Community Health Needs Assessment 2014

Grant County North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Jacobson Memorial Hospital Care Center & Clinics (JMHCC) in Elgin, N.D., along with Custer Health, a public health unit that includes Grant County, N.D., conducted a community health needs assessment in Grant County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the county and local health care professionals were given the chance to participate in a survey. Approximately 111 community members and health care professionals took the survey. Additional information was collected through a Community Group comprised of community members and through key informant interviews with community leaders. Fifteen residents participated as a Community Group member, key informant interviewee, or both. The input from all of these residents represented the broad interests of the community served by Jacobson Memorial Hospital Care Center & Clinics and Custer Health. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

Approximately 27% of the population of Grant County is over age 65. This percentage is nearly double the rate of North Dakota as a whole. The median age for Grant County residents is 49.7, compared to a state median age of 36.9. In addition, Grant County has a higher percentage of individuals over age 65 living alone than both the North Dakota and U.S. averages. These demographics suggest an increased need for medical services to attend to an aging population. The median household income in Grant County is significantly lower than for the rest of North Dakota - $31,852 compared to $46,050. The average household size for Grant County is 2.29 individuals.

Data compiled by County Health Rankings show that with respect to health outcomes, Grant County performs very well, landing in the top 10% of counties nationally on self-reported measures of health and well-being. While residents report good overall health, however, the county fairs poorly on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Grant County was performing especially poorly included:

- Adult obesity – six points above the state rate, and the third highest rate of any ranked North Dakota county
- Physical inactivity rate – 30% higher than the state rate
- Excessive drinking – more than one in three residents affected, more than 60% above the state rate, and the highest rate of any ranked North Dakota county
- Access to exercise opportunities – the percentage of individuals who live reasonably close to a physical activity site is half the North Dakota average
- Uninsured residents – nearly twice the state rate, and the highest rate of any ranked North Dakota county
- Preventive screening – considerably less than the state rates
- Drinking water violations – 11 times the state rate
- Children in poverty – nearly twice the state rate
- Inadequate social support – 13 points above the state rate

Results from the survey revealed that of 78 potential community and health needs set forth in the survey, Grant County residents collectively chose the following eight needs as the most important:

1. Not enough jobs with livable wages
2. Attracting and retaining young families
3. Ability to retain doctors and nurses in the community
4. Youth alcohol use and abuse
5. Cost of health insurance
6. Youth drug use and abuse
7. Youth tobacco use
8. Not enough youth activities

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were lack of access to specialists, lack of adequate health insurance, and not enough weekend or evening hours. When asked what the good aspects of the county were, respondents indicated that the top community assets were:

- Friendly and helpful people
- Health care
- A safe place to live
- A good place to raise kids

- The cleanliness of the area

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

- Declining community engagement and cohesiveness
- Lack of effective community collaboration
- Substance abuse issues
- Need for transportation options
- Cost/accessibility of health insurance

Following careful consideration of the results and findings of this assessment, Community Group members determined that the significant health needs or issues in the community are: (1) attracting and retaining young families, (2) ability to retain doctors and nurses in the community, (3) declining community engagement and cohesiveness, and (4) encouraging healthy lifestyles. The group has begun the next step of strategic planning to identify ways to address significant community needs.

Community Resources

Jacobson Memorial Hospital Care Center & Clinics

Opened in 1977, Jacobson Memorial Hospital Care Center & Clinics is one of the most important assets in the community and the largest charitable organization in the Elgin area. JMHCC includes a 21-bed critical access hospital in Elgin. As a hospital and accredited level V trauma center, the facility provides comprehensive care for a wide range of medical and emergency situations. JMHCC also includes two rural health clinics (in Elgin and Glen Ullin). JMHCC provides comprehensive medical care with physician and mid-level medical providers and 15 consulting/visiting medical providers. With nearly 100 employees, JMHCC is the largest employer in the region. A 2009 economic impact study estimated that JMHCC had a total economic impact on Grant County of approximately $2.5 million.

Jacobson Memorial Hospital Care Center & Clinics defines its mission as follows:

> To advance the health of patients and the community we serve through a culture of leadership, continuous improvement, and accountability. Jacobson Memorial Hospital Care Center understands the relationship that exists between body, mind, and the human spirit. We believe that respect, integrity, quality, commitment, and accountability are the foundation by which a healthcare provider should practice in accordance with respect of this relationship.

Services offered locally by Jacobson Memorial Hospital Care Center & Clinics include:

General and Acute Services

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

Screening/Therapy Services

- Activities services
- Cardiac rehab
- Childhood vaccines
- Chronic care management
- Diabetes care
- EKG's
- Holder monitors
- Laboratory services
- Physical therapy
- Occupational therapy
- Speech therapy
- Well baby checkups
- Women's wellness exams

Radiology Services

- Bone density testing
- CT scan
- Echocardiogram (provided via mobile unit)
- General x-ray
- Mammography (provided via mobile unit)
- MRI (provided via mobile unit)
- Teleradiology
- Ultrasound (provided via mobile unit)

Additionally, other services offered locally by other providers include:

- Ambulance
- Chiropractic care
- Dental care
- Home health
- Vision care

Custer Health

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

Specific services provided by Custer Health are:

- BAMBBE (Babies and Mothers Beyond Birth Education) Program
- Bicycle helmet safety
- Blood pressure check
- Breastfeeding resources
- Car Seat Program
- Cholesterol check
- CPR and First Aid training
- Diabetes screening
- Flu shots
- Health Tracks (child health screening
- Environmental Health Services
- Hepatitis C and HIV testing and counseling
- Home Health
- Immunizations
- Tobacco Prevention and Control
- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program
- Women's Way

Other Community Resources

Elgin is located in the southwest quadrant of North Dakota, approximately 90 miles southwest of Bismarck, the state's capital. Along with the hospital, agricultural operations provide the economic base for Elgin and Grant County. According to the 2010 U.S. Census, Grant County had a population of 2,394, while the city of Elgin had a population of 642.

Elgin has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes an indoor Olympic-sized pool, a nine-hole golf course, tennis courts, softball diamonds, a lighted football field, and rodeo facilities. Eighteen miles north of Elgin, Heart Butte Dam and Lake Tschida offer swimming, boating, camping, and fishing. Sheep Creek Dam, south of Elgin, provides camping and fishing opportunities. The area's terrain is suitable for cross country skiing and hiking. Pheasant, grouse, turkey, antelope, and deer abound in the area, as well as a variety of raptors, waterfowl, and songbirds. Other health care facilities and services in the area include a 35-bed basic care facility, two pharmacies (including the JMHCC pharmacy), an 85-bed nursing home located 32 miles to the north in Glen Ullin, a 42-bed nursing home 24 miles to the west in Mott, and the rural health clinics that are a part of JMHCC.

The Grant County school system offers a comprehensive program for all students including foreign languages, advanced science, math electives, computer education programs and special education services.

Other community resources and programs include:

- exercise facilities at the Elgin school (currently not generally accessible to the community at large);
- the Bountiful Baskets program, which provides customers with fresh fruits and vegetables in season;
- the homemakers group organized through Grant County Social Services, which offers services to homebound residents such as cleaning, bathing, and laundry;
- Grant County Social Services staff, which includes a social worker, two eligibility workers, and office staff;
- Meals on Wheels, which is offered in Elgin, Carson, and New Leipzig; and
- Mama's Meals, a meal delivery service where meals are delivered via UPS and state financial assistance is available for those who qualify.

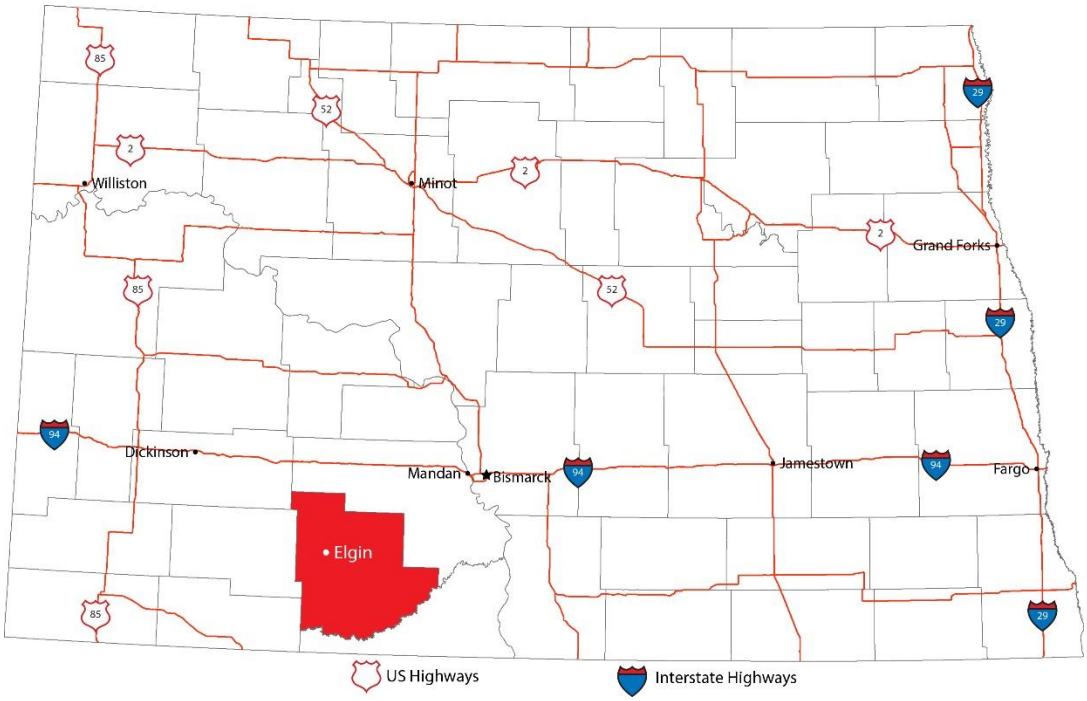
Assessment Process

The purpose of conducting a community health needs assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health care; and 5) allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Grant County. Jacobson Memorial Hospital Care Center & Clinics operates a satellite clinic in Morton County, but

because it primarily serves Grant County and because Custer Health will be conducting a separate assessment involving Morton County, this assessment focuses on Grant County. In addition to Elgin, located in the county are the communities of Carson, New Leipzig, and Leith.

Figure 1: Grant County, North Dakota



The Center for Rural Health provided substantial support to Jacobson Memorial Hospital Care Center & Clinics and Custer Health in conducting this needs assessment. The Center for Rural Health's involvement was funded partially through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy, part of the Health Resources and Services Administration.

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

The assessment process was highly collaborative. Administrators and other professionals from both Custer Health and JMHCC were heavily involved in planning and implementing the process. Along with representatives from the Center for Rural Health, they met regularly by telephone conference and via email. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from both Custer Health and JMHCC were involved considerably in planning the Community Group meetings. Members of the Community Group itself comprised many residents from outside the hospital and health department, including representatives from local government, businesses, and social services.

A collaborative effort that took into account input from health organizations around the state led to the development of the survey instrument used in this assessment. The North Dakota Department of Health's public health liaison organized a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University. The collaborative process involved multiple revisions to the template survey instrument that in the end reflected input from all of the constituency groups. Those providing input had diverse opinions on the best way to identify and collect data.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways: (1) a survey solicited feedback from area residents, including health care professionals who work at JMHCC, Custer Health, and other health organizations; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) the Community Group comprised of community leaders and area residents was convened to discuss area health needs and inform the assessment process; and (4) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behaviors.

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

Community Group

A Community Group consisting of 13 community members was convened and first met on April 8, 2014. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Grant County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on June 3, 2014. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Grant County. The group was then tasked with identifying and prioritizing the community's health needs as well as brainstorming strategies to help meet prioritized needs.

Members of the Community Group represented the broad interests of the community served by JMHCC and Custer Health. They included representatives of the health community, business community, political bodies, agriculture, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with eight key informants were conducted in person in Elgin and Carson on April 8, 9 and 10, 2014. Representatives from the Center for Rural Health and Custer Health conducted the interviews. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were public health professionals with special knowledge in public health acquired through several years of direct experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases.

Topics covered during the interviews included the general health needs of the community, the general health of the community, community concerns, delivery of health care by local providers and health organizations, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

Survey

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

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

Community Member Survey

The community member survey was distributed to various residents of Grant County. The survey tool was designed to:

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

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

Approximately 500 community member surveys were available for distribution in Grant County. The surveys were distributed by Community Group members, at JMHCC facilities, though Custer Health, and at other local public venues. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling JMHCC or Custer Health. The survey period ran from April 8-30, 2014. Eighty-three completed surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper and by JMHCC and Custer Health. Fifteen online surveys were completed. In total, counting both paper and online surveys, 98 community member surveys were completed.

Health Care Professional Survey

Employees of JMHCC, Custer Health, and other local health-related organizations were encouraged to complete a version of the survey geared to health care professionals. This health care professional version of the survey was administered online only, and 13 surveys were completed. The version of the survey for health care professionals covered the same topics as the consumer survey, although it sought less demographic information.

Because a number of health care professionals apparently took the version of the survey intended for community members, the results from both survey versions are being reported in the aggregate only. All results thus reflect the impressions of both community members and health care professionals, although it will not be clear where differences may have existed between the perceptions of community members vs. health care professionals. Because only the community member version requested information about employment status, household income, travel times to the hospital and clinic, health status, and health insurance status, results relating to those characteristics should not be compared to the survey totals. The fact that these measures include only responses from those who took the community member version of the survey is noted on those figures. They are reported for informational purposes. Counting both versions of the surveys, 111 surveys were completed.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 20 primary data sources); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

Demographic Information

Table 1 summarizes general demographic and geographic data about Grant County.

TABLE 1: GRANT COUNTY INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available)		
	Grant County	**North Dakota**
Population, 2013 est.	**2,377**	**723,393**
Population change, 2010-2012	**-0.7%**	**7.6%**
Land area, square miles	**1,659**	**69,001**
People per square mile, 2010	**1.4**	**9.7**
White persons (not incl. Hispanic/Latino), 2012 est.	**96.8%**	**88.1%**
Persons under 18 years, 2012 est.	**18.0%**	**22.1%**
Persons 65 years or older	**27.6%**	**14.4%**
Median age	**49.7**	**36.9**
Non-English spoken at home, 2012 est.	**8.3%**	**5.2%**
High school graduates, 2012 est.	**86.1%**	**90.5%**
Bachelor's degree or higher, 2012 est.	**15.3%**	**27.1%**
Live below poverty line, 2012 est.	**13.8%**	**12.1%**

While the population of North Dakota has grown in recent years, Grant County has seen a slight decrease in population since 2010, although U.S. Census Bureau estimates show that the county's population increased from 2012 (2,343) to 2013 (2,377). Demographic information and trends that have implications for the community's health and the delivery of health care include:

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

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are presented below in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

County Health Rankings

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

The data used in the 2014 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county's rank. A model of the 2014 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes
- Length of life
- Quality of life

Health Factors
- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Grant County. It is important to note that these statistics describe the

population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily the patients and clients of JMHCC and Custer Health.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2014. The Top Performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

Grant County's ranking within the state also is included in the summary below. For example, Grant County ranks 14th out of 45 ranked counties in North Dakota on health outcomes and 42nd on health factors. The measures marked with a red checkmark (✓) are those where Grant County is not measuring up to the state; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not highlighted in a color indicate that the county is doing better than both the U.S. Top 10% and the state average.

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – GRANT COUNTY			
	Grant County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**14th**		**(of 45)**
Premature death	N/A	5,317	6,244
Poor or fair health	8%	10%	12%
Poor physical health days (in past 30 days)	2.4	2.5	2.7
Poor mental health days (in past 30 days)	1.7	2.4	2.4
% Diabetic	11% ✓	-	8%
Ranking: Factors	**42nd**		**(of 45)**
Health Behaviors			
Adult smoking	N/A	14%	18%
Adult obesity	36% ✓✓	25%	30%
Food environment index	8.2 ✓✓	8.7	8.7
Physical inactivity	34% ✓✓	21%	26%
Access to exercise opportunities	31% ✓✓	85%	62%
Excessive drinking	36% ✓✓	10%	22%
Sexually transmitted infections	214 ✓	123	358
Teen birth rate	N/A	20	28
Clinical Care			
Uninsured	22% ✓✓	11%	12%
Primary care physicians	N/A	1,051:1	1,320:1
Dentists	2,350:1 ✓✓	1,439:1	1,813:1
Mental health providers	N/A	536:1	1,071:1
Preventable hospital stays	80 ✓✓	46	59
Diabetic screening	80% ✓✓	90%	86%
Mammography screening	55% ✓✓	71%	68%
Social and Economic Factors			
Unemployment	3.7% ✓	4.4%	3.1%
Children in poverty	26% ✓✓	13%	14%
Inadequate social support	27% ✓✓	14%	16%
Children in single-parent households	9%	20%	26%
Violent crime	0	64	226
Physical Environment			
Air pollution – particulate matter	9.7 ✓	9.5	10.0
Drinking water violations	11% ✓✓	0%	1%
Severe housing problems	13% ✓✓	9%	11%

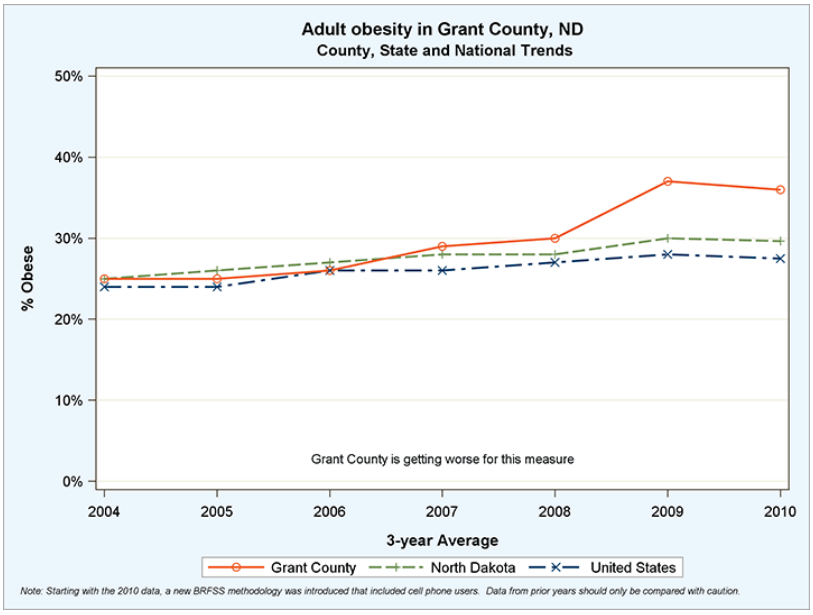
The data from County Health Rankings show that Grant County is doing well as compared to the rest of North Dakota on measures of health *outcomes*, even landing in the top 10% of counties nationally of self-reported measures of physical and mental health. On health *factors*, however, Grant County is doing more poorly than other North Dakota Counties on a great majority of measures. Grant County lags the state on all reported measures except sexually transmitted infections, children in single-parent households, violent crime, and air pollution. Grant County's unemployment rate is higher than North Dakota's, but is still low enough to be placed in the top 10% nationally. It should be noted that County Health Rankings lacked sufficient data to report on adult smoking rates, teen birth rates, sufficiency of primary care physicians, and sufficiency of mental health providers. The fact that data are not included for these measures should not be interpreted to mean that these are not concerning issues in the county.

Some of the measures are particularly concerning:

- Adult obesity – six points above the state rate
- Physical inactivity rate – more than 60% higher than the U.S. Top 10% rate
- Excessive drinking – more than one in three residents, more than 60% above the state rate, and the highest rate in North Dakota
- Access to exercise opportunities – the percentage of individuals who live reasonably close to a physical activity site is half the North Dakota average
- Uninsured residents – nearly twice the state rate
- Preventive screening – considerably less than the state rates
- Children in poverty – nearly twice the state rate
- Inadequate social support – 13 points above the state rate

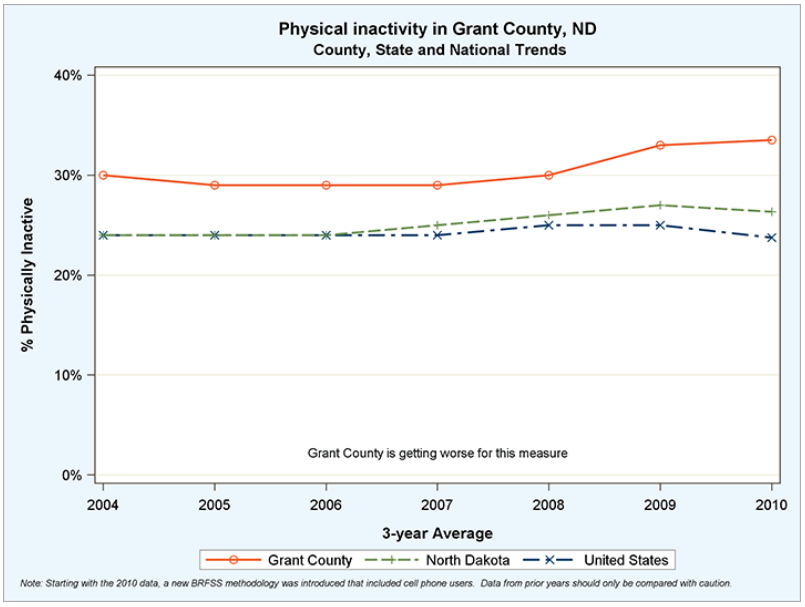
In addition to the reported rates and levels of some of these measures, also concerning are the trends indicating that several measures are rapidly getting worse. For example, as shown in Figure 2, the adult obesity rate has increased considerably since 2008 and has a rate of increase higher than the state and national averages.

Figure 2 – Rising rate of adult obesity in Grant County



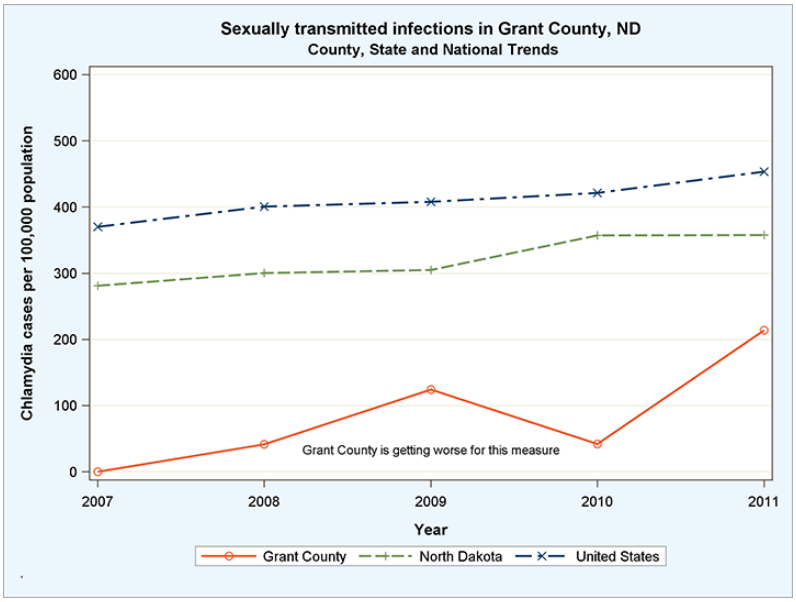
Likewise, following a similar trend, the rate of adult inactivity also has seen recent increases, as illustrated in Figure 3.

Figure 3 – Rising rate of physical inactivity in Grant County



The rate of sexually transmitted infections in Grant County also has had a noticeable increase in recent years, increasing much more rapidly than the state and national averages, as shown in Figure 4.

Figure 4 – Rising rate of sexually transmitted infections in Grant County



On a positive note, within the last decade the level of preventable hospital stays has shown some improvement. This factor measures the number of patients being hospitalized for conditions that may amenable to outpatient care. Thus, it may suggest a tendency to overuse the hospital as a main source of care. Also showing a positive trend, at least since 2008, is the rate of children in poverty, although it is still much higher than the North Dakota rate. These more positive trends are illustrated in Figures 5 and 6.

Figure 5 – Level of preventable hospital stays in Grant County

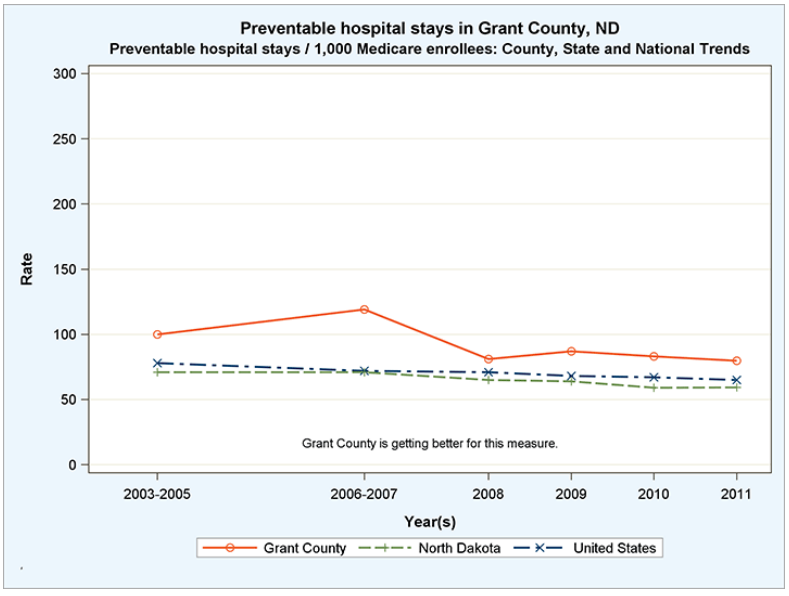
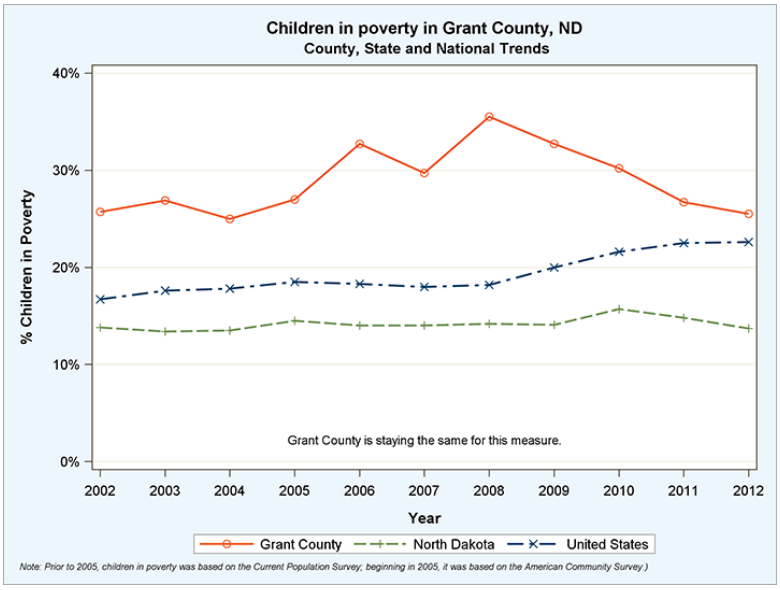


Figure 6 – Rate of children in poverty in Grant County



Public Health Community Health Profile

Included as Appendix C is the North Dakota Department of Health's community health profile for the Custer Health public health unit, which, in addition to Grant County, includes Mercer, Oliver, Morton, and Sioux counties. Prepared by the North Dakota Department of Health, the profile includes county-level information about population and demographic characteristics, birth and death data, behavioral risk factors, crime, and child health indicators.

In Grant County, the most commonly reported causes of death were heart disease, cancer, stroke, Alzheimer's disease, and chronic obstructive pulmonary disease. A graph illustrating leading causes of death in various age groups in the public health unit may be found in Appendix C.

With regard to adult behavioral risk factors, in comparison to North Dakota Grant County had lower rates of heavy drinking (although the rate of binge drinking is very high – leading to the county having the highest rate of excessive drinking in the state as measured by County Health Rankings), lower rates of asthma, and lower rates of smoking. Grant County reported substantially lower rates of violent crime and property crime compared to the state averages.

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality health care, and information on the child's family, neighborhood, and social context. Data are from 2011-12. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

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

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

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

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

Importantly, more than one in five of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Lack of preventive care now affects these children's future health status.

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS COUNT data focus on main components of children's well-being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in **red** in the table are those on which Grant County is doing worse than the state average. The year of the most recent data is noted.

The data show that Grant County is performing worse than the North Dakota average on all of the examined measures except the rate of high school dropouts. The most marked differences were on the measures of: Uninsured children (with a county rate nearly four times the state rate); uninsured children in households below the 200% poverty rate; children enrolled in Health Steps, North Dakota's Children's Health Insurance Program (CHIP); and availability of licensed child daycare.

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

	Grant County	North Dakota
Uninsured children (% of population age 0-18), 2010	**24.0%**	6.1%
Uninsured children below 200% of poverty (% of population), 2010	**71.2%**	59.6%
Medicaid recipient (% of population age 0-20), 2012	**29.6%**	28.3%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**5.2%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**24.0%**	23.9%
Licensed child care capacity (% of population age 0-13), 2013	**15.1%**	40.2%
High school dropouts (% of grade 9-12 enrollment), 2012	0.0%	2.2%

Survey Results

Survey Demographics

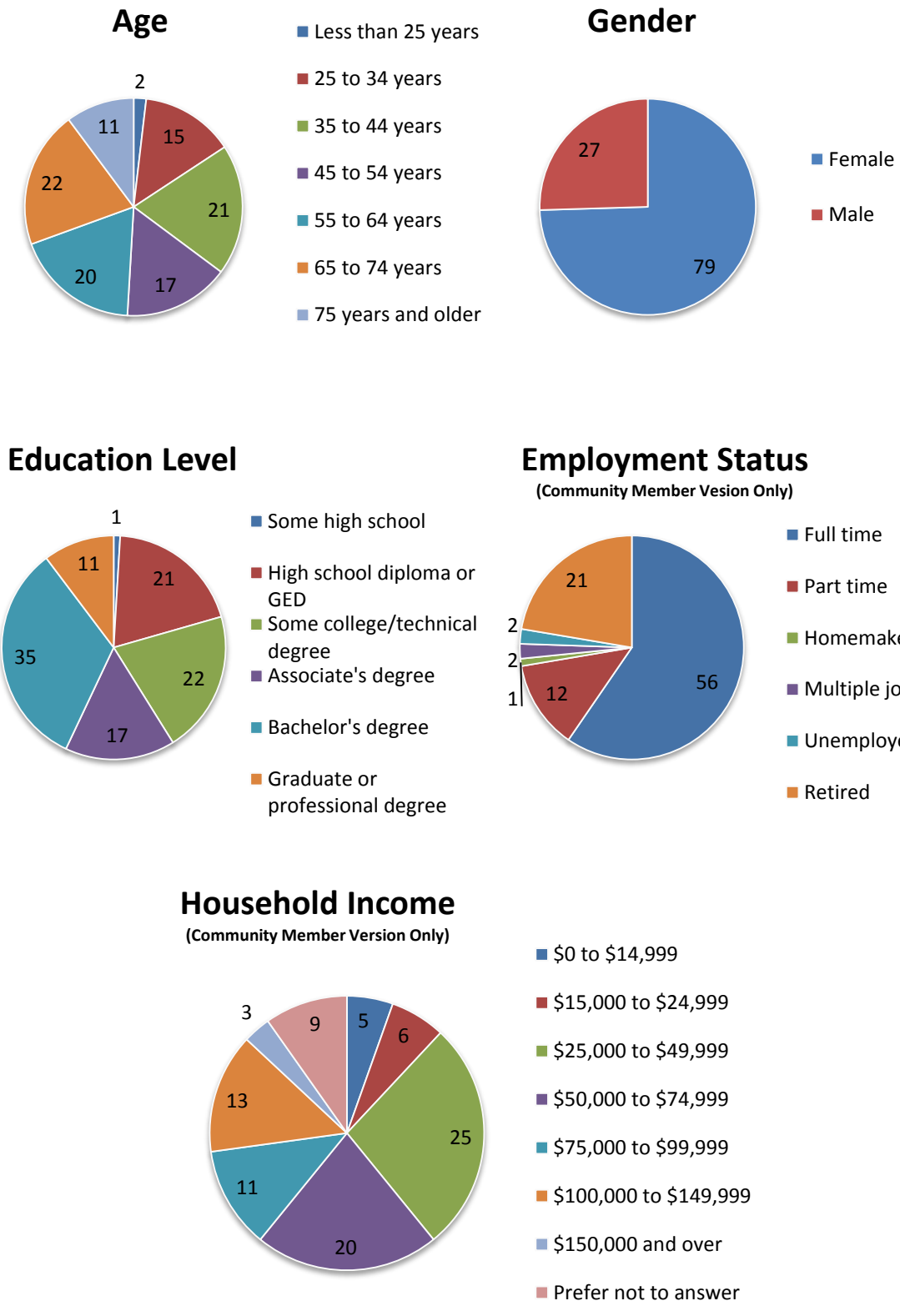
To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required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

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

- About half (N=53) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (N=79) were female.
- A majority (N=63) had associate's degrees or higher, with a plurality of respondents (N=35) having bachelor's degrees.
- Most (N=56) worked full-time, with a substantial number (N=21) also retired.
- A minority of respondents (N=36) had household incomes of less than $50,000.

Figure 7 shows these demographic characteristics. It illustrates the wide range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 11 community members reported a household income of less than $25,000, with five of those indicating a household income of less than $15,000.

Figure 7: Demographics of Survey-Takers



Health Care Access

Community members were asked how far they lived from the hospital and clinic they usually go to. A large plurality (N=44) reported living within 10 miles of the hospital they usually go to, while 20 respondents indicated they live more than an hour from the hospital they usually go to. Driving distances, along with lack of transportation options, can have a major effect on access to health care services, especially in winter when weather conditions lead to hazardous driving conditions. With respect to distance to respondents' clinic of choice, a slight majority (N=49) said they lived less than 10 minutes from the clinic. Twelve reported driving more than an hour to the clinic they usually go to. Figures 8 and 9 illustrate these results.

Figure 8: Respondent Travel Time to Hospital (Community Member Survey Version Only)

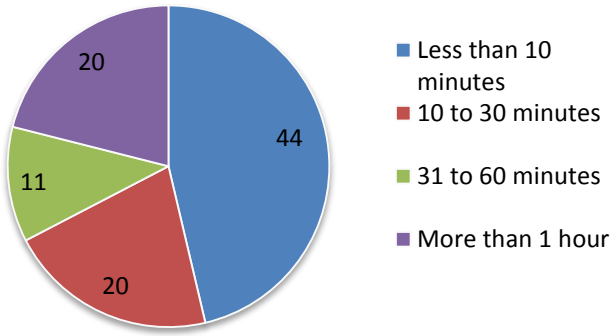
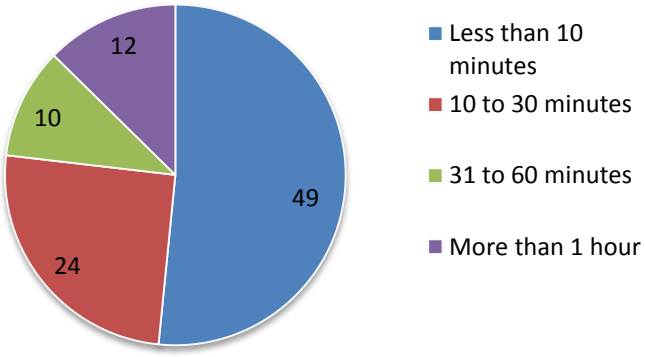
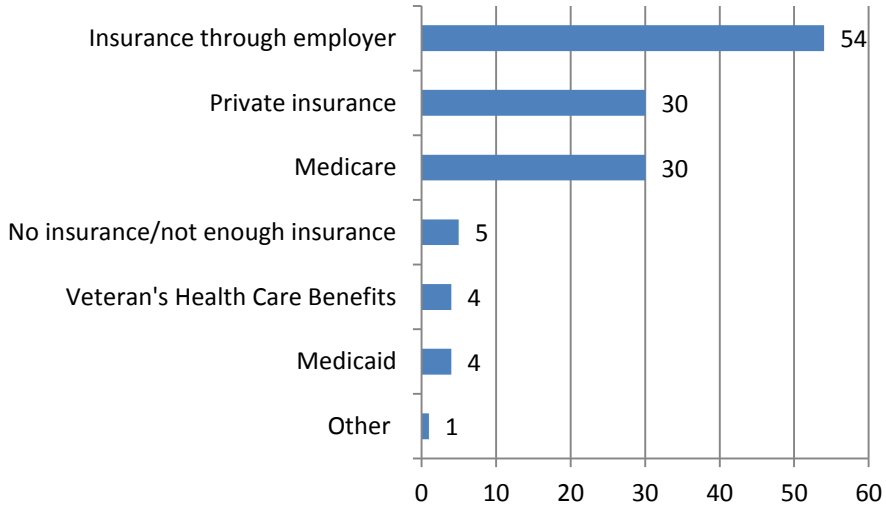


Figure 9: Respondent Travel Time to Clinic (Community Member Survey Version Only)



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Five of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer (N=54), private insurance (N=30), and Medicare (N=30).

Figure 10: Insurance Status (Community Member Survey Version Only)



Community Assets, Challenges, and Collaboration

Survey-takers were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate there is consensus (with 80 or more respondents agreeing) that community assets include:

- friendly and helpful people
- health care
- a safe place to live
- a good place to raise kids
- the cleanliness of the area

Figures 11 to 15 illustrate the results of these questions.

Figure 11: Best Things about the PEOPLE in Your Community

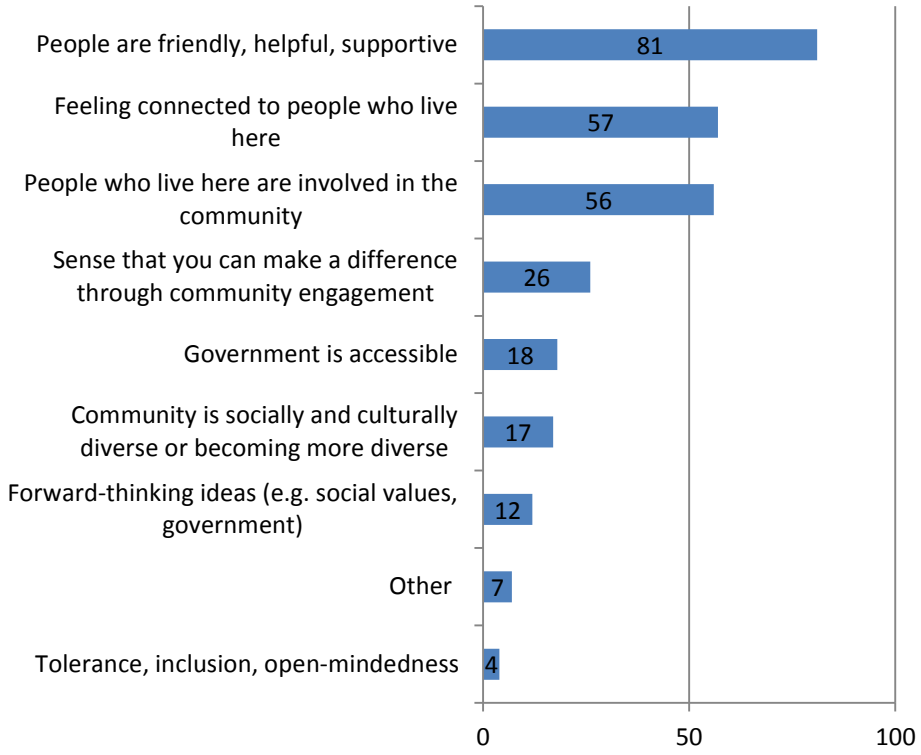


Figure 12: Best Things about the SERVICES AND RESOURCES in Your Community

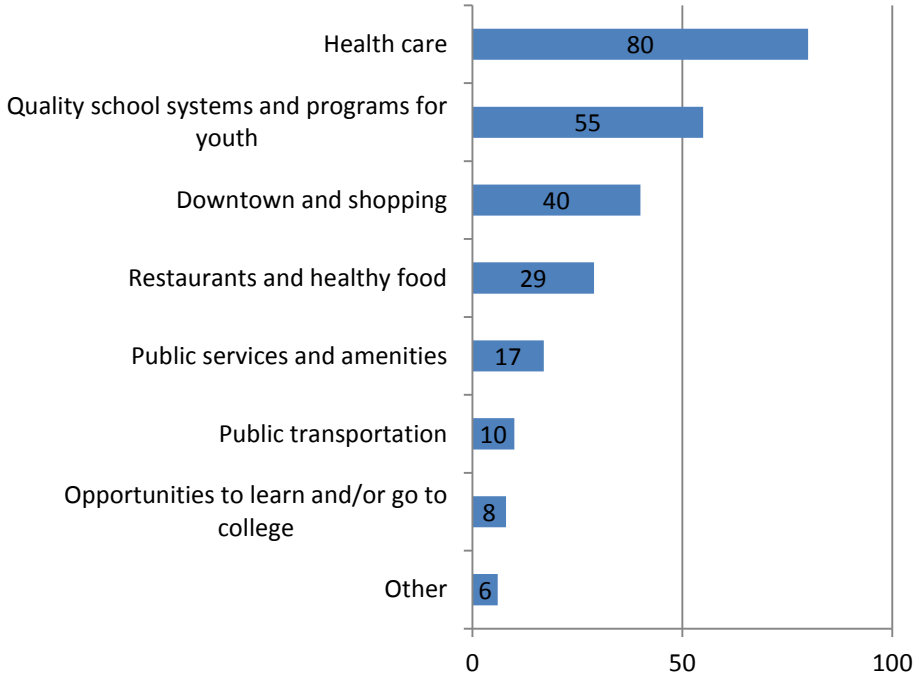


Figure 13: Best Things about the QUALITY OF LIFE in Your Community

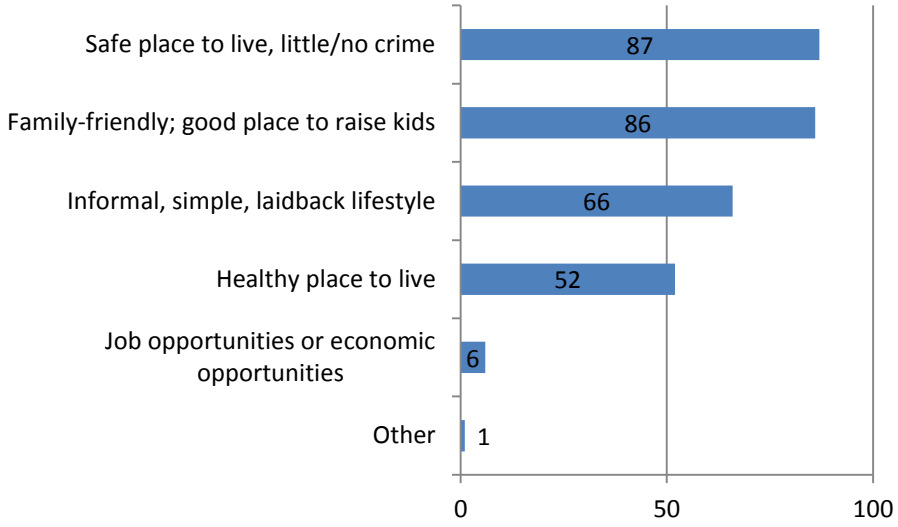


Figure 14: Best Things about the GEOGRAPHIC SETTING of Your Community

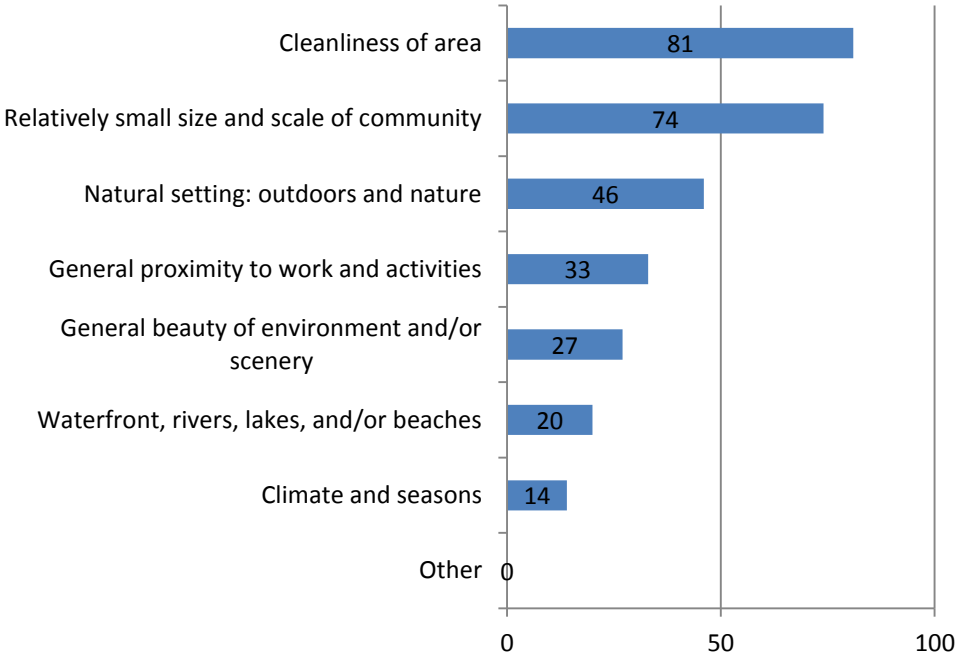
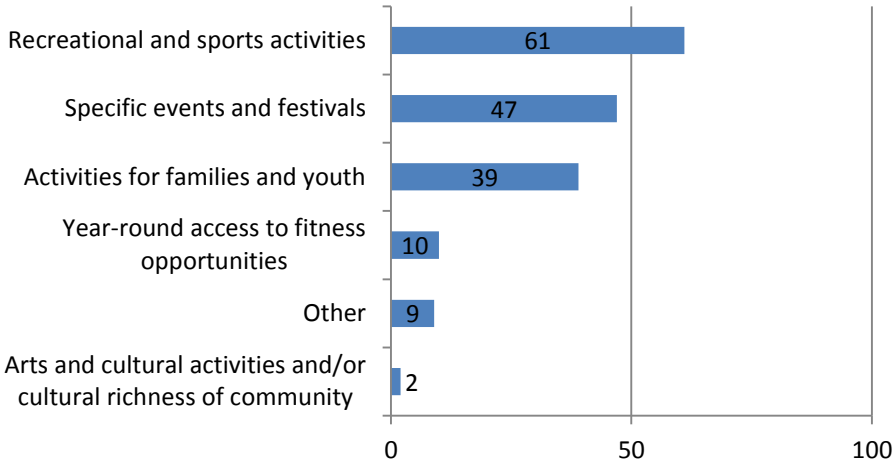


Figure 15: Best Thing about the ACTIVITIES in Your Community



The survey also included the question, "What are other 'best things' about your community that are not listed in the questions above?" The most common response (N=8) revolved around the friendliness of the community's people and the sense of a caring place. Next most common (N=7) was a mention of the number and variety of active churches in the community. Also cited were: good hospital and health services (N=5), being close to family (N=4), businesses and main street (N=3), and the positive aspects of a rural, agricultural area (N=3). Specific responses included:

- Community members are concerned for one another.
- Giving our children and grandchildren wholesome farm values.
- A hospital and clinic that are available for the needs of the community and surrounding rural and other communities. Without, lives would be jeopardized.
- Variety of churches in the community, elderly are given excellent care, community members are concerned for one another.
- Very clean city. Attractive. Business district has limited vacant businesses on Main Street.
- Rural but close enough to a large city.

In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most common response (N=18) related to a perceived lack of jobs or well-paying jobs. Other commonly cited challenges include:

- the changing demographics/increase in elderly population (N=8);
- limited health care services (such as obstetric services) (N=7);
- need for economic development (N=7);
- lack of adequate housing (N=7);

- keeping schools open/declining enrollment (N=7);
- keeping the hospital and emergency services operating (N=7);
- young people leaving the community/difficulty in attracting young families (N=6);
- low and declining population (N=6);
- lack of cooperation regarding schools (N=6);
- inadequate shopping (N=6); and
- lack of facilities and opportunities for fitness (N=6).

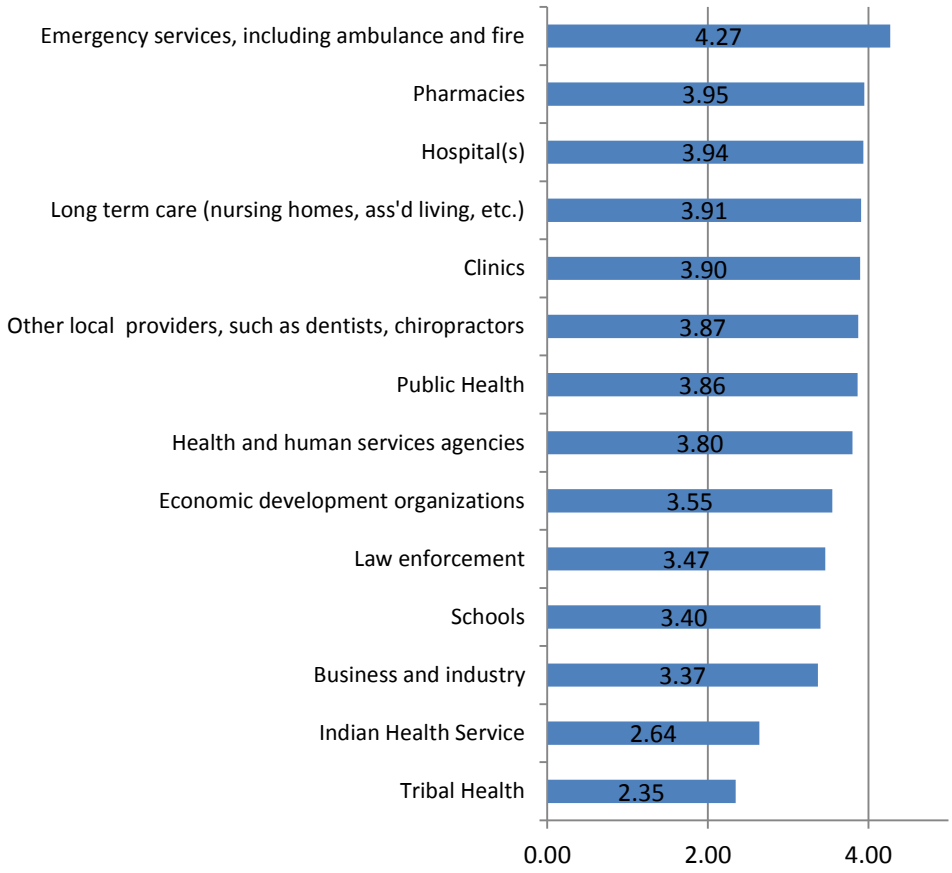
Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- Prices keep going up, but wages don't.
- Not enough high-paying jobs in local area. Most people commute to Bismarck or Dickinson.
- The town and county lack cooperation so it makes it difficult to attract new business and makes it hard to make new people feel welcome.
- Too many boards. Everything is affected by people's relationships with each other.
- Lack of vision and leadership in the schools and local government. Lack of educated people willing and able to assume leadership roles. Lack of diversity and tolerance for people who do not fit the "Grant County" mold.
- This is a very rural farming community. Few young people stay after graduation.
- Poverty, not many chances to get ahead, no support for new business.
- Wondering if we will have a school in the next few years or not.
- Lack of high quality housing for people looking to become residents. Most homes for sale are very old, small and run down.
- Close-minded people hinder the development of new opportunities for community. They want things to remain the same. With progress, comes change.
- There is no place for people to go for exercise (gym).

Those taking the survey generally agreed that when it comes to collaboration among various organizations and constituencies in the community, there was room for improvement. Respondents were asked to rate the level of collaboration, or "how well these groups work with others in the community," on a scale of 1 to 5. The results show that residents perceived emergency services, pharmacies, and the hospital as having the most effective collaboration with other community stakeholders. Groups that were perceived as needing improvement in collaborating included business and industry, schools, and law enforcement. (Indian Health Services and Tribal Health organizations

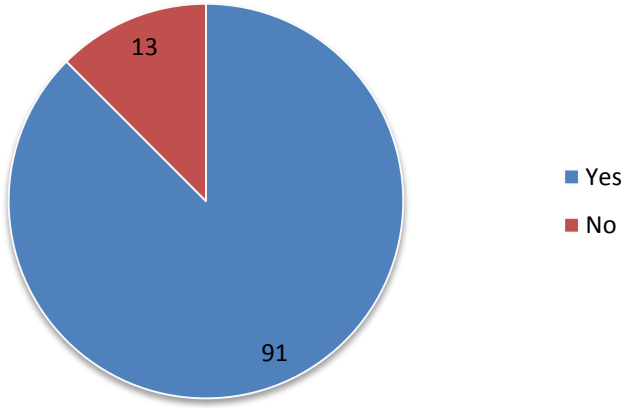
have very limited interactions within Grant County, which likely accounts for their placement in the ranked list.)

Figure 16: Community Collaboration



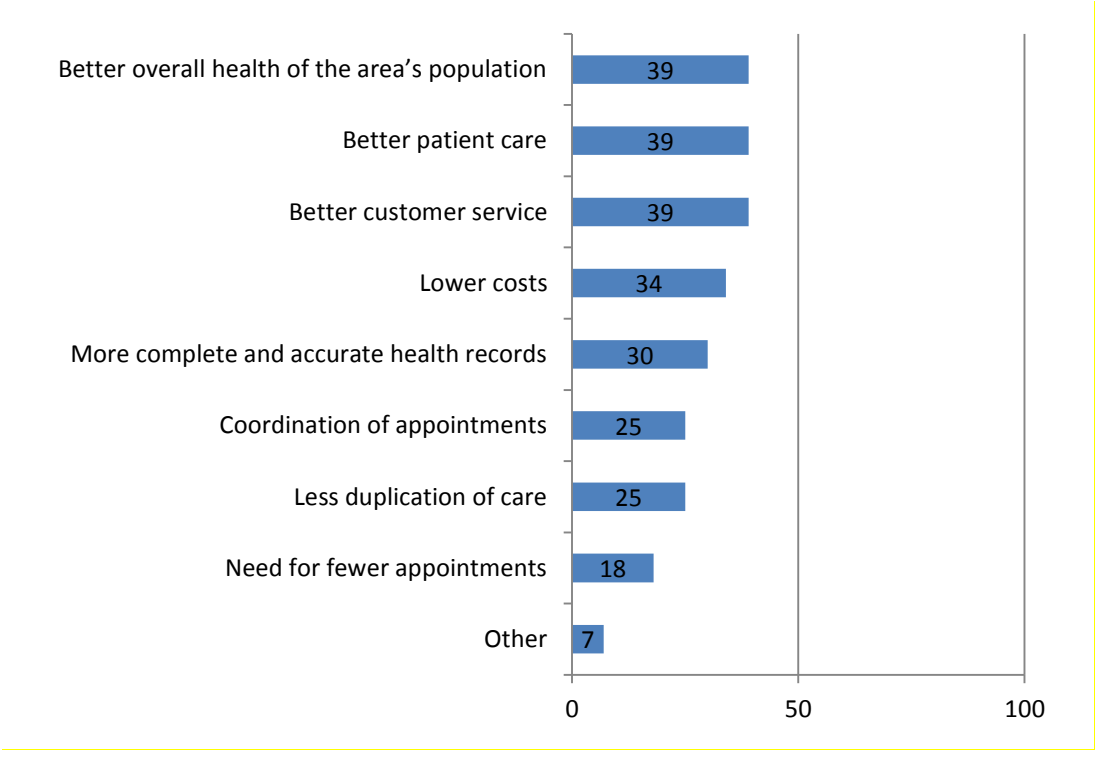
Survey-takers were asked whether they believe health-related organizations in the community are working together to improve the overall health of the area population. As shown in Figure 17, by a wide margin residents answered this question in the affirmative.

Figure 17: Coordination to Improve Overall Population Health



To better understand residents' perceptions about better coordination and collaboration among health care organizations, they were asked what they thought would result from health entities working together. As shown in Figure 18, three choices were chosen by an equal number of responses: better overall population health, better patient care, and better customer service. Respondents were less inclined to believe that better care coordination would mean fewer appointments or less duplication of care.

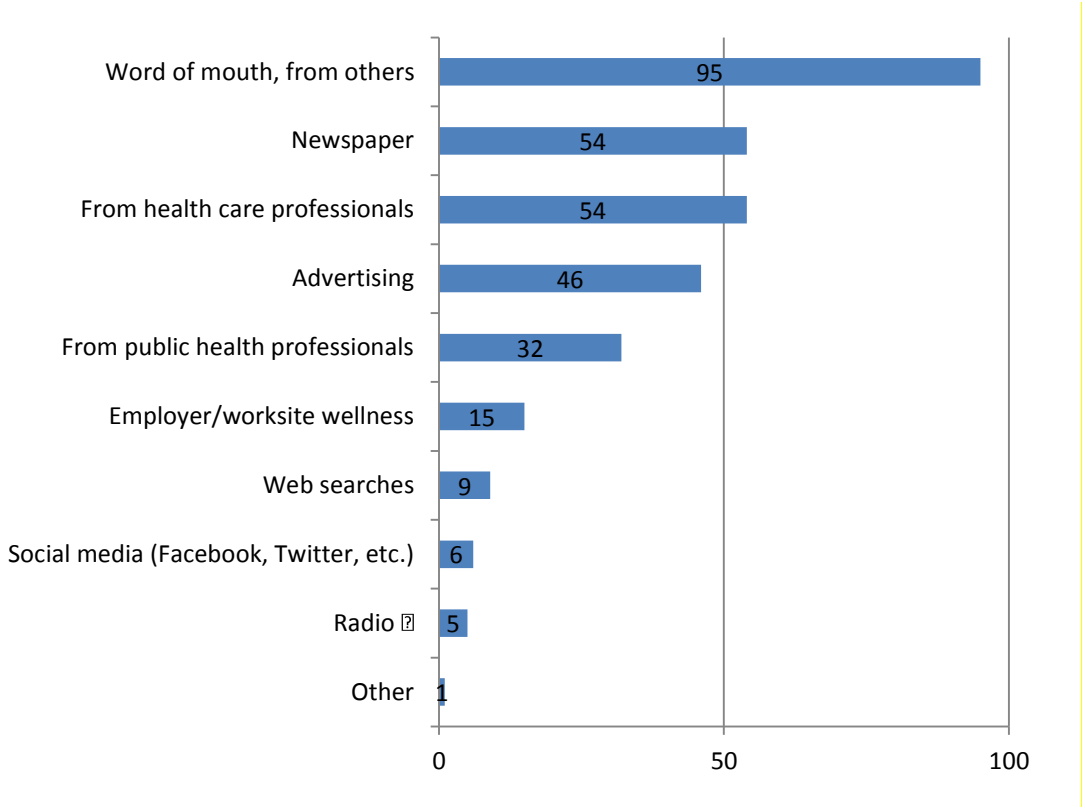
Figure 18: Potential Effects of Improved Collaboration among Health Entities



Residents also were asked if they had any suggestions for ways that health-related organizations could work together to provide better services and improve overall health in the area. Thirty-three respondents offered suggestions. The most common response (N=8) was a recommendation for better communication between entities. Other suggestions made by more than one respondent include: more cooperation/less competition (N=3), health education classes (N=3), opening a fitness center (N=2), collaboration with other community stakeholders (schools, social services) (N=2), and securing grant funding for projects or programs (N=2).

The survey revealed that, by a large margin, residents learned about available health services through word of mouth from, for example, friends, family, co-workers, and neighbors. Other common sources of information about health services included the newspaper and those working in health care.

Figure 19: Sources of Information about Health Care Services



Community Concerns

At the heart of this health needs assessment was a section on the survey asking survey-takers to review a wide array of potential community and health concerns in five categories and rank them each on a scale of 1 to 5, with 5 being more of a concern and 1 being less of a concern. The five categories of potential concerns were:

- community/environmental concerns
- concerns about health services
- physical, mental health, and substance abuse concerns
- concerns specific to youth and children
- concerns about the aging population

Echoing the weight of respondents' comments in the survey question about community challenges, the two most highly ranked concerns were not enough jobs with livable wages (4.27 on a scale of 5.0) and attracting and retaining young families (4.17). These issues stood out as the most important community/environmental concerns, with a large gap between these issues and the next most-noted concerns in that category. The issues that had a mean ranking on the 1-to-5 scale of at least 4.0 include:

- not enough jobs with livable wages (4.27)
- attracting and retaining young families (4.17)
- ability to retain doctors and nurses in the community (4.12)
- youth alcohol use and abuse (4.11)
- cost of health insurance (4.08)

Other issues ranked as more concerning (with a mean ranking of at least 3.80) were:

- youth drug use and abuse (3.99)
- youth tobacco use (3.96)
- not enough youth activities (3.94)
- alcohol use and abuse (3.90)
- adequacy of health insurance (3.87)
- heart disease (3.83)
- cancer (3.81)
- availability of resources for family and friends caring for elders (3.81)

Figures 20 through 24 illustrate these results.

Figure 20: Community/Environmental Concerns

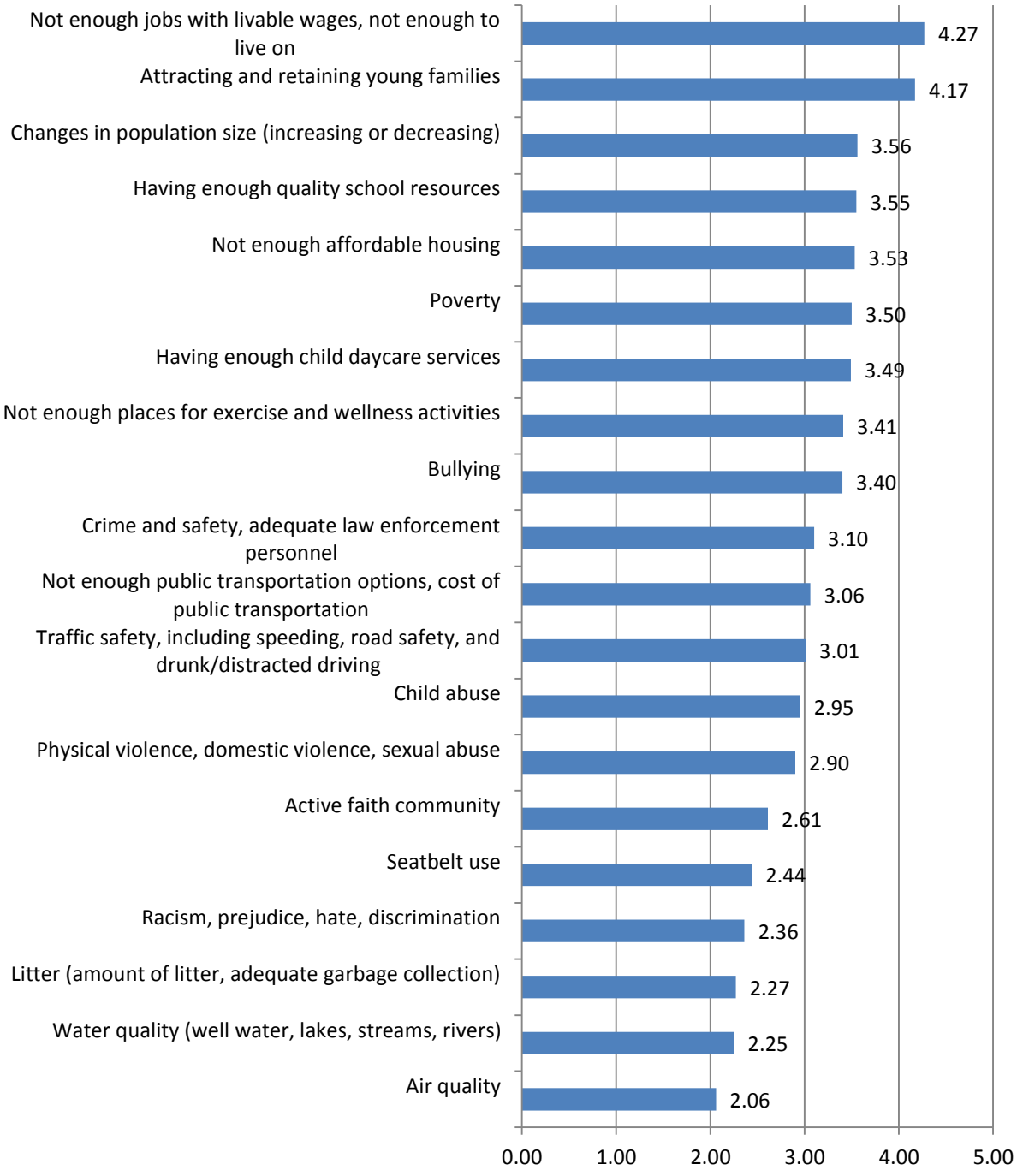


Figure 21: Concerns about Health Services

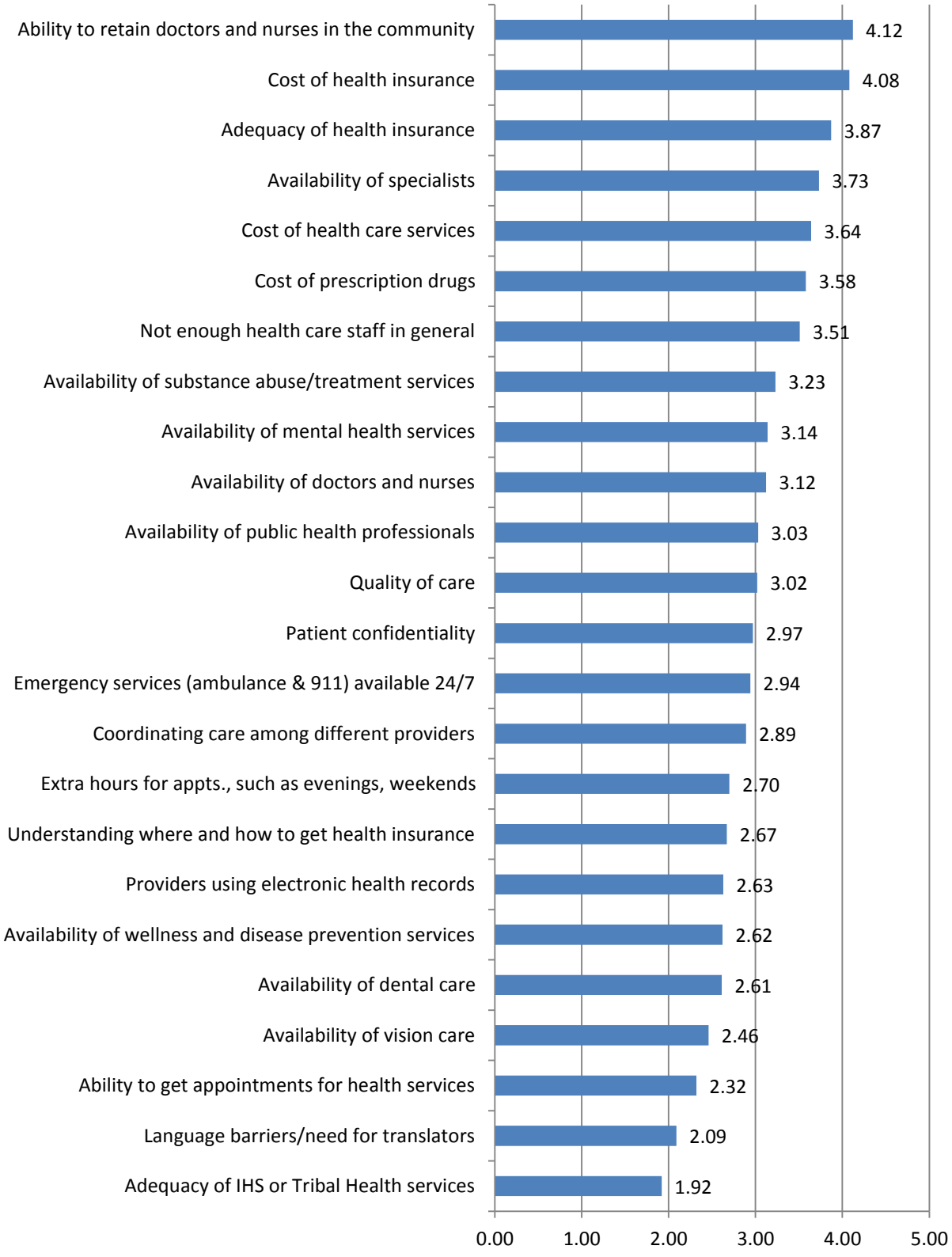


Figure 22: Physical, Mental Health, and Substance Abuse Concerns

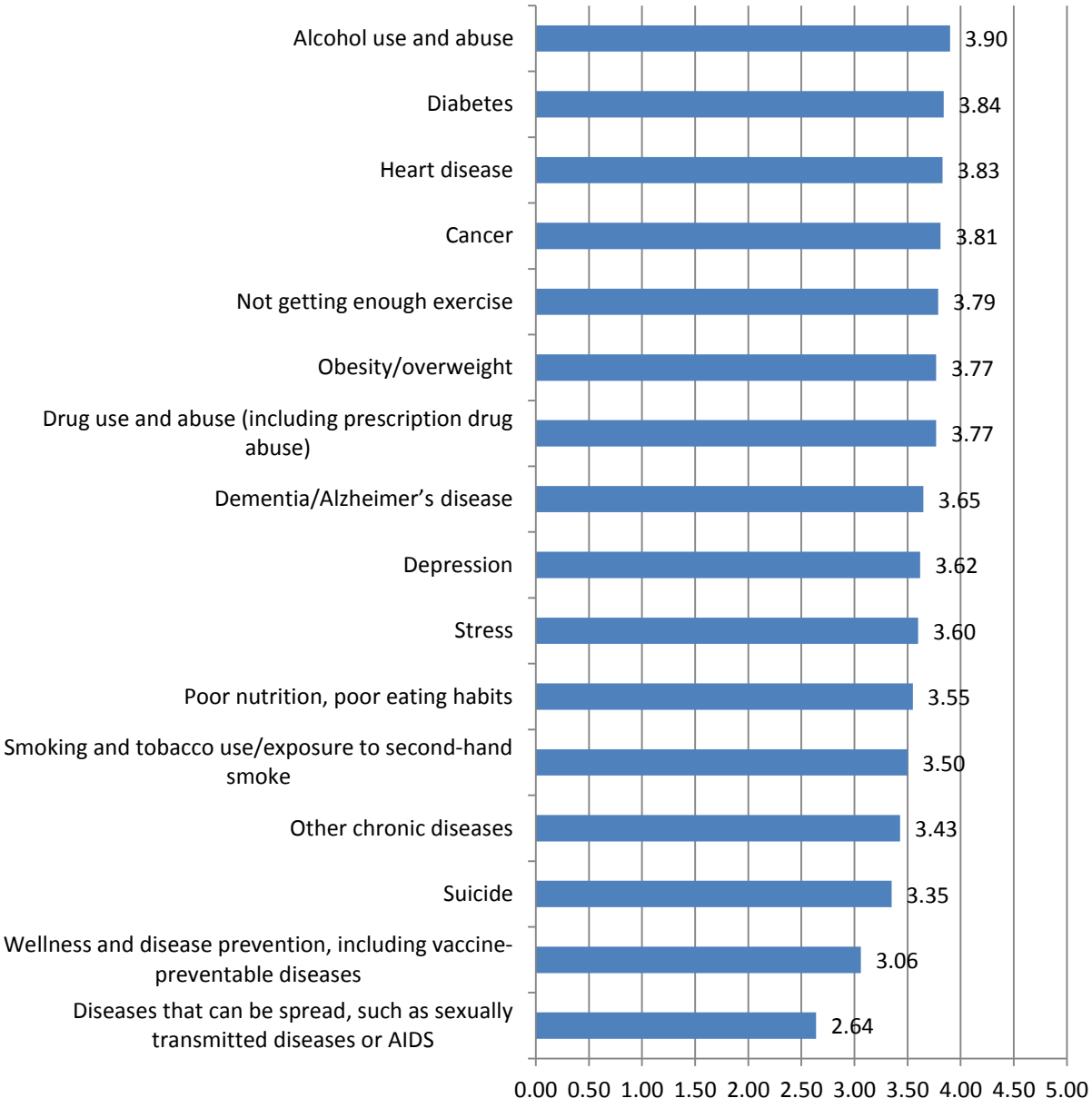


Figure 23: Concerns Specific to Youth and Children

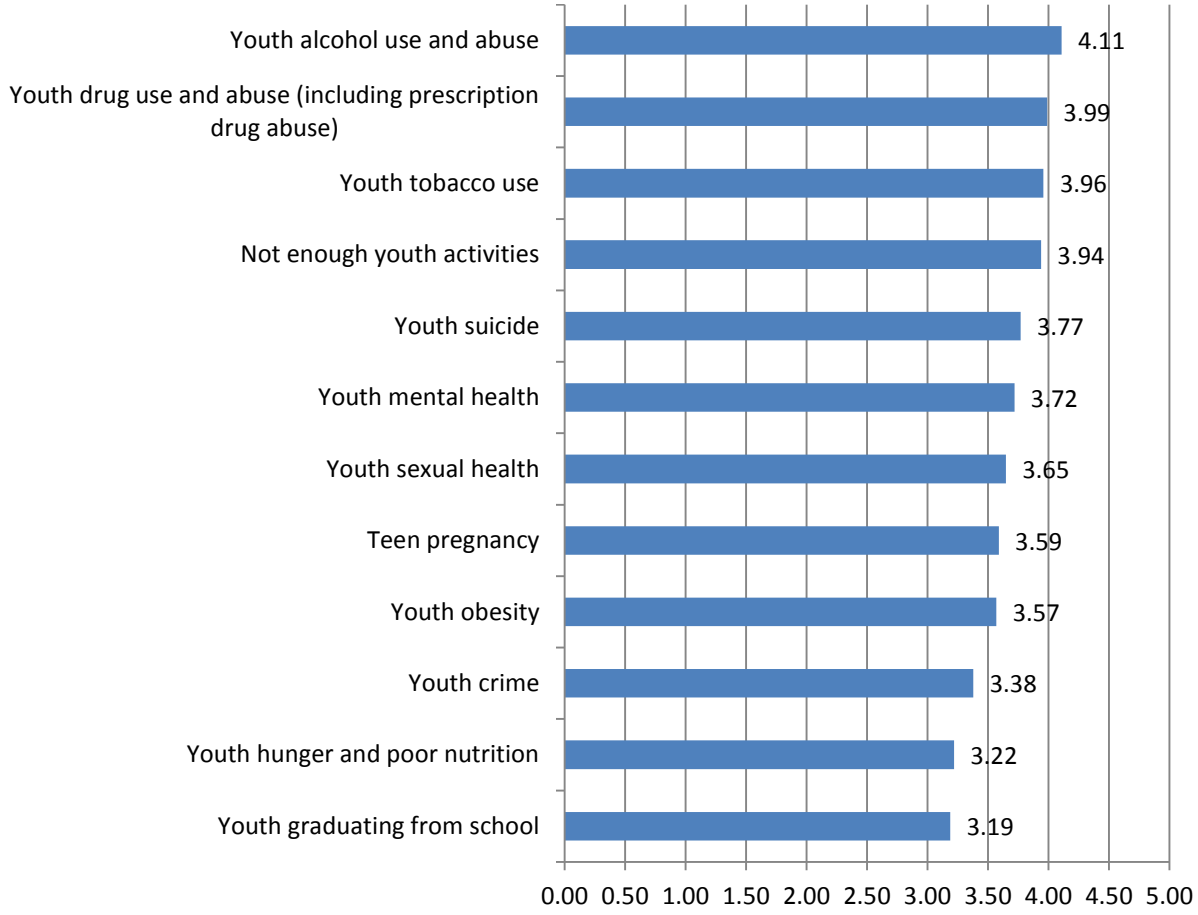
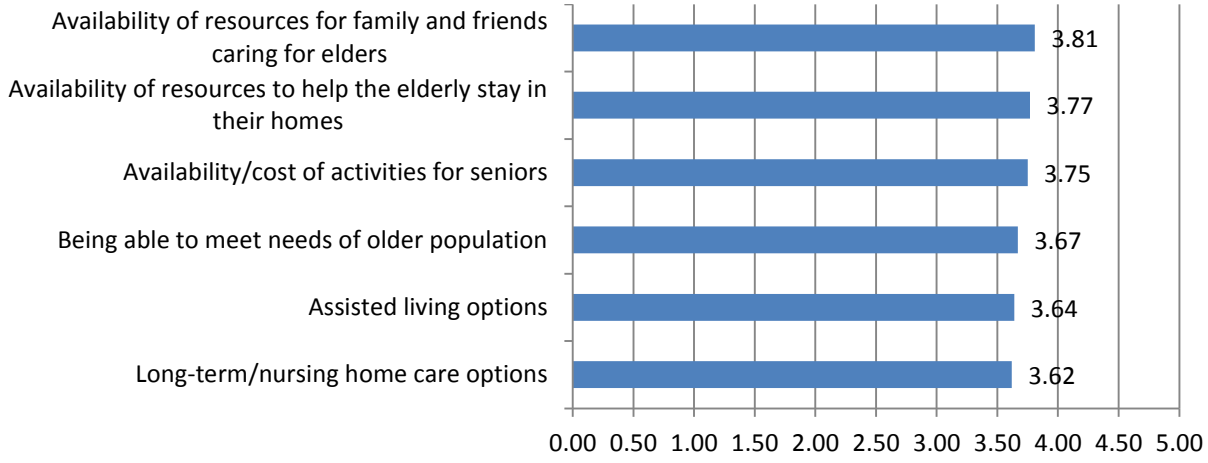


Figure 24: Concerns about the Aging Population



Delivery of Health Care

The survey asked community members why they seek health care services close to home and why they go out of the area for health care needs. Health care professionals were asked why they think patients use services locally and why they think patients use services out of the area. Respondents were allowed to choose multiple reasons. As with all the survey questions, in this assessment these responses (those from the community member version of the survey and the health care professional version) are reported in the aggregate.

Convenience (N=86) and proximity (N=85) topped the list of reasons that residents sought care locally, with familiarity with providers (N=67) also garnering a substantial number of responses.

With respect to the reasons community members seek health care services out of the area, the primary motivator for seeking care elsewhere was, by a considerable margin, to access a needed specialist (N=92). Other oft-cited reasons for seeking care elsewhere were due of a referral (N=52) and for high quality of care (N=47). These results are illustrated in Figures 25 and 26.

Figure 25: Reasons Community Members Seek Health Care Services Close to Home

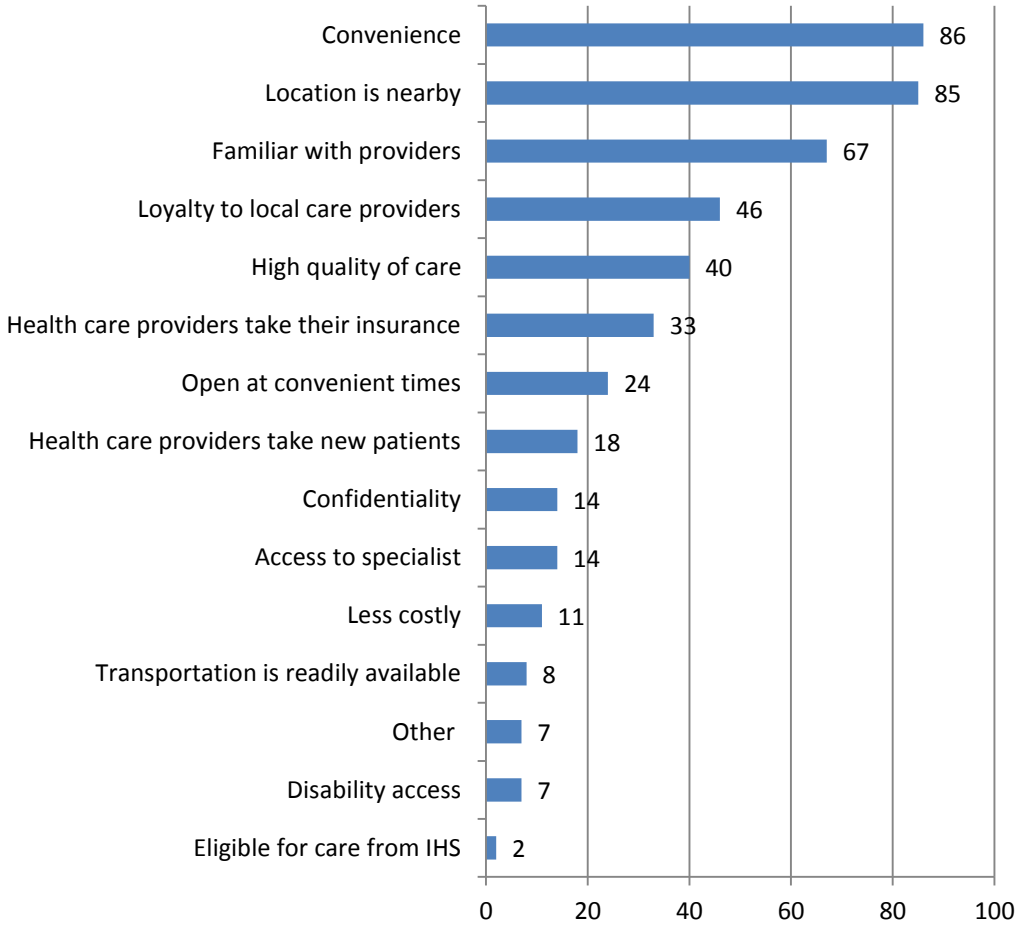
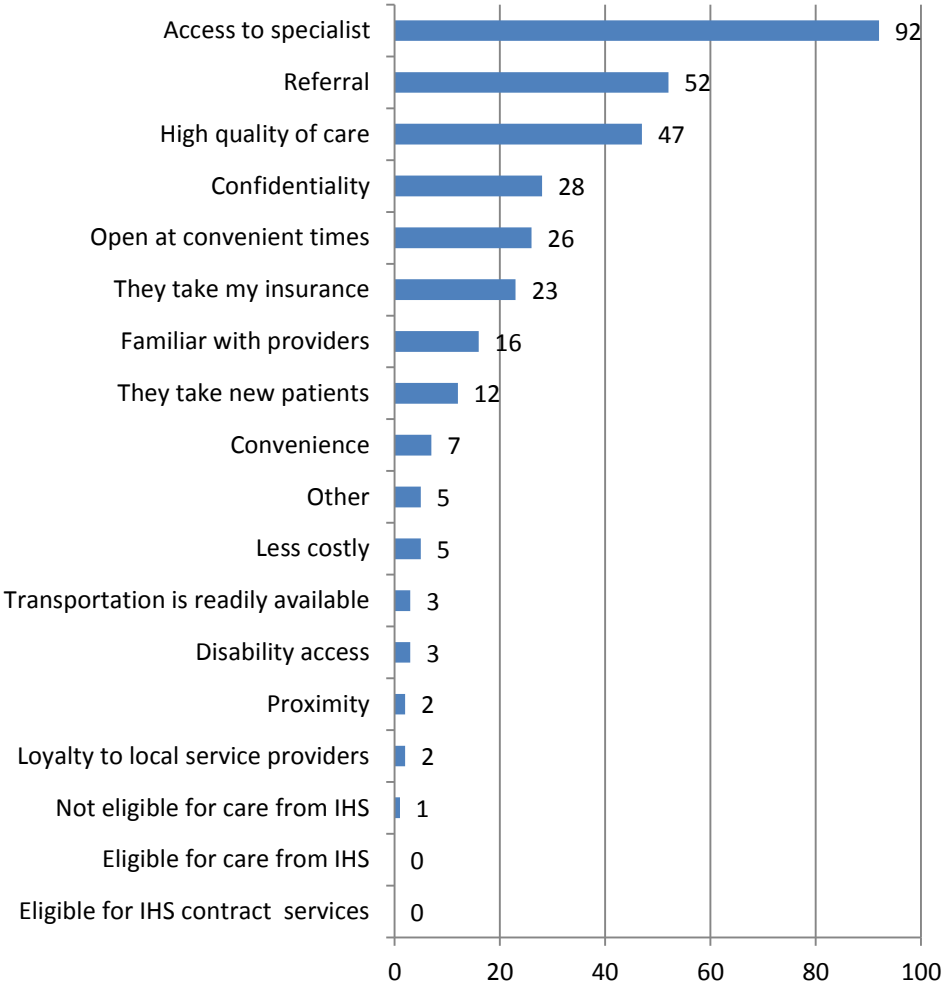


Figure 26: Reasons Community Members Seek Services Out of the Area



In an open-ended question, respondents were asked to share the specific health care services for which they need to travel out of the area. Seventy respondents provided an answer. As with the multiple choice question, the most common reason to travel out of town was to see a specialist (N=19). Other common reasons were:

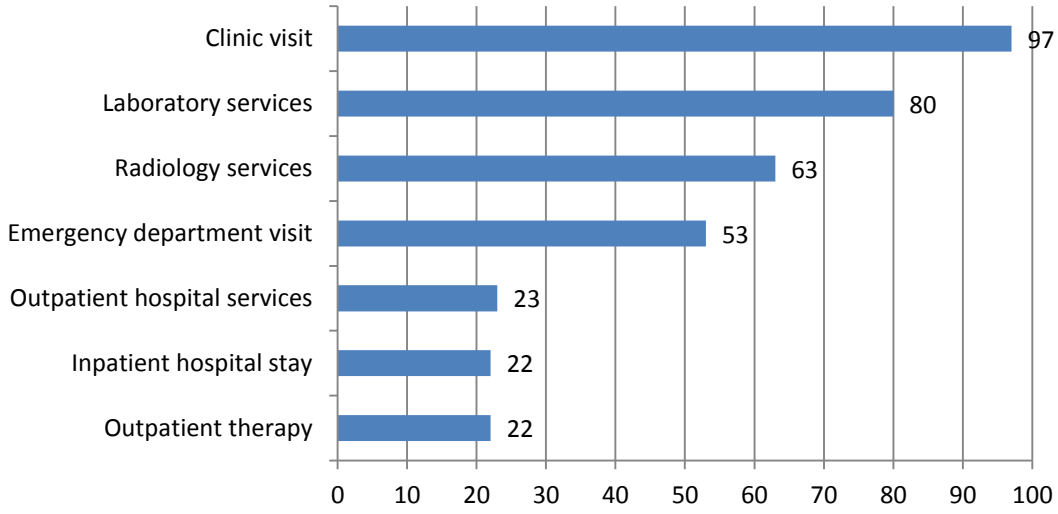
- surgery (N=17)
- obstetrics and gynecological services (N=11)
- cardiology services (N=9)
- cancer care (N=8)
- mental health services (N=6)
- orthopedics (N=6)

- pediatric services (N=6)
- bone and joint care (N=5)
- ophthalmology (N=5)

The survey also solicited input about what health care services should be added locally. Forty-five respondents provided suggestions. The most commonly requested service (N=7) was pediatrics. Other commonly requested services were obstetrics/gynecology (N=6), visiting specialists (including bone and joint specialists) (N=6), mental health services (N=5), health education (including nutrition services) (N=5), and fitness facilities/programs (N=4).

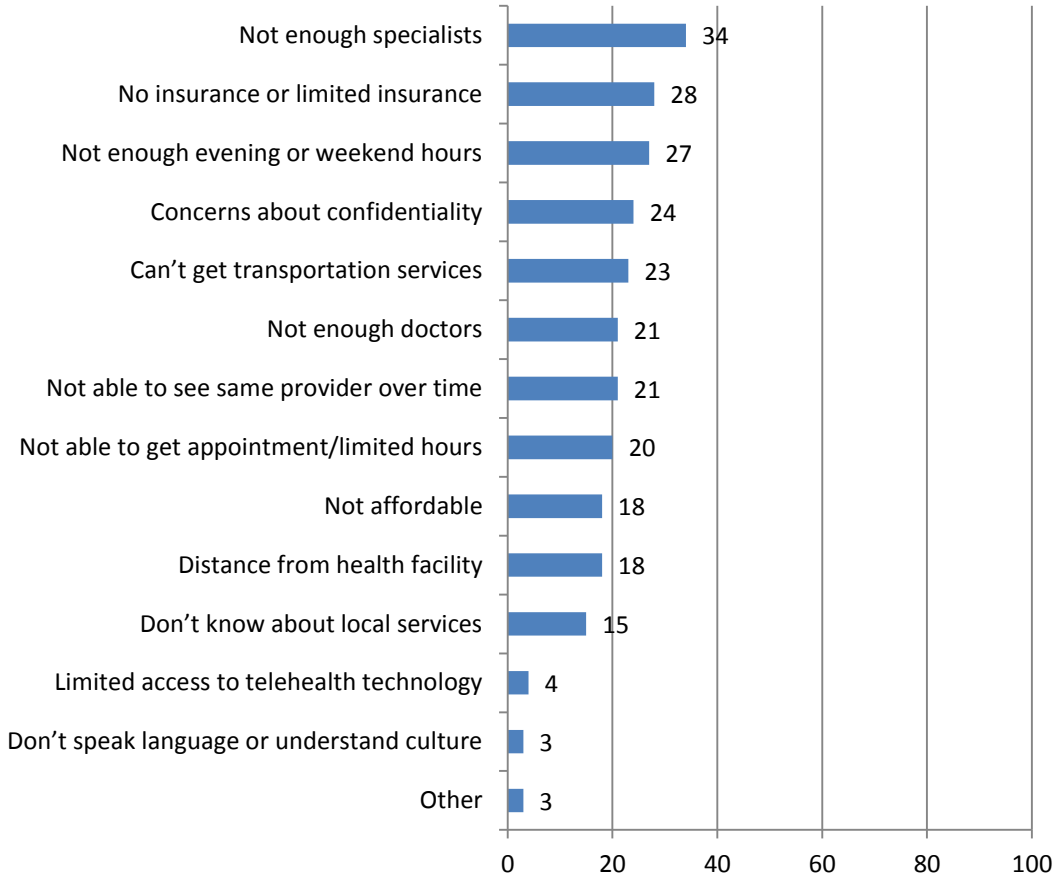
As shown below, when asked what services they or a family member had used within the last year at JMHCC, survey-takers pointed to clinic visits (N=97), laboratory services (N=80), radiology services (N=63), and emergency department visits (N=53) as the most common interactions with JMHCC.

Figure 27: Use of Services at JMHCC



The survey asked residents what they see as barriers to that prevent them or others from receiving health care. Echoing the results of other survey inquiries, the most prevalent barrier perceived by residents was not having enough access to specialists (N=34). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 18 to 24 respondents. After access to specialists, the next most commonly identified barriers were no insurance or limited insurance (N=28) and not enough evening or weekend hours for medical appointments (N=27). Figure 28 illustrates these results.

Figure 28: Perceptions about Barriers to Care



Preventive Care and Public Health Services

To gauge the impact and effectiveness of Custer Health's public health-oriented services in the community, the survey include questions specific to public health services. The results revealed that a substantial majority of respondents or their family members had at least one interaction with Custer Health within the previous year. They also showed that the most common services, by a wide margin, were influenza shots (N=31) and immunizations (N=22). These results are shown in Figures 29 and 30.

Figure 29: Interaction with Custer Health in Last Year?

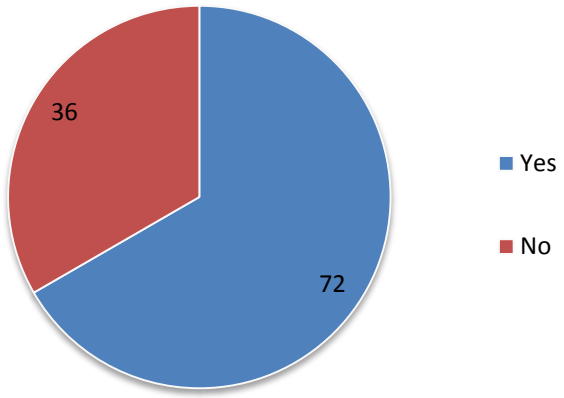
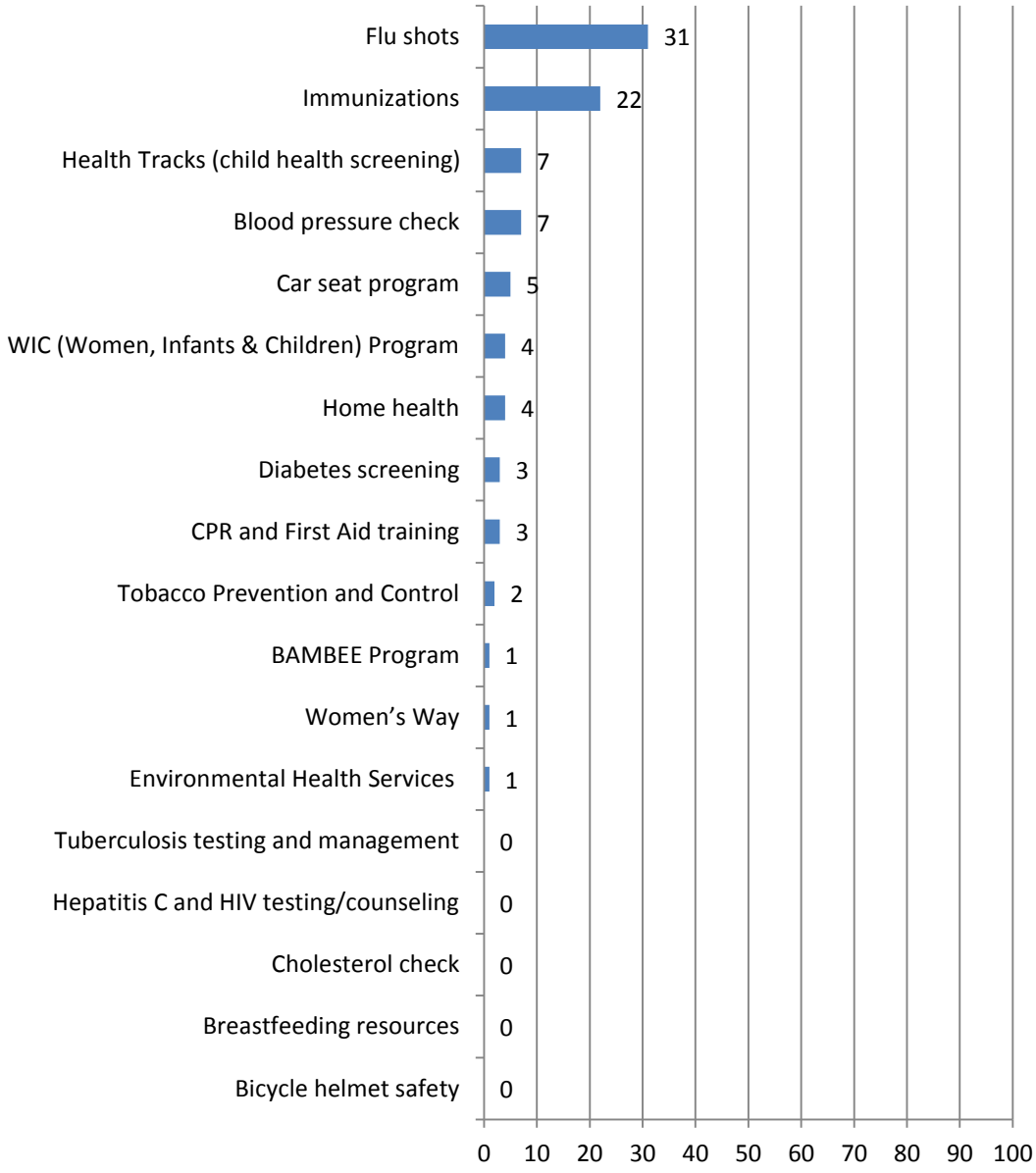
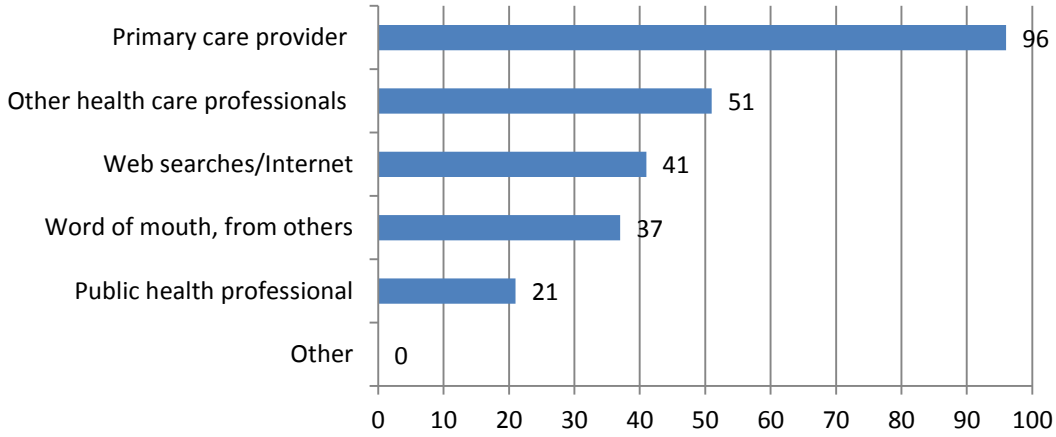


Figure 30: Use of Custer Health Services



Survey-takers also were asked where they turn for trusted health information. Overwhelmingly, residents identified their primary care provider (N=96) as the primary source of trusted health information. Respondents also relied on other health care professionals (N=51), web searches/the Internet (N=41), and word of mouth/from others (N=37) for health-related information.

Figure 31: Where Turn for Trusted Health Information



Other Concerns and Suggestions to Improve Local Health

The survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Fewer residents responded to this question than to other open-ended survey questions, with a total of 20 responses. Respondents shared a wide range of concerns and advice. The issues that were mentioned by more than one person were: Confidentiality issues (N=3), need for fitness facilities/activities (N=2), cost and financial assistance concerns (N=2), need for specialists (N=2), and increased marketing and awareness of services (N=2). Specific comments included:

- Continue to advertise aggressively and support community events; focus on professionalism of all staff to increase patient confidence in confidentiality; work with other specialists to provide more services locally.
- Small towns tend to have confidentiality issues because everyone knows everyone. Make JMHCC more visible through newspaper, newsletters, etc. JMHCC should work to keep communities involved in viability of facility.
- Pick-up to and from clinic for elderly patients, like a taxi service.
- Better equipment, updated computer programs, better facility.
- Fitness center that can be accessed 24/7.
- I think our health care is just fine the way it is.
- Some weekend hours would be super helpful.
- Promptness of transfer of medical records when necessary!!

- If the physicians were more specialized (Pediatrics/OB/GYN/etc.), I would use it more. I'm not sure which physician will be working on a certain day, so I'm a little unsure about taking my children there.
- Thank you for providing the services within our community.

Findings from Key Informant Interviews and Focus Group

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during a focus group session with the Community Group and during key informant interviews with community leaders and public health professionals. The themes that emerged from these sources were wide-ranging, with some directly associated with health care and others more rooted in broader community matters. Generally, overarching thematic issues that developed during the interviews and focus group can be grouped into five categories (listed in no particular order):

1. Declining community engagement and cohesiveness
2. Lack of effective community collaboration
3. Substance abuse issues
4. Need for transportation options
5. Cost/accessibility of health insurance

A more detailed discussion about these issues follows:

1. Declining community engagement and cohesiveness

Key informants and focus group participants alike honed in on an issue that affects nearly every facet of life in a rural town: The declining levels of residents' engagement with the community, resulting in a sense that community cohesiveness is fading. This notion manifested itself in several ways, such as fewer community events, greater perceived isolation of residents, and a shortage of volunteers in the community, especially among younger people.

Several participants noted the dearth of new and young volunteers to help staff services such as emergency response teams. Participants noted that many of the current volunteers are "tired" and getting older. They worried that younger residents' hesitation to take on volunteer spots on emergency response teams, such as the regional

ambulance, puts these services as risk. As one participant said, "If younger people want to keep services like ambulance, they really need to step up."

Speaking more generally about community engagement, a number of participants pointed to fewer opportunities for community members to socialize or work toward common goals. They pointed to growing sense of social isolation, sometimes the result of older people losing mobility and becoming shut-ins but increasingly because of entertainment activities (social media, at-home movies, video games) that do not required people to leave their homes. For many participants, the number of times that the community comes together was perceived as shrinking in recent years.

While there was concern about declining community engagement, several participants also noted that in some ways, the community is still close-knit. As one participant noted, the community still comes together for certain things, pointing to a recent fire where "everyone came for miles to put it out," or in the case of a local person is facing a serious illness, "there's almost always a benefit where everyone comes together to help out." Participants also said the area is a good place to raise a family and that it's safe, with one stating, "I've been here more than 40-plus years and have never locked a door."

Specific comments included:

- We need more volunteers for ambulance. People are not willing to make the time commitment because they're so busy. Peer pressure might get more people on board. Maybe a story in the newspaper about the need for volunteers and interview the young people who do volunteer and their satisfaction with it.
- I find that it is hard to get people involved in church, with EMS, with the community. My generation talks very much about what's going to happen to a lot of the activities and traditions that have been in our town for so long. Our older people are getting tired and we don't have that follow up generation. That is really a challenge to get our younger people to realize how important community involvement is.
- Finding people that are going to be willing to be involved with EMS is a major challenge.
- People don't have the commitment or willingness to serve quite like they used to. This could be because we have become such a materialistic society. A lot of young families don't know how to make their own entertainment.
- Some people that don't want to get involved. They don't want to put forth time or effort. People want to avoid turmoil and want other people to make the effort.

- There's a lack of community and looking out for your fellow man – more of it now than it used to be.
- Churches have an issue with younger people no longer being involved like they used to be … it's hard to keep programs going.
- People who are do-ers in town are tired.
- Social media or electronic age has caused things to change. The things we used to do as a community back in the day keeps dwindling.
- Within Elgin, cohesiveness is changing. People don't come together to entertain themselves as they once did. Now, people stay separate and the entertainment is electronic. It's much harder to get people to pitch in.
- The community betterment group used to have 24-30 people show up once a month for the meetings and now we only have 6-7. What's happened?
- We can't get community involved…they are just for themselves.
- We need to do more to keep pride in the community.

2. Lack of effective community collaboration

Many participants talked about the tensions in Grant County that have arisen during the last several years as a result of the consolidation of area schools. They said that there is deep resentment among some community members about the school issue, and that until the issue is resolved, broader effective collaboration among various stakeholders could prove difficult. Also mentioned was the need for greater collaboration between the schools and other organizations such as the hospital and social services. Participants did not necessarily blame this lack of cooperation on any one entity, but instead suggested it was just a historical fact.

Also mentioned multiple times was a need for openness to new ideas among some leaders. Several participants suggested that fresh perspectives among governing boards, government officials, and organizational leaders would be conducive to finding innovative ways to address ongoing community challenges. No individuals were singled out for criticism, and indeed many were praised for years of service for the greater good.

As mentioned in the discussion of the survey question pertaining to collaboration, groups that were perceived as needing improvement in collaborating included business and industry, schools, and law enforcement.

Specific comments from participants included:

- The school issue has to come to a resolution.

- The school boards fight all the time. It's hurting the kids more than anything. Parents are still fighting over the schools having combined.
- Some of the schools have learned to work together but still not going ok.
- School and social services should really try to work together more and it's not really there. Each has to trust and be open in order to work together. Getting them together and brainstorming what each is willing to do and extend themselves to. Otherwise they don't even talk to each other.
- There could be a little more communication between hospital and social services. They do refer some people but it doesn't seem like there's a lot of communication.
- It's important for the businesses to know what is going on with EMS and even the fire departments. When you work with volunteer people you need a little bit of leeway (from their employers). It would be great for businesses to understand, and it would be good to have more collaboration.
- The environment is that it's difficult to get collaboration. Need some effort to stay focused on a common goal. Part of it is a time-crunch thing.
- I hope that everybody could work together to improve our healthcare or whatever. People need to get united together because when they work together they can get things done. Find ways to collaborate more…get people focused on a common goal.
- Work together—there are too many bosses in this community and not enough people that just want to help. They know it all but just don't want to do it. There are a lot of organizations, but mainly the same people.
- I would suggest some more outreach services like maybe a health fair—reach out to the community and engage them in all three towns—hospital, clinic, public health all working together.
- Collaboration is getting much, much better. This is due to a change in leadership.

3. Substance abuse issues

Substance abuse, especially drug and alcohol abuse, was viewed as a growing problem in the area. Participants talked about substance abuse issues facing both adults and youth. There was a perception that meth is becoming more prevalent in the county. With Grant County being on the fringe of North Dakota's booming Oil Patch, some participants wondered whether the increase in drugs was attributable to an increasing number of people coming to the area from other places. Others suggested that it is a long

simmering problem and that alcohol and drugs have been part of the local culture for a long time.

These expressed concerned are consistent with the data analyzed by County Health Rankings: Grant County has the highest rate of excessive drinking of all ranked counties in North Dakota. It is 14 points higher than the state average and 3.5 times the Top 10% rate. This measure of excessive drinking incorporates both binge drinking (consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days) and heaving drinking (drinking more than one (women) or two (men) drinks per day on average). These concerns also mirror the results of the survey, where three of the top eight community-wide concerns related to youth substance abuse.

Participants' comments included:

- There is a great need for substance abuse and treatment services.
- Even to get an alcoholism evaluation you are sending them to Bismarck.
- "Well, there's nothing else to do here anyway," … almost like it's a normal thing, a lot of alcohol abuse here and people just turn their heads.
- We have dealt with a lot more suicide threats than in the past, some youth but finding it more among people in their 30s, 40s, and even some older people, which usually relates right back to drug and alcohol abuse.
- Drug issues (among youth) are rising—the availability is there.
- There are a few drugs coming in and meth is probably the worst that we've seen.

4. Need for transportation options

Grant County is a very rural county, with a population density of only 1.4 people per square mile, compared to the North Dakota average of 9.7 and U.S. average of 87.4. The extreme rural nature of the area means that people are spread out over large distances, and transportation can become an important factor in receiving health care and healthy living. Several key informants discussed the challenges that older people face in finding transportation to medical appointments. Even for those who have family in the area, it can be difficult for family caretakers to take time away from work to give rides for appointments.

There were also differing perceptions about what transportation service currently are available. Some people thought it only operate one day a week, while other thought it offered services more frequently. Some thought it would pick up riders at their homes,

while others believed it had preset pick-up and drop-off points. It appears that additional education and awareness of existing services may help clear up confusion about transportation services.

Specific comments included:

- Just even to have someone to drive people around and have them get reimbursed somehow would be beneficial to the community.
- Transportation for elderly to appointments and to get groceries is a major challenge.
- Some people have family here, but everybody works so it's hard to get people places.
- Would be nice to have someone to pick up people and take to clinic if they don't have family to do so.
- Some people don't have a car, don't have money for gas.
- Some can't even get from Carson to Elgin for prevention care because they don't have a vehicle or a reliable one.
- We did try once to do a bus for local appointments but it didn't last. People weren't taking advantage of it. We need to work with the elderly to help people schedule appointments when the bus is available and what not.
- Public transportation is an issue. Older people will not ask someone to help them, bus and good Samaritans are the only options.

5. Cost/accessibility of health insurance

Much of the discussion around health insurance related not only to having health insurance, but also to the sufficiency of existing health insurance. Participants talked about residents avoiding seeking health care because of the upfront costs associated with high co-payments and high deductibles. This expressed concerned is consistent with the data compiled by County Health Rankings: Of all ranked counties in North Dakota, Grant County had the highest rate of residents under age 65 who were uninsured. The county also had a very high rate of uninsured children, at approximately four times the state average.

It was noted that Grant County Social Services has navigators to help residents buy insurance through the Health Insurance Marketplace, which helps people find health coverage through plans that may include premium tax credits, which may lead to lower monthly premiums. Some participants said they wanted to see what happens in the year

or two following implementation of the Affordable Care Act's general requirement that people be insured or pay a penalty.

Among specific comments about these issues were:

- Insurance is by far the biggest barrier—what is covered and those kinds of things. There are options for low income but that's not always what needs to be done—should encompass everyone.
- Insurance coverage is hard and high deductibles are an issue. Hopefully this will be taken care of with the ACA (Affordable Care Act).
- People avoid coming to the clinic because they can't pay for it or they are fearful of the cost being so high that they can't pay for it.
- Cost or lack of insurance is a barrier.
- People are trying to sign up for ACA, but they have no access to a computer and a lack of understanding. Social Services have navigators that are able to help. People are taking advantage of this service.
- There's a problem with low income people not covered. We need to work to help them. They don't know where to go. It leads to bad debt.
- Cost is a big thing. People don't want to go because they don't have the money to go
- Cost of health insurance is a big factor for a lot of the younger people who just don't have it.
- Understanding where and how to get health insurance is an issue.

Priority of Health Needs

The Community Group held its second meeting on June 3, 2014. Thirteen members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health and community concerns, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top five community health needs. All of the potential needs were listed

on larger poster boards, and each member was given five stickers to place by the five needs they thought were the most significant. Group members were advised they could consider a number of criteria when prioritizing needs, such as a need's burden, scope, severity, or urgency, as well as disparities associated with the need and the overall importance the community places on addressing the need. The results were totaled, and the concerns most often cited were:

- Attracting and retaining young families (6 votes)
- Ability to retain doctors and nurses in the community (6 votes)
- Declining community engagement and cohesiveness (6 votes)

The next highest vote-getting issues, which each received four votes, were: Elevated rate of adult obesity, limited access to exercise opportunities, elevated rate of uninsured residents, and not enough jobs with livable wages. Since there was some interrelatedness between the measures of adult obesity and lack of exercise opportunities (and since other related issues such as elevated rate of diabetics and elevated rate of physical inactivity each received three votes), the group decided to group these concerns into an **additional significant need, labelled healthy lifestyles**. A summary of this prioritization may be found in Appendix D.

Using a logic model, the group then began the second portion of the Community Group meeting: a strategic planning session to find ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of planning necessary to create a comprehensive implementation strategy. Instead, they spent their time working on potential ideas to address two of the needs: (1) attracting and retaining young families and (2) encouraging healthier lifestyles. A steering committee or other group will meet to continue the work that was started by the Community Group and culminate with an implementation strategy that can be executed over the next three years. A preliminary strategic implementation report (to be supplemented as work continues) is included as Appendix E.

Appendix A1 – Community Member Survey Instrument

Grant County
Community Health Survey

Jacobson Memorial Hospital Care Center & Clinics and Custer Health are interested in hearing from you about area health issues and concerns. The focus of this effort is to:

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

If you prefer, you may take the survey online at www.tinyurl.com/grant-county. Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Ken Hall at 701.777.6046.

Surveys will be accepted through April 30, 2014. Your opinion matters – thank you in advance!

Community Assets and Collaboration

Please tell us about your community by **choosing up to three options** you most agree with in each category below:

Q1. Considering the PEOPLE in your community, the best things are (choose up to THREE):

☐	Community is socially and culturally diverse or becoming more diverse	☐	People who live here are involved in the community
☐	Feeling connected to people who live here	☐	Sense that you can make a difference through community engagement
☐	Forward-thinking ideas (social values, government)	☐	Tolerance, inclusion, open-minded
☐	Government is accessible	☐	Other (please specify)_____
☐	People are friendly, helpful, supportive		

Q2. Considering the SERVICES AND RESOURCES in your community, the best things are (choose up to THREE):

☐	Downtown and shopping (close by, good variety, availability of goods)	☐	Public services and amenities
☐	Health care	☐	Public transportation
☐	Opportunities to learn and/or go to college	☐	Restaurants and healthy food
☐	Quality school systems and programs for youth	☐	Other (please specify)_____

Q3. Considering the QUALITY OF LIFE in your community, the best things are (choose up to THREE):

☐	Family-friendly; good place to raise kids	☐	Job opportunities or economic opportunities
☐	Healthy place to live	☐	Safe place to live, little/no crime
☐	Informal, simple, laidback lifestyle	☐	Other (please specify)_____

Q4. Considering the ACTIVITIES in your community, the best things are (choose up to THREE):

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

Q5. Considering the GEOGRAPHIC SETTING in your community, the best things are (choose up to THREE):

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

Q6. What are other "best things" about your community that are not listed in the questions above?

_____

_____

Q7. What are the major challenges facing your community?

_____

_____

Q8. For each choice on the next page please rank the level of collaboration, or how well these groups work with others in the community, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

Community Collaboration	No collaboration				Excellent collaboration	Don't Know/Not Applicable
	1	2	3	4	5	
Business and industry						
Clinics						
Economic development organizations						
Emergency services, including ambulance and fire						
Health and human services agencies						
Hospital(s)						
Indian Health Service						
Law enforcement						
Long term care, including nursing homes and assisted living						
Other local health providers, such as dentists and chiropractors						
Pharmacies						
Public Health						
Schools						
Tribal Health						

Q9. Do you believe that health-related organizations in the community are working together to improve the overall health of the area population?

- ☐ No
- ☐ Yes

Q10. Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- ☐ Better customer service
- ☐ Better patient care
- ☐ Better overall health of the area's population
- ☐ Coordination of appointments
- ☐ Other (Please specify)_____
- ☐ Less duplication of care
- ☐ Lower costs
- ☐ More complete and accurate health records
- ☐ Need for fewer appointments

Q11. What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

_____

_____

Q12. Where do you find out what health services are available in your area? (Choose ALL that apply.)

- ☐ Advertising
- ☐ From public health professionals
- ☐ Indian Health Service
- ☐ Newspaper
- ☐ Radio
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ From health care professionals
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal Health
- ☐ Web searches
- ☐ Employer/worksite wellness
- ☐ Other (Please specify)_____

Community Concerns

Q13. Regarding the conditions in your community, in the following series of categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Community/environmental concerns	Less of a concern				More of a concern
	1	2	3	4	5
Active faith community					
Attracting and retaining young families					
Not enough jobs with livable wages, not enough to live on					
Not enough affordable housing					
Poverty					
Changes in population size (increasing or decreasing)					
Crime and safety, adequate law enforcement personnel					
Water quality (well water, lakes, streams, rivers)					
Air quality					
Litter (amount of litter, adequate garbage collection)					
Having enough child daycare services					
Having enough quality school resources					
Not enough places for exercise and wellness activities					
Not enough public transportation options, cost of public transportation					
Racism, prejudice, hate, discrimination					
Seatbelt use					
Traffic safety, including speeding, road safety, and drunk/distracted driving					
Physical violence, domestic violence, sexual abuse					
Child abuse					
Bullying					

Concerns about health services	Less of a concern				More of a concern
	1	2	3	4	5
Ability to get appointments for health services					
Extra hours for appointments, such as evenings and weekends					
Availability of doctors and nurses					
Availability of public health professionals					
Ability to retain doctors and nurses in the community					
Availability of specialists					
Not enough health care staff in general					
Availability of providers that speak my language and/or have translators					
Availability of wellness and disease prevention services					
Availability of mental health services					
Availability of substance abuse/treatment services					
Availability of dental care					
Availability of vision care					
Different health care providers having access to health care information and working together to coordinate care					
Providers using electronic health records					

Concerns about health services	Less of a concern				More of a concern
	1	2	3	4	5
Patient confidentiality					
Quality of care					
Emergency services (ambulance & 911) available 24/7					
Cost of health care services					
Cost of health insurance					
Adequacy of health insurance (concerns about out-of-pocket costs)					
Adequacy of Indian Health Service or Tribal Health services					
Understanding where and how to get health insurance					
Cost of prescription drugs					

Physical health, mental health, and substance abuse concerns (Adults)	Less of a concern				More of a concern
	1	2	3	4	5
Cancer					
Diabetes					
Heart disease					
Other chronic diseases					
Dementia/Alzheimer's disease					
Depression					
Stress					
Suicide					
Alcohol use and abuse					
Drug use and abuse (including prescription drug abuse)					
Smoking and tobacco use/exposure to second-hand smoke					
Not getting enough exercise					
Obesity/overweight					
Poor nutrition, poor eating habits					
Diseases that can be spread, such as sexually transmitted diseases or AIDS					
Wellness and disease prevention, including vaccine-preventable diseases					

Concerns specific to youth and children	Less of a concern				More of a concern
	1	2	3	4	5
Not enough youth activities					
Youth obesity					
Youth hunger and poor nutrition					
Youth alcohol use and abuse					
Youth drug use and abuse (including prescription drug abuse)					
Youth tobacco use					
Youth mental health					
Youth suicide					
Teen pregnancy					
Youth sexual health					
Youth crime					
Youth graduating from school					

Concerns about the aging population	Less of a concern			More of a concern	
	1	2	3	4	5
Being able to meet needs of older population					
Long-term/nursing home care options					
Assisted living options					
Availability of resources to help the elderly stay in their homes					
Availability/cost of activities for seniors					
Availability of resources for family and friends caring for elders					

Delivery of Health Care

Q14. How long does it take you to reach the clinic you usually go to?

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

Q15. How long does it take you to reach the hospital you usually go to?

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

Q16. Please tell us why you seek health care services close to home. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Eligible for care from IHS
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Location is nearby
- ☐ Loyalty to local care providers
- ☐ Open at convenient times
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (Please specify)_____

Q17. Please tell us why you go out of the area for health care needs. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Eligible for contract health services under IHS
- ☐ Eligible for care from IHS
- ☐ Loyalty to local service providers
- ☐ Not eligible for care from IHS
- ☐ Open at convenient times
- ☐ Proximity
- ☐ Referral
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (Please specify)_____

Q18. What specific health care services do you need to travel out of the area to receive?

_____

_____

Q19. What specific health care services, if any, do you think should be added locally?

_____

_____

Q20. What barriers prevent you or other community members from receiving health care? (Choose ALL that apply.)

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Not affordable
- ☐ No insurance or limited insurance
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Don't speak language or understand culture
- ☐ Other (Please specify)_____ _____

Q21. Which of the following services have you or a family member used at Jacobson Memorial Hospital Care Center & Clinics during the past year? (Choose ALL that apply.)

- ☐ Emergency department visit
- ☐ Clinic visit
- ☐ Outpatient hospital services
- ☐ Outpatient therapy (physical, occupational, speech, cardiac rehab)
- ☐ Laboratory services
- ☐ Inpatient hospital stay
- ☐ Radiology services (x-ray, MRI, bone density, mammography, ultrasound)

Preventive care and public health services

Q22. In the past year, have you or a family member had any interaction with Custer Health?

- ☐ No
- ☐ Yes

Q22b. If yes, what interactions have you or a family member had with Custer Health?

_____

Q23. Which of the following Custer Health services have you or a family member used in the past year? (Choose ALL that apply.)

- ☐ Bicycle helmet safety
- ☐ Blood pressure check
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ Cholesterol check
- ☐ CPR and First Aid training
- ☐ Diabetes screening
- ☐ Flu shots
- ☐ Environmental Health Services (water, sewer, health hazard abatement)
- ☐ Health Tracks (child health screening)
- ☐ Hepatitis C and HIV testing/counseling
- ☐ Home health
- ☐ Immunizations
- ☐ Tobacco Prevention and Control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program
- ☐ Women's Way
- ☐ BAMBEE (Babies and Mothers Beyond Birth Education) Program

Q24. Where do you turn for trusted health information? (Choose ALL that apply.)

- ☐ Primary care provider (my doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Other health care professionals (nurses, chiropractors, dentists, etc.)
- ☐ Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (Please specify) _____

Demographic Information

Please tell us about yourself.

Q25. Health insurance status. (Choose ALL that apply.)

- ☐ Insurance through employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ No insurance/not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other. Please specify:_____

Q26. Age:

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

Q27. Highest level of education:

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

Q28. Gender:

- ☐ Female
- ☐ Male

Q29. Your zip code: _____

Q30. Marital status:

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

Q31. Employment status:

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

Q32. Annual household income before taxes:

- ☐ Less than $15,000
- ☐ $15,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 and over
- ☐ Prefer not to answer

Q33. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

8

Appendix A2 – Health Care Professional Survey Instrument

Default Question Block

Jacobson Memorial Hospital Care Center & Clinics and Custer Health are interested in hearing from local health care professionals about area health needs. The focus of this effort is to:

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

Please take a few moments to complete the survey. Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Ken Hall at 701.777.6046.

Surveys will be accepted through April 30, 2014. Your opinion matters – thank you in advance!

Community Assets and Collaboration

Please tell us about your community by **choosing up to three options** you most agree with in each category.

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

- ☐ Community is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Forward-thinking ideas (social values, government)
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in the community
- ☐ Sense that you can make a difference through community engagement
- ☐ Tolerance, inclusion, open-minded
- ☐ Other (please specify)

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

- ☐ Downtown and shopping (close by, good variety, availability of goods)
- ☐ Health care
- ☐ Opportunities to learn and/or go to college
- ☐ Quality school systems and programs for youth
- ☐ Public services and amenities
- ☐ Public transportation
- ☐ Restaurants and healthy food

☐ Other (please specify)

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

☐ Family-friendly; good place to raise kids

☐ Healthy place to live

☐ Informal, simple, laidback lifestyle

☐ Job opportunities or economic opportunities

☐ Safe place to live, little/no crime

☐ Other (please specify)

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

☐ Activities for families and youth

☐ Arts and cultural activities and/or cultural richness of community

☐ Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)

☐ Specific events and festivals

☐ Year-round access to fitness opportunities (indoor activities, winter sports, etc.)

☐ Other (please specify)

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

☐ Cleanliness of area (e.g., fresh air, lack of pollution and litter)

☐ Climate and seasons

☐ General beauty of environment and/or scenery

☐ General proximity to work and activities (e.g., short commute, convenient access)

☐ Natural setting: outdoors and nature

☐ Relatively small size and scale of community

☐ Waterfront, rivers, lakes, and/or beaches

☐ Other (please specify)

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

What are the major challenges facing your community?

For each choice below, please rank the level of collaboration, or how well these groups work with others in the community, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

	1 = No collaboration	2	3	4	5 = Excellent collaboration	Don't Know/Not Applicable
Business and industry	○	○	○	○	○	○
Clinics	○	○	○	○	○	○
Economic development organizations	○	○	○	○	○	○
Emergency services, including ambulance and fire	○	○	○	○	○	○
Health and human services agencies	○	○	○	○	○	○
Hospital(s)	○	○	○	○	○	○
Indian Health Service	○	○	○	○	○	○
Law enforcement	○	○	○	○	○	○
Long term care, including nursing homes and assisted living	○	○	○	○	○	○
Other local health providers, such as dentists and chiropractors	○	○	○	○	○	○
Pharmacies	○	○	○	○	○	○
Public Health	○	○	○	○	○	○
Schools	○	○	○	○	○	○
Tribal Health	○	○	○	○	○	○

Do you believe that health-related organizations in the community are working together to improve the overall health of the area population?

- ○ No
- ○ Yes

Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- ☐ Better customer service

- [ ] Better patient care
- [ ] Better overall health of the area's population
- [ ] Coordination of appointments
- [ ] Less duplication of care
- [ ] Lower costs
- [ ] More complete and accurate health records
- [ ] Need for fewer appointments
- [ ] Other (please specify in the box below)

What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

Where do you find out -- or where do you think community members find out -- what health services are available in your area? (Choose ALL that apply.)

- [ ] Advertising
- [ ] From public health professionals
- [ ] Indian Health Service
- [ ] Newspaper
- [ ] Radio
- [ ] Word of mouth, from others (friends, neighbors, co-workers, etc.)
- [ ] From health care professionals
- [ ] Social media (Facebook, Twitter, etc.)
- [ ] Tribal health
- [ ] Web searches
- [ ] Employer/worksite wellness
- [ ] Other (please specify in the box below)

Community/environmental concerns

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

	1 = less of a concern	2	3	4	5 = more of a concern
Active faith community	○	○	○	○	○

Attracting and retaining young families	○	○	○	○	○
Not enough jobs with livable wages, not enough to live on	○	○	○	○	○
Not enough affordable housing	○	○	○	○	○
Poverty	○	○	○	○	○
Changes in population size (increasing or decreasing)	○	○	○	○	○
Crime and safety, adequate law enforcement personnel	○	○	○	○	○
Water quality (well water, lakes, streams, rivers)	○	○	○	○	○
Air quality	○	○	○	○	○
Litter (amount of litter, adequate garbage collection)	○	○	○	○	○
Having enough child daycare services	○	○	○	○	○
Having enough quality school resources	○	○	○	○	○
Not enough places for exercise and wellness activities	○	○	○	○	○
Not enough public transportation options, cost of public transportation	○	○	○	○	○
Racism, prejudice, hate, discrimination	○	○	○	○	○
Seatbelt use	○	○	○	○	○
Traffic safety, including speeding, road safety, and drunk/distracted driving	○	○	○	○	○
Physical violence, domestic violence, sexual abuse	○	○	○	○	○
Child abuse	○	○	○	○	○
Bullying	○	○	○	○	○

Concerns about health services

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

	1 = less of a concern	2	3	4	5 = more of a concern
Ability to get appointments for health services	○	○	○	○	○
Extra hours for appointments, such as evenings and weekends	○	○	○	○	○
Availability of doctors and nurses	○	○	○	○	○
Availability of public health professionals	○	○	○	○	○
Ability to retain doctors and nurses in the community	○	○	○	○	○

Availability of specialists	○	○	○	○	○
Not enough health care staff in general	○	○	○	○	○
Availability of providers that speak patients' languages and/or have translators	○	○	○	○	○
Availability of wellness and disease prevention services	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Availability of substance abuse/treatment services	○	○	○	○	○
Availability of dental care	○	○	○	○	○
Availability of vision care	○	○	○	○	○
Different health care providers having access to health care information and working together to coordinate care	○	○	○	○	○
Providers using electronic health records	○	○	○	○	○
Patient confidentiality	○	○	○	○	○
Quality of care	○	○	○	○	○
Emergency services (ambulance & 911) available 24/7	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Adequacy of health insurance (concerns about out-of-pocket costs)	○	○	○	○	○
Adequacy of Indian Health Service or Tribal Health services	○	○	○	○	○
Understanding where and how to get health insurance	○	○	○	○	○
Cost of prescription drugs	○	○	○	○	○

Physical, mental health, and substance abuse concerns (Adults)

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

	1 = less of a concern	2	3	4	5 = more of a concern
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart disease	○	○	○	○	○
Other chronic diseases	○	○	○	○	○
Dementia/Alzheimer's disease	○	○	○	○	○

Depression	○	○	○	○	○
Stress	○	○	○	○	○
Suicide	○	○	○	○	○
Alcohol use and abuse	○	○	○	○	○
Drug use and abuse (including prescription drug abuse)	○	○	○	○	○
Smoking and tobacco use/exposure to second-hand smoke	○	○	○	○	○
Not getting enough exercise	○	○	○	○	○
Obesity/overweight	○	○	○	○	○
Poor nutrition, poor eating habits	○	○	○	○	○
Diseases that can be spread, such as sexually transmitted diseases or AIDS	○	○	○	○	○
Wellness and disease prevention, including vaccine-preventable diseases	○	○	○	○	○

Concerns specific to youth and children

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

	1 = less of a concern	2	3	4	5 = more of a concern
Not enough youth activities	○	○	○	○	○
Youth obesity	○	○	○	○	○
Youth hunger and poor nutrition	○	○	○	○	○
Youth alcohol use and abuse	○	○	○	○	○
Youth drug use and abuse (including prescription drug abuse)	○	○	○	○	○
Youth tobacco use	○	○	○	○	○
Youth mental health	○	○	○	○	○
Youth suicide	○	○	○	○	○
Teen pregnancy	○	○	○	○	○
Youth sexual health	○	○	○	○	○
Youth crime	○	○	○	○	○
Youth graduating from school	○	○	○	○	○

Concerns about the aging population

Regarding the conditions in your community, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a

concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Being able to meet needs of older population	○	○	○	○	○
Long-term/nursing home care options	○	○	○	○	○
Assisted living options	○	○	○	○	○
Availability of resources to help the elderly stay in their homes	○	○	○	○	○
Availability/cost of activities for seniors	○	○	○	○	○
Availability of resources for family and friends caring for elders	○	○	○	○	○

Delivery of Health Care

Please tell us why you think community members seek health care services close to home. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Eligible for care from IHS
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Location is nearby
- ☐ Loyalty to local care providers
- ☐ Open at convenient times
- ☐ Health care providers take their insurance
- ☐ Health care providers take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify in the box below)

Please tell us why you go out of the area for health care needs. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access

- [ ] Familiar with providers
- [ ] High quality of care
- [ ] Less costly
- [ ] Eligible for contract health services under IHS
- [ ] Eligible for care from IHS
- [ ] Loyalty to local service providers
- [ ] Not eligible for care from IHS
- [ ] Open at convenient times
- [ ] Proximity
- [ ] Referral
- [ ] Health care providers take their insurance
- [ ] Health care providers take new patients
- [ ] Transportation is readily available
- [ ] Other (please specify in the box below)

What specific health care services do community members need to travel out of the area to receive?

What specific health care services, if any, do you think should be added locally?

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

- [ ] Can't get transportation services
- [ ] Concerns about confidentiality
- [ ] Distance from health facility
- [ ] Don't know about local services
- [ ] Not able to get appointment/limited hours
- [ ] Not able to see same provider over time
- [ ] Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- [ ] Not affordable
- [ ] No insurance or limited insurance

- [ ] Not enough doctors
- [ ] Not enough evening or weekend hours
- [ ] Not enough specialists
- [ ] Don't speak language or understand culture
- [ ] Other (please specify)

Which of the following services have you or a family member used at Jacobson Memorial Hospital Care Center & Clinics during the past year? (Choose ALL that apply.)

- [ ] Emergency department visit
- [ ] Clinic visit
- [ ] Outpatient hospital services
- [ ] Outpatient therapy (physical, occupational, speech, cardiac rehab)
- [ ] Laboratory services
- [ ] Inpatient hospital stay
- [ ] Radiology services (x-ray, MRI, bone density, mammography, ultrasound)

Preventive care and public health services

In the past year, have you or a family member had any interaction with Custer Health?

- ○ No
- ○ Yes

What interactions have you or a family member had with Custer Health?

Which of the following Custer Health services have you or a family member used in the past year? (Choose ALL that apply.)

- [ ] Bicycle helmet safety
- [ ] Blood pressure check
- [ ] Breastfeeding resources
- [ ] Car seat program
- [ ] Cholesterol check
- [ ] CPR and First Aid training

- [ ] Diabetes screening
- [ ] Flu shots
- [ ] Environmental Health Services (water, sewer, health hazard abatement)
- [ ] Health Tracks (child health screening)
- [ ] Hepatitis C and HIV testing/counseling
- [ ] Home health
- [ ] Immunizations
- [ ] Tobacco Prevention and Control
- [ ] Tuberculosis testing and management
- [ ] WIC (Women, Infants & Children) Program
- [ ] Women's Way
- [ ] BAMBEE (Babies and Mothers Beyond Birth Education) Program

Where do you think community members turn for trusted health information? (Choose ALL that apply.)

- [ ] Primary care provider (my doctor, nurse practitioner, physician assistant)
- [ ] Public health professional
- [ ] Other health care professionals (nurses, chiropractors, dentists, etc.)
- [ ] Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- [ ] Word of mouth, from others (friends, neighbors, co-workers, etc.)
- [ ] Other (please specify in the box below)

Demographic Information

Please tell us about yourself.

Age:

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

Highest level of education:

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

Profession:

- ○ Allied health professional
- ○ Clerical
- ○ CNA/other assistant
- ○ Environmental services
- ○ Health care administration
- ○ Nurse
- ○ Physician
- ○ Physician Assistant/Nurse Practitioner
- ○ Other (please specify in the box below)

Gender:

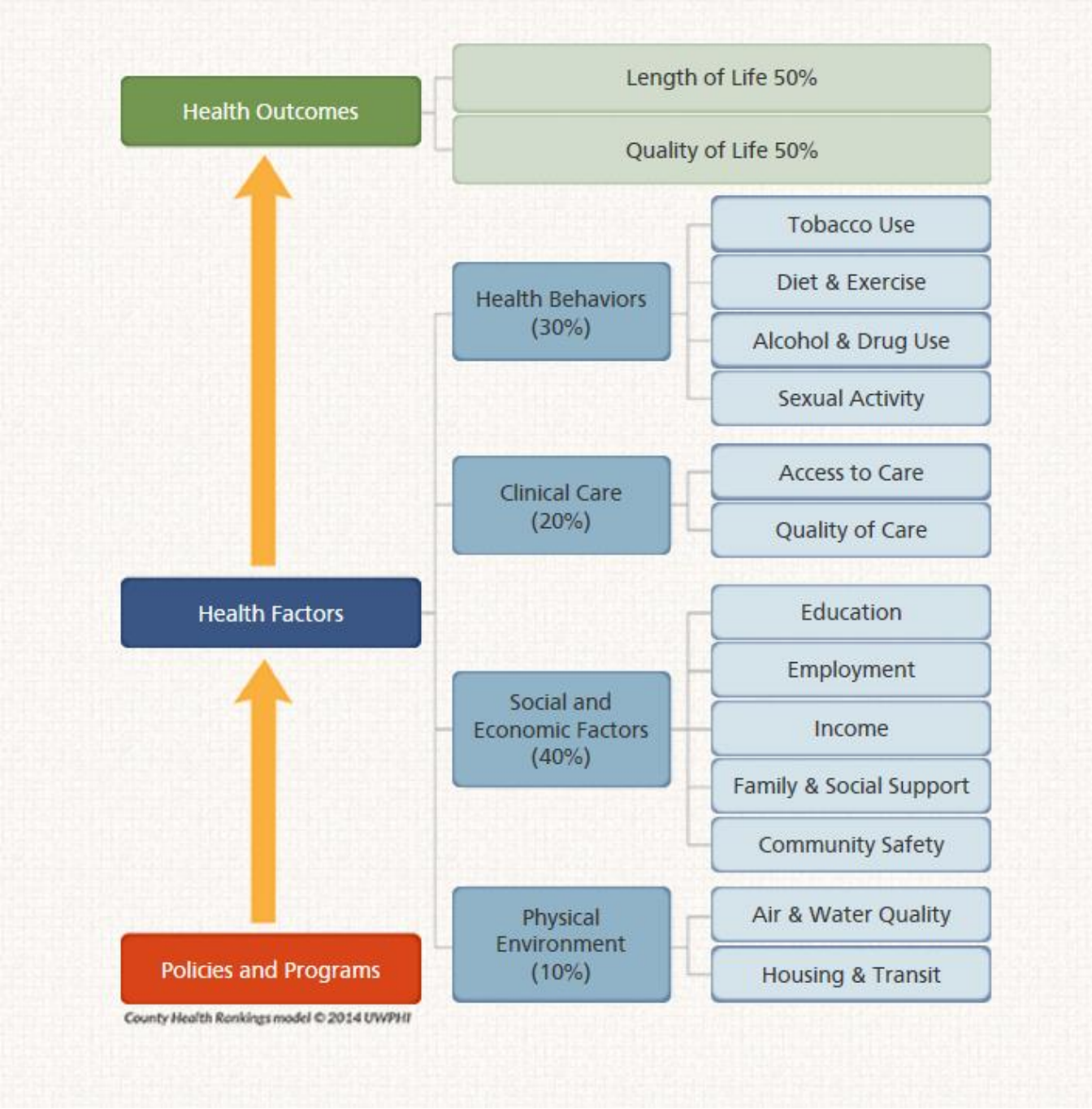
- ○ Female
- ○ Male

Your zip code:

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

Block 1

Appendix B – County Health Rankings Model



Appendix C – Custer District Community Health Profile

Custer District Community Health Profile

POPULATION

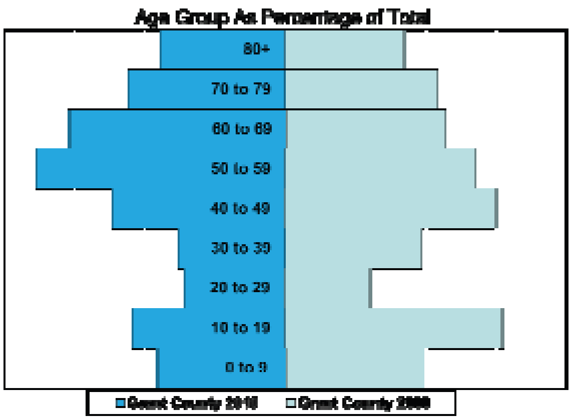
The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the full (100%) census taken in 2010 or from the Community Population Survey aggregrated over a several year period. The table header describes the specific years from which the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

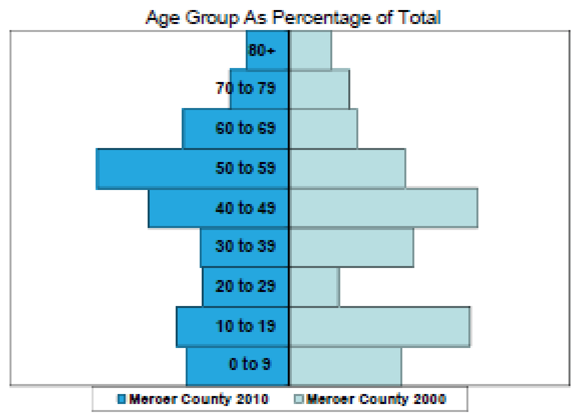
Population by Age Group, 2010 Census								
Age Group	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	218	9.1%	936	11.1%	3644	13.3%	219	11.9%
10-19	260	10.9%	1019	12.1%	3510	12.8%	219	11.9%
20-29	169	7.1%	782	9.3%	3355	12.2%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

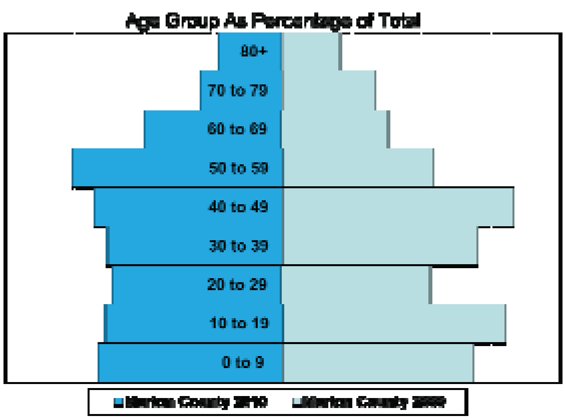
Population by Age Group, 2010 Census						
Age Group	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
0-9	916	22.1%	5,933	13.4%	84,671	12.6%
10-19	769	18.5%	5,777	13.0%	87,264	13.0%
20-29	596	14.4%	5,040	11.4%	108,552	16.1%
30-39	508	12.2%	5,103	11.5%	77,954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

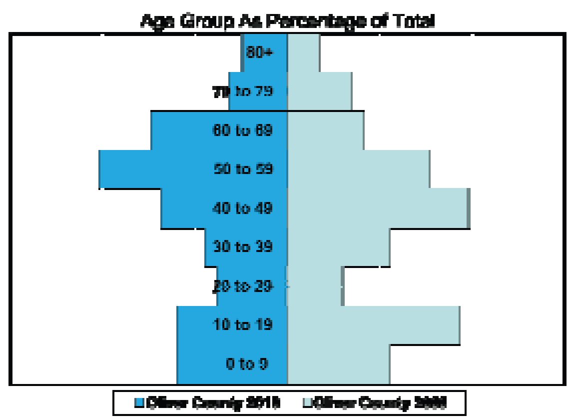
Custer District Community Health Profile

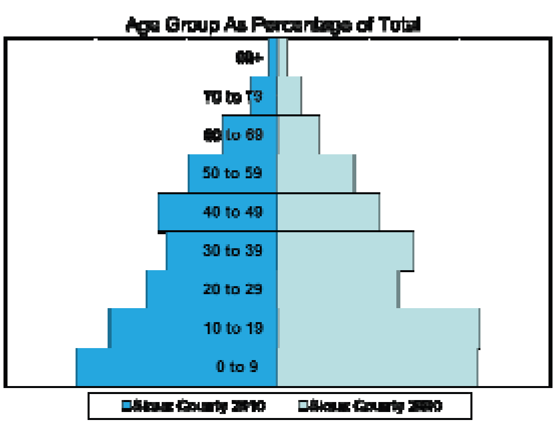
POPULATION

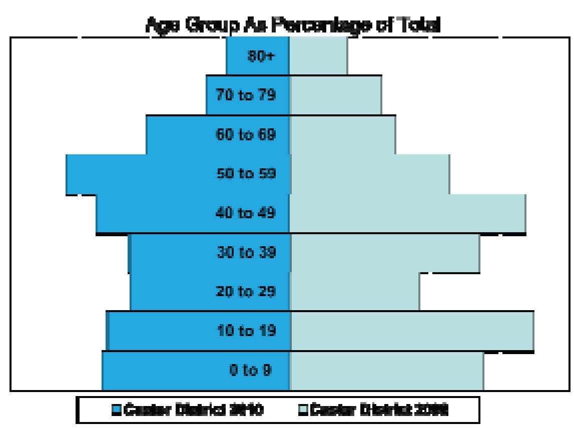












Custer District Community Health Profile

POPULATION

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

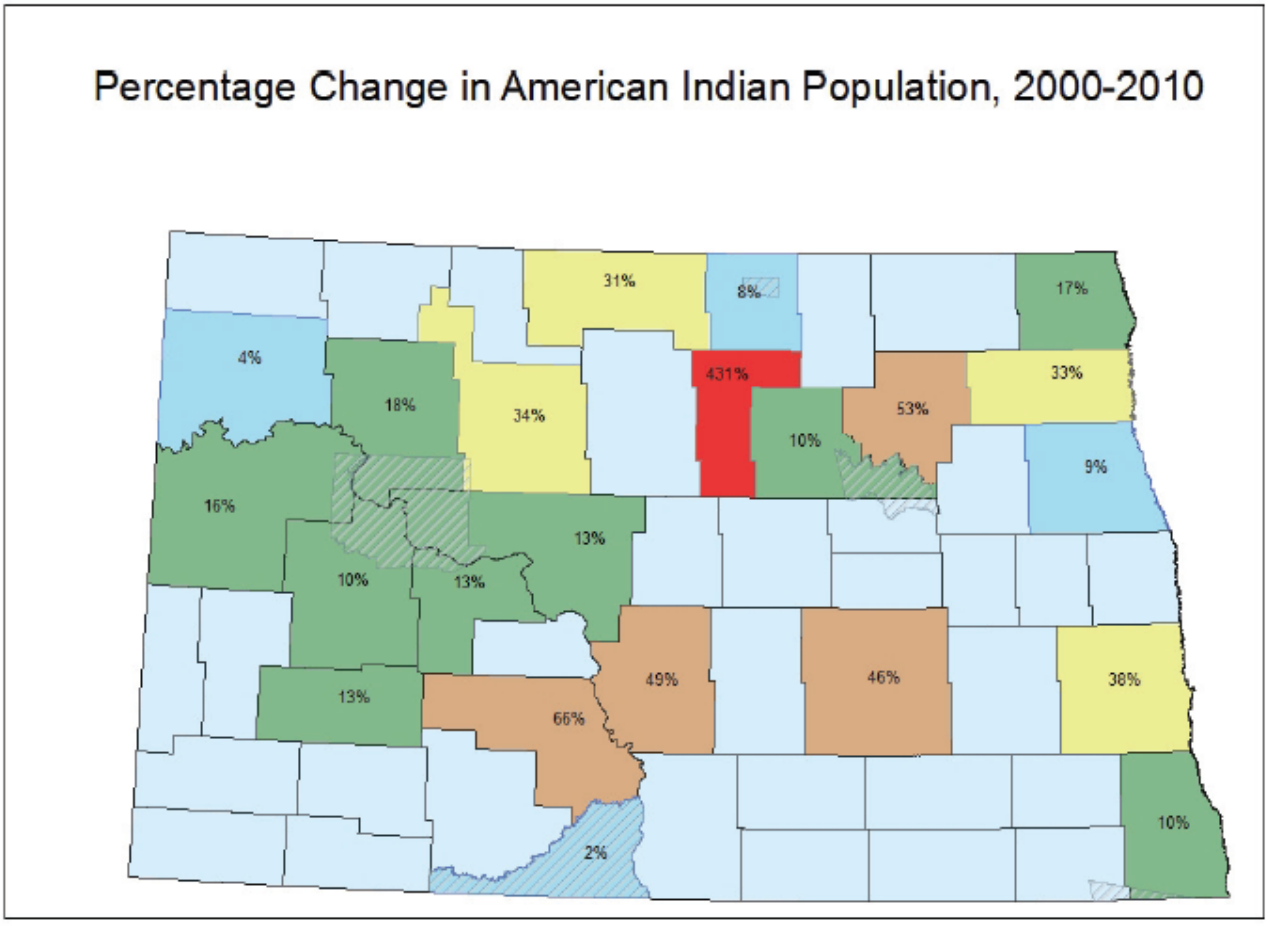
Female Population and Percentage Female by Age, 2010 Census						
Age Group	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
0-9	427	46.6%	2868	48.3%	41330	48.8%
10-19	366	47.6%	2756	47.7%	42277	48.4%
20-29	283	47.5%	2442	48.5%	50571	46.6%
30-39	253	49.8%	2529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

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

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

Custer District Community Health Profile

POPULATION



Custer District Community Health Profile

POPULATION

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

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

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

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

Custer District Community Health Profile

POPULATION

Marital Status of Persons Age 15 and Older, 2000 Census

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

Marital Status of Persons Age 15 and Older, 2000 Census

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

Educational Attainment, 25 Years and Older, 2006-2010, ACS

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

Educational Attainment, 25 Years and Older, 2006-2010, ACS

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

Custer District Community Health Profile

POPULATION

Income and Poverty Status by Age Group, 2006-2010, ACS	Sioux County		Custer District		North Dakota	
Median Household Income	$30,990		NA		$46,781	
Per Capita Income	$13,542		NA		$25,803	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Below Poverty Level	1,936	47.2%	5,082	11.5%	78,405	12.3%
Under 5 years	341	71.8%	633	20.6%	4,120	9.2%
5 to 11 years	251	41.6%	615	15.4%	7,908	14.2%
12 to 17 years	274	62.6%	542	14.8%	5,457	11.0%
18 to 64 years	970	41.4%	2515	9.3%	46,471	12.0%
65 to 74 years	39	19.5%	245	7.4%	4,149	8.9%
75 years and over	61	64.9%	532	16.3%	7,072	14.0%

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

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

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

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Child Deaths, 2006-2010	Grant County		Mercer County		Morton County		Oliver County	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	NR	NR	NR	NR	17	9.3	0	0.0
Child and Adolescent Deaths and Rate	NR	NR	NR	NR	10	29.4	0	0.0
Total Deaths and Crude Rate	174	1,454	364	864	1,195	870	59	639

Child Deaths, 2006-2010	Sioux County		Custer District		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	6	11.9	24	8.1	281	6.0
Child and Adolescent Deaths and Rate	13	162.0	28	50.3	285	35.0
Total Deaths and Crude Rate	211	1,016	2,003	905	28,984	862

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Custer Health: Leading Causes of Death by Age Group, 2006-2010

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

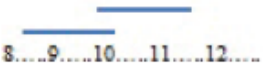
Leading Causes of Death by Age Group for North Dakota, 2006-2010

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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



	ALCOHOL	Grant %	Mercer %	Morton %	Oliver %
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	24.7 (16.2-33.2)	18.2 (14.4-22.1)	21.9 (19.1-24.7)	14.1 (6.8-21.5)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	1.0 (0.0- 2.1)	4.1 (2.1- 6.1)	4.9 (3.2- 6.5)	0.5 (0.0- 1.5)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	5.9 (0.0-15.4)	2.5 (0.5- 4.4)	5.3 (2.9- 7.8)	2.1 (0.0- 6.3)

	ALCOHOL	Sioux %	Custer District %	North Dakota %
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	23.6 (15.2-32.0)	21.1 (19.0-23.1)	21.1 (20.5-21.6)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	4.9 (0.3- 9.5)	4.2 (3.1- 5.3)	5.0 (4.7- 5.3)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	11.6 (0.0-23.7)	5.1 (3.1- 7.0)	5.7 (5.1- 6.2)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	HEALTH CARE ACCESS	Grant %	Mercer %	Morton %	Oliver %
Health Insurance	Respondents who reported not having any form or health care coverage	18.9 (11.5-26.3)	10.9 (7.5-14.2)	11.0 (8.7-13.2)	14.7 (7.2-22.2)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	10.3 (3.9-16.7)	6.0 (3.8- 8.2)	7.2 (5.4- 8.9)	5.4 (0.0-11.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	22.2 (15.4-28.9)	20.3 (15.9-24.7)	20.8 (18.1-23.6)	30.1 (21.4-38.7)

	HEALTH CARE ACCESS	Sioux %	Custer District %	North Dakota %
Health Insurance	Respondents who reported not having any form or health care coverage	32.5 (23.1-41.9)	13.9 (12.0-15.8)	11.4 (11.0-11.9)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	13.5 (7.6-19.5)	7.7 (6.4- 9.1)	6.8 (6.4- 7.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	41.8 (32.1-51.6)	23.4 (21.2-25.6)	23.5 (23.0-24.1)

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

CRIME

Crime data is obtained from the North Dakota web site for the North Dakota Bureau of Criminal Investigation. The number of crimes are reported to BCI by local law enforcement agencies. Some years some agencies may not report so the data is designated as incomplete.

Grant County

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

Mercer County (Incomplete)

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

Morton County

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

Custer District Community Health Profile

CRIME

Oliver County

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

Sioux County (Not Available)

Custer (Reported cases, excluding Sioux County)

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

North Dakota

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

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

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

Appendix D – Prioritization of Community's Health Needs

Tier 1 (Significant Needs)

- Attracting and retaining young families (6 votes)
- Ability to retain doctors and nurses in the community (6 votes)
- Declining community engagement and cohesiveness (6 votes)
- Encouraging healthy lifestyles (combination of elevated rate of adult obesity (4 votes) and limited access to exercise opportunities (4 votes))

Tier 2

- Elevated rate of uninsured residents (4 votes)
- Not enough jobs with livable wages (4 votes)
- Elevated rate of diabetics (3 votes)
- Elevated rate of physical inactivity (3 votes)
- Cost accessibility of health insurance (3 votes)
- Lack of effective collaboration (3 votes)

Tier 3

- Increased rate of children in poverty (2 votes)
- Elevated rate of excessive drinking (1 vote)
- Elevated rate of sexually transmitted infections (1 vote)
- Increased rate of drinking water violations (1 vote)
- Lack of child care capacity (1 vote)
- Youth substance abuse (alcohol, drugs, tobacco) (1 vote)
- Lack of evening or weekend appointments (1 vote)
- Need for transportation options (1 vote)

(No Votes)

- Low food environment index
- Not enough dentists
- Elevated level of preventable hospital stays
- Decreased rates of preventive screening (diabetic and mammogram)
- Increased rate of inadequate social support
- Increased level of air pollution
- Increased rate of severe housing problems
- Elevated rate of uninsured children
- Not enough youth activities
- Lack of access to specialists
- Substance abuse issues