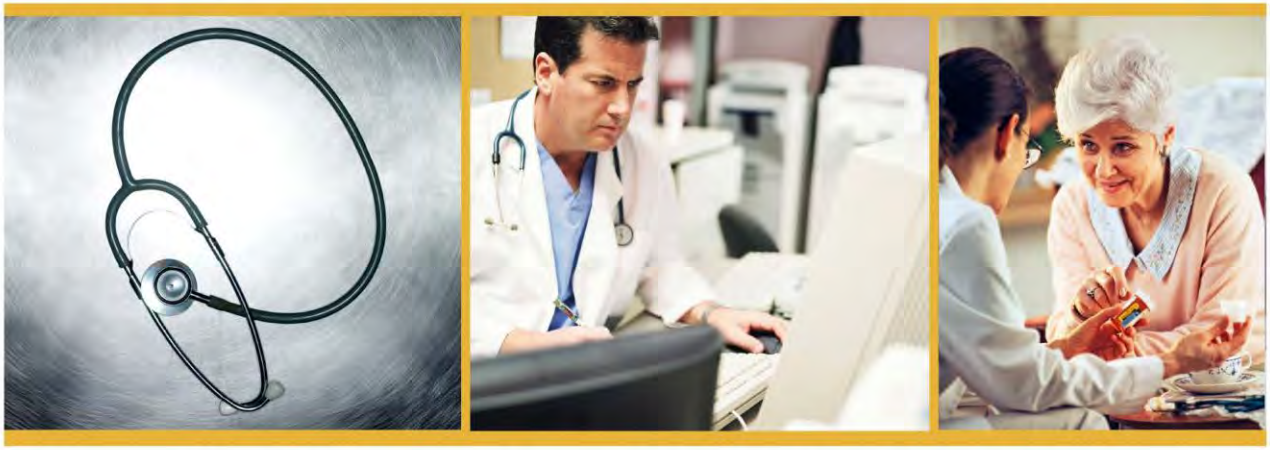
Community Health Needs Assessment



Sakakawea Medical Center, Custer Public Health Unit, Coal Country Community Health Center, Knife River Care Center, and Mercer County Ambulance
Hazen, North Dakota

2012

Completed by

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

To help inform future decisions and strategic planning, local health care providers in the Beulah, Hazen and Center region of North Dakota conducted a community health needs assessment. Providers collaborating on the assessment were Sakakawea Medical Center, Custer Public Health Unit, Coal Country Community Health Centers, Knife River Care Center, and Mercer County Ambulance (collectively, "Local Health Providers"). Through a joint effort, the Local Health Providers and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences analyzed community health-related data and solicited input from community members and local health care professionals. The Center for Rural Health's involvement was funded through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy and as such associated costs of the assessment were covered by a federal grant.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and lay the groundwork for identifying action needed to address health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health care delivery; 5) allowing the charitable hospital to meet federal regulation requirements of the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years; and 6) allowing Coal Country Community Health Center, a federally qualified health center (FQHC), to meet federal requirements for conducting an assessment of health care needs in the service area and developing a plan to address those needs.

To gather feedback from the community, residents of the health care service area and staff of the Local Health Providers were given the chance to participate in a widely distributed survey. Additional information was collected through key informant interviews of, and a focus group involving, locally identified community leaders. Additional information was provided by Custer Public Health, which facilitated a public health roundtable at which health status data was reviewed and prioritized.

Overview of Providers, Services, and Facilities

Services offered locally by the Local Health Providers include:

General services

- Assistance paying for medication
- Assistance paying for primary care services
- Assistance paying for dental care
- Basic care services (senior suites)
- Clinic/primary care services
- Infusion therapy
- Home health
- Home oxygen service
- Hospice care
- Mental and behavioral health
- Nursing home
- Retail pharmacy
- Social services
- Substance abuse services
- Visiting specialists

Women's and children's services

- Childhood immunizations
- Family planning and reproductive health
- Pediatric/child care
- Postpartum visits
- Well baby/well child checks
- WIC program

Acute services

- Acute care hospital
- Ambulance
- Cardiac services/rehab
- Emergency room
- Obstetric services
- Surgical services
- Swing bed services
- Trauma care

Screening/therapy services

- Allergy care
- Chiropractic services
- Counseling services
- Dental services
- Diabetes education
- Eye exams/optometric services
- Foot care/podiatric services
- Health screenings
- Hearing tests/audiologist
- Laboratory services
- Medical nutrition counseling
- Occupational health
- Occupational therapy
- Pain management clinic
- Physical therapy
- Respiratory care services
- Sleep studies
- Speech therapy
- Tobacco cessation services

Radiology services

- Radiology – bone-density
- Radiology – CT scan
- Radiology – general x-ray
- Radiology – mammography
- Radiology – MRI
- Radiology – nuclear medicine
- Radiology – ultrasound

These services are provided by various local providers. More detailed information about each of the Local Health Providers follows.

Sakakawea Medical Center

Sakakawea Medical Center's stated mission is to:

- Provide high quality care that is measured and continuously improved.
- Provide individualized care that exceeds expectations of those we serve.
- Strengthen partnerships with providers to enhance coordination of care and improve system performance.
- Be a steward of resources.
- Commit to service excellence.
- Be a vital contributor to our area communities.
- Recognize the value of each employee and provide opportunities for personal growth and development that complement the needs of the organization.

Sakakawea Medical Center consists of a 25-bed critical access hospital in Hazen, a 34-bed basic care facility in Hazen, and a clinic in Hazen. Sakakawea Medical Center is a state-designated Level IV trauma center and employs more than 130 people. The non-profit hospital is community owned and governed by a volunteer board of directors.

Sakakawea Medical Center dates back to 1941. The original hospital consisted of about a dozen beds on the second floor of one of the original main street buildings. The hospital was a private undertaking by a Beulah woman who ran the facility for several years until Hazen's plans for a new, modern hospital facility were well underway. Community effort continued to keep the hospital open for a time, but the hospital closed in 1946 due to difficulty finding competent personnel. Pursuant to an agreement with Lutheran Hospital and Homes Society for operation of a hospital, construction began on a new facility in 1946. The hospital, with 23 beds, opened in 1948. By the late 1960s, it was apparent that either major remodeling or a new facility was needed. With local donations and Hill-Burton federal funds, a 39-bed, 8-bassinet hospital was built at the east edge of Hazen, opening in 1970. The Hazen Memorial Hospital Association took over the hospital from Lutheran Hospitals Homes Society in 1969. In 1982, the hospital embarked on a $1.2 million expansion and renovation. The hospital changed its name to Sakakawea Medical Center in 1988.

Sakakawea Medical Center has had substantial economic impact on its community. Its primary impact to the county is $4.65 million and its secondary impact is $.98 million, for a total impact of $5.63 million annually. (Financial impacts were estimated using economic multipliers derived from MIG 2007 IMPLAN data.)

Sakakawea Medical Center offers a senior suites basic care facility that can accommodate 34 residents in single or double rooms. The senior suite facility offers an activity room, spacious common areas, laundry service, three meals per day, an enclosed nurses' station, and a licensed beauty salon. The senior suites facility is staffed 24 hours per day.

Custer Public Health Unit

Custer Health has the following mission statement:

> Custer Health is a five-county multi-district health unit providing health services to the people of Mercer, Oliver, Grant, Morton, and Sioux counties.
>
> Public Health services provided are environmental health, nursing services, the WIC (Women, Infants, Children) program, and family planning services. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person should have an equal opportunity to enjoy good health. To accomplish this mission, we are committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

Founded in 1950, Custer Health's specific services and programs include the following:

- Babysitter course
- BAMBBE (babies and mothers beyond birth education)
- Bike helmets
- Breastfeeding resources
- Car seat program
- Child health screening
- Environmental health services
- Health maintenance
- Health tracks
- HIV/AIDS
- Home health
- Immunizations
- Men's health
- School health services
- Tobacco prevention and control
- Tuberculosis training
- Women, Infants, Children (WIC)
- Women's Way

Coal Country Community Health Center

Coal Country Community Health Center is a local, non-profit health care provider with clinics in Beulah and Center. As a federally qualified health center (FQHC), Coal Country improves access to care by serving all residents, including low income and

medically underserved people. Generally, community health centers' costs of care rank among the lowest, and their focus on prevention reduces the need for more expensive in-patient and specialty care, which, on a national basis, saves billions of dollars for taxpayers. Coal Country is governed by a board of members from the communities it serves.

The team of providers delivers primary care for the entire community. Funded by a federal grant, the Center's sliding fee scale allows patients to pay according to their individual ability. This and other efforts helps ensure that no one in the community goes without proper health care services.

Specific areas of care include:

- Acute and chronic disease
- Addiction counseling
- Adult care medicine
- Geriatrics
- Infusion therapy
- Mental health
- Occupational medicine
- Patient-centered medical home
- Pediatrics
- Prenatal care
- Social services
- Sports medicine
- Women's health

Knife River Care Center

The Knife River Care Center in Beulah has the following as its mission statement:

> We are dedicated to provide the best home for our present and future residents and to safeguard and preserve the dignity of the residents and their families. Excellence is our standard, and we will make every effort to always provide the tools and support the staff needs to do their jobs. We will persist on being better tomorrow and every day thereafter. Leading the way to a new culture change, we will work boldly to become a world-class organization.

Originally called the Beulah Community Nursing Home, Knife River Care Center was incorporated in 1962. Over the years it has grown to 86 skilled nursing care beds. After various remodeling and expansion projects, Knife River Care Center built a new facility in 2007. Knife River is exploring the possibility of adding assisted living and senior independent living programs.

Mercer County Ambulance

With a fleet of four ambulances – two in Hazen and two in Beulah – Mercer County Ambulance serves an area of more than 1,000 square miles, with an on-call crew in each community 24 hours a day.

Mercer County Ambulance has five employees and 40 active volunteers consisting of paramedics, EMT-intermediates, EMT-basics, first responders, and CPR drivers. Together, these EMS providers cover more than 35,000 hours of call time and approximately 850 ambulance runs each year.

Other Community Resources

Additionally, medical specialists regularly visit the service area and see patients at the hospital and clinics in Hazen and Beulah. The medical specialists provide treatment in the areas of:

- Audiology
- Cardiology
- Ear, nose, and throat
- Employee assistance
- General surgery
- Mental health
- Obstetrics and gynecology
- Orthopedics
- Podiatry
- Pulmonology

Hazen is located in west central North Dakota. The area is primarily focused on agriculture and mining industries. The school district provides K-12 educational services, with a student/teacher ratio of 17:1. Nearby Lake Sakakawea and the Missouri River provide many recreational activities. The community itself has a swimming pool, skating rink, tennis courts, golf course, ball diamond, and a city park.

Beulah, located 10 miles from Hazen, is sometime called the "Energy Capital of North Dakota," with the three largest employers being part of the energy industry. Beulah has a K-12 school system and an active parks and recreation organization. Beulah also offers a full-service fitness center, golf course, swimming pool, outdoor sports complex, and a myriad of recreational activities at Lake Sakakawea, including fishing, camping, boating, and water sports.

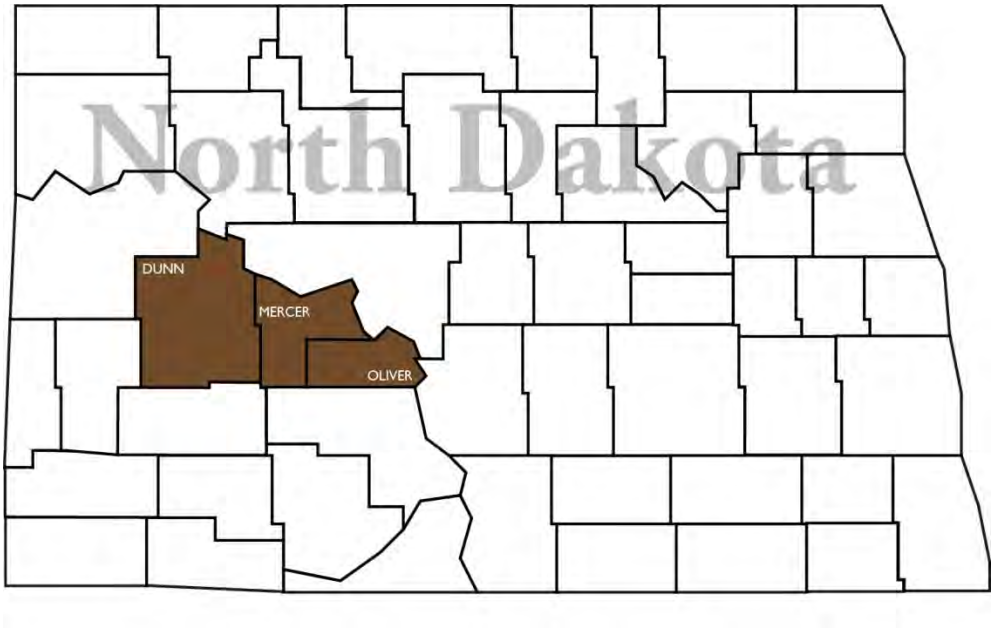
Center is the only incorporated city in Oliver County and has a K-12 school system. It offers an indoor junior Olympic size pool that is open year round, a golf course, and several parks with available camping. There are many fishing opportunities in the area, including nearby Nelson Lake, which is the only lake in the state that does not freeze in the winter due to the water being warmed by the nearby power plant.

Dental and chiropractic services are available in Beulah, Center, and Hazen.

Assessment Methodology

The Local Health Providers primarily serve an area that includes three counties in North Dakota: Dunn, Mercer, and Oliver. This service area is defined based on the location of the medical facilities, the geographic distance to other hospitals, and the history of usage by consumers. Located in the hospital's service are the communities of Beulah, Center, Dodge, Dunn, Center, Golden Valley, Halliday, Hazen, Killdeer, Pick City, Stanton, and Zap.

FIGURE 1: SERVICE AREA OF LOCAL HEALTH PROVIDERS



The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences supported the Local Health Providers in conducting this assessment by administering the survey, locating and analyzing secondary data sources, conducting interviews, facilitating a focus group, and writing this assessment report. The Center has extensive experience in conducting community health needs assessments and has worked on community assessments since its inception in 1980.

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The Center serves as a resource to health care providers, health organizations, citizens, researchers, educators, and policymakers across the state of North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health

policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.

As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

In addition to its work in the state, the Center also runs five national programs: (1) Rural Assistance Center, an information portal that received more than 900,000 web visits in the most recent year; (2) the Health Workforce Information Center (HWIC), which provides free access to the most recent resources on the nation's health workforce in one easy-to-use online location; (3) the Rural Health Research Gateway program, which extends the reach and impact of important findings at the national, state, and community level; (4) the National Resource Center on Native American Aging, the foremost authority on the subject of aging issues for Native Americans in the country; and (5) the newest program, the National Indigenous Elder Justice Initiative (NIEJI), which focuses on elder abuse in Indian Country.

Data for this community health needs assessment was collected in a variety of ways: (1) a broadly distributed survey solicited feedback from area residents; (2) another version of the survey gathered input from health care professionals who work at the Local Health Providers; (3) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (4) a focus groups comprised of government officials and personnel was convened to discuss area health needs; and (5) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk activities.

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, it was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs.

Two versions of a survey tool were distributed to two different audiences: (1) community members and (2) health care professionals. Copies of both survey instruments are included in Appendix A.

Community Member Survey

The community member survey was distributed to residents of the service area of the Local Health Providers. The survey tool was designed to:

- Understand community awareness about services provided by the local health system and whether consumers are using local services.
- Understand the community's views and attitudes about potential health concerns in the area.
- Solicit suggestions and help identify any gaps in services.
- Determine preferences for using local health care versus traveling to other facilities.

Specifically, the survey covered the following topics: community assets, awareness and utilization of local health services, barriers to using local services, suggestions for improving collaboration within the community, local health care delivery concerns, reasons consumers use local health care providers and reasons they seek care elsewhere, anticipated use of potential assisted living and senior independent living facilities, travel time to the nearest local provider clinic and to the nearest clinic not operated by a local provider, demographics (gender, age, years in community, marital status, employment status, income, and insurance status), and any health conditions or diseases respondents currently have.

Approximately 8,050 community member surveys were distributed to households in the service area through newspaper delivery. To help ensure confidentiality and anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, Local Health Providers also had on hand 210 copies of the survey to distribute to consumers who used their facilities during the survey period. Approximately 30 copies of the survey also were distributed to key informants and focus group participants. The survey period ran from January to March 2012. Approximately 494 completed surveys were returned.

Area residents were given the option of completing an online version of the survey, which was publicized in area newspapers. Forty-two online surveys were completed. Between the hard-copy surveys and the online version of the survey, a total of 536 community member surveys were completed.

Health Care Professional Survey

Employees of the Local Health Providers were encouraged to complete an online version of the survey geared to health care professionals. Approximately 108 of these surveys were completed online. The version of the survey for health care professionals covered the same topics as the consumer survey, although it sought less demographic information and did not ask whether health care professionals were aware of the services offered by Local Health Providers.

Interviews

One-on-one interviews with key informants were conducted in person in Beulah and Hazen on January 10, 11 and 12, 2012. Telephone interviews were held on January 24

and 30, 2012. A representative of the Center for Rural Health conducted the interviews. Officials of the Local Health Providers identified certain individuals as "community leaders" who could provide insights into the community's health needs. These key informants represented the broad interests of the community served by the Local Health Providers. They included representatives of the health community, business community, faith community, nonprofit agencies, and public health. Included among the informants was a public health administrator with special knowledge in public health acquired through several years of public health management in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases. Fourteen individuals, listed in Appendix B, took part in the interviews.

Topics covered during the interviews included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons community members use local health care providers, and reasons community members use other facilities for health care.

Focus Group

A focus group met on January 10, 2012 for approximately 90 minutes. Members of the focus group included elected and non-elected government officials, including members of the state legislature and county commissions, a tribal provider, and city personnel from various communities in the Local Health Providers' service area. Eight community members participated in the focus group. A representative of the Center for Rural Health moderated the focus group. As with the one-on-one interviews, topics covered during the focus group included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons community members use Local Health Providers, and reasons community members go elsewhere for health care.

Secondary Research

Secondary data was collected and analyzed to provide a snapshot of the area's overall health conditions, risks, and outcomes. Information was collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's *County Health Rankings* (which pulls data from 14 primary data sources); North Dakota Health Care Review, Inc. (NDHCRI); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

Demographic Information

The following table summarizes general demographic and geographic data about the counties served by Local Health Providers:

TABLE 1: COUNTY INFORMATION AND DEMOGRAPHICS (From 2010 Census where available; some figures from earlier Census data)				
	Dunn County	**Mercer County**	**Oliver County**	**North Dakota**
Population	3,536	8,424	1,846	**672,591**
Population change, 2000-2010	-1.8%	-2.5%	-10.6%	**4.7%**
Square miles	2,008	1,043	723	**69,001**
People per square mile	1.8	8.1	2.6	**9.8**
Caucasian	84.9%	95.6%	97.3%	**90.0%**
High school graduates	84.0%	85.0%	86.3%	**89.4%**
Bachelor's degree or higher	15.1%	16.7%	19.4%	**26.3%**
Live below poverty level	8.6%	6.2%	9.7%	**12.3%**
Children in poverty	19%	8%	17%	**14%**
65 years or older	17.4%	15.8%	16.7%	**14.5%**
Median age	44.4	46.3	47.6	**37.0**

The data indicates that all three counties have a greater percentage of individuals over the age of 65 than the North Dakota average. The counties all also have a higher median age than the state median age. This may signify an increased need for medical care in the entire service area due to an aging population.

All three counties have a lower percentage of individuals with a high school diploma or bachelor's degree than the state average. The reduced number of individuals with formal education could have implications for recruiting educated health care professionals to work with Local Health Providers.

While none of the counties' rates of those living below the poverty line exceeded the state average, both Dunn and Oliver counties exceeded the state average in terms of children under age 18 living in poverty. The Local Health Providers' service area is also rural, with the number of people per square mile being lower than the state average. Dunn and Oliver counties meet the definition of a frontier service area (less than six people per square mile). This has implications for the delivery of services and residents' access to care. Transportation can be an issue for rural residents and others as can isolation, which can have many effects on health status.

Health Indicators and Outcomes

As noted above, several sources were reviewed to inform this assessment. This data is presented below in four categories: (1) County Health Rankings, (2) public health community profiles, (3) preventive care data, and (4) children's health. One other source of information, the Gallup-Healthways Well-Being Index, shows that North Dakota ranked second nationally in well-being during 2011. The index is an average of six sub-indexes, which individually examine life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed the *County Health Rankings* to illustrate community health needs and provide guidance for actions toward improved health. In this report, counties are compared to national benchmark data and state rates in various topics ranging from individual health behaviors to the quality of health care.

The data used in the 2012 *County Health Rankings* is pulled from 14 primary data sources and then is compiled to create a state rank and county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county's rank. A model of the 2012 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix E. For further information, visit the *County Health Rankings* website at www.countyhealthrankings.org.

Health Outcomes

- Mortality (length of life)
- Morbidity (quality of life)

Health Factors

- Health Behavior
  - Tobacco use
  - Diet and exercise
  - Alcohol use
  - Unsafe sex
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)

- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air quality
  - Built environment

North Dakota Health Care Review, Inc., through its contract with the Centers for Medicare and Medicaid Services, also provides county-specific data as it relates to various preventative measures and health screens.

Below is a summary of selected measures taken from these two sources as they relate to the Local Health Providers' service area in Dunn, Mercer, and Oliver counties. It is important to note that these statistics describe the population of each county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behavior and conditions of the stated counties' residents, not necessarily patients of the Local Health Providers.

For some of the measures included in the rankings, the *County Health Rankings'* authors have calculated a national benchmark for 2012. As the authors explain, "The national benchmark is the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (e.g., high school graduation) or negatively (e.g., adult smoking)."

Each of the county's ranking also is listed in the table below. For example, Mercer County ranks 41st out of 46 ranked counties in North Dakota on health outcomes and 12th on health factors. Dunn County is 33rd in outcomes and 25th in factors. Note that there was not enough, or too much missing, data to assign a rank to Oliver County in the *County Health Rankings* report for 2012. The variables listed in red are areas where that county is not measuring up to the state average and/or the national benchmark. Appendix F sets forth definitions for each of the variables.

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS*					
	Dunn County	**Mercer County**	**Oliver County**	**National Benchmark**	**North Dakota**
Ranking: Outcomes	**33rd**	**41st**	**-**		**(of 46)**
Poor or fair health	11%	12%	-	10%	12%
Poor physical health days (in past 30 days)	3.1	2.9	2.6	2.6	2.7
Poor mental health days (in past 30 days)	2.5	2.4	2.4	2.3	2.5
% Diabetic	11%	10%	9%	-	8%
Ranking: Factors	**25th**	**12th**	**-**		**(of 46)**
Health Behaviors					
Adult smoking	12%	19%	14%	14%	19%
Adult obesity	31%	32%	30%	25%	30%
Physical inactivity	33%	29%	26%	21%	26%
Excessive drinking	-	18%	11%	8%	22%
Sexually transmitted infections	121	127	59	84	305
Clinical Care					
Uninsured	16%	9%	13%	11%	12%
Primary care provider ratio	-	874:1	-	631:1	665:1
Mental health provider ratio	3,315:0	7,866:0	1,668:0	-	2,555:1
Preventable hospital stays	-	62	-	49	64
Diabetic screening	87%	82%	90%	89%	85%
Mammography screening	-	69%	-	74%	72%
Physical Environment					
Limited access to healthy foods	42%	5%	23%	0%	11%
Access to recreational facilities	0	51	61	16	13

In terms of health outcomes, both Dunn and Mercer counties show a higher percentage of adults who reported poor or fair health than the national benchmark. Dunn and Mercer counties were worse than the state average in terms of self-reported poor physical health days. None of the counties met the national benchmark in terms of self-reported poor mental health days. With respect to the percentage of adults aged 20 and older with diagnosed diabetes, all three counties fared worse than the state average.

In terms of health factors, including health behaviors, clinical care measures, and physical environment, the counties in the Local Health Providers' service area are not

besting the state averages on several measures. All three counties show rates the same as or worse than the state average on the following measures:

- Adult obesity (percent of adults reporting a body mass index of 30 or higher)
- Physical inactivity

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

Mercer County reported a substantially higher incidence of adult smoking than the other two counties, both of which are meeting or besting the national benchmark. Mercer and Oliver counties failed to meet the national benchmark for excessive drinking, with Mercer County having a rate more than twice the national benchmark.

With regard to clinical care, both Dunn and Oliver counties had higher levels of uninsured residents than the state average. Mercer County had a higher ratio of population to primary care providers than the state average. The statistics also indicate that there is room for improvement in mammography screening in Mercer County and in diabetic and mammography screening in both Dunn and Mercer counties. The physical environment measures reveal that Mercer and Oliver counties have an abundance of recreational facilities, but none of the counties meet the national benchmark in terms of access to healthy foods.

None of the counties met the state average of availability of mental health providers. In its definition of mental health providers, County Health Rankings includes psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. While County Health Rankings shows zero mental health providers in Mercer County, it is important to note that Coal Country Community Health Center has on staff a licensed social worker and multiple licensed addiction counselors. Additionally, a clinical psychologist visits the area twice monthly to see patients at CCCHC.

Public Health Community Profiles

Included in the appendix are the North Dakota Department of Health's community health profiles for the counties served by the Local Health Providers. Mercer and Oliver counties are part of the Custer Health Unit, which serves five counties. The Custer District Community Health Profile may be found in Appendix C. Dunn County is part of the Southwest District Health Unit, which includes eight counties in the southwestern corner of the state. The Southwest District Community Health Profile is included as Appendix D.

The Custer district public health community profile reveals that in the area it serves (including Mercer and Oliver counties), the leading causes of death were unintentional

injury for those aged 5-44, cancer for those aged 45-84, and heart disease for those aged 85 and older. The second most common causes of death were: cancer for those aged 5-14, suicide for those aged 15-44 (along with cirrhosis for those aged 35-44), heart disease for those aged 45-84, and Alzheimer's for those aged 85 and older. Other common causes of death included diabetes and chronic obstructive pulmonary disease. Sudden infant death syndrome, anomalies, and prematurity were the leading causes of death for infants and children aged 0-4.

The community health profile for the Southwest District Health Unit, which includes Dunn County, reveals that the leading causes of death in that eight-country region were unintentional injury for those aged 15-44, cancer for those aged 45-84, and heart disease for those 85 and older. Congenital anomaly was the leading cause of death of infants and children aged 0-4. The second most common causes of death were: prematurity for infants and children aged 0-4, suicide for those aged 15-34, heart disease for those aged 35-44 and 55-84, unintentional injury for those aged 45-54, and cancer for those aged 85 and older. Other common causes of death included chronic obstructive pulmonary disease, Alzheimer's disease, and sudden infant death syndrome.

This data on causes of death suggests that in the counties served the Local Health Providers, reductions in non-infant mortality may be achieved by focusing on early detection and prevention of cancer and heart disease, as well as accident and suicide prevention.

Attention also should be paid to other information provided in the profiles about quality of life issues and conditions such as arthritis, asthma, cardiovascular disease, cholesterol, crime, drinking habits, fruit and vegetable consumption, health insurance, health screening, high blood pressure, mental health, obesity, physical activity, smoking, stroke, tooth loss, and vaccination.

Preventive Care Data

North Dakota Health Care Review, Inc., the state's quality improvement organization, reports rates related to preventive care. They are summarized in the table below for the counties in the Local Health Providers' service area.[1] For a comparison with other counties in the state, see the respective maps for each variable found in Appendix G.

Those rates highlighted below in **red** signify that the respective county falls into the two lower performing quintiles overall – meaning that more than half of the counties in North Dakota are performing better on that measure. Those rates in **blue** are those that

[1] The rates were measured using Medicare claims data from 2009 to 2010 for colorectal screenings, and using all claims through 2010 for pneumococcal pneumonia vaccinations, A1C screenings, lipid test screenings, and eye exams. The influenza vaccination rates are based on Medicare claims data between March 2009 and March 2010 while the potentially inappropriate medication rates and the percent of drug-drug interactions are determined through analysis of Medicare part D data between January and June of 2010.

fall in the highest performing quintile and indicate that county is performing better as compared to 80% of the other counties in the state.

TABLE 3: SELECTED PREVENTIVE MEASURES				
	Dunn County	**Mercer County**	**Oliver County**	**North Dakota**
Colorectal cancer screening rates	48.0%	53.6%	49.5%	55.5%
Pneumococcal pneumonia vaccination rates	50.0%	42.0%	49.0%	51.3%
Influenza vaccination rates	42.0%	28.2%	31.7%	50.4%
Annual hemoglobin A1C screening rates for patients with diabetes	92.0%	91.4%	**97.2%**	92.2%
Annual lipid testing screening rates for patients with diabetes	77.3%	82.3%	83.3%	81%
Annual eye examination screening rates for patients with diabetes	61.3%	**76.7%**	75.0%	72.5%
PIM (potentially inappropriate medication) rates	11.3%	13.9%	**9.2%**	11.1%
DDI (drug-drug interaction) rates	12.8%	11.8%	9.5%	9.8%

The data indicates there is room for improvement on several measures related to the delivery of preventive care. For example, two of the three counties were in the bottom 40% of state counties on the following preventive care measures: Colorectal cancer screening, influenza vaccination, annual hemoglobin screening for diabetics, and drug-drug interaction rates. Providers in the area are addressing drug-drug interaction rates through the use of electronic medical records (EMR). For example, Coal Country Community Health Center has been fully electronic since 2010, and a drug-drug interaction analysis is performed automatically for all patients that have a medication in the EMR. Pharmacists in both Beulah and Hazen also have implemented software programs that help monitor for inappropriate medication orders.

Of further note, Dunn County was in the *worst* performing quintile in drug-drug interaction rates and annual eye examination screening rates for diabetics. Also, Mercer County was in the *worst* performing quintile for potentially inappropriate medication rates.

Children's Health

The National Survey of Children's Health touches on multiple, intersecting aspects of children's lives. Data is not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality health care, as well as information on the child's family,

neighborhood and social context. Data is from 2007. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below:

TABLE 4: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Measure	**North Dakota**	**National**
Children currently insured	91.6%	90.9%
Children whose current insurance is *not* adequate to meet child's needs	26.8%	23.5%
Children who had preventive medical visit in past year	78.9%	88.5%
Children who had preventive dental visit in past year	77.2%	78.4%
Children aged 10-17 whose weight status is at or above the 85th percentile for Body Mass Index	25.7%	31.6%
Children aged 6-17 who engage in daily physical activity	27.1%	29.9%
Children who live in households where someone smokes	26.9%	26.2%
Children aged 6-17 who exhibit two or more positive social skills	95.6%	93.6%
Children aged 6-17 who missed 11 or more days of school in the past year	3.9%	5.8%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	17.6%	19.5%
Children aged 2-17 years having one or more emotional, behavioral, or developmental condition	11.4%	11.3%
Children aged 2-17 with problems requiring counseling who received mental health care	72.4%	60.0%

The data on children's health and conditions reveals that while North Dakota is doing better than the national average on several measures, it is not measuring up to the national average in annual preventive medical and dental visits, with respect to health insurance that is adequate to meet children's needs, and in terms of daily physical activity, households with smokers, developmental screening, and rates of emotional, behavioral or developmental conditions. Approximately 20% or more of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Lack of preventive care now affects these children's future health status. Access to behavioral health care is an issue throughout the states, especially in frontier and rural areas. Anecdotal evidence from the Center for Rural Health indicates that children living in rural areas may be going without care due to the lack of mental health providers in those areas.

Survey Results

Survey Demographics

Two versions of the survey were administered: one for health care professionals and one for community members. With respect to demographics, both versions asked participants about their gender, age, education level, and how long they have lived or worked in the community. In addition, health care professionals were asked to state their professions, and community members were asked about marital status, employment status, household income, household composition, and travel time to the nearest clinic operated by local providers and the nearest clinic operated by non-local providers. Figures 2 through 17 illustrate the demographics of health care professionals and community members.

Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers.

Community Members and Health Care Professionals

The demographic results from both the community member version and the health care professional version of the survey revealed similar findings about several measures. In both response groups, as illustrated in Figures 2 and 3, the number of females responding was substantially more than the number of males responding. The differential was most pronounced in the health care professional survey, where the number of female respondents outnumbered male respondents six to one.

Figure 2: Gender - Community Members

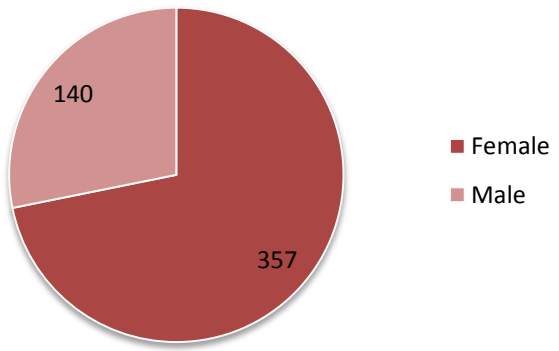
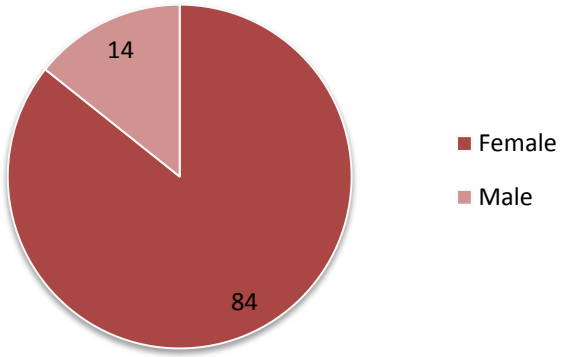


Figure 3: Gender – Health Care Professionals



A plurality of community members completing the survey were between the ages of 55 and 64 (N=128; further broken down by ages 55 to 59 (N=67) and 60 to 64 (N=61)). The next most represented groups were those aged 65 to 74 (N=103) and 75 years and older (N=101). The three smallest groups of community members responding were the three youngest sets: those aged less than 25 (N=2), those aged 25 to 34 (N=38), and those aged 35 to 44 (N=37). With respect to health care professionals, the largest age group consisted of those aged 45 to 54 (N=33), while the next largest age group was 35 to 44 years old (N=24). Figures 4 and 5 illustrate respondents' ages.

Figure 4: Age – Community Members

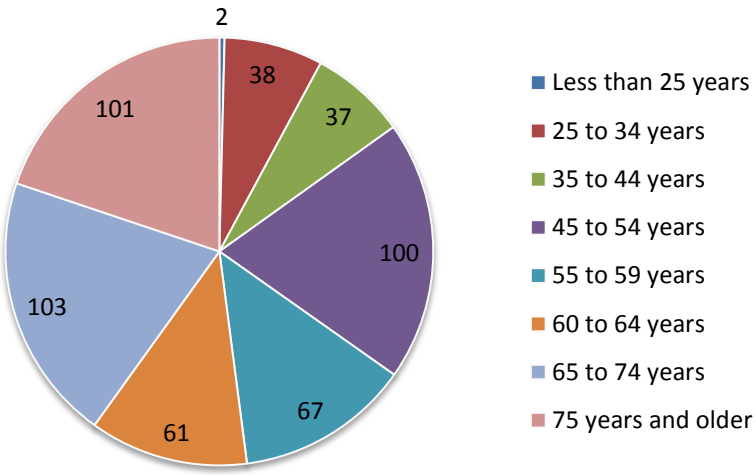
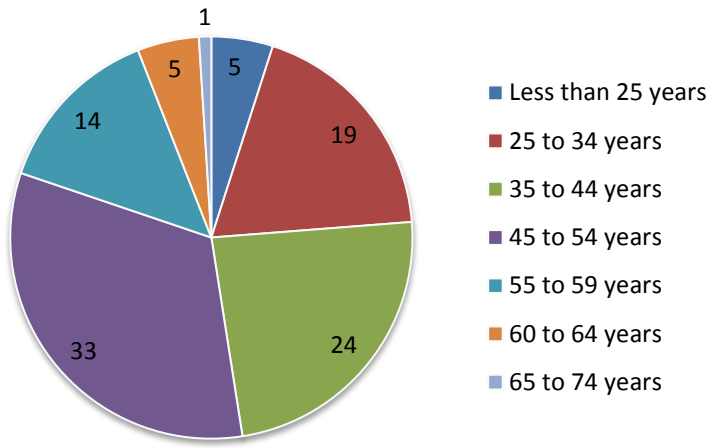


Figure 5: Age – Health Care Professionals



Both community members and health care professionals responding to the survey tended to be long-term residents of the area, especially in the case of community members. The majority of community members reported living in the community for more than 20 years (N=348); in the case of health care professionals, a plurality reported being community residents for more than 20 years (N=46). These results are shown in Figures 6 and 7.

Figure 6: Years Lived in the Community – Community Members

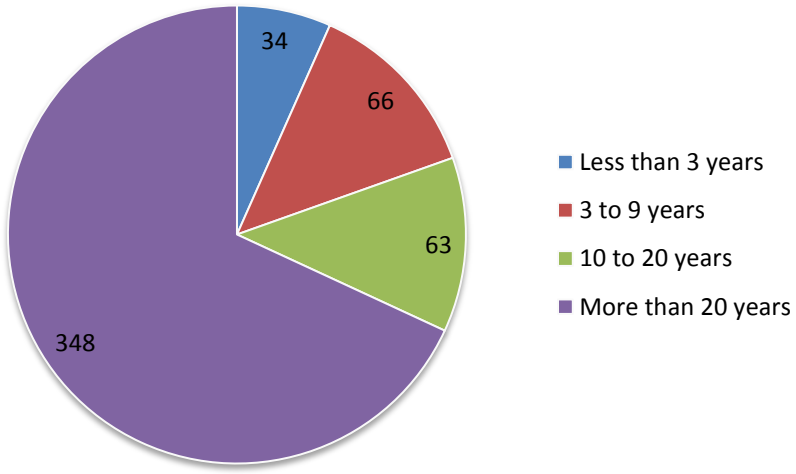
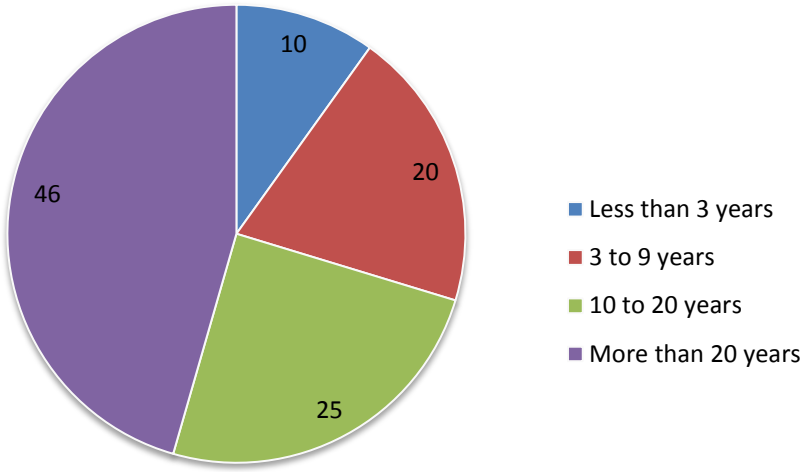


Figure 7: Years Lived in the Community – Health Care Professionals



Community members represented a wide range of educational backgrounds, with the largest group holding a technical degree or attending some college (N=146). The next largest groups consisted of those holding a high school diploma or GED (N=114) or a bachelor's degree (N=109). With respect to health care professionals, the majority responding either held a bachelor's degree (N=31), or held a technical degree or attended some college (N=31). Those with an associate's degree (N=19) made up the third largest group. Figures 8 and 9 illustrate the diverse background of respondents and demonstrate that the assessment took into account input from parties with a wide range of educational experiences.

Figure 8: Education Level – Community Members

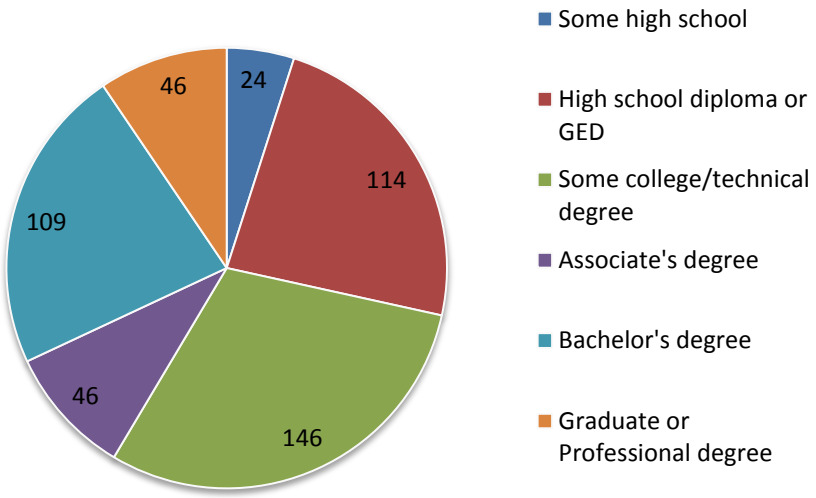
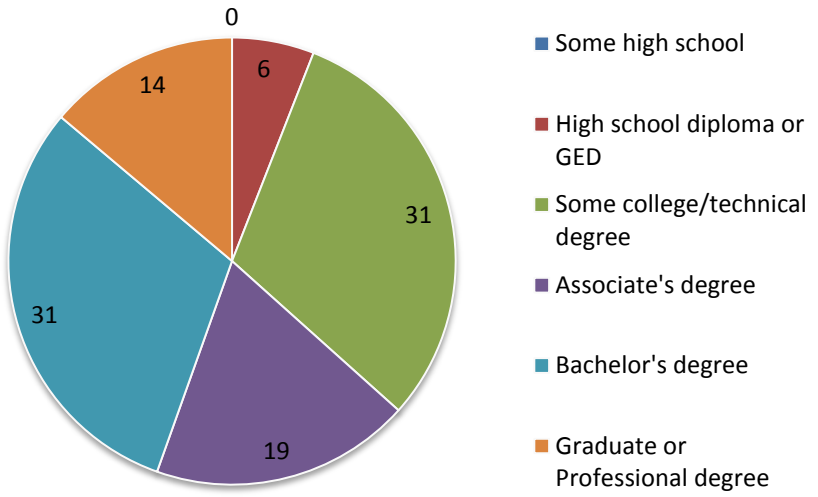


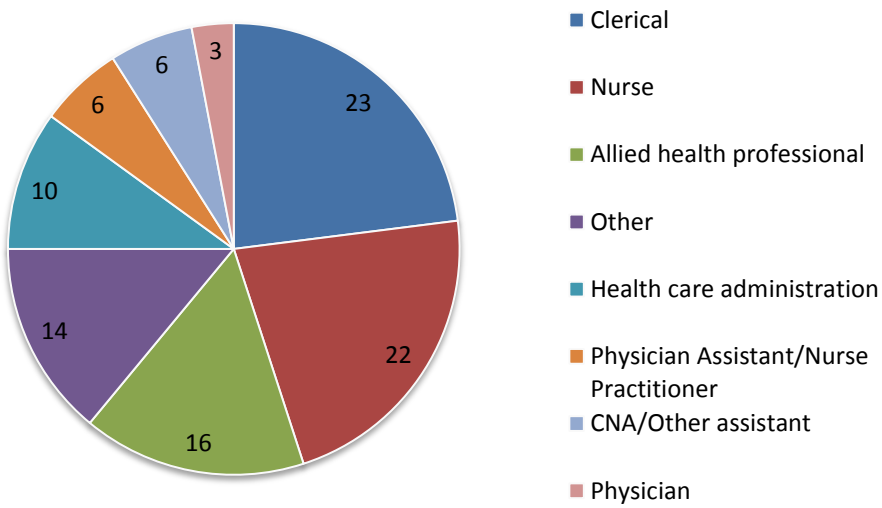
Figure 9: Education Level – Health Care Professionals



Health Care Professionals

Health care professionals were asked to identify their specific professions within the health care industry. As shown in Figure 10, respondents represented a range of job roles, with the greatest response from clerical personnel (N=23), nurses (N=22), and allied health professionals (N=16).

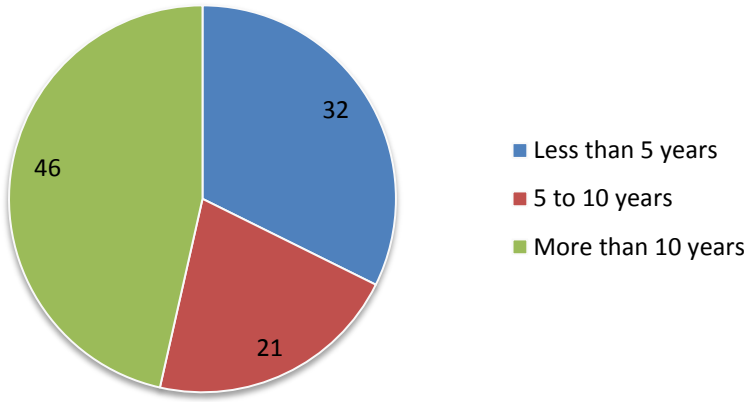
Figure 10: Jobs – Health Care Professionals



Health care professionals also were asked how long they have been employed or in

practice in the area. As shown in Figure 11, the most common response was more than 10 years.

Figure 11: Length of Employment or Practice – Health Care Professionals

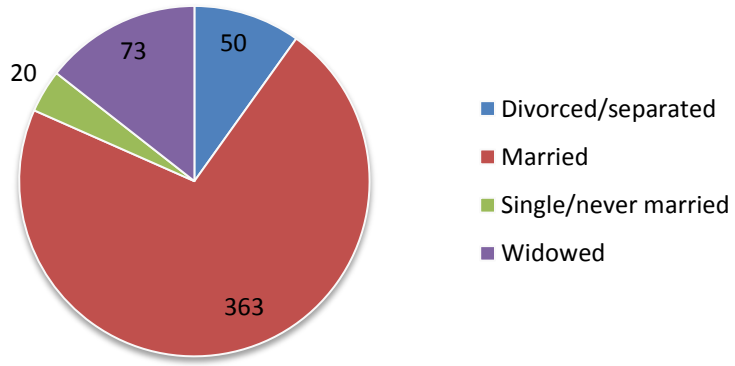


Community Members

Community members were asked additional demographic information not asked of health care professionals. This additional information included marital status, employment status, household income, household makeup, and their proximity to the nearest clinic operated by local providers and the nearest clinic operated by non-local providers.

The majority of community members (N=363) identified themselves as married, as exhibited in Figure 12.

Figure 12: Marital Status – Community Members



As illustrated by Figure 13, a plurality of community members reported being retired (N=191), followed by full-time workers (N=179) and part-time workers (N=75).

Figure 13: Employment Status – Community Members

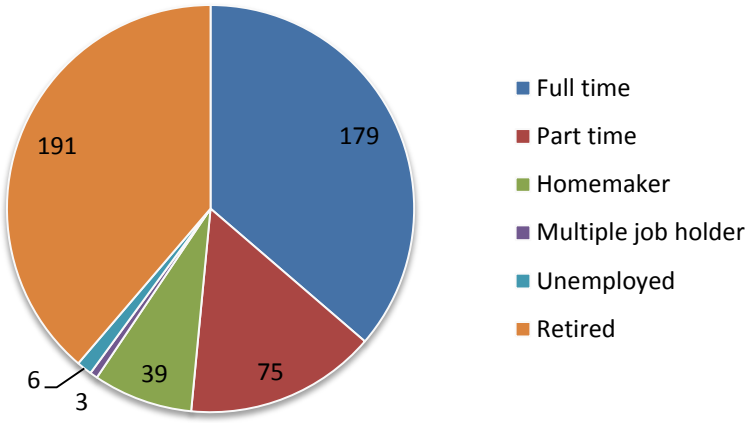
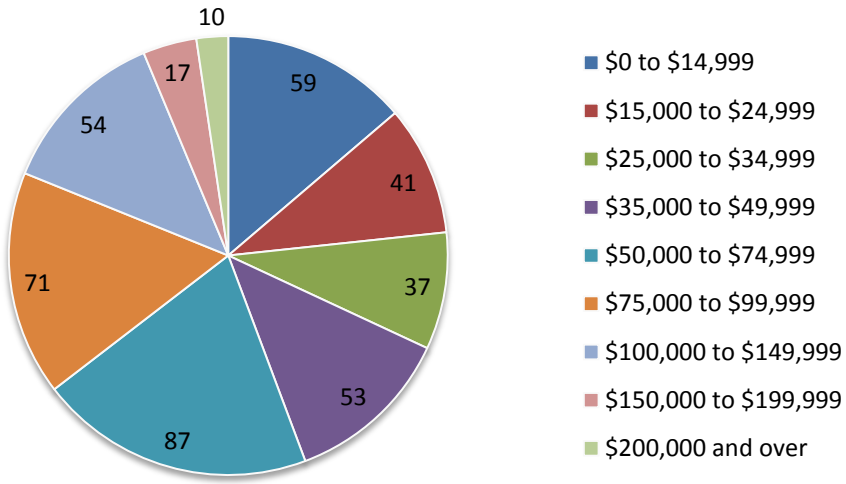


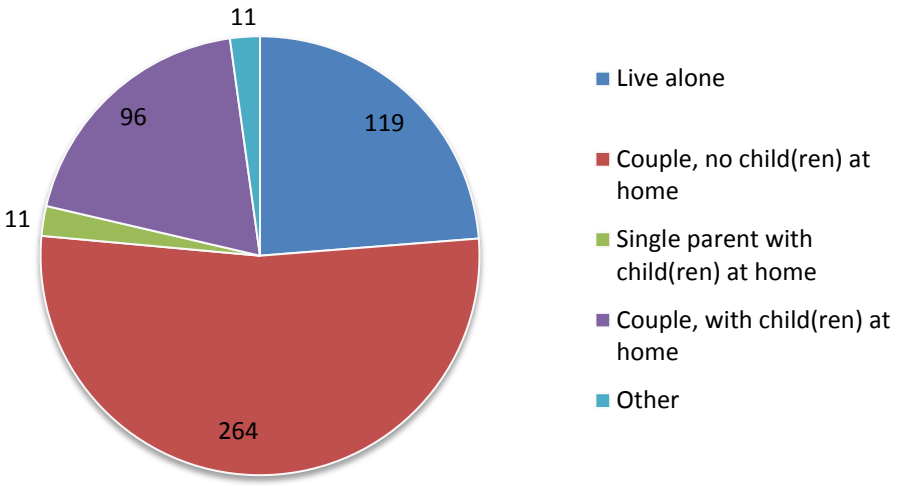
Figure 14 illustrates the wide range of community members' household income and again indicates how this assessment took into account input from parties who represent broad interests of the community served, including lower-income community members. Of those that answered this question, the most commonly reported annual income was $50,000-74,999 (N=87). A large number of respondents (N=100) reported an annual household income of less than $25,000; of these, 59 reported an annual household income of less than $15,000.

Figure 14: Annual Household Income – Community Members



In terms of household size, respondents were most likely to live in a household consisting of a couple with no children at home (N=264). The next most common household was comprised of those who lived alone (N=119), as shown in Figure 15.

Figure 15: Household Size – Community Members



Not surprisingly, community members responding to the survey tended to live closer to clinics operated by local providers than to clinics operated by non-local providers. The survey defined the terms "locally" and "in the area" to mean "the Beulah, Hazen, and Center area." As shown in Figure 16, while a majority of respondents (N=282) lived less than 10 minutes from a clinic operated by local providers, a large number of respondents (N=177) lived 11 to 30 minutes from a local-provider clinic. Survey results showed that a large majority of respondents (N=359) lived more than an hour from a clinic operated by a non-local provider, as illustrated in Figure 17.

Figure 16: Respondent Travel Time to Nearest Clinic Operated by Local Providers

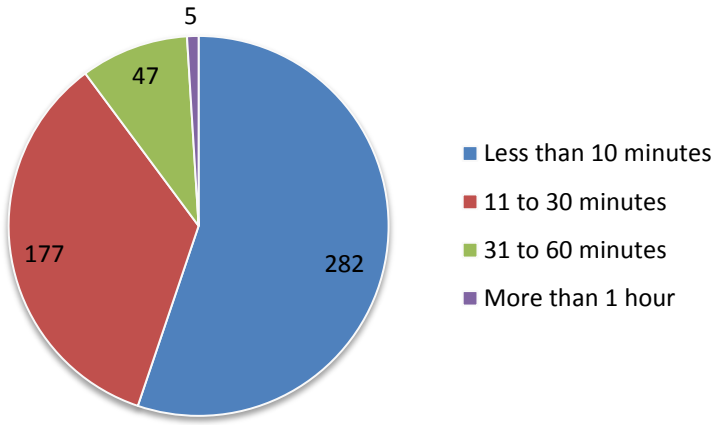
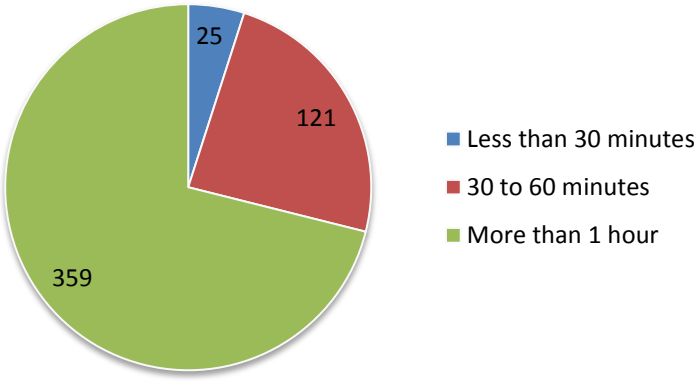


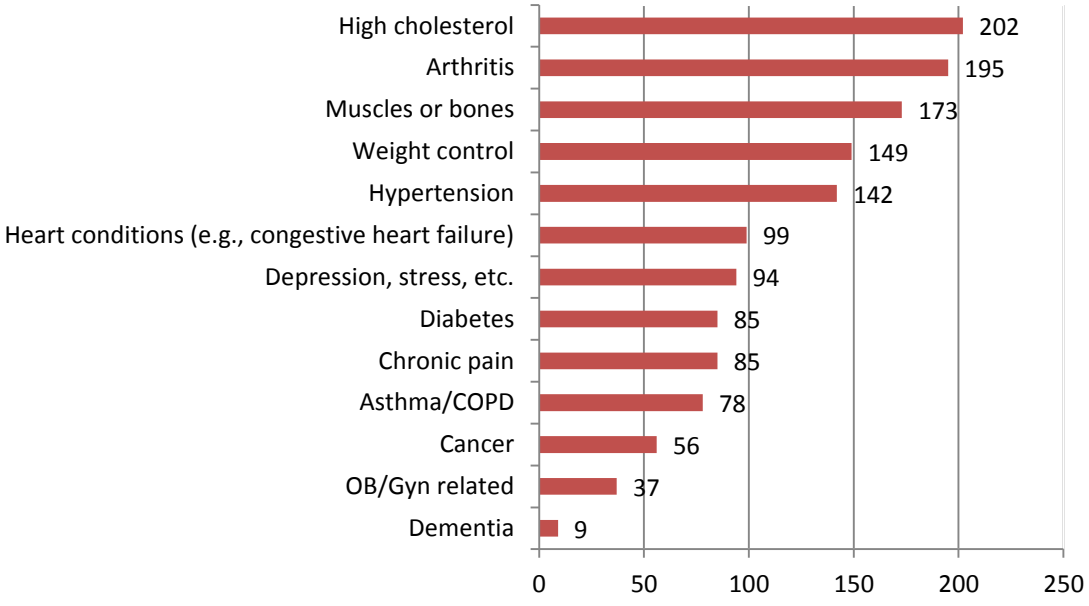
Figure 17: Respondent Travel Time to Nearest Clinic Not Operated by Local Providers



Health Status and Access

Community members were asked to identify general health conditions and/or diseases that they have. As illustrated in Figure 18, the results demonstrate that the assessment took into account input from those with chronic diseases and conditions. The conditions reported most often were high cholesterol (N=202), arthritis (N=195), muscles or bones (e.g., back problems, broken bones) (N=173), weight control (N=149), and hypertension (N=142).

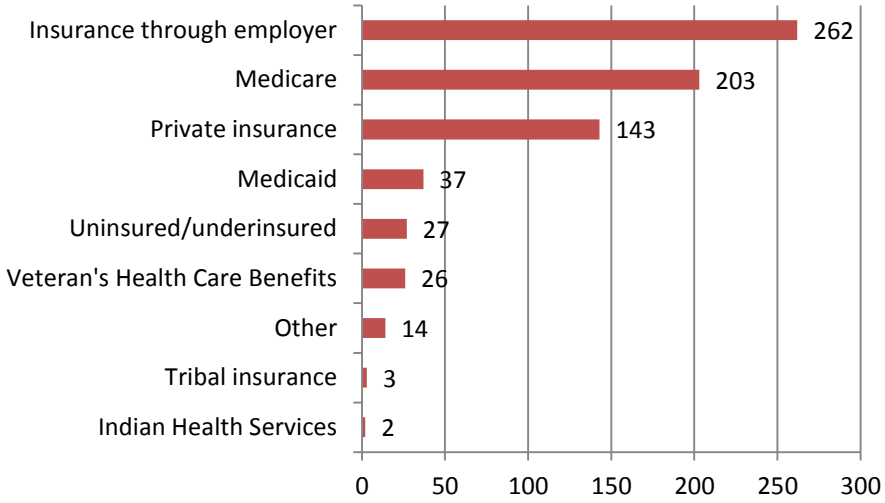
Figure 18: Self-Reported Health Status - Community Members



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Twenty-seven community members reported having no insurance or being

underinsured. As demonstrated in Figure 19, the most common insurance types were insurance through one's employer (N=262), Medicare (N=203), and private insurance (N=143).

Figure 19: Self-Reported Insurance Status – Community Members



Awareness of Services

The survey asked community members whether they were aware of the services offered locally by health care providers. The survey given to health care professionals did not include this inquiry as it was assumed they were aware of local services due to their direct work in the health care system.

Respondents generally were aware of many of the services offered by local providers. In the paper version of the survey, respondents were given the option to check a "Yes" or "No" box for each listed service to indicate whether they were familiar with the service. Because a large number of respondents checked only the "Yes" boxes, reported below are the numbers of "Yes" choices for each service offered. The online version included only a choice for "Yes, aware this service is offered locally."

Community members were most aware of: ambulance (N=488), clinic (N=464), retail pharmacy (N=434), dental services (N=420), emergency room (N=418), and nursing home (N=417).

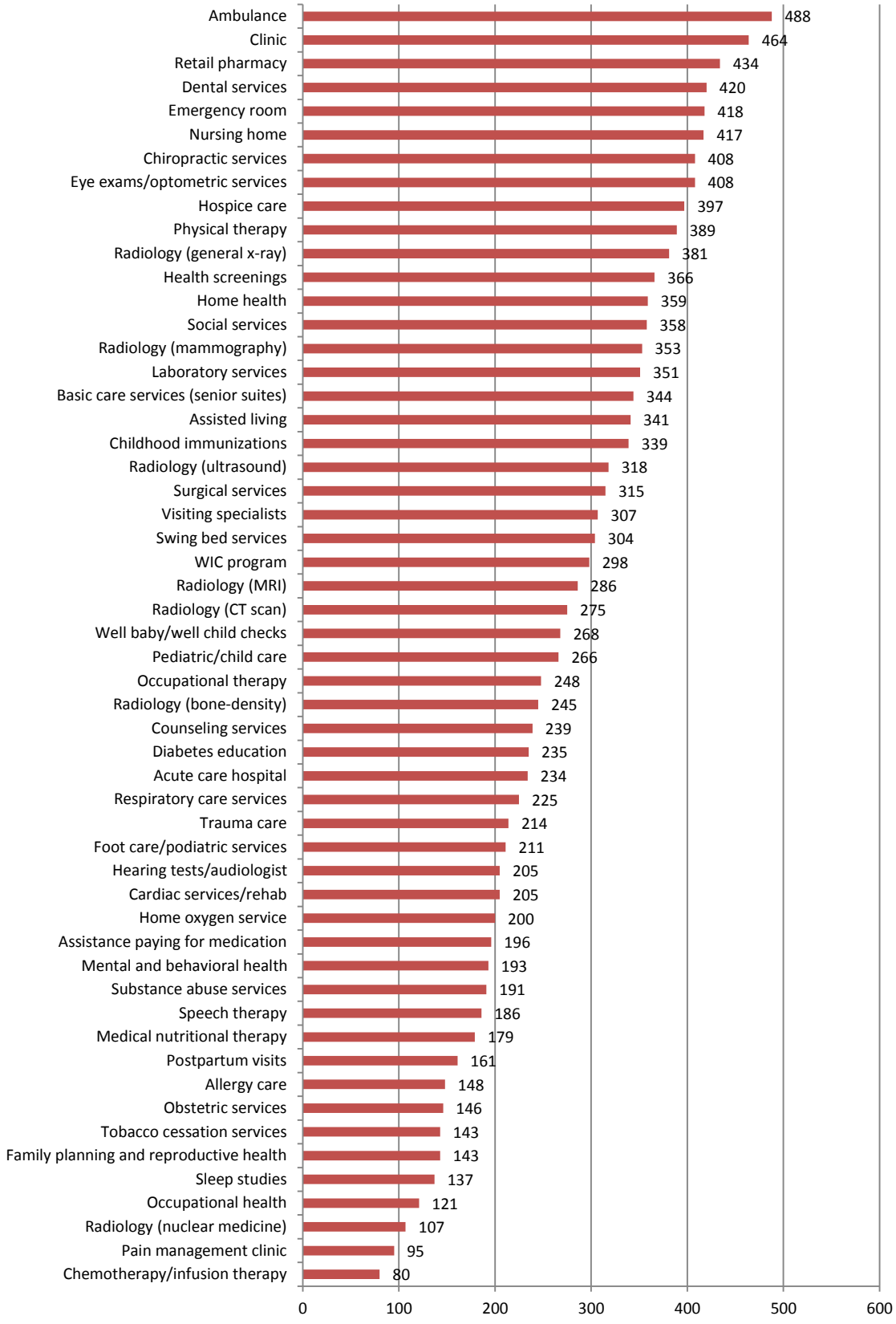
Respondents were least aware of the following services:

- Chemotherapy/infusion therapy (N=80)
- Pain management clinic (N=95)
- Radiology – nuclear medicine (N=107)
- Occupational health (N=121)
- Sleep studies (N=137)
- Tobacco cessation services (N=143)

- Family planning and reproductive health (N=143)
- Obstetric services (N=146)
- Allergy care (N=148)

These services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Figure 20 illustrates community members' awareness of services.

Figure 20: Community Members' Awareness of Locally Available Services



Information about how community members learn of local services emerged during one-on-one key informant interviews. Interviewees suggested that community members typically learn about available services either through advertising, because their doctor has referred them to a particular service, or through periodic health fairs. They noted that advertising of services in the community is good, and visiting specialists' schedules are publicized. Interviewees noted that they mostly saw advertising in the newspaper and suggested using the board downtown to highlight upcoming health events. They also indicated that while older residents typically learn of services through the newspaper and word-of-mouth, younger residents are more likely to look to a provider's website for information.

Interviewees also noted that the general perception is that area residents need to go to Bismarck for specialized services. They also indicated that since people often want immediacy, they don't take advantage of specialized services that are offered only periodically.

Health Service Use and Needs

Community members were asked to review a list of locally provided services and indicate whether they had used those services locally, out of the area, or both. Figure 21 illustrates these results.

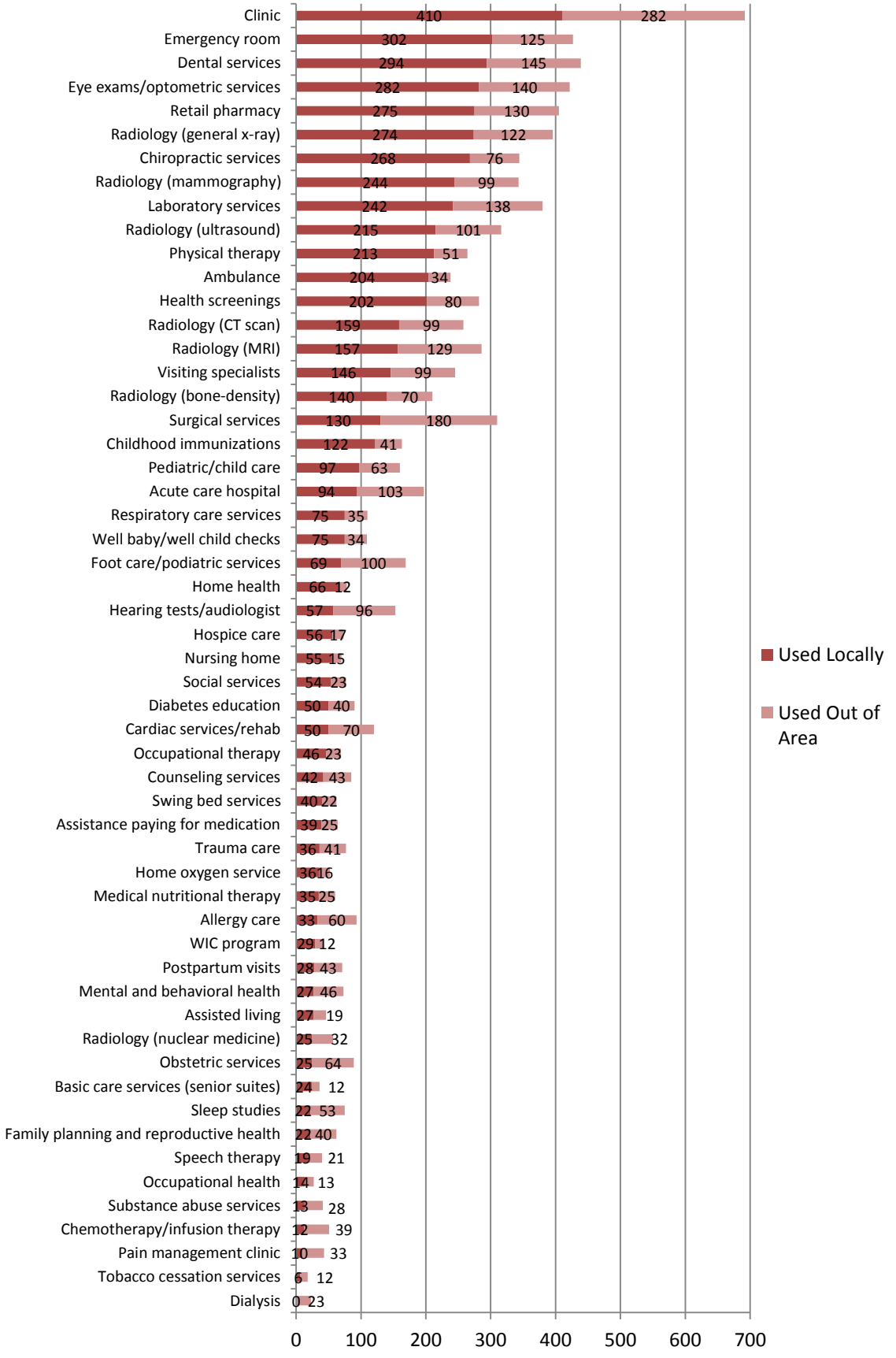
Respondents identified clinic (N=410), emergency room (N=302), dental services (N=294), eye exams/optometric services (N=282), and retail pharmacy (N=275) as the services most commonly used locally. Respondents indicated that the services they most commonly sought out of the area[2] were:

- Clinic (N=282)
- Surgical services (N=180)
- Dental services (N=145)
- Eye exams/optometric services (N=140)
- Laboratory services (N=138)
- Retail pharmacy (N=130)
- Radiology – MRI (N=129)
- Emergency room (N=125)
- Radiology – general x-ray (N=122)

As with low-awareness services, these services – for which community members are going elsewhere – may provide opportunities for additional education about their availability from local health care providers and potential greater utilization of local services.

[2] While not offered locally, dialysis was included as a choice to gauge community members' use of this service out of the area. Twenty-three respondents indicated that they used dialysis services outside of the area.

Figure 21: Community Member Use of Locally Available Services



One suggestion that emerged from the key informant interviews was to provide patients and health care consumers with the tools to advocate for their own local care. An example given was that patients should know that it is appropriate to ask about location options so if a provider in Bismarck is scheduling a procedure or test that could be done locally, a patient has the knowledge and confidence to request that it be done locally. In other words, local providers should let people know what services are available locally and guide them in advocating for care to be performed locally when available.

Additional Services

In an open-ended question, both community members and health care professionals were asked to identify services they think Local Health Providers need to add. Below is a list of services followed by the number of respondents who identified each service.

Community members' suggestions for additional services

- Birthing center/enhanced obstetric services (N=14)
- Additional providers (N=11)
- Additional mental health services (N=8)
- More accessible clinic(s) (more locations, longer hours, etc.) (N=8)
- Increased access to specialists (N=7)
- Additional equipment/technology (e.g., on-site radiology equipment, newer technology) (N=6)
- Additional dental services (N=6)
- Dialysis (N=5)
- Oncology services (e.g., chemotherapy, radiation) (N=5)

Health care professionals' suggestions for additional services

- Birthing center/enhanced obstetric services (N=7)
- Additional mental health services (N=5)
- Increased access to specialists (N=5)
- Dermatology (N=4)

Reasons for Using Local Health Care Services and Non-Local Health Care Services

The survey asked community members why they seek health care services in the local area and why they seek health care services outside of the area. Health care professionals were asked why they think patients use services in the local area and why they think patients use services outside of the area.

Community members and health care professionals were in agreement with regard to the top five reasons that consumers seek health care services locally. Both sets of respondents chose convenience, familiarity with providers, proximity, loyalty to local

service providers, and high quality of care as the top five reasons for seeking services locally. Figures 22 and 23 illustrate these responses.

Figure 22: Reasons Community Members Use Local Health Care Services

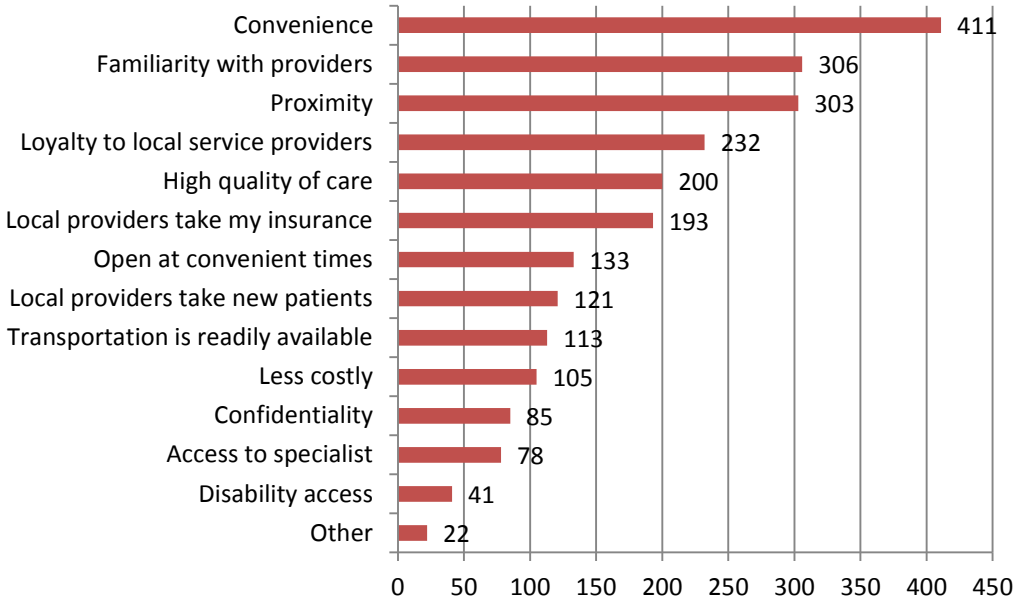
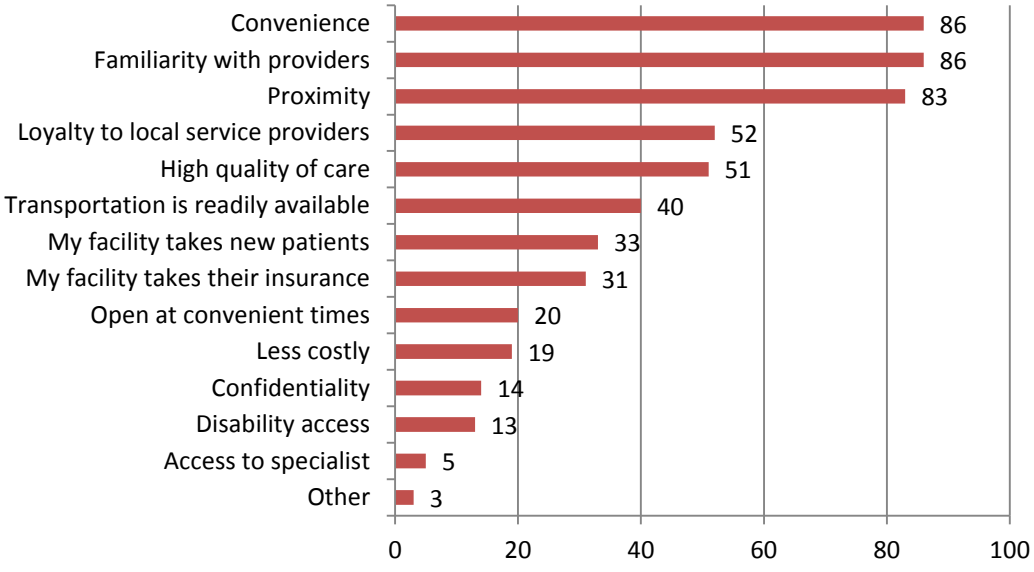


Figure 23: Reasons Health Care Professionals Believe Community Members Use Local Health Care Services



With respect to the reasons community members use health care services outside of the area, the primary motivator for seeking care elsewhere was that another facility has a needed specialist (N=371). Other oft-cited reasons for seeking care elsewhere were high quality care (N=277), confidentiality (N=123), and acceptance of insurance (N=92). Like community members, health care professionals believed that the most common reason

that consumers seek care outside the area is to gain access to a needed specialist (N=85). The next most common reasons perceived by health care professionals were confidentiality (N=60) and high quality of care (N=57). These results are illustrated in Figures 24 and 25.

Figure 24: Reasons Community Members Use Non-Local Health Care Services

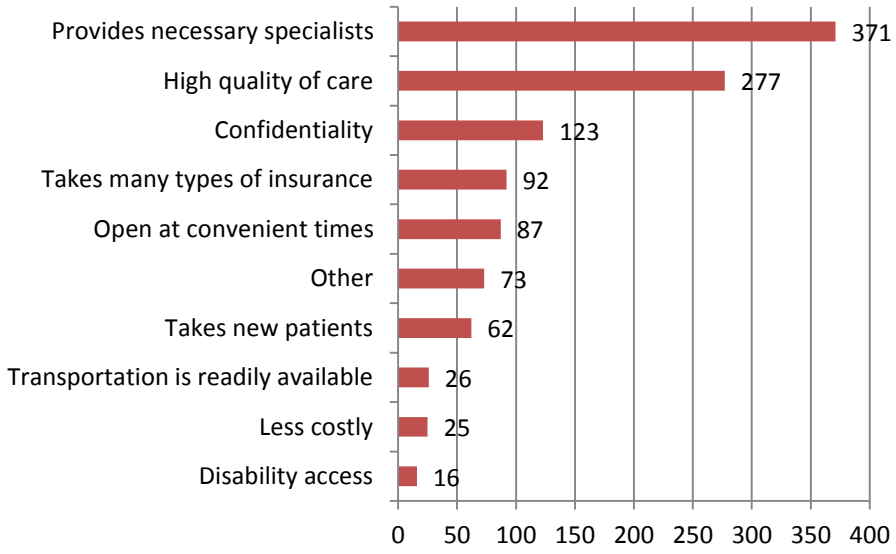
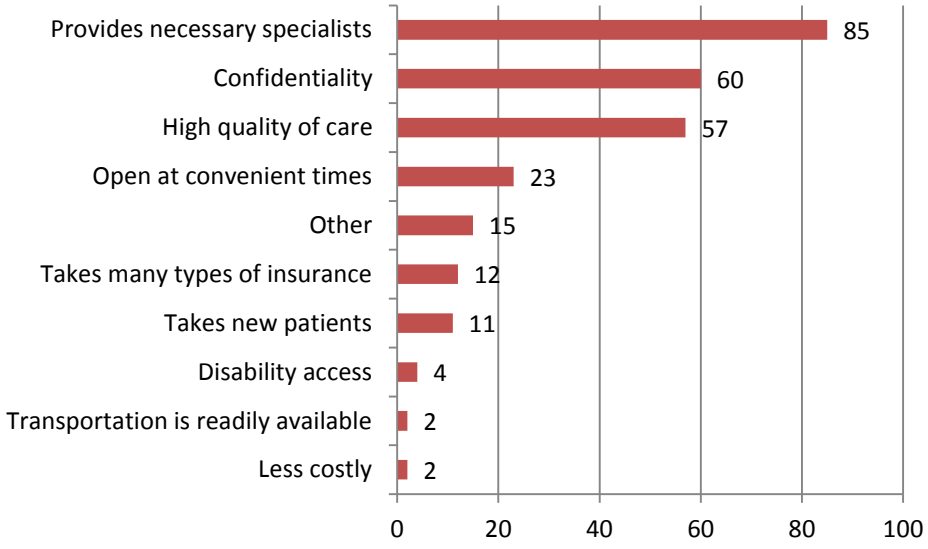


Figure 25: Reasons Health Care Professionals Believe Community Members Use Non-Local Health Care Services



The survey provided both community members and health care professionals the opportunity to suggest "other" reasons patients seek health care services in the local area as well as other reasons they seek services outside of the area. In terms of using

local services, the reasons cited most often by community members were that they trust and/or have confidence in local providers (N=5).

In terms of using other health care facilities, community members who chose the open-ended "other" answer most often cited: access to expanded services, specialists, or other technology (N=29), referral from a local provider (N=14), and proximity to a different facility (N=4). Health care professionals who offered "other" responses most often cited the perception that "bigger is better" and larger facilities have a higher quality of care (N=7) and access to expanded services, specialists, or other technology (N=4).

Barriers to Accessing Health Care

Both community members and health care professionals were asked what would help remove barriers that might be affecting use of local health care services. Community members and health care professionals both chose having more specialists as their top recommendation to remove barriers to using local care (N=271 for community members; N=70 for health care professionals). The next most common responses from community members were more doctors (N=141) and evening or weekend hours (N=109). Among health care professionals, the next most common responses were collaboration between competing health providers (N=49) and evening or weekend hours (N=46).

See Figures 26 and 27 for additional items that may help remove barriers to local health care use.

Figure 26: Community Members' Recommendations to Help Remove Barriers to Using Local Care

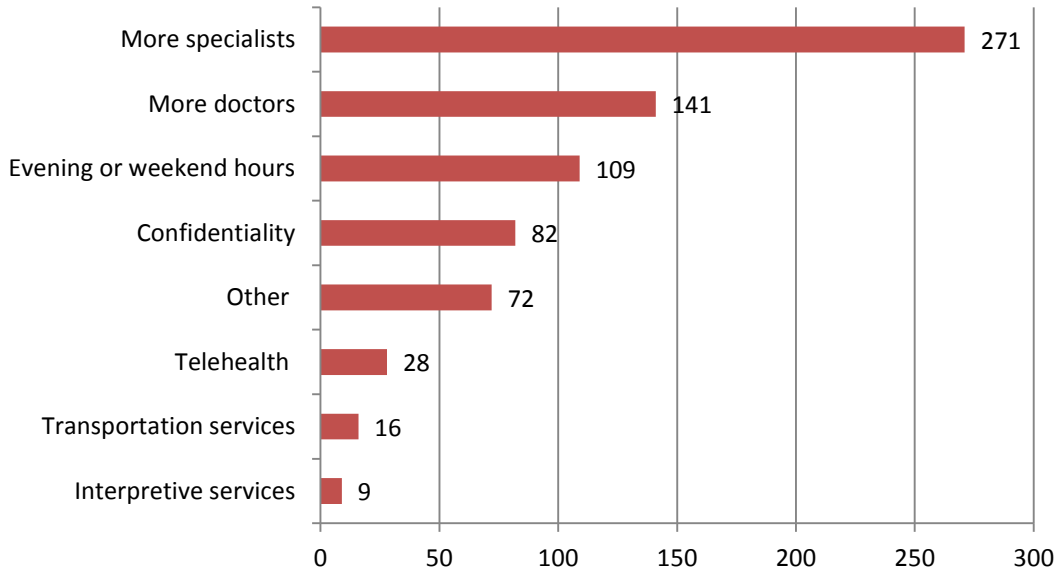
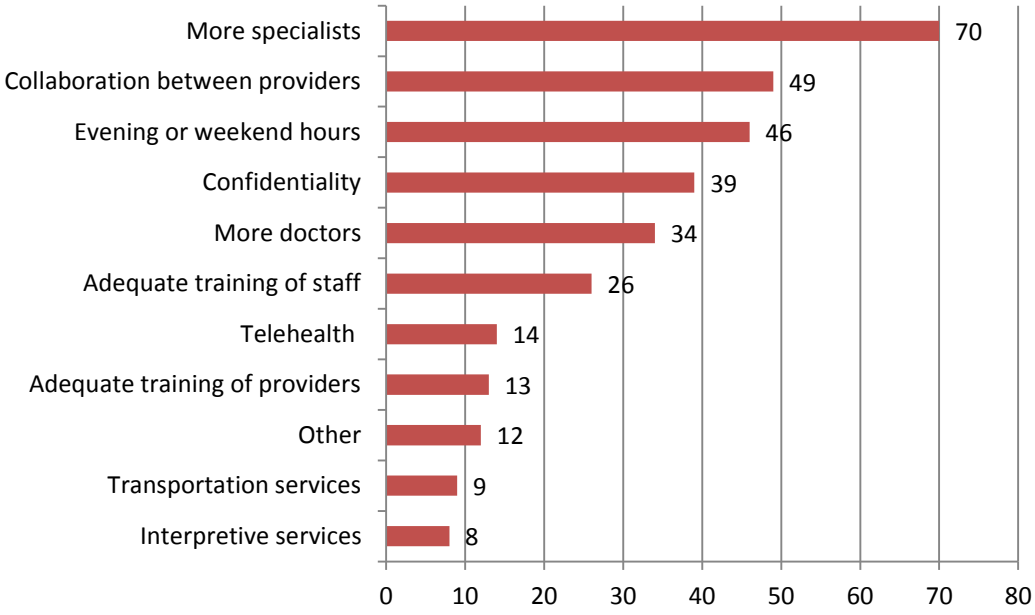


Figure 27: Health Care Professionals' Recommendations to Help Remove Barriers to Using Local Care



Respondents also were given the chance, in an open-ended response, to provide other thoughts about removing barriers to local health care use. Several community members (N=15) cited easier access to specialists and specialty services as a way to increase use of local health care. Community members also noted financial issues such as costs or limitations of a particular insurance network (N=5) and issues related to health providers' customer service (N=4).

Among health care professionals, the most common "other" suggestions for removing barriers to local care were adding providers (N=4), updating equipment (N=2), and improving customer service (N=2).

Community Health Concerns

Respondents were asked to review a list of potential health concerns or conditions and rank them on a scale of 1 to 5 based on the importance of each potential concern to the community. Both community members and health care professionals collectively ranked the availability of emergency services as the most important concern.

Among community members, the next five most important concerns were: higher costs of health care for consumers, cancer, heart disease, adequate number of health care providers and specialists, and emergency preparedness. Among health care professionals, the next five most important concerns were: cancer, heart disease, mental health (e.g., depression, dementia/Alzheimer's), diabetes, and higher costs of health care for consumers. Figures 28 and 29 illustrate these results.

Figure 28: Concerns of Community Members

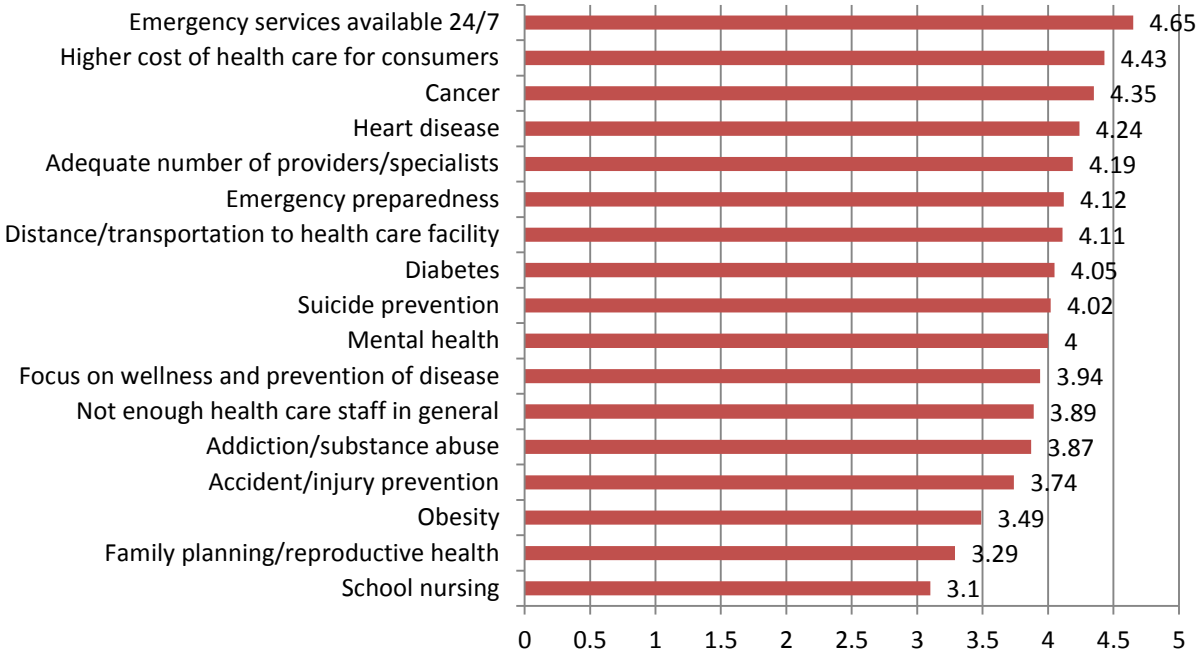
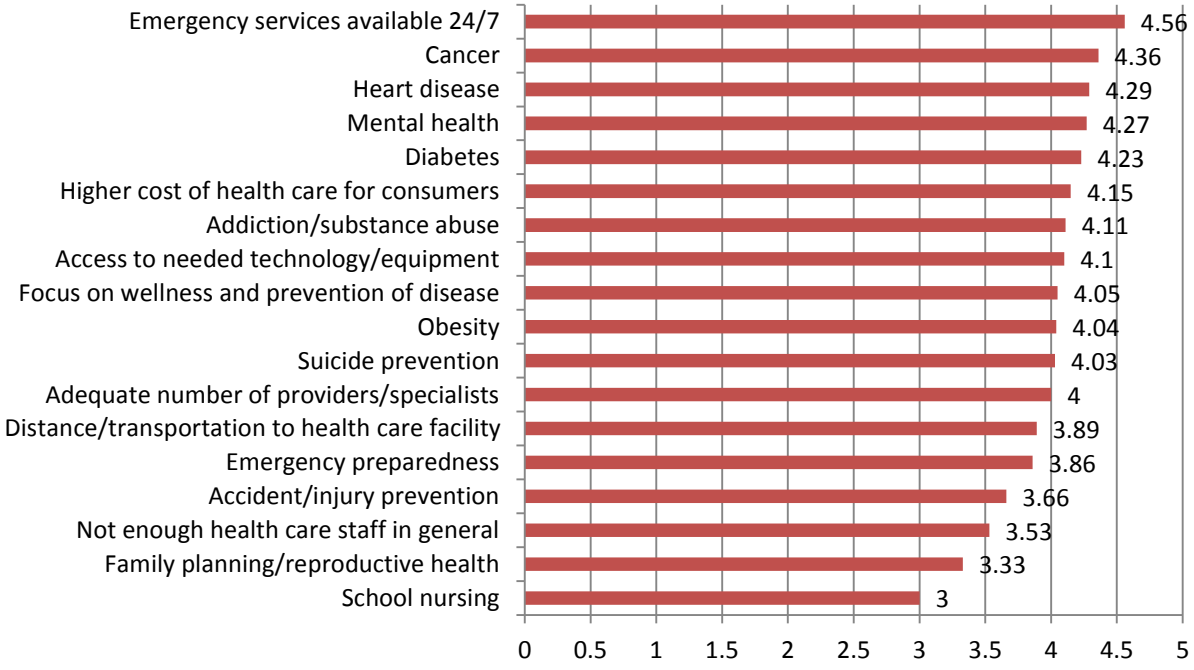


Figure 29: Concerns of Health Care Professionals



Respondents also were asked, in an open-ended question, to identify their most important concern and explain why it was the most important.

A plurality of community members (N=52) answering this question chose costs and affordability of health care and insurance as the most important concern. Following closely (N=51) were concerns about emergency services. Also cited as the most important concern were the following:

- Cancer (N=37)
- Adequate number of providers (N=25)
- Distance/transportation to health care facility (N=23)
- Heart disease (N=21)
- Wellness and prevention (N=17)
- Suicide (N=15)
- Mental health (N=14)
- Substance abuse (N=14)
- Diabetes (N=14)

Among health care professionals, respondents who answered this question most commonly chose emergency services as the most important concern, with 9 respondents making note of it. Other responses were as follows:

- Mental health (N=5)
- Wellness and prevention (N=5)
- Cancer (N=4)
- Substance abuse (N=3)

Comments from both community members and health care professionals about what they view as the most important concerns included:

Community members' comments relating to costs and affordability of health care and insurance

- Sometimes you put off going to the doctor because you can't afford it.
- It is getting to the point where we cannot afford to have insurance, but cannot afford to be without it either.
- With rising costs people are putting off even preventative health.
- As a senior on a fixed budget, it can add much stress to a life.
- The cost can break a family, company, and/or a country.
- Many people won't see a doctor or dentist because of the cost. They wait and their health gets worse.

Community members' comments relating to emergency services

- It seems like our local squad is finding jobs further from home base.
- With the increase in population we may have a greater need.
- Because it's all volunteers in small communities and it's hard to keep enough volunteers.
- We need to have medical people available at all times in case someone cannot make it to Bismarck/Dickinson and survive.

- I want to know that if any emergency would occur with my family, they would have help immediately in the unexpected situation.
- Without emergency services, our hospital would die.
- Lives can be saved by prompt and proper emergency care.

Health care professionals' comments relating to emergency services

- We are very fortunate in this community to have the emergency response, hospital, and professional care we receive. I would hate to have my loved ones have to travel to Bismarck for emergency care.
- There is no time to get to a health care facility in time to save lives in many cases.
- Due to the large area covered, it is important to have emergency services available.

Anticipated Use of Additional Assisted Care Services

Respondents were told that the Knife River Care Center is considering adding both assisted living and senior independent living programs in the area, and were asked whether they thought such programs would meet community needs and whether they or a family member would use such services. As shown in Figures 30 and 31, while a majority of community members thought such programs would meet community needs, a majority also did not know whether they or a family member would use those services. Like community members, a majority of health care professionals believed that such programs would meet community needs; a plurality of health care professionals indicated that they or a family member would use such services.

Figure 30: Would Assisted Living and Senior Independent Living Programs Meet Community Needs?

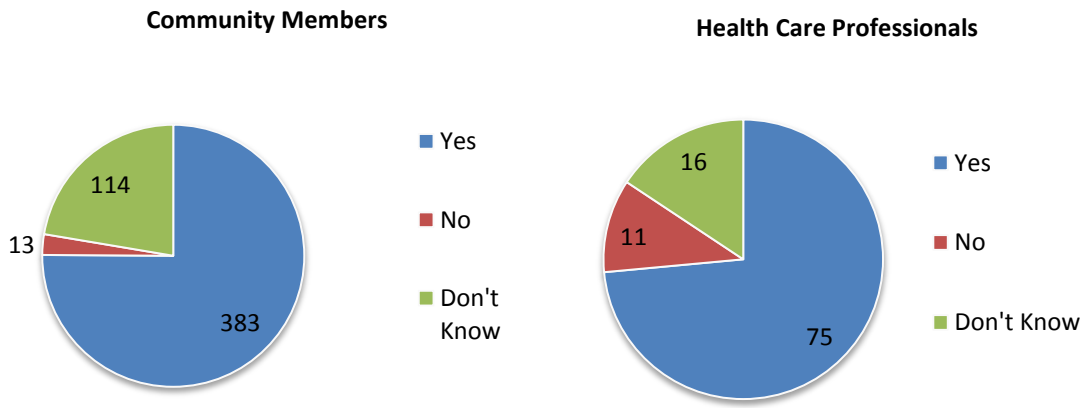
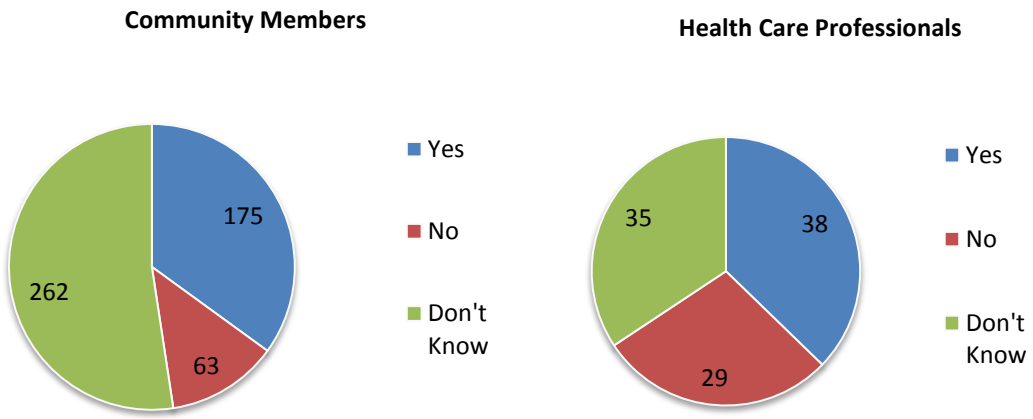


Figure 31: If Assisted Living and Senior Independent Living Programs Were Established, Would You or a Family Member Use Them?



Respondents were next asked: "If you or a family member WOULD use the services of Knife River Care Center noted in the previous question, when do you anticipate using them?" The large majority of respondents – both community members and health care professionals – indicated that they did not know when they or a family member would use these services, as shown in Figures 32 and 33. Many of these, presumably, were among those responding in the previous question that they did not know whether they or a family member would use such services.

Figure 32: Respondents' Anticipated Use of Assisted Living Program

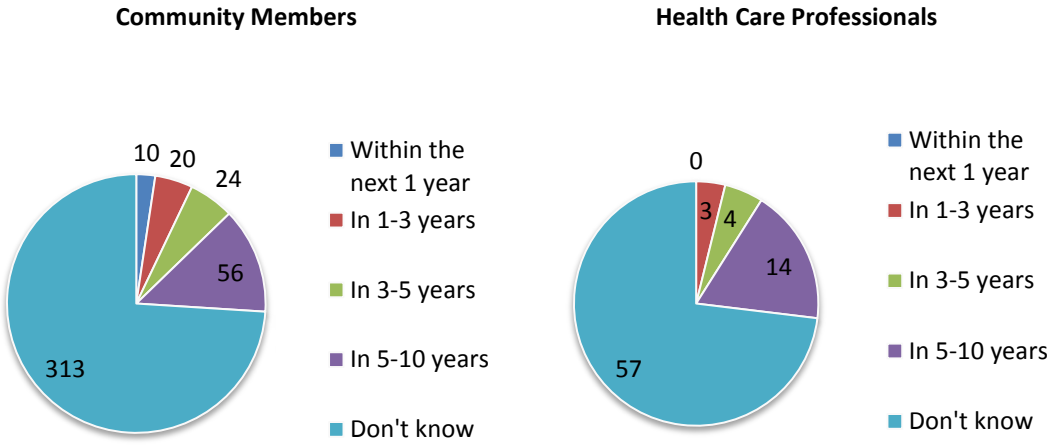
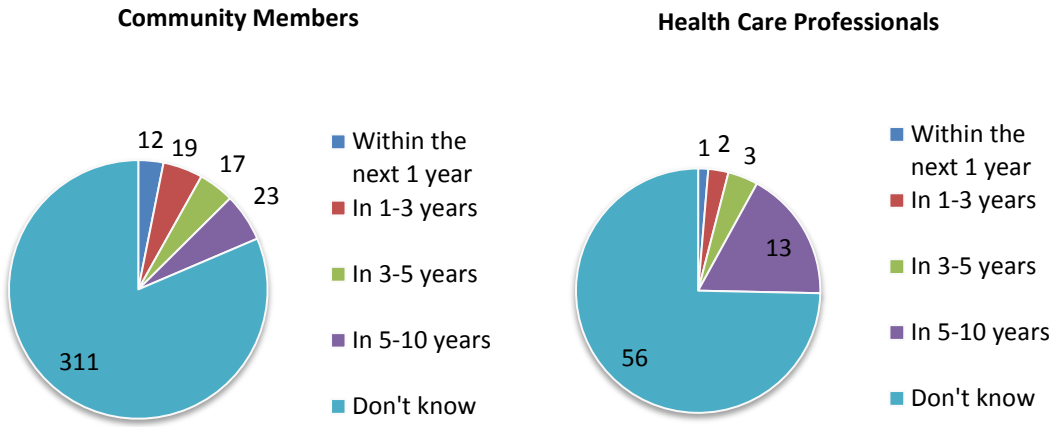
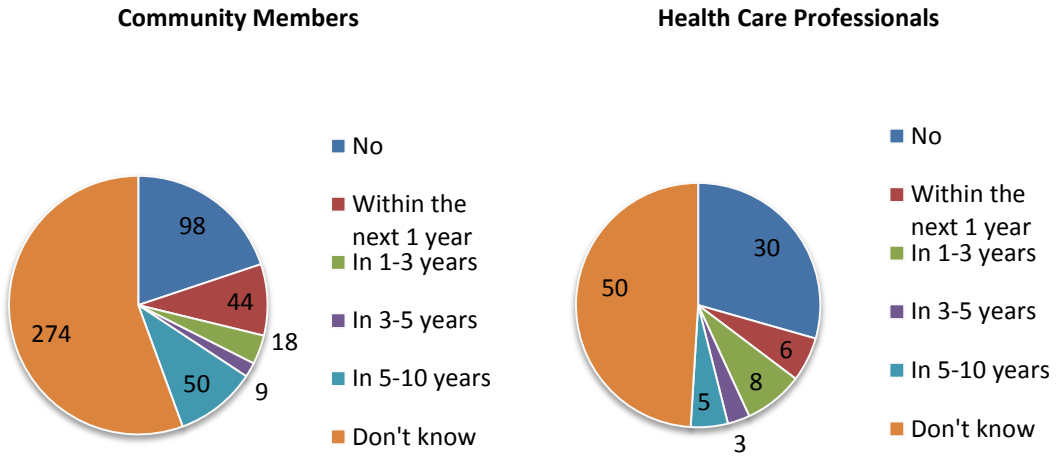


Figure 33: Respondents' Anticipated Use of Independent Living Program



Finally, respondents were asked whether they anticipated using Knife River Care Center's currently available nursing home or rehabilitation services. They were given the options of no, within one year, in one to three years, in three to five years, in five to ten years, and don't know. A majority of community members and a plurality of health care professionals indicated they did not know whether they would use these services in the future. The next most common response from both sets of respondents was that they did not anticipate using these services, at least within the next 10 years. Figures 34 and 35 illustrate these results.

Figure 34: Do You Anticipate Using Nursing Home or Rehab Services of Knife River Care Center?



Collaboration

Respondents were asked whether local providers could improve their levels of collaboration with other local entities, such as schools, economic development organizations, local industry, and other providers. Figures 35 and 36 illustrate these results. Community members answered "don't know" most often with respect to four of the five potential collaborators (all except collaboration with hospitals in other cities). Community members indicated that, of the choices, local providers could improve collaboration the most with hospitals in other cities (N=167) and public health (N=147).

Health care professionals were more likely than not to see a potential for improved collaboration. With respect to all potential collaborators, more health care professionals responded that collaboration could be improved than responded that it was fine as is or responded that they did not know. Health care professionals indicated that local providers could improve collaboration the most with public health (N=60), hospitals in other cities (N=55), and schools (N=55).

Figure 35: Community Members – Could Local Providers Improve Collaboration?

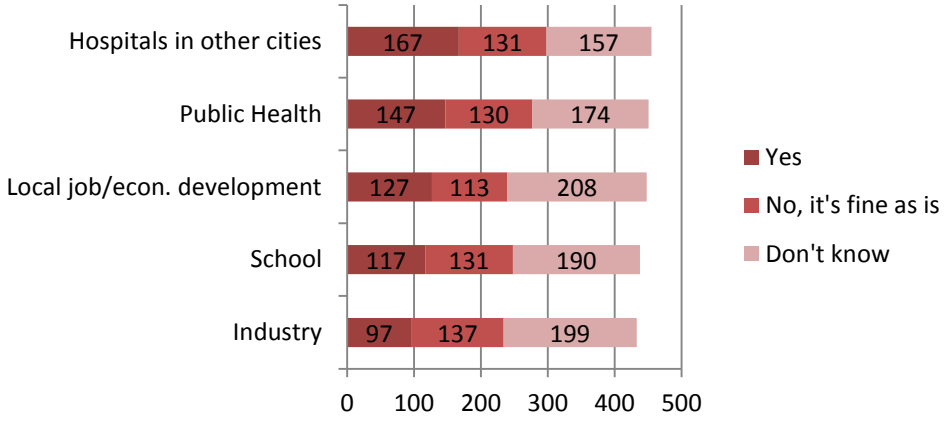
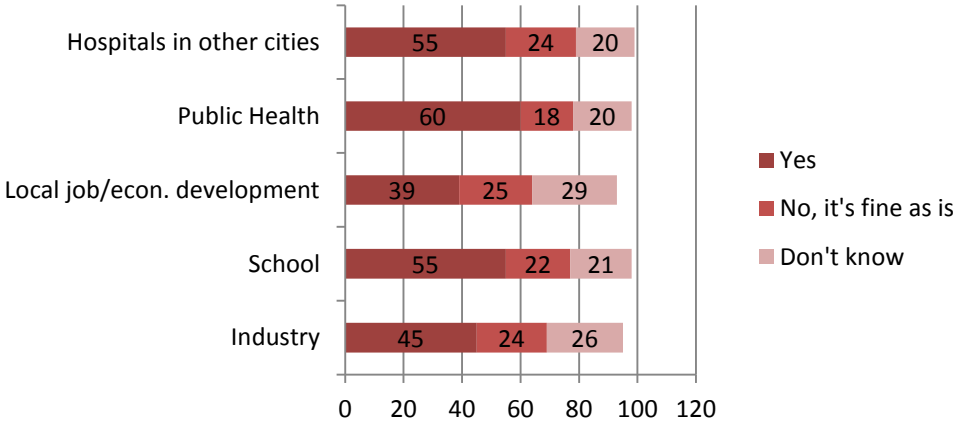


Figure 36: Health Care Professionals – Could Local Providers Improve Collaboration?



Community Assets

Both community members and health care professionals were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices in each question. Figures 37 to 41 illustrate the results of these questions. The results indicate that residents considered as community assets things such as friendly people, a sense of community, quality health care, quality schools, safety, family-friendly activities, relatively small scale of the community, and access to recreational activities such as hunting, fishing, and other sports.

Figure 37: Best Things about the PEOPLE in Your Community

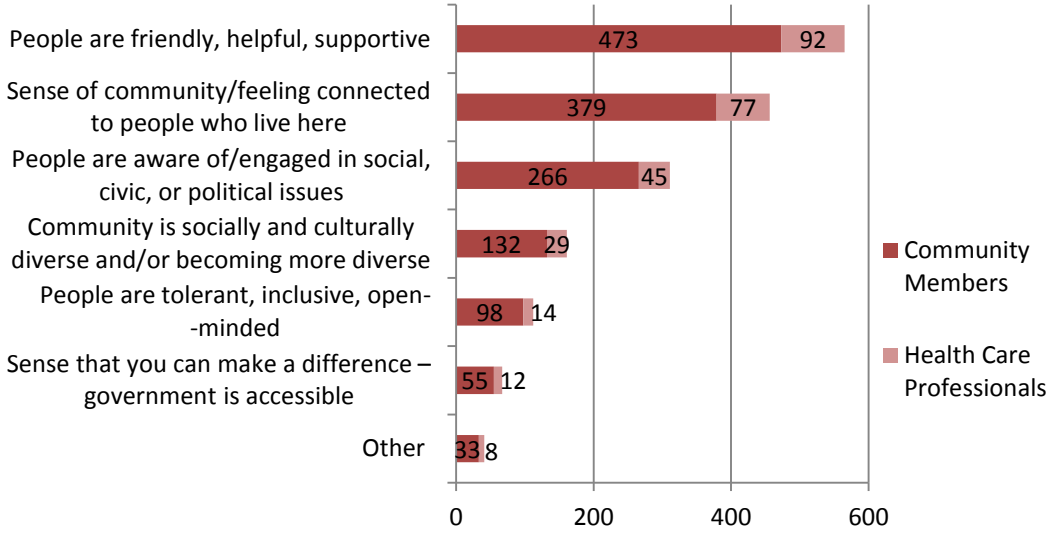


Figure 38: Best Things about the SERVICES AND RESOURCES in Your Community

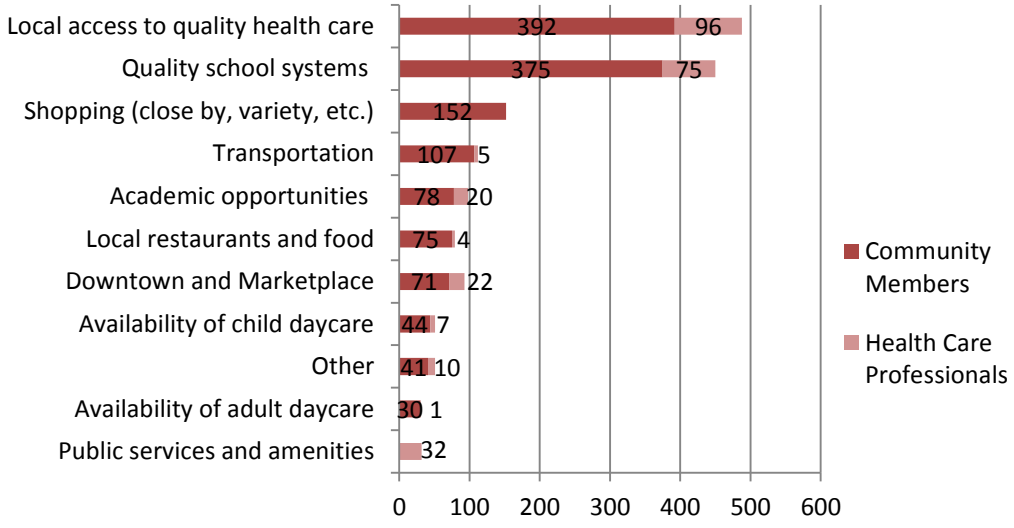


Figure 39: Best Things about the QUALITY OF LIFE in Your Community

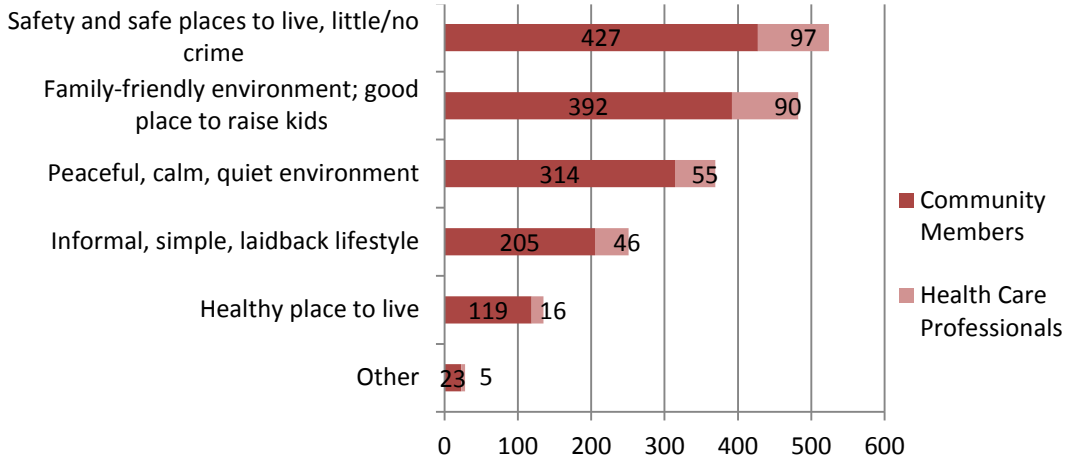


Figure 40: Best Things about the GEOGRAPHIC SETTING of Your Community

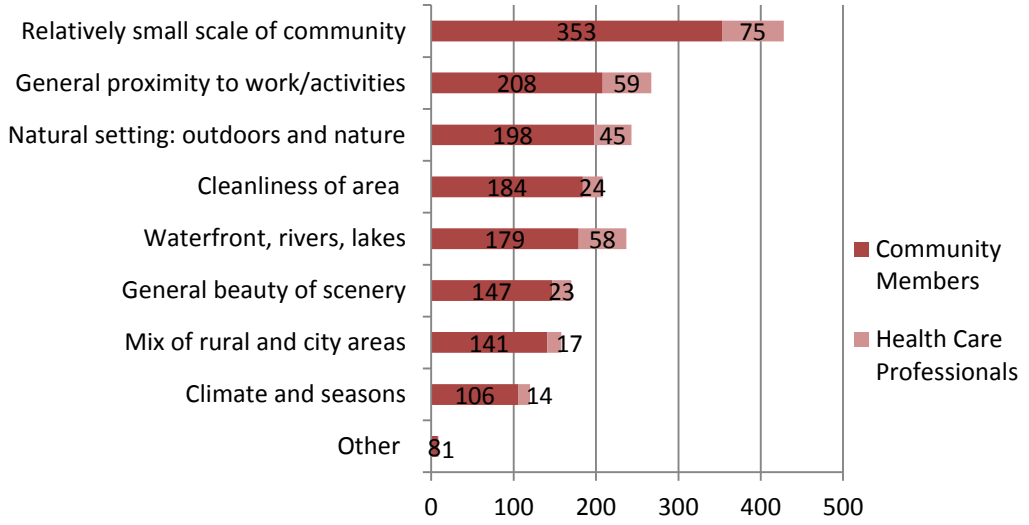
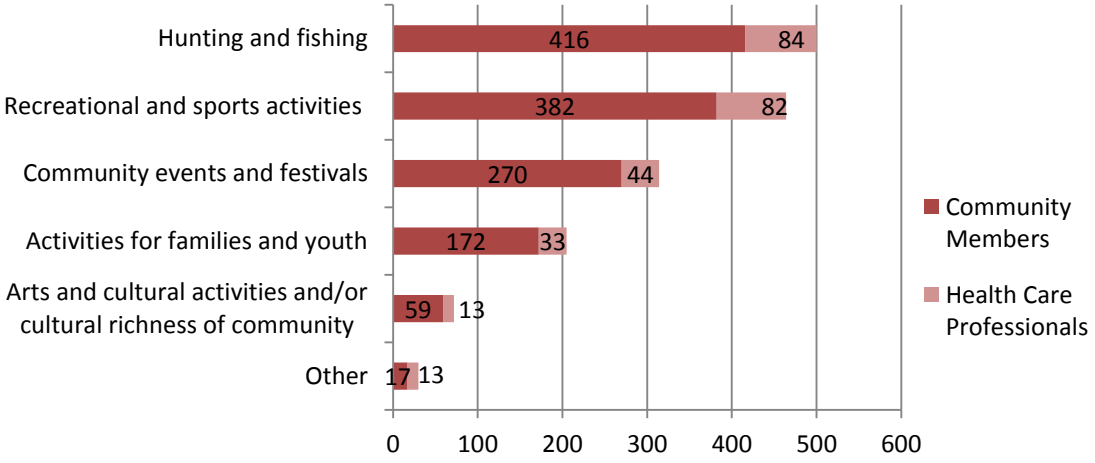


Figure 41: Best Thing about the ACTIVITIES in Your Community



Findings of Key Informant Interviews and Focus Group

The questions posed in the survey also were explored during key informant interviews with community leaders and during a focus group with government leaders and personnel. As an initial matter, interviewees and focus group participants generally were complimentary toward both local health care providers and the leadership of medical facilities. As one key informant summarized, "The reputation of providers is very good. It pulls in people from outside the community." Another observed, "For the size of the community, we have excellent health care. The level of physicians here is excellent. They really do care and take the extra time with patients." Participants also pointed to the solid leadership of the hospital and clinics as having a large positive impact on the community in recent months and years.

Several themes emerged during these one-on-one interviews and the focus group. Many of the same issues that were dominant in survey results emerged during the key informant interviews as well (and were further explored during the discussions), but additional issues also appeared and were cited by multiple participants. Generally, overarching themes that developed during the interviews and focus group can be grouped into six broad categories (listed in no particular order):

1. Maintaining emergency services
2. Addressing financial concerns and increasing awareness of sliding scale fees at Coal Country Community Health Center
3. Addressing suicide prevention, substance abuse issues, and other mental health needs
4. Adding obstetric services
5. Adding specialized pediatric services
6. Praise for collaboration among medical facilities

A more detailed discussion about these noteworthy issues follows:

1. Maintaining emergency services

Several interviewees and focus group participants expressed concern about having ongoing access to around-the-clock emergency medical services. This concern is consistent with the results of the broader survey, in which both community members and health care professionals ranked the availability of emergency services 24/7 as the most important community concern.

While participants expressed general satisfaction with current emergency medical services (with one key informant noting that "EMS is top-notch here"), they also expressed apprehension about the future of those services, especially in light of the possibility of increasing oil development activities in the area. As an example,

participants noted that the area could see an increase in burn injuries and EMS personnel would need proper training and equipment to deal with those types of injuries. They also noted that heavy duty vehicle traffic may become more prevalent, leading to increased hazards on highways. A related issue that was raised involved increasing air ambulance service in the area to address potential increased emergency needs. Specific comments included:

- Having emergency services is *the* crucial piece in this area.
- We need to have strategic planning with the ambulance service. There needs to be both short-term planning and long-term planning.
- We are lucky to have what we have with EMS volunteers, but the system might be taxed in the next few years. If there's too much demand, we might need to pay the EMTs.
- Emergency services rely very heavily on volunteers. They will be getting burned out if more demands are made of them if oil activity moves this way. And it's not just emergency workers; it's all sorts of service employees such as doctors, nurses, city employees, county employees, and volunteers. They will be dealing with all sorts of issues like financial, health, lack of sleep, and depression.

2. Addressing financial concerns and increasing awareness of the sliding fee scale at Coal Country Community Health Center

Although a number of interview and focus group participants pointed out that the Local Health Providers' service area tends to be a more affluent part of the state, they noted that nonetheless there are financial barriers to health care for some area residents. While Coal Country Community Health Center is a federally qualified health center (FQHC) and offers a sliding fee scale (allowing patients to pay according to their individual ability), many participants were unaware of the sliding fee scale and stated that many community members probably are unaware of it, too. Some key informants thought a sliding fee scale should be extended to other services, such as dental care.

Others pointed to problems faced by residents who lack insurance, as well as problems inherent in the health care payment and reimbursement scheme generally. As one interviewee noted, "The single biggest barrier to health care is the payment mechanism, and it's a barrier both for patients and for providers. Some people with good insurance don't worry about it, but a lot of folks are very worried about it." It also was noted that even those with insurance might face barriers if local providers are not part of their insurance network.

Some focus group participants stated that Medicare enrollees who do not have supplemental policies tend not to seek care when they should, that people with high insurance deductibles do not seek care when they should, and that even when patients see a provider, they don't always fill needed prescriptions because of a lack of money. They also identified cultural issues that inhibit people from seeking care for what they

might perceive as "little aches and pains." There also was a perception that some providers may be limiting how many Medicare or Medicaid patients they will see, and this may prevent Medicare or Medicaid patients from even trying to make an appointment.

Specific comments included:

- Turtle Lake offers a sliding fee scale for dental services. We need that here.
- People don't understand that there is a sliding fee scale at the clinics that makes it easier to pay. This might be another opportunity for education.
- This is the first I've heard about a sliding scale fee arrangement at the clinic.
- The sliding fee scale is not advertised much.
- I worry about financial issues … I'm not sure people are aware of the sliding fee scale at Coal Country. And even if they get the primary care at a reduced rate, if they get referred somewhere else, they might not be able to afford it if that other provider doesn't work with them financially.
- People might know about sliding scale fees, but they're too proud to ask about using them.
- The biggest barriers are probably for those who are uninsured. This is a big issue.
- People will say money is an issue, but it's a matter of priorities. They'll still buy a new truck.
- Some people might not qualify for financial help but they still can't afford to pay full prices.
- People who don't have insurance might make a choice not to go in, but people do understand there's an ER if they need it. But even having to pay an extra $100 per month could make you think twice about whether you go in.
- There are some financial barriers. Even here, we have some people with no money.
- From an insurance standpoint, some people are not getting care or treatment like medication because their insurance isn't part of the right network. So even people with good jobs and insurance aren't getting what they need.
- With older folks there is some cultural pride. They prefer to think that they don't need help and can take care of their husband or wife at home and by the time they involve the health care folks, it's time for the nursing home. I don't think financial issues are big here; it's a pretty affluent area. I think it has more to do with the attitude that "I don't need the help."

3. Addressing suicide prevention, substance abuse issues, and other mental health needs

Multiple issues related to mental health and substance abuse were raised repeatedly by participants in the interviews and focus group. Key informants and focus group participants perceived a need specifically to address the issues of suicide, substance abuse, and the need for more mental health services, especially for an aging population. One key informant believed that mental health services have been reduced recently, while another believed that mental health services "are still getting up and running" but that there have been more services offered lately. Key informants generally agreed that while there are options for mental health services, those options can be limited.

Many participants saw a significant problem in the area in terms of suicide. Many believed that it is a growing problem and that more needs to be done in the community to address it. Specific comments included:

- It seems like suicide has affected a lot of kids – including young kids, the last five years – but I don't know if it's a higher rate than other places.
- There has been a rash of suicides … not only young people but adults too. Part of my concern is: Do people know where to go for help?
- There used to be a suicide hotline locally, but I'm not sure whether there still is.
- Mental health is a fairly serious problem here, although we've been working on suicide prevention.
- Suicide among older people is also a concern. There is an issue of pride; older people cannot afford living and health care costs and they are running out of money. They are very stressed over the situation and do not feel like living.
- With oil field work, laborers are working long days and long hours and are away from home for long periods. This will increase the need for mental health and suicide prevention programs.

Another common theme among key informants was the need to address substance abuse issues. Multiple interviewees indicated that there are substance abuse problems in the region. Several informants thought that the issue is bigger than most people realize and that problems are likely to increase as more people move into the area. Some comments about this include:

- Addiction and substance abuse "is severe in this area." It's "almost an accepted norm here," and I haven't seen any increased prevention efforts recently.
- We've come a long way with mental and behavioral health. I think they've done a better job at promoting these services. We do more with substance abuse now. There are ads in paper, but people who need it might not see it.

- There is definitely meth use in the area.
- I think people are going out of the area for substance abuse services.
- We have people to treat substance abuse issues, but we don't have a way to funnel people to get the services. A school nursing program would help with this.
- Addiction and substance abuse is big in Mercer County. We have high per capita income … there are lots of people with high paying jobs but many of them don't like their jobs, some jobs are really monotonous, but because they're paid well, they feel they can't leave. This can lead to self-medication and addiction.
- Substance abuse is a big issue for kids. Kids see their parents doing it and they have the means to get drugs and alcohol.
- There is a big issue in the high school with prescription drugs and alcoholism.
- It's not just the illicit drugs, it's becoming a bigger problem with prescription drugs … people are getting huge amounts of pain medications. There are a lot of people on medications with large quantities. It's becoming normal to have access to drugs.
- Out of state people are moving into the area and bringing more drugs.
- Workers are relying on stimulants to stay awake during long shifts.
- We need better advertising of low-income services to the poor. Maybe put posters up so people know what's available in terms of substance abuse help and mental health. These posters could be posted "anywhere there's a bulletin board" such as laundromats, churches, gas stations, and so on.

Key informants also pointed to the need for general mental health services, especially in light of the aging population. A number of interviewees noted that many people are going to larger cities for their mental health needs, sometimes because they have no choice to and sometimes because they prefer the anonymity of going elsewhere. Specific comments included:

- Local plants have EAPs [employee assistance programs]. For counseling and mental health, people prefer to go to Bismarck for privacy and confidentiality reasons. The counselors do come out to this area periodically.
- The lack of mental health services for kids is an issue. We need more services for them.
- I'm not sure, but it seems like dementia and Alzheimer's is more of a problem.
- We are already starting to see the effects of more people moving to the area due to the oil activity. We need to be prepared to deal with more depression, anxiety,

drug use, and alcoholism. A lot of counseling will be needed. It's going to start overtaking everything. It's hard to plan for it. If additional funding comes this way, it won't be until long after the need is felt.

- Many area employers offer EAPs, but often the services are not local. It would be helpful if some of the training and some of the actual services could be offered locally rather than having to travel to Bismarck.

- People in our area do not seek mental health services when needed because they were brought up to believe that they need to just "suck it up" and deal with it. We need to get rid of the stigma associated with mental health care.

4. Adding obstetric services

Another recurring theme among interview participants was the desire by many in the community to have access again to local full-fledged obstetric services, including a birthing center. Some recognized the obstacles to restarting an OB program but believed that it was worth considering given the increase in young families in the area and the inconvenience (and potential safety issues) of needing to travel to Bismarck for many of these services. Participants also inquired about having more education regarding child care for new parents. Specific comments included:

- I'm up in the air about OB. It would be nice to have, but providers need to keep up with continuing education to keep it safe. They do prenatal and postnatal care here. I don't think people need to go to Bismarck for prenatal and postnatal care since it's not like they're seeing the OB doc a lot anyway; they're probably seeing a nurse practitioner or a different doctor much of the time. The doc just comes in for the delivery.

- Our community demographics are changing and there are more young families. Having full-fledged OB again can be scary for the staff. But if we can make the staff comfortable with it, we should offer it again. Also, it is a way to create that relationship with the family.

- OB would be nice but it may not be feasible if it's limited to a small number of users.

- We would like to see OB back in the area. We are starting to see an influx of younger families. Needs are changing and we expect to see an increase in kids and families in the next 10 years.

5. Adding specialized pediatric services

As with obstetric services, several participants in the focus group and interviews noted the lack of dedicated, specialized pediatric services. While the comments about the area's family practice physicians were all positive, some participants indicated that when it comes to children's medical needs, they simply prefer to see a pediatrician. Others noted that because families are leaving the area for these services (usually

traveling to Bismarck), opportunities to form long-lasting relationships with these families are being lost. Specific comments included:

- Several people take their kids to the pediatrician in Bismarck.
- I'm satisfied myself with local services, but I've heard from others that they need to go to Bismarck for pediatric care.
- I don't know whether this is fiscally feasible, but one area I think might be ripe for improvement is pediatric medicine. Our family care physicians are very good, but pediatric medicine would be a suggestion. Not having pediatric services is challenging for the area. We lose a lot of business to Bismarck that would otherwise stay here. It's not that parents don't think the local doctors are good, it's just that they're looking for that experienced pediatrician who understands medical issues from the standpoint of kids.
- A visiting pediatrician "would be a huge draw."
- I think we're more focused on family practice than getting a pediatrician. Maybe more visiting specialists? But when you get into visiting specialists, you get into the politics of battling the bigger hospitals in Bismarck.

6. Praise for collaboration between SMC and CCCHC

Key informants who expressed an opinion about the collaboration between Sakakawea Medical Center and Coal Country Community Health Center agreed that the recent increased cooperation between the entities has been noticeable and positive. Many pointed to the sharing of a CEO as leading to better collaboration and relationships among previously competing facilities. Specific comments included:

- The more integrated that services are, the better. Having the same leader of Coal Country and SMC has been good. People don't feel like they have to have allegiances to one place or another. They can just go in and get their health care.
- There has been a total turnaround in the last year. It has gotten much better and there is not as much of a rift between entities. It's been much more collaborative. Now people will go where they need to go to get good care, and they're not as worried about loyalties.
- Collaboration has improved greatly in the last year or so. It really has been a positive to have the same CEO of both the hospital and Coal Country.
- Collaboration is better than it has ever been before. Much of it is due to the CEO's efforts, although the boards were willing participants and helped make it happen.

- Collaboration has been much better with the integrated administration of the hospitals and clinics. They are much stronger together than being separate and competing organizations.
- The sharing of board members has helped.
- There used to be strong lines dividing the hospital and clinics, but we're almost to the point of having 100% cooperation. There used to be much more friction with the community health center.
- To get to the level of cooperation that now exists between the hospital and Coal Country has been an epic journey. It is stunning what has taken place to get to this point. Now the community sees how great things can be when everyone is working together.

Additional Issues

Other issues that did not emerge as themes, but were mentioned, may warrant additional consideration. These other comments included:

- There is a huge issue with domestic violence in the oil fields.
- Mercer and Oliver counties have among the highest per capita income rates in the state, and we have some of the greatest access to health care, but health outcomes are among the worst in North Dakota. There seems to be a disconnect between the general population and getting remedial health care. We need to help make that connection and bring those wellness and preventive services out into the community. So many people are removed from the community and not engaged.
- A community wellness facility in each city could be a spark plug that helps engage the community and spurs more wellness activity. Beulah has a fitness center, an old elementary gym, but we need something with programming.
- There is a gap in communication between local providers and specialty providers to whom patients are referred. Often the local providers don't know the outcome of visits to specialists, and vice versa. There could be some improvement here.
- Residents appreciate events such as Senior Day Out, County Fairs, and health screening fairs and find them to be good places to reach residents and educate them about available services. Having the actual "provider" at these events (performing screenings, for example) gives people a sense of familiarity, and residents might be more likely to make an appointment with the provider when they have already met them professionally.
- A school-based health clinic could really work well in an area like this. Similar to the clinics in the plants, it could serve as a point of access for not only students,

but also parents and teachers. In the fall, Custer Public Health comes into each school for a few days. But there could be a more uniform presence that is more pervasive.

- One weakness may be the billing practices. The public perception is that it is poor and that maybe it is worse here than in Bismarck. It's hard to make sense of a bill, even if you're looking at it with the documents from your insurance company. I think this a problem everywhere, not just locally.

Priority of Health Needs

In February 2012, Custer Health hosted a North Dakota public health roundtable at Sakakawea Medical Center. Thirteen participants (some of whom joined by videoconference) took part in the four-hour meeting. An epidemiologist from the North Dakota Department of Health gave a detailed presentation of the data set forth in the health unit's updated community health profile (see Appendix C) as well as other data reflecting the health status of residents in the Local Health Providers' service area. A summary of highlights of the presented material, prepared by public health officials, is included as Appendix H.

Following the presentation of data, community health leaders and community members participated in a facilitated discussion to identify and prioritize area health needs. After identifying needs, the group categorized the needs as either: (1) going well, (2) alarming/stands out, or (3) improvement is needed. The following areas were identified as "alarming/stands out" (listed in no particular order):

- Youth – obesity
- Youth – considering suicide
- Youth – texting while driving
- Youth – drinking and driving
- Youth – spit tobacco use
- Youth – bullying
- Youth – emotional health
- Youth – illegal drug use
- Adult – obesity
- Adult – asthma
- Adult – arthritis
- Adult – alcohol use
- Adult – low seatbelt use
- Adult – colorectal screening (under-screening)

A summary of these concerns, prepared by public health officials, is included as Appendix I.

Additionally, after the preliminary release of this report, community members and representatives of the Local Health Providers met on December 4, 2012 to review the findings of this report and prioritize the potential needs that had been identified. After careful consideration of and discussion about the findings, they prioritized the needs facing the community. Representatives from the Center for Rural Health were on hand to present the findings and help facilitate the prioritization process. Thirty-three community individuals participated in the meeting. Those taking part in the meeting are listed in Appendix K. Each participant was asked to choose their top five community health needs. The results of the vote were tallied and the potential needs that received at least one vote were placed into three tiers of potential health needs. The needs that received the most votes and therefore placed in "Tier 1" of needs were:

- Elevated rate of adult obesity (18 votes)
- Limited number of mental health care providers (17 votes)
- Elevated rate of adult smoking (11 votes)
- Mental health issues (including substance abuse and suicide prevention) (11 votes)

Included in Appendix J is a summary of the prioritization of the community's health needs. Local Health Providers will use these findings and needs prioritization in their strategic implementation efforts.

Summary

This study took into account input from more than 640 community members and health care professionals from several counties as well as 22 community leaders. This input represented the broad interests of the community served by the Local Health Providers. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

An analysis of secondary data reveals that the Local Health Providers' service area has a higher percentage of adults over the age of 65 than the state average and a higher median age than the state median, although the difference is not as great as some other rural areas in the state. An older population may indicate a need for additional medical services.

The data shows that all three counties surveyed are at or exceed the *state average* for rates of adult obesity and physical inactivity, as well as the ratio of population to mental health providers. None of the counties perform better than the *national benchmark* with respect to rates of self-reported poor or fair health, days of poor physical health, or days of poor mental health. None of the counties measured on the applicable measures meet the *national benchmark* in terms of excessive drinking, preventable hospital stays, and the ratio of population to primary care providers. Dunn and Oliver counties have rates of uninsured adults that are higher than the *state average*.

With respect to preventive care, the data suggests that there is room for improvement in the region in the areas of colorectal cancer screening, influenza vaccination, annual hemoglobin screening for diabetics, and drug-drug interaction rates. Data about leading causes of death in the area suggest that reductions in non-infant mortality may be achieved by focusing on early detection and prevention of cancer and heart disease, as well as accident and suicide prevention.

Results from the survey revealed that community members rank the following health concerns as the most important in the community: (1) availability of emergency services, (2) high costs of health care for consumers, (3) cancer, (4) heart disease, and (5) having adequate numbers of health care providers and specialists. Health care professionals perceived the most important concerns as (1) availability of emergency services, (2) cancer, (3) heart disease, (4) mental health, and (5) diabetes. The survey also revealed that most consumers were aware of several of the services offered by the Local Health Providers, but that there were a number of services about which community members tended to have lower awareness and which may present opportunities for education and increased utilization. To help remove barriers to accessing health care locally, community members most often recommended adding more specialists and doctors as well as increasing the hours of service.

Input from community leaders echoed many of the concerns raised by survey respondents, and also highlighted concerns about: (1) addressing financial concerns and increasing awareness of the sliding fee scale at Coal Country Community Health Center, (2) addressing suicide prevention, substance abuse issues, and other mental health needs, (3) increasing obstetric services (including deliveries), and (4) adding specialized pediatric services. Community leaders also had high praise for recent increased collaboration between Sakakawea Medical Center and Coal Country Community Health Center.

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

Center for Rural Health Community Health Needs Assessment (Consumer Survey)

Health care providers in the Hazen, Beulah, and Center area are interested in hearing from you about area health needs. The Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences is administering this survey on behalf of Custer Public Health Unit, Coal Country Community Health Centers, Knife River Care Center, Mercer County Ambulance, and Sakakawea Medical Center. This initiative is sponsored by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn of your community's awareness of local health care services being provided
- Hear suggestions and help identify any gaps in services (now and in the future)
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. **As used in this survey, the terms "locally" and "in the area" refer to the Beulah, Hazen, and Center area.** If you prefer, this survey may be completed electronically by visiting: https://www.surveymonkey.com/s/beulah-hazen. Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other respondents and reported in aggregate form. If you have questions about the survey, you may contact Marlene Miller, Associate Director at the Center for Rural Health, 701.777.4499, marlene.miller@med.und.edu, or locally you may contact Marie Mettler, Public Relations, Sakakawea Medical Center, 701.748.7218, mmettler@sakmedcenter.org.

Community Assets/Best Things about Your Community

Please tell us about your community by choosing the top three options you most agree with in each category (i.e., people, services and resources, quality of life, geographic setting, and activities).

Q1a. Considering the PEOPLE in your community (choose the top THREE):

☐	People are friendly, helpful, supportive	☐	People are tolerant, inclusive, open-minded
☐	Sense of community/feeling connected to people who live here	☐	Sense that you can make a difference – government is accessible
☐	People who live here are aware of/ engaged in social, civic, or political issues	☐	Other (please specify)_____
☐	Community is socially and culturally diverse and/or at least becoming more diverse		

Q1b. Considering the SERVICES AND RESOURCES in your community (choose the top THREE):

☐	Academic opportunities and institutions (benefits that come from the presence of continuing education opportunities)	☐	Shopping (e.g., close by, good variety, availability of goods)
☐	Quality school systems and other educational institutions and programs for youth	☐	Local restaurants and food
☐	Local access to quality health care	☐	Availability of child daycare
☐	Transportation	☐	Availability of adult daycare
☐	Downtown and Marketplace	☐	Other (please specify)_____

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Q1c. Considering the QUALITY OF LIFE in your community (choose the top THREE):

☐	Safety and safe places to live, little/no crime	☐	Peaceful, calm, quiet environment
☐	Family-friendly environment; good place to raise kids	☐	"Healthy" place to live
☐	Informal, simple, "laidback lifestyle"	☐	Other (please specify)_____

Q1d. Considering the GEOGRAPHIC SETTING of your community (choose the top THREE):

☐	Waterfront, rivers, lakes, and/or beaches	☐	Mix of rural and city areas
☐	General beauty of environment and/or scenery	☐	General proximity to work and activities (e.g., short commute, convenient access)
☐	Relatively small size and scale of community	☐	Climate and seasons
☐	Natural setting: outdoors and nature	☐	Other (please specify)_____
☐	Cleanliness of area (e.g., fresh air, lack of pollution and litter)		

Q1e. Considering the ACTIVITIES in your community (choose the top THREE):

☐	Arts and cultural activities and/or cultural richness of community	☐	Activities for families and youth
☐	Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)	☐	Hunting and fishing
☐	Community events and festivals	☐	Other (please specify)_____

Q1f. What are other "best things" about your community that are not reflected in the questions above?

_____

_____

Health Care Services

Regarding the following health care services (i.e., general services, women and children's services, acute services, screening and therapy services, and radiology services) please tell us:

a) Whether you are aware of the health care services offered locally.

b) Whether you have used the health care services locally, at a facility outside of the area, or both.

Q2a. General services

a) Aware of services offered locally			b) Used services locally or used services out of the area (check both if applicable)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of Area
		Clinic		
		Assisted living		
		Hospice care		
		Nursing home		
		Home oxygen service		
		Assistance paying for medication		
		Chemotherapy/infusion therapy		
		Home health		
		Visiting specialists		
		Social services		
		Mental and behavioral health		
		Substance abuse services		
		Retail pharmacy		
		Dialysis		
		Basic care services (senior suites)		

Q2b. Women and children's services

a) Aware of services offered locally			b) Used services locally or used services out of the area (check both if applicable)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of Area
		Pediatric/child care		
		WIC program		
		Childhood immunizations		
		Well baby/well child checks		
		Postpartum visits		
		Family planning and reproductive health		

Q2c. Acute services

a) Aware of services offered locally			b) Used services locally or used services out of the area (check both if applicable)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of Area
		Ambulance		
		Emergency room		
		Acute care hospital		
		Surgical services		
		Cardiac services/rehab		
		Obstetric services		
		Swing bed services		
		Trauma care		

Q2d. Screening/therapy services

a) Aware of services offered locally			b) Used services locally or used services out of the area (check both if applicable)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of Area
		Health screenings		
		Medical nutrition therapy		
		Diabetes education		
		Sleep studies		
		Eye exams/optometric services		
		Foot care/podiatric services		
		Hearing tests/audiologist		
		Physical therapy		
		Occupational therapy		
		Speech therapy		
		Counseling services		
		Laboratory services		
		Respiratory care services		
		Dental services		
		Chiropractic services		
		Pain management clinic		
		Tobacco cessation services		
		Occupational health		
		Allergy care		

Q2e. Radiology services

a) Aware of services offered locally			b) Used services locally or used services out of the area (check both if applicable)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of Area
		Radiology (mammography)		
		Radiology (ultrasound)		
		Radiology (nuclear medicine)		
		Radiology (MRI)		
		Radiology (general x-ray)		
		Radiology (CT scan)		
		Radiologist (bone-density)		

Q3. What specific services, if any, do you think need to be added locally, and why?

_____

_____

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Q4. The Knife River Care Center is considering adding both assisted living and senior independent living programs in the area.

a) Do you think such programs would meet community needs in the area?
☐ Yes ☐ No ☐ Don't Know

b) If such programs were established, would you or a family member use these types of services?
☐ Yes ☐ No ☐ Don't Know

c) If you or a family member WOULD use these services, when?
Assisted living:
Within the next ☐ 1 year ☐ 1-3 years ☐ 3-5 years ☐ 5-10 years ☐ Don't Know
Independent living:
Within the next ☐ 1 year ☐ 1-3 years ☐ 3-5 years ☐ 5-10 years ☐ Don't Know

d) If you WOULD NOT use either of these programs, why not? _____

Q5. Do you anticipate that you or a family member will use the nursing home or rehab services of Knife River Care Center in the future?

☐ No ☐Yes, within 1 year ☐Yes, in 1-3 years ☐Yes, in 3-5 years ☐Yes, in 5-10 years ☐ Don't Know

Delivery of Health Care

Q6. Regarding the delivery of health care in your community, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being not at all important and 5 being extremely important:

	Not at all important				Extremely important
Health concerns	1	2	3	4	5
Obesity					
Diabetes					
Cancer					
Mental health (e.g., depression, dementia/Alzheimer)					
Heart disease					
Higher costs of health care for consumers					
Emergency services (ambulance & 911) available 24/7					
Focus on wellness and prevention of disease					
Distance/transportation to health care facility					
Adequate number of health care providers and specialists					
Not enough health care staff in general					
School nursing					
Emergency preparedness					
Accident/injury prevention					
Addiction/substance abuse					
Family planning/reproductive health					
Suicide prevention					

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b) Which concern above is the most important? _____

c) Why is that concern the most important? _____

_____

Q7. Please tell us why you seek health care services in the local area. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Access to specialist
- ☐ Less costly
- ☐ Proximity
- ☐ Open at convenient times
- ☐ Familiarity with providers
- ☐ Local providers take my insurance
- ☐ Local providers take new patients
- ☐ Transportation is readily available
- ☐ Convenience
- ☐ High quality of care
- ☐ Loyalty to local service providers
- ☐ Other: (Please specify)_____

Q8. Please tell us why you seek health care services outside of the area. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Provides necessary specialists
- ☐ Less costly
- ☐ Open at convenient times
- ☐ Takes many types of insurance
- ☐ Takes new patients
- ☐ Transportation is readily available
- ☐ High quality of care
- ☐ Other: (Please specify)_____

Q9. What would help to address the reasons why you do not seek health care services in the local area? (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Evening or weekend hours
- ☐ Interpretive services
- ☐ Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- ☐ More doctors
- ☐ More specialists
- ☐ Transportation services
- ☐ Other: (Please specify)_____

_____

Q10. How long does it take you to reach the nearest clinic that is operated by local providers?

- ☐ Less than 10 minutes
- ☐ 11 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 1 hour

Q11. How long does it take you to reach the nearest clinic that is not operated by local providers?

- ☐ Less than 30 minutes
- ☐ 30 to 60 minutes
- ☐ More than 1 hour

Q12. Do you believe that local providers could improve their collaboration with:

	Yes	No. It's fine as it is.	Don't know
a) Local job/economic development	☐	☐	☐
b) School	☐	☐	☐
c) Industry	☐	☐	☐
d) Hospitals in other cities	☐	☐	☐
e) Public Health	☐	☐	☐

Demographic Information

Please tell us about yourself.

Q13. Listed below are some general health conditions/diseases. Please select all that apply to you.

- ☐ Arthritis
- ☐ Asthma/COPD
- ☐ Cancer
- ☐ Chronic pain
- ☐ Depression, stress, etc.
- ☐ Dementia
- ☐ Muscles or bones (e.g., back problems, broken bones)
- ☐ Heart conditions (e.g., congestive heart failure)
- ☐ High cholesterol
- ☐ Hypertension
- ☐ OB/Gyn related
- ☐ Weight control
- ☐ Diabetes

Q14. Insurance status. (Choose all that apply.)

- ☐ Insurance through employer
- ☐ Private insurance
- ☐ Tribal insurance
- ☐ Indian Health Services
- ☐ Medicare
- ☐ Medicaid
- ☐ Veteran's Health Care Benefits
- ☐ Other
- ☐ Uninsured/underinsured

Q15. Age:

- ☐ Less than 25 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 59 years
- ☐ 60 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q16. Years lived in your community:

- ☐ Less than 3 years
- ☐ 3 to 9 years
- ☐ 10 to 20 years
- ☐ More than 20 years

Q17. Highest level of education:

- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or Professional degree

Q18. Gender:

- ☐ Male
- ☐ Female

Q19. Marital status:

- ☐ Divorced/separated
- ☐ Married
- ☐ Single/never married
- ☐ Widowed

Q20. Employment status:

- ☐ Full time
- ☐ Part time
- ☐ Homemaker
- ☐ Multiple job holder
- ☐ Unemployed
- ☐ Retired

Q21. Household size:

- ☐ Live alone
- ☐ Couple, no child(ren) at home
- ☐ Single parent with child(ren) at home
- ☐ Couple, with child(ren) at home
- ☐ Other

Q22. Annual household income before taxes:

- ☐ $0 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 and over

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Q23. Your zip code: _____

Q24. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Beulah/Hazen/Center Area Health Needs Survey - Health Care

Community Assets/Best Things about Your Community

NOTE: THIS SURVEY IS FOR HEALTH CARE PROFESSIONALS ONLY. IF YOU ARE A MEMBER OF THE PUBLIC AND WOULD LIKE TO COMPLETE AN ONLINE SURVEY, PLEASE VISIT: https://www.surveymonkey.com/s/beulah-hazen

As you may know, local health providers are in the process of conducting a community health needs assessment. Health care professionals, community leaders, and consumers are being asked to complete a survey. The Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences is administering this survey on behalf of Custer Public Health Unit, Coal Country Community Health Centers, Knife River Care Center, Mercer County Ambulance, and Sakakawea Medical Center. This initiative is sponsored by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn about the community's assets
- Learn of the community's awareness of local health care services being provided
- Hear suggestions and help identify any gaps in services (now and in the future)
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. The survey has 23 QUESTIONS on 3 PAGES.

NOTE: As used in this survey, the terms "locally" and "in the area" refer to the Beulah, Hazen, and Center area.

Your responses are anonymous – you may skip any question you do not want to answer. Your answers will be combined with other respondents and reported in aggregate form. If you have questions about the survey, you may contact Marlene Miller, Associate Director at the Center for Rural Health, 701.777.4499, marlene.miller@med.und.edu, or locally you may contact Marie Mettler, Public Relations, Sakakawea Medical Center, 701.748.7218, mmettler@sakmedcenter.org.

1. Considering the PEOPLE in your community, the best things are (choose the top THREE):

- ☐ People are friendly, helpful, supportive
- ☐ Sense of community/feeling connected to people who live here
- ☐ People who live here are aware of/engaged in social, civic, or political issues
- ☐ Community is socially and culturally diverse and/or becoming more diverse
- ☐ People are tolerant, inclusive, open-minded
- ☐ Sense that you can make a difference – government is accessible
- ☐ Other (please specify in the box below)

Beulah/Hazen/Center Area Health Needs Survey - Health Care

2. Considering the SERVICES AND RESOURCES in your community, the best things are (choose the top THREE):

- ☐ Academic opportunities and institutions (benefits that come from the presence of continuing education opportunities)
- ☐ Quality school systems and other educational institutions and programs for youth
- ☐ Local access to quality health care
- ☐ Public services and amenities
- ☐ Downtown and shopping (e.g., close by, good variety, availability of goods)
- ☐ Transportation
- ☐ Local restaurants and food
- ☐ Availability of child daycare
- ☐ Availability of adult daycare
- ☐ Other (please specify in the box below)

3. Considering the QUALITY OF LIFE in your community, the best things are (choose the top THREE):

- ☐ Safety and safe places to live, little/no crime
- ☐ Family-friendly environment; good place to raise kids
- ☐ Informal, simple, "laidback lifestyle"
- ☐ Peaceful, calm, quiet environment
- ☐ "Healthy" place to live
- ☐ Other (please specify in the box below)

4. Considering the GEOGRAPHIC SETTING of your community, the best things are (choose the top THREE):

- ☐ Waterfront, rivers, lakes, and/or beaches
- ☐ General beauty of environment and/or scenery
- ☐ Relatively small size and scale of community
- ☐ Natural setting: outdoors and nature
- ☐ Cleanliness of area (e.g., fresh air, lack of pollution and litter)
- ☐ Mix of rural and city areas
- ☐ General proximity to work and activities (e.g., short commute, convenient access)
- ☐ Climate and seasons
- ☐ Other (please specify in the box below)

Beulah/Hazen/Center Area Health Needs Survey - Health Care

5. Considering the ACTIVITIES in your community, the best things are (choose the top THREE):

- ☐ Arts and cultural activities and/or cultural richness of community
- ☐ Activities for families and youth
- ☐ Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)
- ☐ Hunting and fishing
- ☐ Community events and festivals
- ☐ Other (please specify in the box below)

6. What are other "best things" about your community that are not reflected in the questions above?

Delivery of Health Care

Beulah/Hazen/Center Area Health Needs Survey - Health Care

7. Regarding the delivery of health care IN YOUR COMMUNITY, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being not at all important and 5 being extremely important:

	1 - Not at all important	2	3	4	5 - Extremely important
Obesity	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯
Cancer	◯	◯	◯	◯	◯
Mental health (e.g., depression, dementia/Alzheimer)	◯	◯	◯	◯	◯
Heart disease	◯	◯	◯	◯	◯
Higher cost of health care for consumers	◯	◯	◯	◯	◯
Access to needed technology/equipment	◯	◯	◯	◯	◯
Emergency services (ambulance & 911) available 24/7	◯	◯	◯	◯	◯
Focus on wellness and prevention of disease	◯	◯	◯	◯	◯
Distance/transportation to health care facility	◯	◯	◯	◯	◯
Adequate number of health care providers and specialists	◯	◯	◯	◯	◯
Not enough health care staff in general	◯	◯	◯	◯	◯
School nursing	◯	◯	◯	◯	◯
Emergency preparedness	◯	◯	◯	◯	◯
Accident/injury prevention	◯	◯	◯	◯	◯
Addiction/substance abuse	◯	◯	◯	◯	◯
Family planning/reproductive health	◯	◯	◯	◯	◯
Suicide prevention	◯	◯	◯	◯	◯

Which concern is the most important, and why?

Beulah/Hazen/Center Area Health Needs Survey - Health Care

8. Please tell us why you think patients seek services IN THE LOCAL AREA. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Access to specialist
- ☐ Less costly
- ☐ Proximity
- ☐ Open at convenient times
- ☐ Familiarity with providers
- ☐ My facility takes their insurance
- ☐ My facility takes new patients
- ☐ Transportation is readily available
- ☐ Convenience
- ☐ High quality of care
- ☐ Loyalty to local service providers
- ☐ Other (please specify in the box below)

9. Please tell us why you think patients seek services OUTSIDE OF THE AREA. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Provides necessary specialists
- ☐ Less costly
- ☐ Open at convenient times
- ☐ Takes many types of insurance
- ☐ Takes new patients
- ☐ Transportation is readily available
- ☐ High quality of care
- ☐ Other (please specify in the box below)

10. What would help to address the reasons why patients do not seek health care services in the local area? (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Evening or weekend hours
- ☐ Interpretive services
- ☐ Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Collaboration between competing health providers
- ☐ Other (please specify in the box below)
- ☐ More doctors
- ☐ More specialists
- ☐ Transportation services
- ☐ Adequate training of providers
- ☐ Adequate training of staff

Beulah/Hazen/Center Area Health Needs Survey - Health Care

11. What specific services, if any, do you think local providers need to add locally, and why?

12. The Knife River Care Center is considering adding both ASSISTED LIVING and SENIOR INDEPENDENT LIVING programs in the area.

	Yes	No	Don't Know
a) Do you think such programs would meet community needs in the area?	◯	◯	◯
b) If such programs were established, would you or a familiy member use these types of services?	◯	◯	◯

13. If you or a family member WOULD use the services of Knife River Care Center noted in the previous question, when do you anticipate using them?

	Within the next 1 year	In 1-3 years	In 3-5 years	In 5-10 years	Don't know
a) Assisted living	◯	◯	◯	◯	◯
b) Independent living	◯	◯	◯	◯	◯

If you WOULD NOT use either of these programs, why not?

14. Do you anticipate that you or a family member will use the nursing home or rehab services of Knife River Care Center in the future?

- ◯ No
- ◯ Yes, within 1 year
- ◯ Yes, in 1-3 years
- ◯ Yes, in 3-5 years
- ◯ Yes, in 5-10 years
- ◯ Don't know

15. Do you seek health care services outside of the area? If so, why?

Beulah/Hazen/Center Area Health Needs Survey - Health Care

16. Do you believe that local providers could improve their collaboration with:

	Yes	No, it's fine as it is	Don't know
Local job/economic development	◯	◯	◯
School	◯	◯	◯
Industry	◯	◯	◯
Hospitals in other cities	◯	◯	◯
Public Health	◯	◯	◯

Demographic Information

Please tell us about yourself.

17. Age:

- ◯ Less than 25 years
- ◯ 25 to 34 years
- ◯ 35 to 44 years
- ◯ 45 to 54 years
- ◯ 55 to 59 years
- ◯ 60 to 64 years
- ◯ 65 to 74 years
- ◯ 75 years and older

18. Years lived in your community:

- ◯ Less than 3 years
- ◯ 3 to 9 years
- ◯ 10 to 20 years
- ◯ More than 20 years

19. Highest level of education:

- ◯ Some high school
- ◯ High school diploma or GED
- ◯ Some college/technical degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Graduate or Professional degree

20. Gender:

- ◯ Female
- ◯ Male

Beulah/Hazen/Center Area Health Needs Survey - Health Care

21. Profession:

- ◯ Clerical
- ◯ Health care administration
- ◯ Allied health professional
- ◯ Environmental services
- ◯ Nurse
- ◯ Physician
- ◯ Physician's Assistant/Nurse Practitioner
- ◯ CNA/Other assistant

Other (please specify)

22. How long have you been employed or in practice in the area?

- ◯ Less than 5 years
- ◯ 5 to 10 years
- ◯ More than 10 years

23. Overall, please share concerns and suggestions to improve the delivery of local health care.

Appendix B – Key Informants Participating in Interviews

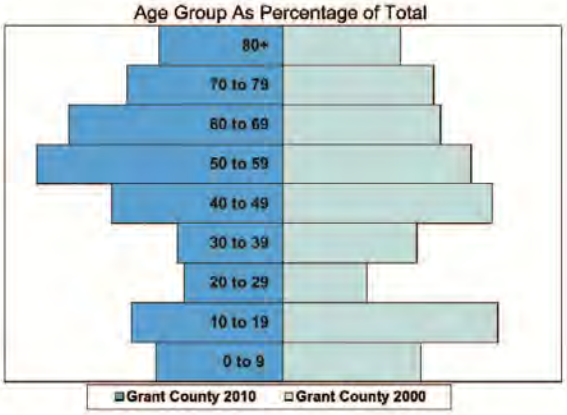
NAME	ORGANIZATION
Pastor Steve Behrens	Salem United Methodist Church; Mercer County Ministerial Group
Sandra Bohrer	City of Hazen, Hazen Busing
Mike Chase	Hazen Drug
D.J. Erickson	Erickson Chiropractic
Keith Johnson	Custer Health Unit
Kim Kessler	Bronson SuperValu
Rob Lech	Beulah Public Schools
Kevin Lee, DDS	Beulah Dental
Mike Ness	Hazen Public Schools
Christie Obenauer	Union State Bank
Gerry Pfau	Minnkota Power Plant
Linda Pouliot	Job Service of North Dakota
Eunice Sayler	Job Service of North Dakota
Bill Suter	Coteau Mine

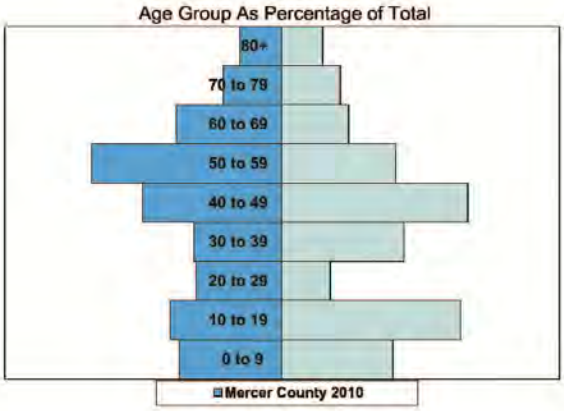
Custer District Community Health Profile

POPULATION

Population by Age Group, 2010 Census								
Age Group	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	218	9.1%	936	11.1%	3644	13.3%	219	11.9%
10-19	260	10.9%	1019	12.1%	3510	12.8%	219	11.9%
20-29	169	7.1%	782	9.3%	3355	12.2%	138	7.5%
30-39	181	7.6%	799	9.5%	3450	12.6%	165	8.9%
40-49	294	12.3%	1276	15.1%	3726	13.6%	252	13.7%
50-59	424	17.7%	1732	20.6%	4172	15.2%	377	20.4%
60-69	368	15.4%	957	11.4%	2708	9.9%	271	14.7%
70-79	268	11.2%	538	6.4%	1632	5.9%	114	6.2%
80+	212	8.9%	385	4.6%	1274	4.6%	91	4.9%
Total	2394	100.0%	8424	100.0%	27471	100.0%	1846	100.0%
0-17	450	18.8%	1799	21.4%	6561	23.9%	410	22.2%
65+	645	26.9%	1328	15.8%	4013	14.6%	308	16.7%

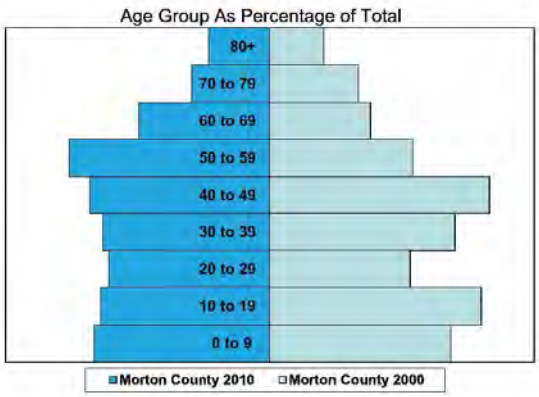
Population by Age Group, 2010 Census						
Age Group	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
0-9	916	22.1%	5,933	13.4%	84,671	12.6%
10-19	769	18.5%	5,777	13.0%	87,264	13.0%
20-29	596	14.4%	5,040	11.4%	108,552	16.1%
30-39	508	12.2%	5,103	11.5%	77,954	11.6%
40-49	544	13.1%	6,092	13.8%	84,577	12.6%
50-59	401	9.7%	7,106	16.0%	96,223	14.3%
60-69	253	6.1%	4,557	10.3%	61,901	9.2%
70-79	125	3.0%	2,677	6.0%	39,213	5.8%
80+	41	1.0%	2,003	4.5%	32,236	4.8%
Total	4153	100.0%	44,288	100.0%	672,591	100.0%
0-17	1516	36.5%	10,736	24.2%	149,871	22.3%
65+	294	7.1%	6,588	14.9%	97,477	14.5%

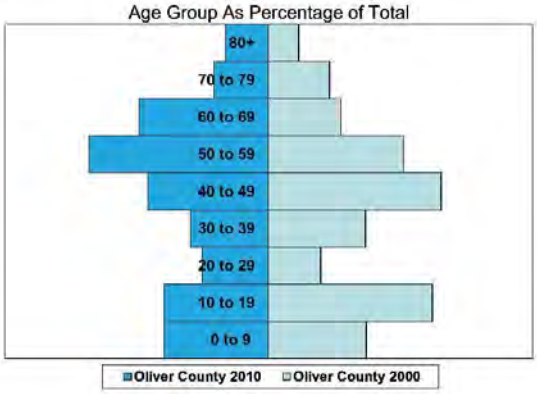


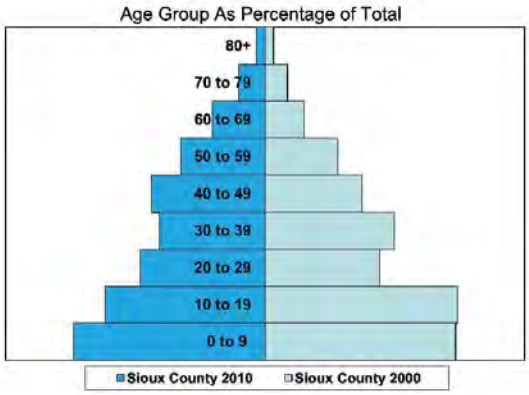


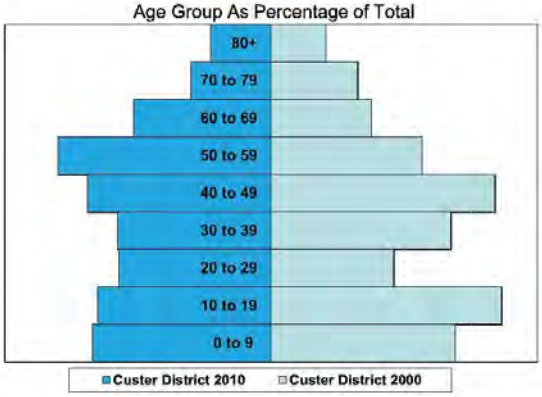
Custer District Community Health Profile

POPULATION









Decennial Population Change, 1990 to 2000, 2000 to 2010

Census	Grant County	10 Year Change (%)	Mercer County	10 Year Change (%)	Morton County	10 Year Change (%)	Oliver County	10 Year Change (%)
1990	3,549		9,808		23,700		2,381	
2000	2,841	-19.9%	8,644	-11.9%	25,303	6.8%	2,065	-13.3%
2010	2,394	-15.7%	8,424	-2.5%	27,471	6.3%	1,846	-10.6%

Decennial Population Change, 1990 to 2000, 2000 to 2010

Census	Sioux County	10 Year Change (%)	Custer District	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	3,761		43,199		638,800	
2000	4,044	7.5%	42,897	-0.7%	642,200	0.5%
2010	4,153	2.7%	44,288	3.2%	672,591	4.7%

Custer District Community Health Profile

POPULATION

Female Population and Percentage Female by Age, 2010 Census								
Age Group	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	120	55.0%	437	46.7%	1778	48.8%	106	48.4%
10-19	135	51.9%	479	47.0%	1674	47.7%	102	46.6%
20-29	73	43.2%	372	47.6%	1657	49.4%	57	41.3%
30-39	92	50.8%	365	45.7%	1742	50.5%	77	46.7%
40-49	142	48.3%	632	49.5%	1844	49.5%	127	50.4%
50-59	200	47.2%	799	46.1%	2069	49.6%	176	46.7%
60-69	182	49.5%	463	48.4%	1313	48.5%	136	50.2%
70-79	128	47.8%	282	52.4%	913	55.9%	43	37.7%
80+	133	62.7%	251	65.2%	783	61.5%	57	62.6%
Total	1205	50.3%	4080	48.4%	13773	50.1%	881	47.7%
0-17	241	53.6%	841	46.7%	3184	48.5%	196	47.8%
65+	347	53.8%	735	55.3%	2239	55.8%	149	48.4%

Female Population and Percentage Female by Age, 2010 Census						
Age Group	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
0-9	427	46.6%	2868	48.3%	41330	48.8%
10-19	366	47.6%	2756	47.7%	42277	48.4%
20-29	283	47.5%	2442	48.5%	50571	46.6%
30-39	253	49.8%	2529	49.6%	37144	47.6%
40-49	273	50.2%	3018	49.5%	41499	49.1%
50-59	191	47.6%	3435	48.3%	47283	49.1%
60-69	135	53.4%	2229	48.9%	30699	49.6%
70-79	75	60.0%	1441	53.8%	21453	54.7%
80+	21	51.2%	1245	62.2%	20471	63.5%
Total	2024	48.7%	21963	49.6%	332727	49.5%
0-17	722	47.6%	5184	48.3%	73083	48.8%
65+	163	55.4%	3633	55.1%	55050	56.5%

Custer District Community Health Profile

POPULATION

Race, 2010 Census	Grant County		Mercer County		Morton County		Oliver County	
Race	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	2,394	100.0%	8,424	100.0%	27,471	100.0%	1,846	100.0%
White	2,328	97.2%	8,052	95.6%	25,725	93.6%	1,796	97.3%
Black	1	0.0%	17	0.2%	120	0.4%	3	0.2%
Am Indian	27	1.1%	196	2.3%	1,000	3.6%	28	1.5%
Asian	3	0.1%	27	0.3%	54	0.2%	4	0.2%
Pac. Islander	0	0.0%	12	0.1%	24	0.1%	0	0.0%
Other	4	0.2%	31	0.4%	99	0.4%	3	0.2%
Multirace	31	1.3%	89	1.1%	449	1.6%	12	0.7%

Race, 2010 Census	Sioux County		Custer District		North Dakota	
Race	Number	Percentage	Number	Percentage	Number	Percentage
Total	4,153	100.0%	44,288	100.0%	672,591	100.0%
White	525	12.6%	38,426	86.8%	605,449	90.0%
Black	7	0.2%	148	0.3%	7,960	1.2%
Am Indian	3,492	84.1%	4,743	10.7%	36,591	5.4%
Asian	4	0.1%	92	0.2%	6,909	1.0%
Pac. Islander	2	0.0%	38	0.1%	320	0.0%
Other	4	0.1%	141	0.3%	3,509	0.5%
Multirace	119	2.9%	700	1.6%	11,853	1.8%

Household Populations, 2006-2010, ACS	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total:	2,486	100.0%	8,353	100.0%	26,712	100.0%	1,808	100.0%
In households	2,353	94.7%	8,208	98.3%	26,396	98.8%	1,808	100.0%
In family households	1,903	76.5%	7,080	84.8%	22,431	84.0%	1,573	87.0%
In nonfamily households	450	18.1%	1,128	13.5%	3,965	14.8%	235	13.0%
In group quarters	133	5.3%	145	1.7%	316	1.2%	0	0.0%
Institutionalized population	25	1.0%	91	1.1%	462	0.0173	0	0.0%

Household Populations, 2006-2010, ACS	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
Total:	4,121	100.0%	43,480	100.0%	659,858	100.0%
In households	4,077	98.9%	42,842	98.5%	634,679	96.2%
In family households	3,808	92.4%	36,795	84.6%	504,148	76.4%
In nonfamily households	313	7.6%	6091	14.0%	130,531	19.8%
In group quarters	44	1.1%	638	1.5%	25,179	3.8%
Institutionalized population	44	1.1%	622	1.4%	9,675	1.5%

Custer District Community Health Profile

POPULATION

Marital Status of Persons Age 15 and Older, 2000 Census								
	Grant County		Mercer County		Morton County		Oliver County	
Marital Status	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	2,176	100.0%	6,966	100.0%	21,511	100.0%	1,466	100.0%
Now Married	1,373	63.1%	4,660	66.9%	12,605	58.6%	976	66.6%
Widowed	198	9.1%	453	6.5%	1,377	6.4%	130	8.9%
Divorced	72	3.3%	404	5.8%	2,065	9.6%	108	7.4%
Separated	7	0.3%	49	0.7%	43	0.2%	9	0.6%
Never Married	527	24.2%	1,400	20.1%	5,399	25.1%	243	16.6%

Marital Status of Persons Age 15 and Older, 2000 Census						
	Sioux County		Custer District		North Dakota	
Marital Status	Number	Percent	Number	Percent	Number	Percent
Total	2,868	100.0%	34,987	100.0%	538,799	100.0%
Now Married	883	30.8%	20,498	58.6%	288,257	53.5%
Widowed	135	4.7%	2,293	6.6%	36,100	6.7%
Divorced	413	14.4%	3,062	8.8%	46,876	8.7%
Separated	75	2.6%	182	0.5%	4,310	0.8%
Never Married	1,362	47.5%	8,932	25.5%	163,256	30.3%

Educational Attainment, 25 Years and Older, 2006-2010, ACS								
	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,869	100.0%	5,952	100.0%	18,269	100.0%	1,304	100.0%
Less than 9th grade	142	7.6%	559	9.4%	1,407	7.7%	100	7.7%
9th to 12th grade	99	5.3%	333	5.6%	822	4.5%	78	6.0%
High school grad or GED	720	38.5%	1,625	27.3%	6,011	32.9%	417	32.0%
Some college	364	19.5%	1,321	22.2%	4,092	22.4%	314	24.1%
Associate's degree	237	12.7%	1,119	18.8%	1,882	10.3%	142	10.9%
Bachelor's degree	250	13.4%	833	14.0%	3,489	19.1%	196	15.0%
Grad degree or prof degree	56	3.0%	161	2.7%	585	3.2%	57	4.4%

Educational Attainment, 25 Years and Older, 2006-2010, ACS						
	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
Total	2,157	100.0%	29,551	100.0%	429,333	100.0%
Less than 9th grade	101	4.7%	2,310	7.8%	24,043	5.6%
9th to 12th grade	326	15.1%	1,658	5.6%	21,467	5.0%
High school grad or GED	654	30.3%	9,426	31.9%	120,643	28.1%
Some college	563	26.1%	6,655	22.5%	99,176	23.1%
Associate's degree	248	11.5%	3,628	12.3%	51,091	11.9%
Bachelor's degree	216	10.0%	4,984	16.9%	83,291	19.4%
Grad degree or prof degree	50	2.3%	908	3.1%	29,624	6.9%

Custer District Community Health Profile

POPULATION

Income and Poverty Status by Age Group, 2000 Census	Grant County		Mercer County		Morton County		Oliver County	
Median Household Income	$39,500		$60,191		$50,591		$62,308	
Per Capita Income	$25,840		$30,616		$25,303		$29,348	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Below Poverty Level	306	13.0%	509	6.2%	2,156	8.2%	175	9.7%
Under 5 years	18	16.4%	27	5.7%	230	12.0%	17	16.0%
5 to 11 years	30	18.6%	36	5.5%	282	11.7%	16	9.9%
12 to 17 years	15	8.4%	69	10.2%	162	7.3%	22	15.4%
18 to 64 years	123	9.5%	245	4.6%	1122	6.6%	55	4.9%
65 to 74 years	35	11.1%	66	9.5%	87	4.4%	18	10.7%
75 years and over	85	25.7%	66	10.4%	273	13.3%	47	33.6%

Income and Poverty Status by Age Group, 2000 Census	Sioux County		Custer District		North Dakota	
Median Household Income	$30,990		NA		$46,781	
Per Capita Income	$13,542		NA		$25,803	
	Number	Percent	Number	Percent	Number	Percent
Below Poverty Level	1,936	47.2%	5,082	11.5%	78,405	12.3%
Under 5 years	341	71.8%	633	20.6%	4,120	9.2%
5 to 11 years	251	41.6%	615	15.4%	7,908	14.2%
12 to 17 years	274	62.6%	542	14.8%	5,457	11.0%
18 to 64 years	970	41.4%	2515	9.3%	46,471	12.0%
65 to 74 years	39	19.5%	245	7.4%	4,149	8.9%
75 years and over	61	64.9%	532	16.3%	7,072	14.0%

Family Income and Poverty, 2005-2010, ACS	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Families	731	100.0%	2,549	100.0%	7,266	100.0%	551	100.0%
Families in Poverty	53	7.3%	105	4.1%	392	5.4%	36	6.5%
Families with Related Children	221	30.2%	998	39.2%	3,309	45.5%	232	42.1%
Families with Related Children in Poverty	27	3.7%	75	2.9%	285	3.9%	21	3.8%
Families with Related Children and Female Parent Only	18	2.5%	158	6.2%	467	6.4%	25	4.5%
Families with Related Children and Female Parent Only in Poverty	7	1.0%	61	2.4%	183	2.5%	7	1.3%
Total Known Children in Poverty (0-17)	63	14.0%	132	7.3%	674	10.3%	55	13.4%
Total Known Age 65+ in Poverty	120	18.6%	132	9.9%	360	9.0%	65	21.1%

Family Income and Poverty, 2005-2010, ACS	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
Total Families	793	100.0%	11,890	100.0%	170,477	100.0%
Families in Poverty	309	39.0%	895	7.5%	12,274	7.2%
Families with Related Children	515	64.9%	5,275	44.4%	78,224	45.9%
Families with Related Children in Poverty	238	30.0%	646	5.4%	10,679	6.3%
Families with Related Children and Female Parent Only	189	23.8%	857	7.2%	15,482	9.1%
Families with Related Children and Female Parent Only in Poverty	131	16.5%	389	3.3%	6,022	3.5%
Total Known Children in Poverty (0-17)	866	57.1%	1,790	16.7%	17,485	11.7%
Total Known Age 65+ in Poverty	100	34.0%	777	11.8%	11,221	11.5%

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Births, 2006- 2010	Grant County		Mercer County		Morton County		Oliver County	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	96	8	439	10	1,833	13	83	9
Pregnancies and Rate	106	9	467	11	1,982	14	97	11
Fertility Rate		72		74		76		75
Teen Births and Rate	0	0	0	0	114	17	0	0
Teen Pregnancies and Rate	0	0	14	7	160	24	0	0
Out of Wedlock Births and Ratio	6	63	114	260	582	318	7	84
Out of Wedlock Preg and Ratio	14	132	136	291	699	353	9	93
Low Birth Weight Birth and Ratio	0	0	34	77	124	68	0	0

Births, 2006- 2010	Sioux County		Custer District		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	503	24	2,954	13	44,427	13
Pregnancies and Rate	546	26	3,198	14	48,818	15
Fertility Rate		122		81		71
Teen Births and Rate	445	317	559	51	3,337	19
Teen Pregnancies and Rate	447	318	621	56	4,062	23
Out of Wedlock Births and Ratio	403	801	1,112	376	14,506	327
Out of Wedlock Preg and Ratio	445	815	1,303	407	18,103	371
Low Birth Weight Birth and Ratio	50	99	208	70	2,919	66

Child Deaths, 2006-2010	Grant County		Mercer County		Morton County		Oliver County	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	0	0.0	0	0.0	6	3.3	0	0.0
Child and Adolescent Deaths and Rate	0	0.0	0	0.0	6	17.7	0	0.0
Total Deaths and Crude Rate	174	1,454	364	864	1,195	870	59	639

Child Deaths, 2006-2010	Sioux County		Custer District		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	0	0.0	6	2.0	281	6.0
Child and	0	0.0	6	10.8	285	35.0
Total Deaths and Crude Rate	211	1,016	2,003	905	28,984	862

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Deaths and Age Adjusted Death Rate by Cause, 2006-2010	Grant County	Mercer County	Morton County	Oliver County
	Number (Adj. Rate)	Number (Adj. Rate)	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	174 (670)	364 (664)	1195 (706)	59 (475)
Heart Disease	47 (169)	97 (174)	272 (155)	10 (73)
Cancer	42 (164)	95 (176)	285 (171)	18 (156)
Stroke	11 (37)	19 (32)	72 (43)	NR
Alzheimers Disease	17 (56)	25 (43)	93 (50)	NR
COPD	13 (51)	NR	62 (37)	NR
Unintentional Injury	NR	21 (48)	64 (44)	NR
Diabetes Mellitus	NR	8 (14)	35 (20)	NR
Pneumonia and Influenza	NR	12 (20)	17 (9)	NR
Cirrhosis	NR	NR	13 (8)	NR
Suicide	NR	7 (16)	21 (15)	NR

Deaths and Age Adjusted Death Rate by Cause, 2006-2010	Sioux County	Custer District	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	211 (1563)	2003 (739)	28,985 (689)
Heart Disease	48 (407)	474 (169)	7,122 (162)
Cancer	35 (270)	475 (175)	6,544 (162)
Stroke	NR	115 (41)	1,696 (38)
Alzheimers Disease	NR	142 (48)	1,936 (40)
COPD	8 (106)	94 (35)	1,607 (39)
Unintentional Injury	33 (177)	126 (56)	1,545 (42)
Diabetes Mellitus	9 (62)	61 (21)	1,072 (26)
Pneumonia and Influenza	NR	36 (12)	702 (15)
Cirrhosis	15 (87)	34 (15)	289 (8)
Suicide	11 (51)	43 (20)	462 (14)

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Custer Health: Leading Causes of Death by Age Group, 2006-2010			
Age	1	2	3
0-4	SIDS 7	Anomally 6	Prematurity
5-14	Unintentional Injury	Cancer	
15-24	Unintentional Injury 18	Suicide 11	Cancer
25-34	Unintentional Injury 21	Suicide 5	Heart
35-44	Unintentional Injury 16	Cirrhosis 8 Suicide 8	Heart 7
45-54	Cancer 35	Heart 27	Unintentional Injury 15
55-64	Cancer 74	Heart 44	Diabetes 12 Unint. Injury 12
65-74	Cancer 119	Heart 66	COPD 16
75-84	Cancer 156	Heart 127	COPD 43
85+	Heart 197	Alzheimer's 99	Cancer 80

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	ALCOHOL	Grant County	Mercer County	Morton County	Oliver County
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	24.7 (16.2-33.2)	18.2 (14.4-22.1)	21.9 (19.1-24.7)	14.1 (6.8-21.5)
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	1.0 (0.0- 2.1)	4.1 (2.1- 6.1)	4.9 (3.2- 6.5)	0.5 (0.0- 1.5)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	5.9 (0.0-15.4)	2.5 (0.5- 4.4)	5.3 (2.9- 7.8)	2.1 (0.0- 6.3)

	ALCOHOL	Sioux County	Custer District	North Dakota
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	23.6 (15.2-32.0)	21.1 (19.0-23.1)	21.1 (20.5-21.6)
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	4.9 (0.3- 9.5)	4.2 (3.1- 5.3)	5.0 (4.7- 5.3)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	11.6 (0.0-23.7)	5.1 (3.1- 7.0)	5.7 (5.1- 6.2)

	ARTHRITIS	Grant County	Mercer County	Morton County	Oliver County
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3 months ago	NA	36.7 (29.8-43.7)	35.6 (31.0-40.2)	NA
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	NA	16.4 (11.1-21.6)	13.2 (10.4-16.1)	9.2 (2.4-16.1)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	NA	34.6 (28.6-40.7)	25.1 (21.6-28.6)	23.9 (14.0-33.9)

	ARTHRITIS	Sioux County	Custer District	North Dakota
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3 months ago	NA	35.6 (32.1-39.0)	35.3 (34.4-36.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	16.3 (7.7-25.0)	14.5 (12.1-16.8)	13.0 (12.4-13.5)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	NA	27.9 (25.1-30.7)	27.2 (26.5-27.9)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	ASTHMA	Grant County	Mercer County	Morton County	Oliver County
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	6.1 (2.7- 9.5)	10.5 (7.5-13.5)	11.6 (9.2-13.9)	17.7 (8.8-26.7)
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.	4.2 (1.5- 6.9)	8.3 (5.5-11.1)	8.0 (5.9-10.2)	16.9 (7.9-25.8)

	ASTHMA	Sioux County	Custer District	North Dakota
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	10.8 (4.5-17.1)	11.2 (9.5-12.9)	10.7 (10.3-11.1)
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.	9.3 (3.6-15.1)	8.4 (6.8- 9.9)	7.5 (7.2- 7.9)

	BODY WEIGHT	Grant County	Mercer County	Morton County	Oliver County
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	39.8 (31.1-48.5)	41.2 (36.3-46.1)	38.0 (34.8-41.2)	41.8 (32.0-51.7)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	28.3 (20.8-35.7)	28.2 (23.8-32.6)	28.3 (25.4-31.2)	27.4 (18.4-36.4)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	68.1 (59.2-77.0)	69.4 (64.6-74.2)	66.3 (63.1-69.5)	69.2 (59.6-78.9)

	BODY WEIGHT	Sioux County	Custer District	North Dakota
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	28.6 (20.3-36.9)	38.1 (35.7-40.5)	38.7 (38.0-39.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	48.0 (38.4-57.7)	30.2 (28.0-32.5)	25.4 (24.9-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	76.6 (67.9-85.3)	68.3 (65.9-70.7)	64.1 (63.5-64.8)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	CARDIOVASCULAR	Grant County	Mercer County	Morton County	Oliver County
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	6.9 (2.6-11.3)	3.0 (1.6- 4.3)	4.0 (2.8- 5.2)	4.7 (1.2- 8.1)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	3.1 (0.3- 6.0)	2.2 (0.9- 3.5)	4.3 (3.2- 5.4)	0.9 (0.0- 2.3)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	1.8 (0.1- 3.6)	2.2 (1.0- 3.5)	2.1 (1.4- 2.8)	2.8 (0.0- 5.5)
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.	8.6 (3.8-13.3)	5.6 (3.6- 7.7)	7.7 (6.2- 9.2)	6.3 (2.1-10.4)

	CARDIOVASCULAR	Sioux County	Custer District	North Dakota
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.2 (1.2- 7.2)	4.0 (3.2- 4.9)	4.0 (3.8- 4.2)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	3.5 (0.8- 6.1)	3.5 (2.8- 4.3)	4.0 (3.8- 4.3)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.3 (0.1- 4.5)	2.1 (1.6- 2.7)	2.2 (2.1- 2.4)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.6 (4.3-12.9)	7.3 (6.2- 8.5)	7.4 (7.1- 7.7)

	CHOLESTEROL	Grant County	Mercer County	Morton County	Oliver County
Never Cholesterol Test	Respondents who reported never having a cholesterol test	NA	15.3 (9.8-20.7)	23.5 (19.7-27.2)	NA
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	NA	21.0 (15.2-26.7)	28.0 (24.1-31.9)	NA
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	NA	43.4 (37.1-49.7)	34.9 (30.8-39.0)	NA

	CHOLESTEROL	Sioux County	Custer District	North Dakota
Never Cholesterol Test	Respondents who reported never having a cholesterol test	NA	24.4 (21.4-27.5)	23.0 (22.2-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	NA	29.8 (26.7-32.9)	28.2 (27.4-29.0)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	NA	37.7 (34.5-40.9)	34.0 (33.2-34.8)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	COLORECTAL CANCER	Grant County	Mercer County	Morton County	Oliver County
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	83.2 (74.1-92.4)	85.1 (78.8-91.4)	80.7 (76.7-84.6)	97.8 (94.5- 100)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	51.5 (42.5-60.5)	44.3 (38.7-49.8)	NA
No Sigmoidoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	NA	63.7 (55.6-71.9)	57.3 (52.2-62.4)	NA

	COLORECTAL CANCER	Sioux County	Custer District	North Dakota
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	91.0 (82.4-99.6)	83.6 (80.8-86.5)	78.3 (77.5-79.2)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	48.8 (44.5-53.0)	42.6 (41.4-43.7)
No Sigmoidoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	89.5 (80.3-98.7)	62.0 (58.2-65.9)	55.0 (54.0-56.1)

	DIABETES	Grant County	Mercer County	Morton County	Oliver County
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.5 (3.1-10.0)	6.9 (4.7- 9.2)	6.7 (5.1- 8.2)	6.8 (2.3-11.3)

	DIABETES	Sioux County	Custer District	North Dakota
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	15.5 (7.4-23.5)	7.7 (6.3- 9.1)	6.9 (6.6- 7.2)

	FRUITS AND VEGETABLES	Grant County	Mercer County	Morton County	Oliver County
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	78.6 (70.0-87.2)	80.7 (75.6-85.8)	81.4 (78.2-84.7)	83.2 (75.1-91.3)

	FRUITS AND VEGETABLES	Sioux County	Custer District	North Dakota
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	83.0 (74.9-91.1)	81.4 (78.9-83.8)	78.4 (77.7-79.1)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	GENERAL HEALTH	Grant County	Mercer County	Morton County	Oliver County
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.1 (9.9-20.3)	14.1 (10.9-17.3)	13.2 (11.3-15.1)	17.3 (9.2-25.4)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	9.9 (5.8-13.9)	10.9 (7.9-13.9)	11.5 (9.6-13.4)	10.3 (3.8-16.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	8.1 (2.7-13.5)	10.0 (7.0-12.9)	10.2 (7.8-12.7)	10.4 (2.0-18.7)
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.	4.5 (1.6- 7.4)	6.3 (4.2- 8.3)	5.1 (3.8- 6.3)	7.8 (0.4-15.2)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	14.6 (8.9-20.4)	15.6 (12.3-18.9)	15.3 (13.3-17.4)	18.9 (10.7-27.0)

	GENERAL HEALTH	Sioux County	Custer District	North Dakota
Fair or Poor Health	Respondents who reported that their general health was fair or poor	24.5 (16.3-32.7)	14.9 (13.3-16.5)	12.6 (12.2-12.9)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.6 (6.2-17.0)	11.2 (9.8-12.6)	10.2 (9.8-10.5)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	11.1 (6.2-15.9)	10.1 (8.4-11.8)	9.6 (9.2-10.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	8.0 (3.9-12.2)	5.7 (4.7- 6.7)	5.7 (5.4- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	16.3 (9.8-22.8)	15.6 (14.0-17.3)	16.0 (15.6-16.5)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

HEALTH CARE ACCESS	Grant County	Mercer County	Morton County	Oliver County
Respondents who reported not having any form or health care coverage	18.9 (11.5-26.3)	10.9 (7.5-14.2)	11.0 (8.7-13.2)	14.7 (7.2-22.2)
Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	10.3 (3.9-16.7)	6.0 (3.8- 8.2)	7.2 (5.4- 8.9)	5.4 (0.0-11.1)
Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	22.2 (15.4-28.9)	20.3 (15.9-24.7)	20.8 (18.1-23.6)	30.1 (21.4-38.7)

HEALTH CARE ACCESS	Sioux County	Custer District	North Dakota
Respondents who reported not having any form or health care coverage	32.5 (23.1-41.9)	13.9 (12.0-15.8)	11.4 (11.0-11.9)
Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	13.5 (7.6-19.5)	7.7 (6.4- 9.1)	6.8 (6.4- 7.1)
Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	41.8 (32.1-51.6)	23.4 (21.2-25.6)	23.5 (23.0-24.1)

	HYPERTENSION	Grant County	Mercer County	Morton County	Oliver County
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	NA	22.3 (17.1-27.6)	25.5 (22.0-29.0)	15.9 (8.0-23.9)

	HYPERTENSION	Sioux County	Custer District	North Dakota
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	18.3 (9.6-27.1)	23.9 (21.3-26.5)	25.0 (24.4-25.7)

	IMMUNIZATION	Grant County	Mercer County	Morton County	Oliver County
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	32.8 (23.6-42.1)	35.1 (29.7-40.6)	NA
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	29.3 (20.0-38.6)	24.4 (19.4-29.4)	NA

	IMMUNIZATION	Sioux County	Custer District	North Dakota
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	33.7 (29.5-37.8)	28.6 (27.6-29.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	27.4 (23.3-31.4)	30.0 (28.9-31.0)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	INJURY	Grant County	Mercer County	Morton County	Oliver County
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	NA	9.2 (4.5-13.8)	18.1 (13.6-22.5)	NA
Seat Belt	Respondents who reported not always wearing their seatbelt	NA	48.1 (40.0-56.2)	46.7 (41.2-52.1)	NA

	INJURY	Sioux County	Custer District	North Dakota
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	NA	16.7 (13.6-19.9)	15.5 (14.7-16.2)
Seat Belt	Respondents who reported not always wearing their seatbelt	NA	47.9 (43.9-51.9)	41.9 (40.9-42.9)

	ORAL HEALTH	Grant County	Mercer County	Morton County	Oliver County
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	NA	23.6 (18.3-29.0)	34.2 (30.0-38.4)	NA
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	23.9 (15.2-32.5)	14.3 (10.3-18.3)	13.9 (11.5-16.3)	17.3 (8.5-26.2)

	ORAL HEALTH	Sioux County	Custer District	North Dakota
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	NA	33.2 (30.1-36.2)	29.5 (28.8-30.3)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	11.4 (4.1-18.7)	14.7 (12.7-16.6)	16.0 (15.5-16.6)

PHYSICAL ACTIVITY	Grant County	Mercer County	Morton County	Oliver County
Respondents who reported that they did not get the recommended amount of physical activity	NA	54.1 (47.8-60.4)	51.2 (46.9-55.5)	NA
Respondents who reported that they participated in no leisure time physical activity	7.2 (1.8-12.6)	7.2 (3.8-10.6)	6.9 (4.6- 9.3)	3.3 (0.0- 7.1)

PHYSICAL ACTIVITY	Sioux County	Custer District	North Dakota
Respondents who reported that they did not get the recommended amount of physical activity	NA	52.3 (49.0-55.5)	50.5 (49.7-51.4)
Respondents who reported that they participated in no leisure time physical activity	6.8 (1.7-11.9)	6.8 (5.1- 8.4)	6.9 (6.5- 7.4)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	TOBACCO	Grant County	Mercer County	Morton County	Oliver County
Current Smoking	Respondents who reported that they smoked every day or some days	11.6 (6.9-16.3)	20.2 (16.4-24.1)	20.9 (18.3-23.5)	12.3 (5.0-19.5)

	TOBACCO	Sioux County	Custer District	North Dakota
Current Smoking	Respondents who reported that they smoked every day or some days	43.0 (33.3-52.7)	21.9 (19.8-23.9)	19.8 (19.3-20.4)

	WOMEN'S HEALTH	Grant County	Mercer County	Morton County	Oliver County
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	19.0 (10.2-27.8)	13.5 (9.0-17.9)	6.5 (0.0-14.4)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	29.3 (20.7-37.9)	20.8 (16.2-25.4)	NA

	WOMEN'S HEALTH	Sioux County	Custer District	North Dakota
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	9.2 (1.4-17.0)	15.1 (11.6-18.5)	14.0 (13.1-15.0)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	27.5 (23.3-31.7)	24.3 (23.3-25.3)

Custer District Community Health Profile

CRIME

Grant County

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	0	0	0	1	1	10.3
Robbery	0	0	0	0	0	0	0.0
Assualt	0	0	1	0	0	1	10.3
Violent crime	0	0	1	0	1	2	20.6
Burglary	0	0	2	1	4	7	72.0
Larceny	5	1	3	6	6	21	216.0
Motor vehicle theft	0	0	0	3	2	5	51.4
Property crime	5	1	5	10	12	33	339.4
Total	5	1	6	10	13	35	359.9

Mercer County (Incomplete)

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	4	0	3	4	3	14	35.4
Robbery	0	0	0	0	0	0	0.0
Assualt	1	4	6	2	2	15	37.9
Violent crime	5	4	9	6	5	29	73.3
Burglary	10	10	11	14	18	63	159.2
Larceny	26	37	37	67	53	220	555.8
Motor vehicle theft	5	4	7	3	8	27	68.2
Property crime	41	51	55	84	79	310	783.2
Total	46	55	64	90	84	339	856.5

Morton County

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	1	0	0	0	0	1	0.8
Rape	11	13	22	17	12	75	57.5
Robbery	1	2	4	1	2	10	7.7
Assualt	28	29	20	33	27	137	105.1
Violent crime	41	44	46	51	41	223	171.1
Burglary	107	66	57	56	35	321	246.3
Larceny	354	394	375	347	373	1,843	1414.0
Motor vehicle theft	29	45	34	39	26	173	132.7
Property crime	490	505	466	442	434	2,337	1793.0
Total	531	549	512	493	475	2,560	1964.1

Custer District Community Health Profile

CRIME

Oliver County

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	0	0	0	0	0	0.0
Robbery	0	0	0	0	0	0	0.0
Assualt	0	0	0	0	0	0	0.0
Violent crime	0	0	0	0	0	0	0.0
Burglary	0	0	0	1	1	2	23.6
Larceny	3	0	5	6	0	14	165.5
Motor vehicle theft	0	0	0	0	0	0	0.0
Property crime	3	0	5	7	1	16	189.1
Total	3	0	5	7	1	16	189.1

Sioux County (Not Available)

Custer (Reported cases, excluding Sioux County)

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	1	0	0	0	0	1	0.5
Rape	15	13	25	21	16	90	47.8
Robbery	1	2	4	1	2	10	5.3
Assualt	29	33	27	35	29	153	81.3
Violent crime	46	48	56	57	47	254	135.0
Burglary	117	76	70	72	58	393	208.9
Larceny	388	432	420	426	432	2,098	1115.3
Motor vehicle theft	34	49	41	45	36	205	109.0
Property crime	539	557	531	543	526	2,696	1433.2
Total	585	605	587	600	573	2,950	1568.3

North Dakota

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	8	16	4	15	11	54	1.7
Rape	184	202	222	206	222	1,036	32.3
Robbery	69	68	71	102	85	395	12.3
Assualt	525	599	738	795	847	3,504	109.2
Violent crime	786	885	1,035	1,118	1,165	4,989	155.5
Burglary	2,364	2,096	2,035	2,180	1,826	10,501	327.4
Larceny	8,884	8,672	8,926	8,699	8,673	43,854	1367.2
Motor vehicle theft	966	878	854	825	763	4,286	133.6
Property crime	12,214	11,646	11,815	11,704	11,262	58,641	1828.2
Total	13,000	12,531	12,850	12,822	12,427	63,630	1983.8

Custer District Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Education 2010	Grant County	Mercer County	Morton County
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	25 (78)	30 (70)	116 (53)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	50 (20)	168 (13.2)	593 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	14 (28)	56 (33)	271 (46)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	5 (10)	13 (7.7)	40 (6.8)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	16 (32)	60 (36)	155 (47)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	0	7 (1.5)	72 (5.2)
Average ACT Composite Score	NA	21.7	21.8
Average Expenditure per Student in Public School	$11,884	$8,425	$8,378
*2008 data			

Child Indicators: Education 2010	Oliver County	Sioux County	North Dakota
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	NA	NA	2,607 (65)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	23 (12)	102 (25)	13,170 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	8 (33)	34 (33)	3,298 (25)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	0	7 (6.9)	763 (5.8)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	11 (46)	34 (33)	4,143 (32)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	0	16 (5.4)	701 (2.2)
Average ACT Composite Score	21.5	15.6	21.5
Average Expenditure per Student in Public School	$13,765	$18,635	$9,812
*2008 data			

Custer District Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Economic Health 2010	Grant County	Mercer County	Morton County
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	12 (2.4)	33 (1.7)	262 (3.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	110 (23)	280 (15)	1,698 (25)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	161 (56)	288 (23)	1,451 (33)
WIC Program Participants	71	178	966
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	140 (27)	371 (18)	2,218 (30)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$42,930	$66,165	$67,708
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	2 (0.6)	207 (12)	391 (6.4)
*2009 data			

Child Indicators: Economic Health 2010	Oliver County	Sioux County	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	5 (1.3)	532 (31)	7,819 (4.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	42 (11)	1,207 (75)	37,553 (24)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	55 (28)	792 (78)	33,870 (33)
WIC Program Participants	12	3	24,331
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	59 (14)	1,399 (79)	49,110 (27)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$64,792	$35,000	$61,035
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	26 (8.0)	438 (30)	10,100 (7.2)
*2009 data			

Custer District Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Families and Child Care 2010	Grant County	Mercer County	Morton County
Child Care Providers - all registered categories	8	22	136
Child Care Capacity	55	213	1,362
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	224 (89)	647 (77)	2,562 86)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	63 (12)	180 (10)	1,145 (18)
Children in Foster Care	6 (1.3)	4 (0.2)	32 (0.5)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	NA	52 (3.1)	245 (3.8)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	NA	94 (5.0)	274 (4.3)
Births to Mothers with Inadequate Prenatal Care*	0	10 (9.3)	18 (4.6)
* Year 2009 data			

Child Indicators: Families and Child Care 2010	Oliver County	Sioux County	North Dakota
Child Care Providers - all registered categories	2	28	3,176
Child Care Capacity	19	108	41,478
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	163 (80)	263 (69)	57,059 (82)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	35 (10.2)	478 (32)	30,058 (21)
Children in Foster Care	2 (0.5)	22 (1.4)	1,912 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	NA	115 (7.5)	6,399 (4.4)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	6 (1.7)	115	4,180 (2.9)
Births to Mothers with Inadequate Prenatal Care*	NA	25 (26)	389 (4.3)
* Year 2009 data			

Child Indicators: Juvenile Justice 2010	Grant County	Mercer County	Morton County
Children Ages 10-17 Referred to Juvenile Court (Percent of all children ages 0-17)	22 (8.9)	48 (5.4)	321 (11)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	4 (11)	2 (1.6)	49 (8.3)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	4 (11)	15 (12)	70 (12)

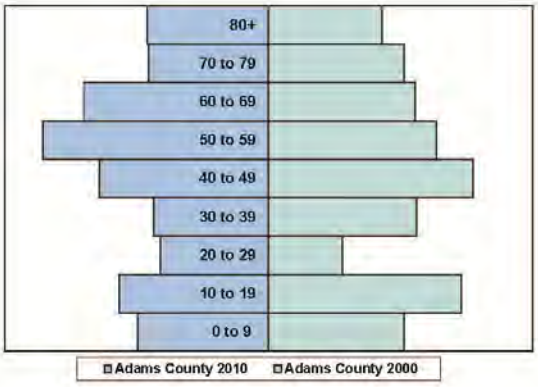
	Oliver County	Sioux County	North Dakota
Children Ages 10-17 Referred to Juvenile Court (Percent of all children ages 0-17)	8 (4.6)	NA	5,139 (8.1)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	3 (21)	NA	784 (8.2)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	0	NA	1,464 (15)

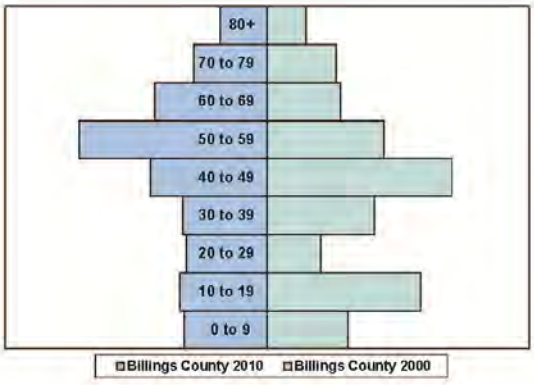
Southwest District Community Health Profile

Demographics

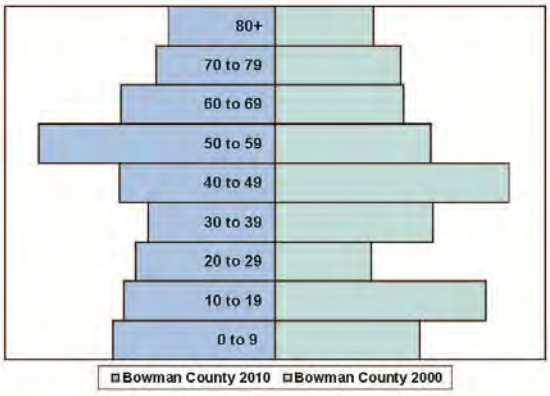
Population by Age Group, 2010 Census	Adams County		Billings County		Bowman County		Dunn County		Golden Valley County	
Age Group	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	226	9.6%	74	9.5%	378	12.0%	396	11.2%	187	11.1%
10-19	265	11.3%	78	10.0%	353	11.2%	451	12.8%	250	14.9%
20-29	192	8.2%	73	9.3%	323	10.3%	364	10.3%	116	6.9%
30-39	205	8.7%	76	9.7%	296	9.4%	368	10.4%	182	10.8%
40-49	299	12.8%	105	13.4%	362	11.5%	492	13.9%	189	11.3%
50-59	400	17.1%	168	21.5%	552	17.5%	614	17.4%	282	16.8%
60-69	328	14.0%	101	12.9%	359	11.4%	398	11.3%	203	12.1%
70-79	213	9.1%	66	8.4%	278	8.8%	267	7.6%	128	7.6%
80 +	215	9.2%	42	5.4%	250	7.9%	186	5.3%	143	8.5%
Total	2,343	100.0%	783	100.0%	3,151	100.0%	3,536	100.0%	1,680	100.0%
<18	446	19.0%	138	17.6%	676	21.5%	777	22.0%	404	24.0%
65+	568	24.2%	151	19.3%	692	22.0%	616	17.4%	358	21.3%

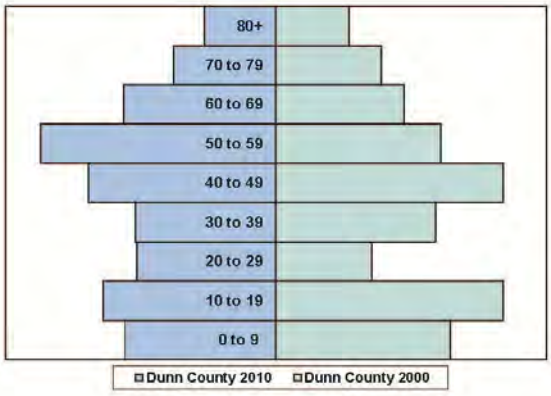
Population by Age Group, 2010 Census	Hettinger County		Slope County		Stark County		Southwest District		North Dakota	
Age Group	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	243	9.8%	78	10.7%	2,938	12.1%	4,520	11.6%	84671	12.6%
10-19	274	11.1%	85	11.7%	3,032	12.5%	4,788	12.3%	87264	13.0%
20-29	206	8.3%	63	8.7%	4,028	16.6%	5,365	13.8%	108552	16.1%
30-39	220	8.9%	55	7.6%	2,531	10.5%	3,933	10.1%	77954	11.6%
40-49	324	13.1%	92	12.7%	2,997	12.4%	4,860	12.5%	84577	12.6%
50-59	396	16.0%	156	21.5%	3,537	14.6%	6,105	15.7%	96223	14.3%
60-69	324	13.1%	93	12.8%	2,157	8.9%	3,963	10.2%	61901	9.2%
70-79	291	11.7%	74	10.2%	1,538	6.4%	2,855	7.3%	39213	5.8%
80 +	199	8.0%	31	4.3%	1,441	6.0%	2,507	6.4%	32236	4.8%
Total	2,477	100.0%	727	100.0%	24,199	100.0%	38,896	100.0%	672591	100.0%
<18	468	18.9%	146	20.1%	5,186	21.4%	8,241	21.2%	149871	22.3%
65+	638	25.8%	135	18.6%	3,875	16.0%	7,033	18.1%	97477	14.5%

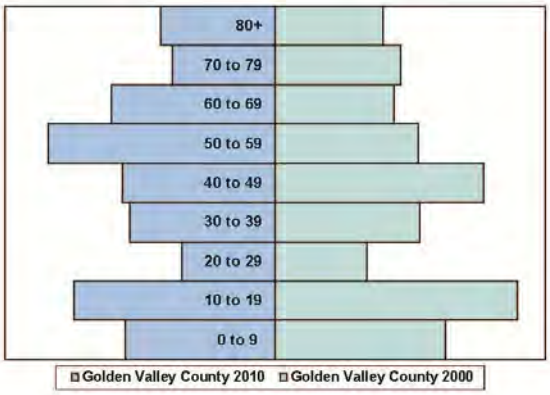


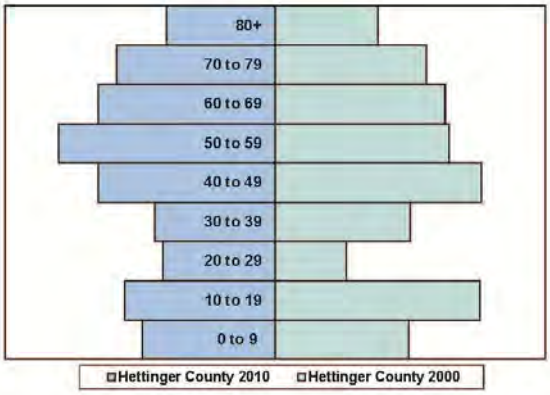


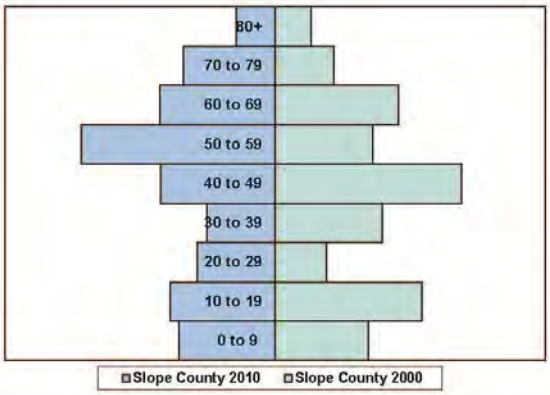
Demographics

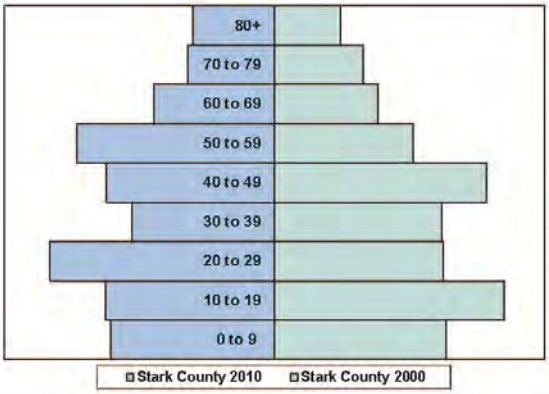




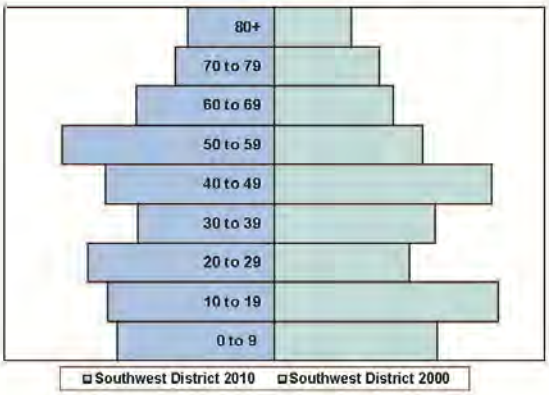








Demographics



Female Population and Percentage Female by Age, 2010 Census	Adams County		Billings County		Bowman County		Dunn County		Golden Valley County	
Age Group	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	116	51.3%	39	52.7%	181	47.9%	186	47.0%	98	52.4%
10-19	128	48.3%	32	41.0%	174	49.3%	226	50.1%	121	48.4%
20-29	101	52.6%	27	37.0%	139	43.0%	146	40.1%	53	45.7%
30-39	103	50.2%	39	51.3%	139	47.0%	152	41.3%	86	47.3%
40-49	147	49.2%	58	55.2%	178	49.2%	231	47.0%	97	51.3%
50-59	200	50.0%	73	43.5%	269	48.7%	287	46.7%	139	49.3%
60-69	164	50.0%	46	45.5%	185	51.5%	199	50.0%	103	50.7%
70-79	109	51.2%	31	47.0%	148	53.2%	136	50.9%	67	52.3%
80+	144	67.0%	21	50.0%	158	63.2%	108	58.1%	85	59.4%
Total	1212	51.7%	366	46.7%	1571	49.9%	1671	47.3%	849	50.5%
0-17	222	49.8%	65	47.1%	334	49.4%	375	48.3%	205	50.7%
65+	321	56.5%	67	44.4%	380	54.9%	327	53.1%	196	54.7%

Female Population and Percentage Female by Age, 2010 Census	Hettinger County		Slope County		Stark County		Southwest District		North Dakota	
Age Group	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	129	53.1%	31	39.7%	1444	49.1%	2224	49.2%	41330	48.8%
10-19	130	47.4%	33	38.8%	1469	48.4%	2313	48.3%	42277	48.4%
20-29	120	58.3%	30	47.6%	1909	47.4%	2525	47.1%	50571	46.6%
30-39	126	57.3%	23	41.8%	1194	47.2%	1862	47.3%	37144	47.6%
40-49	184	56.8%	42	45.7%	1465	48.9%	2402	49.4%	41499	49.1%
50-59	185	46.7%	75	48.1%	1735	49.1%	2963	48.5%	47283	49.1%
60-69	160	49.4%	37	39.8%	1094	50.7%	1988	50.2%	30699	49.6%
70-79	151	51.9%	42	56.8%	849	55.2%	1533	53.7%	21453	54.7%
80 +	114	57.3%	18	58.1%	946	65.6%	1594	63.6%	20471	63.5%
Total	1299	52.4%	331	45.5%	12105	50.0%	19404	49.9%	332727	49.5%
0-17	239	51.1%	58	39.7%	2523	48.7%	3956.471	48.0%	73083	48.8%
65+	336	52.7%	74	54.8%	2279	58.8%	3913.4437	55.6%	55050	56.5%

Demographics

Race, 2010 Census	Adams County		Billings County		Bowman County		Dunn County		Golden Valley County	
Race	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	2,343	100.0%	783	100.0%	3,151	100.0%	3,536	100.0%	1,680	100.0%
White	2,279	97.3%	772	98.6%	3,085	97.9%	3,003	84.9%	1,637	97.4%
Black	8	0.3%	2	0.3%	3	0.1%	8	0.2%	10	0.6%
Am.Indian	16	0.7%	3	0.4%	18	0.6%	449	12.7%	10	0.6%
Asian	9	0.4%	4	0.5%	2	0.1%	10	0.3%	1	0.1%
Pac. Islander	2	0.1%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Other	4	0.2%	1	0.1%	27	0.9%	6	0.2%	8	0.5%
Multirace	25	1.1%	1	0.1%	16	0.5%	60	1.7%	13	0.8%

Race, 2010 Census	Hettinger County		Slope County		Stark County		SWDHU		North Dakota	
Race	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	2,477	100.0%	727	100.0%	24,199	100.0%	38,896	100.0%	672,591	100.0%
White	2,382	96.2%	709	97.5%	23,026	95.2%	36,893	94.9%	605,449	90.0%
Black	6	0.2%	0	0.0%	197	0.8%	234	0.6%	7,960	1.2%
Am.Indian	52	2.1%	16	2.2%	240	1.0%	804	2.1%	36,591	5.4%
Asian	1	0.0%	0	0.0%	292	1.2%	319	0.8%	6,909	1.0%
Pac. Islander	3	0.1%	0	0.0%	9	0.0%	15	0.0%	320	0.0%
Other	1	0.0%	0	0.0%	126	0.5%	173	0.4%	3,509	0.5%
Multirace	32	1.3%	2	0.3%	309	1.3%	458	1.2%	11,853	1.8%

Decennial Population Change, 1990 to 2000, 2000 to 2010										
Census	Adams County	10 Year Change (%)	Billings County	10 Year Change (%)	Bowman County	10 Year Change (%)	Dunn County	10 Year Change (%)	GV County	10 Year Change (%)
1990	3,174		1,108		3,596		3,596		2,108	
2000	2,593	-18.3%	888	-19.9%	3,242	-9.8%	3,242	-10.1%	1,924	-8.7%
2010	2,343	-9.6%	783	-11.8%	3,151	-2.8%	3,536	9.1%	1,680	-12.7%

Decennial Population Change, 1990 to 2000, 2000 to 2010										
Census	Hettinger County	10 Year Change (%)	Slope County	10 Year Change (%)	Stark County	10 Year Change (%)	SWDHU	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	3,445		907		22,832		41,175		638,800	
2000	2,715	-21.2%	767	-15.4%	22,636	-0.9%	38,365	-6.8%	642,200	0.5%
2010	2,477	-8.8%	727	-5.2%	24,199	6.9%	38,896	1.4%	672,591	4.7%

Household Populations, 2006-2010, ACS	Adams		Billings		Bowman		Dunn		Golden Valley	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total:	2,348	100.0%	897	100.0%	3,102	100.0%	3,477	100.0%	1,539	100.0%
In households	2,108	89.8%	897	100.0%	2,919	94.1%	3,404	97.9%	1,502	97.6%
In family households	1,725	73.5%	779	86.8%	2,475	79.8%	2,839	81.7%	1,165	75.7%
In nonfamily households	383	16.3%	118	13.2%	444	14.3%	565	16.2%	337	21.9%
In group quarters	52	2.2%	9	1.0%	82	2.6%	127	3.7%	52	3.4%
Institutionalized population	47	2.0%	0	0.0%	74	2.4%	48	1.4%	52	3.4%

Household Populations, 2006-2010, ACS	Hettinger		Slope		Stark		SW District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total:	2,506	100.0%	727	100.0%	23,486	100.0%	38,082	100.0%	659,858	100.0%
In households	2,496	99.6%	727	100.0%	22,822	97.2%	36,875	96.8%	634,679	96.2%
In family households	2,078	82.9%	630	86.7%	18,199	77.5%	29,890	78.5%	504,148	76.4%
In nonfamily households	418	16.7%	97	13.3%	4623	19.7%	6985	18.3%	130531	19.8%
In group quarters	169	6.7%	0	0.0%	909	3.9%	1400	3.7%	25179	3.8%
Institutionalized population	169	6.7%	0	0.0%	409	1.7%	799	2.1%	9675	1.5%

Demographics

Marital Status Among Persons Age 15 and Older, 2006-2010, ACS										
	Adams		Billings		Bowman		Dunn		Golden Valley	
Total	2,011	100.0%	732	100.0%	2,605	100.0%	2,867	100.0%	1,285	100.0%
Now Married	1,094	54.4%	450	61.5%	1,662	63.8%	1,686	58.8%	694	54.0%
Widowed	351.925	17.5%	60.024	8.2%	260.5	10.0%	252.296	8.8%	125.93	9.8%
Divorced	100.55	5.0%	65.148	8.9%	119.83	4.6%	180.621	6.3%	173.475	13.5%
Separated	8.044	0.4%	3.66	0.5%	5.21	0.2%	8.601	0.3%	11.565	0.9%
Never Married	458.508	22.8%	152.988	20.9%	554.865	21.3%	739.686	25.8%	278.845	21.7%

	Hettinger		Slope		Stark		Southwest District		North Dakota	
Total	2,148	100.0%	583	100.0%	19,341	100.0%	30,990	100.0%	538,799	100.0%
Now Married	1,345	62.6%	396	67.9%	10,483	54.2%	17,414	56.2%	288,257	53.5%
Widowed	193.32	9.0%	40.81	7.0%	1411.893	7.3%	2,656	8.6%	36,100	6.7%
Divorced	199.764	9.3%	43.725	7.5%	1779.372	9.2%	2,619	8.5%	46,876	8.7%
Separated	12.888	0.6%	0	0.0%	154.728	0.8%	205	0.7%	4,310	0.8%
Never Married	397.38	18.5%	102.025	17.5%	5512.185	28.5%	8,095	26.1%	163,256	30.3%

Educational Attainment, 25 Years and Older, 2006-2010, ACS										
	Adams		Billings		Bowman		Dunn		Golden Valley	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,760	100.0%	653	100.0%	2,262	100.0%	2,424	100.0%	1,095	100.0%
Less than 9th grade	185	10.5%	41	6.3%	111	4.9%	240	9.9%	27	2.5%
9th to 12th grade	74	4.2%	30	4.6%	152	6.7%	148	6.1%	64	5.8%
High school grad or GED	706	40.1%	247	37.8%	789	34.9%	875	36.1%	367	33.5%
Some college	375	21.3%	143	21.9%	561	24.8%	528	21.8%	264	24.1%
Associate's degree	99	5.6%	82	12.6%	206	9.1%	267	11.0%	159	14.5%
Bachelor's degree	282	16.0%	82	12.6%	378	16.7%	308	12.7%	173	15.8%
Grad degree or prof degree	40	2.3%	28	4.3%	68	3.0%	61	2.5%	41	3.7%

Educational Attainment, 25 Years and Older, 2006-2010, ACS										
	Hettinger		Slope		Stark		Southwest District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,891	100.0%	523	100.0%	15,451	100.0%	26,059	100.0%	429,333	100.0%
Less than 9th grade	151	8.0%	21	4.0%	1,159	7.5%	1,935	7.4%	24,043	5.6%
9th to 12th grade	108	5.7%	24	4.6%	803	5.2%	1,402	5.4%	21,467	5.0%
High school grad or GED	652	34.5%	154	29.4%	4,836	31.3%	8,626	33.1%	120,643	28.1%
Some college	397	21.0%	128	24.5%	3,446	22.3%	5,842	22.4%	99,176	23.1%
Associate's degree	212	11.2%	49	9.4%	1,638	10.6%	2,711	10.4%	51,091	11.9%
Bachelor's degree	282	14.9%	103	19.7%	2,766	17.9%	4,373	16.8%	83,291	19.4%
Grad degree or prof degree	91	4.8%	44	8.4%	803	5.2%	1,176	4.5%	29,624	6.9%

Demographics

Income and Poverty

	Adams		Billings		Bowman		Dunn		Golden Valley	
	Number		Number		Number		Number		Number	
Median Household Income	35,966		51,923		48,063		48,707		33,333	
Per Capita Income	20,118		28,666		27,354		24,832		21,899	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Below poverty level, All Ages	231	9.9%	74	9.5%	201	6.4%	289	8.2%	196	11.7%
Under 5 years	23	19.5%	8	19.5%	5	2.4%	6	2.8%	34	40.0%
5 to 11 years	6	3.9%	11	26.2%	3	1.3%	18	6.7%	4	3.0%
12 to 17 years	2	1.2%	4	7.3%	9	3.8%	33	11.1%	19	10.2%
18 to 64 years	126	9.5%	44	8.9%	92	5.2%	165	7.7%	102	11.1%
65 to 74 years	20	7.9%	0	0.0%	36	12.3%	14	4.4%	12	7.2%
75 years and over	54	17.1%	7	10.0%	56	14.0%	53	17.7%	25	13.0%

	Hettinger		Slope		Stark		Southwest District		North Dakota	
	Number		Number		Number		Number		Number	
Median Household Income	38,393		43,625		49,536		NA		$46,781	
Per Capita Income	24,928		24,824		25,282		NA		$25,803	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Below poverty level, All Ages	274	11.1%	76	10.5%	2284	9.4%	3625	9.3%	78,405	12.3%
Under 5 years	23	18.9%	0	0.0%	153	10.2%	252	10.9%	4,120	9.2%
5 to 11 years	15	8.7%	10	18.9%	176	8.8%	243	8.0%	7,908	14.2%
12 to 17 years	5	2.9%	5	9.4%	316	18.6%	393	13.7%	5,457	11.0%
18 to 64 years	157	11.5%	47	10.5%	1157	7.6%	1890	8.0%	46,471	12.0%
65 to 74 years	7	2.4%	6	9.4%	187	11.0%	282	8.9%	4,149	8.9%
75 years and over	67	19.6%	8	11.3%	295	13.5%	565	14.6%	7,072	14.0%

Family Income and Poverty, 2005-2010, ACS

	Adams		Billings		Bowman		Dunn	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Families	646	100.0%	236	100.0%	891	100.0%	892	100.0%
Families in Poverty	37	5.7%	16	6.8%	35	3.9%	55	6.2%
Families with Related Children	293	45.4%	80	33.9%	379	42.5%	335	37.6%
Families with Related Children in Poverty	25	3.9%	5	2.1%	16	1.8%	26	2.9%
Families with Related Children and Female Parent Only	35	5.4%	0	0.0%	31	3.5%	42	4.7%
Families with Related Children and Female Parent Only in Poverty	24	3.7%	0	0.0%	8	0.9%	22	2.5%
Total Known Children in Poverty (0-17)	31	7.0%	23	16.7%	17	2.5%	57	7.3%
Total Known Age 65+ in Poverty	74	13.0%	7	4.6%	92	13.3%	67	10.9%

Income and Poverty, 2005-2010, ACS

	Golden Valley		Hettinger		Slope		Stark	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Families	406	100.0%	788	100.0%	236	100.0%	6,028	100.0%
Families in Poverty	36	8.9%	65	8.2%	16	6.8%	356	5.9%
Families with Related Children	186	45.8%	279	35.4%	95	40.3%	2,602	43.2%
Families with Related Children in Poverty	30	7.4%	31	3.9%	10	4.2%	239	4.0%
Families with Related Children and Female Parent Only	29	7.1%	35	4.4%	19	8.1%	468	7.8%
Families with Related Children and Female Parent Only in Poverty	15	3.7%	8	1.0%	10	4.2%	167	2.8%
Total Known Children in Poverty (0-17)	57	14.1%	43	9.2%	15	10.3%	645	12.4%
Total Known Age 65+ in Poverty	37	10.3%	74	11.6%	14	10.4%	482	12.4%

Income and Poverty, 2005-2010, ACS

	Southwest District		North Dakota	
	Number	Percent	Number	Percent
Total Families	10,123	100.0%	170,477	100.0%
Families in Poverty	616	6.1%	12,274	7.2%
Families with Related Children	4,249	42.0%	78,224	45.9%
Families with Related Children in Poverty	382	3.8%	10,679	6.3%
Families with Related Children and Female Parent Only	659	6.5%	15,482	9.1%
Families with Related Children and Female Parent Only in Poverty	254	2.5%	6,022	3.5%
Total Known Children in Poverty (0-17)	888	10.8%	17,485	11.7%
Total Known Age 65+ in Poverty	847	12.0%	11,221	11.5%

Southwest District Community Health Profile

Vital Statistics Data

Births, 2006- 2010	Adams County		Billings County		Bowman County		Dunn County		Golden Valley Co	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	104	9	28	7	180	11	166	9	85	10
Pregnancies and Rate	109	9	36	9	185	12	173	10	89	11
Fertility Rate		67		54		86		68		71
Teen Births and Rate	0	0	0	0	7	10	0	0	0	0
Teen Pregnancies and Rate	0	0	0	0	8	11	6	6	0	0
Out of Wedlock Births and Ratio	22	212	0	0	46	256	48	289	0	0
Out of Wedlock Pregnancies	23	211	0	0	51	276	54	312	0	0
Low Birth Weight Birth and Ratio	0	0	0	0	0	0	0	0	0	0

Births, 2006- 2010	Hettinger County		Slope County		Stark County		SWDHU		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	100	8	42	12	1,451	12	2,156	11	44,427	13
Pregnancies and Rate	104	8	42	12	1,583	13	2,321	12	48,818	15
Fertility Rate		53		106		66		67		71
Teen Births and Rate	0	0	1	7	63	11	71	7	3,337	19
Teen Pregnancies and Rate	0	0	1	7	78	13	93	10	4,062	23
Out of Wedlock Births and Ratio	14	140	0	0	409	282	539	250	14,506	327
Out of Wedlock Pregnancies	14	135	0	0	513	324	655	282	18,103	371
Low Birth Weight Birth and Ratio	0	0	0	0	86	59	86	40	2,919	66

*Rates calculated using 2010 census

Child Deaths, 2006-2010	Adams County		Billings County		Bowman County		Dunn County		Golden Valley Co	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	0	0	0	0	0	0	0	0	0	0
Child and Adolescent Deaths	0	0	0	0	0	0	0	0	0	0
Total Deaths and Crude Rate	169	1,443	22	562	206	1,308	172	973	70	833

Child Deaths, 2006-2010	Hettinger County		Slope County		Stark County		SWDHU		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	0	0	0	0	0	0	0	0	281	6
Child and Adolescent Deaths	0	0	0	0	0	0	0	0	285	35
Total Deaths and Crude Rate	163	1,316	20	550	1,043	862	1,865	959	28,984	862

*Rates calculated using 2010 census

Age-Adjusted Death Rate by County and Cause of Death, 2006-2010										
Cause of Death	Number (Rate)									
	Adams	Billings	Bowman	Dunn	Golden Valley	Hettinger	Slope	Stark	SWDHU	North Dakota
All Causes	169 (747)	22 (375)	206 (693)	172 (686)	72 (549)	163 (608)	20 (425)	1043 (600)	1867 (616)	28,985 (689)
Heart Disease	38 (139)	11 (194)	62 (181)	54 (202)	17 (116)	36 (120)	7 (119)	281 (143)	506 (149)	7,122 (162)
Cancer	43 (187)	6 (101)	56 (204)	29 (110)	18 (129)	50 (195)	<6	239 (146)	445 (152)	6,544 (162)
Stroke	7 (24)	0	13 (46)	9 (33)	<6	16 (56)	<6	59 (32)	108 (34)	1,696 (38)
Alzheimers Disease	7 (23)	0	9 (25)	6 (21)	0	9 (28)	0	47 (22)	78 (21)	1,936 (40)
COPD	11 (46)	<6	9 (28)	11 (44)	7 (48)	10 (39)	<6	51 (31)	102 (35)	1,607 (39)
Unintentional Injury	16 (107)	<6	8 (57)	13 (68)	7 (63)	<6	<6	73 (51)	126 (55)	1,545 (42)
Diabetes	6 (20)	0	7 (22)	<6	<6	7 (31)	<6	31 (19)	56 (19)	1,072 (26)
Pneumonia/Influenza	<6	0	<6	<6	<6	<6	0	19 (10)	35 (9)	702 (15)
Cirrhosis	<6	0	<6	0	0	<6	0	<6	10 (4)	289 (8)
Suicide	0	0	<6	<6	0	0	0	23 (17)	27 (13)	462 (14)

*Greater than 6 but blocked for confidentiality

**Rates calculated using 2010 census

Southwest District Community Health Profile

Vital Statistics Data

Death Data

Leading Causes of Death by Age Group for SWDHU, 2006-2010			
Age	1	2	3
0-4	Anomaly	Prematurity	Unintentional Injury SIDS
5-14			
15-24	Unintentional Injury 20	Suicide 7	Anomaly
25-34	Unintentional Injury 12	Suicide	Cancer
35-44	Unintentional Injury 10	Heart	Suicide
45-54	Cancer 29	Unintentional Injury 18	Heart 10
55-64	Cancer 63	Heart 32	Unintentional Injury 12
65-74	Cancer 88	Heart 55	COPD 20
75-84	Cancer 149	Heart 114	COPD 45
85+	Heart 291	Cancer 112	Alzheimer's Dz 55

Southwest District Community Health Profile

Behavioral Risk Factors

General Health and Disability

Table 1: Percentage of Respondents 18 and Older Who Reported Fair or Poor General Health, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
12.5 (8.2-16.9)	7.5 (0.0-15.1)	14.5 (9.7-19.4)	10.9 (6.8-15.0)	9.8 (5.1-14.5)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
13.1 (8.1-18.1)	9.1 (1.2-17.0)	14.7 (12.4-16.9)	13.3 (11.8-14.9)	12.6 (12.2-12.9)

Table 2: Percentage of Respondents 18 and Older Who Reported Any Activity Limitation, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
18.8 (13.0-24.6)	13.4 (5.0-21.8)	19.3 (13.3-25.4)	14.3 (9.5-19.2)	16.8 (10.4-23.1)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
14.5 (9.3-19.6)	12.0 (4.3-19.7)	16.6 (14.4-18.8)	16.4 (14.8-18.1)	16.0 (15.6-16.5)

Table 3: Percentage of Respondents 18 and Older Who Reported Eight or More Days in the Past 30 During Which They Had Poor Physical Health, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
12.1 (6.9-17.4)	4.9 (0.0-10.7)	12.4 (7.3-17.5)	10.3 (6.1-14.4)	10.6 (5.6-15.6)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
9.6 (5.0-14.1)	10.6 (1.8-19.4)	10.1 (8.2-11.9)	10.3 (9.0-11.7)	10.2 (9.8-10.5)

Table 4: Percentage of Respondents 18 and Older Who Reported Eight or More Days in the Past 30 During Which They Had Poor Mental Health, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
9.3 (4.4-14.2)	6.0 (0.6-11.4)	6.2 (2.0-10.4)	11.6 (3.2-20.0)	3.4 (0.4- 6.4)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
8.7 (3.7-13.8)	5.6 (0.3-10.8)	8.6 (6.8-10.4)	8.3 (6.8- 9.9)	9.6 (9.2-10.0)

Table 5: Percentage of Respondents 18 and Older Who Reported Eight or More Days in the Past Thirty in Which Poor Physical or Mental Health Limited Their Activities, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
8.3 (3.7-13.0)	1.5 (0.0- 3.2)	6.3 (2.6-10.0)	5.3 (2.5- 8.1)	4.3 (1.4- 7.2)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
3.9 (0.9- 6.8)	4.8 (0.0- 9.9)	4.4 (3.3- 5.5)	4.9 (4.0- 5.8)	5.7 (5.4- 6.0)

Southwest District Community Health Profile

Behavioral Risk Factors

Body Weight and Diabetes

Table 6: Percentage of Respondents 18 and Older Who Are Overweight or Obese by Body Mass Index,* 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
63.4 (55.0-71.8)	NA	61.8 (53.4-70.2)	66.5 (57.4-75.7)	64.3 (54.9-73.7)
Hettinger	Slope	Stark	SWDHU	North Dakota
62.3 (52.6-72.0)	NA	61.3 (58.0-64.6)	61.6 (59.1-64.2)	64.1 (63.5-64.8)
* Body Mass Index (BMI)=weight in kg /height in m^2				

Table 7: Percentage of Respondents 18 and Older Who are Overweight by Body Mass Index, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
37.5 (29.3-45.8)	NA	41.8 (33.9-49.8)	40.0 (30.7-49.4)	38.5 (29.3-47.7)
Hettinger	Slope	Stark	SWDHU	North Dakota
39.2 (30.2-48.3)	NA	37.3 (34.1-40.5)	37.8 (35.3-40.2)	38.7 (38.0-39.3)
* Body Mass Index (BMI)=weight in kg /height in m^2				

Table 8: Percentage of Respondents 18 and Older Who Are Obese by Body Mass Index, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
25.8 (19.0-32.6)	NA	20.0 (14.2-25.7)	26.5 (18.7-34.3)	25.8 (18.0-33.6)
Hettinger	Slope	Stark	SWDHU	North Dakota
23.1 (15.6-30.5)	17.8 (8.1-27.5)	24.0 (21.2-26.8)	23.8 (21.8-25.9)	25.4 (24.9-26.0)
* Body Mass Index (BMI)=weight in kg /height in m^2				

Table 9: Percentage of Respondents 18 and Older Who Reported That They Have Diabetes*, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
9.4 (4.2-14.6)	4.6 (0.0-10.2)	10.5 (5.7-15.4)	7.5 (3.8-11.1)	4.7 (1.1- 8.3)
Hettinger	Slope	Stark	SWDHU	North Dakota
8.1 (3.5-12.6)	2.0 (0.0- 5.5)	7.0 (5.4- 8.6)	7.3 (6.1- 8.5)	6.9 (6.6- 7.2)
*Excludes pre-diabetes and diabetes of pregnancy				

Southwest District Community Health Profile

Behavioral Risk Factors

High Blood Pressure and Cholesterol

Table 10: Percentage of Respondents 18 and Older Who Reported That They Have High Blood, 2001-2010 Pressure				
Adams	Billings	Bowman	Dunn	Golden Valley
26.1 (17.3-34.9)	NA	24.4 (15.9-32.9)	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
25.4 (16.1-34.7)	NA	27.0 (23.0-30.9)	27.5 (24.6-30.4)	25.0 (24.4-25.7)

Table 11: Percentage of Respondents 18 and Older Who Reported That They Have Never Had Their Cholesterol Checked, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
18.4 (9.7-27.1)	NA	NA	19.6 (9.5-29.7)	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	26.4 (22.3-30.6)	25.0 (22.0-28.1)	23.0 (22.2-23.8)

Table 12: Percentage of Respondents 18 and Older Who Reported That They Have Not Had Their Cholesterol Checked in the Past 5 years, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
22.8 (13.6-32.1)	NA	NA	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	32.1 (27.8-36.3)	30.0 (26.8-33.1)	28.2 (27.4-29.0)

Table 13: Percentage of Respondents 18 and Older Who Reported That They Had Ever Been Told They Had High Cholesterol, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	37.0 (27.3-46.7)	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	36.7 (32.3-41.2)	37.7 (34.4-41.0)	34.0 (33.2-34.8)

Southwest District Community Health Profile

Behavioral Risk Factors

Asthma and Arthritis

Table 14: Percentage of Respondents 18 and Older Who Reported Ever Having Been Told They Had Asthma, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
10.5 (5.4-15.5)	9.6 (2.3-16.8)	6.6 (3.7- 9.4)	9.9 (5.7-14.1)	6.2 (2.2-10.3)
Hettinger	Slope	Stark	SWDHU	North Dakota
14.9 (7.4-22.4)	4.0 (0.0-10.2)	11.5 (9.3-13.7)	10.5 (9.0-12.0)	10.7 (10.3-11.1)

Table 15: Percentage of Respondents 18 and Older Who Reported Currently Having Asthma, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
10.2 (5.1-15.2)	7.8 (1.4-14.3)	5.3 (2.8- 7.8)	6.6 (3.4- 9.8)	5.4 (1.6- 9.3)
Hettinger	Slope	Stark	SWDHU	North Dakota
10.5 (3.8-17.2)	3.3 (0.0- 9.2)	8.4 (6.6-10.2)	7.9 (6.6- 9.1)	7.5 (7.2- 7.9)

Table 16: Percentage of Respondents 18 and Older Who Reported Doctor Diagnosed Arthritis, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
23.5 (15.0-32.0)	10.8 (1.3-20.4)	30.5 (21.1-39.9)	23.9 (15.7-32.1)	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
33.5 (23.2-43.7)	NA	25.0 (21.4-28.6)	26.3 (23.7-29.0)	27.2 (26.5-27.9)

Table 17: Percentage of Respondents 18 and Older Who Reported Chronic Joint Pain or Stiffness, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	NA	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	39.6 (34.6-44.6)	40.6 (36.8-44.4)	35.3 (34.4-36.2)

Table 18: Percentage of Respondents 18 and Older Who Reported Activity Limitation Due to Arthritis, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
11.4 (5.2-17.7)	8.7 (0.0-20.7)	17.8 (10.0-25.6)	15.8 (7.9-23.6)	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
17.9 (9.7-26.0)	11.0 (1.4-20.5)	14.5 (11.4-17.6)	15.4 (13.2-17.7)	13.0 (12.4-13.5)

Southwest District Community Health Profile

Behavioral Risk Factors

Cardiovascular Disease Prevalence

Table 19: Percentage of Respondents 18 and Older Who Reported Ever Having Had a Heart Attack, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
4.9 (1.6- 8.3)	3.1 (0.0- 7.9)	5.3 (2.4- 8.2)	6.2 (2.9- 9.6)	7.4 (1.1-13.7)
Hettinger	Slope	Stark	SWDHU	North Dakota
3.4 (0.7- 6.2)	1.6 (0.0- 4.8)	4.3 (3.1- 5.4)	4.7 (3.7- 5.6)	4.0 (3.8- 4.2)

Table 20: Percentage of Respondents 18 and Older Who Reported Ever Having Coronary Artery Disease, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
3.6 (1.0- 6.2)	NA	6.1 (2.8- 9.3)	5.5 (2.2- 8.7)	5.0 (1.4- 8.6)
Hettinger	Slope	Stark	SWDHU	North Dakota
5.3 (1.9- 8.7)	3.7 (0.0- 8.9)	4.1 (3.0- 5.3)	4.4 (3.6- 5.3)	4.0 (3.8- 4.3)

Table 21: Percentage of Respondents 18 and Older Who Reported Ever Having Had a Stroke, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
4.4 (0.3- 8.4)	NA	2.0 (0.4- 3.7)	3.6 (1.1- 6.1)	1.7 (0.0- 4.1)
Hettinger	Slope	Stark	SWDHU	North Dakota
2.5 (0.3- 4.6)	1.1 (0.0- 3.3)	1.5 (0.8- 2.2)	2.0 (1.4- 2.6)	2.2 (2.1- 2.4)

Table 22: Percentage of Respondents 18 and Older Who Reported Having Cardiovascular Disease, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
9.5 (4.4-14.7)	3.1 (0.0- 7.9)	9.3 (5.5-13.1)	10.4 (6.0-14.8)	10.2 (3.4-16.9)
Hettinger	Slope	Stark	SWDHU	North Dakota
8.5 (4.2-12.7)	6.5 (0.1-12.9)	6.9 (5.4- 8.3)	7.9 (6.7- 9.1)	7.4 (7.1- 7.7)

Southwest District Community Health Profile

Behavioral Risk Factors

Health Care and Vaccination

Table 23: Percentage of Respondents 18 and Older Who Reported Not Having Any Health Insurance, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
10.3 (5.1-15.4)	11.8 (3.0-20.7)	13.8 (6.5-21.2)	22.1 (12.3-31.8)	14.5 (7.8-21.2)
Hettinger	Slope	Stark	SWDHU	North Dakota
7.8 (2.1-13.5)	NA	11.3 (9.2-13.5)	12.6 (10.7-14.6)	11.4 (11.0-11.9)

Table 24: Percentage of Respondents 18 and Older Who Reported Being Unable To See a Doctor Due to Cost One or More Times in the Past 12 Months, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
5.7 (1.1-10.4)	6.6 (0.1-13.0)	4.6 (1.5- 7.6)	5.8 (2.4- 9.1)	9.1 (3.5-14.7)
Hettinger	Slope	Stark	SWDHU	North Dakota
5.7 (1.7- 9.8)	2.6 (0.0- 6.5)	6.8 (5.1- 8.5)	6.3 (5.1- 7.5)	6.8 (6.4- 7.1)

Table 25: Percentage of Respondents 18 and Older Who Reported That They Did Not Have a Person That They Considered to be Their Personal Doctor or Health Care Provider, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
16.0 (9.9-22.1)	18.1 (8.1-28.0)	19.9 (12.5-27.4)	35.4 (25.7-45.0)	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
22.2 (14.1-30.4)	NA	22.7 (19.7-25.7)	23.2 (20.9-25.5)	23.5 (23.0-24.1)

Table 26: Percentage of Respondents 65 and Older Who Reported That They Did Not Receive an Influenza Vaccination in the Past 12 Months, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	NA	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	27.8 (22.5-33.1)	28.9 (25.3-32.5)	28.6 (27.6-29.6)

Table 27: Percentage of Respondents 65 and Older Who Reported They Have Never Received a Pneumococcal Vaccine, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
20.4 (10.0-30.8)	NA	32.0 (20.9-43.2)	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	31.6 (25.9-37.3)	29.7 (25.9-33.4)	30.0 (28.9-31.0)

Southwest District Community Health Profile

Behavioral Risk Factors

Alcohol Use, Fruit and Vegetable Consumption

Table 28: Percentage of Respondents 18 and Older Who Reported Who Reported Binge Drinking One or More Times in Past 30 Days, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
13.2 (6.7-19.8)	10.7 (2.1-19.3)	19.2 (12.1-26.3)	17.6 (8.6-26.6)	14.9 (8.0-21.7)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
16.0 (8.6-23.4)	NA	19.8 (16.9-22.8)	18.2 (16.0-20.4)	21.1 (20.5-21.6)

Table 29: Percentage of Respondents 18 and Older Who Reported Who Reported Heavy Drinking, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
2.7 (0.3- 5.1)	2.8 (0.0- 6.8)	4.7 (0.9- 8.5)	2.2 (0.3- 4.0)	3.5 (0.1- 7.0)
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
1.8 (0.0- 4.1)	1.8 (0.0- 5.3)	5.9 (3.9- 7.9)	4.5 (3.3- 5.7)	5.0 (4.7- 5.3)

Table 30: Percentage of Respondents 18 and Older Who Reported Who Reported Drinking and Driving One or More Times in Past 30 Days, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
6.9 (0.0-14.9)	2.6 (0.0- 7.9)	NA	2.5 (0.0- 6.0)	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
NA	NA	5.1 (2.7- 7.4)	5.3 (3.3- 7.2)	5.7 (5.1- 6.2)

Table 31: Percentage of Respondents 18 and Older Who Reported That They Do Not Eat Five Servings of Fruit and Vegetables Daily, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
73.4 (63.9-83.0)	NA	79.9 (71.3-88.5)	77.4 (68.7-86.1)	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
81.8 (73.9-89.7)	89.8 (80.5-99.2)	75.7 (72.0-79.5)	77.0 (74.3-79.7)	78.4 (77.7-79.1)

Southwest District Community Health Profile

Behavioral Risk Factors

Oral Health, Physical Activity and Smoking

Table 32: Percentage of Respondents 18 and Older Who Reported That They Had Not Seen a Dentist in the Past Year, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
35.2 (25.1-45.2)	NA	32.3 (22.8-41.7)	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	32.4 (28.3-36.4)	33.2 (30.1-36.3)	29.5 (28.8-30.3)

Table 33: Percentage of Respondents 18 and Older Who Reported Having Lost Six or More Permanent Teeth Due to Decay or Gum Disease, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
22.5 (14.0-31.0)	NA	19.3 (12.1-26.6)	10.5 (5.4-15.6)	11.9 (5.2-18.6)
Hettinger	Slope	Stark	SWDHU	North Dakota
14.6 (7.1-22.1)	NA	17.7 (14.7-20.6)	17.0 (14.9-19.2)	16.0 (15.5-16.6)

Table 34: Percentage of Respondents 18 and Older Who Reported That They Did Not Get the Recommended Amount of Physical Activity, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	51.8 (40.9-62.6)	NA	NA
Hettinger	Slope	Stark	SWDHU	North Dakota
NA	NA	52.1 (47.6-56.6)	52.1 (48.7-55.4)	50.5 (49.7-51.4)

Table 35: Percentage of Respondents 18 and Older Who Reported That They Engaged in No Leisure Time Physical Activity, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
10.4 (2.8-17.9)	9.2 (0.0-20.4)	7.2 (2.1-12.3)	NA	14.5 (5.1-23.9)
Hettinger	Slope	Stark	SWDHU	North Dakota
8.1 (2.3-13.9)	2.0 (0.0- 5.9)	6.6 (4.1- 9.1)	8.1 (6.0-10.2)	6.9 (6.5- 7.4)

Table 36: Percentage of Respondents 18 and Older Who Reported That They Were Current Smokers, 2001-2010				
Adams	Billings	Bowman	Dunn	Golden Valley
14.0 (8.4-19.5)	14.1 (5.0-23.3)	12.7 (6.8-18.6)	12.5 (7.8-17.3)	16.0 (9.2-22.9)
Hettinger	Slope	Stark	SWDHU	North Dakota
16.5 (9.2-23.8)	NA	19.8 (17.2-22.5)	17.3 (15.4-19.1)	19.8 (19.3-20.4)

Southwest District Community Health Profile

Behavioral Risk Factors

Cancer Screening

Table 37: Percentage of Female Respondents 40 and Older Who Reported That They Had Not Had a Mammogram in the Past Two Years, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
12.6 (3.9-21.3)	NA	NA	NA	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
NA	NA	23.1 (18.0-28.2)	25.0 (21.1-29.0)	24.3 (23.3-25.3)

Table 38: Percentage of Female Respondents 18 and Older Who Reported That They Had Not Had a Pap Smear in the Past Three Years, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
10.1 (3.1-17.1)	NA	NA	NA	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
NA	NA	19.1 (13.6-24.5)	17.3 (13.5-21.0)	14.0 (13.1-15.0)

Table 39: Percentage of Respondents 50 and Older Who Reported Not Having a Blood Stool Test in the Past Two Years, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
86.3 (78.7-93.8)	NA	84.9 (76.0-93.8)	NA	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
89.4 (80.4-98.4)	NA	71.4 (66.4-76.5)	77.5 (74.2-80.7)	78.3 (77.5-79.2)

Table 40: Percentage of Respondents 50 and Older Who Reported That They Have Never Had a Sigmoidoscopy or Colonoscopy, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	NA	NA	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
NA	NA	48.6 (42.4-54.8)	48.1 (43.8-52.4)	42.6 (41.4-43.7)

Table 41: Percentage of Respondents 50 and Older Who Reported That They Have Not Had a Sigmoidoscopy or Colonoscopy in the Past 5 Years, 2001-2010

Adams	Billings	Bowman	Dunn	Golden Valley
NA	NA	NA	NA	NA
Hettinger	**Slope**	**Stark**	**SWDHU**	**North Dakota**
NA	NA	61.3 (55.7-66.8)	62.1 (58.3-66.0)	55.0 (54.0-56.1)

Southwest District Community Health Profile

Crime

Adams

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	1	2	0	0	3	26.7
Robbery	0	1	0	0	0	1	8.9
Assualt	2	1	2	2	1	8	71.1
Violent crime	2	3	4	2	1	12	106.7
Burglary	0	4	4	5	5	18	160.1
Larceny	10	5	5	2	5	27	240.1
Motor vehicle theft	1	1	0	1	1	4	35.6
Property crime	11	10	9	8	11	49	435.7
Total	13	13	13	10	12	61	542.5

Billings

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	NR	NR	NR	0	0	0	0.0
Rape				0	0	0	0.0
Robbery				0	0	0	0.0
Assualt				0	1	1	42.1
Violent crime				0	1		
Burglary				0	1	1	42.1
Larceny				1	2	3	126.4
Motor vehicle theft				0	0	0	0.0
Property crime				1	3	4	168.6
Total				1	4	5	210.7

Bowman

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	0	0	0	0	0	0.0
Robbery	0	0	0	0	0	0	0.0
Assualt	0	0	0	0	0	0	0.0
Violent crime	0	0	0	0	0	0	0.0
Burglary	0	0	0	0	0	0	0.0
Larceny	1	0	0	1	0	2	13.7
Motor vehicle theft	0	0	1	1	1	3	20.6
Property crime	1	0	1	2	1	5	34.3
Total	1	0	1	2	1	5	34.3

Southwest District Community Health Profile

Crime

Dunn

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	NR	0	0	0.0
Rape	0	0	0		0	0	0.0
Robbery	0	0	0		0	0	0.0
Assualt	0	0	0		0	0	0.0
Violent crime	0	0	0		0	0	0.0
Burglary	0	0	0		0	0	0.0
Larceny	0	0	0		0	0	0.0
Motor vehicle theft	0	0	0		0	0	0.0
Property crime	0	0	0		0	0	0.0
Total	0	0	0		0	0	0.0

Golden Valley

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	NR	NR	NR	NR	0	0	0
Rape					0	0	0
Robbery					0	0	0
Assualt					0	0	0
Violent crime					0	0	0
Burglary					2	2	122
Larceny					9	9	547
Motor vehicle theft					0	0	0
Property crime					11	11	668
Total					11	11	668

Hettinger

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	2	0	0	0	2	16.7
Robbery	0	0	0	0	0	0	0.0
Assualt	1	0	0	0	0	1	8.3
Violent crime	1	2	0	0	0		
Burglary	2	1	1	0	2	6	50.0
Larceny	4	12	6	4	5	31	258.1
Motor vehicle theft	2	0	2	1	1	6	50.0
Property crime	8	13	9	5	8	43	358.0
Total	9	15	9	5	8	46	383.0

Southwest District Community Health Profile

Crime

Slope

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	NR	0	NR	0	0	0	0
Rape		2		0	0	2	103
Robbery		2		0	0	2	103
Assualt		2		0	0	2	103
Violent crime		6		0	0	6	308
Burglary		1		0	0	1	51
Larceny		1		4	1	6	308
Motor vehicle theft		0		0	1	1	51
Property crime		2		4	2	8	410
Total		8		4	2	14	718

Stark

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	2	1	3	2.7
Rape	1	1	1	0	0	3	2.7
Robbery	2	0	1	2	5	10	8.9
Assualt	6	10	34	29	42	121	107.6
Violent crime	9	11	36	33	48	137	121.8
Burglary	100	81	40	37	72	330	293.3
Larceny	468	370	304	286	358	1,786	1587.5
Motor vehicle theft	43	36	51	18	27	175	155.5
Property crime	611	487	395	341	457	2,291	2036.4
Total	620	498	431	374	505	2,428	2158.1

Southwest District (for reporting incidents)

	2006	2007	2008	2009	2010	5 year	5-Year Rate***
Murder	0	0	0	2	1	3	1.6
Rape	1	6	3	0	0	10	5.5
Robbery	2	3	1	2	5	13	7.1
Assualt	9	13	36	31	44	133	72.7
Violent crime	12	22	40	35	50	159	86.9
Burglary	102	87	45	42	82	358	195.6
Larceny	483	388	315	298	380	1,864	1018.6
Motor vehicle theft	46	37	54	21	31	189	103.3
Property crime	631	512	414	361	493	2,411	1317.6
Total	643	534	454	396	543	2,570	1404.4

Southwest District Community Health Profile

Crime

North Dakota

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	8	16	4	15	11	54	1.7
Rape	184	202	222	206	222	1,036	32.3
Robbery	69	68	71	102	85	395	12.3
Assualt	525	599	738	795	847	3,504	109.2
Violent crime	786	885	1,035	1,118	1,165	4,989	155.5
Burglary	2,364	2,096	2,035	2,180	1,826	10,501	327.4
Larceny	8,884	8,672	8,926	8,699	8,673	43,854	1,367.2
Motor vehicle theft	966	878	854	825	763	4,286	133.6
Property crime	12,214	11,646	11,815	11,704	11,262	58,641	1,828.2
Total	13,000	12,531	12,850	12,822	12,427	63,630	1,983.8

CHILD HEALTH INDICATORS

Child Indicators: Education 2010	Adams	Billings	Bowman	Dunn	Golden Valley
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	1 (33)	1 (20)	7 (78)	10 (56)	7 (78)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	27 (10)	9 (23)	64 (12)	40 (9.2)	44 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	7 (26)	1 (11)	9 (14)	10 (25)	11 (25)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	0	1 (11)	5 (7.8)	0	5 (11)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	12 (44)	3 (33)	27 (42)	22 (55)	13 (30)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	1 (1.0)	0	1 (0.6)	1 (0.6)	1 (0.7)
Average ACT Composite Score	20.4	NA	20.7	20.3	20.7
Average Expenditure per Student in Public School	$9,377	$37,627	$9,990	$13,324	$10,920
*2008 data					

Child Indicators: Education 2010	Hettinger	Slope	Stark	North Dakota
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	15 (68)	1 (100)	119 (68)	2,607 (65)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	52 (13)	5 (26)	497	13,170 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	15 (29)	0	108 (22)	3,298 (25)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	3 (6)	0	32 (6.4)	763 (5.8)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	13 (25)	4 (80)	156 (31)	4,143 (32)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	1 (0.8)	0	16 (1.3)	701 (2.2)
Average ACT Composite Score	22.3	NA	21.4	21.5
Average Expenditure per Student in Public School	$10,132	$18,193	$8,223	$9,812
*2008 data				

CHILD HEALTH INDICATORS

Child Indicators: Economic Health 2010	Adams	Billings	Bowman	Dunn	Golden Valley
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	1 (0.2)	0	6 (0.8)	22 (2.6)	3 (0.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	53 (13)	8 (4.9)	66 (9.4)	111 (14)	90 (21)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	74 (29)	9 (21)	136 (26)	133 (31)	176 (49)
WIC Program Participants	81	22	60	50	29
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	101 (21)	23 (13)	126 (16)	197 (22)	129 (28)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$49,653	$59,545	$60,469	$53,229	$45,556
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	13 (3.1)	15 (8.0)	11 (1.9)	25 (3.1)	16 (4.7)
*2009 data					

Child Indicators: Economic Health 2010	Hettinger	Slope	Stark	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	19 (4.0)	0	166 (2.8)	7,819 (4.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	72 (16)	6 (5.1)	1,107 (21)	37,553 (24)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	135 (34)	0	1,052 (28)	33,870 (33)
WIC Program Participants	53	4	644	24,331
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	120 (24)	12 (9.2)	1,553 (25)	49,110 (27)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$49,375	$50,500	$59,151	$61,035
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	14 (3.3)	10 (6.1)	208 (4.4)	10,100 (7.2)
*2009 data				

CHILD HEALTH INDICATORS

Child Indicators: Families and Child Care 2010	Adams	Billings	Bowman	Dunn	Golden Valley
Child Care Providers - all registered categories	10	1	10	6	11
Child Care Capacity	149	20	141	59	75
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	217 (84)	77 (82)	339 (88)	270 (79)	142 (86)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	64 (15)	0	92 (15.4)	171 (21)	77 (22)
Children in Foster Care	6 (1.4)	0	7 (1.0)	5 (0.6)	5 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	11 (2.7)	NA	12 (1.8)	NA	8 (2)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	NA	0	7 (1.1)	16 (2.1)	NA
Births to Mothers with Inadequate Prenatal Care*	0	0	0	NA	0
* Year 2009 data					

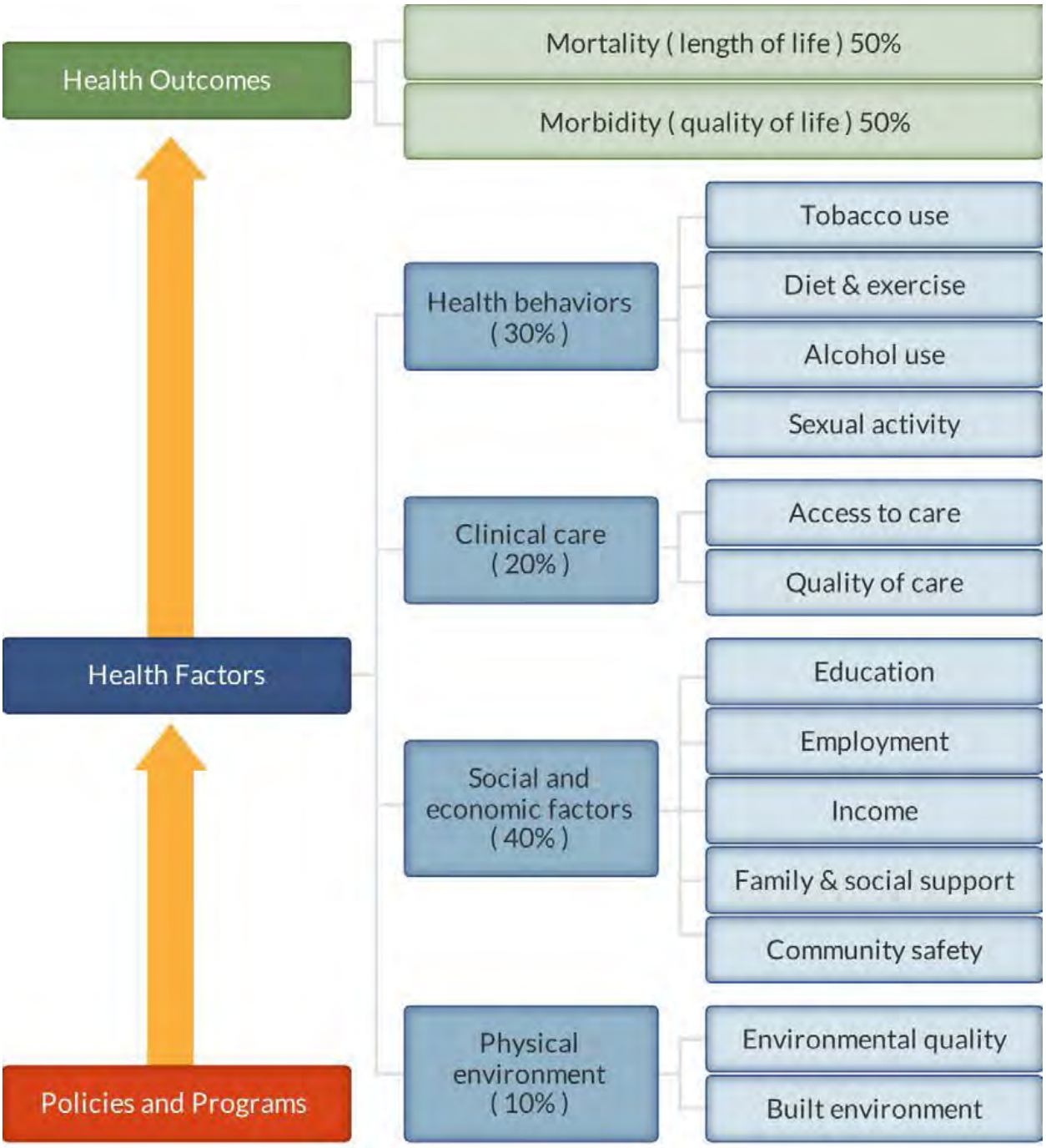
Child Indicators: Families and Child Care 2010	Hettinger	Slope	Stark	North Dakota
Child Care Providers	6	0	105	3,176
Child Care Capacity (As percent of all children 0-13 in child care)	75	0	1,152	41,478
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	145 (64)	39 (66)	2,090 (83)	57,059 (82)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	50 (12)	39 (24)	888 (18)	30,058 (21)
Children in Foster Care (Percent of children ages 0-18)	10 (2.3)	0	59 (1.1)	1,912 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	11 (2.7)	NA	384 (7.7)	6,399 (4.4)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	6 (1.5)	NA	116 (2.3)	4,180 (2.9)
Births to Mothers with Inadequate Prenatal Care*	NA	0	NA	389 (4.3)
* Year 2009 data				

CHILD HEALTH INDICATORS

Child Indicators: Juvenile Justice 2010	Adams	Billings	Bowman	Dunn	Golden Valley
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	8 (3.7)	5 (7.4)	16 (5.3)	12 (2.9)	11 (4.5)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	3 (16)	0	5 (16)	4 (18)	5 (12)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	1 (5.3)	4 (67)	6 (19)	1 (4.5)	4 (10)

Child Indicators: Juvenile Justice 2010	Hettinger	Slope	Stark	North Dakota
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	5 (2.4)	4 (7.8)	169 (7.6)	5,139 (8.1)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	2 (22)	0	16 (5.0)	784 (8.2)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	2 (22)	0	53 (17)	1,464 (15)

Appendix E – County Health Rankings Model



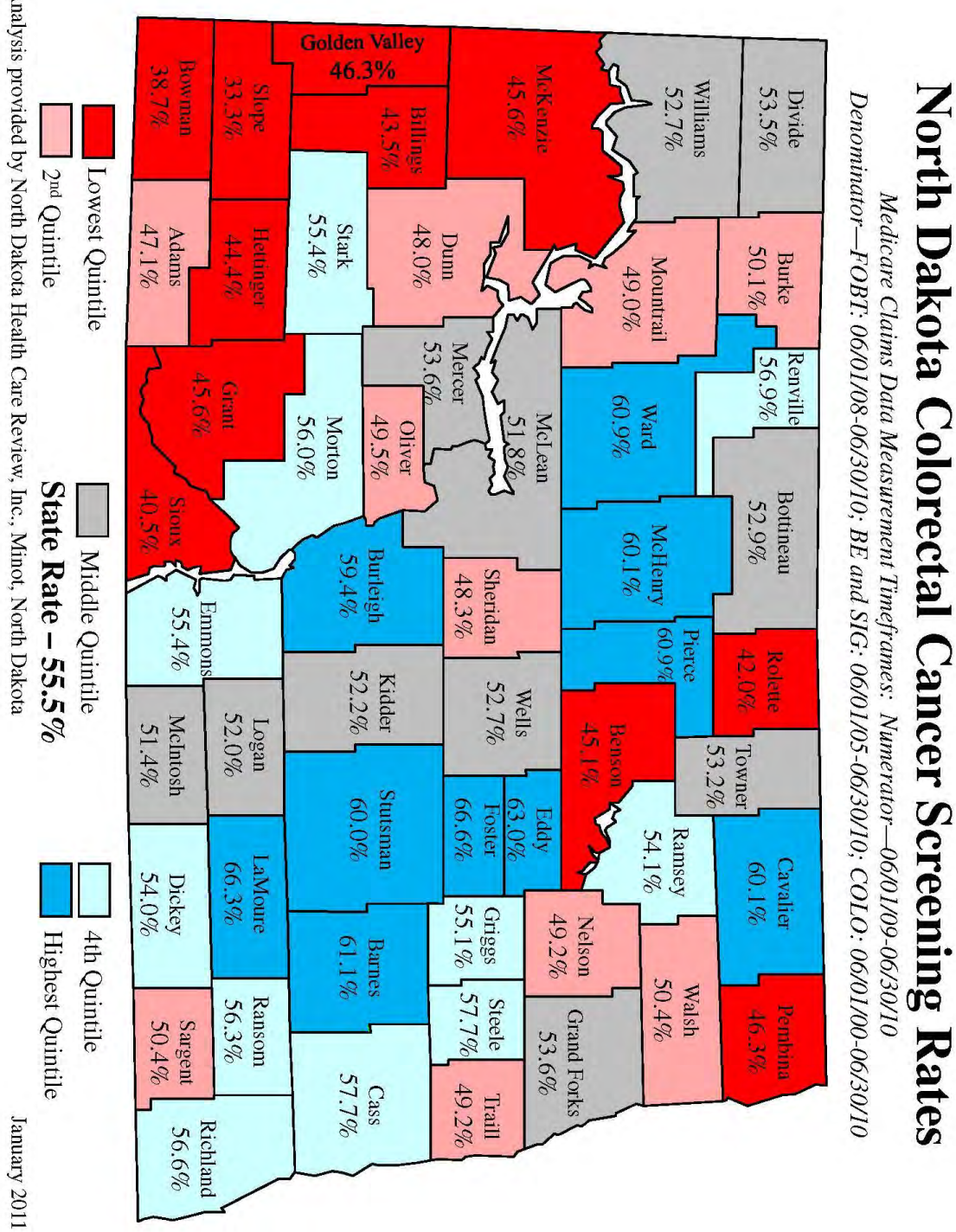
County Health Rankings model ©2012 UWPHI

Appendix F – Definitions of Health Variables

(from County Health Rankings 2011 Report)

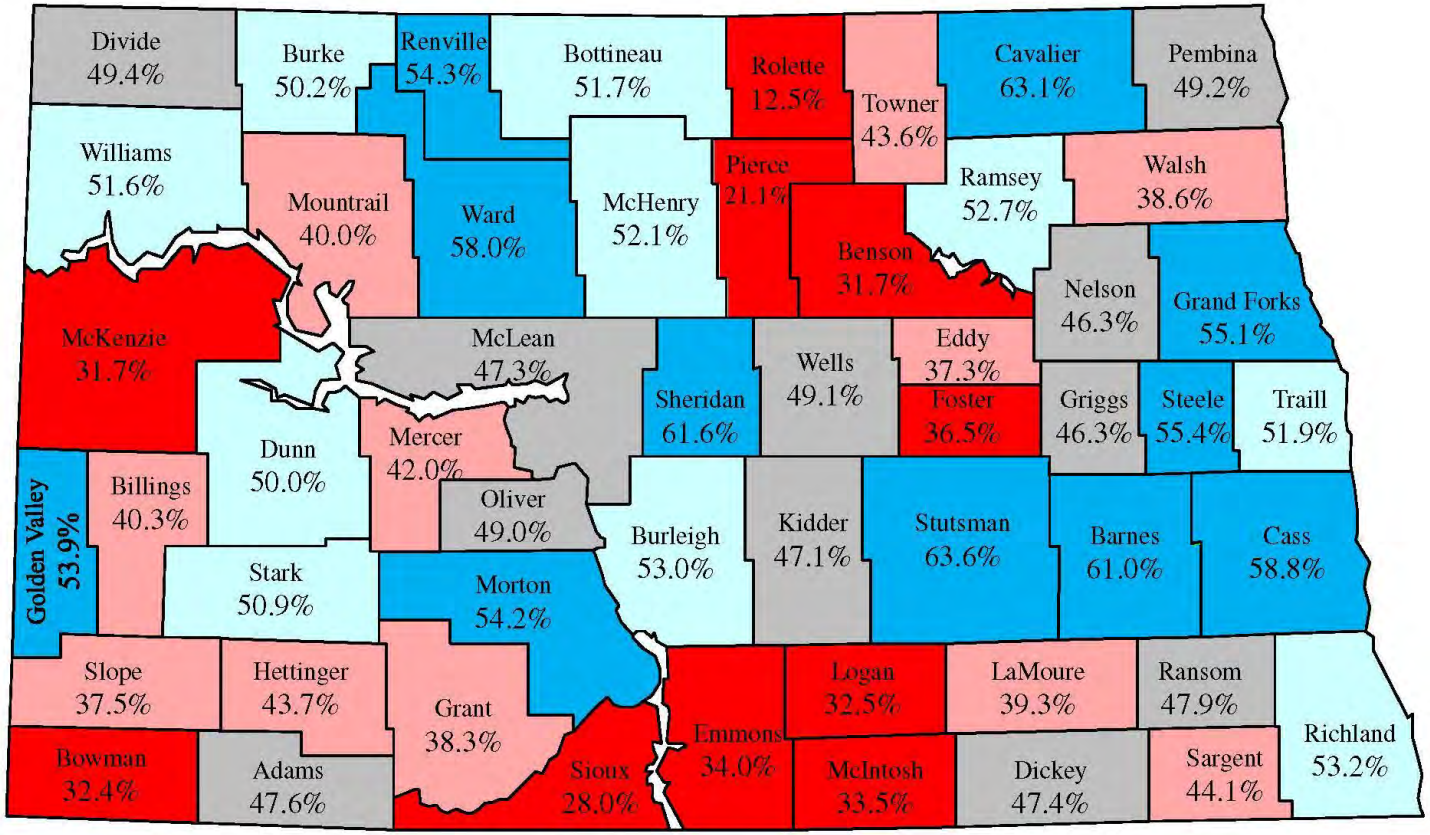
Variable	Definition
Poor or Fair Health	Self-reported health status based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?"
Poor Physical Health Days (in past 30 days)	Estimate based on responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"
Poor Mental Health Days (in past 30 days)	Estimate based on responses to the question: "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?"
Adult Smoking	Percent of adults that report smoking equal to, or greater than, 100 cigarettes and are currently a smoker
Adult Obesity	Percent of adults that report a BMI greater than, or equal to, 30
Excessive Drinking	Percent of as individuals that report binge drinking in the past 30 days (more than 4 drinks on one occasion for women, more than 5 for men) or heavy drinking (defined as more than 1 (women) or 2 (men) drinks per day on average
Sexually Transmitted Infections	Chlamydia rate per 100,000 population
Teen Birth Rate	Birth rate per 1,000 female population, ages 15-19
Uninsured Adults	Percent of population under age 65 without health insurance
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Mammography Screening	Percent of female Medicare enrollees that receive mammography screening
Access to Healthy Foods	Healthy food outlets include grocery stores and produce stands/farmers' markets
Access to Recreational Facilities	Rate of recreational facilities per 100,000 population
Diabetics	Percent of adults aged 20 and above with diagnosed diabetes
Physical Inactivity	Percent of adults aged 20 and over that report no leisure time physical activity
Primary Care Provider Ratio	Ratio of population to primary care providers
Mental Health Care Provider Ratio	Ratio of population to mental health care providers
Diabetic Screening	Percent of diabetic Medicare enrollees that receive HbA1c screening.
Binge Drinking	Percent of adults that report binge drinking in the last 30 days. Binge drinking is consuming more than 4 (women) or 5 (men) alcoholic drinks on one occasion.

Appendix G – County Analysis by North Dakota Health Care Review, Inc.



North Dakota Pneumococcal Pneumonia Vaccination Rates

Medicare Claims Data – Claims through 06/30/10

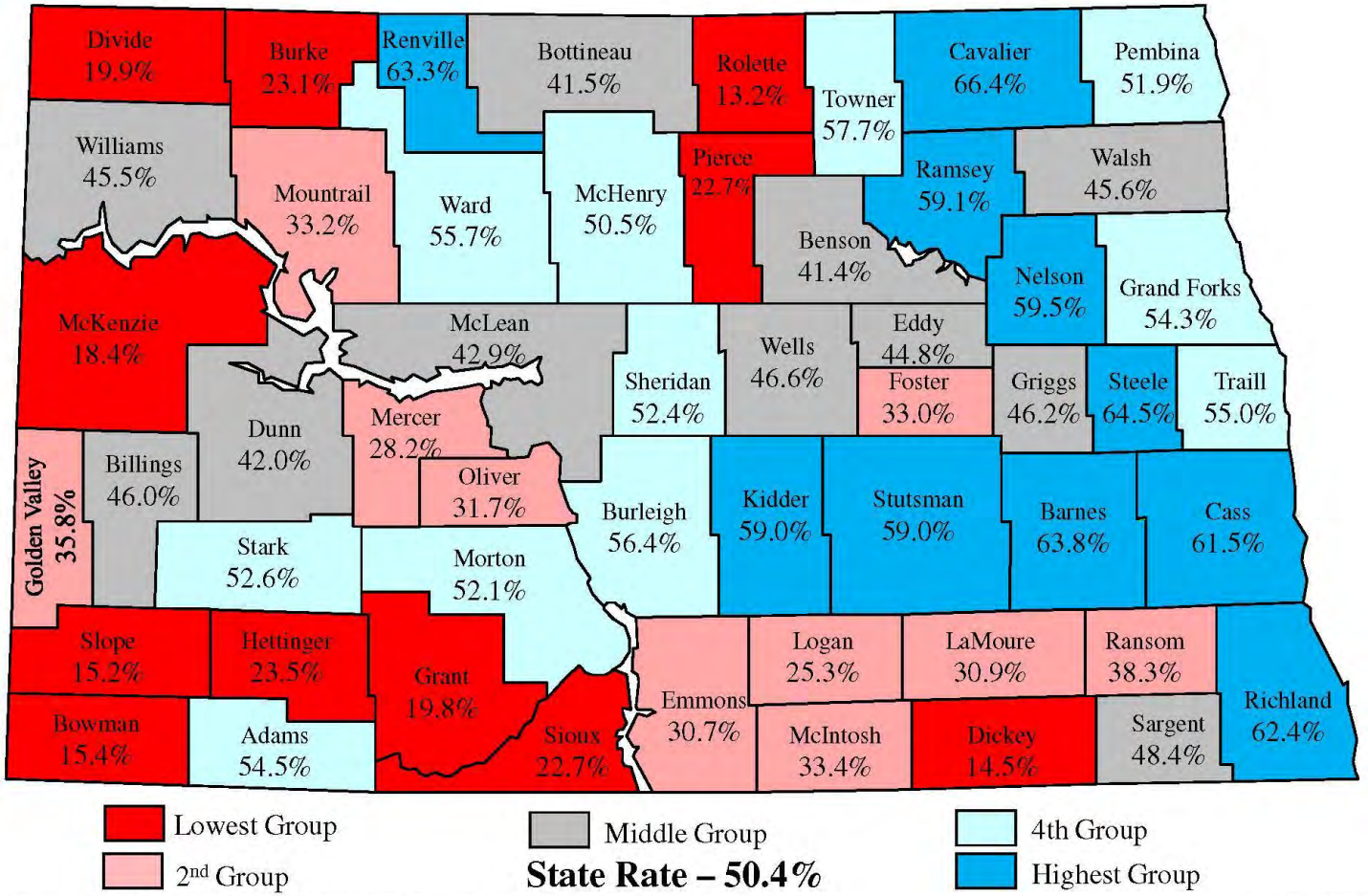


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota Influenza Vaccination Rates

Medicare Claims Data – 03/01/09-03/31/10

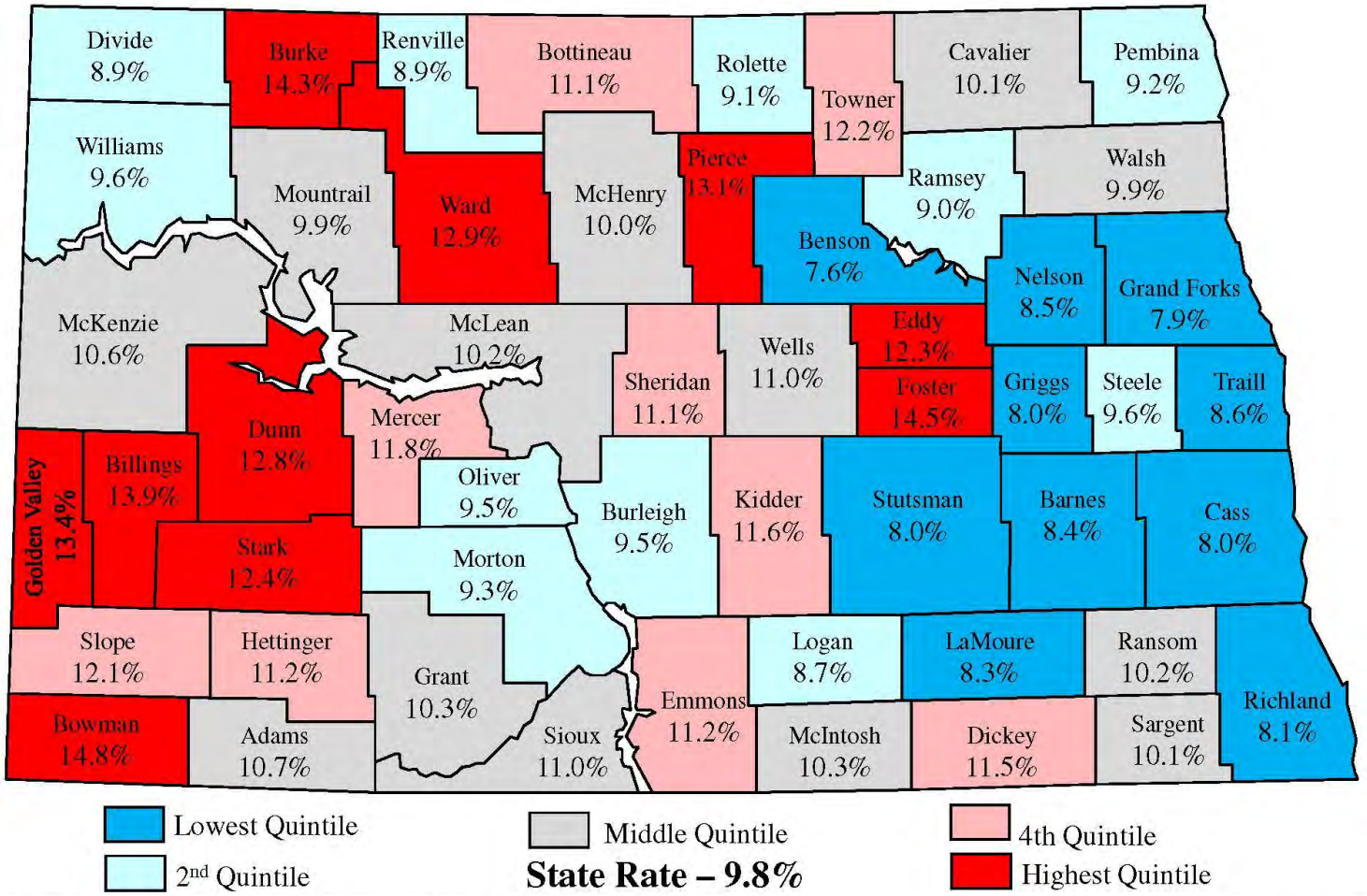


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

October 2010

North Dakota DDI Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

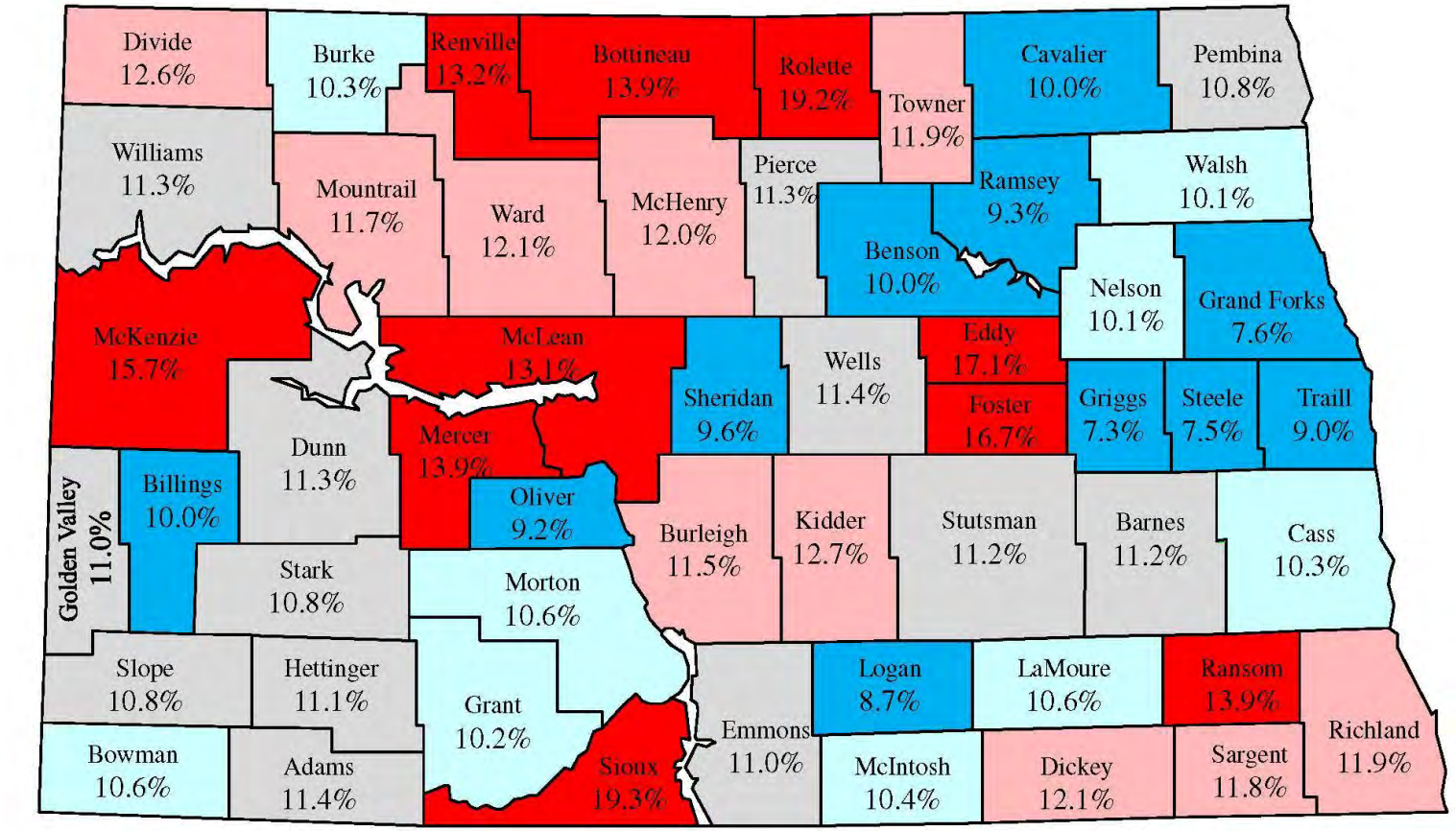


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota PIM Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

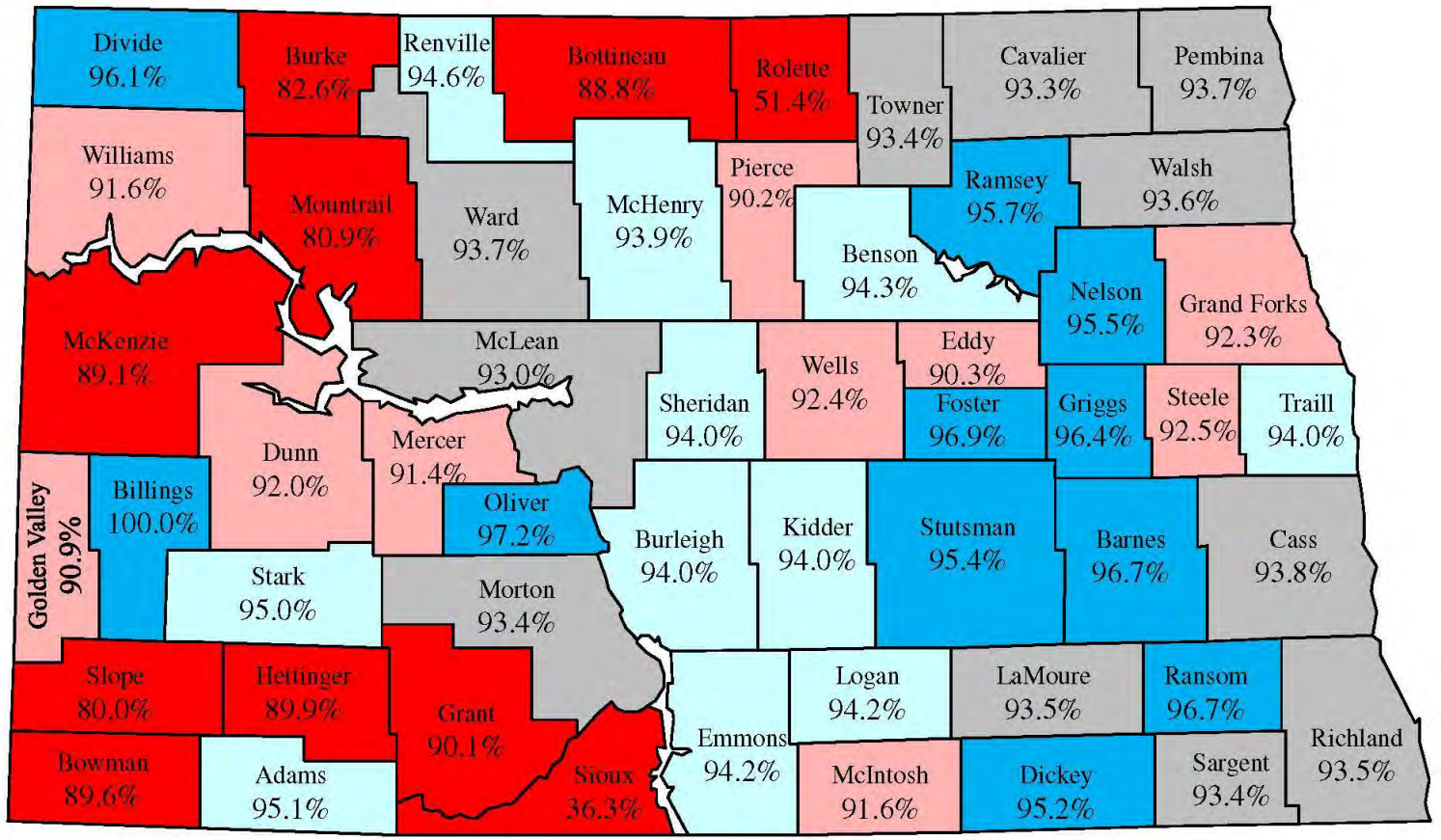


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Hemoglobin A1C Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10

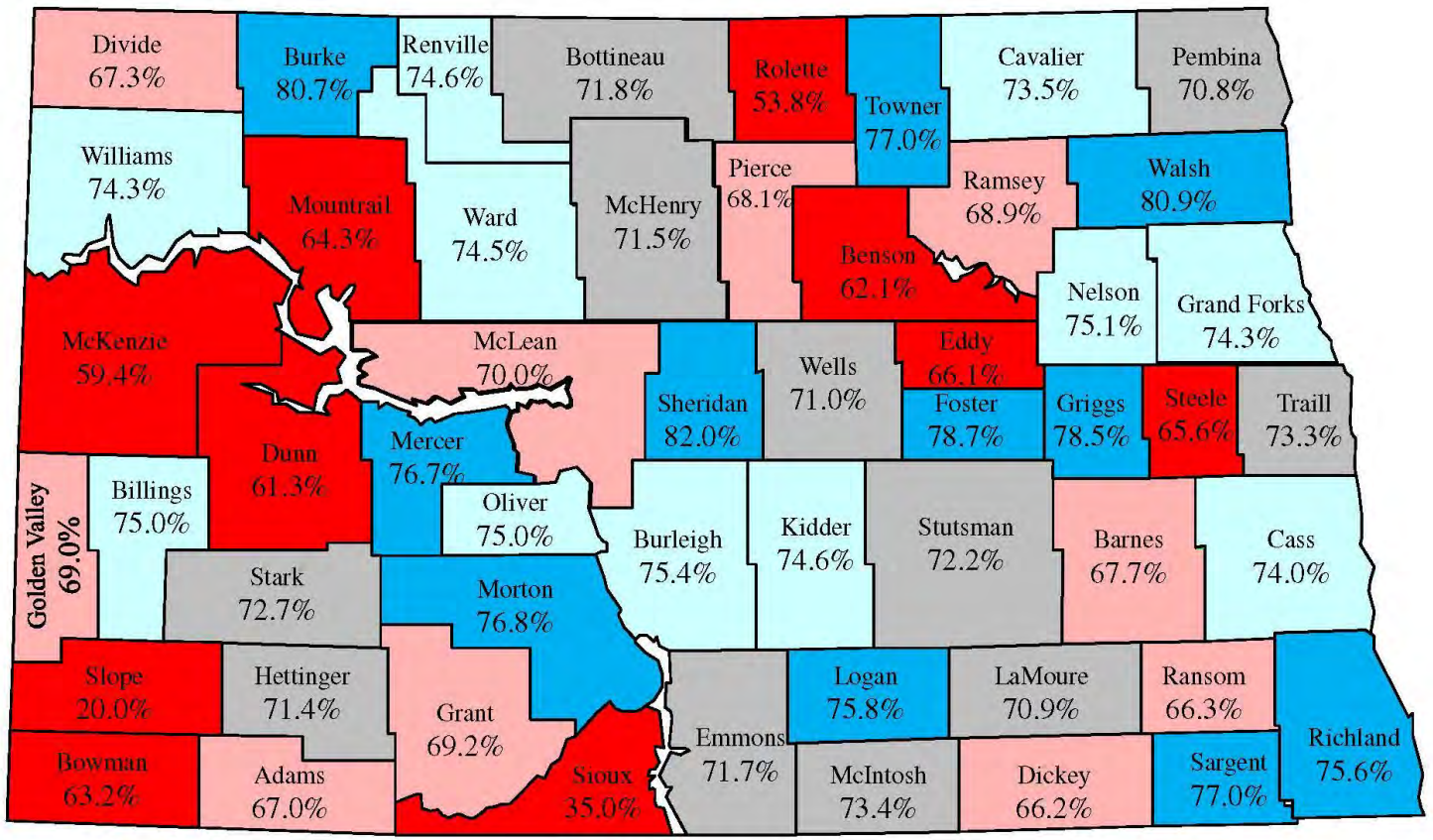


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Eye Examination Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10

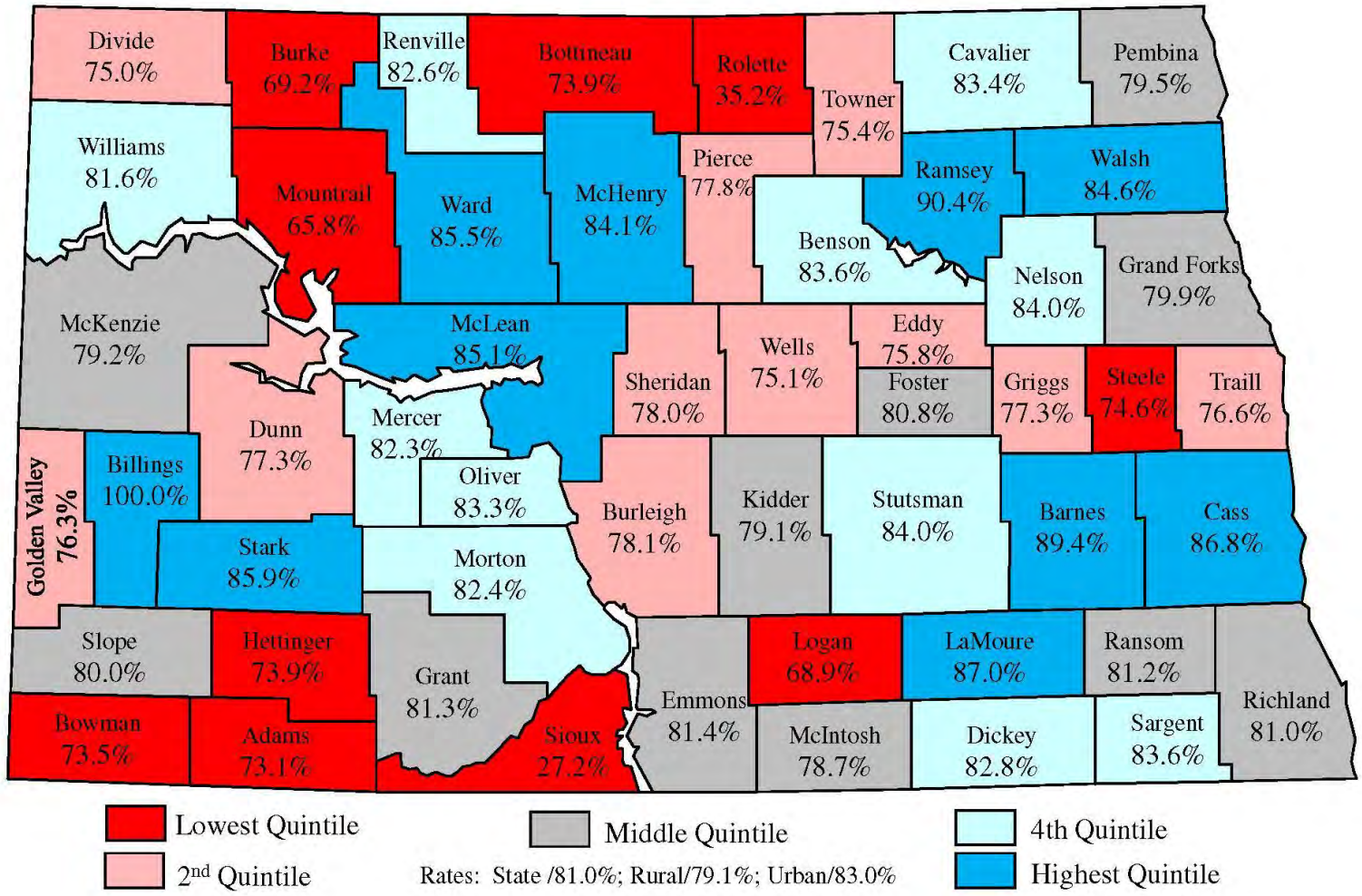


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Lipid Testing Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Appendix H – Public Health Roundtable: Summary of Information Presented

Custer District

2/29/12

Regional YRBS

- Grades 9-12- texting while driving- 53% (high)
- Seriously considering suicide- appear high- 14%
- Question correlation between bullied and depressive symptoms- 25% bullied and 24% depressive symptoms
- Rode with drinking driver- 24%
- Spit tobacco use is a concern
- Prescription drug abuse- 19% higher than ND- higher than the obesity rate (surprising)

Demographics

- Most counties have higher percentage of 0-17 except for Grant- greater aging population Sioux has greater young population.
- 20-29 age group left most counties.
- Surprising that there hasn't been more growth in Mercer due to energy development. Population was fairly sustained in the second decade.
- Native American migration to Morton county
- Larger female aging population
- Larger family households in the region than ND
- Lower divorce rates and higher married more all but Sioux. Sioux stands out. Sioux definition of family and type of family living in the household is most likely different than the most common.
- Mercer and Oliver have higher incomes- energy development
- Oliver and Grant have high rates of elderly in poverty. Surprising that Oliver has the rate of poverty with the high household income. Income is not evenly distributed.
- Sioux County poverty is terrible. Migration could be related to economic and social factors (violence, abuse)

Vital Statistics

- Sioux County out of wedlock births and pregnancies is surprising
- Morton County infant and child/adolescent deaths has increased. Why is this?
- Sioux County has a substantial number of infant deaths
- Sioux County has a young population and crude death is high compared to the state
- Sioux County has high rates of all deaths

BRFSS

- Alcohol use mirrors ND- which is high. Less drinking and driving reported in adults than in youth. Binge drinking is substantial for the state and the region/counties.

- Mercer county diagnosed arthritis is high.
- Oliver County has higher rate of asthma.
- Most counties have higher rates of overweight and obese than ND- which is not a good thing. (Especially Sioux)
- Mercer has higher rate of reported high cholesterol along with a higher rate of testing.
- Most counties have an under screening for colorectal cancer.
- Diabetes is higher in Sioux County
- Assume there is a higher rate of those who are in poor health than what is reported.
- Surprised Mercer doesn't have higher reporting of health care coverage than the rest of the state and don't have a higher rate of having a personal provider.
- Immunization rates are good.
- Seatbelt use is lower than the rest of the state
- Oral health access problem
- Limited physical activity

Child Indicators

- Mercer County has a concerning rate of children in extreme poverty

Health Issue Themes:

1) Substance Abuse
2) Emotional Health
3) Tobacco Use
4) Unintentional Injury
5) Obesity
6) Prevention Screenings

Identified Data Needs:

- Environmental Health Data
- Illegal drug use

Community Assessment Roundtable
February 29, 2012
Sakakawea Medical Center Conference Room, Hazen, ND

Community Members Attending

- Sue Borud, Mercer County Ambulance
- Matt Richter, Mercer County Ambulance
- Marie Mettler, Sakakawea Medical Center
- Keith Johnson, Custer Health
- Cheryl Axtman, SMC
- Heather Weaver, RN, Custer Health via IVN from Mandan
- Jodie Fetsch, RN, Custer Health via IVN from Mandan
- Ken Hall, Center for Rural Health via IVN from Grand Forks
- Kelly Nagel, ND State Health via IVN from Jamestown
- Tami Dillman, ND SACCHO via IVN from Jamestown
- Dr. Steve Pickard, ND State Health via IVN from Bismarck
- Darrold Bertsch, SMC
- Keith Gendreau, Knife River Care Center

Invited but not attending

- Chastity Dolbec, Coal Country Community Healthcare Clinic

Areas Identified for Improvement

	Health Status Area	Stands Out/ Alarming (Youth)	(Priority?) Could Improve	Comments
1	Obesity	Yes	Yes	
2	Considering Suicide	Yes	Yes	
3	Texting while Driving	Yes	Yes	
4	Drinking & Driving	Yes	Yes	

5	Spit Tobacco Use	Yes	Yes	
6	Bullying	Yes	Yes	
7	Emotional Health	Yes	Yes	
8	Illegal Drug Use	Yes	Yes	
	Health Status Area	Stands Out/ Alarming (Adult)	(Priority?) Could Improve	Comments
1	Obesity	Yes	Yes	
2	Asthma	Yes	Yes	
3	Arthritis	Yes	Yes	
4	Alcohol use	Yes	Yes	
5	Low Seatbelt use	Yes	Yes	
6	Colorectal Screening (underscreening)	Yes	Yes	

In summary, the following categories were considered to be the leading areas of concern and needing improvement:

Youth Priority Areas:

1. Emotional Health (bullying, depression and suicide; also support)
2. Substance Abuse (illegal drugs, alcohol, prescription drugs)
3. Tobacco Use (including spit tobacco)
4. Unintentional Injury (snowmobiles, skateboarding into traffic, risk taking as a sport, low seatbelt use)
5. Distracted Driving (texting, radio, etc.)
6. Obesity

Adult Priority Areas:

1. Substance Abuse (alcohol)
2. Prevention Screening (medical home?)
3. Unintentional Injury (low seatbelt use)
4. Obesity/Diabetes/Sedentary Lifestyle

These conclusions from the review of the primary data will be combined with the results of analysis of the secondary data being compiled by the Center for Rural Health to provide a complete report to the Committee and to form the basis for next steps of strategic interventions.

Appendix J – Prioritization of Community's Health Needs

Tier 1

- Elevated rate of adult obesity (18 votes)
- Limited number of mental health care providers (17 votes)
- Elevated rate of adult smoking (11 votes)
- Mental health issues (including substance abuse and suicide prevention) (11 votes)

Tier 2

- Elevated rate of physical inactivity (10 votes)
- Elevated rate of excessive drinking (10 votes)
- Limited number of primary care providers (10 votes)
- Elevated rate of diabetics (9 votes)
- Elevated rate of uninsured residents (8 votes)
- Need for greater awareness of certain local services (8 votes)

Tier 3

- Emergency services available 24/7 (6 votes)
- Cancer (5 votes)
- Higher costs of health care for consumers (5 votes)
- Need for greater access to specialists (5 votes)
- Need for assisted care/independent living services (5 votes)
- Lower rates of selected preventive care measures (4 votes)
- Heart disease (4 votes)
- Adding specialized pediatric services (4 votes)
- Elevated rates of sexually transmitted infections (4 votes)
- Limited access to recreational facilities (3 votes)
- Adding obstetric services (3 votes)
- Limited access to healthy foods (2 votes)
- Need for improved collaboration within the community (2 votes)
- Addressing financial concerns and increasing awareness of sliding fee scales at CCCHC (1 vote)

(No Votes)

- Elevated level of preventable hospital stays
- Lower rate of diabetic screening
- Lower rate of mammography screening

Appendix K – Prioritization Meeting Participants

Final Participation Roster - Community Health Needs Assessment
"Prioritization" meeting – December 4, 2012
11:30 a.m. – Mercer County Ambulance Classroom

Name	Service	Organization
Patty Aipperspach	Emergency Medical Services	Mercer County Ambulance, Hazen, ND
April Baumgartner	Newspaper Reporter	Hazen Star, Hazen, ND
Darrold Bertsch	Healthcare Administrator	SMC, Hazen, ND CCCHC, Beulah, ND
Frank Bitterman	Commissioner – County Government	Mercer County, ND
Darrell Bjerke	Mayor – City Government	City of Beulah, Beulah, ND
Dr. Michael Blacksmith	Healthcare – Family Practice	Sakakawea Hazen Clinic, Hazen, ND
Chastity Dolbec	Healthcare – Nursing	Coal Country Community Health Center (CCCHC), Beulah, ND
Cathy Duewel	School Counselor	Hazen Public School District, Hazen, ND
Dr. D.J. Erickson	Healthcare – Chiropractor Healthcare - Board Member	Erickson Chiropractic, Beulah, ND CCCHC, Beulah, ND
Rhonda Gapperc	Senior Services/Special Needs	Mercer County Meals on Wheels, Hazen, ND
Dr. Aaron Garman	Healthcare – Family Practice	Coal Country Community Health Center, Beulah, ND
Keith Gendreau	Long Term Care Facility Administrator	Knife River Care Center, Beulah, ND
Brad Gibbens	Rural Healthcare	UND Center for Rural Health, Grand Forks, ND
Ken Hall	Rural Healthcare	UND Center for Rural Health, Grand Forks, ND
Arlene Helling	Healthcare – Board Member	CCCHC, Beulah, ND
Gordon Hoffner	Business – Banking Healthcare – Board Member	Union Bank, Beulah, ND CCCHC, Beulah, ND
Marilyn Jensen	Special Needs/Disability Services	Knife River Group Home, Hazen, ND
Keith Johnson	Public Health Administrator	Custer Health District, Mandan, ND
Kathy Kelsch	Business Owner – Insurance Housing Authority	State Farm Insurance, Beulah, ND Mercer County, ND
Kim Kessler	Healthcare - Board Member Retail – Business Owner	CCCHC, Beulah, ND SMC, Hazen, ND Bronson's SuperValu, Beulah, ND
Dr. Jacinta Klindworth	Healthcare – Family Practice	Coal Country Community Health

		Center, Beulah, ND
Lori Kuschel	Healthcare – Board Member	SMC, Hazen, ND
Marie Mettler	Healthcare – Administrative	SMC, Hazen, ND
Mike Ness	School District Superintendent	Hazen Public School, Hazen, ND
Mike Nygard	Mayor – City Government	City of Hazen, ND
Christie Obenauer	Business – Banking Healthcare – Board Member	Union State Bank, Hazen, ND SMC, Hazen, ND
Linda Oestreich	Senior Services/Special Needs	Mercer County Meals on Wheels, Hazen, ND
Kandi Olson	Healthcare - Administrative	CCCHC, Beulah, ND
Myria Perry	Healthcare – Board Member	SMC, Hazen, ND
Carmen Reed	Emergency & Disaster Services	Mercer County Emergency Director, ND
Andrea Richter	Healthcare – Nursing	SMC, Hazen, ND
Matt Richter	Emergency Medical Services	Mercer County Ambulance, Hazen, ND
Angie Sailer	Public Health Nurse	Custer Health District, Stanton, ND
Eunice Sayler	Employment Services	ND Job Service, Beulah, ND
Duane Scheurer	Commissioner - County Government	Mercer County, ND
Marcie Schulz	Healthcare – Nursing	SMC, Hazen, ND
Nancy Wolf	Council – City Government	City of Hazen, Hazen, ND