2014

Community Health Needs Assessment

LaMoure, Logan & McIntosh Counties, North Dakota

Wishek Hospital & Clinics
Central Valley Health District
McIntosh District Health Unit

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Public Health
Prevent. Promote. Protect.

Table of Contents

Executive Summary 4

Overview and Community Resources 7

Assessment Process 12

Demographic Information 16

Health Conditions, Behaviors, and Outcomes 17

Survey Results 23

Findings of Key Informant Interviews and Focus Group 48

Priority of Health Needs 51

Appendix A – Survey Instrument 52

Appendix B – County Health Rankings Model 60

Appendix C – McIntosh County Community Health Profile 61

Appendix D – Central Valley Community Health Profile 71

Appendix E – LaMoure County Community Health Profile 84

Appendix F – Prioritization of Community's Health Needs 96

Through a joint effort, Wishek Hospital & Clinics, Central Valley Health District, and McIntosh District Health Unit – with assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences – conducted a community health needs assessment in 2014. 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.

Executive Summary

To help inform future decisions and strategic planning, Wishek Hospital & Clinics (WH&C), Central Valley Health District, and McIntosh District Health Unit conducted a community health needs assessment in LaMoure, Logan, and McIntosh counties. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members as well as analysis of community health-related data.

To gather community feedback, residents of the counties and local health care professionals were given the chance to participate in a survey. Approximately 150 community members and health care professionals took the survey. Additional information was collected through a Community Group comprised of community members and through key informant interviews with community leaders. More than 35 residents participated as a Community Group member, key informant interviewee, or both. The input from all of these residents represented the broad interests of the community served by Wishek Hospital & Clinics, Central Valley Health District, and McIntosh District Health Unit. 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.

A large portion of the area population is over age 65. In all three counties, more than one in four residents is aged 65 or older, and in McIntosh County nearly one in three residents is 65 or older. These percentages are nearly double the rate of North Dakota as a whole. The median age in all three counties is at least ten years older than the state median age of 36.9. The counties also have a very low population density, meaning emergency medical services face challenges in responding to emergencies with a small population that is dispersed over a large area. Logan County, in particular, is very sparsely populated, averaging only two people per square mile.

Data compiled by County Health Rankings show the counties face challenges on a number of measures that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors which were particularly notable included:

- Adult smoking in LaMoure was substantially higher (nine percentage points) than the state rate.
- The rate of adult obesity in Logan County was five points higher than the state rate.

- All three counties have high rates of physical inactivity, indicating a region-wide trend.
- Logan County has a rate of uninsured residents that is seven percentage points higher than the state rate.
- All three counties have a higher ratio of residents to primary care physicians than the state ratio. Likewise, Logan and McIntosh counties have higher than average ratios of residents to dentists.
- LaMoure County had a very high ratio of residents to mental health providers (more than three times the state rate).
- McIntosh County had a rate of inadequate social support that, along with two other counties, is the worst in the state.
- Logan County's rate of drinking water violations was 14 times the North Dakota average.

Results from the survey revealed that of 45 potential community and health needs set forth in the survey, area residents collectively chose the following six needs as the most important, indicating a clear focus on financial and cost concerns:

1. Cost of health insurance
2. Cost of health care
3. Cost of prescription drugs
4. Availability of doctors, nurses, specialists
5. Cancer
6. Financial viability of hospital

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were lack of evening or weekend hours, lack of doctors, and inability to see the same provider over time. When asked what the good aspects of the counties were, respondents indicated that the top community assets were:

- Friendly and helpful people
- Quality schools and youth programs
- Family-friendly environment
- A safe place to live
- Cleanliness of the area

Input from Community Group members and community leaders provided via a focus group and key informant interviews echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these sessions were:

- Lack of long-term physicians/continuity of care
- Need for dialysis services
- Cost of health care, insurance, and prescription drugs
- Lack of mental health services
- Desire for more appointment options

Following careful consideration of the results and findings of this assessment, Community Group members determined that the significant health needs or issues in the community are:

1. The cost of health insurance
2. Lack of mental health services
3. Inability to see same provider over time
4. Cost of health care
5. Cost of prescription drugs

Overview and Community Resources

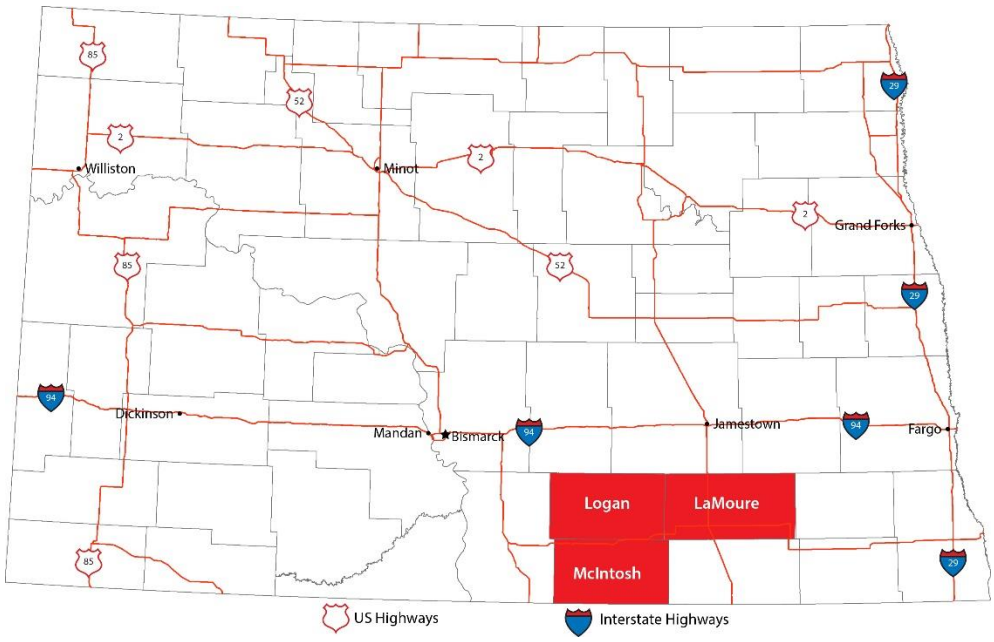
The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's 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-related behaviors, 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; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Wishek Hospital & Clinics (WH&C), Central Valley Health District (CVHD), and McIntosh District Health Unit (MDHU) completed a community health assessment in LaMoure, Logan, and McIntosh counties. Many community members and stakeholders worked together on the assessment.

Wishek, in McIntosh County, is located in south central North Dakota, approximately 85 miles from Jamestown, 100 miles from Bismarck, and approximately 20 miles from the South Dakota border. The community features more than 140 businesses and organizations, modern fiber optic Internet connectivity, and an annual three-county fair. Wishek's school system provides educational opportunities to students K-12. Wishek also has an active senior center with daily activities.

WH&C– through its hospital and clinic in Wishek and its clinics in Gackle, Kulm, and Napoleon – serves a large area in south central North Dakota. Its clinics are located in the three counties covered by this assessment. CVHD's public health jurisdiction includes Logan County; MDHU is a one-county public health unit covering McIntosh County. In addition to Wishek, Gackle, Kulm, and Napoleon, located in the counties covered in this study are the North Dakota communities of Berlin, Dickey, Edgeley, Fredonia, Jud, LaMoure, Lehr, Marion, Verona, and Zeeland. Figure 1 illustrates the location of the counties.

Figure 1: Counties Included in Assessment: LaMoure, Logan, and McIntosh



Recreational facilities in Wishek include a 24/7 fitness center, city swimming pool and golf course. The area offers an abundance of hunting, fishing, and outdoor recreational opportunities.

Other health care facilities and services in the area include the following:

Basic care facilities
Edgeley – 40-bed basic care facility
Gackle – 41-bed basic care facility

Nursing homes
Wishek – 60-bed nursing home
LaMoure – 40-bed nursing home
Napoleon – 44-bed nursing home

Rural health clinics
LaMoure

Pharmacies

Wishek – one retail pharmacy in addition to the WH&C pharmacy
Edgeley
LaMoure
Napoleon

Wishek Hospital & Clinics

Wishek Hospital & Clinics includes a 24-bed critical access hospital and a rural health clinic located in Wishek, ND, as well as rural health clinics in the neighboring communities of Gackle, Kulm, and Napoleon. WH&C's hospital, an accredited level V trauma center, provides comprehensive care for a wide range of medical and emergency situations. With more than 100 employees, WH&C is one of the larger employers in the region.

Community-owned WH&C offers a wide range of services including acute care, diagnostics, radiology, wellness services, rehabilitation care, chronic care management, family medicine, and pediatrics. Minor surgical procedures are available at WH&C, as well as joint injections, lesion removal and biopsies, and care for sports injuries.

Wishek Hospital & Clinics defines its mission as follows:

> [WH&C] provides quality healthcare service with concern and compassion in a cost-effective manner. [WH&C] will distinguish itself as a leader in the provision of quality healthcare services in South Central North Dakota.

Services offered locally by Wishek Hospital & Clinics include:

General and Acute Services

- Ambulance service
- Clinics
- Critical care unit
- Emergency room
- Family medicine and primary care
- Hospital
- Minor surgical procedures
- Nutrition services
- Pharmacy
- Preventive visits
- Social services
- Sports injuries
- Swing bed services
- Telemedicine

Screening/Therapy Services

- Asthma testing
- Cardiac rehab
- Childhood vaccines
- Chronic care management
- Diabetes care
- EKG's
- Holter monitors (heart monitors)
- Laboratory services
- Physical therapy
- Sleep studies
- Well baby checkups
- Women's wellness exams

Radiology Services

- Bone density testing
- Cardio stress test
- CT scan
- General x-rays
- Mammography (provided via mobile unit)
- MRI (provided via mobile unit)
- Nuclear medicine (provided via mobile unit)
- Teleradiology
- Ultrasound (provided via mobile unit)

Services offered by OTHER providers/organizations

- Chiropractic care
- Dental care
- Fitness center
- Home health
- Vision care

WH&C also operates a foundation whose mission is "to help provide the philanthropic and community resources needed to improve the health and welfare of the residents in the communities of [the] service area" and whose focus is "to provide funds to enhance the health care services and facilities for the direct benefit to residents in south central North Dakota and to improve the image of the institution as a community service-oriented organization."

Central Valley Health District and McIntosh District Health Unit

CVHD is the public health department for Logan and Stutsman counties in south central North Dakota. Its Logan County offices are located in Napoleon and Gackle, while its Stutsman County office is in Jamestown. CVHD sets forth its vision as "to be the

healthiest community to live, learn, work, and play," while its mission is described as: "Prevent, promote, protect for optimal community health."

Services offered by CVHD include:

- Emergency preparedness and response
- Environmental health, providing environmental health services and education in eight counties in the region
- Family planning services, with satellite clinics available in Valley City and Carrington and fees based on income and family size
- Nursing services, including health assessments, tuberculosis testing, lipid profiles, footcare clinics, home visits, health maintenance clinics, Health Tracks child health screening, medication monitoring and setup, and therapeutic procedures
- Sexual assault nurse examiners
- School nursing services
- Tobacco prevention
- Women, Infant & Children (WIC) program
- Women's Way program

McIntosh District Health Unit (MDHU) covers all of McIntosh County, which includes the towns of Wishek, Ashley, Lehr, and Zeeland. Its offices are located in Ashley.

Assessment Process

The Center for Rural Health provided substantial support to the local health organizations in conducting this needs assessment. 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. 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.

The assessment process was collaborative. Professionals from WH&C, CVHD, and MDHU were heavily involved in planning and implementing the process. They met periodically by telephone conference and via email with representatives from the Center for Rural Health. Input on designing the assessment process was sought from public health professionals who work in the rural parts of the counties, as well as those with years of experience serving the population of the area. The Community Group (described in more detail below) provided in-depth information and informed the assessment on community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from WH&C were involved considerably in planning the Community Group meetings. Members of the Community Group itself comprised many residents from outside the hospital and health departments.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways: (1) a survey solicited feedback from area residents, (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) the Community Group comprised of community leaders and area residents was convened to discuss area health needs and inform the assessment process; and (4) 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 behaviors.

Detailed below are the methods undertaken to gather data for this assessment by convening a Community Group, conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data.

Community Group

A Community Group consisting of 25 community members was convened and met on September 30, 2014. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the assessment service area, and served as a focus group. Focus group topics included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, barriers to using local services, suggestions for improving collaboration within the community, reasons community members use WH&C, reasons community members use other facilities for health care, and local health care delivery concerns.

The Community Group met again on December 2, 2014. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in the three counties studied. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of communities throughout the three-county area. They included representatives of the health community, business community, agriculture, political bodies, education, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with key informants in the area were conducted in person on September 30 and October 1, 2014. A representative of the Center for Rural Health conducted the interviews, which took place in Kulm, Lehr, Napoleon, and Wishek. Interviewees included political leaders, business leaders, law enforcement, health care leaders, and education professionals. A second round of interviews was conducted in October 2014 with public health professionals. A nursing education graduate student, working with CVHD, conducted the interviews and reported the results to the Center for Rural Health. Including both rounds of interviews, 14 key informants were interviewed as part of the assessment process.

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.

The survey was distributed to various residents of LaMoure, Logan, and McIntosh counties. The survey tool was designed to:

- Learn of the good things in the community and the community's concerns;
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement; and
- Learn more about how local health services are used by residents.

Specifically, the survey covered the following topics: residents' perceptions about community assets, levels of collaboration within the community, broad areas of community and health concerns, awareness and use of local health services, barriers to using local health care, preferences for using local health care versus traveling to other facilities, travel time to their clinic and hospital, suggestions to improve community health, and basic demographic information.

Approximately 750 community member surveys were available for distribution in the counties. The surveys were distributed by Community Group members as well as through the hospital, clinics, nursing homes, and public health professionals. To help ensure 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, residents also could request a survey by calling WH&C. The survey period ran from September 30 to October 31, 2014, and 140 surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper and by WH&C and the local public health units. Sixteen online surveys were completed. In total, counting both paper and online surveys, 156 community member surveys were submitted.

Surveys were submitted by residents of many communities. While not all survey respondents provided a home zip code, most did. The number of surveys from each community was:

- Wishek - 93
- Napoleon - 26

- Gackle - 5
- Lehr - 5
- Ashley - 4
- Kintyre - 3
- Streeter - 2
- Fredonia - 1
- Linton - 1

Secondary Research

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were 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 20 primary data sources); 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

Table 1 summarizes general demographic and geographic data about LaMoure, Logan, and McIntosh counties.

TABLE 1: NORTH DAKOTA COUNTY INFORMATION AND DEMOGRAPHICS
(From 2010 Census; 2013 estimates used where available)

	LaMoure County	Logan County	McIntosh County	North Dakota
Population (2013 est.)	**4,166**	**1,946**	**2,754**	**723,393**
Population change (2010-2013)	**0.7%**	**-2.2%**	**-2.0%**	**7.6%**
People per square mile (2010)	**3.6**	**2.0**	**2.9**	**9.7**
Persons 65 years or older (2013 est.)	**25.4%**	**27.2%**	**32.2%**	**14.2%**
Persons under 18 years (2013 est.)	**20.7%**	**20.8%**	**18.8%**	**22.5%**
Median age (2012 est.)	**48.6**	**51.1**	**53.1**	**36.9**
White persons (2013 est.)	**98.6%**	**98.1%**	**97.8%**	**89.6%**
Language other than English spoken at home (2012 est.)	**5.6%**	**13.6%**	**21.4%**	**5.2%**
High school graduates (2012 est.)	**86.7%**	**75.7%**	**74.6%**	**90.5%**
Bachelor's degree or higher (2012 est.)	**20.7%**	**12.9%**	**18.6%**	**27.1%**
Live below poverty line (2012 est.)	**8.9%**	**10.7%**	**12.2%**	**12.1%**
Children under 18 in poverty	**10%**	**16%**	**19%**	**14%**

The data show that the populations of Logan and McIntosh counties have been decreasing in recent years, while LaMoure County's population has increased slightly. These trends are markedly different from the overall direction of population growth in North Dakota as a whole. From 2010 to 2013, the state's population has grown by an estimated 7.6%. Demographic information and trends that have implications for the community's health and the delivery of health care include:

- A rate of people aged 65 and older that is significantly above the state average indicates an increased need for health care services.
- A rate of residents with at least a bachelor's degree that is well below the state rate may have implications for recruiting and retaining qualified health care workers.
- A very low population density, meaning emergency medical services face challenges in responding to emergencies with a small population that is dispersed over a large area.

Health Conditions, Behaviors, and Outcomes

As noted above, several sources were reviewed to inform this assessment. This data is presented below in three categories: (1) County Health Rankings, (2) public health community profiles, and (3) children's health.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, Morton County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of health care.

The data used in the 2014 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 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 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes
- Length of life
- Quality of life

Health Factors
- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- 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 and water quality
  - Housing and transit

Table 2 summarizes the pertinent information taken from County Health Rankings as it relates to LaMoure, Logan, and McIntosh 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 behaviors and conditions of the county's residents, not necessarily patients and clients of WH&C, CVHD, or MDHU.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2014. The Top Performer number marks 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 (such as high school graduation) or negatively (such as adult smoking).

LaMoure, Logan, and McIntosh counties' rankings within the state also are included in the summary below. For example, McIntosh County ranks 33rd out of 45 ranked counties in North Dakota on health *outcomes*, while LaMoure County ranked 17th. There was insufficient data from Logan County for County Health Rankings to assign numerical ranks to it. On the health *factors* measures, McIntosh County ranked 28th among North Dakota counties, while LaMoure County ranked 8th.

The measures marked with a red checkmark (✓) are those where the respective county is not measuring up to the state rate. Measures marked with a smiling icon (☺) indicate that the county is performing well enough that it is within the Top 10% of counties nationally.

TABLE 2: SELECTED OUTCOME MEASURES FROM *COUNTY HEALTH RANKINGS*					
	LaMoure County	**Logan County**	**McIntosh County**	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	*17th*	*NR*	*33rd*		(of 45)
Premature death	**7,220** ✓	-	**6,839** ✓	5,317	6,244
Poor or fair health	**11%**	**13%** ✓	**12%**	10%	12%
Poor physical health days (in past 30 days)	**2.2** ☺	**3.1** ✓	**2.6**	2.5	2.7
Poor mental health days (in past 30 days)	**1.9** ☺	**3.5** ✓	**3.0** ✓	2.4	2.4
% Diabetic	**10%** ✓	**12%** ✓	**10%** ✓	-	8%
Ranking: Factors	*8th*	*NR*	*28th*		*(of 45)*
Health Behaviors	*34th*	*NR*	*17th*		*(of 45)*
Adult smoking	**27%** ✓	**16%**	**19%** ✓	14%	18%
Adult obesity	**29%**	**35%** ✓	**30%**	25%	30%
Food environment index	**7.4** ✓	**6.9** ✓	**9.3**	8.7	8.7
Physical inactivity	**28%** ✓	**31%** ✓	**38%** ✓	21%	26%
Access to exercise opportunities	**29%** ✓	**18%** ✓	**64%**	85%	62%
Excessive drinking	**14%**	**20%**	**20%**	10%	22%
Alcohol impaired driving deaths	-	**50%** ✓	**0%**	14%	46%
Clinical Care	*15th*	*NR*	*35th*		*(of 45)*
Uninsured	**12%**	**19%** ✓	**16%** ✓	11%	12%
Primary care physicians	**4,105:1** ✓	**1,985:0** ✓	**1,385:1** ✓	1,051:1	1,320:1
Dentists	-	**1,924:0** ✓	**2,751:1** ✓	1,392:1	1,749:1
Mental health providers	**4,114:1** ✓	-	-	521:1	1,033:1
Preventable hospital stays	**43** ☺	-	**82** ✓	46	59
Diabetic screening	**90%** ☺	**95%** ☺	**91%** ☺	90%	86%
Mammography screening	**72%** ☺	**64%** ✓	**70%**	71%	68%
Social and Economic Factors	*2nd*	*NR*	*31st*		*(of 45)*
Unemployment	**2.6%** ☺	**3.1%** ☺	**3.3%** ☺ ✓	4.4%	3.1%
Children in poverty	**10%** ☺	**16%** ✓	**19%** ✓	13%	14%
Inadequate social support	**13%** ☺	**17%** ✓	**27%** ✓	14%	16%
Children in single-parent households	**12%** ☺	**12%** ☺	**19%** ☺	20%	26%
Violent crime	**47** ☺	**0** ☺	**109**	64	226
Physical Environment	*14th*	*NR*	*3rd*		*(of 45)*
Air pollution – particulate matter	**10.3** ✓	**9.7**	**9.6**	9.5	10.0
Drinking water violations	**0%** ☺	**14%** ✓	**2%** ✓	0%	1%
Severe housing problems	**8%** ☺	**10%**	**11%**	9%	11%

Health Outcomes

With respect to health outcomes, Logan County tends to lag the state on measures of self-reported health and rates of diabetes. Additionally, LaMoure and McIntosh counties had higher rates of premature death than the rest of the state. All three counties had higher rates of diabetes than the state average. On the positive side, LaMoure County was performing in the Top 10% of counties nationally on measures of self-reported daily physical and mental health.

Health Factors

In examining the health factors, which include health behaviors, clinical care measures, social and economic factors, and the physical environment. Measures that were particularly concerning included:

- Adult smoking in LaMoure was substantially higher (nine percentage points) than the state rate.
- The rate of adult obesity in Logan County was five points higher than the state rate.
- According to the food environment index, residents' access to fresh and healthy foods is limited in LaMoure and Logan counties.
- All three counties have high rates of physical inactivity, indicating a region-wide trend. Especially concerning is McIntosh County's rate of 38%, which is 12 percentage points higher than the North Dakota average, and the worst of all ranked counties in the state.
- Residents in LaMoure and Logan counties have limited access to exercise opportunities.
- Logan County has a rate of uninsured residents that is seven percentage points higher than the state rate.
- All three counties have a higher ratio of residents to primary care physicians than the state ratio. Likewise, Logan and McIntosh counties have higher than average ratios of residents to dentists.
- LaMoure County had a very high ratio of residents to mental health providers (more than three times the state rate).
- McIntosh County had a rate of inadequate social support that, along with two other counties, is the worst in the state.
- Logan County's rate of drinking water violations was 14 times the North Dakota average, an alarming report that warrants further investigation.

It should be noted that County Health Rankings lacked adequate data to report on sufficiency of mental health providers in Logan and McIntosh counties. The fact that data are not included for this measure should not be interpreted to mean that this is not a concerning issue in those counties.

There were also positive trends in the data reported by County Health Rankings. At least two of the three counties were performing in the top 10% of counties nationwide on the following measures:

- Proactive screening for diabetes
- Unemployment rates
- Children in single-parent households
- Violent crime rates

Public Health Community Health Profile

Included as Appendices C, D, and E are the North Dakota Department of Health's community health profiles for the public health units that cover the three counties studied in this assessment.

In assessing the region's health needs, attention should be paid to information provided in the public health profiles about leading causes of death by age group, as well as 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.

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are 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, and information on the child's family, neighborhood, and social context. Data are from 2011-12. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below. The rates highlighted in **red** signify that the state is faring worse on that measure than the national average.

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Health Status	**North Dakota**	**National**
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	**35.8%**	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Health Care		
Children currently insured	**93.5%**	94.5%
Children who had preventive medical visit in past year	**78.6%**	84.4%
Children who had preventive dental visit in past year	**74.6%**	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	**20.7%**	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental health care	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	**29.8%**	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

The data on children's health and conditions reveals that while North Dakota is doing better than the national averages on a few measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children
- Children with health insurance
- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

Importantly, more than one in five 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.

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS

COUNT data focus on main components of children's well-being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in **red** in the table are those on which the respective county is doing worse than the state average. The year of the most recent data is noted.

The data show that as a region, the three counties generally are not performing as well as the state as a whole on the selected measures. All three counties are lagging with respect to health insurance for children and licensed child care capacity. Additionally, two of the three counties have higher rates of high school dropouts than the state rates.

TABLE 4: COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	LaMoure County	Logan County	McIntosh County	North Dakota
Uninsured children (% of population age 0-18), 2012	**8.3%** ✓	**13.4%** ✓	**11.0%** ✓	7.3%
Uninsured children below 200% of poverty (% of population), 2012	**54.2%** ✓	**61.8%** ✓	**61.4%** ✓	51.9%
Medicaid recipient (% of population age 0-20), 2013	**15.1%**	**21.0%**	**26.9%**	28.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**2.8%** ✓	**6.2%** ✓	**5.6%** ✓	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**11.3%**	**13.6%**	**18.3%**	23.0%
Licensed child care capacity (% of population age 0-13), 2014	**32.6%** ✓	**32.4%** ✓	**26.9%** ✓	40.0%
High school dropouts (% of grade 9-12 enrollment), 2013	**4.3%** ✓	**3.4%** ✓	**0.0%**	2.8%

Survey Results

Survey results are reported in several categories, including demographics, health status and access, awareness and use of health services, barriers to health care, community and health concerns, collaboration, and community assets.

Survey Demographics

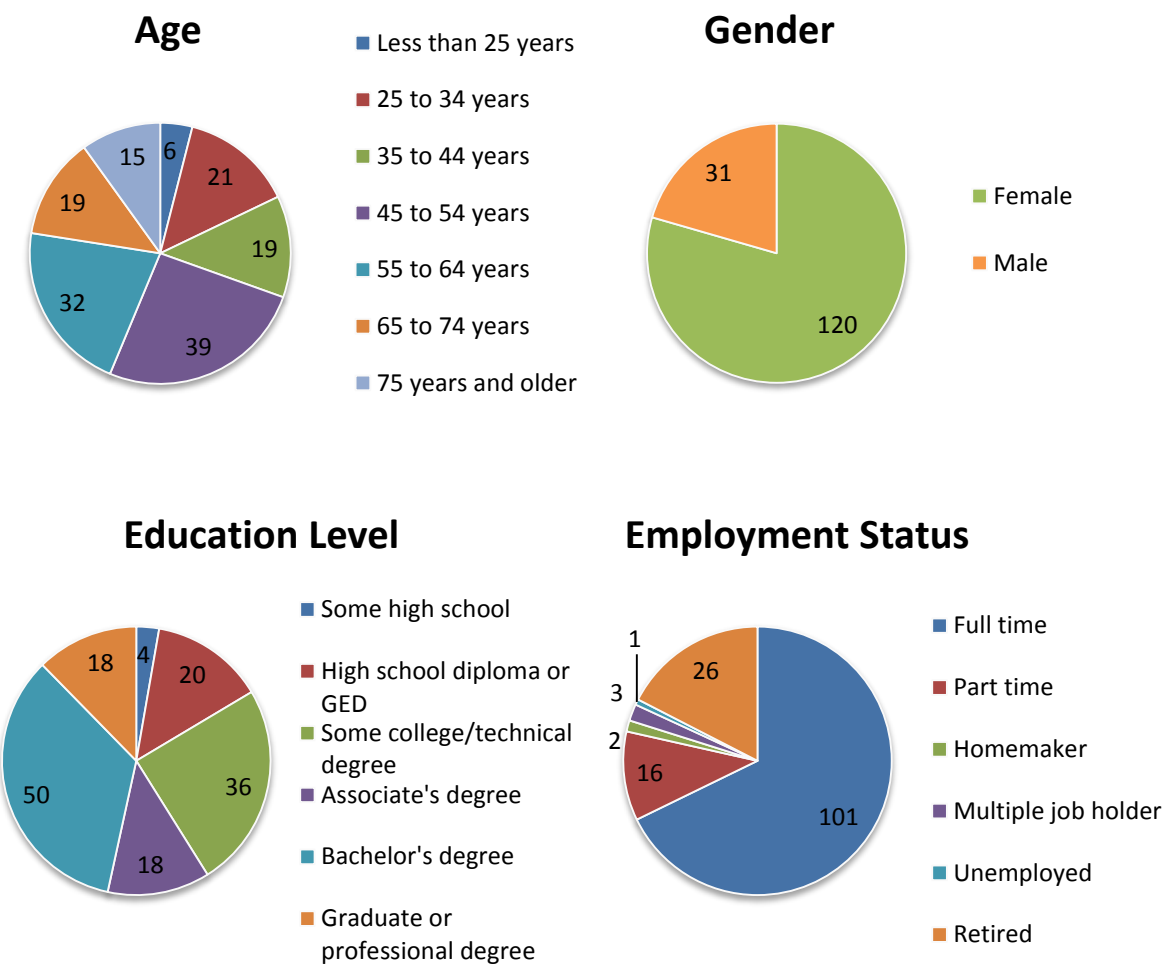
To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished.

With respect to demographics of those who chose to take the survey:

- A slight majority (N=85) were aged 54 or younger, although there was a fairly even distribution of ages.
- A large majority (N=120) were female.
- A plurality of respondents (N=50) had bachelor's degrees.
- Most (N=101) worked full-time, or were retired (N=26).
- A majority of respondents (N=84) had household incomes of less than $75,000, with a plurality (N=38) reporting household income of between $50,000 and $74,999.

Figure 2 shows these demographic characteristics. It illustrates the wide range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 12 community members reported a household income of less than $25,000.

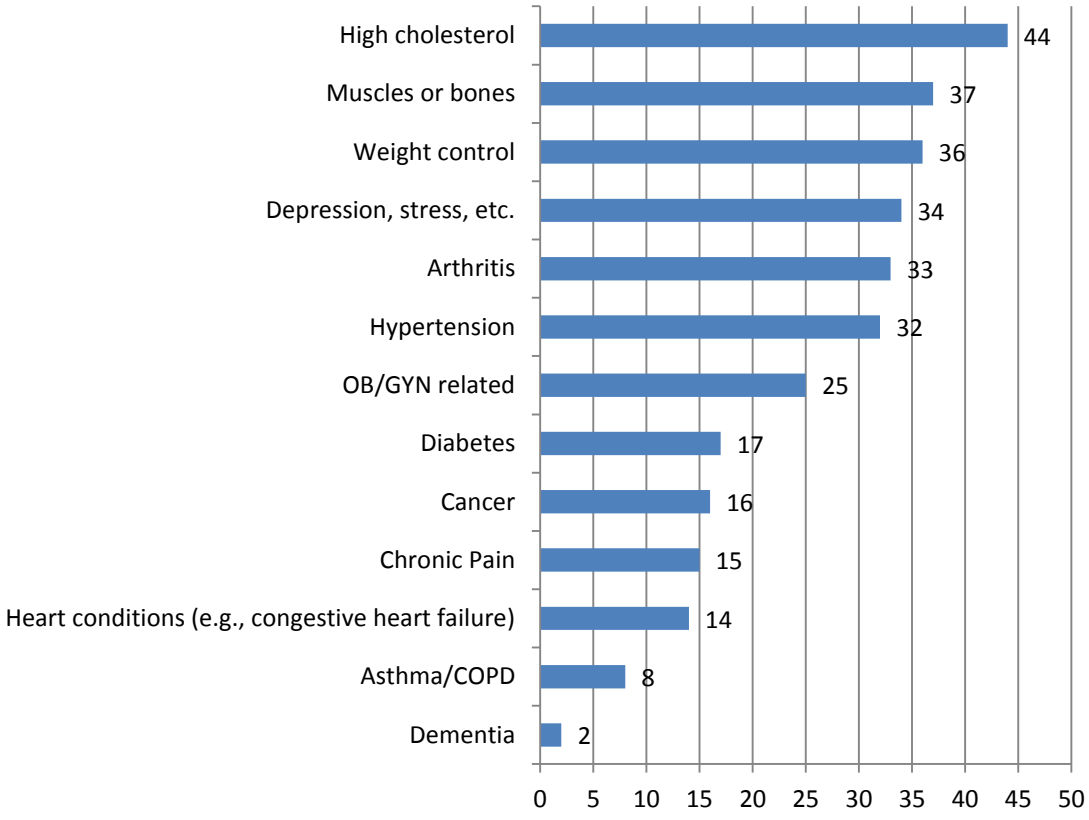
Figure 2: Demographics of Survey-Takers



Health Status and Access

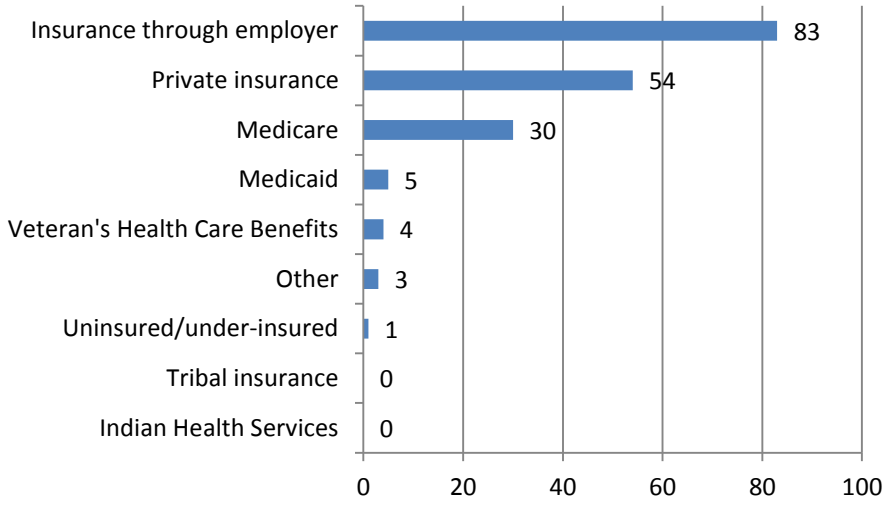
Community members were asked to identify general health conditions and/or diseases that they have. As illustrated in Figure 3, the results demonstrate that the assessment took into account input from those with chronic diseases and conditions. The conditions reported most often were high cholesterol (N=44), muscles or bones (e.g., back problems, broken bones) (N=37), weight control (N=36), and mental health concerns (N=34).

Figure 3: Health Condition



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. As demonstrated in Figure 4, the most common insurance types were insurance through one's employer (N=83), private insurance (N=54), and Medicare (N=30).

Figure 4: Insurance Status



Community Concerns

Respondents were asked to review lists of potential community and health concerns and rank each of them on a scale of 1 to 5 based on the importance of each potential concern to the community, with 5 being more of a concern and 1 being less of a concern. The potential health concerns were listed in three categories: (1) access to health care, (2) community/environmental concerns, and (3) physical and mental health concerns. In all, 45 potential needs were listed.

A clear trend emerged from respondents' rankings: Community members expressed the most concern about expenses and costs related to health care and health insurance. The top three concerns were (with the average ranking on the 1-to-5 scale):

1. Cost of health insurance (4.54)
2. Cost of health care (4.44)
3. Cost of prescription drugs (4.23)

The next three most highly ranked concerns covered a broader range of issues:

4. Availability of doctors, nurses, specialists (3.93)
5. Cancer (3.91)
6. Financial viability of hospital (3.87)

Community members generally rated the access to health care concerns more highly than the concerns in the other lists. Community members were least concerned about

communicable diseases, living in an environmentally unsound place, and racism and prejudice. Figures 5 through 7 illustrate these results.

Figure 5: Community Concerns – Access to Health Care

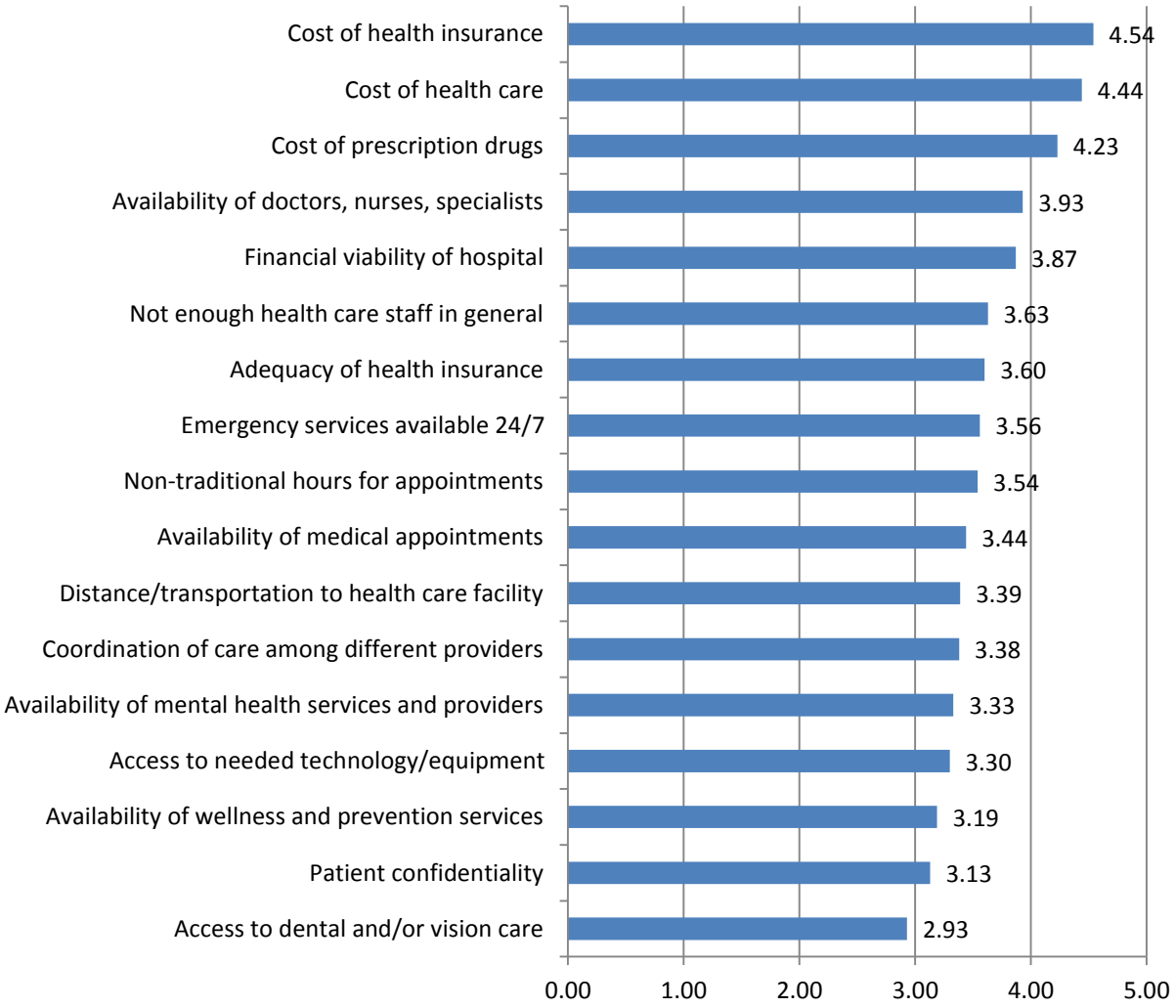


Figure 6: Community/Environmental Concerns

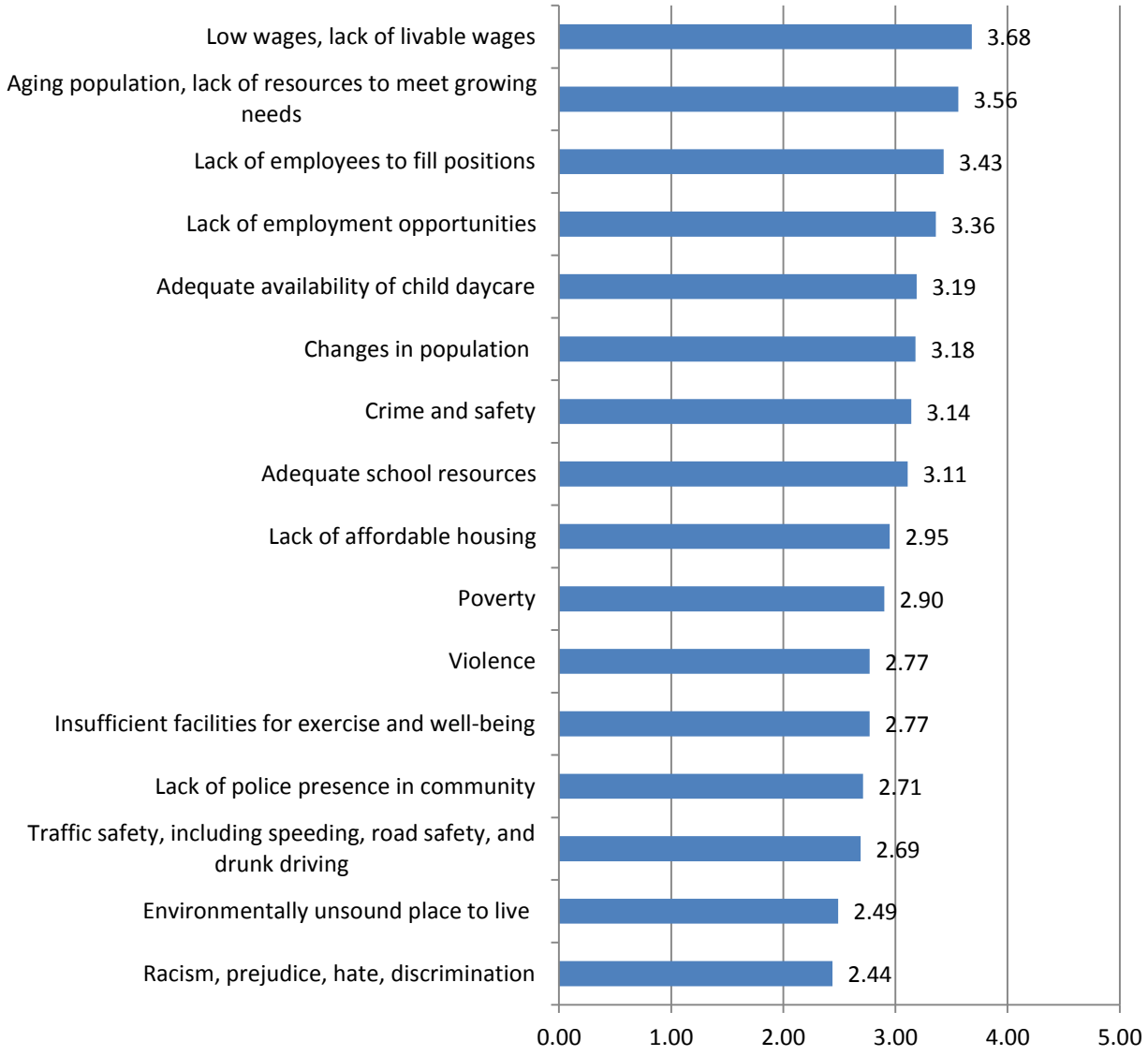
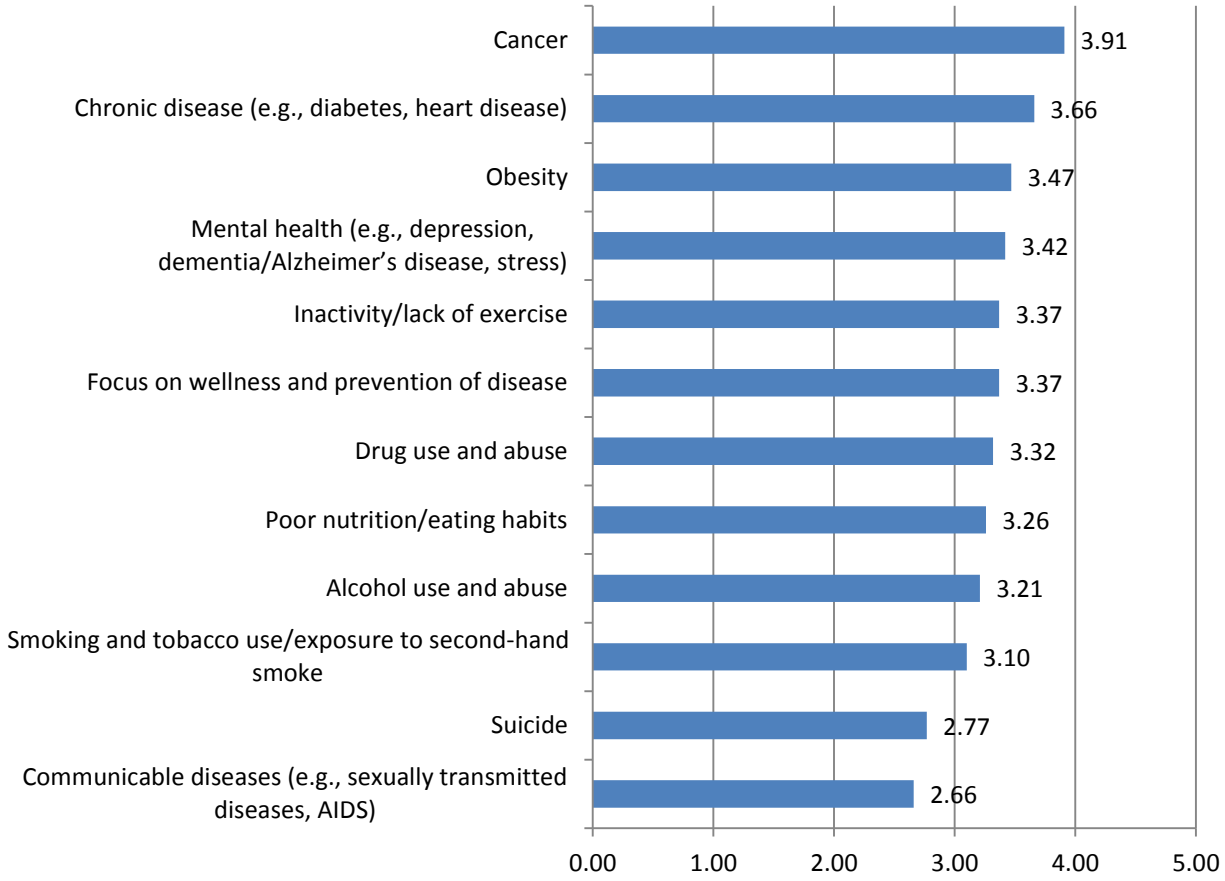


Figure 7: Physical and Mental Health Concerns



Awareness of Services

The survey asked community members whether they were aware of the services offered locally by Wishek Hospital & Clinics as well as services offered locally by other providers. The survey question was asked in subparts, with locally available services divided into four categories: (1) general and acute, (2) screening and therapy, (3) radiology, and (4) services offered locally by providers other than WH&C.

Community members taking the survey generally were aware of many of the services offered by WH&C and other local providers. Community members were most aware of the following services (with the parenthetical number indicating the number of survey takers responding that they were aware of the service):

- Ambulance service (140)
- Emergency room (126)
- Hospital (122)

- Swing bed services (119)
- Clinics (117)
- Physical therapy (116)
- Chiropractic care (116)
- Family medicine and primary care (115)
- Laboratory services (113)
- General x-rays (111)
- CT scan (110)
- Mammography (109)
- Childhood vaccines (108)
- Sports injuries (107)
- Women's wellness exams (107)
- Minor surgical procedures (106)
- EKGs (106)

Respondents were least aware of the following services:

- Teleradiology (65)
- Asthma testing (67)
- Sleep studies (78)
- Chronic care management (79)
- Nuclear medicine (provided via mobile unit) (79)
- Nutrition services (84)
- Well baby checkups (85)
- Preventive visits (87)

These services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Figures 8 to 11 detail community members' awareness of local services.

Figure 8: Awareness of Locally Available General and Acute Health Care Services

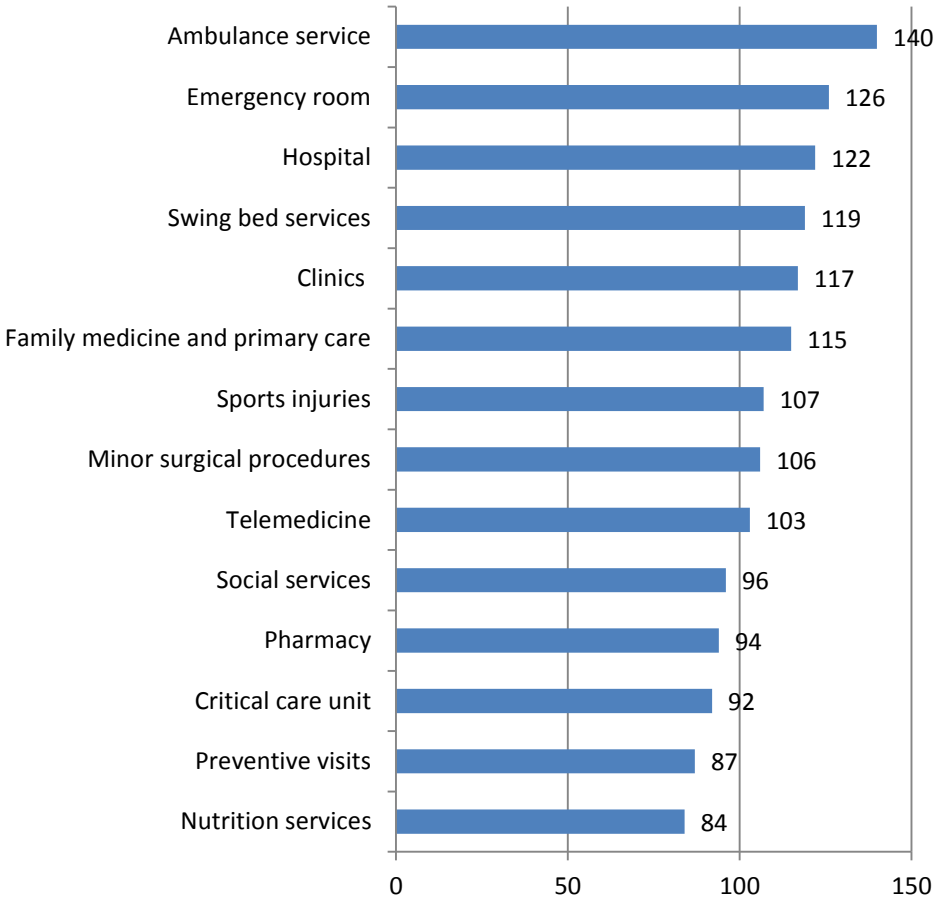


Figure 9: Awareness of Locally Available Screening/Therapy Services

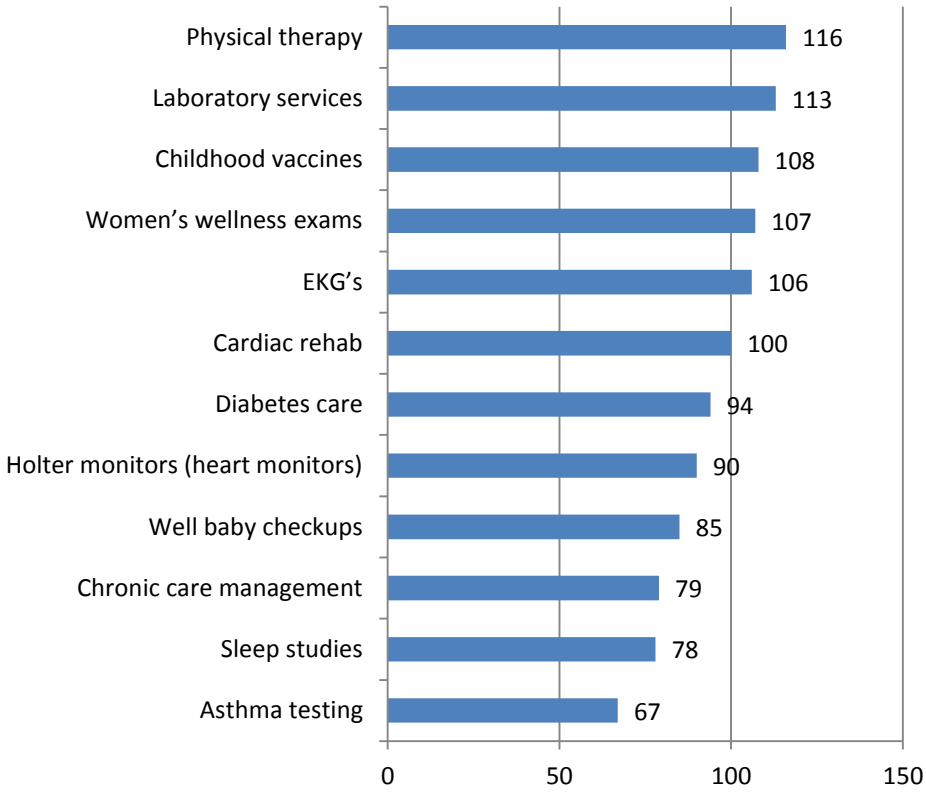


Figure 10: Awareness of Locally Available Radiology Services

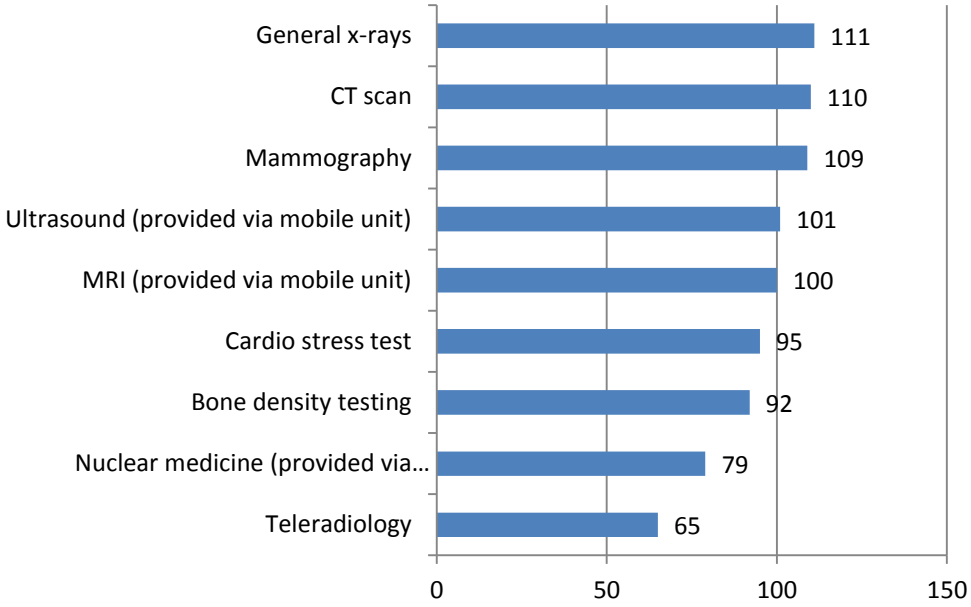
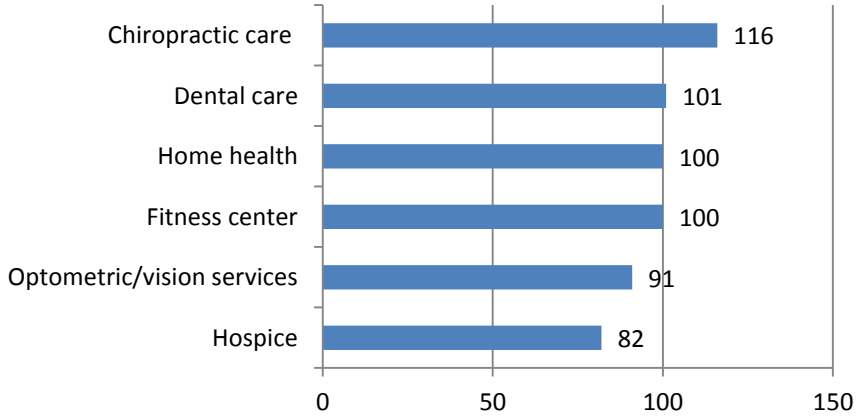


Figure 11: Awareness of Services Offered by Providers Other than Wishek Hospital & Clinics



Information about how community members learn of local services emerged during the focus group session and key informant interviews. Participants said that most people generally learn about services through their primary care provider, by calling the hospital or clinics, by word of mouth, from newsletters that are mailed, and from social media.

Health Service Use

Community members were asked to review a list of services provided locally by Wishek Hospital & Clinics, as well as by other local providers, and indicate whether they had

used those services at Wishek Hospital & Clinics, at another facility, or both. Figures 12 to 15 illustrate these results.

Community members responding indicated that the services most commonly used locally were:

- Clinics (117)
- Family medicine and primary care (95)
- Laboratory services (90)
- Emergency room (90)
- Chiropractic care (89)
- General x-rays (81)
- Hospital (77)
- Physical therapy (72)

Respondents indicated that the services they most commonly sought out of the area were:

- Clinics (47)
- Dental care (46)
- Hospital (44)
- Optometric/vision services (42)
- Minor surgical procedures (37)
- Pharmacy (36)
- Emergency room (32)
- Laboratory services (31)

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

Figure 12: Use of Locally Available General and Acute Health Care Services

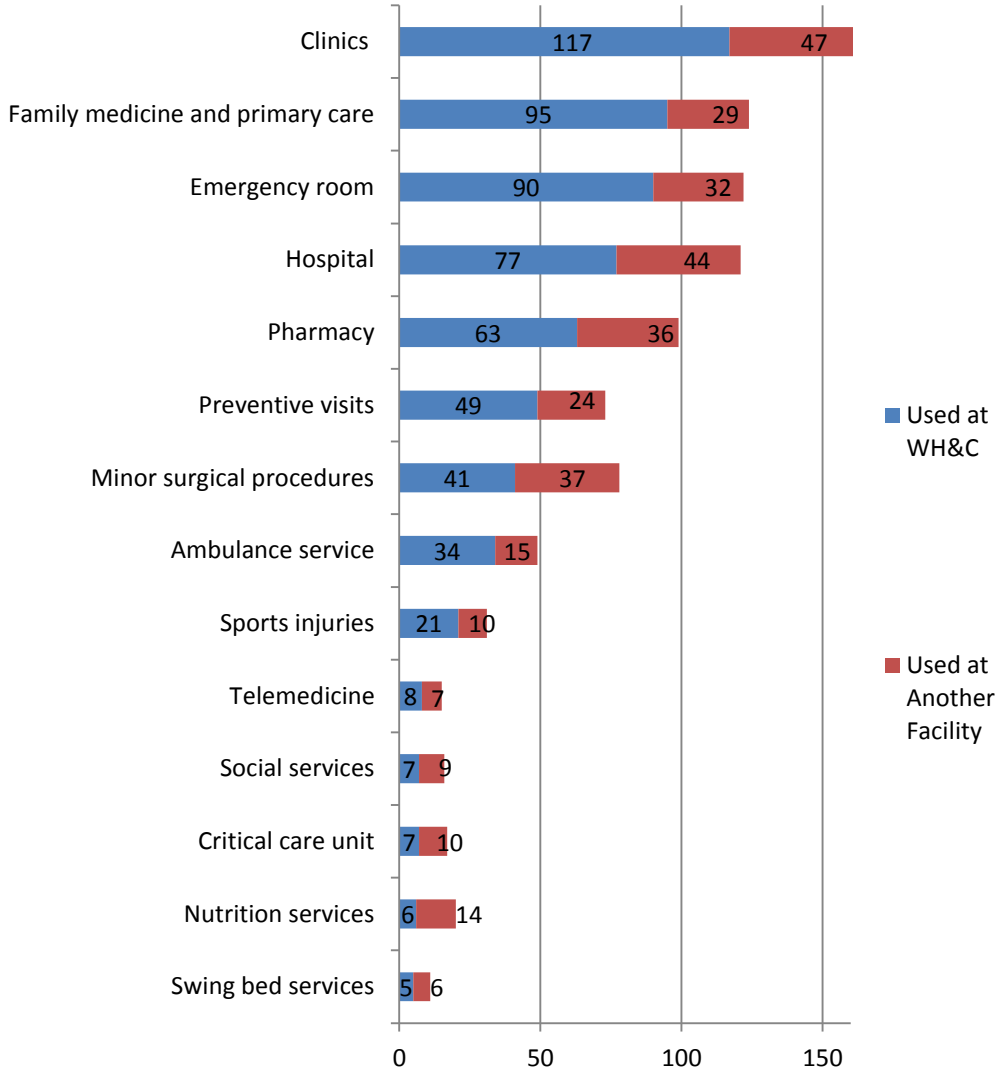


Figure 13: Use of Locally Available Screening/Therapy Services

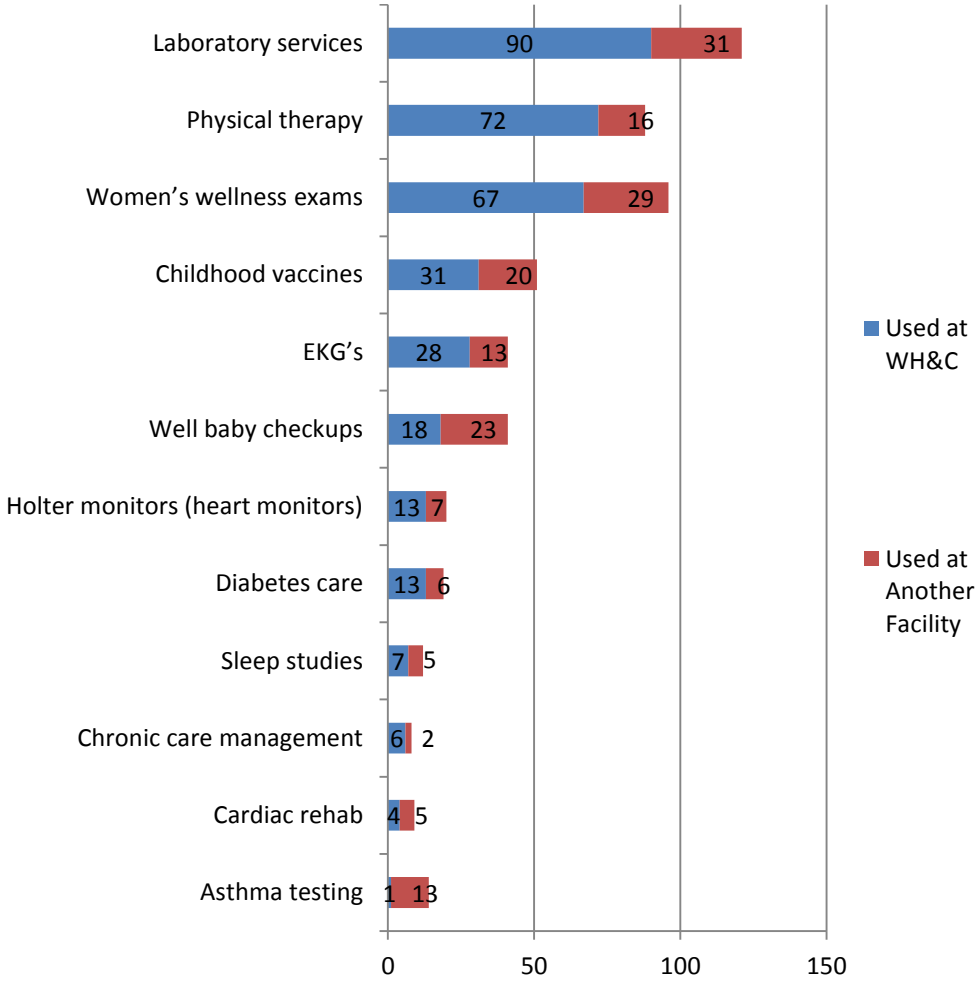


Figure 14: Use of Locally Available Radiology Services

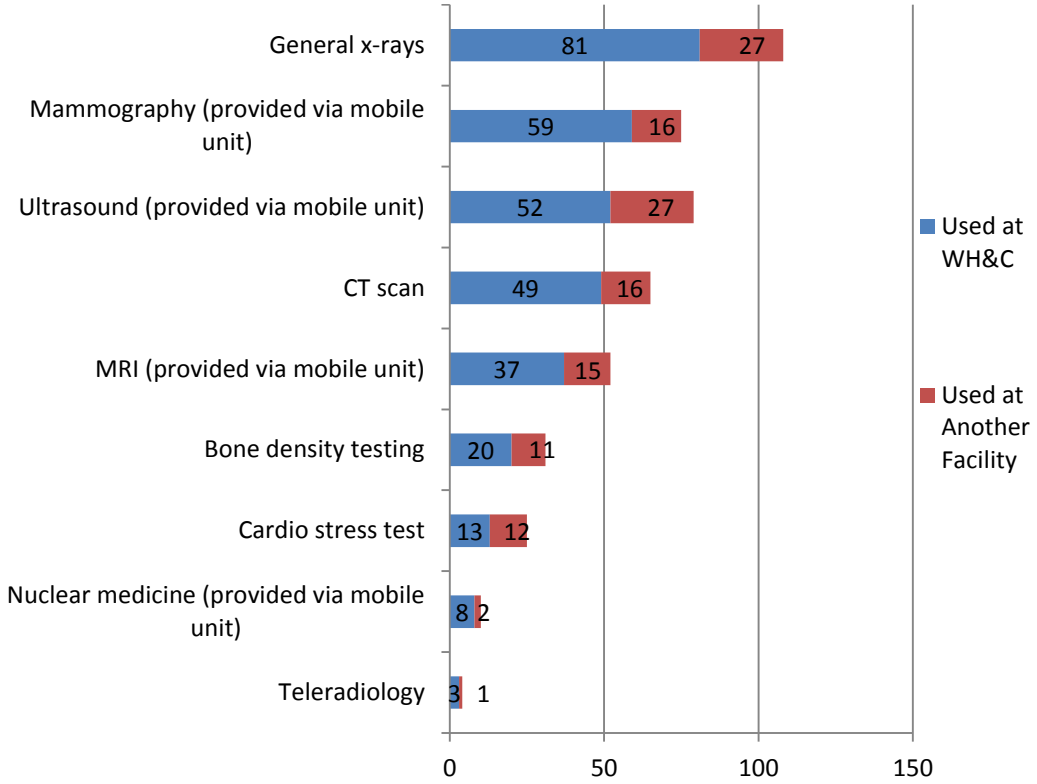
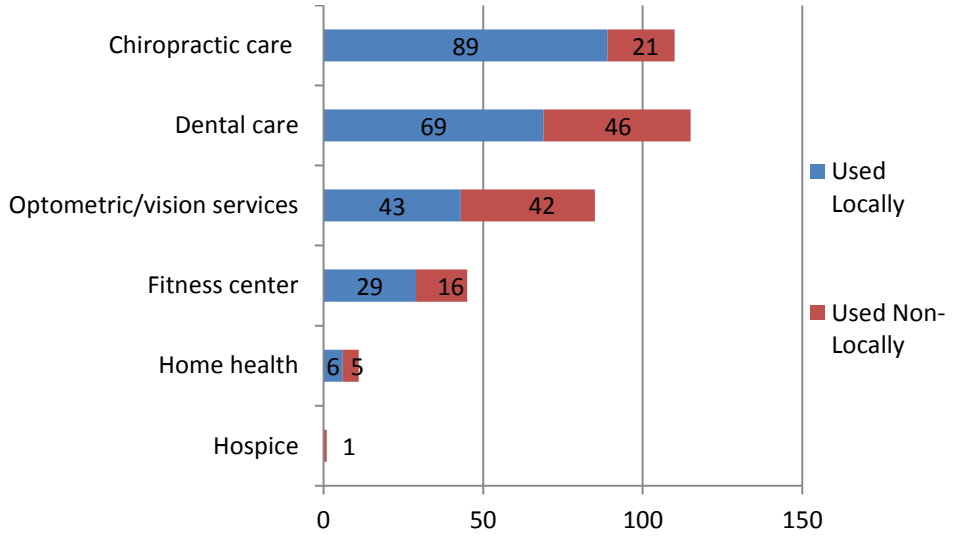


Figure 15: Use of Services Offered by Providers Other than Wishek Hospital & Clinics



Additional Services

In another open-ended question, both community members and health care professionals were asked to identify services they think WH&C needs to add. Forty-three community members provided a response to this question. The largest request, by far, was for hospice services, with more than one in four who responded to this question naming hospice as a need. Among community members, the most common suggestions were (followed by the number of community members making note of the desired service):

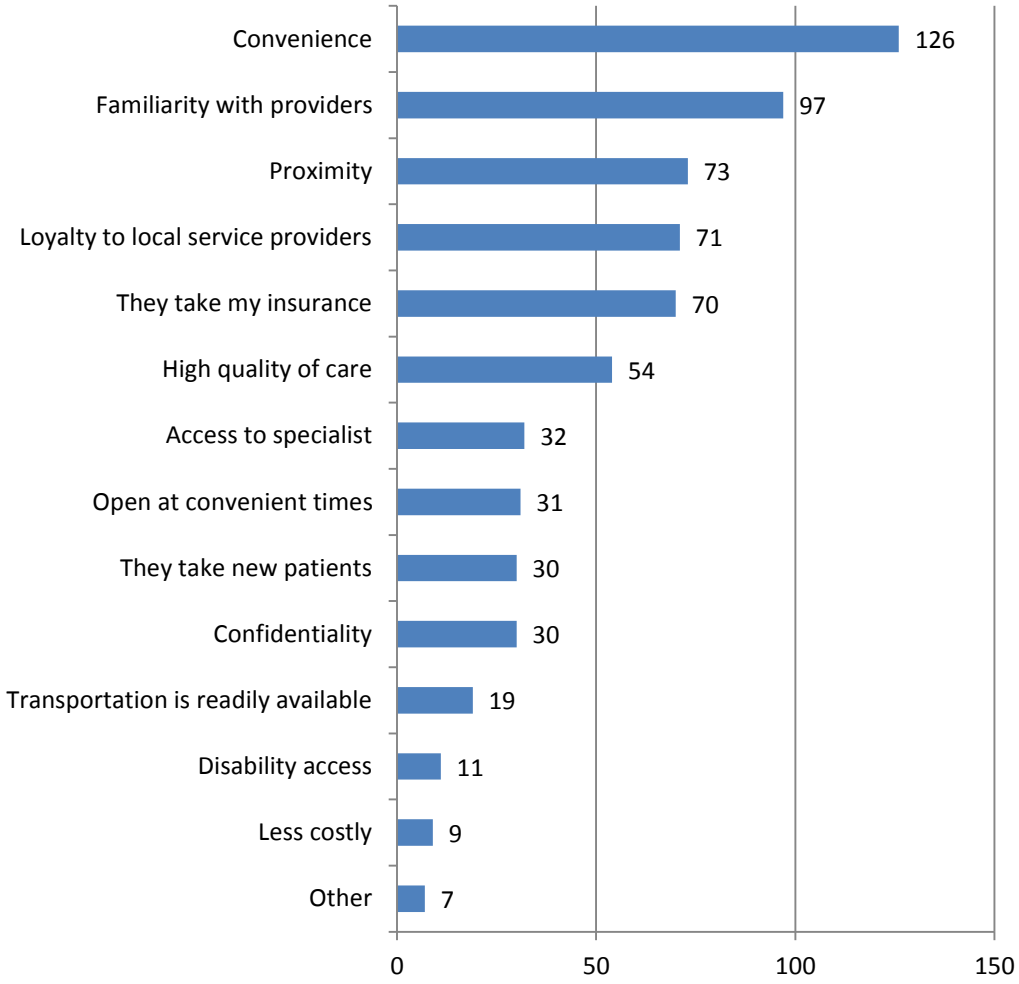
- Hospice (N=12)
- Dialysis (N=5)
- Mental health services (N=5)
- Pediatric services (N=5)
- Home health services (N=3)

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

The survey asked community members why they seek health care services at WH&C and why they seek services at another health care facility. Respondents were allowed to choose multiple reasons.

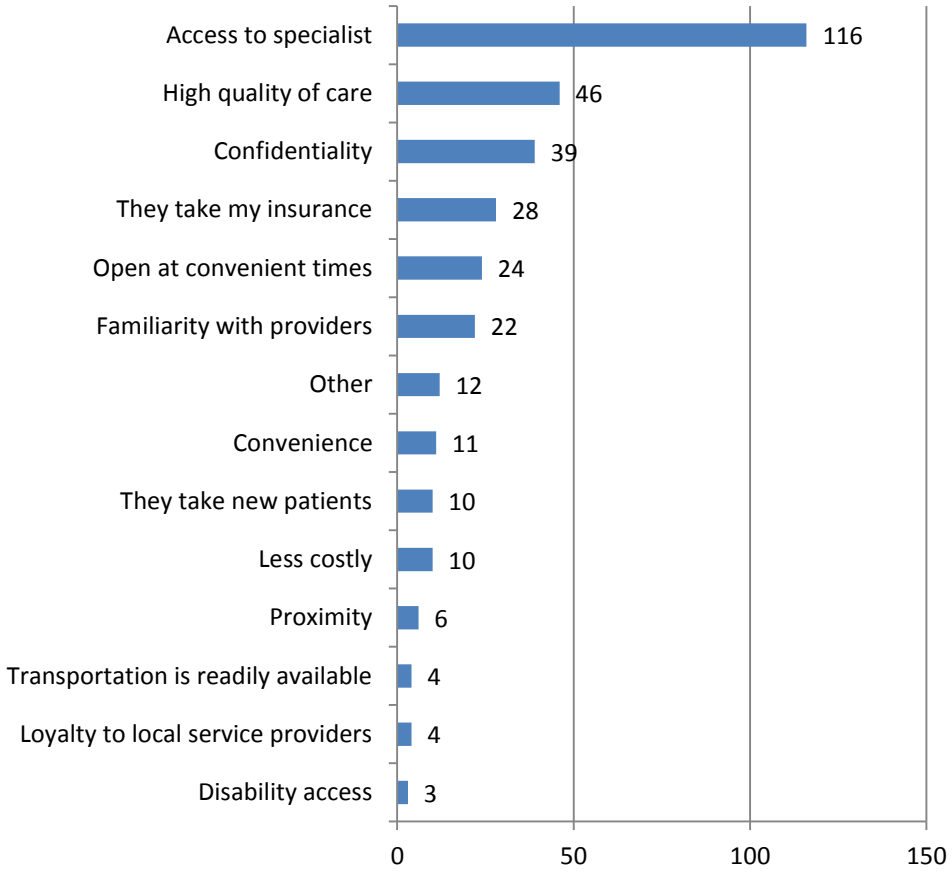
Community members' most common response, by a wide margin, was convenience (N=126). Other reasons commonly cited for seeking care at WH&C were familiarity with providers (N=97), proximity (73), loyalty to local service providers (N=71), and that WH&C takes their insurance (N=70). Figure 16 illustrates these responses.

Figure 16: Reasons Community Members Seek Services at Wishek Hospital & Clinics



With respect to the reasons community members seek health care services at other facilities, community members said the primary motivator for seeking care elsewhere was, by a considerable margin, that another facility has a needed specialist (N=116). Other oft-cited reasons for seeking care elsewhere was high quality care (N=46) and confidentiality (N=39). These results are illustrated in Figure 17.

Figure 17: Reasons Community Members Seek Services at Other Health Care Facilities

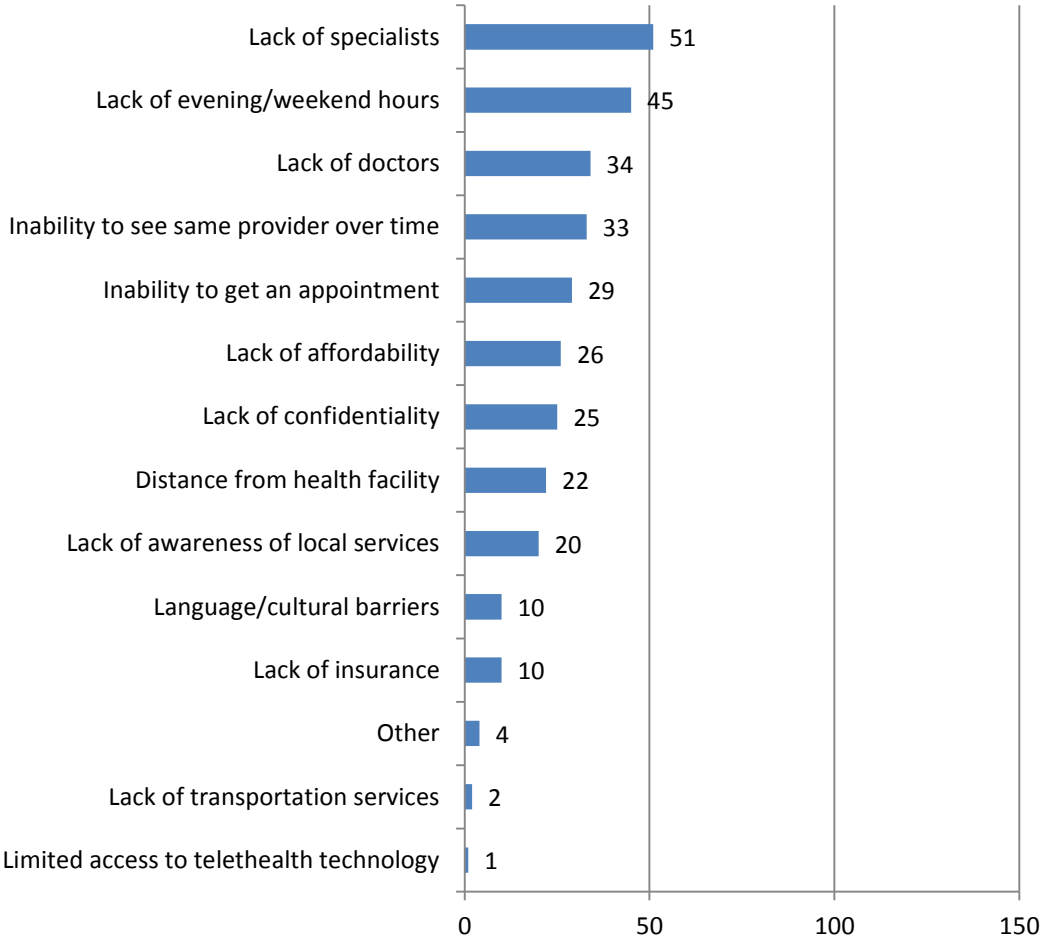


Barriers to Accessing Health Care

Survey-takers were asked what would help to address the reasons why patients do not seek health care services in the Wishek area. Community members' top recommendation (N=51) was that greater access to specialists would help remove a barrier to using local care. The next three most commonly perceived barriers to local care were: lack of evening or weekend hours (N=45), lack of doctors (N=34), and inability to see the same provider over time (N=33).

See Figure 18 for additional items that may help remove barriers to local health care use.

Figure 18: Community Members' Perceptions of Barriers to Using Local Care



Concerns and Suggestions for Improvement

Each version of the survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Responses were supplied by 21 community members. No clearly dominant themes emerged from these open-ended responses. Several issues did, however, garner opinions and beliefs from multiple commenters. These issues included: (1) perceptions that confidentiality is not always maintained, (2) concerns about costs, (3) a lack of appointment availability, and (4) concerns about care continuity.

Specific comments that reflect concerns about some of these and other issues included:

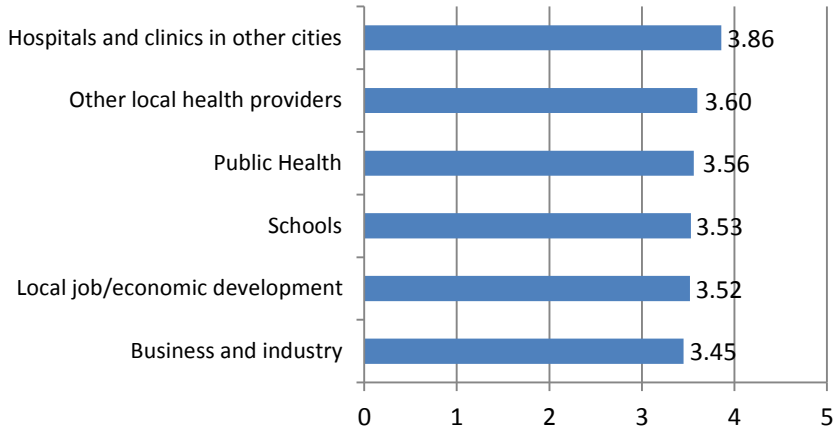
- Being rural, if the clinic had later hours for appointments I would travel to Wishek to see a doctor instead of traveling to a larger community.

- HIPAA needs to be enforced more strictly.
- A few more specialists to avoid travel 100 miles.
- Cost prevents me from seeking care more often than I do. High deductibles are crippling.
- It's very hard to get an appointment in Napoleon. If you need a same day appointment or if you need an x-ray we just go to Bismarck.
- Consistently updating the Wishek hospital infrastructure to keep up with needs of the community (PT wing is needed!).
- Improve ambulance and 'on call' medical providers response times at night and weekends.
- Consistency of providers at local hospital/clinics. Continuum of care is a must.
- Need for consistent provider availability.
- Clinic/hospital staff seem to just hang with each other and don't mix with outsiders.
- Confidentiality is so important and there are loose lips employed there.
- Overall I feel that health care everywhere is concerned about billing rather than total patient care.
- Confidentiality with clinic and other hospital.
- Put out more information about what is offered here and when different providers will be available. Confidentiality is also a big concern here, everyone knows everyone, and info gets passed around.
- I feel that doctors/PA's are not given enough time with patients. It always seems that they are rushed and not given enough time to answer questions or explain something.

Collaboration

Respondents were asked whether WH&C could improve its levels of collaboration with other local entities, such as schools, economic development organizations, local business and industry, public health, other providers, and hospitals and clinics in other cities. Survey-takers were asked to rank levels of collaboration between WH&C and other stakeholders on a 1-to-5 scale, with 1 indicating no collaboration and 5 indicating excellent collaboration. The survey results reveal that community members saw the most room for improvement in collaboration with business and industry and with local job and economic development organizations. Collaboration with other health care organizations was perceived as stronger. Figure 19, in which a higher number on the 1-to-5 scale represents better perceived collaboration, shows these results.

Figure 19: Community Collaboration



Community Assets

Community members 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 within each category. The results indicate that residents view as community assets (those items garnering more than 100 responses) things such as friendly and helpful people, quality schools and youth programs, a family-friendly environment, a safe place to live, and cleanliness of the area. Figures 20 to 24 illustrate the results of these questions.

Figure 20: Best Things about the PEOPLE in Your Community

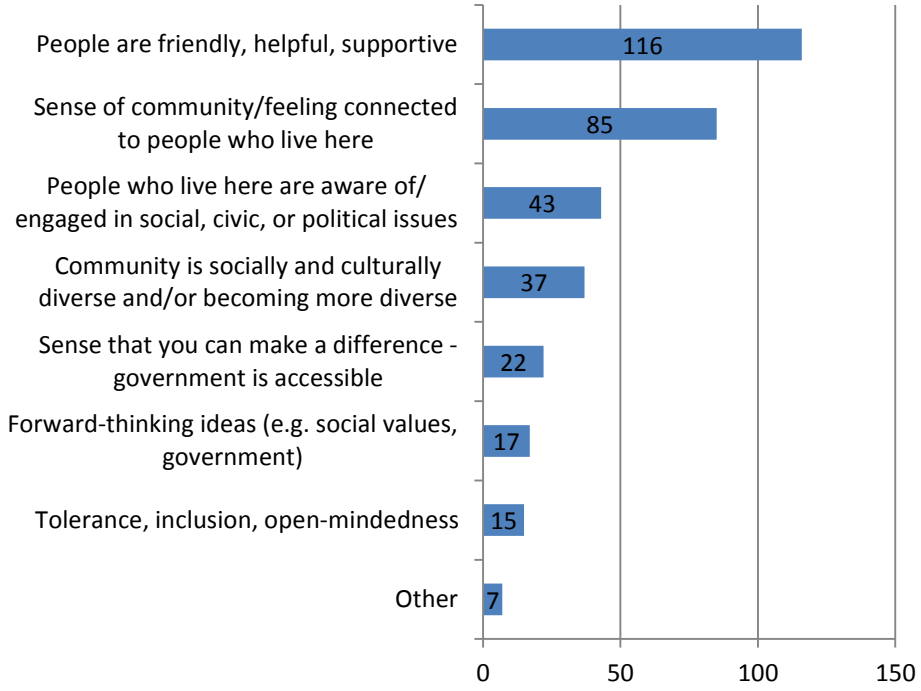


Figure 21: Best Things about the SERVICES AND RESOURCES in Your Community

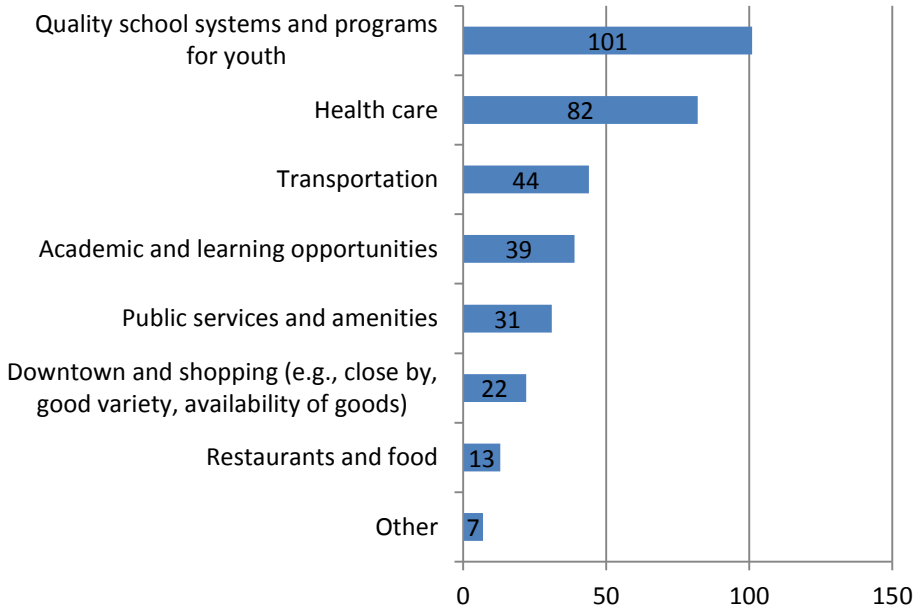


Figure 22: Best Things about the QUALITY OF LIFE in Your Community

Figure 23: Best Things about the GEOGRAPHIC SETTING of Your Community

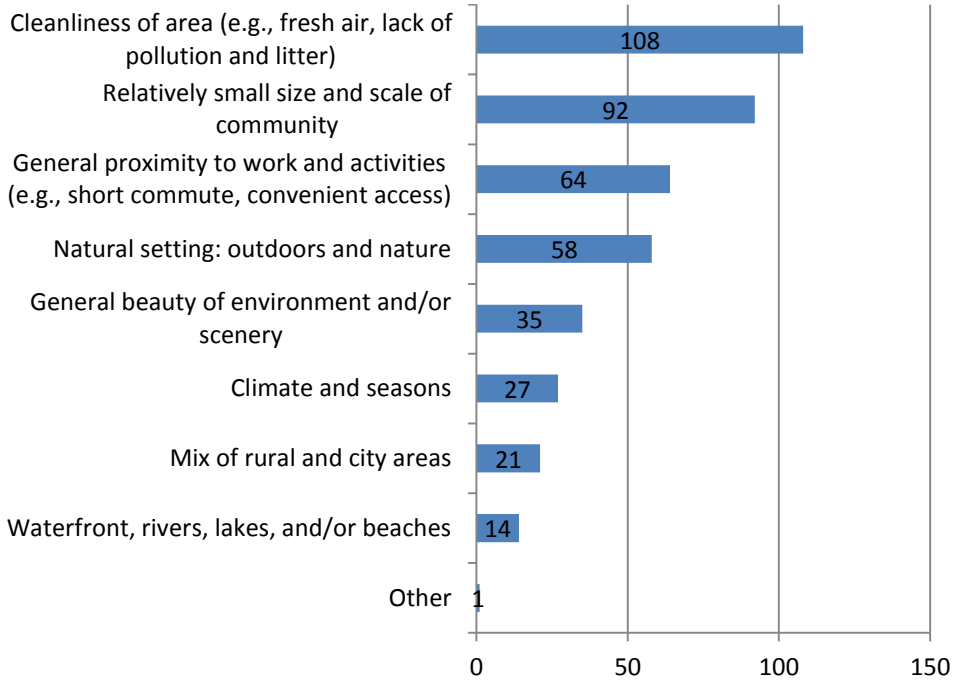
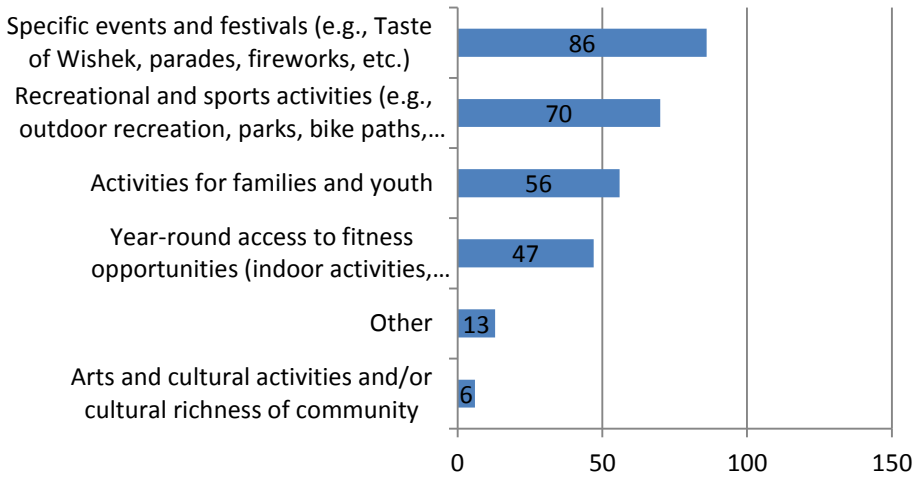


Figure 24: Best Thing about the ACTIVITIES in Your Community



Findings from Key Informant Interviews and Focus Group

The questions posed in the survey also were explored during a focus group session with the Community Group as well as during key informant interviews with community leaders and public health professionals. The themes that emerged from these sources mirrored many the issues that were prevalent in the secondary data and survey results. This indicates consensus within the community about what are the significant needs that it faces. Generally, overarching thematic issues that developed during the focus group and interviews can be grouped into five categories (listed in no particular order):

- Lack of long-term physicians/continuity of care
- Need for dialysis services
- Cost of health care, insurance, and prescription drugs
- Lack of mental health services
- Desire for more appointment options

With regard to the perceived need for dialysis service, during Community Group meetings a representative of WH&C explained in detail the analysis that has been undertaken to determine whether locally available dialysis services are feasible. A determination has been made that there are not enough potential users of such services within the WH&C trade area for the services to be sustainable, especially in light of the additional staffing that would be required.

To provide context for these expressed needs, below are some of the comments that interviewees and focus group participants made about these issue.

- **Lack of long-term physicians/continuity of care**

  - People go elsewhere for their care if they're unfamiliar with the physician and staff locally.
  - Most physicians coming in are short-term and unfamiliar with the community.
  - People like to see the same physician over time. If it's not the same, it gets repetitive to tell your history every time. We need consistency with our providers.

- People will come back if they're comfortable with their provider.
- My piece of advice to improve local health care is to have better continuity of care.
- The PAs (physician assistants) are here to stay. They don't come and go like the doctors.
- We need to keep the PAs we have.
- We need to recruit mid-levels before the current ones retire.
- We need some relief for providers who are here so they stay in the community.

- **Need for dialysis services**

  - I'm not sure if it's feasible, but dialysis would make a huge difference. The nursing home can't transport people to Bismarck three times a week.
  - Have dialysis feasibility studies been done?
  - Not having dialysis has a huge impact on the whole community.
  - Wishek could be a hub for dialysis and draw patients from Linton and other towns. It could a niche to draw people our way.
  - Dialysis is the #1 effect on whether older people can stay in nursing homes around here. There is too high of a cost to transport them, so they move to a larger city and we lose them for good.
  - The most immediate need here is for dialysis. If we want to stay competitive and keep people here, we need it.

- **Cost of health care, insurance, and prescription drugs**

  - It seems like prescription drug costs are up 300-400%.
  - Medications are expensive. The elderly are skipping days to try to make their meds last longer. It's either food or pills.
  - People with chronic disease need money to pay for all the medications.
  - There are some free services, but people don't know about them.
  - Insurance premiums are skyrocketing.

- **Lack of mental health services**

  - We miss the Alzheimer's unit.
  - There has been a real need lately for geriatric psych services.

- Kids want to visit with a counselor or therapist face to face, not through a screen.
- There just aren't enough mental health providers around here.
- There's still a stigma about depression. It seems like the help's not there if it's not "bad enough."
- There are long wait times to see mental health providers, so people go to Jamestown or Bismarck.
- This is a big problem for kids. We have suicidal kids.
- There is a large mental health need.
- Telemedicine with a mental health practitioner would be helpful.
- We see people in the community who could really use mental health services

- **Desire for more appointment options**

  - It's hard to find a time to go in for routine check-ups. Non-traditional hours for appointments would be helpful.
  - Walk-in clinics are wonderful.
  - The clinic in Napoleon has limited hours for appointments in the afternoon.
  - The clinic in Napoleon is often booked for "little things" and so people end up going to Bismarck.
  - People go elsewhere if there is a lack of access to providers.
  - Increasing hours and days of services in Gackle would help reduce barriers to care.
  - The Kulm clinic does a pretty good job of getting people in for appointments, but it's frustrating that a doctor isn't at the clinic more.

Priority of Health Needs

The Community Group held its second meeting on December 2, 2014. Fifteen members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health and community concerns, why patients seek care at WH&C, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top five community health needs. All of the potential needs were listed on larger poster boards, and each member was given five stickers so they could place a sticker next to each of the five needs they considered the most significant.

The results were totaled, and the concerns most often cited were:

- Cost of health insurance (13 votes)
- Lack of mental health services (12 votes)
- Inability to see same provider over time (7 votes)
- Cost of health care (6 votes)
- Cost of prescription drugs (6 votes)

Based on the Community Group's feedback about the prioritization of community health needs, the needs were categorized into four groups: those receiving six or more votes (listed above), those receiving three to five votes, those receiving one or two votes, and those receiving no votes. A summary of this prioritization may be found in Appendix F.

Appendix A – Community Member Survey Instrument

Community Health Needs Survey

Wishek Hospital & Clinics, Central Valley Health District, and McIntosh District Health Unit are interested in hearing from you about area health needs. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of local health organizations. This initiative is funded by the N.D. Medicare Rural Hospital Flexibility Program at no cost to the local organizations. The focus of this effort is to:

- Learn about the community's assets and concerns, and hear suggestions for improvement
- Learn of the community's awareness of local health care services being provided
- Determine preferences for using local health care services versus traveling to other facilities

Please take a few moments to complete the survey. If you prefer, this survey may be completed online by visiting: www.tinyurl.com/wishek . Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported in aggregate form. If you have questions about the survey, you may contact Ken Hall at the Center for Rural Health, 701.777.6046, kenneth.hall@med.und.edu.

Surveys will be accepted through October 31, 2014. Your opinion matters – thank you in advance!

Community Health and Wellness Concerns

Q1a. Regarding the conditions in your community, in the following series of categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Access to health care	Less of a concern				More of a concern
	1	2	3	4	5
Access to dental and/or vision care					
Access to needed technology/equipment					
Adequacy of health insurance (e.g., amount of co-pays, deductibles)					
Availability of doctors, nurses, specialists					
Availability of medical appointments					
Availability of mental health services and providers					
Availability of wellness and prevention services					
Coordination of care among different providers					
Cost of health care					
Cost of health insurance					
Cost of prescription drugs					
Distance/transportation to health care facility					
Emergency services (ambulance & 911) available 24/7					
Financial viability of hospital					
Non-traditional hours for appointments (e.g., evenings, weekends)					
Not enough health care staff in general					
Patient confidentiality					
Other. Please specify:					

Community/environmental concerns	Less of a concern				More of a concern
	1	2	3	4	5
Adequate availability of child daycare					
Adequate school resources					
Aging population, lack of resources to meet growing needs					
Changes in population (increasing or decreasing)					
Crime and safety					
Environmentally unsound (or unfriendly) place to live					
Insufficient facilities for exercise and well-being					
Lack of affordable housing					
Lack of employees to fill positions					
Lack of employment opportunities					
Lack of police presence in community					
Low wages, lack of livable wages					
Poverty					
Racism, prejudice, hate, discrimination					
Traffic safety, including speeding, road safety, and drunk driving					
Violence (domestic, child abuse, workplace, emotional, physical, sexual)					
Other. Please specify:					

Physical and mental health concerns	Less of a concern				More of a concern
	1	2	3	4	5
Alcohol use and abuse					
Cancer					
Chronic disease (e.g., diabetes, heart disease)					
Communicable diseases (e.g., sexually transmitted diseases, AIDS)					
Drug use and abuse					
Focus on wellness and prevention of disease					
Inactivity/lack of exercise					
Mental health (e.g., depression, dementia/Alzheimer's disease, stress)					
Obesity					
Poor nutrition/eating habits					
Smoking and tobacco use/exposure to second-hand smoke					
Suicide					
Other. Please specify:					

Q1b. How do the concerns above impact your community? _____

_____

Community Assets/Best Things about Your Community

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

Q2a. Considering the PEOPLE in your community, the best things are (choose up to THREE):

☐	Community is socially and culturally diverse and/or becoming more diverse	☐	Sense of community/feeling connected to people who live here
☐	Forward-thinking ideas (e.g. social values, government)	☐	Sense that you can make a difference – government is accessible
☐	People who live here are aware of/ engaged in social, civic, or political issues	☐	Tolerance, inclusion, open-mindedness
☐	People are friendly, helpful, supportive	☐	Other (please specify)_____

Q2b. Considering the SERVICES AND RESOURCES in your community, the best things are (choose up to THREE):

☐	Academic and learning opportunities	☐	Public services and amenities
☐	Downtown and shopping (e.g., close by, good variety, availability of goods)	☐	Restaurants and food
☐	Health care	☐	Transportation
☐	Quality school systems and programs for youth	☐	Other (please specify)_____

Q2c. Considering the QUALITY OF LIFE in your community, the best things are (choose up to THREE):

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

Q2d. Considering the ACTIVITIES in your community, the best things are (choose up to THREE):

☐	Activities for families and youth	☐	Specific events and festivals (e.g., Taste of Wishek, parades, fireworks, etc.)
☐	Arts and cultural activities and/or cultural richness of community	☐	Year-round access to fitness opportunities (indoor activities, winter sports, etc.)
☐	Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)	☐	Other (please specify)_____

Q2e. Considering the GEOGRAPHIC SETTING in your community, the best things are (choose up to THREE):

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

Q2f. What are other "best things" about your community that are not reflected in the questions above?

_____

_____

Health Care Services

Q3a. Regarding each of the following health care services, please tell us:

a) Whether you are aware that the health care service is offered at Wishek Hospital & Clinics (WH&C).
b) Whether you have used the health care service at Wishek Hospital & Clinics (WH&C), at another facility, or both.

For each service listed, check all applicable boxes.

General and acute services

Type of service offered	Yes, I am aware of this service at WH&C	I have used this service at WH&C	I have used this service at another facility
Ambulance service			
Clinics			
Critical care unit			
Emergency room			
Family medicine and primary care			
Hospital			
Minor surgical procedures			
Nutrition services			
Pharmacy			
Preventive visits			
Social services			
Sports injuries			
Swing bed services			
Telemedicine			

Screening/therapy services

Type of service offered	Yes, I am aware of this service at WH&C	I have used this service at WH&C	I have used this service at another facility
Asthma testing			
Cardiac rehab			
Childhood vaccines			
Chronic care management			
Diabetes care			
EKG's			
Holter monitors (heart monitors)			
Laboratory services			
Physical therapy			
Sleep studies			
Well baby checkups			
Women's wellness exams			

Radiology services

Type of service offered	Yes, I am aware of this service at WH&C	I have used this service at WH&C	I have used this service at another facility
Bone density testing			
Cardio stress test			
CT scan			
General x-rays			
Mammography			
MRI (provided via mobile unit)			
Nuclear medicine (provided via mobile unit)			
Teleradiology			
Ultrasound (provided via mobile unit)			

Services offered **locally by other providers/organizations**

Type of service offered	Yes, I am aware of this service offered locally	I have used this service locally	I have used this service at another facility
Chiropractic care			
Dental care			
Fitness center			
Home health			
Hospice			
Optometric/vision services			

Q3b. What specific services, if any, do you think Wishek Hospital & Clinics needs to add, and why?

_____

_____

5

Delivery of Health Care

Q4. Please tell us why you seek health care services at Wishek Hospital & Clinics. (Choose ALL that apply.)

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

Q5. Please tell us why you seek health care services at another health care facility. (Choose ALL that apply.)

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

Q6. What barriers prevent you or other community members from receiving health care? (Choose ALL that apply.)

- ☐ Distance from health facility
- ☐ Inability to get appointment
- ☐ Inability to see same provider over time
- ☐ Lack of affordability
- ☐ Lack of awareness of local services
- ☐ Lack of confidentiality
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Lack of doctors
- ☐ Lack of evening or weekend hours
- ☐ Lack of insurance
- ☐ Lack of specialists
- ☐ Lack of transportation services
- ☐ Language/cultural barriers
- ☐ Other: (Please specify)_____ _____

SURVEY CONTINUES ON THE NEXT PAGE

Q7. Please rank the level of collaboration between Wishek Hospital & Clinics and each of the other organizations listed below on a scale of 1 to 5, with 1 being no collaboration and 5 being excellent collaboration.

Community Collaboration **Between Wishek Hospital & Clinics and:**	**No collaboration**				**Excellent collaboration**
	1	**2**	**3**	**4**	**5**
Business and industry					
Hospitals and clinics in other cities					
Local job/economic development					
Other local health providers					
Public Health					
Schools					

SURVEY CONTINUES ON THE NEXT PAGE

Demographic Information

Please tell us about yourself.

Q8. Listed below are some general health conditions/diseases. Please select ALL that apply to you.

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

Q9. Health insurance status. (Choose ALL that apply.)

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

Q10. Age:

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

Q11. 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

Q12. Gender:

- ☐ Female
- ☐ Male

Q13. Your zip code: _____

Q14. Marital status:

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

Q15. Employment status:

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

Q16. Annual household income before taxes:

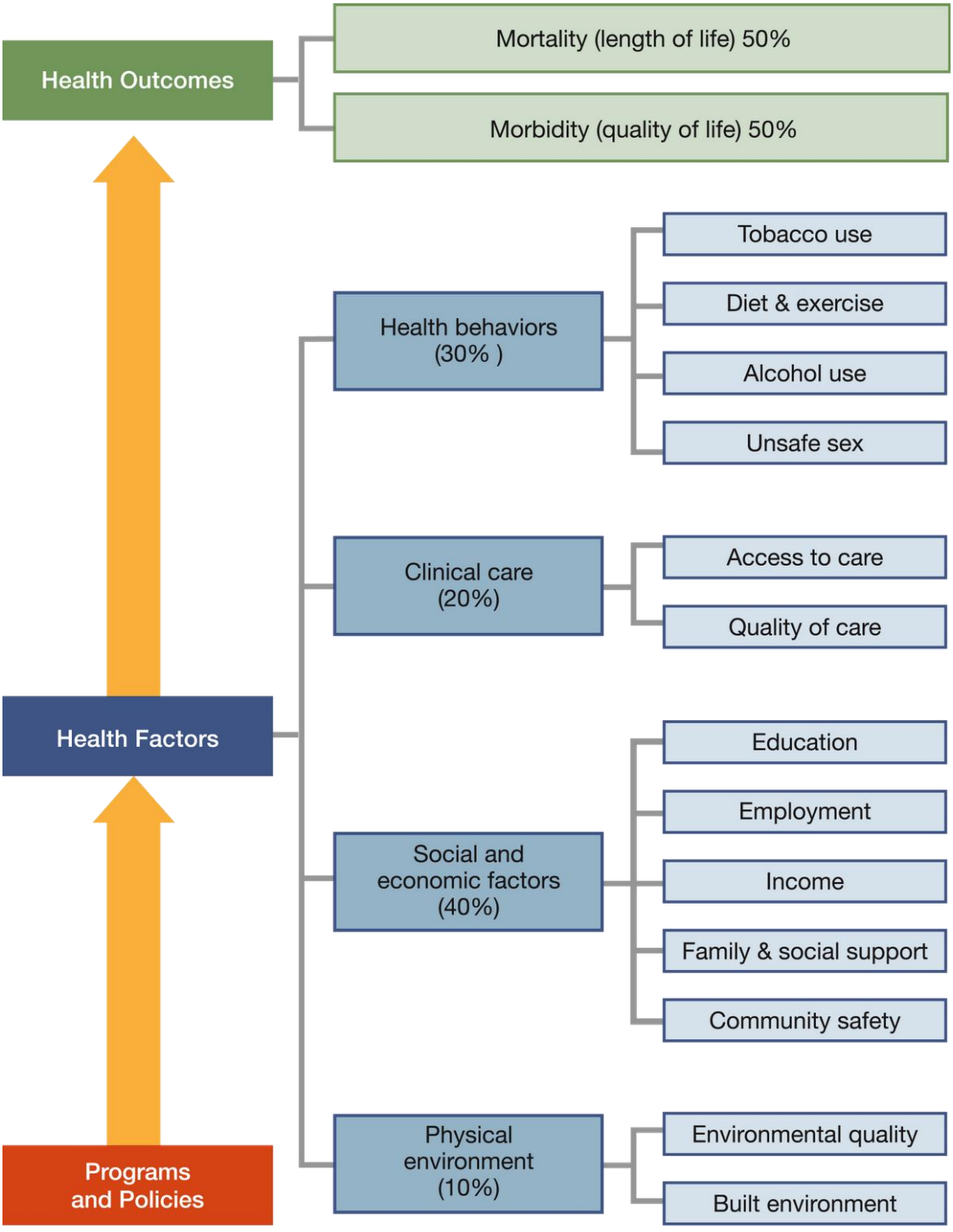
- ☐ $0 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 and over
- ☐ Prefer not to answer

Q17. Overall, please share concerns and suggestions to improve the delivery of local health care.

8

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



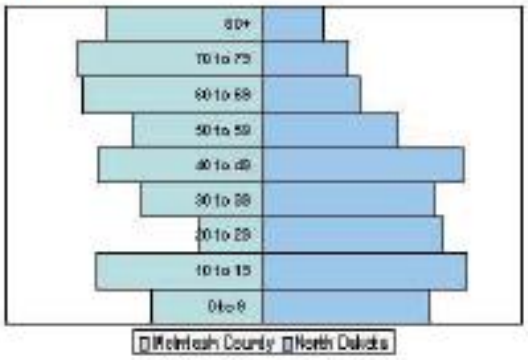
County Health Rankings model ©2010 UWPHI

Appendix C – McIntosh County Community Health Profile

McIntosh County Community Health Profile

POPULATION

Population by Age Group, 2000 Census				
Age Group	McIntosh County		North Dakota	
	Number	Percent	Number	Percent
0-9	286	8.7%	82,382	12.8%
10-19	442	13.0%	101,082	15.7%
20-29	169	5.0%	89,295	13.9%
30-39	322	9.5%	85,086	13.2%
40-49	435	12.8%	98,449	15.3%
50-59	346	10.2%	66,921	10.4%
60-69	473	14.0%	47,649	7.4%
70-79	492	14.5%	41,844	6.5%
80+	415	12.2%	29,492	4.6%
Total	3390	100.0%	642,200	100.0%
0-17	658	19.4%	160,849	25.0%
65+	1,160	34.2%	94,478	14.7%



Female Population and Percentage Female by Age, 2000 Census				
Age Group	McIntosh County		North Dakota	
	Number	Percent	Number	Percent
0-9	161	51.0%	40,200	48.8%
10-19	230	52.0%	48,823	48.3%
20-29	81	47.9%	42,196	47.3%
30-39	160	49.7%	41,884	49.2%
40-49	192	44.1%	48,521	49.3%
50-59	190	54.9%	32,799	49.0%
60-69	250	52.9%	24,937	52.3%
70-79	245	49.8%	23,108	55.2%
80+	271	65.3%	19,210	65.1%
Total	1770	52.2%	321,676	50.1%

Population Change 1990 to 2000 Census		
Census	McIntosh County	North Dakota
1990	4,021	638,800
2000	3,390	642,200
Change	-15.7%	0.5%

Race, 2000 Census				
Race	McIntosh County		North Dakota	
	Number	Percentage	Number	Percentage
Total	3390	100.0%	642,200	100.0%
White	3352	98.9%	593,181	92.4%
Black	0	0.0%	3,916	0.6%
Am.Indian	5	0.1%	31,329	4.9%
Asian	10	0.3%	3,606	0.6%
Pac. Islander	1	0.0%	230	0.0%
Other	3	0.1%	2,540	0.4%
Multirace	19	0.6%	7,398	1.2%

McIntosh County Community Health Profile

POPULATION

Household Populations, 2000 Census	McIntosh County		North Dakota	
	Number	Percent	Number	Percent
Total	3,390	100.0%	642,000	100.0%
In Family Households	2,696	79.5%	507,581	79.1%
In Non-Family Households	520	15.3%	110,988	17.3%
Total In Households	3,216	94.9%	618,569	96.4%
Institutionalized	162	4.8%	9,688	1.5%
Non-Institutionalized	12	0.4%	13,943	2.2%
Total in Group Quarters	174	5.1%	23,631	3.7%

Marital Status of Persons Age 15 and Older, 2000 Census	McIntosh County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	2,880	100.0%	512,281	100.0%
Never Married	447	15.5%	141,300	27.6%
Now Married	1,876	65.1%	290,833	56.8%
Separated	16	0.6%	3,610	0.7%
Widowed	443	15.4%	36,702	7.2%
Female	363	12.6%	30,346	5.9%
Divorced	98	3.4%	39,836	7.8%
Female	46	1.6%	21,235	4.1%

Educational Attainment Among Persons 25+, 2000 Census	McIntosh County		North Dakota	
Education	Number	Percent	Number	Percent
No schooling completed	21	0.8%	1,605	0.4%
No High School	847	32.8%	34,053	8.3%
Some High School	182	7.1%	30,326	7.4%
High school or GRE	667	25.9%	113,931	27.9%
Some College	608	23.6%	138,865	34.0%
Bachelor's degree	184	7.1%	67,551	16.5%
Post Graduate Degree	71	2.8%	22,292	5.5%

Persons Age 5 and Older with Disability, 2000 Census	McIntosh County		North Dakota	
Group	Number	Percent	Number	Percent
Total	3,095	100.0%	586,289	100.0%
No Disability	2,257	72.9%	488,472	83.3%
Any Disability	838	27.1%	97,817	16.7%
Self Care Disability	81	2.6%	11,011	1.9%
5-15 with any disability	24	5.5%	6,586	6.6%
16-64 with any disability	294	17.8%	58,630	14.7%
65+ with any disability	420	41.7%	33,601	38.5%

McIntosh County Community Health Profile

POPULATION

Income and Poverty Status by Age Group, 2000 Census	McIntosh County		North Dakota	
Median Household Income	$26,369		$34,604	
Per Capita Income	$16,018		$16,227	
	Number	Percent	Number	Percent
Below Poverty Level	497	15.4%	73,457	11.9%
Under 5 years	16	11.3%	6,784	17.6%
5 to 11 years	41	17.8%	8,686	14.3%
12 to 17 years	42	15.0%	6,713	11.3%
18 to 64 years	207	13.2%	41,568	11.1%
65 to 74 years	70	14.4%	3,797	8.4%
75 years and over	121	23.2%	5,929	14.1%

Family Poverty and Childhood and Elderly Poverty, 2000 Census	McIntosh County		North Dakota	
	Number	Percent	Number	Percent
Total Families	983		166963	
Families in Poverty	104	10.6%	13890	8.3%
Families with Own Children	329		83678	
Families with Own Children in Poverty	43	13.1%	10043	12.0%
Families with Own Children and Female Parent Only	26		13971	
Families with Own Children and Female Parent Only in Poverty	9	34.6%	5402	38.7%
Total Known Children in Poverty	99	15.2%	22,163	13.8%
Total Known Age 65+ in Poverty	191	18.9%	9,726	10.2%

Age of Housing, 2000 Census	McIntosh County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	1,863	100.0%	289,677	100.0%
1980 and Later	143	7.7%	76,239	26.3%
1970 to 1979	295	15.9%	68,376	23.6%
Prior to 1970	1,415	76.4%	145,062	50.1%

McIntosh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Births, 2004-2008	McIntosh County Number	McIntosh County Rate or Ratio	North Dakota Number	North Dakota Rate or Ratio
Live Births and Rate	135	8.0	42825	13
Pregnancies and Rate	144	8.5	47360	15
Fertility Rate		66		63
Teen Births and Rate	7	6.6	3306	17
Teen Pregnancies and Rate	11	10	4097	21
Out of Wedlock Births and Ratio	28	207	13743	320
Out of Wedlock Pregnancies and Ratio	28	194	16862	356
Low Birth Weight Birth and Ratio	11	81	2629	66

Child Deaths, 2004-2008	McIntosh County Number	McIntosh County Rate or Ratio	North Dakota Number	North Dakota Rate or Ratio
Infant Deaths and Ratio	<5	NA	261	6.1
Child and Adolescent Deaths and Rate	0	0	290	33
Total Deaths and Crude Rate	335	1976	28,494	887

Deaths and Age Adjusted Death Rate by Cause, 2004-2008	McIntosh County Number (Adj. Rate)	North Dakota Number (Adj. Rate)
All Causes	335 (722)	28,494 (739)
Heart Disease	94 (170)	7,327 (183)
Cancer	75 (166)	6,573 (180)
Stroke	19 (33)	1,872 (45)
Alzheimers Disease	30 (43)	1,679 (38)
COPD	10 (20)	1,449 (37)
Unintentional Injury	12 (59)	1,477 (42)
Diabetes Mellitus	11 (21)	1,059 (28)
Pneumonia and Influenza	12 (30)	760 (18)
Cirrhosis	<5 (NA)	295 (9)
Suicide	<5 (NA)	433 (13)

Adj. Rate = Age Adjusted Rate; * Fewer than five deaths

McIntosh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Leading Causes of Death by Age Group for McIntosh County, 2004-2008

Age	1	2	3
0-4	Prematurity		
5-14			
15-24			
25-34	Unintentional Injury	Influenza/Pneumonia Cancer	
35-44	Cancer Heart		
45-54	Unintentional Injury	Heart Cancer	
55-64	Cancer 7	Heart	COPD Suicide
65-74	Cancer 24	Heart 6	Stroke
75-84	Heart 21 Cancer 21	Stroke 6	COPD
85+	Heart 63	Alzheimer's Dz 27	Cancer 21

McIntosh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 1999-2007

	ALCOHOL	McIntosh County	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.	17.6 (9.5-25.7)	21.6 (19.9-23.3)
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.	1.8 (0.0-3.9)	5.1 (4.1-6.1)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	3.4 (0.0-7.5)	4.6 (3.6-5.5)
	ARTHRITIS		
Chronic Joint Symptoms	Respondents who reported pain, aching or stiff in a joint during the past 30 days which started more than 3 months ago.	NA	31.7 (30.1-33.4)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	12.8 (4.9-20.7)	10.7 (9.8-11.7)
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	26.9 (25.4-28.4)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	8.7 (3.9-13.5)	11.6 (10.4-12.8)
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.	6.7 (2.6-10.7)	7.9 (6.9-9.0)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	37.6 (29.7-45.6)	39.6 (37.7-41.5)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	33.6 (25.5-41.7)	27.8 (26.1-29.5)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	71.2 (62.7-79.8)	67.4 (65.5-69.3)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.8 (1.4-8.2)	3.9 (3.4-4.5)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	2.9 (0.1-5.8)	4.1 (3.5-4.6)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	3.3 (0.0-6.6)	2.3 (1.9-2.7)
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.	8.3 (3.6-12.9)	7.5 (6.8-8.3)

McIntosh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 1999-2007

	CHOLESTEROL	McIntosh County	North Dakota
Never Cholesterol Test	Respondents who reported never having a cholesterol test	11.3 (4.2-18.4)	22.5 (20.6-24.5)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	18.4 (9.8-27.0)	27.3 (25.3-29.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	NA	37.1 (35.3-38.9)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	NA	77.8 (76.1-79.4)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	42.1 (40.2-44.0)
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	62.1 (60.2-64.0)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	10.0 (4.2-15.8)	7.6 (6.8- 8.4)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	74.3 (64.9-83.8)	78.1 (76.5-79.6)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.4 (9.4-21.3)	13.4 (12.2-14.6)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	8.7 (4.0-13.6)	10.6 (9.6-11.6)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	6.5 (0.6-12.4)	8.9 (7.8-10.0)
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.	3.5 (0.6- 6.5)	5.4 (4.7- 6.2)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	13.7 (8.5-18.9)	17.0 (15.8-18.3)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	7.0 (2.9-11.2)	11.6 (10.1-13.2)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	11.5 (5.3-17.8)	6.2 (5.3- 7.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider	10.1 (4.8-15.4)	23.8 (22.0-25.6)

McIntosh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 1999-2007

	HYPERTENSION	McIntosh County	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.	NA	26.0 (24.5-27.4)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	26.5 (24.1-28.8)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	31.6 (29.0-34.2)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	NA	13.9 (12.7-15.2)
Seat Belt	Respondents who reported not always wearing their seatbelt	NA	40.8 (38.8-42.7)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	NA	25.9 (24.3-27.6)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	19.1 (11.2-27.1)	14.9 (13.8-15.9)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	NA	37.4 (35.5-39.3)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	4.3 (0.0- 9.3)	6.0 (5.2- 6.9)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	15.8 (9.2-22.4)	18.1 (16.5-19.7)
	PROSTATE CANCER		
PSA Testing	Men age 40 and older who reported that they have not had a PSA test in the past two years	NA	45.4 (42.7-48.2)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	3.0 (0.0- 7.6)	17.2 (14.7-19.8)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	23.1 (21.2-25.1)

McIntosh County Community Health Profile

CRIME

McIntosh County

	2004	2005	2006	2007*	2008*	5 year	5-Year Rate*
Murder	NR	NR	NR	0	0	0	NA
Rape	NR	NR	NR	0	0	0	NA
Robbery	NR	NR	NR	0	0	0	NA
Assault	NR	NR	NR	0	1	1	NA
Violent crime	0	0	0	0	1	1	NA
Burglary	NR	NR	NR	3	0	3	NA
Larceny	NR	NR	NR	2	5	7	NA
Motor vehicle theft	NR	NR	NR	0	0	0	NA
Property crime	0	0	0	5	5	10	NA
Total	0	0	0	5	6	11	NA

NR=No report from Wishek or County Sheriff *=County Sheriff report only

5 year rate not calculated due to missing dc

North Dakota

	2004	2005	2006	2007	2008	5 year	5-Year Rate
Murder	10	13	8	16	4	51	1.6
Rape	157	146	184	202	222	911	28.4
Robbery	42	45	69	68	71	295	9.2
Assault	319	396	525	699	738	2,577	80.3
Violent crime	528	600	786	985	1,035	3,834	119.6
Burglary	1,855	1,884	2,364	2,096	2,035	10,234	319.1
Larceny	8,832	9,081	8,884	8,672	8,926	44,395	1384.1
Motor vehicle theft	858	998	966	878	854	4,554	142.0
Property crime	11,545	11,963	12,214	11,646	11,815	59,183	1845.1
Total	12,073	12,563	13,000	12,631	12,850	63,017	1964.7

McIntosh County Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Education 2008	McIntosh County	North Dakota
Children Ages 3 and 4 Enrolled in Head Start (Percent of all children Head Start eligible)	11 (79)	2,607(65)
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)	36 (10)	13,278(14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	11 (31)	3,644 (27)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	2 (6)	880 (6.5)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	15 (42)	4,224 (32)
High School Dropouts (Dropouts per 1000 persons Grades 9-12)	1 (0.8)	791 (2.4)
Average ACT Composite Score	20.3	21.6
Average Expenditure per Student in Public School	$9,325	$8,095

Child Indicators: Economic Health 2008	McIntosh County	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	7 (1.5)	7,532 (4.5)
Food Stamp Recipients Ages 0-19 (Percent of all children ages 0-19)	65 (12)	31,380 (20)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	124 (32)	32,445 (32)
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	103 (17)	41,376 (23)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$39,911	$44,840
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	65 (10)	11,000 (8)
* Year 2000 data		

Child Indicators: Families and Child Care 2008	McIntosh County	North Dakota
Child Care Providers - All Approved Categories*	9	3,492
Child Care Capacity*	104	43,193
Mothers in Labor Force with a Child Ages 0-17 (Percent of all mothers with a child ages 0-17)*	271 (86)	63,085 (81)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	86 (13)	30,695 (18)
Children in Foster Care (Percent of children ages 0-18)	10 (2.2)	2,134 (1.4)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	22 (5.2)	6,982 (4.9)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	11 (1.7)	4,882 (3.0)
Births to Mothers with Inadequate Prenatal Care**	NA	478 (5.4)
*2009 ** 2007 data ***2002 data		

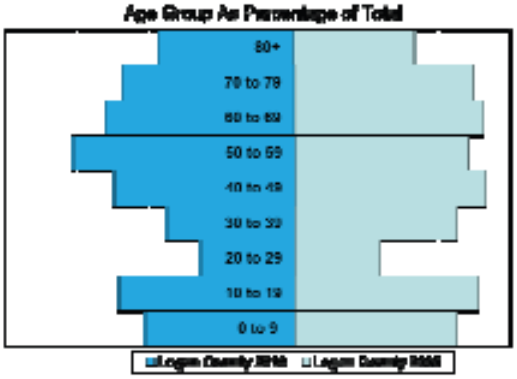
Child Indicators: Juvenile Justice 2008	McIntosh County	North Dakota
Children Ages 10-17 Referred to Juvenile Court (Percent of all children ages 0-17)	15 (6.5)	5,555 (8.4)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	1 (4.2)	809 (7.8)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	2 (8.3)	1,845 (18)

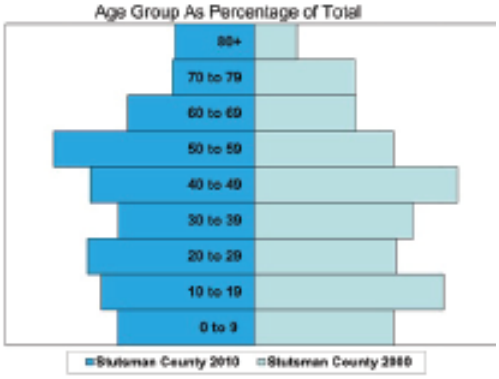
Appendix D – Central Valley Community Health Profile

Central Valley Community Health Profile

POPULATION

Population by Age Group, 2010 Census								
Age Group	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	205	10.3%	2326	11.0%	2,533	11.0	84,671	12.6%
10-19	241	12.1%	2594	12.3%	2,835	11.7	87,264	13.0%
20-29	130	6.5%	2821	13.4%	2,951	12.2	108,552	16.1%
30-39	176	8.8%	2290	10.9%	2,466	10.2	77,954	11.6%
40-49	248	12.5%	2783	13.2%	3,031	12.5	84,577	12.6%
50-59	305	15.3%	3393	16.1%	3,698	15.3	96,223	14.3%
60-69	261	13.1%	2148	10.2%	2,409	9.9	61,901	9.2%
70-79	236	11.9%	1401	6.6%	1,637	6.8	39,213	5.8%
80+	188	9.4%	1342	6.4%	1,530	6.3	32,236	4.8%
Total	1990	100.0%	21100	100.0%	23,090	95.4	672,591	100.0%
0-17	420	21.1%	4331	20.5%	5,527	22.8%	149,871	22.3%
65+	557	28.0%	3618	17.1%	4,485	18.5%	97,477	14.5%





Female Population and Percentage Female by Age, 2010 Census								
Age Group	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	104	50.7%	1125	48.3%	1229	48.5%	41330	48.8%
10-19	123	51.0%	1260	48.6%	1383	48.8%	42277	48.4%
20-29	39	30.0%	1285	45.6%	1324	44.9%	50571	46.6%
30-39	90	51.1%	1041	45.5%	1131	45.9%	37144	47.6%
40-49	117	47.2%	1308	47.0%	1425	47.0%	41499	49.1%
50-59	136	44.6%	1649	48.6%	1785	48.3%	47283	49.1%
60-69	127	48.7%	1078	50.2%	1205	50.0%	30699	49.6%
70-79	134	56.8%	774	55.2%	908	55.5%	21453	54.7%
80+	108	57.4%	847	63.1%	955	62.4%	20471	63.5%
Total	978	49.1%	10367	49.1%	11345	49.1%	332727	49.5%
0-17	217	51.7%	2099	48.5%	2316	41.9%	73083	48.8%
65+	308	55.3%	2074	57.3%	2382	53.1%	55050	56.5%

Central Valley Community Health Profile

POPULATION

Race, 2010 Census

Race	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Total	1,990	100.0%	21,100	100.0%	23,090	100.0%	672,591	100.0%
White	1,959	98.4%	20,163	95.6%	22122	95.8%	605,449	90.0%
Black	2	0.1%	140	0.7%	142	0.6%	7,960	1.2%
Am.Indian	9	0.5%	300	1.4%	309	1.3%	36,591	5.4%
Asian	5	0.3%	100	0.5%	105	0.5%	6,909	1.0%
Pac. Islander	0	0.0%	12	0.1%	12	0.1%	320	0.0%
Other	2	0.1%	116	0.5%	118	0.5%	3,509	0.5%
Multirace	13	0.7%	269	1.3%	282	1.2%	11,853	1.8%

Household Populations, 2010 Census

Household Type	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	2,001	100.0%	20,984	100.0%	22,985	100.0%	659,858	100.0%
In households	1,843	92.1%	19,070	90.9%	20,913	91.0%	634,679	96.2%
In family households:	1,576	78.8%	15,203	72.5%	16,779	73.0%	504,148	76.4%
In nonfamily households:	267	13.3%	3,867	18.4%	4,134	18.0%	130,531	19.8%
In group quarters	158	7.9%	1,914	9.1%	2,072	9.0%	25,179	3.8%
Institutionalized population	72	3.6%	1,042	5.0%	1,114	4.8%	9,675	1.5%
Noninstitutionalized population	86	4.3%	872	4.2%	958	4.2%	15,504	2.3%

Decennial Population Change, 1990 to 2000, 2000 to 2010

Census	Logan County	10 Year Change (%)	Stutsman County	10 Year Change (%)	CVHD	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	2,847		22,241		22,241		638,800	
2000	2,308	-18.9%	21,908	-1.5%	21,908	-1.5%	642,200	0.5%
2010	1,990	-13.8%	21,100	-3.7%	23,090	5.4%	672,591	4.7%

Marital Status of Persons Age 15 and Older, 2006-2010 ACS

Marital Status	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Age 15+	1,648	100.0%	17,415	100.0%	19,063	100.0%	538,799	100.0%
Now Married	1,084	65.8%	8,934	51.3%	10,018	52.6%	288,257	53.5%
Widowed	199	12.1%	1,533	8.8%	1,732	9.1%	36,100	6.7%
Divorced	64	3.9%	1,863	10.7%	1,928	10.1%	46,876	8.7%
Separated	26	1.6%	209	1.2%	235	1.2%	4,310	0.8%
Never Married	274	16.6%	4,876	28.0%	5,150	27.0%	163,256	30.3%

Central Valley Community Health Profile

POPULATION

Educational Attainment, 2006-2010, ACS	Logan County		Stutsman County		CVHD		North Dakota	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Population 25 years and over	1,502	100.0%	14,360	100.0%	15,862	100.0%	429,333	100.0%
Less than 9th grade	339	22.6%	1,134	7.9%	1,474	9.3%	24,043	5.6%
9th to 12th grade, no diploma	116	7.7%	919	6.4%	1,035	6.5%	21,467	5.0%
High school graduate or GED	433	28.8%	5,040	35.1%	5,473	34.5%	120,643	28.1%
Some college, no degree	338	22.5%	2,728	19.0%	3,066	19.3%	99,176	23.1%
Associate's degree	89	5.9%	1,278	8.9%	1,367	8.6%	51,091	11.9%
Bachelor's degree	174	11.6%	2,513	17.5%	2,667	16.9%	83,291	19.4%
Grad degree or prof degree	14	0.9%	747	5.2%	760	4.8%	29,624	6.9%

Disability in Non-Institutionalized Population, 2006-2010, ACS	Stutsman County		North Dakota	
	Number	Percentage	Number	Percentage
Group	Number	Percent	Number	Percent
Total	19,885	100.0%	649,963	100.0%
No Disability	17,011	85.5%	578,200	89.0%
Any Disability	2,874	14.5%	71,763	11.0%
Self Care Disability (Age 5+)	386	2.0%	11,927	2.0%
0-17 with any disability	109	2.5%	3,998	2.7%
18-64 with any disability	1,447	11.8%	35,295	8.6%
65+ with any disability	1,318	40.9%	32,470	35.6%

Income and Poverty Status by Age Group, 2006-2010, ACS	Logan County		Stutsman County		CVHD		North Dakota	
Median Household Income	$41,741		$44,620		NA		$46,781	
Per Capita Income	$21,654		$23,307		NA		$25,803	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Below Poverty Level	201	10.9%	2,349	12.1%	2,550	12.0%	78,405	12.3%
Under 5 years	10	10.6%	195	16.5%	205	16.1%	4,120	9.2%
5 to 11 years	14	8.5%	257	15.7%	271	15.1%	7,908	14.2%
12 to 17 years	9	5.6%	173	11.4%	182	10.8%	5,457	11.0%
18 to 64 years	80	7.9%	1,245	9.5%	1,325	9.4%	46,471	12.0%
65 to 74 years	22	8.5%	148	9.2%	170	9.1%	4,149	8.9%
75 years and over	66	22.1%	331	16.4%	397	17.2%	7,072	14.0%

Central Valley Community Health Profile

POPULATION

Family Poverty and Childhood and Elderly Poverty, 2006-2010, ACS	Logan County		Stutsman County	
	Number	Percent	Number	Percent
Total Families	554	100.0%	5,302	100.0%
Families in Poverty	46	8.3%	334	6.3%
Families with Related Children	202	36.5%	2,333	44.0%
Families with Related Children in Poverty	17	3.1%	280	5.3%
Families with Related Children and Female Parent Only	18	3.2%	465	8.8%
Families with Related Children and Female Parent Only in Poverty	3	0.5%	163	3.1%
Total Known Children in Poverty (0-17)	33	7.9%	625	14.4%
Total Known Age 65+ in Poverty	88	15.8%	479	13.2%

Family Poverty and Childhood and Elderly Poverty, 2006-2010, ACS	CVHD		North Dakota	
	Number	Percent	Number	Percent
Total Families	5,856	100.0%	170,477	100.0%
Families in Poverty	380	6.5%	12,274	7.2%
Families with Related Children	2,535	43.3%	78,224	45.9%
Families with Related Children in Poverty	297	5.1%	10,679	6.3%
Families with Related Children and Female Parent Only	483	8.2%	15,482	9.1%
Families with Related Children and Female Parent Only in Poverty	166	2.8%	6,022	3.5%
Total Known Children in Poverty (0-17)	658	13.8%	17,485	11.7%
Total Known Age 65+ in Poverty	567	13.6%	11,221	11.5%

Year Housing was Built, 2006-2010 ACS	Logan County		Stutsman County		CVHD		North Dakota	
Years	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	1,075	100.0%	9,827	100.0%	10,902	100.0%	312,861	100.0%
1980 or Later	168	15.6%	2,075	21.1%	2,243	20.6%	105,682	33.8%
1970-1979	211	19.6%	2,286	23.3%	2,497	22.9%	68,839	22.0%
Prior to 1970	696	64.7%	5,466	55.6%	6,162	56.5%	138,340	44.2%

Central Valley Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Births, 2006- 2010	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Live Births and Rate	87	8.7	1,127	10.7	1,214	10.5	44,427	13.2
Pregnancies and Rate	91	9.1	1,253	11.9	1,344	11.6	48,818	14.5
Fertility Rate		83.3		65.5		66.5		71.4
Teen Births and Rate	0	0.0	88	17.4	88	15.9	3,337	19.2
Teen Pregnancies and Rate	0	0.0	116	22.9	116	21.0	4,062	23.4
	Number	Ratio	Number	Ratio	Number	Ratio	Number	Ratio
Out of Wedlock Births and Ratio	0	0.0	378	335.4	378	311.4	14,506	326.5
Out of Wedlock Preg and Ratio	0	0.0	478	381.5	478	355.7	18,103	370.8
Low Birth Weight Birth and Ratio	0	0.0	93	82.5	93	76.6	2,919	65.7

Child Deaths, 2006-2010	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Ratio	Number	Ratio	Number	Ratio	Number	Ratio
Infant Deaths and Ratio	0	0	0	0	0	0	281	6
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Child and Adolescent Deaths and Rate	0	0	6	26	6	23	285	35
Total Deaths and Crude Rate	145	1,457	1,154	1,094	1,299	1,125	28,984	862

Deaths and Age Adjusted Death Rate by Cause, 2006-2010	Logan County	Stutsman County	CVHD	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	145 (662)	1154 (734)	1299 (727)	28,985 (689)
Heart Disease	40 (175)	255 (157)	295 (159)	7,122 (162)
Cancer	30 (156)	258 (172)	288 (170)	6,544 (162)
Stroke	10 (42)	90 (51)	100 (50)	1,696 (38)
Alzheimers Disease	11 (43)	86 (44)	97 (44)	1,936 (40)
COPD	10 (45)	60 (37)	70 (38)	1,607 (39)
Unintentional Injury	<6	57 (42)	NA	1,545 (42)
Diabetes Mellitus	12 (54)	56 (38)	68 (40)	1,072 (26)
Pneumonia and Influenza	<6	21 (13)	NA	702 (15)
Cirrhosis	0	<6	NA	289 (8)
Suicide	0	13 (13)	13 (12)	462 (14)

Central Valley Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Leading Causes of Death by Age Group for CVHD, 2004-2008

Age	1	2	3
0-4	Pregnancy Comp	Prematurity Resp Distress ND	SIDS Cancer
5-14	Anomaly	Unintentional Injury	
15-24	Suicide	Unintentional Injury	Heart
25-34	Unintentional Injury Suicide	Anomaly	Diabetes
35-44	Unintentional Injury 8	Heart Cancer	Suicide
45-54	Cancer 26	Heart 17	Unintentional Injury 6
55-64	Cancer 38	Heart 29	COPD Unintentional Injury
65-74	Cancer 68	Heart 40	Diabetes 17
75-84	Cancer 84	Heart 74	Stroke 28 COPD 28
85+	Heart 131	Alzheimer's Dz 78	Cancer 68

Central Valley Community Health Profile

BEHAVIORAL RISK FACTORS 2001-2010

	ALCOHOL	Logan County	Stutsman County	CVHD	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.	21.0 (12.2-29.8)	19.1 (16.3-21.9)	19.3 (16.7-22.0)	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	3.8 (0.0- 8.1)	4.9 (3.4- 6.5)	4.8 (3.4- 6.3)	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	5.0 (0.0-11.3)	2.3 (1.1- 3.4)	2.5 (1.3- 3.7)	5.7 (5.1- 6.2)
	ARTHRITIS				
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	42.7 (37.6-47.8)	41.9 (37.1-46.8)	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.	12.5 (4.6-20.4)	17.6 (13.9-21.3)	17.1 (13.7-20.6)	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	35.2 (30.8-39.5)	34.6 (30.5-38.7)	27.2 (26.5-27.9)
	ASTHMA				
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	7.1 (2.3-11.8)	11.3 (9.3-13.3)	10.9 (9.0-12.8)	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.	3.7 (0.0- 7.3)	8.3 (6.5-10.1)	7.8 (6.2- 9.5)	7.5 (7.2- 7.9)
	BODY WEIGHT				
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	39.0 (29.3-48.7)	38.4 (35.3-41.6)	38.5 (35.5-41.5)	38.7 (38.0-39.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	26.5 (18.4-34.7)	27.8 (24.9-30.7)	27.7 (25.0-30.4)	25.4 (24.9-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	65.5 (55.6-75.5)	66.2 (63.1-69.4)	66.2 (63.1-69.2)	64.1 (63.5-64.8)

Central Valley Community Health Profile

BEHAVIORAL RISK FACTORS, 2001-2010

	CARDIOVASCULAR	Logan County	Stutsman County	CVHD	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.	3.8 (0.7- 6.8)	5.4 (3.9- 6.9)	5.2 (3.9- 6.6)	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.	1.7 (0.0- 3.7)	5.0 (3.6- 6.4)	4.7 (3.4- 5.9)	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.	0.5 (0.0- 1.5)	3.3 (2.2- 4.3)	3.0 (2.0- 3.9)	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.	3.8 (0.7- 6.9)	9.6 (7.7-11.5)	9.0 (7.3-10.7)	7.4 (7.1- 7.7)
	CHOLESTEROL				
Never Cholesterol Test	Respondents who reported never having a cholesterol test	NA	16.7 (12.9-20.5)	18.3 (14.5-22.0)	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	25.2 (21.0-29.4)	26.6 (22.5-30.6)	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	35.2 (30.9-39.5)	34.6 (30.6-38.7)	34.0 (33.2-34.8)
	COLORECTAL CANCER				
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	87.1 (77.7-96.5)	77.3 (73.3-81.4)	78.1 (74.4-81.9)	78.3 (77.5-79.2)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	43.9 (38.6-49.3)	44.5 (39.4-49.6)	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.	NA	56.6 (51.6-61.5)	56.8 (52.1-61.6)	55.0 (54.0-56.1)
	DIABETES				
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.5 (2.9-10.0)	6.7 (5.3- 8.1)	6.7 (5.3- 8.0)	6.9 (6.6- 7.2)
	FRUITS AND VEGETABLES				
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	NA	79.7 (76.2-83.2)	79.5 (76.1-82.9)	78.4 (77.7-79.1)

Central Valley Community Health Profile

BEHAVIORAL RISK FACTORS, 2001-2010

	GENERAL HEALTH	Logan County	Stutsman County	CVHD	North Dakota
Fair or Poor Health	Respondents who reported that their general health was fair or poor	11.2 (6.4-16.0)	15.6 (13.4-17.8)	15.2 (13.1-17.2)	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	12.7 (7.4-17.9)	12.2 (10.2-14.3)	12.3 (10.4-14.2)	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	13.4 (5.3-21.6)	9.8 (7.9-11.8)	10.2 (8.3-12.2)	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.	5.0 (1.8- 8.3)	6.5 (4.8- 8.1)	6.3 (4.8- 7.9)	5.7 (5.4- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	12.6 (6.8-18.3)	18.9 (16.5-21.2)	18.2 (16.0-20.4)	16.0 (15.6-16.5)
	HEALTH CARE ACCESS				
Health Insurance	Respondents who reported not having any form or health care coverage	15.9 (9.2-22.6)	9.9 (7.7-12.1)	10.5 (8.4-12.6)	11.4 (11.0-11.9)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	15.9 (9.4-22.5)	6.8 (4.9- 8.7)	7.7 (5.9- 9.6)	6.8 (6.4- 7.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	25.8 (16.5-35.1)	15.2 (12.7-17.6)	16.2 (13.8-18.7)	23.5 (23.0-24.1)
	HYPERTENSION				
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	23.8 (14.0-33.7)	27.8 (24.0-31.6)	27.4 (23.8-31.0)	25.0 (24.4-25.7)
	IMMUNIZATION				
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	28.8 (23.8-33.9)	31.2 (26.3-36.1)	28.6 (27.6-29.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	31.1 (25.8-36.5)	32.0 (27.0-37.0)	30.0 (28.9-31.0)
	INJURY				
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	11.6 (2.4-20.7)	15.7 (12.0-19.5)	15.3 (11.8-18.8)	15.5 (14.7-16.2)
Seat Belt	Respondents who reported not always wearing their seatbelt	NA	40.4 (35.8-45.0)	43.2 (38.8-47.7)	41.9 (40.9-42.9)
	ORAL HEALTH				
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	NA	31.0 (27.3-34.7)	31.0 (27.5-34.5)	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.	22.5 (13.0-32.1)	21.6 (18.5-24.8)	21.7 (18.7-24.7)	16.0 (15.5-16.6)

Central Valley Community Health Profile

BEHAVIORAL RISK FACTORS, 2001-2010

	PHYSICAL ACTIVITY	Logan County	Stutsman County	CVHD	North Dakota
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	NA	50.9 (46.4-55.4)	51.5 (47.3-55.8)	50.5 (49.7-51.4)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	10.1 (2.3-18.0)	8.3 (5.7-10.9)	8.5 (6.0-10.9)	6.9 (6.5- 7.4)
	TOBACCO				
Current Smoking	Respondents who reported that they smoked every day or some days	14.3 (7.5-21.2)	19.0 (16.3-21.6)	18.5 (16.0-21.0)	19.8 (19.3-20.4)
	WOMEN'S HEALTH				
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	21.4 (15.2-27.7)	21.6 (15.5-27.7)	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	25.6 (20.3-30.9)	26.2 (21.1-31.2)	24.3 (23.3-25.3)

Central Valley Community Health Profile

CRIME

Logan County

	2006	2007	2008	2009	2010	2 year	2-Year Rate
Murder	NA	NA	NA	0	0	0	0.0
Rape	NA	NA	NA	0	0	0	0.0
Robbery	NA	NA	NA	0	0	0	0.0
Assualt	NA	NA	NA	0	0	0	0.0
Violent crime	NA	NA	NA	0	0	0	0.0
Burglary	NA	NA	NA	1	6	7	182.1
Larceny	NA	NA	NA	3	9	12	312.2
Motor vehicle theft	NA	NA	NA	0	0	0	0.0
Property crime	NA	NA	NA	4	15	19	494.3
Total	NA	NA	NA	4	15	19	494.3

Stutsman County

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	13	8	18	11	14	64	62.9
Robbery	3	0	2	1	1	7	6.9
Assualt	20	20	30	13	33	116	113.9
Violent crime	36	28	50	25	48	187	183.6
Burglary	119	71	77	61	62	390	383.0
Larceny	247	258	275	254	259	1,293	1269.8
Motor vehicle theft	20	21	21	27	29	118	115.9
Property crime	386	350	373	342	350	1,801	1768.7
Total	422	378	423	367	398	1,988	1952.4

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

Central Valley Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Education 2010	Logan County	Stutsman Co	North Dakota
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	4 (100)	54 (74)	2,607 (65)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	36 (10)	388 (15)	13,170 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	10 (28)	89 (23)	3,298 (25)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	1 (2.8)	22 (5.7)	763 (5.8)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	12 (33)	116 (30)	4,143 (32)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	1 (0.9)	32 (3.4)	701 (2.2)
Average ACT Composite Score	21.9	21.1	21.5
Average Expenditure per Student in Public School	$9,801	$9,108	$9,812
*Year 2008 data			

Child Indicators: Economic Health 2010	Logan County	Stutsman Co	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	3 (0.7)	59 (1.2)	7,819 (4.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	55 (14)	1,066 (24)	37,553 (24)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	114 (33)	1,095 (37)	33,870 (33)
WIC Program Participants	50	670	24,331
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	95 (22)	1,428 (27)	49,110 (27)
Median Income for Families with Children Ages 0-17 *	$58,958	$56,099	$61,035
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	10 (2.5)	234 (5.6)	10,100 (7.2)
*Year 2009 data			

Central Valley Community Health Profile

CHILD HEALTH INDICATORS

Child Indicators: Families and Child Care 2010	Logan County	Stutsman Co	North Dakota
Child Care Providers	8	87	3,176
Child Care Capacity (As percent of all children 0-13 in child care)	98	1,091	41,478
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	158 (81)	1828 (87)	57,059 (82)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	67 (17)	851 (20)	30,058 (21)
Children in Foster Care (Percent of children ages 0-18)	0	45 (1.0)	1,912 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	14 (3.8)	173 (4.2)	6,399 (4.4)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	0	64 (1.5)	4,180 (2.9)
Births to Mothers with Inadequate Prenatal Care**	0	NA	389 (4.3)
* Year 2009 data			

Child Indicators: Juvenile Justice 2010	Logan County	Stutsman Co	North Dakota
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	9 (4.5)	184 (9.4)	5,139 (8.1)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	0	26 (6.8)	784 (8.2)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	2 (20)	62 (16)	1,464 (15)

Appendix E – LaMoure County Community Health Profile

LaMoure County Community Health Profile

POPULATION

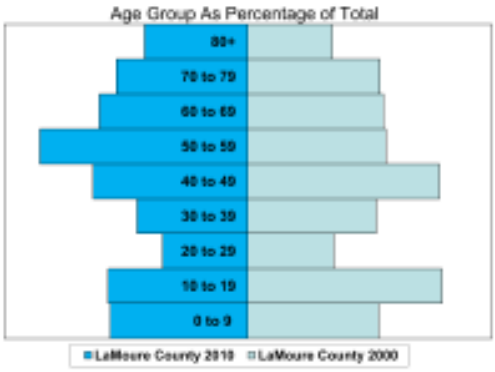
The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the full (100%) census taken in 2010 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The table showing percent population change uses census data from 2000 also. Tables present number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group which is in poverty (e.g., percentage of children under five years in poverty).

1

2

Population by Age Group, 2010 Census

Age Group	LaMoure County		North Dakota	
	Number	Percent	Number	Percent
0-9	468	11.3%	84,671	12.6%
10-19	476	11.5%	87,264	13.0%
20-29	288	7.0%	108,552	16.1%
30-39	377	9.1%	77,954	11.6%
40-49	524	12.7%	84,577	12.6%
50-59	706	17.1%	96,223	14.3%
60-69	503	12.2%	61,901	9.2%
70-79	446	10.8%	39,213	5.8%
80+	351	8.5%	32,236	4.8%
Total	4139	100.0%	672,591	100.0%
0-17	873	21.1%	149,871	22.3%
65+	1022	24.7%	97,477	14.5%



3

Female Population and Percentage Female by Age, 2010 Census

Age Group	LaMoure County		North Dakota	
	Number	Percent	Number	Percent
0-9	213	45.5%	41330	48.8%
10-19	217	45.6%	42277	48.4%
20-29	125	43.4%	50571	46.6%
30-39	185	49.1%	37144	47.6%
40-49	242	46.2%	41499	49.1%
50-59	324	45.9%	47283	49.1%
60-69	249	49.5%	30699	49.6%
70-79	253	56.7%	21453	54.7%
80+	213	60.7%	20471	63.5%
Total	2021	48.8%	332727	49.5%
0-17	404	46.3%	73083	48.8%
65+	582	56.9%	55050	56.5%

4

Decennial Population Change, 1990 to 2000, 2000 to 2010

Census	LaMoure County	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	5,383		638,800	
2000	4,701	-12.7%	642,200	0.5%
2010	4,139	-12.0%	672,591	4.7%

LaMoure County Community Health Profile

POPULATION

5

Race, 2010 Census

Race	LaMoure County Number	LaMoure County Percentage	North Dakota Number	North Dakota Percentage
Total	4,139	100.0%	672,591	100.0%
White	4,077	98.5%	605,449	90.0%
Black	6	0.1%	7,960	1.2%
Am.Indian	16	0.4%	36,591	5.4%
Asian	6	0.1%	6,909	1.0%
Pac. Islander	0	0.0%	320	0.0%
Other	9	0.2%	3,509	0.5%
Multirace	25	0.6%	11,853	1.8%

6

Household Populations, 2010

Household Type	LaMoure County Number	LaMoure County Percentage	North Dakota Number	North Dakota Percentage
Total	4,233	100.0%	659,858	100.0%
In households	4,187	98.9%	634,679	96.2%
In family households:	3,432	81.1%	504,148	76.4%
In nonfamily households:	755	17.8%	130,531	19.8%
In group quarters*	63	1.5%	25,179	3.8%
Institutionalized population*	63	1.5%	9,675	1.5%
Noninstitutionalized population*	0	0.0%	15,504	2.3%

7

Marital Status of Persons Age 15 and Older, 2006-2010 ACS

Marital Status	LaMoure County Number	LaMoure County Percent	North Dakota Number	North Dakota Percent
Total Age 15+	3,523	100.0%	538,799	100.0%
Never Married	574	16.3%	163,256	30.3%
Now Married	2,325	66.0%	288,257	53.5%
Separated	11	0.3%	4,310	0.8%
Widowed	405	11.5%	36,100	6.7%
Divorced	211	6.0%	46,876	8.7%

8

Educational Attainment, 2006-2010, ACS

	LaMoure County Estimate	LaMoure County Percent	North Dakota Estimate	North Dakota Percent
Population 25 years and over	3,130	100.0%	429,333	100.0%
Less than 9th grade	269	8.6%	24,043	5.6%
9th to 12th grade, no diploma	157	5.0%	21,467	5.0%
High school graduate or GED	1,055	33.7%	120,643	28.1%
Some college, no degree	664	21.2%	99,176	23.1%
Associate's degree	360	11.5%	51,091	11.9%
Bachelor's degree	532	17.0%	83,291	19.4%
Grad degree or prof degree	94	3.0%	29,624	6.9%

LaMoure County Community Health Profile

POPULATION

9

Income and Poverty Status by Age Group, 2006-2010, ACS	LaMoure County		North Dakota	
Median Household Income	$46,098		$46,781	
Per Capita Income	$27,056		$25,803	
	Number	**Percent**	**Number**	**Percent**
Below Poverty Level	381	9.1%	78,405	12.3%
Under 5 years	9	4.1%	4,120	9.2%
5 to 11 years	30	9.0%	7,908	14.2%
12 to 17 years	22	6.5%	5,457	11.0%
18 to 64 years	149	6.5%	46,471	12.0%
65 to 74 years	73	15.6%	4,149	8.9%
75 years and over	98	18.0%	7,072	14.0%
Total Known Children in Poverty (0-17)	61	6.8%	17,485	11.7%
Total Known Age 65+ in Poverty	171	16.9%	11,221	11.5%

10

Family Poverty and Childhood and Elderly Poverty, 2006-2010, ACS	LaMoure County		North Dakota	
	Number	**Percent**	**Number**	**Percent**
Total Families	1,247	100.0%	170,477	100.0%
Families in Poverty	85	6.8%	12,274	7.2%
Families with Related Children	408	32.7%	78,224	45.9%
Families with Related Children in Poverty	17	1.4%	10,679	6.3%
Families with Related Children and Female Parent Only	27	2.2%	15,482	9.1%
Families with Related Children and Female Parent Only in Poverty	0	0.0%	6,022	3.5%

LaMoure County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than six. Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.
Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.
Pregnancy Rate = Total pregnancies divided b the total resident population x 1000.
Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.
Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.
Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.
Out of Wedlock Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.
Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.
Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.
Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.
Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.
Childhood and Adolescent Death Rate = Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.
Crude Death Rate = Death events divided by population x 100,000.
Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

11

Births, 2007-2011	LaMoure County		North Dakota	
	Number	Rate	Number	Rate
Live Births	177	9	44,427	13
Pregnancies	182	9	48,818	15
Fertility Ratio		73		71
Teen Births	<5	NA	3,337	19
Teen Pregnancies	<5	NA	4,062	23
	Number	Ratio	Number	Ratio
Out of Wedlock Births	28	158	14,506	327
Out of Wedlock Pregnancies	33	181	18,103	371
Low Birth Weight Births	8	45	2,919	66

12

Deaths, 2006-2010	LaMoure County		North Dakota	
	Number	Rate	Number	Rate
Infant Deaths	0	0	281	6
Child and Adolescent Deaths	0	0	285	35
Total Deaths	258	1247	28,984	862

LaMoure County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

13

Deaths and Age Adjusted Death Rate by Cause, 2006-2010	LaMoure County Number (Adj. Rate)	North Dakota Number (Adj. Rate)
All Causes	258 (670)	28,985 (689)
Heart Disease	71 (181)	7,122 (162)
Cancer	53 (135)	6,544 (162)
Stroke	15 (32)	1,696 (38)
Alzheimers Disease	16 (33)	1,936 (40)
COPD	16 (36)	1,607 (39)
Unintentional Injury	9 (46)	1,545 (42)
Diabetes Mellitus	12 (28)	1,072 (26)
Pneumonia and Influenza	7 (14)	702 (15)
Cirrhosis	4 (13)	289 (8)
Suicide	5 (27)	462 (14)

LaMoure County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

14

Leading Causes of Death by Age Group for LaMoure County, 2006-2010

Age	1	2	3
0-4	Anomaly		
5-14			
15-24	Suicide Unintentional Injury		
25-34	Suicide	Unintentional Injury	
35-44	Unintentional Injury	Suicide	Heart
45-54	Cancer 8	Heart 6	Unintentional Injury
55-64	Cancer 14	Heart 10	Unintentional Injury
65-74	Cancer 38	Heart 14	COPD 8
75-84	Cancer 48	Heart 34	COPD 15
85+	Heart 73	Cancer 41	Alzheimer's Dz 30

15

Leading Causes of Death by Age Group for North Dakota, 2006-2010

Age	1	2	3
0-4	Congenital Anomaly 69	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly 6
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1001	Heart 579	Unintentional Injury 137
65-74	Cancer 1562	Heart 843	COPD 313
75-84	Cancer 1992	Heart 1797	COPD 626
85+	Heart 3421	Alzheimer's Dz 1391	Cancer 1352

LaMoure County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

Adult Behavioral Risk Factor data are derived from aggregated data (the number of years specified is in the table) continuously collected by telephone survey from persons 18 years and older. All data is self-reported data. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0-11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalences in the two populations.

	ALCOHOL	LaMoure County %	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.	12.6 (7.4-17.8)	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	4.5 (0.8- 8.2)	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	1.3 (0.0- 2.8)	5.7 (5.1- 6.2)
	ARTHRITIS		
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	32.8 (23.4-42.1)	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.	10.8 (5.7-16.0)	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.	33.2 (24.5-41.9)	27.2 (26.5-27.9)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	7.4 (4.2-10.6)	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.	5.7 (2.9- 8.5)	7.5 (7.2- 7.9)

16

LaMoure County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	BODY WEIGHT	LaMoure County %	North Dakota %
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	44.7 (37.7-51.6)	38.7 (38.0-39.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	23.7 (18.1-29.3)	25.4 (24.9-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	68.4 (61.1-75.7)	64.1 (63.5-64.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	3.7 (1.7- 5.8)	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.	6.7 (3.4- 9.9)	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.	2.9 (1.0- 4.7)	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.	9.8 (6.1-13.5)	7.4 (7.1- 7.7)
	CHOLESTEROL		
Never Cholesterol Test	Respondents who reported never having a cholesterol test	21.3 (13.0-29.6)	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	27.8 (18.9-36.7)	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.	35.7 (26.6-44.7)	34.0 (33.2-34.8)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	76.3 (68.7-84.0)	78.3 (77.5-79.2)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	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.	50.3 (40.4-60.2)	55.0 (54.0-56.1)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	8.8 (5.3-12.4)	6.9 (6.6- 7.2)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	73.1 (64.5-81.7)	78.4 (77.7-79.1)

17

LaMoure County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	GENERAL HEALTH	LaMoure County %	North Dakota %
Fair or Poor Health	Respondents who reported that their general health was fair or poor	13.9 (9.8-17.9)	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	10.7 (7.1-14.3)	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	6.4 (2.9-10.0)	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.	6.2 (3.3- 9.1)	5.7 (5.4- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	16.7 (12.5-20.9)	16.0 (15.6-16.5)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	14.0 (8.7-19.4)	11.4 (11.0-11.9)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	3.7 (1.2- 6.1)	6.8 (6.4- 7.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	27.6 (20.5-34.7)	23.5 (23.0-24.1)
	HYPERTENSION		
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	33.7 (25.1-42.2)	25.0 (24.4-25.7)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	33.7 (23.5-43.9)	28.6 (27.6-29.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	30.0 (28.9-31.0)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	15.3 (7.6-22.9)	15.5 (14.7-16.2)
Seat Belt	Respondents who reported not always wearing their seatbelt	57.5 (47.6-67.4)	41.9 (40.9-42.9)

18

LaMoure County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	ORAL HEALTH	LaMoure County %	North Dakota %
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	32.4 (24.2-40.6)	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.	20.7 (14.0-27.3)	16.0 (15.5-16.6)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	53.3 (43.9-62.7)	50.5 (49.7-51.4)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	6.7 (2.2-11.2)	6.9 (6.5- 7.4)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	20.8 (14.5-27.0)	19.8 (19.3-20.4)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	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	24.3 (23.3-25.3)

LaMoure County Community Health Profile

CRIME

LaMoure County (reporting incomplete)

	2007	2008	2009	2010	2011	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	0	0	2	0	2	9.5
Robbery	0	0	0	0	0	0	0.0
Aggrevated Assualt	0	2	1	0	0	3	14.3
Violent crime	0	2	1	2	0	5	23.8
Burglary	0	1	0	1	0	2	9.5
Larceny	2	2	0	0	2	6	28.5
Motor vehicle theft	0	1	2	0	1	4	19.0
Property crime	2	4	2	1	3	12	57.0
Total	2	6	3	3	3	17	80.8

20

North Dakota

	2007	2008	2009	2010	2011	5 year	5-Year Rate
Murder	16	4	15	11	15	61	1.9
Rape	202	222	206	222	207	1,059	33.0
Robbery	68	71	102	85	91	417	13.0
Aggrevated Assualt	599	738	795	847	1,040	4,019	125.3
Violent crime	885	1,035	1,118	1,165	1,353	5,556	173.2
Burglary	2,096	2,035	2,180	1,826	2,227	10,364	323.1
Larceny	8,672	8,926	8,699	8,673	9,344	44,314	1381.6
Motor vehicle theft	878	854	825	763	854	4,174	130.1
Property crime	11,646	11,815	11,704	11,262	12,425	58,852	1834.8
Total	12,531	12,850	12,822	12,427	13,778	64,408	2008.0

LaMoure County Community Health Profile

CHILD HEALTH INDICATORS

Child Health Indicators are selected from Kid's Count data reported on the web. The descriptive line tells what the number present and the part of the description in parentheses tells what the number in parentheses means. If the year of the data is different than other data in the table, the year is footnoted.

21

CHILD HEALTH INDICATORS		
Child Indicators: Education 2011	**LaMoure County**	**North Dakota**
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	15 (100)	2,607 (65)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	77 (12)	13,170 (14)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	0 (0)	701 (2.2)
Average ACT Composite Score	21.2	21.5
Average Expenditure per Student in Public School	$11,168	$9,812
*Year 2008 data		

Child Indicators: Economic Health 2011	**LaMoure County**	**North Dakota**
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	7 (0.7)	7,819 (4.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	132 (14)	37,553 (24)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	197 (46)	33,870 (33)
WIC Program Participants	47	24,331
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	180 (19)	49,110 (27)
Median Income for Families with Children Ages 0-17 *	$62,115	$63,698
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	35 (3.9)	10,212 (7.0)
*Year 2010 data		

Child Indicators: Families and Child Care 2011	**LaMoure County**	**North Dakota**
Child Care Providers	11	3,176
Child Care Capacity (Percent of children 0-13)	162 (25)	41,478 (38)
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	302 (84)	57,977 (82)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	133 (15)	30,058 (21)
Children in Foster Care (Percent of children ages 0-18)	0	1,912 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	7 (0.8)	6,399 (4.4)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	NA	4,180 (2.9)
Births to Mothers with Inadequate Prenatal Care**	NA	389 (4.3)
* Year 2010 data		

Child Indicators: Juvenile Justice 2011	**LaMoure County**	**North Dakota**
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	14 (3.5)	5,139 (8.1)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	1 (4.5)	784 (8.2)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	6 (27)	1,464 (15)

Appendix F – Prioritization of Community's Health Needs

Tier 1

- Cost of health insurance (13 votes)
- Lack of mental health services (12 votes)
- Inability to see same provider over time (7 votes)
- Cost of health care (6 votes)
- Cost of prescription drugs (6 votes)

Tier 2

- Physical inactivity/limited access to exercise opportunities (5 votes)
- Availability of doctors, nurses, specialists (5 votes)
- Inadequate social support (4 votes)
- Financial viability of hospital (4 votes)
- Licensed child care capacity (3 votes)

Tier 3

- Rate of diabetics (2 votes)
- Food environment index (2 votes)
- Rate of uninsured residents (2 votes)
- Not enough dentist (1 vote)
- High school dropout rate (1 vote)
- Not enough options for medical appointments (1 vote)

(No Votes)

- Rate of self-reported poor mental health days
- Adult smoking rate
- Rate of children in poverty
- Rate of drinking water violations
- Cancer
- Need for dialysis services