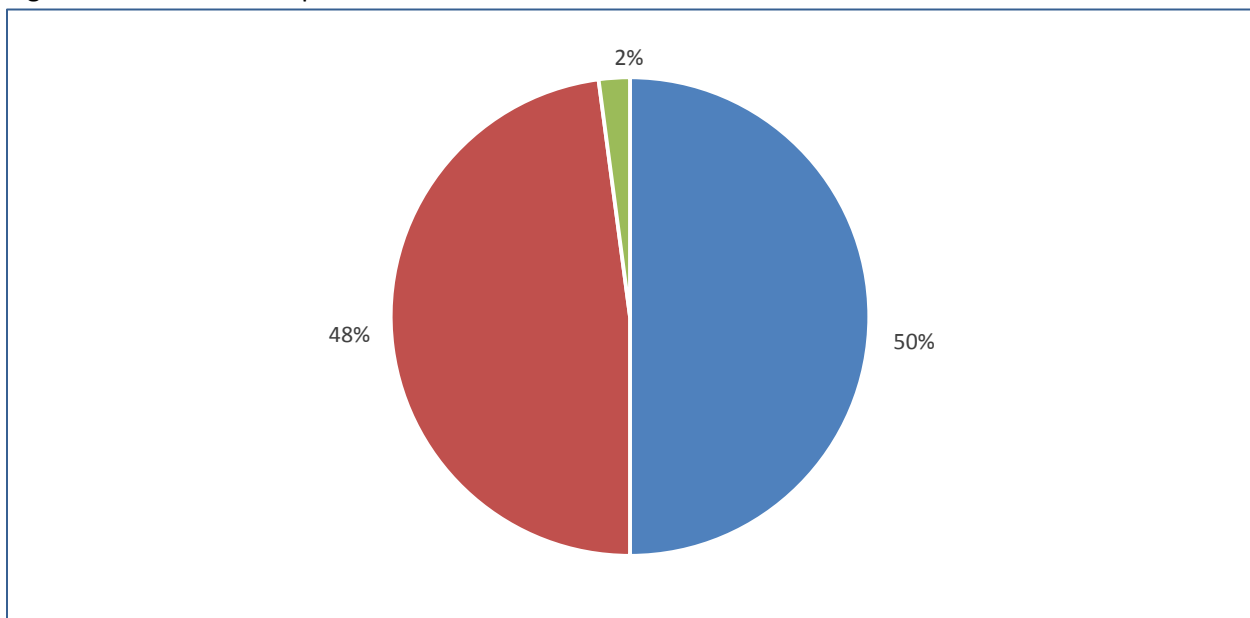
\*Percentages do not total 100.0 due to rounding.

Figure 33. Highest level of education of respondents



N=48 \*Percentages do not total 100.0 due to rounding

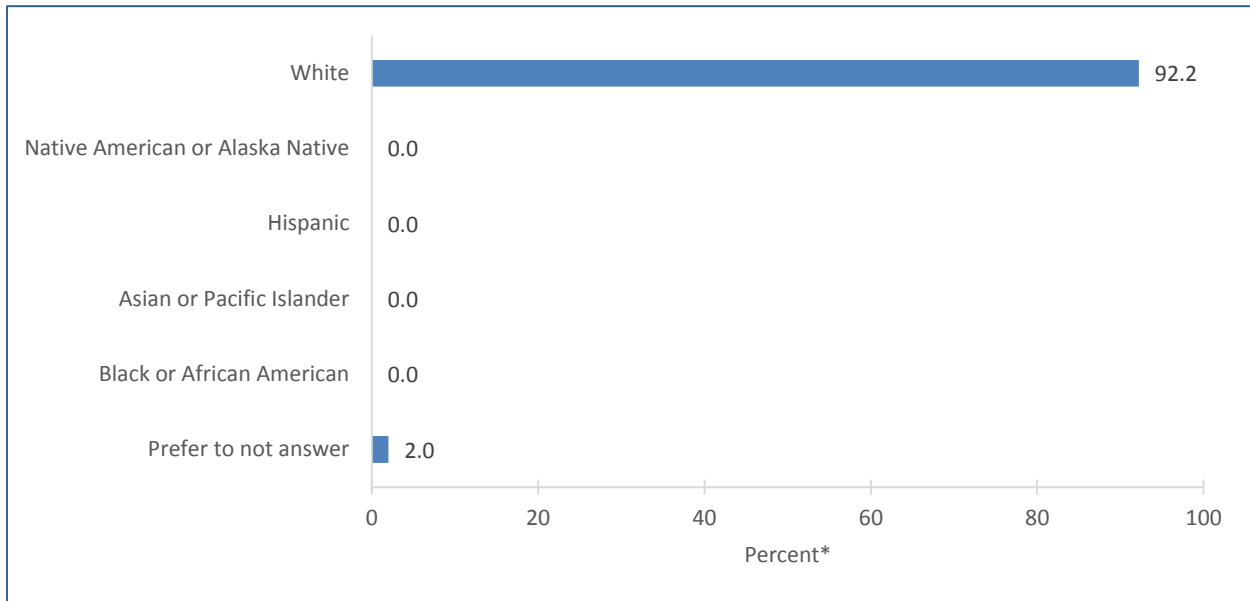
Figure 34. Gender of respondents



N=48



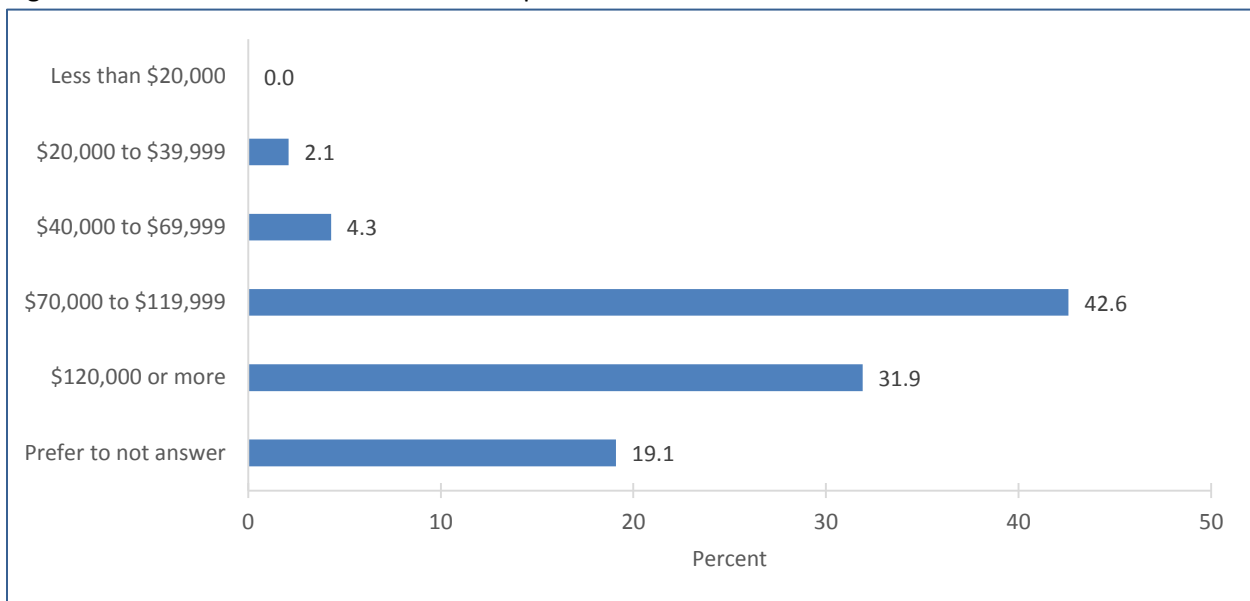
Figure 35. Race and ethnicity of respondents



N=51

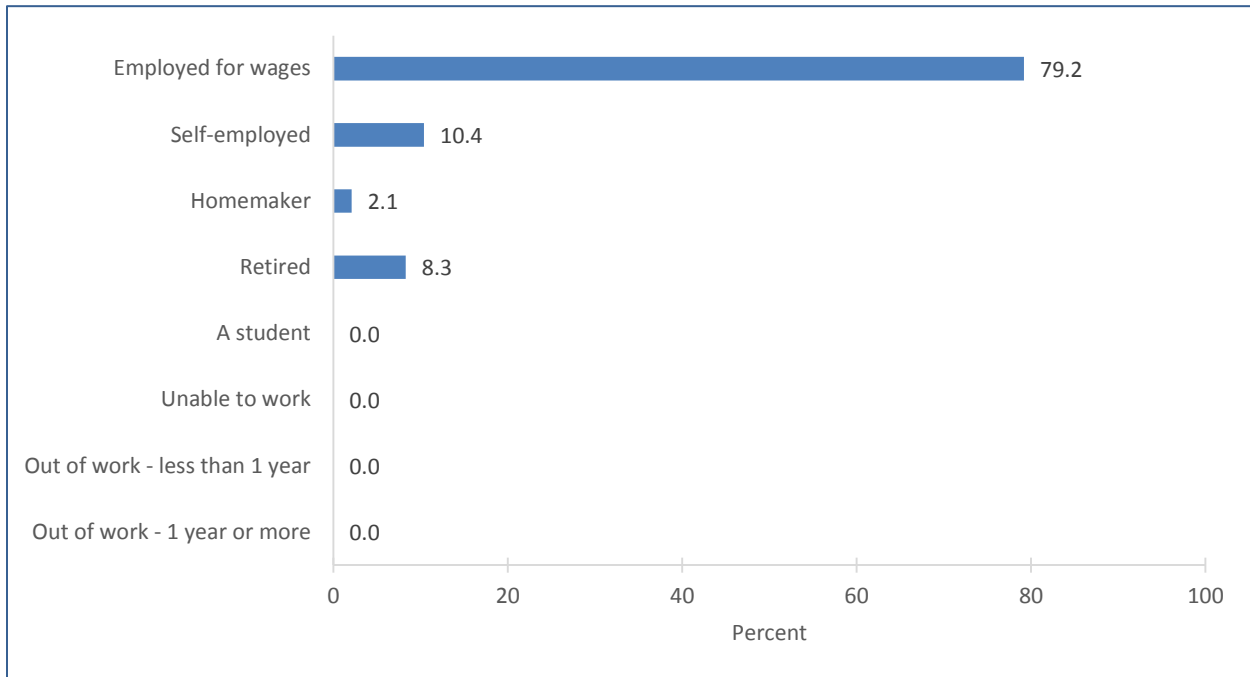
\*Percentages do not total 100.0 due to multiple responses.

Figure 36. Annual household income of respondents



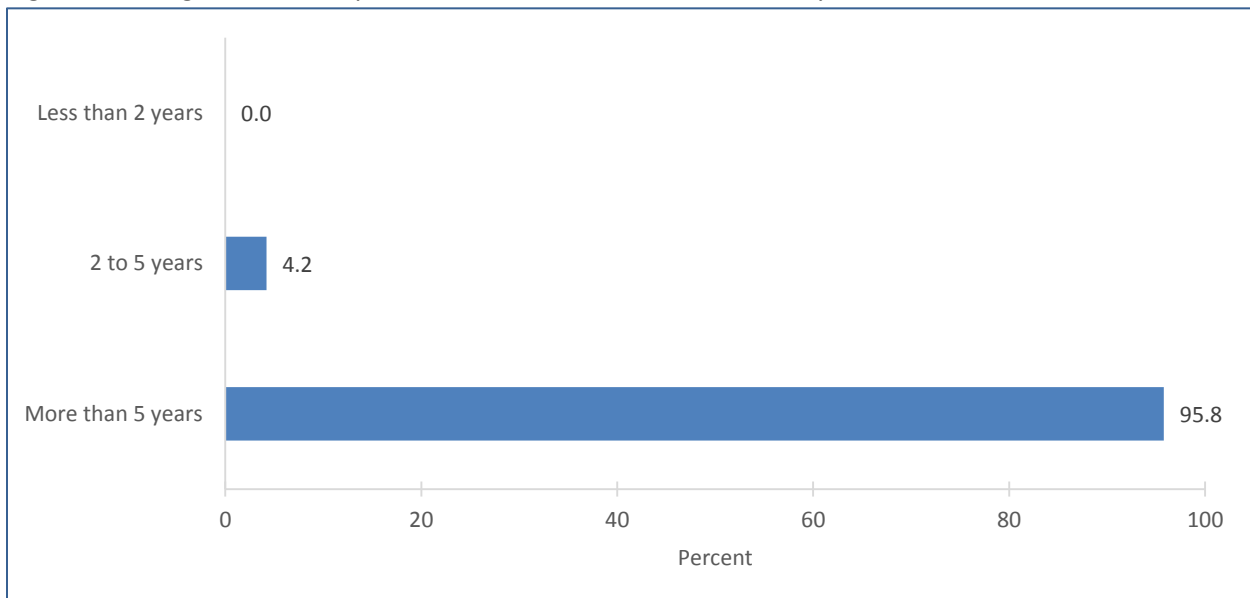
N=47

Figure 37. Employment status of respondents



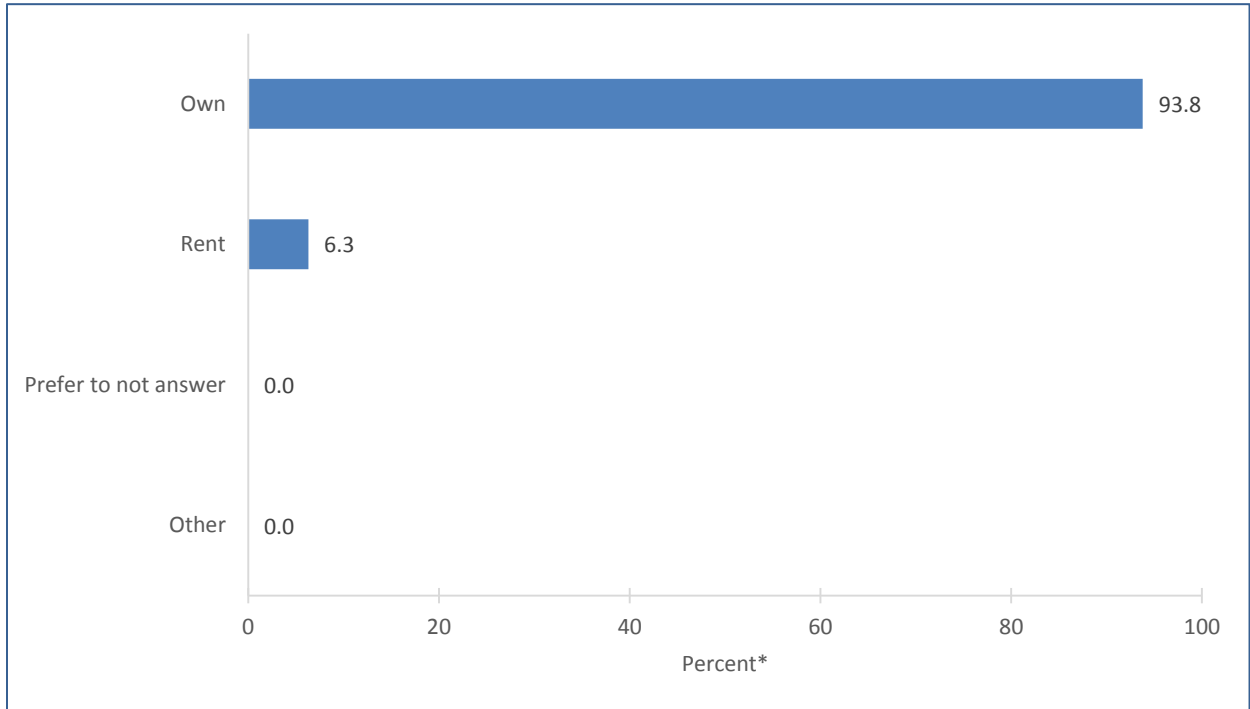
N=48

Figure 38. Length of time respondents have lived in their community



N=48

Figure 39. Whether respondents own or rent their home



N=48

\*Percentages do not total 100.0 due to rounding.

Figure 40. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

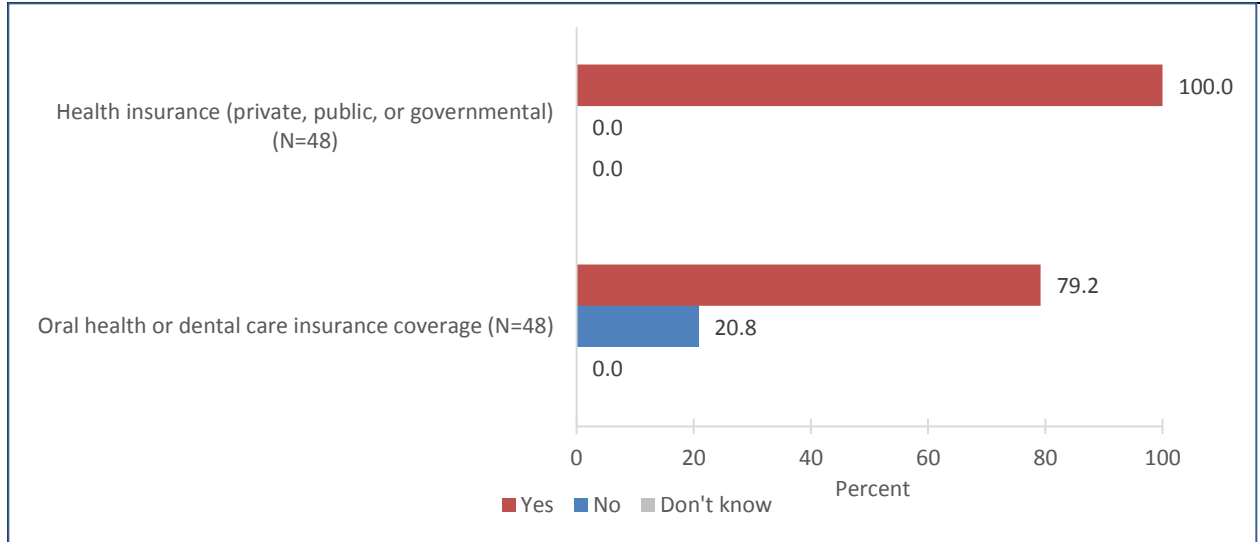
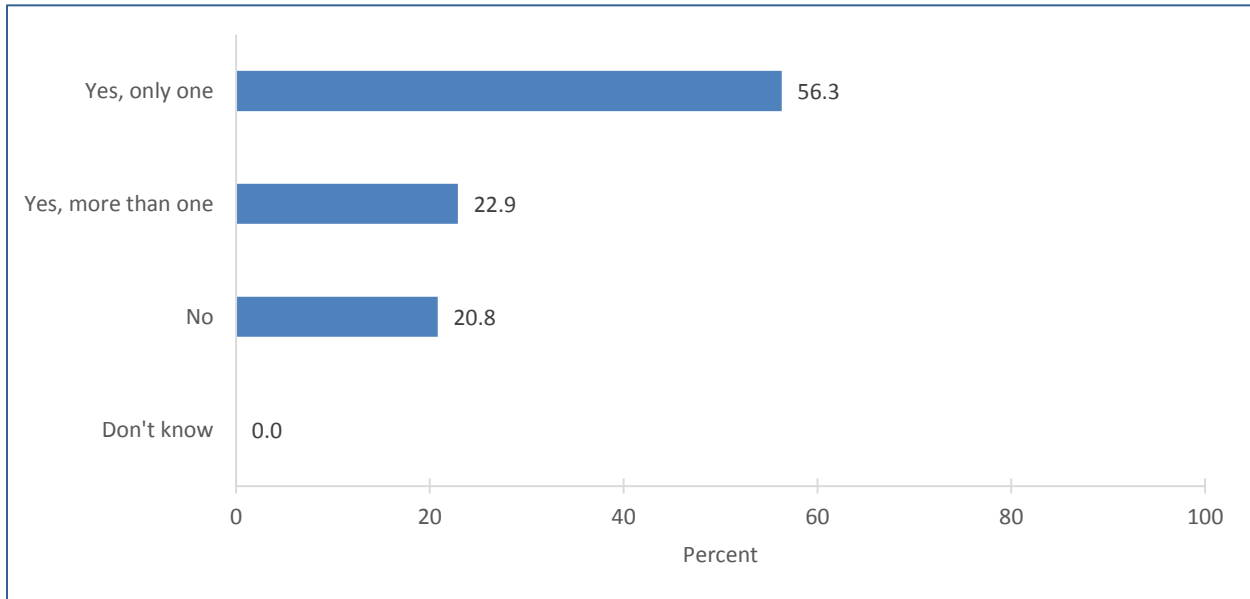


Figure 41. Whether respondents have one person who they think of as their personal doctor or health care provider



N=48

Figure 42. Facilities that respondents go to most often when sick and take their children when they are sick

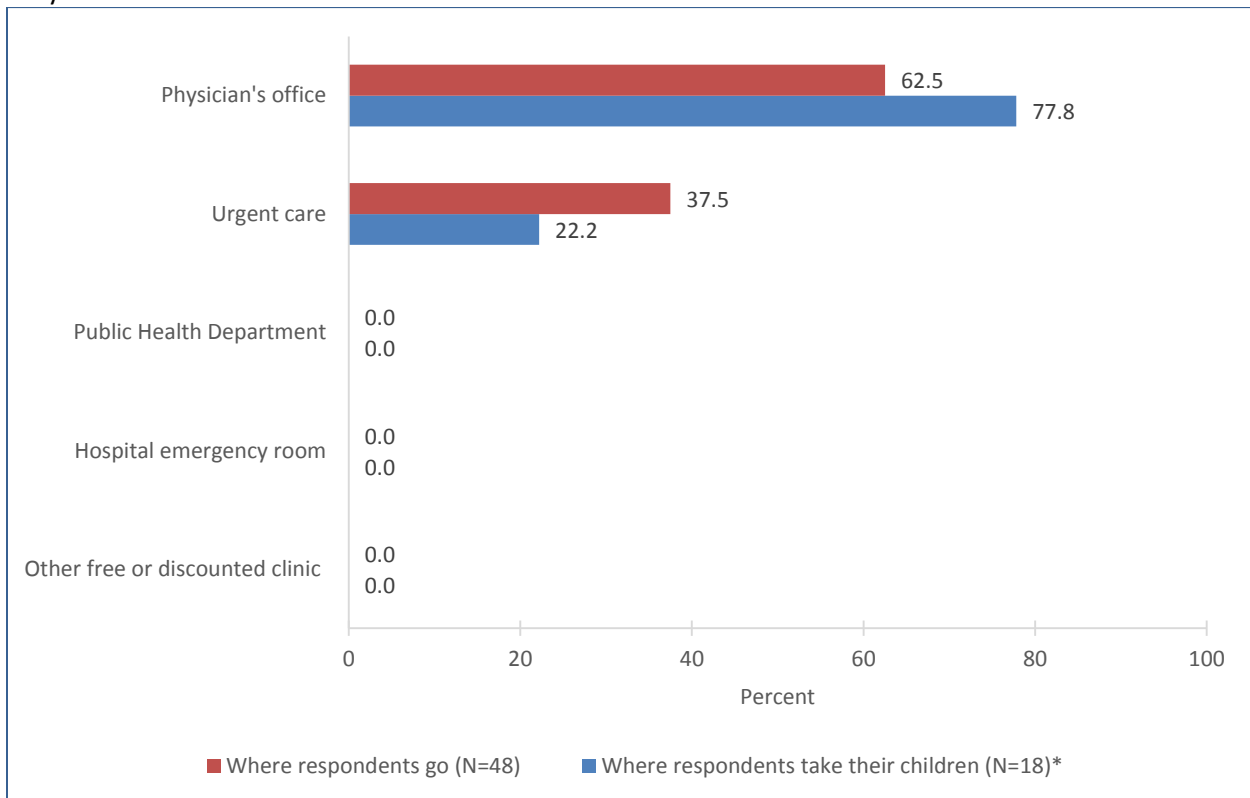


Figure 43. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

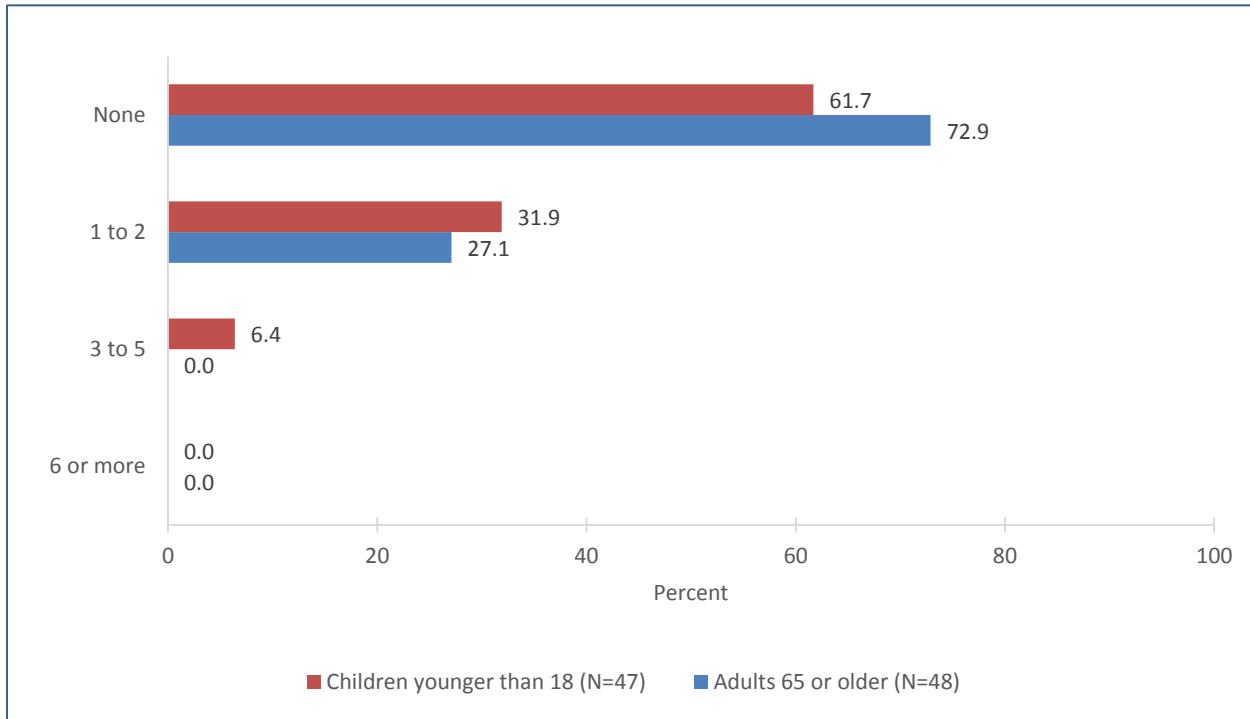


Figure 44. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year

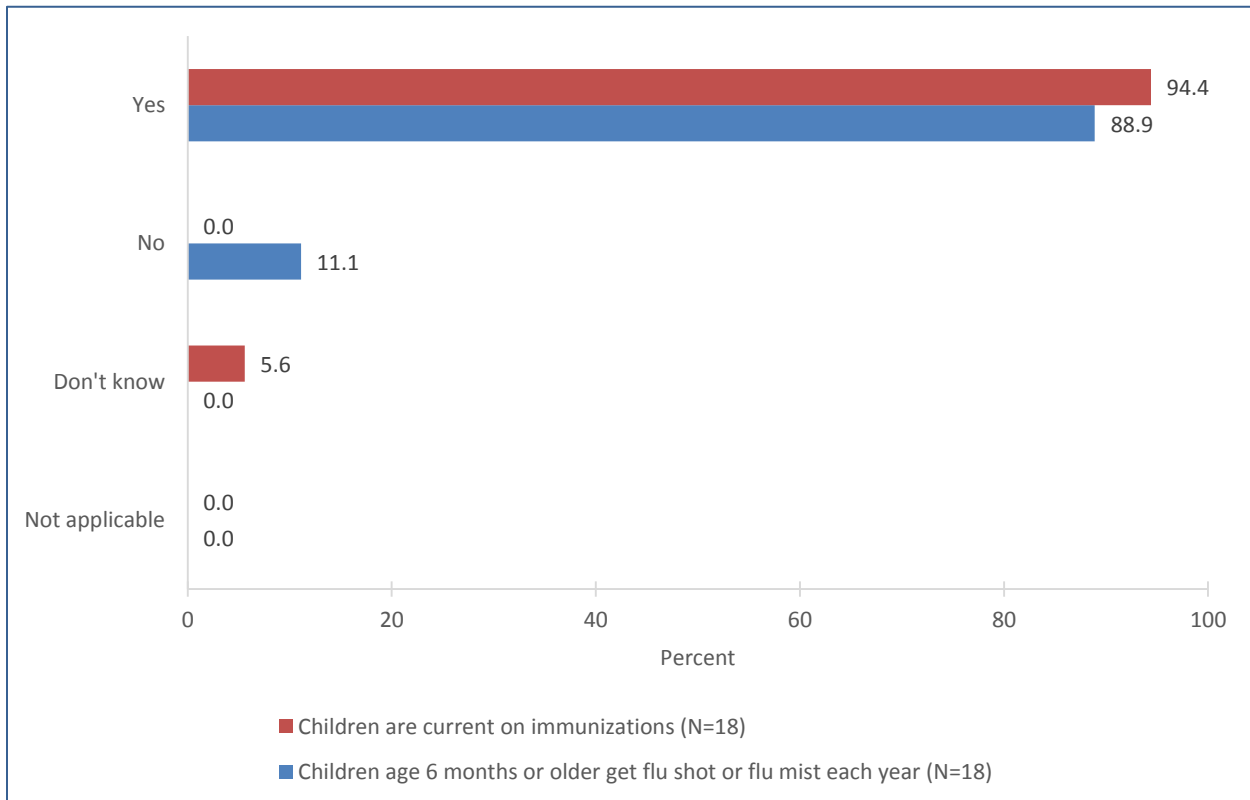


Table 3. Zip code of respondents

| Zip code | Number of respondents |
|----------|-----------------------|
| 58104    | 12                    |
| 56560    | 11                    |
| 58103    | 7                     |
| 58078    | 4                     |
| 56549    | 2                     |
| 58102    | 2                     |
| 56514    | 1                     |
| 58004    | 1                     |
| 58006    | 1                     |
| 58012    | 1                     |
| 58038    | 1                     |
| 58048    | 1                     |
| 58107    | 1                     |
| 58701    | 1                     |

N=46

# Secondary Research

**2015 Greater Fargo-Moorhead  
Community Health Needs  
Assessment of American Indian  
Residents**

January 2016



## Table of Contents

|   |    |
|---|----|
| Introduction .....  | 2  |
| Methodology.....  | 2  |
| Survey Results .....  | 3  |
| I. Level of Concern with Specific Issues.....                     | 3  |
| Economics.....  | 3  |
| Transportation.....   | 4  |
| Environment .....   | 4  |
| Children and Youth .....  | 5  |
| Aging Population .....  | 7  |
| Safety .....  | 8  |
| Health Care .....   | 9  |
| Physical and Mental Health .....                                  | 11 |
| Substance Use and Abuse.....                                      | 13 |
| II. General Health .....  | 14 |
| III. Mental Health .....  | 17 |
| IV. Tobacco Use .....   | 19 |
| V. Alcohol Use and Prescription/Non-Prescription Drug Abuse ..... | 21 |
| VI. Preventive Health .....                                       | 25 |
| VII. Demographics .....   | 30 |
| Appendix Tables.....  | 38 |
| Survey Instrument.....  | 53 |

## **Executive Summary**

### **Introduction**

The purpose of this survey was to obtain information related to perceptions of American Indian residents of Fargo, North Dakota and Moorhead, Minnesota regarding community health, their personal health, preventive health, and disease prevalence. The American Indian population was under-represented in previous health needs assessments conducted in the Fargo-Moorhead area (2013 and 2015). The current health needs assessment sought to obtain perceptions related to health needs specific to the American Indian population. The purpose of a health needs assessment is to promote health equity and access to health care and health coverage. Health needs assessments lacking accurate data from disparate populations makes community planning efforts applicable only to the larger community.

### **Primary Data Collection Methods**

#### **Instrument Development**

Researchers utilized the survey tool originally created for the 2015 Greater Fargo-Moorhead Community Health Needs Assessment of Residents.

#### **Sampling and Procedure**

Survey data was collected in July 2015 during the Fargo-Moorhead “Honoring Traditions of Health Wellness Community Health Fair” at Carl Ben Eielson Middle School in Fargo, North Dakota. Persons who self-identified as American Indian/Alaska Native were targeted for this study and respondents received a \$10 incentive for survey completion. Surveys were completed in paper format and survey data were entered manually into an Excel spreadsheet.

#### **Data Analysis**

All data were analyzed using SPSS version 23.0.

#### **Limitations**

These findings only represent American Indian participants attending a health fair in Fargo, North Dakota and may not be representative of other American Indians in the Fargo-Moorhead area.

# Survey Results

It should be noted that within the survey results and appendix tables, specific abbreviations are used. American Indian is abbreviated to AI, and Overall, indicating the results from the 2015 Greater Fargo-Moorhead Community Health Needs Assessment, is abbreviated OA. In addition to being discussed as stand-alone results, the AI results will also be compared to the OA results.

## I. Level of Concern with Specific Issues

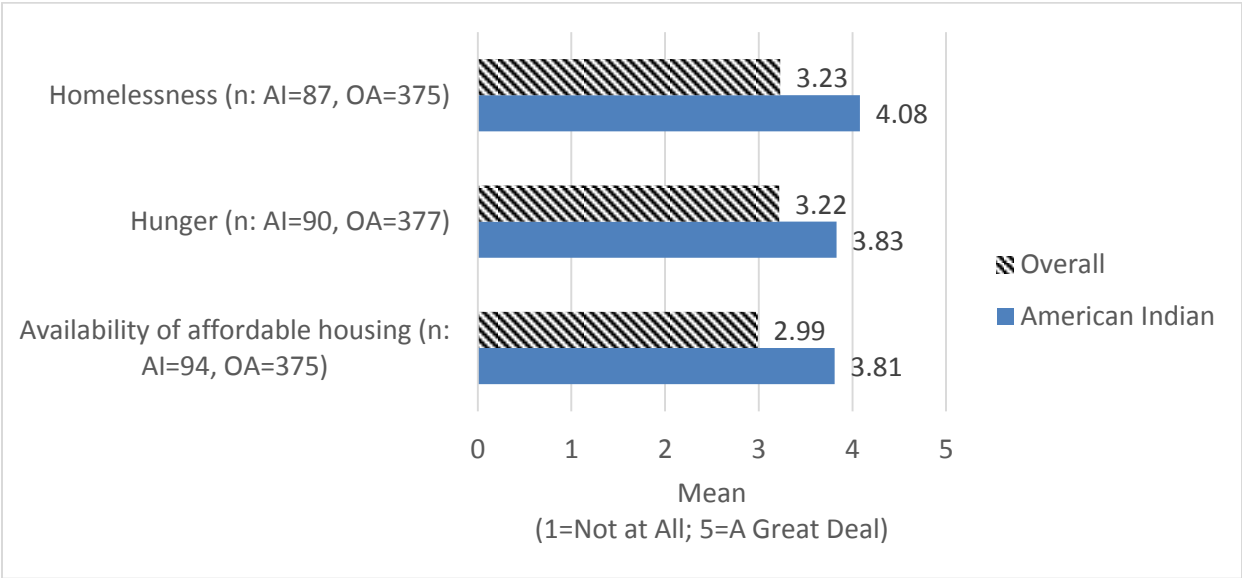
On a scale from one to five with one being “not at all” and five being “a great deal”, respondents were asked to rate their level of concern with specific statements related to larger community issues including: economics, transportation, the environment, children and youth, the aging population, safety, health care, physical and mental health, and substance use and abuse.

### Economics

The economic-related community issue which had the highest mean score in regard to level of concern among American Indian (AI) respondents was homelessness (mean=4.08), followed by hunger (mean=3.83), and availability of affordable housing (mean=3.81) (Figure 1, Appendix Table 1).

As compared to the AI results, the mean scores for the overall results (OA) for specific community issues related to economics was lower for all issues (Homelessness: AI=4.08 vs. OA=3.23; Hunger: AI=3.83 vs. OA=3.22; Availability of affordable housing: AI=3.81 vs. OA=2.99).

Figure 1. Level of concern with statements about the community regarding ECONOMICS



## Transportation

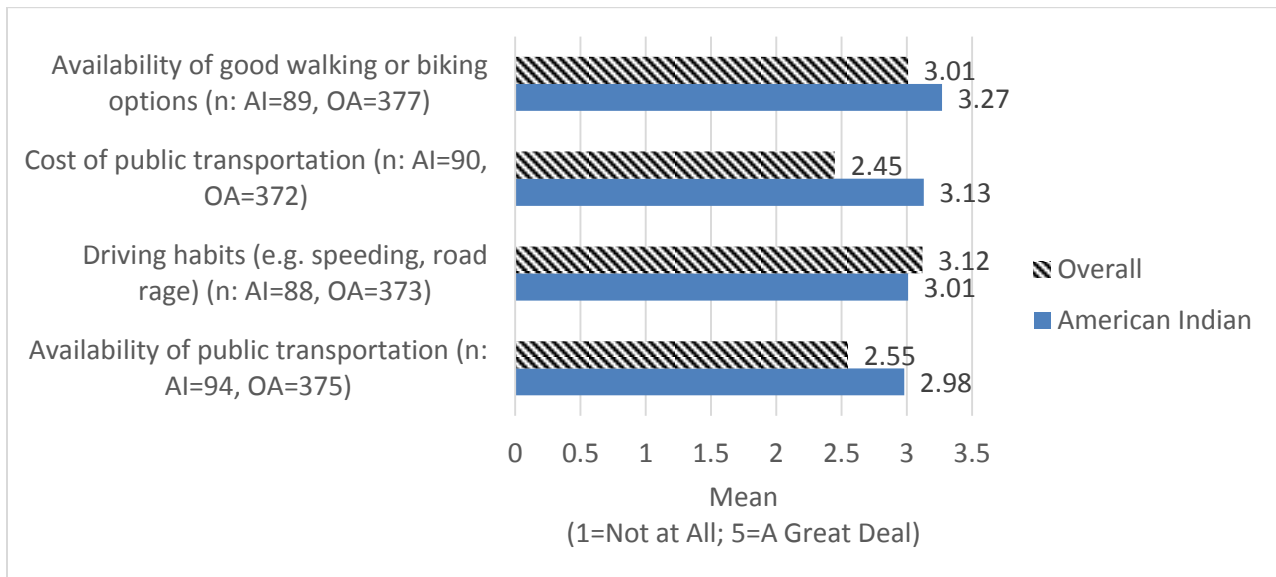
The transportation-related community issue which had the highest mean score in regard to level of concern among AI respondents was availability of good walking or biking options (mean=3.27), as compared to the OA results, where driving habits had the highest mean score in regard to level of concern (mean=3.12) (Figure 2, Appendix Table 1).

The transportation-related community issues which had the next highest mean scores among AI respondents in regard to level of concern were: cost of public transportation (mean=3.13), driving habits (mean=3.01), and availability of public transportation (mean=2.98).

The mean scores in regard to level of concern regarding transportation-related community issues were lowest for AI respondents for availability of public transportation (mean=2.98), whereas the lowest mean scores for OA respondents were for cost of public transportation (mean=2.45).

AI respondents had higher mean scores for level of concern than OA respondents for most transportation-related issues, with the exception of driving habits.

Figure 2. Level of concern with statements about the community regarding ENVIRONMENT



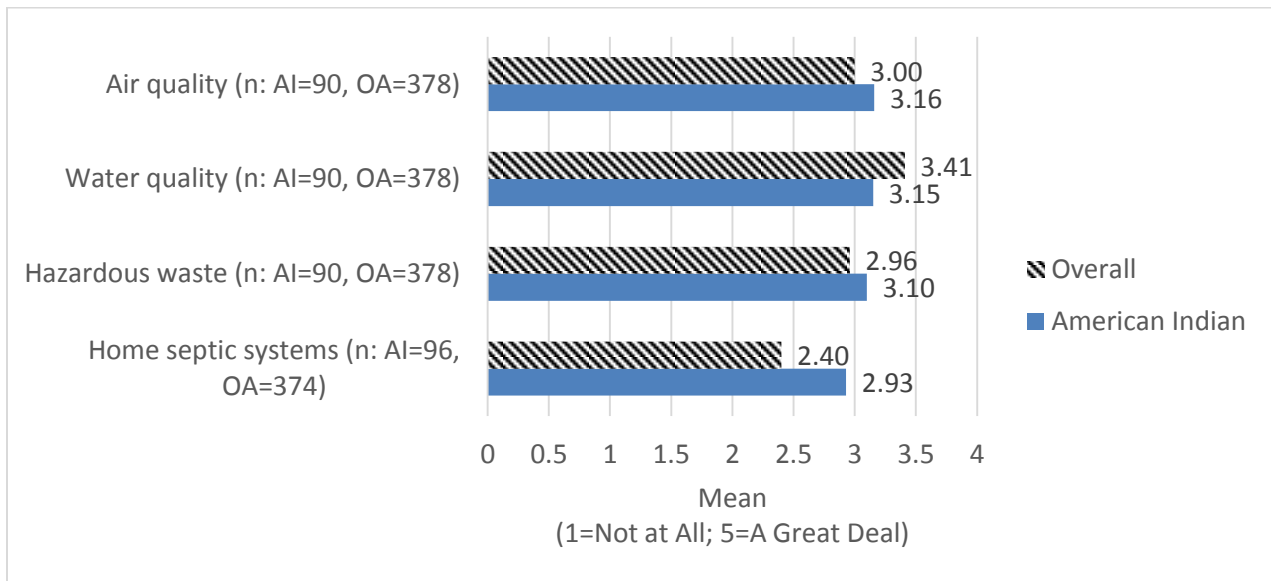
## Environment

The environment-related community issue which had the highest mean score in regard to level of concern among AI respondents was air quality (mean=3.16), whereas for OA respondents the issue which had the highest mean score was water quality (mean=3.41) (Figure 3, Appendix Table 1).

The environment-related community issue which had the lowest mean score for both AI and OA respondents was home septic systems, although the mean score for AI respondents was higher than for OA respondents (mean: AI=2.93 vs. OA=2.40).

AI respondents had higher mean scores OA respondents for level of concern related to most environment-related issues, with the exception of water quality.

Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

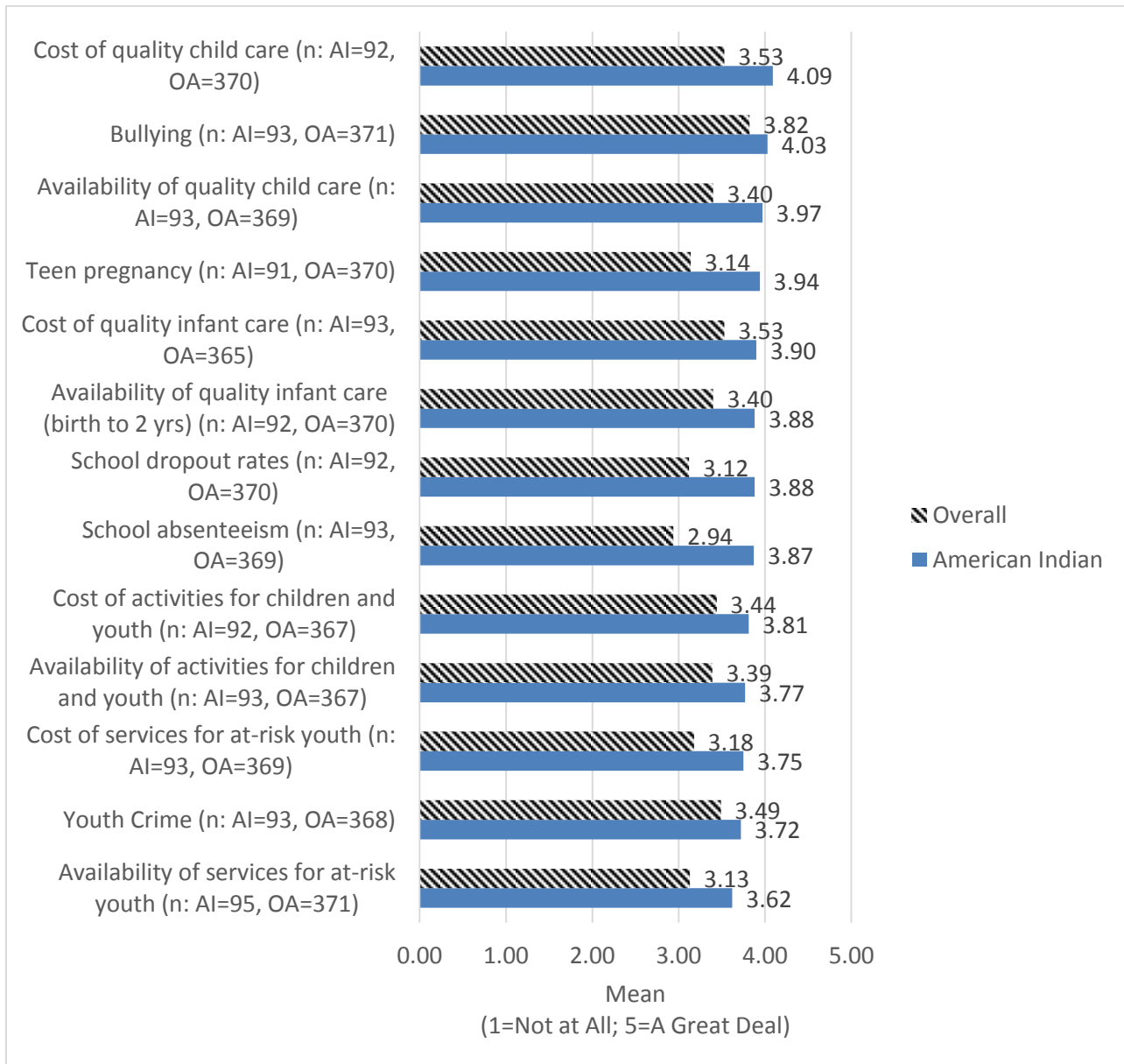


### **Children and Youth**

The children and youth-related community issue which had the highest mean score in regard to level of concern among AI respondents was cost of quality child care (mean=4.09), while for OA respondents the issues which had the highest mean score was bullying (mean=3.53) (Figure 4, Appendix Table 1).

The children and youth-related community issue which had the lowest mean score for AI respondents was availability of services for at-risk youth (mean=3.62), whereas for OA respondents school absenteeism had the lowest mean score (mean=2.94). AI respondents had higher mean scores for level of concern for all issues related to children and youth as compared to OA respondents.

Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH



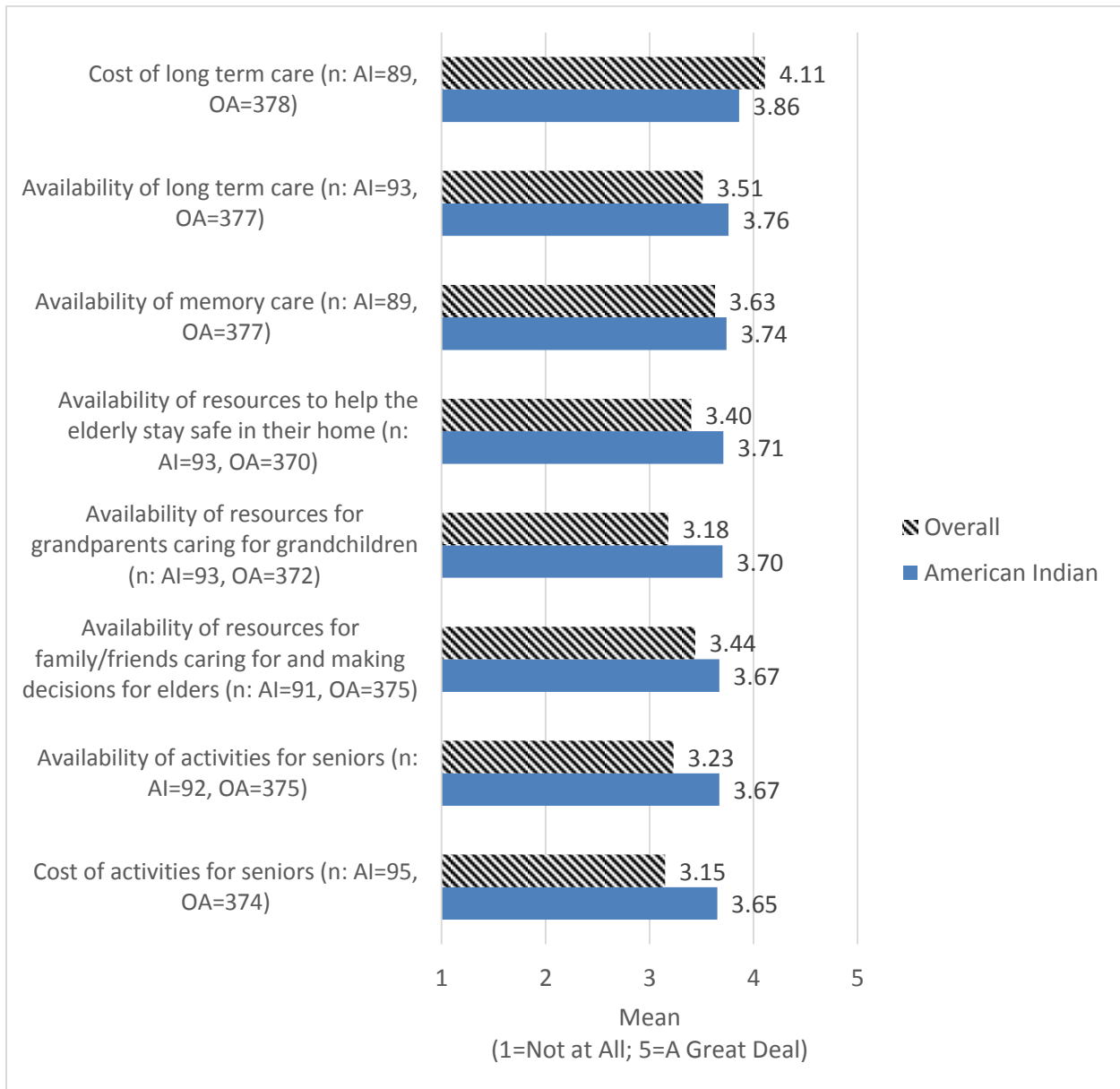
### **Aging Population**

The aging population-related community issue which had the highest mean score in regard to level of concern among both AI and OA respondents was cost of long term care (mean: AI=3.86 vs. OA=4.11) (Figure 5, Appendix Table 1).

The community issue related to the aging population which had the lowest mean score in regard to level of concern among both AI and OA respondents was cost of activities for seniors (mean: AI=3.65 vs. OA=3.15).

AI respondents had higher mean scores for level of concern for most issues related to the aging population as compared to OA respondents for most issues, except for long term care.

Figure 5. Level of concern with statements about the community regarding the AGING POPULATION



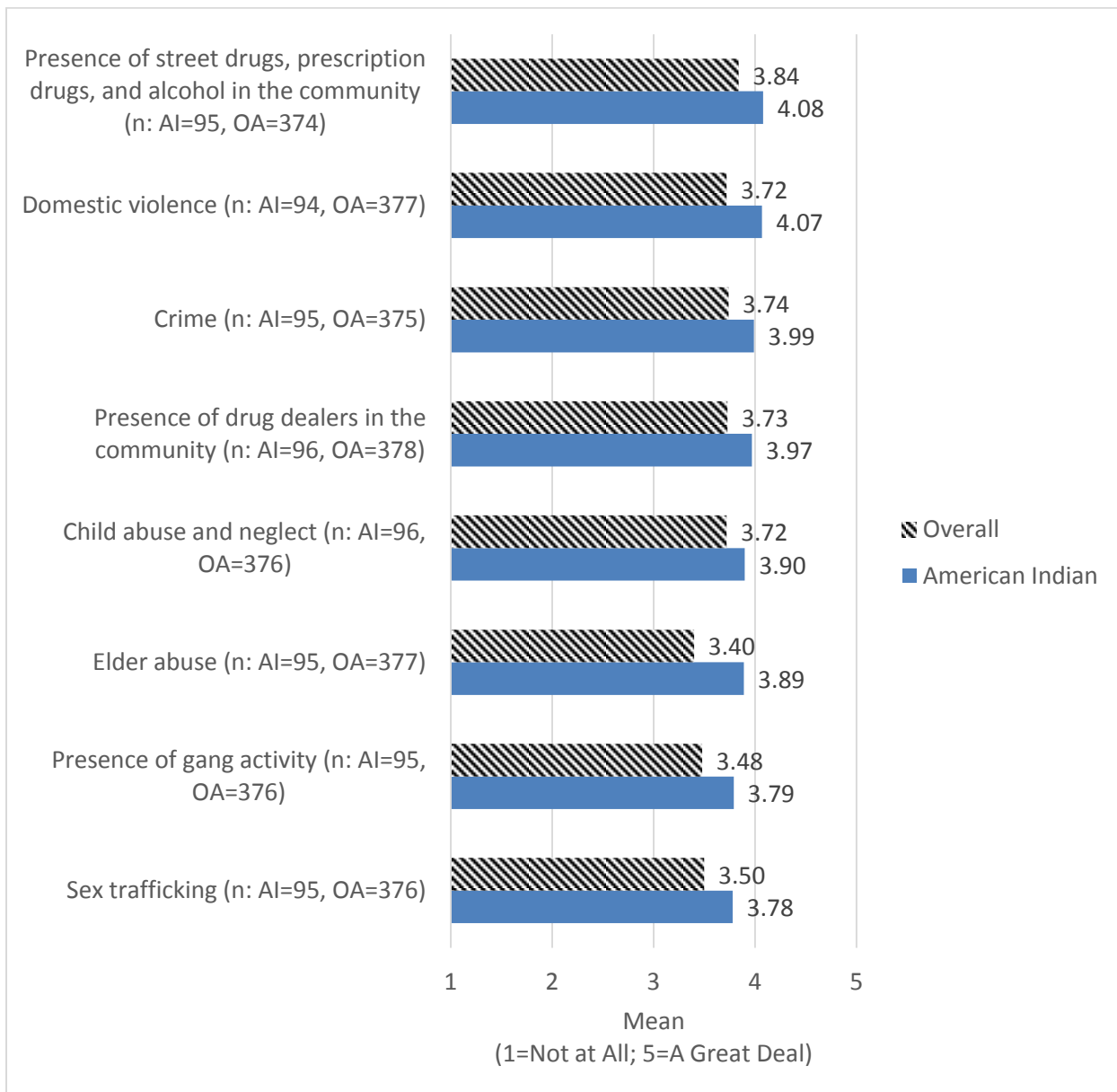


## Safety

The safety-related community issue which had the highest mean score in regard to level of concern among both AI and OA respondents was presence of street drugs, prescription drugs, and alcohol in the community (mean: AI=4.08 vs. OA=3.84) (Figure 6, Appendix Table 1).

The safety-related community issue which had the lowest mean score in regard to level of concern for AI respondents was sex trafficking (mean=3.78), while for OA respondents elder abuse had the lowest mean score (mean=3.40). AI respondents had higher mean scores for level of concern for all safety-related issues as compared to OA respondents.

Figure 6. Level of concern with statements about the community regarding SAFETY



## Health Care

The health care-related community issue which had the highest mean score in regard to level of concern among AI respondents was cost of affordable dental insurance coverage (mean=3.94), while for OA respondents, access to affordable health insurance had the highest mean score (Figure 7, Appendix Table 1).

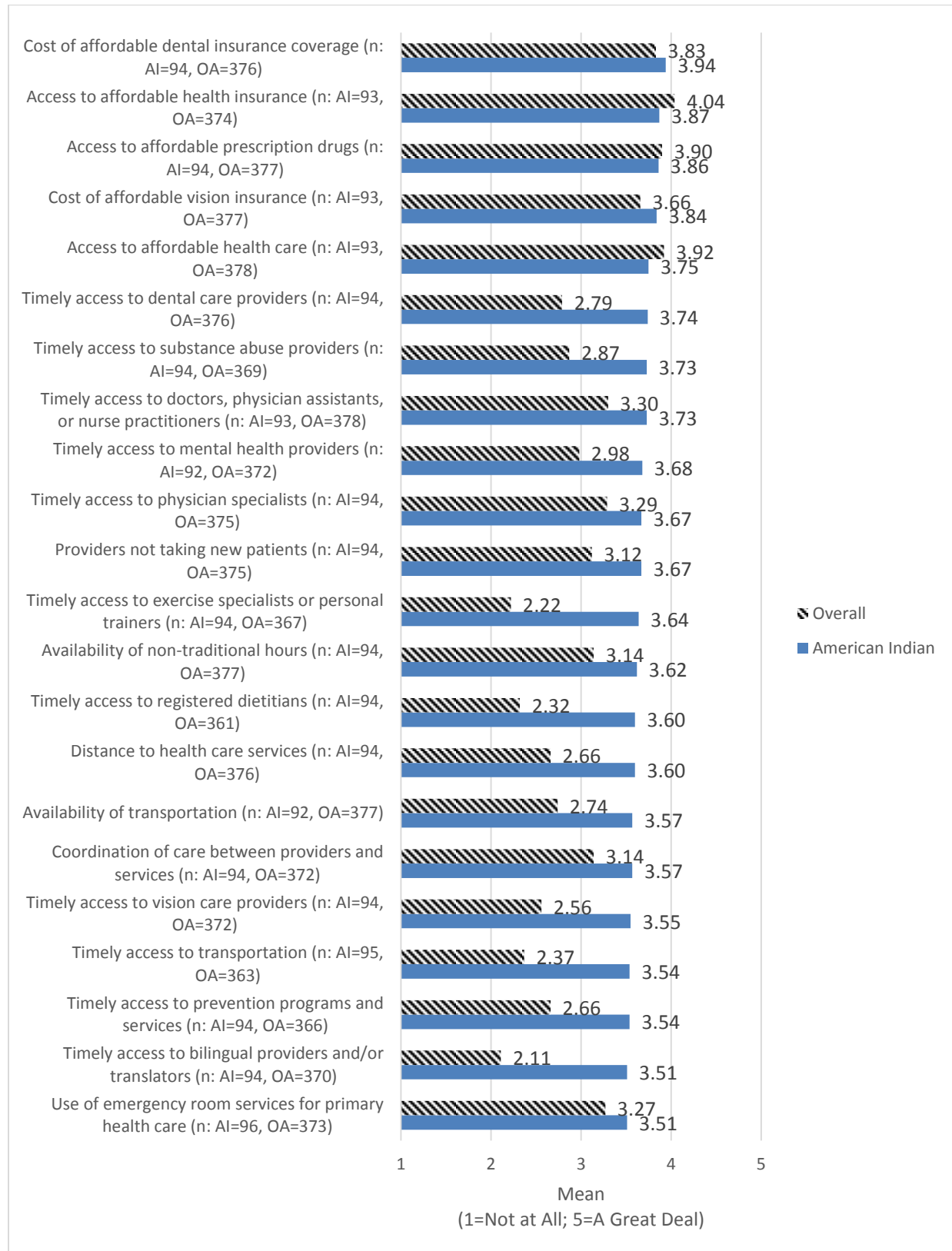
The health care-related community issue which had the lowest mean score for AI respondents was emergency room services for primary health care (mean=3.51), whereas for OA respondents, timely access to bilingual providers and/or translators had the lowest mean score (mean=2.11).

AI respondents had a higher level of concern than OA respondents for the majority of health care-related issues with the exception of access to affordable health insurance, access to affordable prescription drugs, and access to affordable health care.

The issues which resulted in the greatest difference between AI and OA mean scores were timely access to exercise specialists or personal trainers (mean: AI=3.64 vs. OA=2.22) and timely access to bilingual providers and/or translators (mean: AI=3.51 vs. OA=2.11).

The mean scores for AI respondents ranged from a low of 3.51 to a high of 3.94 – a difference of 0.43. The mean scores for OA respondents ranged from a low of 2.11 to a high of 4.04 – a difference of 1.93.

Figure 7. Level of concern with statements about the community regarding HEALTH CARE



### **Physical and Mental Health**

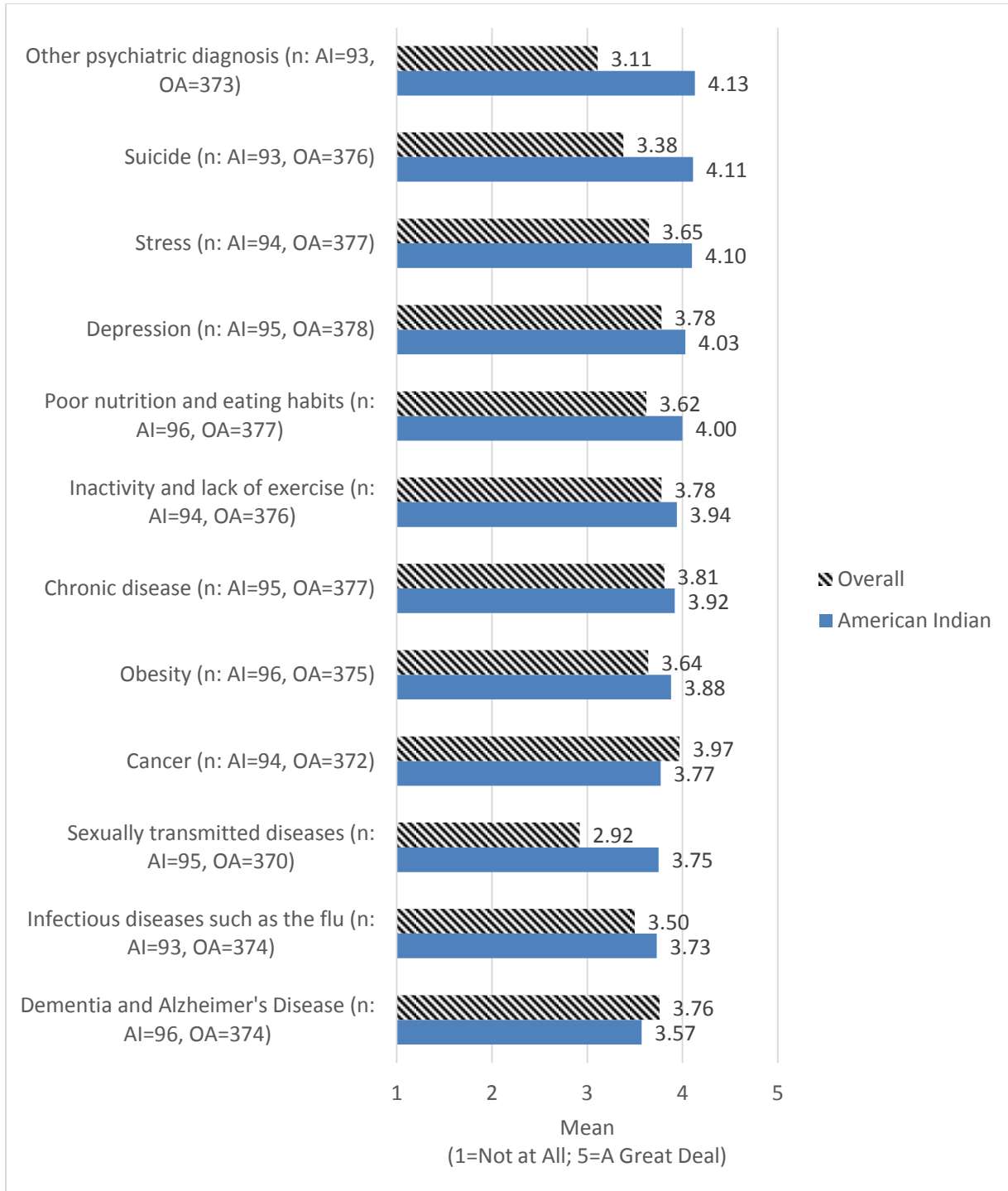
The physical and mental health-related community issue which had the highest mean score in regard to level of concern among AI respondents was other psychiatric diagnosis (mean=4.13), whereas for OA respondents, cancer had the highest mean score (mean=3.97) (Figure 8, Appendix Table 1).

The physical and mental health-related community issues which had the lowest mean score in regard to level of concern among AI respondents was dementia and Alzheimer's disease (mean=3.57), while for OA respondents, sexually transmitted diseases had the lowest mean score (mean=2.92).

AI respondents had a higher level of concern than OA respondents for the majority of physical and mental-health related community issues with the exception of cancer and dementia and Alzheimer's disease.

The issue which resulted in the greatest difference between AI and OA mean scores was other psychiatric diagnosis (mean: AI=4.13, OA=3.11).

Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH



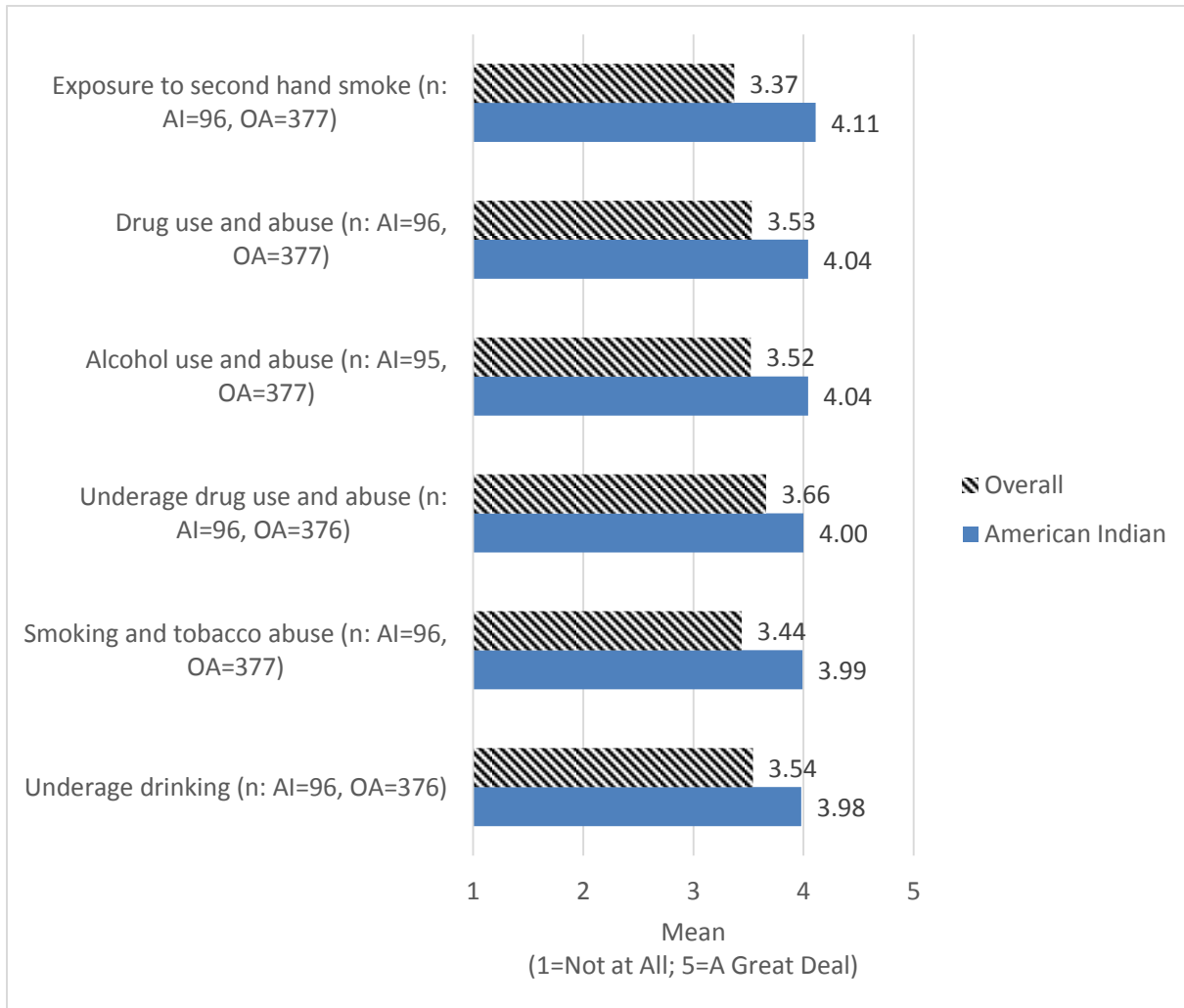
**Substance Use and Abuse**

The substance use and abuse-related community issue which had the highest mean score in regard to level of concern among AI respondents was exposure to second hand smoke (mean=4.11), while for OA respondents, underage drug use and abuse had the highest mean score (Figure 9, Appendix Table 1)

The substance use and abuse-related community issue which had the lowest mean score in regard to level of concern among AI respondents was underage drinking (mean=3.98), whereas for OA respondents, exposure to second hand smoke had the lowest mean score (mean=3.37).

AI respondents had a higher level of concern than OA respondents for all of the substance use and abuse-related issues.

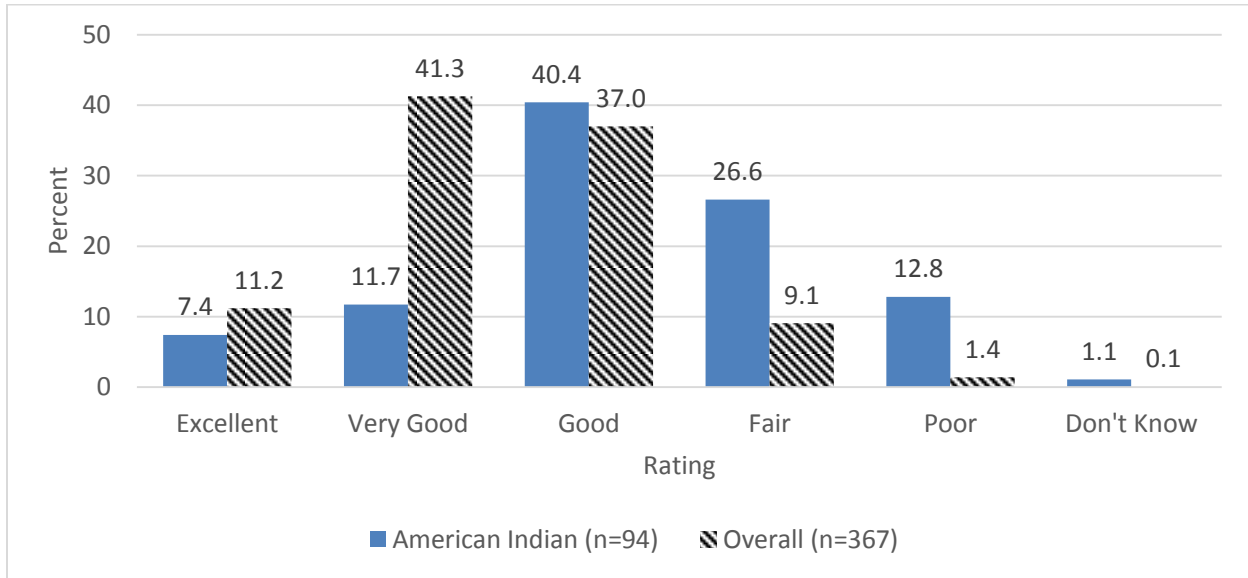
Figure 9. Level of concern with statements about the community regarding  
SUBSTANCE USE AND ABUSE



## II. General Health

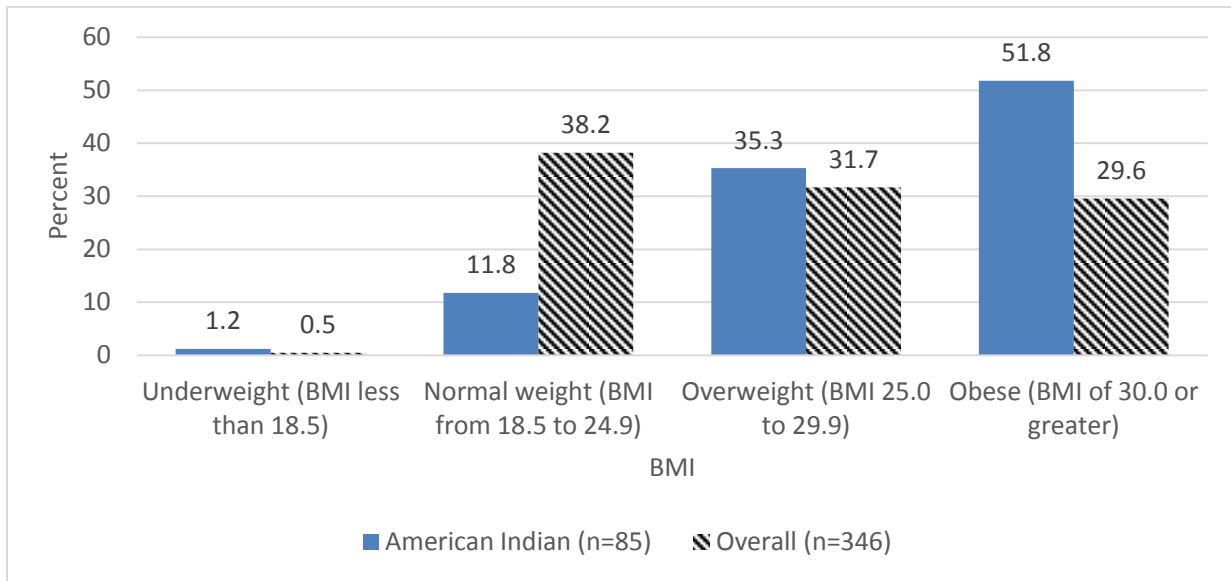
Respondents were asked to rate their health. Nearly 40 percent (29.4%) of AI respondents stated their health was “Fair” or “Poor”, compared to 10.5% of OA respondents (Figure 10, Appendix Table 2). OA respondents were more than 2.5 times as likely as AI respondents to state their health was “Very Good” or “Excellent” (52.5% vs. 19.1%).

Figure 10. Respondents’ rating of their health in general



Respondents were asked to report their current height and weight. Using this information, body mass index (BMI) was calculated for each respondent. More than half (51.8%) of AI respondents were considered to be obese (BMI of 30.0 or greater), while less than one third (29.6%) of OA respondents were considered to be obese (Figure 11, Appendix Table 3). OA respondents were three times as likely as AI respondents to have a normal weight (BMI from 18.5 to 24.9) (BMI of 38.2 vs. 11.8).

Figure 11. Respondents' weight status based on the Body Mass Index (BMI) scale



Respondents were asked the number of servings of vegetables, fruits, and fruit juice they had consumed the previous day. One-fifth (21.1%) of AI respondents stated they had at least three servings of vegetables in the previous day (Table 1, Appendix Table 4). One-fourth (25.1%) of AI respondents stated they had at least three servings of fruits in the previous day.

Responses for AI and OA respondents were comparable for fruits and vegetable intake. AI respondents reported a higher intake of fruit juice than OA respondents.

Table 1. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

| Type of Food/Drink | Percent of respondents |         |      |         |      |         |      |         |     |         |           |         |
|--------------------|------------------------|---------|------|---------|------|---------|------|---------|-----|---------|-----------|---------|
|                    | Servings               |         |      |         |      |         |      |         |     |         |           |         |
|                    | None                   |         | 1    |         | 2    |         | 3    |         | 4   |         | 5 or more |         |
|                    | AI                     | Overall | AI   | Overall | AI   | Overall | AI   | Overall | AI  | Overall | AI        | Overall |
| <b>Vegetables</b>  | 16.8                   | 7.6     | 27.4 | 36.6    | 34.7 | 31.7    | 15.8 | 14.8    | 3.2 | 8.1     | 2.1       | 1.2     |
| <b>Fruit</b>       | 15.6                   | 19.2    | 26.0 | 29.7    | 33.3 | 31.0    | 18.8 | 16.0    | 4.2 | 3.0     | 2.1       | 1.1     |
| <b>Fruit Juice</b> | 36.5                   | 55.7    | 33.3 | 30.6    | 14.6 | 10.2    | 11.5 | 1.6     | 3.1 | 1.6     | 1.0       | 0.3     |

Vegetables - n: AI=95, OA=381; Fruit - n: AI=96, OA=378; Fruit Juice - n: AI=96, OA=382



Respondents were asked the number of days the get at least 30 minutes of moderate or vigorous activity, with moderate activity defined as causing light sweating and small increases in breathing or heart rate and vigorous activity causing heavy sweating and large increases in breathing or heart rate.

Nearly one-third (29.2%) of AI respondents stated they participate in moderate activity at least five days a week, with more than one-fifth (12.5%) stating they participate in vigorous activity a minimum of five days a week (Table 2, Appendix Table 5).

AI respondents were more likely than OA respondents to participate in either moderate (29.2% vs. 19.5%) or vigorous (12.5% vs. 7.7%) activity most days of the week.

Table 2. Number of days in an average week respondents engage in MODERATE or VIGOROUS activity

| Activity Level           | Percent of respondents       |         |             |         |             |         |                |         |
|--------------------------|------------------------------|---------|-------------|---------|-------------|---------|----------------|---------|
|                          | Frequency of Weekly Activity |         |             |         |             |         |                |         |
|                          | None                         |         | 1 to 2 days |         | 3 to 4 days |         | 5 or more days |         |
|                          | AI                           | Overall | AI          | Overall | AI          | Overall | AI             | Overall |
| <b>Moderate Activity</b> | 3.1                          | 16.5    | 39.6        | 35.2    | 28.1        | 28.8    | 29.2           | 19.5    |
| <b>Vigorous Activity</b> | 18.8                         | 46.2    | 54.2        | 32.9    | 14.6        | 13.3    | 12.5           | 7.7     |

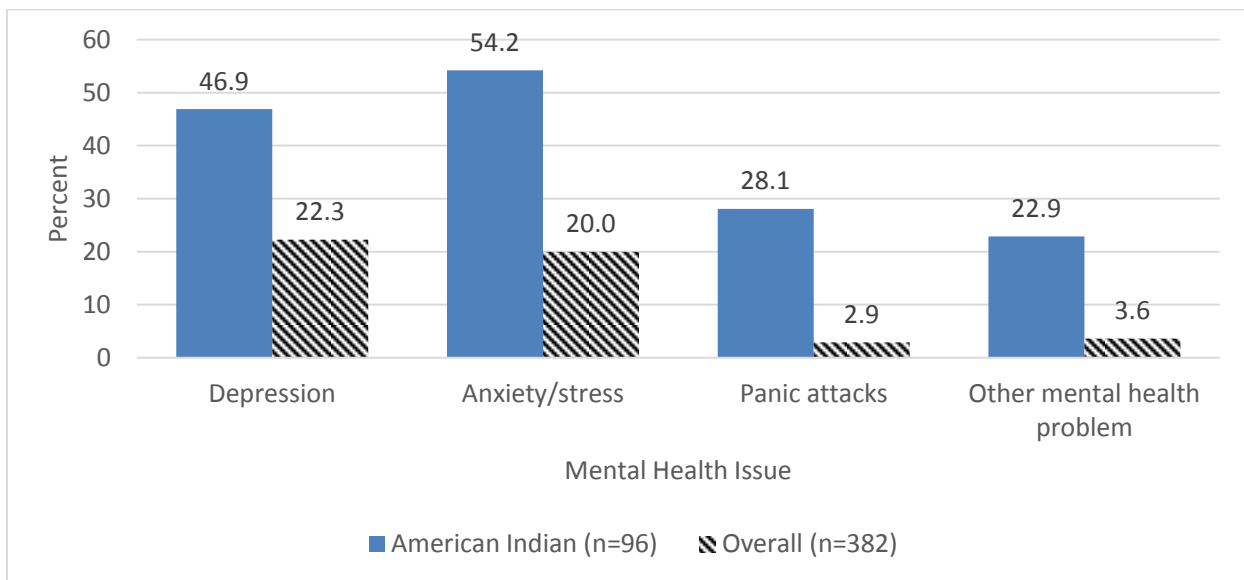
Moderate activity – n: AI=96, OA=380; Vigorous activity – n: AI=96, OA=377

### III. Mental Health

Respondents were asked if they had been told by a doctor or health professional they have any of the following conditions: depression, anxiety/stress, panic attacks, or any other mental health problem. More than half of AI respondents stated they had been diagnosed with anxiety/stress (54.2%), while 46.9% stated they had been diagnosed with depression, 28.1% with panic attacks, and 22.9% with other mental health problems (Figure 12, Appendix Table 6).

AI respondents were twice as likely to state they had been diagnosed with depression as OA respondents (46.9% vs. 22.3%), 2.5 times as likely to state they had been diagnosed with anxiety/stress (54.2% vs. 20.0%), nearly 10 times as likely to state they had been diagnosed with panic attacks (28.1% vs. 2.9%), and 6 times as likely to have been diagnosed with other mental health issues (22.9% vs. 3.6%).

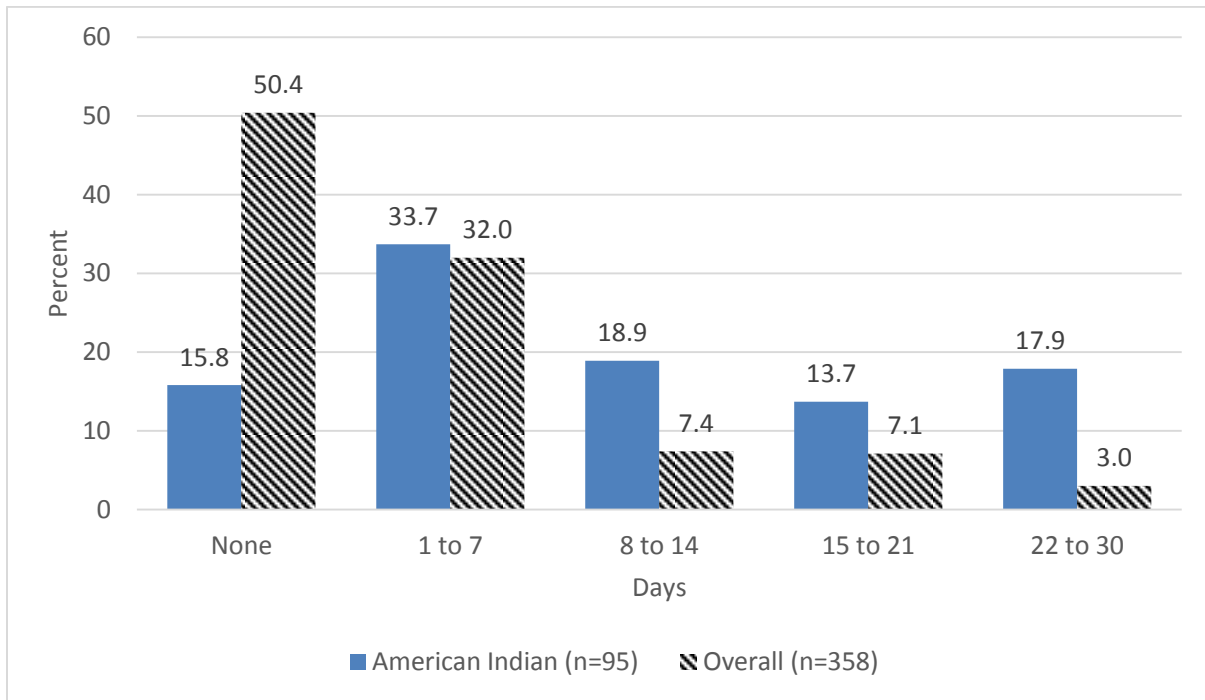
Figure 12. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



Respondents were asked to specify the number of days in the past 30 days they felt their mental health was not good, including stress, depression, and problems with emotions. More than 84% (84.2%) of AI respondents stated their mental health was not good on at least one day in the past 30 days (Figure 13, Appendix Table 7). One-third (31.6%) stated their mental health was not good on at least half of the last 30 days.

AI respondents were much more likely than OA respondents to state their mental health was not good on at least one day in the past 30 days (84.2% vs. 49.6%).

Figure 13. Number of days in the last month that respondents' mental health was not good



Respondents were asked how frequently in the past two weeks they have been bothered by either of the following: 1) little interest or pleasure in doing things or 2) feeling down, depressed, or hopeless. More than one-third of AI respondents stated they had little interest or pleasure in doing things and felt down, depressed, or hopeless for several days in the past two weeks (36.2% and 33.7%, respectively) (Table 3, Appendix Table 8).

Responses for AI and OA respondents were comparable for both issues.

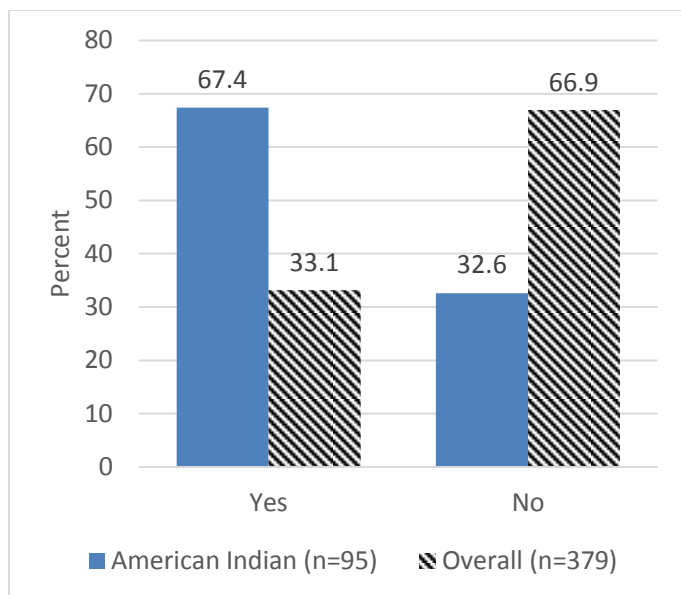
Table 3. How often, over the past two weeks, respondents have been bothered by mental health issues

| Mental health issues  | Percent of respondents |         |              |         |                         |         |                  |         |
|---|------------------------|---------|--------------|---------|-------------------------|---------|------------------|---------|
|   | Frequency              |         |              |         |                         |         |                  |         |
|   | Not at all             |         | Several days |         | More than half the days |         | Nearly every day |         |
|   | AI                     | Overall | AI           | Overall | AI                      | Overall | AI               | Overall |
| <i>Little interest or pleasure in doing things (n: AI=94, OA=377)</i> | 43.6                   | 77.2    | 36.2         | 18.9    | 11.7                    | 1.7     | 8.5              | 2.2     |
| <i>Feeling down, depressed or hopeless (n: AI=92, OA=372)</i>         | 42.4                   | 78.3    | 33.7         | 17.9    | 16.3                    | 2.9     | 7.6              | 1.0     |

#### IV. Tobacco Use

AI respondents were twice as likely as OA respondents to state they have smoked at least 100 cigarettes (5 packs of cigarettes) in their lifetime (67.4% vs. 33.1%) (Figure 14, Appendix Table 9).

Figure 14. Whether respondents have smoked at least 100 cigarettes in their lifetime



Respondents were asked the frequency with which they smoke cigarettes or use chewing tobacco or snuff. Nearly 29% (38.9%) of AI respondents stated they smoke cigarettes every day, with 7.4% stating they use chewing tobacco or snuff every day (Table 4, Appendix Table 10).

As compared to OA respondents, AI respondents are more than 8 times as likely to state they smoke cigarettes daily (38.9% vs. 4.7%), and 6.7 times as likely to state they use chewing tobacco or snuff every day (7.4% vs. 1.1%).

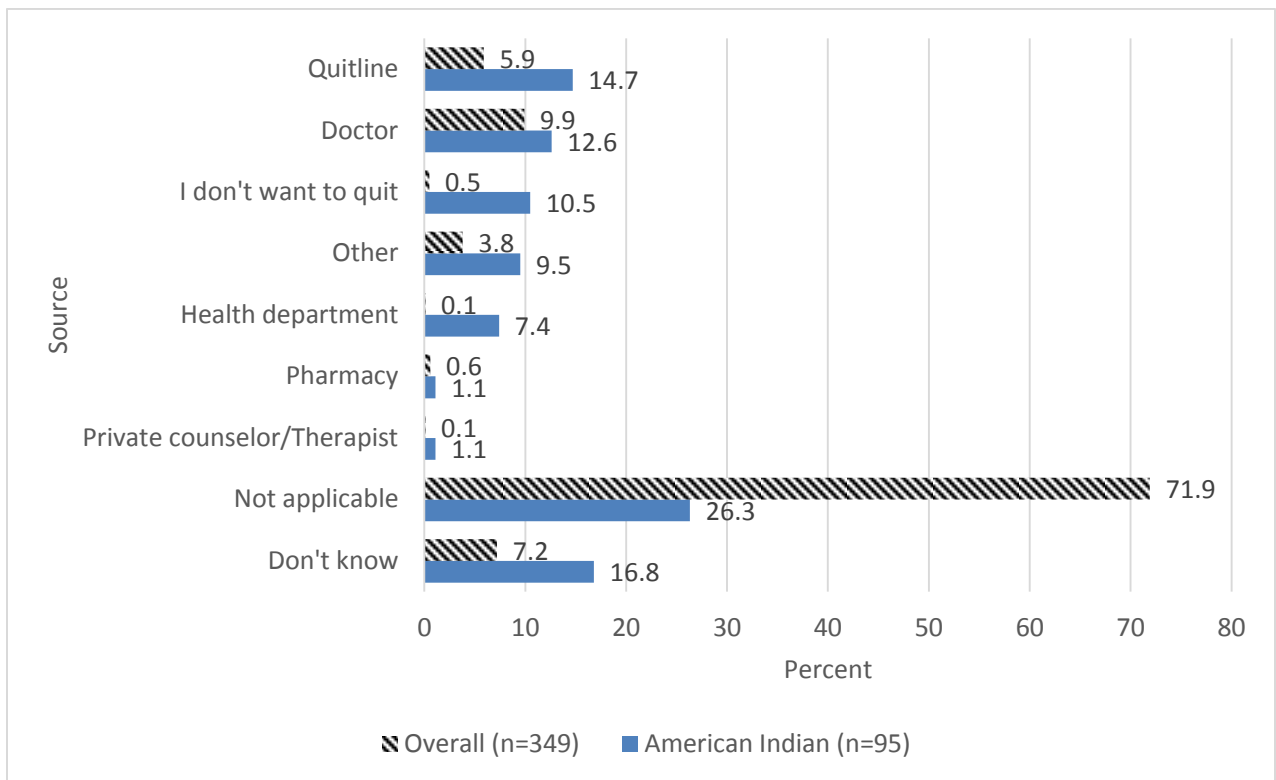
Table 4. Frequency of cigarette and chewing tobacco/snuff use

| Tobacco type   | Percent of respondents |         |           |         |            |         |
|--|------------------------|---------|-----------|---------|------------|---------|
|  | Frequency              |         |           |         |            |         |
|  | Everyday               |         | Some days |         | Not at all |         |
|  | AI                     | Overall | AI        | Overall | AI         | Overall |
| <b><i>Cigarettes (n: AI=95, OA=382)</i></b>            | 38.9                   | 4.7     | 20.0      | 3.2     | 41.1       | 92.1    |
| <b><i>Chewing tobacco/snuff (n: AI=95, OA=377)</i></b> | 7.4                    | 1.1     | 9.5       | 2.7     | 83.2       | 96.1    |

Respondents were asked where they would go for help if they wanted to quit using tobacco. Nearly 15% (14.7%) of respondents stated they would use a Quitline, followed by 12.6% who stated they would go to their doctor, and 7.4% would go to a health department (Figure 15, Appendix Table 11). More than 10% (10.5%) do not want to quit using tobacco, and 16.8% do not know where they would go for help to quit using tobacco.

While AI respondents were more likely to use a Quitline as a primary source of help to quit using tobacco, OA respondents were more likely to go to a doctor as a primary source.

Figure 15. Primary source of help to quit using tobacco

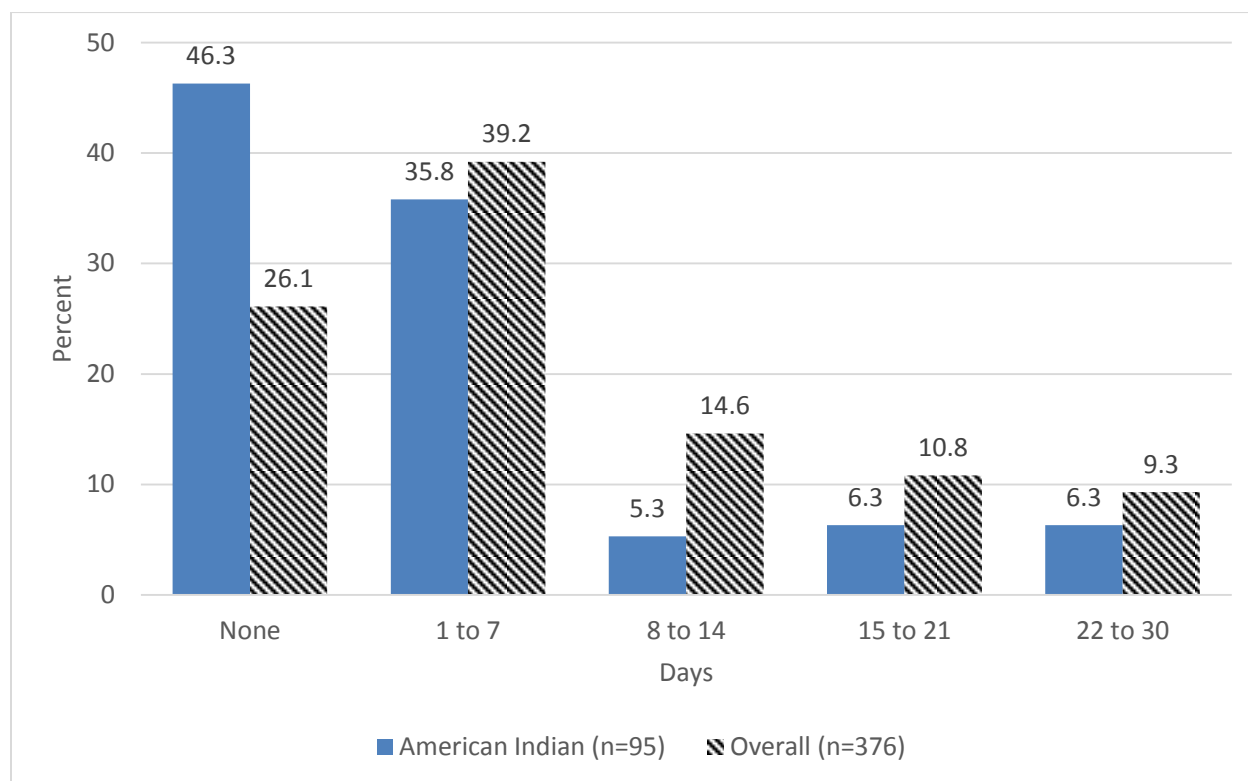


## V. Alcohol Use and Prescription/Non-Prescription Drug Abuse

Respondents were asked to specify the number of days in the past 30 days they had at least one drink of any alcohol beverage. More than 46% (46.3%) of respondents stated they had not had a drink at all in the past 30 days, with 12.6% stating they had a drink on at least half of the past 30 days (Figure 16, Appendix Table 12).

OA respondents were more likely than AI respondents to have a drink on at least one of the past 30 days.

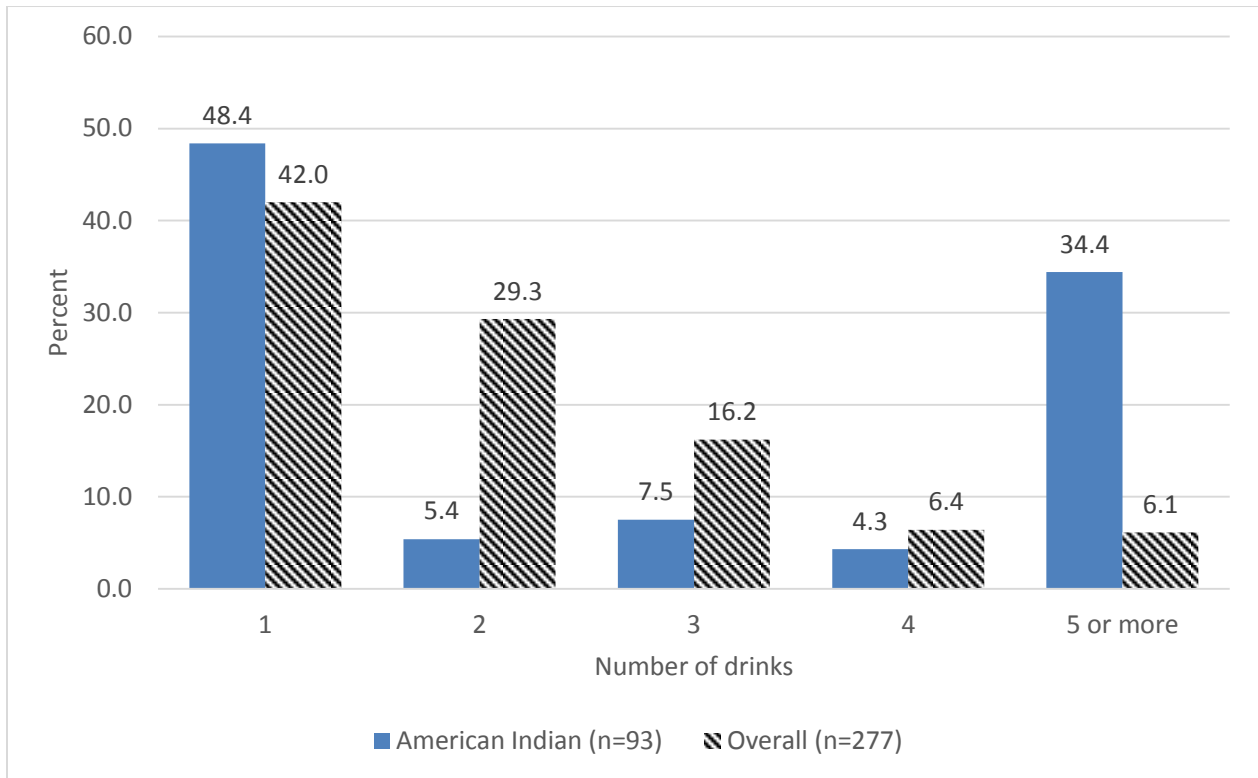
Figure 16. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



Respondents who drank an alcoholic beverage at least once in the past 30 days were asked to specify the average number of drinks they consumed on the days they drank alcohol. More than one-third of AI respondents (34.4%) stated that on the days they drank they had at least 5 drinks, on average (Figure 17, Appendix Table 13).

On the days they drank alcoholic beverages in the past 30 days, OA respondents were more likely than AI respondents to have between 2 and 5 drinks (51.9% vs. 17.2%), on average, while AI respondents were more likely than OA respondents to either have one drink (48.4%) or 5 or more drinks (34.4%).

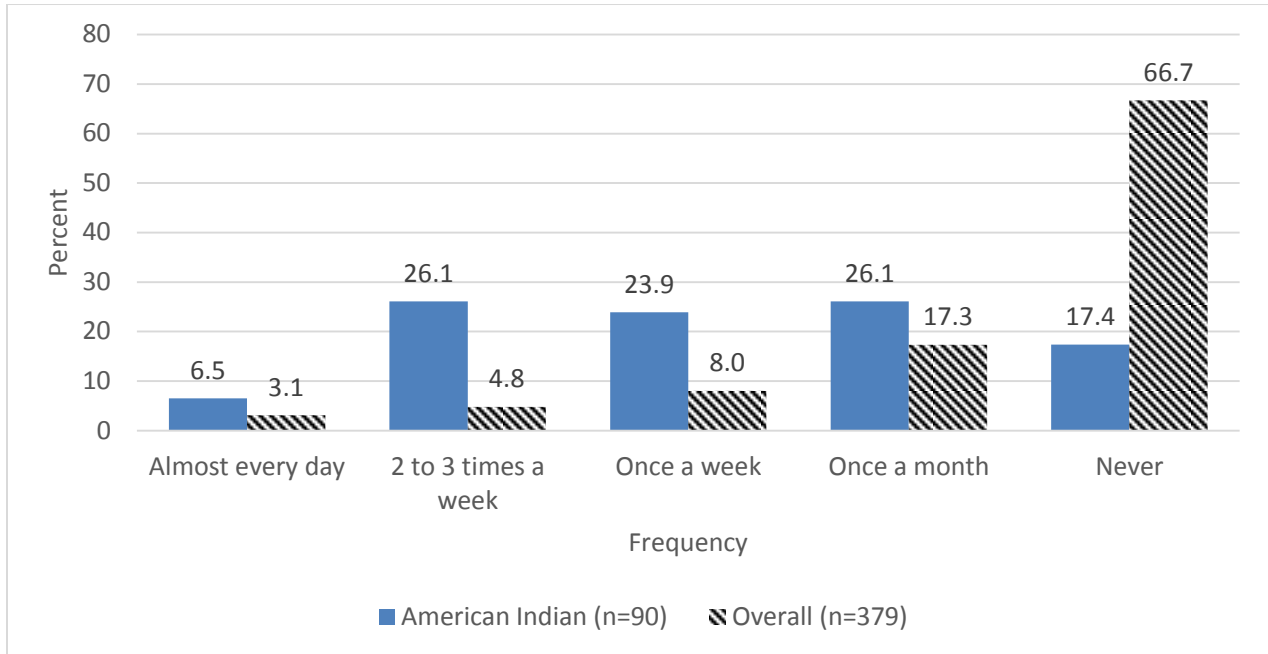
Figure 17. During the past month, on days that respondents drank, average number of drinks per day respondents consumed



Respondents were asked to specify the number of times in the past month they consumed at least 4 (for females) or 5 (for males) alcoholic drinks on the same occasion. More than 17% (17.4%) of AI respondents stated they never had four or five drinks on the same occasion, while 6.5% stated they had four or five drinks almost every day (Figure 18, Appendix Table 14).

AI respondents were 3.5 times as likely as OA respondents to state they had 4 or 5 drinks on one occasion at least once a week (56.5% vs. 15.9%).

Figure 18. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



Respondents were asked if they had a problem with alcohol use or prescription/non-prescription drug abuse and if so, if they got the help they needed. More than half of AI respondents (51.6%) stated they had a problem with alcohol use, and of these respondents, 56.3% stated they received the help they needed (Table 5, Appendix Table 15 and 16). More than one-quarter of AI respondents (26.4%) stated they had a problem with prescription/non-prescription drug abuse, and of these respondents, half stated they received help.

AI respondents were much more likely than OA respondents to report having a problem with alcohol use (51.6% vs. 6.8%) or prescription/non-prescription drug abuse (26.4% vs. 0.1%). AI respondents with alcohol use problems were more likely than OA respondents to receive the help they needed (56.3% vs. 25.6%), while OA respondents were more likely to state they didn't need help (43.8% vs. 14.6%).



Table 5. Whether respondents have ever had a problem with alcohol use or prescription/ non-prescription drug abuse and if so, if they got the help they needed

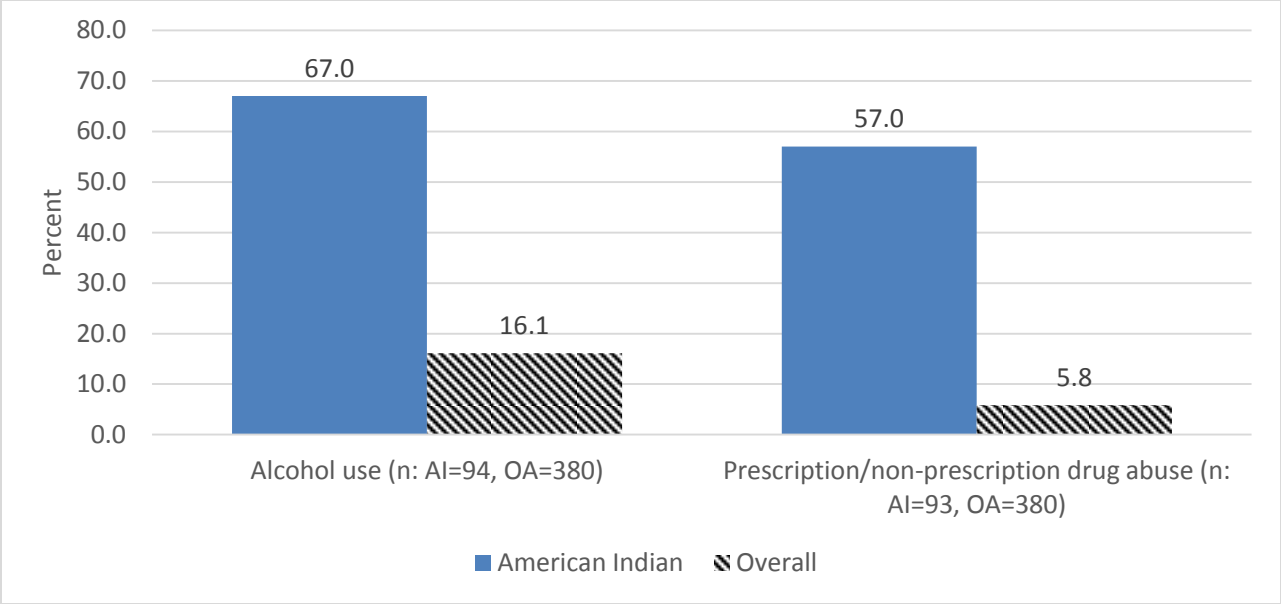
| Type of use/abuse                        | Percent of respondents |         |      |         |                       |         |      |         |                  |         |
|--|------------------------|---------|------|---------|-----------------------|---------|------|---------|------------------|---------|
|  | Problem                |         |      |         | If yes, received help |         |      |         |                  |         |
|  | Yes                    |         | No   |         | Yes                   |         | No   |         | Didn't Need Help |         |
|  | AI                     | Overall | AI   | Overall | AI                    | Overall | AI   | Overall | AI               | Overall |
| Alcohol use                              | 51.6                   | 6.8     | 48.4 | 93.2    | 56.3                  | 25.6    | 29.2 | 30.5    | 14.6             | 43.8    |
| Prescription/non-prescription drug abuse | 26.4                   | 0.1     | 73.6 | 99.9    | 50.0                  | 0.0     | 21.9 | 0.0     | 28.1             | 0.0     |

*Ever had problem with alcohol use - n: AI=95, OA=376; Ever had problem with presc/non-presc drug use - n: AI=91, OA=377; Received help with alcohol - n: AI=48, OA=25; Received help for presc/non-presc drug use - n: AI=32, OA=0*

Respondents were asked if alcohol use or prescription/non-prescription drug abuse had harmful effects on themselves or a family member over the past two years. Two-thirds of AI respondents stated they felt alcohol use has had harmful effects either on themselves or on a family member over the past two years, while 57% stated prescription/non-prescription drug abuse has had harmful effects on the same populations over the same period of time (Figure 19, Appendix Table 17).

AI respondents were 4 times as likely as OA respondents to state that alcohol use has had harmful effects either on themselves or a family member over the past two years (67% vs. 16.1%). AI respondents were nearly 10 times as likely to state that prescription/non-prescription drug abuse has had harmful effects on either themselves or a family member over the past two years (57% vs. 5.8%).

Figure 19. Alcohol use or prescription/non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



## VI. Preventive Health

Provided a list of preventive screenings (listed in Table 6), respondents were asked if they had received any of the specified screenings in the past year. A majority of all AI respondents, and AI respondents of specific age/gender, stated they received the following screenings in the past year: blood pressure (81.8%), breast cancer (64.7% of females aged 45 or older), and pelvic exam (58.5% of females). AI respondents were least likely to have received skin cancer screening in the past year (6.0%).

OA respondents were more likely than AI respondents to receive the following screenings: pelvic exam (for females) (67% vs. 58.5%), cervical cancer screening (for females) (63.4% vs. 41.5%), flu shot (62.1% vs. 40.4%), cholesterol screening (62.3% vs. 39.8%), prostate cancer screening (for males) (39.4% vs. 20.6%), and skin cancer screening (22.5% vs. 6.0%).

AI respondents were much more likely than OA respondents to receive a STD screening (43.7% vs. 4.2%).

Table 6. Respondents who have had preventive screenings in the past year, by type of screening

| Type of preventive screening  | Percent |         |
|---|---------|---------|
|   | AI      | Overall |
| <i>Blood pressure screening (n: AI=88, OA=380)</i>                          | 81.8    | 84.3    |
| <i>Breast cancer screening (female, age 45 or older) (n: AI=17, OA=189)</i> | 64.7    | 65.2    |
| <i>Pelvic exam (female) (n: AI=53, OA=189)</i>                              | 58.5    | 67.0    |
| <i>STD screening (n: AI=87, OA=369)</i>                                     | 43.7    | 4.2     |
| <i>Cervical cancer screening (female) (n: AI=53, OA=185)</i>                | 41.5    | 63.4    |
| <i>Flu shot (n: AI=89, OA=380)</i>  | 40.4    | 62.1    |
| <i>Cholesterol screening (n: AI=88, OA=378)</i>                             | 39.8    | 62.3    |
| <i>Immunizations (n: AI=86, OA=374)</i>                                     | 37.2    | 19.3    |
| <i>Colorectal cancer screening (age 45 or older) (n: AI=30, OA=368)</i>     | 26.7    | 32.3    |
| <i>Hearing screening (n: AI=86, OA=377)</i>                                 | 22.1    | 17.8    |
| <i>Prostate cancer screening (male) (n: AI=34, OA=182)</i>                  | 20.6    | 39.4    |
| <i>Vascular screening (n: AI=71, OA=368)</i>                                | 12.3    | 11.3    |
| <i>Bone density test (n: AI=85, OA=367)</i>                                 | 8.2     | 10.8    |
| <i>Skin cancer screening (n: AI=83, OA=365)</i>                             | 6.0     | 22.5    |

Respondents who did not receive specific screenings were asked to identify the reasons why they did not (Table 7). AI respondents stated they did not receive the following screenings because their doctor had not suggested it: cholesterol screening, hearing screening, immunizations, pelvic exam, or colorectal cancer screening. AI respondents stated they did not receive the following screenings because they were not necessary: blood pressure screening, bone density test, STD screening, vascular screening, cervical cancer screening, prostate cancer screening, and skin cancer screening.

OA and AI respondents both were most likely to state they did not receive screenings because they were not necessary or because their doctor had not suggested them.

Table 7. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

| Type of screening                                 | Percent of respondents |         |                         |         |       |         |                    |         |                     |         |                       |         |              |         |
|---|------------------------|---------|-------------------------|---------|-------|---------|--------------------|---------|---------------------|---------|-----------------------|---------|--------------|---------|
|   | Reasons                |         |                         |         |       |         |                    |         |                     |         |                       |         |              |         |
|   | Not necessary          |         | Doctor hasn't suggested |         | Cost  |         | Fear of procedures |         | Fear of the results |         | Unable to access care |         | Other reason |         |
|   | AI                     | Overall | AI                      | Overall | AI    | Overall | AI                 | Overall | AI                  | Overall | AI                    | Overall | AI           | Overall |
| Blood pressure screening                          | 43.8%                  | 60.8%   | 31.3%                   | 23.0%   | 6.3%  | 5.5%    | 6.3%               | 0.0%    | 0.0%                | 0.0%    | 0.0%                  | 0.8%    | 12.5%        | 21.3%   |
| Bone density test                                 | 25.6%                  | 48.8%   | 23.1%                   | 44.6%   | 2.6%  | 1.1%    | 1.3%               | 0.0%    | 0.0%                | 0.0%    | 2.6%                  | 0.2%    | 1.3%         | 3.6%    |
| Cholesterol screening                             | 20.8%                  | 50.7%   | 30.2%                   | 35.8%   | 3.8%  | 4.6%    | 1.9%               | 0.0%    | 0.0%                | 0.0%    | 1.9%                  | 0.1%    | 5.7%         | 10.5%   |
| Flu shot  | 24.5%                  | 40.9%   | 17.0%                   | 3.9%    | 7.5%  | 0.3%    | 1.9%               | 0.7%    | 1.9%                | 1.3%    | 1.9%                  | 0.3%    | 9.4%         | 51.6%   |
| Hearing screening                                 | 20.9%                  | 54.2%   | 22.4%                   | 36.1%   | 1.5%  | 1.8%    | 1.5%               | 0.0%    | 0.0%                | 0.1%    | 1.5%                  | 0.0%    | 7.5%         | 6.4%    |
| Immunizations                                     | 18.8%                  | 67.6%   | 18.5%                   | 21.9%   | 1.9%  | 1.3%    | 1.9%               | 0.0%    | 1.9%                | 0.0%    | 3.7%                  | 0.0%    | 9.3%         | 6.6%    |
| Pelvic exam (female)                              | 4.5%                   | 60.2%   | 13.6%                   | 12.1%   | 9.1%  | 1.6%    | 9.1%               | 0.7%    | 0.0%                | 0.0%    | 9.1%                  | 0.0%    | 4.5%         | 14.3%   |
| STD screening                                     | 14.3%                  | 84.9%   | 10.2%                   | 7.2%    | 6.1%  | 0.0%    | 2.0%               | 0.0%    | 0.0%                | 0.0%    | 2.0%                  | 0.0%    | 4.1%         | 2.8%    |
| Vascular screening                                | 22.5%                  | 56.0%   | 18.3%                   | 34.3%   | 2.8%  | 1.2%    | 1.4%               | 1.0%    | 0.0%                | 0.0%    | 1.4%                  | 0.2%    | 5.6%         | 4.7%    |
| Breast cancer screening (female, age 45 or older) | 0.0%                   | 35.5%   | 0.0%                    | 28.3%   | 16.7% | 11.4%   | 16.7%              | 0.0%    | 0.0%                | 5.0%    | 16.7%                 | 0.0%    | 16.7%        | 20.0%   |
| Cervical cancer screening (female)                | 19.4%                  | 53.6%   | 9.7%                    | 24.9%   | 6.5%  | 0.0%    | 9.7%               | 0.0%    | 0.0%                | 0.0%    | 3.2%                  | 0.0%    | 3.2%         | 9.2%    |
| Colorectal cancer screening                       | 9.1%                   | 54.1%   | 22.7%                   | 25.2%   | 9.1%  | 1.0%    | 9.1%               | 4.7%    | 0.0%                | 0.3%    | 4.5%                  | 0.0%    | 4.5%         | 14.8%   |
| Prostate cancer screening (male)                  | 29.6%                  | 44.1%   | 11.1%                   | 38.9%   | 0.0%  | 0.6%    | 0.0%               | 3.9%    | 3.7%                | 0.2%    | 3.7%                  | 0.0%    | 0.0%         | 13.4%   |
| Skin cancer screening                             | 24.4%                  | 46.4%   | 16.7%                   | 38.7%   | 3.8%  | 1.6%    | 1.3%               | 0.2%    | 0.0%                | 1.2%    | 2.6%                  | 1.3%    | 2.6%         | 9.2%    |

Respondents were asked if they have any of the following chronic diseases: hypertension, arthritis, diabetes, high cholesterol, asthma, COPD, congestive heart failure, stroke, Alzheimer’s, or cancer. AI respondents were most likely to state they have hypertension or arthritis (16.7%, respectively) (Table 8, Appendix Table 18). None of the AI respondents stated they have cancer or Alzheimer’s.

AI respondents were much more likely than OA respondents to state they have diabetes (15.6% vs. 6.2%), while OA respondents were more likely than AI respondents to state they have high cholesterol (19.8% vs. 12.5%).

Table 8. Presence of chronic diseases

| Chronic diseases         | Percent*               |                 |
|--------------------------|------------------------|-----------------|
|                          | American Indian (n=96) | Overall (n=382) |
| Hypertension             | 16.7                   | 15.1            |
| Arthritis                | 16.7                   | 14.9            |
| Diabetes                 | 15.6                   | 6.2             |
| High cholesterol         | 12.5                   | 19.8            |
| Asthma                   | 10.4                   | 3.5             |
| COPD                     | 2.1                    | 1.3             |
| Congestive heart failure | 1.0                    | 0.8             |
| Stroke                   | 1.0                    | 0.8             |
| Alzheimer's              | 0.0                    | 0.1             |
| Cancer                   | 0.0                    | 5.1             |

\*Percentages do not total 100.0 due to multiple responses.

Respondents were asked to specify when they had last visited a doctor/health care provider for a routine physical exam, or a dentist/dental clinic for any reason. Two-thirds (65.3%) of AI respondents stated they had visited a doctor/health care provider in the past year, while less than 52% stated they had visited a dentist/dental clinic for any reason in the past year (Table 9, Appendix Table 19).

OA respondents were more likely than AI respondents to have visited either a doctor/health care provider (73% vs/ 65.3%) or dentist/dental clinic (51.6% vs. 87.2%) in the past year.

Table 9. Length of time since respondents last visited a doctor/health care provider for routine exam and since they last visited a dentist/dental clinic

| Care provider type                             | Percent                         |         |              |         |              |         |                 |         |            |         |       |         |
|--|---------------------------------|---------|--------------|---------|--------------|---------|-----------------|---------|------------|---------|-------|---------|
|  | Length of time since last visit |         |              |         |              |         |                 |         |            |         |       |         |
|  | Within the past year            |         | 1 to 2 years |         | 3 to 5 years |         | 6 or more years |         | Don't Know |         | Never |         |
|  | AI                              | Overall | AI           | Overall | AI           | Overall | AI              | Overall | AI         | Overall | AI    | Overall |
| Doctor/health care provider (n: AI=95, OA=382) | 65.3                            | 73.0    | 15.8         | 13.8    | 9.5          | 7.1     | 2.1             | 2.8     | 3.2        | 1.5     | 4.2   | 1.9     |
| Dentist/dental clinic (n: AI=93, OA=381)       | 51.6                            | 87.2    | 18.3         | 4.8     | 20           | 5.0     | 5.4             | 1.6     | 1.1        | 1.3     | 3.2   | 0.2     |

Respondents were asked to specify where they receive most of their health-related information. Approximately 40% of AI respondents receive most of their health-related information from medical professionals, followed by family or friends (31.3%) (Table 10, Appendix Table 20). AI respondents were least likely to receive health information from a health helpline (8.3%).

OA respondents were twice as likely as AI respondents to state they receive most of their health-related information from medical professions (79.9% vs. 40.6%) or non-government websites (32.1% vs. 16.7%). AI respondents were much more likely than OA respondents to receive most of their health information from government websites (25.0% vs. 8.3%).

Table 10. Source of health information

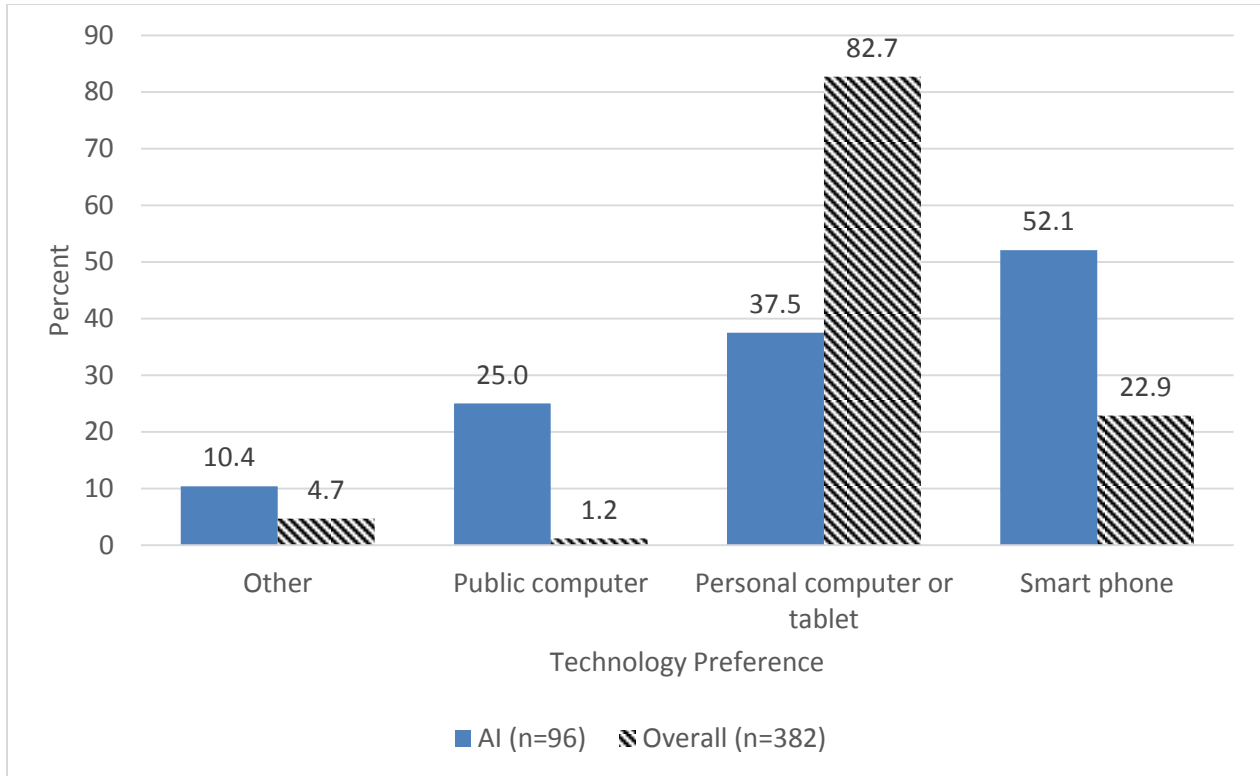
| Sources                        | Percent*               |                 |
|--------------------------------|------------------------|-----------------|
|                                | American Indian (n=96) | Overall (n=382) |
| Medical professionals          | 40.6                   | 79.9            |
| Family or friends              | 31.3                   | 29.9            |
| Government websites            | 25.0                   | 8.3             |
| Non-government websites        | 16.7                   | 32.1            |
| Magazines, newspapers, books   | 16.7                   | 21.1            |
| Television                     | 10.4                   | 16.8            |
| Alternative health specialists | 9.4                    | 5.9             |
| Health helpline (telephone)    | 8.3                    | 3.3             |
| Other                          | 5.2                    | 5.1             |

\*Percentages do not total 100.0 due to multiple responses.

Respondents were asked to specify the best way to access technology for health information. More than half (52.1%) of AI respondents stated the best way to access health information is via a smart phone (Figure 20, Appendix Table 21).

The majority of OA respondents stated they best way for them to access health information is via a personal computer or tablet (82.7%), while AI respondents prefer using a smart phone (52.1%)

Figure 20. Respondent technology preference to access health information

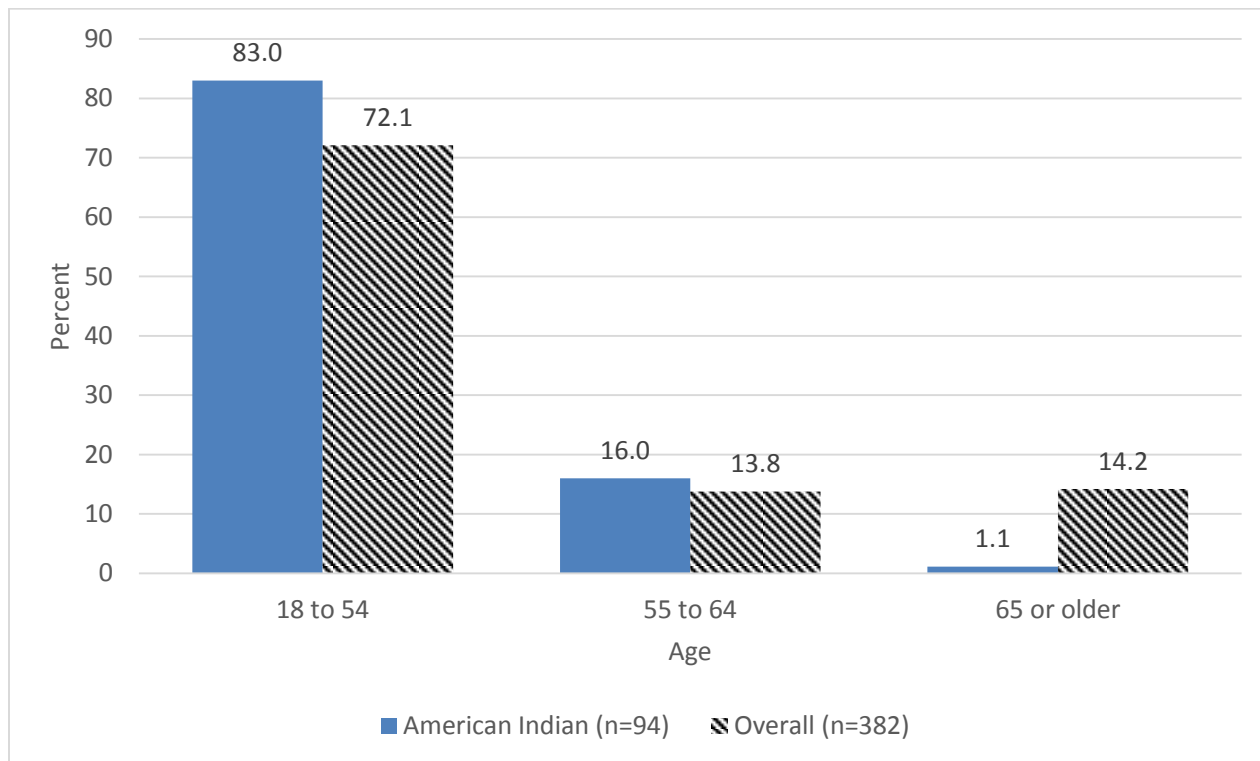




## VII. Demographics

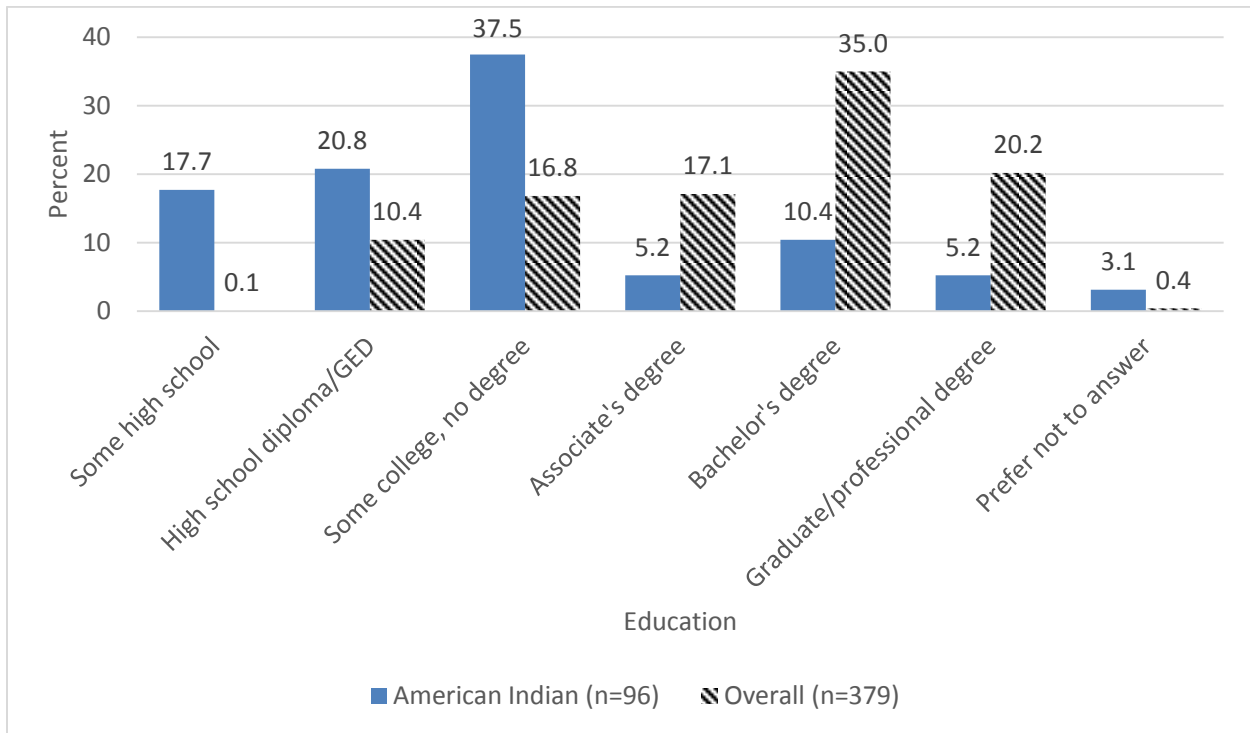
More than three-fourths of the AI respondents were between the ages of 18 to 54 (83.0%), while less than three fourths of OA respondents were of similar age (72.1%) (Figure 21, Appendix Table 22). More OA respondents were aged 65 or older than AI respondents (14.2% vs. 1.1%).

Figure 21. Respondent age



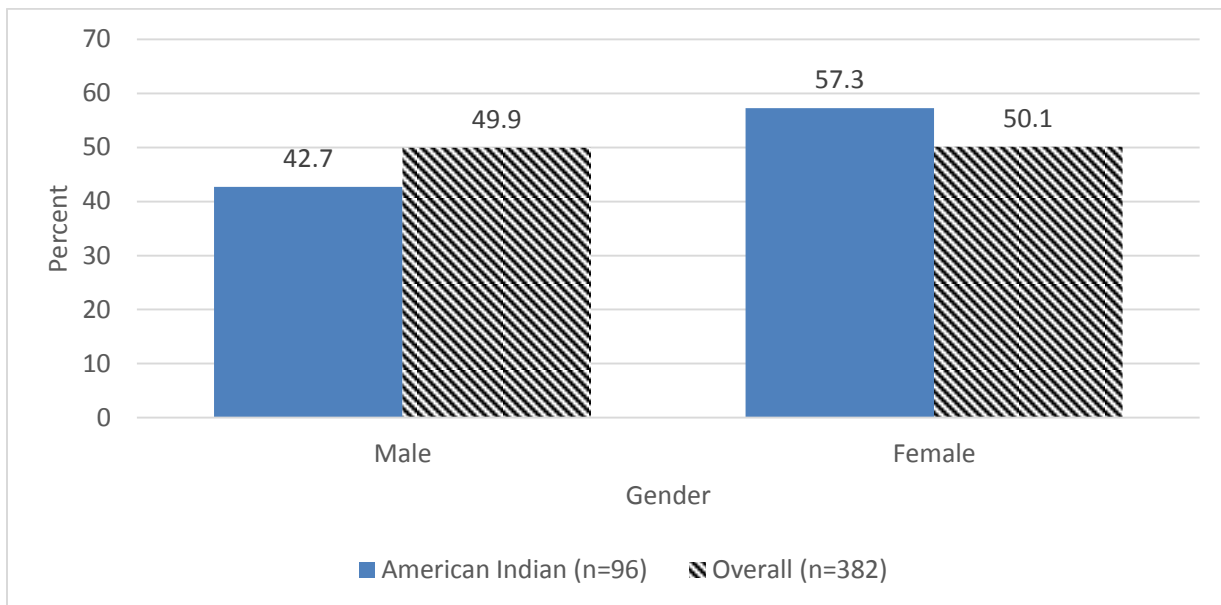
One-fifth of AI respondents had an Associate's degree or higher (20.8%), while nearly three fourths of OA respondents had a similar education level (72.3%) (Figure 22, Appendix Table 23).

Figure 22. Respondent education



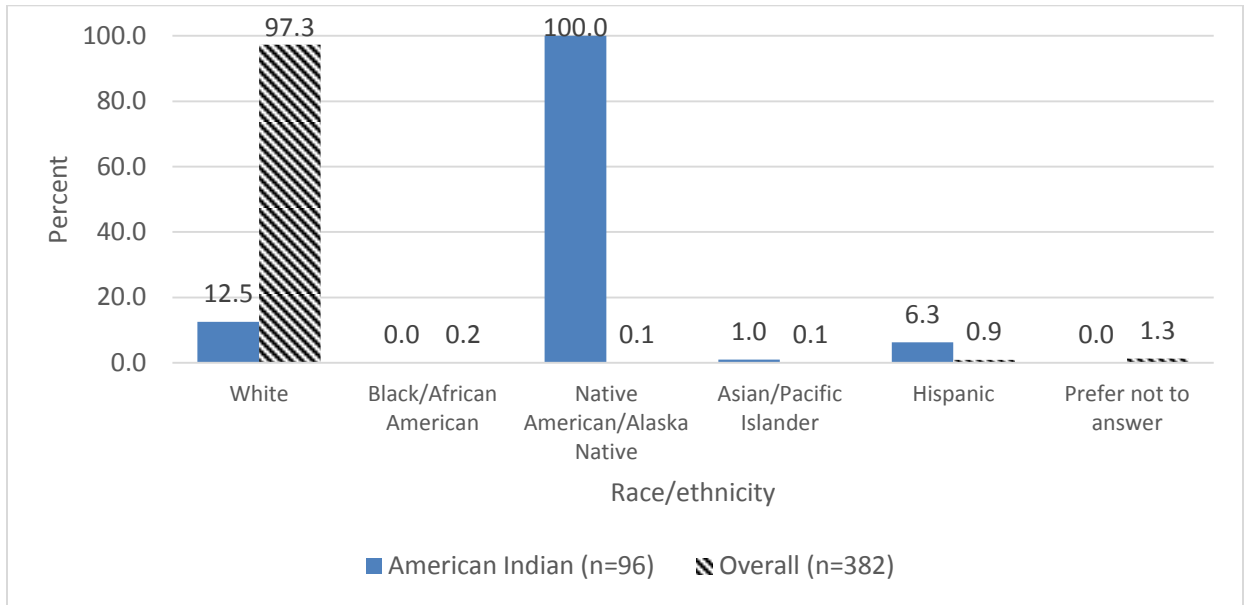
Nearly 58% of AI respondents were female (57.3%), while slightly more than OA respondents were female (50.1%) (Figure 23, Appendix Table 24).

Figure 23. Respondent gender



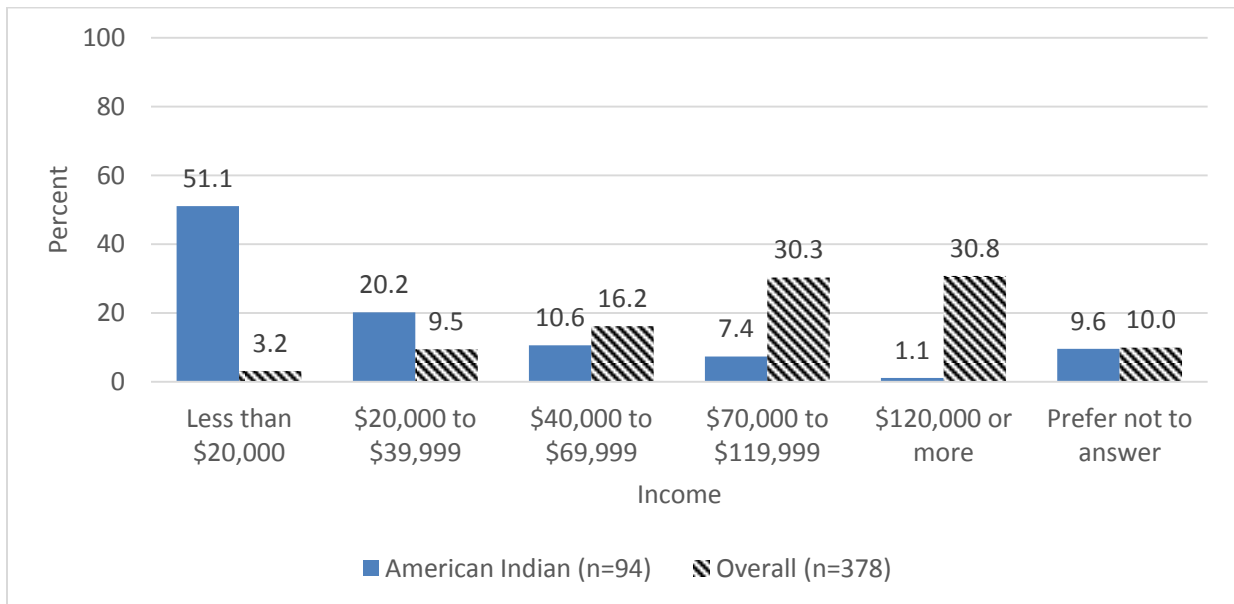
All of the AI respondents identified as Native American/Alaska Native, while only 0.1% of the OA respondents identified as a similar race/ethnicity (Figure 24, Appendix Table 25).

Figure 24. Respondent race/ethnicity



The majority of AI respondents had an annual household income of less than \$20,000 (51.1%), while the majority of OA respondents had an annual household income of \$70,000 or more (71.1%) (Figure 25, Appendix Table 26).

Figure 25. Respondent annual household income



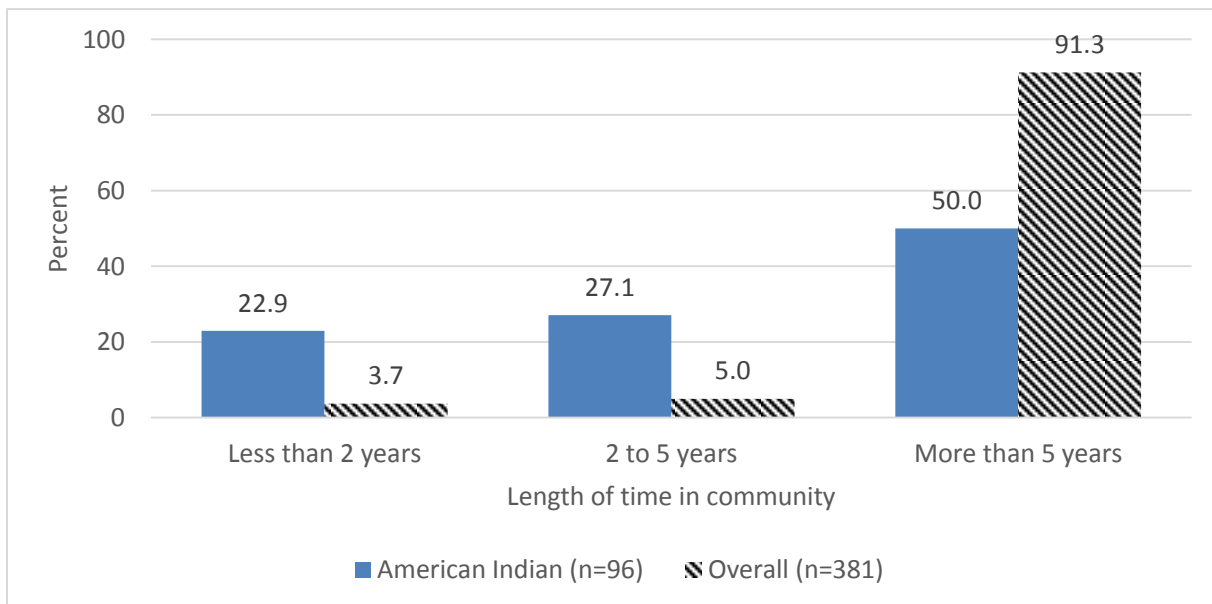
Nearly 44% of AI respondents were employed for wages, while two-thirds of the OA respondents were employed for wages (65.9%) (Table 11, Appendix Table 27). AI respondents were more likely to have been out of work for any period of time than OA respondents (AI=17% vs. OA=0.1%).

Table 11. Respondent employment status

| Employment status              | Percent                |                 |
|--------------------------------|------------------------|-----------------|
|                                | American Indian (n=94) | Overall (n=371) |
| Employed for wages             | 43.6                   | 65.9            |
| Self-employed                  | 8.5                    | 11.1            |
| Homemaker                      | 8.5                    | 3.8             |
| Retired                        | 3.2                    | 15.6            |
| Student                        | 3.2                    | 2.7             |
| Unable to work                 | 16                     | 0.8             |
| Out of work - less than 1 year | 6.4                    | 0.0             |
| Out of work - 1 year or more   | 10.6                   | 0.1             |
| <b>TOTAL</b>                   | <b>100.0</b>           | <b>100.0</b>    |

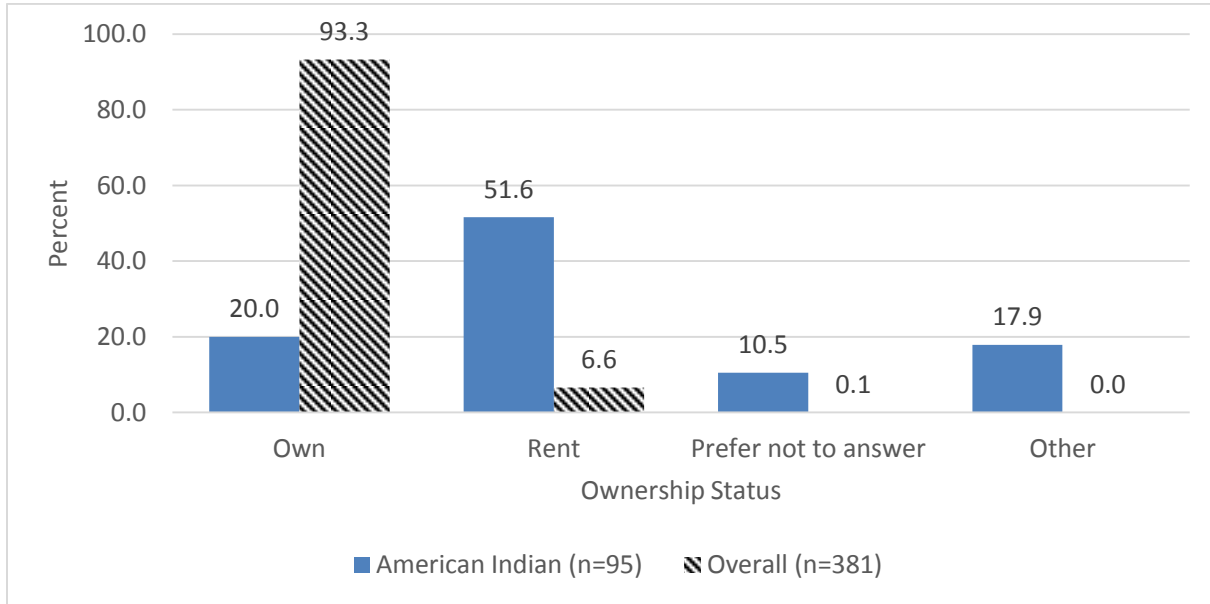
OA respondents were more likely to have been in the community for more than 5 years than AI respondents (OA=91.3% vs. AI=50.0%) (Figure 26, Appendix Table 28).

Figure 26. Length of time in community



AI respondents are more likely to rent vs own than OA respondents (AI=51.6% vs. OA=6.6%) (Figure 27, Appendix Table 29). OA respondents are nearly five times as likely to own their own home than AI respondents (OA=93.3% vs. AI=20.0%).

Figure 27. Home ownership status



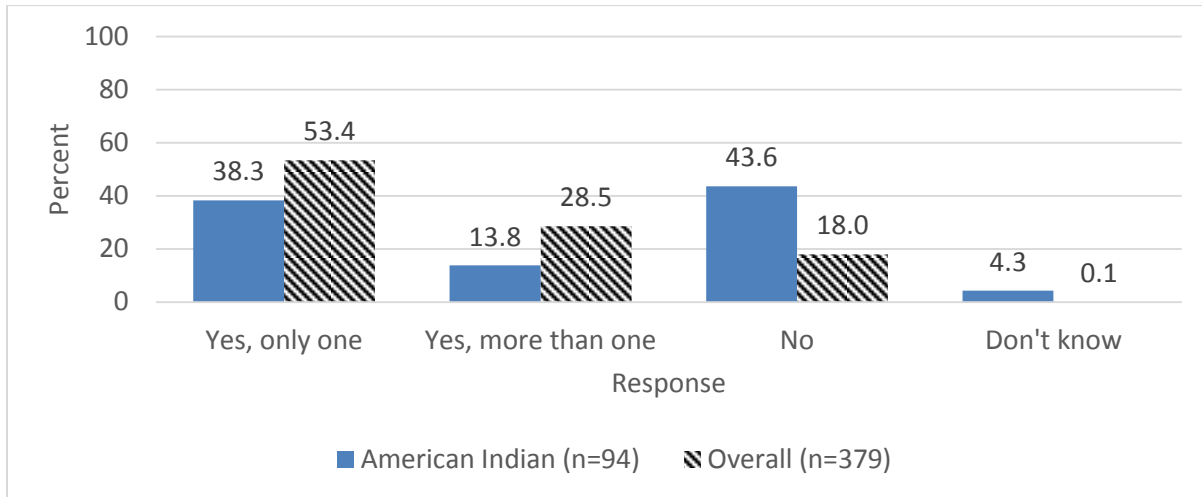
Two thirds of AI respondents stated they had health insurance, while nearly all of the OA respondents stated they have health insurance (AI=68.8% vs. OA=99.0%) (Table 12, Appendix Table 30). Nearly half of AI respondents stated they have oral health or dental health insurance, while more than three fourths of OA respondents stated they had this type of insurance (AI=49.5% vs. OA=76.3%).

Table 12. Respondent insurance status

| Type of insurance              | Percent  |         |      |         |            |         |
|--------------------------------|----------|---------|------|---------|------------|---------|
|                                | Response |         |      |         |            |         |
|                                | Yes      |         | No   |         | Don't know |         |
|                                | AI       | Overall | AI   | Overall | AI         | Overall |
| Health insurance (n=96)        | 68.8     | 99.0    | 28.1 | 1.0     | 3.1        | 0.0     |
| Oral health/dental care (n=95) | 49.5     | 76.5    | 43.2 | 23.3    | 7.4        | 0.2     |

More than half of AI respondents stated they have at least one person who they think of as their personal doctor or health care provider (52.1%), as compared to nearly 82% (81.9%) of OA respondents (Figure 28, Appendix Table 31).

Figure 28. Presence of personal doctor or health care provider



Both AI (30.5%) and OA (66.2%) respondents were most likely to go to a physician's office to seek care when they are sick, and both AI (43.8%) and OA (63.5%) respondents were most likely to take their children to a physician's office when they are sick (Table 13, Appendix Table 32).

Table 13. Location to which respondents go to most often and take their children most often when sick

| Person for which care is being sought | Locations        |         |             |         |                          |         |                         |         |                                 |         |
|---------------------------------------|------------------|---------|-------------|---------|--------------------------|---------|-------------------------|---------|---------------------------------|---------|
|                                       | Percent          |         |             |         |                          |         |                         |         |                                 |         |
|                                       | Physician Office |         | Urgent Care |         | Public health department |         | Hospital emergency room |         | Other free or discounted clinic |         |
|                                       | AI               | Overall | AI          | Overall | AI                       | Overall | AI                      | Overall | AI                              | Overall |
| <b>Respondents (n: AI=95, OA=367)</b> | 30.5             | 66.2    | 15.8        | 28.4    | 11.6                     | 0.0     | 22.1                    | 1.6     | 20.0                            | 3.8     |
| <b>Children (n: AI=48, OA=173)</b>    | 43.8             | 63.5    | 12.5        | 28.8    | 8.3                      | 0.0     | 28.2                    | 0.0     | 6.3                             | 7.8     |

More than half of AI respondents (52.6%) stated they have at least one person aged 18 or younger living in their home, and nearly 14% (13.7%) stated they have at least one person aged 65 or older in their household (Table 14, Appendix Table 33).

Table 14. Presence and number of persons aged 18 or younger and aged 65 or older living in respondents' household

| Age of person  | Percent           |         |        |         |        |         |           |         |
|--|-------------------|---------|--------|---------|--------|---------|-----------|---------|
|  | Number of persons |         |        |         |        |         |           |         |
|  | None              |         | 1 to 2 |         | 3 to 5 |         | 6 or more |         |
|  | AI                | Overall | AI     | Overall | AI     | Overall | AI        | Overall |
| <b>Younger than 18 years of age (n: AI=95, OA=373)</b> | 47.4              | 53.4    | 27.4   | 35.8    | 22.1   | 10.8    | 3.2       | 0.0     |
| <b>Aged 65 or older (n: AI=95, OA=377)</b>             | 86.3              | 82.0    | 11.6   | 17.9    | 2.1    | 0.1     | 0.0       | 0.0     |

Of the AI respondents who have children aged 18 or younger in their home, 80% stated all children are current on immunizations, as compared to 98.1% of OA respondents. Of the AI respondents who have children aged 18 or younger in their home, 48% stated children aged 6 months or older get an annual flu shot or mist, as compared to 73.5% of OA respondents (Table 15, Appendix Table 33).

Table 15. Whether all children in home are current on immunizations and children aged 6 months or older get an annual flu shot/mist

| Age of person   | Percent |         |      |         |            |         |                |         |
|---|---------|---------|------|---------|------------|---------|----------------|---------|
|   | Status  |         |      |         |            |         |                |         |
|   | Yes     |         | No   |         | Don't know |         | Not applicable |         |
|   | AI      | Overall | AI   | Overall | AI         | Overall | AI             | Overall |
| <b>All children current on immunizations (n: AI=50, OA=174)</b>           | 80.0    | 98.1    | 10.0 | 1.9     | 4.0        | 0.0     | 6.0            | 0.0     |
| <b>Aged 6 months or older get annual flu shot/mist (n: AI=50, OA=174)</b> | 48.0    | 73.5    | 32.0 | 26.0    | 10.0       | 0.5     | 10.0           | 0.0     |

# Appendices



## **Appendix Tables**

Appendix Table 1. Level of concern with statements about the community

| Statements   | Mean | Percent of Respondents*                            |      |      |      |      |       | Total |
|--|------|--|------|------|------|------|-------|-------|
|  |      | Level of Concern<br>(1=not at all, 5=a great deal) |      |      |      |      |       |       |
|  |      | 1  | 2    | 3    | 4    | 5    |       |       |
| <b>ECONOMICS</b>   |      |  |      |      |      |      |       |       |
| Availability of affordable housing (n=94)  | 3.81 | 5.3  | 10.6 | 23.4 | 19.1 | 41.5 | 99.9  |       |
| Homelessness (n=90)  | 4.08 | 7.8  | 10.0 | 7.8  | 15.6 | 58.9 | 100.1 |       |
| Hunger (n=87)  | 3.83 | 9.2  | 12.6 | 9.2  | 24.1 | 44.8 | 99.9  |       |
| <b>TRANSPORTATION</b>  |      |  |      |      |      |      |       |       |
| Availability of public transportation (n=94)   | 2.98 | 19.1   | 12.8 | 38.3 | 10.6 | 19.1 | 99.9  |       |
| Cost of public transportation (n=88)   | 3.13 | 15.9   | 12.5 | 34.1 | 18.2 | 19.3 | 100.0 |       |
| Driving habits (e.g. speeding, road rage) (n=90)   | 3.01 | 18.9   | 15.6 | 27.8 | 21.1 | 16.7 | 100.1 |       |
| Availability of good walking or biking options (n=89)  | 3.27 | 13.5   | 10.1 | 37.1 | 14.6 | 24.7 | 100.0 |       |
| <b>ENVIRONMENT</b>   |      |  |      |      |      |      |       |       |
| Water quality (n=96)   | 3.15 | 16.7   | 18.8 | 22.9 | 16.7 | 25.0 | 100.1 |       |
| Air quality (n=90)   | 3.16 | 21.1   | 12.2 | 23.3 | 16.7 | 26.7 | 100.0 |       |
| Home septic systems (n=90)   | 2.93 | 22.2   | 16.7 | 25.6 | 16.7 | 18.9 | 100.1 |       |
| Hazardous waste (n=90)   | 3.10 | 22.2   | 14.4 | 20.0 | 17.8 | 25.6 | 100.0 |       |
| <b>CHILDREN AND YOUTH</b>  |      |  |      |      |      |      |       |       |
| Availability of services for at-risk youth (n=95)  | 3.62 | 8.4  | 7.4  | 33.7 | 14.7 | 35.8 | 100.0 |       |
| Cost of services for at-risk youth (n=93)  | 3.75 | 7.5  | 2.2  | 34.4 | 19.4 | 36.6 | 100.1 |       |
| Youth Crime (n=93)   | 3.72 | 7.5  | 4.3  | 32.3 | 20.4 | 35.5 | 100.0 |       |
| School dropout rates (n=93)  | 3.88 | 5.4  | 7.5  | 23.7 | 20.4 | 43.0 | 100.0 |       |
| School absenteeism (n=92)  | 3.87 | 4.3  | 7.6  | 25.0 | 22.8 | 40.2 | 99.9  |       |
| Teen pregnancy (n=93)  | 3.94 | 5.4  | 4.3  | 25.8 | 20.4 | 44.1 | 100.0 |       |
| Bullying (n=92)  | 4.03 | 3.3  | 8.7  | 20.7 | 16.3 | 51.1 | 100.1 |       |
| Availability of activities for children and youth (n=92)                                       | 3.77 | 2.2  | 9.8  | 30.4 | 23.9 | 33.7 | 100.0 |       |
| Cost of activities for children and youth (n=93)   | 3.81 | 5.4  | 7.5  | 25.8 | 23.7 | 37.6 | 100.0 |       |
| Availability of quality child care (n=91)  | 3.97 | 4.4  | 5.5  | 23.1 | 23.1 | 44.0 | 100.1 |       |
| Cost of quality child care (n=93)  | 4.09 | 2.2  | 7.5  | 18.3 | 23.7 | 48.4 | 100.1 |       |
| Availability of quality infant care (birth to 2 yrs) (n=93)                                    | 3.88 | 5.4  | 9.7  | 18.3 | 24.7 | 41.9 | 100.0 |       |
| Cost of quality infant care (n=92)   | 3.90 | 5.4  | 6.5  | 22.8 | 22.8 | 42.4 | 99.9  |       |
| <b>AGING POPULATION</b>  |      |  |      |      |      |      |       |       |
| Availability of activities for seniors (n=95)  | 3.67 | 4.2  | 12.6 | 23.2 | 31.6 | 28.4 | 100.0 |       |
| Cost of activities for seniors (n=92)  | 3.65 | 5.4  | 9.8  | 29.3 | 25.0 | 30.4 | 99.9  |       |
| Availability of resources to help the elderly stay safe in their home (n=91)                   | 3.71 | 7.7  | 9.9  | 22.0 | 24.2 | 36.3 | 100.1 |       |
| Availability of resources for family/friends caring for and making decisions for elders (n=93) | 3.67 | 5.4  | 10.8 | 23.7 | 32.3 | 28.0 | 100.2 |       |
| Availability of resources for grandparents caring for grandchildren (n=93)                     | 3.70 | 6.5  | 12.9 | 20.4 | 24.7 | 35.5 | 100.0 |       |
| Availability of long term care (n=89)  | 3.76 | 5.6  | 9.0  | 24.7 | 24.7 | 36.0 | 100.0 |       |

| Statements  | Mean | Percent of Respondents*                            |      |      |      |      |       | Total |
|---|------|--|------|------|------|------|-------|-------|
|   |      | Level of Concern<br>(1=not at all, 5=a great deal) |      |      |      |      |       |       |
|   |      | 1  | 2    | 3    | 4    | 5    |       |       |
| Cost of long term care (n=93)   | 3.86 | 3.2  | 12.9 | 23.7 | 15.1 | 45.2 | 100.1 |       |
| Availability of memory care (n=89)  | 3.74 | 4.5  | 10.1 | 27.0 | 23.6 | 34.8 | 100.0 |       |
| <b>SAFETY</b>   |      |  |      |      |      |      |       |       |
| Child abuse and neglect (n=96)  | 3.90 | 9.4  | 5.2  | 20.8 | 15.6 | 49.0 | 100.0 |       |
| Elder abuse (n=95)  | 3.89 | 8.4  | 9.5  | 14.7 | 18.9 | 48.4 | 99.9  |       |
| Domestic violence (n=94)  | 4.07 | 7.4  | 3.2  | 16.0 | 21.3 | 52.1 | 100.0 |       |
| Presence of street drugs, prescription drugs, and alcohol in the community (n=95) | 4.08 | 7.4  | 4.2  | 17.9 | 13.7 | 56.8 | 100.0 |       |
| Presence of drug dealers in the community (n=96)                                  | 3.97 | 9.4  | 4.2  | 15.6 | 21.9 | 49.0 | 100.1 |       |
| Presence of gang activity (n=95)  | 3.79 | 9.5  | 7.4  | 18.9 | 23.2 | 41.1 | 100.1 |       |
| Crime (n=95)  | 3.99 | 5.3  | 6.3  | 16.8 | 27.4 | 44.2 | 100.0 |       |
| Sex trafficking (n=95)  | 3.78 | 12.6   | 9.5  | 11.6 | 20.0 | 46.3 | 100.0 |       |
| <b>HEALTH CARE</b>  |      |  |      |      |      |      |       |       |
| Access to affordable health care (n=96)   | 3.75 | 6.3  | 10.4 | 26.0 | 16.7 | 40.6 | 100.0 |       |
| Access to affordable prescription drugs (n=94)                                    | 3.86 | 7.4  | 7.4  | 22.3 | 17.0 | 45.7 | 99.8  |       |
| Access to affordable health insurance (n=94)                                      | 3.87 | 6.4  | 5.3  | 27.7 | 16.0 | 44.7 | 100.1 |       |
| Cost of affordable vision insurance (n=95)  | 3.84 | 6.3  | 5.3  | 29.5 | 15.8 | 43.2 | 100.1 |       |
| Cost of affordable dental insurance coverage (n=94)                               | 3.94 | 6.4  | 6.4  | 22.3 | 17.0 | 47.9 | 100.0 |       |
| Distance to health care services (n=94)   | 3.60 | 7.4  | 8.5  | 35.1 | 14.9 | 34.0 | 99.9  |       |
| Providers not taking new patients (n=92)  | 3.67 | 7.6  | 12.0 | 21.7 | 22.8 | 35.9 | 100.0 |       |
| Coordination of care between providers and services (n=94)                        | 3.57 | 10.6   | 7.4  | 24.5 | 28.7 | 28.7 | 99.9  |       |
| Availability of non-traditional hours (n=94)                                      | 3.62 | 7.4  | 8.5  | 31.9 | 19.1 | 33.0 | 99.9  |       |
| Availability of transportation (n=94)   | 3.57 | 7.4  | 12.8 | 25.5 | 23.4 | 30.9 | 100.0 |       |
| Use of emergency room services for primary health care (n=94)                     | 3.51 | 7.4  | 12.8 | 28.7 | 23.4 | 27.7 | 100.0 |       |
| Timely access to vision care providers (n=94)                                     | 3.55 | 7.4  | 9.6  | 36.2 | 13.8 | 33.0 | 100.0 |       |
| Timely access to dental care providers (n=94)                                     | 3.74 | 6.4  | 7.4  | 27.7 | 22.3 | 36.2 | 100.0 |       |
| Timely access to prevention programs and services (n=92)                          | 3.54 | 6.5  | 13.0 | 31.5 | 17.4 | 31.5 | 99.9  |       |
| Timely access to bilingual providers and/or translators (n=93)                    | 3.51 | 9.7  | 9.7  | 31.2 | 19.4 | 30.1 | 100.1 |       |
| Timely access to transportation (n=94)  | 3.54 | 10.6   | 9.6  | 27.7 | 19.1 | 33.0 | 100.0 |       |
| Timely access to doctors, physician assistants, or nurse practitioners (n=94)     | 3.73 | 6.4  | 9.6  | 24.5 | 23.4 | 36.2 | 100.1 |       |
| Timely access to physician specialists (n=93)                                     | 3.67 | 8.6  | 7.5  | 28.0 | 20.4 | 35.5 | 100.0 |       |
| Timely access to registered dietitians (n=93)                                     | 3.60 | 10.8   | 6.5  | 25.8 | 25.8 | 31.2 | 100.1 |       |
| Timely access to exercise specialists or personal trainers (n=94)                 | 3.64 | 9.6  | 6.4  | 27.7 | 23.4 | 33.0 | 100.1 |       |
| Timely access to mental health providers (n=93)                                   | 3.68 | 9.7  | 7.5  | 26.9 | 17.2 | 38.7 | 100.0 |       |
| Timely access to substance abuse providers (n=94)                                 | 3.73 | 8.5  | 6.4  | 26.6 | 20.2 | 38.3 | 100.0 |       |

| Statements                                 | Mean | Percent of Respondents*                            |     |      |      |      | Total |
|--|------|--|-----|------|------|------|-------|
|  |      | Level of Concern<br>(1=not at all, 5=a great deal) |     |      |      |      |       |
|  |      | 1  | 2   | 3    | 4    | 5    |       |
| <b>PHYSICAL AND MENTAL HEALTH</b>          |      |  |     |      |      |      |       |
| Obesity (n=96)                             | 3.88 | 7.3  | 6.3 | 18.8 | 27.1 | 40.6 | 100.1 |
| Poor nutrition and eating habits (n=93)    | 4.00 | 4.3  | 5.4 | 19.4 | 28.0 | 43.0 | 100.1 |
| Inactivity and lack of exercise (n=95)     | 3.94 | 5.3  | 6.3 | 17.9 | 30.5 | 40.0 | 100.0 |
| Cancer (n=94)                              | 3.77 | 9.6  | 9.6 | 16.0 | 24.5 | 40.4 | 100.1 |
| Chronic disease (n=96)                     | 3.92 | 9.4  | 7.3 | 12.5 | 24.0 | 46.9 | 100.1 |
| Sexually transmitted diseases (n=95)       | 3.75 | 11.6   | 4.2 | 23.2 | 20.0 | 41.1 | 100.1 |
| Infectious diseases such as the flu (n=94) | 3.73 | 8.5  | 7.4 | 21.3 | 27.7 | 35.1 | 100.0 |
| Dementia and Alzheimer's Disease (n=96)    | 3.57 | 9.4  | 9.4 | 26.0 | 25.0 | 30.2 | 100.0 |
| Depression (n=95)                          | 4.03 | 10.5   | 2.1 | 14.7 | 18.9 | 53.7 | 99.9  |
| Stress (n=94)                              | 4.10 | 7.4  | 3.2 | 17.0 | 17.0 | 55.3 | 99.9  |
| Suicide (n=93)                             | 4.11 | 9.7  | 3.2 | 9.7  | 21.5 | 55.9 | 100.0 |
| Other psychiatric diagnosis (n=93)         | 4.13 | 8.6  | 2.2 | 15.1 | 16.1 | 58.1 | 100.1 |
| <b>SUBSTANCE USE AND ABUSE</b>             |      |  |     |      |      |      |       |
| Alcohol use and abuse (n=96)               | 4.04 | 10.4   | 3.1 | 16.7 | 11.5 | 58.3 | 100.0 |
| Drug use and abuse (n=96)                  | 4.04 | 10.4   | 3.1 | 14.6 | 15.6 | 56.3 | 100.0 |
| Underage drinking (n=96)                   | 3.98 | 8.3  | 5.2 | 16.7 | 19.8 | 50.0 | 100.0 |
| Underage drug use and abuse (n=95)         | 4.00 | 7.4  | 5.3 | 16.8 | 21.1 | 49.5 | 100.1 |
| Smoking and tobacco abuse (n=96)           | 3.99 | 8.3  | 5.2 | 17.7 | 16.7 | 52.1 | 100.0 |
| Exposure to second hand smoke (n=96)       | 4.11 | 5.2  | 6.3 | 18.8 | 11.5 | 58.3 | 100.1 |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 2.  
Respondents'  
Rating of Their  
Health in General

| Response     | Percent of respondents |
|--------------|------------------------|
| Excellent    | 7.4                    |
| Very Good    | 11.7                   |
| Good         | 40.4                   |
| Fair         | 26.6                   |
| Poor         | 12.8                   |
| Don't Know   | 1.1                    |
| <b>TOTAL</b> | <b>100.0</b>           |

n=94

Appendix Table 3. Respondents' weight status based on the Body Mass Index (BMI) scale

| <b>Weight/BMI status</b>              | <b>Percent of respondents*</b> |
|---------------------------------------|--------------------------------|
| Underweight = BMI less than 18.5      | 1.2                            |
| Normal weight = BMI from 18.5 to 24.9 | 11.8                           |
| Overweight = BMI from 25.0 to 29.9    | 35.3                           |
| Obese = BMI of 30.0 or greater        | 51.8                           |
| <b>TOTAL</b>                          | <b>100.1</b>                   |

n=85

\*Percentages do not total 100.0 due to rounding.

Appendix Table 4. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

| <b>Type of servings</b>               | <b>Percent of respondents</b> |          |          |          |          |                  |              |
|---------------------------------------|-------------------------------|----------|----------|----------|----------|------------------|--------------|
|                                       | <b>Number of servings</b>     |          |          |          |          |                  |              |
|                                       | <b>None</b>                   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5 or more</b> | <b>TOTAL</b> |
| Vegetables consumed yesterday (n=95)  | 16.8                          | 27.4     | 34.7     | 15.8     | 3.2      | 2.1              | <b>100.0</b> |
| Fruit consumed yesterday (n=96)       | 15.6                          | 26.0     | 33.3     | 18.8     | 4.2      | 2.1              | <b>100.0</b> |
| Fruit juice consumed yesterday (n=96) | 36.5                          | 33.3     | 14.6     | 11.5     | 3.1      | 1.0              | <b>100.0</b> |

Appendix Table 5. Number of days in an average week respondents engage in moderate and vigorous physical activity

| <b>Type of exercise</b>  | <b>Percent of respondents*</b> |                    |                    |                       |              |
|--|--------------------------------|--------------------|--------------------|-----------------------|--------------|
|  | <b>Number of days</b>          |                    |                    |                       |              |
|  | <b>None</b>                    | <b>1 to 2 days</b> | <b>3 to 4 days</b> | <b>5 or more days</b> | <b>TOTAL</b> |
| At least 30 minutes of MODERATE activity in an average week (n=96) | 3.1                            | 39.6               | 28.1               | 29.2                  | <b>100.0</b> |
| At least 30 minutes of VIGOROUS activity in an average week (n=96) | 18.8                           | 54.2               | 14.6               | 12.5                  | <b>100.1</b> |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 6. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue

| <b>Mental health issue</b>   | <b>Percent of respondents*</b> |
|------------------------------|--------------------------------|
| Depression                   | 46.9                           |
| Anxiety/stress               | 54.2                           |
| Panic attacks                | 28.1                           |
| Other mental health problems | 22.9                           |

n=96

\*Percentages do not total 100.0 due to multiple responses.

Appendix Table 7. Number of days in last month when respondents' mental health was not good

| <b>Number of days</b> | <b>Percent of respondents</b> |
|-----------------------|-------------------------------|
| None                  | 15.8                          |
| 1 to 7 days           | 33.7                          |
| 8 to 14 days          | 18.9                          |
| 15 to 21 days         | 13.7                          |
| 22 to 31 days         | 17.9                          |
| <b>TOTAL</b>          | <b>100.0</b>                  |

n=95

Appendix Table 8. How often, over the past two weeks, respondents have been bothered by mental health issues, by specific issue

| <b>Issues</b>                                      | <b>Percent of respondents</b> |                     |                                |                         | <b>TOTAL</b> |
|--|-------------------------------|---------------------|--------------------------------|-------------------------|--------------|
|  | <b>Not at all</b>             | <b>Several days</b> | <b>More than half the days</b> | <b>Nearly every day</b> |              |
| Little interest or pleasure in doing things (n=94) | 43.6                          | 36.2                | 11.7                           | 8.5                     | <b>100.0</b> |
| Felling down, depressed, or hopeless (n=92)        | 42.4                          | 33.7                | 16.3                           | 7.6                     | <b>100.0</b> |

\*Appendix Table 9. Whether respondents have smoked at least 100 cigarettes in their entire life

| <b>Response</b> | <b>Percent of respondents</b> |
|-----------------|-------------------------------|
| Yes             | 67.4                          |
| No              | 32.6                          |
| <b>TOTAL</b>    | <b>100.0</b>                  |

n=95

Appendix Table 10. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

| Tobacco Use                     | Percent of respondents* |           |            |              |
|---------------------------------|-------------------------|-----------|------------|--------------|
|                                 | Every day               | Some days | Not at all | TOTAL        |
| Cigarettes (n=95)               | 38.9                    | 20.0      | 41.1       | <b>100.0</b> |
| Chewing tobacco or snuff (n=95) | 7.4                     | 9.5       | 83.2       | <b>100.1</b> |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 11. Location respondents would go first if they wanted help to quit using tobacco

| Resources                   | Percent of respondents |
|-----------------------------|------------------------|
| Quitline                    | 14.7                   |
| Doctor                      | 12.6                   |
| Pharmacy                    | 1.1                    |
| Private counselor/therapist | 1.1                    |
| Health department           | 7.4                    |
| Don't know                  | 16.8                   |
| Not applicable              | 26.3                   |
| I don't want to quit        | 10.5                   |
| Other:                      | 9.5                    |
| Candy (1)                   |                        |
| Homeless health (1)         |                        |
| Myself (4)                  |                        |
| Non-smoker (1)              |                        |
| Vapor (1)                   |                        |
| <b>TOTAL</b>                | <b>100.0</b>           |

n=95

Appendix Table 12. Number of days during the past month that respondents have had at least one drink of any alcoholic beverage

| Number of days | Percent of respondents |
|----------------|------------------------|
| None           | 46.3                   |
| 1 to 7 days    | 35.8                   |
| 8 to 14 days   | 5.3                    |
| 15 to 21 days  | 6.3                    |
| 22 to 31 days  | 6.3                    |
| <b>TOTAL</b>   | <b>100.0</b>           |

n=95

Appendix Table 13. During the past month on days when respondents drank, average number of drinks per day respondents consumed

| Number of drinks | Percent of respondents |
|------------------|------------------------|
| 1                | 48.4                   |
| 2                | 5.4                    |
| 3                | 7.5                    |
| 4                | 4.3                    |
| 5 or more        | 34.4                   |
| <b>TOTAL</b>     | <b>100.0</b>           |

n=93

Appendix Table 14. Number of days during the past month that respondents consumed at least 4 or 5 alcohol drinks (4 for females, 5 for males) on the same occasion

| Frequency        | Percent of respondents* |
|------------------|-------------------------|
| Almost every day | 4.4                     |
| 2-3 times a week | 14.4                    |
| Once a week      | 12.2                    |
| Once a month     | 14.4                    |
| Never            | 54.4                    |
| <b>TOTAL</b>     | <b>99.8</b>             |

n=90

\*Percentages do not total 100.0 due to rounding.

Appendix Table 15. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug use

| Had a problem with:                              | Percent of respondents |      |              |
|--|------------------------|------|--------------|
|  | Yes                    | No   | TOTAL        |
| Alcohol use (n=95)                               | 51.6                   | 48.4 | <b>100.0</b> |
| Prescription or non-prescription drug use (n=91) | 26.4                   | 73.6 | <b>100.0</b> |



Appendix Table 16. Of respondents who have ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

| <b>Got help needed for:</b>                      | <b>Percent of respondents*</b> |           |                         |              |
|--|--------------------------------|-----------|-------------------------|--------------|
|  | <b>Yes</b>                     | <b>No</b> | <b>Didn't need help</b> | <b>TOTAL</b> |
| Alcohol use (n=48)                               | 56.3                           | 29.2      | 14.6                    | <b>100.1</b> |
| Prescription or non-prescription drug use (n=32) | 50.0                           | 21.9      | 28.1                    | <b>100.0</b> |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 17. Whether alcohol use or prescription or non-prescription drug abuse had harmful effects on respondents or a family member over the past two years

| <b>Over the past two years:</b>  | <b>Percent of respondents</b> |           |              |
|--|-------------------------------|-----------|--------------|
|  | <b>Yes</b>                    | <b>No</b> | <b>TOTAL</b> |
| Alcohol use has had harmful effects (n=94)                               | 67.0                          | 33.0      | <b>100.0</b> |
| Prescription or non-prescription drug use has had harmful effects (n=93) | 57.0                          | 43.0      | <b>100.0</b> |

Appendix Table 18. Whether respondents have any of the following chronic diseases

| <b>Chronic diseases</b>  | <b>Percent of respondents*</b> |
|--------------------------|--------------------------------|
| Diabetes                 | 15.6                           |
| Hypertension             | 16.7                           |
| High cholesterol         | 12.5                           |
| Congestive heart failure | 1.0                            |
| COPD                     | 2.1                            |
| Arthritis                | 16.7                           |
| Alzheimer's              | 0.0                            |
| Asthma                   | 10.4                           |
| Stroke                   | 1.0                            |
| Cancer                   | 0.0                            |

n=96

\*Percentages do not total 100.0 due to multiple responses.

Appendix Table 19. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason

| Length of time since:                            | Percent of respondents* |              |              |                 |            |       |              |
|--|-------------------------|--------------|--------------|-----------------|------------|-------|--------------|
|  | Within the past year    | 1 to 2 years | 3 to 5 years | 6 or more years | Don't Know | Never | TOTAL        |
| Visiting a doctor or health care provider (n=95) | 65.3                    | 15.8         | 9.5          | 2.1             | 3.2        | 4.2   | <b>100.1</b> |
| Visiting a dentist or dental clinic (n=93)       | 51.6                    | 18.3         | 20.4         | 5.4             | 1.1        | 3.2   | <b>100.0</b> |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 20. Where respondents get most of their health information

| Sources of health information        | Percent of respondents* |
|--------------------------------------|-------------------------|
| Government websites (i.e. CDC)       | 25.0                    |
| Non-government websites (i.e. WebMD) | 16.7                    |
| Television                           | 10.4                    |
| Magazine, newspapers, or books       | 16.7                    |
| Medical professional                 | 40.6                    |
| Alternative health specialist        | 9.4                     |
| Family or friends                    | 31.3                    |
| Health helpline (Telephone)          | 8.3                     |
| Other:                               | 5.2                     |
| Google                               |                         |
| Homeless health/family health        |                         |
| Myself                               |                         |

n=96

\*Percentages do not total 100.0 due to multiple responses.

Appendix Table 21. Best way for respondents to access technology for health information

| Type of technology                               | Percent of respondents* |
|--|-------------------------|
| Personal computer or tablet                      | 37.5                    |
| Public computer (e.g. library, community center) | 25.0                    |
| Smart phone                                      | 52.1                    |
| Other:   | 10.4                    |
| Home computer                                    |                         |
| Don't know                                       |                         |
| Other doctor                                     |                         |
| Phone  |                         |
| Public health                                    |                         |
| Social media                                     |                         |

n=96

\*Percentages do not total 100.0 due to multiple responses.

Appendix Table 22. Respondent age

| Age               | Percent of respondents* |
|-------------------|-------------------------|
| 18 to 24 years    | 16.0                    |
| 25 to 34 years    | 26.6                    |
| 35 to 44 years    | 21.3                    |
| 45 to 54 years    | 19.1                    |
| 55 to 64 years    | 16.0                    |
| 65 to 74 years    | 1.1                     |
| 75 years or older | 0.0                     |
| <b>TOTAL</b>      | <b>100.1</b>            |

n=94

\*Percentages do not total 100.0 due to rounding.

Appendix Table 23. Respondent education

| <b>Education</b>                | <b>Percent of respondents*</b> |
|---------------------------------|--------------------------------|
| Some high school                | 17.7                           |
| High school diploma or GED      | 20.8                           |
| Some college, no degree         | 37.5                           |
| Associate's degree              | 5.2                            |
| Bachelor's degree               | 10.4                           |
| Graduate or professional degree | 5.2                            |
| Prefer not to answer            | 3.1                            |
| <b>TOTAL</b>                    | <b>99.9</b>                    |

n=96

\*Percentages do not total 100.0 due to rounding.

Appendix Table 24. Respondent gender

| <b>Gender</b> | <b>Percent of respondents</b> |
|---------------|-------------------------------|
| Male          | 42.7                          |
| Female        | 57.3                          |
| <b>TOTAL</b>  | <b>100.0</b>                  |

n=96

Appendix Table 25. Respondent race/ethnicity

| <b>Race/ethnicity</b>            | <b>Percent of respondents*</b> |
|----------------------------------|--------------------------------|
| White                            | 12.5                           |
| Black or African American        | 0.0                            |
| Native American or Alaska Native | 0.0                            |
| Asian or Pacific Islander        | 100.0                          |
| Hispanic                         | 6.3                            |
| Prefer not to answer             | 0.0                            |

n=96

\*Percentages do not total 100.0 due to multiple responses.

Appendix Table 26. Respondent income

| <b>Income</b>         | <b>Percent of respondents</b> |
|-----------------------|-------------------------------|
| Less than \$20,000    | 51.1                          |
| \$20,000 to \$39,999  | 20.2                          |
| \$40,000 to \$69,999  | 10.6                          |
| \$70,000 to \$119,999 | 7.4                           |
| \$120,000 or more     | 1.1                           |
| Prefer not to answer  | 9.6                           |
| <b>TOTAL</b>          | <b>100.0</b>                  |

n=94

Appendix Table 27. Respondent employment status

| <b>Employment status</b>       | <b>Percent of respondents</b> |
|--------------------------------|-------------------------------|
| Employed for wages             | 43.6                          |
| Self-employed                  | 8.5                           |
| Homemaker                      | 8.5                           |
| Retired                        | 3.2                           |
| A student                      | 3.2                           |
| Unable to work                 | 16.0                          |
| Out of work - less than 1 year | 6.4                           |
| Out of work - 1 year or more   | 10.6                          |
| <b>TOTAL</b>                   | <b>100.0</b>                  |

n=94

Appendix Table 28. Length of time respondents have lived in their community

| <b>Length of time in community</b> | <b>Percent of respondents</b> |
|------------------------------------|-------------------------------|
| Less than 2 years                  | 22.9                          |
| 2 to 5 years                       | 27.1                          |
| More than 5 years                  | 50.0                          |
| <b>TOTAL</b>                       | <b>100.0</b>                  |

n=94

Appendix Table 29. Whether respondents own or rent their home

| <b>Response</b>      | <b>Percent of respondents</b> |
|----------------------|-------------------------------|
| Own                  | 20.0                          |
| Rent                 | 51.6                          |
| Prefer not to answer | 10.5                          |
| Other                | 17.9                          |
| Homeless (8)         |                               |
| <b>TOTAL</b>         | <b>100.0</b>                  |

n=95

Appendix Table 30. Respondent health insurance and dental insurance status

| <b>Type of coverage</b>                                       | <b>Percent of respondents*</b> |           |                             |              |
|---|--------------------------------|-----------|-----------------------------|--------------|
|   | <b>Yes</b>                     | <b>No</b> | <b>Prefer not to answer</b> | <b>TOTAL</b> |
| Health insurance (n=96)                                       | 68.8                           | 28.1      | 3.1                         | <b>100.0</b> |
| Dental insurance (oral health or dental care coverage) (n=95) | 49.5                           | 43.2      | 7.4                         | <b>100.1</b> |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 31. Whether respondents have one person who they think of as their personal doctor or health care provider

| <b>Response</b>    | <b>Percent of respondents</b> |
|--------------------|-------------------------------|
| Yes, only one      | 38.3                          |
| Yes, more than one | 13.8                          |
| No                 | 43.6                          |
| Don't know         | 4.3                           |
| <b>TOTAL</b>       | <b>100.0</b>                  |

n=94

Appendix Table 32. Facilities to which respondents go most often when sick and take their children when sick

| Location                        | Percent of respondents*     |  |
|---------------------------------|-----------------------------|--|
|                                 | Where respondents go (n=95) | Where respondents take their children (n=48) |
| Physician office                | 30.5                        | 43.8   |
| Urgent care                     | 15.8                        | 12.5   |
| Public health department        | 11.6                        | 8.3  |
| Hospital emergency room         | 22.1                        | 29.2   |
| Other free or discounted clinic | 20.0                        | 6.3  |
| <b>TOTAL</b>                    | <b>100.0</b>                | <b>100.1</b>                                 |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 33. Number of persons aged 18 or younger and aged 65 or older living in respondents' household

| Number of persons | Percent of respondents*                     |  |
|-------------------|---|--|
|                   | Persons younger than 18 in household (n=95) | Persons aged 65 or older in household (n=95) |
| None              | 47.4  | 86.3   |
| 1 to 2            | 27.4  | 11.6   |
| 3 to 5            | 22.1  | 2.1  |
| 6 or more         | 3.2   | 0.0  |
| <b>TOTAL</b>      | <b>100.1</b>                                | <b>100.0</b>                                 |

\*Percentages do not total 100.0 due to rounding.

Appendix Table 34. Whether all children in home are current on immunizations and children aged 6 months or older get an annual flu shot/mist

| Response       | Percent of respondents                       |   |
|----------------|--|---|
|                | Children are current on immunizations (n=50) | Children aged 6 months or older get annual flu shot/mist (n=50) |
| Yes            | 80.0   | 48.0  |
| No             | 10.0   | 32.0  |
| Don't know     | 4.0  | 10.0  |
| Not applicable | 6.0  | 10.0  |
| <b>TOTAL</b>   | <b>100.0</b>                                 | <b>100.0</b>  |

## **Survey Instrument**



## 2015 Community Health Needs Assessment

Q1 Considering your community, what is your level of concern with....

### Q2 ECONOMICS

|  | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability of affordable housing (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Homelessness (2)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hunger (3)                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Q3 TRANSPORTATION

|   | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability of public transportation (1)                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of public transportation (2)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Driving habits (e.g., speeding, road rage) (3)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of good walking or biking options (as alternatives to driving) (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

#### Q4 ENVIRONMENTAL

|                         | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Water quality (1)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Air quality (2)         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home septic systems (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hazardous waste (4)     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q5 CHILDREN AND YOUTH

|   | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability of services for at-risk youth (1)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of services for at-risk youth (2)                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Youth crime (3)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School dropout rates (4)                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School absenteeism (5)                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Teen pregnancy (6)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bullying (7)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of activities for children and youth (8)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of activities for children and youth (9)               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of quality child care (10)                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of quality child care (11)                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of quality infant care (birth to 2 years) (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of quality infant care (13)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q6 THE AGING POPULATION

|   | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability of activities for seniors (1)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of activities for seniors (2)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of resources to help the elderly stay safe in their home (3)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of resources for family/friends caring for and making decisions for elders (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of resources for grandparents caring for grandchildren (5)                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of long term care (6)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of long term care (7)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of memory care (8)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q7 SAFETY

|  | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Child abuse and neglect (1)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elder abuse (2)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Domestic violence (3)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presence of street drugs, prescription drugs, and alcohol in the community (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presence drug dealers in the community (5)                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presence of gang activity (6)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crime (7)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sex trafficking (8)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q8 HEALTH CARE

|  | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Access to affordable health care (1)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to affordable prescription drugs (2)                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to affordable health insurance (3)                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of affordable vision insurance (4)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost of affordable dental insurance coverage (5)                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Distance to health care services (6)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providers not taking new patients (7)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coordination of care between providers and services (8)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of non-traditional hours (e.g., evenings, weekends) (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Availability of transportation (10)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use of emergency room services for primary health care (11)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to vision care providers (12)                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Timely access to dental care providers (13)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to prevention programs and services (14)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to bilingual providers and/or translators (15)                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to transportation (16)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to doctors, physician, assistants, or nurse practitioners (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to physician specialist (18)                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to registered dietitians (19)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to exercise specialists or personal trainers (20)              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to mental health providers (21)                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Timely access to substance abuse providers (22)                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q9 PHYSICAL AND MENTAL HEALTH

|   | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Obesity (1)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor nutrition and eating habits (2)                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inactivity and lack of exercise (3)                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cancer (4)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic disease (e.g., diabetes, heart disease, multiple sclerosis) (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexually transmitted diseases (e.g., AIDS, HIV, Chlamydia) (6)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Infectious diseases such as the flu (7)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dementia and Alzheimer's disease (8)                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression (9)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress (10)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Suicide (11)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other psychiatric diagnosis (12)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



### Q10 SUBSTANCE USE AND ABUSE

|                                   | Not at All 1 (1)      | 2 (2)                 | 3 (3)                 | 4 (4)                 | A Great Deal 5 (5)    |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Alcohol use and abuse (1)         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drug use and abuse (2)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Underage drinking (3)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Underage drug and abuse (4)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smoking and tobacco use (5)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposure to second hand smoke (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Q11 PERSONAL HEALTH

Q12 In general, how would you rate your health?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know (6)

Q13 About how much do you weight without shoes?

Q14 About how tall are you without shoes?

- Feet (1)
- Inches (2)

Q15 A serving of vegetables is one cup of salad greens or a half cup of vegetables - not including French fries. How many servings of vegetables did you have yesterday?

- None (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 or more (6)

Q16 A serving of fruit is a medium sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

- None (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 or more (6)

Q17 A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

- None (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 or more (6)

Q18 MODERATE activity causes only light sweating and a small increase in breathing or heart rate. During an average week, other than your regular job, how many days do you get at least 30 minutes of MODERATE activity?

- None (1)
- 1 to 2 days (2)
- 3 to 4 days (3)
- 5 or more days (4)

Q19 VIGOROUS activity causes heavy sweating and a large increase in breathing or hear rate. During an average week, other than your regular job, how many days do you get at least 30 minutes of VIGOROUS activity?

- None (1)
- 1 to 2 days (2)
- 3 to 4 days (3)
- 5 or more days (4)

Q20 Have you ever been told by a doctor or health professional that you have any of the following?  
(Chose all that apply)

- Depression (1)
- Anxiety/Stress (2)
- Panic attacks (3)
- Other mental health problems (4)

Q21 Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- 10 (11)
- 11 (12)
- 12 (13)
- 13 (14)
- 14 (15)
- 15 (16)
- 16 (17)
- 17 (18)
- 18 (19)
- 19 (20)
- 20 (21)
- 21 (22)
- 22 (23)
- 23 (24)
- 24 (25)
- 25 (26)
- 26 (27)
- 27 (28)
- 28 (29)
- 29 (30)
- 30 (31)

Q22 Over the past two weeks, how often have you been bothered by any of the following issues?

|   | Not at all (1)        | Several days (2)      | More than half the days (3) | Nearly every day (4)  |
|---|-----------------------|-----------------------|-----------------------------|-----------------------|
| Little interest or pleasure in doing things (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |
| Feeling down depressed or hopeless (2)          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |

Q23 Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- Yes (1)
- No (2)

Q24 How often do you currently smoke cigarettes?

- Every day (1)
- Some days (2)
- Not at all (3)

Q25 How often do you currently use chewing tobacco or snuff?

- Every day (1)
- Some days (2)
- Not at all (3)

Q26 Where would you first go for help if you wanted to quit using tobacco? (Choose ONE answer)

- Quitline (1)
- Doctor (2)
- Pharmacy (3)
- Private counselor/Therapist (4)
- Health Department (5)
- Don't know (6)
- Not applicable (7)
- I don't want to quit (8)
- Other: (9) \_\_\_\_\_

Q27 During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- 10 (11)
- 11 (12)
- 12 (13)
- 13 (14)
- 14 (15)
- 15 (16)
- 16 (17)
- 17 (18)
- 18 (19)
- 19 (20)
- 20 (21)
- 21 (22)
- 22 (23)
- 23 (24)
- 24 (25)
- 25 (26)
- 26 (27)
- 27 (28)
- 28 (29)
- 29 (30)
- 30 (31)

Q28 During the past 30 days, on the days when you drank, about how many drinks did you drink on average? A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 (9)
- 9 (10)
- 10 or more drinks (11)

Q29 During the past 30 days, how many times did you consume at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same time occasion (at the same time, or within a couple of hours of each other)?

- Almost every day (1)
- 2 to 3 times a week (2)
- Once a week (3)
- Once a month (4)
- Never (5)

Q30

|  | Have you ever had a problem with.... |                       | If yes, did you get the help you needed? |                       |                       |
|--|--------------------------------------|-----------------------|--|-----------------------|-----------------------|
|  | Yes (1)                              | No (2)                | Yes (1)                                  | No (2)                | Didn't need help (3)  |
| Alcohol use? (1)                                 | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |
| Prescription or non-prescription drug abuse? (2) | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/> |

Q31 Over the past two years...

|   | Yes (1)               | No (2)                |
|---|-----------------------|-----------------------|
| Has alcohol use had harmful effects on you or a family member? (1)                                    | <input type="radio"/> | <input type="radio"/> |
| Has prescription or non-prescription drug abuse had harmful effects on you or your family member? (2) | <input type="radio"/> | <input type="radio"/> |



Q32 PREVENTIVE HEALTH

Q33 Below is a list of preventive screenings and procedures that you may have had in the last year. Please tell us a) Whether or not you had each of the procedures in the last year, and b) If you did not have the procedure, why not? (Choose all that apply)

|   | Have you had this procedure in the past year? |                       | If you have not had this procedure in the past year, why not? (Choose all that apply for each procedure) |                             |                          |                          |                          |                           |                          |
|---|---|-----------------------|--|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
|   | Yes (1)                                       | No (2)                | Not necessary (1)  | Doctor hasn't suggested (2) | Cost (3)                 | Fear of procedure (4)    | Fear of the results (5)  | Unable to access care (6) | Other reason (7)         |
| General Screenings  |   |                       |  |                             |                          |                          |                          |                           |                          |
| Blood pressure screening (1)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Bone density test (2)   | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Cholesterol screening (3)   | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Flu shot (4)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Hearing screening (5)   | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Immunizations (tetanus, hepatitis A or B) (6)                               | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Pelvic exam (women's health) (7)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| STD (sexually transmitted disease screening) (8)                            | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Vascular screening (9)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Cancer Screenings   |   |                       |  |                             |                          |                          |                          |                           |                          |
| Breast cancer screening (i.e., Mammogram, breast exam, women, age 40+) (10) | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

|   | Have you had this procedure in the past year? |                       | If you have not had this procedure in the past year, why not? (Choose all that apply for each procedure) |                          |                          |                          |                          |                          |                          |
|---|---|-----------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cervical cancer screening (i.e., pap smear with 3 years of first sexual intercourse or by age 21 every 1-3 years depending on risk factors) (11)        | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Colorectal cancer screening (i.e., colonoscopy every 10 years beginning at age 50, fecal occult blood test every year, barium enema every 5 years) (12) | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prostate cancer screening (13)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin cancer screening (14)  | <input type="radio"/>                         | <input type="radio"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q34 Do you have any of the following chronic diseases? (Choose all that apply)

- Diabetes (1)
- Hypertension (2)
- High Cholesterol (3)
- Congestive Heart Failure (4)
- COPD (5)
- Arthritis (6)
- Alzheimer's (7)
- Asthma (8)
- Stroke (9)
- Cancer (10)

Q35 About how long has it been since you last visited a doctor or health care provider for a routine physical exam?

- Within the past year (1)
- 1 to 2 years (2)
- 3 to 5 years (3)
- 6 or more years (4)
- Don't know (5)
- Never (6)

Q36 About how long has it been since you last visited a dentist or dental clinic for any reason?

- Within the past year (1)
- 1 to 2 years (2)
- 3 to 5 years (3)
- 6 or more years (4)
- Don't know (5)
- Never (6)

Q37 Where do you get most of your health-related information? (Choose all that apply)

- Government websites (i.e., local public health, CDC) (1)
- Non-government websites (i.e., WebMD) (2)
- Television (3)
- Magazine, newspapers, or books (4)
- Medical professional (5)
- Alternative health specialist (6)
- Family or friends (7)
- Health Helpline (Telephone) (8)
- Other: (9) \_\_\_\_\_

Q38 What is the best way for you to access technology for health information? (Choose all that apply)

- Personal computer or tablet (1)
- Public computer (e.g., library, community center) (2)
- Smart phone (3)
- Other: (4) \_\_\_\_\_

Q39 DEMOGRAPHIC INFORMATION - Please tell us about yourself

Q40 What is your age?

- 18 to 24 years (1)
- 25 to 34 years (2)
- 35 to 44 years (3)
- 45 to 54 years (4)
- 55 to 64 years (5)
- 65 to 74 years (6)
- 75 or older (7)
- Prefer to not answer (8)

Q41 What is your highest level of education?

- Some high school (1)
- High school diploma or GED (2)
- Some college, no degree (3)
- Associate's degree (4)
- Bachelor's degree (5)
- Graduate or professional degree (6)
- Prefer to not answer (7)

Q42 What is your gender?

- Male (1)
- Female (2)
- Prefer to not answer (3)

Q43 What best describes your race/ethnicity? (Choose all that apply)

- White (1)
- Black or African American (2)
- Native American or Alaska Native (3)
- Asian or Pacific Islander (4)
- Hispanic (5)
- Prefer to not answer (6)

Q44 What is your approximate annual household income before taxes?

- Less than \$20,000 (1)
- \$20,000 to \$39,999 (2)
- \$40,000 to \$69,999 (3)
- \$70,000 to \$119,999 (4)
- \$120,000 or more (5)
- Prefer to not answer (6)

Q45 How would you best describe your current employment status?

- Employed for wages (1)
- Self-employed (2)
- Homemaker (3)
- Retired (4)
- A Student (5)
- Unable to work (6)
- Out of work-less than 1 year (7)
- Out of work-1 year or more (8)

Q46 How long have you lived in your community?

- Less than 2 years (1)
- 2 to 5 years (2)
- More than 5 years (3)

Q47 Do you own or rent your home?

- Own (1)
- Rent (2)
- Prefer to not answer (3)
- Other: (4) \_\_\_\_\_

Q48 Do you have health insurance (Private, public, or governmental)?

- Yes (1)
- No (2)
- Don't know (3)

Q49 Do you have oral health or dental care insurance coverage?

- Yes (1)
- No (2)
- Don't know (3)

Q50 Do you have one person who you think of as your personal doctor or health care provider?

- Yes, only one (1)
- Yes, more than one (2)
- No (3)
- Don't know (4)

Q51 Where do you go most often when you're sick? (Choose ONE)

- Physician office (1)
- Urgent care (2)
- Public Health Dept. (3)
- Hospital emergency room (4)
- Other free or discounted clinic (5)

Q52 Where do you most often take your child when they are sick? (Choose ONE)

- Physician office (1)
- Urgent care (2)
- Public Health Dept (3)
- Hospital emergency room (4)
- Other free or discounted clinic (5)

Q53 How many children younger than 18 years of age live in your household?

- None (1)
- 1 to 2 (2)
- 3 to 5 (3)
- 6 or more (4)

Q54 How many adults age 65 or older live in your household?

- None (1)
- 1 to 2 (2)
- 3 to 5 (3)
- 6 or more (4)

Q55 Are all children in your home current on their immunizations?

- Yes (1)
- No (2)
- Don't know (3)
- Not applicable (4)

Q56 Do all children in your home, age 6 months or older get a flu shot or flu mist each year?

- Yes (1)
- No (2)
- Don't know (3)
- Not applicable (4)

Q57 What is your home zip code?

Q58 Additional Comments



# Cass County Community Health Profile

April 13, 2015



Stephen Pickard, MD  
North Dakota Department of Health

## TABLE OF CONTENTS

### POPULATION DATA

|   |   |
|---|---|
| Chart 1: Population by Age Group.....                             | 1 |
| Chart 2: Pyramid Graph of Number of Residents by Census Year..... | 1 |
| Chart 3: Female Population and Percentage Female by Age.....      | 1 |
| Chart 4: Decennial Population Change.....                         | 1 |
| Chart 5: Race.....  | 2 |
| Chart 6: Household Populations.....                               | 2 |
| Chart 7: Marital Status of Persons Age 15 and Older.....          | 2 |
| Chart 8: Educational Attainment Among Persons 25+.....            | 2 |
| Chart 9: Persons with Disability.....                             | 3 |
| Chart 10: Income and Poverty Status by Age Group.....             | 3 |
| Chart 11: Family Poverty and Childhood and Elderly Poverty.....   | 3 |
| Chart 12: Age of Housing.....                                     | 3 |

### VITAL STATISTICS DATA

|  |   |
|--|---|
| Birth and Deaths Definitions.....                                    | 4 |
| Chart 13: Births.....  | 5 |
| Chart 14: Child Deaths.....  | 5 |
| Chart 15: Deaths and Age Adjusted Death Rate by Cause.....           | 5 |
| Chart 16: Leading Causes of Death by Age Group for Cass County.....  | 6 |
| Chart 17: Leading Causes of Death by Age Group for North Dakota..... | 6 |

### ADULT BEHAVIORAL RISK FACTORS

|   |    |
|---|----|
| Chart 18 –21:                                   |    |
| • Adult Behavioral Risk Factors Definition..... | 7  |
| • Alcohol.....                                  | 8  |
| • Arthritis.....                                | 8  |
| • Asthma.....                                   | 8  |
| • Body Weight.....                              | 8  |
| • Cancer.....                                   | 8  |
| • Cardiovascular.....                           | 9  |
| • Cholesterol.....                              | 9  |
| • Chronic Lung Disease.....                     | 9  |
| • Colorectal Cancer.....                        | 9  |
| • Diabetes.....                                 | 9  |
| • Fruits and Vegetables.....                    | 9  |
| • General Health.....                           | 10 |
| • Health Care Access.....                       | 10 |
| • Hypertension.....                             | 10 |
| • Immunization.....                             | 10 |
| • Injury.....                                   | 10 |
| • Oral Health.....                              | 11 |
| • Physical Activity.....                        | 11 |
| • Tobacco.....                                  | 11 |
| • Women’s Health.....                           | 11 |

### CRIME

|                             |    |
|-----------------------------|----|
| Chart 21: Cass County.....  | 12 |
| Chart 22: North Dakota..... | 12 |

### CHILD RISK

|   |    |
|---|----|
| Chart 23: Child Indicators—Education.....               | 13 |
| Chart 24: Child Indicators—Economic Health.....         | 13 |
| Chart 25: Child Indicators—Families and Child Care..... | 13 |
| Chart 26: Child Indicators—Juvenile Justice.....        | 13 |

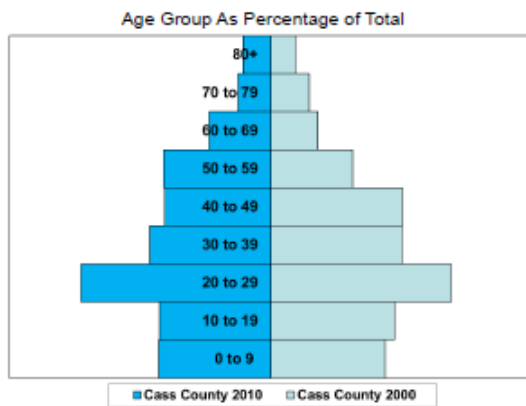
## POPULATION DATA

**1**

| Population by Age Group, 2013 ACS Estimates |                |               |                |               |
|---|----------------|---------------|----------------|---------------|
| Age Group                                   | Cass County    |               | North Dakota,  |               |
|   | Number         | Percent       | Number         | Percent       |
| 0-9   | 19,858         | 12.2%         | 91,871         | 12.7%         |
| 10-19                                       | 22,753         | 14.0%         | 93,318         | 12.9%         |
| 20-29                                       | 34,585         | 21.2%         | 124,424        | 17.2%         |
| 30-39                                       | 23,691         | 14.5%         | 91,148         | 12.6%         |
| 40-49                                       | 17,566         | 10.8%         | 79,573         | 11.0%         |
| 50-59                                       | 19,786         | 12.2%         | 101,998        | 14.1%         |
| 60-69                                       | 13,216         | 8.1%          | 69,446         | 9.6%          |
| 70-79                                       | 5,987          | 3.7%          | 41,233         | 5.7%          |
| 80+   | 5,387          | 3.3%          | 31,829         | 4.4%          |
| <b>Total</b>                                | <b>162,829</b> | <b>100.0%</b> | <b>724,840</b> | <b>100.0%</b> |
| 0-17  | 35,518         | 21.8%         | 161,317        | 22.3%         |
| 65+   | 17,010         | 10.4%         | 102,722        | 14.2%         |

The Demographic Section of this report comes from the US Census Bureau ([www.census.gov](http://www.census.gov)). Most tables are derived either from the Census estimates for 2013 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 table showing percent population change uses census data from 2000 also. Tables present 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 which is in poverty (e.g., percentage of children under five years in poverty).

**2**



**3**

| Female Population and Percentage Female by Age, 2013 ACS Estimates |                          |              |                       |              |
|--|--------------------------|--------------|-----------------------|--------------|
| Age Group  | Cass County<br>2009-2013 |              | North Dakota,<br>2013 |              |
|  | Number                   | Percent      | Number                | Percent      |
| 0-9  | 10,346                   | 52.1%        | 45,342                | 49.4%        |
| 10-19  | 10,608                   | 46.6%        | 44,988                | 48.2%        |
| 20-29  | 16,056                   | 46.4%        | 55,615                | 44.7%        |
| 30-39  | 11,684                   | 49.3%        | 41,092                | 45.1%        |
| 40-49  | 7,985                    | 45.5%        | 39,675                | 49.9%        |
| 50-59  | 9,822                    | 49.6%        | 50,656                | 49.7%        |
| 60-69  | 6,723                    | 50.9%        | 34,361                | 49.5%        |
| 70-79  | 3,258                    | 54.4%        | 21,254                | 51.5%        |
| 80+  | 3,698                    | 68.6%        | 20,546                | 64.5%        |
| <b>Total</b>   | <b>80,180</b>            | <b>49.2%</b> | <b>353,530</b>        | <b>48.8%</b> |
| 0-17   | 17,231                   | 48.5%        | 78,484                | 48.7%        |
| 65+  | 9,541                    | 56.1%        | 50,201                | 48.9%        |

**4**

| Decennial Population Change, 1990 to 2000, 2000 to 2010 |             |                    |              |                    |
|---|-------------|--------------------|--------------|--------------------|
| Census  | Cass County | 10 Year Change (%) | North Dakota | 10 Year Change (%) |
| 1990  | 18,148      |                    | 638,800      |                    |
| 2000  | 17,998      | -0.8%              | 642,200      | 0.5%               |
| 2010  | 16,321      | 9.3%               | 672,591      | 4.7%               |

## POPULATION DATA

5

| Race, 2013 ACS Estimates |             |            |              |            |
|--------------------------|-------------|------------|--------------|------------|
| Race                     | Cass County |            | North Dakota |            |
|                          | Number      | Percentage | Number       | Percentage |
| Total                    | 162,829     | 100.0%     | 723,393      | 100.0%     |
| White                    | 148,391     | 91.1%      | 643,478      | 89.0%      |
| Black                    | 4,729       | 2.9%       | 10,827       | 1.5%       |
| Am. Indian               | 1,643       | 1.0%       | 40,214       | 5.6%       |
| Asian                    | 4,218       | 2.6%       | 9,096        | 1.3%       |
| Pac. Islander            | 28          | 0.0%       | 371          | 0.1%       |
| Other                    | 410         | 0.3%       | 4,620        | 0.6%       |
| Multirace                | 3,410       | 2.1%       | 29,574       | 4.1%       |

6

| Household Populations, 2011-2013 ACS Three Year Estimates |             |         |              |         |
|---|-------------|---------|--------------|---------|
|   | Cass County |         | North Dakota |         |
|   | Number      | Percent | Number       | Percent |
| Total   | 162,829     | 100.0%  | 703,203      | 100.0%  |
| In Family Households                                      | 116,558     | 71.6%   | 530,615      | 75.5%   |
| In Non-Family Households                                  | 41,060      | 25.2%   | 146,330      | 20.8%   |
| Total In Households                                       | 157,618     | 96.8%   | 676,945      | 96.3%   |
| Institutionalized*  | 1042        | 0.6%    | 9,675        | 1.4%    |
| Non-institutionalized*                                    | 4,169       | 2.6%    | 16,583       | 2.4%    |
| Total in Group Quarters                                   | 5,211       | 3.2%    | 26,258       | 3.7%    |

7

| Marital Status of Persons Age 15 and Older, 2011-2013 ACS Estimates |             |         |              |         |
|---|-------------|---------|--------------|---------|
| Marital Status  | Cass County |         | North Dakota |         |
|   | Number      | Percent | Number       | Percent |
| Total Age 15+   | 128,233     | 100.0%  | 561,346      | 100.0%  |
| Never Married   | 49,370      | 38.5%   | 177,385      | 31.6%   |
| Now Married   | 60,270      | 47.0%   | 291,900      | 52.0%   |
| Separated   | 1,282       | 1.0%    | 5,052        | 0.9%    |
| Widowed   | 5,514       | 4.3%    | 33,681       | 6.0%    |
| Divorced  | 11,926      | 9.3%    | 53,328       | 9.5%    |

8

| Educational Attainment Among Persons 25+, 2013 ACS Estimates |             |         |              |         |
|--|-------------|---------|--------------|---------|
| Education  | Cass County |         | North Dakota |         |
|  | Number      | Percent | Number       | Percent |
| Total  | 99,532      | 100.0%  | 457,771      | 100.0%  |
| Less than 9th Grade  | 3,085       | 3.1%    | 19,226       | 4.2%    |
| Some High School   | 2,787       | 2.8%    | 21,057       | 4.6%    |
| High school or GRE   | 20,703      | 20.8%   | 125,429      | 27.4%   |
| Some College / Asso. Degree                                  | 36,429      | 36.6%   | 168,002      | 36.7%   |
| Bachelor's degree  | 26,774      | 26.9%   | 89,723       | 19.6%   |
| Post Graduate Degree   | 9,754       | 9.8%    | 34,791       | 7.6%    |

## POPULATION DATA

9

| Persons with Disability, 2013 ACS Estimates |             |         |              |         |
|---|-------------|---------|--------------|---------|
| Group                                       | Cass County |         | North Dakota |         |
|   | Number      | Percent | Number       | Percent |
| Total                                       | 161,730     | 100.0%  | 688,158      | 100.0%  |
| Any Disability                              | 16,792      | 10.4%   | 72,762       | 10.6%   |
| No Disability                               | 144,938     | 89.6%   | 615,396      | 89.4%   |
| Self Care Disability                        | 3,344       | 2.2%    | 11,274       | 1.6%    |
| 0-17 with any disability                    | 924         | 2.6%    | 4,677        | 2.9%    |
| 18-64 with any disability                   | 10,631      | 9.7%    | 35,931       | 7.8%    |
| 65+ with any disability                     | 5,237       | 32.1%   | 32,154       | 31.3%   |

10

| Income and Poverty Status by Age Group, 2013 ACS Estimates |             |         |              |         |
|--|-------------|---------|--------------|---------|
|  | Cass County |         | North Dakota |         |
|  | Number      | Percent | Number       | Percent |
| Median Household Income                                    | \$52,015    |         | \$54,920     |         |
| Per Capita Income  | \$29,681    |         | \$30,436     |         |
| Below Poverty Level  | 23,213      | 14.7%   | 80,644       | 11.9%   |
| Under 5 years  | 2,160       | 20.1%   | 7,714        | 16.9%   |
| 5 to 11 years  | 1,935       | 14.4%   | 7,944        | 13.2%   |
| 12 to 17 years   | 981         | 8.9%    | 5,776        | 11.8%   |
| 18 to 64 years   | 17,253      | 16.2%   | 49,568       | 11.6%   |
| 65 to 74 years   | 232         | 2.7%    | 3,448        | 7.0%    |
| 75 years and over  | 652         | 8.5%    | 6,194        | 13.7%   |
| Total Known Children in Poverty                            | 5,076       | 14.3%   | 21,434       | 13.3%   |
| Total Known Age 65+ in Poverty                             | 884         | 5.2%    | 9,642        | 9.4%    |

11

| Family Poverty and Childhood and Elderly Poverty, 2013 ACS Estimates |             |          |              |          |
|--|-------------|----------|--------------|----------|
|  | Cass County |          | North Dakota |          |
|  | Number      | Percent* | Number       | Percent* |
| Total Families   | 38,170      | 100.0%   | 176,378      | 100.0%   |
| Families in Poverty  | 3,054       | 8.0%     | 13,052       | 7.4%     |
| Families with Own Children   | 19,808      | 51.9%    | 80,964       | 45.9%    |
| Families with Own Children in Poverty                                | 2,634       | 6.9%     | 10,121       | 5.7%     |
| Families with Own Children and Female Parent Only                    | 3,943       | 10.3%    | 16,716       | 9.5%     |
| Families with Own Children and Female Parent Only in Poverty         | 1,723       | 4.5%     | 6,452        | 3.7%     |

\* Percent family poverty is percent of total families

12

| Age of Housing ,2013 ACS Estimates |             |         |              |         |
|------------------------------------|-------------|---------|--------------|---------|
|                                    | Cass County |         | North Dakota |         |
|                                    | Number      | Percent | Number       | Percent |
| Housing units: Total               | 72,503      | 100.0%  | 329,970      | 100.0%  |
| 1980 and Later                     | 40,702      | 56.1%   | 128,111      | 38.8%   |
| 1970 to 1979                       | 12,467      | 17.2%   | 66,396       | 20.1%   |
| Prior to 1970                      | 19,334      | 26.7%   | 135,463      | 41.1%   |

## Vital Statistics Data

### BIRTHS AND DEATHS DEFINITIONS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than five. 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 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

**13**

|                                      | Cass County |               | North Dakota |               |
|--------------------------------------|-------------|---------------|--------------|---------------|
|                                      | Number      | Rate or Ratio | Number       | Rate or Ratio |
| <b>Births, 2009-2013</b>             |             |               |              |               |
| Live Births and Rate                 | 11,391      | 14            | 47,959       | 14            |
| Pregnancies and Rate                 | 12,855      | 16            | 52,505       | 15            |
| Fertility Rate                       |             | 61            |              | 72            |
| Teen Births and Rate                 | 478         | 7             | 2,118        | 12            |
| Teen Pregnancies and Rate            | 622         | 10            | 3,725        | 21            |
| Out of Wedlock Births and Ratio      | 3,162       | 278           | 15,686       | 327           |
| Out of Wedlock Pregnancies and Ratio | 4,379       | 341           | 19,436       | 370           |
| Low Birth Weight Birth and Ratio     | 713         | 63            | 3,078        | 64            |

**14**

|                                      | Cass County |               | North Dakota |               |
|--------------------------------------|-------------|---------------|--------------|---------------|
|                                      | Number      | Rate or Ratio | Number       | Rate or Ratio |
| <b>Child Deaths, 2009-2013</b>       |             |               |              |               |
| Infant Deaths and Ratio              | 46          | 4             | 286          | 6             |
| Child and Adolescent Deaths and Rate | 23          | 11            | 270          | 32            |
| Total Deaths and Crude Rate          | 4,385       | 539           | 29,616       | 866           |

**15**

|   | Cass County        |                    | North Dakota       |                    |
|---|--------------------|--------------------|--------------------|--------------------|
|   | Number (Adj. Rate) | Number (Adj. Rate) | Number (Adj. Rate) | Number (Adj. Rate) |
| <b>Deaths and Age Adjusted Death Rate by Cause, 2009-2013</b> |                    |                    |                    |                    |
| All Causes  | 4379 (651)         | 29,581 (702)       |                    |                    |
| Heart Disease   | 980 (144)          | 6,762 (154)        |                    |                    |
| Cancer  | 964 (148)          | 6,315 (156)        |                    |                    |
| Stroke  | 204 (30)           | 1,664 (37)         |                    |                    |
| Alzheimers Disease  | 307 (44)           | 2,189 (45)         |                    |                    |
| COPD  | 237 (37)           | 1,707 (41)         |                    |                    |
| Unintentional Injury  | 202 (28)           | 1,625 (44)         |                    |                    |
| Diabetes Mellitus   | 122 (19)           | 1,022 (24)         |                    |                    |
| Pneumonia and Influenza                                       | 99 (15)            | 682 (15)           |                    |                    |
| Cirrhosis   | 56 (8)             | 394 (11)           |                    |                    |
| Suicide   | 97 (13)            | 551 (16)           |                    |                    |

## Vital Statistics Data

### BIRTHS AND DEATHS

**16**

| Leading Causes of Death by Age Group for Cass County, 2009-2013 |                                    |                            |                            |
|---|------------------------------------|----------------------------|----------------------------|
| Age   | 1                                  | 2                          | 3                          |
| 0-4   | Anomaly 8<br>Prematurity 8         | Unintentional Injury<br>6  | SIDS<br>5                  |
| 5-14  | Cancer                             | Unintentional Injury       | Pneumonia/Flu              |
| 15-24   | Unintentional Inj 15<br>Suicide 15 | Cancer                     | Anomaly<br>Pneumonia/Flu   |
| 25-34   | Unintentional Injury<br>25         | Suicide<br>19              | Heart<br>8                 |
| 35-44   | Suicide<br>24                      | Unintentional Injury<br>23 | Heart<br>21                |
| 45-54   | Heart<br>77                        | Cancer<br>62               | Unintentional Injury<br>26 |
| 55-64   | Cancer<br>195                      | Heart<br>122               | COPD<br>31                 |
| 65-74   | Cancer<br>232                      | Heart<br>131               | COPD<br>44                 |
| 75-84   | Cancer<br>236                      | Heart<br>211               | COPD<br>89                 |
| 85+   | Heart<br>409                       | Alzheimer's Dz<br>216      | Cancer<br>209              |

**17**

| Leading Causes of Death by Age Group for North Dakota, 2006-2010 |                             |                        |                             |
|--|-----------------------------|------------------------|-----------------------------|
| Age  | 1                           | 2                      | 3                           |
| 0-4  | Congenital Anomaly<br>69    | Prematurity<br>44      | SIDS<br>40                  |
| 5-14   | Unintentional Injury<br>26  | Cancer<br>10           | Congenital Anomaly<br>6     |
| 15-24  | Unintentional Injury<br>184 | Suicide<br>109         | Cancer<br>20                |
| 25-34  | Unintentional Injury<br>166 | Suicide<br>91          | Heart<br>32                 |
| 35-44  | Unintentional Injury<br>173 | Heart<br>94            | Cancer<br>88                |
| 45-54  | Cancer<br>493               | Heart<br>335           | Unintentional Injury<br>194 |
| 55-64  | Cancer<br>1001              | Heart<br>579           | Unintentional Injury<br>137 |
| 65-74  | Cancer<br>1562              | Heart<br>843           | COPD<br>313                 |
| 75-84  | Cancer<br>1992              | Heart<br>1797          | COPD<br>626                 |
| 85+  | Heart<br>3421               | Alzheimer's Dz<br>1391 | Cancer<br>1352              |



## ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. The Adult Behavioral Risk Factor data are derived from aggregated data (the number of years specified is in the table) continuously collected by telephone survey from persons 18 years and older. All data is self-reported data. 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 intervals 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 prevalences in the two populations.



8.....9.....10.....11.....12.....

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**18**

|                                      | ALCOHOL  | Cass<br>County<br>2011-2013 | North<br>Dakota<br>2011-2013 |
|--------------------------------------|--|-----------------------------|------------------------------|
| Binge Drinking                       | Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.                          | 26.9<br>(24.4-29.3)         | 24.2<br>(23.2-25.1)          |
| 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      | 8.4<br>(6.7-10.0)           | 6.8<br>(6.2-7.4)             |
| Drunk Driving                        | Respondents who reported driving when they had too much to drink one or more times during the past 30 days                                     | NA                          | 1.9<br>(1.5-2.4)             |
| ARTHRITIS                            |  |                             |                              |
| Doctor Diagnosed Arthritis           | Respondents who reported ever have been told by a doctor or other health professional that they had some form of arthritis.                    | 22.5<br>(20.6-24.4)         | 25.1<br>(24.3-25.9)          |
| Activity Limitation Due to Arthritis | Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.   | 7.6<br>(6.4-8.8)            | 8.3<br>(7.8-8.8)             |
| ASTHMA                               |  |                             |                              |
| Ever Asthma                          | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.                           | 11.6<br>(10.0-13.3)         | 11.5<br>(10.7-12.2)          |
| 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. | 8.5<br>(7.1-10.0)           | 8.1<br>(7.5-8.7)             |
| BODY WEIGHT                          |  |                             |                              |
| Overweight But Not Obese             | Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)   | 36.1<br>(33.6-38.6)         | 36.7<br>(35.7-37.7)          |
| Obese                                | Respondents with a body mass index greater than or equal to 30 (obese)   | 27.5<br>(25.2-29.7)         | 29.4<br>(28.5-30.4)          |
| Overweight or Obese                  | Respondents with a body mass index greater than or equal to 25 (overweight or obese)   | 63.6<br>(61.0-66.1)         | 66.1<br>(65.1-67.2)          |
| CANCER                               |  |                             |                              |
| Ever Cancer                          | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).   | 6.2<br>(5.2-7.1)            | 6.4<br>(6.0-6.8)             |

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**19**

|                                     | <b>CARDIOVASCULAR</b>  | <b>Cass<br/>County<br/>2011-2013</b> | <b>North<br/>Dakota<br/>2011-2013</b> |
|-------------------------------------|--|--------------------------------------|---------------------------------------|
| Heart Attack                        | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.  | 3.1<br>(2.4-3.8)                     | 4.3<br>(3.9-4.6)                      |
| Angina                              | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.  | 3.4<br>(2.7-4.1)                     | 4.1<br>(3.7-4.4)                      |
| Stroke                              | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.  | 2.2<br>(1.5-2.8)                     | 2.3<br>(2.0-2.5)                      |
| 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.                          | 6.0<br>(5.1-7.0)                     | 7.6<br>(7.1-8.0)                      |
| <b>CHOLESTEROL</b>                  |  |                                      |                                       |
| Never Cholesterol Test              | Respondents who reported never having a cholesterol test   | 22.8<br>(19.9-25.7)                  | 22.3<br>(21.1-23.4)                   |
| No Cholesterol Test in Past 5 Years | Respondents who reported never having a cholesterol test in the past five years  | 26.9<br>(23.9-29.9)                  | 26.7<br>(25.5-27.9)                   |
| High Cholesterol                    | Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.  | 33.2<br>(30.4-36.0)                  | 36.6<br>(35.4-37.8)                   |
| <b>CHRONIC LUNG DISEASE</b>         |  |                                      |                                       |
| 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? | 4.4<br>(3.4-5.3)                     | 4.6<br>(4.2-5.0)                      |
| <b>COLORECTAL CANCER</b>            |  |                                      |                                       |
| Fecal Occult Blood                  | Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.  | 82.4<br>(78.6-86.3)                  | 86.2<br>(84.8-87.6)                   |
| Never Sigmoidoscopy                 | Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy  | 36.6<br>(31.0-42.1)                  | 38.0<br>(35.9-40.2)                   |
| Up to date for Colorectal Screening | Respondents age 50 and older who are up to date according to recommended screening guidelines for colorectal screening   | 61.6<br>(56.0-67.2)                  | 59.1<br>(56.9-61.3)                   |
| <b>DIABETES</b>                     |  |                                      |                                       |
| Diabetes Diagnosis                  | Respondents who reported ever having been told by a doctor that they had diabetes.   | 7.5<br>(6.4-8.6)                     | 8.5<br>(8.0-9.0)                      |
| <b>FRUITS AND VEGETABLES</b>        |  |                                      |                                       |
| Five Fruits and Vegetables          | Respondents who reported that they do not usually eat 5 fruits and vegetables per day  | 84.2<br>(82.0-86.4)                  | 85.9<br>(85.0-86.7)                   |

**ADULT BEHAVIORAL RISK FACTORS, 2011-2013**

**20**

|  | <b>GENERAL HEALTH</b>  | <b>Cass County<br/>2011-2013</b> | <b>North Dakota<br/>2011-2013</b> |
|--|--|----------------------------------|-----------------------------------|
| Fair or Poor Health                    | Respondents who reported that their general health was fair or poor  | 11.9<br>(10.3-13.5)              | 14.0<br>(13.3-14.7)               |
| Poor physical Health                   | Respondents who reported they had 8 or more days in the last 30 when their physical health was not good  | 10.8<br>(9.4-12.3)               | 11.6<br>(11.0-12.3)               |
| Poor Mental Health                     | Respondents who reported they had 8 or more days in the last 30 when their mental health was not good  | 11.9<br>(10.2-13.6)              | 10.8<br>(10.2-11.5)               |
| 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. | 7.3<br>(6.0-8.6)                 | 7.1<br>(6.6-7.6)                  |
| Any Activity Limitation                | Respondents who reported being limited in any way due to physical, mental or emotional problem.  | 17.7 (15.9-19.5)                 | 17.9<br>(17.2-18.7)               |
| <b>HEALTH CARE ACCESS</b>              |  |                                  |                                   |
| Health Insurance                       | Respondents who reported not having any form or health care coverage   | 12.1<br>(10.2-14.0)              | 12.4<br>(11.6-13.1)               |
| Access Limited by Cost                 | Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.  | 8.2<br>(6.8-9.7)                 | 8.1<br>(7.4-8.7)                  |
| No Personal Provider                   | Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.                    | 27.0<br>(24.6-29.4)              | 26.0<br>(25.0-26.9)               |
| <b>HYPERTENSION</b>                    |  |                                  |                                   |
| High Blood Pressure                    | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.                | 27.7<br>(25.3-30.1)              | 29.5<br>(28.6-30.6)               |
| <b>IMMUNIZATION</b>                    |  |                                  |                                   |
| Influenza Vaccine                      | Respondents age 65 and older who reported that they did not have a flu shot in the past year   | 33.5<br>(29.1-37.9)              | 40.3<br>(38.6-42.0)               |
| Pneumococcal Vaccine                   | Respondents age 65 or older who reported never having had a pneumonia shot.  | 22.9<br>(18.8-27.0)              | 29.4<br>(27.8-31.0)               |
| <b>INJURY</b>                          |  |                                  |                                   |
| Fall                                   | Respondents 45 years and older who reported that they had fallen in the past 12 months   | 26.9<br>(22.4-31.5)              | 27.8<br>(25.9-29.6)               |
| Seat Belt                              | Respondents who reported not always wearing their seatbelt   | 19.5<br>(17.3-21.7)              | 32.6<br>(31.6-33.6)               |

### ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**21**

|                             | ORAL HEALTH  | Cass<br>County<br>2011-2013 | North<br>Dakota<br>2011-2013 |
|-----------------------------|--|-----------------------------|------------------------------|
| Dental Visit                | Respondents who reported that they have not had a dental visit in the past year            | 25.7<br>(21.6-29.9)         | 32.8<br>(31.0-34.7)          |
| Tooth Loss                  | Respondents who reported they ever had a permanent tooth extracted.                        | 36.3<br>(32.1-40.5)         | 43.2<br>(41.4-45.0)          |
| <b>PHYSICAL ACTIVITY</b>    |  |                             |                              |
| Recommend Physical Activity | Respondents who reported that they did not get the recommended amount of physical activity | 52.2<br>(49.1-55.4)         | 53.8<br>(52.6-55.1)          |
| Inactive                    | Respondents reporting little or no physical activity                                       | 25.0<br>(22.3-27.8)         | 30.4<br>(29.3-31.6)          |
| <b>TOBACCO</b>              |  |                             |                              |
| Current Smoking             | Respondents who reported that they smoked every day or some days                           | 19.3<br>(17.2-21.5)         | 21.6<br>(20.6-22.5)          |
| <b>WOMEN'S HEALTH</b>       |  |                             |                              |
| Pap Smear                   | Women 18 and older who reported that they have not had a pap smear in the past three years | 25.5<br>(18.4-32.5)         | 23.7<br>(20.9-26.5)          |
| Mammogram Age 40+           | Women 40 and older who reported that they have not had a mammogram in the past two years   | 23.3<br>(16.9-29.8)         | 26.4<br>(24.0-28.9)          |

## CRIME

**21**

| <b>Cass County</b>    |              |              |              |              |              |               |               |
|-----------------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|
|                       | 2009         | 2010         | 2011         | 2012         | 2013         | 5 year        | 5-Year Rate   |
| Murder                | 3            | 0            | 1            | 2            | 3            | 9             | 1.2           |
| Rape                  | 68           | 58           | 55           | 79           | 74           | 334           | 43.9          |
| Robbery               | 39           | 39           | 52           | 54           | 63           | 247           | 32.4          |
| Aggrav. Assault       | 262          | 273          | 359          | 345          | 365          | 1,604         | 210.6         |
| <b>Violent crime</b>  | <b>372</b>   | <b>370</b>   | <b>467</b>   | <b>480</b>   | <b>505</b>   | <b>2,194</b>  | <b>288.1</b>  |
| Burglary              | 876          | 632          | 585          | 617          | 904          | 3,614         | 474.6         |
| Larceny               | 2,870        | 2,777        | 2,698        | 2,799        | 2,831        | 13,975        | 1835.1        |
| Motor vehicle theft   | 296          | 216          | 164          | 198          | 224          | 1,098         | 144.2         |
| <b>Property crime</b> | <b>4,042</b> | <b>3,625</b> | <b>3,447</b> | <b>3,614</b> | <b>3,959</b> | <b>18,687</b> | <b>2453.9</b> |
| <b>Total</b>          | <b>4,414</b> | <b>3,995</b> | <b>3,914</b> | <b>4,094</b> | <b>4,464</b> | <b>20,881</b> | <b>2742.0</b> |

**22**

| <b>North Dakota</b>   |               |               |               |               |               |               |               |
|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                       | 2009          | 2010          | 2011          | 2012          | 2013          | 5 year        | 5-Year Rate   |
| Murder                | 15            | 11            | 15            | 20            | 14            | 75            | 2.2           |
| Rape                  | 206           | 222           | 207           | 243           | 237           | 1,115         | 32.6          |
| Robbery               | 102           | 85            | 91            | 117           | 151           | 546           | 16.0          |
| Aggrav. Assault       | 795           | 847           | 1,040         | 1,071         | 1,156         | 4,909         | 143.6         |
| <b>Violent crime</b>  | <b>1,118</b>  | <b>1,165</b>  | <b>1,353</b>  | <b>1,451</b>  | <b>1,558</b>  | <b>6,645</b>  | <b>194.3</b>  |
| Burglary              | 2,180         | 1,826         | 2,227         | 2,200         | 2,656         | 11,089        | 324.3         |
| Larceny               | 8,699         | 8,673         | 9,344         | 10,184        | 10,243        | 47,143        | 1378.6        |
| Motor vehicle theft   | 854           | 825           | 763           | 854           | 1,228         | 4,524         | 132.3         |
| <b>Property crime</b> | <b>11,733</b> | <b>11,324</b> | <b>12,334</b> | <b>13,238</b> | <b>14,127</b> | <b>62,756</b> | <b>1835.2</b> |
| <b>Total</b>          | <b>12,851</b> | <b>12,489</b> | <b>13,687</b> | <b>14,689</b> | <b>15,685</b> | <b>69,401</b> | <b>2029.5</b> |

## CHILD HEALTH INDICATORS

**23**

| Child Indicators: Education 2013                             | Cass County   |         | North Dakota |         |
|--|---|---------|--------------|---------|
|  | Number  | Percent | Number       | Percent |
|  | Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment) | 2,637   | 12%          | 13,399  |
| High School Dropouts (Dropouts per 100 persons Grades 9-12)* | 157   | 2.3%    | 888          | 2.8%    |
| Average Expenditure per Student in Public School             | \$9,725   |         | \$10,964     |         |

**24**

| Child Indicators: Economic Health 2013  | Cass County   |         | North Dakota |         |
|---|---|---------|--------------|---------|
|   | Number  | Percent | Number       | Percent |
|   | TANF Recipients Ages 0-19 (Percentage of persons ages 0-19) | 1,008   | 2.6%         | 5,358   |
| Food Stamp (SNAP) Recipients Ages 0-18 (Percentage of all children ages 0-19)                             | 8,133   | 23%     | 37,826       | 23%     |
| Children Receiving Free or Reduced Price Lunch (Percentage of total school enrollment)                    | 6,290   | 27%     | 34,381       | 31%     |
| Medicaid Recipients Ages 0-20 (Percentage of all persons ages 0-20)*                                      | 11,251  | 26%     | 53,814       | 27%     |
| Children Ages 0-17 Living in Extreme Poverty (Percentage of children 0-17 for whom poverty is determined) | 1,505   | 4.5%    | 10,114       | 6.2%    |
| Median Income for Families with Children Ages 0-17 (Percentage of all women with children ages 0-17)      | \$75,119  |         | \$70,530     |         |

**25**

| Child Indicators: Families and Child Care 2013   | Cass County  |         | North Dakota |         |
|--|--|---------|--------------|---------|
|  | Number   | Percent | Number       | Percent |
|  | Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17) | 14,015  | 84%          | 57,908  |
| Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17) | 7,616  | 23%     | 34,591       | 23%     |
| Children in Foster Care (Percentage of children ages 0-18)*                                | 388  | 1.1%    | 2,019        | 1.2%    |
| Children Ages 0-17 with Suspected Child Abuse or Neglect (Percentage of children 0-17)     | 1,505  | 4.5%    | 6,170        | 4.0%    |
| Children Ages 0-17 Impact by Domestic Violence (Percentage of all children ages 0-17)**    | 658  | 2.1%    | 4,739        | 2.9%    |
| Births to Mothers with Inadequate Prenatal Care (Percentage of Total Births)               | 65   | 2.6%    | 508          | 4.8%    |

\*\*2010

**26**

| Child Indicators: Juvenile Justice 2013  | Cass County   |         | North Dakota |         |
|--|---|---------|--------------|---------|
|  | Number  | Percent | Number       | Percent |
|  | Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 0-17) | 815     | 6.0%         | 3,789   |
| Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referral) | 248   | 16%     | 689          | 9.8%    |
| Alcohol-Related Juvenile Court Referral (Percentage of all juvenile court referrals)*        | 127   | 8.2%    | 909          | 13%     |

|   |   | Case County | ND      | Rank (of 47) | Clay County | MN      | Rank (of 87) |
|---|---|-------------|---------|--------------|-------------|---------|--------------|
| <b>Health Outcomes</b>                      |   |             |         | 10           |             |         | 57           |
| <b>Quality of Life</b>                      |   |             |         | 20           |             |         | 68           |
| <u>Poor or fair health -</u>                | <u>% of adults reporting fair or poor health</u>  | 10%         | 12%     |              | 11%         | 11%     |              |
| <u>Poor physical health days</u>            | <u>Average # of physically unhealthy days reported in past 30 days</u>                                  | 2.6         | 2.7     |              | 3.2         | 2.8     |              |
| <u>Poor mental health days</u>              | <u>Average # of mentally unhealthy days reported in past 30 days</u>                                    | 2.4         | 2.4     |              | 2.8         | 2.6     |              |
| <u>Low birthweight</u>                      | <u>% of live births with low birthweight (&lt; 2500 grams)</u>  | 6.50%       | 6.50%   |              | 6.70%       | 6.50%   |              |
| <b>Health Factors</b>                       |   |             |         | 5            |             |         | 22           |
| <b>Health Behaviors</b>                     |   |             |         | 3            |             |         | 48           |
| <u>Adult smoking</u>                        | <u>% of adults who are current smokers</u>  | 16%         | 18%     |              | 17%         | 16%     |              |
| <u>Adult obesity</u>                        | <u>% of adults that report a BMI ≥ 30</u>   | 27%         | 30%     |              | 30%         | 26%     |              |
| <u>Food environment index</u>               | <u>Index of factors that contribute to a healthy food environment, (0-10)</u>                           | 8.8         | 8.5     |              | 8.4         | 8.3     |              |
| <u>Physical inactivity</u>                  | <u>% of adults aged 20 and over reporting no leisure-time physical activity</u>                         | 21%         | 25%     |              | 24%         | 19%     |              |
| <u>Access to exercise opportunities</u>     | <u>% of population with adequate access to locations for physical activity</u>                          | 83%         | 68%     |              | 81%         | 85%     |              |
| <u>Excessive drinking</u>                   | <u>% of adults reporting binge or heavy drinking</u>  | 21%         | 22%     |              | 23%         | 19%     |              |
| <u>Alcohol-impaired driving deaths</u>      | <u>% of driving deaths with alcohol involvement</u>   | 30%         | 46%     |              | 22%         | 31%     |              |
| <u>Sexually transmitted infections</u>      | <u># of newly diagnosed chlamydia cases per 100,000 population</u>                                      | 445         | 416     |              | 316         | 336     |              |
| <u>Teen births</u>                          | <u># of births per 1,000 female population ages 15-19</u>   | 19          | 28      |              | 15          | 24      |              |
| <b>Clinical Care</b>                        |   |             |         | 2            |             |         | 18           |
| <u>Uninsured</u>                            | <u>% of population under age 65 without health insurance</u>  | 11%         | 12%     |              | 8%          | 9%      |              |
| <u>Primary care physicians</u>              | <u>Ratio of population to primary care physicians</u>   | 863:1       | 1,279:1 |              | 1,045:1     | 1,113:1 |              |
| <u>Dentists</u>                             | <u>Ratio of population to dentists</u>  | 1,404:1     | 1,710:1 |              | 1,377:1     | 1,529:1 |              |
| <u>Mental health providers</u>              | <u>Ratio of population to mental health providers</u>   | 400:1       | 638:1   |              | 386:1       | 529:1   |              |
| <u>Preventable hospital stays</u>           | <u># of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees</u>        | 46          | 56      |              | 39          | 45      |              |
| <u>Diabetic monitoring</u>                  | <u>% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring</u>                        | 88%         | 86%     |              | 87%         | 88%     |              |
| <u>Mammography screening</u>                | <u>% of female Medicare enrollees ages 67-69 that receive mammography screening</u>                     | 70.8%       | 68%     |              | 70.7%       | 66.7%   |              |
| <b>Social &amp; Economic Factors</b>        |   |             |         | 19           |             |         | 21           |
| <u>High school graduation</u>               | <u>% of ninth-grade cohort that graduates in four years</u>   | 85%         | 85%     |              | 77%         | 78%     |              |
| <u>Some college</u>                         | <u>% of adults ages 25-44 with some post-secondary education</u>  | 81.1%       | 74.4%   |              | 73.2%       | 73.3%   |              |
| <u>Unemployment</u>                         | <u>% of population aged 16 and older unemployed but seeking work</u>                                    | 3%          | 2.9%    |              | 3.7%        | 5.1%    |              |
| <u>Children in poverty</u>                  | <u>% of children under age 18 in poverty</u>  | 11%         | 12%     |              | 13%         | 14%     |              |
| <u>Income inequality</u>                    | <u>Ratio of household income at the 80th percentile to income at the 20th percentile</u>                | 4.3         | 4.4     |              | 4.2         | 4.3     |              |
| <u>Children in single-parent households</u> | <u>% of children that live in a household headed by single parent</u>                                   | 25%         | 26%     |              | 25%         | 28%     |              |
| <u>Social associations</u>                  | <u># of membership associations per 10,000 population</u>   | 11.4        | 17.3    |              | 11.6        | 13.2    |              |
| <u>Violent crime</u>                        | <u># of reported violent crime offenses per 100,000 population</u>                                      | 284         | 240     |              | 115         | 229     |              |
| <u>Injury deaths</u>                        | <u># of deaths due to injury per 100,000 population</u>   | 39          | 64      |              | 48          | 56      |              |
| <b>Physical Environment</b>                 |   |             |         | 44           |             |         | 23           |
| <u>Air pollution - particulate matter</u>   | <u>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</u>           | 11.1        | 10      |              | 11.6        | 12      |              |
| <u>Drinking water violations</u>            | <u>% of population potentially exposed to water exceeding a violation limit during the past year</u>    | 0%          | 3%      |              | 0%          | 1%      |              |
| <u>Severe housing problems</u>              | <u>% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities</u> | 14%         | 11%     |              | 15%         | 15%     |              |
| <u>Driving alone to work</u>                | <u>% of workforce that drives alone to work</u>   | 83%         | 79%     |              | 79%         | 78%     |              |
| <u>Long commute - driving alone</u>         | <u>Among workers who commute in their car alone, % commuting &gt; 30 minutes</u>                        | 9%          | 13%     |              | 18%         | 29%     |              |

\* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data



# Definitions of Key Indicators

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

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 2015 *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](http://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 truncated at -3 or +3 if county population is less than 20,000).

| Measure                       | Data Elements                            | Description   |
|-------------------------------|--|---|
| <b>Geographic identifiers</b> | <b>FIPS</b>                              | Federal Information Processing Standard                                   |
|                               | <b>State</b>                             |   |
|                               | <b>County</b>                            |   |
| <b>Premature death</b>        | # Deaths                                 | Number of deaths under age 75   |
|                               | <b>Years of Potential Life Lost Rate</b> | 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                                  |   |
| <b>Poor or fair health</b>    | Sample Size                              | Number of respondents   |
|                               | <b>% Fair/Poor</b>                       | Percent 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)                        |
| <b>Poor physical health days</b>        | Sample Size                      | Number of respondents   |
|   | <b>Physically Unhealthy Days</b> | 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)                        |
| <b>Poor mental health days</b>          | Sample Size                      | Number of respondents   |
|   | <b>Mentally Unhealthy Days</b>   | 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)                        |
| <b>Low birthweight</b>                  | Unreliable                       | Value reported but considered unreliable since based on counts of twenty or less. |
|   | # Low Birthweight Births         | Number of low birthweight births  |
|   | # Live births                    | Number of live births   |
|   | <b>% LBW</b>                     | Percentage of births with low birth weight (<2500g)                               |
|   | 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)                        |
| <b>Adult smoking</b>                    | Sample Size                      | Number of respondents   |
|   | <b>% Smokers</b>                 | 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)                        |
| <b>Adult obesity</b>                    | <b>% Obese</b>                   | 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)                        |
| <b>Food environment index</b>           | <b>Food Environment Index</b>    | Indicator of access to healthy foods - 0 is worst, 10 is best                     |
|   | Z-Score                          | (Measure - Average of state counties)/(Standard Deviation)                        |
| <b>Physical inactivity</b>              | <b>% Physically Inactive</b>     | Percentage of adults that report no leisure-time physical activity                |
|   | 95% CI - Low                     | 95% confidence interval   |
|   | 95% CI - High                    |   |
|   | Z-Score                          | (Measure - Average of state counties)/(Standard Deviation)                        |
| <b>Access to exercise opportunities</b> | # With Access                    | Number of people with access to exercise opportunities                            |
|   | <b>% With Access</b>             | Percentage of the population with access to places for physical activity          |
|   | Z-Score                          | (Measure - Average of state counties)/(Standard Deviation)                        |
| <b>Excessive drinking</b>               | Sample Size                      | Number of respondents   |
|   | <b>% Excessive Drinking</b>      | 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)                        |








|  |                                   |  |
|--|-----------------------------------|--|
| <b>Alcohol-impaired driving deaths</b> | # Alcohol-Impaired Driving Deaths | Number of alcohol-impaired motor vehicle deaths                                |
|  | # Driving Deaths                  | Number of motor vehicle deaths   |
|  | <b>% Alcohol-Impaired</b>         | Percentage of driving deaths with alcohol involvement                          |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Sexually transmitted infections</b> | # Chlamydia Cases                 | Number of chlamydia cases  |
|  | <b>Chlamydia Rate</b>             | Chlamydia cases / Population * 100,000   |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Teen births</b>                     | Teen Births                       | Teen birth count, ages 15-19   |
|  | Teen Population                   | Female population, ages 15-19  |
|  | <b>Teen Birth Rate</b>            | Teen births / females ages 15-19 * 1,000                                       |
|  | 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)                     |
| <b>Uninsured</b>                       | # Uninsured                       | Number of people under age 65 without insurance                                |
|  | <b>% Uninsured</b>                | 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)                     |
| <b>Primary care physicians</b>         | # Primary Care Physicians         | Number of primary care physicians (PCP) in patient care                        |
|  | PCP Rate                          | (Number of PCP/population)*100,000   |
|  | <b>PCP Ratio</b>                  | Population to Primary Care Physicians ratio                                    |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Dentists</b>                        | # Dentists                        | Number of dentists   |
|  | Dentist Rate                      | (Number of dentists/population)*100,000  |
|  | <b>Dentist Ratio</b>              | Population to Dentists ratio   |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Mental health providers</b>         | # Mental Health Providers         | Number of mental health providers (MHP)  |
|  | MHP Rate                          | (Number of MHP/population)*100,000   |
|  | <b>MHP Ratio</b>                  | Population to Mental Health Providers ratio                                    |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Preventable hospital stays</b>      | # Medicare Enrollees              | Number of Medicare enrollees   |
|  | <b>Preventable Hosp. Rate</b>     | Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000 |
|  | 95% CI - Low                      | 95% confidence interval reported by Dartmouth Institute                        |
|  | 95% CI - High                     |  |
|  | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                     |
| <b>Diabetic monitoring</b>             | # Diabetics                       | Number of diabetic Medicare enrollees  |
|  | <b>% Receiving HbA1c</b>          | 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)                               |
| <b>Mammography screening</b>                | # Medicare Enrollees              | Number of female Medicare enrollees age 67-69  |
|   | <b>% Mammography</b>              | 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)                               |
| <b>High school graduation</b>               | Cohort Size                       | Number of students expected to graduate  |
|   | <b>Graduation Rate</b>            | Graduation rate  |
|   | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                               |
| <b>Some college</b>                         | # Some College                    | Adults age 25-44 with some post-secondary education                                      |
|   | Population                        | Adults age 25-44   |
|   | <b>% Some College</b>             | 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)                               |
| <b>Unemployment</b>                         | # Unemployed                      | Number of people ages 16+ unemployed and looking for work                                |
|   | Labor Force                       | Size of the labor force  |
|   | <b>% Unemployed</b>               | Percentage of population ages 16+ unemployed and looking for work                        |
|   | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                               |
| <b>Children in poverty</b>                  | # Children in Poverty             | Number of children (under age 18) living in poverty                                      |
|   | <b>% Children in Poverty</b>      | 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)                               |
| <b>Income inequality</b>                    | 80th Percentile Income            | 80th percentile of median household income   |
|   | 20th Percentile Income            | 20th percentile of median household income   |
|   | <b>Income Ratio</b>               | Ratio of household income at the 80th percentile to income at the 20th percentile        |
|   | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                               |
| <b>Children in single-parent households</b> | # Single-Parent Households        | Number of children that live in single-parent households                                 |
|   | # Households                      | Number of children in households   |
|   | <b>% Single-Parent Households</b> | 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)                               |
| <b>Social associations</b>                  | # Associations                    | Number of associations   |
|   | <b>Association Rate</b>           | Associations / Population * 10,000   |
|   | Z-Score                           | (Measure - Average of state counties)/(Standard Deviation)                               |
| <b>Violent crime</b>                        | # Violent Crimes                  | Number of violent crimes   |
|   | <b>Violent Crime Rate</b>         | Violent crimes/population * 100,000  |






|   |                                      |   |
|---|--------------------------------------|---|
|   | Z-Score                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Injury deaths</b>                      | # Injury Deaths                      | Number of injury deaths   |
|   | <b>Injury Death Rate</b>             | 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                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Air pollution - particulate matter</b> | <b>Average Daily PM2.5</b>           | Average daily amount of fine particulate matter in micrograms per cubic meter   |
|   | Z-Score                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Drinking water violations</b>          | Pop. In Viol                         | Average annual population affected by a water violation   |
|   | <b>% Pop in Viol</b>                 | Population affected by a water violation/Total population with public water   |
|   | Z-Score                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Severe housing problems</b>            | # 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     |
|   | <b>% Severe Housing Problems</b>     | 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                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Driving alone to work</b>              | # Drive Alone                        | Number of people who drive alone to work  |
|   | # Workers                            | Number of workers in labor force  |
|   | <b>% Drive Alone</b>                 | Percentage of workers who drive alone to work   |
|   | 95% CI - Low                         | 95% confidence interval   |
|   | 95% CI - High                        |   |
|   | Z-Score                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |
| <b>Long commute - driving alone</b>       | # Workers who Drive Alone            | Number of workers who commute in their car, truck or van alone  |
|   | <b>% Long Commute - Drives Alone</b> | 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                              | $(\text{Measure} - \text{Average of state counties}) / (\text{Standard Deviation})$   |

## Cass








|                                  | Cass County | Trend(Click for info)   | Error Margin | Top U.S. Performers* | North Dakota | Rank (of 47) |
|----------------------------------|-------------|---|--------------|----------------------|--------------|--------------|
| Health Outcomes                  |             |   |              |                      |              | 10           |
| Length of Life                   |             |   |              |                      |              | 4            |
| Premature death                  | 5,153       |    | 4,754-5,553  | 5,200                | 6,388        |              |
| Quality of Life                  |             |   |              |                      |              | 20           |
| Poor or fair health              | 10%         |   | 9-12%        | 10%                  | 12%          |              |
| Poor physical health days        | 2.6         |   | 2.4-2.9      | 2.5                  | 2.7          |              |
| Poor mental health days          | 2.4         |   | 2.1-2.7      | 2.3                  | 2.4          |              |
| Low birthweight                  | 6.5%        |   | 6.1-6.9%     | 5.9%                 | 6.5%         |              |
| Health Factors                   |             |   |              |                      |              | 5            |
| Health Behaviors                 |             |   |              |                      |              | 3            |
| Adult smoking                    | 16%         |   | 15-18%       | 14%                  | 18%          |              |
| Adult obesity                    | 27%         |  | 25-29%       | 25%                  | 30%          |              |
| Food environment index           | 8.8         |   |              | 8.4                  | 8.5          |              |
| Physical inactivity              | 21%         |  | 19-23%       | 20%                  | 25%          |              |
| Access to exercise opportunities | 83%         |   |              | 92%                  | 68%          |              |
| Excessive drinking               | 21%         |   | 19-23%       | 10%                  | 22%          |              |
| Alcohol-impaired driving deaths  | 30%         |   |              | 14%                  | 46%          |              |
| Sexually transmitted infections  | 445         |  |              | 138                  | 416          |              |
| Teen births                      | 19          |   | 18-20        | 20                   | 28           |              |
| Clinical Care                    |             |   |              |                      |              | 2            |
| Uninsured                        | 11%         |  | 10-13%       | 11%                  | 12%          |              |
| Primary care physicians          | 863:1       |   |              | 1,045:1              | 1,279:1      |              |

|                                      | Cass County | Trend(Click for info)   | Error Margin | Top U.S. Performers* | North Dakota | Rank (of 47) |
|--------------------------------------|-------------|---|--------------|----------------------|--------------|--------------|
| Dentists                             | 1,404:1     |   |              | 1,377:1              | 1,710:1      |              |
| Mental health providers              | 400:1       |   |              | 386:1                | 638:1        |              |
| Preventable hospital stays           | 46          |    | 43-50        | 41                   | 56           |              |
| Diabetic monitoring                  | 88%         |    | 82-93%       | 90%                  | 86%          |              |
| Mammography screening                | 70.8%       |    | 65.3-76.3%   | 70.7%                | 68.0%        |              |
| Social & Economic Factors            |             |   |              |                      |              | 19           |
| High school graduation               | 85%         |   |              |                      | 85%          |              |
| Some college                         | 81.1%       |   | 77.6-84.5%   | 71.0%                | 74.4%        |              |
| Unemployment                         | 3.0%        |    |              | 4.0%                 | 2.9%         |              |
| Children in poverty                  | 11%         |   | 9-14%        | 13%                  | 12%          |              |
| Income inequality                    | 4.3         |   | 4.1-4.5      | 3.7                  | 4.4          |              |
| Children in single-parent households | 25%         |   | 22-29%       | 20%                  | 26%          |              |
| Social associations                  | 11.4        |   |              | 22.0                 | 17.3         |              |
| Violent crime                        | 284         |  |              | 59                   | 240          |              |
| Injury deaths                        | 39          |   | 34-43        | 50                   | 64           |              |
| Physical Environment                 |             |   |              |                      |              | 44           |
| Air pollution - particulate matter   | 11.1        |  |              | 9.5                  | 10.0         |              |
| Drinking water violations            | 0%          |   |              | 0%                   | 3%           |              |
| Severe housing problems              | 14%         |   | 13-16%       | 9%                   | 11%          |              |
| Driving alone to work                | 83%         |   | 82-84%       | 71%                  | 79%          |              |
| Long commute - driving alone         | 9%          |   | 8-10%        | 15%                  | 13%          |              |

## Clay (CL)

|                                  | Clay County | Trend(Click for info)   | Error Margin | Top U.S. Performers* | Minnesota | Rank (of 87) |
|----------------------------------|-------------|---|--------------|----------------------|-----------|--------------|
| Health Outcomes                  |             |   |              |                      |           | 57           |
| Length of Life                   |             |   |              |                      |           | 49           |
| Premature death                  | 5,563       |    | 4,886-6,240  | 5,200                | 5,038     |              |
| Quality of Life                  |             |   |              |                      |           | 68           |
| Poor or fair health              | 11%         |   | 8-15%        | 10%                  | 11%       |              |
| Poor physical health days        | 3.2         |   | 2.3-4.1      | 2.5                  | 2.8       |              |
| Poor mental health days          | 2.8         |   | 2.0-3.6      | 2.3                  | 2.6       |              |
| Low birthweight                  | 6.7%        |   | 6.0-7.3%     | 5.9%                 | 6.5%      |              |
| Health Factors                   |             |   |              |                      |           | 22           |
| Health Behaviors                 |             |   |              |                      |           | 48           |
| Adult smoking                    | 17%         |   | 12-23%       | 14%                  | 16%       |              |
| Adult obesity                    | 30%         |  | 25-35%       | 25%                  | 26%       |              |
| Food environment index           | 8.4         |   |              | 8.4                  | 8.3       |              |
| Physical inactivity              | 24%         |  | 20-28%       | 20%                  | 19%       |              |
| Access to exercise opportunities | 81%         |   |              | 92%                  | 85%       |              |
| Excessive drinking               | 23%         |   | 18-30%       | 10%                  | 19%       |              |
| Alcohol-impaired driving deaths  | 22%         |   |              | 14%                  | 31%       |              |
| Sexually transmitted infections  | 316         |  |              | 138                  | 336       |              |
| Teen births                      | 15          |   | 13-17        | 20                   | 24        |              |
| Clinical Care                    |             |   |              |                      |           | 18           |
| Uninsured                        | 8%          |  | 7-9%         | 11%                  | 9%        |              |
| Primary care                     | 3,760:1     |   |              | 1,045:1              | 1,113:1   |              |



|                                      | Clay County | Trend(Click for info)   | Error Margin | Top U.S. Performers* | Minnesota | Rank (of 87) |
|--------------------------------------|-------------|---|--------------|----------------------|-----------|--------------|
| physicians                           |             |   |              |                      |           |              |
| Dentists                             | 1,784:1     |   |              | 1,377:1              | 1,529:1   |              |
| Mental health providers              | 518:1       |   |              | 386:1                | 529:1     |              |
| Preventable hospital stays           | 39          |    | 34-44        | 41                   | 45        |              |
| Diabetic monitoring                  | 87%         |    | 76-97%       | 90%                  | 88%       |              |
| Mammography screening                | 70.7%       |    | 59.0-82.4%   | 70.7%                | 66.7%     |              |
| Social & Economic Factors            |             |   |              |                      |           | 21           |
| High school graduation               | 77%         |   |              |                      | 78%       |              |
| Some college                         | 73.2%       |   | 69.1-77.3%   | 71.0%                | 73.3%     |              |
| Unemployment                         | 3.7%        |   |              | 4.0%                 | 5.1%      |              |
| Children in poverty                  | 13%         |  | 10-17%       | 13%                  | 14%       |              |
| Income inequality                    | 4.2         |   | 3.9-4.6      | 3.7                  | 4.3       |              |
| Children in single-parent households | 25%         |   | 20-30%       | 20%                  | 28%       |              |
| Social associations                  | 11.6        |   |              | 22.0                 | 13.2      |              |
| Violent crime                        | 115         |  |              | 59                   | 229       |              |
| Injury deaths                        | 48          |   | 40-56        | 50                   | 56        |              |
| Physical Environment                 |             |   |              |                      |           | 23           |
| Air pollution - particulate matter   | 11.6        |  |              | 9.5                  | 12.0      |              |
| Drinking water violations            | 0%          |   |              | 0%                   | 1%        |              |
| Severe housing problems              | 15%         |   | 13-16%       | 9%                   | 15%       |              |
| Driving alone to work                | 79%         |   | 77-81%       | 71%                  | 78%       |              |
| Long commute - driving alone         | 18%         |   | 16-19%       | 15%                  | 29%       |              |





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