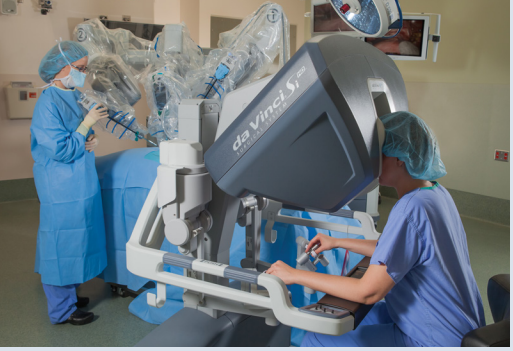








# SANFORD HEALTH

## Sanford Medical Center Fargo

# 2018 Community Health Needs Assessment












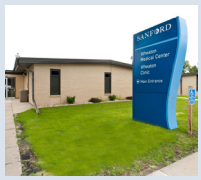



dba Sanford Fargo Medical Center EIN #45-0226909

Dear Community Members,

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

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

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

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

- Access
- Mental Health and Substance Abuse

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

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

Sincerely,

Nate White
President and Chief Operating Officer
Sanford Medical Center Fargo

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# Sanford Medical Center Fargo

# Community Health Needs Assessment

# 2018

# Executive Summary

## Purpose

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

## Our Guiding Principles

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

## Regulatory Requirements

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

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

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

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such

populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

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

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

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

## Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and Cass and Clay Public Health distributed the survey link via email to stakeholders and key leaders located within the Fargo/Moorhead community and Cass and Clay counties. Data collection occurred from December 2017 to January 2018. A total of 222 community stakeholders participated in the survey.

   B. *Resident Survey*
   The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the State Health Improvement Program (SHIP) surveys and those questions were included in the resident survey. The North Dakota Public Health Association developed an Addendum to the survey with questions specific to the American Indian population. The survey was sent to a representative sample of the Cass County and Clay County populations secured through Qualtrics, a qualified vendor. A total of 547 community residents participated in the survey.

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

D. *Community Stakeholder Discussions*
Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

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

2. Secondary Research
   A. The 2018 County Health Rankings
   B. The U.S. Census Bureau estimates
   C. *Community Commons* were reviewed and specific data sets were considered. The *Community Commons* link is https://www.communitycommons.org/maps-data/
   D. The *Fargo Cass Pubic Health – Cass County Community Health Profiles* – April 2018
   E. *Greater Fargo Moorhead Community Needs Assessment Secondary Data: Cass and Clay Counties* was reviewed and presented to key stakeholders. The data is available in the Appendix.

### Limitations of the Study

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

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

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

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

## Key Findings

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

**Economic Well-Being**
Community stakeholders are most concerned that there is a need for housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence (ranking 4.22), affordable housing (4.21), high concern for homelessness (3,88), and hunger (3.64).

People in Cass County and Clay County are struggling with food insecurity - 30% of resident survey report that their food did not last until they had money to buy more.

**Transportation**
Community stakeholders are most concerned about the need for door-to-door transportation for community members who do not drive (3.55).

**Children and Youth**
Community stakeholders are most concerned about the availability and cost of services for at-risk youth (4.11), the cost and availability of quality childcare (4.08), substance abuse by youth (3.89), teen suicide (3.89), childhood obesity (3.86), and bullying (3.65).

**Aging Population**
Community stakeholders are most concerned about the cost of long term care and memory care (4.15), the cost of in-home services (3.83), the availability of resources for family and friends caring for elders (3.58), and the availability of resources to help the elderly stay safe in their homes (3.52).

**Safety**
Community stakeholders are most concerned about abuse of prescription drugs (4.15), a culture of excessive and binge drinking (3.81), domestic violence (3.80), child abuse and neglect (3.68), sex trafficking (3.59) and the presence of street drugs (2.55).

**Health Care Access**
Community stakeholders are most concerned about the availability of mental health providers (4.28), the availability of behavioral health (substance abuse) providers (4.21), access to affordable health insurance (4.05), access to affordable health care (4.01), access to affordable prescription drugs (3.91), access to affordable dental insurance (3.82), the availability of non-traditional hours (3.63), access to affordable vision insurance (3.58), the use of emergency room services for primary health care (3.53), the availability of health care services for Native American people (3.50), and coordination of care between providers and services (3.50).

**Mental Health and Substance Abuse**
Community stakeholders are most concerned about drug use and abuse (4.40), alcohol use and abuse (4.15), depression (4.10), suicide (4.01), stress (3.81), and dementia and Alzheimer's (3.61).

Resident survey participants are facing the following issues:

- 66% report that they are overweight or obese
- 50% self-report binge drinking at least 1X/month
- 46% have been diagnosed with anxiety
- 40% have been diagnosed with depression
- 30% have not visited a dentist in more than a year
- 30% report running out of food before having money to buy more
- 29% have been diagnosed with high cholesterol
- 26% have a diagnosis of hypertension and
- 21% report that alcohol use has had a harmful effect on them or a member of their family in the past two years
- 21% currently smoke cigarettes
- 17% self-report that they have drugs in their home they are not using

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

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

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

## Implementation Strategies

Priority 1: Health Care Access

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

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that all patients requiring access to health care are successful in securing timely appointments.

Priority 2: Mental Health/Behavioral Health and Substance Abuse

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

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

# Sanford Fargo Medical Center

# Community Health Needs Assessment

# 2018

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## Acknowledgements

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

Sanford Steering Group:

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

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

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction

- Kathy McKay, Clay County Public Health
- Jac McTaggert, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

The following Cass County and Clay County community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Chip Ammerman, Director, Cass County Social Services
- Shannon Bacon, Health Systems Manager, North Region American Cancer Society
- Roshelle Badu, Health Partners
- Vern Bennett, Cass County Commissioner
- Brian Berg, Clay County Administrator
- Anne Blackhurst, President, MSUM
- Justin Bohrer, Fargo Cass Public Health
- Jackie Buboltz, Director of Mission Integration, Essentia Health
- Leah Deyo, Program Manager, Community Health, Essentia Health
- Darla Dobberstein, Executive Director, Sanford Health
- Kari Duong-Topp, Health Partners
- Josh Ebert, Clay Co. Public Health
- Jan Eliassen, Gladys Ray Shelter
- Sonja Ellner, Executive Director, Dorothy Day House
- Desi Fleming, Fargo Cass Public Health
- Kaylin Frappier, COO/Deputy CEO, Family HealthCare Center
- Abbey Fraser, American Cancer Society
- Anna Frissell, Executive Director, Red River Child Advocacy Center
- Greg Glasner, MD, Essentia Health
- Dinah Goldenberg, Fargo Board of Health
- Cindy Gray, Executive Director, FM MetroCog
- Tony Grindberg, Fargo City Commissioner

- Robert Grosz, Associate Superintendent, Fargo Public Schools
- Ron Guggisberg, Fargo Fire Department
- Jamie Hennen, Clay Co. Public Health
- Thomas Hill, Community Impact Director, United Way
- Susan Jarvis, COO, Sanford Health
- Charley Johnson, Pres/CEO, FM Visitors and Convention Bureau
- Amy Klein, Family Services Manager, Jeremiah Program
- Rebecca Knutson, Fargo School Board
- Tiffany Lawrence, Sanford Health CFO
- Gerri Leach, Executive Director, Jail Chaplains
- Kim Lipetzky, City of Fargo
- Karen Lloyd, Health Partners
- Ann Malmberg, Mayors' Blue Ribbon Commission on Addiction
- Meagan Maritato, Dietetic Intern
- Tim Mathern, ND State Senator
- Chelsey Matter, Blue Cross Blue Shield
- Kathy McKay, Clay Co. Public Health
- Carrie McLeod, Sanford Health
- Cindy Miller, Executive Director, FirstLink
- Colleen Murray, Lakes and Prairies Community Action Partnership
- Tess Natterstad, Sanford Health Intern
- Lillian Okla, Health and Nutrition Lead Coordinator, SENDCAA Head Start
- Jenny Satter, HR Director, Fargo Park District
- Tim Sayler, Essentia Health
- Ahman Shiil, Community Impact Manager, United Way
- Melissa Sobolik, Great Plains Food Bank
- Julie Sorby, Dir. of Community Development, Family HealthCare Center
- Ron Sorvaag, ND State Senator
- Kale Syverson, Sanford Health
- Sherm Syverson, Sanford Health and FM Ambulance
- Julie Waldera, Sanford Health
- Sara Watson Curry, Moorhead City Council
- Sharon Whitebear, Native American Commission
- Carrie Whitehill, SENDCAA Head Start
- Grace Wolhowe, Essentia Health

## Description of Sanford Medical Center Fargo


Sanford Medical Center Fargo is North Dakota's newest and largest medical center and one of three Sanford medical center campuses in Fargo. It serves as a regional health care hub with 60 percent of patients coming from outside the metro area.

It is the region's largest, busiest and only Level I Adult Trauma Center between Minneapolis and Seattle, Denver and Omaha with a Level II Pediatric Trauma Center since 2014 and an AirMed transport service covering a three-state area. It is also the only comprehensive stroke center in the state of North Dakota. The 284-bed, one-million-square-foot Sanford Medical Center Fargo, which opened in 2017, provides services including emergency/trauma, Family Birth Center, Children's Hospital, brain and spine surgery, heart surgery, interventional cardiology, general surgery and more.

Sanford Medical Center Fargo takes care to the next level, combining expertise, state-of-the-art technology and compassionate patient care. The 27 ORs are the most technologically advanced in the nation, allowing surgeons to consult with specialists anywhere in the world. Digital pathology connects labs at all campuses. Patient rooms are designed around the patient for efficiency, safety and optimal care, and have the best views in town.

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

Community involvement has played an important role in Sanford Medical Center's mission for over 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and serve the communities across our region. Together, we work to provide health care awareness, education, prevention, fundraising and research for the health care issues that matter most to our communities. Sanford also supports the region's critical access hospitals so they can continue to provide vital services in their communities, ensuring that all people have access to high-quality health care close to home.

Sanford Health is the largest employer in the Fargo metro area with 9,400 Sanford employees in Fargo-Moorhead-West Fargo, including 500 board-certified physicians and 200 advanced practice providers (APPs). It is accredited by The Joint Commission.

## Description of the Community Served

Fargo is a diverse, dynamic, family-oriented community on the eastern border of North Dakota. It is the largest city in North Dakota, accounting for nearly 16 percent of the state population and the county seat of Cass County. Fargo and its twin city of Moorhead, MN and adjacent West Fargo, ND and Dilworth, MN, form the core of the metro area, which in 2018 has a population of 240,000.

Founded in 1871, Fargo is the economic center of southeastern North Dakota. It is a cultural, retail, health care, educational and industrial hub for the region. The Fargo-Moorhead metro area is home to three universities: North Dakota State University, Concordia College, Minnesota State University Moorhead, and numerous other private and state colleges and technical schools and is home to over 38,000 students.

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

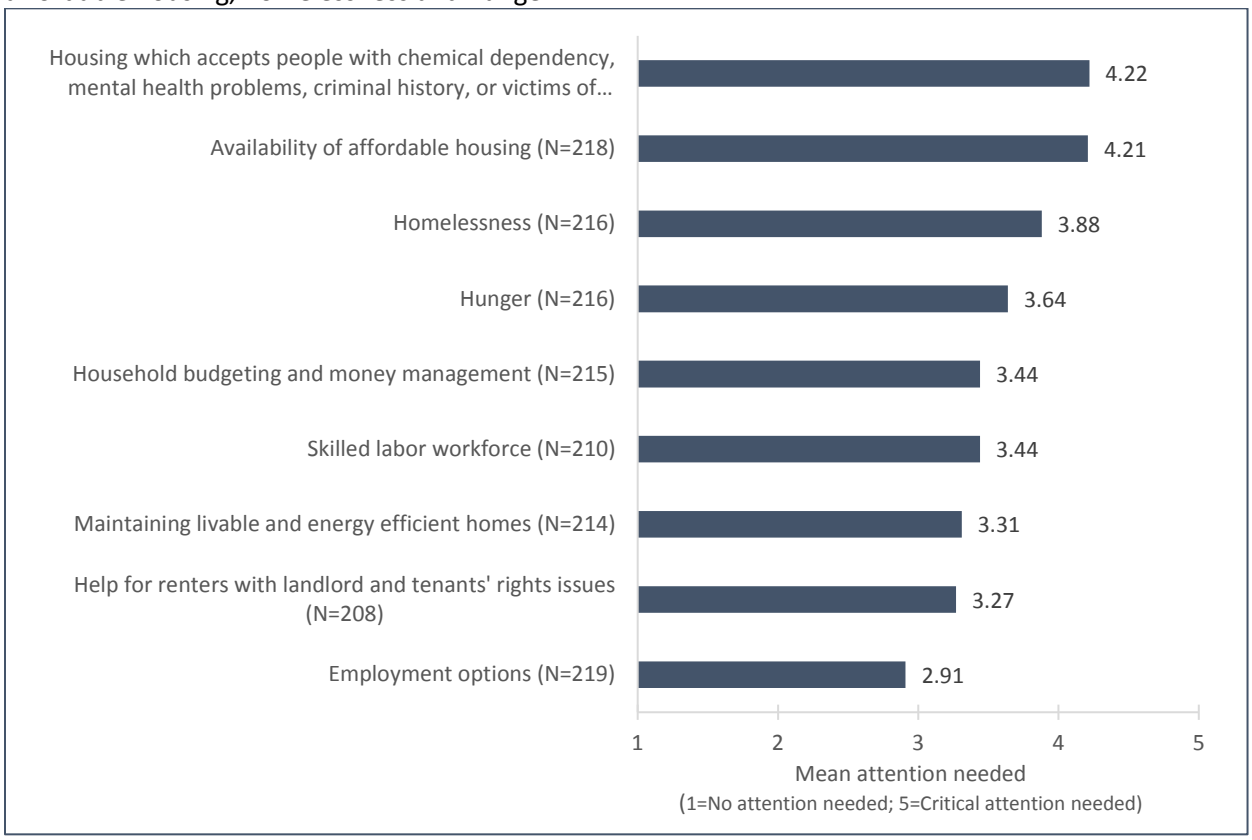
Fargo-Moorhead is home to a growing number of innovative technology and biomedical companies, attracted to the community by its educated workforce, low labor costs, favorable tax climate, advanced telecommunications infrastructure and available energy and water supplies. Education and health services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

# Key Findings

## Community Health Concerns

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

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

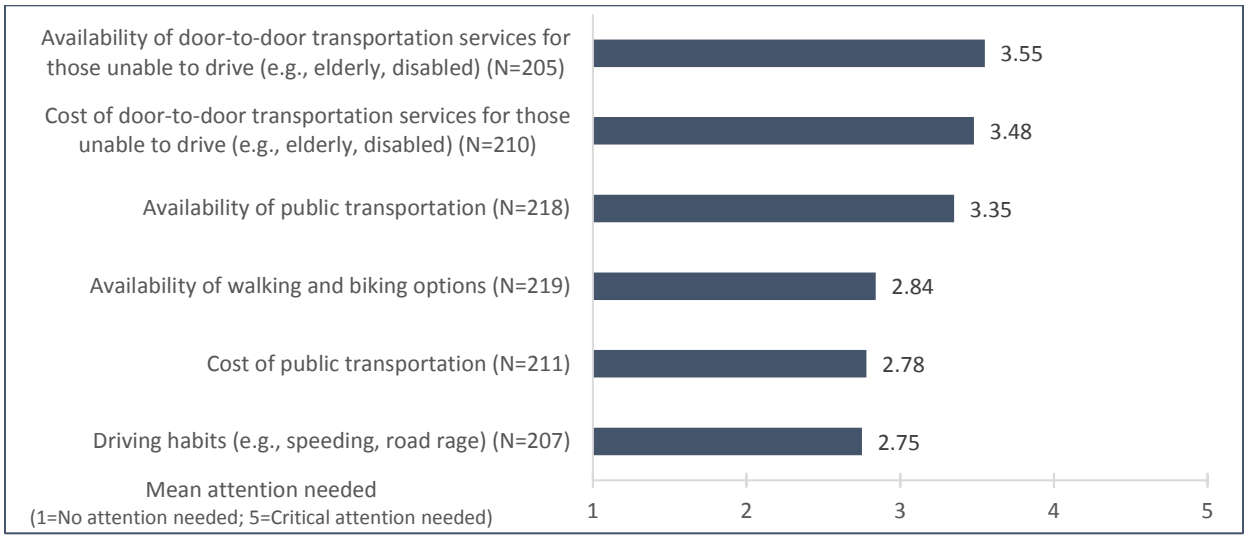



*Healthy People 2020* has defined the social determinants of health. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions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

and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

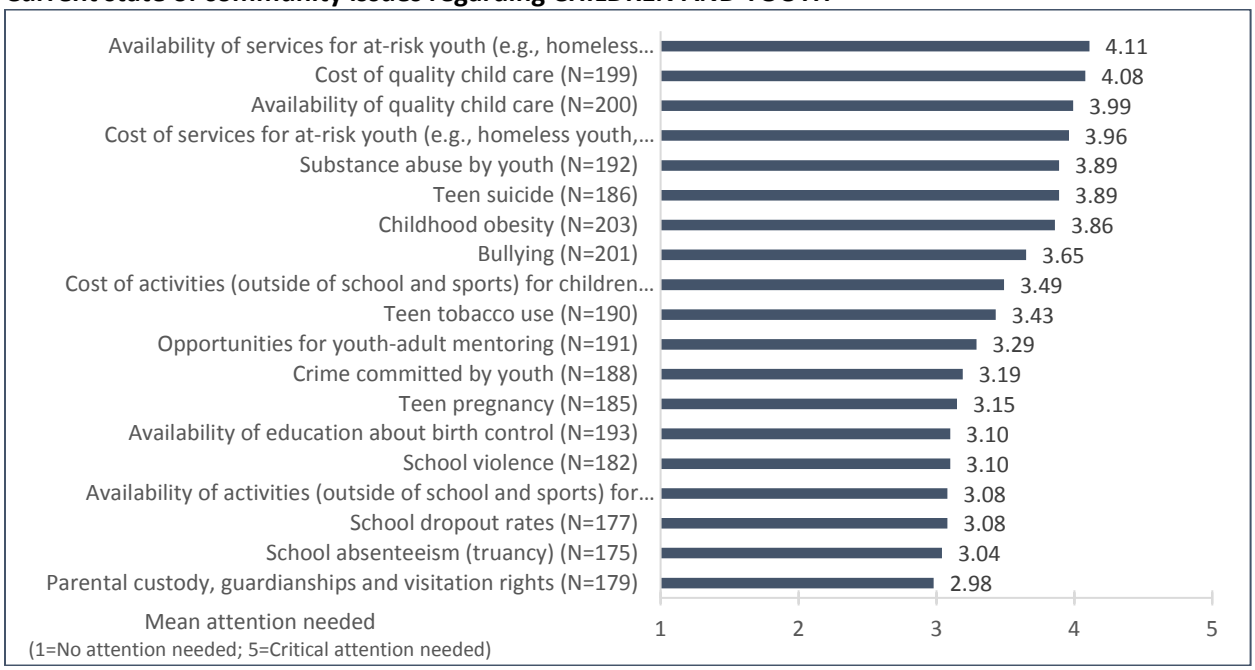
**Transportation:** The concern for transportation focuses on the need for door-to-door transportation for those unable to drive.

**Current state of community issues regarding TRANSPORTATIAON**




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

**Current state of community issues regarding CHILDREN AND YOUTH**



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

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

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

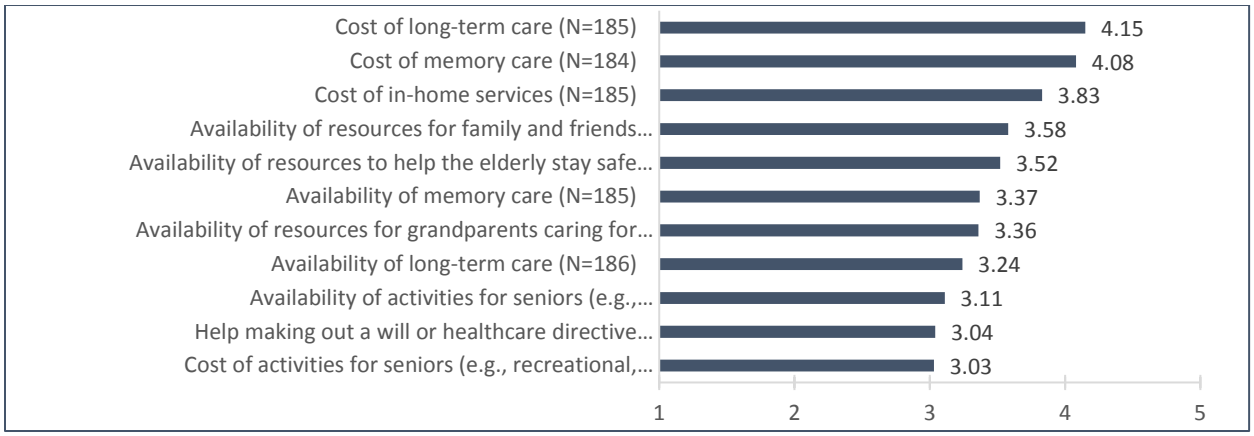
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse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

Protective factors include:

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

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

**Current state of community issues regarding the AGING POPULATION**

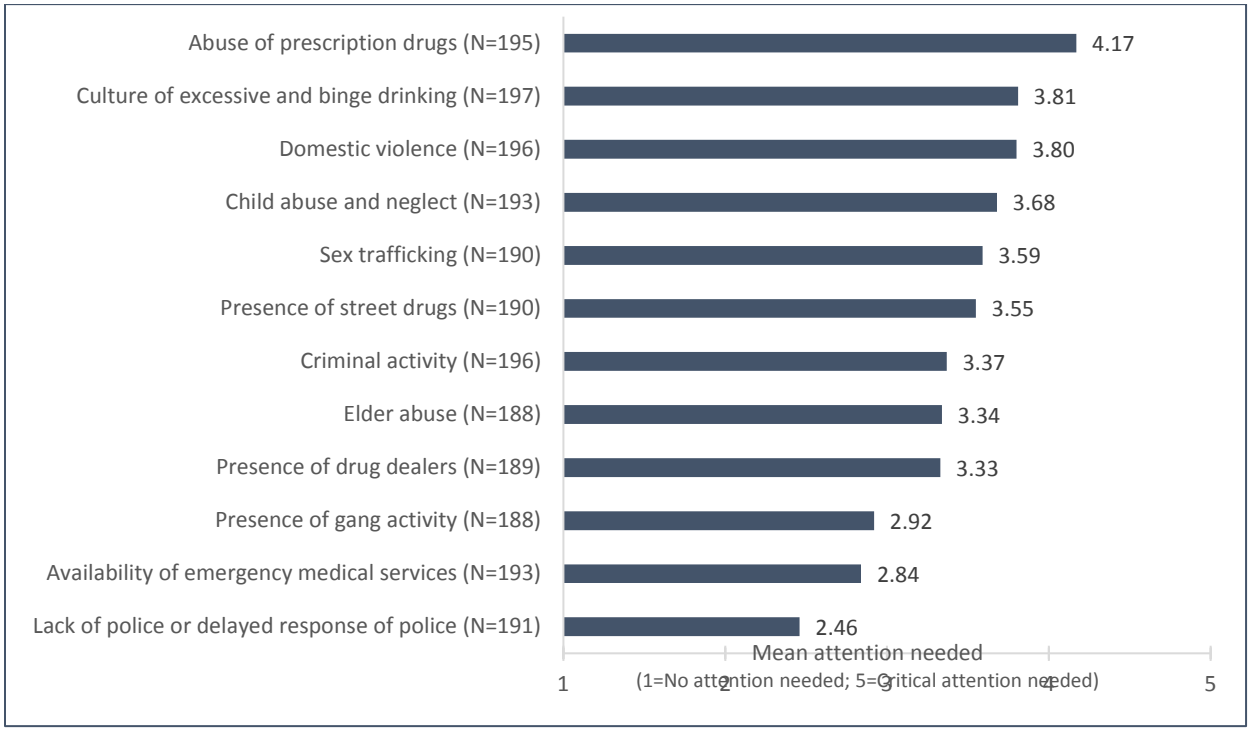



Acording to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford

providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

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

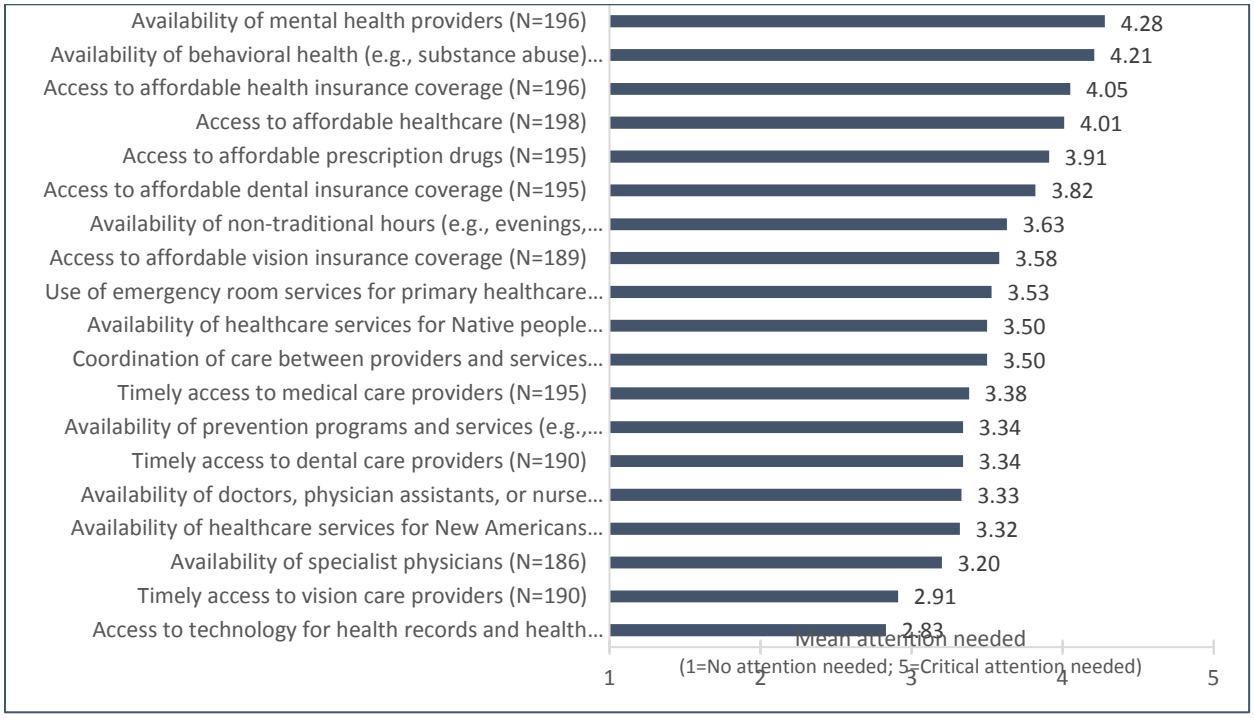
**Current state of community issues regarding SAFETY**




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

**Health Care and Wellness:** The availability of mental health and behavioral health providers are ranked very high among the top concerns for the community. Access to affordable health insurance and affordable health care, affordable prescription drugs, affordable dental and vision insurance, availability of non-traditional hours, the use of the emergency room for primary health care, the availability of healthcare for Native people and the coordination of care between providers and community services Are all high concerns for community stakeholders.

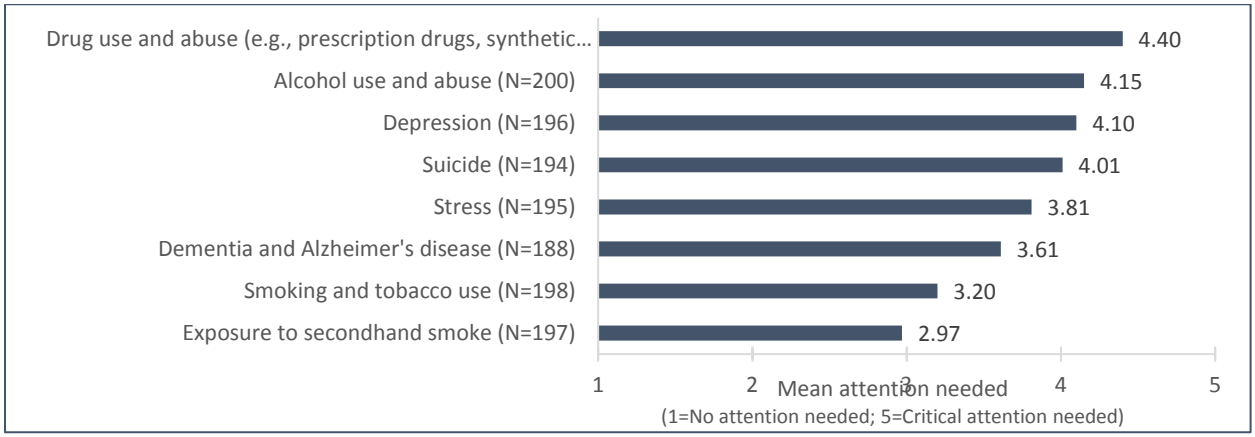
**Current state of community issues regarding HEALTH CARE AND WELLNESS ACCESS**




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

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

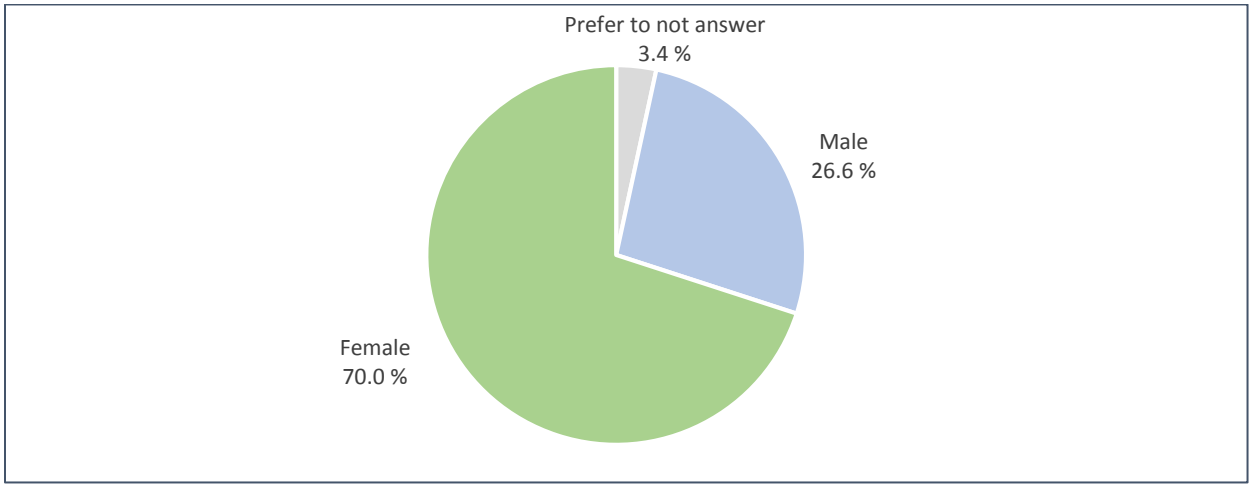
**Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE**



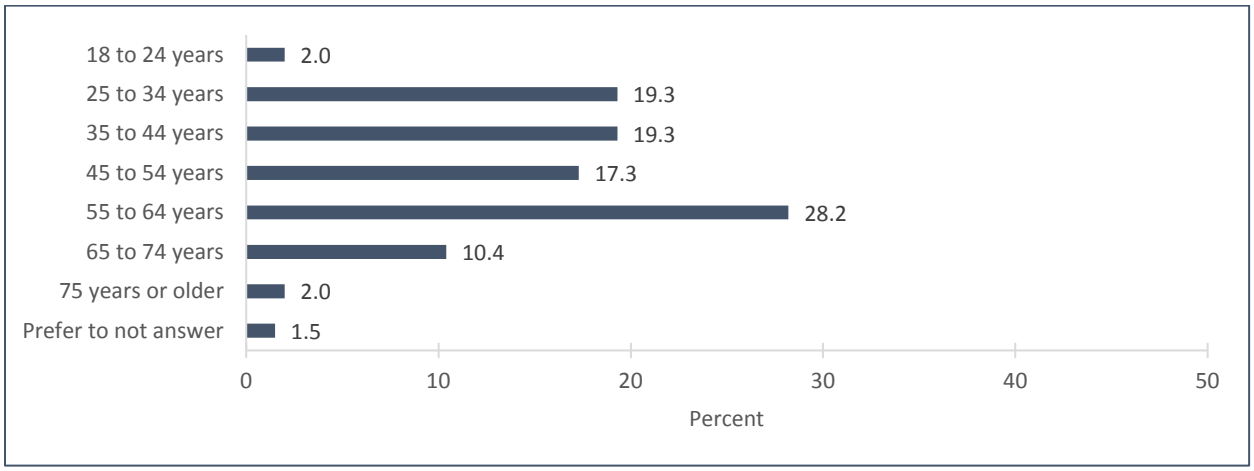

The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental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

## Demographic Information for Key Stakeholder Participants

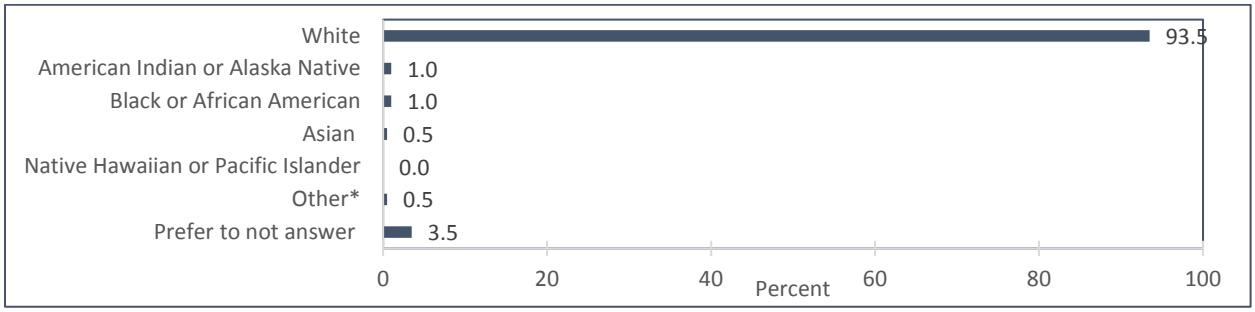
### Biological Gender



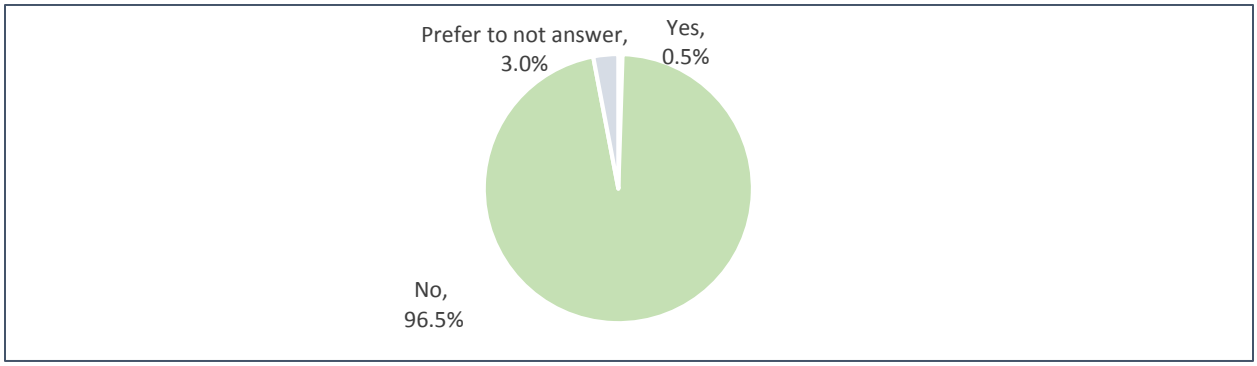

### Age of Participants



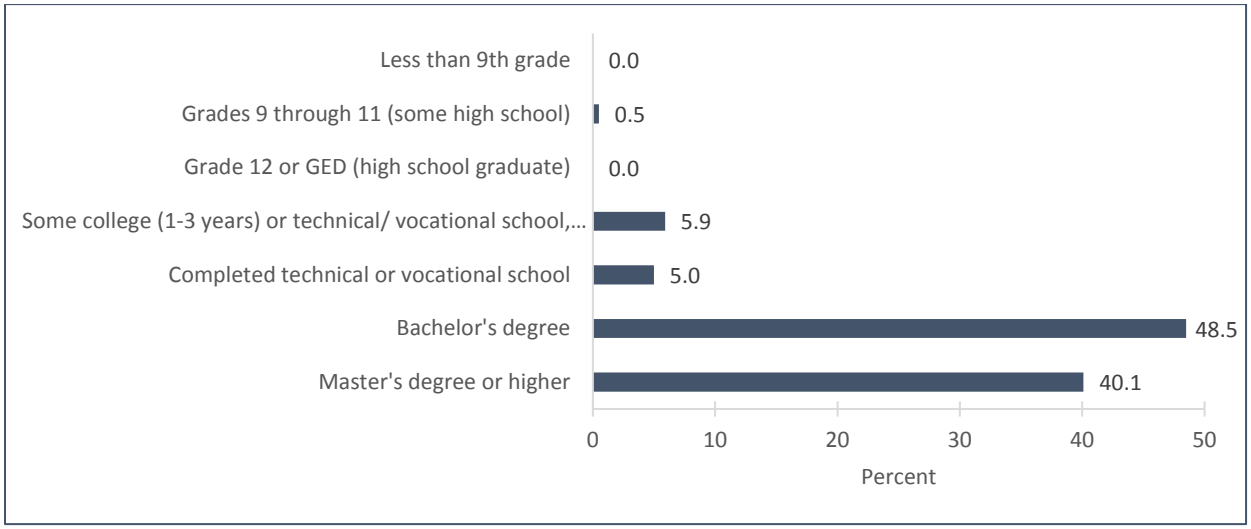

### Race of Participants



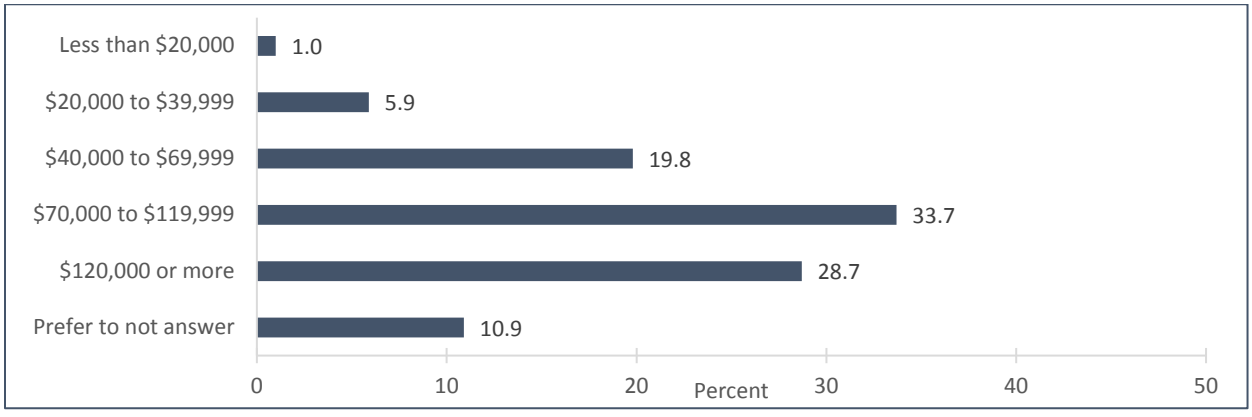
**Whether Respondents are of Hispanic or Latino Origin**




**Highest Level of Education Completed**




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



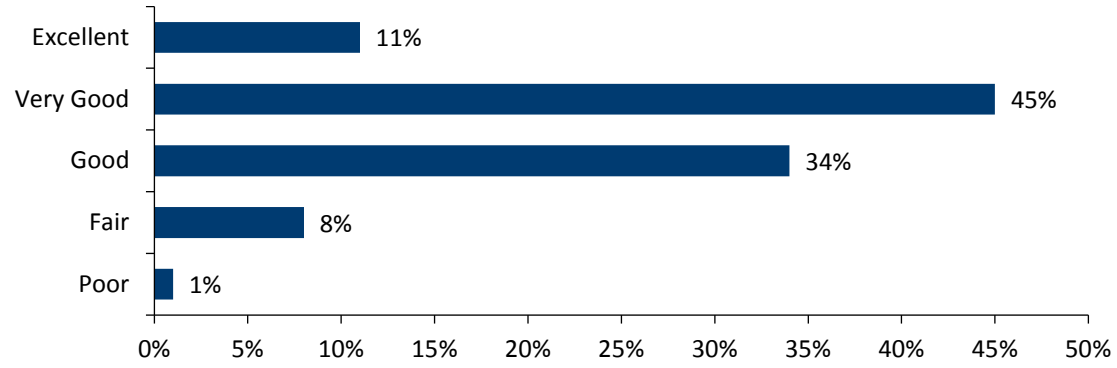
## Residents' Health Concerns

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

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

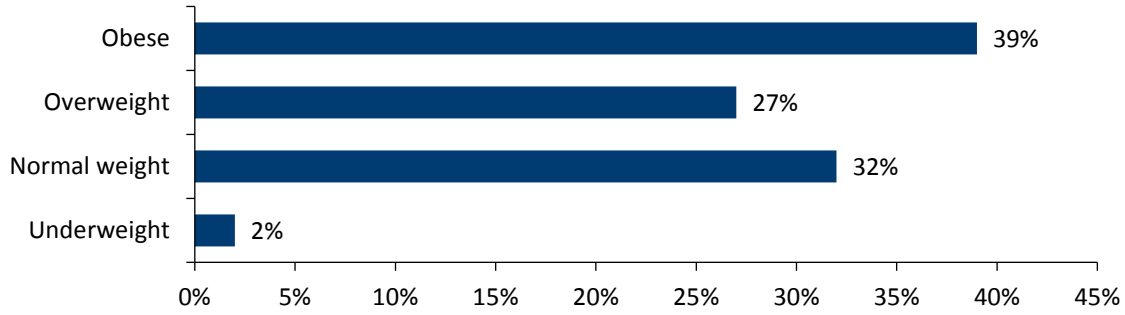
### How would you rate your health?

Ninety-one percent of survey participants rated their health as good or better.



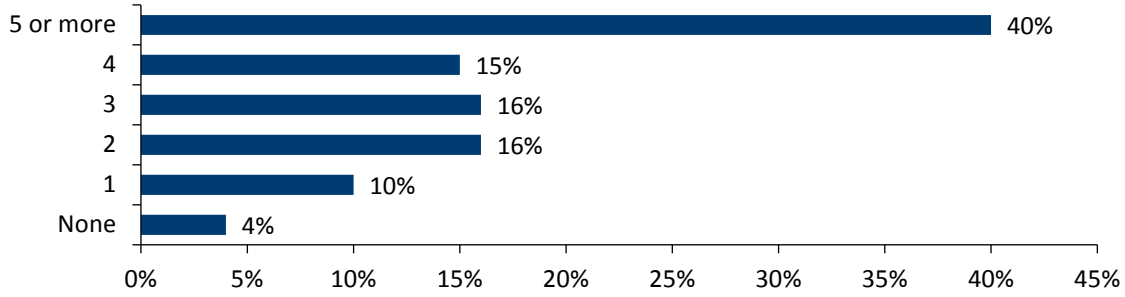

### Body Mass Index (BMI)

Sixty-six percent are either overweight or obese.



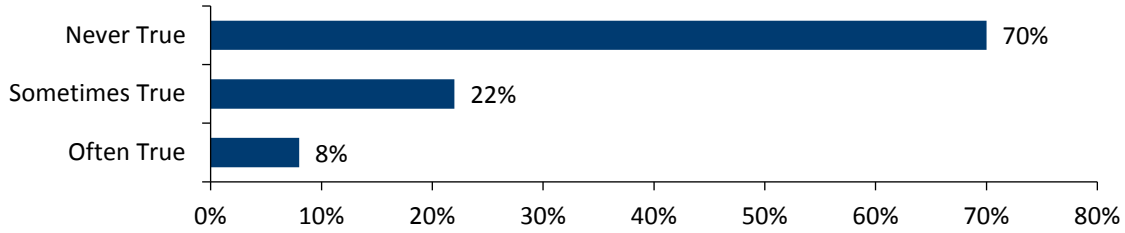
**Total Daily Servings of Fruit and Vegetables**

Sixty percent of residents are not getting the recommended five or more servings of fruits/vegetables per day.



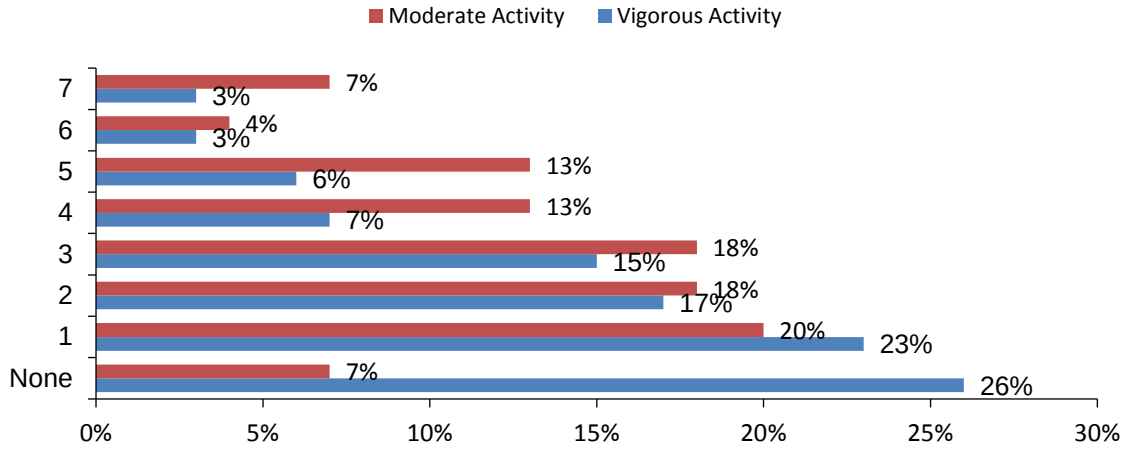

**The food that we bought just did not last and we did not have money to get more.**

Thirty percent run out of food before having money to buy more.



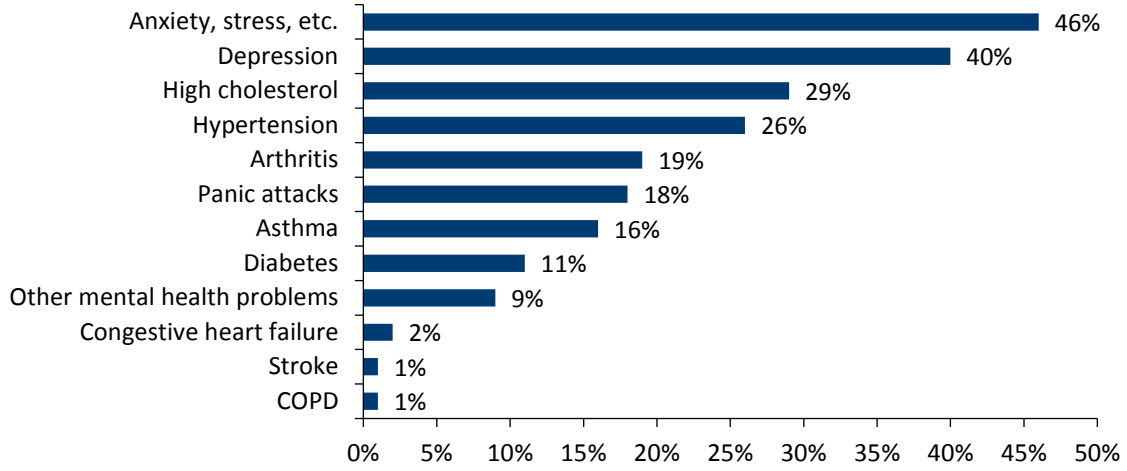

**Days per Week of Physical Activity**

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

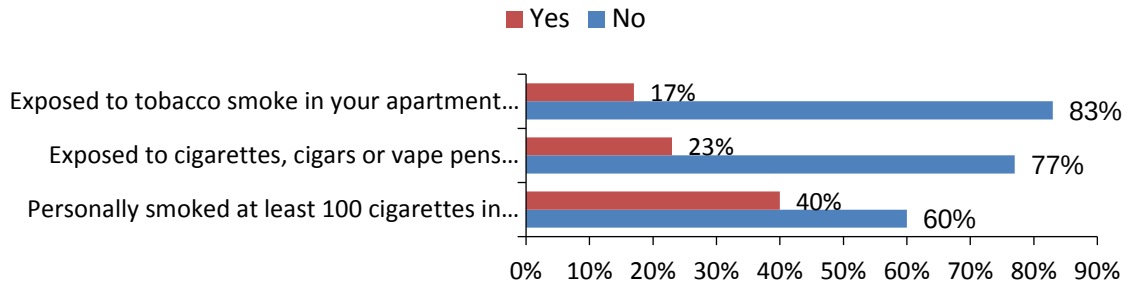


**Past Diagnosis**

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

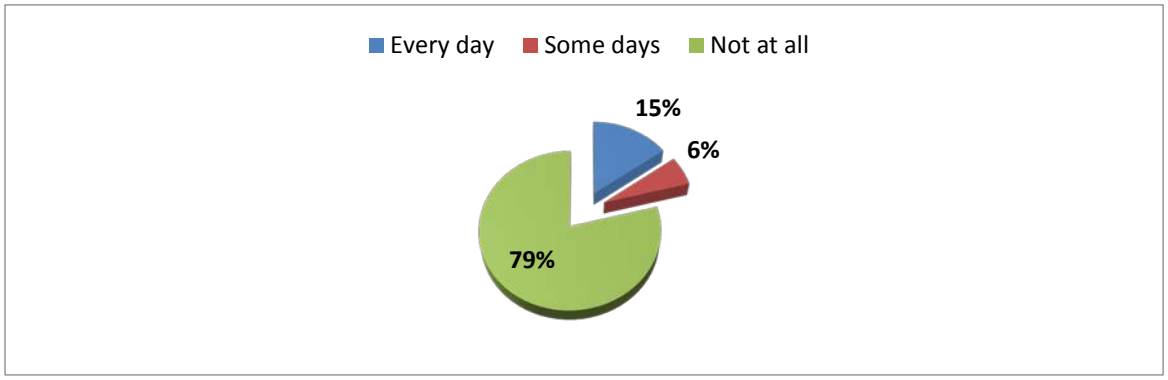



**Exposure to Tobacco Smoke**

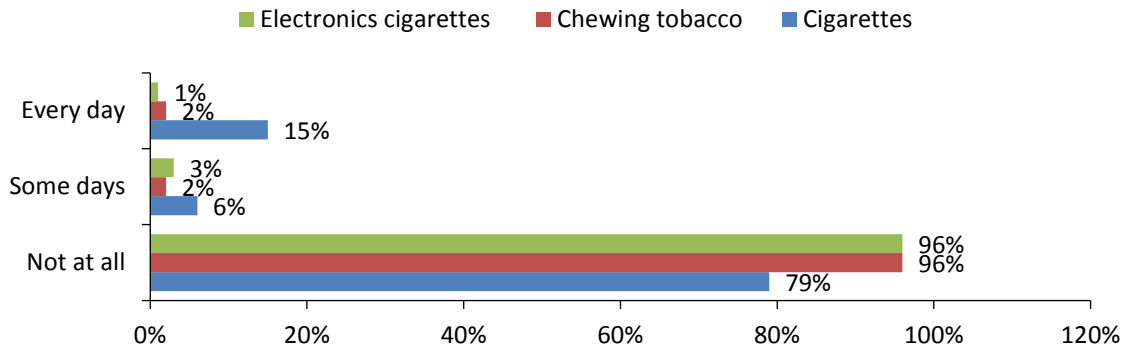


**Do you currently smoke cigarettes?**

**Twenty-one percent smoke cigarettes with fifteen percent smoking every day.**

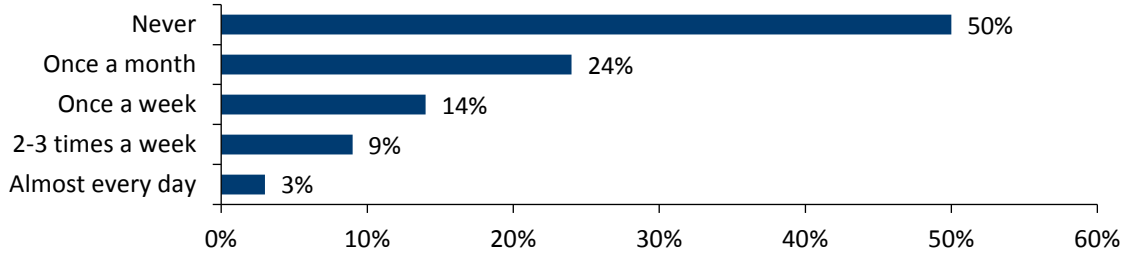



**Current Tobacco Use**



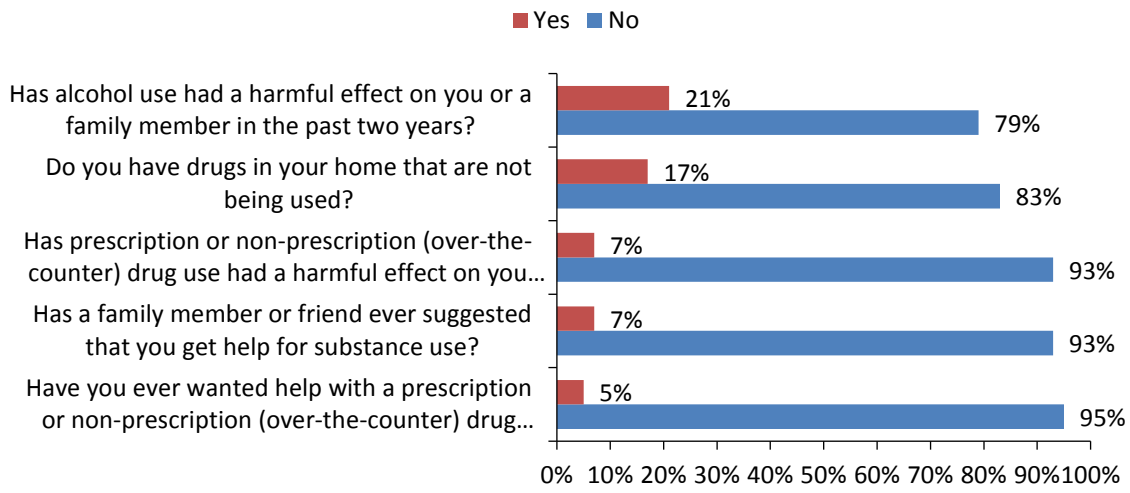

**Binge Drinking**

**Fifty percent of resident report binge drinking at least one time per month.**



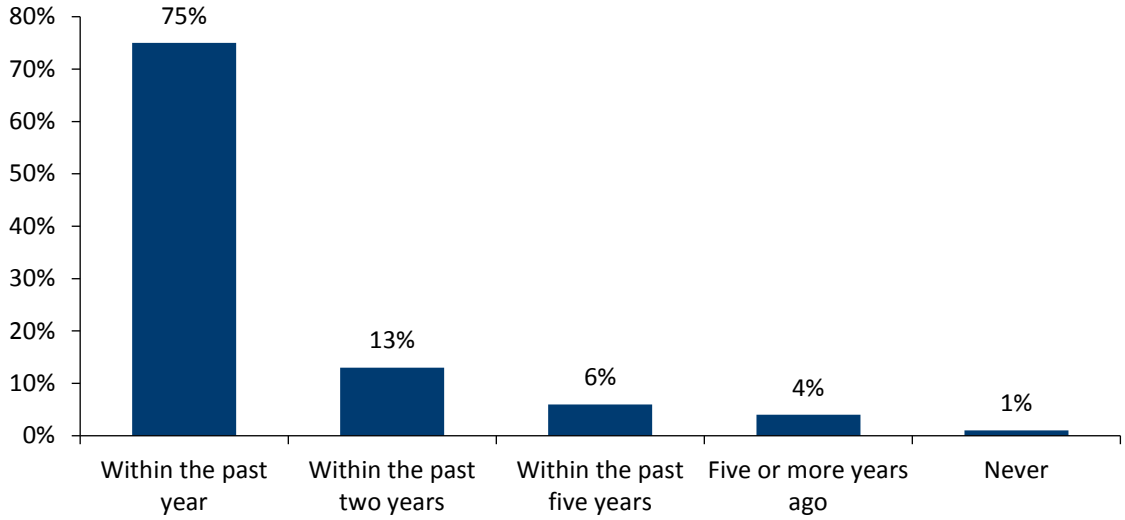
**Drug and Alcohol Issues**

North Dakota is ranked the #1 binge drinking state in the nation and Minnesota is #9. https://www.cbsnews.com/pictures/ booziest-states-in-America-who-binge-drinks-most/26/.



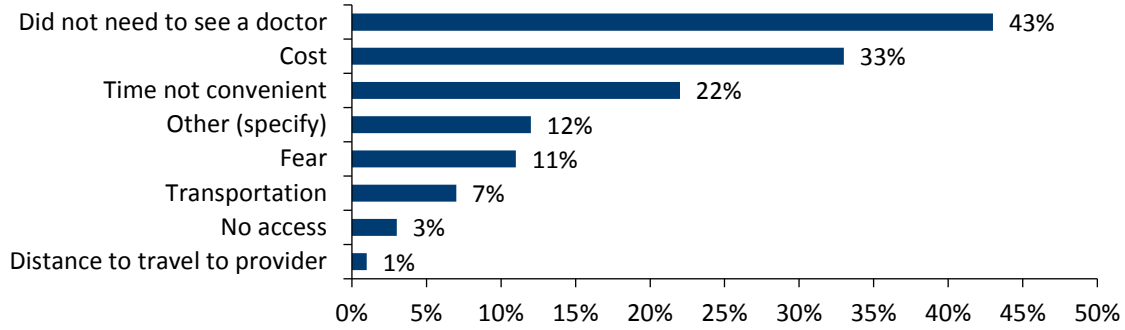

**How long has it been since you last visited a doctor or health care provider for a routine checkup?**

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



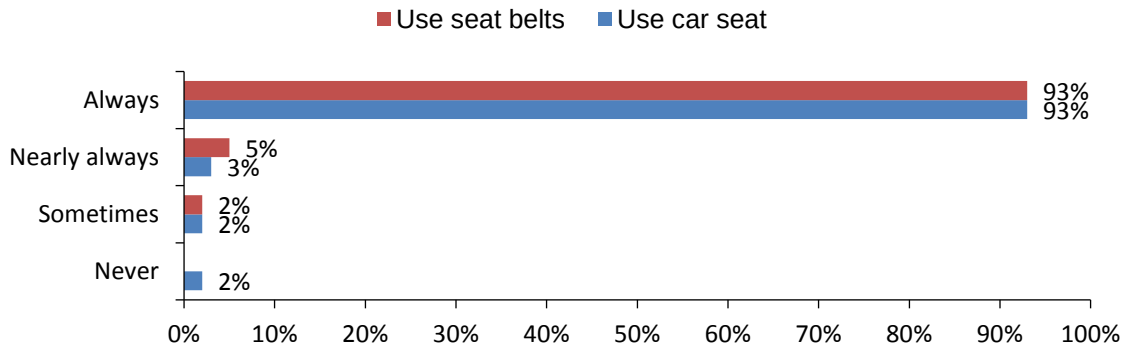
**Barriers to a Routine Check-up**

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

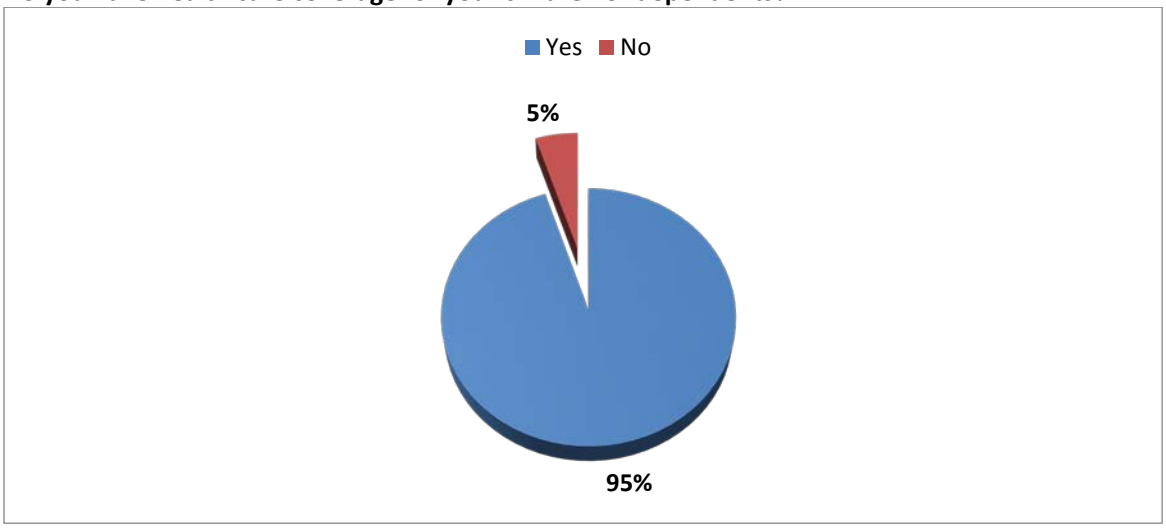



**Children's Car Safety**

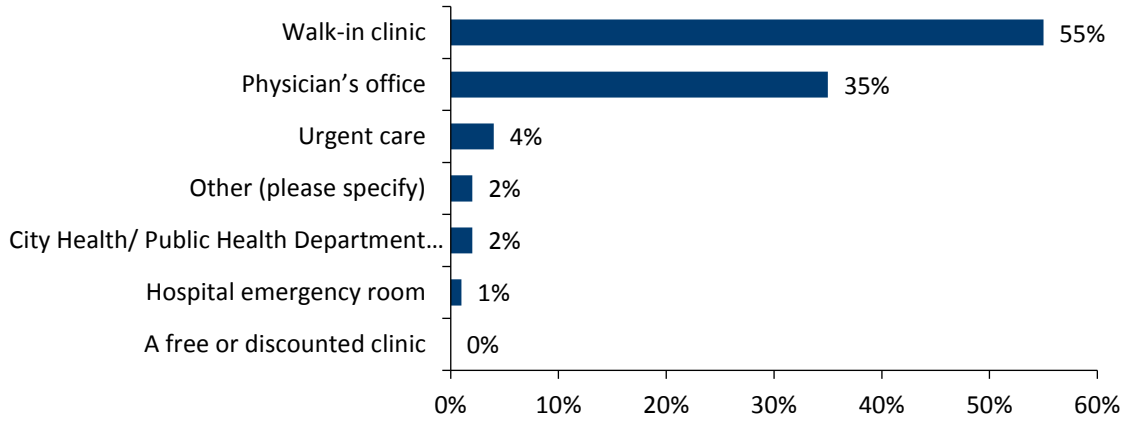
Seven percent do not always use seat belts or car seats for their children.



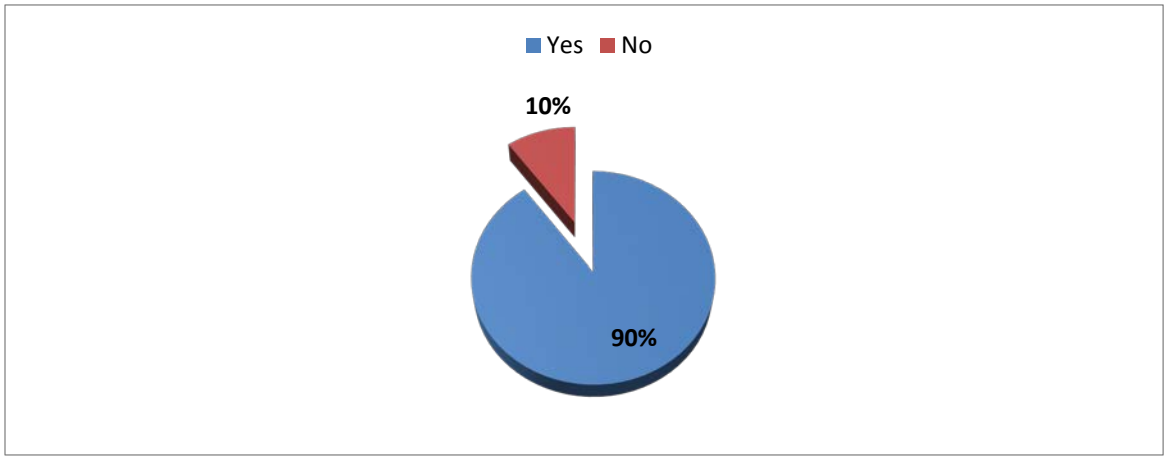

**Do you have health care coverage for your children or dependents?**



**Where do you most often take your children when they are sick and need to see a health care provider?**

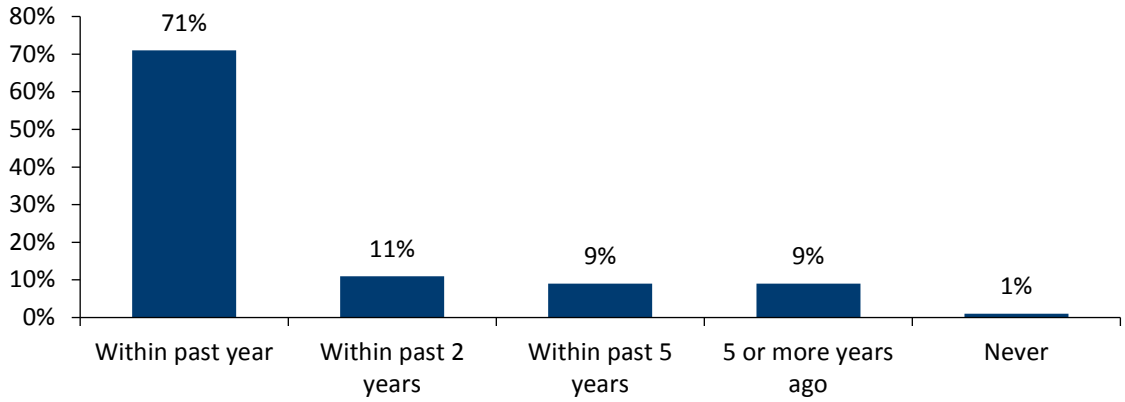



**Do you currently have any type of health insurance?**

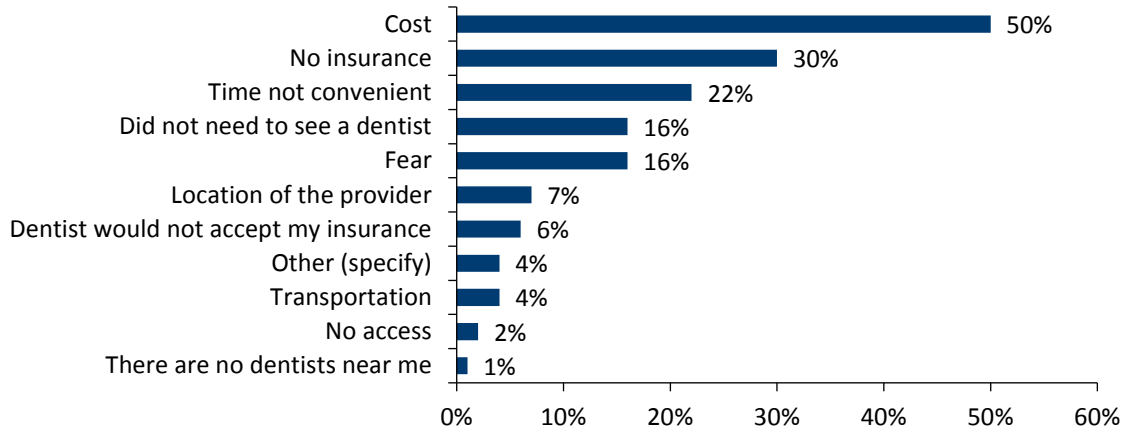



**How long has it been since you last visited a dentist?**

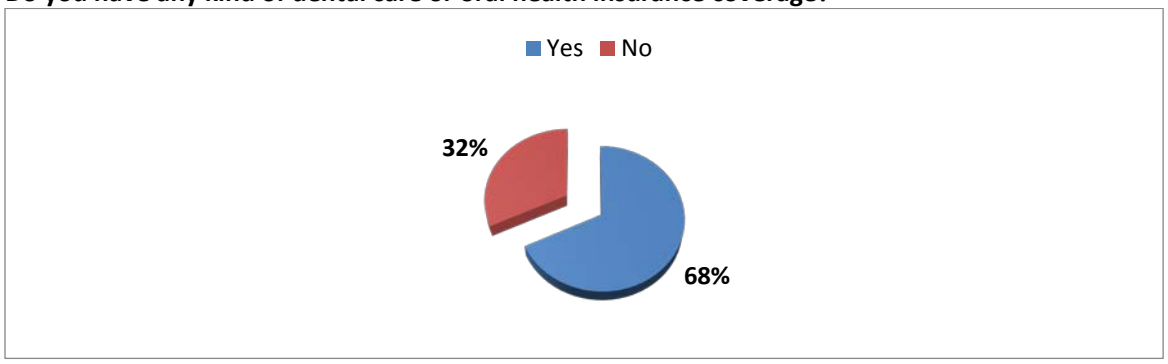
Thirty percent have not visited their dentist in more than a year.



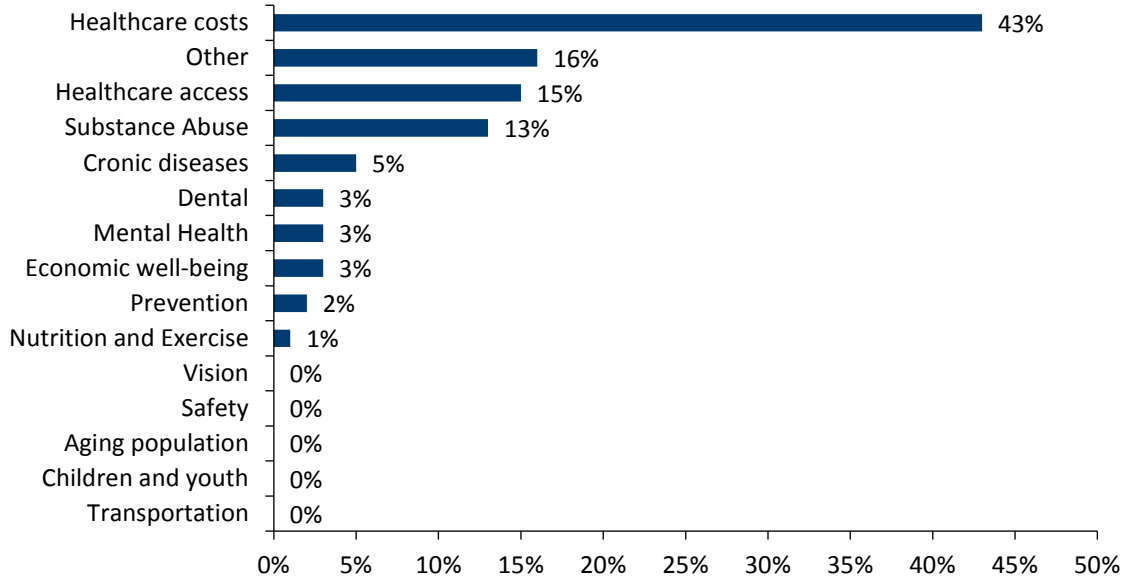
**Barriers to Visiting the Dentist**



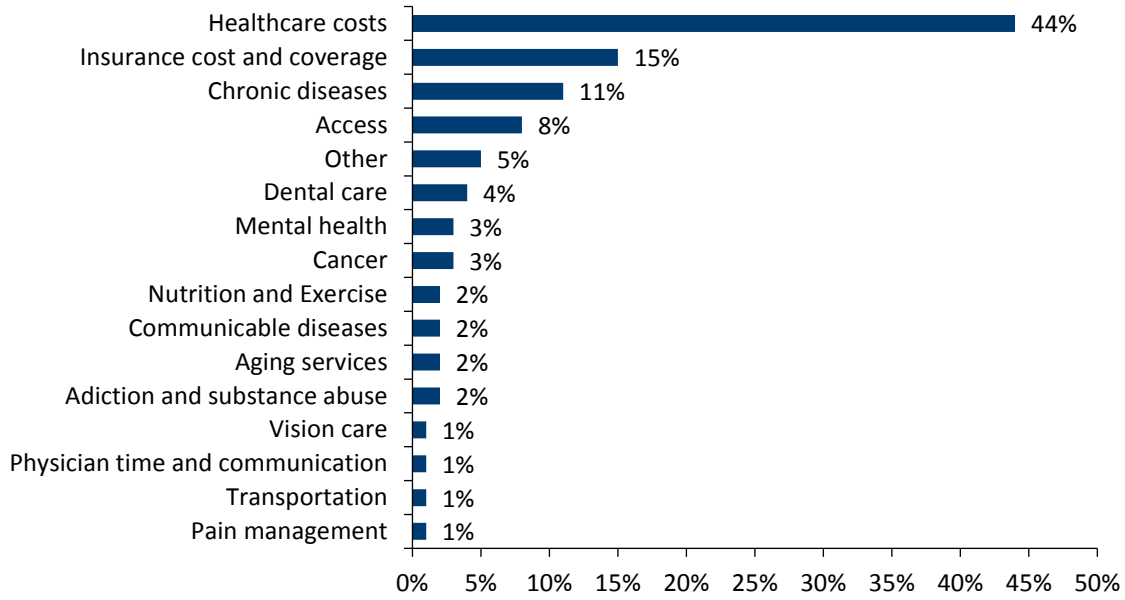

**Do you have any kind of dental care or oral health insurance coverage?**




**What do you see as the Most Important Community Issues?**



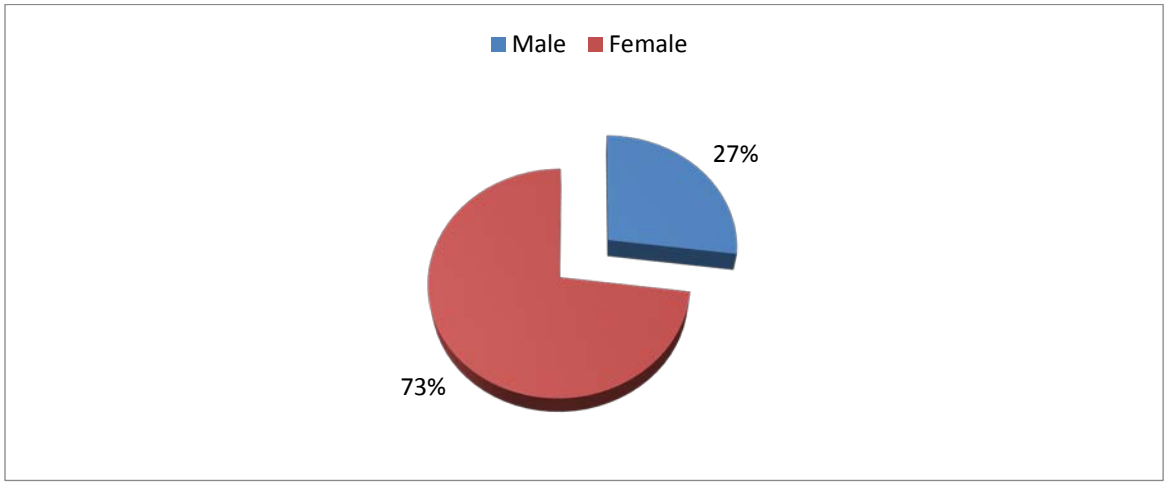
**What do you see as the Most Important Issue for Family?**



## Demographic Information for Community Resident Participants

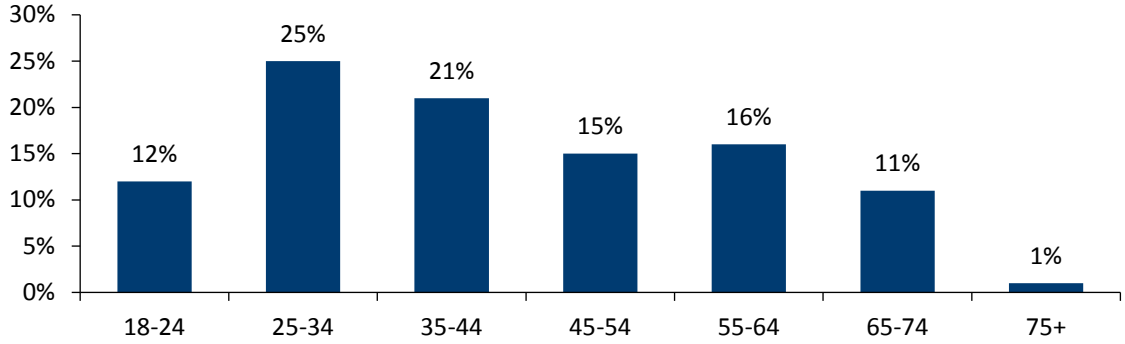
**Biological Gender**

Only 27% of the survey participants were male.

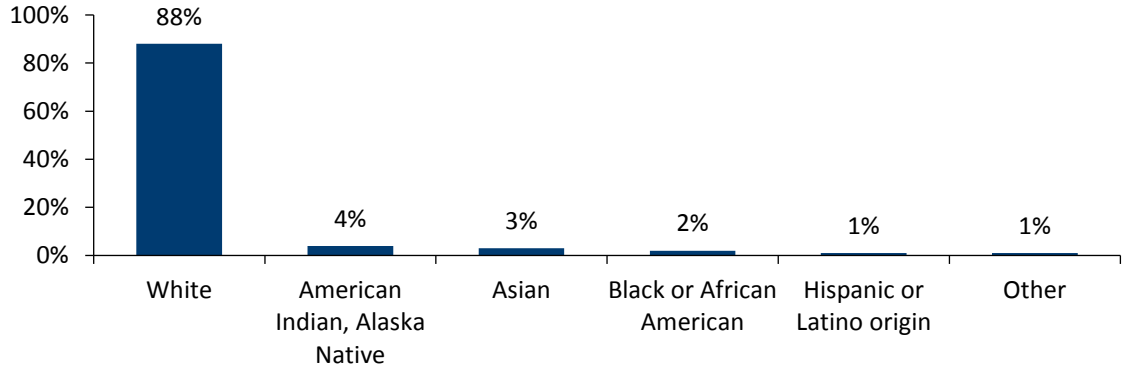



**Age**

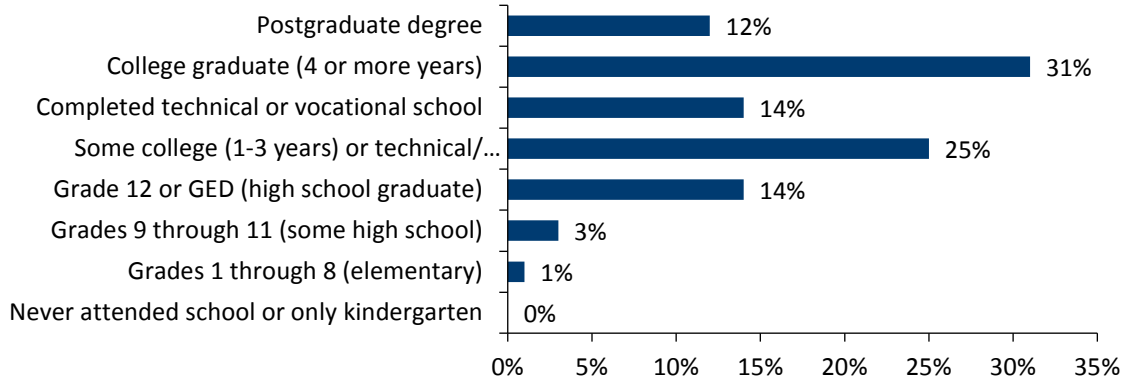
Every age group is represented among the survey participants; however, only 1% fell into the 75+-year age.




**Ethnicity**

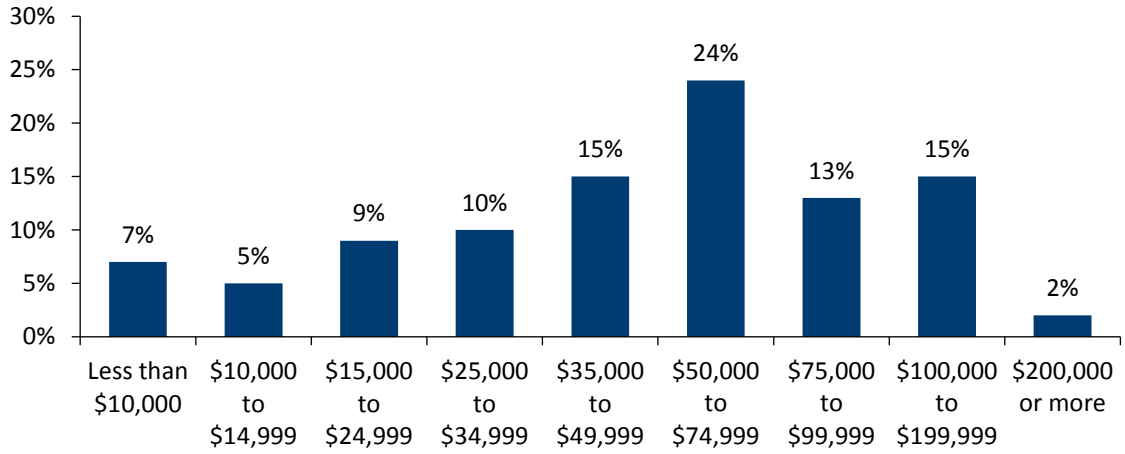


**Education Level**




**Total Annual Household Income**

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



# Secondary Research Findings

**Census Data**

| | |
|---|---|
| Population of Cass County, North Dakota and Clay County, Minnesota | 241,346 |
| % below 18 years of age | 23.3% Cass<br>24.4% Clay |
| % 65 and older | 11.7% Cass<br>13% Clay |
| % White – non-Hispanic | 85.4% Cass<br>87.3% Clay |
| American Indian | 1.4% Cass<br>1.8% Clay |
| Hispanic | 2.7% Cass<br>4.5% Clay |
| African American | 5.7% Cass<br>3.3% Clay |
| Asian | 3.3% Cass<br>1.4% Clay |
| % Female | 49.3% Cass<br>50.6% Clay |
| % Rural | 10.4 Cass<br>27.9% Clay |

**County Health Rankings**

| | Cass County | State of North Dakota | Clay County | State of Minnesota | U.S. top Performers |
|---|---|---|---|---|---|
| Adult smoking | 15% | 20% | 15% | 15% | 14% |
| Adult obesity | 30% | 32% | 28% | 27% | 26% |
| Physical inactivity | 19% | 24% | 21% | 20% | 20% |
| Excessive drinking | 25% | 26% | 25% | 23% | 13% |
| Alcohol-related driving deaths | 35% | 48% | 39% | 30% | 13% |
| Food insecurity | 9% | 8% | 10% | 10% | 10% |
| Uninsured adults | 8% | 9% | 5% | 6% | 7% |
| Uninsured children | 6% | 8% | 2% | 3% | 3% |
| Children in poverty | 11% | 12% | 13% | 13% | 12% |
| Children eligible for free or reduced lunch | 28% | 31% | 34% | 38% | 33% |
| Diabetes monitoring | 91% | 87% | 89% | 88% | 91% |
| Mammography screening | 71% | 69% | 66% | 65% | 71% |
| Median household income | $59,700 | $61,900 | $59,900 | $65,100 | $65,600 |

## Health Needs and Community Resources Identified

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

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

The asset mapping process identified needs from the following:

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

Please see the asset map in the Appendix.

## Prioritization

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

The following needs were brought forward for prioritization:

| Health Indicator/Concern |
|---|
| **Economic Well-Being**<br>• Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.22<br>• Availability of affordable housing 4.21<br>• Homelessness 3.88<br>• Hunger 3.64 35% report not having enough food |
| **Transportation**<br>• Availability of door-to-door transportation services for those unable to drive 3.55 |
| **Children and Youth**<br>• Availability of services for at-risk youth 4.11<br>• Cost of quality childcare 4.08<br>• Availability of quality childcare 3.99<br>• Cost of services for at-risk youth 3.96<br>• Substance abuse by youth 3.89<br>• Teen suicide 3.89<br>• Childhood obesity 3.86<br>• Bullying 3.65 |
| **Aging Population**<br>• Cost of long term care 4.15<br>• Cost of memory care 4.08<br>• Cost of in-home services 3.83<br>• Availability of resources for family and friends caring for and helping make decisions for elders 3.58<br>• Availability of resources to help the elderly stay safe in their homes 3.52 |
| **Safety**<br>• Abuse of prescription drugs 4.17<br>• Culture of excessive and binge drinking 3.81<br>• Domestic violence 3.80<br>• Child abuse and neglect 3.68<br>• Sex trafficking 3.59<br>• Presence of street drugs 3.55 |
| **Health Care Access**<br>• Availability of mental health providers 4.28<br>• Availability of behavioral health providers 4.21<br>• Access to affordable health insurance coverage 4.05<br>• Access to affordable health care 4.01<br>o 24% report not having seen a health care provider in > 1 yr.<br>• Access to affordable prescription drugs 3.91 |

| Health Indicator/Concern |
| --- |
| • Access to affordable dental insurance coverage 3.82<br>  o 30% report not having seen a dentist in >1yr<br>• Availability of non-traditional hours 3.63<br>• Access to affordable vision insurance coverage 3.58<br>• Use of emergency room services for primary health care 3.53<br>• Availability of healthcare services for Native people 3.50<br>• Coordination of care between providers and services 3.50 |
| **Mental Health and Substance Abuse**<br>• Drug use and abuse 4.40<br>• Alcohol use and abuse 4.15<br>  o 50% report binge drinking<br>• Depression 4.10<br>• Suicide 4.01<br>• Stress 3.81<br>• Dementia and Alzheimer's Disease 3.61<br>• Tobacco use 21% |
| **Health and Wellness**<br>• 60% Not getting enough fruits and vegetables<br>• 45% Not getting enough exercise<br>• Only 57% report having flu shot in the last year<br>• 27% Overweight 39% obese<br>• High cholesterol<br>• Hypertension |

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

## How Sanford is Addressing the Needs

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

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| Housing that accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence | Sanford supports the local YWCA and the efforts to provide safe housing for women and children. Sanford also supports the New Life Center and provides options for safe housing for men. Sanford is serving on the Mayors' Blue Ribbon Commission on Addiction where recovery supportive housing is one of the focused strategies of the expert panel for treatment and recovery. Sanford recently partnered to help fund a position at FirstLink through the Mayors' Blue Ribbon Commission on Addiction partnership to launch a Community Navigator position. |
| Availability of affordable housing | Sanford supports numerous community organizations that provide affordable housing and solutions to community members in need of housing. Examples of community organizations that are supported include The Greater Fargo/Moorhead Economic Development Corporation, Habitat for Humanity, The Fargo, Moorhead, West Fargo Chamber of Commerce, and the United Way of Cass and Clay.<br><br>The Sanford Shelter Faith Community Nurse program for homeless shelters is located at the YWCA Cass Clay, New Life Center, and at Churches United for the Homeless. Sanford supports other services for the homeless population in our area including the Cooper House, the Coalition for Homeless, the Community of Care Task Force, and the Churches United for the Homeless Gourmet Soup Kitchen. |
| Homelessness | Sanford serves on the Homeless Coalition. The Sanford Shelter Faith Community Nurse program for homeless shelters is located at the YMCA, New Life Center, and at Churches United for the Homeless.<br><br>Sanford supports other services for the homeless population in our area including the Cooper House, the Coalition for the Homeless, the Community of Care Task Force, and the Churches United for the Homeless Gourmet Soup Kitchen. Sanford supports the Great Plains Food Bank and the Daily Bread Program. |
| Hunger | Sanford has a partnership with the Great Plains Food Bank and supports the agency. A new initiative to screen all expectant women at their prenatal visits about their food availability was initiated in 2017. Women who do not have sufficient food at home are provided with food baskets provided to our Sanford locations from the Great Plains Food Bank. Sanford also supports the Daily Bread Program and various "Feed My Starving Children" efforts. |
| Availability of door-to-door transportation services for those unable to drive | Sanford provides Ready Wheels for those who are in need of transportation and are unable to drive themselves. Sanford also provides taxi fares and vouchers for those who need transportation to medical visits. |
| Availability of services for at-risk youth | Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders. Sanford has a variety of services available that can positively influence some of the identified concerns, e.g., outpatient mental health services, residential treatment programs, and continues to develop more services that will influence children and youth. Sanford supports organizations like Youthworks, Imagine Thriving, and the Village Family Services to name a few. Also, we support TNT Kids' Fitness that offers their facilities to kids of all abilities, including social and physical |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | challenged children and adults, and we also have a great partnership with the Red River Children's Advocacy Center. |
| Cost of quality childcare | Dollars raised by employee campaigns as well as our Sanford corporate gift goes to help United Way Cass Clay address the issue of quality and affordability for childcare in our communities. |
| Availability of quality childcare | Sanford will address this need by sharing the results of the CHNA with community leaders. |
| Cost of services for at-risk youth | Sanford's Child Advocacy Center is a nationally accredited Child Advocacy Center that provides medical evaluations for children who may be victims of abuse and neglect. |
| Substance abuse by youth | Sanford supports Face it Together, a behavioral health approach to recovery. Youthworks is an organization that provides numerous services to youth who need additional resources. Imagine Thriving focuses on mental well-being and in their efforts, often they help youth who have addictions.<br><br>At Sanford, the BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key Points:<br>• BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.<br><br>Sanford will also provide the results of the survey to our local schools and County Health Department. |
| Teen suicide | Sanford has implemented the Columbia Suicide Severity Rating Scale for evaluation in the clinic setting and has trained First Responders in the community on the assessment tool. Sanford refers patients to the First Link Suicide Prevention Program for close monitoring after discharge. |
| Childhood obesity | Sanford is addressing childhood obesity in many ways, including the Sanford *fit* program that is available online free of charge. Sanford has made this program available to the local schools for classroom use. In partnership with Sanford *fit*, we also partner with the local SchoolsAlive! program to make sure teachers and para-professional have resources in order to get kids moving throughout their days. Sanford Wellness Center has a focus on children and youth. Sanford has clinical dietitians, |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | exercise physiologists and primary care providers who are available to work on obesity issues from primary prevention through medical treatment. |
| Bullying | Sanford will address this need by sharing the results of the CHNA with education and community leaders. The Sanford *fit* program provides positive messages for children and helps them to understand their mood and take positive action. |
| Cost of long term care | Sanford providers work with patients to help them remain healthy with the ability to live independently. The recent Good Samaritan affiliation will provide the organization with expertise in the area of long term care and assisted living services and help to create efficiencies for members in the communities that we serve. |
| Cost of memory care | The recent Good Samaritan affiliation will provide the organization with expertise in the area of long term care and assisted living services and help to create efficiencies for members in the communities that we serve. |
| Cost of in-home services | Sanford provides home health services and participates in the Community Collaborative on Aging. The collaborative provides resource information for seniors and partner organizations provide training on Powerful Tools for Caregivers. |
| Availability of resources for family & friends caring for & helping make decisions for elders | Sanford participates in the Aging Services Collaborative with membership in the Statewide Aging Collaborative, Quality Health Associates, and the Coalition of Service Providers for the Elderly. The group is dedicated to supporting caregivers and creating awareness of the services that are available to help seniors and their families. |
| Availability of resources to help the elderly stay safe in their homes | Sanford participates in the Aging Services Collaborative with membership in the Statewide Aging Collaborative, Quality Health Associates, and the Coalition of Service Providers for the Elderly. The group is dedicated to creating awareness of the services that are available to help seniors and their families. |
| Abuse of prescription drugs | The Sanford Quality Cabinet has implemented a program to reduce opioid prescriptions. At Sanford Fargo, the amount of opioids prescribed during FY 2019 has been reduced by 40%. Sanford provides a take back site at several locations in the community.<br><br>Sanford is participating in the North Dakota "Reducing Pharmaceutical Narcotics in Our Communities - Through Education and Awareness" committee. The committee has a four-pillar approach including education and awareness, prescription drug take back program, law enforcement, pharmacy partnership, and the prescription drug-monitoring program. |
| Culture of excessive and binge drinking | Sanford is participating in the Mayors' Blue Ribbon Commission on Addiction. |
| Domestic violence | YWCA Cass Clay supports women and children escaping domestic violence situations; we partner financially as well as through our Shelter Nurse support. |
| Child abuse and neglect | Sanford provides financial support and medical experts for the Red River Child Advocacy Center, the multidisciplinary team that coordinates the community's responses to incidents of child abuse. |
| Sex trafficking | Sanford participates in the SANE nurse program and has a Pediatric and Adolescent Sexual Assault Nurse Examiner available to address women and children who have been trafficked.<br><br>Sanford is also working closely with the Rape and Abuse Crisis Center, Youthworks, YWCA Cass Clay, the Red River Human Trafficking Response Team, and the Cross Borders Children's Action Network |
| Presence of street drugs | Sanford is participating in the North Dakota "Reducing Pharmaceutical Narcotics in Our Communities -Through Education and Awareness" committee. The committee has a four-pillar approach including education and awareness, prescription drug take back |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | program, law enforcement, pharmacy partnership and the prescription drug monitoring program. |
| Availability of mental health providers | Sanford has recruited both adult and child psychiatry. Sanford has also invested in placing behavioral health triage therapists in all primary care clinics. They serve to provide immediate access to mental health screening as need is identified. In 2017, Sanford was able to help fund half of a position in the West Fargo Public Schools for a Student Wellness Facilitator position, in partnership with Imagine Thriving and the United Way Cass Clay. |
| Availability of behavioral health providers | Sanford has embedded Integrated Health Therapists into all primary care locations. Sanford Health Psychiatry and Psychology provides a Licensed Addiction Counselor to provide outpatient addiction/chemical dependency care |
| Access to affordable health insurance coverage | Sanford contributed nearly $300 million in Community Care (charity care) during FY2017. The charity care contribution in Fargo was $139 million. Financial counselors are available to help patients who need free or discounted care. |
| Access to affordable health care | Sanford has: walk in, video visits, e-visits, online scheduling, and same day access in all primary care locations.<br><br>The Sanford Health Plan is available for people seeking affordable health insurance coverage.<br><br>Sanford provides the Community Care Program and a financial assistance policy to address financial assistance to all who qualify for charity care. During fiscal year 2017, Sanford contributed over $139 million for charity care for our patient population who required care without the ability to pay for services. Sanford has financial counselors available at all clinic and medical center facilities to assist patients with applications for assistance and access needs. |
| Access to affordable prescription drugs | Sanford's formulary addresses the cost of drugs and includes the highest quality medications at affordable prices.<br><br>A drug replacement and subsidy program for cancer patients is available for infusion and oral chemotherapy. |
| Access to affordable dental insurance coverage | Sanford will also address this need by sharing the results of the CHNA with community leaders and legislators. |
| Availability of non-traditional hours | Sanford has: walk in, video visits, e-visits, online scheduling, and same day access in all primary care locations. |
| Access to affordable vision insurance coverage | Sanford will also address this need by sharing the results of the CHNA with community leaders and legislators. |
| Use of emergency room services for primary health care | Sanford has: walk in, video visits, e-visits, online scheduling, and same day access in all primary care locations. |
| Availability of health care services for Native people | Sanford has several Native American providers and has worked to create cultural competency training for employees and staff. |
| Coordination of care between providers & services | Sanford has care coordinators who assist patients in securing their needed services. |
| Drug use and abuse | At Sanford, the BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key Points:<br>• BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. |
| Alcohol use and abuse | The BHTT serves as an integral core team member within the patient centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-site crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key points:<br>• BHTT role is patient centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. |
| Depression | Sanford performs a PHQ-9 depression assessment at each primary care visit. Patients have a care plan and the severity of depression is tracked to determine improvement.<br><br>At Sanford, the Behavioral Health Triage Therapist (BHTT) serves as an integral core team member within the patient centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key Points:<br>• BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. |
| Suicide | Sanford has implemented the Columbia Suicide Severity Rating Scale for evaluation in the clinic setting and has trained First Responders in the community on the assessment tool .Sanford refers patients to the First Link Suicide Prevention Program for close monitoring after discharge. Sanford also supports the Out of the Darkness Walk each year in the Fargo-Moorhead community. |
| Stress | At Sanford, the Behavioral Health Triage Therapist (BHTT) serves as an integral core team member within the patient centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key Points:<br>• BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. |
| Dementia & Alzheimer's Disease | At Sanford, the Behavioral Health Triage Therapist (BHTT) serves as an integral core team member within the patient centered medical home. The BHTT works with the |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.<br><br>BHTT Key Points:<br>• BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease.<br>• BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources.<br>• They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. |
| Not getting enough fruits/vegetables – 60% | Sanford has shared these results with Cass County Public Health, Clay County Public Health, the Cass Clay Hunger Coalition, and other community leaders. Sanford dietitians counsel patients on the importance of consuming adequate amounts of fruits and vegetable and the Sanford Wellness Center provides nutrition classes to engage community members on healthy meal plans. |
| Not getting enough exercise – 45% | Sanford has invested in athletic facilities to promote activity.<br><br>Sanford provides one on one nutrition counseling and offers nutrition classes at the Family Wellness Center.<br><br>The Sanford *fit* program is available online and free of charge to parents and children. |
| Flu shot – 57% | Sanford providers offer flu shots to all patients. Sanford has also shared these results with Cass County Public Health Clay County Public Health. The *Boo to the Flu* event at Sanford Children's Clomoc provides a fun environment for kids to attend to get their flu shots but also have fun dressing up and playing games, etc. |
| Overweight or obese – 66% | Sanford offers a multidisciplinary approach to weight management. Individuals may choose one-on-one nutrition therapy services or group meetings to address nutrition, exercise, behavioral health and medical management. |
| High cholesterol | Sanford providers provide medical management of patients with high cholesterol. Sanford has a quality plan in place to address cardiovascular health.<br><br>The chronic disease self-management program *Better Choices, Better Health* at Sanford is offered free of charge to community members. *Better Choices. Better Health* is modeled after the Stanford University's chronic disease self-management program. The workshops are 2 ½ hours long and meet weekly for 6 weeks. |
| Hypertension | Sanford providers provide medical management of patients with high cholesterol. Sanford has a quality plan in place to address cardiovascular health. |

| Identified Concerns | How Sanford Fargo is Addressing the Community Needs |
|---|---|
| | The chronic disease self-management program *Better Choices, Better Health* at Sanford is offered free of charge to community members. *Better Choices. Better Health* is modeled after the Stanford University's chronic disease self-management program. The workshops are 2 ½ hours long and meet weekly for 6 weeks. |

# Implementation Strategies

# 2018

# Implementation Strategies - 2018

## Priority 1: Health Care Access

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

Sanford has made health care access a significant priority and has developed strategies to promote and improve access to services. It is Sanford's goal that all patients requiring access to health care are successful in securing timely appointments.

## Priority 2: Mental Health/Behavioral Health and Substance Abuse

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

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

# Implementation Strategies Action Plan 2019 - 2021

**<u>Priority 1</u>: Health Care Access**

**Projected Impact: Patients requiring access to health care are successful in securing timely appointments**

**Goal 1: increase availability of mental health/behavioral health providers**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| A recruitment plan is in place to add behavioral health care providers in the Fargo setting | One provider per year is recruited during 2019, 2020 and 2021 | Physician Recruitment team<br>Brad Kohoutek, MD<br>Sherm Syverson | Brad Kohoutek, MD<br>Susan Jarvis | Medical residency program partners |
| Promote role expansion of Advanced Practice Providers to improve access | # of APPs providing specialty care for behavioral health in 2019, 2020, 2021 | Brad Kohoutek,MD<br>Sherm Syverson | Brad Kohoutek,MD<br>Susan Jarvis<br>Brittany Montecuollo | |
| Improve access through primary care, emergency department and walk-in clinics | # of patients referred to behavioral health services in 2019, 2020, and 2021 from primary care, ED, and walk-in clinics | Cyndy Skorick<br>Andrew Larson<br>Sherm Syverson | Susan Jarvis<br>Brittany Montecuollo | |

**Goal 2: Provide non-traditional hours in primary care and walk-in clinics**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Explore the need for additional hours | Patient access is monitored in primary care clinic and walk-in clinics to determine the need for additional hours | Andrew Larson<br>Colleen Hughes | Cyndy Skorick | |

**Goal 3: Decrease the use of emergency services for primary health care**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Monitor ED usage to determine acuity and admit percentage for appropriateness of utilization | ED billed level of care<br>Admission percentage | EDI | Sherm Syverson | |
| Create a plan to educate patients (decision path) on primary care and walk-in clinic options | # of media posts that provide education on where to go for primary care and for emergency services | Marketing | Cyndy Skorick | |

**Goal 4: Coordination of care between providers and services**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Provide care coordination/care plan development and referral to internal/external services | # of patients referred to internal services<br># of patients referred to external services | Care Coordinators | Beth Ashmore | |

**Priority 2: Mental Health and Substance Abuse**

**Projected Impact: Comprehensive services are available for patients with mental health and substance abuse diagnosis.**

**Goal 1: Reduce the opportunity for drug use and abuse**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Continue prescription stewardship initiative to reduce opioid/narcotic prescriptions | # of prescriptions reduced<br># of pills reduced | Jesse Breidenbach<br>All providers | Doug Griffin, MD | |
| Explore medication assisted treatment by increasing the number of certified providers | # of providers certified to prescribe suboxone | Andrew Larson | Doug Griffin, MD<br>Jesse Breidenbach | |

**Goal 2: Patients with alcohol use and abuse receive services through internal or external services**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| IHT services are provided in all Sanford primary care settings | # of visits for alcohol use and abuse | IHT<br>EDA | Cyndy Skorick<br>Andrew Larson | |
| Assess and refer to medical detox or the withdrawal management unit | # of patients referred for Medical Detox<br># referred to WMU | ED staff | Sherm Syverson | |

**Goal 3: Reduce the severity of depression for patients with a PHQ-9 score greater than 9**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Patients with a PHQ-9 score >9 work with IHT and other providers to reduce the severity of depression | # of patients with a PHQ-9 score >9 who achieve a score < 5 | IHT<br>Primary care | Mallory Koshiol | |

**Goal 4: Patients assessment is in place to determine the patients' risk of suicide**

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| The Columbia Suicide Severity Rating Scale is executed across primary care clinics in the Fargo market | # of patients who are rated at risk | IHT<br>Emily Guard | Jon Ulven | |

## Reporting Impact from the 2016 Implementation Strategies

## FY 2017 - 2019 Action Plan

**Priority 1: Hypertension**

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

**Goal 1: Protocol-based care**

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

**Priority 2: Depression Remission**

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

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

| Actions/Tactics | Measurable Outcomes and Timeline | Dedicated Resources/ Budget/Resource Assumptions | Leadership | Note any community partnerships and collaborations - if applicable |
|---|---|---|---|---|
| Develop Sanford MyChart capabilities for depression assessment | Percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score was less than five | Mallory Koshiol | Heidi Twedt, MD | First Link |
| Provide education on workflow to all RN Health Coaches and panel specialists to standardize workflow | All RN Health Coaches in primary care receive education on workflow | Mallory Koshiol<br><br>All RN Health Coaches | Heidi Twedt, MD | |

**Priority 3:** **Flu Vaccines**

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

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

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

## Demonstrating Impact – Addressing the Needs
## FY 2017 – 2019 Action Plan

**Priority 1: Hypertension**

Hypertension is a risk factor for cardiovascular disease and contributes to premature death from heart attack, stroke, diabetes and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension.

Sanford prioritized hypertension as a top priority for 2017-2019 and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measureable outcome is the number of patients with blood pressure < 140/90. This goal has been reached for 87.8% of patients with hypertension.

**Priority 2: Depression**

Depression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. However, the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicates that 11% of the residents have fair or poor mental health.

Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal is to improve PHQ-9 scores for patients with depression. The measurable outcome is the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score is less than 5. This goal has been reached by 10.7% of patients with a depression diagnosis.

**Priority 3: Flu Vaccines**

The CDC states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. The North Dakota Department of Health reports that 33.5% of adults age 65 and older did not receive a flu vaccine in the past year. Respondents to the CHNA generalizable survey report that 26% of children 18 years and younger did not receive a flu vaccine in the past year.

Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members. The goal is to increase the number of flu vaccines provided to community members. The measurable outcomes are the number of flu vaccines given to adults each year and the number of flu vaccines given to the pediatric population each year. The combined number of flu vaccines given in FY 2016 was 2675, in FY 2017, it was 2518 and in FY 2018, the total was 2017.

## Community Feedback from the 2016 Community Health Needs Assessment

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

# Appendix

# Primary Research

# Asset Map

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| Economic Well Being | • Housing that accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence 4.22<br>• Availability of affordable housing 4.21<br>• Homelessness 3.88<br>• Hunger 3.64 | | | Housing resources:<br>• Cass Co. Housing Authority, 230 – 8th Ave. W., West Fargo<br>• Cass Co. Social Services (help w/utility costs), 1010 – 2nd Ave. S., Fargo<br>• Clay Co. Hsg. & Redevelopment Authority, 116 Center Ave. E., Dilworth<br>• Down payment & Closing Costs Assistance Program, ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck<br>• Fargo Hsg. & Redevelopment Authority, 325 Broadway, Fargo<br>• Home Key Program, ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck<br>• Housing Rehab Program, 200 – 3rd St. N., Fargo<br>• Jeremiah Program, 3104 Fiechtner Dr., Fargo<br>• Lake Agassiz Habitat for Humanity, 210 N. 11th St., Moorhead<br>• LSS HUD Housing Counseling, 1325 – 11th St. S., Fargo<br>• Moorhead Public Housing, 800 – 2nd Ave. N., Moorhead<br>• ND Housing & Finance Agency, 2624 Vermont Ave., Bismarck<br>• Presentation Partners in Housing, 1101 – 32nd Ave. S., Fargo<br>• Rental Assistance - ND Dept. of Commerce, 1600 E. Century Ave., Bismarck<br>• ReStore (thrift store for construction, homes, etc.), 210 N. 11th St., Moorhead<br>• Salvation Army (provides assistance with hsg. & | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | utilities), 304 Roberts St., Fargo<br>• Section 8 Hsg. Choice Voucher Program, 325 Broadway, Fargo<br>• SENDCAA weatherization program & low income hsg., 3233 University Dr. S., Fargo<br>• SENDCA (emergency rent/ utilities), 3233 S. Univ. Dr., Fargo<br>• Village HUD Housing Counseling, 1201 – 25th St. S., Fargo<br>• Wells Fargo Assist (to help those with payment challenges), 1-800-678-7986<br>Transitional housing resources:<br>• Centre, Inc., 123 – 15th St. S., Fargo<br>• Lakes & Prairies Transitional Housing Program, 715 – 11th St. N., Moorhead<br>• Red River Recovery Center, 701 Center Ave. E., Dilworth<br>• SE Human Service Center Alcohol & Drug Abuse Unit, 2624 – 9th Ave. S, Fargo<br>• ShareHouse, 4227 – 9th Ave., Fargo<br>• YMCA, 3100 – 12th Ave. N., Fargo<br>• Youthworks, 317 S. University, Fargo<br><br>Low income/subsidized housing resources:<br>• Amber Valley Apts., 4854-5150 Amber Valley Pkwy S., Fargo<br>• Arbor Park Village, 530 – 30th St. N., Moorhead<br>• Bluestem Townhomes, 4518 Blue Stem Ct. S., Fargo<br>• Burrel Apts., 409 – 4th St. N., Fargo<br>• Candlelight, 2000-2100 – 21st Ave. S., Fargo<br>• Century Square, 3820 – 25th St. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Chestnut Ridge, 3141 – 32nd St. S, Fargo<br>• Church Townhomes, 1538 – 16-1/2 St. S., Fargo<br>• Colonial Apts., 355 – 4th Ave. N., Fargo<br>• Community Homes I, 702 – 23rd St. S., Fargo<br>• Community Homes II, 2210 – 6th Ave. S., Fargo<br>• Cooper House, 414 – 11th St. N., Fargo<br>• Country Edge Townhomes, 3066 – 34th St. S., Fargo<br>• Crossroads Senior Living, 1670 E Gateway Cir. S., Fargo<br>• Fieldcrest Townhomes, 1801 Belsly Blvd., Moorhead<br>• Fieldstone Village, 4574 – 44th Ave. S., Fargo<br>• Fraser Hall, 717 Univ. Dr. S., Fargo<br>• Graver Inn, 123 Roberts St., Fargo<br>• Hazelwood Townhomes, 3031 – 33rd St., Fargo<br>• Jadestone, 1544 E. Gateway Cir. S., Fargo<br>• Lashkowitz High Rise, 101 – 2nd St. S., Fargo<br>• Maybrook, 3219 – 18th St. S., Fargo<br>• New Horizons, 2525 N. Bdwy, Fargo<br>• Northland Apartments, 1115 -23rd St. S., Fargo<br>• Park Place, 2701 – 32nd Ave. S., Fargo<br>• Park View Terrace Apts., 100 – 3rd St. N., Moorhead<br>• Riverview Hts, 800 - 2nd Ave. N., Moorhead<br>• River Square I & II, 1250-1251 – 54th Ave. S., Fargo<br>• Sunrise North, 350 – 26th Ave. N., Fargo<br>• Sterling Park, 3140-3160 – 33rd St. S., Fargo<br>• The 400, 400 Broadway, Fargo<br>• University Drive Manor, 1201 – 2nd Ave. N., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Village Green Manor, 3501 Village Green Dr., Moorhead<br>• Windwood Townhomes, 4427 – 44th St. S., Fargo<br><br>Homelessness resources:<br>• Churches United, 1901 – 1st Ave. N., Moorhead<br>• Cooper House, 414 – 11th St. N., Fargo<br>• Dorothy Day House, 714 – 8th St. S., Moorhead<br>• Family HealthCare Center (main clinic), 301 NP Avenue, Fargo<br>• FHC Moorhead Dental Clinic, 715 -11th St. N., Moorhead<br>• FHC S. Fargo clinic, 4025 – 9th Ave. S., Fargo<br>• FHC West Fargo clinic, 726 – 13th Ave. E., West Fargo<br>• Fraser, Ltd., 2902 S. Univ., Fargo<br>• Gladys Ray shelter & Veteran Drop In Center, 1519 – 1st Ave. S., Fargo<br>• Homeless Health Services, 311 NP Avenue, Fargo<br>• Open Doors, 213 NP Ave., Fargo<br>• Myrt Armstrong Recovery Center, 1419 – 1st Ave. S., Fargo<br>• Native American Center, 109 – 9th St. S. Fargo<br>• New Life Center, 1902 – 3rd Ave. N., Fargo<br>• Stepping Stones, 2901 S. Univ., Fargo<br>• Youthworks, 317 S. University, Fargo<br>• YWCA Shelter, 3000 S. University, Fargo<br><br>Hunger resources:<br>• Churches United food baskets, 1901 – 1st Ave. N., Moorhead<br>• Dorothy Day West food baskets, 2820 Bluestem Dr., West Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • YWCA food baskets, 3000 S. Univ., Fargo<br>• New Life Center meals & bagged lunches, 1902 – 3rd Ave. N., Fargo<br>• Salvation Army meals, 304 Roberts St., Fargo<br>• Grocery Stores<br>o Family Fare (various locations)<br>o Hornbacher's (various locations)<br>o Cash wise (various locations)<br>o Prairie Roots Food Co-op, 1213 NP Ave., Fargo<br>o Natural Grocers, 4517 – 13th Ave. S., Fargo<br>o Tochi, 1111 – 2 Ave., N., Fgo<br>• Food Pantries:<br>o Dorothy Day Food Pantry, 1308 Main Ave., Moorhead<br>o Churches United Food Pantry, 1901 – 1st Ave. N., Moorhead<br>o Centro Cultural de Fgo/Mhd, 1014 - 19th St. S., Moorhead<br>o Emergency Food Pantry, 1101 – 4th Ave. N., Fargo<br>o Emergency Food Pantry, 1438 – 10th St. N., Fargo<br>o Great Plains Food Bank, 1720 – 3rd Ave. N., Fargo<br>o Family Worship Center Food Pantry, 1419 – 17th St. S., Fargo<br>o 1st Assembly Food Pantry, 3401 – 25th St. S., Fargo<br>o Latter Rain Ministries Food Shelf, 1603 – 5th St. N., Fargo<br>o New Life Center Food Shelf, 1902 – 3rd Ave. N., Fargo<br>o YWCA Emergency Food Pantry, 3000 S. University Dr., Fargo<br>o Salvation Army Food Pantry, 304 Roberts St., Fargo<br>o SENDCA Food Pantry, 3233 S. Univ. Dr., Fargo<br>o Bosnian & Herzegovian Community Food Pantry, 303 Roberts St., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Farmers Markets:<br>o Farmers Market @ Blue Cross, 45th St. & 13th Ave. S., Fargo<br>o NoMo Farmers Market, 14156 – 1st Ave. N., Moorhead<br>o Red River Market, 4th Ave. & N. Bdwy, Fargo<br>o Ladybug Acres, 2110 Univ. Dr. S., Fargo<br>o Hildebrant Farmers Market, 349 Main Ave. E., West Fargo<br>o Moorhead Farmer Market, 4th & Center Ave., Moorhead<br>o Farmers Market @ West Acres, 3902 – 13th Ave. S., Fargo<br>o Farmers Market & Beyond, 500 -1 3th Ave. W., West Fargo<br>o Dilworth Farmers Market, 4th St. NE & Hwy. 10, Dilworth | |
| Transportation | • Availability of door-to-door transportation services for those unable to drive 3.55 | | | Transportation resources:<br>• Anytime Transportation, 1403 – 13-1/2 St. S., Fargo<br>• CareAVan Mobility 4U Inc., 2626 S. Bay Dr., Fargo<br>• Doyle Taxi, 1418 Main Ave., Fargo<br>• Handi-Wheels, 2525 Bdwy. N., Fargo<br>• Lucky 7 Taxi, 909 – 14th St. N., Fargo<br>• Metro Senior Ride Service, 2801 – 32nd Ave. S., Fargo<br>• Metro Area Transit (regular buses), 650 – 23rd St. N., Fargo<br>• Metro Transit (paratransit buses), 650 – 23rd St. N., Fargo<br>• Ready Wheels, 2215 – 18th St. S., Fargo | |
| Children and Youth | • Availability of services for at-risk youth 4.11<br>• Cost of quality child care 4.08<br>• Availability of quality child care 3.99 | | | Services for at-risk youth:<br>• Boys & Girls Club, 2500 – 18th St. S., Fargo<br>• Cass Co. Social Services, 1010 – 2nd Ave S., Fargo<br>• Cass Co. Family Services Division, 211 – 9th St. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | • Cost of services for at-risk youth 3.96<br>• Substance abuse by youth 3.89<br>• Teen suicide 3.89<br>• Childhood obesity 3.86<br>• Bullying 3.65 | | | • Cass Co. Youth Commission, 211 – 9th St. S., Fargo<br>• Catholic Family Services, 5201 Bishops Blvd., Fargo<br>• CHARISM, 122-1/2 N. Bdwy, Fargo<br>• Christian Family Life Services, 2360 – 7th Ave. E., West Fargo<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Early Intervention Program, SE Human Service Center, 2624 – 9th Ave. S., Fargo<br>• Family HealthCare Center, 301 NP Avenue., Fargo<br>• Fargo Youth Commission, 2500 – 18th St. S., Fargo<br>• Fargo Youth Initiative, 200 -3rd St. N., Fargo<br>• FM Youth Center, 2500 – 18th St. S., Fargo<br>• Follow Along Program, MN Department of Health, Box 64975, St. Paul, MN<br>• Head Start, 3233 S. Univ., Fargo<br>• Head Start, 715 – 11th St. N., Fargo<br>• Lutheran Social Services of MN, 3508 – 10th Ave. S., Moorhead<br>• Lutheran Social Services of ND, 3911 – 20th Ave. S., Fargo<br>• Parenting Resource Center (NDSU Extension), 1010 – 2nd Ave. S., Fargo<br>• Right Track (ND Dept. of Human Services), 2624 – 9th Ave. S., Fargo<br>• SENDCA, 3233 Univ. Dr. S., Fargo<br>• Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Stepping Stones Resource Center, 2902 S. Univ., Fargo<br>• Youthworks, 317 S. Univ., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Youth Center @ Rose Creek, 4809 S. University, Fargo<br><br>Child care resources:<br>• ABC Sandcastle, 2502 – 18th St. S., Fargo<br>• ABC 123, 1700 Center Ave. W., Dilworth<br>• ABC Infant Daycare, 3505 – 8th St. S., Moorhead<br>• Academy for Children, 20 – 8th St. S., Fargo<br>• Beginnings, 521 – 32nd Ave. W., West Fargo<br>• Betty's Busy Bees, 1426 – 16-1/2 St. S., Fargo<br>•<br>• Bright Futures, 2600 -52nd Ave. S., Fargo<br>• Centered on Kids, 861 Belsly Blvd., Moorhead<br>•<br>• Child Care Aware, 3911 – 20th Ave. S., Fargo<br>• Child Care Resource & Referral, 715 – 11 St. N., Fargo<br>• Child Care Assistance Program, ND Dept. of Health Services, 600 E. Blvd., Bismarck<br>• Cobber Kids, 1306 – 3rd St. S., Moorhead<br>• Curious Kids, 1109 – 19th Ave. N., Fargo<br>• Early Explorers, 2935 – 13th St. S., Moorhead<br>• Early Years, 1209 Center Ave. W., Dilworth<br>• Elim Children's Center, 3534 University Dr. S., Fargo<br>• Great Beginnings, 121 – 17th St. N., Moorhead<br>• Happy Days, 2824 Bdwy, Fargo<br>• Here We Grow, 3247 – 39th St. S., Fargo<br>• Here We Grow, 3247 – 39th St. S., Moorhead<br>• Hope Lutheran, 2900 Broadway, Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Kids Being Kids, 1004 Westrac Dr. S., Fargo<br>• Kiddiland, 1027 – 15 St. S., Fargo<br>• Sanford Child Care, 502 – 7th St. N., Fargo<br>• Lil Bloomers, 4656 – 40th Ave. S., Fargo<br>• Lil Bloomers, 5170 Prosperity Way, Fargo<br>• MSUM Early Education Center, 1213 – 6th Ave. S., Moorhead<br>• Our Redeemer, 100 – 14th St. S., Moorhead<br>• Small Wonders, 4745 Amber Valley Pkwy, Fargo<br>• Sorock Premier Nanny Services, 200 – 5th St. S., Moorhead<br>• Tot Spot, 820 Page Dr., Fargo<br>• Tracy McDougall's Kids, 3411 – 12th St. S., Moorhead<br>• WeeKare Childcare Center, 23002 – 30-1/2 Ave. S., Fargo<br>• YMCA, 400 – 1st Ave. S., Fargo<br><br>Substance abuse resources:<br>• AA, 1112 – 3rd Ave. S., Fargo<br>• AA Red Road to Recovery, 109 – 9th St. S., Fargo<br>• AA Club House, 1112 – 3rd Ave. S., Fargo<br>• ADAPT, Inc., 1330 Page Dr., Fargo<br>• Anchorage, 725 Center Ave., Moorhead<br>• Burl, Eddie DUI Seminar, 1351 Page Dr., Fargo<br>• Cass Co. Public Health Detox, 1240 – 25th St. S., Fargo<br>• Celebrate Recovery, 21 – 9th St. S., Fargo<br>• Centre, Inc., 123 – 15th St. N., Fargo<br>• Clay Co. Chemical Dependency, 715 – 11th St. N., Moorhead | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Clay County Detox, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Codependents Anonymous, 1330 S. University Dr., Fargo<br>• Discovery Counseling, 115 N. University, Fargo<br>• Drake Counseling, 1202 - 23 St. S., Fargo<br>• First Step Recovery, 409 – 7th St. S., Fargo<br>• Gamblers Choice, LSS, 3911 – 20th Ave. S., Fargo<br>• Gull Harbor Apts., 1704 Belsly Blvd., Moorhead<br>• Howe, Robert E., 1445 – 1st Ave. N., Fargo<br>• Journey Counseling, 222 N. Broadway, Fargo<br>• Lost & Found Ministry, 111 – 7th St. S., Moorhead<br>• McGrath, Claudia Counseling, 417 – 38th St. S., Fargo<br>• Narcotics Anonymous, 18 – 18th St. S., Fargo<br>• New Hope Recovery, 118 Bdwy, Fargo<br>• Only Human Counseling, 118 Bdwy, Fargo<br>• Pathways Counseling & Recovery Center, 1306 – 9th St. N., Fargo<br>• Positive Solutions, 6245 – 16th St. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Safe Harbor, 810 – 4th Ave. S., Moorhead<br>• Sanford Behavioral Health Center, 100 – 4th St. S., Fargo<br>• SE Human Service Center, 2624 – 9th Ave. S., Fargo<br>• Sexaholics Anonymous, 701-235-7335<br>• ShareHouse, 4227 – 9th Ave. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • ShareHouse Wellness Center, 715 N. 11th St., Moorhead<br>• Simon Chemical Dependency Services, 3431 – 4th Ave. S., Fargo<br>• SMART Recovery, 1260 N. University Dr., Fargo<br>• SMART Recovery, 200 – 5th St. S., Moorhead<br>• Shiaro, Chris Counseling, 4227 – 9th Ave. S., Fargo<br>• Sister's Path, 4219 – 9th Ave. S., Fargo<br>• Veterans Administration, 2101 N. Elm, St., Fargo<br>• Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Mental Health resources:<br>• Alzheimer's Association, 2631 – 12th Ave. S., Fargo<br>• ARC of West Central MN, 810 – 4th Ave. S., Moorhead<br>• Catholic Family Services, 5201 Bishops Blvd., Fargo<br>• Clay Co. Public Health, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Community Outreach Center (on MSUM Campus), Lommen Hall 113, Moorhead MN<br>• Creative Care for Reaching Independence (CCRI), 2903 – 15th St. S., Moorhead<br>• Drake Counseling Services, 1202 – 23rd St. S., Fargo<br>• Essentia (Fargo & Mhd locations)<br>• Fargo VA, 2101 Elm St. N., Fargo<br>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • FirstLink, 4357 – 13th Ave. S., Fargo<br>• Human Service Associates, 403 Center Ave., Moorhead<br>• Heartland Industries, 2600 – 16th Ave. S., Moorhead<br>• Lakeland Mental Health, 1010 - 32nd Ave. S., Moorhead<br>• Living Free, Jail Chaplains, P. O. Box 6444, Fargo<br>o Insight (women)<br>o Stepping into Freedom (men)<br>o Anger: Our Master (men)<br>• Lutheran Social Services of ND, 3911 – 20th Ave. S., Fargo<br>• Lutheran Social Services of MN, 715 – 11th St. N., Moorhead<br>• Mental Health America, 112 N. University, Fargo<br>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Rape & Abuse Crisis Center, 317 – 8th St. N., Fargo<br>• Red River Health Services Foundation, 1104 – 2nd Ave. S., Fargo<br>• Safe Harbour, 1003 – 18-1/2 St. S., Moorhead<br>• Sanford Health Behavioral Health, 100 – 4th St. S., Fargo<br>• SENDCA, 3233 S Univ., Fargo<br>• SE Human Services, 2624 – 9th Ave. S., Fargo<br>• Solutions, 891 Belsly Blvd., Moorhead<br>• Tran$ Em (Transitional Supported Employment of MN), 810 – 4th Ave. S., Moorhead | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Smoking Cessation resources:<br>• BAN Program (Break Away from Nicotine) – Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• ND Quits (ND Dept. of Health) – 600 E. Blvd. Ave., Bismarck<br>• Sanford Health – 701-234-5191 (tobacco cessation counselor)<br>• Sanford Health – 701-234-6452 (tobacco & asthma education)<br>• Fargo Cass Public Health (health educator), 1240 – 25th St. S., Fargo<br>• Essentia Health (tobacco treatment specialist), 3000 – 32nd Ave. S., Fargo<br>• Fargo VA, 2101 Elm St. N., Fargo<br>• Breath ND, Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• Clay Co. Public Health, 715 – 11th St. N, Moorhead<br><br>Obesity resources:<br>• Anytime Fitness, 1801 – 45th St. S., Fargo<br>• Anytime Fitness, 5050 Timber Pkwy S., Fargo<br>• Anytime Fitness, 2614 N. Bdwy, Fargo<br>• Anytime Fitness, 935 – 37th Ave. S., Moorhead<br>• Core Fitness, 2424 – 13th Ave. S., Fargo<br>• Cold Fusion, 114 Bdwy, Fargo<br>• Courts Plus, 3491 S. Univ., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Cross Fit, 1620 – 1st Ave. N., Fgo.<br>• Curves, 123 – 21st St. S., Mhd.<br>• Eating Disorders Support Group, Sanford, 1720 S. University, Fgo.<br>• Edge Fitness, 6207 – 53rd Ave. S., Fargo<br>• Elements Fitness, 3120 – 25th St. S., Fargo<br>• Fargo Park District, 701 Main Ave., Fargo<br>• Fitness 52, 2600-52nd Ave. S. Fgo.<br>• Fitness 4 Life, 1420 – 9th St. E., West Fargo<br>• Gastric Bypass Support Group, Atonement Lutheran, 4201 S. University, Fargo<br>• Health Pros personal training, 2108 S. University, Fargo<br>• LA Weight Loss Center, 5050 – 13th Ave. S., Fargo<br>• Ladies Workout Express, 1420 – 9th St. E., West Fargo<br>• Max Training, 1518 - 29th Ave. S., Moorhead<br>• Metro Rec Ctr., 3110 Main, Fgo<br>• Moorhead Park District, 324 – 24th St. S., Moorhead<br>• No More Diets Support Group,<br>• Overeaters Anonymous, OA.org<br>• Planet Fitness, 4325 – 13th Ave. S., Fargo<br>• Planet Fitness, 800 Holiday Dr., Moorhead<br>• Red River Traditional Tae Kwon Do, 1335 Main, Fargo<br>• Sanford Dietitians, 801 Bdwy, Fargo<br>• Sanford Eating Disorders & Wt. Management Center, 1717 S. University, Fargo<br>• Sanford Family Wellness Center, 2960 Seter Parkway, Fargo | |

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| | | | | • Slim Ambition, 1365 Prairie Pkwy, Fargo<br>• Snap Fitness, 4265 - 45th St. S., Fargo<br>• Take Off Pounds Sensibly, TOPS.org<br>• TNT Kids' Fitness, 2800 Main, Fargo<br>• Total Balance, 1461 Bdwy N., Fgo<br>• Total Woman Fitness, 508 Oak St. N., Fargo<br>• Touchmark Fitness, 1200 Harwood Dr. S., Fargo<br>• Valley Fitness, 3820 – 12th Ave. N., Fargo<br>• Welcyon Fitness, 2603 Kirsten Lane S., Fargo<br>• West Fargo Fitness Center, 215 Main Ave., West Fargo<br>• YMCA, 400 – 1st Ave. S., Fargo<br>• YMCA, 4243 – 19th Ave. S., Fargo<br><br>Safety (bullying) resources:<br>• Cass Co. Sheriff, 1612 – 23rd Ave. N., Fargo<br>• Clay Co. Sheriff, 915 – 9th St. N., Moorhead<br>• Moorhead Police, 915 – 9th Ave. N., Moorhead<br>• Fargo Police, 222 – 4th St. N., Fgo | |
| Aging Population | • Cost of long term care 4.15<br><br>• Cost of memory care 4.08<br><br>• Cost of in-home services 3.83<br><br>• Availability of resources for family & friends caring for & helping make decisions for elders 3.58<br><br>• Availability of resources to help the elderly stay safe in their homes 3.52 | | | Nursing Home resources:<br>• Bethany, 201 S. University, Fargo<br>• Bethany, 4255 – 30 Ave. S., Fargo<br>• Ecumen Evergreens, 1401 W. Gateway Circle, Fargo<br>• Ecumen Evergreens, 503 – 3rd Ave. S., Moorhead<br>• Edgewood Vista, 4420 – 37th Ave. S., Fargo<br>• Elim Care, 3524 S. Univ., Fargo<br>• Eventide, 225 – 13th Ave. W., West Fargo<br>• Eventide, 3225 – 51st St. S., Fargo<br>• Eventide, 1405 – 7th St. S., Mhd. | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Eventide, 801 – 2nd Ave. N., Mhd.<br>• Farmstead Care, 3200 – 28th St. S., Moorhead<br>• Farmstead Estates, 3433 – 28th St. S., Moorhead<br>• ManorCare, 1315 S. Univ., Fargo<br>• Maple View Memory Care, 4552 – 36th Ave. S., Fargo<br>• Moorhead Rehab & Healthcare Center, 2810 – 2nd Ave. N., Mhd.<br>• Rosewood, 1351 N. Bdwy., Fargo<br>• Villa Maria, 3102 S. Univ., Fargo<br><br>Alzheimer's/Dementia resources:<br>• After the Diagnosis Support Group (for those diagnosed with Alzheimer's & dementia), 736 Broadway, Fargo<br>• Alzheimer's Caregiver Support Group, 2702 – 30th Ave. S., Fargo<br>• Alzheimer's Support Group, 202 – 1st Ave. N., Moorhead<br>• Alzheimer's Assn., 2631 – 12 Ave. S., Fargo<br>• Arbor Park Village, 520 - 28 St. N., Moorhead<br>• Bethany – 201 S. Univ., Fargo<br>• Early Onset Memory Loss Support Group, 701-277-9757<br>• Edgewood Vista, 4420 – 37 Ave. S., Fargo<br>• Elim Care, 3534 S. Univ., Fargo<br>• Eventide/Fairmont, 801 – 2nd Ave. N., Moorhead<br>• Evergreens, 503–3rd Ave. S., Mhd<br>• Evergreens, 1401 W. Gateway Circle, Fargo<br>• Morning Out (for those who have Alzheimer's or other dementia), 610 -13th St. N., Mhd. | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • River Pointe, 2401 – 11th St. S., Moorhead<br><br>Resources to assist the elderly in staying in their homes:<br>• Access, 403 Center Ave., Mhd.<br>• Active at Home Helpers, 417 Main Ave., Fargo<br>• Care 2000, 725 Ctr. Ave., Mhd.<br>• Change is Good (helping the elderly to downsize), 9533 – 70 St. S., Sabin MN<br>• Comfort Keepers, 12205 - 4 Ave. S., Fargo<br>• Community Living Services, 1001 – 28 St. S., Fargo<br>• Coram Healthcare, 2901 S. Frontage Rd., Mhd.<br>• C & R Quality Living, 1336 – 25 Ave. S., Fargo<br>• Griswold Home Health, 819 – 30 Ave. S., Moorhead<br>• Heart 2 Heart, 701-200-7828<br>• HERO, 5012 – 53 St. S., Fargo<br>• Home Instead Home Care, 505 Broadway, Fargo<br>• Lincare, 1609 – 323 Ave. S., Fargo<br>• LSS Senior Companion Program, 3911 – 20 Ave. S., Fargo<br>• LSS Senior Nutrition Program, 715 – 11 St. N., Moorhead<br>• LSS MN Caregiver Respite Services, 715 – 11 St. N., Mhd.<br>• Meals on Wheels, 2801 – 32 Ave. S., Fargo<br>• Meals on Wheels, 465 Rensvold Blvd., Moorhead<br>• Midwest Community Residential Services, 800 Holiday Dr., Mhd.<br>• Prairieland Home Care, 1202 Page Dr., Fargo<br>• Right at Home, 15 Bdwy., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Sanford Healthcare Accessories, 3223 – 32 Ave. S., Fargo<br>• Sanford Home Care, 100 – 4 St. S., Fargo<br>• Sanford Personal Care, 100 – 4 St. S., Fargo<br>• Sisters of Mary Home Care, 1202 Page Dr., Fargo<br>• Tami's Angels, 624 Main Ave., Fargo<br>• Caregiver resources:<br>  • Alzheimer's Caregiver Support Group, 2702 – 30 Ave. S., Fargo<br>  • Alzheimer's Support Group for those with family member in Eventide, 801 – 2 Ave. N., Mhd.<br>  • Caregiver's Support Group, 2010 Elm St., Fargo<br>  • Caregiver Support & Respite Program, 218 – 10th St. S., Mhd<br>  • Family Caregiver Support Program, ND Dept. of Human Services, 1237 W. Divide Ave., Bismarck<br>  • FamilyHospice support for widows & widowers, 1701 – 38 St. S., Fgo.<br>  • Mhd Caregiver Discussion Group, 210 – 7th St., S, Mhd.<br>  • Support Group for Alzheimer's Caregivers (young onset)<br>• Elderly Nutrition Services:<br>  • Cash Wise (grocery delivery – several locations)<br>  • Congregate Meals (Fargo, W Fargo & Moorhead)<br>  • Family Fare (grocery delivery – several locations)<br>  • Hornbacher's (grocery delivery – several locations)<br>  • LSS Senior Nutrition Program, 715 – 11 St. N., Moorhead<br>  • Meals on Wheels, 2801 – 32 Ave. S., Fargo<br>  • Meals on Wheels, 465 Rensvold Blvd., Moorhead | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Elder Care (adult day care):<br>• Adult Life Program (Heartland Industries), 2600 – 16 Ave. S., Moorhead<br>• Arbor Park, 520 28 St. N., Fgo<br>• Bethany Day Services, 201 S. University, Fargo<br>• Cass Co. Social Services, 1010 – 2 Ave. S., Fargo<br>• Evergreens, 1401 W. Gateway Cir., Fargo<br>• Evergreens, 502–3 Ave. S., Mhd<br>• Fairmont Adult Day Care, 801 – 2 Ave. N., Moorhead<br>• Home Appeal, 3805 – 43 Ave S., Moorhead<br>• Home Instead Senior Care, 505 Broadway, Fargo<br>• Kinder Care Home, 2235 Shiloh St., West Fargo<br>• Rainbow Square (adult daycare at Rosewood), 1351 Bdwy, Fgo<br>• River Pointe, 2401 – 11 St. S., Moorhead<br>• Villa Maria Club Connection, 31102 S. Univ., Fargo | |
| Safety | • Abuse of prescription drugs 4.17<br>• Culture of excessive & binge drinking 3.81<br>• Domestic violence 3.80<br>• Child abuse & neglect 3.68<br>• Sex trafficking 3.59<br>• Presence of street drugs 3.55 | | | Substance Abuse resources:<br>• AA, 1112 – 3rd Ave. S., Fargo<br>• AA Red Road to Recovery, 109 – 9th St. S., Fargo<br>• AA Club House, 1112 – 3rd Ave. S., Fargo<br>• ADAPT, Inc., 1330 Page Dr., Fargo<br>• Anchorage, 725 Center Ave., Moorhead<br>• Burl, Eddie DUI Seminar, 1351 Page Dr., Fargo<br>• Cass Co. Public Health Detox, 1240 – 25th St. S., Fargo<br>• Celebrate Recovery, 21 – 9th St. S., Fargo<br>• Centre, Inc., 123 – 15th St. N., Fargo<br>• Clay Co. Chemical Dependency, 715 – 11th St. N., Moorhead<br>• Clay County Detox, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Codependents Anonymous, 1330 S. University Dr., Fargo<br>• Discovery Counseling, 115 N. University, Fargo<br>• Drake Counseling, 1202 - 23 St. S., Fargo<br>• First Step Recovery, 409 – 7th St. S., Fargo<br>• Gamblers Choice, LSS, 3911 – 20th Ave. S., Fargo<br>• Gull Harbor Apts., 1704 Belsly Blvd., Moorhead<br>• Howe, Robert E., 1445 – 1st Ave. N., Fargo<br>• Journey Counseling, 222 N. Broadway, Fargo<br>• Lost & Found Ministry, 111 – 7th St. S., Moorhead<br>• McGrath, Claudia Counseling, 417 – 38th St. S., Fargo<br>• Narcotics Anonymous, 18 – 18th St. S., Fargo<br>• New Hope Recovery, 118 Bdwy, Fargo<br>• Only Human Counseling, 118 Bdwy, Fargo<br>• Pathways Counseling & Recovery Center, 1306 – 9th St. N., Fargo<br>• Positive Solutions, 6245 – 16th St. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Safe Harbor, 810 – 4th Ave. S., Moorhead<br>• Sanford Behavioral Health Center, 100 – 4th St. S., Fargo<br>• SE Human Service Center, 2624 – 9th Ave. S., Fargo<br>• Sexaholics Anonymous, 701-235-7335<br>• ShareHouse, 4227 – 9th Ave. S., Fargo<br>• ShareHouse Wellness Center, 715 N. 11th St., Moorhead<br>• Simon Chemical Dependency Services, 3431 – 4th Ave. S., Fargo | |

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| | | | | • SMART Recovery, 1260 N. University Dr., Fargo<br>• SMART Recovery, 200 – 5th St. S., Moorhead<br>• Shiaro, Chris Counseling, 4227 – 9th Ave. S., Fargo<br>• Sister's Path, 4219 – 9th Ave. S., Fargo<br>• Veterans Administration, 2101 N. Elm, St., Fargo<br>• Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Domestic violence resources:<br>• City of Fargo Victim Support Services, 200 – 3rd St. N., Fargo<br>• CAWS North Dakota, 521 E. Main, Bismarck<br>• Guardian & Protective Services, 112 N. University, Fargo<br>• Protection & Advocacy Project, 1351 Page Dr., Fargo<br>• Rape & Abuse Center, 317 – 8th St. N., Fargo<br>• YWCA Shelter, 3000 S. Univ., Fgo<br>• MN Coalition for Battered Women, 60 E. Plato Blvd., St. Paul, MN<br>• Victim Advocacy Program (Community Health Service), 810 – 4th Ave. S., Moorhead<br><br>Child abuse/neglect resources:<br>• Cass Co. Child Abuse/Neglect office, 1011 – 2nd Ave. S., Fargo<br>• Guardian & Protective Services, 112 N. University, Fargo<br>• ND Child Protection Program, 600 E. Blvd. Ave., Bismarck | |

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| | | | | • Protection & Advocacy Project, 1351 Page Dr., Fargo<br>• Red Flag Green Flag Advocacy Project, 317 – 8th St. N., Fargo<br>• Red River Children's Advocacy Center, 100 – 4th St. S., Fargo<br>• Sanford Child & Adolescent Maltreatment Center, 100 - 4th St. S., Fargo<br><br>Elder Abuse resources:<br>• Adult Protective Services, 715 – 11 St. N., Moorhead<br>• Cass Co. Sheriff, 1612 – 23rd Ave. N., Fargo<br>• Clay Co. Elder Abuse Project, 715 – 11 St. N., Moorhead<br>• Clay Co. Sheriff, 915 – 9th St. N., Moorhead<br>• Fargo Police, 222 – 4th St. N., Fgo<br>• Guardian & Protective Services, 112 N. University, Fargo<br>• Moorhead Police, 915 – 9th Ave. N., Moorhead<br>• Protection & Advocacy Project, 1351 Page Dr., Fargo<br>• Rape & Abuse Center (Abuse in Later Life Advocate), 317 – 8 St. N., Fargo<br><br>Sex Trafficking resources:<br>• Breaking Free, P. O. Box 4366, St. Paul, MN<br>• Cass Co. Sheriff, 1612 – 23rd Ave. N., Fargo<br>• Clay Co. Sheriff, 915 – 9th St. N., Moorhead<br>• Fargo Police, 222 – 4th St. N., Fgo<br>• FUSE (ND), 701-526-4863<br>• Moorhead Police, 915 – 9th Ave. N., Moorhead<br><br>Street Drugs resources: | |

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| | | | | • Cass Co. Sheriff, 1612 – 23rd Ave. N., Fargo<br>• Clay Co. Sheriff, 915 – 9th St. N., Moorhead<br>• Fargo Police, 222 – 4th St. N., Fgo<br>• Moorhead Police, 915 – 9th Ave. N., Moorhead | |
| Health Care Access | • Availability of mental health providers 4.28<br>• Availability of behavioral health providers 4.21<br>• Access to affordable health insurance coverage 4.05<br>• Access to affordable health care 4.01<br>• Access to affordable prescription drugs 3.91<br>• Access to affordable dental insurance coverage 3.82<br>• Availability of non-traditional hours 3.63<br>• Access to affordable vision insurance coverage 3.58<br>• Use of emergency room services for primary health care 3.53<br>• Availability of health care services for Native people 3.50<br>• Coordination of care between providers and services 3.50 | | | Mental Health/Behavioral Health resources:<br>• Alzheimer's Association, 2631 – 12th Ave. S., Fargo<br>• ARC of West Central MN, 810 – 4th Ave. S., Moorhead<br>• Catholic Family Services, 5201 Bishops Blvd., Fargo<br>• Clay Co. Public Health, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Community Outreach Center (on MSUM Campus), Lommen Hall 113, Moorhead MN<br>• Creative Care for Reaching Independence (CCRI), 2903 – 15th St. S., Moorhead<br>• Drake Counseling Services, 1202 – 23rd St. S., Fargo<br>• Essentia (Fargo & Mhd locations)<br>• Fargo VA, 2101 Elm St. N., Fargo<br>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• FirstLink, 4357 – 13th Ave. S., Fargo<br>• Human Service Associates, 403 Center Ave., Moorhead<br>• Heartland Industries, 2600 – 16th Ave. S., Moorhead<br>• Lakeland Mental Health, 1010 - 32nd Ave. S., Moorhead<br>• Living Free, Jail Chaplains, P. O. Box 6444, Fargo<br>o Insight (women)<br>o Stepping into Freedom (men)<br>o Anger: Our Master (men) | |

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| | | | | • Lutheran Social Services of ND, 3911 – 20th Ave. S., Fargo<br>• Lutheran Social Services of MN, 715 – 11th St. N., Moorhead<br>• Mental Health America, 112 N. University, Fargo<br>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Rape & Abuse Crisis Center, 317 – 8th St. N., Fargo<br>• Red River Health Services Foundation, 1104 – 2nd Ave. S., Fargo<br>• Safe Harbour, 1003 – 18-1/2 St. S., Moorhead<br>• Sanford Health Behavioral Health, 100 – 4th St. S., Fargo<br>• SENDCA, 3233 S Univ., Fargo<br>• SE Human Services, 2624 – 9th Ave. S., Fargo<br>• Solutions, 891 Belsly Blvd., Moorhead<br>• Tran$ Em (Transitional Supported Employment of MN), 810 – 4th Ave. S., Moorhead<br>• Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Affordable Insurance resources:<br>• Blue Cross, 4510 – 13th Ave. S., Fargo<br>• Medica, 1711 Gold Dr., Fargo<br>• Sanford Health Plan, 1749 – 38 St. S., Fargo | |

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| | | | | Affordable Health Care resources:<br>• Essentia Charity Care program (all locations)<br>• Essentia Clinics (several locations)<br>• Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Health Care for Homeless Veterans, 2101 N. Elm, Fargo<br>• Homeless Health, 311 NP Ave, Fargo<br>• Sanford Charity Care program (all locations)<br>• Sanford Clinics (several locations)<br>• VA Clinic, 2101 N. Elm, Fargo<br><br>Prescription Assistance resources:<br>• Fargo Area Prescription Assistance, 505 N. Bdwy, Fargo<br>• Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Homeless Health, 311 NP Ave, Fargo<br>• Prescription Assistance Program, 624 Main Ave., Fargo<br>• Prescription Connection, 600 E. Blvd. Ave., Bismarck<br>• Salvation Army prescription assistance program, 304 Roberts, Fargo<br><br>Affordable Dental resources:<br>• Family HealthCare Center dental clinic, 715 N. 11th St., Moorhead | |

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| | | | | • Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Homeless Health, 311 NP Ave, Fargo<br>• RRV Dental Access Project, 715 – 11th St. N., Moorhead<br><br>Affordable Vision coverage:<br>• Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br><br>Affordable Health Care Services for Native people:<br>• Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Homeless Health, 311 NP Ave, Fargo | |
| Mental Health and Substance Abuse | • Drug use and abuse 4.40<br>• Alcohol use and abuse 4.15<br>• Depression 4.10<br>• Suicide 4.01<br>• Stress 3.81<br>• Dementia and Alzheimer's Disease 3.61 | | | Substance Abuse services:<br>• AA, 1112 – 3rd Ave. S., Fargo<br>• AA Red Road to Recovery, 109 – 9th St. S., Fargo<br>• AA Club House, 1112 – 3rd Ave. S., Fargo<br>• ADAPT, Inc., 1330 Page Dr., Fargo<br>• Anchorage, 725 Center Ave., Moorhead<br>• Burl, Eddie DUI Seminar, 1351 Page Dr., Fargo<br>• Cass Co. Public Health Detox, 1240 – 25th St. S., Fargo<br>• Celebrate Recovery, 21 – 9th St. S., Fargo<br>• Centre, Inc., 123 – 15th St. N., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
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| | | | | • Clay Co. Chemical Dependency, 715 – 11th St. N., Moorhead<br>• Clay County Detox, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Codependents Anonymous, 1330 S. University Dr., Fargo<br>• Discovery Counseling, 115 N. University, Fargo<br>• Drake Counseling, 1202 - 23 St. S., Fargo<br>• First Step Recovery, 409 – 7th St. S., Fargo<br>• Gamblers Choice, LSS, 3911 – 20th Ave. S., Fargo<br>• Gull Harbor Apts., 1704 Belsly Blvd., Moorhead<br>• Howe, Robert E., 1445 – 1st Ave. N., Fargo<br>• Journey Counseling, 222 N. Broadway, Fargo<br>• Lost & Found Ministry, 111 – 7th St. S., Moorhead<br>• McGrath, Claudia Counseling, 417 – 38th St. S., Fargo<br>• Narcotics Anonymous, 18 – 18th St. S., Fargo<br>• New Hope Recovery, 118 Bdwy, Fargo<br>• Only Human Counseling, 118 Bdwy, Fargo<br>• Pathways Counseling & Recovery Center, 1306 – 9th St. N., Fargo<br>• Positive Solutions, 6245 – 16th St. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Safe Harbor, 810 – 4th Ave. S., Moorhead<br>• Sanford Behavioral Health Center, 100 – 4th St. S., Fargo<br>• SE Human Service Center, 2624 – 9th Ave. S., Fargo<br>• Sexaholics Anonymous, 701-235-7335 | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • ShareHouse, 4227 – 9th Ave. S., Fargo<br>• ShareHouse Wellness Center, 715 N. 11th St., Moorhead<br>• Simon Chemical Dependency Services, 3431 – 4th Ave. S., Fargo<br>• SMART Recovery, 1260 N. University Dr., Fargo<br>• SMART Recovery, 200 – 5th St. S., Moorhead<br>• Shiaro, Chris Counseling, 4227 – 9th Ave. S., Fargo<br>• Sister's Path, 4219 – 9th Ave. S., Fargo<br>• Veterans Administration, 2101 N. Elm, St., Fargo<br>• Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Mental health resources:<br>• Alzheimer's Association, 2631 – 12th Ave. S., Fargo<br>• ARC of West Central MN, 810 – 4th Ave. S., Moorhead<br>• Catholic Family Services, 5201 Bishops Blvd., Fargo<br>• Clay Co. Public Health, 715 – 11th St. N., Moorhead<br>• Clay Co. Social Services, 715 – 11th St. N., Moorhead<br>• Community Outreach Center (on MSUM Campus), Lommen Hall 113, Moorhead MN<br>• Creative Care for Reaching Independence (CCRI), 2903 – 15th St. S., Moorhead<br>• Drake Counseling Services, 1202 – 23rd St. S., Fargo<br>• Essentia (Fargo & Mhd locations)<br>• Fargo VA, 2101 Elm St. N., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• FirstLink, 4357 – 13th Ave. S., Fargo<br>• Human Service Associates, 403 Center Ave., Moorhead<br>• Heartland Industries, 2600 – 16th Ave. S., Moorhead<br>• Lakeland Mental Health, 1010 - 32nd Ave. S., Moorhead<br>• Living Free, Jail Chaplains, P. O. Box 6444, Fargo<br>o Insight (women)<br>o Stepping into Freedom (men)<br>o Anger: Our Master (men)<br>• Lutheran Social Services of ND, 3911 – 20th Ave. S., Fargo<br>• Lutheran Social Services of MN, 715 – 11th St. N., Moorhead<br>• Mental Health America, 112 N. University, Fargo<br>• Mobile Mental Health Crisis Team, 2624 – 9th Ave. S., Fargo<br>• Prairie St. John's, 510 - 4th St. S., Fargo<br>• Prairie St. John's, 2925 – 20th St. S., Moorhead<br>• Rape & Abuse Crisis Center, 317 – 8th St. N., Fargo<br>• Red River Health Services Foundation, 1104 – 2nd Ave. S., Fargo<br>• Safe Harbour, 1003 – 18-1/2 St. S., Moorhead<br>• Sanford Health Behavioral Health, 100 – 4th St. S., Fargo<br>• SENDCA, 3233 S Univ., Fargo<br>• SE Human Services, 2624 – 9th Ave. S., Fargo<br>• Solutions, 891 Belsly Blvd., Moorhead<br>• Tran$ Em (Transitional Supported Employment of MN), 810 – 4th Ave. S., Moorhead | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Village Family Service Center, 1201 – 25th St. S., Fargo<br>• Village Family Service Center, 1401 – 8th St. S., Moorhead<br>• Vosburg Counseling for Seniors, 810 – 4th Ave. S., Moorhead<br><br>Alzheimer's/Dementia resources:<br>• After the Diagnosis Support Group (for those diagnosed with Alzheimer's & dementia), 736 Broadway, Fargo<br>• Alzheimer's Caregiver Support Group, 2702 – 30th Ave. S., Fargo<br>• Alzheimer's Support Group, 202 – 1st Ave. N., Moorhead<br>• Alzheimer's Assn., 2631 – 12 Ave. S., Fargo<br>• Arbor Park Village, 520 - 28 St. N., Moorhead<br>• Bethany – 201 S. Univ., Fargo<br>• Early Onset Memory Loss Support Group, 701-277-9757<br>• Edgewood Vista, 4420 – 37 Ave. S., Fargo<br>• Elim Care, 3534 S. Univ., Fargo<br>• Eventide/Fairmont, 801 – 2nd Ave. N., Moorhead<br>• Evergreens, 503–3rd Ave. S., Mhd<br>• Evergreens, 1401 W. Gateway Circle, Fargo<br>• Morning Out (for those who have Alzheimer's or other dementia), 610 -13th St. N., Mhd.<br>• River Pointe, 2401 – 11th St. S., Moorhead | |
| Health & Wellness | • 60% not getting enough fruits & vegetables<br><br>• 45% not getting enough exercise | | | Healthy Food resources:<br>• Cash Wise (several locations)<br>• Family Fare (several locations) | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | • Only 57% report having flu shot<br>• 27% overweight/39% obese<br>• High cholesterol<br>• Hypertension | | | • Hornbacher's (several locations)<br>• Tochi, 1111 – 2nd Ave. N., Fargo<br>• Prairie Roots Food Co-op, 1213 NP Ave., Fargo<br>• Natural Grocers, 4517 – 13th Ave. S., Fargo<br>• Farmers Market @ Blue Cross, 45th St. & 13th Ave. S., Fargo<br>• NoMo Farmers Market, 14156 – 1st Ave. N., Moorhead<br>• Red River Market, 4th Ave. & N. Bdwy, Fargo<br>• Ladybug Acres, 2110 Univ. Dr. S., Fargo<br>• Hildebrant Farmers Market, 349 Main Ave. E., West Fargo<br>• Moorhead Farmer Market, 4th & Center Ave., Moorhead<br>• Farmers Market @ West Acres, 3902 – 13th Ave. S., Fargo<br>• Farmers Market & Beyond, 500 -1 3th Ave. W., West Fargo<br>• Dilworth Farmers Market, 4th St. NE & Hwy. 10, Dilworth<br><br>Nutrition Information:<br>• Cass Co. Extension Service nutrition classes, 1010 – 2nd Ave. S., Fargo<br>• Cass Co. SNAP, 1010 – 2nd Ave. S, Fargo<br>• Cass Co. WIC, 1240 – 25th St. S., Fargo<br>• Clay Co. Public Health, 715 - 11th St. N., Moorhead<br>• Clay Co. SNAP, 715 – 11th St. N., Moorhead<br>• Clay Co. WIC, 715 – 11st St. N., Moorhead<br>• Complete Nutrition, 4302 – 13 Ave. S., Fargo<br>• Essentia Dieticians, 3000 – 32 Ave. S., Fargo<br>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Nutrition Zone, 1801 – 45 St. S., Fargo<br>• Sanford Dieticians, 801 Bdwy. N., Fargo<br><br>Fitness resources:<br>• Anytime Fitness, 1801 – 45th St. S., Fargo<br>• Anytime Fitness, 5050 Timber Pkwy S., Fargo<br>• Anytime Fitness, 2614 N. Bdwy, Fargo<br>• Anytime Fitness, 935 – 37th Ave. S., Moorhead<br>• Core Fitness, 2424 – 13th Ave. S., Fargo<br>• Cold Fusion, 114 Bdwy, Fargo<br>• Courts Plus, 3491 S. Univ., Fargo<br>• Cross Fit, 1620 – 1st Ave. N., Fgo.<br>• Curves, 123 – 21st St. S., Mhd.<br>• Edge Fitness, 6207 – 53rd Ave. S., Fargo<br>• Elements Fitness, 3120 – 25th St. S., Fargo<br>• Fargo Park District, 701 Main Ave., Fargo<br>• Fitness 52, 2600-52nd Ave. S. Fgo.<br>• Fitness 4 Life, 1420 – 9th St. E., West Fargo<br>• Health Pros personal training, 2108 S. University, Fargo<br>• LA Weight Loss Center, 5050 – 13th Ave. S., Fargo<br>• Ladies Workout Express, 1420 – 9th St. E., West Fargo<br>• Max Training, 1518 - 29th Ave. S., Moorhead<br>• Metro Rec Ctr., 3110 Main, Fgo<br>• Moorhead Park District, 324 – 24th St. S., Moorhead<br>• No More Diets Support Group,<br>• Overeaters Anonymous, OA.org<br>• Planet Fitness, 4325 – 13th Ave. S., Fargo | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Planet Fitness, 800 Holiday Dr., Moorhead<br>• Red River Traditional Tae Kwon Do, 1335 Main, Fargo<br>• Sanford Family Wellness Center, 2960 Seter Parkway, Fargo<br>• Slim Ambition, 1365 Prairie Pkwy, Fargo<br>• Snap Fitness, 4265 - 45th St. S., Fargo<br>• Take Off Pounds Sensibly, TOPS.org<br>• TNT Kids' Fitness, 2800 Main, Fargo<br>• Total Balance, 1461 Bdwy N., Fgo<br>• Total Woman Fitness, 508 Oak St. N., Fargo<br>• Touchmark Fitness, 1200 Harwood Dr. S., Fargo<br>• Valley Fitness, 3820 – 12th Ave. N., Fargo<br>• Welcyon Fitness, 2603 Kirsten Lane S., Fargo<br>• West Fargo Fitness Center, 215 Main Ave., West Fargo<br>• YMCA, 400 – 1st Ave. S., Fargo<br>• YMCA, 4243 – 19th Ave. S., Fargo<br><br>Obesity resources:<br>• Eating Disorders Support Group, Sanford, 1720 S. University, Fgo.<br>• Essentia Dieticians, 3000 – 32nd Ave. S., Fargo<br>• Gastric Bypass Support Group, Atonement Lutheran, 4201 S. University, Fargo<br>• Sanford Dietitians, 801 Bdwy, Fargo<br>• Sanford Eating Disorders & Wt. Management Center, 1717 S. University, Fargo<br><br>Flu Shot resources:<br>• Clay Co. Public Health, 715 - 11th St. N., Moorhead<br>• Essentia Health clinics (several locations) | |

| Identified concern | Key stakeholder survey | Resident survey | Secondary data | Community resources available to address the need | Gap? |
|---|---|---|---|---|---|
| | | | | • Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• Fargo HealthCare Center, 301 NP Ave., Fargo<br>• Fargo VA, 2101 Elm St. N., Fgo<br>• Homeless Health, 311 NP Ave, Fargo<br>• NDSU Student Service, 1707 Centennial Blvd., Fargo<br>• Sanford Health clinics (several locations)<br>• Thrifty White, 1401-33 St. S., Fgo<br>• Thrifty White, 4255 – 30 Ave. S., Fargo<br>• Thrifty White, 1100 – 13th Ave. E., West Fargo<br>• Walgreens, 4201–13 Ave. S., Fgo.<br>• Walgreens, 900 Main Ave., Mhd.<br><br>Health care resources for high cholesterol/hypertension:<br>• Clay Co. Public Health, 715 - 11th St. N., Moorhead<br>• Essentia Health clinics (several locations)<br>• Family HealthCare Center, 301 NP Ave., Fargo<br>• Family HealthCare Center, 4025 – 9th Ave. S, Fargo<br>• Family HealthCare Center, 726 – 13th Ave. E., West Fargo<br>• Fargo Cass Public Health, 1240 – 25th St. S., Fargo<br>• Fargo VA, 2101 Elm St. N., Fgo<br>• Homeless Health, 311 NP Ave, Fargo<br>• Sanford Health clinics (several locations) | |

# Key Stakeholder Survey

# Sanford Fargo-Moorhead Medical Center

## Community Health Needs Assessment
## Results from a November 2017 Non-Generalizable
## Online Survey of Community Stakeholders

December 2017

SANFORD

## STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a November 2017 online survey of community leaders and key stakeholders identified by Sanford Fargo-Moorhead Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders located within various agencies throughout Cass County, North Dakota and Clay County, Minnesota, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the month of November and the first two weeks of December. A total of 222 respondents participated in the online survey.

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# SURVEY RESULTS

## Current State of Health and Wellness Issues Within the Community

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

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

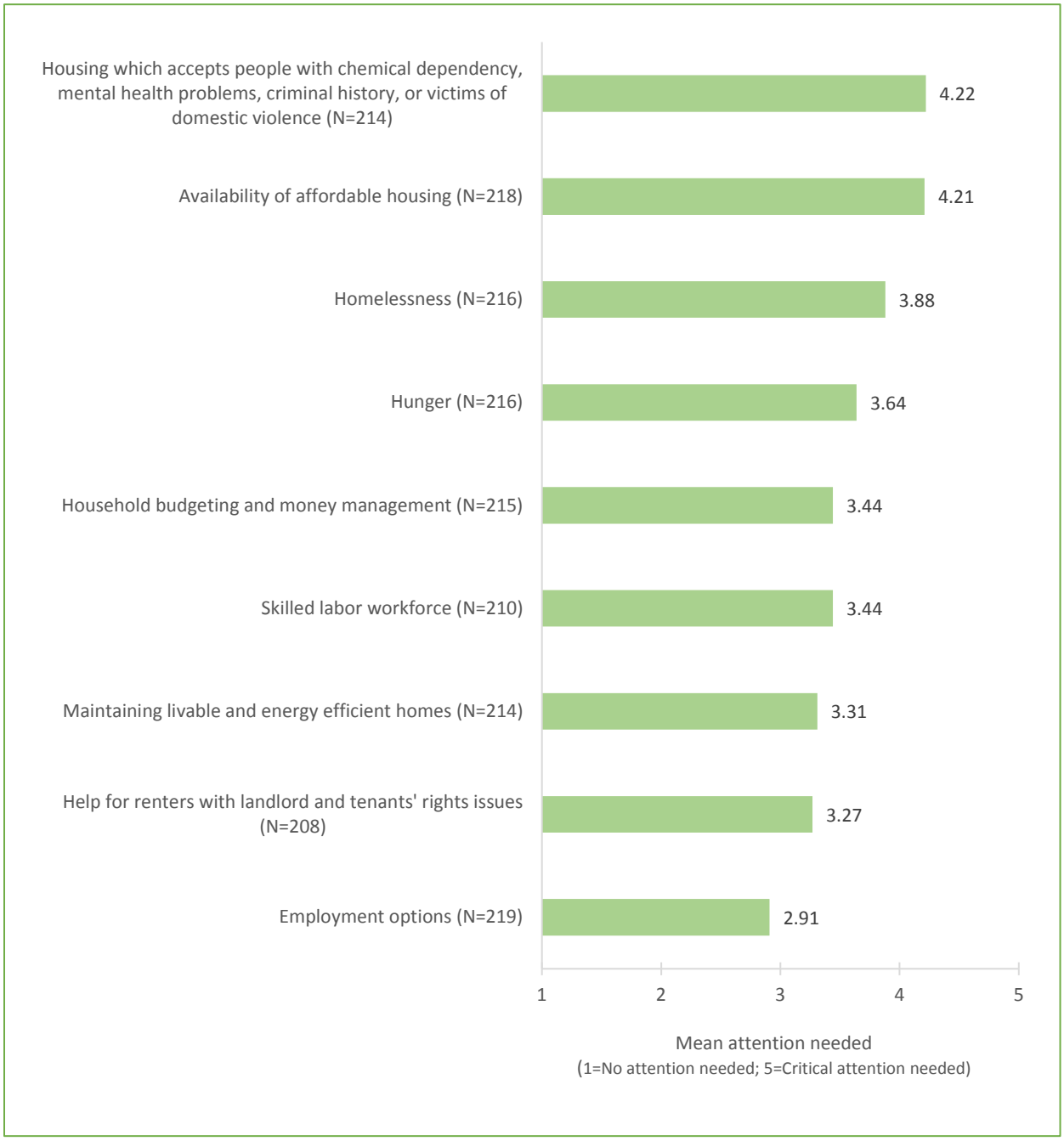


Figure 2. Current state of community issues regarding TRANSPORTATION

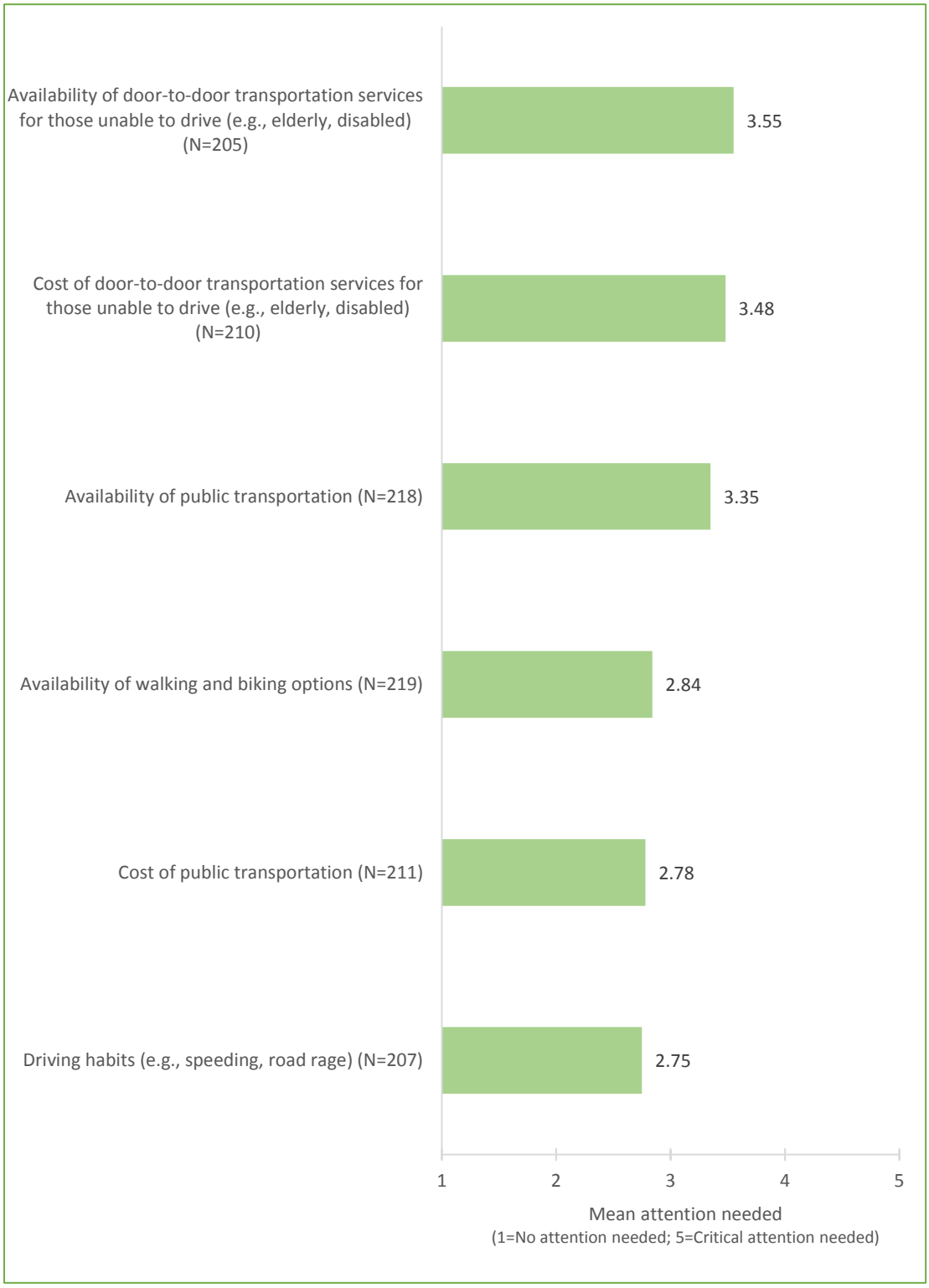


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

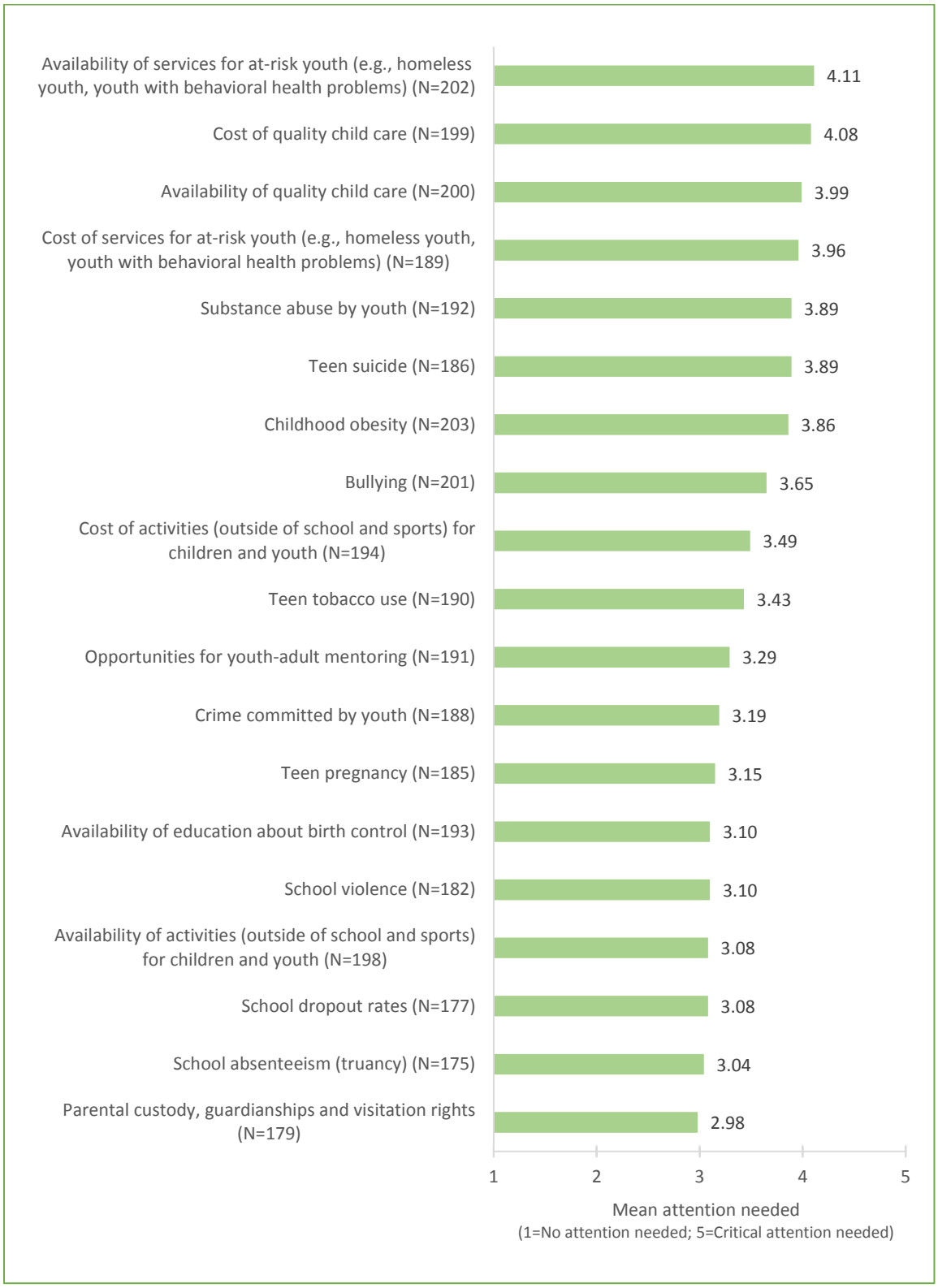


Figure 4. Current state of community issues regarding the AGING POPULATION

Figure 5. Current state of community issues regarding SAFETY

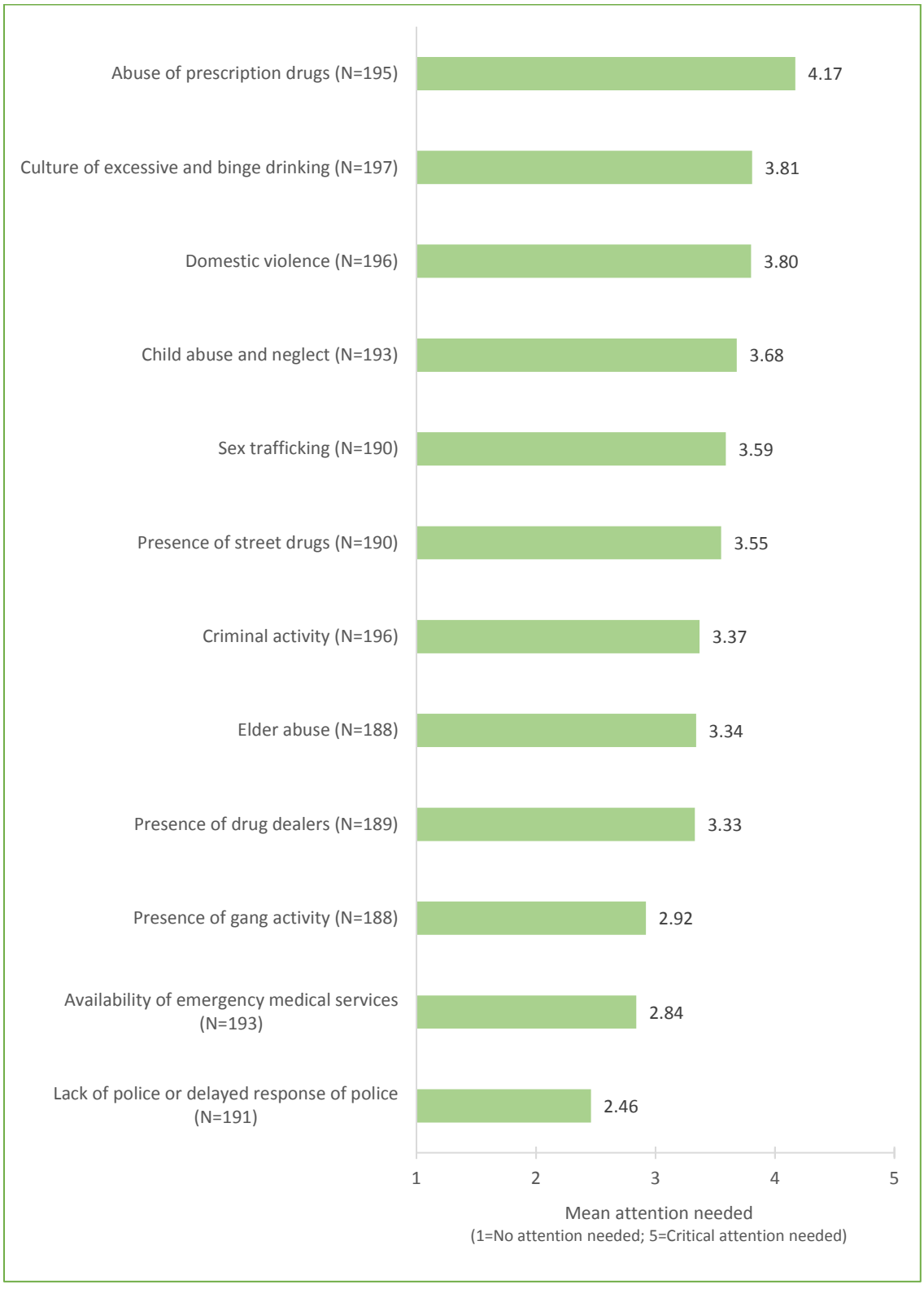
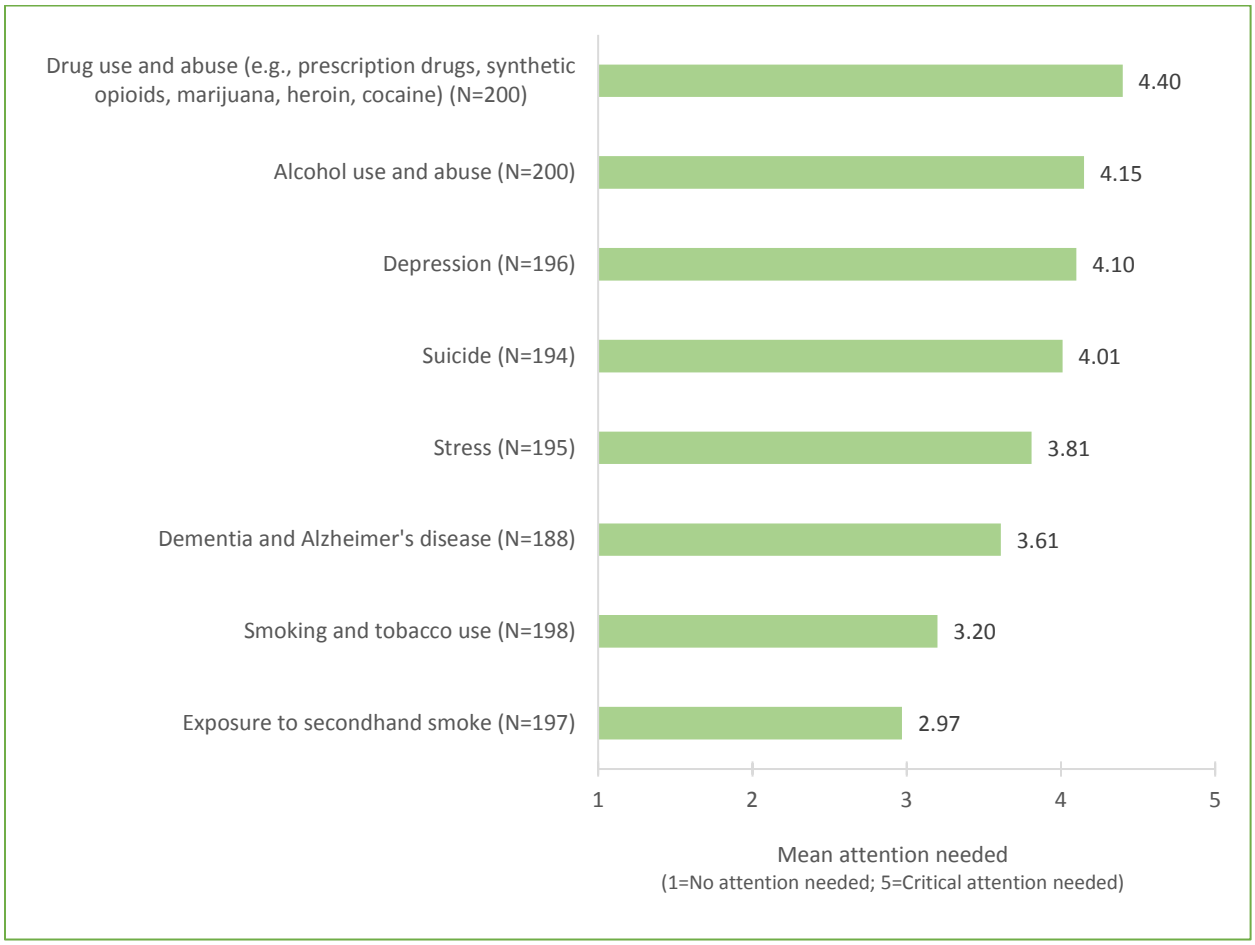


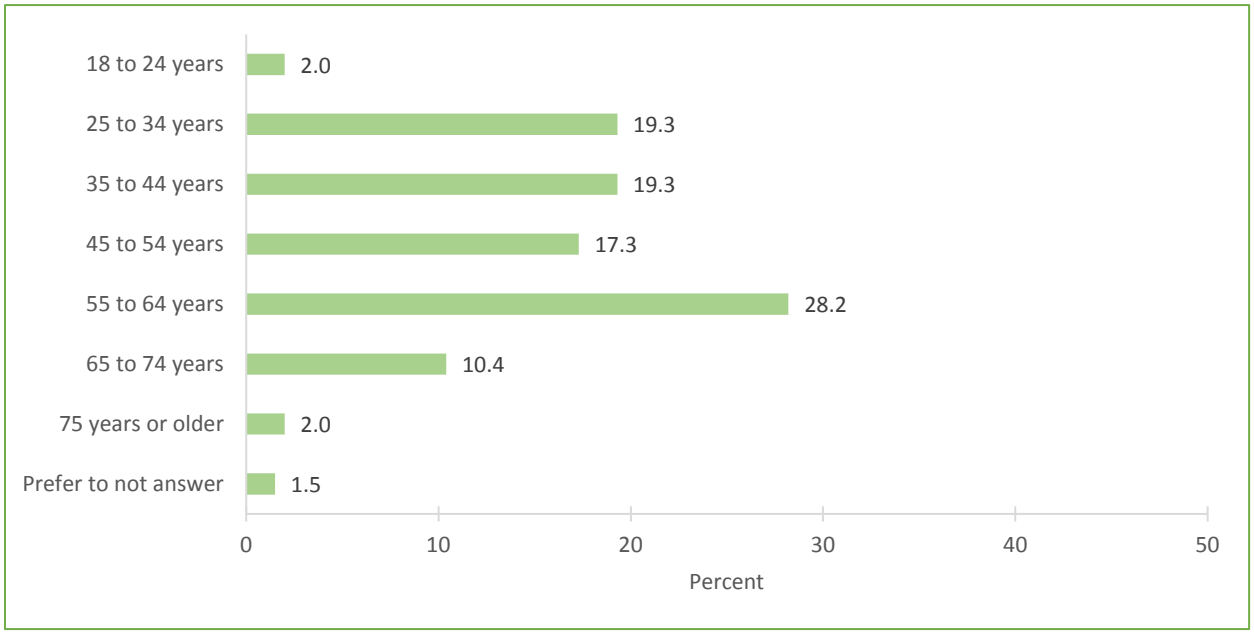
Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

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



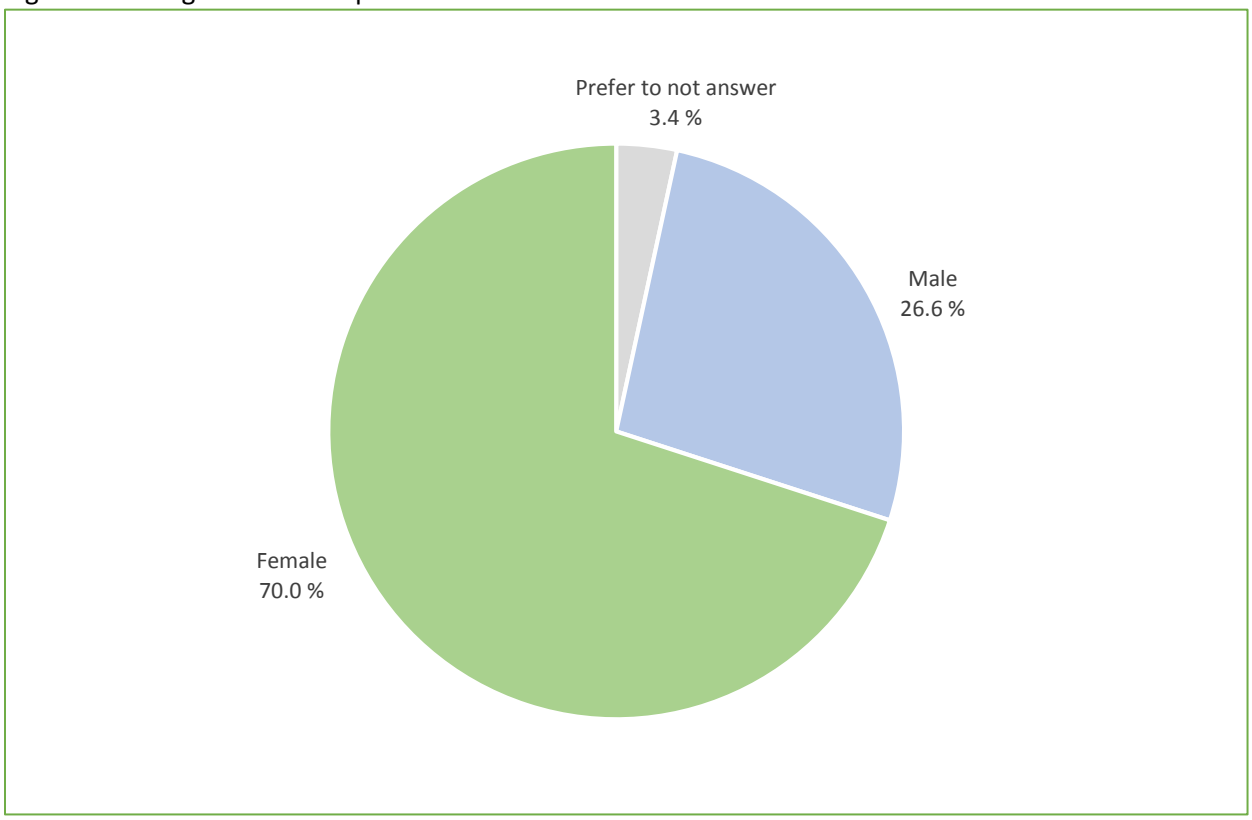
## Demographic Information

Figure 8. Age of respondents



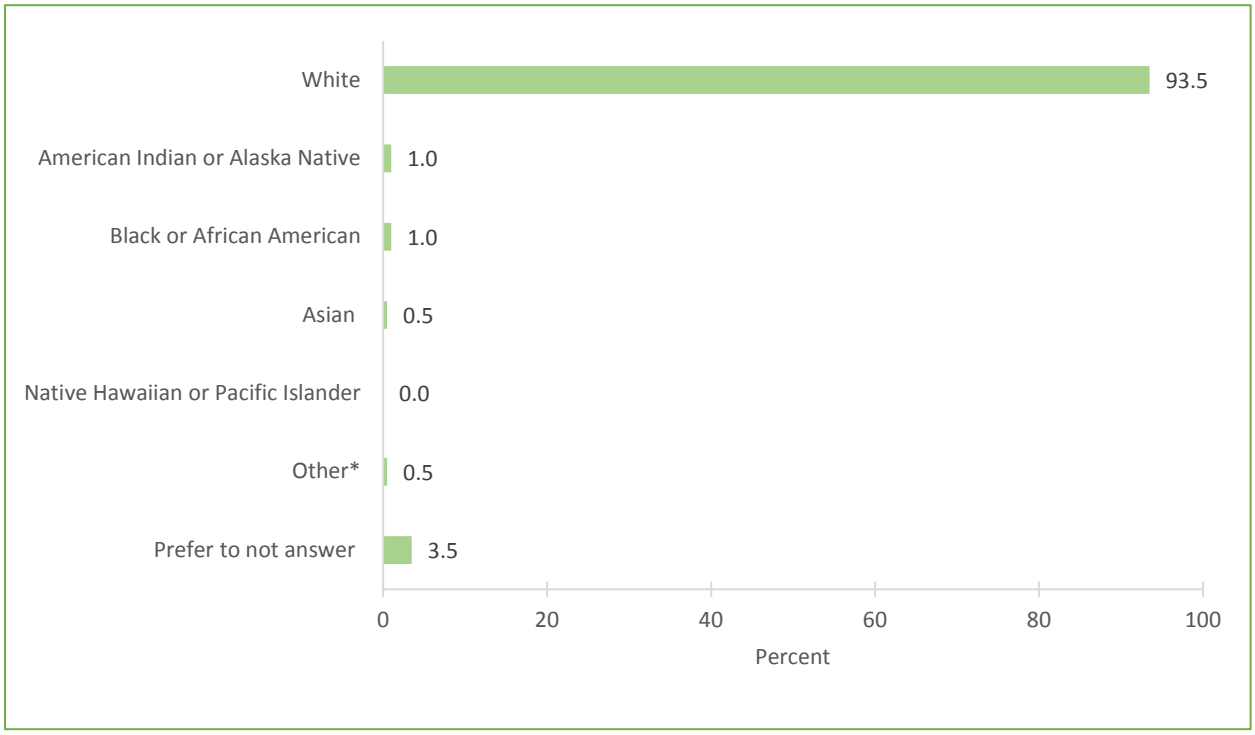

N=202

Figure 9. Biological sex of respondents




N=203

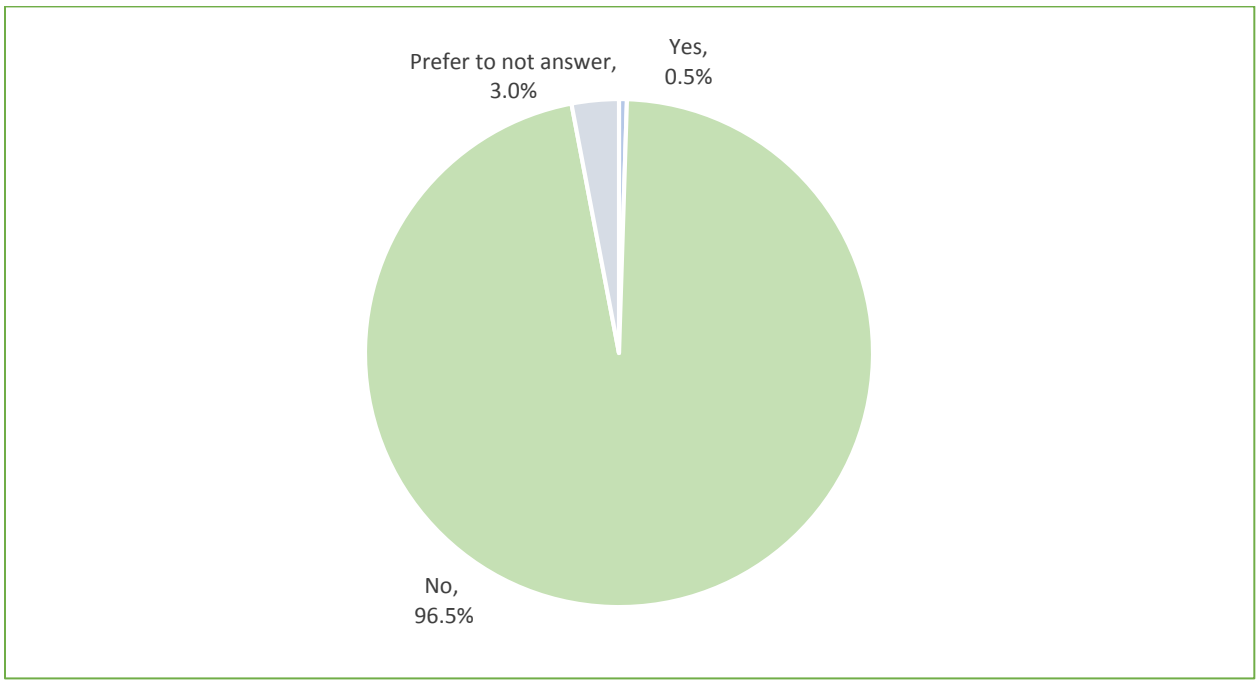
Figure 10. Race of respondents




N=200

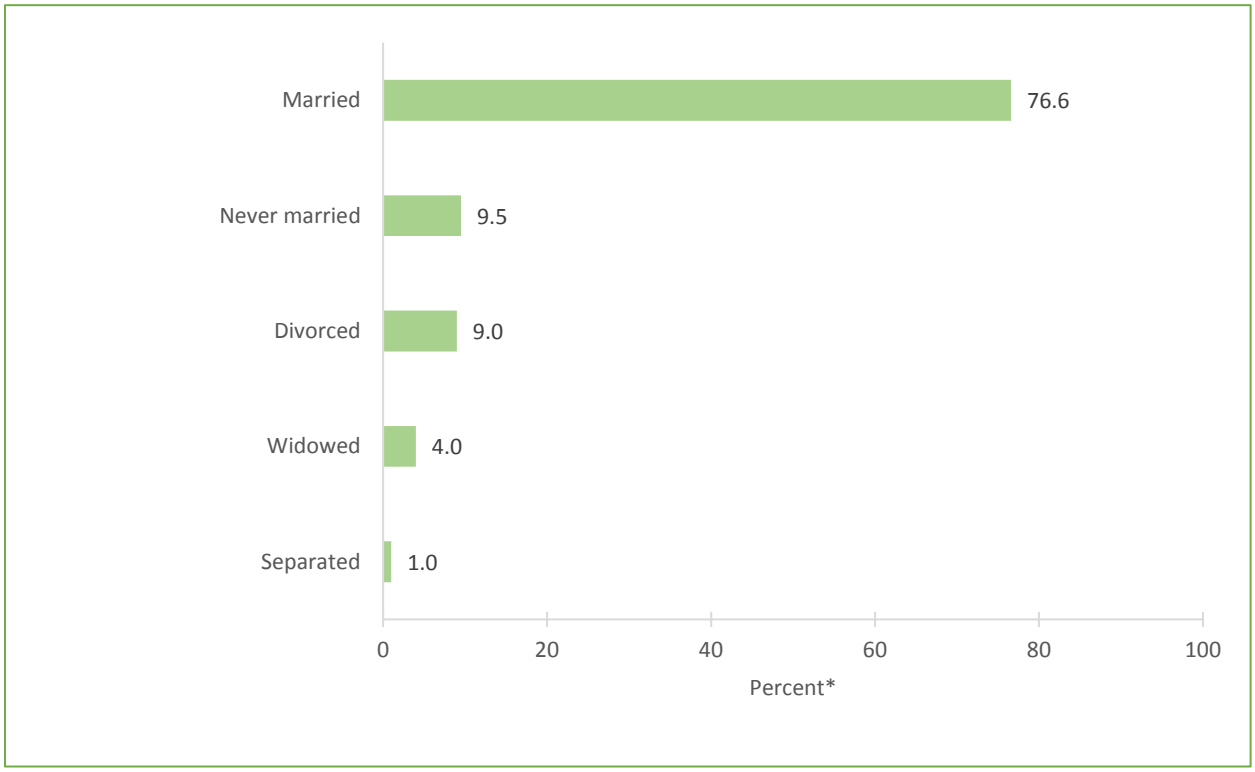
*There was no response entered for “other”.

Figure 11. Whether respondents are of Hispanic or Latino origin



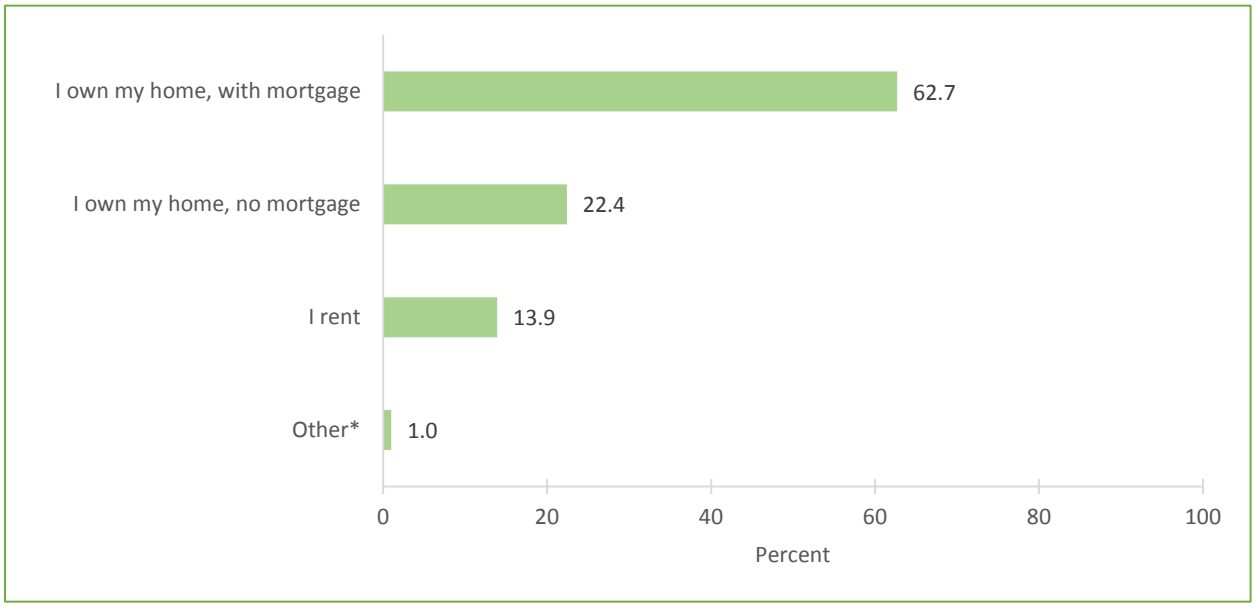

N=199

Figure 12. Marital status of respondents




N=201
*Percentages do not total 100.0 due to rounding.

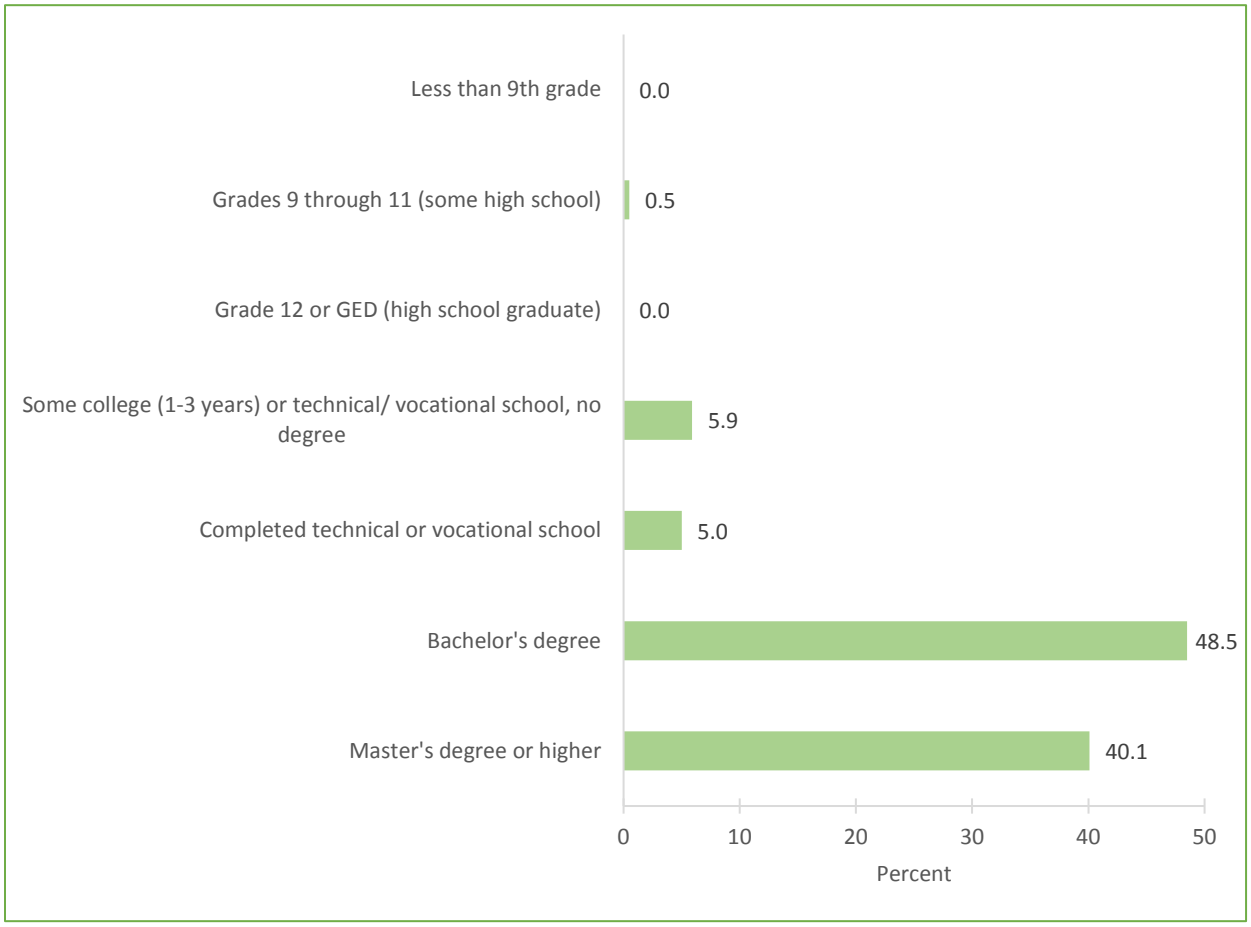
Figure 13. Living situation of respondents




N=201

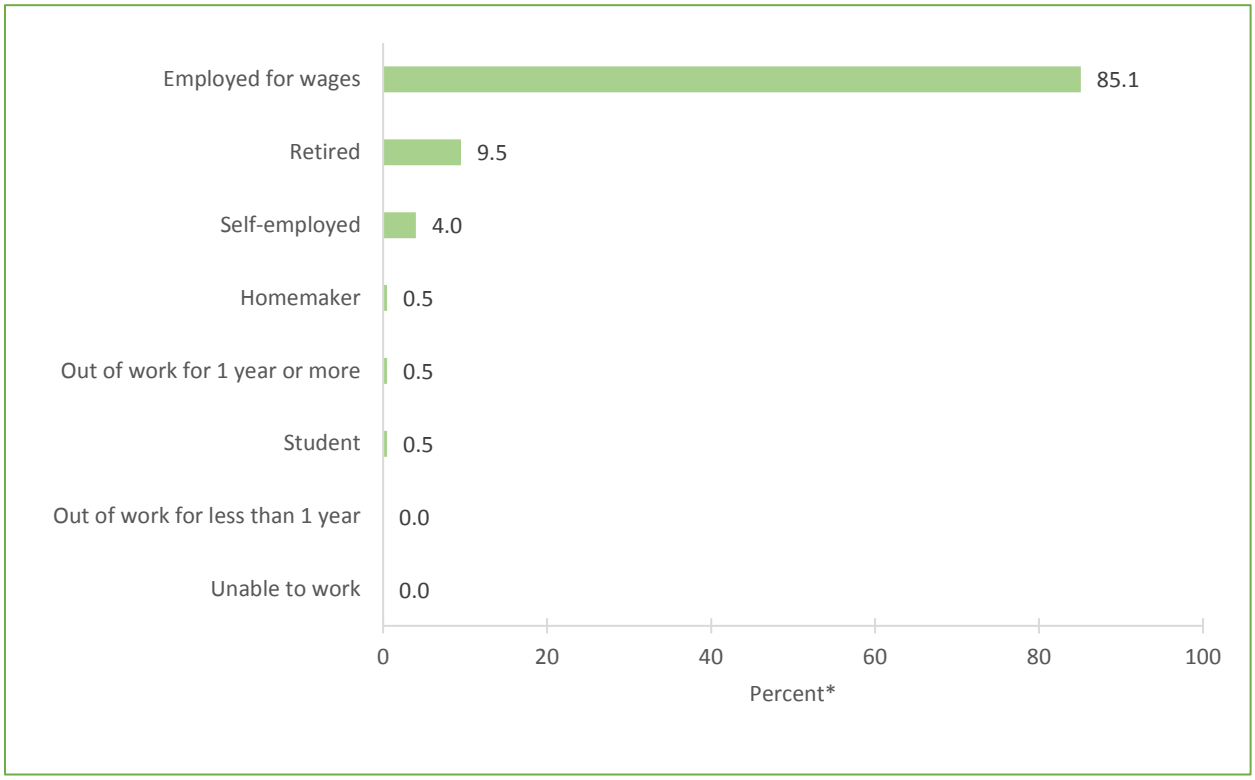
*Other response is “apartment”.

Figure 14. Highest level of education completed by respondents




N=202

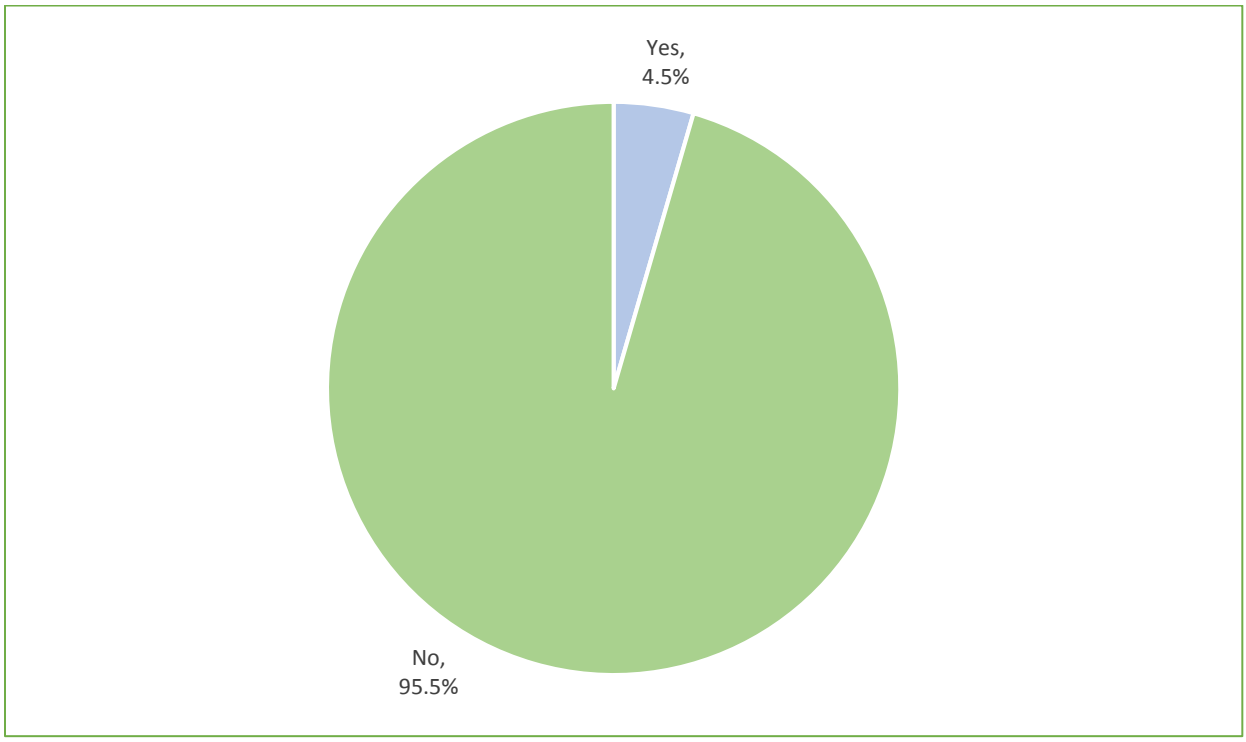
Figure 15. Employment status of respondents




N=201

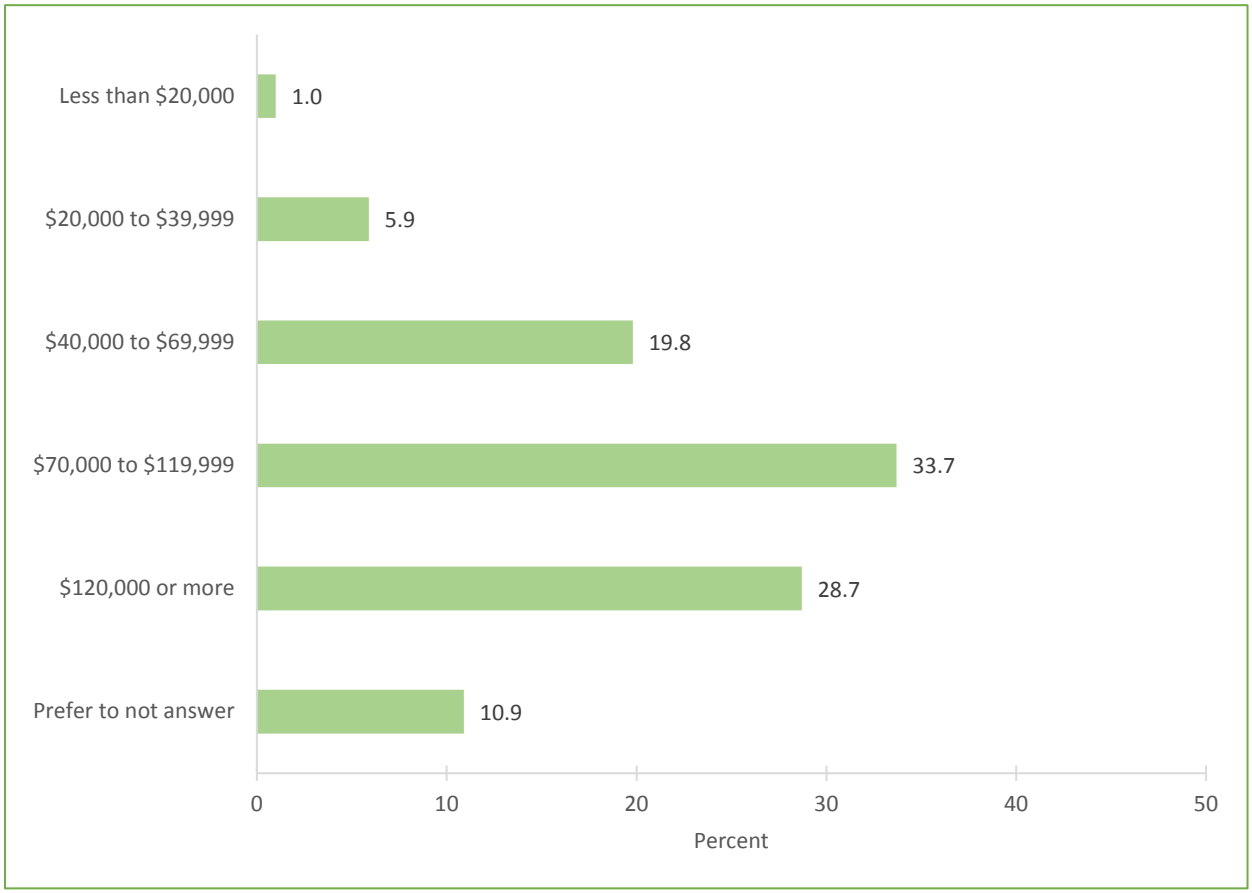
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans




N=199

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




N=202

Table 1. Zip code of respondents

| Zip code | Number of respondents |
|---|---|
| 56560 | 41 |
| 58103 | 34 |
| 58104 | 31 |
| 58078 | 23 |
| 58102 | 18 |
| 58047 | 5 |
| 58042 | 2 |
| 56529 | 1 |
| 56549 | 1 |
| 58005 | 1 |
| 58006 | 1 |
| 58012 | 1 |

N=159

Table 2. Comments from respondents

| Comments |
|---|
| Affordable health and mental health services and affordable/accessible housing are MUCH NEEDED!! |
| Any examination of issues and/or accompanying policies should be intersectional - that's critical! |
| High need for behavioral health support in schools. |
| Homeless seniors (over age 60) is a critical and growing issue -- getting bigger all the time. |
| I believe in universal health care like the rest of the civilized world has. |
| I do not work directly with homeless youth, but I work with homeless adults and incarcerated persons. Behavioral Health and affordable housing with support services are critical needs, but homeless youth are even more neglected it seems. Family HealthCare is the only option for affordable, sliding scale care, and even with insurance people can't afford care or medications sometimes, get bumped off their insurance because they don't follow up, etc. Politicians continue to try to cut services to the ones who need them the most, and it's infuriating. I am happy to meet with anyone in person to discuss finer details for the purpose of this study. |
| I wish NA would have been explained. There were several, I didn't feel qualified to answer but did because that option wasn't listed. |
| In regards to mental health, there is a great need in schools to identify children needing mental health services and provide these services within the context of the school day. |
| It occurs to me that several of the questions about serious/moderate situations are serious, but a small percentage of people have the serious level of the problem. However, to them it is a serious problem. |
| Mental illness / wellness is a critical concern for youth - as we help them now, we help the future. |
| Money has been cut for homeless youth for sex trafficking. Needs to be restored and fund both. |
| Not enough questions regarding mental health needs. |
| On the subject of non-school activities for young people they also need down time; they do not have to be over-booked like their parents. No one should be in an unsafe environment - drug dealer[s] need to be removed from society. No one should be abused or neglected and go into the highest need category. |
| Re: housing that takes those with CD/other issues. The problem is paying for full-time staff to monitor activity for safety of all residents, and to deal with the numerous issues. |
| Seems like FirstLink is a great resource for continued care, open 24/7. |
| Sexual assault/rape is a huge issue in the FM area, especially at bars and at the college campuses. This is something that needs to be addressed! |
| Special needs based services were not addressed in the survey. To include: ASD, Down Syndrome, Multiply impaired, Intellectual Disability, and EBD. I know that the schools are very taxed currently with the demands of supporting the diverse population. My question is are we addressing support and interventions for the special needs population post academic age. |
| Substance abuse programs tend not to use best practices...seem to be stuck in the 1930's...very unproductive. |
| The way our cities are built (sprawling/car-dependent) significantly impacts the physical and economic health of our population, especially the low-income and disabled population. If our cities were built in a more-dense and livable way, all populations could feasibly walk, bike, and use public transportation. Currently we are mandated to own and pay for a car in order to maintain a normal lifestyle. (The average American pays over $8,000 per year to own and maintain a car - Source AAA.) |
| Transportation to medical care. |
| We need a television channel that constantly scrolls events, information, and news regarding all of the above issues as well as short video clips about injuries, how to fill out forms, correct ways to raise children, or help the elderly, etc. |
| We need more effort to prevent age 12 to 18 from ending up in detention centers. |
| Yes when looking at the challenges with our aging population, it is a matter of not just finding them a place to live, it is finding them a place to live if they have been kicked out of a nursing care facility and need a higher level of care, but nowhere to go. More homes and respite care for seniors |

# APPENDIX TABLE

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

| Statements | Mean** | Percent of respondents* | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Level of attention needed | | | | | | Total |
| | | 1 None | 2 Little | 3 Moderate | 4 Serious | 5 Critical | NA | |
| ECONOMIC WELL-BEING ISSUES | | | | | | | | |
| Availability of affordable housing (N=220) | 4.21 | 0.0 | 1.4 | 22.7 | 28.6 | 46.4 | 0.9 | 100.0 |
| Employment options (N=221) | 2.91 | 5.0 | 24.9 | 48.0 | 16.3 | 5.0 | 0.9 | 100.1 |
| Help for renters with landlord and tenants' rights issues (N=214) | 3.27 | 0.5 | 18.7 | 45.3 | 19.6 | 13.1 | 2.8 | 100.0 |
| Homelessness (N=218) | 3.88 | 0.5 | 6.9 | 29.4 | 29.8 | 32.6 | 0.9 | 100.1 |
| Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=217) | 4.22 | 0.9 | 3.2 | 15.2 | 32.7 | 46.5 | 1.4 | 99.9 |
| Household budgeting and money management (N=218) | 3.44 | 0.0 | 10.1 | 46.3 | 30.7 | 11.5 | 1.4 | 100.0 |
| Hunger (N=219) | 3.64 | 0.5 | 10.5 | 34.2 | 32.4 | 21.0 | 1.4 | 100.0 |
| Maintaining livable and energy efficient homes (N=216) | 3.31 | 0.5 | 17.1 | 44.9 | 24.1 | 12.5 | 0.9 | 100.0 |
| Skilled labor workforce (N=216) | 3.44 | 2.8 | 9.7 | 40.3 | 30.6 | 13.9 | 2.8 | 100.1 |
| TRANSPORTATION ISSUES | | | | | | | | |
| Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=212) | 3.55 | 2.4 | 10.8 | 32.1 | 34.4 | 17.0 | 3.3 | 100.0 |
| Availability of public transportation (N=219) | 3.35 | 3.7 | 16.0 | 36.5 | 28.8 | 14.6 | 0.5 | 100.1 |
| Availability of walking and biking options (N=220) | 2.84 | 7.3 | 27.3 | 44.1 | 16.4 | 4.5 | 0.5 | 100.1 |
| Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=217) | 3.48 | 2.3 | 14.3 | 30.0 | 35.5 | 14.7 | 3.2 | 100.0 |
| Cost of public transportation (N=217) | 2.78 | 4.1 | 34.6 | 40.6 | 14.3 | 3.7 | 2.8 | 100.1 |
| Driving habits (e.g., speeding, road rage) (N=216) | 2.75 | 7.4 | 34.3 | 33.3 | 16.2 | 4.6 | 4.2 | 100.0 |
| CHILDREN AND YOUTH | | | | | | | | |
| Availability of activities (outside of school and sports) for children and youth (N=207) | 3.08 | 3.4 | 21.3 | 41.5 | 23.2 | 6.3 | 4.3 | 100.0 |

| Statements | Mean** | Percent of respondents* | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Level of attention needed | | | | | | Total |
| | | 1 None | 2 Little | 3 Moderate | 4 Serious | 5 Critical | NA | |
| Availability of education about birth control (N=202) | 3.10 | 2.5 | 25.2 | 36.6 | 22.3 | 8.9 | 4.5 | 100.0 |
| Availability of quality child care (N=206) | 3.99 | 0.0 | 2.9 | 25.2 | 39.3 | 29.6 | 2.9 | 99.9 |
| Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=206) | 4.11 | 0.0 | 2.9 | 16.5 | 45.6 | 33.0 | 1.9 | 99.9 |
| Bullying (N=204) | 3.65 | 1.0 | 7.4 | 34.8 | 37.7 | 17.6 | 1.5 | 100.0 |
| Childhood obesity (N=205) | 3.86 | 0.0 | 7.3 | 23.9 | 43.4 | 24.4 | 1.0 | 100.0 |
| Cost of activities (outside of school and sports) for children and youth (N=204) | 3.49 | 0.5 | 10.8 | 38.2 | 32.4 | 13.2 | 4.9 | 100.0 |
| Cost of quality child care (N=207) | 4.08 | 0.0 | 3.4 | 19.3 | 39.6 | 33.8 | 3.9 | 100.0 |
| Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=200) | 3.96 | 0.0 | 3.5 | 23.0 | 41.5 | 26.5 | 5.5 | 100.0 |
| Crime committed by youth (N=199) | 3.19 | 0.5 | 16.6 | 46.7 | 25.6 | 5.0 | 5.5 | 99.9 |
| Opportunities for youth-adult mentoring (N=198) | 3.29 | 1.0 | 13.6 | 45.5 | 29.3 | 7.1 | 3.5 | 100.0 |
| Parental custody, guardianships and visitation rights (N=194) | 2.98 | 2.1 | 19.6 | 51.0 | 17.5 | 2.1 | 7.7 | 100.0 |
| School absenteeism (truancy) (N=193) | 3.04 | 1.6 | 21.8 | 43.0 | 20.2 | 4.1 | 9.3 | 100.0 |
| School dropout rates (N=194) | 3.08 | 1.5 | 23.7 | 39.7 | 18.0 | 8.2 | 8.8 | 99.9 |
| School violence (N=197) | 3.10 | 2.0 | 20.3 | 43.1 | 20.3 | 6.6 | 7.6 | 99.9 |
| Substance abuse by youth (N=200) | 3.89 | 0.5 | 6.0 | 24.5 | 37.5 | 27.5 | 4.0 | 100.0 |
| Teen pregnancy (N=196) | 3.15 | 0.5 | 23.0 | 40.8 | 21.9 | 8.2 | 5.6 | 100.0 |
| Teen suicide (N=195) | 3.89 | 0.5 | 9.2 | 20.5 | 35.4 | 29.7 | 4.6 | 99.9 |
| Teen tobacco use (N=199) | 3.43 | 1.5 | 17.6 | 30.2 | 31.2 | 15.1 | 4.5 | 100.1 |
| THE AGING POPULATION | | | | | | | | |
| Availability of activities for seniors (e.g., recreational, social, cultural) (N=200) | 3.11 | 2.5 | 16.0 | 51.5 | 19.0 | 6.0 | 5.0 | 100.0 |
| Availability of long-term care (N=199) | 3.24 | 2.5 | 21.6 | 33.2 | 23.6 | 12.6 | 6.5 | 100.0 |
| Availability of memory care (N=198) | 3.37 | 2.0 | 13.6 | 38.9 | 25.8 | 13.1 | 6.6 | 100.0 |
| Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=197) | 3.58 | 0.5 | 11.7 | 33.5 | 28.4 | 19.3 | 6.6 | 100.0 |
| Availability of resources for grandparents caring for grandchildren (N=199) | 3.36 | 1.0 | 18.6 | 33.2 | 26.6 | 13.6 | 7.0 | 100.0 |

| Statements | Mean** | Percent of respondents* | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Level of attention needed | | | | | | Total |
| | | 1 None | 2 Little | 3 Moderate | 4 Serious | 5 Critical | NA | |
| Availability of resources to help the elderly stay safe in their homes (N=195) | 3.52 | 1.0 | 13.3 | 35.4 | 25.6 | 19.5 | 5.1 | 99.9 |
| Cost of activities for seniors (e.g., recreational, social, cultural) (N=193) | 3.03 | 2.6 | 21.8 | 45.1 | 16.1 | 6.7 | 7.8 | 100.1 |
| Cost of in-home services (N=196) | 3.83 | 0.5 | 9.7 | 23.5 | 32.1 | 28.6 | 5.6 | 100.0 |
| Cost of long-term care (N=196) | 4.15 | 0.0 | 6.6 | 16.3 | 27.6 | 43.9 | 5.6 | 100.0 |
| Cost of memory care (N=197) | 4.08 | 0.0 | 7.6 | 16.2 | 30.5 | 39.1 | 6.6 | 100.0 |
| Help making out a will or healthcare directive (N=196) | 3.04 | 1.0 | 25.0 | 43.4 | 16.8 | 7.1 | 6.6 | 99.9 |
| SAFETY | | | | | | | | |
| Abuse of prescription drugs (N=199) | 4.17 | 0.0 | 4.0 | 15.1 | 39.2 | 39.7 | 2.0 | 100.0 |
| Availability of emergency medical services (N=196) | 2.84 | 4.1 | 36.7 | 36.7 | 12.8 | 8.2 | 1.5 | 100.0 |
| Child abuse and neglect (N=195) | 3.68 | 1.0 | 5.1 | 36.4 | 38.5 | 17.9 | 1.0 | 99.9 |
| Criminal activity (N=197) | 3.37 | 1.0 | 14.7 | 42.6 | 28.4 | 12.7 | 0.5 | 99.9 |
| Culture of excessive and binge drinking (N=199) | 3.81 | 1.0 | 8.0 | 27.1 | 35.7 | 27.1 | 1.0 | 99.9 |
| Domestic violence (N=199) | 3.80 | 0.5 | 5.0 | 30.2 | 40.7 | 22.1 | 1.5 | 100.0 |
| Elder abuse (N=193) | 3.34 | 2.1 | 16.6 | 38.3 | 26.9 | 13.5 | 2.6 | 100.0 |
| Lack of police or delayed response of police (N=195) | 2.46 | 12.8 | 42.1 | 31.8 | 7.7 | 3.6 | 2.1 | 100.1 |
| Presence of drug dealers (N=194) | 3.33 | 3.1 | 17.0 | 37.6 | 24.2 | 15.5 | 2.6 | 100.0 |
| Presence of gang activity (N=194) | 2.92 | 6.7 | 28.9 | 35.6 | 17.0 | 8.8 | 3.1 | 100.1 |
| Presence of street drugs (N=195) | 3.55 | 2.6 | 13.8 | 29.7 | 29.7 | 21.5 | 2.6 | 99.9 |
| Sex trafficking (N=194) | 3.59 | 2.1 | 11.9 | 33.0 | 27.8 | 23.2 | 2.1 | 100.1 |
| HEALTHCARE AND WELLNESS | | | | | | | | |
| Access to affordable dental insurance coverage (N=199) | 3.82 | 1.5 | 10.1 | 24.1 | 31.7 | 30.7 | 2.0 | 100.1 |
| Access to affordable health insurance coverage (N=200) | 4.05 | 1.0 | 5.0 | 17.5 | 39.0 | 35.5 | 2.0 | 100.0 |
| Access to affordable healthcare (N=201) | 4.01 | 1.5 | 5.0 | 21.4 | 34.3 | 36.3 | 1.5 | 100.0 |
| Access to affordable prescription drugs (N=199) | 3.91 | 1.0 | 7.0 | 24.6 | 32.7 | 32.7 | 2.0 | 100.0 |
| Access to affordable vision insurance coverage (N=192) | 3.58 | 2.1 | 12.5 | 32.3 | 29.2 | 22.4 | 1.6 | 100.1 |
| Access to technology for health records and health education (N=192) | 2.83 | 5.7 | 31.3 | 38.5 | 16.1 | 5.2 | 3.1 | 99.9 |
| Availability of behavioral health (e.g., substance abuse) providers (N=201) | 4.21 | 0.5 | 5.0 | 16.4 | 28.4 | 48.3 | 1.5 | 100.1 |

| Statements | Mean** | Percent of respondents* | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Level of attention needed | | | | | | Total |
| | | 1 None | 2 Little | 3 Moderate | 4 Serious | 5 Critical | NA | |
| Availability of doctors, physician assistants, or nurse practitioners (N=195) | 3.33 | 3.1 | 16.4 | 37.9 | 25.1 | 14.9 | 2.6 | 100.0 |
| Availability of healthcare services for Native people (N=195) | 3.50 | 4.6 | 12.3 | 29.7 | 22.1 | 22.6 | 8.7 | 100.0 |
| Availability of healthcare services for New Americans (N=194) | 3.32 | 5.2 | 16.5 | 33.0 | 23.2 | 17.0 | 5.2 | 100.1 |
| Availability of mental health providers (N=197) | 4.28 | 1.0 | 4.1 | 17.8 | 19.8 | 56.9 | 0.5 | 100.1 |
| Availability of non-traditional hours (e.g., evenings, weekends) (N=197) | 3.63 | 3.0 | 11.7 | 31.0 | 26.4 | 26.9 | 1.0 | 100.0 |
| Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=193) | 3.34 | 2.6 | 16.1 | 42.5 | 21.2 | 17.1 | 0.5 | 100.0 |
| Availability of specialist physicians (N=192) | 3.20 | 3.6 | 24.5 | 31.8 | 22.4 | 14.6 | 3.1 | 100.0 |
| Coordination of care between providers and services (N=196) | 3.50 | 1.5 | 16.3 | 32.1 | 28.1 | 20.4 | 1.5 | 99.9 |
| Timely access to medical care providers (N=197) | 3.38 | 3.6 | 19.3 | 31.0 | 25.9 | 19.3 | 1.0 | 100.1 |
| Timely access to dental care providers (N=193) | 3.34 | 5.2 | 21.2 | 26.9 | 24.9 | 20.2 | 1.6 | 100.0 |
| Timely access to vision care providers (N=194) | 2.91 | 6.7 | 31.4 | 34.5 | 14.9 | 10.3 | 2.1 | 99.9 |
| Use of emergency room services for primary healthcare (N=193) | 3.53 | 2.1 | 14.5 | 30.6 | 31.1 | 19.7 | 2.1 | 100.1 |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | | | | | | | |
| Alcohol use and abuse (N=202) | 4.15 | 0.5 | 2.5 | 17.3 | 40.6 | 38.1 | 1.0 | 100.0 |
| Dementia and Alzheimer's disease (N=194) | 3.61 | 1.0 | 8.8 | 30.9 | 42.8 | 13.4 | 3.1 | 100.0 |
| Depression (N=198) | 4.10 | 0.5 | 2.0 | 17.2 | 46.5 | 32.8 | 1.0 | 100.0 |
| Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=202) | 4.40 | 0.5 | 2.0 | 7.9 | 36.1 | 52.5 | 1.0 | 100.0 |
| Exposure to secondhand smoke (N=199) | 2.97 | 5.0 | 25.6 | 40.2 | 23.1 | 5.0 | 1.0 | 99.9 |
| Smoking and tobacco use (N=200) | 3.20 | 3.5 | 19.0 | 39.5 | 28.5 | 8.5 | 1.0 | 100.0 |
| Stress (N=197) | 3.81 | 1.0 | 6.1 | 30.5 | 34.5 | 26.9 | 1.0 | 100.0 |
| Suicide (N=197) | 4.01 | 0.5 | 2.5 | 26.4 | 35.0 | 34.0 | 1.5 | 99.9 |

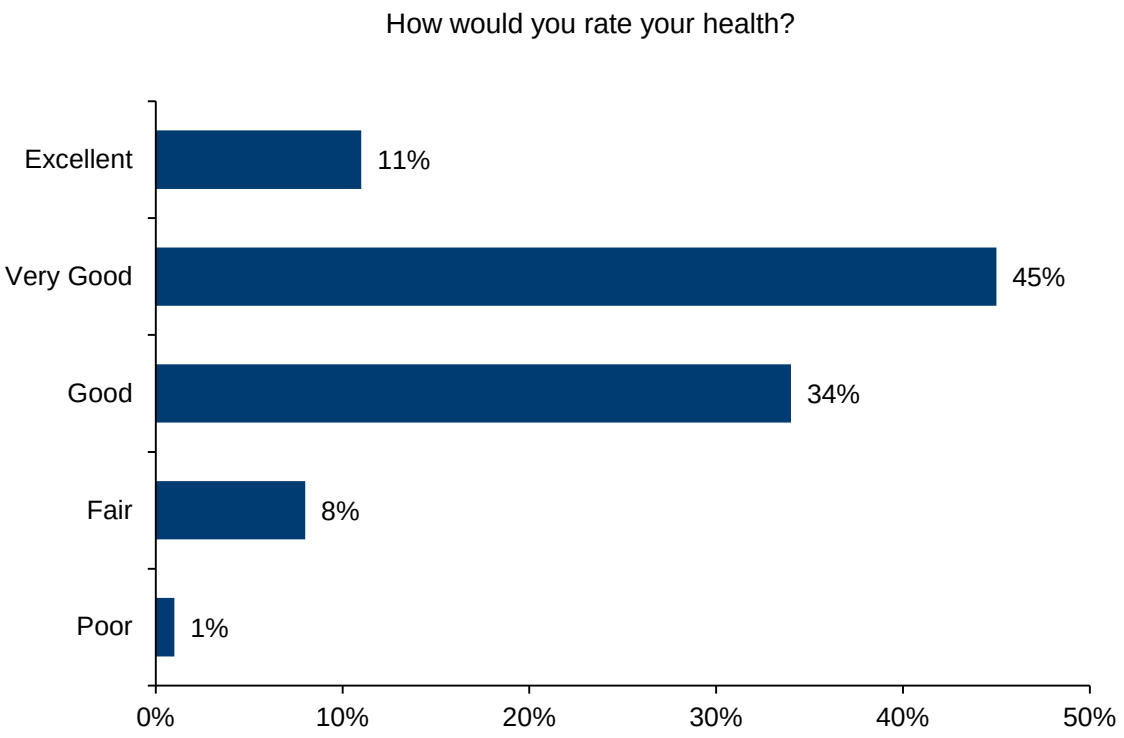
*Percentages may not total 100.0 due to rounding.

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

# Fargo CHNA Report 02202018

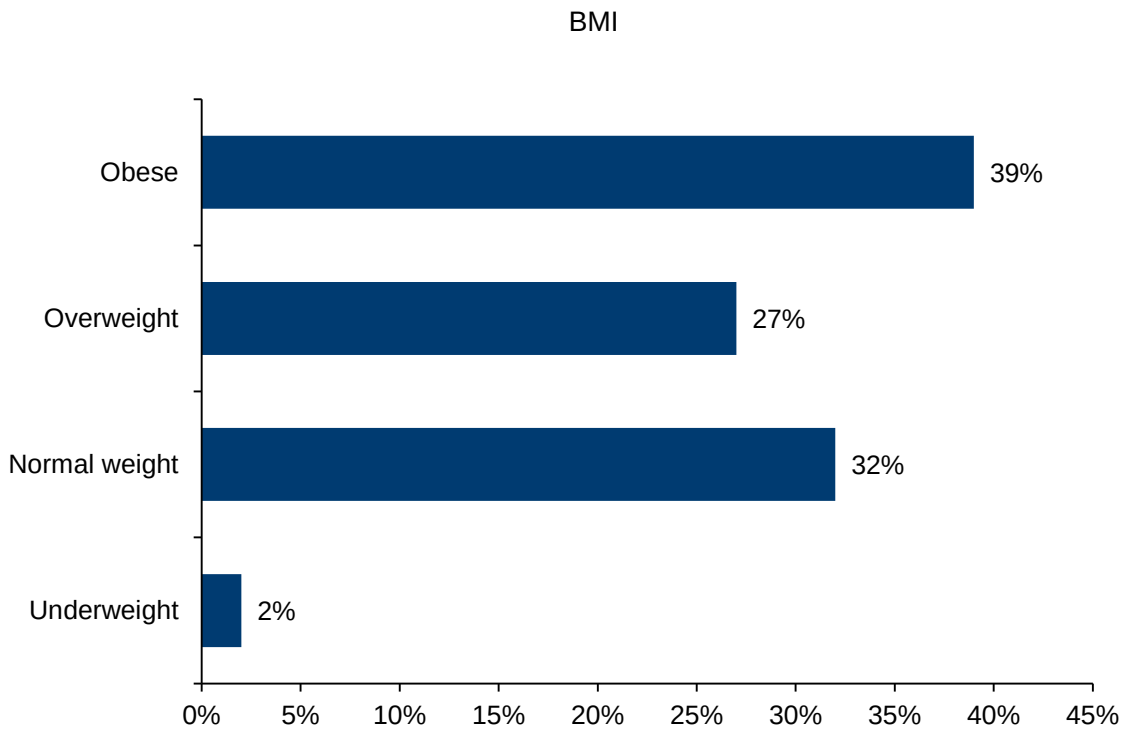
February 20, 2018

Charts Exported by MarketSight®



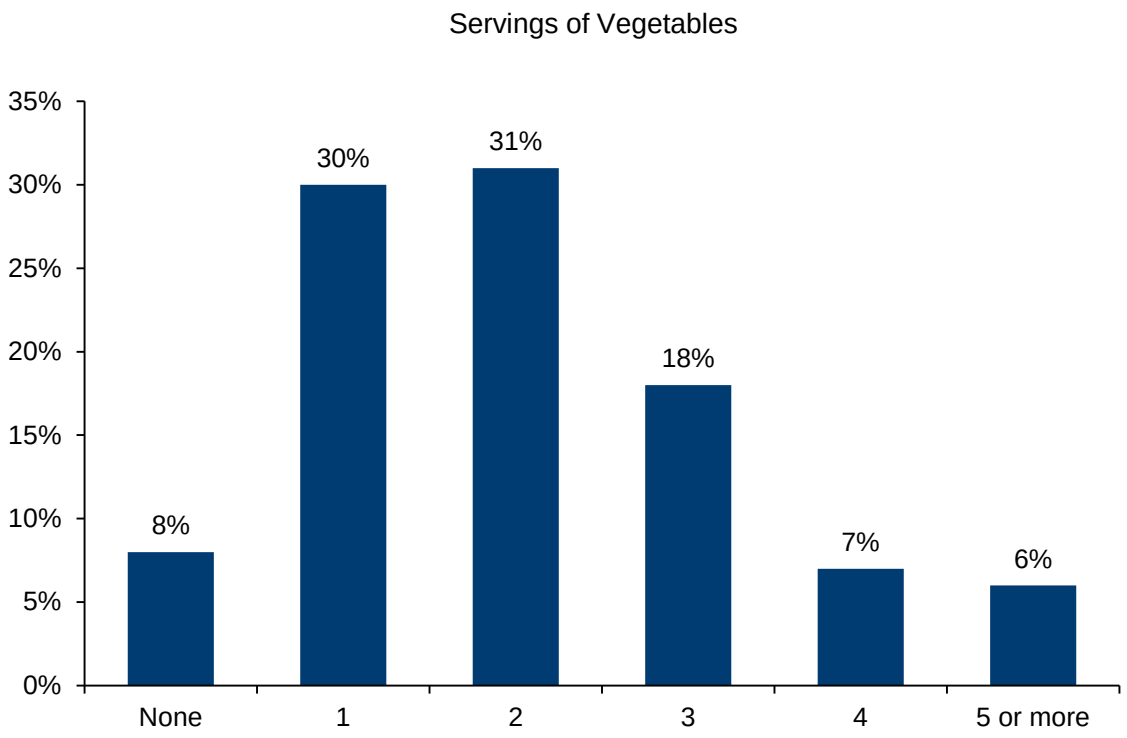

Base: Poor (n=7), Fair (n=44), Good (n=186), Very Good (n=247), Excellent (n=62), Sample Size = 546

(Community = Cass / Clay)



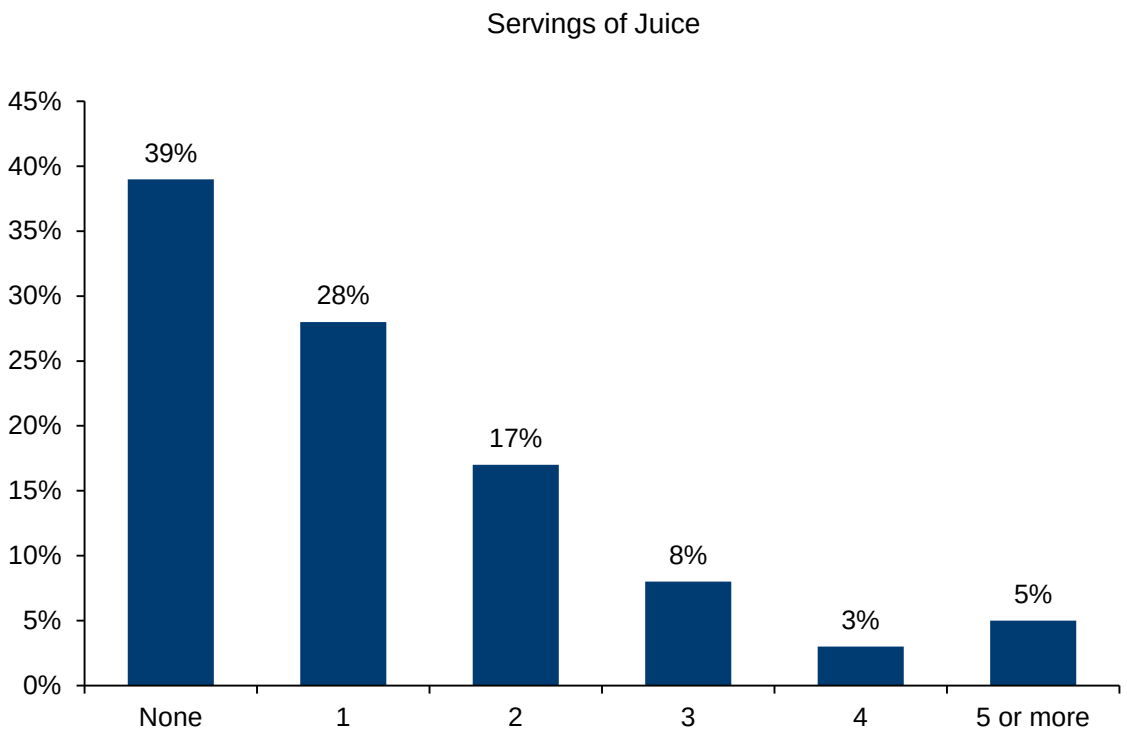

Base: Underweight (n=9), Normal weight (n=175), Overweight (n=147), Obese (n=214), Sample Size = 545

(Community = Cass / Clay)



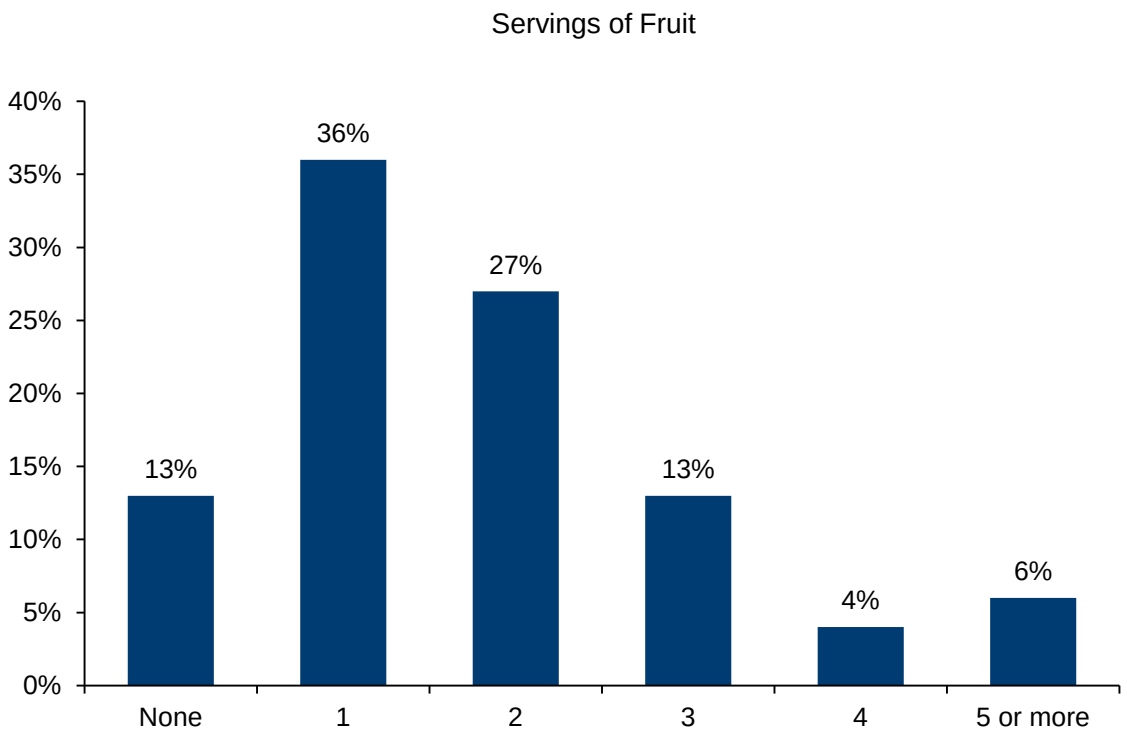

Sample Size = 515

(Community = Cass / Clay)



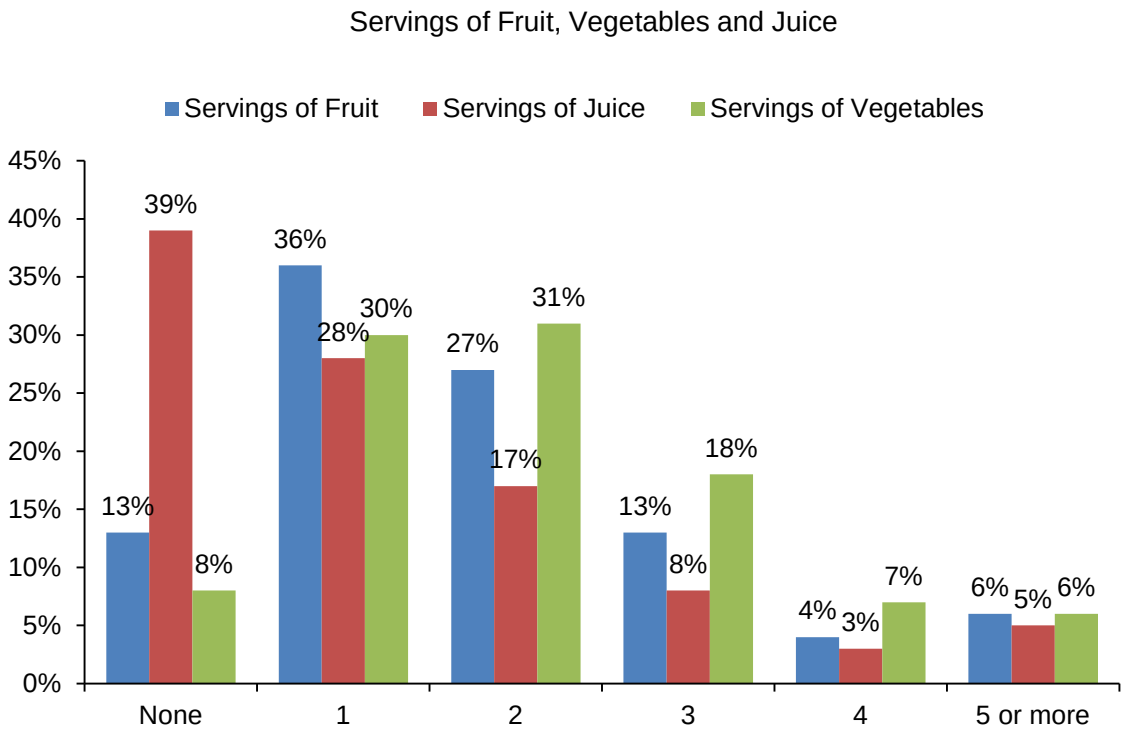

Base: None (n=147), 1 (n=105), 2 (n=64), 3 (n=29), 4 (n=10), 5 or more (n=20), Sample Size = 375

(Community = Cass / Clay)




Base: None (n=60), 1 (n=162), 2 (n=123), 3 (n=60), 4 (n=18), 5 or more (n=25), Sample Size = 448

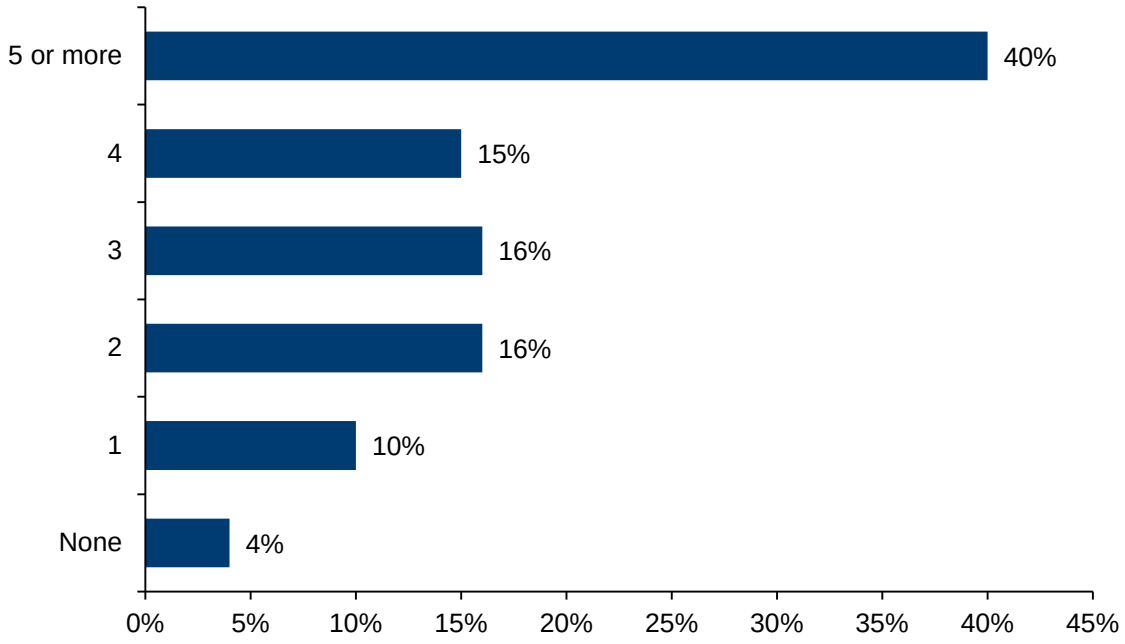
(Community = Cass / Clay)




Sample Size = Variable

(Community = Cass / Clay)

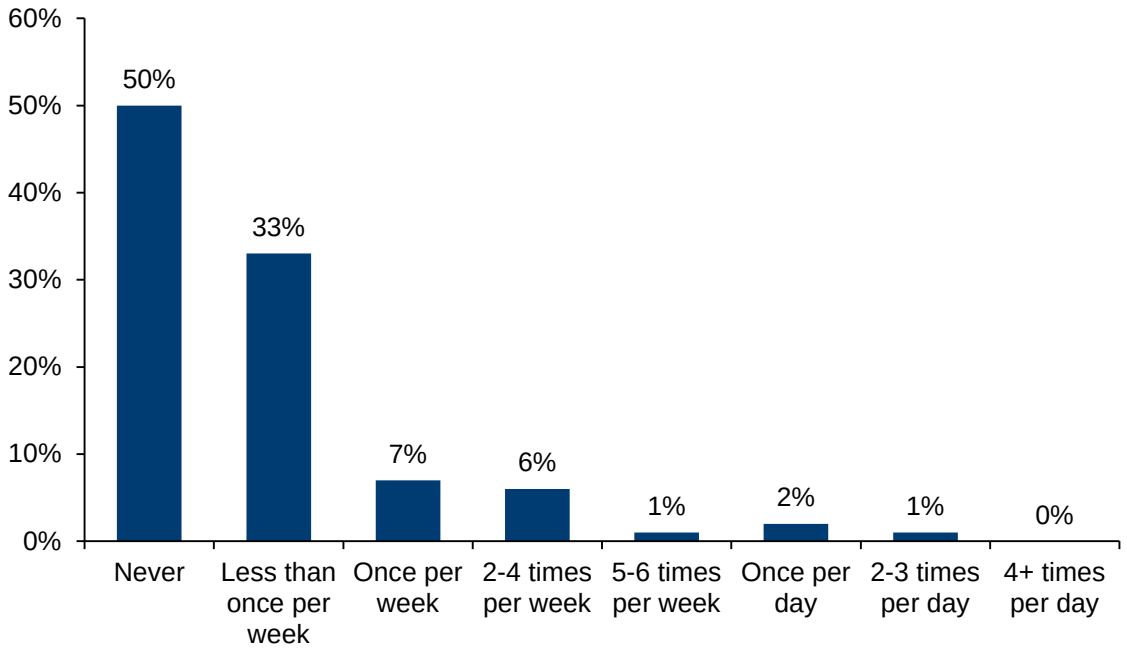
Total Servings of Fruits, Vegetables and Juice




Base: None (n=22), 1 (n=54), 2 (n=85), 3 (n=83), 4 (n=78), 5 or more (n=212), Sample Size = 534

(Community = Cass / Clay)

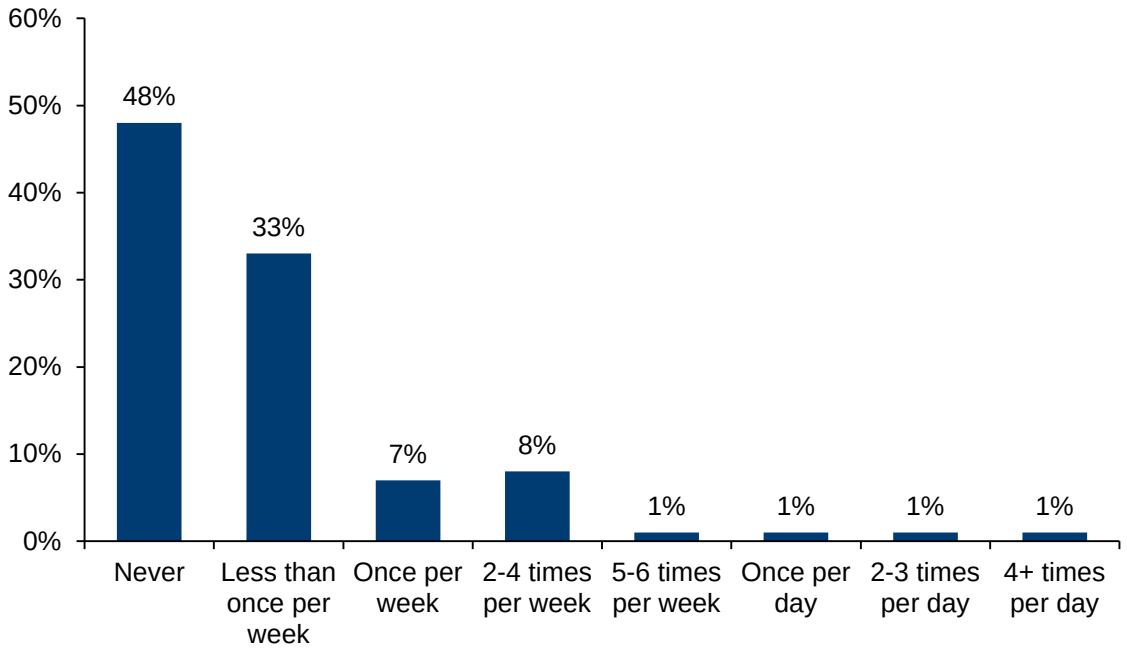
Snapple, Flavored Teas, Capri Sun, etc.




Base: Never (n=269), Less than once per week (n=176), Once per week (n=39), 2-4 times per week (n=32), 5-6 times per week (n=8), Once per day (n=10), 2-3 times per day (n=5), 4+ times per day (n=1), Sample Size = 540

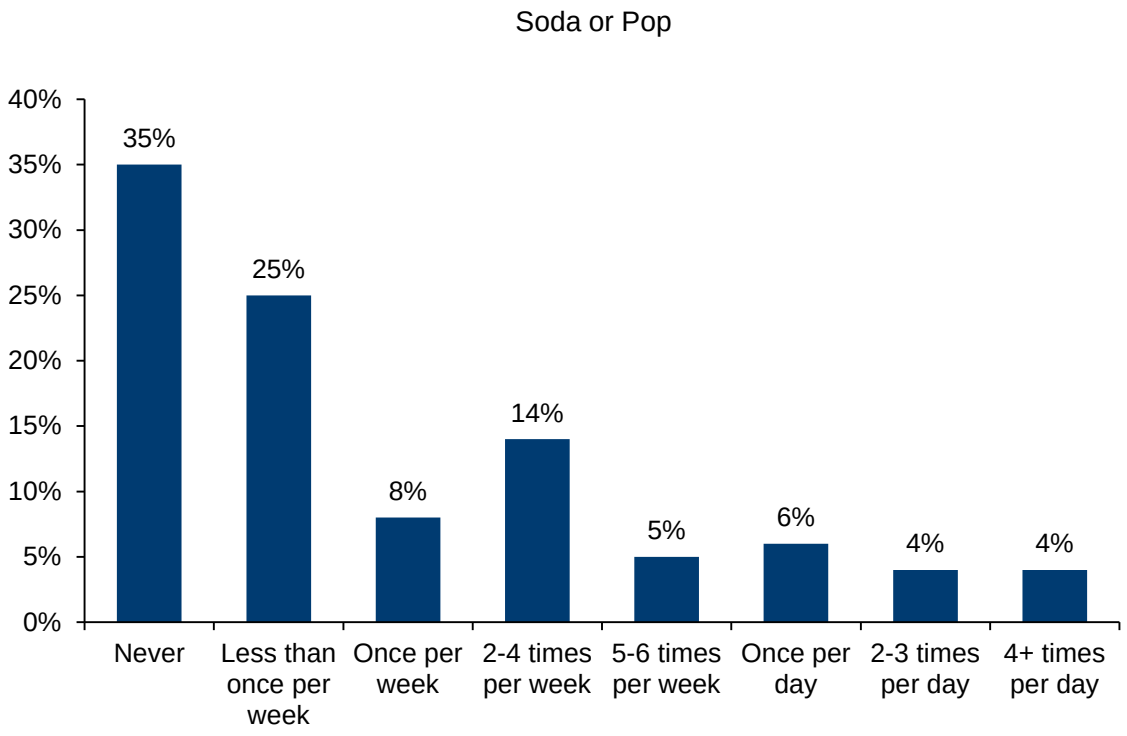
(Community = Cass / Clay)

Gatorade, Powerade, etc.




Base: Never (n=258), Less than once per week (n=175), Once per week (n=38), 2-4 times per week (n=44), 5-6 times per week (n=7), Once per day (n=6), 2-3 times per day (n=5), 4+ times per day (n=3), Sample Size = 536

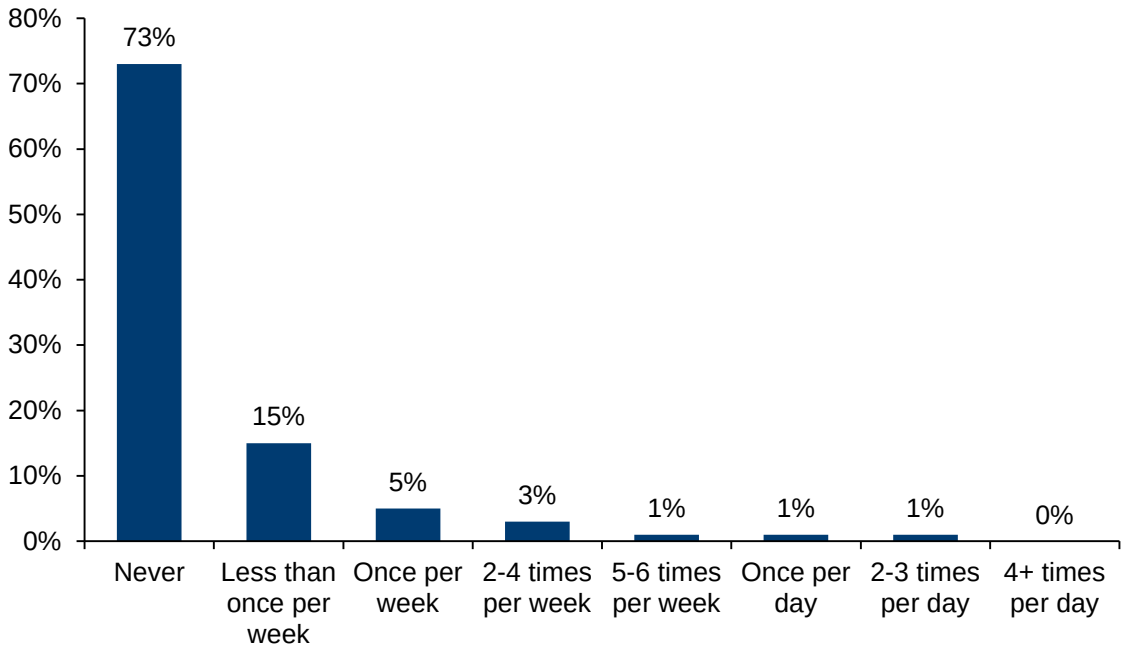
(Community = Cass / Clay)




Base: Never (n=190), Less than once per week (n=135), Once per week (n=42), 2-4 times per week (n=75), 5-6 times per week (n=25), Once per day (n=32), 2-3 times per day (n=23), 4+ times per day (n=21), Sample Size = 543

(Community = Cass / Clay)

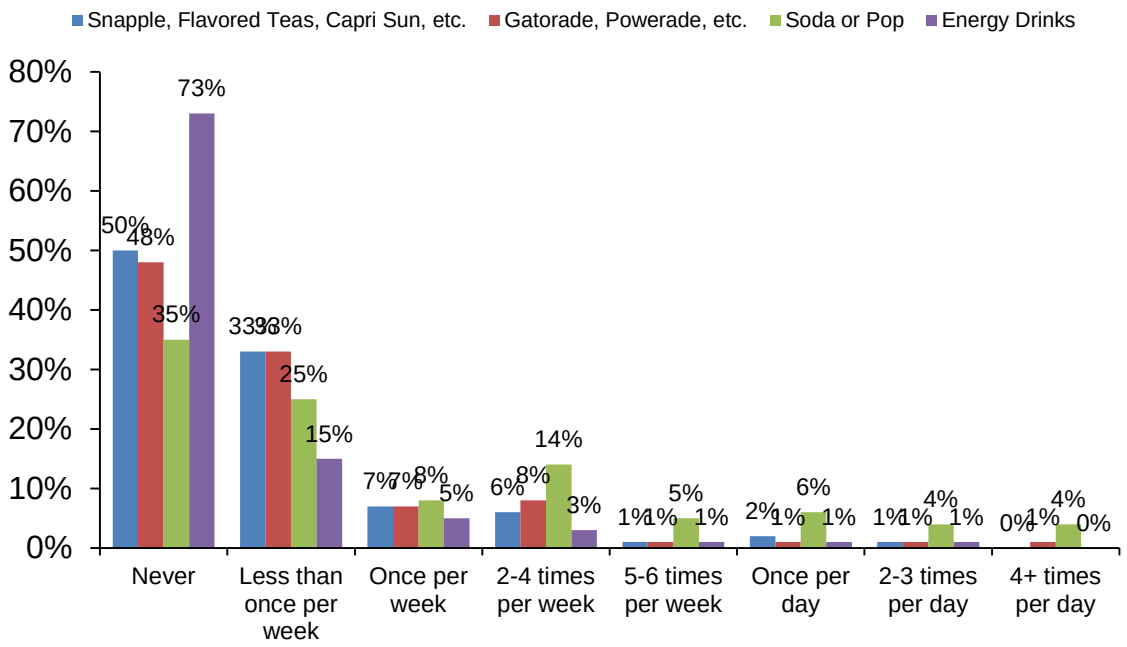
## Energy Drinks




Base: Never (n=397), Less than once per week (n=83), Once per week (n=26), 2-4 times per week (n=16), 5-6 times per week (n=8), Once per day (n=7), 2-3 times per day (n=4), 4+ times per day (n=2), Sample Size = 543

(Community = Cass / Clay)

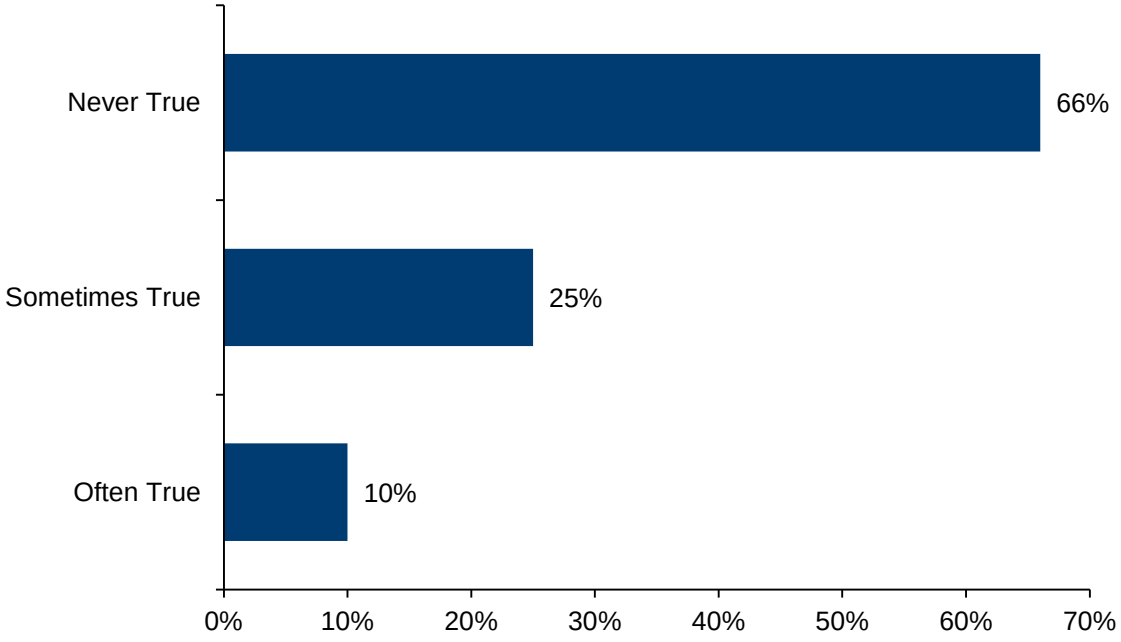
# Sugar Sweetened Drinks




Sample Size = Variable

(Community = Cass / Clay)

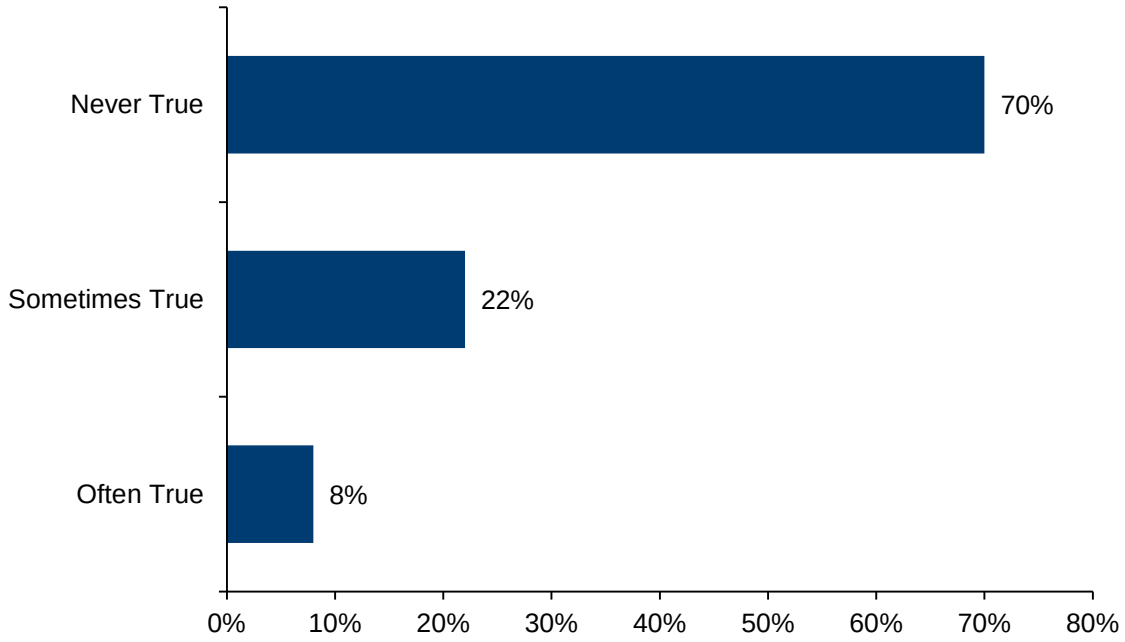
Worried whether our food would run out before we got money to buy more.




Base: Often True (n=54), Sometimes True (n=134), Never True (n=357), Sample Size = 545

(Community = Cass / Clay)

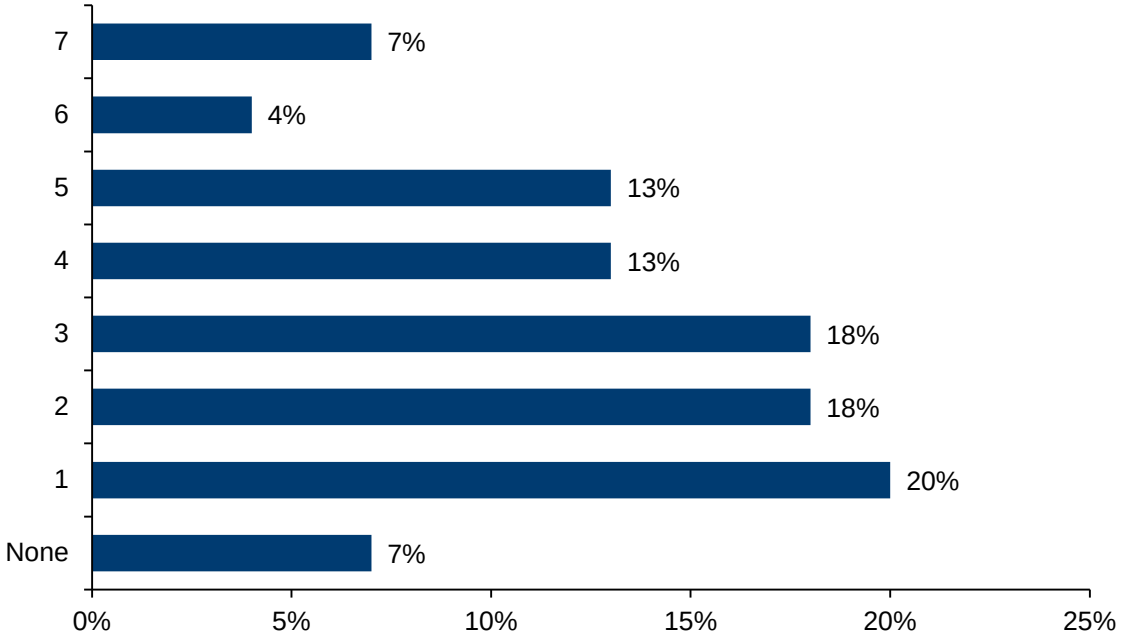
The food that we bought just didn’t last, and we didn’t have money to get more.




Base: Often True (n=41), Sometimes True (n=122), Never True (n=382), Sample Size = 545

(Community = Cass / Clay)

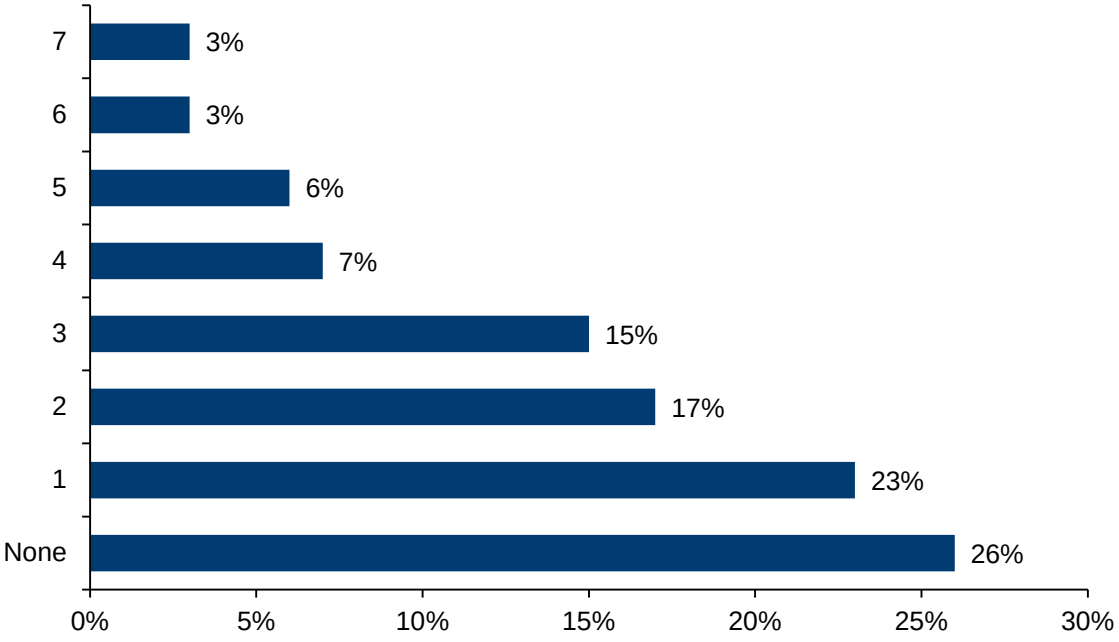
Days Per Week of  Moderate Physical Activity




Base: None (n=36), 1 (n=99), 2 (n=89), 3 (n=89), 4 (n=62), 5 (n=62), 6 (n=20), 7 (n=37), Sample Size = 494

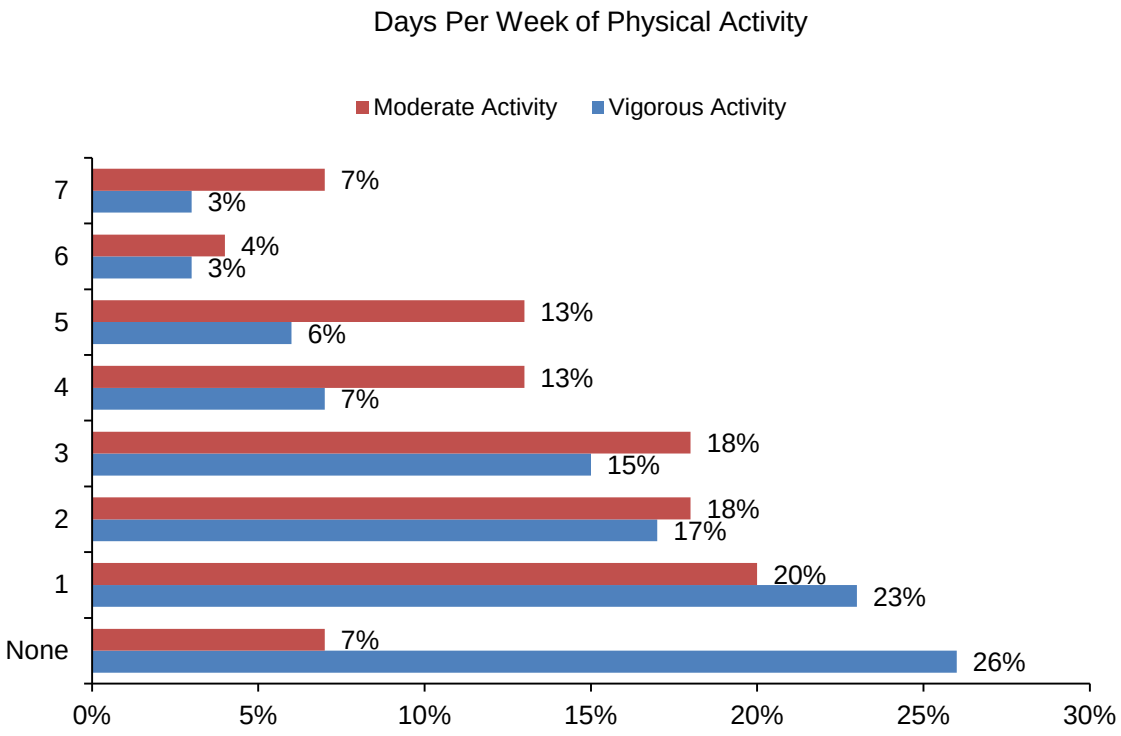
(Community = Cass / Clay)

Days Per Week of Vigorous Physical Activity




Base: None (n=113), 1 (n=99), 2 (n=73), 3 (n=65), 4 (n=29), 5 (n=26), 6 (n=11), 7 (n=12), Sample Size = 428

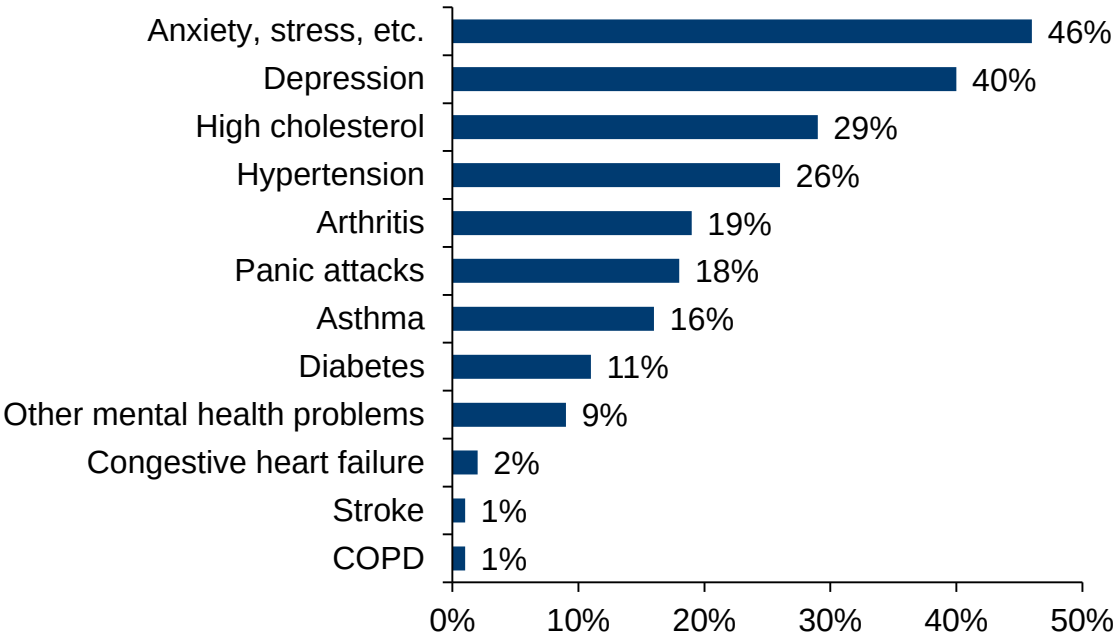
(Community = Cass / Clay)




Sample Size = Variable

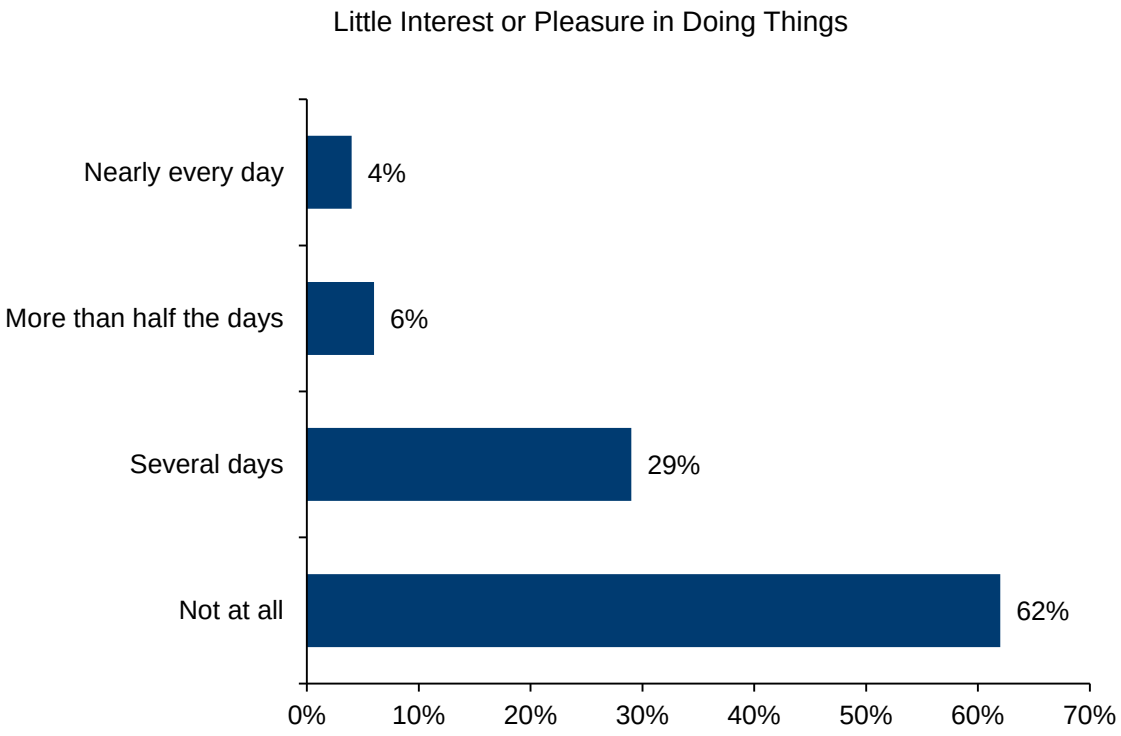
(Community = Cass / Clay)

## Past Diagnosis



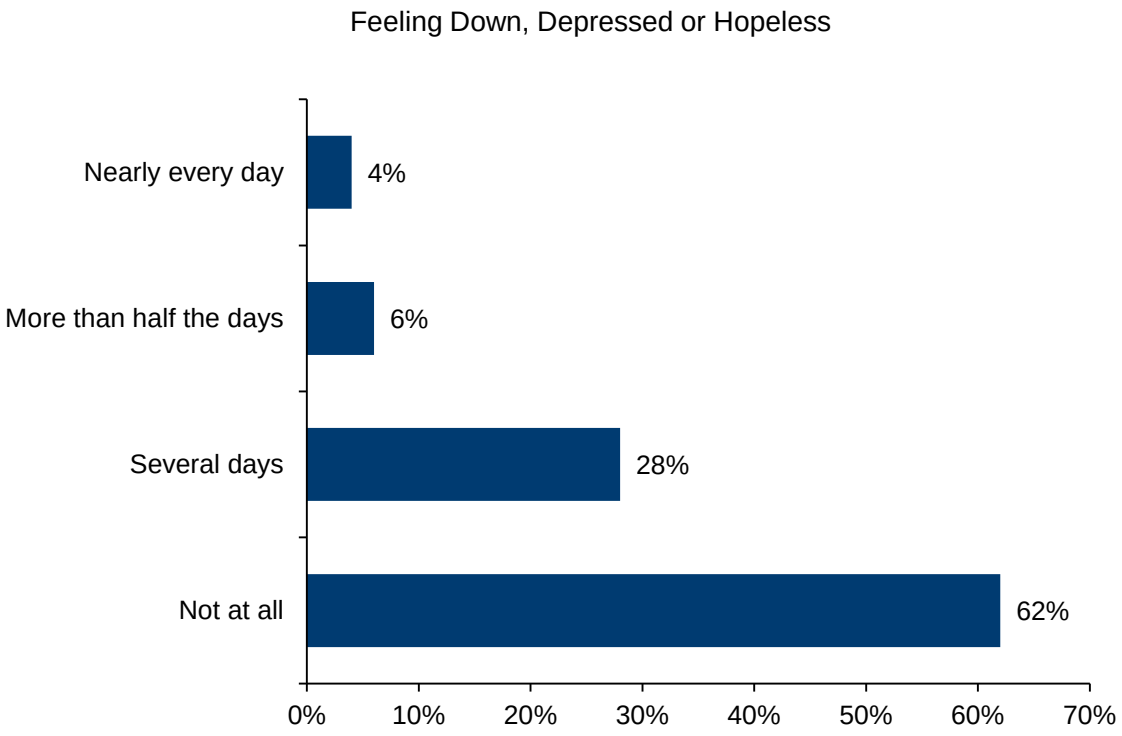

Base: Anxiety, stress, etc. (n=169), Arthritis (n=71), Asthma (n=59), Congestive heart failure (n=7), COPD (n=4), Depression (n=147), Diabetes (n=40), High cholesterol (n=106), Hypertension (n=95), Other mental health problems (n=33), Panic attacks (n=68), Stroke (n=2), Sample Size = 371

(Community + Class) / Staff)



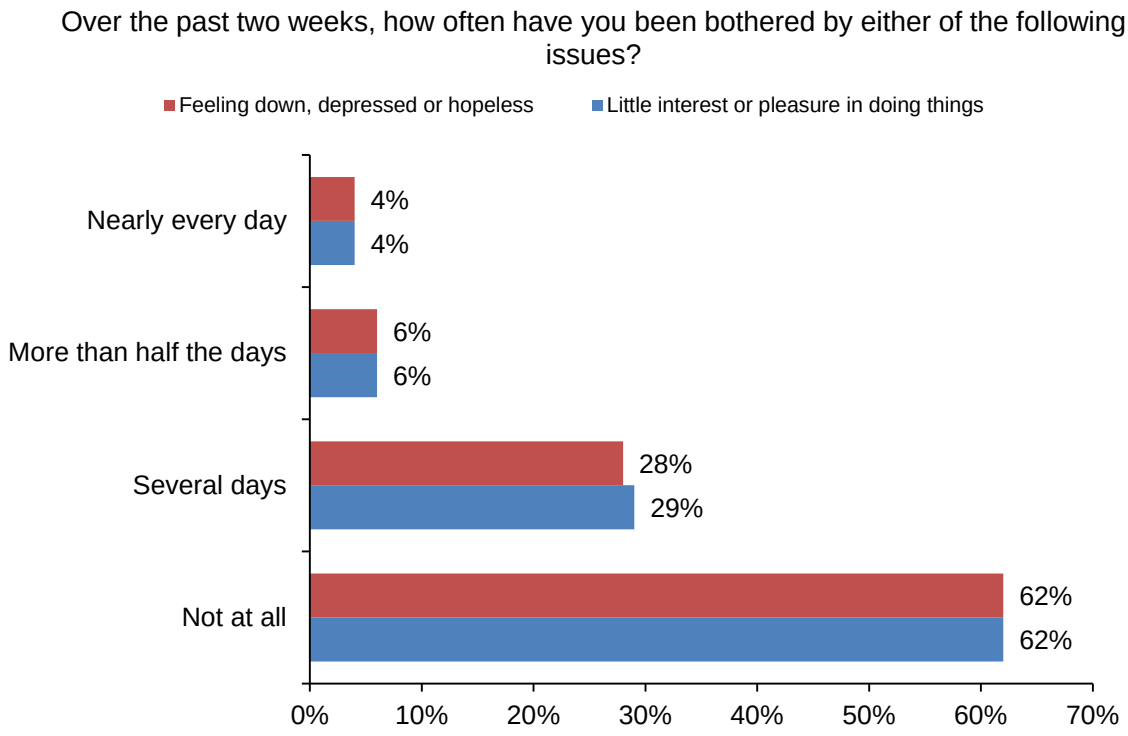

Base: Not at all (n=336), Several days (n=156), More than half the days (n=32), Nearly every day (n=21), Sample Size = 545

(Community = Cass / Clay)



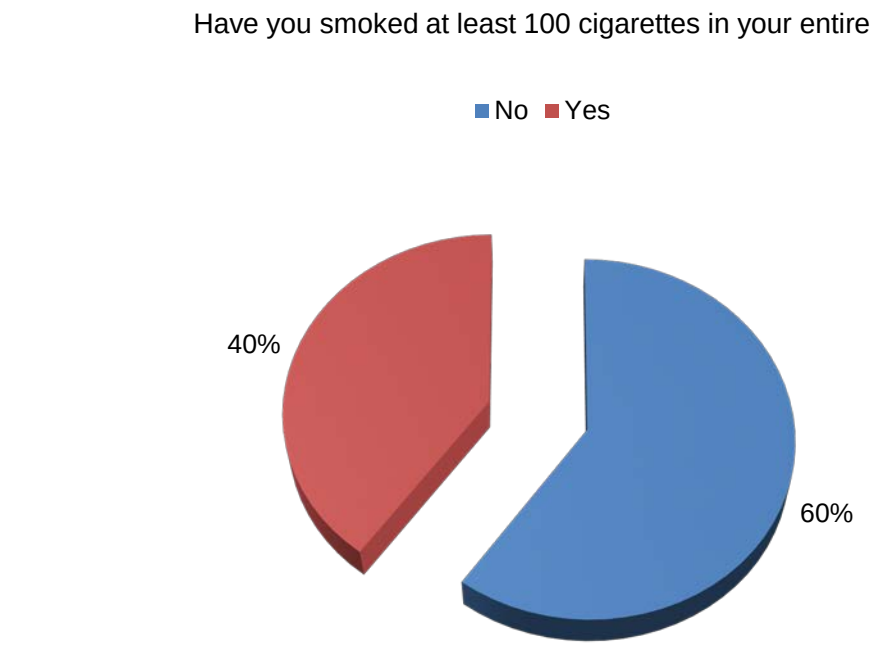

Base: Not at all (n=334), Several days (n=154), More than half the days (n=33), Nearly every day (n=22), Sample Size = 543

(Community = Cass / Clay)




Sample Size = Variable

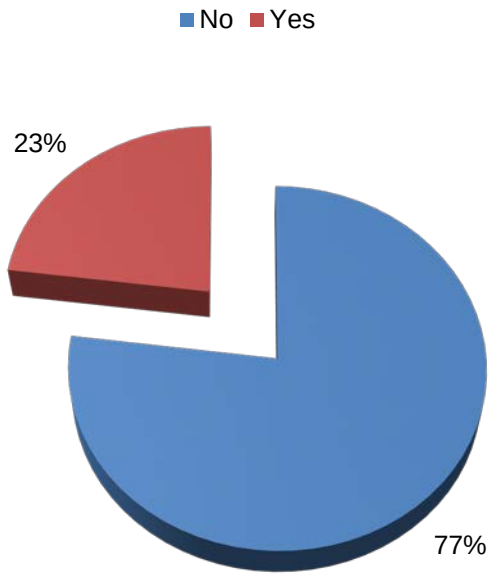
(Community = Cass / Clay)




Base: Yes (n=216), No (n=330), Sample Size = 546

(Community = Cass / Clay)

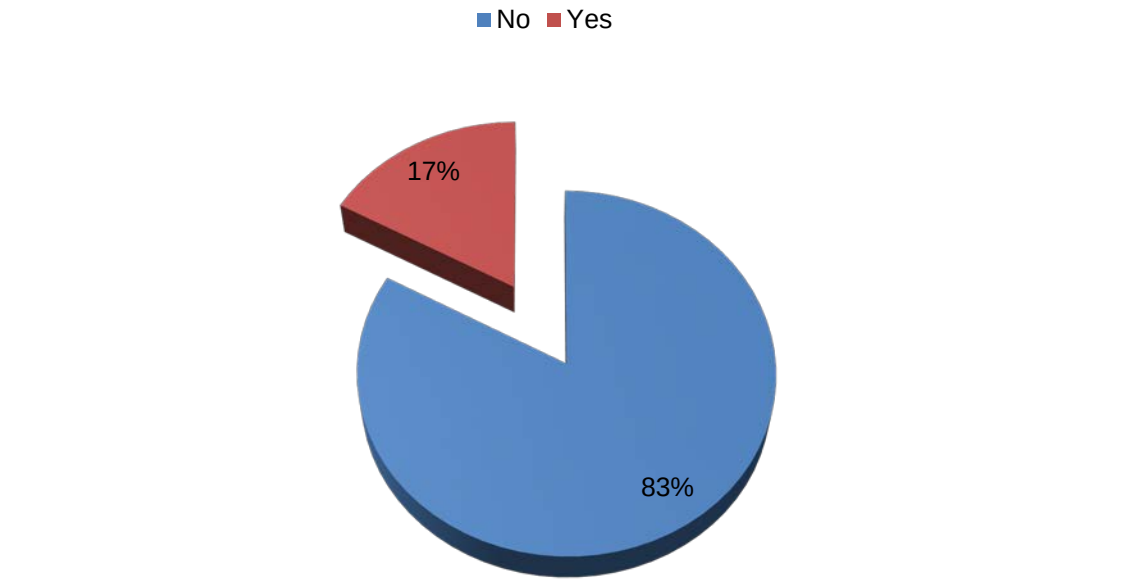
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?




Sample Size = 545

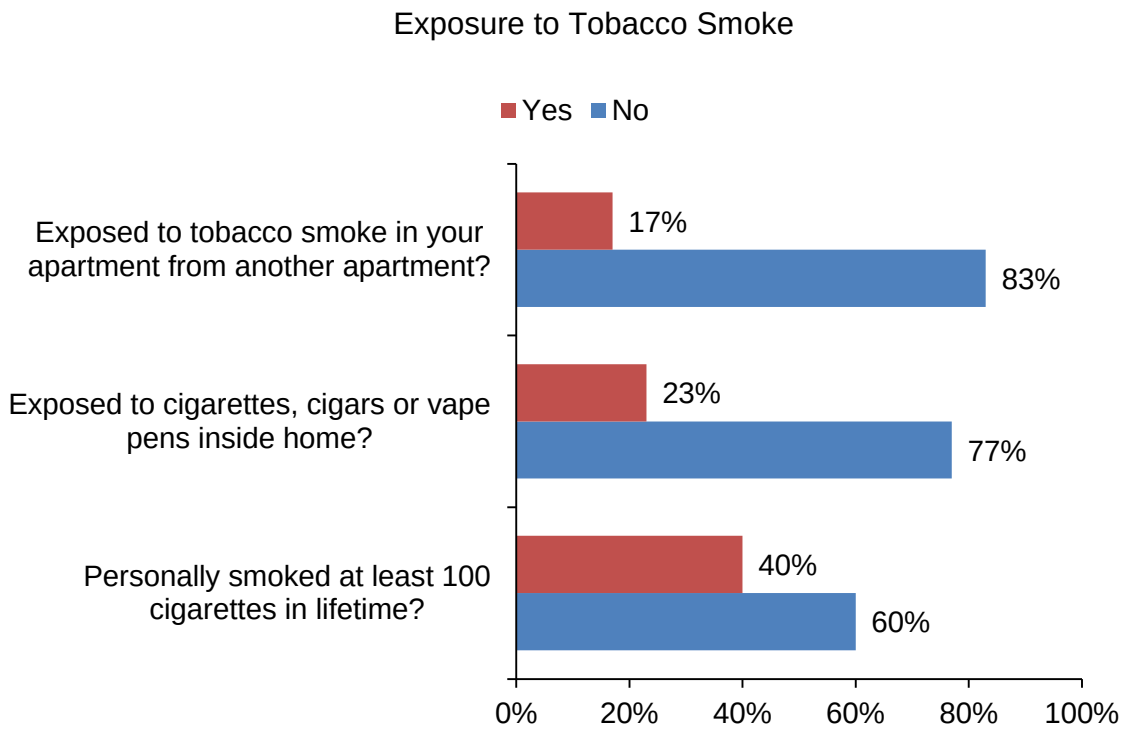
(Community = Cass / Clay)

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

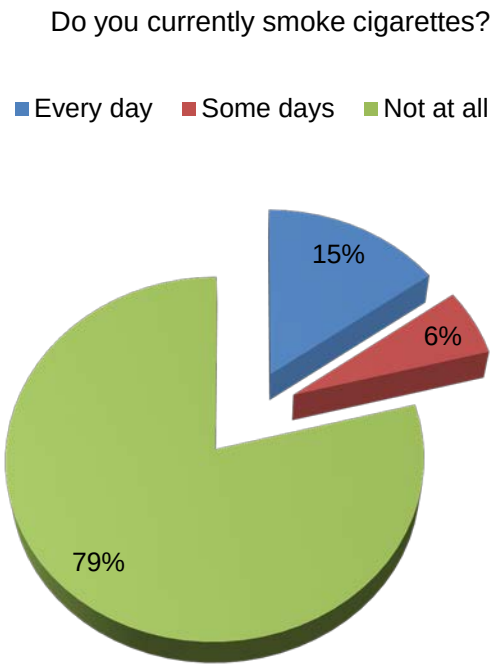



Base: Yes (n=95), No (n=451), Sample Size = 546

(Community = Cass / Clay)

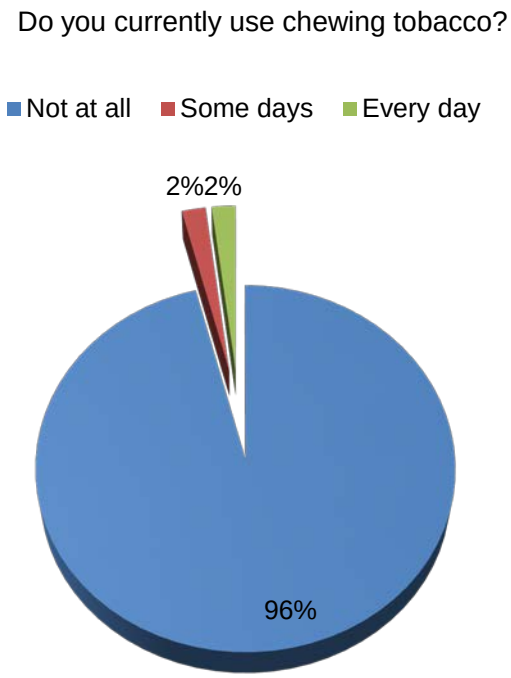



Base: Personally smoked at least 100 cigarettes in lifetime? (n=546), Exposed to cigarettes, cigars or vape pens inside home? (n=545), Exposed to tobacco smoke in your apartment from another apartment? (n=546), Sample Size = Variable
(Community = Cass / Clay)



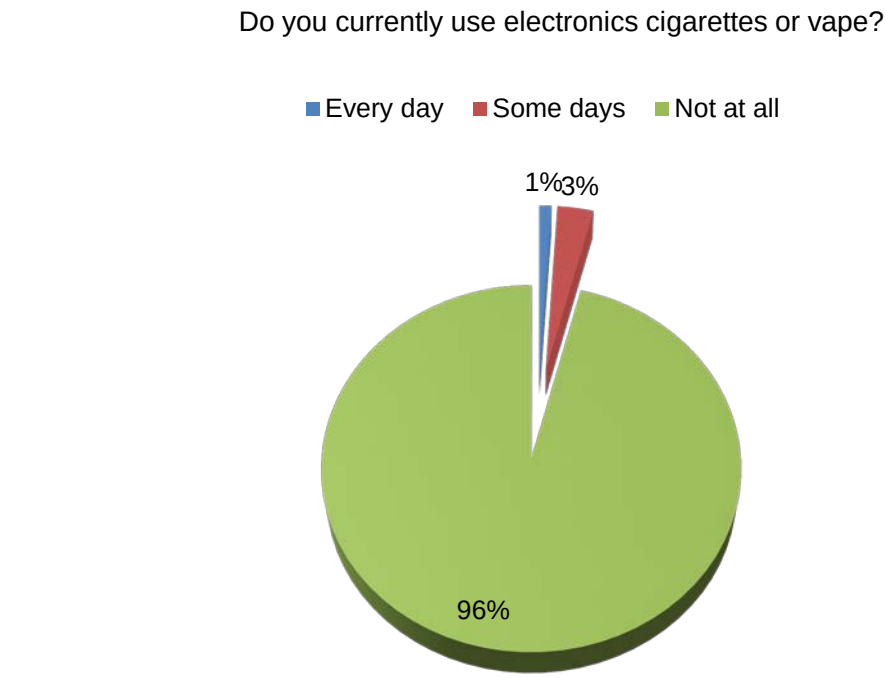

Base: Not at all (n=431), Some days (n=32), Every day (n=83), Sample Size = 546

(Community = Cass / Clay)



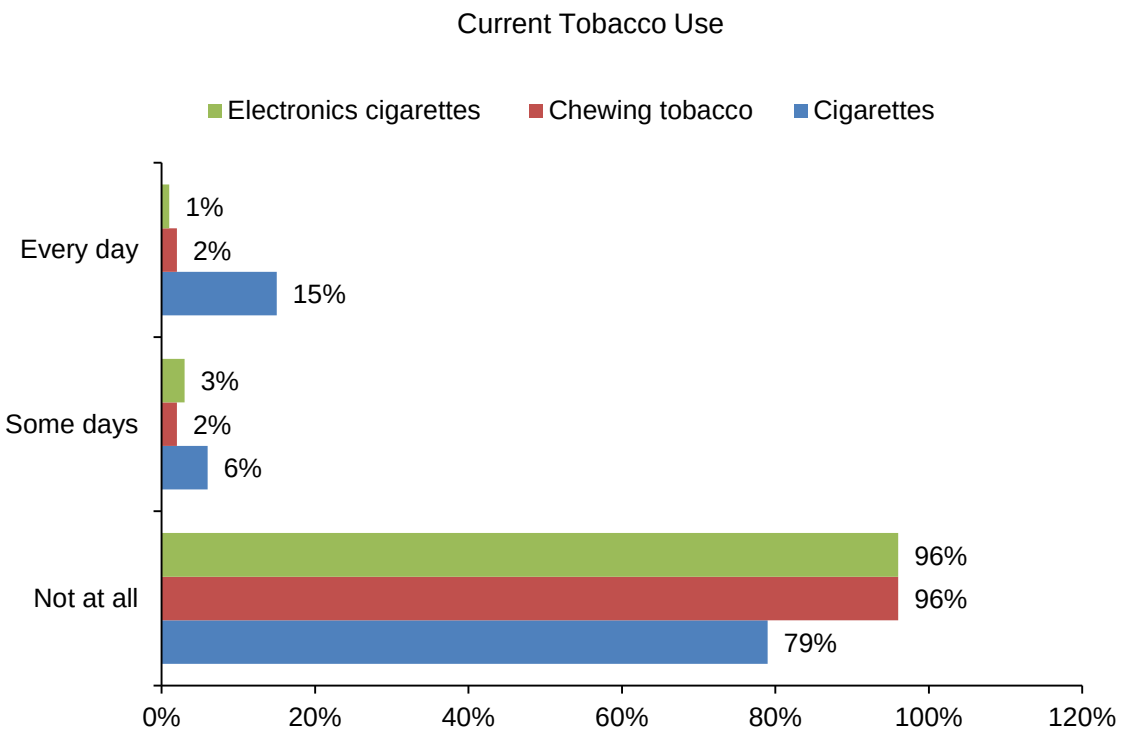

Base: Not at all (n=522), Some days (n=9), Every day (n=11), Sample Size = 542

(Community = Cass / Clay)




Base: Not at all (n=518), Some days (n=17), Every day (n=5), Sample Size = 540

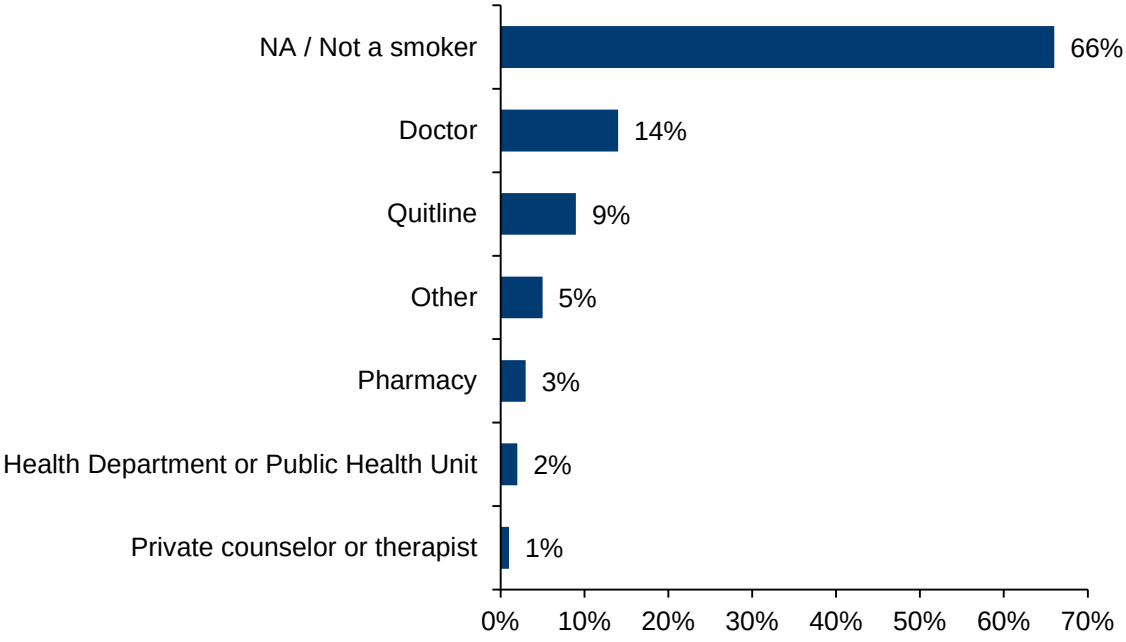
(Community = Cass / Clay)




Sample Size = Variable

(Community = Cass / Clay)

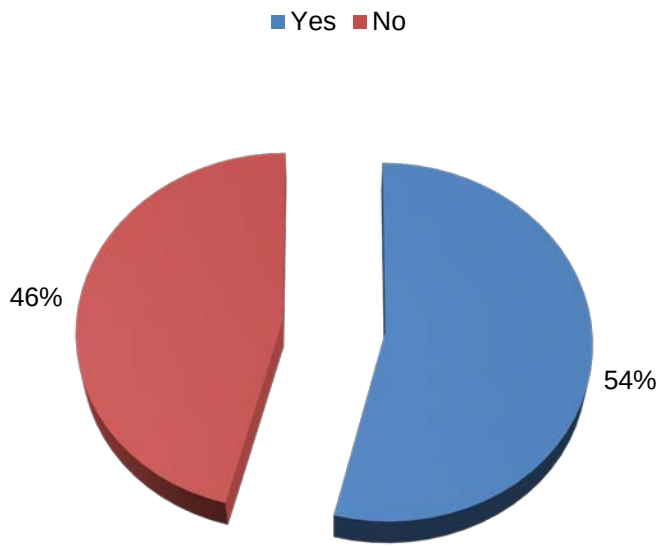
Where would you go for help if you wanted to quit using tobacco products?




Base: NA / Not a smoker (n=318), Quitline (n=45), Doctor (n=67), Pharmacy (n=13), Private counselor or therapist (n=6), Health Department or Public Health Unit (n=11), Other (n=24), Sample Size = 484

(Community = Cass / Clay)

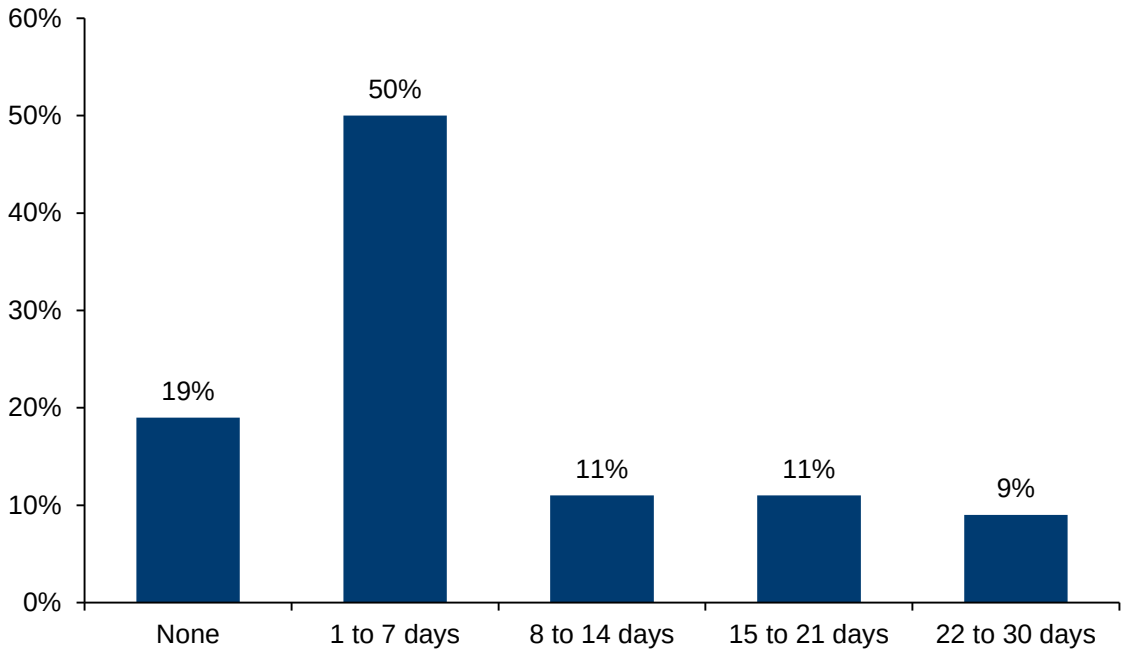
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)




Base: Yes (n=82), No (n=69), Sample Size = 151

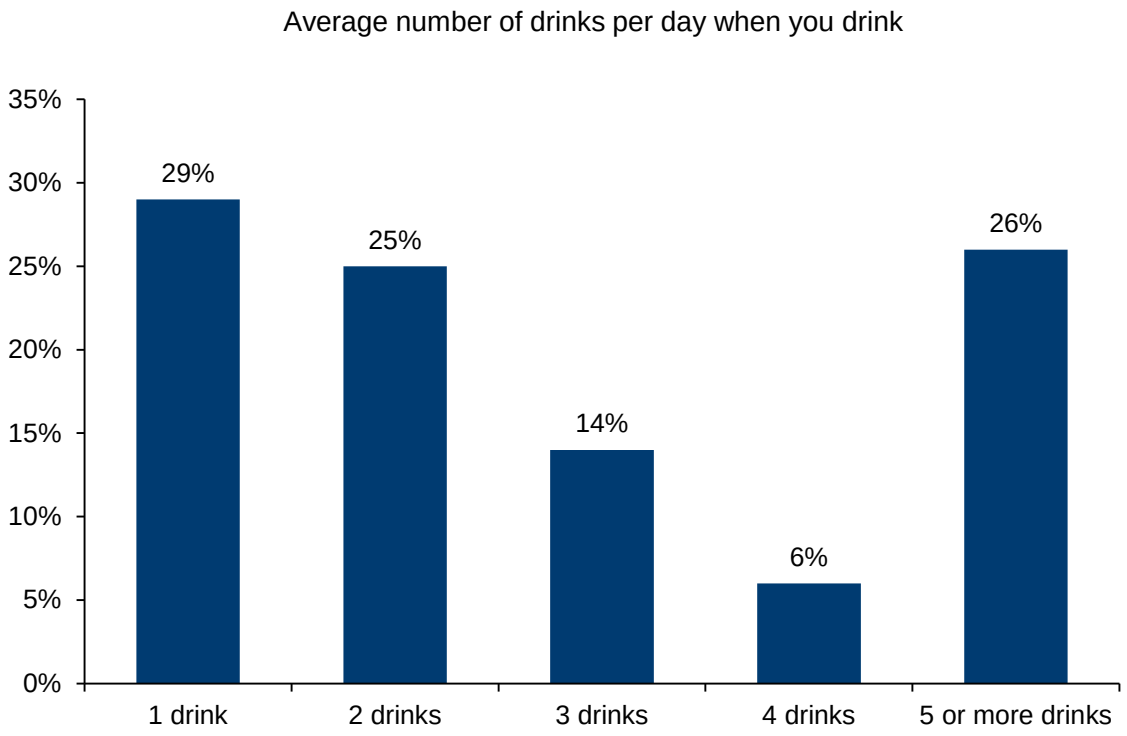
(Community = Cass / Clay)

Number of days with at least 1 drink in the past 30 days



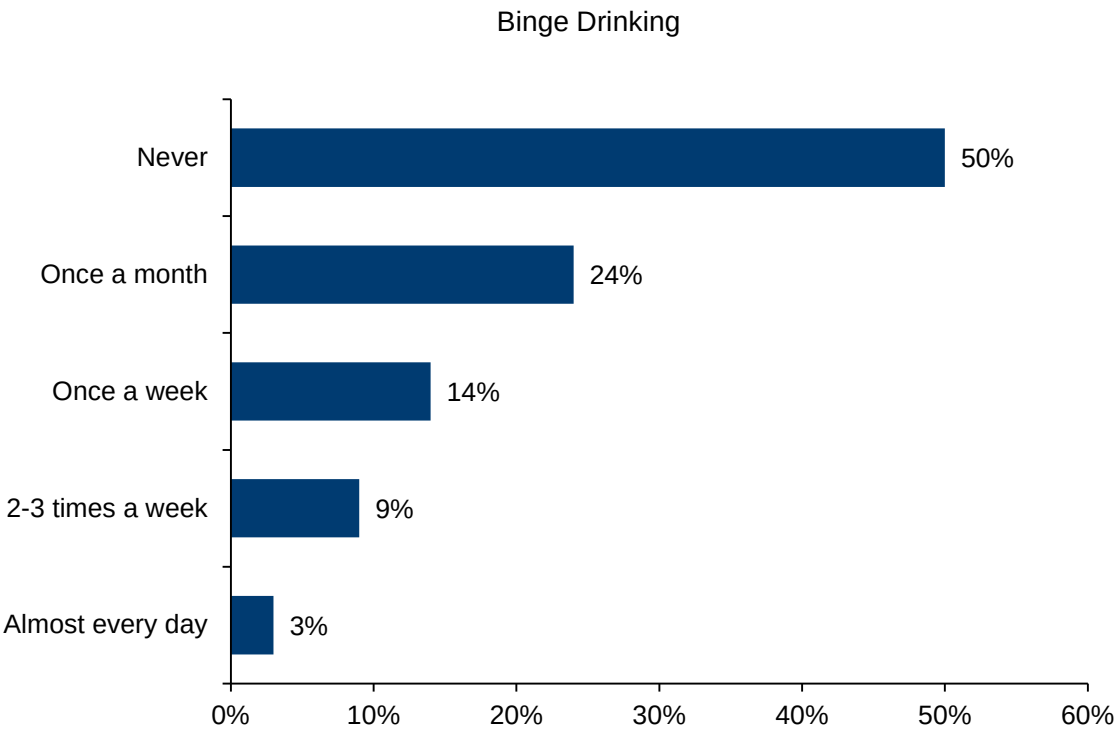

Base: None (n=88), 1 to 7 days (n=229), 8 to 14 days (n=48), 15 to 21 days (n=50), 22 to 30 days (n=39), Sample Size = 454

(Community = Cass / Clay)




Base: 1 drink (n=105), 2 drinks (n=90), 3 drinks (n=50), 4 drinks (n=21), 5 or more drinks (n=92), Sample Size = 358

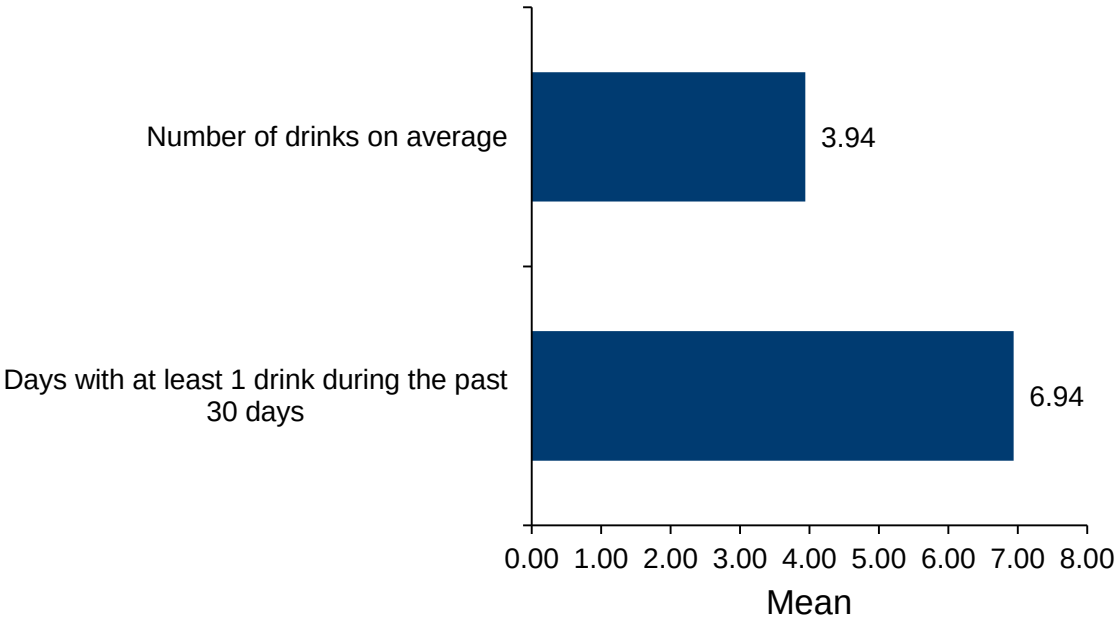
(Community = Cass / Clay)




Base: Almost every day (n=10), 2-3 times a week (n=34), Once a week (n=50), Once a month (n=89), Never (n=183), Sample Size = 366

(Community = Cass / Clay)

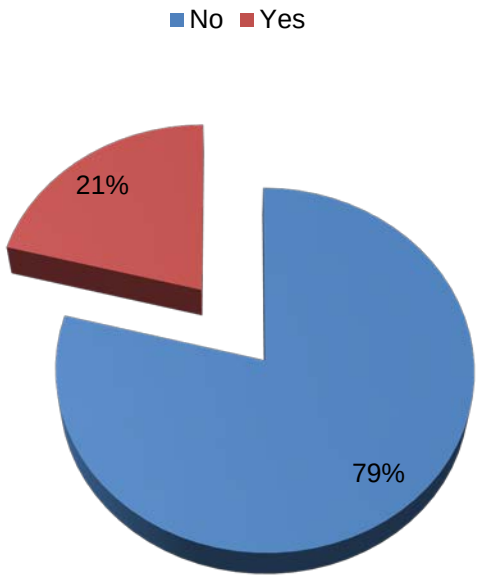
## Average Alcohol Use During the Past 30 Days




Base: Days with at least 1 drink during the past 30 days (n=454), Number of drinks on average (n=363), Sample Size = Variable

(Community = Cass / Clay)

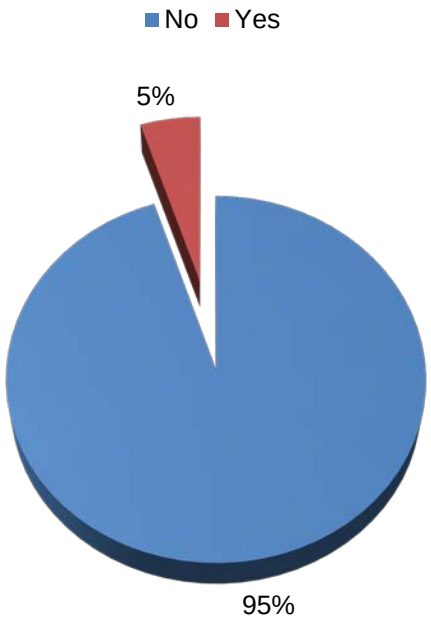
Has alcohol use had a harmful effect on you or a family member in the past two years?




Base: Yes (n=112), No (n=434), Sample Size = 546

(Community = Cass / Clay)

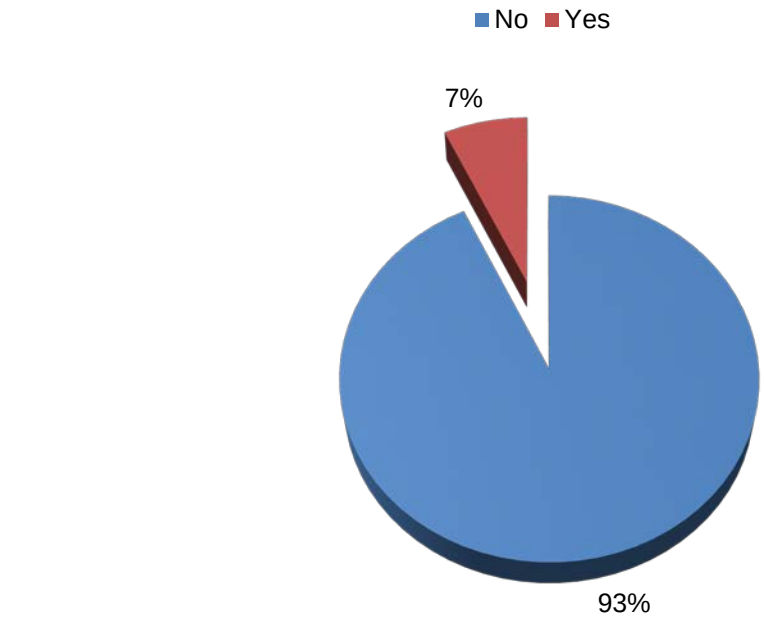
Have you ever wanted help with a prescription or non-prescription drug use?




Base: Yes (n=27), No (n=520), Sample Size = 547

(Community = Cass / Clay)

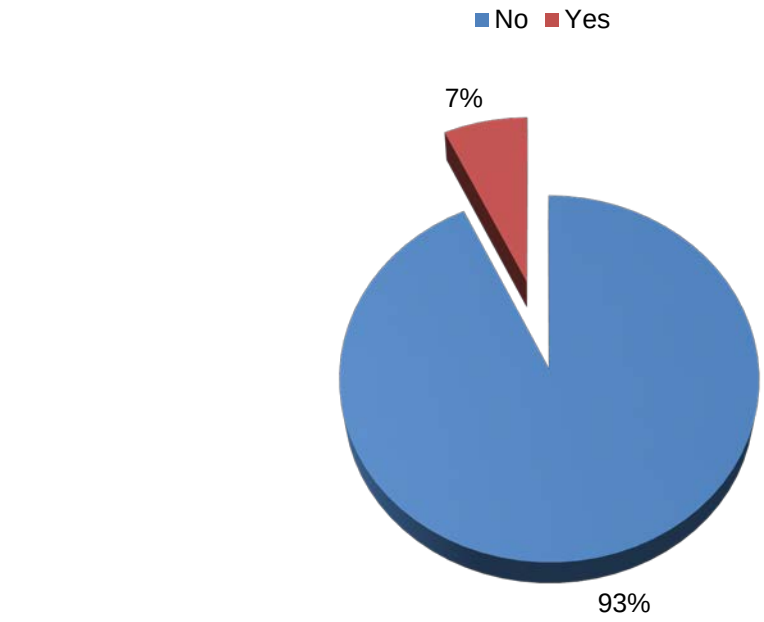
Has a family member or friend ever suggested that you get help for substance use?




Base: Yes (n=36), No (n=509), Sample Size = 545

(Community = Cass / Clay)

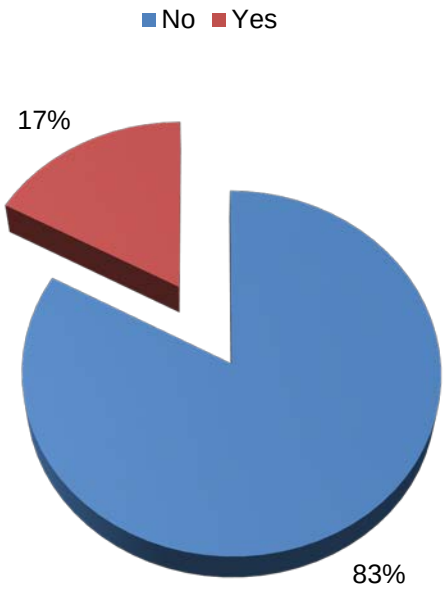
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?




Base: Yes (n=38), No (n=508), Sample Size = 546

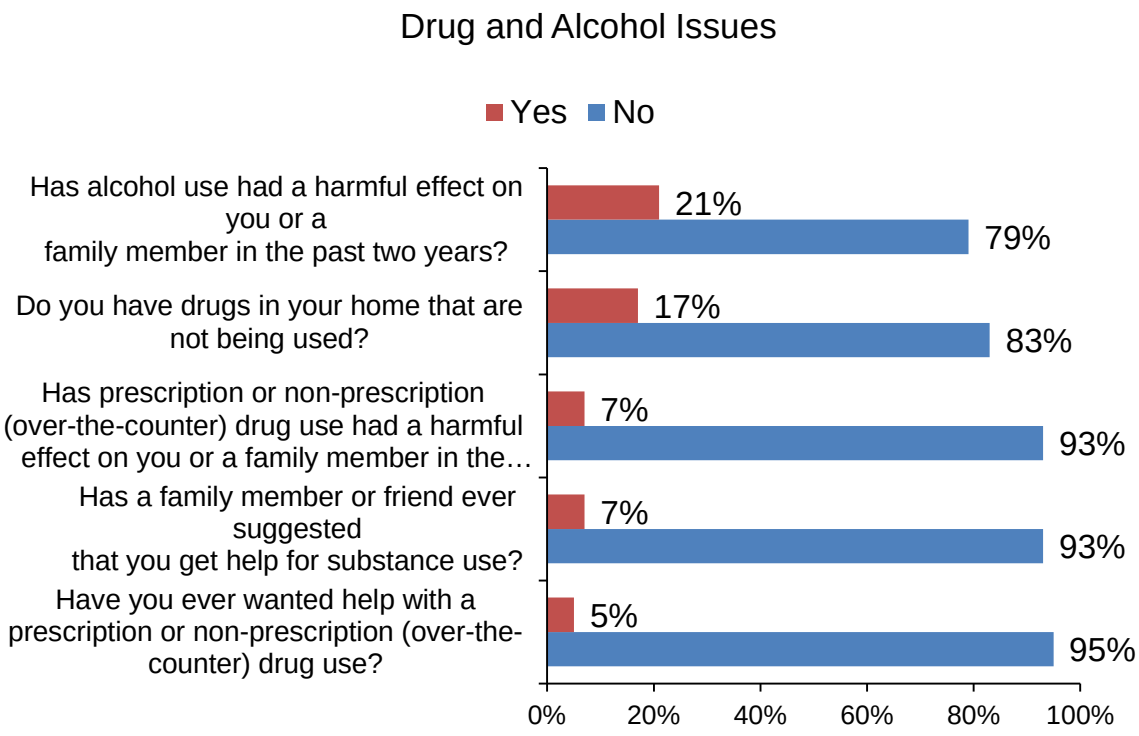
(Community = Cass / Clay)

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




Base: Yes (n=95), No (n=452), Sample Size = 547

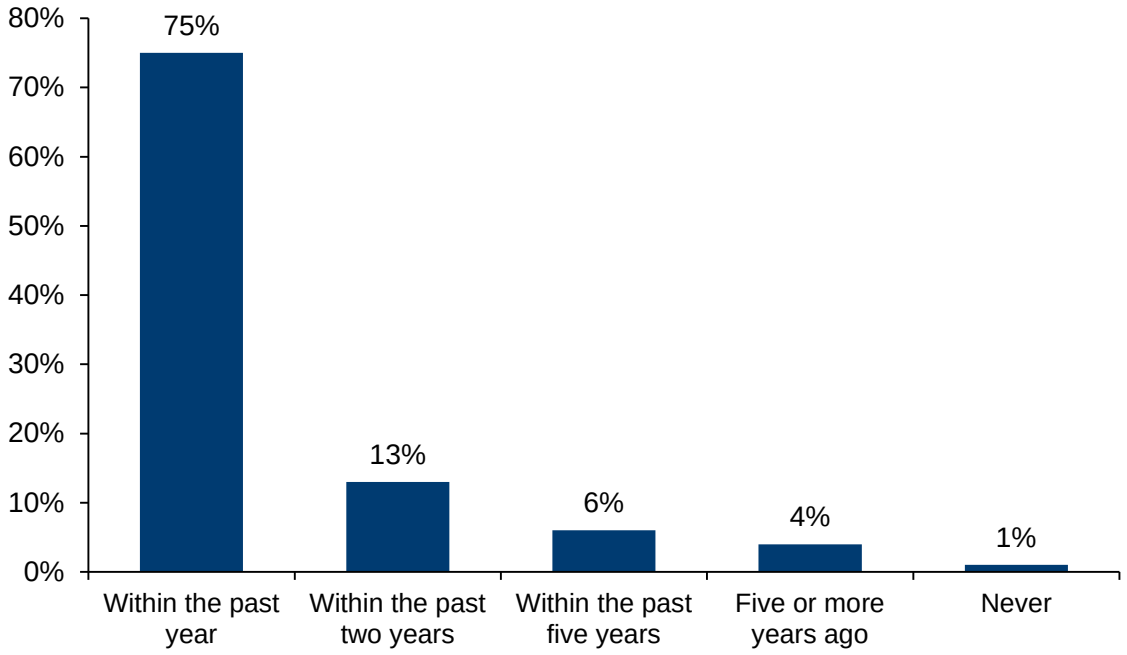
(Community = Cass / Clay)




Sample Size = Variable

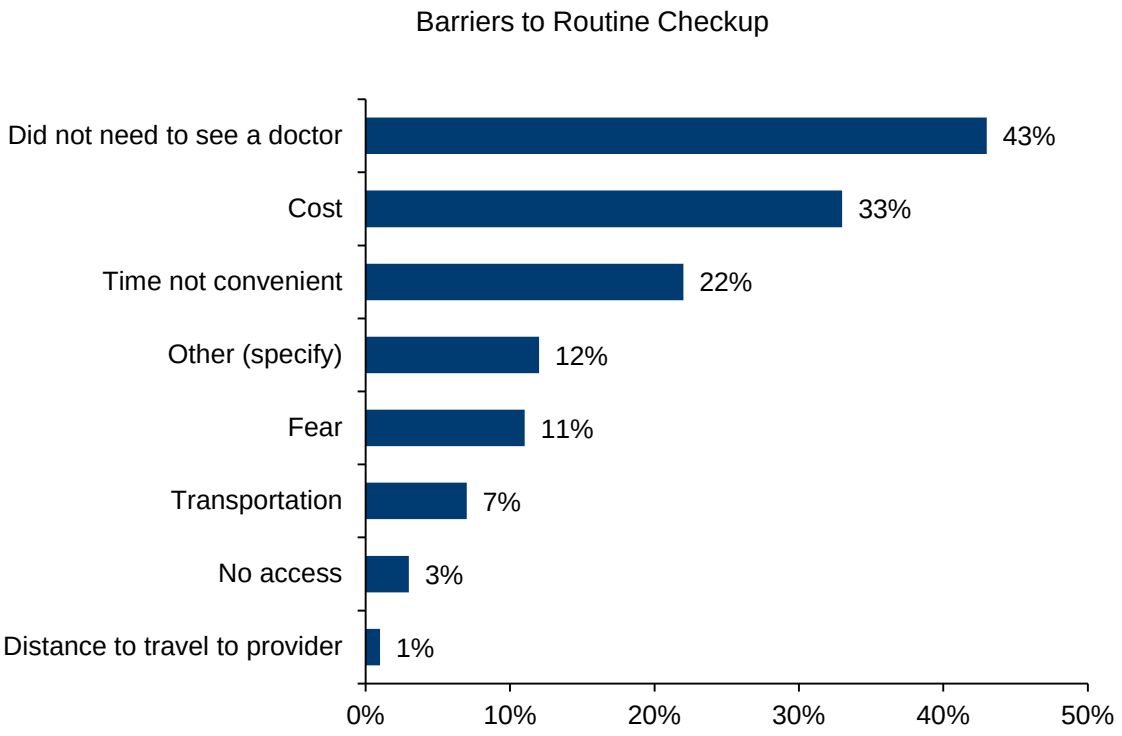
(Community = Cass / Clay)

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




Base: Within the past year (n=406), Within the past two years (n=70), Within the past five years (n=31), Five or more years ago (n=24), Never (n=8), Sample Size = 539

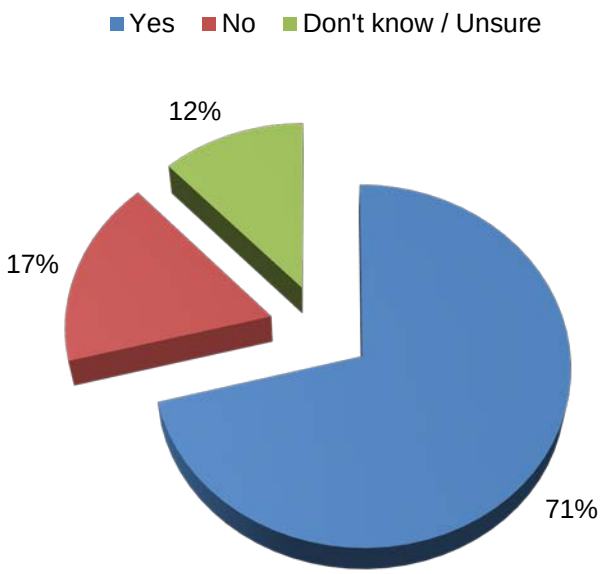
(Community = Cass / Clay)




Base: No access (n=4), Distance to travel to provider (n=2), Cost (n=46), Fear (n=15), Transportation (n=10), Time not convenient (n=31), Did not need to see a doctor (n=60), Other (specify) (n=17), Sample Size = 140

(Community = Cass / Clay)

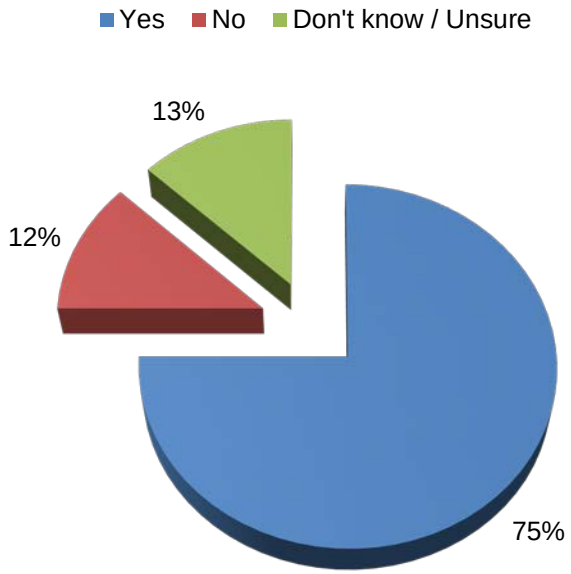
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?




Base: Yes (n=389), No (n=93), Don't know / Unsure (n=64), Sample Size = 546

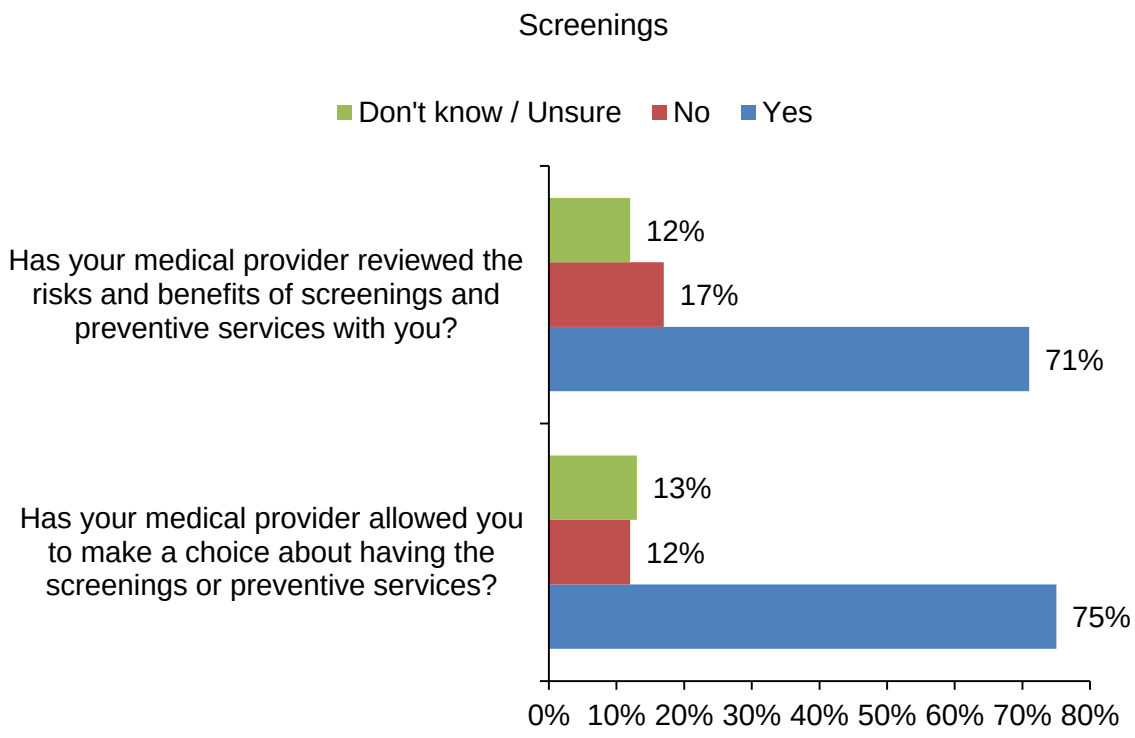
(Community = Cass / Clay)

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




Base: Yes (n=409), No (n=66), Don't know / Unsure (n=72), Sample Size = 547

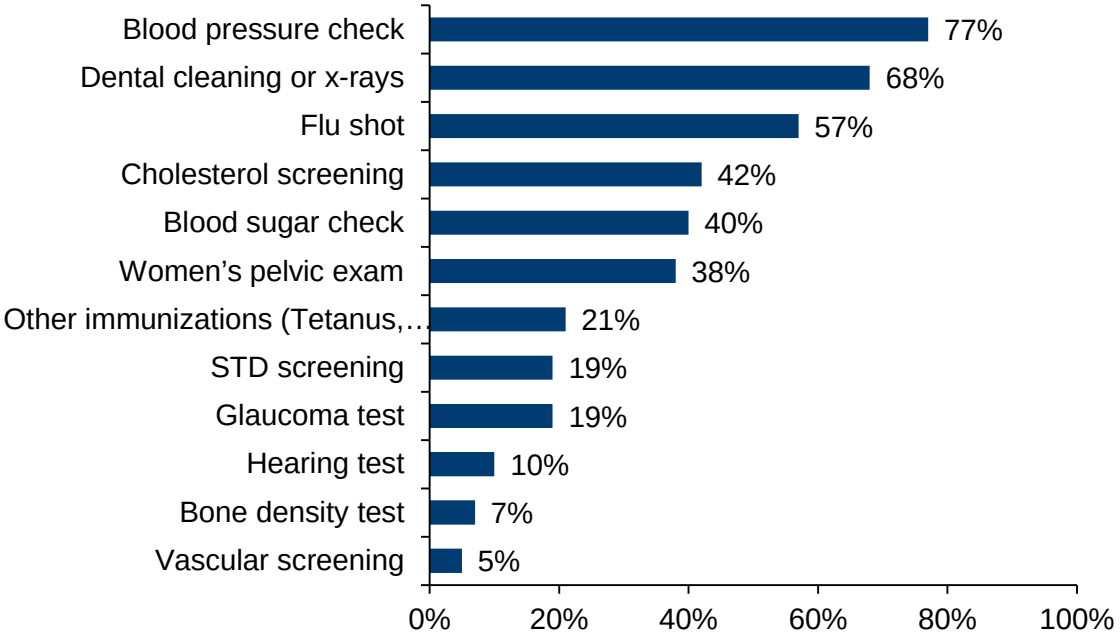
(Community = Cass / Clay)




Sample Size = Variable

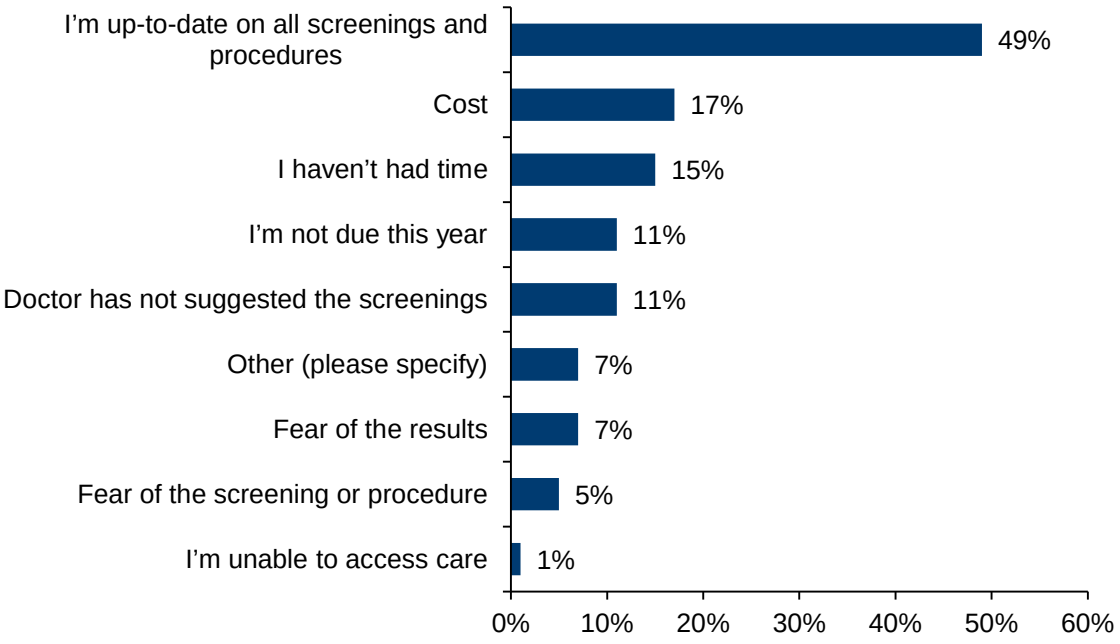
(Community = Cass / Clay)

## Preventive Procedures Last Year



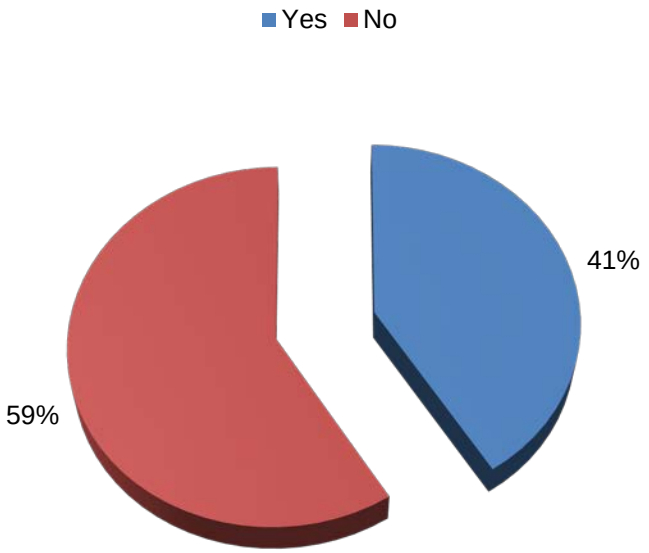

Base: Blood pressure check (n=383), Blood sugar check (n=197), Bone density test (n=34), Cholesterol screening (n=209), Dental cleaning or x-rays (n=341), Flu shot (n=284), Other immunizations (Tetanus, Hepatitis A or B) (n=107), Glaucoma test (n=97), Hearing test (n=50), Women's pelvic exam (n=189), STD screening (n=95), Vascular screening (n=25), Sample Size = 498
(Community = Cass / Clay)

## Barriers for Preventive Procedures



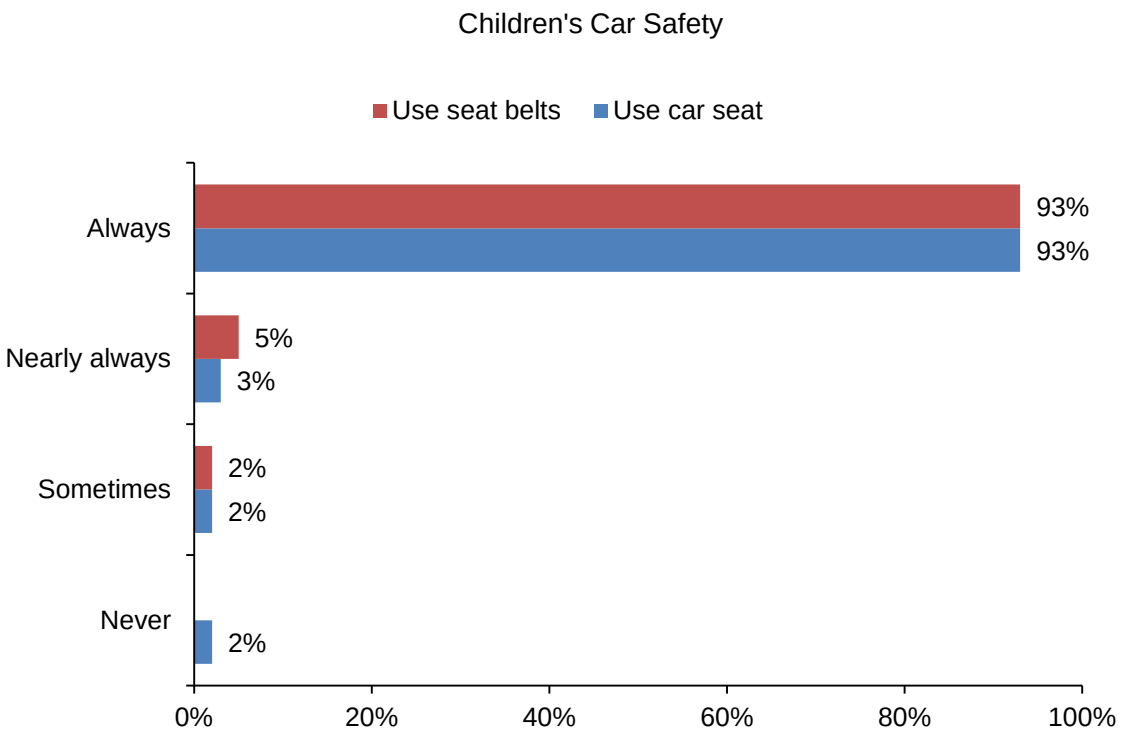

Base: I'm up-to-date on all screenings and procedures (n=266), Doctor has not suggested the screenings (n=59), Cost (n=93), I'm unable to access care (n=5), Fear of the screening or procedure (n=28), Fear of the results (n=37), I'm not due this year (n=57), I haven't had time (n=81), Other (please specify) (n=39), Sample Size = 542
(Community = Cass / Clay)

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




Base: Yes (n=227), No (n=320), Sample Size = 547

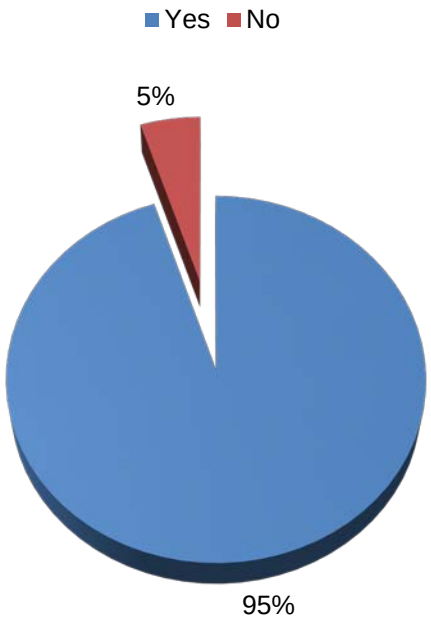
(Community = Cass / Clay)




Sample Size = Variable

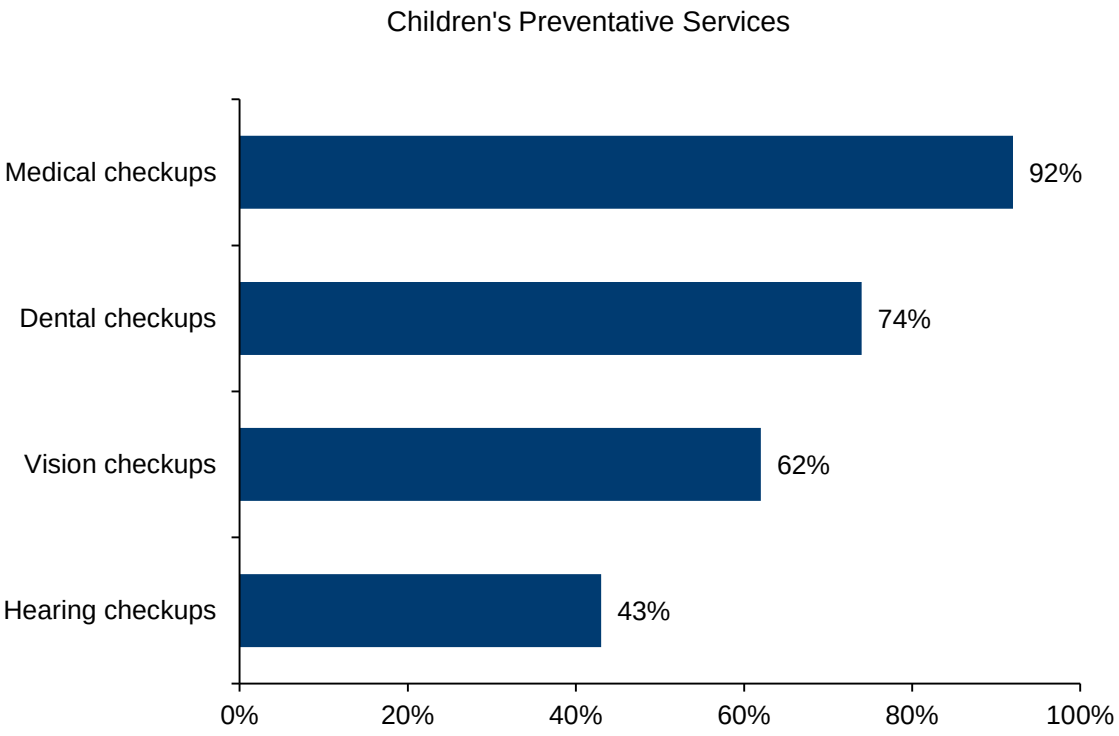
(Community = Cass / Clay)

Do you have healthcare coverage for your children or dependents?




Base: Yes (n=215), No (n=12), Sample Size = 227

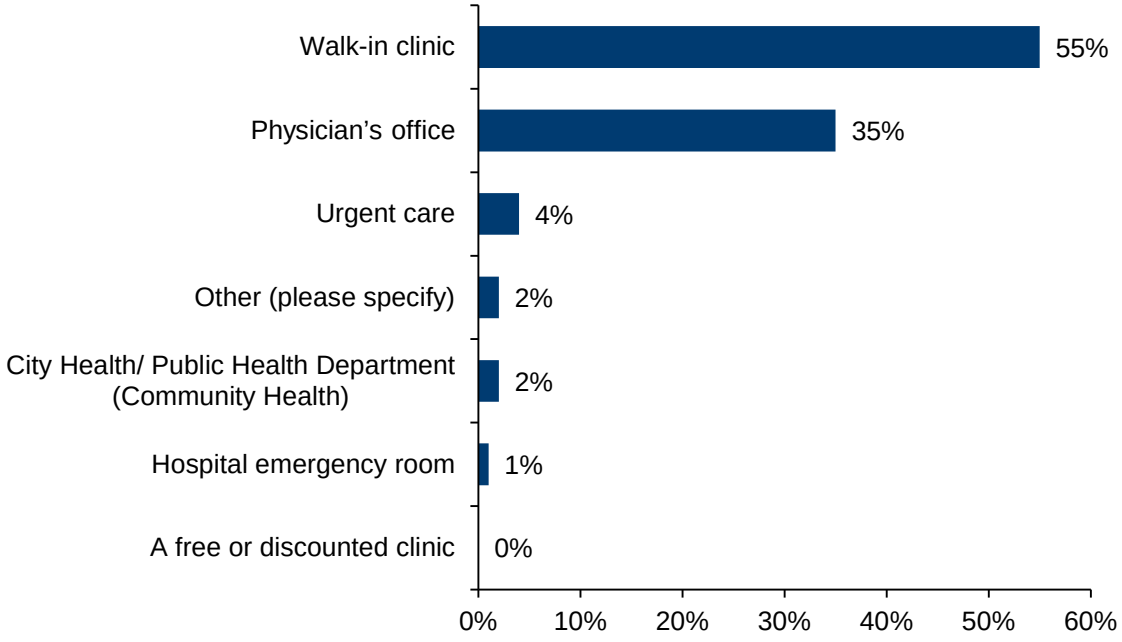
(Community = Cass / Clay)




Base: Dental checkups (n=158), Vision checkups (n=132), Hearing checkups (n=93), Medical checkups (n=196), Sample Size = 214

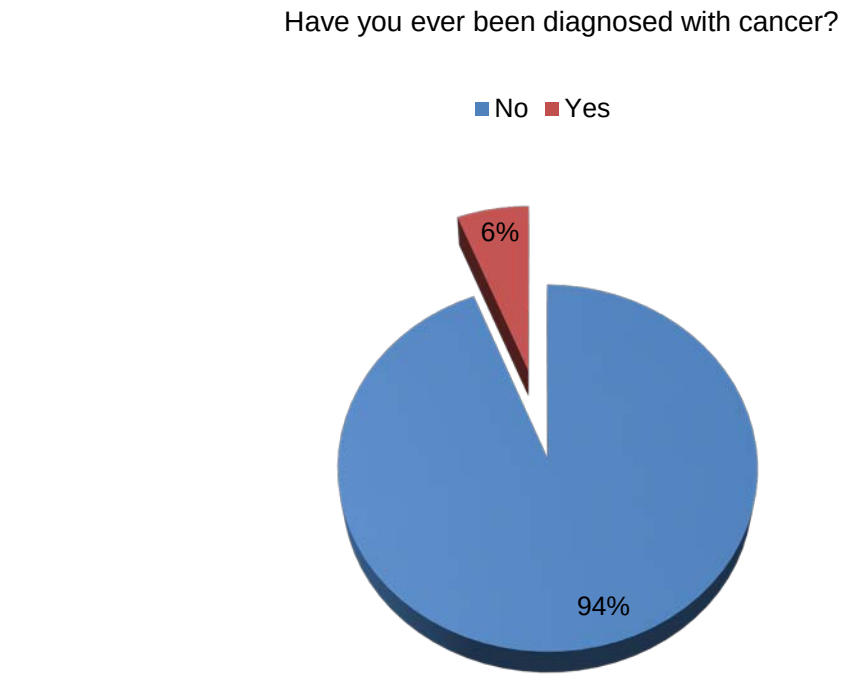
(Community = Cass / Clay)

Where do you most often take your children when they are sick and need to see a health care provider?



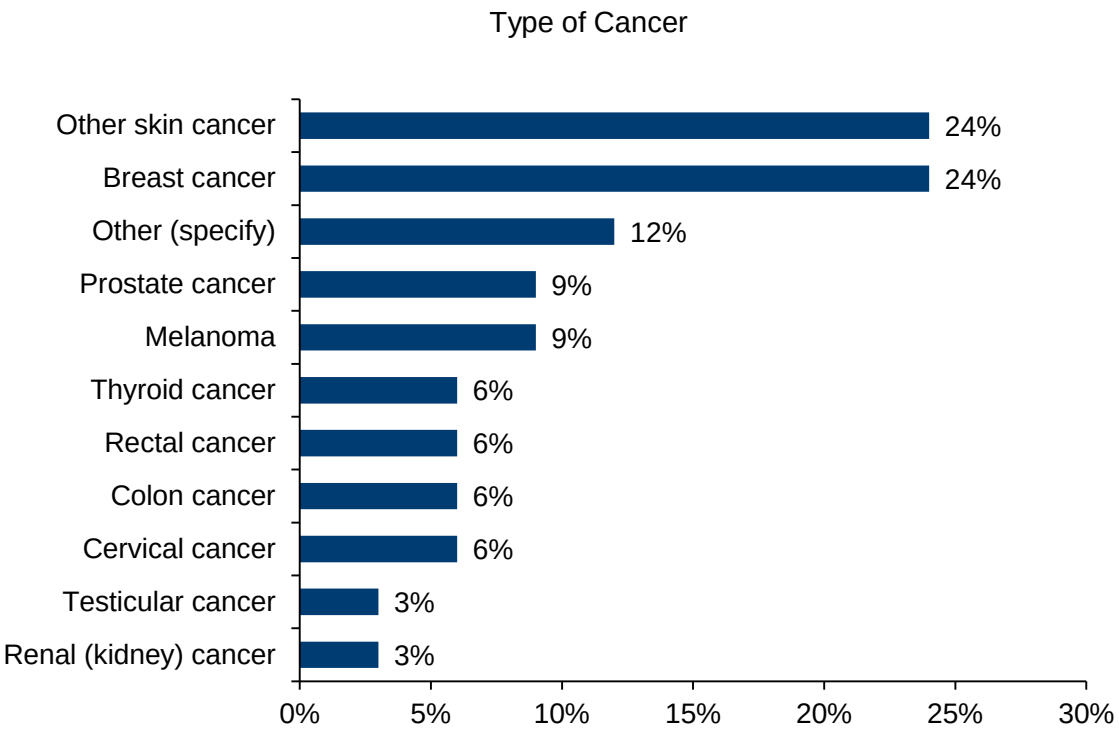

Base: Physician's office (n=79), Hospital emergency room (n=3), Urgent care (n=9), Walk-in clinic (n=125), City Health/ Public Health Department (Community Health) (n=5), A free or discounted clinic (n=1), Other (please specify) (n=5), Sample Size = 227

(Community = Cass / Clay)




Base: Yes (n=33), No (n=514), Sample Size = 547

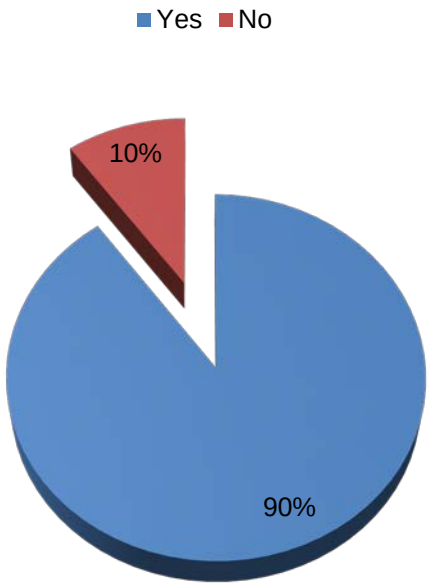
(Community = Cass / Clay)




Base: Breast cancer (n=8), Cervical cancer (n=2), Colon cancer (n=2), Melanoma (n=3), Other skin cancer (n=8), Prostate cancer (n=3), Rectal cancer (n=2), Renal (kidney) cancer (n=1), Testicular cancer (n=1), Thyroid cancer (n=2), Other (specify) (n=4), Sample Size = 33

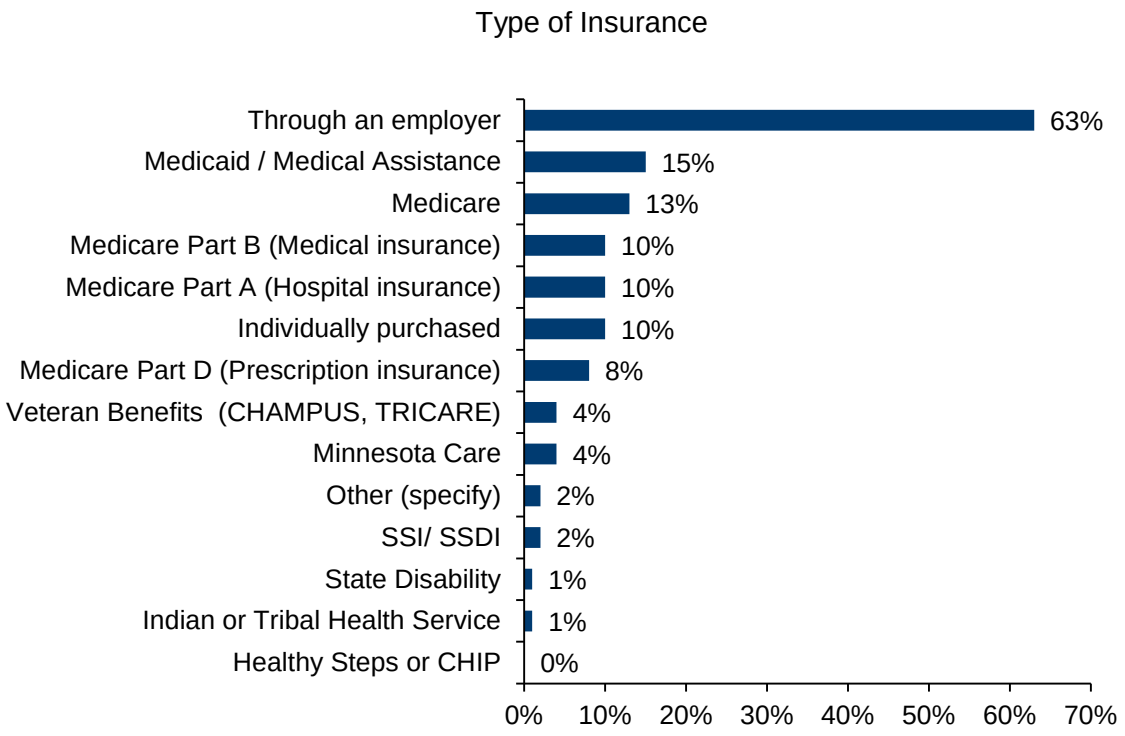
(Community = Cass / Clay)

Do you currently have any kind of health insurance?




Base: Yes (n=492), No (n=53), Sample Size = 545

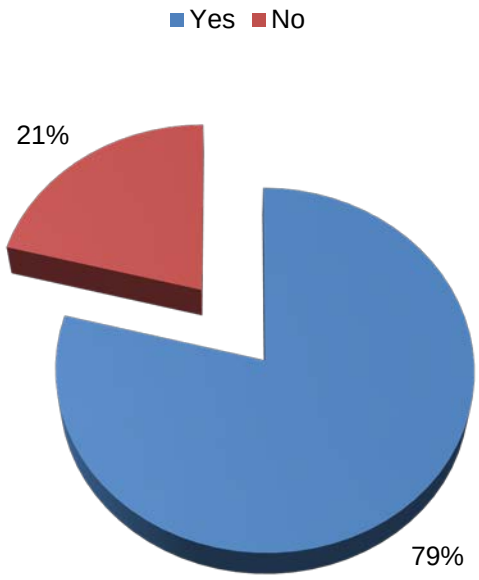
(Community = Cass / Clay)




Base: Through an employer (n=307), Individually purchased (n=49), Indian or Tribal Health Service (n=5), Medicare (n=64), Medicare Part A (Hospital insurance) (n=49), Medicare Part B (Medical insurance) (n=48), Medicare Part D (Prescription insurance) (n=40), State Disability (n=3), SSI/ SSDI (n=11), Medicaid / Medical Assistance (n=73), Minnesota Care (n=18), Veteran Benefits (CHAMPUS, TRICARE) (n=18), Healthy Steps or CHIP (n=1), Other (specify) (n=11), Sample Size = 491

(Community = Cass / Clay)

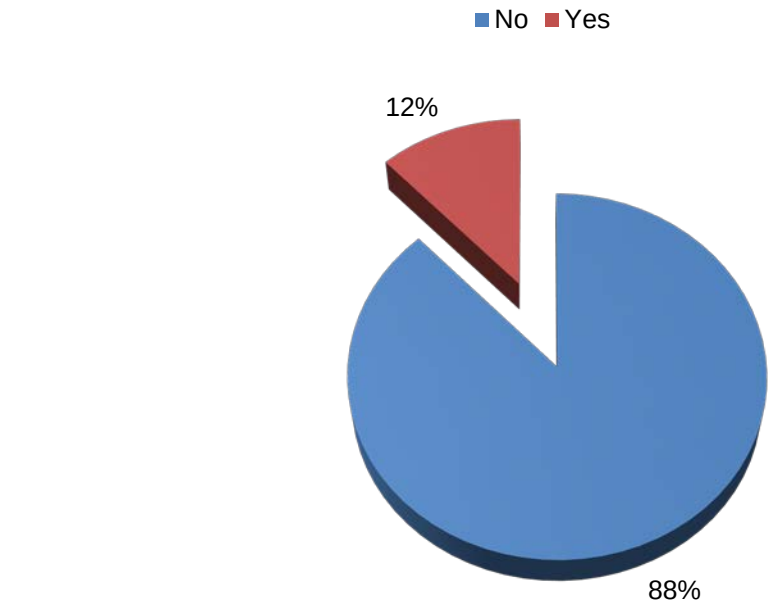
Do you have an established primary healthcare provider?




Base: Yes (n=434), No (n=112), Sample Size = 546

(Community = Cass / Clay)

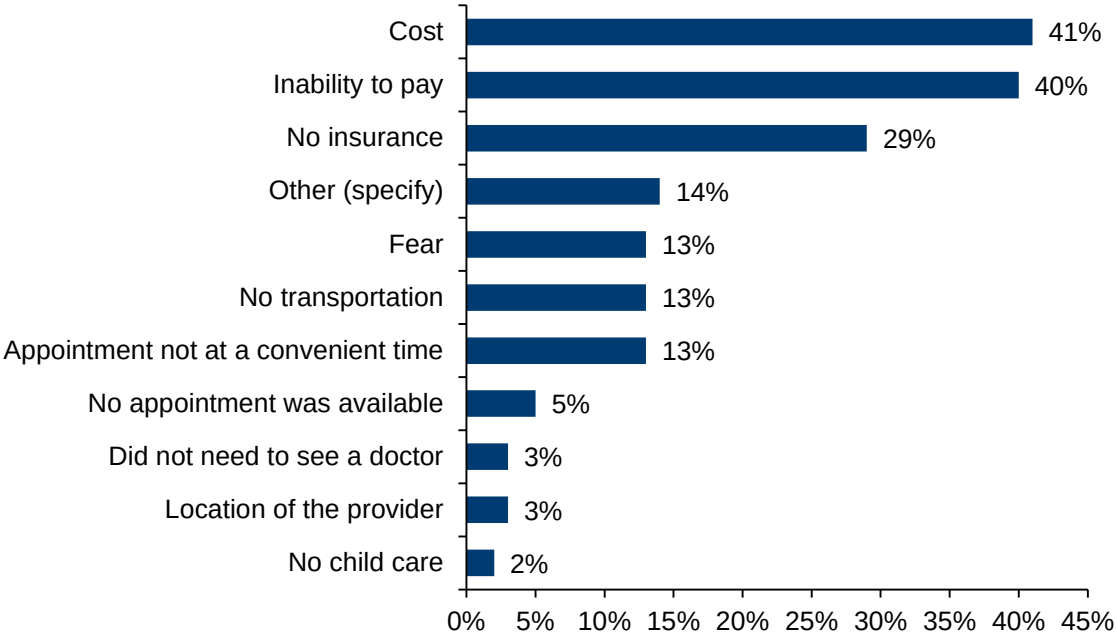
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?




Base: Yes (n=65), No (n=482), Sample Size = 547

(Community = Cass / Clay)

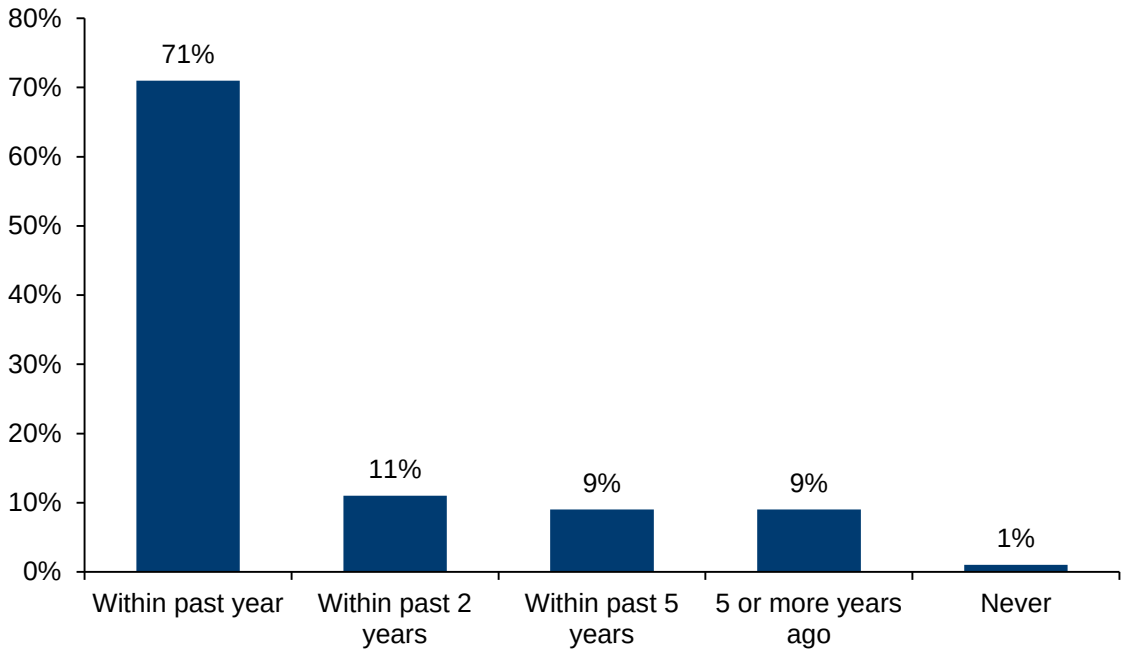
## Barriers to Receiving Care Needed




Base: Inability to pay (n=25), No child care (n=1), No appointment was available (n=3), Appointment not at a convenient time (n=8), No insurance (n=18), No transportation (n=8), Location of the provider (n=2), Cost (n=26), Fear (n=8), Did not need to see a doctor (n=2), Other (specify) (n=9)

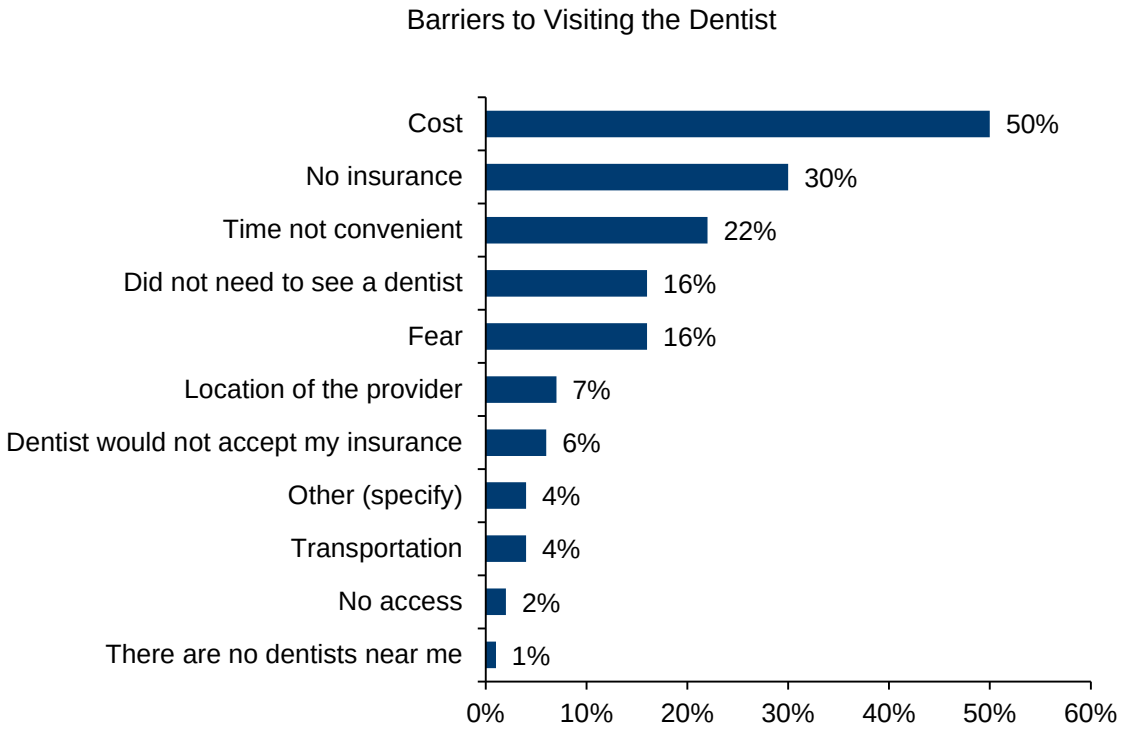
(Community = Cass / Clay)

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



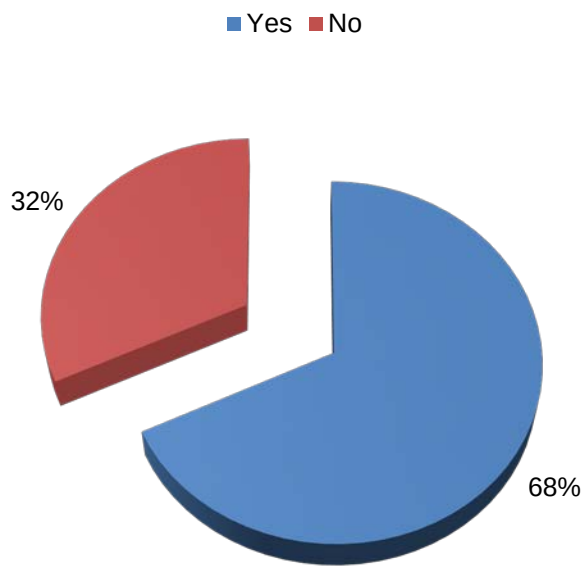

Base: Within past year (n=381), Within past 2 years (n=56), Within past 5 years (n=46), 5 or more years ago (n=47), Never (n=3), Sample Size = 533

(Community = Cass / Clay)



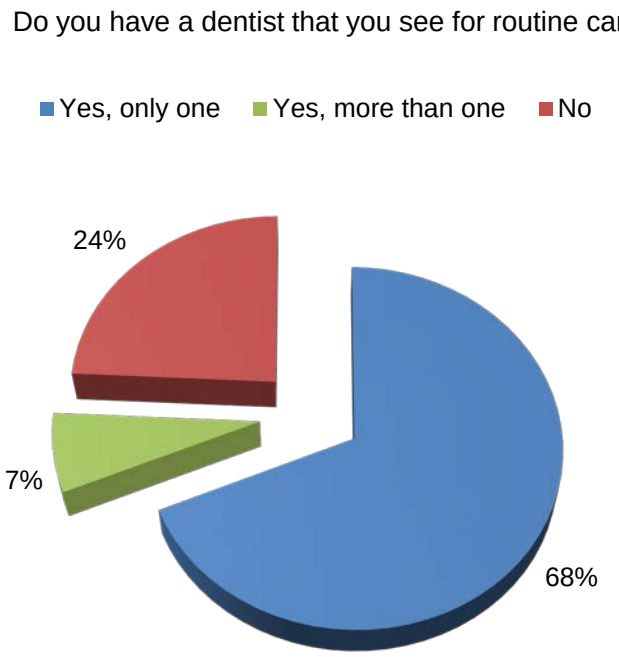

Base: No access (n=4), No insurance (n=49), Location of the provider (n=11), Cost (n=83), Fear (n=26), Transportation (n=6), Time not convenient (n=36), There are no dentists near me (n=1), Dentist would not accept my insurance (n=10), Did not need to see a dentist (n=27), Other (specify) (n=7), Sample Size = 166
(Community = Cass / Clay)

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




Base: Yes (n=358), No (n=170), Sample Size = 528

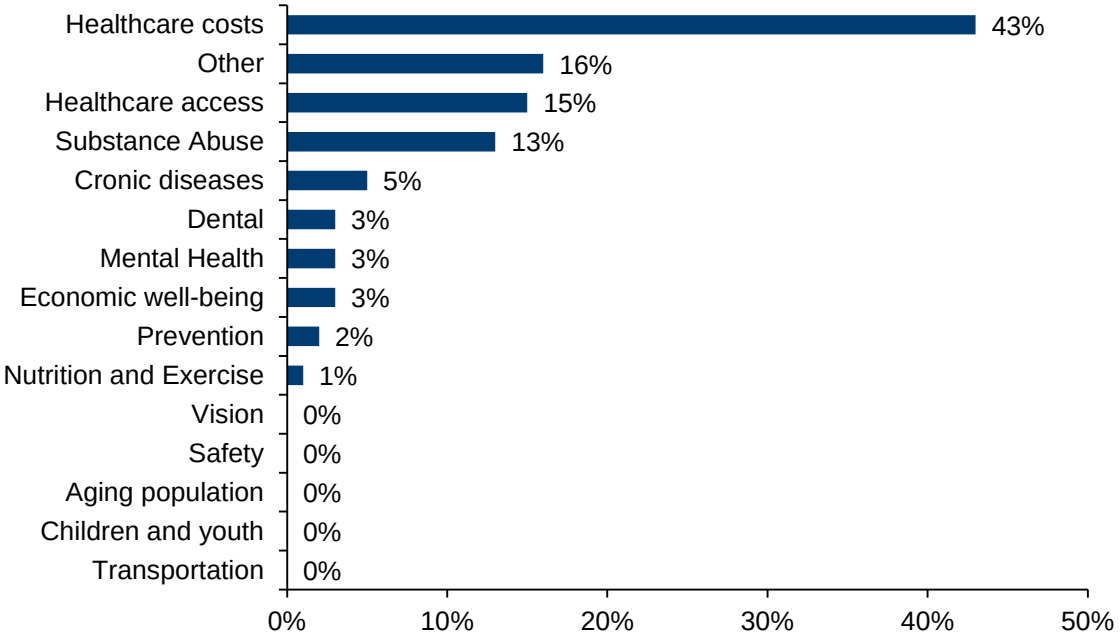
(Community = Cass / Clay)




Base: Yes, only one (n=369), Yes, more than one (n=39), No (n=132), Sample Size = 540

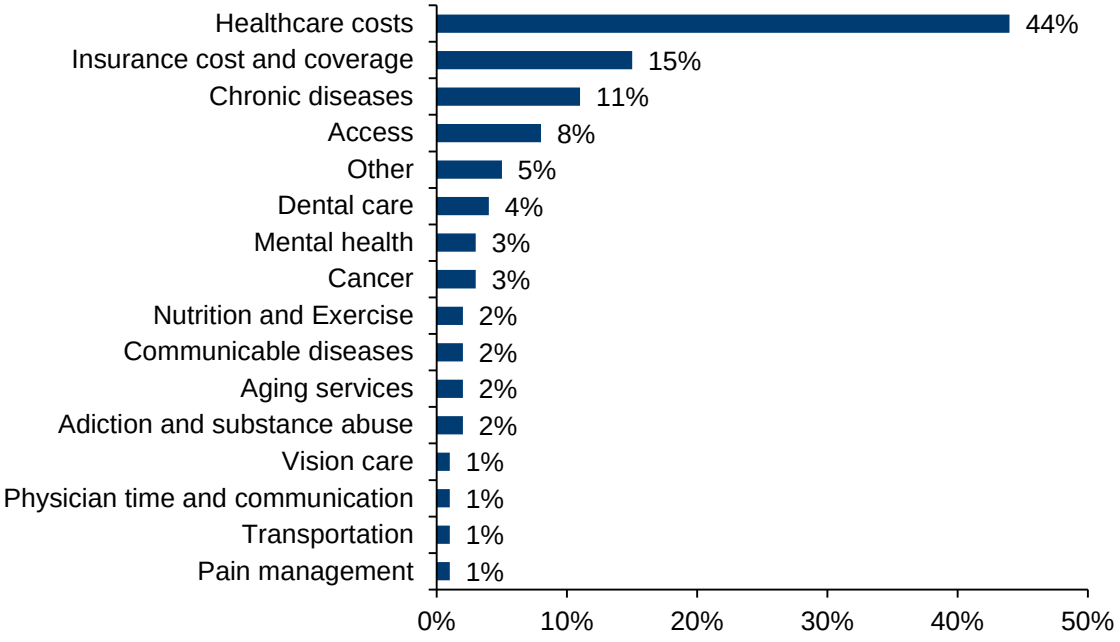
(Community = Cass / Clay)

## Most Important Community Issues



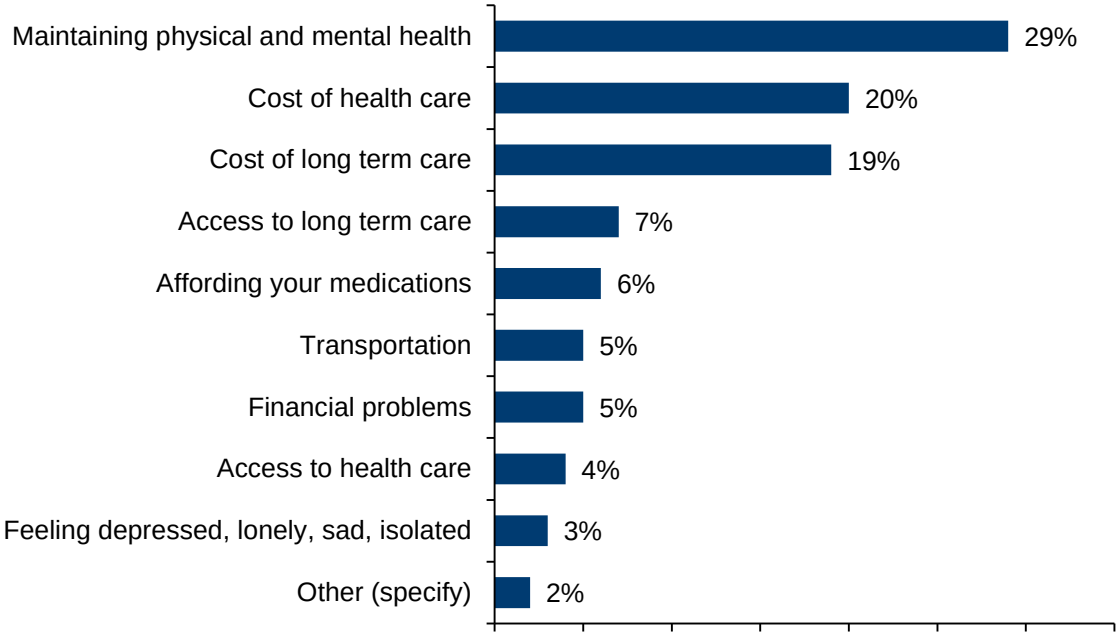

Base: Economic well-being (n=12), Transportation (n=2), Children and youth (n=2), Aging population (n=1), Safety (n=1), Healthcare access (n=64), Mental Health (n=13), Substance Abuse (n=55), Cronic diseases (n=20), Healthcare costs (n=176), Dental (n=14), Prevention (n=9), Vision (n=2), Nutrition and Exercise (n=3), Other (n=65), Sample Size = 468
(Community = Cass / Clay)

## Most Important Issue for Family



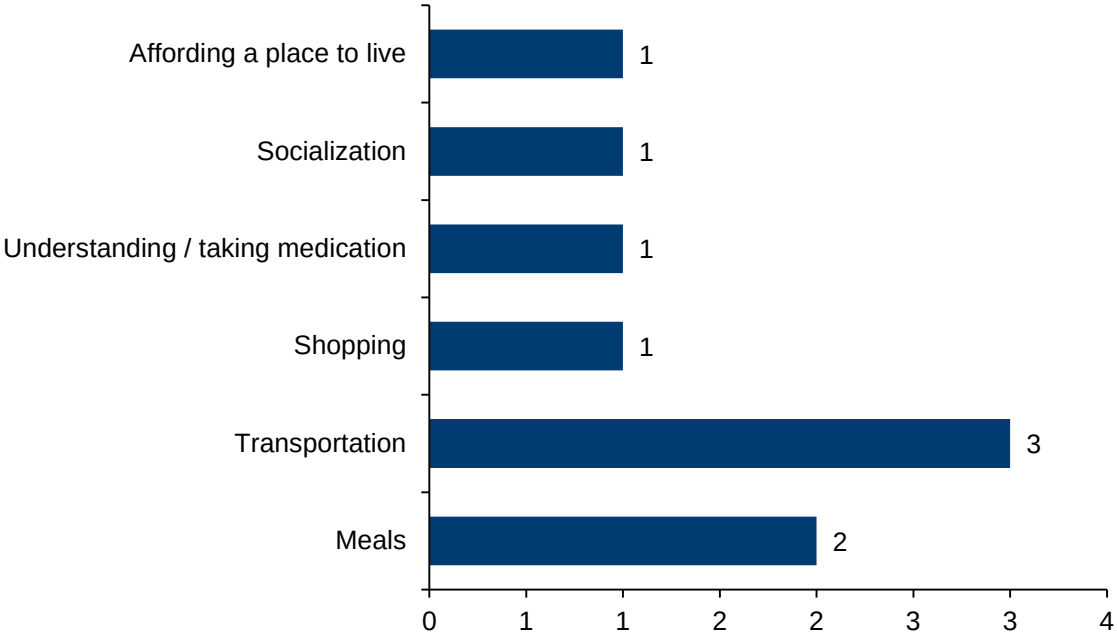

Base: Access (n=28), Adiction and substance abuse (n=6), Aging services (n=8), Cancer (n=9), Chronic diseases (n=36), Communicable diseases (n=7), Healthcare costs (n=145), Dental care (n=12), Nutrition and Exercise (n=7), Insurance cost and coverage (n=50), Mental health (n=9), Pain management (n=3), Transportation (n=4), Physician time and communication (n=4), Vision care (n=4), Other (n=17), Sample Size = 462
(Community = Cass / Clay)

What is your biggest concern as you age? (Age 65+)




Base: Access to health care (n=5), Cost of health care (n=26), Affording your medications (n=8), Maintaining physical and mental health (n=38), Feeling depressed, lonely, sad, isolated (n=4), Access to long term care (n=9), Cost of long term care (n=25), Financial problems (n=6), Transportation (n=7), Other (specify) (n=3), Sample Size = 65
(Community = Cass / Clay)

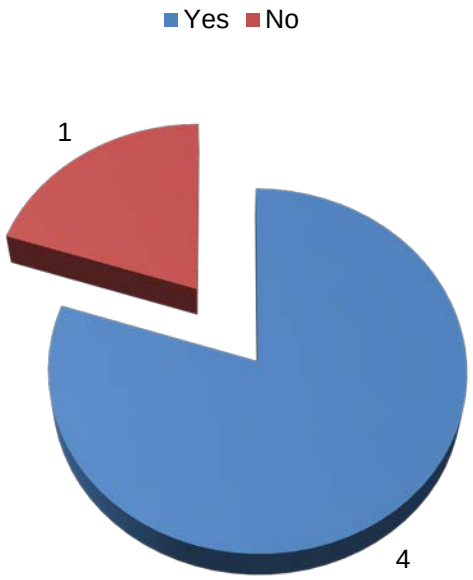
Which of these tasks do you need assistance with? (Age 65+)




Sample Size = 6

(Community = Cass / Clay)

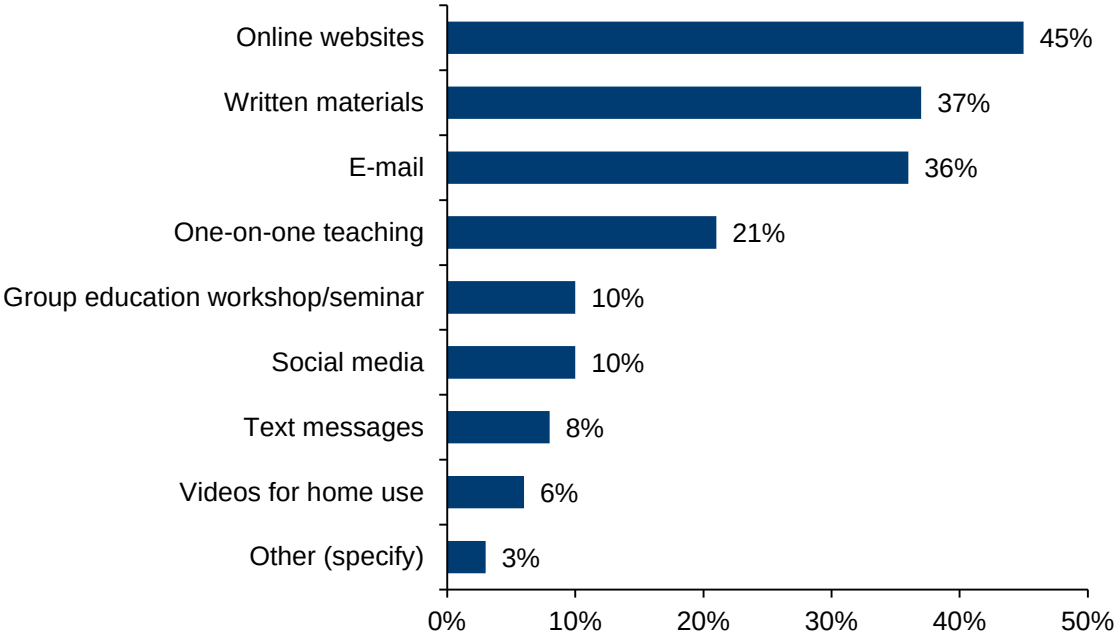
Do you know where to go to get help with the tasks you need assistance with? (Age 65+)




Sample Size = 5

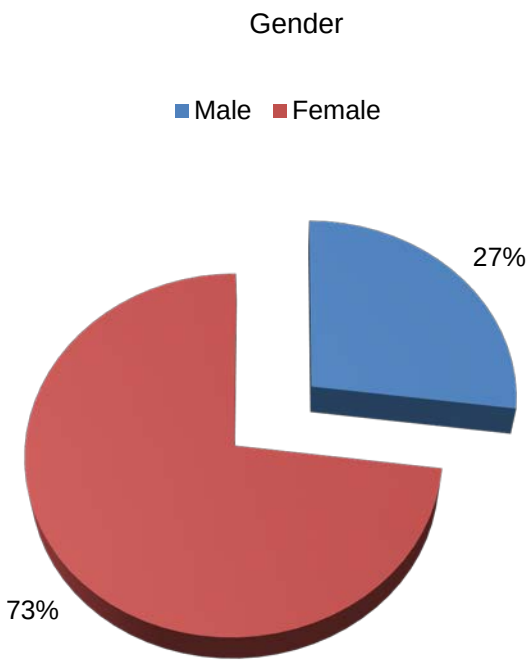
(Community = Cass / Clay)

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



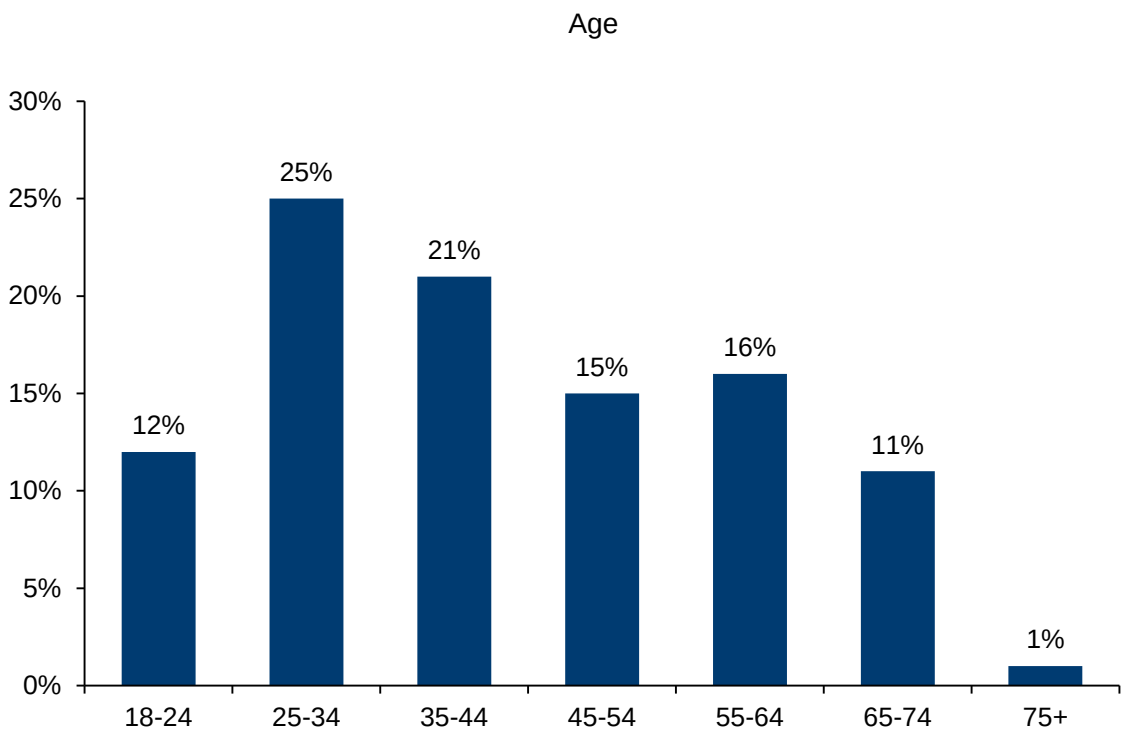

Base: Written materials (n=200), Videos for home use (n=30), Social media (n=56), Text messages (n=41), One-on-one teaching (n=113), E-mail (n=194), Group education workshop/seminar (n=54), Online websites (n=245), Other (specify) (n=18), Sample Size = 542

(Community = Cass / Clay)



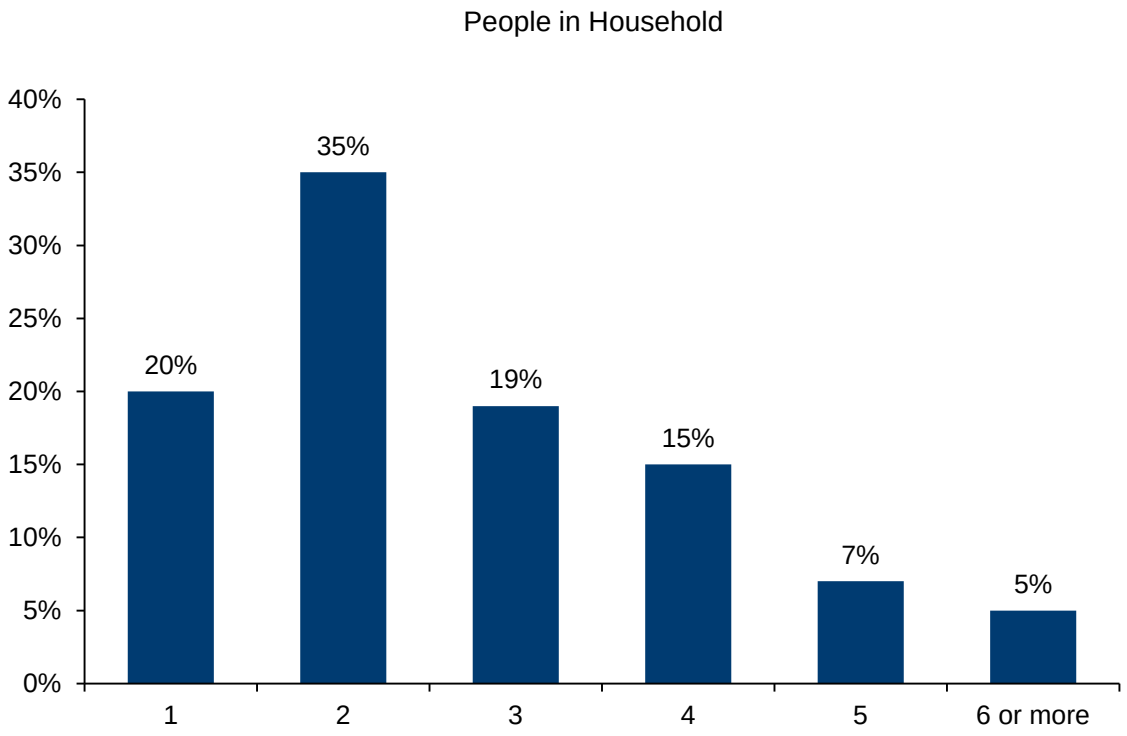

Base: Male (n=149), Female (n=398), Sample Size = 547

(Community = Cass / Clay)



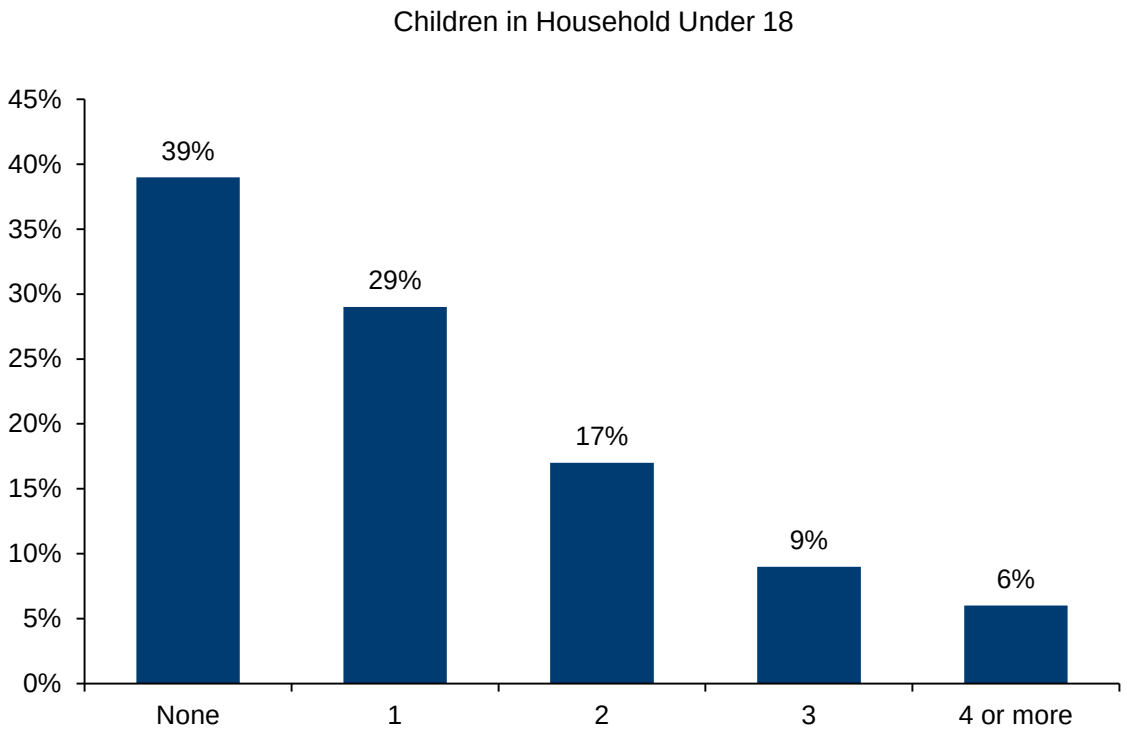

Base: 18-24 (n=65), 25-34 (n=138), 35-44 (n=113), 45-54 (n=79), 55-64 (n=86), 65-74 (n=58), 75+ (n=5), Sample Size = 544

(Community = Cass / Clay)



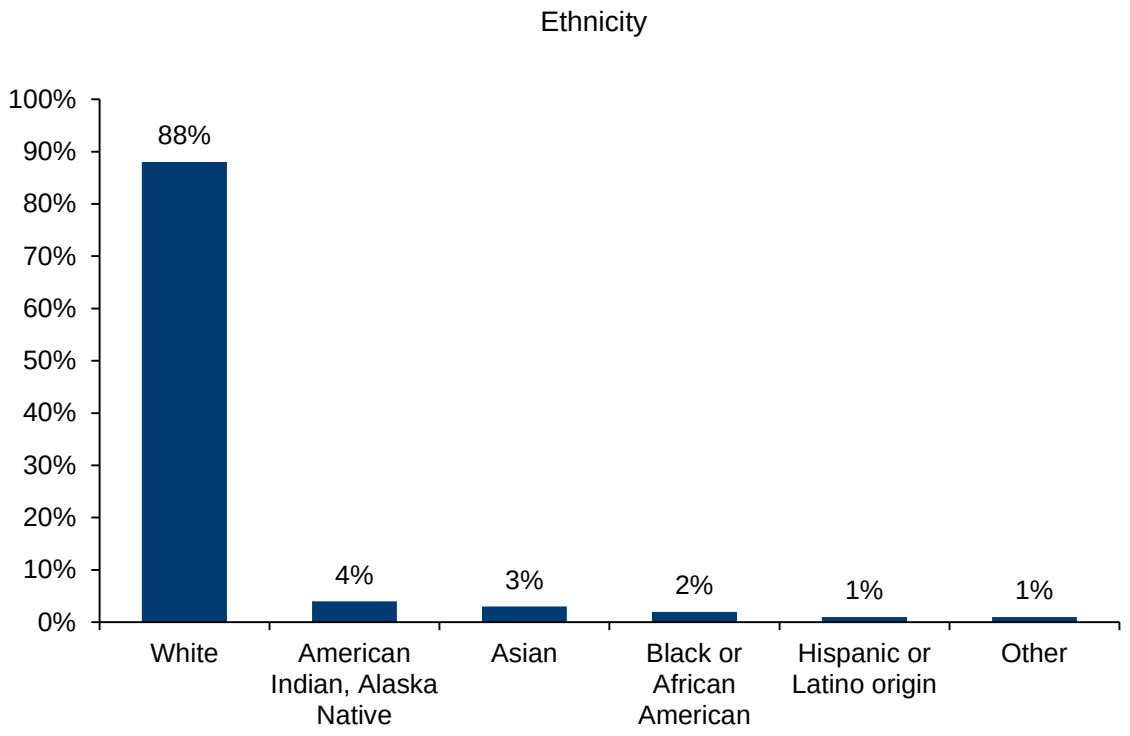

Base: 1 (n=106), 2 (n=190), 3 (n=102), 4 (n=79), 5 (n=38), 6 or more (n=26), Sample Size = 541

(Community = Cass / Clay)




Base: None (n=148), 1 (n=108), 2 (n=66), 3 (n=35), 4 or more (n=21), Sample Size = 378

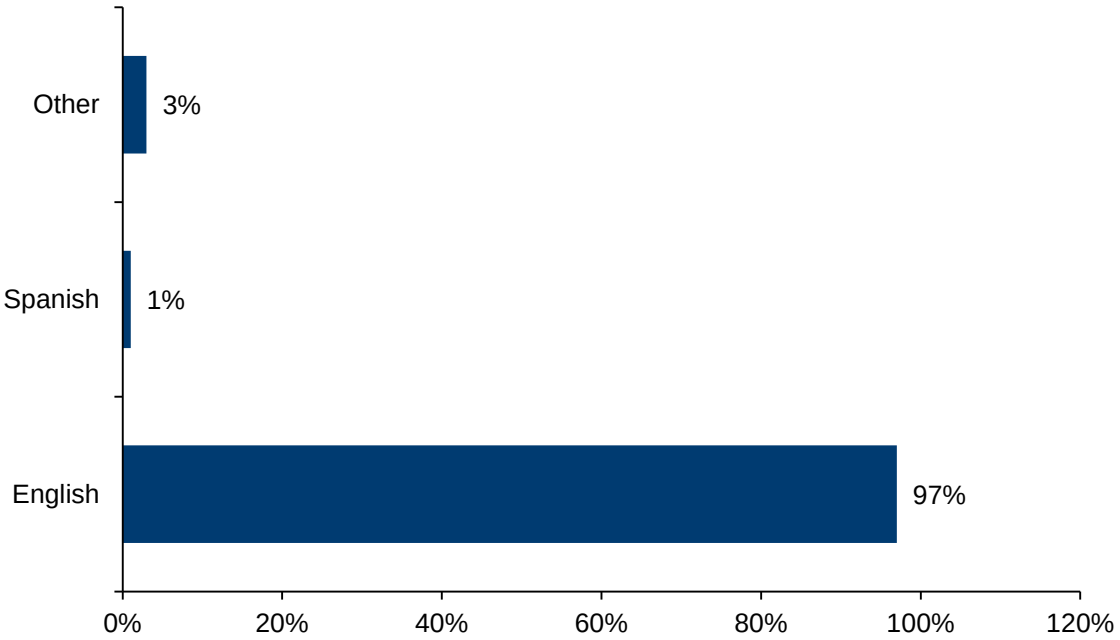
(Community = Cass / Clay)




Base: White (n=479), Black or African American (n=13), Asian (n=16), American Indian, Alaska Native (n=22), Hispanic or Latino origin (n=8), Other (n=6), Sample Size = 544

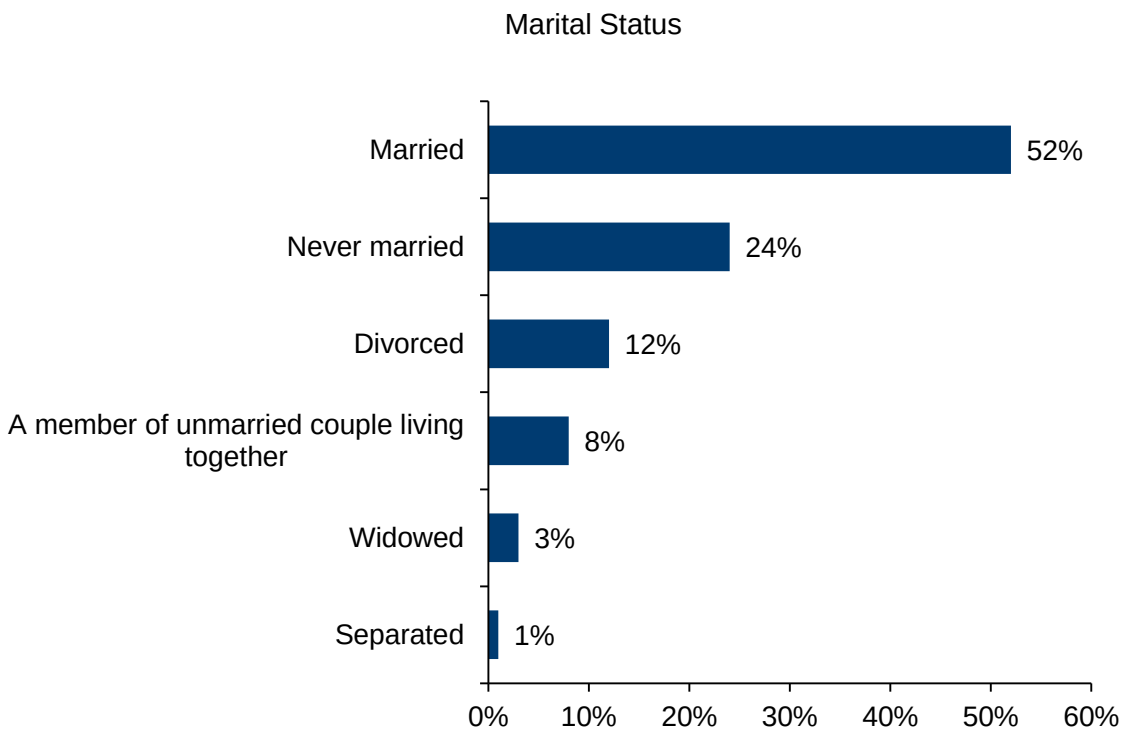
(Community = Cass / Clay)

## Language Spoken in Home



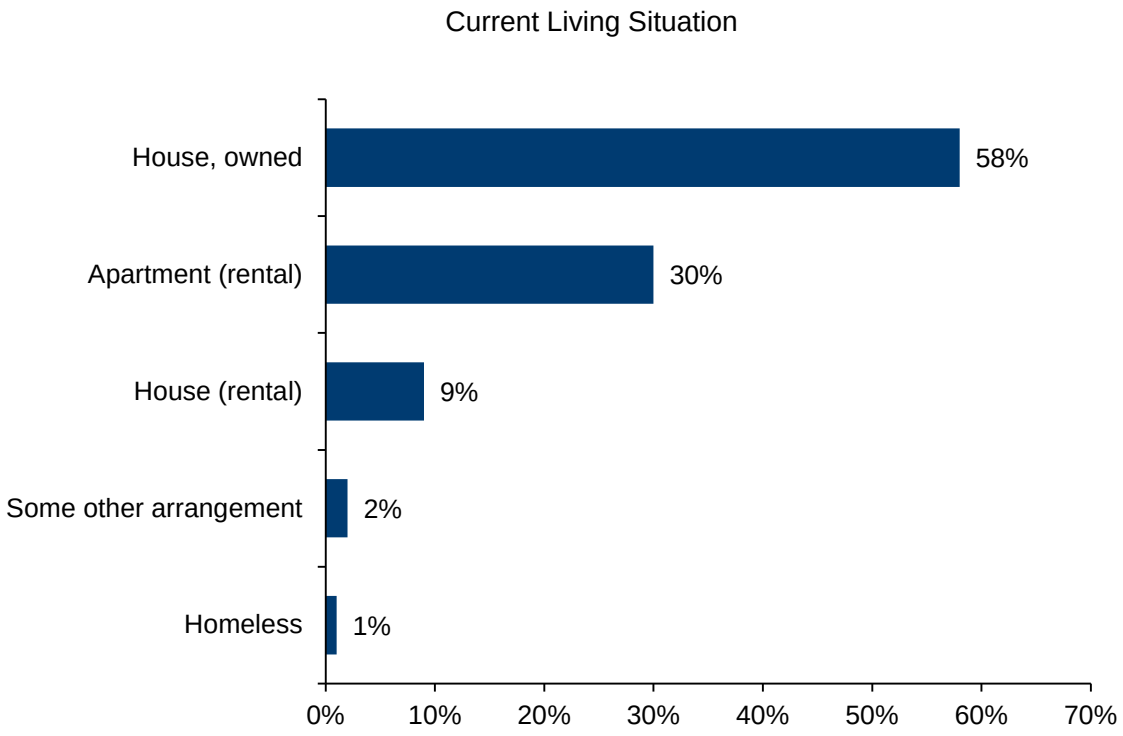

Base: English (n=527), Spanish (n=3), Other (n=14), Sample Size = 544

(Community = Cass / Clay)



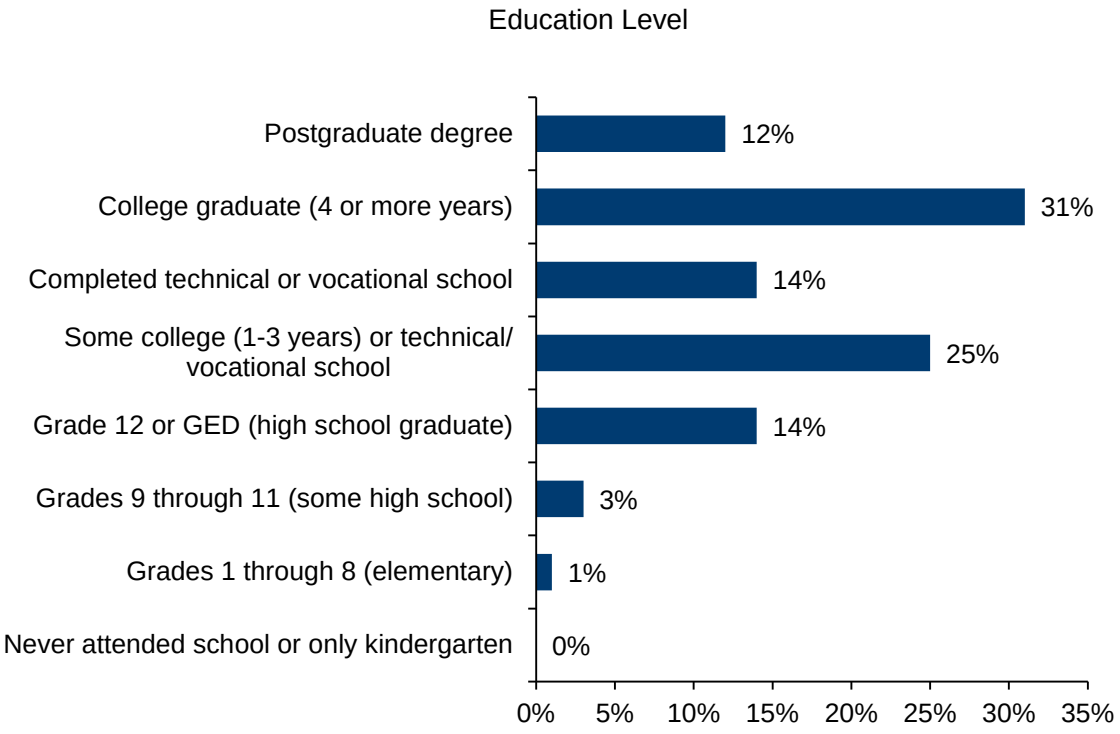

Base: Never married (n=133), Married (n=282), Divorced (n=63), Widowed (n=17), Separated (n=7), A member of unmarried couple living together (n=45), Sample Size = 547

(Community = Cass / Clay)

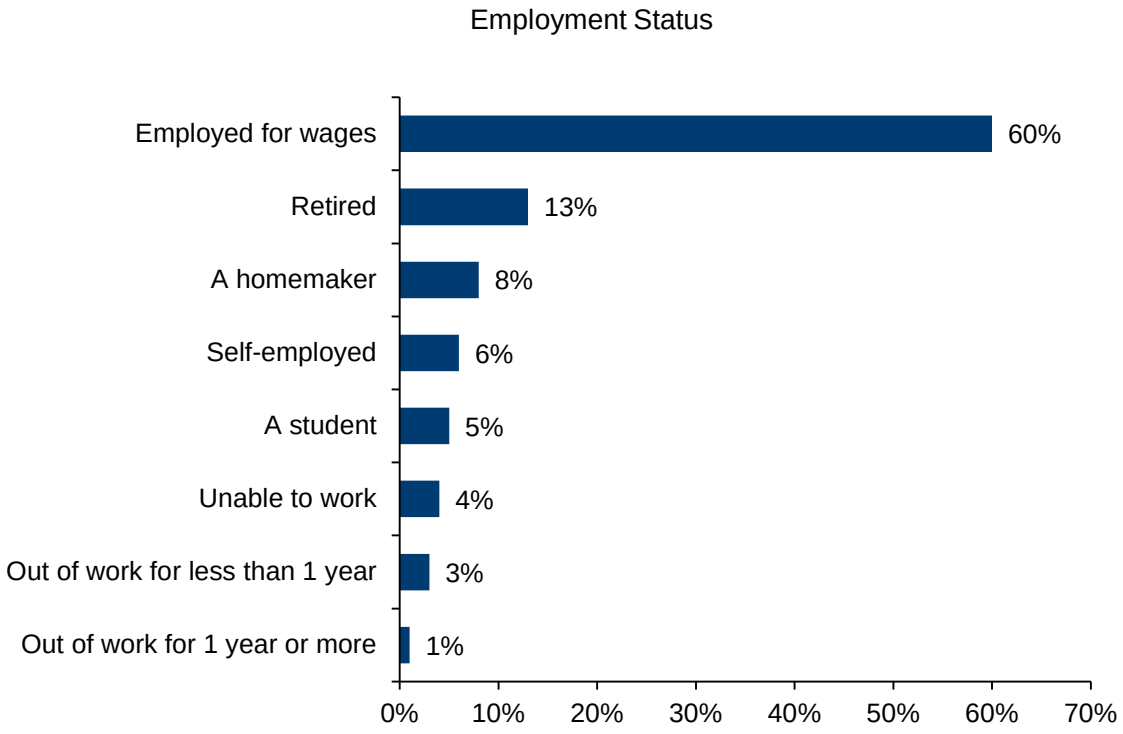



Base: House, owned (n=319), House (rental) (n=48), Apartment (rental) (n=162), Homeless (n=4), Some other arrangement (n=13), Sample Size = 546

(Community = Cass / Clay)

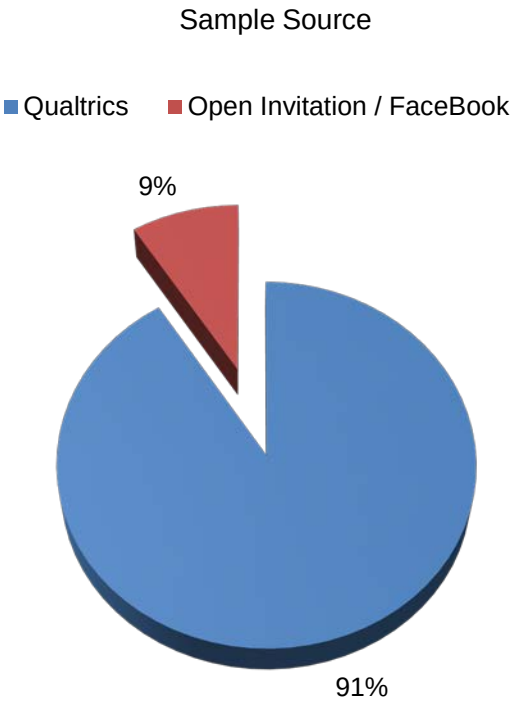



Base: Never attended school or only kindergarten (n=2), Grades 1 through 8 (elementary) (n=4), Grades 9 through 11 (some high school) (n=14), Grade 12 or GED (high school graduate) (n=75), Some college (1-3 years) or technical/ vocational school (n=138), Completed technical or vocational school (n=77), College graduate (4 or more years) (n=168), Postgraduate degree (n=68), Sample Size = 546
(Community = Cass / Clay)



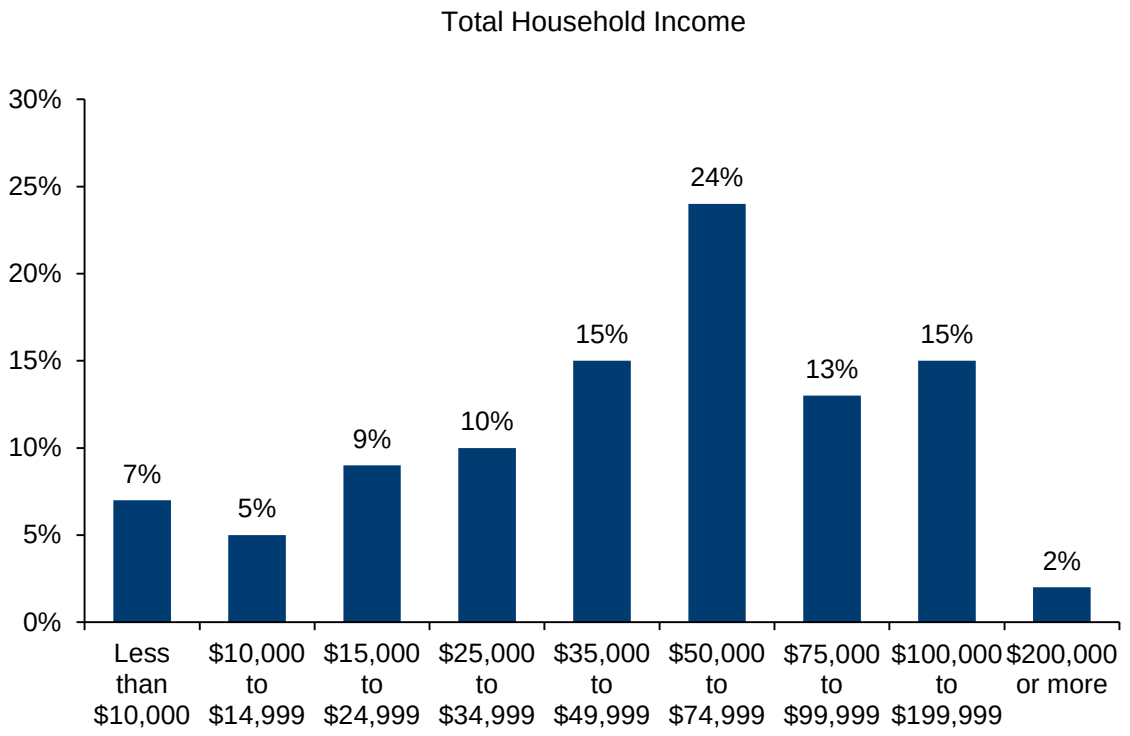

Base: Employed for wages (n=325), Self-employed (n=35), Out of work for less than 1 year (n=16), Out of work for 1 year or more (n=6), A homemaker (n=43), A student (n=27), Retired (n=70), Unable to work (n=20), Sample Size = 542

(Community = Cass / Clay)




Base: Qualtrics (n=500), Open Invitation / FaceBook (n=47), Sample Size = 547

(Community = Cass / Clay)




Base: Less than $10,000 (n=35), $10,000 to $14,999 (n=25), $15,000 to $24,999 (n=46), $25,000 to $34,999 (n=51), $35,000 to $49,999 (n=74), $50,000 to $74,999 (n=124), $75,000 to $99,999 (n=67), $100,000 to $199,999 (n=76), $200,000 or more (n=12), Sample Size = 510

(Community = Cass / Clay)

## Fargo/Moorhead 2018 Community Health Needs Assessment
## Prioritization Worksheet

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

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

| Health Indicator/Concern | Round 1 Vote | Round 2 Vote | Round 3 Vote |
|---|---|---|---|
| **Economic Well-Being**<br>• Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.22<br>• Availability of affordable housing 4.21<br>• Homelessness 3.88<br>• Hunger 3.64 35% report not having enough food | | | |
| **Transportation**<br>• Availability of door-to-door transportation services for those unable to drive 3.55 | | | |
| **Children and Youth**<br>• Availability of services for at-risk youth 4.11<br>• Cost of quality childcare 4.08<br>• Availability of quality childcare 3.99<br>• Cost of services for at-risk youth 3.96<br>• Substance abuse by youth 3.89<br>• Teen suicide 3.89<br>• Childhood obesity 3.86<br>• Bullying 3.65 | | | |
| **Aging Population**<br>• Cost of long term care 4.15<br>• Cost of memory care 4.08<br>• Cost of in-home services 3.83<br>• Availability of resources for family and friends caring for and helping make decisions for elders 3.58<br>• Availability of resources to help the elderly stay safe in their homes 3.52 | | | |
| **Safety**<br>• Abuse of prescription drugs 4.17<br>• Culture of excessive and binge drinking 3.81<br>• Domestic violence 3.80<br>• Child abuse and neglect 3.68<br>• Sex trafficking 3.59<br>• Presence of street drugs 3.55 | | | |
| **Healthcare Access**<br>• Availability of mental health providers 4.28<br>• Availability of behavioral health providers 4.21<br>• Access to affordable health insurance coverage 4.05<br>• Access to affordable health care 4.01<br>o 24% report not having seen a health care provider in > 1 yr.<br>• Access to affordable prescription drugs 3.91<br>• Access to affordable dental insurance coverage 3.82<br>o 30% report not having seen a dentist in >1yr<br>• Availability of non-traditional hours 3.63<br>• Access to affordable vision insurance coverage 3.58<br>• Use of emergency room services for primary health care 3.53<br>• Availability of health care services for Native people 3.50<br>• Coordination of care between providers and services 3.50 | #1 Priority | | |

| Health Indicator/Concern | Round 1 Vote | Round 2 Vote | Round 3 Vote |
|---|---|---|---|
| **Mental Health and Substance Abuse**<br>• Drug use and abuse 4.40<br>• Alcohol use and abuse 4.15<br>o 50% report binge drinking<br>• Depression 4.10<br>• Suicide 4.01<br>• Stress 3.81<br>• Dementia and Alzheimer's Disease 3.61<br>• Tobacco use- 21% | #2 Priority | | |
| **Health and Wellness**<br>• 60% Not getting enough fruits and vegetables<br>• 45% Not getting enough exercise<br>• Only 57% report having flu shot in the last year<br>• 27% Overweight 39% obese<br>• High cholesterol<br>• Hypertension | | | |

# Greater Fargo Moorhead Key Stakeholder Meeting

## July 31, 2018


**SUMMARY**

**CHNA Key Stakeholders Facilitated Discussion**

**July 31, 2018**

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### Biggest needs in the community

- Transportation
  - Transportation is needed to all services, food, appointments
  - MAT bus needs to travel to more areas of town
  - Hard for families with language barriers to figure out the MAT schedule
  - Cap on # of free passes offered on MAT buses

    - Transportation to health care for low income families; also a challenge for the elderly; need transportation but not eligible for MA medical transportation

- Child Care
    - Quality, affordable and accessible child care
    - Child care with structure-based early childhood standards is a priority issue
    - Housing/childcare – can't address other needs until these are met (i.e. Jeremiah Program)

- Affordable Health Care / Access to Health Care
    - Affordable health care and access is a top concern
    - Access to providers
    - Dental care for birth to age 5 – need dental providers who take Medicaid (only 3 with open slots/only take certain amounts)
    - How to get care if not MA eligible due to rising cost and high deductibles
    - People are waiting too long to get health care - going to the walk-in clinic instead of the ER; too many ambulance transports to the ER from the walk-in

- Substance Abuse
    - Percentage may be low but the ripple effect is huge in how it affects the community
    - Connection between mental health issues and substance abuse issues
    - Too many bars and liquor stores
    - Smoking, drinking and obesity seem to be ongoing and significant issues and addressing these issues must be community-based
    - Basic health care needs to support treatment and Social Determinants of Health must be considered in this process

- Poverty/Homelessness
    - Hunger in school age kids
    - 30% of families do not have enough food
    - Affordable housing – to decrease homelessness
    - Housing and food for the Native American community
    - Housing/Childcare – can't address other needs until these are met
    - Cap on # of free passes offered on MAT buses

- Obesity
    - Education on healthy food choices
    - Availability of healthy food choices
    - Proper nutrition for kids in school
    - More walking and biking trails
    - Obesity has a connection with mental health
    - Smoking, drinking and obesity seem to be ongoing and significant issues and addressing these issues must be community-based

- Mental Health
    - Mental health can correlate with trauma experiences
    - Availability of mental health professionals in schools
    - Depression – 40%
    - Early intervention/prevention/treatment – prenatal, children, assess risk factors, positive parenting
    - Mental health is the #1 issue – it leads to other issues
    - Shortage of mental health providers; barrier of credentials, reimbursement (rate of pay for providers, plus insurance providers)

    - Integrate mental health services with where people access other care
    - Basic health care needs to support treatment and Social Determinants of Health must be considered in this process
    - Connection between mental health issues and substance abuse issues
    - Essentia, Sanford and FM Ambulance should screen for mental health & refer as appropriate
    - Dual diagnosis – mental health/substance abuse (most challenging; need more supports)
    - FM Ambulance – same 10 clients served over a 10-year period – total cost $800,000
    - Teen suicide prevention education and resources needed on the ND side; better support on the Minnesota side
    - Mental health telehealth for rural communities

- Family Issues
    - Can be difficult to be a part of the community
    - Social media can be a negative resource
    - Lack of relationships and social connections (neighbors knowing neighbors)
    - Stability of the family is a key support issue – lack of relationships, community support

- General
    - More jobs can help decrease many of these problems
    - Need to get resources out to the people who need them
    - Discussion on community values
    - Increased violence
    - Consumer involvement/peer involvement (peer support)

**Suggestions for addressing the needs**

- Childcare
    - Need affordable childcare providers - Jeremiah Project

- Affordable Health Care / Access to Health Care
    - Accessibility – getting to appointments
    - Navigators – helping someone get to the services – help them take the right steps
    - Work with health care organizations when it comes to insurance
    - Consider partnering child check-ups with adult check-ups so the adults receive care and not just the children
    - Move health care to the schools
    - Basic education on health care and use of health care systems
    - Dental – need to spread awareness of the need for seeing children on Medicaid (some kids need several trips a year to the dentist); dental association helping to pay but that is not enough. Consider retired dentists – example: VA and chiropractor; waiver to sign to decrease malpractice insurance.
    - Being proactive with seniors – baby boomers are coming
    - Evening and weekend hours at clinics & walk-in clinics

- Substance Abuse
    - Decrease binge drinking – have activities for them to do instead of drinking
    - Engage faith communities – Living Free (72 people, 32 churches – small groups); increased relationships and connections
    - More funding for community paramedic program

- Poverty/Homelessness
    - Affordable housing

- Find ways to support ending homelessness (even if we have to live next to it – i.e. the furor over the Churches United project)
- Maybe each city should mandate a percentage of affordable housing in each development
- Research on how to provide cheaper housing – granny flats (zoning allows this), tiny houses
- SNAP program is doing great things; Essentia Health is partnering with the SNAP program

- Obesity
  - Healthy choices / easier choices

- Mental Health
  - Educate people to break down the fear barrier
  - Need community resources to integrate mental health
  - More community funding for community paramedic program
  - More education and resource awareness in schools & community to promote teen suicide prevention

- Children
  - How do we use our language; how do we equip kids to handle stress and pressure?
  - Slow down the chaos, slow down all the messaging – involve inter-generations
  - Media connections are very different – adaptations are needed
  - Consequences for disrespect

- Education / Publicity
  - Education for the providers
  - Education of the community to support ongoing efforts
  - Develop a uniform messaging and public information campaign to educate and inform the public; advertise the programs we have to offer
  - Basic education on health care and use of health care systems
  - Create the "flood" to mobilize the community – involve schools, government, faith communities, etc.

- Community Collaboration
  - Look for causes to address – early intervention
    - Homelessness
    - Substance abuse
    - Mental health
    - Political health
    - Social media
  - Partnerships / relationship building with different programs
  - Government is a part but not the sole resource to solve this
  - Mental health type groups (like *Re-Think Mental Health)* may be a way to network and support key objectives and goals. Need to take local and regional partnerships to the next level and use our strong collaborative approach to support these initiatives. Piggyback off our strong local collaborative relationships to support ongoing efforts.
  - Compare and contrast with other communities like ours to see what is or is not working or what could work
  - We can solve this if we get together
  - Get at the root causes, intervene, get people connected
  - United Way has programs that help with these issues and problems; would not always need to create a new program; identify programs that are best at doing this

- General
    - Support outreach programs
    - Bring services to the people
    - Catalysts are law enforcement
    - Decrease polarization; no trust because of different messages
    - Consider how public policy supports and/or complicates these issues. Testimonies and stories and inclusion from frontline responders and people would help support this process.

# Secondary Data

2018

# Greater Fargo Moorhead Community Health Needs Assessment (CHNA)

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## Demographics: U.S. Census Estimates, July 1, 2017

| Fact | Fact Note | Clay County, Minnesota | Cass County, North Dakota | Minnesota | Value Note for Minnesota | North Dakota | Value Note for North Dakota | UNITED STATES |
|---|---|---|---|---|---|---|---|---|
| Population estimates, July 1, 2017, (V2017) | | 63,569 | 177,787 | 5,576,606 | | 755,393 | | 325,719,178 |
| Population estimates base, April 1, 2010, (V2017) | | 58,999 | 149,778 | 5,303,924 | | 672,585 | | 308,758,105 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017) | | 7.70% | 18.70% | 5.10% | | 12.30% | | 5.50% |
| Population, Census, April 1, 2010 | | 58,999 | 149,778 | 5,303,925 | | 672,591 | | 308,745,538 |
| Persons under 5 years, percent | | 7.30% | 7.10% | 6.40% | | 7.20% | | 6.10% |
| Persons under 18 years, percent | | 24.40% | 22.30% | 23.30% | | 23.30% | | 22.60% |
| Persons 65 years and over, percent | | 13.00% | 11.70% | 15.40% | | 15.00% | | 15.60% |
| Female persons, percent | | 50.60% | 49.30% | 50.20% | | 48.70% | | 50.80% |
| White alone, percent | (a) | 91.00% | 87.60% | 84.40% | | 87.50% | | 76.60% |
| Black or African American alone, percent | (a) | 3.30% | 5.70% | 6.50% | | 3.10% | | 13.40% |
| American Indian and Alaska Native alone, percent | (a) | 1.80% | 1.40% | 1.40% | | 5.50% | | 1.30% |
| Asian alone, percent | (a) | 1.40% | 3.30% | 5.10% | | 1.60% | | 5.80% |
| Native Hawaiian and Other Pacific Islander alone, percent | (a) | 0.10% | 0.10% | 0.10% | | 0.10% | | 0.20% |
| Two or More Races, percent | | 2.40% | 1.90% | 2.50% | | 2.20% | | 2.70% |
| Hispanic or Latino, percent | (b) | 4.50% | 2.70% | 5.40% | | 3.70% | | 18.10% |
| White alone, not Hispanic or Latino, percent | | 87.30% | 85.40% | 79.90% | | 84.60% | | 60.70% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Veterans, 2012-2016 | 3,258 | 8,877 | 331,516 | | 49,560 | | 19,535,341 |
| Foreign born persons, percent, 20122016 | 3.70% | 6.40% | 7.80% | | 3.30% | | 13.20% |
| Housing units, July 1, 2017, (V2017) | 26,635 | 82,328 | 2,437,711 | | 374,657 | | 137,403,460 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Owner-occupied housing unit rate, 20122016 | 69.80% | 51.80% | 71.40% | | 63.50% | | 63.60% |
| Median value of owner-occupied housing units, 2012-2016 | $166,600 | $183,800 | $191,500 | | $164,000 | | $184,700 |
| Median selected monthly owner costs with a mortgage, 2012-2016 | $1,340 | $1,416 | $1,487 | | $1,278 | | $1,491 |
| Median selected monthly owner costs without a mortgage, 2012-2016 | $474 | $492 | $485 | | $428 | | $462 |
| Median gross rent, 2012-2016 | $747 | $731 | $873 | | $736 | | $949 |
| Building permits, 2017 | 209 | 1,682 | 21,953 | | 3,411 | | 1,281,977 |
| Households, 2012-2016 | 23,034 | 70,841 | 2,135,310 | | 305,163 | | 117,716,237 |
| Persons per household, 2012-2016 | 2.49 | 2.28 | 2.49 | | 2.33 | | 2.64 |
| Living in same house 1 year ago, percent of persons age 1 year+, 20122016 | 85.50% | 76.80% | 85.50% | | 82.30% | | 85.20% |
| Language other than English spoken at home, percent of persons age 5 years+, 2012-2016 | 5.70% | 7.90% | 11.10% | | 5.60% | | 21.10% |
| High school graduate or higher, percent of persons age 25 years+, 2012-2016 | 94.40% | 94.50% | 92.60% | | 92.00% | | 87.00% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016 | 33.00% | 37.40% | 34.20% | | 28.20% | | 30.30% |
| With a disability, under age 65 years, percent, 2012-2016 | 6.80% | 7.10% | 7.20% | | 7.10% | | 8.60% |
| Persons without health insurance, under age 65 years, percent | 4.20% | 6.10% | 4.80% | | 8.10% | | 10.10% |
| In civilian labor force, total, percent of population age 16 years+, 2012-2016 | 71.30% | 74.80% | 69.80% | | 69.50% | | 63.10% |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| In civilian labor force, female, percent of population age 16 years+, 2012-2016 | | 68.80% | 71.50% | 66.10% | | 65.20% | | 58.30% |
| Total accommodation and food services sales, 2012 ($1,000) | (c) | 68,836 | 446,791 | 11,722,627 | | 2,045,123 | | 708,138,598 |
| Total health care and social assistance receipts/revenue, 2012 ($1,000) | (c) | 186,575 | 1,909,679 | 40,403,572 | | 5,418,355 | | 2,040,441,203 |
| Total manufacturers shipments, 2012 ($1,000) | (c) | 409,324 | 3,451,134 | 123,076,309 | | 14,427,360 | | 5,696,729,632 |
| Total merchant wholesaler sales, 2012 ($1,000) | (c) | 1,175,389 | 5,497,653 | 104,485,117 | | 28,150,837 | | 5,208,023,478 |
| Total retail sales, 2012 ($1,000) | (c) | 665,074 | 3,790,350 | 78,898,182 | | 15,519,816 | | 4,219,821,871 |
| Total retail sales per capita, 2012 | (c) | $11,056 | $24,273 | $14,667 | | $22,183 | | $13,443 |
| Mean travel time to work (minutes), workers age 16 years+, 2012-2016 | | 18.7 | 16.3 | 23.2 | | 17.3 | | 26.1 |
| Median household income (in 2016 dollars), 2012-2016 | | $59,614 | $54,926 | $63,217 | | $59,114 | | $55,322 |
| Per capita income in past 12 months (in 2016 dollars), 2012-2016 | | $27,165 | $32,485 | $33,225 | | $33,107 | | $29,829 |
| Persons in poverty, percent | | 12.00% | 10.70% | 9.90% | | 10.70% | | 12.70% |
| Total employer establishments, 2016 | | 1,317 | 5,523 | 150,115 | 1 | 24,601 | 1 | 7,757,807 |
| Total employment, 2016 | | 17,915 | 103,392 | 2,661,627 | 1 | 346,947 | 1 | 126,752,238 |
| Total annual payroll, 2016 ($1,000) | | 604,407 | 4,692,271 | 137,135,936 | 1 | 15,816,748 | 1 | 6,435,142,055 |
| Total employment, percent change, 2015-2016 | | -0.90% | 0.50% | 1.90% | 1 | -5.20% | 1 | 2.10% |
| Total nonemployer establishments, 2016 | | 4,096 | 12,258 | 403,926 | | 54,064 | | 24,813,048 |
| All firms, 2012 | | 4,595 | 15,994 | 489,494 | | 68,270 | | 27,626,360 |
| Men-owned firms, 2012 | | 2,405 | 8,748 | 268,710 | | 37,016 | | 14,844,597 |
| Women-owned firms, 2012 | | 1,632 | 5,006 | 157,821 | | 20,316 | | 9,878,397 |
| Minority-owned firms, 2012 | | 129 | 662 | 47,302 | | 3,190 | | 7,952,386 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Nonminority-owned firms, 2012 | 4,284 | 14,573 | 428,716 | | 62,271 | | 18,987,918 |
| Veteran-owned firms, 2012 | 388 | 1,492 | 45,582 | | 6,584 | | 2,521,682 |
| Nonveteran-owned firms, 2012 | 3,886 | 13,339 | 419,628 | | 56,904 | | 24,070,685 |
| Population per square mile, 2010 | 56.4 | 84.9 | 66.6 | | 9.7 | | 87.4 |
| Land area in square miles, 2010 | 1,045.37 | 1,764.94 | 79,626.74 | | 69,000.80 | | 3,531,905.43 |
| FIPS Code | "27027" | "38017" | "27" | | "38" | | "00" |
| | | | | | | | |
| NOTE: FIPS Code values are en closed in quotes to ens ure leading z eros remain inta ct. | | | | | | | |
| | | | | | | | |
| Value Notes | | | | | | | |
| 1 | Include s data not dist ributed by cou nty. | | | | | | |
| | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Fact Notes | | | | | | | |
| (a) | Includes persons reporting only one race | | | | | | |
| (b) | Hispanics may be of any race, so also are included in applicable race categories | | | | | | |
| ( c) | Econo mic Census - Puerto Rico da ta are not comp arable to U. S. Economic Ce nsus data | | | | | | |
| | | | | | | | |
| Value Flags | | | | | | | |
| D | Suppressed to avoid disclosure of confidential infor ma tion | | | | | | |
| F | Fewer than 25 firms | | | | | | |
| FN | Footnote on this item in place of da ta | | | | | | |
| NA | Not available | | | | | | |
| S | Suppressed; does not meet publica tion standards | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| X | Not applicable | | | | | | |
| Z | Value greater than zero but less than half unit of measure shown | | | | | | |
| - | Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution. | | | | | | |

Data Source: U.S. Census Bureau, Population Estimates Program (PEP), Updated annually. Population and Housing Unit Estimates

## Social Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Data Indicators

- Children Eligible for Free/Reduced Price Lunch
- Food Insecurity Rate
- Head Start
- High School Graduation Rate (Ed*Facts*)
- Income - Median Family Income
- Insurance - Uninsured Adults
- Insurance - Uninsured Children
- Population with Bachelor's Degree or Higher
- Student Reading Proficiency (4th Grade)
- Unemployment Rate
- Violent Crime

# Children Eligible for Free/Reduced Price Lunch

Within the Cass and Clay Counties 9,952 public school students or 29.67% are eligible for Free/Reduced Price lunch out of 33,543 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

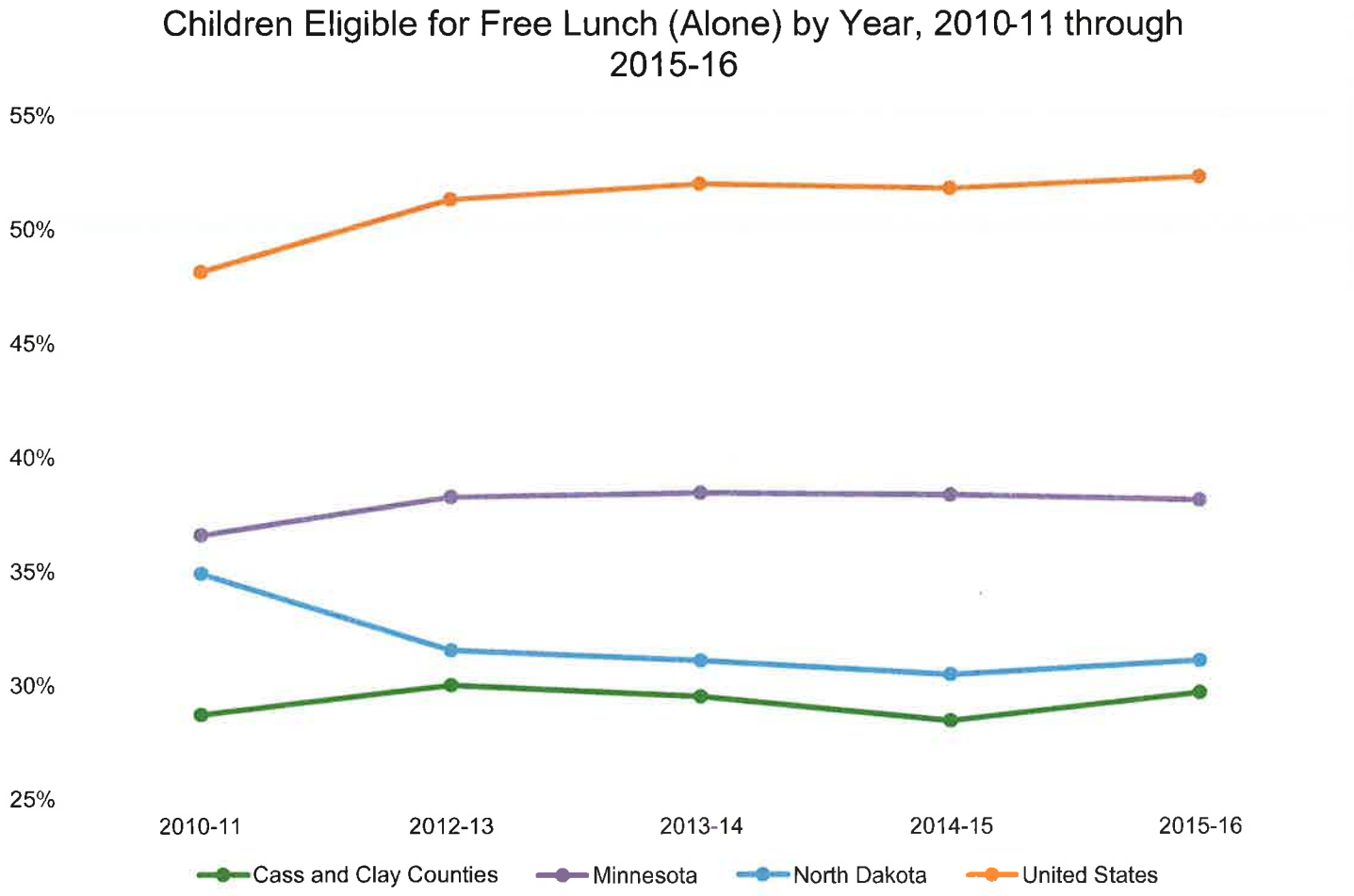
| Cass and Clay Counties | 2010-11 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---|---|---|---|---|---|
| Cass and Clay Counties | 28.71% | 30% | 29.5% | 28.43% | 29.67% |
| Clay County, MN | 32.3% | 34.25% | 32.87% | 32.75% | 33.9% |
| Cass County, ND | 27.1% | 28.15% | 28.04% | 26.57% | 27.82% |
| Minnesota | 36.59% | 38.27% | 38.44% | 38.34% | 38.12% |
| North Dakota | 34.91% | 31.54% | 31.08% | 30.46% | 31.07% |
| United States | 48.15% | 51.32% | 51.99% | 51.8% | 52.3% |

Percent Students Eligible for Free or Reduced Price Lunch


Cass and Clay Counties (29.67%)

North Dakota (31.07%)

*Data Source: National Center for Education Statistics,* NCES - Common Core of Data. United States (52.61%) *2015-16. Source geography: Address*




## Food Insecurity Rate

This indicator reports the estimated percentage of the overall population and the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Cass and Clay Counties | Food Insecure Population, Total | Food Insecurity Rate | Food Insecure Children, Total | Child Food Insecurity Rate |
|---|---|---|---|---|
| Cass and Clay Counties | 20,640 | 9.0% | 5,200 | 10.1% |
| Clay County, MN | 5,830 | 9.5% | 1,830 | 12.7% |
| Cass County, ND | 14,810 | 8.9% | 3,370 | 9.1% |
| Minnesota | 508,630 | 9.2% | 163,070 | 12.7% |
| North Dakota | 55,710 | 7.4% | 16,440 | 9.4% |

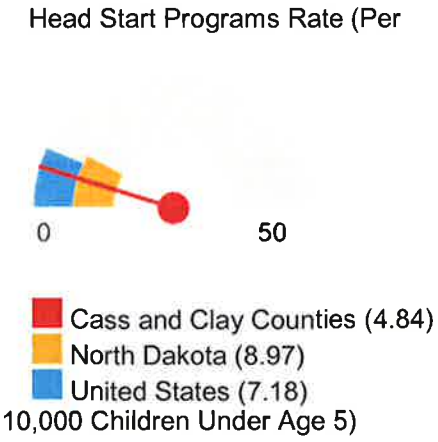
| | | | | |
|---|---|---|---|---|
| United States | 41,204,000 | 12.9% | 12,938,000 | 17.5% |

*Data Source: Feeding America. 2016. Source geography: County*

## Head Start

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census.

| Cass and Clay Counties | Total Children Under Age 5 | Total Head Start Programs | Head Start Programs, Rate (Per 10,000 Children) |
|---|---|---|---|
| Cass and Clay Counties | 14,471 | 10 | 4.84 |
| Clay County, MN | 4,056 | 3 | 7.4 |
| Cass County, ND | 10,415 | 7 | 3.84 |
| Minnesota | 355,504 | 309 | 6.3 |
| North Dakota | 44,595 | 74 | 8.97 |
| United States | 20,426,118 | 18,886 | 7.18 |




*Data Source: US Department of Health Human Services, Administration for Children and Families. 2018. Source geography: Point*

## High School Graduation Rate (Ed*Facts*)

Within the Cass and Clay Counties 86% of students are receiving their high school diploma within four years. Data represents the 2015-16 school year.

This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg Ruglis, 2007).

Cohort Graduation Rate

| Counties | Total Student Cohort | Estimated Number of Diplomas Issued | Cohort Graduation Rate |
|---|---|---|---|
| Cass and Clay Counties | 2,298 | 1,976 | 86 |
| Clay County, MN | 662 | 537 | 81.1 |
| Cass County, ND | 1,636 | 1,439 | 88 |
| Minnesota | 59,237 | 50,965 | 86 |
| North Dakota | 7,449 | 6,377 | 85.6 |
| United States | 3,135,216 | 2,700,120 | 86.1 |


Cass and Clay Counties (86%)
Minnesota (86%)
United States (86.1%)

*Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV.*
*Additional data analysis by CARES. 2015-16. Source geography: School District*

# Income - Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

| Cass and Clay Counties | Total Family Households | Average Family Income | Median Family Income |
|---|---|---|---|
| Cass and Clay Counties | 54,234 | $93,846 | no data |
| Clay County, MN | 14,899 | $86,305 | $76,021 |
| Cass County, ND | 39,335 | $96,702 | $76,371 |
| Minnesota | 1,380,760 | $99,626 | $79,595 |
| North Dakota | 183,466 | $96,309 | $77,277 |
| United States | 77,608,829 | $90,960 | $67,871 |

*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

# Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.

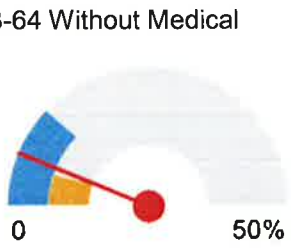
This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

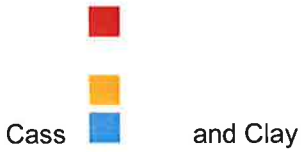
**Uninsured Population Age 18 - 64, Percent by Year, 2010 through 2016** Percent Population Age

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 12.07% | 12.19% | 12.24% | 12.12% | 8.62% | 7.46% | 6.19% |
| Clay County, MN | 11% | 10.3% | 9.3% | 10.4% | 6.8% | 5.1% | 4.8% |
| Cass County, ND | 12.4% | 12.9% | 13.2% | 12.7% | 9.20% | 8.2% | 6.7% |
| Minnesota | 11.88% | 11.7% | 10.72% | 10.97% | 7.93% | 6.04% | 5.43% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| North Dakota | 13.42% | 13.58% | 13.85% | 13.76% | 10.24% | 9.09% | 7.79% |
| United States | 21.52% | 21.11% | 20.76% | 20.44% | 16.37% | 13.21% | 12.08% |

Insurance



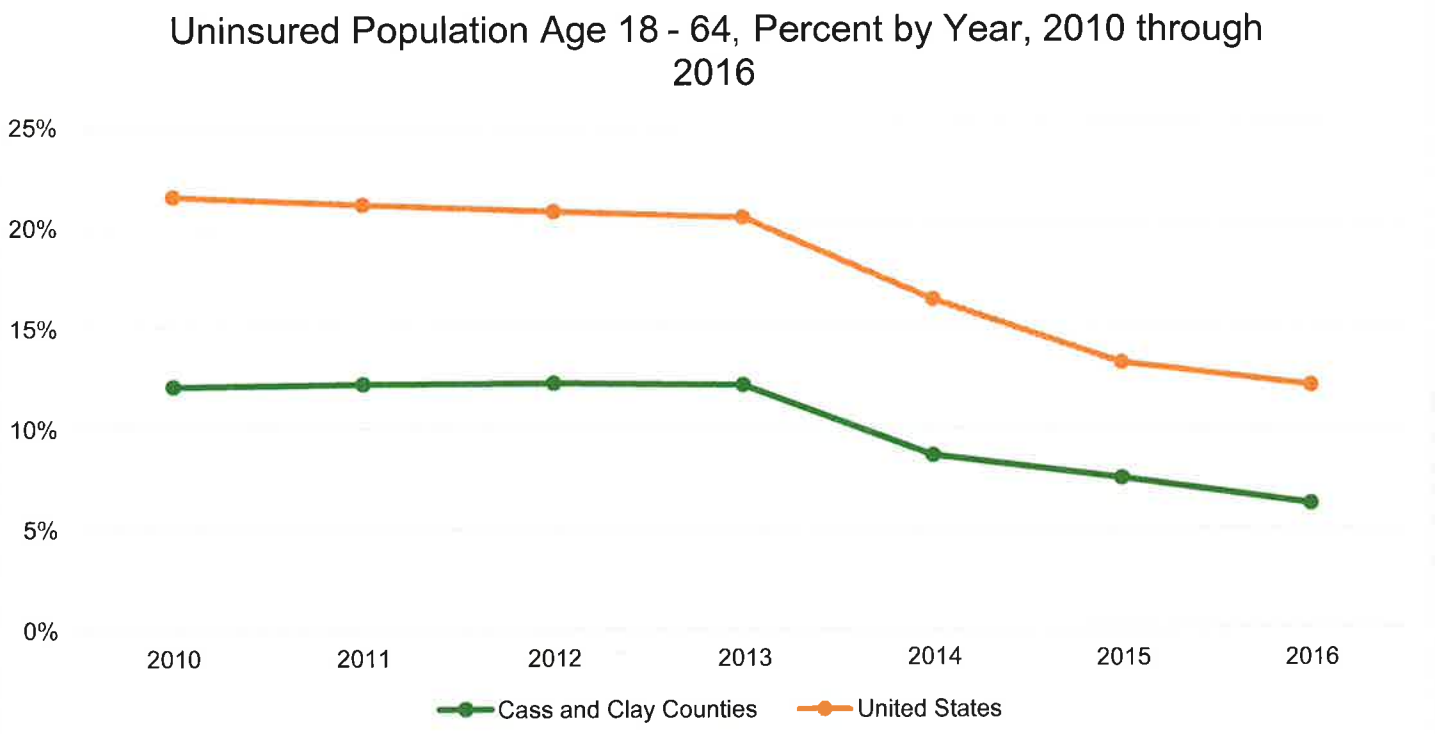




Counties (6.19%) Minnesota (5.43%)

United States

(12.08%)

*Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County*



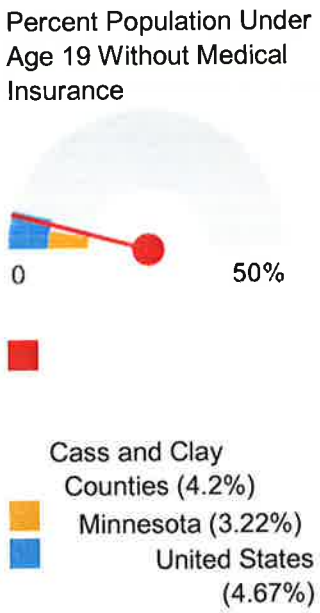

## Insurance - Uninsured Children

The lack of health insurance is considered a *key driver* of health status.

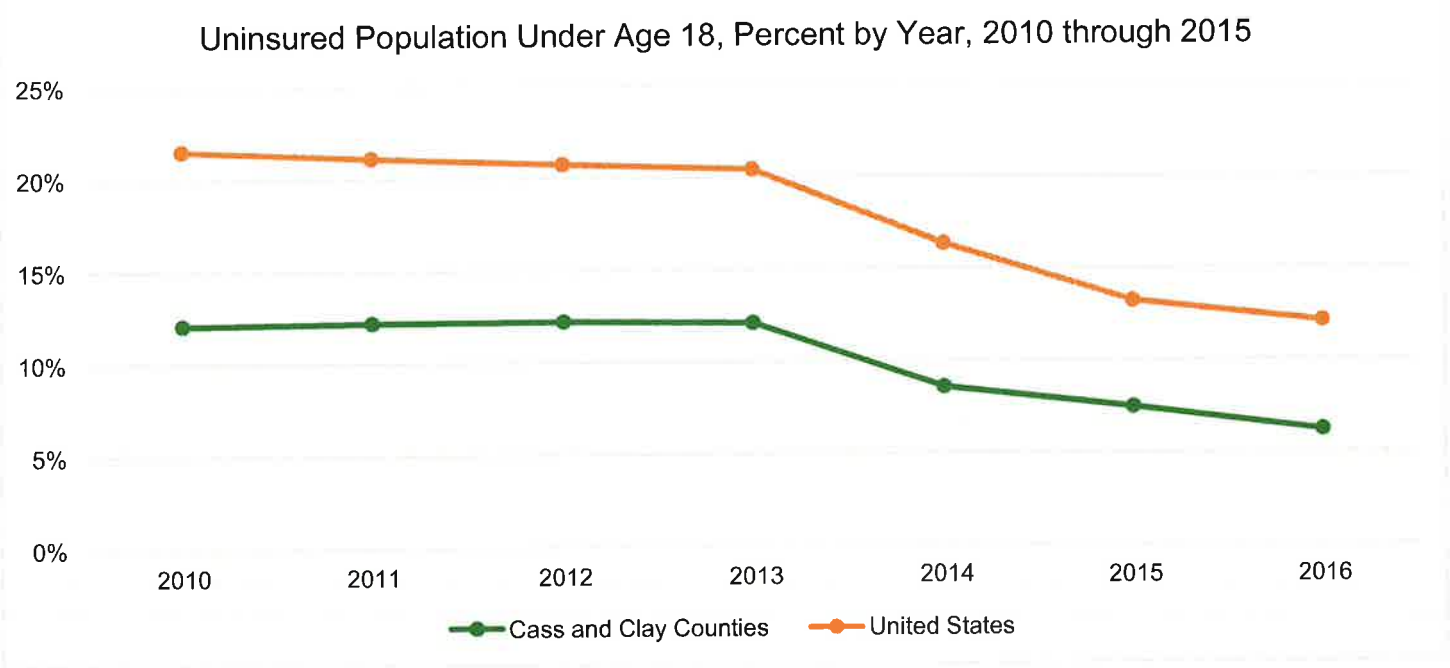
This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

**Uninsured Population Under Age 18, Percent by Year, 2010 through 2015**

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 12.07% | 12.19% | 12.24% | 12.12% | 8.62% | 7.46% | 6.19% |
| Clay County, MN | 11% | 10.3% | 9.3% | 10.4% | 6.8% | 5.1% | 4.8% |
| Cass County, ND | 12.4% | 12.9% | 13.2% | 12.7% | 9.20% | 8.2% | 6.7% |
| Minnesota | 11.88% | 11.7% | 10.72% | 10.97% | 7.93% | 6.04% | 5.43% |
| North Dakota | 13.42% | 13.58% | 13.85% | 13.76% | 10.24% | 9.09% | 7.79% |
| United States | 21.52% | 21.11% | 20.76% | 20.44% | 16.37% | 13.21% | 12.08% |



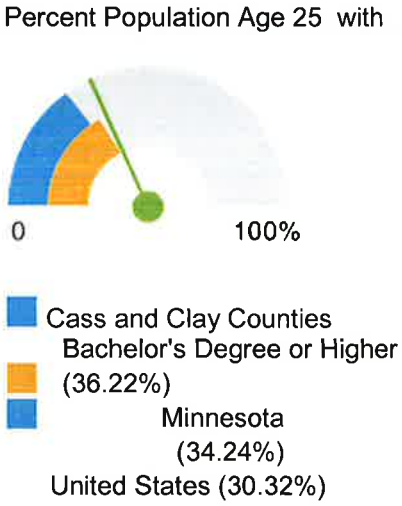

*Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016.*
*Source geography: County*



# Population with Bachelor's Degree or Higher

36.22% of the population aged 25 and older, or 50,991 have obtained an Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

| Cass and Clay Counties | Total Population Age 25 | Population Age 25 with Bachelor's Degree or Higher | Percent Population Age 25 with Bachelor's Degree or Higher |
|---|---|---|---|
| Cass and Clay Counties | 140,780 | 50,991 | 36.22% |
| Clay County, MN | 36,983 | 12,208 | 33.01% |
| Cass County, ND | 103,797 | 38,783 | 37.36% |
| Minnesota | 3,662,134 | 1,253,937 | 34.24% |
| North Dakota | 477,607 | 134,554 | 28.17% |
| United States | 213,649,147 | 64,767,787 | 30.32% |



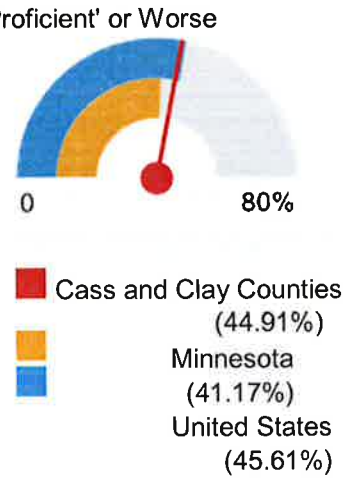

*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

# Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Percentage of Students Scoring 'Not

| Cass and Clay Counties | Total Students with Valid Test Scores | Percentage of Students Scoring 'Proficient' or Better | Percentage of Students Scoring 'Not Proficient' or Worse |
|---|---|---|---|
| Cass and Clay Counties | 2,407 | 55.09% | 44.91% |
| Clay County, MN | 725 | 59.01% | 40.99% |
| Cass County, ND | 1,682 | 53.41% | 46.59% |
| Minnesota | 58,755 | 58.83% | 41.17% |
| North Dakota | 6,710 | 43.82% | 56.18% |
| United States | 3,393,582 | 49.67% | 45.61% |




*Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15.*
*Source geography: School District*

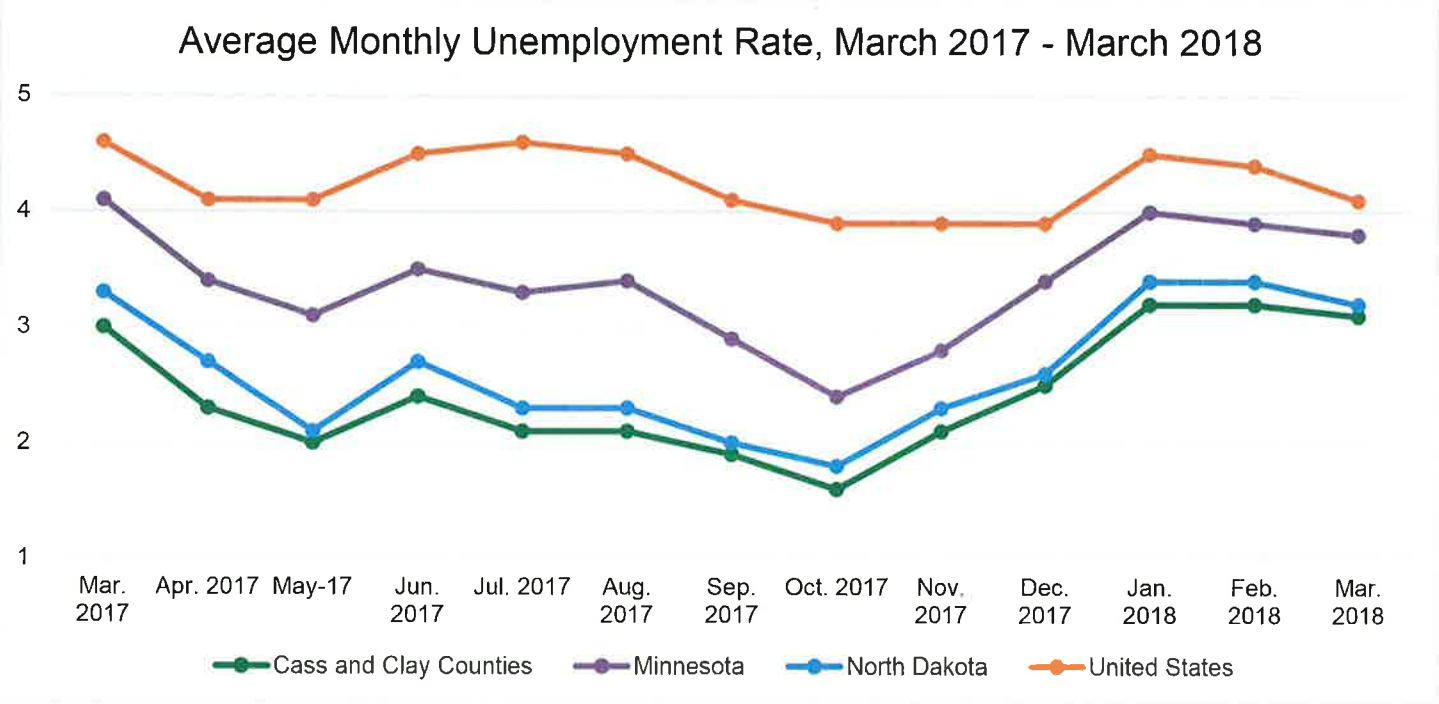
# Unemployment Rate

Total unemployment in the Cass and Clay Counties for the current month was 4,280, or 3.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

**Average Monthly Unemployment Rate, March 2017 - March 2018**

| Cass and Clay Counties | Mar. 2017 | Apr. 2017 | May 2017 | Jun. 2017 | Jul. 2017 | Aug. 2017 | Sep. 2017 | Oct. 2017 | Nov. 2017 | Dec. 2017 | Jan. 2018 | Feb. 2018 | Mar. 2018 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 3 | 2.3 | 2 | 2.4 | 2.1 | 2.1 | 1.9 | 1.6 | 2.1 | 2.5 | 3.2 | 3.2 | 3.1 |
| Clay County, MN | 4.1 | 3.1 | 2.8 | 3.3 | 3 | 3.1 | 2.6 | 2 | 2.4 | 3.2 | 4.1 | 4 | 3.9 |
| Cass County, ND | 2.7 | 2 | 1.7 | 2.1 | 1.8 | 1.8 | 1.7 | 1.5 | 2 | 2.2 | 2.9 | 2.9 | 2.8 |
| Minnesota | 4.1 | 3.4 | 3.1 | 3.5 | 3.3 | 3.4 | 2.9 | 2.4 | 2.8 | 3.4 | 4 | 3.9 | 3.8 |
| North Dakota | 3.3 | 2.7 | 2.1 | 2.7 | 2.3 | 2.3 | 2 | 1.8 | 2.3 | 2.6 | 3.4 | 3.4 | 3.2 |
| United States | 4.6 | 4.1 | 4.1 | 4.5 | 4.6 | 4.5 | 4.1 | 3.9 | 3.9 | 3.9 | 4.5 | 4.4 | 4.1 |

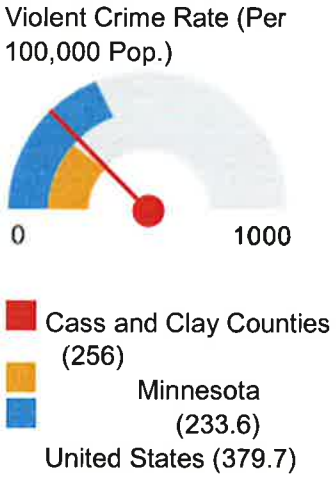
*Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March. Source geography: County*




# Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

| Cass and Clay Counties | Total Population | Violent Crimes | Violent Crime Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Cass and Clay Counties | 222,035 | 569 | 256 |
| Clay County, MN | 60,675 | 73 | 119.8 |
| Cass County, ND | 161,360 | 496 | 307.2 |
| Minnesota | 5,418,399 | 12,658 | 233.6 |
| North Dakota | 716,716 | 1,885 | 263.3 |
| United States | 311,082,592 | 1,181,036 | 379.7 |




*Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source geography: County*

## Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Data Indicators

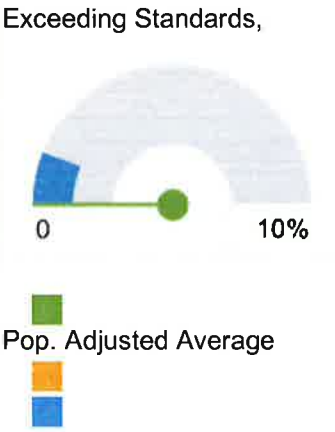
- Air Quality - Ozone
- Food Access - Fast Food Restaurants
- Food Access - Food Desert Census Tracts
- Food Access - SNAPAuthorized Food Stores
- Food Access - WICAuthorized Food Stores
- Housing – Assisted Housing
- Liquor Store Access
- Recreation and Fitness Facility Access
- Use of Public Transportation

# Air Quality - Ozone

Within the Cass and Clay Counties, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Percentage of Days

| Cass and Clay Counties | Total Population | Average Daily Ambient Ozone Concentration | Number of Days Exceeding Emissions Standards | Percentage of Days Exceeding Standards, Crude Average | Percentage of Days Exceeding Standards, Pop. Adjusted Average |
|---|---|---|---|---|---|
| Cass and Clay Counties | 208,777 | 35.23 | 0 | 0% | 0% |
| Clay County, MN | 58,999 | 35.36 | 0 | 0% | 0% |
| Cass County, ND | 149,778 | 35.17 | 0 | 0% | 0% |
| Minnesota | 5,303,925 | 35.81 | 0.29 | 0.08% | 0.08% |
| North Dakota | 672,591 | 35.49 | 0 | 0% | 0% |
| United States | 312,471,327 | 38.95 | 4.46 | 1.22% | 1.24% |



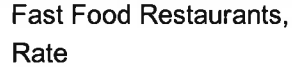

*Data Source: Centers for Disease Control and Prevention,* National Environmental Public Health Tracking Network. *2012. Source geography: Tract*

# Food Access - Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

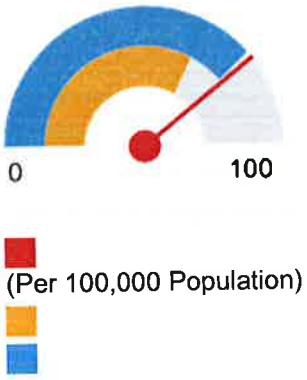
**Fast Food Restaurants,**

**Rate per 100,000 Population by Year, 2010 through 2015**



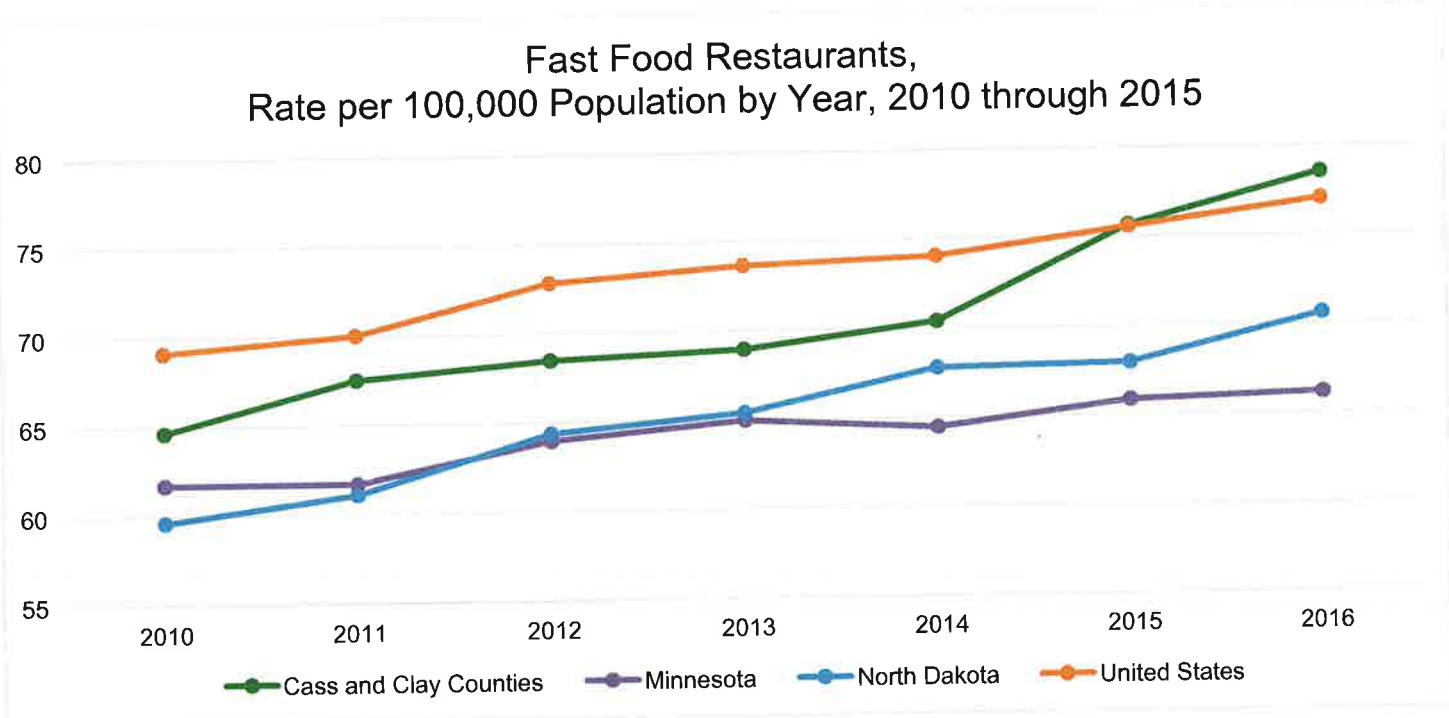

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 64.66 | 67.54 | 68.49 | 68.97 | 70.41 | 75.68 | 78.55 |
| Clay County, MN | 50.85 | 49.15 | 52.54 | 52.54 | 54.24 | 61.02 | 61.02 |
| Cass County, ND | 70.1 | 74.78 | 74.78 | 75.44 | 76.78 | 81.45 | 85.46 |
| Minnesota | 61.71 | 61.71 | 63.97 | 64.99 | 64.46 | 65.86 | 66.18 |
| North Dakota | 59.62 | 61.11 | 64.38 | 65.42 | 67.8 | 67.95 | 70.62 |
| United States | 69.14 | 70.04 | 72.84 | 73.68 | 74.07 | 75.59 | 77.06 |




Cass and Clay Counties (78.55)
Minnesota (66.18)
United States (77.06)

*Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA*

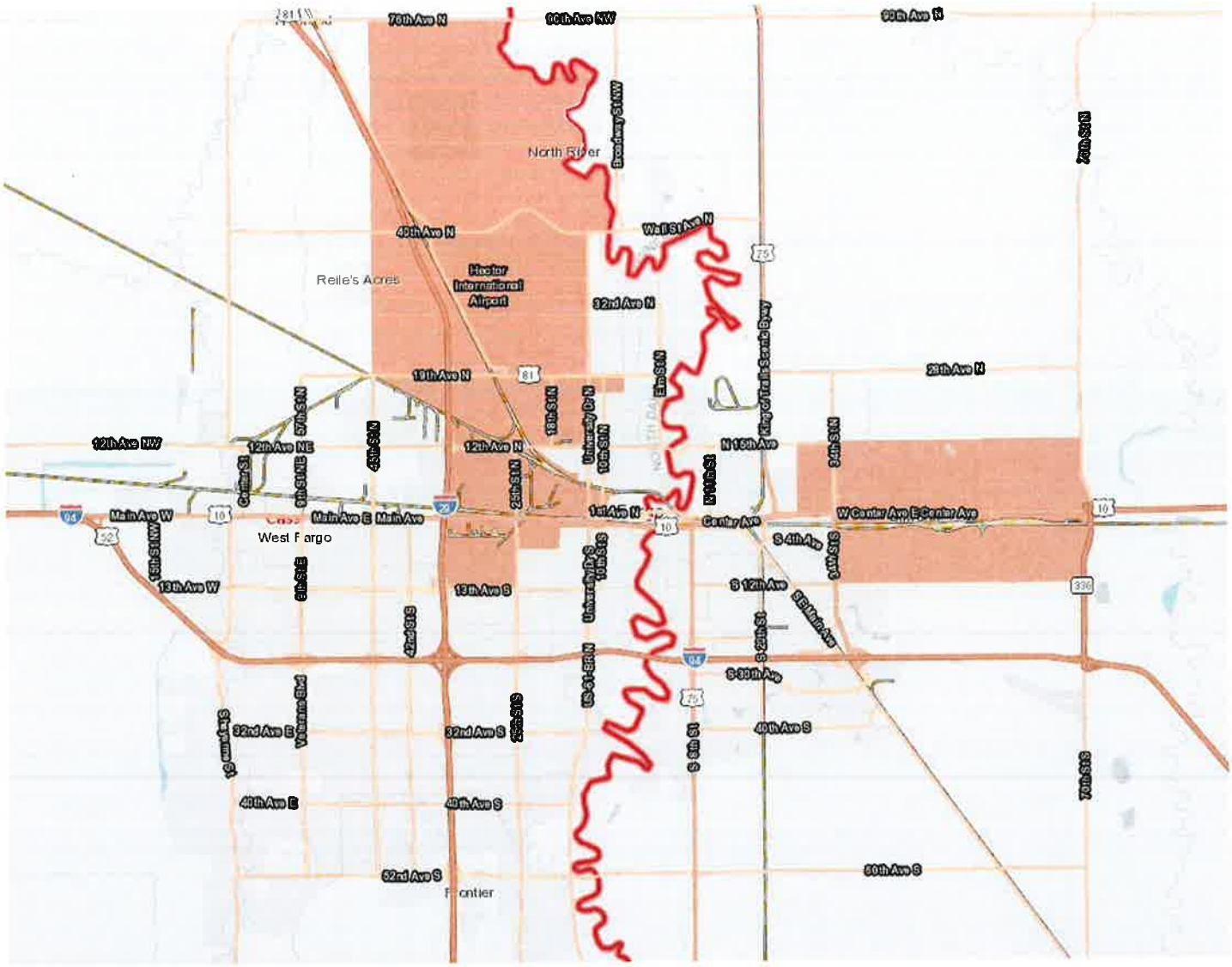



## Food Access - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the Cass and Clay Counties that are within food deserts.

| Cass and Clay Counties | Total Population (2010) | Food Desert Census Tracts | Other Census Tracts | Food Desert Population | Other Population |
|---|---|---|---|---|---|
| Cass and Clay Counties | 208,777 | 18 | 28 | 96,428 | 112,349 |
| Clay County, MN | 58,999 | 5 | 8 | 21,819 | 37,180 |
| Cass County, ND | 149,778 | 13 | 20 | 74,609 | 75,169 |
| Minnesota | 5,303,925 | 619 | 717 | 2,705,870 | 2,598,055 |
| North Dakota | 672,591 | 112 | 93 | 373,109 | 299,482 |
| United States | 308,745,538 | 27,527 | 45,337 | 129,885,212 | 178,860,326 |

*Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.*



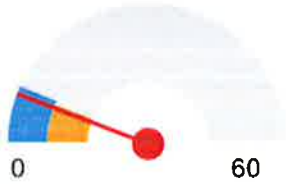
# Food Access - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAPauthorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

| Cass and Clay Counties | Total Population | Total SNAP-Authorized Retailers | SNAP-Authorized Retailers, Rate per 10,000 Population |
|---|---|---|---|
| Cass and Clay Counties | 208,777 | 146 | 6.99 |
| Clay County, MN | 58,999 | 40 | 6.78 |
| Cass County, ND | 149,778 | 106 | 7.08 |
| Minnesota | 5,303,925 | 3,472 | 6.55 |
| North Dakota | 672,591 | 528 | 7.85 |
| United States | 312,411,142 | 257,596 | 8.25 |

*Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Locator. Additional data analysis by CARES. 2017. Source geography: Tract*

SNAP-Authorized Retailers, Rate




Cass and Clay Counties (Per 10,000 Population) (6.99)
North Dakota (7.85)
United States (8.25)

*Data*

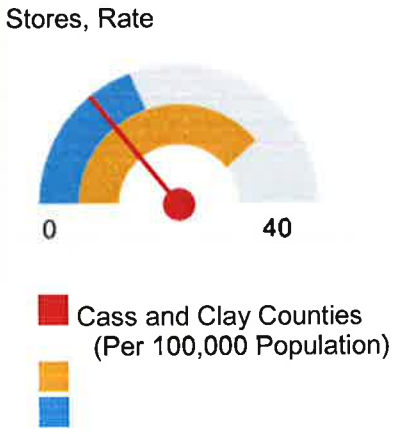
Retailer

# Food Access - WIC-Authorized Food Stores

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

WIC-Authorized Food

| Cass and Clay Counties | Total Population (2011 Estimate) | Number WIC-Authorized Food Stores | WIC-Authorized Food Store Rate (Per 100,000 Pop.) |
|---|---|---|---|
| Cass and Clay Counties | 212,172 | 24 | 11.3 |
| Clay County, MN | 59,803 | 9 | 15 |
| Cass County, ND | 152,369 | 15 | 9.8 |
| Minnesota | 5,361,096 | 1,259 | 23.4 |
| North Dakota | 686,234 | 216 | 31.4 |
| United States | 318,921,538 | 50,042 | 15.6 |




(11.3)

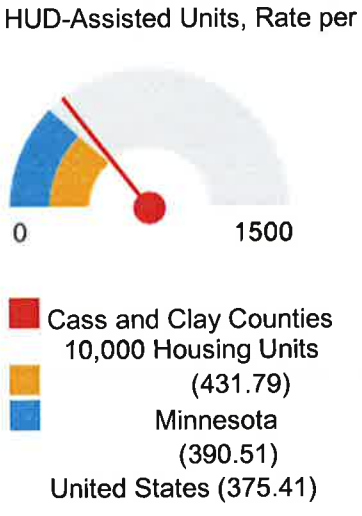
North Dakota (31.4)
United States (15.6)

*Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011. Source geography: County*

## Housing - Assisted Housing

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

| Cass and Clay Counties | Total Housing Units (2010) | Total HUD-Assisted Housing Units | HUD-Assisted Units, Rate per 10,000 Housing Units |
|---|---|---|---|
| Cass and Clay Counties | 91,897 | 3,968 | 431.79 |
| Clay County, MN | 23,959 | 1,191 | 497.1 |
| Cass County, ND | 67,938 | 2,777 | 408.76 |
| Minnesota | 2,347,201 | 91,661 | 390.51 |
| North Dakota | 317,498 | 13,315 | 419.37 |
| United States | 133,341,676 | 5,005,789 | 375.41 |



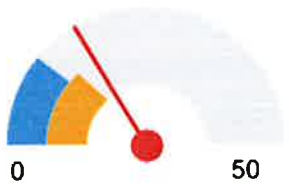
*Data Source:* US Department of Housing and Urban Development. *2016. Source geography: County*

# Liquor Store Access

This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

**Beer, Wine and Liquor Stores,** Liquor Stores, Rate **Rate per 100,000 Population by Year, 2010 through 2015** (Per 100,000 Population)

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 14.37 | 14.37 | 13.89 | 13.89 | 14.37 | 15.33 | 16.29 |
| Clay County, MN | 16.95 | 15.25 | 15.25 | 13.56 | 16.95 | 18.64 | 20.34 |
| Cass County, ND | 13.35 | 14.02 | 13.35 | 14.02 | 13.35 | 14.02 | 14.69 |
| Minnesota | 17.42 | 17.8 | 17.36 | 17.55 | 17.33 | 17.59 | 17.69 |
| North Dakota | 13.83 | 13.53 | 13.53 | 13.53 | 13.83 | 13.98 | 13.38 |
| United States | 10.2 | 10.32 | 10.47 | 10.61 | 10.75 | 10.91 | 11 |

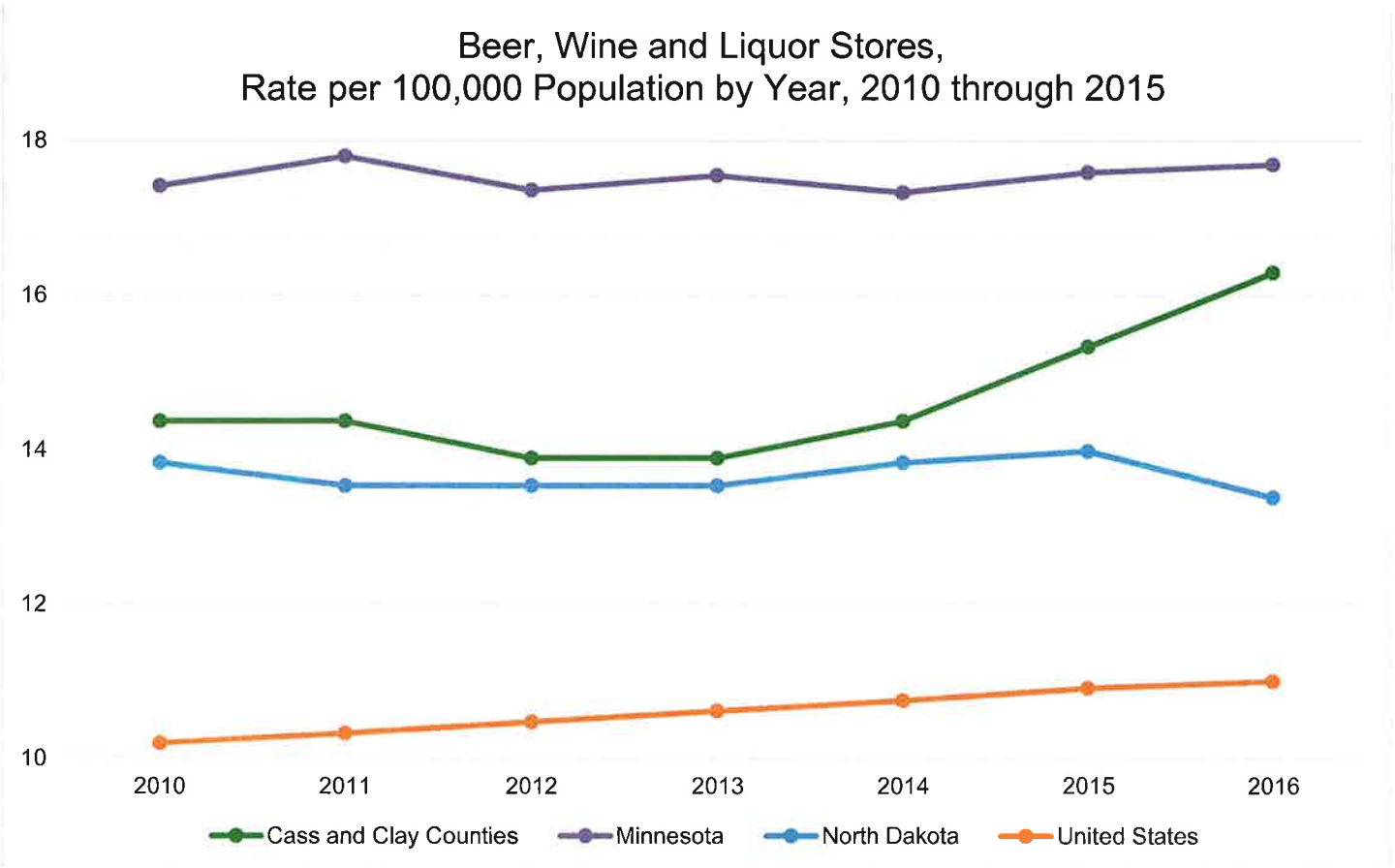



Cass and Clay Counties (16.29)

North Dakota (13.38)

United States (11)

*Data Source: US Census Bureau,* County Business Patterns. *Additional data analysis by* CARES. *2016. Source geography: ZCTA*




## Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

**Recreation and Fitness Facilities, 2010 through 2015** Recreation and Fitness Facilities, Rate **Rate per 100,000 Population by Year,**

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 13.41 | 11.02 | 11.5 | 12.45 | 13.41 | 12.93 | 15.81 |
| Clay County, MN | 8.47 | 6.78 | 11.86 | 6.78 | 6.78 | 8.47 | 8.47 |
| Cass County, ND | 15.36 | 12.69 | 11.35 | 14.69 | 16.02 | 14.69 | 18.69 |
| Minnesota | 11.16 | 11.56 | 11.76 | 11.75 | 12.22 | 12.26 | 12.56 |
| North Dakota | 12.04 | 11.15 | 11.45 | 12.49 | 12.94 | 13.08 | 14.57 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| United States | 9.68 | 9.56 | 9.56 | 9.84 | 10.27 | 10.6 | 11.01 |

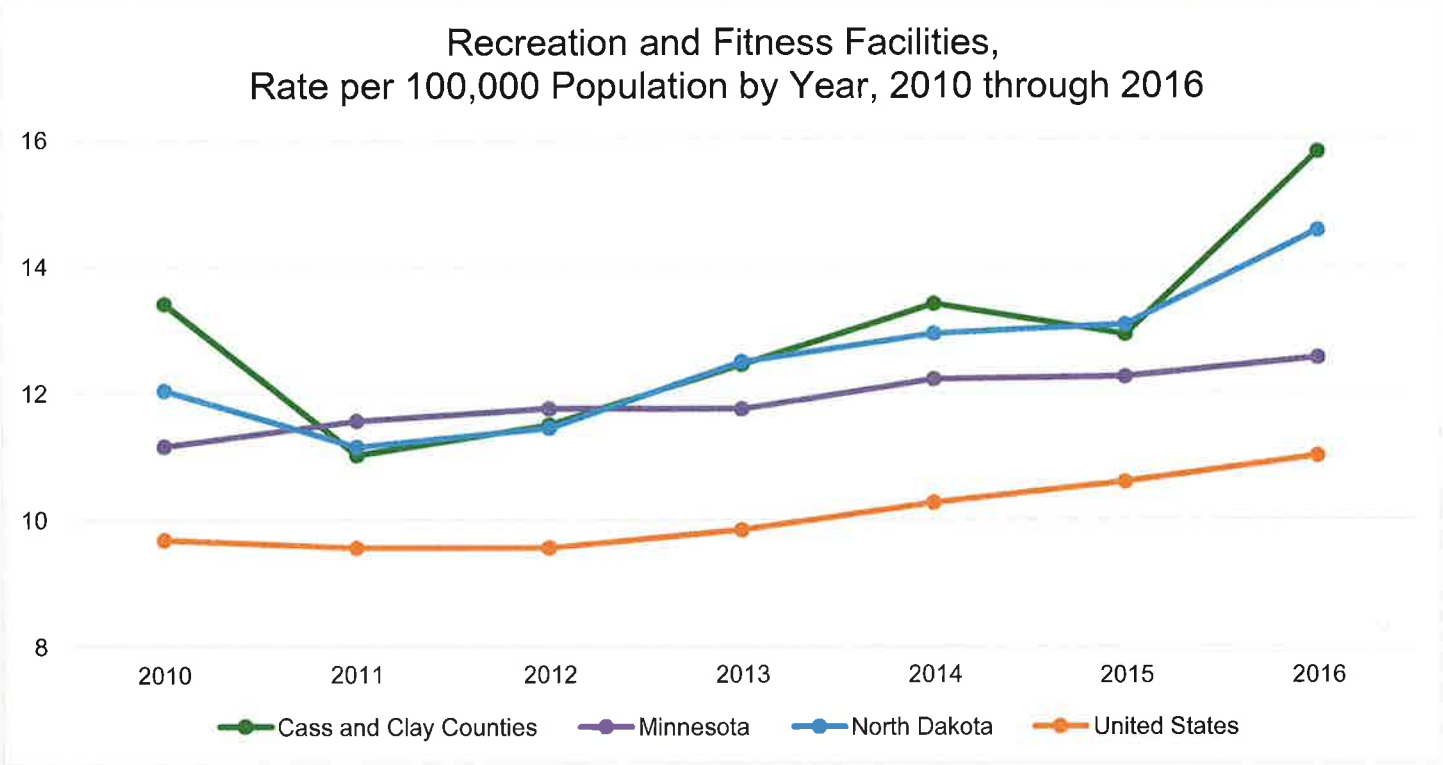

Cass and Clay Counties (Per 100,000 Population)

North Dakota (14.57)

United States (11.01)

(15.81)

*Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA*

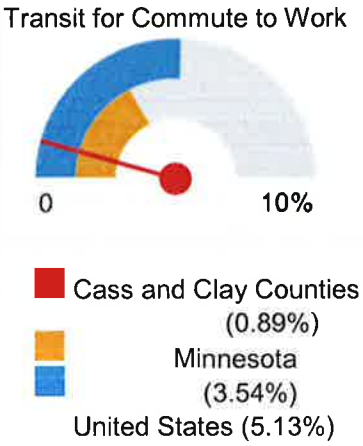



## Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Percent Population Using Public

| Cass and Clay Counties | Total Population Employed Age 16 | Population Using Public Transit for Commute to Work | Percent Population Using Public Transit for Commute to Work |
|---|---|---|---|
| Cass and Clay Counties | 128,425 | 1,137 | 0.89% |
| Clay County, MN | 32,954 | 346 | 1.05% |
| Cass County, ND | 95,471 | 791 | 0.83% |
| Minnesota | 2,812,166 | 99,475 | 3.54% |
| North Dakota | 393,855 | 1,897 | 0.48% |
| United States | 145,861,221 | 7,476,312 | 5.13% |




*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

## Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

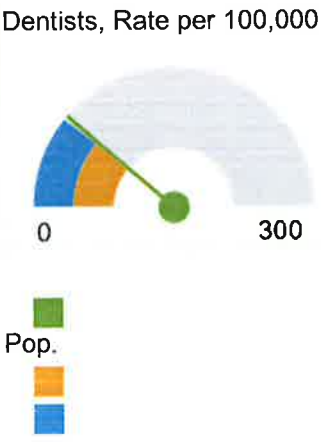
Data Indicators

- Access to Dentists
- Access to Mental Health Providers
- Access to Primary Care
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diabetes Management - Hemoglobin A1c Test
- High Blood Pressure Management
- Preventable Hospital Events
- Recent Primary Care Visit

# Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

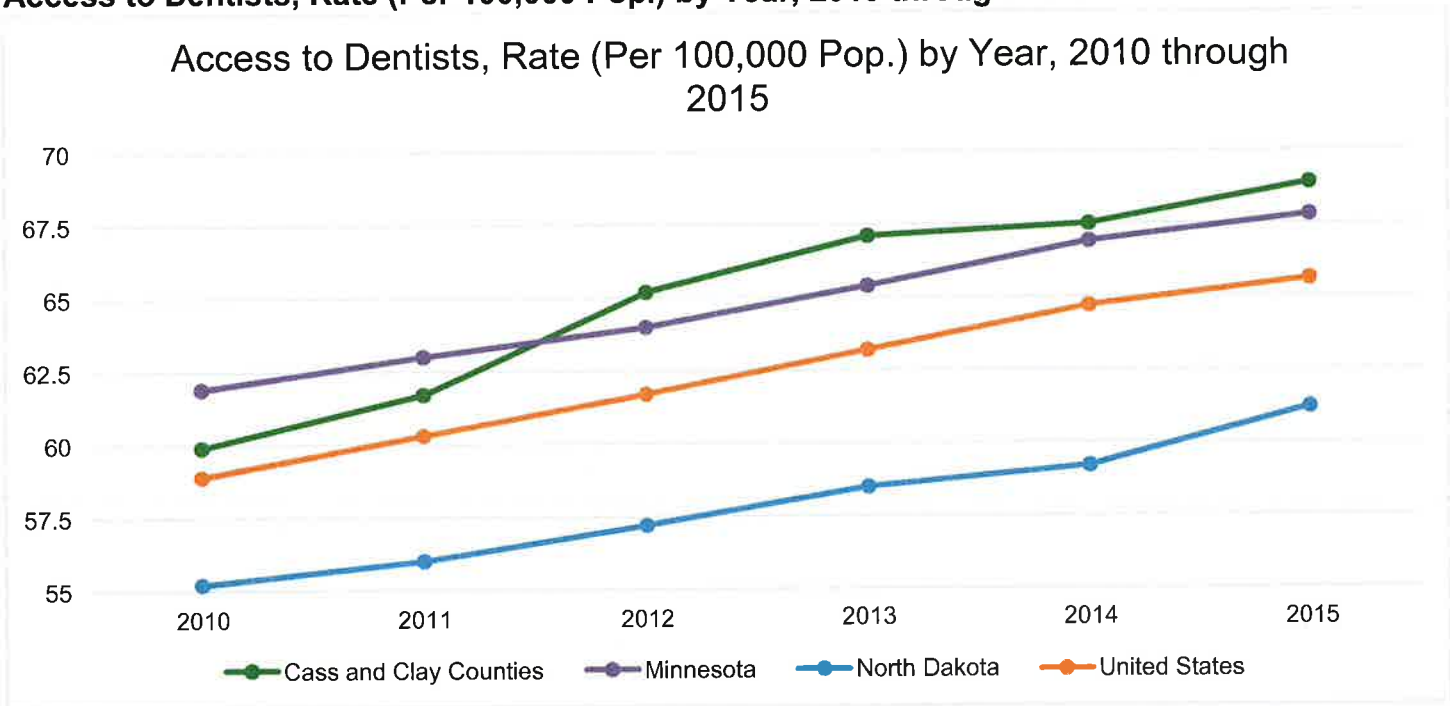
| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Cass and Clay Counties | 59.9 | 61.7 | 65.2 | 67.1 | 67.5 | 68.9 |
| Clay County, MN | 45.8 | 45.1 | 51.5 | 56 | 53.8 | 54.6 |
| Cass County, ND | 65.4 | 68.3 | 70.4 | 71.2 | 72.5 | 74 |
| Minnesota | 61.9 | 63 | 64 | 65.4 | 66.9 | 67.8 |
| North Dakota | 55.2 | 56 | 57.2 | 58.5 | 59.2 | 61.2 |
| United States | 58.9 | 60.3 | 61.7 | 63.2 | 64.7 | 65.6 |




Cass and Clay Counties (68.9)
Minnesota (67.8)
United States (65.6)

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County*

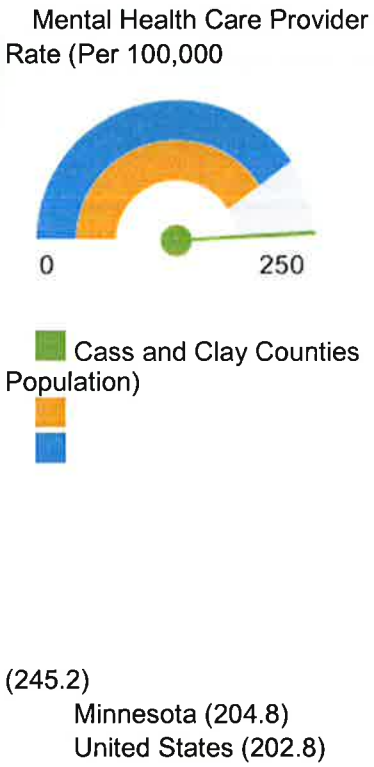
**Access to Dentists, Rate (Per 100,000 Pop.) by Year, 2010 through 2015**



# Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

| Cass and Clay Counties | Estimated Population | Number of Mental Health Providers | Ratio of Mental Health Providers to Population (1 Provider per x Persons) | Mental Health Care Provider Rate (Per 100,000 Population) |
|---|---|---|---|---|
| Cass and Clay Counties | 228,293 | 560 | 407.7 | 245.2 |
| Clay County, MN | 61,286 | 135 | 454 | 220.2 |
| Cass County, ND | 167,007 | 425 | 393 | 254.4 |
| Minnesota | 5,401,609 | 11,066 | 488.1 | 204.8 |
| North Dakota | 668,705 | 1,212 | 551.7 | 181.2 |
| United States | 317,105,555 | 643,219 | 493 | 202.8 |




*Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County*

# Access to Primary Care

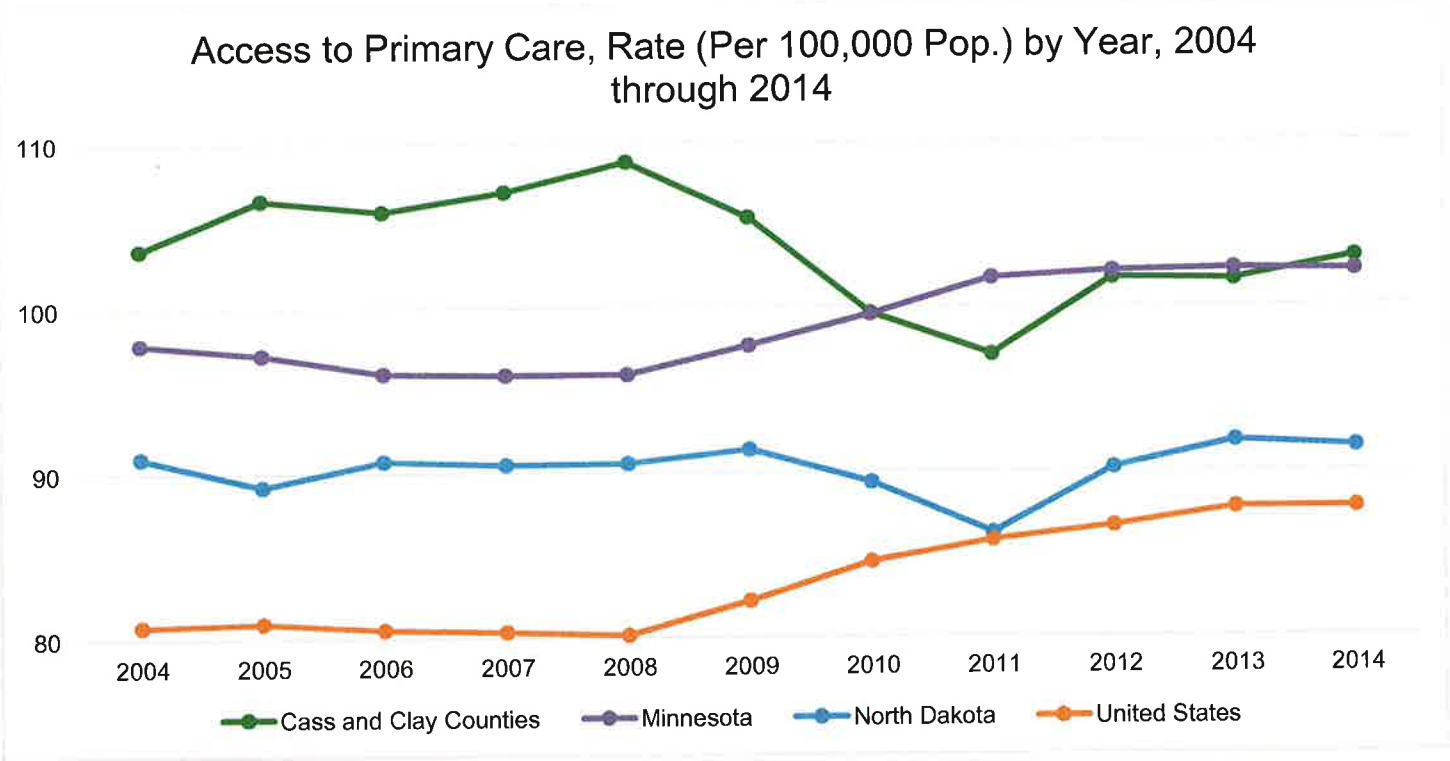
This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

**Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2004 through 2014**

| Cass and Clay Counties | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 103.57 | 106.57 | 105.88 | 107.06 | 108.85 | 105.45 | 99.63 | 97.09 | 101.7 | 101.57 | 102.94 |
| Clay County, MN | 20.79 | 24.15 | 20.19 | 23.71 | 25.1 | 24.66 | 22.03 | 28.43 | 26.6 | 26.38 | 32.63 |
| Cass County, ND | 137.62 | 140.44 | 141.11 | 140.28 | 142.23 | 137.44 | 130.19 | 124.04 | 130.64 | 129.58 | 128.74 |
| Minnesota | 97.84 | 97.2 | 96.05 | 95.95 | 95.97 | 97.7 | 99.55 | 101.72 | 102.1 | 102.24 | 102.12 |
| North Dakota | 90.96 | 89.21 | 90.74 | 90.51 | 90.57 | 91.37 | 89.36 | 86.27 | 90.19 | 91.79 | 91.42 |
| United States | 80.76 | 80.94 | 80.54 | 80.38 | 80.16 | 82.22 | 84.57 | 85.83 | 86.66 | 87.76 | 87.77 |

*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County*

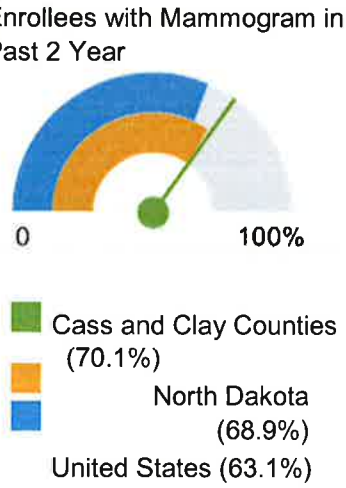



## Breast Cancer Screening

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Percent Female Medicare

| Cass and Clay Counties | Total Medicare Enrollees | Female Medicare Enrollees Age 67-69 | Female Medicare Enrollees with Mammogram in Past 2 Years | Percent Female Medicare Enrollees with Mammogram in Past 2 Year |
|---|---|---|---|---|
| Cass and Clay Counties | 15,168 | 1,243 | 870 | 70.1% |
| Clay County, MN | 3,319 | 201 | 132 | 65.7% |
| Cass County, ND | 11,849 | 1,042 | 738 | 70.9% |
| Minnesota | 268,285 | 18,569 | 11,983 | 64.5% |
| North Dakota | 77,318 | 6,362 | 4,384 | 68.9% |
| United States | 26,753,396 | 2,395,946 | 1,510,847 | 63.1% |

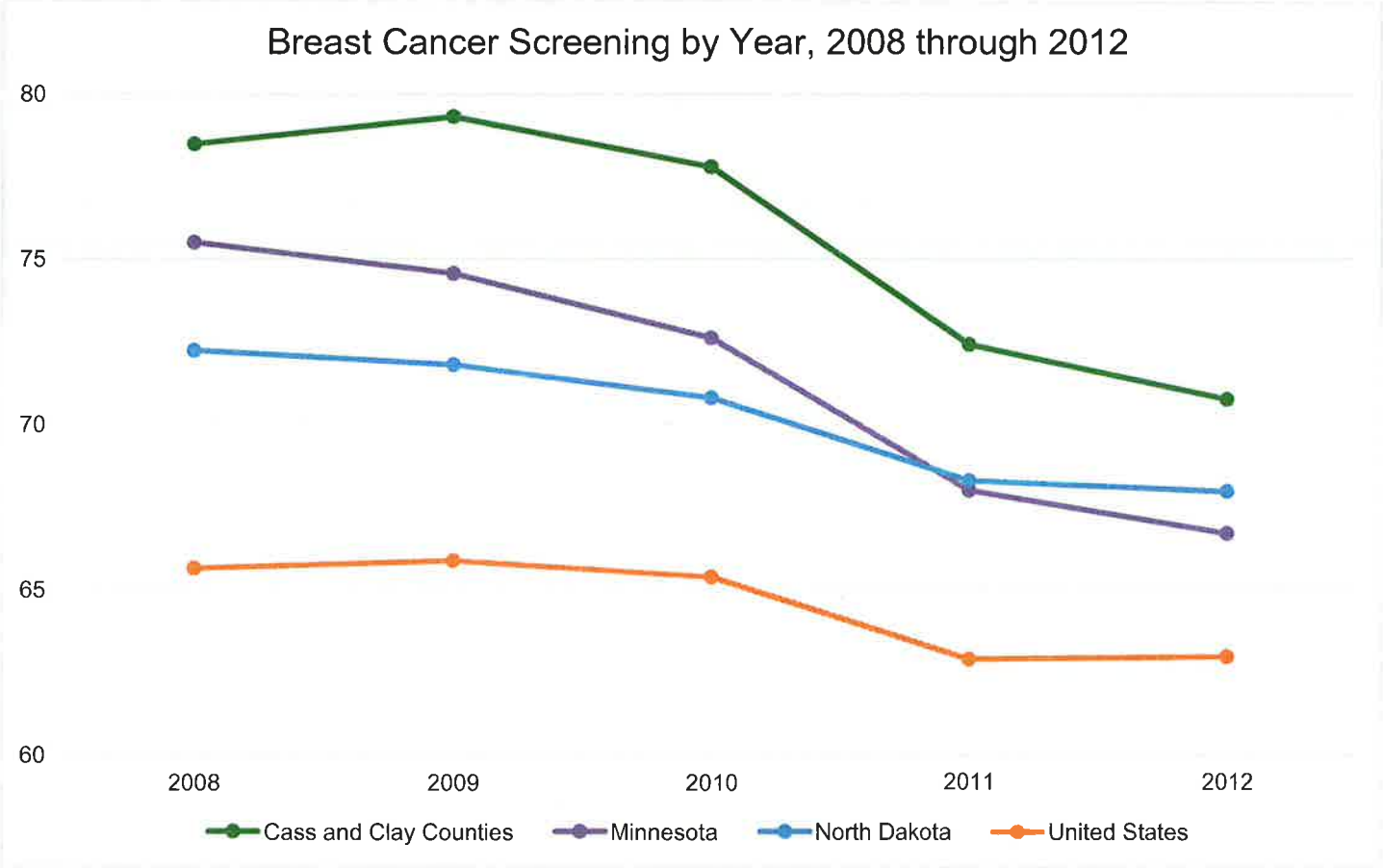



*Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County*

## Breast Cancer Screening by Year, 2008 through 2012

Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram trend

| Cass and Clay Counties | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Cass and Clay Counties | 78.48 | 79.31 | 77.79 | 72.42 | 70.77 |
| Clay County, MN | 83.4 | 80.66 | 77.29 | 70.43 | 70.71 |
| Cass County, ND | 76.82 | 78.85 | 77.94 | 72.97 | 70.79 |
| Minnesota | 75.5 | 74.56 | 72.61 | 68.01 | 66.71 |
| North Dakota | 72.23 | 71.8 | 70.8 | 68.3 | 67.98 |
| United States | 65.64 | 65.87 | 65.37 | 62.9 | 62.98 |




## Cervical Cancer Screening

This indicator reports the percentage of women aged 21 – 65 who have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

| | 2014 | 2016 |
|---|---|---|
| Fargo-Moorhead Metropolitan | 80.6% | 77.5% |
| Minnesota | 86.1% | 82.2% |
| North Dakota | 81.6% | 78.9% |
| United States | 82.6% | 79.8% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

# Colorectal Cancer Screening

This indicator reports the percentage of adults 50 -75 who have fully met the USPSTF recommendation for colorectal cancer screening. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

| | 2014 | 2016 |
|---|---|---|
| Fargo-Moorhead Metropolitan | 70.6% | 74.2% |
| Minnesota | 71.4% | 73.5% |
| North Dakota | 61.8% | 64.7% |
| United States | 66.6% | 67.7% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

# Diabetes Management - Hemoglobin A1c Test

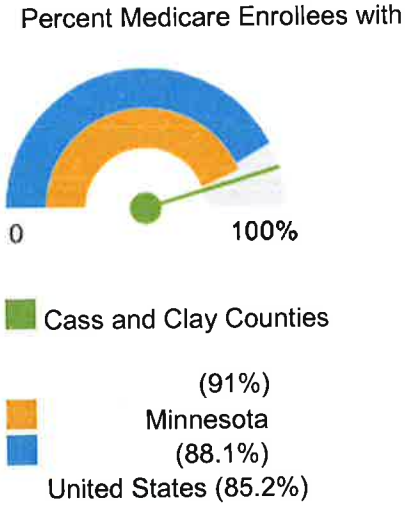
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the Cass and Clay Counties, 1,278 Medicare enrollees with diabetes have had an annual exam out of 1,405 Medicare enrollees in the Cass and Clay Counties with diabetes, or 91%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

## Diabetes Management by Year, 2008 through 2014

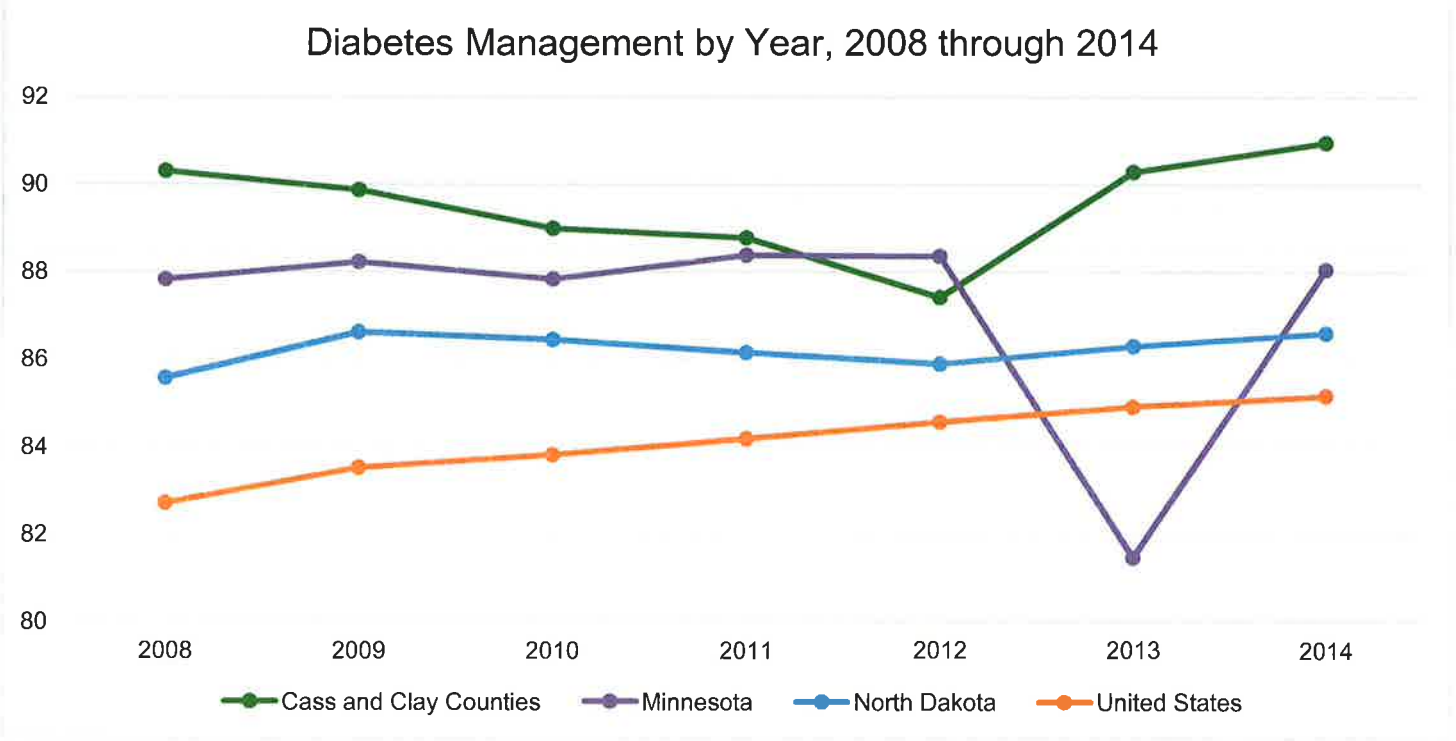
Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test

Diabetes with Annual Exam

| Cass and Clay Counties | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 90.31 | 89.87 | 88.99 | 88.78 | 87.42 | 90.29 | 90.96 |
| Clay County, MN | 90.71 | 88.51 | 84.89 | 86.41 | 86.73 | 89.82 | 88.85 |
| Cass County, ND | 90.18 | 90.31 | 90.23 | 89.43 | 87.61 | 90.41 | 91.46 |
| Minnesota | 87.82 | 88.23 | 87.83 | 88.38 | 88.36 | 81.47 | 88.05 |
| North Dakota | 85.57 | 86.62 | 86.44 | 86.15 | 85.90 | 86.30 | 86.60 |
| United States | 82.71 | 83.52 | 83.81 | 84.18 | 84.57 | 84.92 | 85.16 |




*Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County*

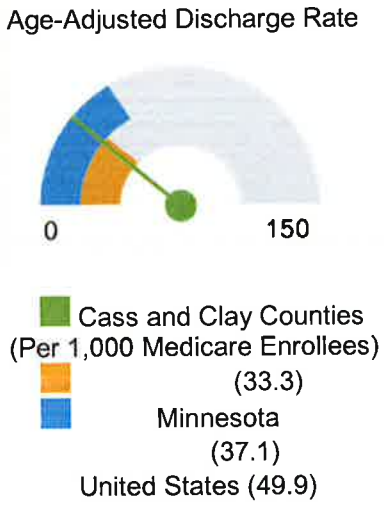



## Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Preventable Hospital Events,

| Cass and Clay Counties | Total Medicare Part A Enrollees | Ambulatory Care Sensitive Condition Hospital Discharges | Ambulatory Care Sensitive Condition Discharge Rate |
|---|---|---|---|
| Cass and Clay Counties | 22,343 | 743 | 33.3 |
| Clay County, MN | 6,445 | 193 | 30 |
| Cass County, ND | 15,898 | 550 | 34.6 |
| Minnesota | 580,527 | 21,542 | 37.1 |
| North Dakota | 97,190 | 4,491 | 46.2 |
| United States | 29,649,023 | 1,479,545 | 49.9 |




*Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County*

### Preventable Hospital Events by Year, 2008 through 2012

Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

| Cass and Clay Counties | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|
| Cass and Clay Counties | 39.84 | 44.23 | 48.76 | 46.59 | 44.1 |
| Clay County, MN | 37.78 | 38.34 | 43.98 | 42.51 | 38.58 |
| Cass County, ND | 40.67 | 46.73 | 50.76 | 48.29 | 46.4 |
| Minnesota | 56.29 | 52.88 | 50.63 | 49.4 | 44.87 |
| North Dakota | 65.39 | 64.1 | 59.37 | 59.19 | 56.08 |
| United States | 70.5 | 68.16 | 66.58 | 64.92 | 59.29 |

## Recent Primary Care Visit

This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year. Data for this indicator is only available for the population within the top 500 most populous cities across the United States. County, State, and National values represent the population within those cities, and not the total US population.

| Cass and Clay Counties | Total Population (2010) | Total Population in the 500 Cities (2010) | Percentage of Adults with Routine Checkup in Past 1 Year |
|---|---|---|---|
| Cass and Clay Counties | 149,778 | 105,549 | 63.07% |
| Clay County, MN | 149,778 | 105,549 | 63.1% |
| Minnesota | 5,303,925 | 1,089,930 | 67.9% |
| North Dakota | 672,591 | 105,549 | 62.9% |
| United States | 308,745,538 | 103,020,808 | 67.9% |

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2015.*

## Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Data Indicators

- Alcohol Consumption
- Fruit/Vegetable Consumption
- Physical Activity Index
- Tobacco Usage - Current Smokers
- Tobacco Usage - Former or Current Smokers
- Tobacco Usage - Quit Attempt
- Walking or Biking to Work

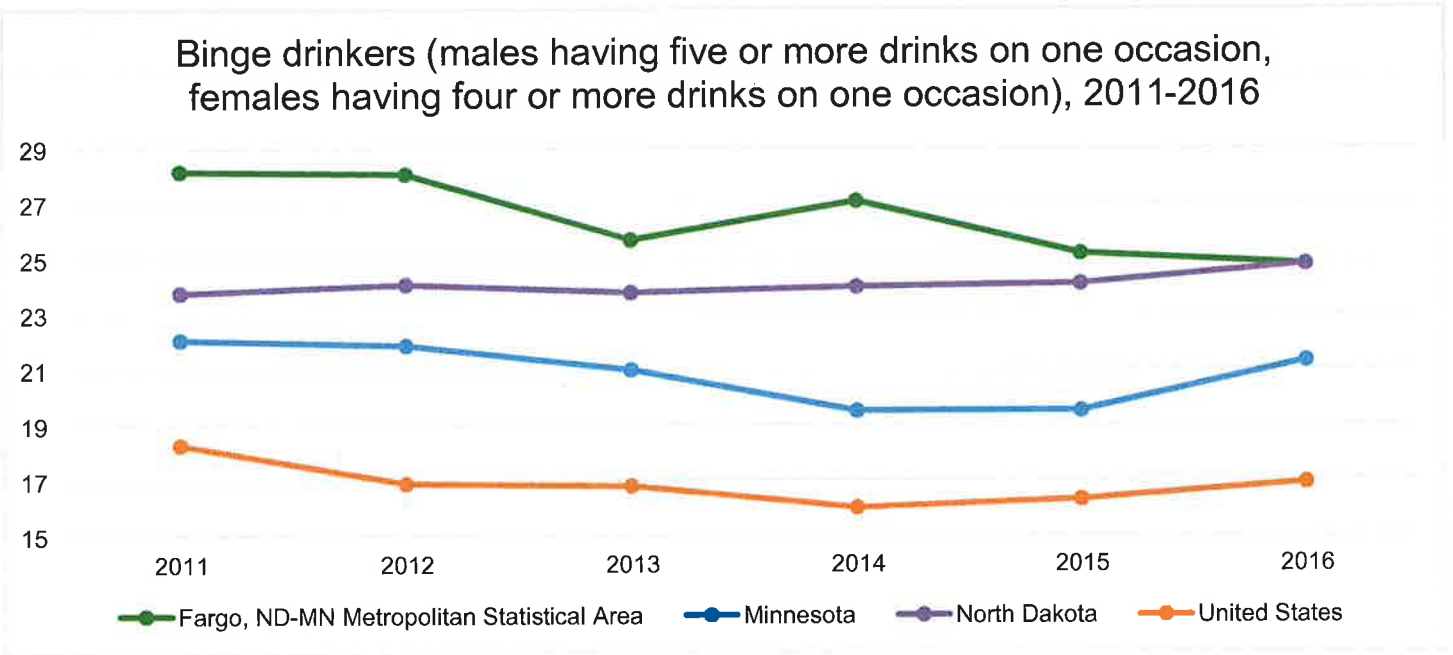
# Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 28.2 | 28.1 | 25.7 | 27.1 | 25.2 | 24.8 |
| North Dakota | 23.8 | 24.1 | 23.8 | 24 | 24.1 | 24.8 |
| Minnesota | 22.1 | 21.9 | 21 | 19.5 | 19.5 | 21.3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| United States | 18.3 | 16.9 | 16.8 | 16 | 16.3 | 16.9 |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*




## Low Fruit/Vegetable Consumption

This indicator reports the percentage of adults who consumed fruit/vegetable less than one time per day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

| Fruit less than one time per day | 2013 | 2015 |
|---|---|---|
| Fargo-Moorhead Metropolitan | 38.8% | 42.5% |
| Minnesota | 38.2% | 37.1% |
| North Dakota | 40.3% | 40.4% |
| United States | 39.2% | 39.7% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

| Vegetable less than one time per day | 2013 | 2015 |
|---|---|---|
| Fargo-Moorhead Metropolitan | 26.1% | 28.2% |
| Minnesota | 23.6% | 22.4% |
| North Dakota | 27.4% | 27.5% |
| United States | 22.9% | 22.1% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

## Physical Activity Index

This indicator reports the percentage of adults who participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

| Enough Aerobic and Muscle Strengthening exercises to meet guidelines | 2013 | 2015 |
|---|---|---|
| Fargo-Moorhead Metropolitan | 18.3% | 20.5% |
| Minnesota | 21.2% | 21.8% |
| North Dakota | 16.4% | 17.7% |
| United States | 20.5% | 20.3% |

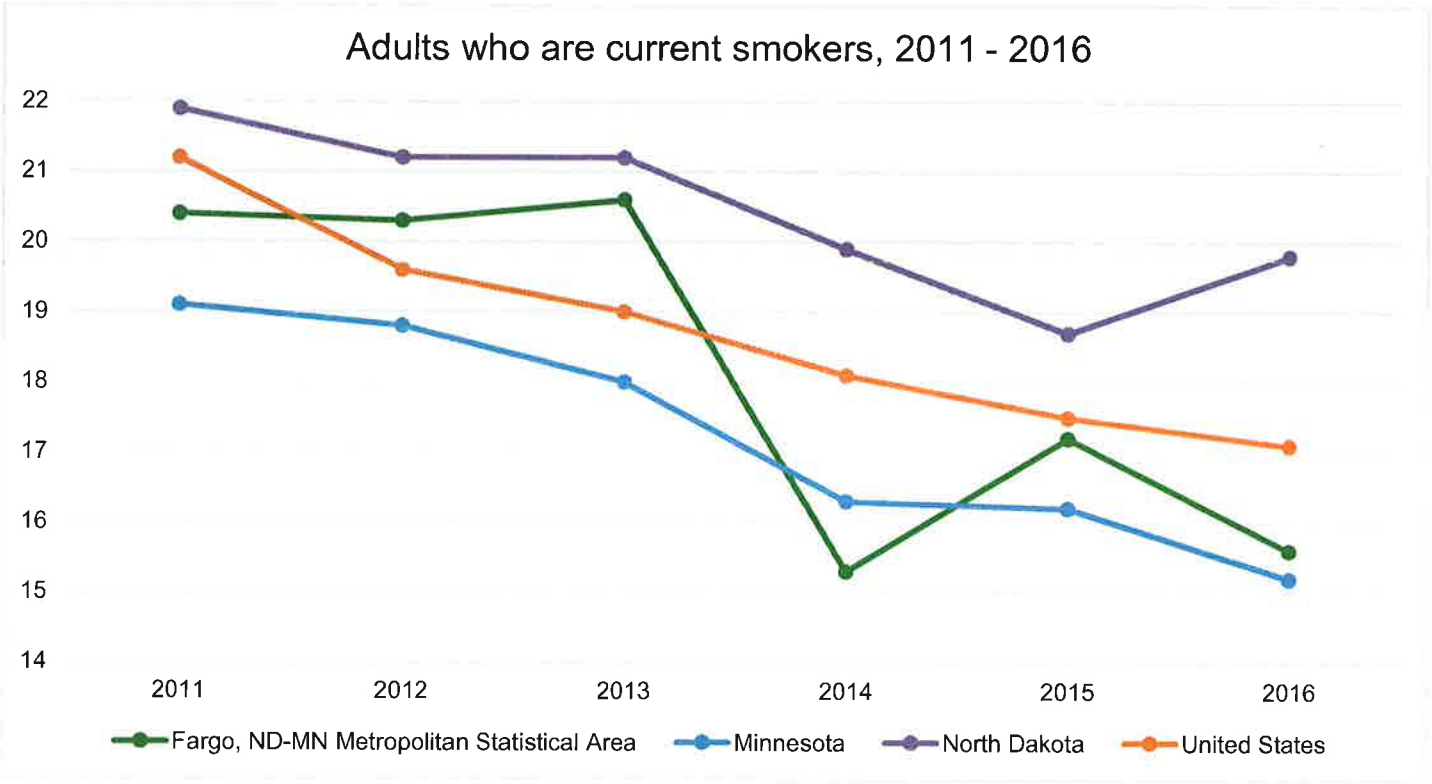
*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

## Tobacco Usage - Current Smokers

This indicator reports the percentage of adults who are current smokers. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

| Adults who are current smokers | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 20.4 | 20.3 | 20.6 | 15.3 | 17.2 | 15.6 |
| Minnesota | 19.1 | 18.8 | 18 | 16.3 | 16.2 | 15.2 |
| North Dakota | 21.9 | 21.2 | 21.2 | 19.9 | 18.7 | 19.8 |
| United States | 21.2 | 19.6 | 19 | 18.1 | 17.5 | 17.1 |

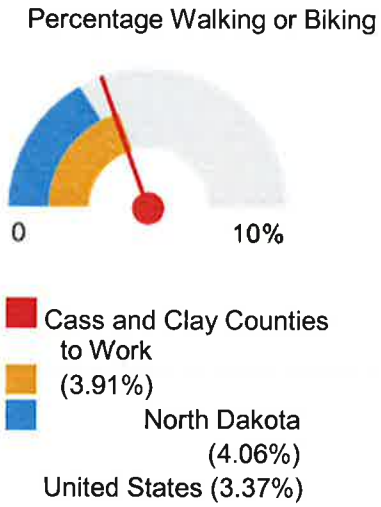
*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*




## Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

| Cass and Clay Counties | Population Age 16 | Population Walking or Biking to Work | Percentage Walking or Biking to Work |
|---|---|---|---|
| Cass and Clay Counties | 128,425 | 5,017 | 3.91% |
| Clay County, MN | 32,954 | 1,716 | 5.21% |
| Cass County, ND | 95,471 | 3,301 | 3.46% |
| Minnesota | 2,812,166 | 101,581 | 3.61% |
| North Dakota | 393,855 | 15,982 | 4.06% |
| United States | 145,861,221 | 4,908,725 | 3.37% |



*Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract*

## Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

Data Indicators

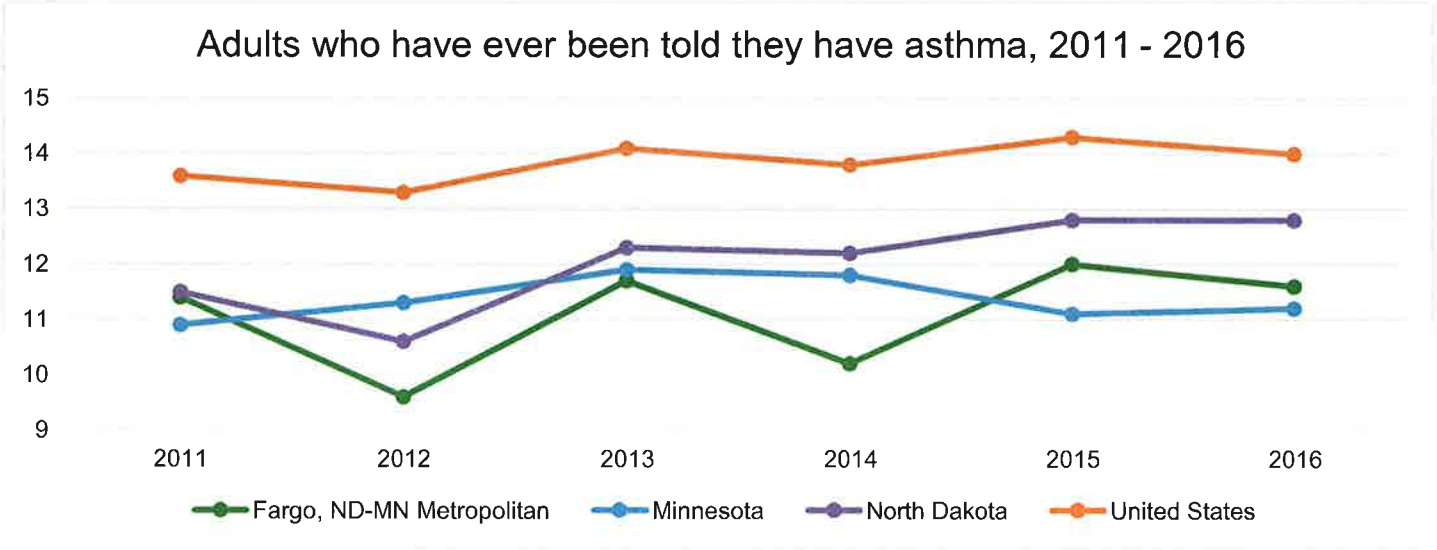
- Asthma Prevalence
- Cancer Incidence
- Depression (Medicare Pop.)
- Diabetes (Medicare Pop.)
- Heart Disease (Medicare Pop.)
- High Blood Pressure (Medicare Pop.)
- Mortality
- Obesity/ Overweight
- Poor Dental Health
- Poor General Health
- STI – Chlamydia
- STI - Gonorrhea

# Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

| Adults who have ever been told they have asthma | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 11.4 | 9.6 | 11.7 | 10.2 | 12 | 11.6 |
| Minnesota | 10.9 | 11.3 | 11.9 | 11.8 | 11.1 | 11.2 |
| North Dakota | 11.5 | 10.6 | 12.3 | 12.2 | 12.8 | 12.8 |
| United States | 13.6 | 13.3 | 14.1 | 13.8 | 14.3 | 14 |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*

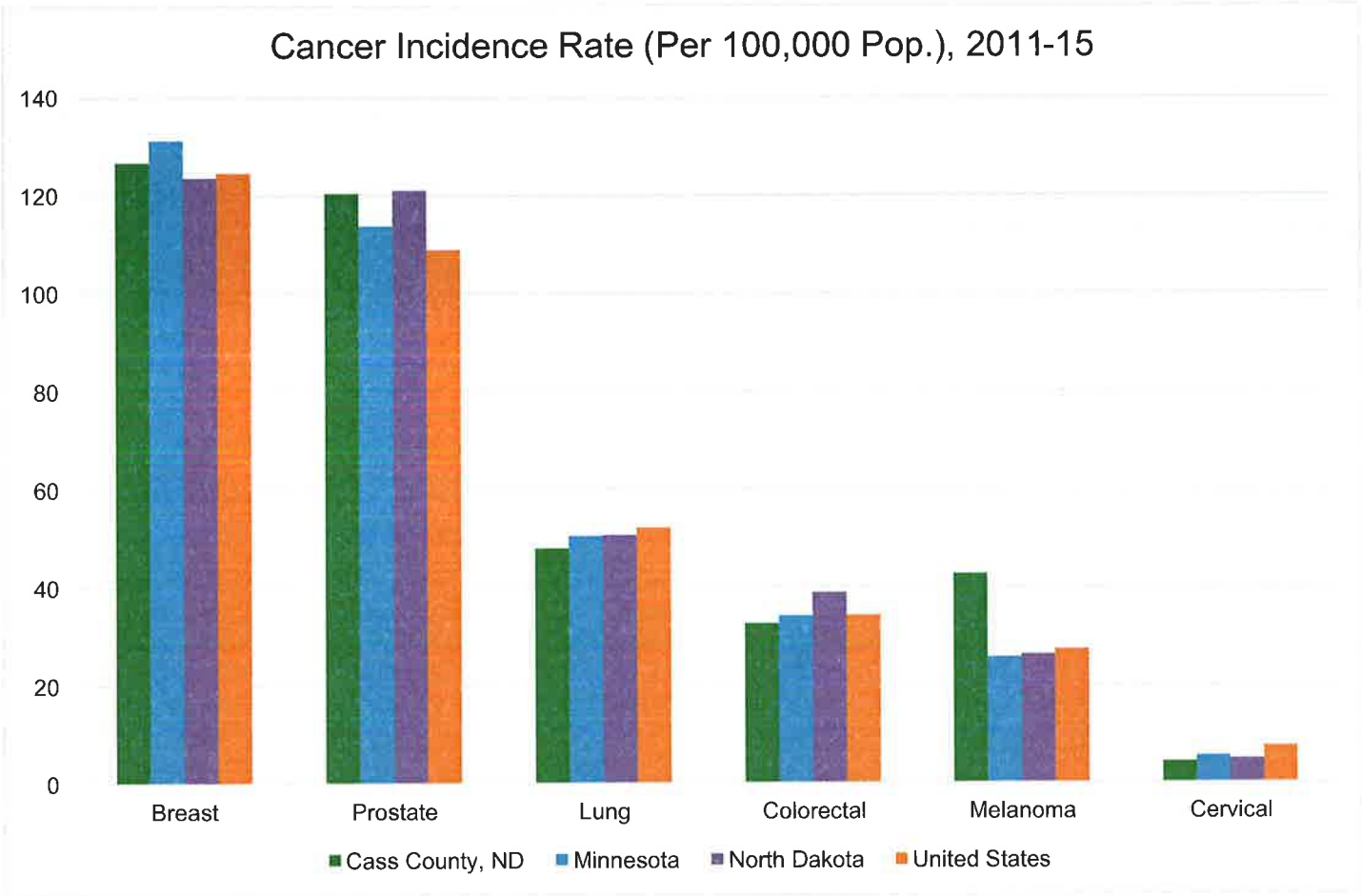



# Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

| Cancer Incidence Rate (Per 100,000 Pop.) | Breast | Prostate | Lung | Colorectal | Melanoma | Cervical |
|---|---|---|---|---|---|---|
| Clay County, MN | * | * | * | * | * | * |
| Cass County, ND | **126.8**▲ | **120.5**► | 48.0► | 32.6► | **42.7**► | 4.3 |
| Minnesota | 131.4► | 113.8► | 50.5► | 34.2► | 25.7► | 5.5► |
| North Dakota | 123.7► | 121.1► | 50.7► | 38.9► | 26.3► | 4.9► |
| United States | 124.7► | 109.0▼ | 52.2▼ | 34.3▼ | 27.3▲ | 7.5► |

*Data Source:* State Cancer Profiles. *2011-15. Source geography: County*
Recent 5-year trend: ▲Increasing, ▼Decreasing, ►Stable
*Data not available because of state legislation and regulations which prohibit the release of county level data to outside entities.


Cancer Incidence Rate (Per 100,000 Pop.), 2011-15
140
120
100
80
60
40
20
0
Breast
Prostate
Lung
Colorectal
Melanoma
Cervical
Cass County, ND
Minnesota
North Dakota
United States

This indicator reports the percentage of the Medicare fee

# Depression (Medicare Population)

-for-service population with depression.

## Percentage of Medicare Population with Depression by Year, 2010 through 2015

This indicator reports the percentage trend of the Medicare fee-for-service population with depression over time.

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Cass and Clay Counties | 18.4% | 19.8% | 20.4% | 20.5% | 21% | 22.3% |
| Clay County, MN | 18.5% | 20.8% | 21.6% | 21.1% | 21.7% | 23.4% |
| Cass County, ND | 18.4% | 19.5% | 20% | 20.3% | 20.8% | 22.1% |
| Minnesota | 15.5% | 16.9% | 17.7% | 18.7% | 19.1% | 19.9% |
| North Dakota | 14.8% | 15.9% | 16.4% | 16.7% | 16.9% | 17.6% |
| United States | 14% | 15% | 15.5% | 15.9% | 16.2% | 16.7% |

Percentage of Medicare Beneficiaries with Depression

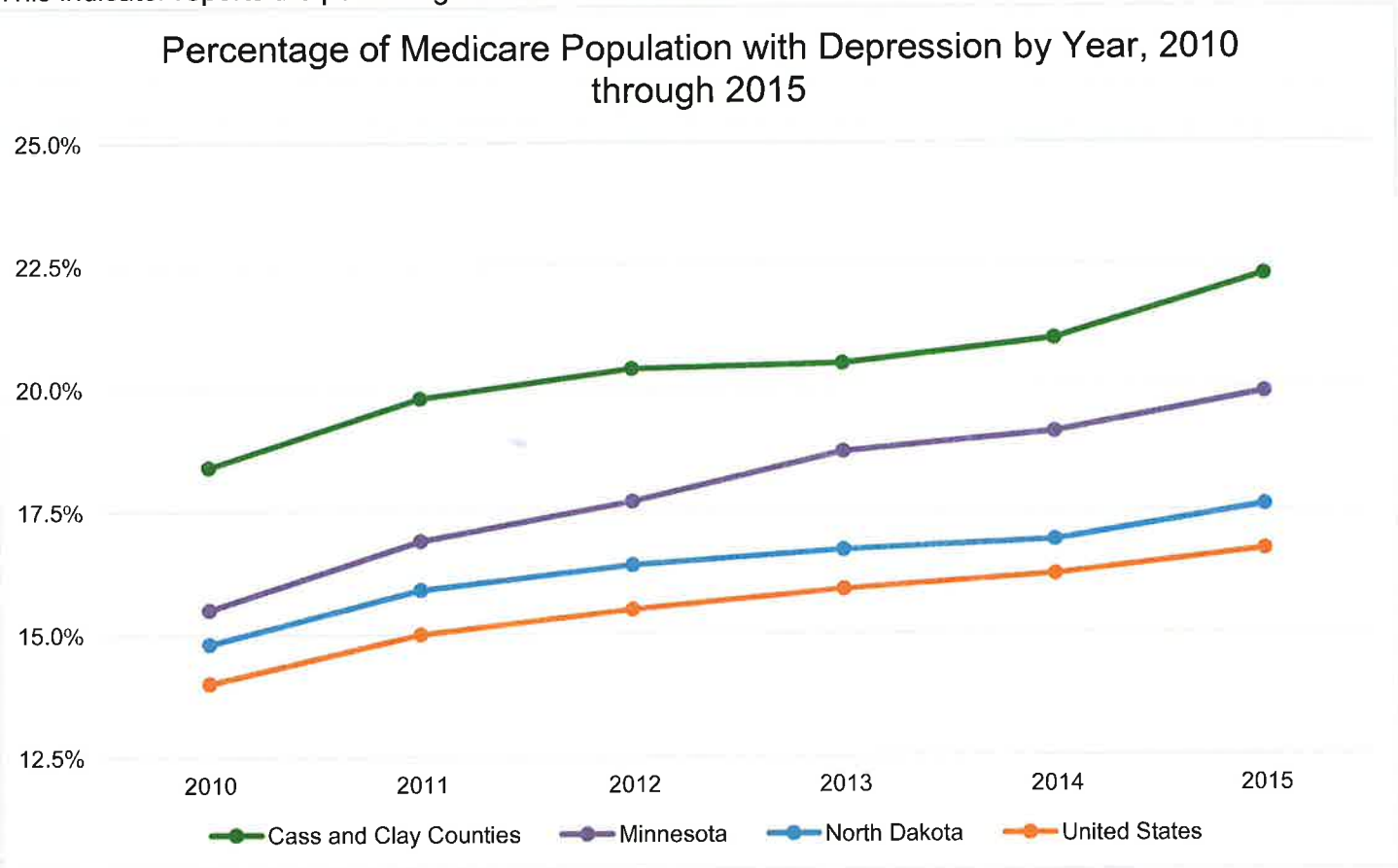

Cass and Clay Counties (22.3%)

North Dakota (17.6%)

United States (16.7%)

*Data Source:* Centers for Medicare and Medicaid Services. *2015. Source geography: County*

This indicator reports the percentage of the Medicare fee




# Diabetes (Medicare Population)

-for-service population with diabetes.

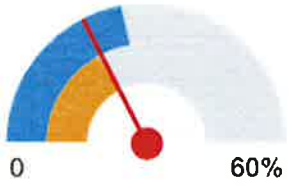
**Percentage of Medicare Population with Diabetes by Year, 2010 through 2015** Percentage of Medicare Beneficiaries with Diabetes

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Cass and Clay Counties | 21.3% | 21.7% | 21.5% | 21% | 20.7% | 21% |
| Clay County, MN | 21% | 21.2% | 22.1% | 21.5% | 21.3% | 21.5% |
| Cass County, ND | 21.4% | 21.8% | 21.3% | 20.9% | 20.6% | 20.9% |
| Minnesota | 20.3% | 20.4% | 20.5% | 20.5% | 20.4% | 20.4% |

This indicator reports the percentage of the Medicare fee

| | | | | | | |
|---|---|---|---|---|---|---|
| North Dakota | 22.8% | 23.3% | 23.3% | 23.2% | 22.9% | 23% |
| United States | 26.8% | 27% | 27.1% | 27% | 26.7% | 26.5% |

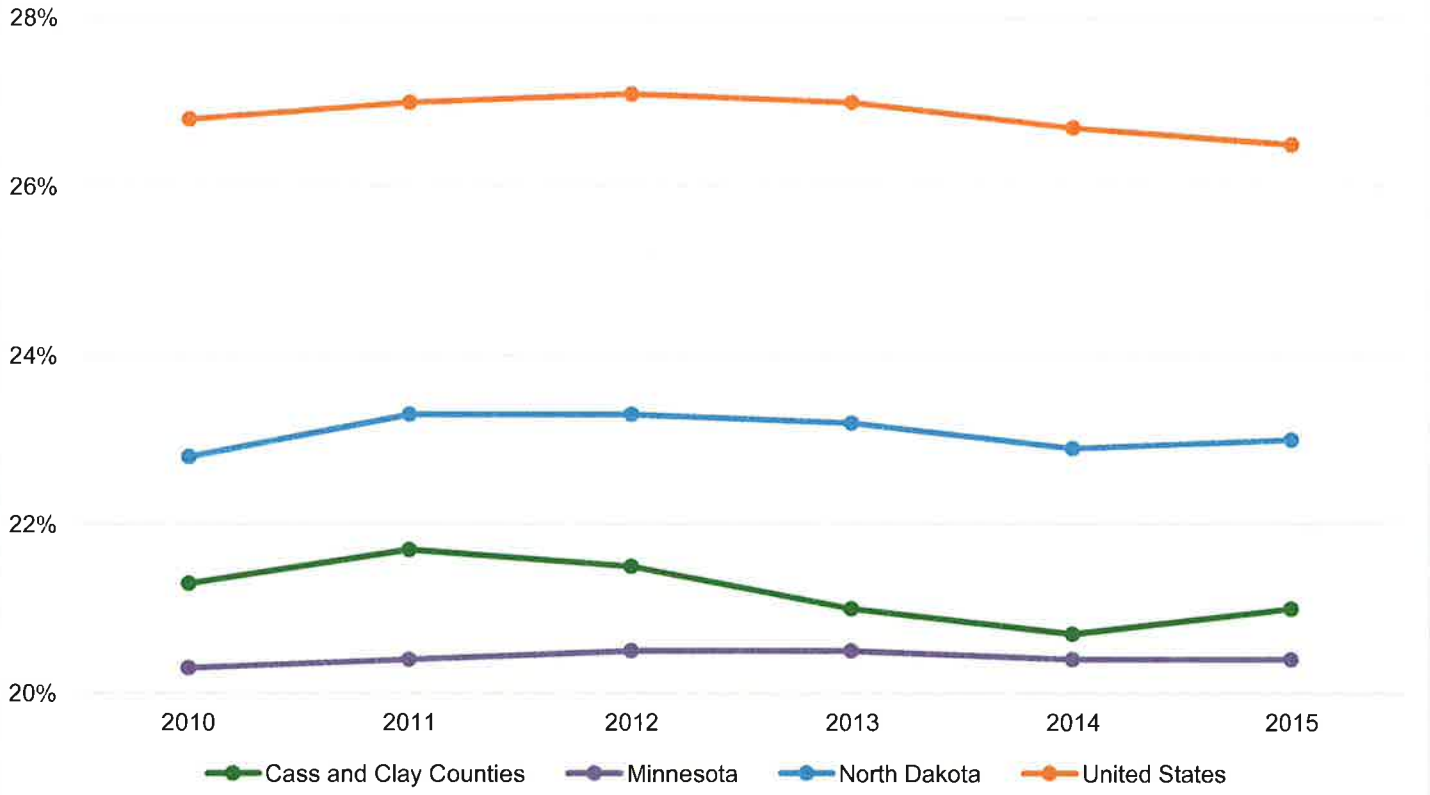
This indicator reports the percentage trend of the Medicare fee-for-service population with diabetes over time.




*Data Source:* Centers for Medicare and Medicaid Services. *2015. Source geography: County*

Cass and Clay Counties (21%)
Minnesota (20.42%)
United States (26.55%)

Percentage of Medicare Population with Diabetes by Year, 2010 through 2015




# Heart Disease (Medicare Population)

-for-service population with ischemic heart disease.

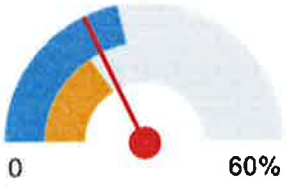
**Percentage of Medicare Population with Heart Disease by Year, 2010 through 2015**

Percentage of Medicare Beneficiaries with Heart Disease

This indicator reports the percentage of the Medicare fee

This indicator reports the percentage trend of the Medicare fee-for-service population with ischaemic heart disease over time.

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Cass and Clay Counties | 21.9% | 22.4% | 21.6% | 21.1% | 21.3% | 21.5% |
| Clay County, MN | 22% | 22.5% | 21.8% | 21.8% | 22.5% | 22.8% |
| Cass County, ND | 21.8% | 22.3% | 21.5% | 20.9% | 20.9% | 21.2% |
| Minnesota | 21% | 20.5% | 20% | 19.6% | 19.4% | 19.3% |
| North Dakota | 25.9% | 25.8% | 25.4% | 25% | 24.7% | 24.4% |
| United States | 30% | 29.3% | 28.6% | 27.8% | 27% | 26.5% |

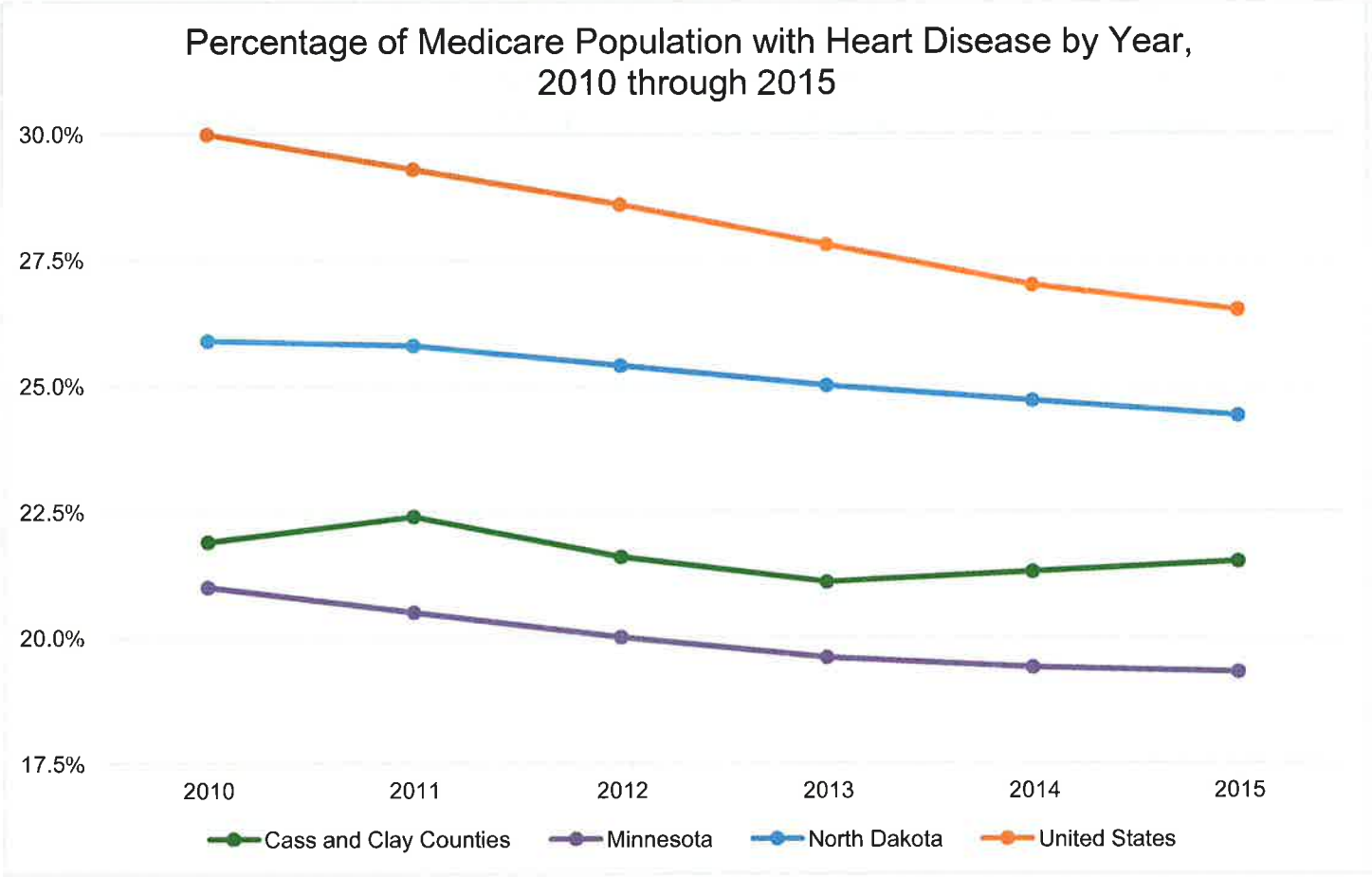



Cass and Clay Counties

(21.5%)
Minnesota (19.28%)
United States (26.46%)

*Data Source:* Centers for Medicare and Medicaid Services. *2015. Source geography: County*

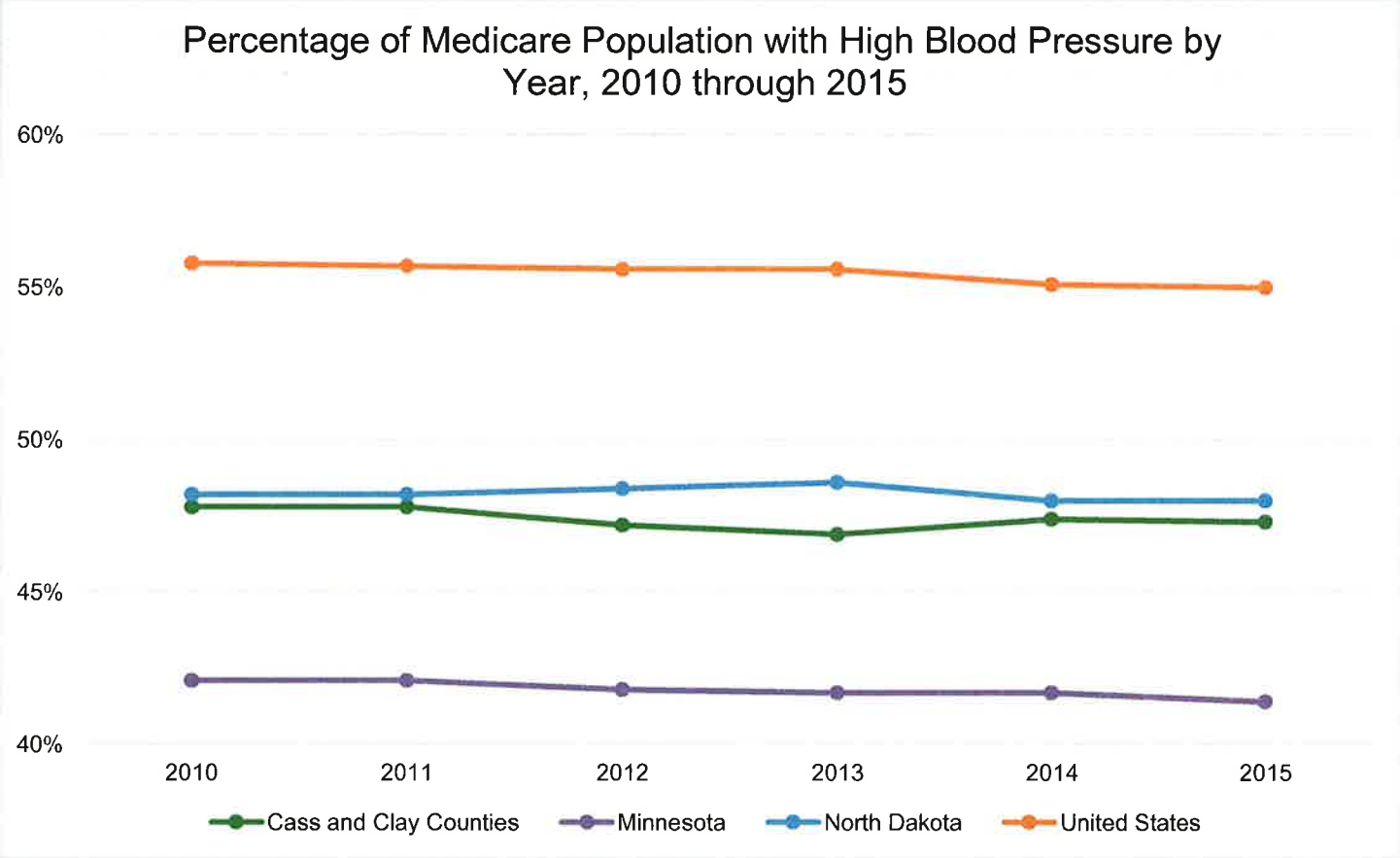
This indicator reports the percentage of the Medicare fee



# High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

*Data Source:* Centers for Medicare and Medicaid Services. *2015. Source geography: County*




**Percentage of Medicare Population with High Blood Pressure by Year, 2010 through 2015**

This indicator reports the percentage trend of the Medicare fee-for-service population with ischemic heart disease over time.

| Cass and Clay Counties | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|---|
| Cass and Clay Counties | 47.8% | 47.8% | 47.2% | 46.9% | 47.4% | 47.3% |
| Clay County, MN | 47.6% | 46.1% | 46% | 46.2% | 45.7% | 47% |
| Cass County, ND | 47.9% | 48.3% | 47.6% | 47.1% | 47.9% | 47.5% |
| Minnesota | 42.1% | 42.1% | 41.8% | 41.7% | 41.7% | 41.4% |
| North Dakota | 48.2% | 48.2% | 48.4% | 48.6% | 48% | 48% |
| United States | 55.8% | 55.7% | 55.6% | 55.6% | 55.1% | 55% |

Percentage of Medicare Beneficiaries with High Blood Pressure


Cass and Clay Counties (47.3%)
Minnesota (41.41%)
United States (54.99%)

# Mortality

This indicator reports the rate of death per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for Cass and Clay Counties from county level data, only where data is available. In Cass and Clay Counties, more deaths are due to cancer than heart disease; and more deaths are due to suicide than drug poisoning, motor vehicle crashes, and homicides.

| Age-Adjusted Death Rate (Per 100,000 Pop.), 2012-16 | Cancer | Heart Disease * | Lung Disease | Unintentional Injury | Stroke | Suicide | Drug Poisoning | Motor Vehicle Crash | Homicide |
|---|---|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 148.5 | 126.7 | 36.3 | 32.9 | 28.7 | **13.1** | 9.3 | 6.6 | no data |
| Clay County, MN | 165.5 | 126.8 | 36.9 | 39.7 | 28.7 | 10.6 | 15.4 | ** | ** |
| Cass County, ND | 142.2 | 126.6 | 36.1 | 30.3 | 28.7 | 14 | 7.1 | 6.6 | ** |
| Minnesota | 103.09 | 61.59 | 12.68 | 40.38 | 32.99 | 4.48 | 10.25 | 7.81 | 3.02 |
| North Dakota | 107.34 | 84.37 | no data | 43.11 | 34.22 | no data | 6.35 | 20.25 | no data |
| United States | 160.9 | 168.2 | 41.3 | 41.9 | 36.9 | 13 | 15.6 | 11.3 | 5.5 |

*Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County*
*(ICD10 Codes I00-I09, I11, I13, I20-I151)
** suppressed

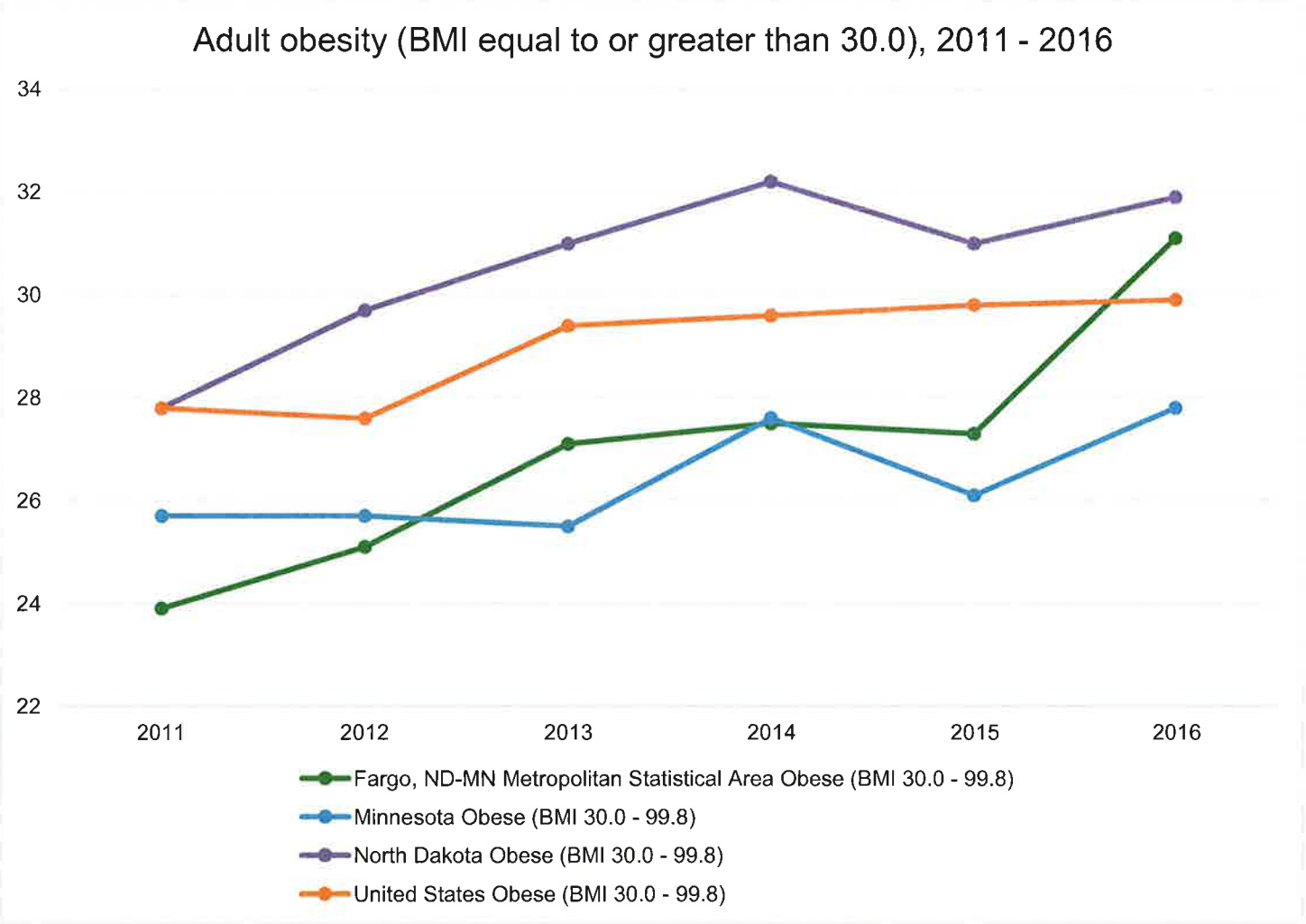
# Obesity

This indicator reports adult obesity (BMI equal to or greater than 30.0). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Adult obesity (BMI equal to or greater than 30.0), 2011 - 2016 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 23.9% | 25.1% | 27.1% | 27.5% | 27.3% | 31.1% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Minnesota | 25.7% | 25.7% | 25.5% | 27.6% | 26.1% | 27.8% |
| North Dakota | 27.8% | 29.7% | 31% | 32.2% | 31% | 31.9% |
| United States | 27.8% | 27.6% | 29.4% | 29.6% | 29.8% | 29.9% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*



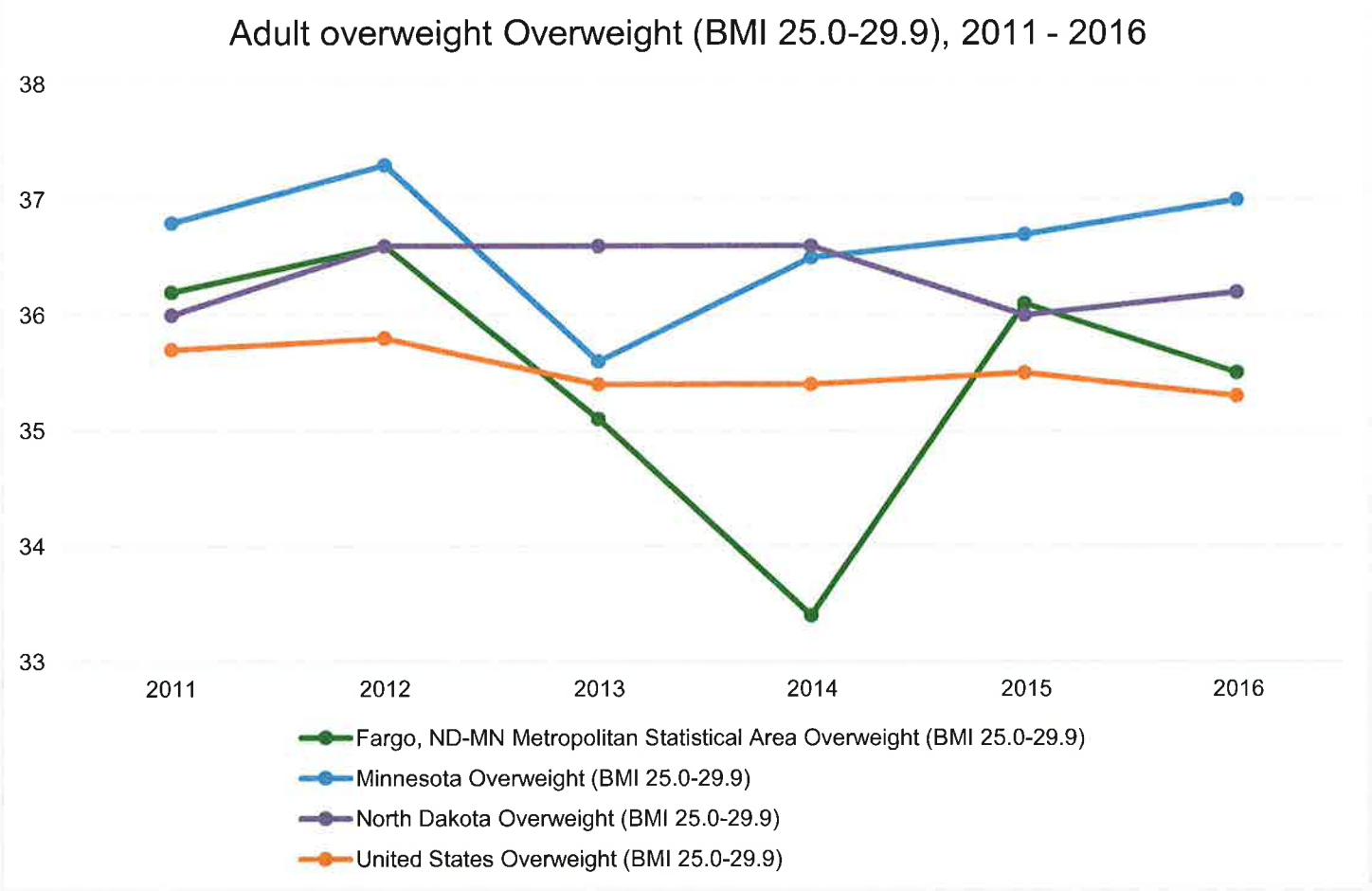

## Overweight

This indicator reports adult overweight status (BMI 25.0-29.9). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

| Adult overweight (BMI 25.0-29.9), 2011 - 2016 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 36.2% | 36.6% | 35.1% | 33.4% | 36.1% | 35.5% |
| Minnesota | 36.8% | 37.3% | 35.6% | 36.5% | 36.7% | 37% |
| North Dakota | 36% | 36.6% | 36.6% | 36.6% | 36% | 36.2% |
| United States | 35.7% | 35.8% | 35.4% | 35.4% | 35.5% | 35.3% |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*



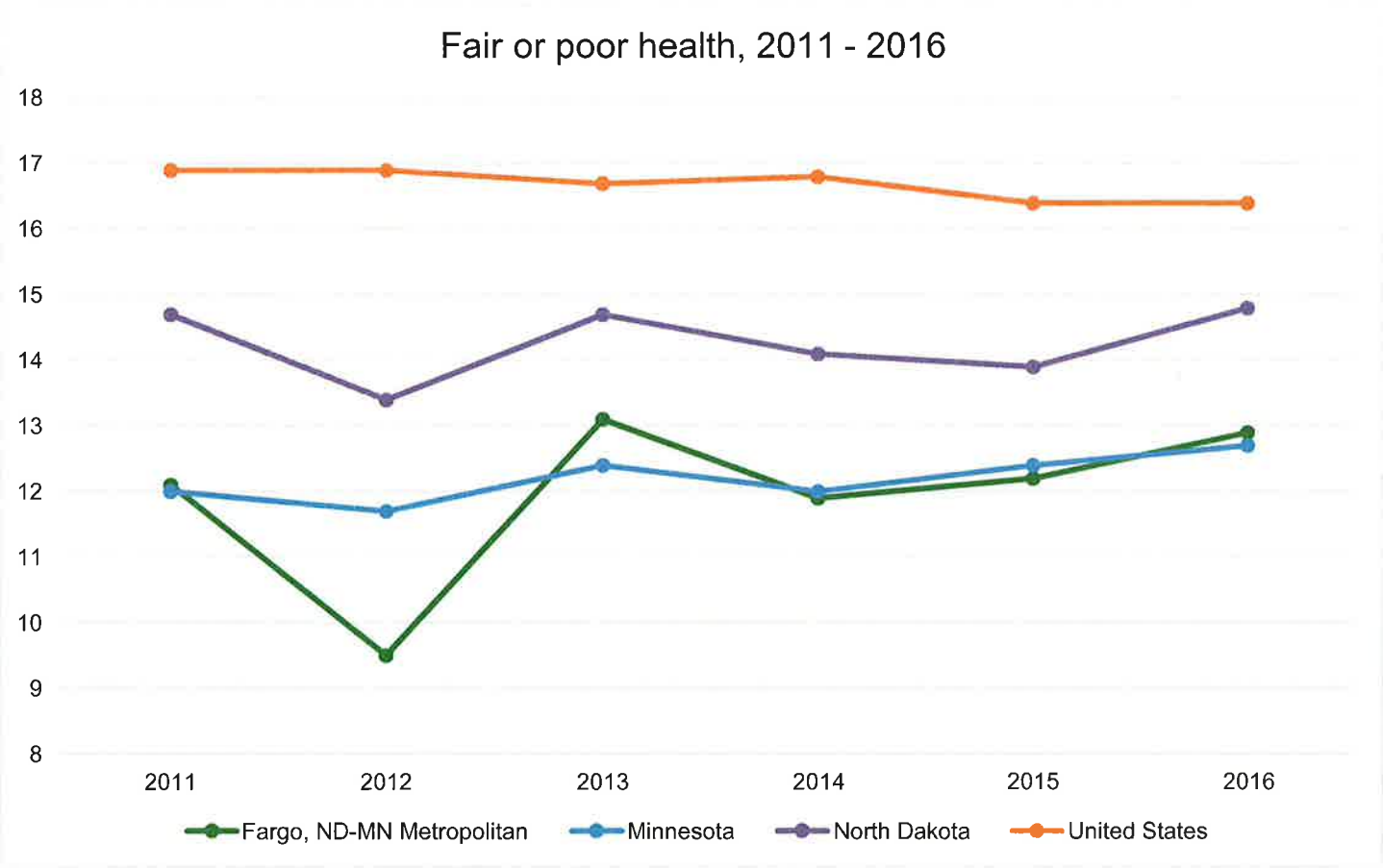

## Poor General Health

This indicator reports the percent of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

| Fair or Poor Health | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Fargo-Moorhead Metropolitan | 12.1% | 9.5% | 13.1% | 11.9% | 12.2% | 12.9% |
| Minnesota | 12% | 11.7% | 12.4% | 12% | 12.4% | 12.7% |
| North Dakota | 14.7% | 13.4% | 14.7% | 14.1% | 13.9% | 14.8% |
| United States | 16.9% | 16.9% | 16.7% | 16.8% | 16.4% | 16.4 |

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. 2015.*



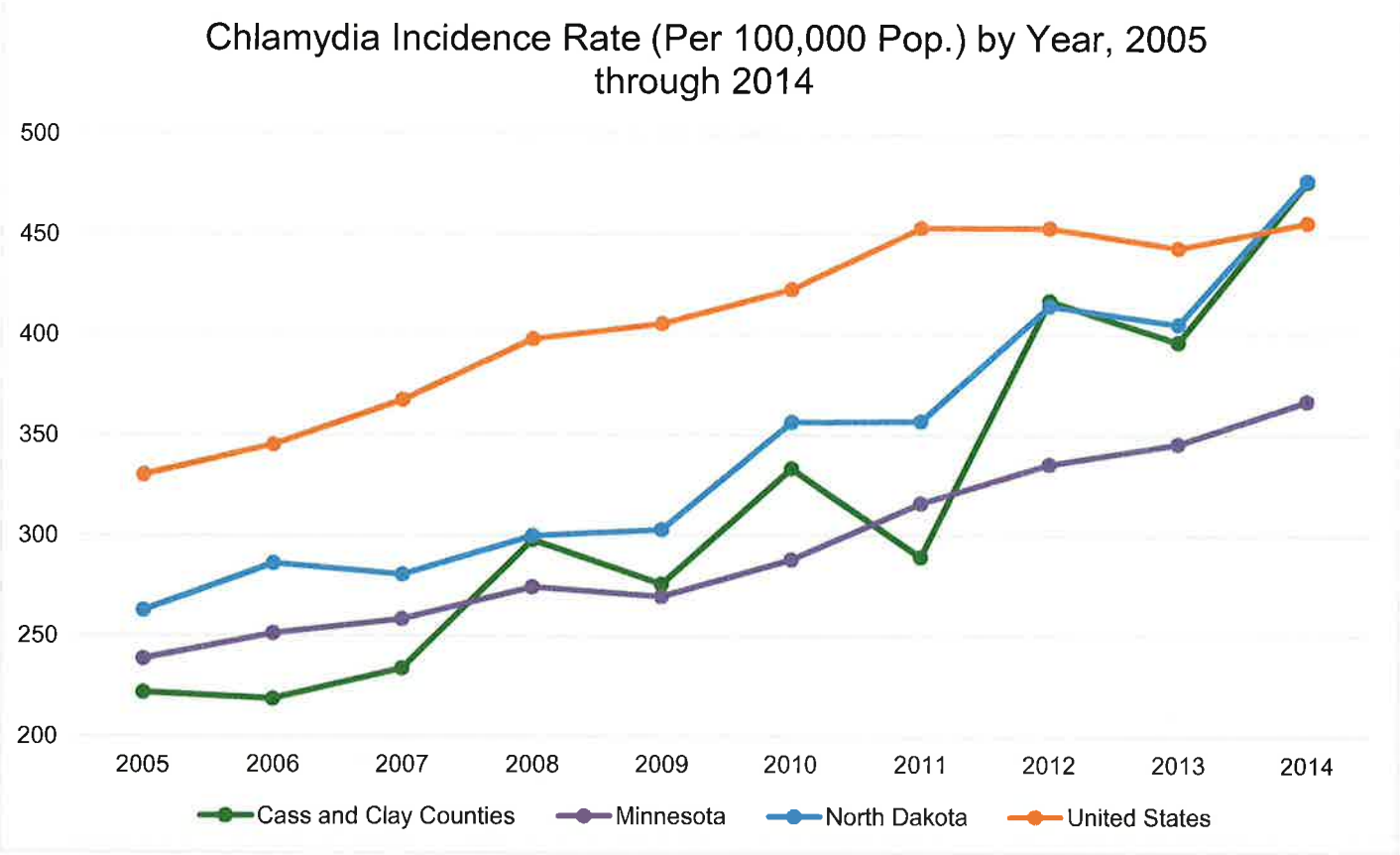

## STI - Chlamydia Incidence

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

**Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2014**

| Cass and Clay Counties | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 221.79 | 218.72 | 233.87 | 297.93 | 275.86 | 333.37 | 289.39 | 417.12 | 396.44 | 476.53 |
| Clay County, MN | 128.16 | 95.45 | 158.66 | 215.18 | 236.07 | 222.04 | 205.68 | 317.71 | 291.79 | 334.65 |
| Cass County, ND | 260.27 | 269.38 | 263.84 | 330.91 | 291.62 | 377.22 | 322.25 | 456.13 | 435.43 | 529.39 |
| Minnesota | 238.67 | 251.27 | 258.38 | 274.38 | 269.76 | 288 | 316.1 | 335.64 | 345.8 | 367.1 |
| North Dakota | 262.71 | 286.15 | 280.61 | 299.91 | 302.99 | 356.49 | 357 | 414.63 | 405.3 | 477.1 |
| United States | 330.3 | 345.4 | 367.7 | 398 | 405.7 | 422.8 | 453.4 | 453.4 | 443.5 | 456.1 |

*Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County*



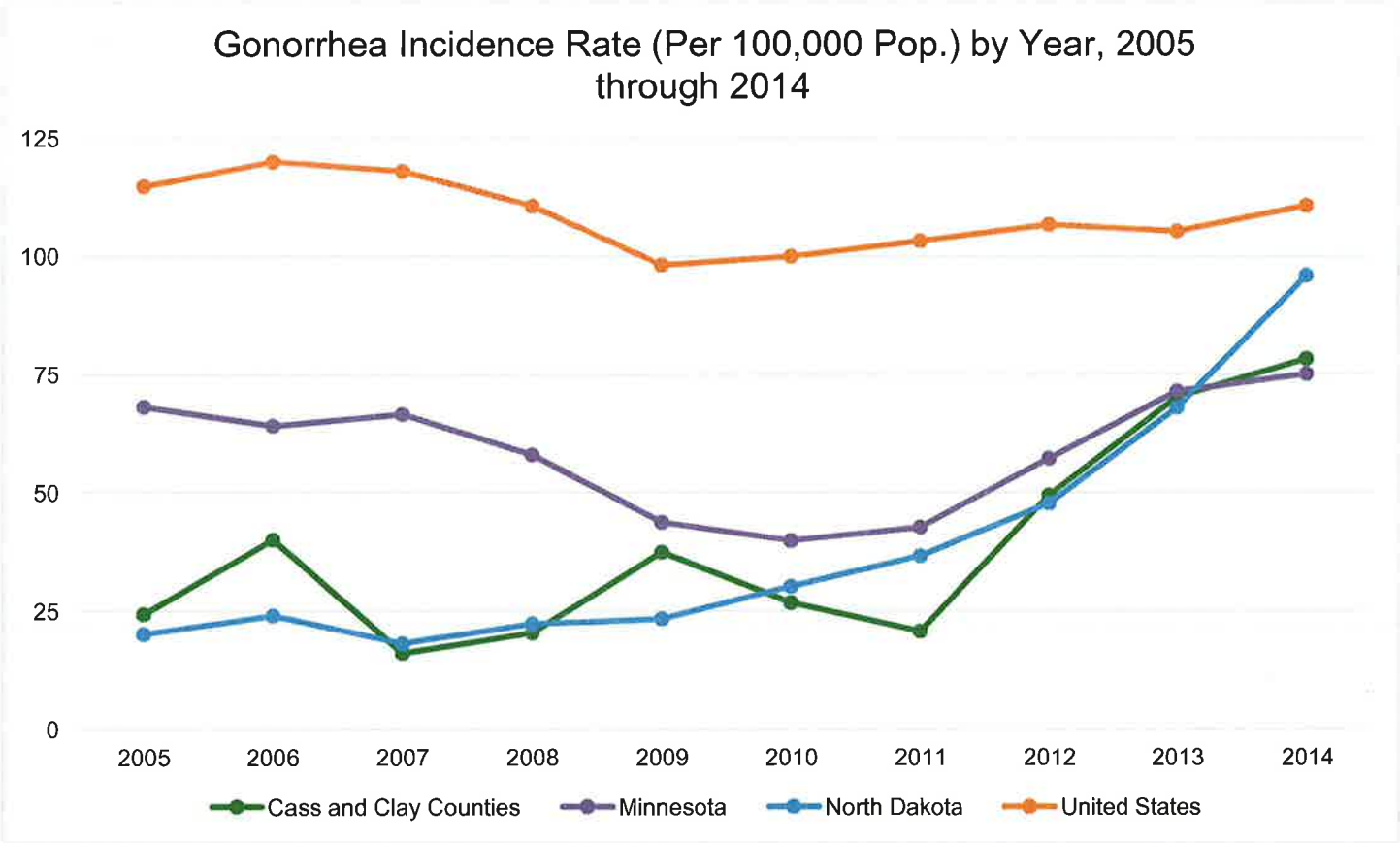
# STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

**Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2014**

| Cass and Clay Counties | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| Cass and Clay Counties | 24.34 | 40.11 | 16.11 | 20.44 | 37.48 | 26.82 | 20.74 | 49.49 | 70.25 | 78.3 |
| Clay County, MN | 14.86 | 12.85 | 12.77 | 14.35 | 22.9 | 18.64 | 10.03 | 23.41 | 60.99 | 70.89 |
| Cass County, ND | 28.24 | 51.31 | 17.44 | 22.87 | 43.25 | 30.04 | 24.94 | 59.72 | 73.7 | 81.07 |
| Minnesota | 68.18 | 64.16 | 66.63 | 58.07 | 43.76 | 39.9 | 42.71 | 57.29 | 71.5 | 75.1 |
| North Dakota | 20.17 | 24.06 | 18.2 | 22.33 | 23.38 | 30.25 | 36.65 | 47.77 | 68 | 95.9 |
| United States | 114.9 | 120.1 | 118.1 | 110.7 | 98.2 | 100 | 103.3 | 106.7 | 105.3 | 110.7 |

*Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County*



# Fargo Cass Public Health

## Cass County Community Health Profile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April 2018


NORTH DAKOTA DEPARTMENT *of* HEALTH

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## Data Sources

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

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

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

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

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

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  www.commerce.nd.gov/news/MediaGallery/
- ND Tourism Division – All other photos
  www.ndtourism.com/

# POPULATION DATA

Table 1

| Population by Age Group, 2016 Census Estimates | | | | |
|---|---|---|---|---|
| Age Group | Cass County | | North Dakota | |
| | Number | Percent | Number | Percent |
| 0-9 | 23,859 | 13.6% | 102,979 | 13.6% |
| 10-19 | 21,406 | 12.2% | 94,131 | 12.4% |
| 20-29 | 36,407 | 20.8% | 131,448 | 17.4% |
| 30-39 | 26,477 | 15.1% | 98,952 | 13.1% |
| 40-49 | 19,127 | 10.9% | 80,020 | 10.6% |
| 50-59 | 19,300 | 11.0% | 98,117 | 13.0% |
| 60-69 | 15,888 | 9.1% | 77,221 | 10.2% |
| 70-79 | 7,199 | 4.1% | 41,309 | 5.5% |
| 80+ | 5,586 | 3.2% | 32,750 | 4.3% |
| Total | 175,249 | 100.0% | 756,927 | 100.0% |
| 0-17 | 39,231 | 22.4% | 173,926 | 23.0% |
| 65+ | 19,767 | 11.3% | 107,281 | 14.2% |


Table 2

| Female Population and Percentage Female by Age, 2016 Census Estimates | | | | |
|---|---|---|---|---|
| Age Group | Cass County | | North Dakota | |
| | Number | Percent | Number | Percent |
| 0-9 | 11,581 | 13.4% | 50,339 | 13.7% |
| 10-19 | 10,424 | 12.1% | 45,524 | 12.4% |
| 20-29 | 17,537 | 20.3% | 59,466 | 16.2% |
| 30-39 | 12,432 | 14.4% | 46,021 | 12.5% |
| 40-49 | 9,163 | 10.6% | 38,369 | 10.4% |
| 50-59 | 9,660 | 11.2% | 48,072 | 13.1% |
| 60-69 | 8,045 | 9.3% | 37,852 | 10.3% |
| 70-79 | 3,918 | 4.5% | 21,927 | 6.0% |
| 80+ | 3,556 | 4.1% | 20,504 | 5.6% |
| Total | 86,316 | 100.0% | 368,074 | 100.0% |
| 0-17 | 19,155 | 22.2% | 84,955 | 23.1% |
| 65+ | 10,963 | 12.7% | 58,828 | 16.0% |

Table 3

| Race, Five Year Estimates (2012-2016) | | | | |
|---|---|---|---|---|
| Race | Cass County | | North Dakota | |
| | Number | Percentage | Number | Percentage |
| Total | 166,852 | 100% | 721,640 | 100% |
| White | 148,944 | 89.3% | 640,208 | 88.7% |
| Black | 6,371 | 3.8% | 11,872 | 1.6% |
| American Indian | 1,813 | 1.1% | 38,286 | 5.3% |
| Asian | 4,640 | 2.8% | 8,979 | 1.2% |
| Pacific Islander | 8 | 0.0% | 304 | 0.0% |
| Other | 840 | 0.5% | 5,859 | 0.8% |
| Multi-race | 4,236 | 2.5% | 16,132 | 2.2% |

# POPULATION DATA

Table 4

| Household Populations, 2011 ACS Five Year Estimates | Cass County | | North Dakota | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Total | 147,222 | 100.0% | 666,783 | 100.0% |
| In Family Households | 104,374 | 70.9% | 509,097 | 76.4% |
| In Non-Family Households | 38,060 | 25.9% | 132,651 | 19.9% |
| Total In Households | 142,434 | 96.7% | 641,748 | 96.2% |
| Institutionalized | 1042 | 0.7% | 9,675 | 1.5% |
| Non-institutionalized | 3746 | 2.5% | 15,360 | 2.3% |
| Total in Group Quarters | 4788 | 3.3% | 25,035 | 3.8% |

Table 5

| Population Change 2000-2015 | | | | |
|---|---|---|---|---|
| Census | Cass County | 5 Year Change (%) | North Dakota | 5 Year Change (%) |
| 2000 | 123,138 | | 642,200 | |
| 2005 | 132,551 | 7.6% | 636,677 | -0.9% |
| 2010 | 144,410 | 8.9% | 674,530 | 5.9% |
| 2015 | 162,500 | 12.5% | 756,927 | 12.2% |

Table 6

| Marital Status of Persons Age 15 and Older, 2016 ACS Five Year Estimates | Cass County | | North Dakota | |
|---|---|---|---|---|
| Marital Status | Number | Percent | Number | Percent |
| Total Age 15+ | 135,241 | 100.0% | 584,052 | 100.0% |
| Never Married | 52,068 | 38.5% | 185,144 | 31.7% |
| Now Married | 63,293 | 46.8% | 304,875 | 52.2% |
| Separated | 1,217 | 0.9% | 5,256 | 0.9% |
| Widowed | 5,951 | 4.4% | 33,875 | 5.8% |
| Divorced | 12,713 | 9.4% | 54,901 | 9.4% |

Table 7

| Educational Attainment Among Persons 25+, 2016 ACS Five Year Estimates | Cass County | | North Dakota | |
|---|---|---|---|---|
| Education | Number | Percent | Number | Percent |
| Total | 103,797 | 100.0% | 468,030 | 100.0% |
| Less than 9th Grade | 2605 | 2.5% | 18,153 | 3.9% |
| Some High School | 3,136 | 3.0% | 20,552 | 4.4% |
| High school or GRE | 21,534 | 19.5% | 128,248 | 27.4% |
| Some College/Assoc. Degree | 37,739 | 36.4% | 171,543 | 36.6% |
| Bachelor's Degree | 27,277 | 26.3% | 93,946 | 20.1% |
| Post Graduate Degree | 11,506 | 11.1% | 35,588 | 7.6% |

# POPULATION DATA

Table 8

| Persons with Disability, 2016 ACS Five Year Estimates | | | | |
|---|---|---|---|---|
| Group | Cass County | | North Dakota | |
| | Number | Percent | Number | Percent |
| Total | 165,567 | 100.0% | 706,307 | 100.0% |
| Any Disability | 16,875 | 10.2% | 74,348 | 10.5% |
| No Disability | 148,692 | 89.8% | 631,959 | 89.5% |
| | | | | |
| Self Care Disability | 2,458 | 1.6% | 10,879 | 1.7% |
| | | | | |
| 0-17 with any disability | 1,009 | 6.0% | 4,816 | 6.5% |
| 18-64 with any disability | 9,454 | 56.0% | 36,427 | 49.0% |
| 65+ with any disability | 6,412 | 38.0% | 33,105 | 44.5% |

Table 9

| Income and Poverty Status by Age Group, 2016 ACS Five Year Estimates | | | | |
|---|---|---|---|---|
| | Cass County | | North Dakota | |
| Median Household Income | $54,926 | | $57,181 | |
| Per Capita Income | $32,485 | | $32,035 | |
| | | | | |
| | Number | Percent | Number | Percent |
| Below Poverty Level | 19,089 | 11.8% | 79,758 | 11.5% |
| Under 5 Years | 1,803 | 9.4% | 7,710 | 9.7% |
| 5 to 11 Years | 1,717 | 9.0% | 8,335 | 10.5% |
| 12 to 17 Years | 810 | 4.2% | 5,671 | 7.1% |
| 18 to 64 Years | 13,577 | 71.1% | 48,857 | 61.3% |
| 65 to 74 Years | 499 | 2.6% | 3,470 | 4.4% |
| 75 Years and Over | 683 | 3.6% | 5,715 | 7.2% |

Table 10

| Family Poverty and Childhood and Elderly Poverty, 2016 ACS Five Year Estimates | | | | |
|---|---|---|---|---|
| | Cass County | | North Dakota | |
| | Number | Percent | Number | Percent |
| Total Families | 39,335 | 100.0% | 181,864 | 100.0% |
| Families in Poverty | 2,675 | 6.8% | 13,094 | 7.2% |
| | | | | |
| Families with Own Children | 19,979 | 50.8% | 83,864 | 46.1% |
| Families with Own Children in Poverty | 2238 | 5.7% | 10,231 | 5.6% |
| | | | | |
| Families with Own Children and Female Parent Only | 4,520 | 11.5% | 23,496 | 28.0% |
| Families with Own Children and Female Parent Only in Poverty | 1347 | 3.4% | 8,881 | 4.9% |
| | | | | |
| Total Known Children in Poverty | 4,330 | 11.0% | 21,716 | 12.5% |
| Total Known Age 65+ in Poverty | 1,182 | 6.0% | 9,185 | 8.6% |

* Percent family poverty is percent of total families

Table 11

| Age of Housing, 2016 ACS Five Year Estimates | | | | |
|---|---|---|---|---|
| | Cass County | | North Dakota | |
| | Number | Percent | Number | Percent |
| Housing Units: Total | 75,400 | 100.0% | 341,062 | 100.0% |
| 1980 and Later | 43,609 | 57.8% | 139,698 | 41.0% |
| 1970 to 1979 | 12,245 | 16.2% | 67,404 | 19.8% |
| Prior to 1970 | 19,546 | 25.9% | 133,960 | 39.3% |

# Vital Statistics Data

## BIRTHS AND DEATHS DEFINITIONS


Formulas for calculating rates and ratios are as follows:

**Birth Rate** = Resident live births divided by the total resident population x 1,000.

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

**Pregnancy Rate** = Total pregnancies divided by the total resident population x 1,000.

**Fertility Rate** = Resident live births divided by female population (age 15-44) x 1,000.

**Teenage Birth Rate** = Teenage births (age <20) divided by female teen population x 1,000.

**Teenage Pregnancy Rate** = Teenage pregnancies (age<20) divided by female teen population x 1,000.

**Out of Wedlock (OOW) Live Birth Ratio** = Resident OOW live births divided by total resident live births x 1,000.

**Out of Wedlock Pregnancy Ratio** = Resident OOW pregnancies divided by total pregnancies x 1,000.

**Low Weight Ratio** = Low weight births (birth weight < 2,500 grams) divided by total resident live births x 1,000.

**Infant Death Ratio** = Number of infant deaths divided by the total resident live births x 1,000.

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

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

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

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

# Vital Statistics Data

## BIRTHS AND DEATHS

Table 12

| Births, 2012-2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| | Number | Rate or Ratio | Number | Rate or Ratio |
| Live Births and Rate | 12,585 | 16.8 | 52,514 | 15.6 |
| Pregnancies and Rate | 14,091 | 18.8 | 57,065 | 17.0 |
| Fertility Rate | 71.6 | | 81.3 | |
| Teen Births and Rate | 409 | 15.3 | 2,876 | 25.2 |
| Teen Pregnancies and Rate | 538 | 20.2 | 3,377 | 29.6 |
| | | | | |
| Out of Wedlock Births and Ratio | 3,372 | 267.9 | 17,005 | 323.8 |
| Out of Wedlock Pregnancies and Ratio | 4,601 | 326.5 | 20,769 | 364.0 |
| | | | | |
| Low Birth Weight Birth and Ratio | 793 | 63.0 | 3,299 | 62.8 |

Table 13

| Child Deaths, 2012-2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| | Number | Rate or Ratio | Number | Rate or Ratio |
| Infant Deaths and Ratio | 51 | 4.1 | 290 | 5.5 |
| Child and Adolescent Deaths and Rate | 28 | 15.4 | 249 | 30.6 |
| Total Deaths and Crude Rate | 4,912 | 655.9 | 29,930 | 890 |

Table 14

| Deaths and Age Adjusted Death Rate by Cause, 2012-2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| | Number | Adj. Rate | Number | Adj. Rate |
| All Causes | 4,944 | 556.5 | 30,082 | 558.2 |
| Heart Disease | 999 | 114.2 | 6,576 | 701.5 |
| Cancer | 1,033 | 118.5 | 6,312 | 719.5 |
| Stroke | 207 | 22.2 | 1,574 | 161.7 |
| Alzheimer's Disease | 343 | 36.6 | 2,196 | 211.3 |
| COPD | 270 | 26.9 | 1,655 | 178.0 |
| Unintentional Injury | 256 | 31.4 | 1,665 | 214.6 |
| Diabetes Mellitus | 113 | 12.8 | 953 | 107.0 |
| Pneumonia and Influenza | 140 | 14.6 | 770 | 79.6 |
| Cirrhosis | 84 | 11.1 | 413 | 55.8 |
| Suicide | 117 | 15.1 | 610 | 88.7 |
| Hypertension | 82 | 9.0 | 455 | 46.2 |

NR-Not Reportable

Table 15

| Leading Causes of Death by Age Group for Cass County, 2012-2016 | | | |
|---|---|---|---|
| Age | 1 | 2 | 3 |
| 0-4 | Congenital Anomaly 7 | Unintentional Injury 7 | Prematurity* |
| 5-14 | Heart* | Cancer* | Diseases of Other Arteries* |
| 15-24 | Suicide 22 | Unintentional Injury 15 | Cancer* |
| 25-34 | Unintentional Injury 29 | Suicide 25 | Heart 12 |
| 35-44 | Unintentional Injury 37 | Heart 20 | Cancer 13 |
| 45-54 | Cancer 59 | Heart 52 | Cirrhosis 33 |
| 55-64 | Cancer 199 | Heart 121 | Unintentional Injury 30 |
| 65-74 | Cancer 277 | Heart 117 | COPD 97 |
| 75-84 | Cancer 257 | Heart 189 | Alzheimer's Disease 77 |
| 85+ | Heart 486 | Alzheimer's Disease 250 | Cancer 213 |

*Numbers less than six are not listed.

Table 16

| Leading Causes of Death by Age Group for North Dakota, 2011-2015 | | | |
|---|---|---|---|
| Age | 1 | 2 | 3 |
| 0-4 | Congenital Anomaly 70 | Prematurity 64 | Sudden Infant Death 47 |
| 5-14 | Unintentional Injury 19 | Homicide 7 | Cancer* |
| 15-24 | Unintentional Injury 200 | Suicide 120 | Cancer 17 |
| 25-34 | Unintentional Injury 195 | Suicide 111 | Heart 47 |
| 35-44 | Unintentional Injury 157 | Suicide 103 | Heart 99 |
| 45-54 | Cancer 378 | Heart 311 | Unintentional Injury 201 |
| 55-64 | Cancer 1,069 | Heart 624 | Unintentional Injury 169 |
| 65-74 | Cancer 1,540 | Heart 871 | COPD 332 |
| 75-84 | Cancer 1,853 | Heart 1,467 | COPD 592 |
| 85+ | Heart 3,149 | Alzheimer's Disease 1,628 | Cancer 1,327 |

*Numbers less than six are not listed.

# ADULT BEHAVIORAL RISK FACTORS DEFINITION

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

# ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 17

| ALCOHOL | | Cass 2011-2015 | North Dakota 2011-2015 |
|---|---|---|---|
| **Binge Drinking** | Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days. | 27.3 (25.3-29.2) | 24.1 (23.3-24.9) |
| **Heavy Drinking** | Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days. | 7.7 (6.5-8.9) | 6.7 (6.3-7.2) |
| **Drunk Driving** | Respondents who reported driving when they had too much to drink one or more times during the past 30 days. | 3.2 (1.8-4.5) | 3.4 (2.8-3.9) |
| **ARTHRITIS** | | | |
| **Doctor Diagnosed Arthritis** | Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis. | 20.4 (19.0-21.8) | 24.6 (24.0-25.2) |
| **Activity Limitation Due to Arthritis** | Respondents who reported being limited in any usual activities because of arthritis or joint symptoms. | 45.4 (40.7-50.1) | 47 (45.2-48.9) |
| **ASTHMA** | | | |
| **Ever Asthma** | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma. | 11.1 (9.9-12.4) | 11.9 (11.3-12.4) |
| **Current Asthma** | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma. | 8.1 (7.0-9.1) | 8.4 (7.9-8.9) |
| **BODY WEIGHT** | | | |
| **Overweight, Not Obese** | Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight). | 35.8 (33.9-37.7) | 36.5 (35.7-37.3) |
| **Obese** | Respondents with a body mass index greater than or equal to 30 (obese). | 27.4 (25.6-29.1) | 30.3 (29.6-31.1) |
| **Overweight or Obese** | Respondents with a body mass index greater than or equal to 25 (overweight or obese). | 63.2 (61.2-65.2) | 66.8 (66.0-67.7) |
| **CANCER** | | | |
| **Any Cancer** | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer). | 5.4 (4.7-6.1) | 6.4 (6.1-6.7) |
| **CARDIOVASCULAR** | | | |
| **Heart Attack** | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack. | 3.2 (2.6-3.7) | 4.3 (4.0-4.5) |
| **Angina** | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina. | 3.2 (2.7-3.8) | 4.0 (3.7-4.2) |
| **Stroke** | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke. | 2.0 (1.5-2.5) | 2.4 (2.2-2.6) |
| **Cardiovascular Disease** | Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke. | 5.8 (5.1-6.6) | 7.5 (7.2-7.8) |

# ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 18

| | CHOLESTEROL | Cass 2011-2015 | North Dakota 2011-2015 |
|---|---|---|---|
| **Never Cholesterol Test** | Respondents who reported never having a cholesterol test. | 24.8 (22.3-27.2) | 22.8 (21.8-23.8) |
| **No Cholesterol Test in Past 5 Years** | Respondents who reported never having a cholesterol test in the past five years. | 28.5 (26.0-31.0) | 27.2 (26.2-28.3) |
| **High Cholesterol** | Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol. | 33.8 (31.4-36.2) | 36.1 (35.1-37.1) |
| | **CHRONIC LUNG DISEASE** | | |
| **COPD** | Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis. | 3.5 (2.9-4.1) | 4.7 (4.4-5.0) |
| | **COLORECTAL CANCER** | | |
| **No Colorectal Cancer Screening within Recommended Timeframe** | Respondents age 50 and older who reported not having a fecal occult blood test in the past two years. | 34.1 (29.8-38.4) | 40.0 (38.3-41.7) |
| | **DIABETES** | | |
| **Diabetes Diagnosis** | Respondents who reported ever having been told by a doctor that they had diabetes. | 6.8 (6.0-7.6) | 8.5 (8.2-8.9) |
| | **FRUITS AND VEGETABLES** | | |
| **Five Fruits and Vegetables** | Respondents who reported that they do not usually eat 5 fruits and vegetables per day. | 15.1 (13.3-16.9) | 13.9 (13.2-14.6) |
| | **GENERAL HEALTH** | | |
| **Fair or Poor Health** | Respondents who reported that their general health was fair or poor. | 11.8 (10.5-13.0) | 14.0 (13.5-14.6) |
| **Poor Physical Health** | Respondents who reported they had 8 or more days in the last 30 when their physical health was not good. | 9.9 (8.8-11.0) | 11.3 (10.8-11.8) |
| **Poor Mental Health** | Respondents who reported they had 8 or more days in the last 30 when their mental health was not good. | 12.1 (10.7-13.4) | 11.4 (10.9-12.0) |
| **Activity Limitation Due to Poor Health** | Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities. | 13.0 (11.1-14.8) | 13.6 (12.8-14.4) |
| **Any Activity Limitation** | Respondents who reported being limited in any way due to physical, mental or emotional problem. | 31.3 (29.5-33.2) | 31.3 (30.6-32.1) |

# ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 19

| HEALTH CARE ACCESS | | Cass 2011-2015 | North Dakota 2011-2015 |
|---|---|---|---|
| **Health Insurance** | Respondents who reported not having any form or health care coverage. | 11.3 (9.9-12.8) | 10.8 (10.2-11.3) |
| **Access Limited by Cost** | Respondents who reported needing to see a doctor during the past 12 months but could not due to cost. | 8.5 (7.3-9.7) | 7.8 ( 7.3-8.3) |
| **No Personal Provider** | Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider. | 29.8 (27.9-31.7) | 26.7 (25.9-27.5) |
| **HYPERTENSION** | | | |
| **High Blood Pressure** | Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure. | 26.7 (24.7-28.7) | 29.9 (29.0-30.7) |
| **IMMUNIZATION** | | | |
| **Influenza Vaccine** | Respondents age 65 and older who reported that they did not have a flu shot in the past year. | 34.1 (30.8-37.4) | 40.1 (38.9-41.4) |
| **Pneumococcal Vaccine** | Respondents age 65 or older who reported never having had a pneumonia shot. | 21.8 (18.9-24.7) | 28.5 (27.3-29.7) |
| **INJURY** | | | |
| **Falls** | Respondents 45 years and older who reported that they had fallen in the past 12 months. | 26.1 (22.9-29.2) | 27.4 (26.2-28.7) |
| **Seatbelt Use** | Respondents who reported not always wearing their seatbelt. | 68.9 (66.9-70.8) | 61.4 (60.6-62.3) |
| **ORAL HEALTH** | | | |
| **Dental Visit** | Respondents who reported that they have not had a dental visit in the past year. | 27.8 (24.8-30.8) | 33.7 (32.4-35.0) |
| **Tooth Loss** | Respondents who reported they ever had a permanent tooth extracted. | 10.0 (8.3-11.6) | 14.3 (13.6-15.1) |
| **PHYSICAL ACTIVITY** | | | |
| **No Leisure Physical Activity** | Respondents who reported that they did not get the recommended amount of physical activity. | 19.7 (18.2-21.3) | 25.1 (24.4-25.8) |
| **TOBACCO** | | | |
| **Current Smoking** | Respondents who reported that they smoked every day or some days. | 18.2 (16.5-19.8) | 20.6 (19.9-21.4) |
| **WOMEN'S HEALTH** | | | |
| **Pap Smear** | Women 18 and older who reported that they have not had a pap smear in the past three years. | 24.8 (19.7-29.8) | 25.1 (23.1-27.1) |
| **Mammogram Age 40+** | Women 40 and older who reported that they have not had a mammogram in the past two years. | 24.9 (20.6-29.2) | 27.0 (25.4-28.6) |

# CRIME

Data presented on the North Dakota Attorney General website changed from previous years. In an effort to continue to provide this data, the 2015 variables are defined as follows which differs slightly from the 2010-2013 data:

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

Table 20

| Cass County | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2012 | 2013 | 2014 | 2015 | 2016 | 5 Year | 5-Year Rate |
| Murder | 2 | 3 | 4 | 5 | 4 | 18 | 2.2 |
| Rape | 79 | 74 | 103 | 117 | 106 | 479 | 57.3 |
| Robbery | 54 | 63 | 80 | 56 | 75 | 328 | 39.2 |
| Assault | 345 | 365 | 310 | 339 | 361 | 1,720 | 205.7 |
| Violent crime | 480 | 505 | 497 | 517 | 546 | 2,545 | 304.4 |
| | | | | | | | |
| Burglary | 617 | 904 | 725 | 879 | 770 | 3,895 | 465.9 |
| Larceny | 2,799 | 2,831 | 1,478 | 1,670 | 1,911 | 10,689 | 1,278.6 |
| Motor vehicle theft | 198 | 224 | 283 | 345 | 412 | 1,462 | 174.9 |
| Property crime | 3,614 | 3,959 | 2,486 | 2,894 | 3,093 | 16,046 | 1,919.3 |
| | | | | | | | |
| Total | 4,094 | 4,464 | 2,983 | 3,411 | 3,639 | 18,591 | 2,223.8 |

* Crime data from the North Dakota State University's Police Department is included.

Table 21

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

# CHILD HEALTH INDICATORS

The following information is no longer available on the website:

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

Table 22

| Child Indicators: Education 2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| Children ages 3 to 21 enrolled in special education in public schools | 2,965 | 12.4% | 14,426 | 13.2% |
| Four-year high school cohort graduates | 88.2% | | 87.3% | |
| Average expenditure per student in public school | $11,141 | | $11,945 | |

Table 23

| Child Indicators: Economic Health 2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| TANF recipients ages 0-19 (Percentage of persons ages 0-19) | 881 | 2.0% | 4,649 | 2.4% |
| SNAP recipients ages 0-18 (Percentage of all children ages 0-19) | 8,483 | 20.9% | 37,758 | 20.5% |
| Eligible recipients of free or reduced price lunch | 7,104 | 27.8% | 37,928 | 32.6% |
| Medicaid recipients ages 0-20 (Percentage of all persons ages 0-20) | 12,726 | 26.6% | 59,156 | 28.1% |
| Median income for families with children ages 0-17 (Percentage of all women with children ages 0-17) | $74,245 | | $75,818 | |
| Children ages 0 to 17 living in low-income families (<200% of poverty) | 10,300 | 28.2% | 50,147 | 30.5% |

Table 24

| Child Indicators: Families and Child Care 2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| Women in labor force, by age of children (ages 0-17) | 15,024 | 83.3% | 59,532 | 79.4% |
| Children ages 0-17 living in a single parent family (Percentage of all children ages 0-17) | 9,708 | 26.3% | 39,192 | 23.4% |
| Children in foster care (Percentage of children ages 0-18) | 370 | 0.9% | 2,381 | 1.3% |
| Victims of child abuse and neglect - services required (Percent of suspected victims) | 211 | 13.6% | 1,805 | 27.2% |
| Births to mothers receiving prenatal care beginning after first trimester or not at all | 179 | 6.8% | 1,612 | 14.2% |

Table 25

| Child Indicators: Juvenile Justice 2016 | Cass County | | North Dakota | |
|---|---|---|---|---|
| Children ages 10-17 referred to juvenile court (Percentage of all children ages 0-17) | 795 | 5.3% | 3,471 | 4.9% |

*LNE-Low Number Events

# Definitions of Key Indicators


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

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

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

**Contents:**

Outcomes & Factors Rankings
Outcomes & Factors Sub Rankings
Ranked Measures Data (including measure values, confidence intervals* and z-scores**)
Additional Measures Data (including measure values and confidence intervals*)
Ranked Measure Sources and Years
Additional Measure Sources and Years

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

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

| Measure | Data Elements | Description |
|---|---|---|
| | Years of Potential Life Lost Rate (White) | Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites |
| **Poor or fair health** | **% Fair/Poor** | Percentage of adults that report fair or poor health |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Poor physical health days** | **Physically Unhealthy Days** | Average number of reported physically unhealthy days per month |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Poor mental health days** | **Mentally Unhealthy Days** | Average number of reported mentally unhealthy days per month |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Low birthweight** | Unreliable | Value reported but considered unreliable since based on counts of twenty or less. |
| | **% LBW** | Percentage of births with low birth weight (<2500g) |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | % LBW (Black) | Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks |
| | % LBW (Hispanic) | Percentage of births with low birth weight (<2500g) for Hispanics |
| | % LBW (White) | Percentage of births with low birth weight (<2500g) for non-Hispanic Whites |

| Measure | Data Elements | Description |
|---|---|---|
| **Adult smoking** | **% Smokers** | Percentage of adults that reported currently smoking |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Adult obesity** | **% Obese** | Percentage of adults that report BMI >= 30 |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Food environment index** | **Food Environment Index** | Indicator of access to healthy foods - 0 is worst, 10 is best |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Physical inactivity** | **% Physically Inactive** | Percentage of adults that report no leisure-time physical activity |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Access to exercise opportunities** | **% With Access** | Percentage of the population with access to places for physical activity |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Excessive drinking** | **% Excessive Drinking** | Percentage of adults that report excessive drinking |
| | 95% CI - Low | 95% confidence interval reported by BRFSS |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Alcohol-impaired driving deaths** | # Alcohol-Impaired Driving Deaths | Number of alcohol-impaired motor vehicle deaths |
| | # Driving Deaths | Number of motor vehicle deaths |
| | **% Alcohol-Impaired** | Percentage of driving deaths with alcohol involvement |
| | 95% CI - Low | |

| Measure | Data Elements | Description |
|---|---|---|
| | 95% CI - High | 95% confidence interval using Poisson distribution |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Sexually transmitted infections** | # Chlamydia Cases | Number of chlamydia cases |
| | **Chlamydia Rate** | Chlamydia cases per 100,000 population |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Teen births** | **Teen Birth Rate** | Births per 1,000 females ages 15-19 |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | Teen Birth Rate (Black) | Births per 1,000 females ages 15-19 for Black non-Hispanic mothers |
| | Teen Birth Rate (Hispanic) | Births per 1,000 females ages 15-19 for Hispanic mothers |
| | Teen Birth Rate (White) | Births per 1,000 females ages 15-19 for White non-Hispanic mothers |
| **Uninsured** | # Uninsured | Number of people under age 65 without insurance |
| | **% Uninsured** | Percentage of people under age 65 without insurance |
| | 95% CI - Low | 95% confidence interval reported by SAHIE |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Primary care physicians** | # Primary Care Physicians | Number of primary care physicians (PCP) in patient care |
| | **PCP Rate** | Primary Care Physicians per 100,000 population |
| | **PCP Ratio** | Population to Primary Care Physicians ratio |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Dentists** | # Dentists | Number of dentists |
| | **Dentist Rate** | Dentists per 100,000 population |
| | **Dentist Ratio** | Population to Dentists ratio |

| Measure | Data Elements | Description |
|---|---|---|
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Mental health providers** | # Mental Health Providers | Number of mental health providers (MHP) |
| | **MHP Rate** | Mental Health Providers per 100,000 population |
| | **MHP Ratio** | Population to Mental Health Providers ratio |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Preventable hospital stays** | # Medicare Enrollees | Number of Medicare enrollees |
| | **Preventable Hosp. Rate** | Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees |
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Diabetes monitoring** | # Diabetics | Number of diabetic Medicare enrollees |
| | **% Receiving HbA1c** | Percentage of diabetic Medicare enrollees receiving HbA1c test |
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | % Receiving HbA1c (Black) | Percentage of Black diabetic Medicare enrollees receiving HbA1c test |
| | % Receiving HbA1c (White) | Percentage of White diabetic Medicare enrollees receiving HbA1c test |
| **Mammography screening** | # Medicare Enrollees | Number of female Medicare enrollees age 67-69 |
| | **% Mammography** | Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69) |

| Measure | Data Elements | Description |
|---|---|---|
| | 95% CI - Low | 95% confidence interval reported by Dartmouth Institute |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | % Mammography (Black) | Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69) |
| | % Mammography (White) | Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69) |
| **High school graduation** | Cohort Size | Number of students expected to graduate |
| | **Graduation Rate** | Graduation rate |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Some college** | # Some College | Adults age 25-44 with some post-secondary education |
| | Population | Adults age 25-44 |
| | **% Some College** | Percentage of adults age 25-44 with some post-secondary education |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Unemployment** | # Unemployed | Number of people ages 16+ unemployed and looking for work |
| | Labor Force | Size of the labor force |
| | **% Unemployed** | Percentage of population ages 16+ unemployed and looking for work |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Children in poverty** | **% Children in Poverty** | Percentage of children (under age 18) living in poverty |
| | 95% CI - Low | 95% confidence interval reported by SAIPE |
| | 95% CI - High | |

| Measure | Data Elements | Description |
|---|---|---|
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | % Children in Poverty (Black) | Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS |
| | % Children in Poverty (Hispanic) | Percentage of Hispanic children (under age 18) living in poverty – from the 2012-2016 ACS |
| | % Children in Poverty (White) | Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS |
| **Income inequality** | 80th Percentile Income | 80th percentile of median household income |
| | 20th Percentile Income | 20th percentile of median household income |
| | **Income Ratio** | Ratio of household income at the 80th percentile to income at the 20th percentile |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Children in single-parent households** | # Single-Parent Households | Number of children that live in single-parent households |
| | # Households | Number of children in households |
| | **% Single-Parent Households** | Percentage of children that live in single-parent households |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Social associations** | # Associations | Number of associations |
| | **Association Rate** | Associations per 10,000 population |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Violent crime** | # Violent Crimes | Number of violent crimes |
| | **Violent Crime Rate** | Violent crimes per 100,000 population |

| Measure | Data Elements | Description |
|---|---|---|
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Injury deaths** | # Injury Deaths | Number of injury deaths |
| | **Injury Death Rate** | Injury mortality rate per 100,000. |
| | 95% CI - Low | 95% confidence interval as reported by the National Center for Health Statistics |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Air pollution - particulate matter** | **Average Daily PM2.5** | Average daily amount of fine particulate matter in micrograms per cubic meter |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Drinking water violations** | **Presence of violation** | County affected by a water violation: 1-Yes, 0-No |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Severe housing problems** | # Households with Severe Problems | Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities |
| | **% Severe Housing Problems** | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| **Driving alone to work** | **% Drive Alone** | Percentage of workers who drive alone to work |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |
| | % Drive Alone (Black) | Percentage of non-Hispanic Black workers who drive alone to work |

| Measure | Data Elements | Description |
|---|---|---|
| | % Drive Alone (Hispanic) | Percentage of Hispanic workers who drive alone to work |
| | % Drive Alone (White) | Percentage of non-Hispanic White workers who drive alone to work |
| **Long commute - driving alone** | # Workers who Drive Alone | Number of workers who commute in their car, truck or van alone |
| | **% Long Commute - Drives Alone** | Among workers who commute in their car alone, the percentage that commute more than 30 minutes |
| | 95% CI - Low | 95% confidence interval |
| | 95% CI - High | |
| | Z-Score | (Measure - Average of state counties)/(Standard Deviation) |

# Cass County Health Rankings

| | County | State |
|---|---|---|
| Population | 175,249 | 757,952 |
| % below 18 years of age | 22.4% | 23.3% |
| % 65 and older | 11.3% | 14.5% |
| % Non-Hispanic African American | 5.1% | 2.8% |
| % American Indian and Alaskan Native | 1.4% | 5.5% |
| % Asian | 3.2% | 1.5% |
| % Native Hawaiian/Other Pacific Islander | 0.1% | 0.1% |
| % Hispanic | 2.7% | 3.6% |
| % Non-Hispanic white | 86.1% | 85.0% |
| % not proficient in English | 1% | 1% |
| % Females | 49.3% | 48.7% |
| % Rural | 10.4% | 40.1% |

| | | Cass County | Trend (Click for info) | Error Margin | Top U.S. Performers | North Dakota | Rank (of 49) (Click for info) |
|---|---|---|---|---|---|---|---|
| | | Cass County | Trend (Click for info) | Error Margin | Top U.S. Performers | North Dakota | Rank (of 49) (Click for info) |
| Health Outcomes | | | | | | | 8 |
| Length of Life | | | | | | | 3 |
| Premature death | (Click for info) | 5,200 |  | 4,800-5,600 | 5,300 | 6,600 | |
| Years of Potential Life Lost Rate | | 5,200 | x | | | | |
| Years of Potential Life Lost Rate (Black) | | 5,800 | | | | | |
| Years of Potential Life Lost Rate (Hispanic) | | 10,700 | | | | | |

| | | County | State | | | |
|---|---|---|---|---|---|---|
| Years of Potential Life Lost Rate (White) | 5,100 | | | | | |
| Quality of Life | | | | | | 17 |
| Poor or fair health | 12% | | 12-13% | 12% | 14% | |
| Poor physical health days | 2.6 | | 2.4-2.7 | 3.0 | 3.0 | |
| Poor mental health days | 2.7 | | 2.5-2.8 | 3.1 | 3.1 | |
| Low birthweight | 6% | | 6-7% | 6% | 6% | |
| % LBW | 6% | | | | | |
| % LBW (Black) | 8% | | | | | |
| % LBW (Hispanic) | 6% | | | | | |
| % LBW (White) | 6% | | | | | |
| Additional Health Outcomes (not included in overall ranking) | | | | | | |
| Premature age-adjusted mortality | 280 | | 260-300 | 270 | 320 | |
| Age-Adjusted Mortality | 280 | | | | | |
| Age-Adjusted Mortality (Black) | 410 | | | | | |
| Age-Adjusted Mortality (Hispanic) | 320 | | | | | |
| Age-Adjusted Mortality (White) | 270 | | | | | |
| Child mortality | 50 | | 40-60 | 40 | 60 | |
| Infant mortality | 5 | | 4-7 | 4 | 7 | |
| Frequent physical distress | 8% | | 8-8% | 9% | 9% | |
| Frequent mental distress | 9% | | 8-9% | 10% | 9% | |
| Diabetes prevalence | 7% | | 6-8% | 8% | 8% | |
| HIV prevalence | 82 | | | 49 | 53 | |
| Health Factors | | | | | | 4 |
| Health Behaviors | | | | | | 2 |
| Adult smoking | 15% | | 14-15% | 14% | 20% | |
| Adult obesity | 30% | | 28-32% | 26% | 32% | |

| | | County | State | | |
|---|---|---|---|---|---|
| Food environment index | | 8.9 | | 8.6 | 9.1 |
| Physical inactivity | | 19% | 18-20% | 20% | 24% |
| Access to exercise opportunities | | 88% | | 91% | 75% |
| Excessive drinking | | 25% | 24-25% | 13% | 26% |
| Alcohol-impaired driving deaths | | 35% | 24-45% | 13% | 48% |
| Sexually transmitted infections | | 507.8 | | 145.1 | 427.2 |
| Teen births | | 16 | 15-17 | 15 | 25 |
| Teen Birth Rate | 16 | | | | |
| Teen Birth Rate (Black) | 42 | | | | |
| Teen Birth Rate (Hispanic) | 46 | | | | |
| Teen Birth Rate (White) | 12 | | | | |
| Additional Health Behaviors (not included in overall ranking) + | | | | | |
| Food insecurity | | 9% | | 10% | 8% |
| Limited access to healthy foods | | 3% | | 2% | 7% |
| Drug overdose deaths | | 9 | 7-12 | 10 | 8 |
| Drug overdose deaths - modeled | | 6-7.9 | | 8-11.9 | 10.6 |
| Motor vehicle crash deaths | | 6 | 5-8 | 9 | 16 |
| Insufficient sleep | | 27% | 26-27% | 27% | 29% |
| Clinical Care | | | | | 2 |
| Uninsured | | 8% | 7-8% | 6% | 9% |
| Primary care physicians | | 970:1 | | 1,030:1 | 1,330:1 |
| Dentists | | 1,280:1 | | 1,280:1 | 1,550:1 |
| Mental health providers | | 390:1 | | 330:1 | 610:1 |

| | | County | State | | |
|---|---|---|---|---|---|
| Preventable hospital stays | 38 | | 35-41 | 35 | 49 |
| Diabetes monitoring | 91% | | 86-97% | 91% | 87% |
| Mammography screening | 71% | | 66-76% | 71% | 69% |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 8% | | 7-9% | 7% | 9% |
| Uninsured children | 6% | | 5-7% | 3% | 8% |
| Health care costs | $8,386 | | | | $8,341 |
| Other primary care providers | 642:1 | | | 782:1 | 838:1 |
| Social & Economic Factors | | | | | 6 |
| High school graduation | 87% | | | 95% | 85% |
| Some college | 80% | | 77-84% | 72% | 73% |
| Unemployment | 2.3% | | | 3.2% | 3.2% |
| Children in poverty | 11% | | 9-13% | 12% | 12% |
| % Children in Poverty | 11% | x | | | |
| % Children in Poverty (Black) | 49% | | | | |
| % Children in Poverty (Hispanic) | 33% | | | | |
| % Children in Poverty (White) | 6% | | | | |
| Income inequality | 4.2 | | 4.0-4.4 | 3.7 | 4.3 |
| Children in single-parent households | 29% | | 26-33% | 20% | 28% |
| Social associations | 10.4 | | | 22.1 | 15.7 |
| Violent crime | 307 | | | 62 | 260 |
| Injury deaths | 47 | | 43-52 | 55 | 68 |
| Additional Social & Economic Factors (not included in overall ranking) + | | | | | |
| Disconnected youth | 5% | | | 10% | 8% |
| Median household income | $59,700 | | $55,200-64,200 | $65,100 | $61,900 |

| | | | County | State | | | |
|---|---|---|---|---|---|---|---|
| Household Income | $59,700 | | x | | | | |
| Household income (Black) | $24,100 | | | | | | |
| Household income (Hispanic) | $29,400 | | | | | | |
| Household income (White) | $58,200 | | | | | | |
| Children eligible for free or reduced price lunch | | 28% | | | 33% | 31% | |
| Residential segregation - black/white | | 44 | | | 23 | 57 | |
| Residential segregation - non-white/white | | 30 | | | 14 | 46 | |
| Homicides | | 1 | | 1-2 | 2 | 2 | |
| Firearm fatalities | | 7 | | 6-9 | 7 | 12 | |
| Physical Environment | | | | | | | 49 |
| Air pollution - particulate matter | | 9.0 | | | 6.7 | 7.5 | |
| Drinking water violations | | Yes | | | | | |
| Severe housing problems | | 13% | | 12-14% | 9% | 11% | |
| Driving alone to work | | 83% | | 82-84% | 72% | 80% | |
| % Drive Alone | 83% | | | | | | |
| % Drive Alone (Black) | 72% | | | | | | |
| % Drive Alone (Hispanic) | 62% | | | | | | |
| % Drive Alone (White) | 85% | | | | | | |
| Long commute - driving alone | | 9% | | 7-10% | 15% | 14% | |

# Clay County Health Rankings

| | County | State |
|---|---|---|
| Population | 62,875 | 5,519,952 |
| % below 18 years of age | 23.9% | 23.3% |
| % 65 and older | 12.9% | 15.1% |
| % Non-Hispanic African American | 2.6% | 6.0% |
| % American Indian and Alaskan Native | 1.8% | 1.3% |
| % Asian | 1.4% | 4.9% |
| % Native Hawaiian/Other Pacific Islander | 0.1% | 0.1% |
| % Hispanic | 4.5% | 5.2% |
| % Non-Hispanic white | 88.0% | 80.6% |
| % not proficient in English | 1% | 2% |
| % Females | 50.6% | 50.2% |
| % Rural | 27.9% | 26.7% |

| | Clay County | Trend | Error Margin | Top U.S. Performers | Minnesota | Rank (of 87) (Click for info) |
|---|---|---|---|---|---|---|
| | Clay County | Trend | Error Margin | Top U.S. Performers | Minnesota | Rank (of 87) (Click for info) |
| Health Outcomes | | | | | | 67 |
| Length of Life | | | | | | 53 |
| Premature death | 5,900 | | 5,200-6,600 | 5,300 | 5,100 | |
| Quality of Life | | | | | | 70 |
| Poor or fair health | 12% | | 12-13% | 12% | 12% | |
| Poor physical health days | 3.0 | | 2.9-3.2 | 3.0 | 3.0 | |
| Poor mental health days | 3.0 | | 2.9-3.2 | 3.1 | 3.2 | |
| Low birthweight | 7% | | 6-8% | 6% | 6% | |

| | | | CountyState | | |
|---|---|---|---|---|---|
| % LBW | 7% | | x | | |
| % LBW (Black) | 11% | | | | |
| % LBW (Hispanic) | 9% | | | | |
| % LBW (White) | 7% | | | | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | | 320 | 300-350 | 270 | 260 |
| Child mortality | | 30 | 20-50 | 40 | 40 |
| Infant mortality | | 5 | 4-8 | 4 | 5 |
| Frequent physical distress | | 9% | 9-9% | 9% | 9% |
| Frequent mental distress | | 9% | 9-10% | 10% | 10% |
| Diabetes prevalence | | 6% | 5-8% | 8% | 8% |
| HIV prevalence | | 45 | | 49 | 171 |
| Health Factors | | | | | 27 |
| Health Behaviors | | | | | 49 |
| Adult smoking | | 15% | 15-16% | 14% | 15% |
| Adult obesity | | 28% | 24-32% | 26% | 27% |
| Food environment index | | 8.8 | | 8.6 | 8.9 |
| Physical inactivity | | 21% | 18-24% | 20% | 20% |
| Access to exercise opportunities | | 84% | | 91% | 88% |
| Excessive drinking | | 25% | 24-26% | 13% | 23% |
| Alcohol-impaired driving deaths | | 39% | 26-51% | 13% | 30% |
| Sexually transmitted infections | | 427.5 | | 145.1 | 389.3 |
| Teen births | | 11 | 10-13 | 15 | 17 |
| Teen Birth Rate | 11 | | | | |
| Teen Birth Rate (Black) | 25 | | | | |
| Teen Birth Rate (Hispanic) | 50 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | County | State | |
| Teen Birth Rate (White) | 8 | | | | |
| Additional Health Behaviors (not included in overall ranking) + | | | | | |
| Food insecurity | 10% | | 10% | 10% | |
| Limited access to healthy foods | 2% | | 2% | 6% | |
| Drug overdose deaths | 18 | 12-25 | 10 | 11 | |
| Drug overdose deaths - modeled | 12-13.9 | | 8-11.9 | 12.5 | |
| Motor vehicle crash deaths | 6 | 4-9 | 9 | 8 | |
| Insufficient sleep | 27% | 26-28% | 27% | 30% | |
| Clinical Care | | | | | 33 |
| Uninsured | 4% | 4-5% | 6% | 5% | |
| Primary care physicians | 3,900:1 | | 1,030:1 | 1,110:1 | |
| Dentists | 1,960:1 | | 1,280:1 | 1,440:1 | |
| Mental health providers | 450:1 | | 330:1 | 470:1 | |
| Preventable hospital stays | 40 | 35-46 | 35 | 37 | |
| Diabetes monitoring | 89% | 78-100% | 91% | 88% | |
| Mammography screening | 66% | 54-77% | 71% | 65% | |
| Additional Clinical Care (not included in overall ranking) + | | | | | |
| Uninsured adults | 5% | 4-6% | 7% | 6% | |
| Uninsured children | 2% | 2-3% | 3% | 3% | |
| Health care costs | $8,528 | | | $8,250 | |
| Other primary care providers | 3,493:1 | | 782:1 | 1,020:1 | |
| Social & Economic Factors | | | | | 19 |
| High school graduation | 82% | | 95% | 83% | |
| Some college | 78% | 73-82% | 72% | 74% | |
| Unemployment | 3.5% | | 3.2% | 3.9% | |

| | | | County | State |
|---|---|---|---|---|
| Children in poverty | 13% | 10-17% | 12% | 13% |
| % Children in Poverty | 13% | | | |
| % Children in Poverty (Black) | 42% | | | |
| % Children in Poverty (Hispanic) | 27% | | | |
| % Children in Poverty (White) | 9% | | | |
| Income inequality | 4.3 | 3.9-4.6 | 3.7 | 4.4 |
| Children in single-parent households | 22% | 18-26% | 20% | 28% |
| Social associations | 11.1 | | 22.1 | 13.0 |
| Violent crime | 120 | | 62 | 231 |
| Injury deaths | 56 | 48-64 | 55 | 62 |
| Additional Social & Economic Factors (not included in overall ranking) + | | | | |
| Disconnected youth | 6% | | 10% | 9% |
| Median household income | $59,900 | $55,000-64,900 | $65,100 | $65,600 |
| Household Income | $59,900 | | | |
| Household income (Hispanic) | $36,700 | | | |
| Household income (White) | $62,000 | | | |
| Children eligible for free or reduced price lunch | 34% | | 33% | 38% |
| Residential segregation - black/white | 46 | | 23 | 62 |
| Residential segregation - non-white/white | 30 | | 14 | 49 |
| Homicides | | | 2 | 2 |
| Firearm fatalities | 5 | 3-8 | 7 | 7 |
| Physical Environment | | | | |

| | | County | | State | |
|---|---|---|---|---|---|
| Air pollution - particulate matter | | 9.1 | | 6.7 | 9.3 |
| Drinking water violations | | No | | | |
| Severe housing problems | | 14% | 12-16% | 9% | 14% |
| Driving alone to work | | 80% | 79-81% | 72% | 78% |
| % Drive Alone | 80% | | | | |
| % Drive Alone (Hispanic) | 60% | | | | |
| % Drive Alone (White) | 76% | | | | |
| Long commute - driving alone | | 18% | 16-19% | 15% | 30% |

Note: Blank values reflect unreliable or missing data


SANFORD HEALTH

019012-00347 9/18