







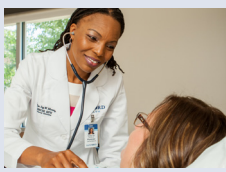


SANFORD HEALTH

Sanford Medical Center Mayville

2018 Community Health Needs Assessment



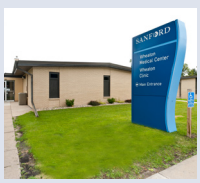
















dba Sanford Mayville Medical Center EIN# 45-0228899

Dear Community Members,

Sanford Mayville is pleased to present the 2018 Community Health Needs Assessment (CHNA).

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

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

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

- *Mental Health and Substance Abuse*
- *Transportation*

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

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

Sincerely,

Jac McTaggart
Senior Director
Sanford Mayville

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Executive Summary

Purpose

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

Our Guiding Principles

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

Regulatory Requirements

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

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

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

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

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

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

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

Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health, Traill County Public Health and Steele Public Health distributed the survey link via email to stakeholders and key leaders located within the Mayville and Mayville communities and Traill and Steele counties. Data collection occurred from December 2017 to January 2018. A total of 24 community stakeholders participated in the survey.

   B. *Resident Survey*
   The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the State Health Improvement Plan (SHIP) surveys and those questions were included in the resident survey. The North Dakota Public Health Association developed the questions specific to the American Indian population. The survey was posted on Facebook and a notice was posted in the local newspaper to invite residents to take the survey. The newspaper post included a URL for the survey. Additionally, the survey link was sent to community partners who in turn sent the link to their email lists. A total of 79 community residents participated in the survey.

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

   D. *Community Stakeholder Discussions*
   Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation

strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

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

2. Secondary Research
   A. The 2018 County Health Rankings
   B. The U.S. Census Bureau estimates
   C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is https://www.communitycommons.org/maps-data/
   D. The Traill District Health Unit Traill County Community Health Profile – May 2018
   E. The Steele County Public Health Steele County Community Health Profile – May 2018

Limitations of the Study

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

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

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

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

Key Findings

Community Health Concerns
The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in many cases the indicators are aligned and validate our findings.

Economic Well-Being
Community stakeholders are most concerned that there is a need for affordable housing (ranking 3.30) and employment options (3.12).

Transportation
Community stakeholders are most concerned about the need for door-to-door transportation for community members who do not drive (3.08) and the availability of public transportation (3.00).

Children and Youth
Community stakeholders are most concerned about the availability of quality childcare (3.54), childhood obesity (3.48), the cost of quality childcare (3.46), the availability of services for at-risk youth (3.30), bullying (3.22), substance abuse by youth (3.17), the cost of activities (3.09), the cost of services for at-risk youth (3.09), opportunities for youth-adult mentoring (3.05), and teen tobacco use (3.00).

Aging Population
Community stakeholders are most concerned about the cost of long term care and memory care (3.75), the availability of resources for family and friends caring for elders(3.26), the cost of in-home services (3.09), and help making out a will or health care directive (3.00).

Safety
Community stakeholders are most concerned about the culture of excessive drinking (3.30) and abuse of prescription drugs (3.05).

Health Care Access
Community stakeholders are most concerned about the availability of mental health providers (4.00), the availability of behavioral health (substance abuse) providers (3.81), access to affordable health insurance (3.61), access to affordable health care (3.57), access to affordable prescription drugs (3.52), access to affordable dental insurance (3.13), and access to affordable vision insurance (3.00).

Mental Health and Substance Abuse
Community stakeholders are most concerned about depression (3.68), alcohol use and abuse (3.59), drug use and abuse (3.32), dementia and Alzheimer's (3.23), stress (3.14,) and suicide (3.05).

Resident survey participants are facing the following issues:

- 77% report that they are overweight or obese
- 46% self-report binge drinking at least 1X/month
- 42% have been diagnosed with anxiety
- 35% have been diagnosed with depression

- 21% have not visited a dentist in more than a year
- 14% report running out of food before having money to buy more
- 27% have been diagnosed with high cholesterol
- 33% have a diagnosis of hypertension and
- 17% report that alcohol use has had a harmful effect on them or a member of their family in the past two years
- 4% currently smoke cigarettes
- 36% self-report that they have drugs in their home they are not using

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

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

- *Mental Health/Behavioral Health and Substance Abuse*
- *Transportation*

Implementation Strategies

Priority 1: Mental Health/Behavioral Health and Substance Abuse

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

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

Priority 2: Transportation

The University of Minnesota's Rural Health Research Center reports that transportation is a concern for rural residents. A social determinant of health, affordable transportation is fundamental to mental, physical, and emotional well-being. Individuals with disabilities, those with low incomes, seniors, and others who may not have reliable access to transportation depend on public and private transportation to access health services, obtain food and other basic needs, and to engage with their communities.

Sanford Mayville has made transportation a significant priority and has developed a strategy to work in collaboration with city and county leadership and the Department of Human Services to explore options for the local community and county members.

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Acknowledgements

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

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Bemidji
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bemidji
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Bemidji
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls

- Joy Johnson, VP of Operations, Sanford Bemidji
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
- Amber Langner, Senior Director of Finance, Corporate Accounting, Sanford Health
- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids
- Carrie McLeod, Sanford Community Health Improvement/Community Benefit - CHNA Director
- Jac McTaggart, Senior Director, Sanford Mayville and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

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

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Beltrami Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction
- Kathy McKay, Clay County Public Health
- Jac McTaggert, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Beltrami Public Health

- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

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

The following Mayville, Traill County and Steele County community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Brenda Stallman, Administrator, Traill Health District
- Bethany Ness, Resource Specialist, Traill and Steele County Public Health
- Bernie Johnson, Outreach Manager, Valley Senior Services
- Brittany Ness, Steele County Public Health
- Christina Torgerson, Mayville State
- Courtney Amb, Mayville State
- Doreen Nelson, Supervisor, Sanford Home Care
- Jac McTaggert, Senior Director, Sanford Mayville and Sanford Mayville
- Libby Kyllo, Bridging Program
- Sam Fugleberg, Bridging Program
- Susan Willyard, Traill and Steele WIC Program

Description of the Medical Center

Sanford Mayville Medical Center, Mayville, ND

Sanford Mayville is a 25-bed Critical Access Hospital serving Traill and Steele counties with 10 acute care beds designated for swing bed (short-term) patients. The medical center employs 77 people, including 2 physicians practicing in the areas of family medicine, internal medicine and pediatrics, and 2 nurse practitioners.

The medical center provides emergency medicine, adult trauma and surgery, including eye, general, urologic and endoscopic procedures. Other services include lab, cardiac rehab, physical therapy, OT, radiology, respiratory therapy, pharmacy, EKG, speech therapy, sleep studies and psychiatry.

Description of the Community Served

Mayville is located in northeast North Dakota. It is the largest community in Traill County with a population over 1,900. More than 200 businesses are located in Mayville, including information technology, manufacturing, processing, retail, service, and health care, banks, credit union, national financial investment groups, and insurance companies.

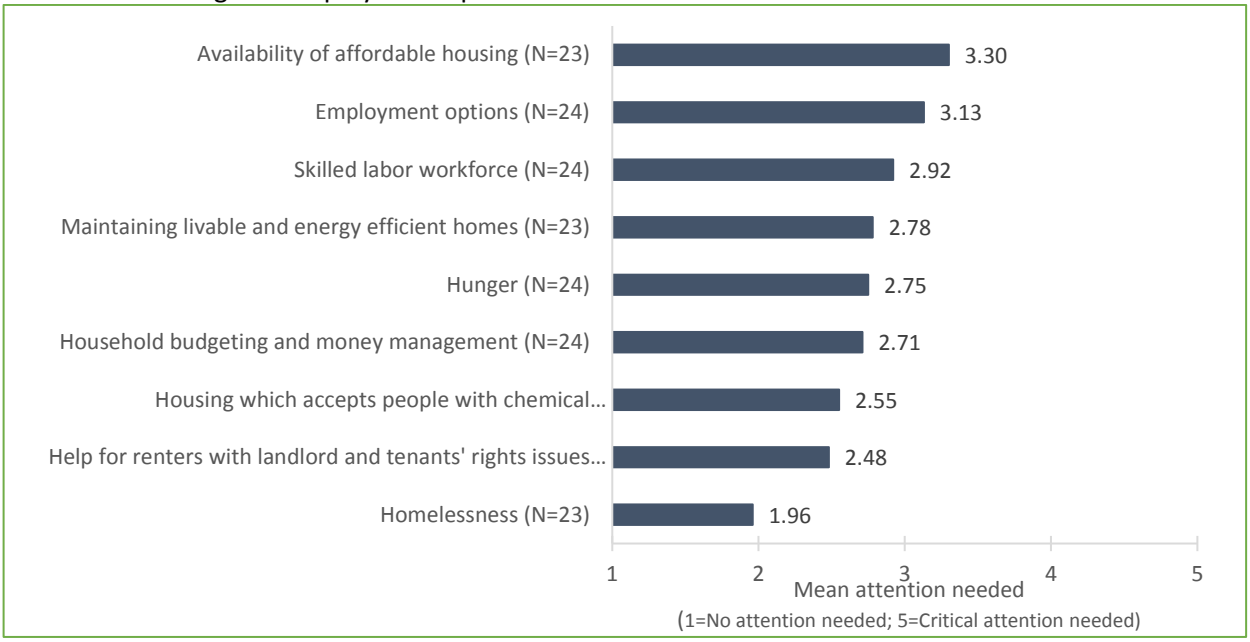
The Mayville community is home to a fitness center, golf course, three parks, community-wide walking/biking trails, a water park and a hockey rink. The educational system includes Mayville State University, the nation's first university to integrate tablet PC technology into the student experience. The University offers bachelor's degrees to more than 900 students. Mayville and the neighboring communities of Portland, Clifford and Galesburg, ND have partnered in K-12 education in a school district with 620 students and 70 faculty and staff.

Key Findings

Community Health Concerns

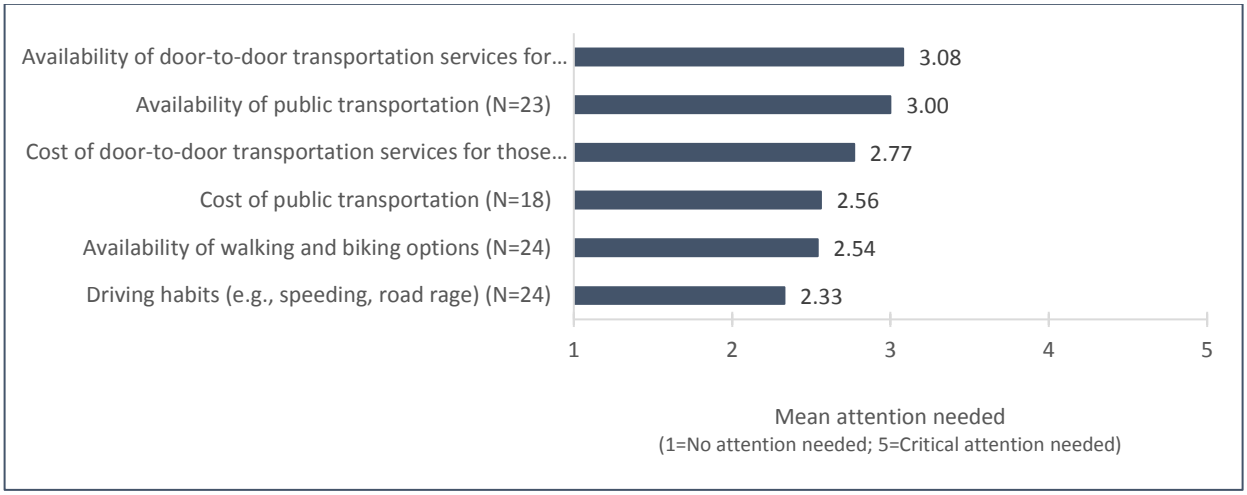
The key findings are based on the key stakeholder survey, the resident survey, and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases, the indicators align with and validate our findings.

Economic Well-Being: The concern for the community's economic well-being is focused on the need for affordable housing and employment options.



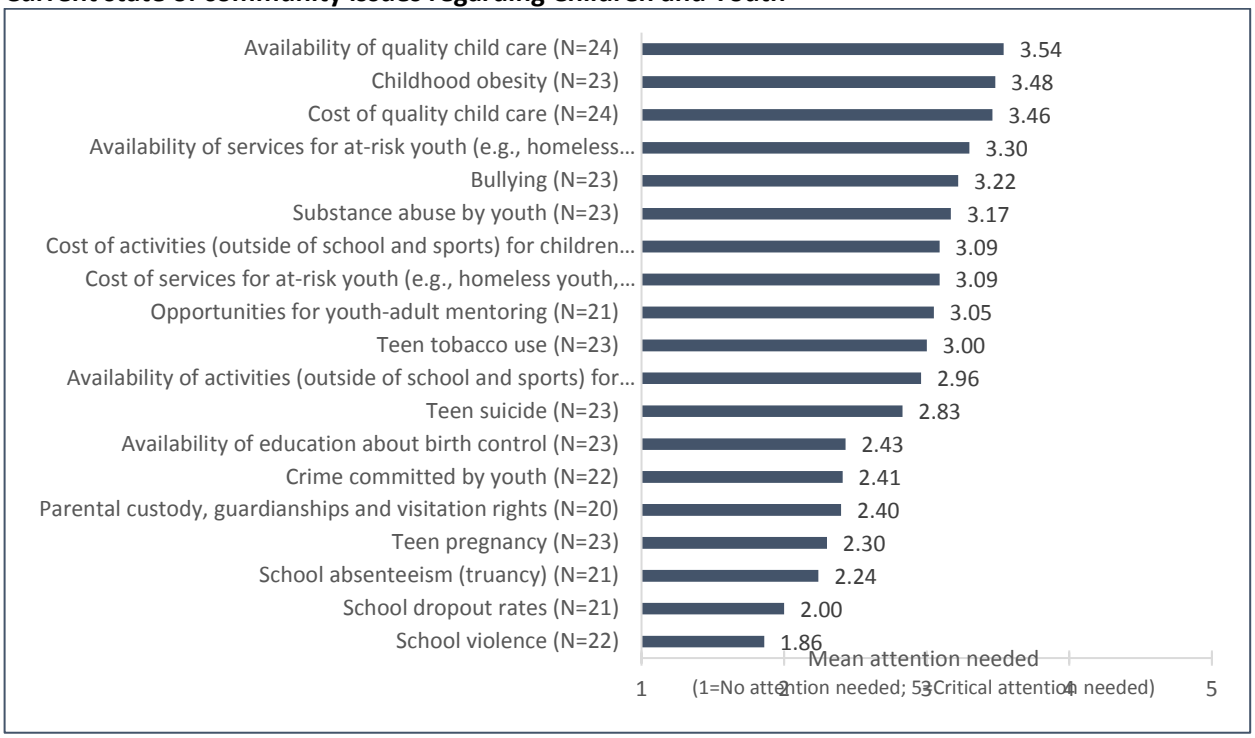
Healthy People 2020 has defined the social determinants of health. "Social determinants of health" are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions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

Transportation: The concern for transportation focuses on the need for door-to-door transportation for those unable to drive and the need for public transportation in general.



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

Current state of community issues regarding Children and Youth



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

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for

substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

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

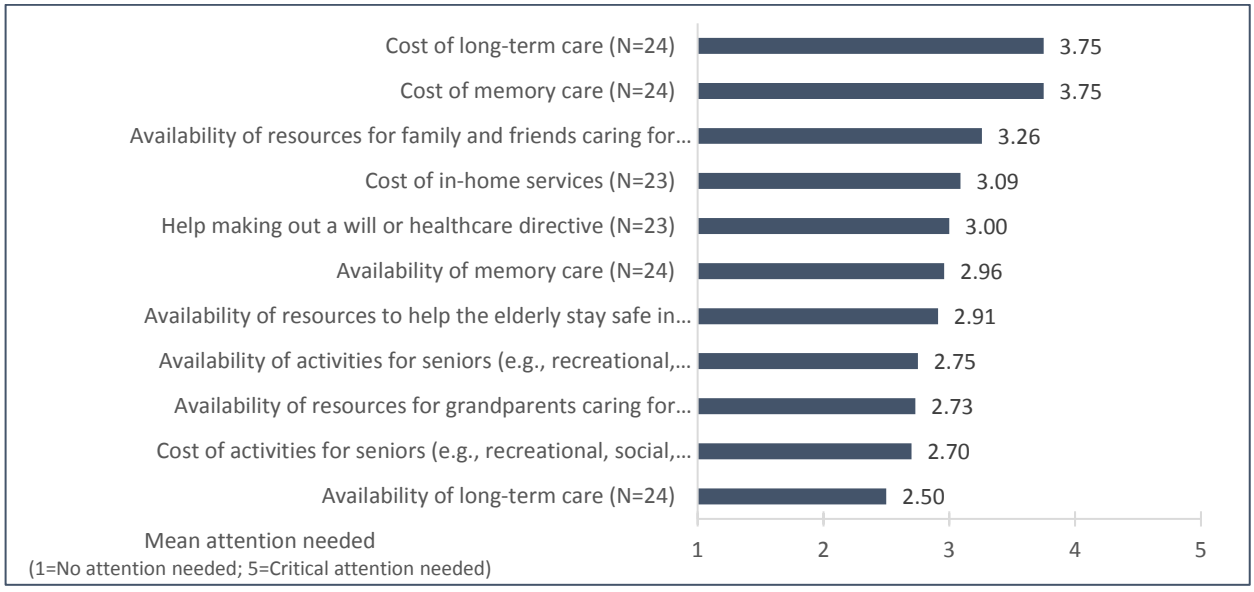
- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse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

Protective factors include:

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

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

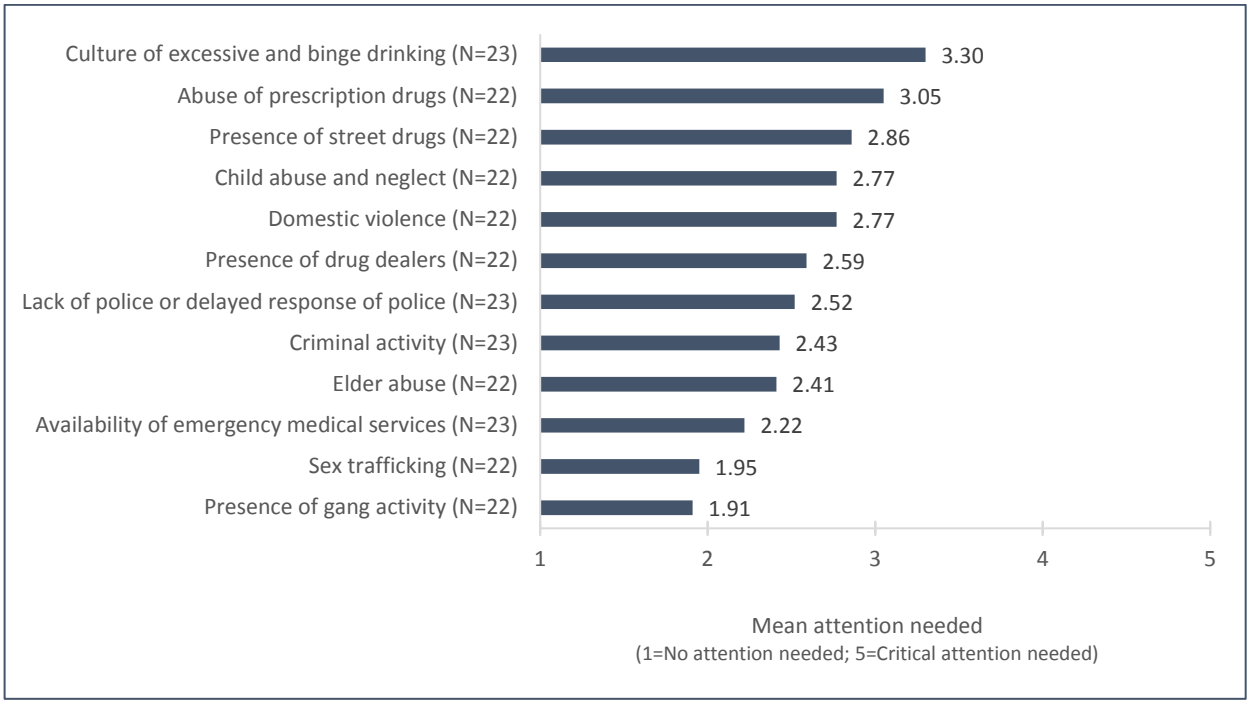
Current state of community issues regarding the AGING POPULATION



Acording to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

Safety: The abuse of prescription drugs and the culture of excessive drinking are top concerns for safety in the community.

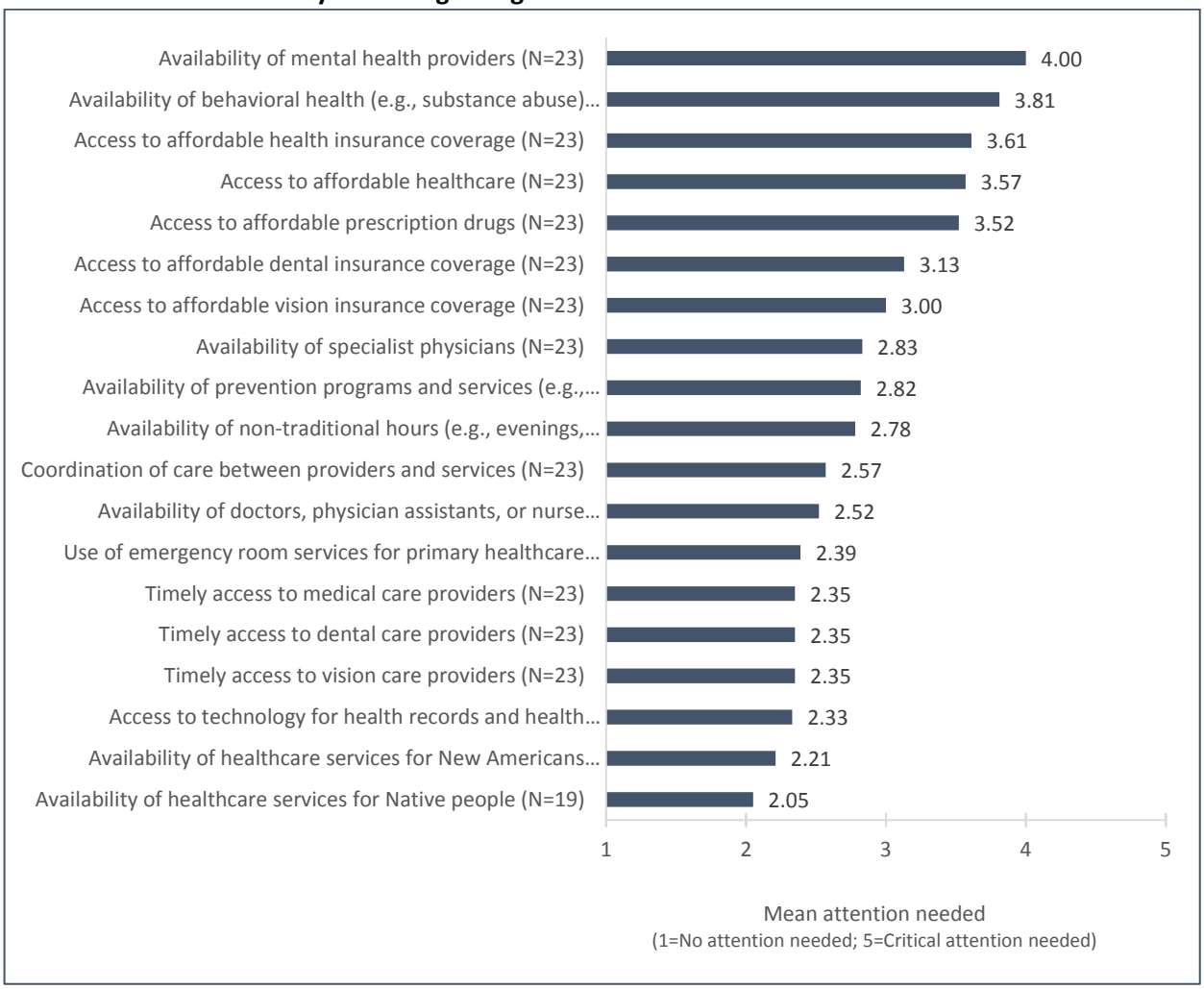
Current state of community issues regarding SAFETY



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

Health Care and Wellness: The availability of mental health and behavioral health providers is ranked very high among the top concerns for the community. Access to affordable health insurance and affordable health care, affordable prescription drugs, and affordable dental and vision insurance, are all high concerns for community stakeholders.

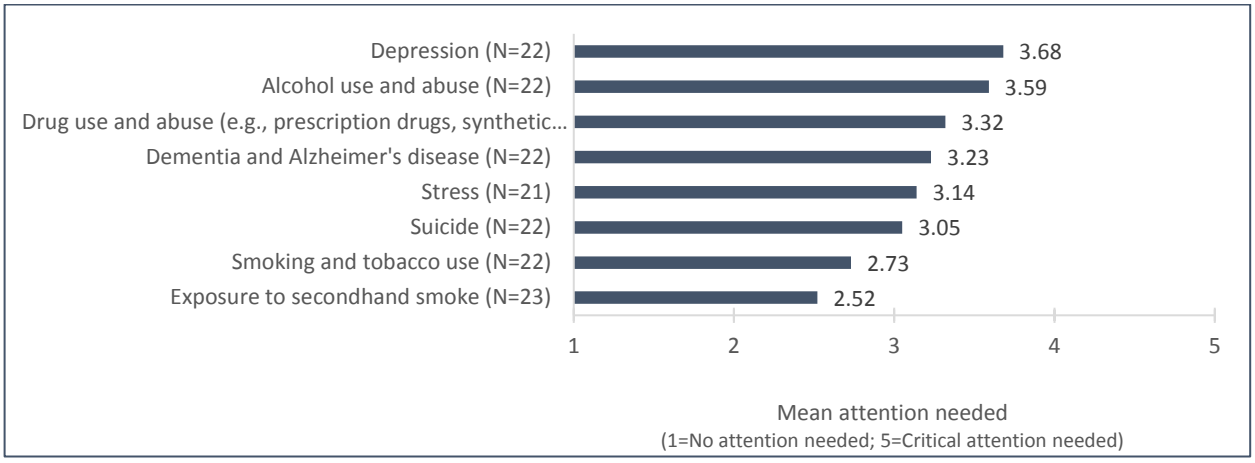
Current state of community issues regarding HEALTH CARE AND WELLNESS ACCESS



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

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

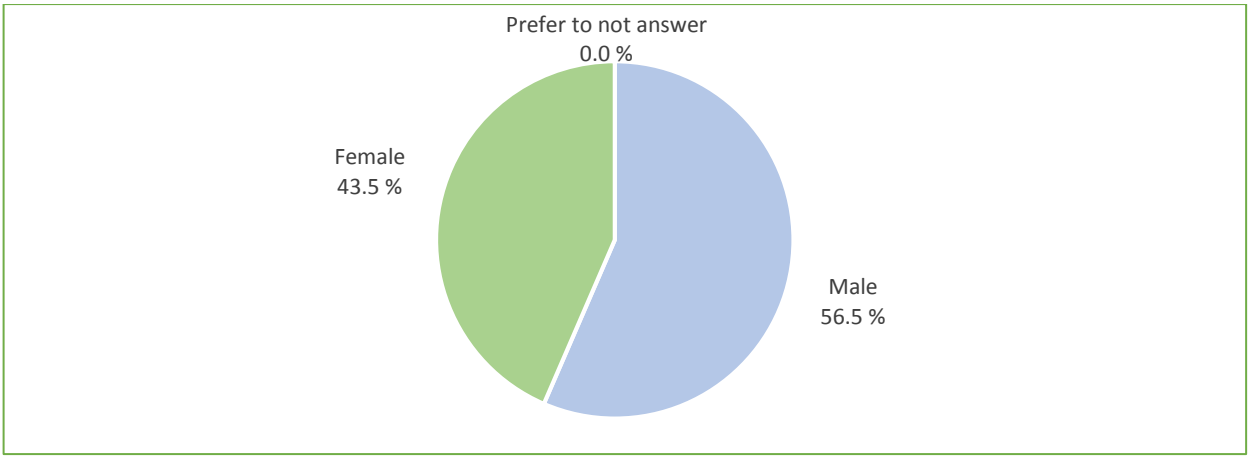
Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



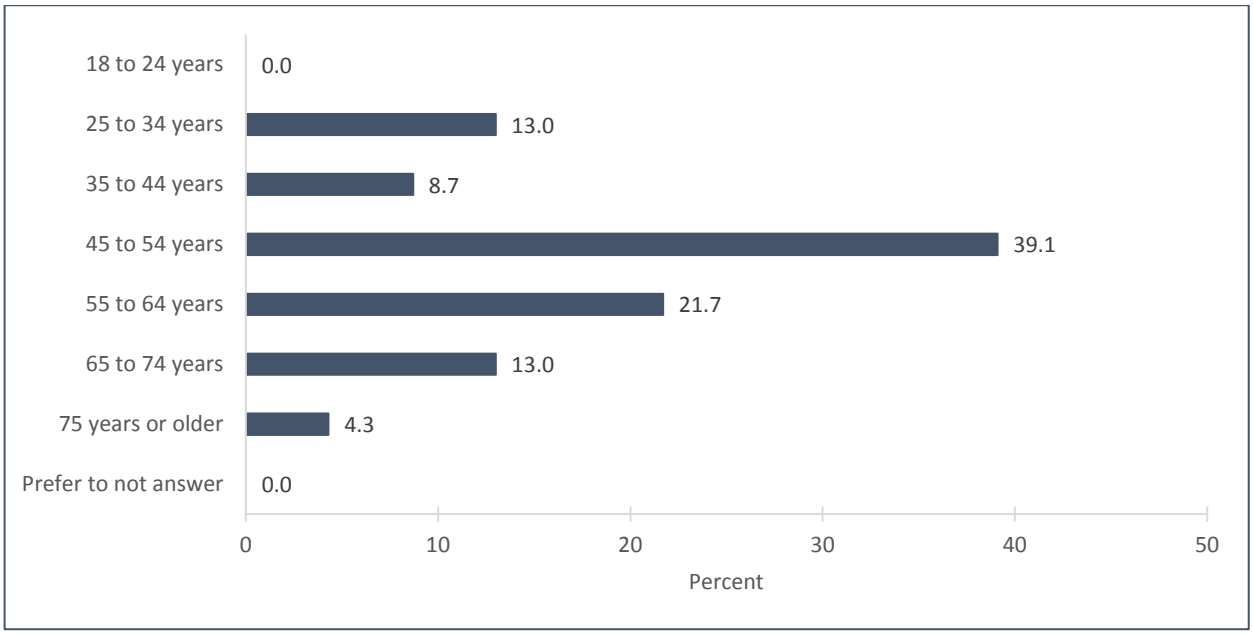
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental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

Demographic Information for Key Stakeholder Participants

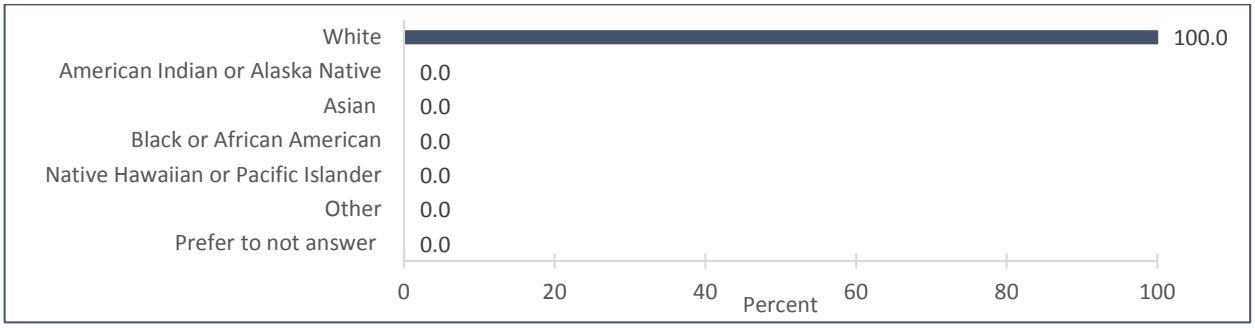
Biological Gender



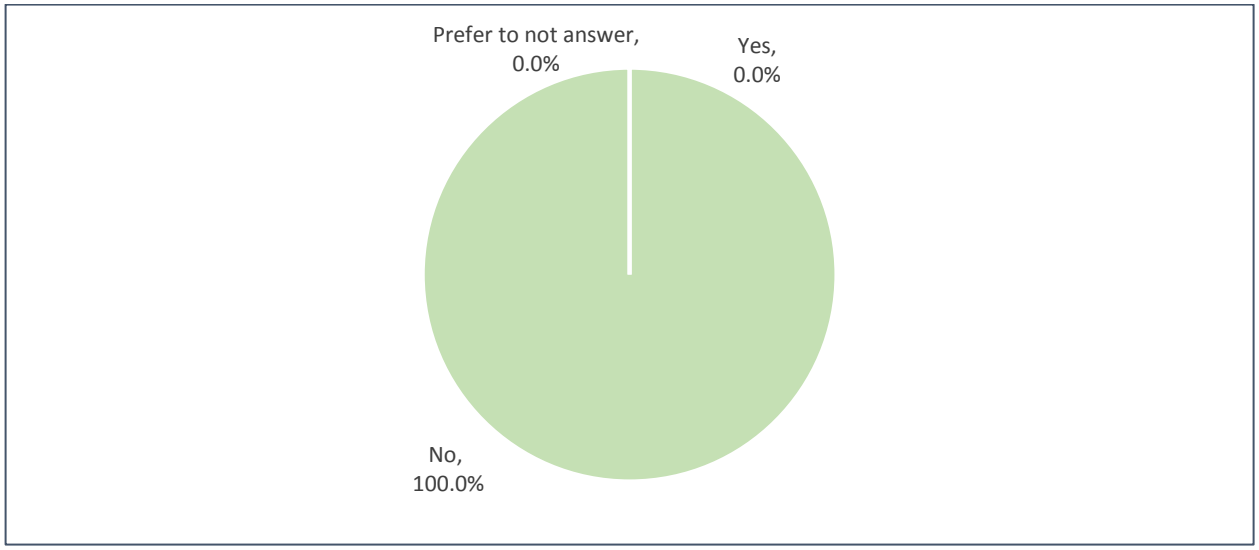
Age of Respondents



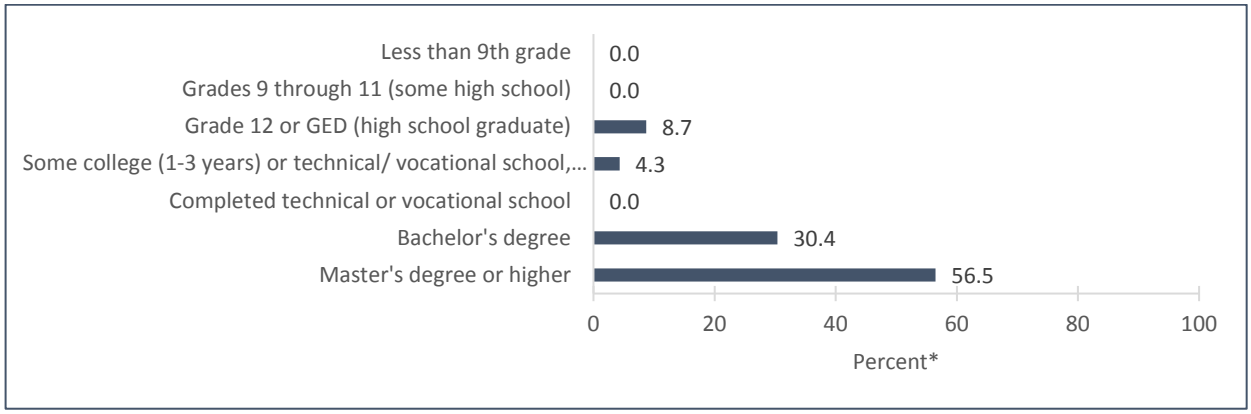
Race of Participants



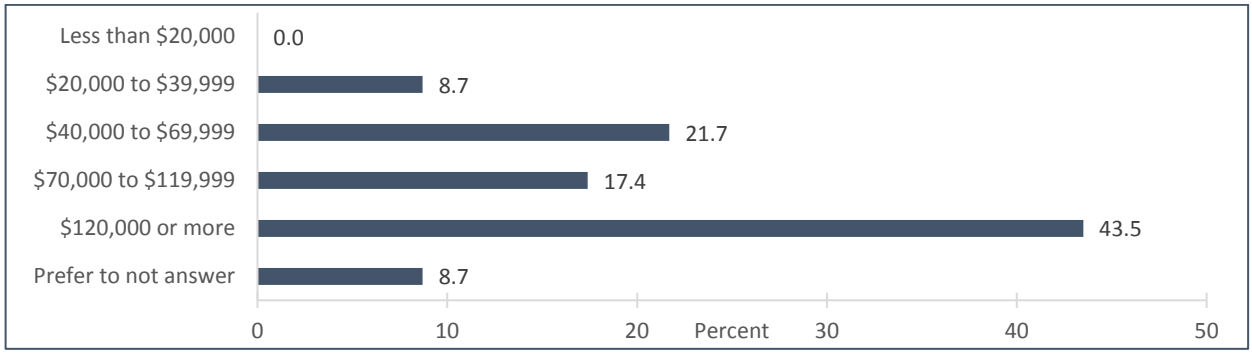
Whether Respondents are of Hispanic or Latino Origin



Highest Level of Education Completed



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



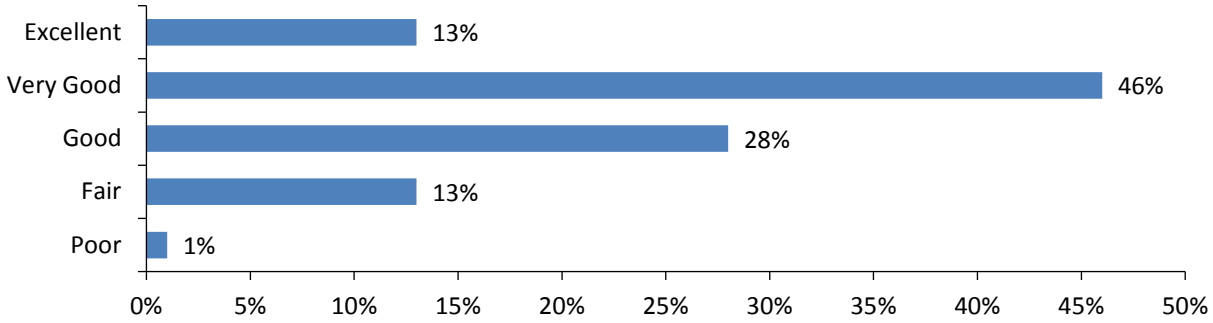
Residents' Health Concerns

Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

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

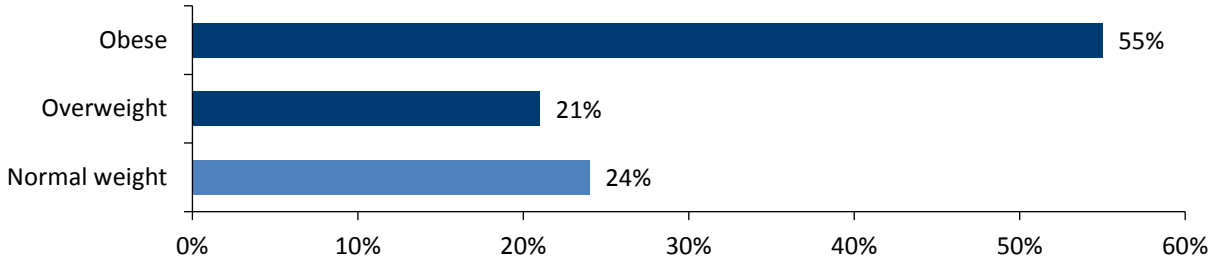
How would you rate your health?

Eighty-six percent of survey participants rated their health as good or better.



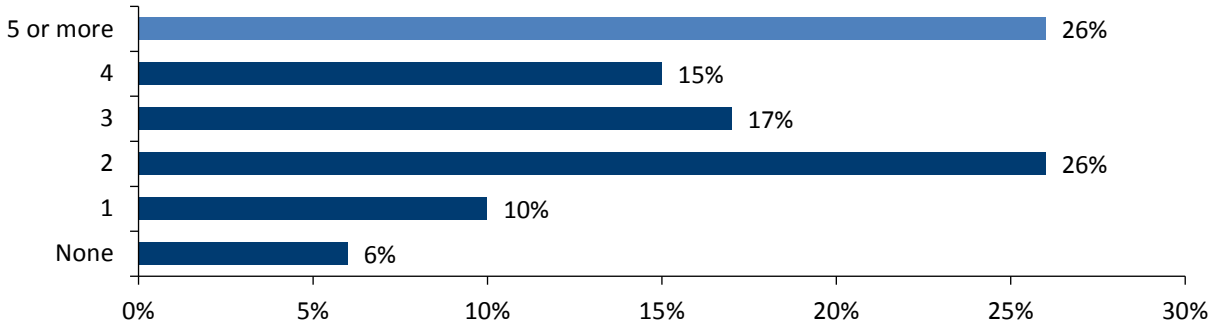
Body Mass Index (BMI)

Seventy-six percent are obese or overweight.



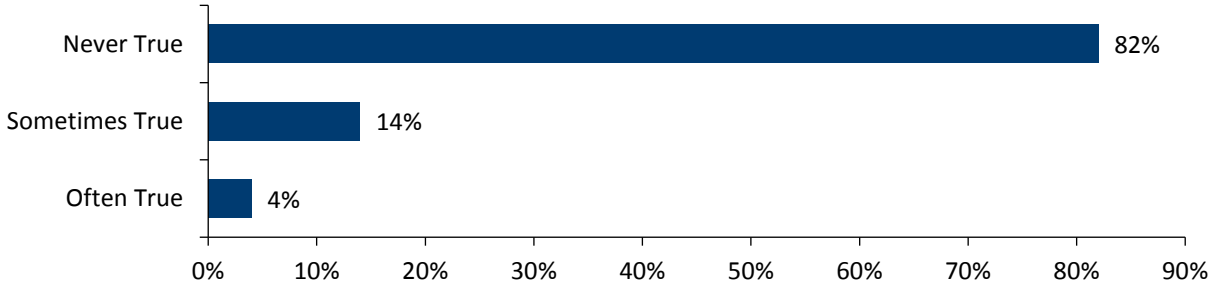
Total Servings of Fruits, Vegetables and Juice

Only 28% are consuming the recommended 5 or more daily servings of fruit and vegetables.



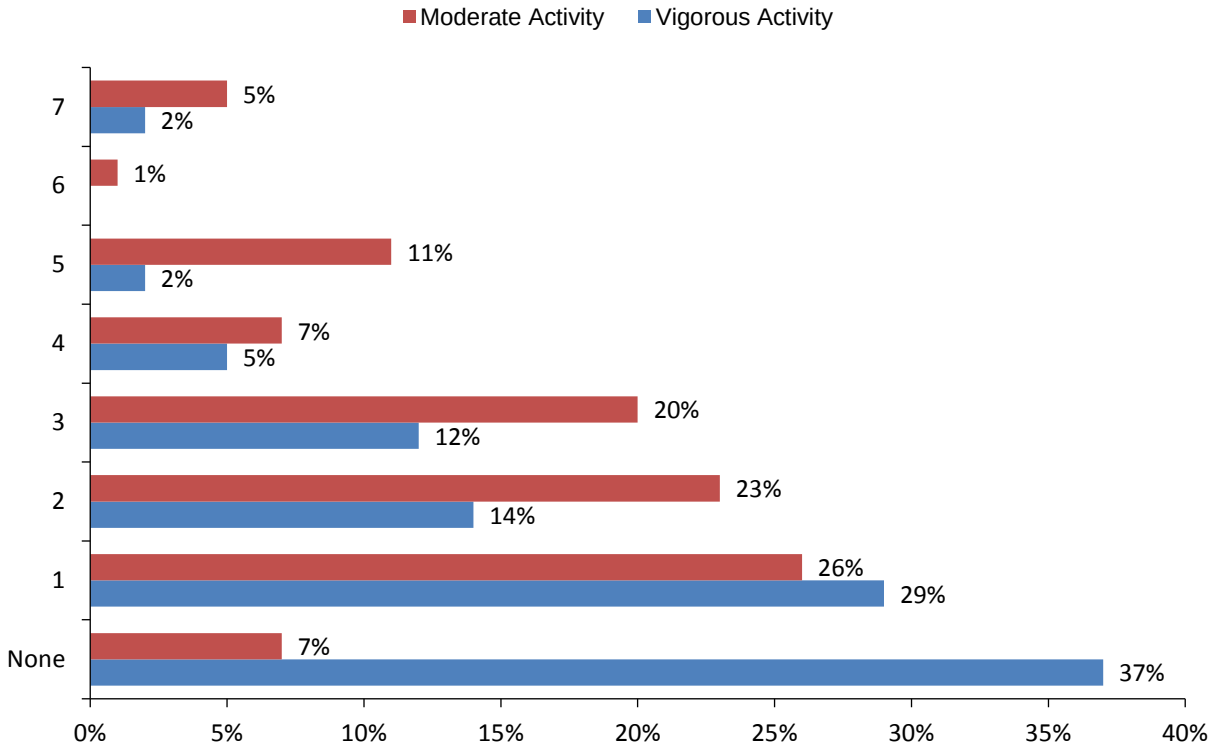
Worried whether our food would run out before we got money to buy more.

Eighteen percent of survey respondents were worried they would run out of food.



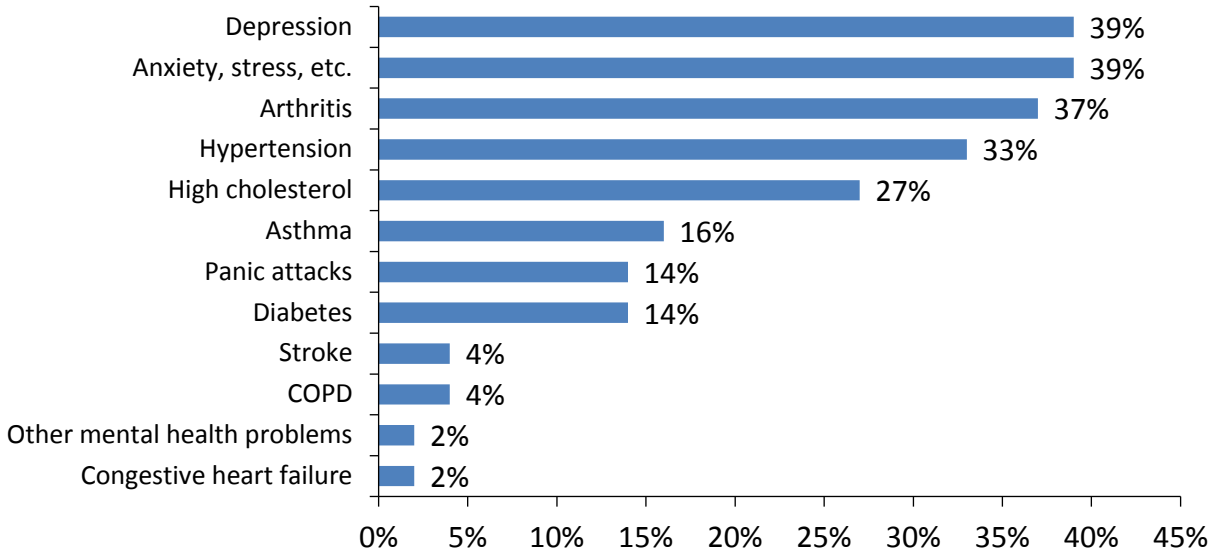
Days per Week of Physical Activity

Forty-four percent have moderate exercise three or more times each week.



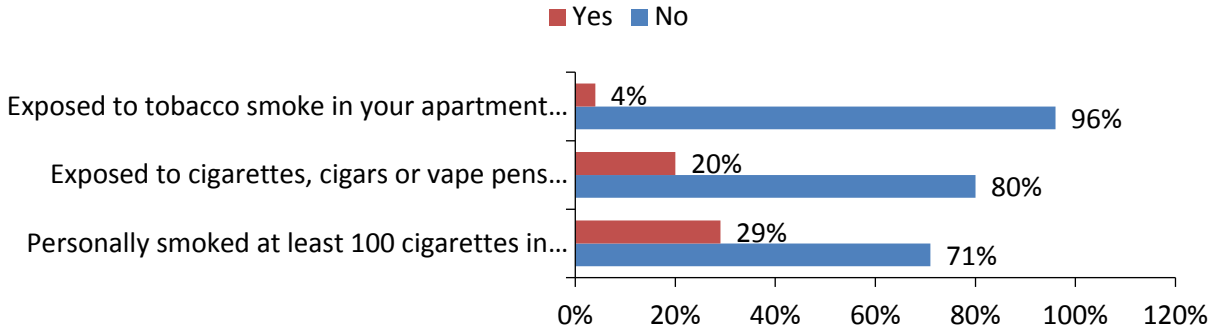
Past Diagnosis

Depression, anxiety, arthritis, hypertension and high cholesterol are the top diagnosis for the survey participants**.**



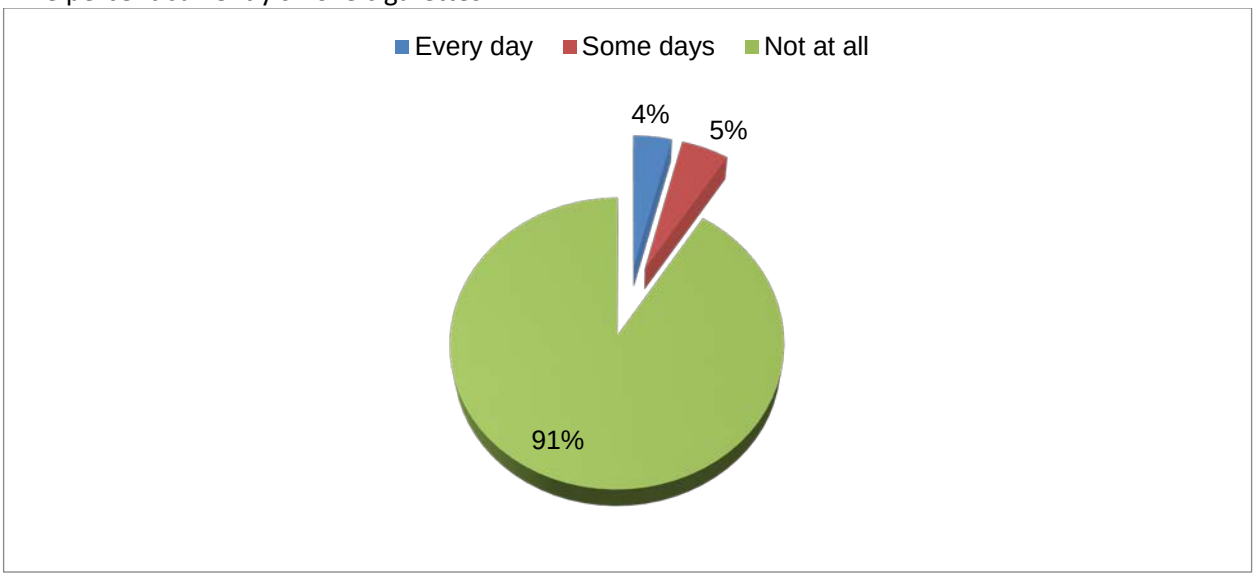
Exposure to Tobacco Smoke

Twenty percent are exposed to cigarettes, cigars or vape pens and twenty-nine percent have smoked in their lifetime.



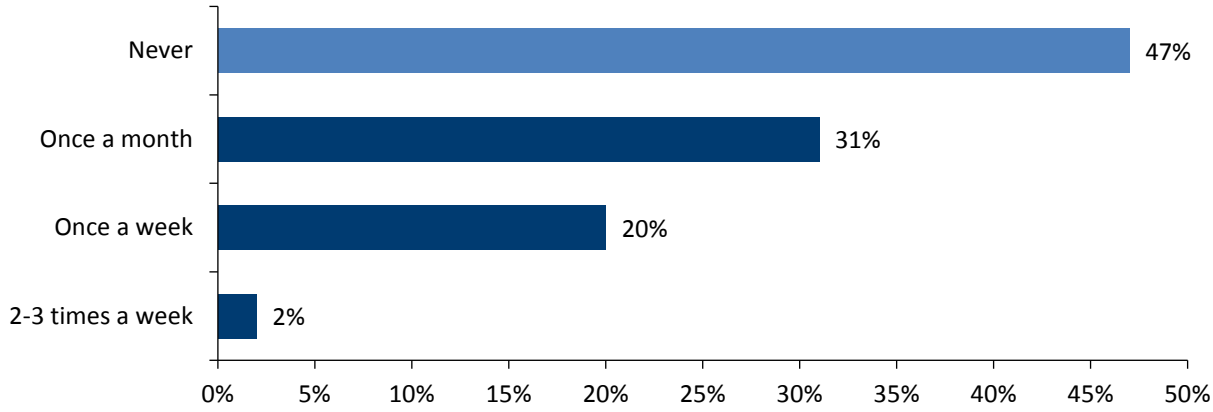
Do you currently smoke cigarettes?

Nine percent currently smoke cigarettes.



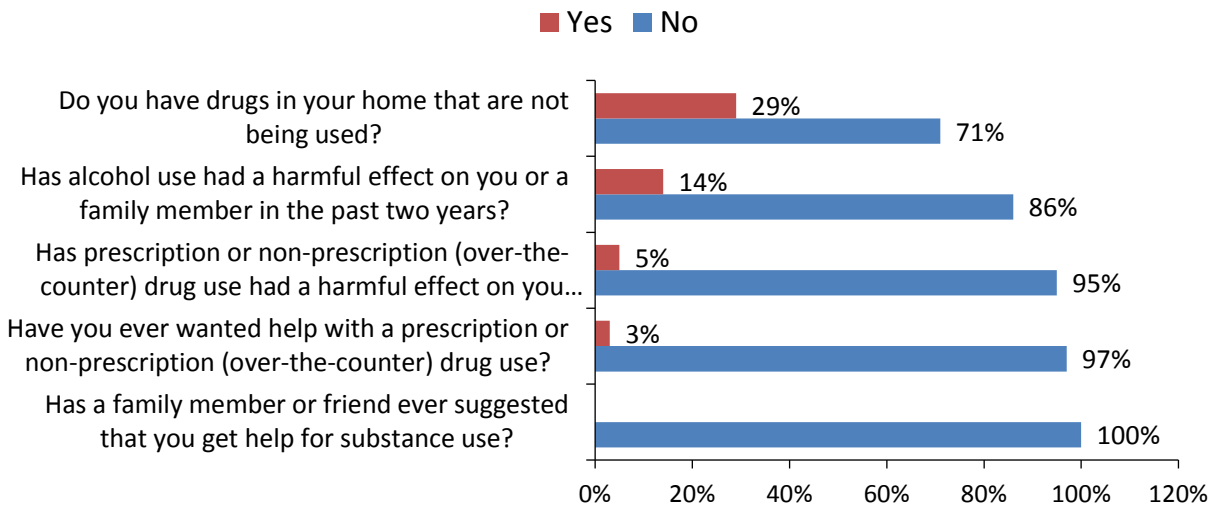
Binge Drinking

Fifty-three percent binge drink at least once per month.



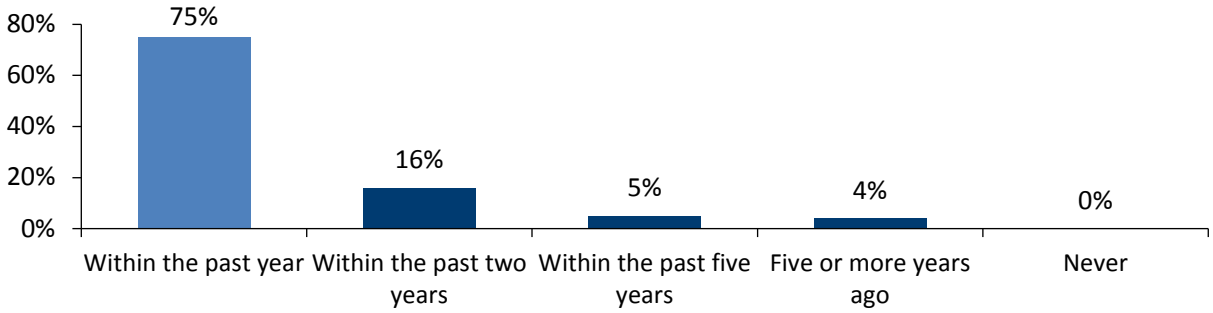
Drug and Alcohol Issues

Twenty-nine percent have drugs in their home that they are no longer using. Fourteen percent report that alcohol has had a harmful effect on them or a member of their family.



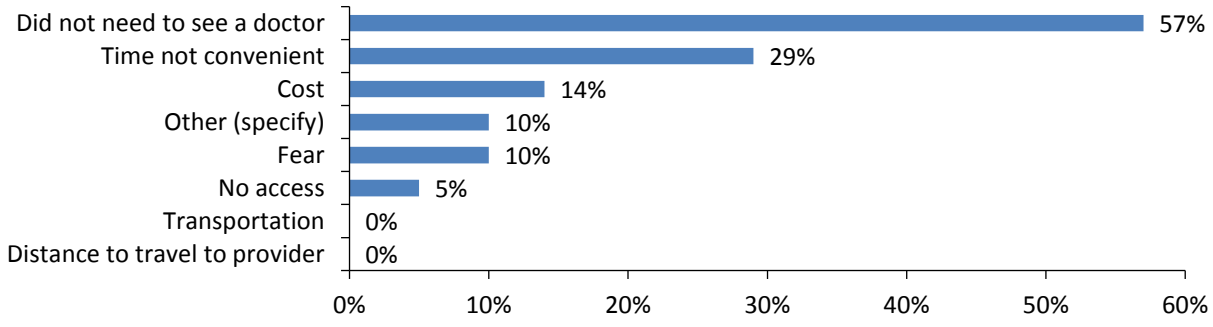
How long has it been since you last visited a doctor or health care provider for a routine checkup?

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



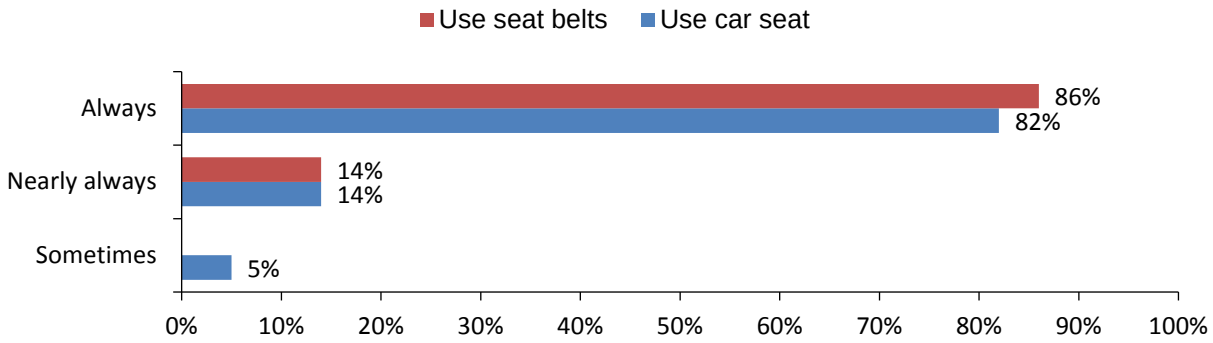
Barriers to Routine Checkup

Fifty-seven percent of survey respondents report not needing a routine check-up.



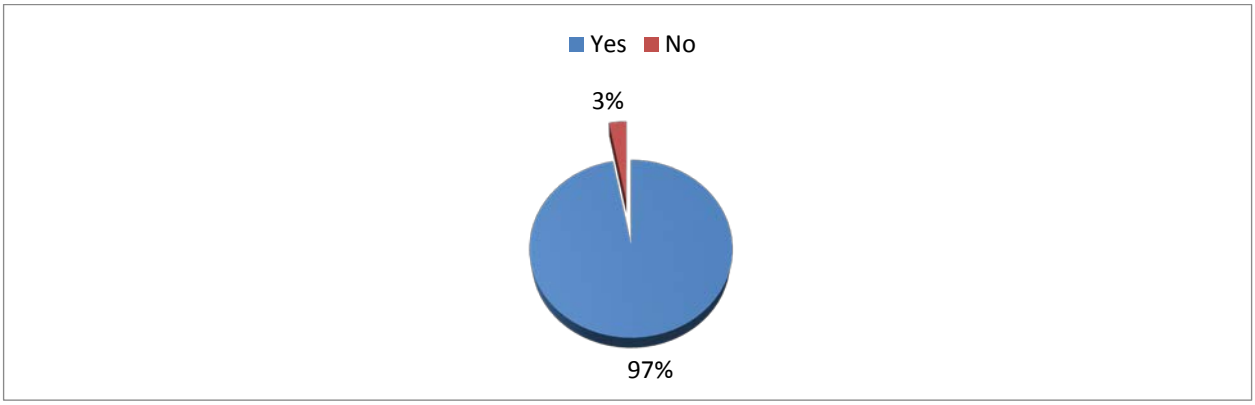
Children's Car Safety

Fourteen percent do not always use seat belts for their children and eighteen percent do not always use care seats.



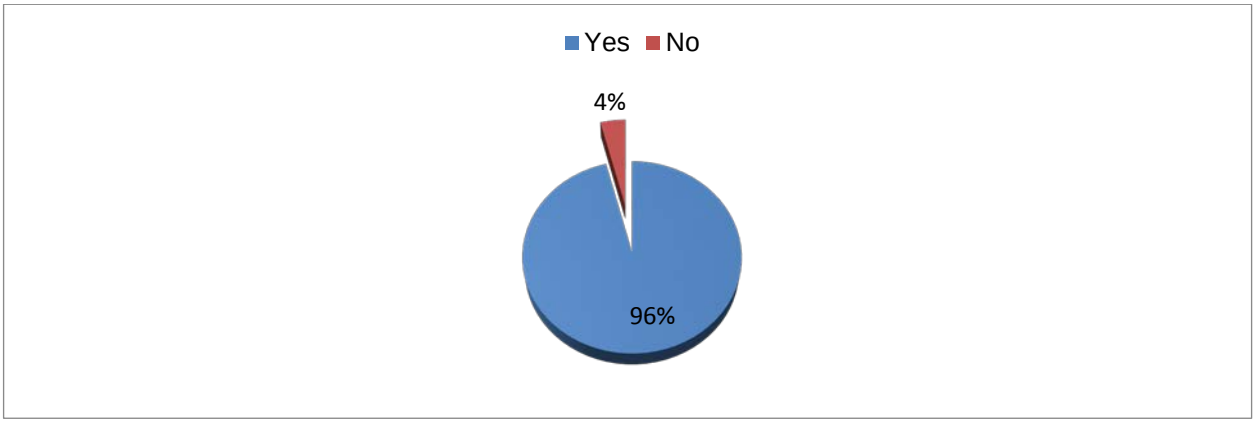
Do you have health care coverage for your children or dependents?

Three percent do not have health care insurance for their children.



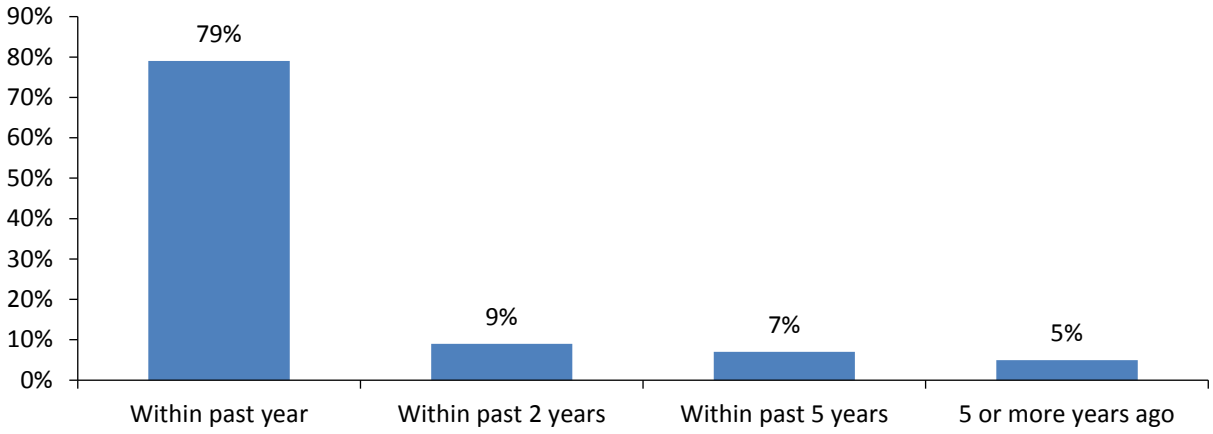
Do you currently have any kind of health insurance?

Four percent do not have health care insurance for themselves.

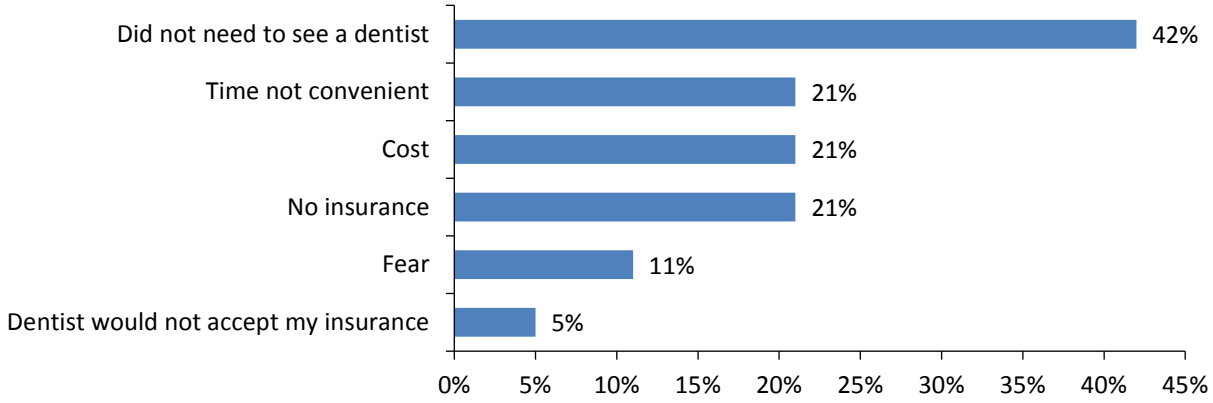


How long has it been since you last visited a dentist?

Twenty-one percent have not visited a dentist in more than a year.

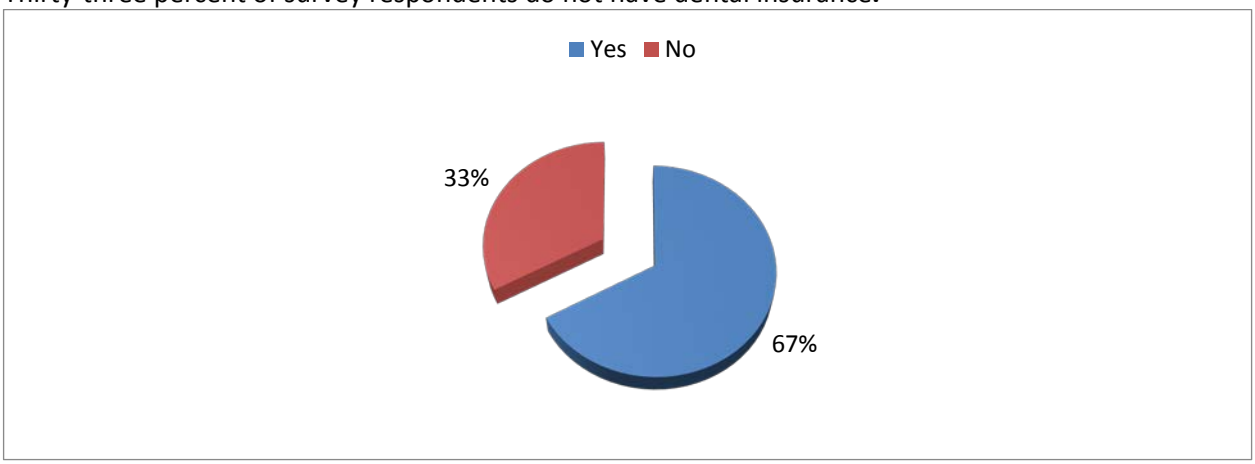


Barriers to Visiting the Dentist



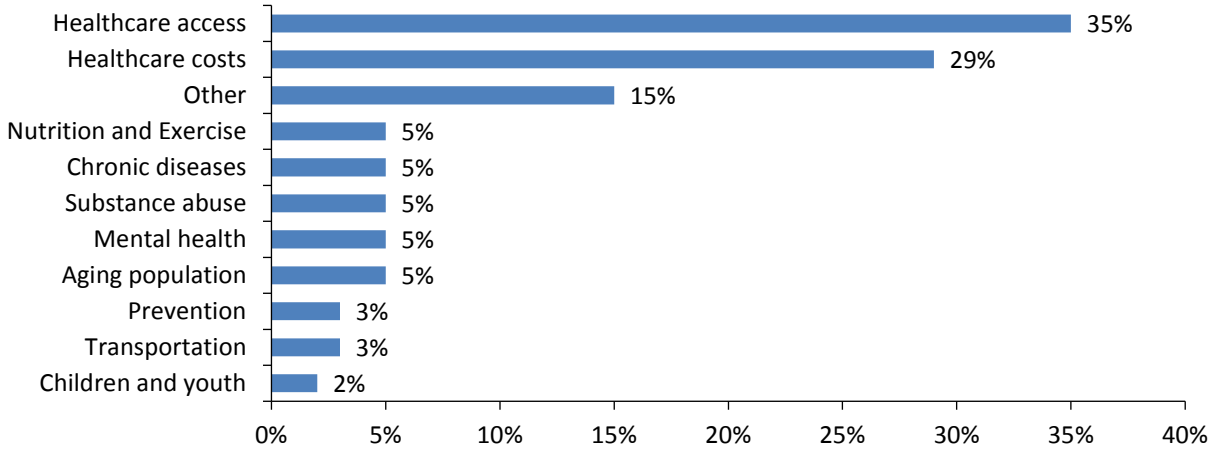
Do you have any kind of dental care or oral health insurance coverage?

Thirty-three percent of survey respondents do not have dental insurance**.**



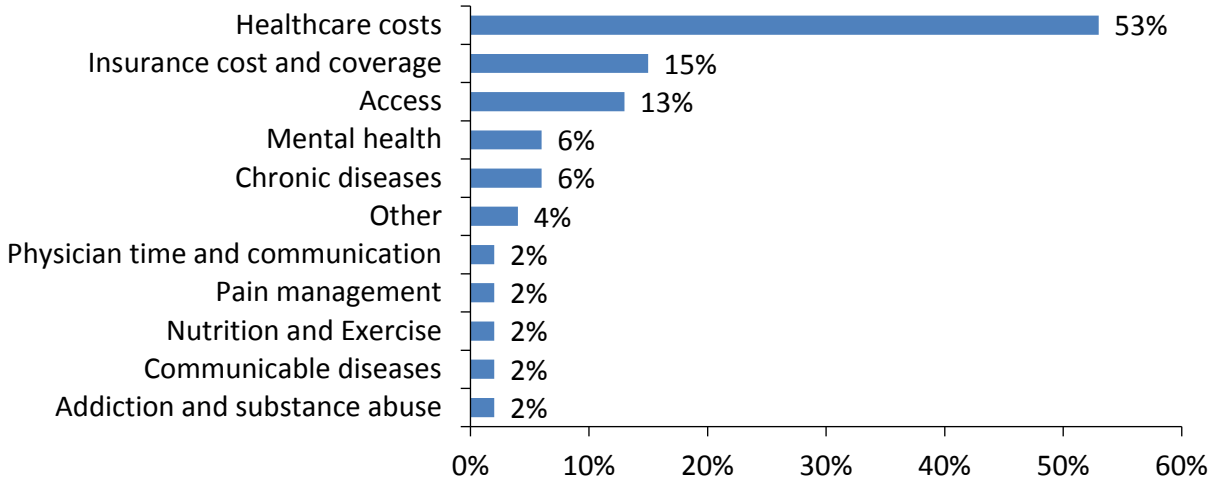
Most Important Community Issues

Health care access and health care costs are the top concerns of respondents for their community.



Most Important Issue for Family

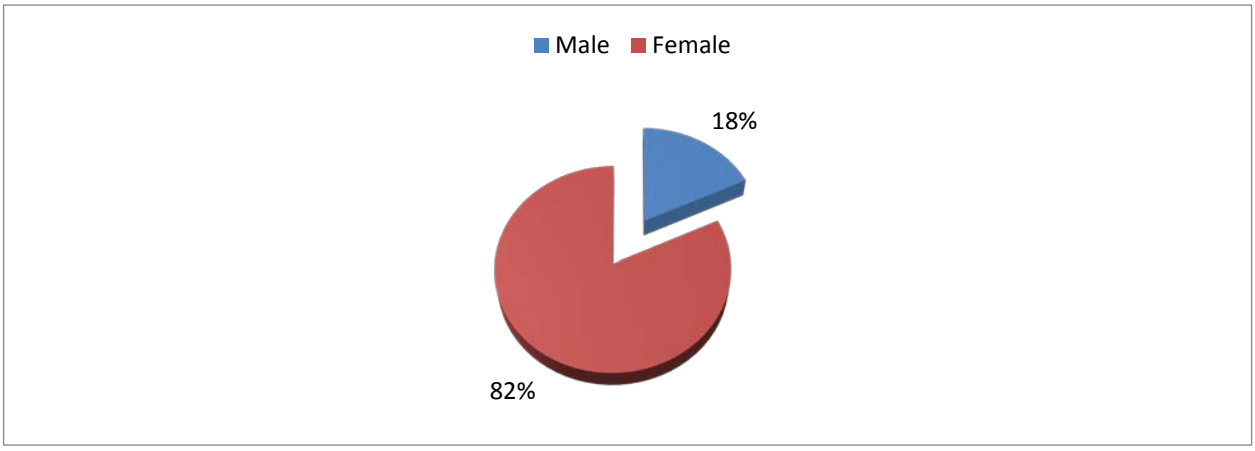
Health care costs and insurance cost and coverage are the top concerns of survey respondents for their family.



Demographic Information for Community Resident Participants

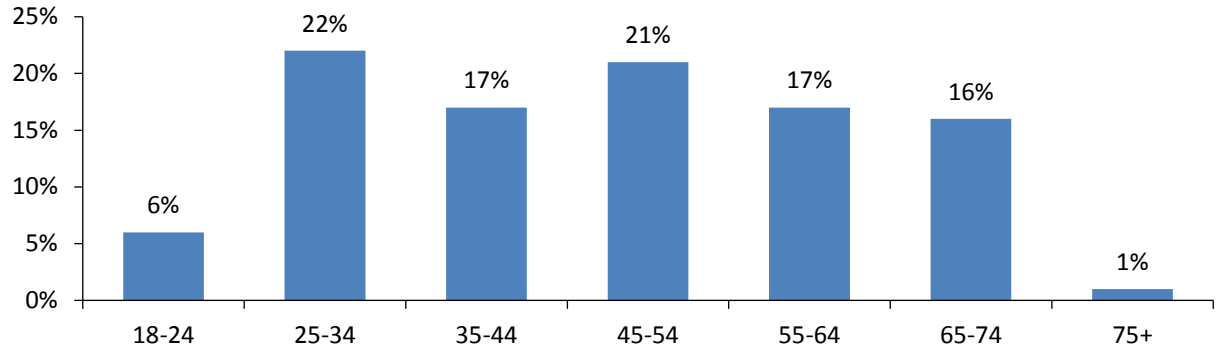
Biological Gender

Only 18% of the survey participants were male.

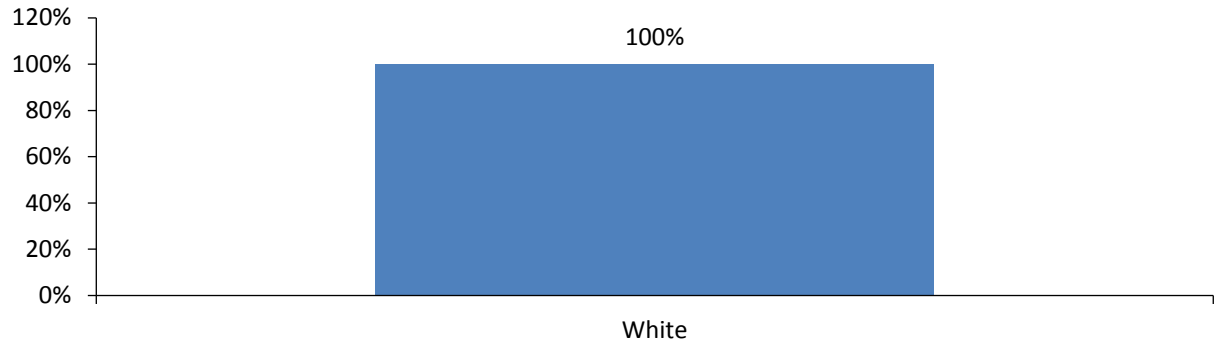


Age

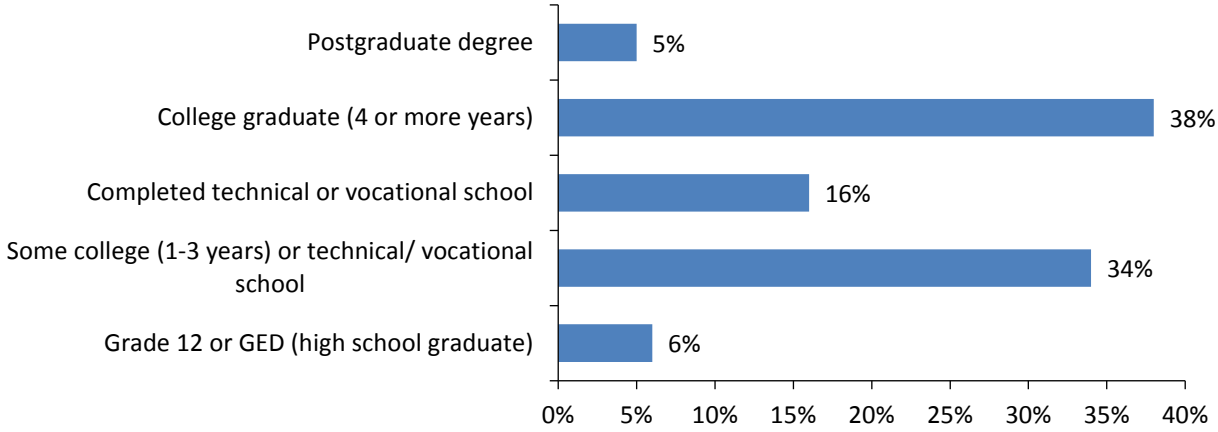
Every age group was represented among the survey participants; however, only 1% fell into the 75+-year age



Ethnicity

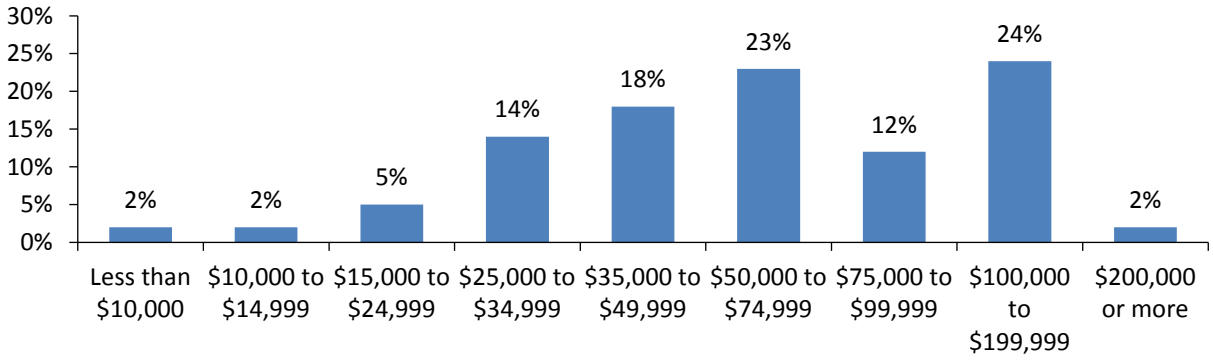


Education Level



Total Annual Household Income

Nine percent of survey participants have an annual household income at or below the Federal Poverty Level for a family of four.



Secondary Research Findings

Census Data

Population of Steele County, North Dakota and Traill County, North Dakota	9,992
% below 18 years of age	20.2% Steele 22.7% Traill
% 65 and older	25.1% Steele 19% Traill
% White – non-Hispanic	95.4% Steele 92.2% Traill
American Indian	1.5% Steele 1.3% Traill
Hispanic	2.0% Steele 3.4% Traill
African American	0.3% Steele 0.7% Traill
Asian	0.2% Steele 0.6% Traill
% Female	48.4% Steele 49.4% Traill
% Rural	100% Steele 100% Traill

County Health Rankings

	Steele County	State of North Dakota	Traill County	U.S. top Performers
Adult smoking	14%	20%	15%	14%
Adult obesity	29%	32%	33%	26%
Physical inactivity	27%	24%	23%	20%
Excessive drinking	22%	26%	23%	13%
Alcohol related driving deaths	0%	48%	55%	13%
Food insecurity	5%	8%	6%	10%
Uninsured adults	10%	9%	7%	7%
Uninsured children	12%	8%	8%	3%
Children in poverty	16%	12%	9%	12%
Children eligible for free or reduced lunch	26%	31%	28%	33%
Diabetes monitoring	100%	87%	92%	91%
Mammography screening	77%	69%	71`%	71%
Median household income	$61,800	$61,900	$55,100	$65,600

Health Needs and Community Resources Identified

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

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

The asset mapping process identified needs from the following:

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

Please see the asset map in the Appendix.

Mayville 2019 Community Health Needs Assessment
Prioritization Worksheet

Criteria to Identify Priority Problem

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

Criteria to Identify Intervention for Problem

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

Health Indicator/Concern

Economic Well-Being

- Availability of affordable housing 3.30
- Employment options 3.13
- 13% of residents report running out of food before they have money to buy more

Transportation

- Availability of door-to-door transportation services for those unable to drive 3.08
- Availability of public transportation 3.00

Children and Youth

- Availability of quality childcare 3.54
- Childhood obesity 3.48
- Cost of quality childcare 3.46
- Availability of services for at-risk youth 3.30
- Bullying 3.22
- Substance abuse by youth 3.17
- Cost of activities (outside of school and sports) for children and youth 3.09
- Cost of services for at-risk youth 3.09
- Opportunities for youth-adult mentoring 3.05
- Teen tobacco use 3.00

Aging Population

- Cost of long term care 3.75
- Cost of memory care 3.75
- Availability of resources for family and friends caring for and helping to make decisions for elders 3.26
- Cost of in-home services 3.09
- Help making out a will of health care directive 3.00
- Maintaining physical and mental health are reported as the top concerns as people age

Safety

- Culture of excessive and binge drinking 3.30
- Abuse of prescription drugs 3.05

Health Care Access

- Availability of mental health providers 4.00
- Availability of behavioral health 3.81
- Access to affordable health insurance coverage 3.61 4% of resident respondents report not having insurance

- Access to affordable health care 3.57
- Access to affordable prescription drugs 3.52
- Access to affordable dental insurance coverage 3.13
- Access to affordable vision insurance coverage 3.00
- Cost and access are reported as the top barriers to care by resident respondents

Mental Health and Substance Abuse

- Depression 3.68 – 39% of respondents report a diagnosis of depression
- Alcohol use and abuse 3.59 53% of resident respondents report binge drinking at least 1x/month
- Drug use and abuse 3.32 29% of resident respondents report having drugs in the home that are not being used
- Dementia and Alzheimer's Disease 3.23
- Stress 3.14
- Suicide 3.05
- 39% report an anxiety diagnosis

Wellness

- 37% self-report a diagnosis of arthritis
- 33% self-report a diagnosis of hypertension
- 27% self-report a diagnosis of high cholesterol
- 74% of residents are not consuming 5 or more fruits/vegetables/day
- 56% self-report that they are obese
- 21% self-report that they are overweight
- 56% of resident respondents do not get moderate exercise in at least 3x/week
- 38% of resident respondents have not had a flus shot in the past year
- 21% of resident respondents have not visited their dentist in more than q year
- 25% of resident respondents report not having had a routine checkup in more than 1 year

2018 Community Health Needs Assessment

Sanford Mayville

How Sanford Mayville is Addressing the Needs

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
ECONOMIC WELL BEING	
Availability of affordable housing	Sanford Mayville leadership will provide the results of the survey to our local Economic Development Committees to aid in their work.
Employment options	Both Sanford Mayville and Sanford Mayville have employment options and recruit locally.
Run out of food before they have money to buy more – 13%	Sanford has a partnership with the Great Plains Food Bank and supports the agency. A new initiative to screen all expectant women at their prenatal visits about their food availability was initiated in 2017. Women who do not have sufficient food at home are provided with food baskets provided to our Sanford locations from the Great Plains Food Bank.
TRANSPORTATION	
Availability of door-to-door transportation services for those unable to drive	Sanford Mayville will work with city leadership, county leadership and local Human Services Departments to develop options.
Availability of public transportation	Sanford Mayville will work with city leadership, county leadership and local Human Services Departments to develop options.
CHILDREN AND YOUTH	
Availability of quality childcare	Sanford Mayville leadership will provide the results of this survey to the Mayville State Head Start program along with the Traill County EDC.
Childhood obesity	Sanford is addressing childhood obesity in many ways, including the Sanford *fit* program that is available online free of charge. Sanford has made this program available to the local schools for classroom use, and 64 students are using the curriculum. Sanford has clinical dietitians, exercise physiologists and primary care providers who are available to work on obesity issues from primary prevention through medical treatment.
Cost of quality child care	Sanford Mayville will provide the results of this survey to the Mayville State Head Start program along with the Traill County EDC.
Availability of services for at-risk youth	Sanford's Child Advocacy Center, located in Fargo, is a nationally accredited Child Advocacy Center that provides medical evaluations for children who may be victims of abuse and neglect.
Bullying	Sanford has also invested in placing behavioral health triage therapists in all primary care clinics. They serve to provide immediate access to mental health screening as the need is identified. Sanford Health will provide the results of the survey to our local schools.
Substance abuse by youth	At Sanford, the BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
	in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, onsite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. BHTT Key Points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. Sanford will also provide the results of the survey to our local schools and County Health Department.
Cost of activities (outside of school & sports) for children and youth	Sanford leaders will provide the results of the survey to our local schools and city recreation departments.
Cost of services for at-risk youth	Sanford will defer this the local County Health Department for their expertise in program development for youth.
Opportunities for youth/adult mentoring	Sanford will defer this to the school for their expertise in program development for youth.
Teen tobacco use	Sanford providers discuss the health issues with tobacco use to all patients. Sanford will provide the results of the survey to our local schools and County Health Department.
AGING POPULATION	
Cost of long term care	Sanford providers work with patients to help them remain healthy with the ability to live independently. The recent Good Sam affiliation will provide the organization with expertise in the area of long-term care and assisted living services and help to create efficiencies for members in the communities that we serve.
Cost of memory care	Sanford providers work with patients to help them remain healthy with the ability to live independently. The recent Good Sam affiliation will provide the organization with expertise in the area of long-term care and assisted living services and help to create efficiencies for members in the communities that we serve.
Availability of resources for family and friends caring for and helping make decisions for elders	Sanford participates in the Aging Services Collaborative with membership in the Statewide Aging Collaborative, Quality Health Associates and the Coalition of Service Providers for the Elderly. The group is dedicated to supporting caregivers and creating awareness of the services that are available to help seniors and their families. Sanford Mayville is continuing to update a directory for available resources in county and nearby MSAs.
Cost of in-home services	Sanford participates in the Aging Services Collaborative with membership in the Statewide Aging Collaborative, Quality Health Associates and the Coalition of Service Providers for the Elderly. The group is dedicated to supporting caregivers and creating awareness of the services that are available to help seniors and their families. Sanford Mayville is continuing to update a directory for available resources in county and nearby MSAs.

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
Help making out a will or health care directive	Annual education provided by the Social Worker of each facility and Sanford Bridging Health and Home is available to aid in this as well.
Maintaining physical and mental health are reported as top concerns as people age	Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public.
SAFETY	
Culture of excessive and binge drinking	The local City Council and county sheriff's office are working on monitoring illegal drugs and alcohol consumption. The Sanford Quality Cabinet has implemented a program to reduce opioid prescriptions. At Sanford Fargo, the reduction in opioid prescriptions has been reduced by 40% during FY 2019. Sanford provides a take back site at several locations in the community. Sanford is participating in the North Dakota "Reducing Pharmaceutical Narcotics in Our Communities -Through Education and Awareness" committee. The committee has a four-pillar approach including education and awareness, prescription drug take back program, law enforcement, pharmacy partnership, and the prescription drug monitoring program.
Abuse of prescription drugs	The local City Council and county sheriff's office are working on monitoring illegal drugs and alcohol consumption. The Sanford Quality Cabinet has implemented a program to reduce opioid prescriptions. At Sanford Fargo, the reduction in opioid prescriptions has been reduced by 40% during FY 2019. Sanford provides a take back site at several locations in the community. Sanford is participating in the North Dakota "Reducing Pharmaceutical Narcotics in Our Communities -Through Education and Awareness" committee. The committee has a four-pillar approach including education and awareness, prescription drug take back program, law enforcement, pharmacy partnership, and the prescription drug-monitoring program.
HEALTH CARE ACCESS	
Availability of mental health providers	Sanford Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.
Availability of behavioral health providers	Sanford Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.
Access to affordable health insurance coverage	Sanford contributed nearly $300 million (corporately) in Community Care (charity care) during FY2017. Financial counselors are available to help patients who need free or discounted care. Sanford Mayville has and will continue to have community forums on insurance topics presented by various health plans.
No insurance – 4%	Sanford contributed nearly $300 million (corporately) in Community Care (charity care) during FY2017. Financial counselors are available to help patients who need free or discounted care. Sanford Mayville has and will continue to have community forums on insurance topics presented by various health plans.
Access to affordable health care	Sanford has walk in, video visits, e-visits, online scheduling, and same day access in all primary care locations. The Sanford Health Plan is available for people seeking affordable health insurance coverage. Sanford provides the Community Care Program and a financial assistance policy to address financial assistance to all who qualify for charity care.

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
Access to affordable prescription drugs	Sanford's formulary addresses the cost of drugs and includes the highest quality medications at affordable prices. A drug replacement and subsidy program for cancer patients is available for infusion and oral chemotherapy. Our Bridging Health and Home also helps find possible payers for prescription drugs.
Access to affordable dental insurance coverage	Sanford has and will continue to have community forums on these topics presented by various health plans. We are only participants as we are not in the business of selling dental insurance.
Access to affordable vision insurance coverage	Sanford has and will continue to have community forums on these topics presented by various health plans. We are only participants as we are not in the business of selling vision insurance.
Cost and access are reported as the top barriers to care by resident respondents	Sanford has walk in, video visits, e-visits, online scheduling, and same day access in all primary care locations. The Sanford Health Plan is available for people seeking affordable health insurance coverage. Sanford provides the Community Care Program and a financial assistance policy to address financial assistance to all who qualify for charity care.
MENTAL HEALTH AND SUBSTANCE ABUSE	
Depression	Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.
Diagnosis of depression – 39%	Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.
Alcohol use and abuse	Sanford will work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option. Develop a directory of local resources that are available to the residents for Traill County.
Binge drinking at least 1 x / month – 53%	Sanford will work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option. Develop a directory of local resources that are available to the residents for Traill County.
Drug use and abuse	The Sanford Quality Cabinet has implemented a program to reduce opioid prescriptions. At Sanford Fargo, the reduction in opioid prescriptions has been reduced by 40% during FY 2019. The Behavioral Health Triage Therapist (BHTT) serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-site crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management.

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
	BHTT Key Points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. Sanford will work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option. Develop a directory of local resources that are available to the residents for Traill County.
Drugs in the home that are not being used – 29%	Sanford will work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option and if take back programs may be added in the community.
Dementia and Alzheimer's Disease	The BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-site crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. BHTT Key Points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources. They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety. Sanford is supportive of the Alzheimer's Association throughout the state of ND and beyond.
Stress	Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.
Suicide	Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services. Sanford has implemented the Columbia Suicide Severity Rating Scale for evaluation in the clinic setting. Sanford refers patients to the First Link Suicide Prevention Program for close monitoring after discharge.
Anxiety diagnosis – 39%	Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services.

Identified Concerns	How Sanford Mayville is Addressing the Community Needs
WELLNESS	
Diagnosis of arthritis – 37%	Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public, which helps patients self-manage their chronic conditions.
Diagnosis of hypertension – 33%	Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public, which helps patients self-manage their chronic conditions.
Diagnosis of high cholesterol – 27%	Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public, which helps patients self-manage their chronic conditions.
Don't get enough fruits/vegetables – 74%	Sanford refers patients to the licensed registered dietitian for medical nutrition therapy. Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public.
Obese – 56%	Sanford refers patients to the licensed registered dietitian for medical nutrition therapy.
Overweight – 21%	Sanford refers patients to the licensed registered dietitian for medical nutrition therapy.
Don't get moderate exercise at least 3 x / week - 56%	Sanford Bridging Health and Home offers the Better Choices Better Health classes to the public.
Have not had a flu shot in the past year – 38%	Traill County Public Health is doing promotion of the importance of getting flu shots.
Have not visited the dentist in more than 1 year – 21%	Sanford will work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option. Develop a directory of local resources that are available to the residents for Traill County.
Have not had a routine check-up in more than 1 year – 25%	Sanford providers recommend routine check-ups to provide for screening and early detection of health issues. Early detection is the best way to prevent advancing illness.

Implementation Strategies

Implementation Strategies - 2018

Priority 1: Mental Health/Behavioral Health and Substance Abuse

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

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

Priority 2: Transportation

The University of Minnesota's Rural Health Research Center reports that transportation is a concern for rural residents. A social determinant of health, affordable transportation is fundamental to mental, physical, and emotional well-being. Individuals with disabilities, those with low incomes, seniors, and others who may not have reliable access to transportation depend on public and private transportation to access health services, obtain food and other basic needs, and to engage with their communities.

Sanford Mayville has made transportation a significant priority and has developed a strategy to work in collaboration with city and county leadership and the Department of Human Services to explore options for the local community and county members.

Community Health Needs Assessment
Implementation Strategy Action Plan 2019-2021

Priority 1: Mental Health Services

Projected Impact: Reduction in the severity of depression

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

Actions/Tactics	Measurable Outcomes and Timeline	Dedicated Resources/Budget/ Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
All PCP visits include depression screening using the PHQ-9 assessment tool	Percentage of patients with major depression or dysthymia and an initial PHQ-9 score of 9 or greater whose 6-month PHQ-9 score was less than 5	Senior Clinic Leadership	Justin Stromme, Jac McTaggart	
Integrated Health Therapists are available in the primary care setting to assess, provide therapy or refer patients for services	# of visits	Senior Clinic Leadership IHT team	Justin Stromme, Jac McTaggart	

Goal 2: Provide for improved access to Mental Health/Behavioral Health Services

Actions/Tactics	Measurable Outcomes and Timeline	Dedicated Resources/Budget/ Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Distribute directory of resources	Update the directory within each community in Traill Country	Senior Leadership	Jac McTaggart, Melissa, Mostad, Justin Stromme	Traill County Human Services

Priority 2: Transportation

Projected Impact: Availability of public transportation

Goal 1: Provide comprehensive directory of options available in Traill County

Actions/Tactics	Measurable Outcomes and Timeline	Dedicated Resources/Budget/ Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Work with city and county leaders to determine what resources are available in the county. Determine if additional resources are an option. Develop a directory of local resources that are available to the residents for Traill County for door-to-door transportation.	2 meetings	Local Senior Leadership	Jac McTaggart, Melissa Mostad	City Leadership, County Leadership and Local Human Services Department

Community Health Needs Assessment
Implementation Strategy for Sanford Mayville
FY 2017-2019 Action Plan

Priority 1: Physical health of our community

Projected Impact: Programs and services are available to all member of the community

Goal 1: Provide Sanford *fit* online program for children and parents in the community

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Provide Sanford *fit* program to the local schools and childcare providers	Sanford *fit* is available to all students and families in the area through classrooms and *fit* website Kick-off event introduces the *fit* program to the school	Sanford *fit* leadership, classroom teachers, hospital dietitian and managers	Jac McTaggart, Kathy Skager, Kristen Schultz	Mayville High School, Central Valley High School, Traill County Public Health, local school nurses and teachers, childcare providers

Goal 2: Exercise programs are available to members of the community

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Work closely with the Therapy Department and the local wellness center to develop exercise programs (walking clubs, biking clubs, fitness challenges) for the community	Will have a kick-off that will coincide with the Mayville kick-off so as to work closely with countywide initiatives. We will establish outcomes once we are more into this. We can expand or reduce as we see participation.	Leadership to work with city leaders for utilization of city sidewalks, county roads, Mayville Fitness Center, city parks	Kristen Schultz, Kathy Skager	Mayville High School, Mayville Running Club, Traill County Public Health

Priority 2: Mental Health Services

Projected Impact: The severity of depression is reduced

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

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Develop Sanford MyChart capabilities for depression assessment	Percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score was less than five	Mallory Koshiol	Heidi Twedt, MD	First Link

Goal 2: Create awareness of area resources for community members

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Distribute directory of available resources to local outreach groups and entities	Need to update and distribute. Will need to work closely with Traill County Health District on distribution.	Sanford Mayville, Sanford Health Data Dept., Traill County Health District	Cece Cotton, Mark Duncan, Kathy Skager, Jac McTaggart	Sanford Health Data Department

Demonstrating Impact

Physical Health

Sanford Mayville developed strategy to increase physical activity for the Mayville community. Sanford staff presented the Sanford *fit* program to the three area schools within the Mayville services area and 64 students are using the curriculum. Sanford *fit* is an online curriculum that is available for all students, faculty and community members. Sanford also supports the annual 5/10K run that the Mayville Running Club puts on during *Mayville Days*.

Mental Health

Sanford Mayville developed strategy to address mental health in the community. The Sanford Mayville Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for all patients receiving comprehensive physicals. Sanford Mayville has added availability of an Integrated Health Therapist through visits by telehealth. This service is available during all clinic hours.

The PHQ-9 screening tool to determine the severity of depression was implemented by Sanford Mayville and the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score was less than 5 has been tracked to determine improvements. In 2018 over 21% of patients with a depression diagnosis have a PHQ-9 score of < 5, which demonstrates a substantial improvement.

Community Feedback from the 2016 Community Health Needs Assessment

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

Appendix

Primary Research

Mayville Asset Map

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Economic Well Being	Availability of affordable housing 3.30 Employment options 3.13 13% of residents report running out of food before they have money to buy more	13% of residents report running out of food before they have money to buy more		Housing resources: • Traill Co. Housing Authority, 16 W. Caledonia, Mayville • Viking Realty, 214 Main St. E., Mayville • Goose River Realty, 506 – 4th St. SE, Mayville • Mayville Development, 335 Kiwanis Dr., Mayville • Low Income Apts., 300 Lexington Ave., Finley • Low Income Apts., 119 Main St., Finley • Mayville Elderly Hsg., 335 Kiwanis Dr., Mayville • Mayville Apts., 211 – 2nd St. NW, Mayville • Park Apts., 217 – 4th St. SW, Mayville • Mayville Housing, 33 – 8th Ave. SE, Mayville • Colonial Estates, 425 – 5th St. SE, Mayville Employment resources: • Traill Co. Economic Development, 102 – 1st St. SW, Mayville • Steele Co. Economic Development, P O Box 451, Finley • Finley Economic Development Corp. - finleynd.net • TANF (work training, job placement), 114 W. Caledonia, Mayville • JOBS Program (work readiness, job training, job placement services), 114 W. Caledonia, Mayville Major Employers: • American Crystal Sugar, ND 200, Mayville • Goose River Bank, 515 W. Caledonia, Mayville • Goose River Bank, 44 Main St. W., Mayville • Mayville School District, 12 – 4th St. NE, Mayville • Luther Memorial Home, 750 Main St. E., Mayville • May Port School District, 20 – 2nd St. NW, Mayville • Mayville State Univ., 330 – 3rd St. SE, Mayville • Sanford Mayville Clinic, 600 – 1st St. SE, Mayville • Sanford Mayville Medical Center, 42 – 6th Ave. SE, Mayville • Sanford Mayville Clinic, 315 E. Caledonia Ave., Mayville • Sanford Mayville Medical Center, 12 – 3rd St. Se, Mayville	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Traill County, 114 W. Caledonia Ave., Mayville Food resources: • Traill & Steele County Meals on Wheels, PO Box 506, Mayville • Senior Meals, 205 N. Main, Mayville • Finley Senior Center (congregate meals & meals on wheels), 301 Central Ave., Finley • Senior Meals, 39 – 1st Ave. NE, Mayville • Steele Co. WIC, 201 Washington, Finley • Traill Co. WIC, c/o Sanford Mayville, 42 – 6th Ave. SE, Mayville • Steele Co. SNAP, 201 Washington Ave., Finley • Traill Co. SNAP, 114 W. Caledonia, Mayville • Dale's Food, 13 – 1st St. SW, Mayville • Miller's Fresh Foods, 201 – 1st Street NE, Mayville • Stones Market, 100–4th St., Finley • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Grand Forks Farmers Market, South Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville	
Transportation	Availability of door-to-door transportation services for those unable to drive 3.08 Availability of public transportation 3.00			Transportation resources: • Valley Senior Services, 205 N. Main, Mayville • Trail Co. Senior Services, P O Box 506, Mayville • Finley Senior Center, 301 Central Ave., Finley	
Children and Youth	Availability of quality child care 3.54 Childhood obesity 3.48 Cost of quality child care 3.46 Availability of services for at-risk youth 3.30 Bullying 3.22 Substance abuse by youth 3.17 Cost of activities (outside of school and sports) for children and youth 3.09 Cost of services for at-risk youth 3.09			Child Care resources: • Child Care Aware of ND, 412 Demers Ave., Grand Forks • ND Dept. of Human Services (licensing), 600 E. Blvd. Ave., Bismarck • Mayville After School Program, • Mayville State Univ. Child Development Center, 330 – 3rd St. NE, Mayville • MSU Child Development, 408 – 1st St. SE, Mayville • Trail Co. Social Services (help with child care costs), • Erin E. Thompson, 2nd Ave. NE, Mayville • Lisa Munter, 5th Ave. SE, Mayville • Tessa Wilson, 1st St. NW, Mayville • The Learning Circle, 1 First Ave. SW, Mayville • Melissa Ketterl, 5 Ave. SE, Mayville	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	Opportunities for youth/adult mentoring 3.05 Teen tobacco use 3.00			• Marnie Tapson, P O Box 335, Mayville • Olson's, P O Box 221, Mayville • Karlstad's Family Day Care, 428 – 1st St. NW, Mayville • Ashley's Day Care, 224 – 4th Ave. SE, Mayville • Jayne Karlstad, 428 – 1st St. NW, Mayville • Katelyn Brinkman, 6 miles NE of Mayville • Kayla Rusten, 3rd St. W., Finley Childhood Obesity resources: • Sanford Mayville, 42 – 6th Ave. SE, Mayville • Sanford Mayville, 315 E. Caledonia, Mayville • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Gr. Fks. Farmers Market, So. Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville • HERD Wrestling, 128 – 4th St. SE, Mayville • Goose River Golf Course, 700 – 6th St. NW, Mayville • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Mayville • Swimming, 610-698 Main St. E., Mayville • Mayville Fitness Center, 12 – 4th St. NE, Mayville • Woodland Park activities, 415 Woodland Park Dr., Mayville • Mayville T-Ball & Little League, 701-430-1425 • Sledding Hill, Hwy 200, Mayville • Indoor Ice Arena, 338 – 2nd Ave. NW, Mayville • Hockey Club in Mayville, icedawgshockey.com • Parks & Playgrounds o Island Park, Hwy 200, Mayville o Rainbow Garden & Sculpture Walk, Hwy 200, Mayville o Southside Park, 414 – 4th St. SE, Mayville o Water Tower Park, 532-608 Main, Mayville o Pioneer Park, Hwy 200, Mayville o Military Park, 101-199 – 1st St. SW, Mayville	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				○ Woodland Park, 415 Woodland Park Dr., Mayville ○ Buffalo River Park, I-29, Mayville Resources for at-risk youth: • Traill Co. Social Services 114 W. Caledonia, Mayville • Steele Co. Social Services, 201 Washington Ave., Finley • MSU Head Start & Early Head Start Programs, 330 – 3rd St. NE, Mayville • LSS Programs for At Risk Youth, 412 Demers Ave., Grand Forks Bullying resources: • Steele Co. Sheriff, 201 Washington Ave., Finley • Traill Co. Sheriff, 118 W. Caledonia, Mayville • Mayville Police, 19 N. Main St., Mayville • Mayville Police, 21-1/2 First St. NE, Mayville • Mayville School District, 12 – 4th St. NE, Mayville • Mayville School District, 900 Main St. W., Mayville • Finley School District, 201 - 3rd St., Finley Substance Abuse resources: • Traill Co. Social Services, 114 W. Caledonia, Mayville • Steele Co. Social Services, 201 Washington Ave., Finley • Veteran's Office, 114 W. Caledonia, Mayville • Veteran's Office, 201 Washington Ave., Finley Activities for children & youth (outside of school & sports): • Boy Scouts, Northern Lights Council - 1701 Cherry St., Grand Forks or 4200 – 19th Ave. S., Fargo • Girl Scouts, Dakota Horizons Council - 2525 Demers Ave., Grand Forks or 1002 – 43rd St. S., Fargo • 4-H - c/o Traill Co. Extension Office, 114 W. Caledonia, Mayville • 4-H - c/o Steele Co. Extension Office, 201 Wash. Ave., Finley Youth/Adult Mentoring resources: • Boy Scouts, Northern Lights Council - 1701 Cherry St., Grand Forks or 4200 – 19th Ave. S., Fargo • Girl Scouts, Dakota Horizons Council - 2525 Demers Ave., Grand Forks or 1002 – 43rd St. S., Fargo	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• 4-H - c/o Traill Co. Extension Office, 114 W. Caledonia, Mayville • 4-H - c/o Steele Co. Extension Office, 201 Wash. Ave., Finley Smoking Cessation resources: • NDQuits, ND Div. of Chronic Disease, 600 E. Blvd. Ave., Bismarck • American Lung Association, ffsonline.org • Sanford Clinic, 42 – 6th Ave. SE, Mayville • Sanford Clinic, 315 E. Caledonia, Mayville • Sanford Clinic, 407 Wash. Ave., Finley • CPT Medical Center, 101 C 3rd St. W., Finley	
Aging Population	Cost of long term care 3.75 Cost of memory care 3.75 Availability of resources for family and friends caring for and helping to make decisions for elders 3.26 Cost in-home services 3.09 Help making out a will or health care directive 3.00 Maintaining physical and mental health are reported as the top concerns as people age	Maintaining physical and mental health are reported as the top concerns as people age		Long Term Care resources: • Luther Memorial Home, 750 Main St. E., Mayville • Mayville Care Center, 315 E. Caledonia, Mayville • ND LTC Ombudsman Program, 600 E. Blvd. Ave., Bismarck • ND Aging & Disability Resources, 1237 W. Divide Ave., Bismarck Memory Care resources: • Luther Memorial Home, 750 Main St. E., Mayville • Mayville Care Center, 315 E. Caledonia, Mayville • Alzheimer's Association, 2631 – 12th Ave. S., Fargo Resources to assist in helping elders to make decisions: • Senior Health Insurance Counseling Program, ND Insurance Dept., 600 E. Blvd. Ave., Bismarck • ND Aging & Disability Resources, 1237 W. Divide Ave., Bismarck Resources to help make a will or health care directive: • Advance Care Planning facilitator, Sanford Mayville, 42 – 6th Ave. SE, Mayville • Advance Care Planning facilitator, Sanford Mayville, 315 E. Caledonia, Mayville • Ohnstad Twitchell Law Office, 510 W. Caledonia, Mayville • Brudvik Law Office, 1 North Main St., Mayville • Brudvik Law Office, 231 – 9th Ave. SE, Mayville • Thomas Moe Law Office, 39 – 1st Ave. NW, Mayville • Legal Aid of ND, 112 N. University, Fargo	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Legal Aid of ND, 215 Centennial Dr., Grand Forks Physical & Mental Activities for Seniors (to keep active & healthy): • Goose River Golf Course, 700 – 6th St. NW, Mayville • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Mayville • Swimming, 610-698 Main St. E., Mayville • Mayville Fitness Center, 12 – 4th St. NE, Mayville • Woodland Park activities, 415 Woodland Park Dr., Mayville • Walking opportunities: o Island Park, Hwy 200, Mayville o Rainbow Garden & Sculpture Walk, Hwy 200, Mayville o Pioneer Park, Hwy 200, Mayville o Military Park, 101-199 – 1st St. SW, Mayville o Woodland Park, 415 Woodland Park Dr., Mayville o Buffalo River Park, I-29, Mayville • Senior Center activities, 205 NW Main, Mayville • Senior Center activities, 39 – 1st Ave. NE, Mayville • Community Education classes, 12 – 4th St. NE, Mayville • Community Education classes, 900 Main St. W, Mayville • Educational classes from Mayville State University, 330 – 3rd Street NE, Mayville • Public Library, 12 – 4th St. NE, Mayville • Public Library, 52 Center Ave. N., Mayville • MSU Library, 330 – 3rd Street NE, Mayville • Traill Co. Museum, 306 W. Caledonia Ave., Mayville • Goose River Heritage Museum, 248 – 1st Ave. SE, Mayville • Finley Senior Center (recreational programming), 301 Central Ave., Finley	
Safety	Culture of excessive and binge drinking 3.30			Substance Abuse resources: • Traill Co. Social Services, 114 W. Caledonia, Mayville	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	Abuse of prescription drugs 3.05			• Steele Co. Social Services, 201 Washington Ave., Finley • Veteran's Office, 114 W. Caledonia, Mayville • Veteran's Office, 201 Washington Ave., Finley	
Health Care Access	Availability of mental health providers 4.00 Availability of behavioral health 3.18 Access to affordable health insurance coverage 3.61 4% of resident respondents report not having insurance Access to affordable health care 3.57 Access to affordable prescription drugs 3.57 Access to affordable dental insurance coverage 3.13 Access to affordable vision insurance coverage 3.00 Cost and access are reported as the top barriers to care by resident respondents	4% of resident respondents report not having insurance Cost and access are reported as the top barriers to care by resident respondents		Mental Health/Behavioral Health resources: • Traill District Health Unit, PO Box 58, Mayville • Steele Co. Veterans Service Office, 201 Wash. Ave. W., Finley • SE Human Service Center, Region V, 2624 – 9th Ave. S., Fargo • Sanford Behavioral Health, 100 – 4th St. S., Fargo • Mental Health Association, 124 – 8th St. N., Fargo Health/Vision/Dental Insurance resources: • Senior Health Insurance Counseling Program, ND Ins. Dept., 600 E. Blvd. Ave., Bismarck • Healthy Steps (medical coverage for uninsured children), 114 W. Caledonia, Mayville • Erickson Agency, 502 W. Caledonia, Mayville • Ihry Insurance, 520 – 1st Ave. NW, Mayville • David Johnson Insurance, 233 – 3rd St. SE, Mayville • Rexine Eye Center, 34 Center Ave., Mayville • Rothfusz Family Dental, 7 W. Caledonia, Mayville • Goose River Dental, 37-1/2 Main St. E., Mayville • Lynn Odne, DDS, Finley Health Care resources: • Sanford Clinic, 42 – 6th Ave. SE, Mayville • Sanford Clinic, 315 E. Caledonia, Mayville • Sanford Clinic, 407 Washington, Finley • CPT Medical Center, 101 C 3rd St. W. Finley • Sanford Home Care, 49 – 7th Ave. SE, Mayville • United Home Care, 42 – 6th Ave. SE, Mayville • Steele Co. Health Nurse, 201 Washington Ave., Finley Prescription Assistance programs: • Prescription Connection, 888-575-6611 • Prescription Assistance, 624 Main, Fargo	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Healthy Steps, 114 W. Caledonia, Mayville • Partnership for Prescription Assistance, www.pparx.org • NeedyMeds.org • CHIP, 877-543-7669 • ND RX Card, northdakotarxcard.com	
Mental Health and Substance Abuse	Depression 3.68 39% of respondents report a diagnosis of depression Alcohol use and abuse 3.59 53% of resident respondents report binge drinking at least 1x/month Drug use and abuse 3.32 29% of resident respondents report having drugs in the home that are not being used Dementia and Alzheimer's Disease 3.23 Stress 3.14 Suicide 3.05 39% report an anxiety diagnosis	39% of respondents report a diagnosis of depression 53% of resident respondents report binge drinking at least 1x/month 29% of resident respondents report having drugs in the home that are not being used 39% report an anxiety diagnosis		Mental Health/Behavioral Health resources: • Traill District Health Unit, PO Box 58, Mayville • Steele Co. Veterans Service Office, 201 Wash. Ave. W., Finley • SE Human Service Center, Region V, 2624 – 9th Ave. S., Fargo • Sanford Behavioral Health, 100 – 4th St. S., Fargo • Mental Health Association, 124 – 8th St. N., Fargo Substance Abuse resources: • Traill Co. Social Services, 114 W. Caledonia, Mayville • Steele Co. Social Services, 201 Washington Ave., Finley • Veteran's Office, 114 W. Caledonia, Mayville • Veteran's Office, 201 Washington Ave., Finley Drug Take-Back Programs: • Traill Co, Sheriff, 118 W. Caledonia, Mayville • Sanford Mayville, 42 – 6th Ave. SW, Mayville • Mayville Drug, 13 N. Main St., Mayville Dementia/Alzheimer's resources: • Alzheimer's Association, 2631 – 12th Ave. S., Fargo • Luther Memorial Home, 750 Main St. E., Mayville • Mayville Care Center, 315 E. Caledonia, Mayville • Steele Co. Social Services (Alzheimer's support), P O Box 276, Finley • Mayville Senior Citizen's Center (provides adult day care), 224 E. Main St., Mayville	
Wellness	37% self-report a diagnosis of arthritis 33% self-report a diagnosis of hypertension 27% self-report a diagnosis of high cholesterol	37% self-report a diagnosis of arthritis 33% self-report a diagnosis of hypertension 27% self-report a diagnosis of high cholesterol		Chronic Disease resources: • Sanford's Better Choices Better Health - 701-234-5570 • Sanford Medical Home, c/o Sanford Mayville or Sanford Mayville Clinics • Sanford Mayville, 315 E. Caledonia, Mayville • Sanford Mayville, 42 – 6th Ave. SE, Mayville • Sanford Finley, 407 Wash., Finley	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	74% of residents are not consuming 5 or more fruits/vegetables per day 56% self-report that they are obese 21% self-report that they are overweight 56% of resident respondents do not get moderate exercise at least 3x/week 38% of resident respondents have not had a flu shot in the past year 21% of resident respondents have not visited their dentist in more than year 25% of resident respondents report not having had a routine check-up in more than a year	74% of residents are not consuming 5 or more fruits/vegetables per day 56% self-report that they are obese 21% self-report that they are overweight 56% of resident respondents do not get moderate exercise at least 3x/week 38% of resident respondents have not had a flu shot in the past year 21% of resident respondents have not visited their dentist in more than year 25% of resident respondents report not having had a routine check-up in more than a year		• Steele Co. Public Health, 201 Washington Ave., Finley • Traill Co. Public Health, 114 W. Caledonia, Mayville • Arthritis Foundation, P O Box 1208, Fargo • American Heart Assn., 1005 – 12th Ave. SE, Jamestown or heart.org Healthy Nutrition/Foods resources: • Dale's Food, 13 – 1st St. SW, Mayville • Miller's Fresh Foods, 201 – 1st Street NE, Mayville • Stones Market, 100–4th St., Finley • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Grand Forks Farmers Market, South Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville Obesity resources: • Sanford Mayville, 42 – 6th Ave. SE, Mayville • Sanford Mayville, 315 E. Caledonia, Mayville • Town Square Farmers Market, 3rd St. & Demers, Grand Forks • Greater Gr. Fks. Farmers Market, So. Forks Plaza Parking Lot, Grand Forks • Farmers Market, Island Park, Mayville • HERD Wrestling, 128 – 4th St. SE, Mayville • Goose River Golf Course, 700 – 6th St. NW, Mayville • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Mayville • Swimming, 610-698 Main St. E., Mayville • Mayville Fitness Center, 12 – 4th St. NE, Mayville • Woodland Park activities, 415 Woodland Park Dr., Mayville • Mayville T-Ball & Little League, 701-430-1425 • Sledding Hill, Hwy 200, Mayville • Indoor Ice Arena, 338 – 2nd Ave. NW, Mayville • Hockey Club in Mayville, icedawgshockey.com • Parks & Playgrounds o Island Park, Hwy 200, Mayville	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				○ Rainbow Garden & Sculpture Walk, Hwy 200, Mayville ○ Southside Park, 414 – 4th St. SE, Mayville ○ Water Tower Park, 532-608 Main, Mayville ○ Pioneer Park, Hwy 200, Mayville ○ Military Park, 101-199 – 1st St. SW, Mayville ○ Woodland Park, 415 Woodland Park Dr., Mayville ○ Buffalo River Park, I-29, Mayville Physical Activity resources: • Goose River Golf Course, 700 – 6th St. NW, Mayville • Mayville Golf Course, 34 Westwood Dr., Mayville • Frisbee Disc Golf, 460-492 Main St. W., Mayville • Bowling, 713 W. Midway Hwy 200, Mayville • Swimming, 415 Woodland Park Dr., Mayville • Swimming, 610-698 Main St. E., Mayville • Mayville Fitness Center, 12 – 4th St. NE, Mayville • Woodland Park activities, 415 Woodland Park Dr., Mayville • Walking opportunities: ○ Island Park, Hwy 200, Mayville ○ Rainbow Garden & Sculpture Walk, Hwy 200, Mayville ○ Pioneer Park, Hwy 200, Mayville ○ Military Park, 101-199 – 1st St. SW, Mayville ○ Woodland Park, 415 Woodland Park Dr., Mayville ○ Buffalo River Park, I-29, Mayville Flu Shot resources: • Sanford Mayville Clinic, 42 – 6th Ave. SE, Mayville • Sanford Mayville Clinic, 315 E. Caledonia Ave., Mayville • Sanford Finley Clinic, 407 Washington, Finley • CPT Medical Center, 101 C 3rd St. W., Finley • Traill Co. Public Health, 114 W. Caledonia, Mayville • Steele Co. Public Health, 201 Washington Ave., Finley	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Mayville Drug, 13 N. Main St., Mayville • Aasen Drug, 15 Main St. E., Mayville Routine Health Check-up resources: • Sanford Mayville Clinic, 42 – 6th Ave. SE, Mayville • Sanford Mayville Clinic, 315 E. Caledonia Ave., Mayville • Sanford Finley Clinic, 407 Wash. Ave., Finley • CPT Medical Center, 101 C 3rd Street W., Finley • Traill Co. Public Health, 114 W. Caledonia, Mayville • Steele Co. Public Health, 201 Washington Ave., Finley • Finley Senior Center (health screenings for seniors), 301 Central Ave., Finley Dental resources: • Goose River Dental, 37-1/2 Main St. E., Mayville • Rothfusz Dental, 7 West Caledonia, Mayville	

Key Stakeholder Survey

Sanford Mayville/Mayville Medical Center

Community Health Needs Assessment

Results from an October 2017 Non-Generalizable

Online Survey of Community Stakeholders

November 2017

SANFORD

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Mayville/Mayville Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the month of October and the first week of November. A total of 24 respondents participated in the online survey.

TABLE OF CONTENTS

SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

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

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

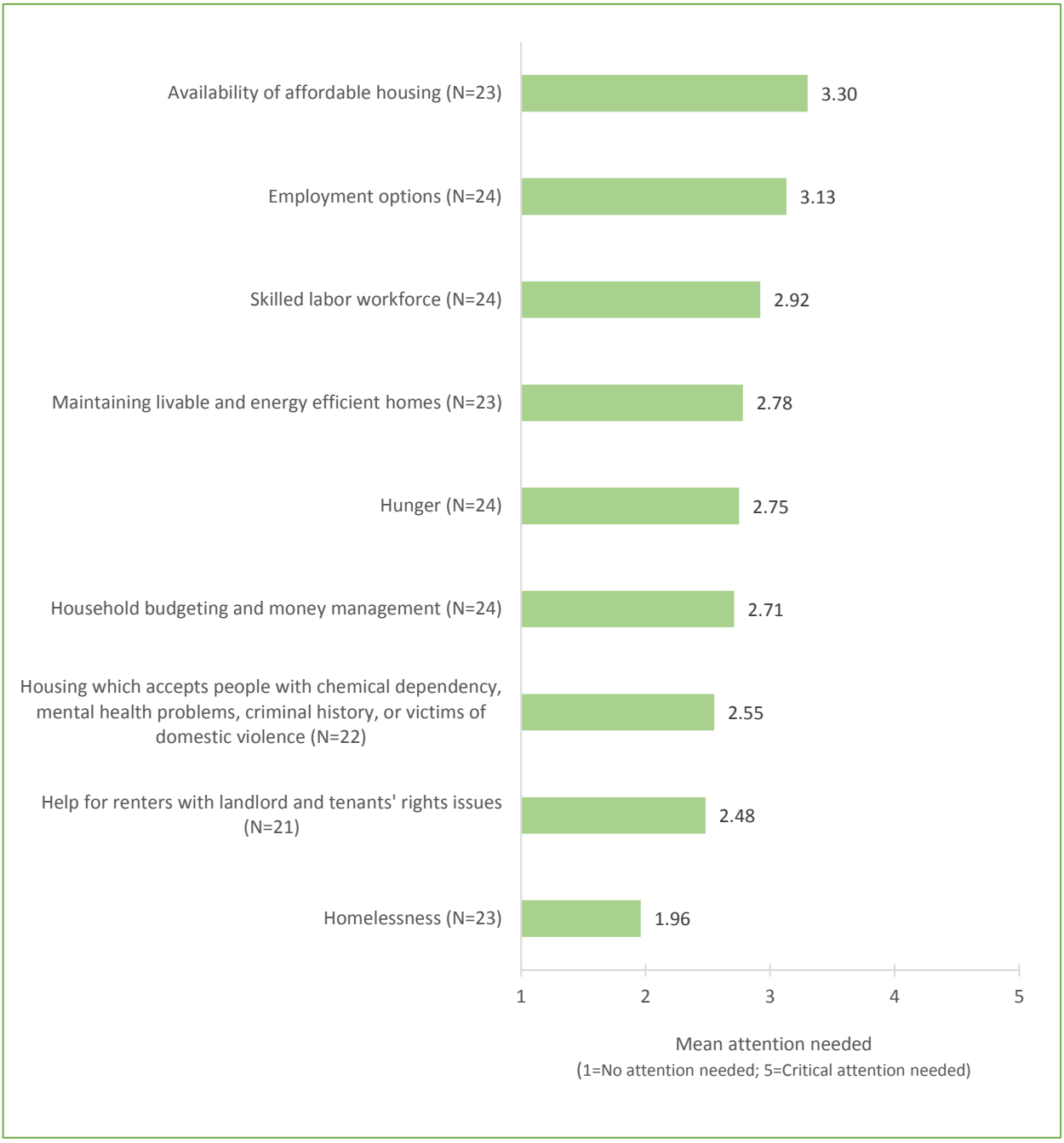


Figure 2. Current state of community issues regarding TRANSPORTATION

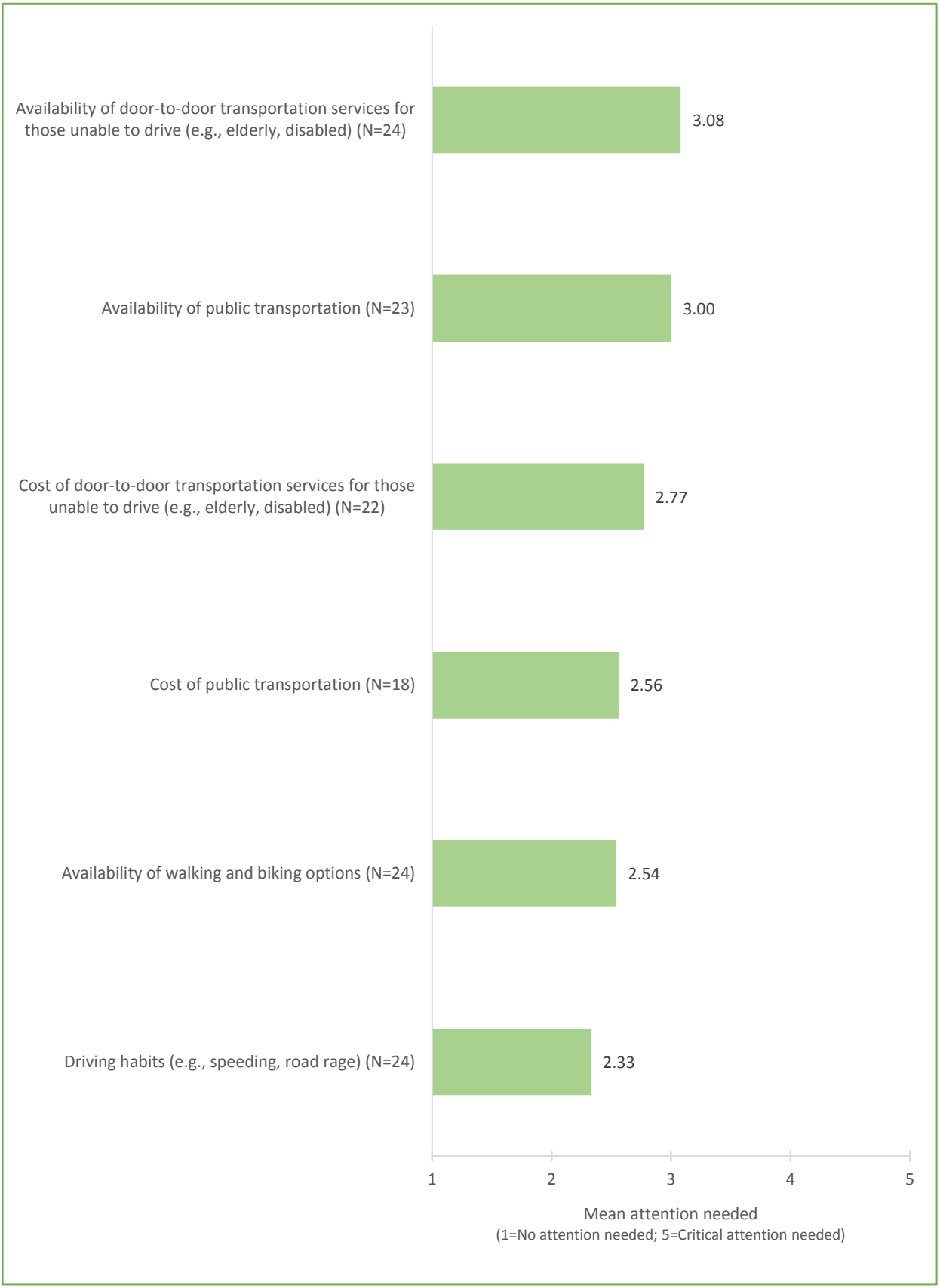


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

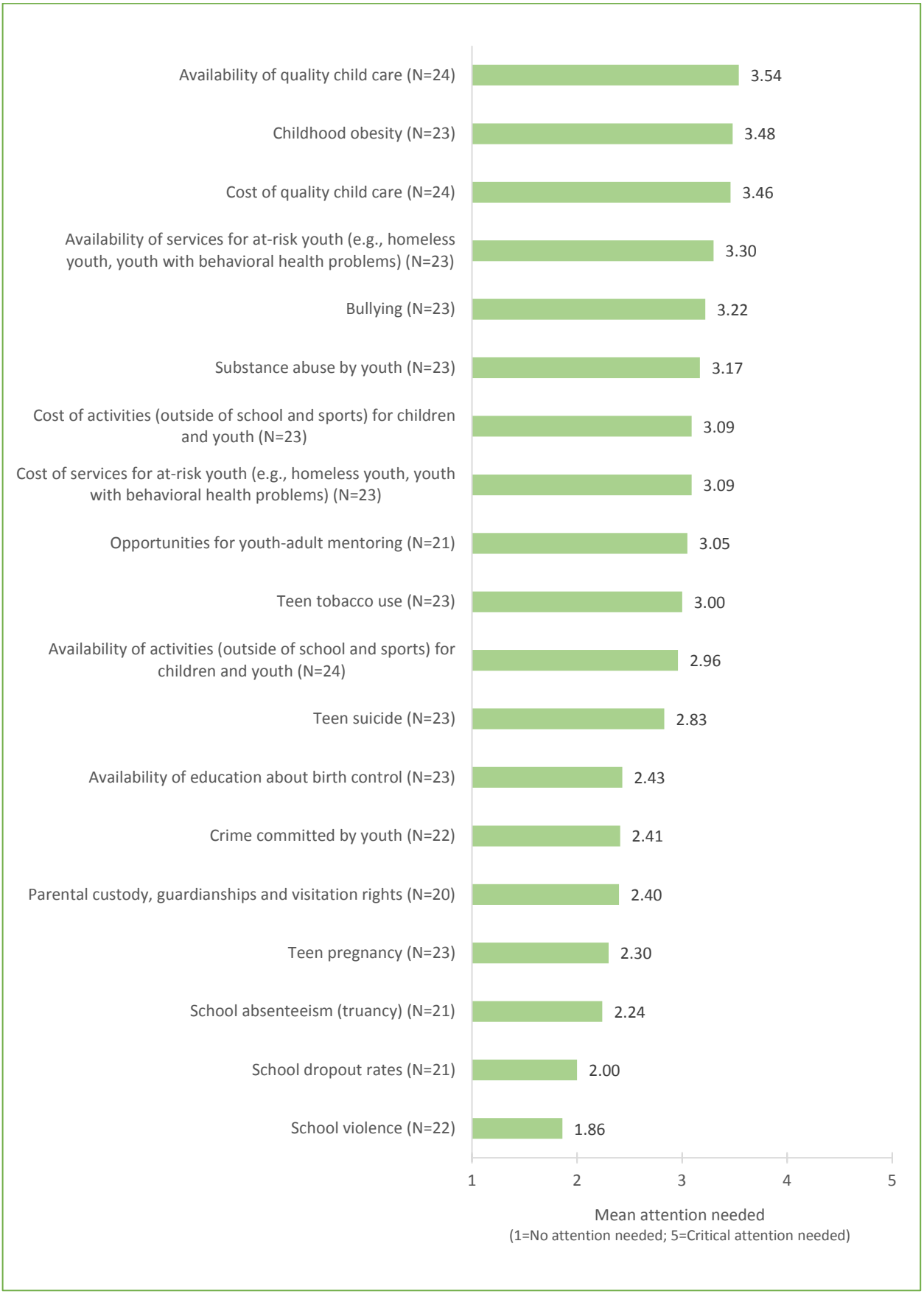

Availability of quality child care (N=24)
3.54
Childhood obesity (N=23)
3.48
Cost of quality child care (N=24)
3.46
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=23)
3.30
Bullying (N=23)
3.22
Substance abuse by youth (N=23)
3.17
Cost of activities (outside of school and sports) for children and youth (N=23)
3.09
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=23)
3.09
Opportunities for youth-adult mentoring (N=21)
3.05
Teen tobacco use (N=23)
3.00
Availability of activities (outside of school and sports) for children and youth (N=24)
2.96
Teen suicide (N=23)
2.83
Availability of education about birth control (N=23)
2.43
Crime committed by youth (N=22)
2.41
Parental custody, guardianships and visitation rights (N=20)
2.40
Teen pregnancy (N=23)
2.30
School absenteeism (truancy) (N=21)
2.24
School dropout rates (N=21)
2.00
School violence (N=22)
1.86
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

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

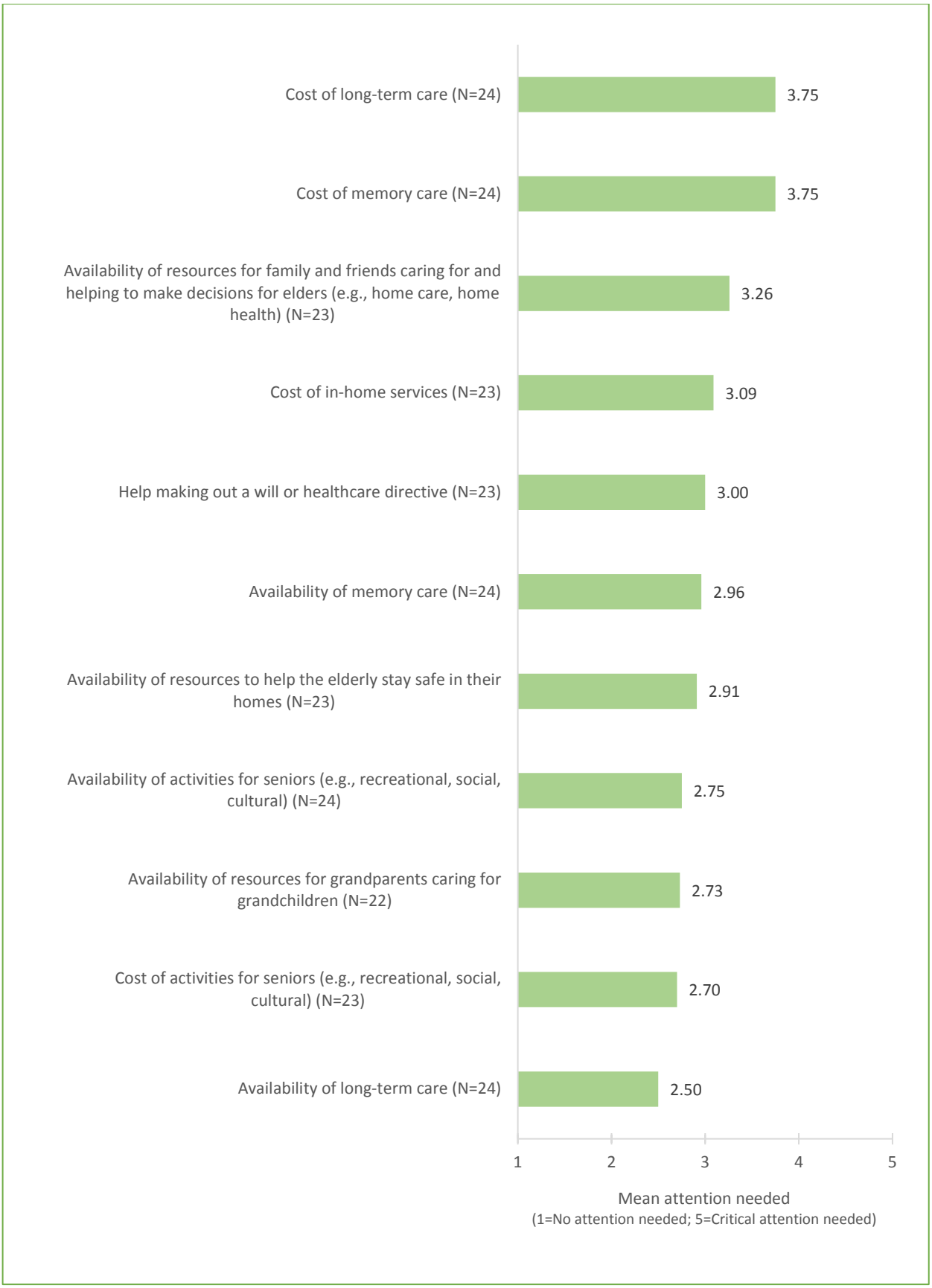


Figure 5. Current state of community issues regarding SAFETY

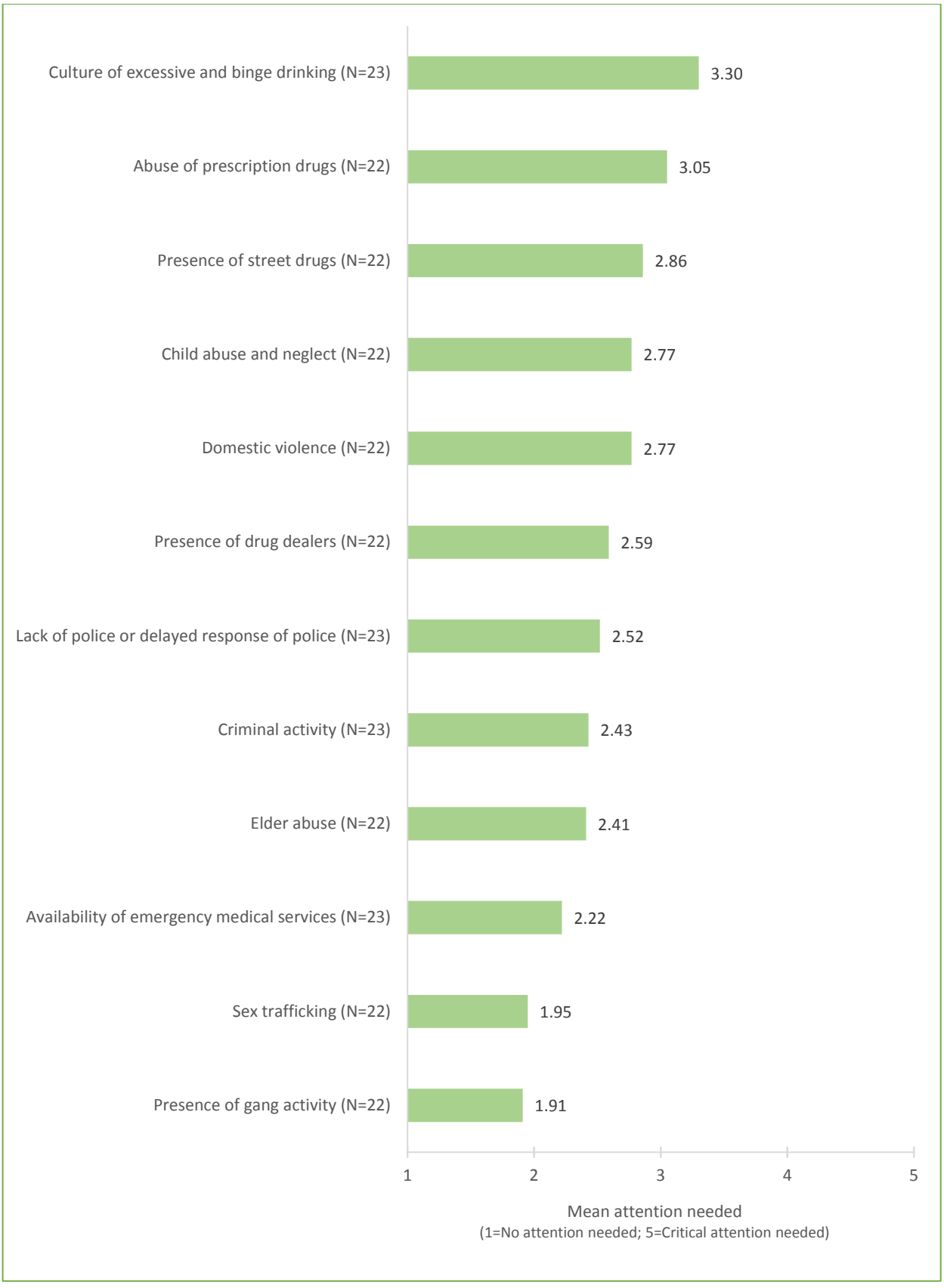
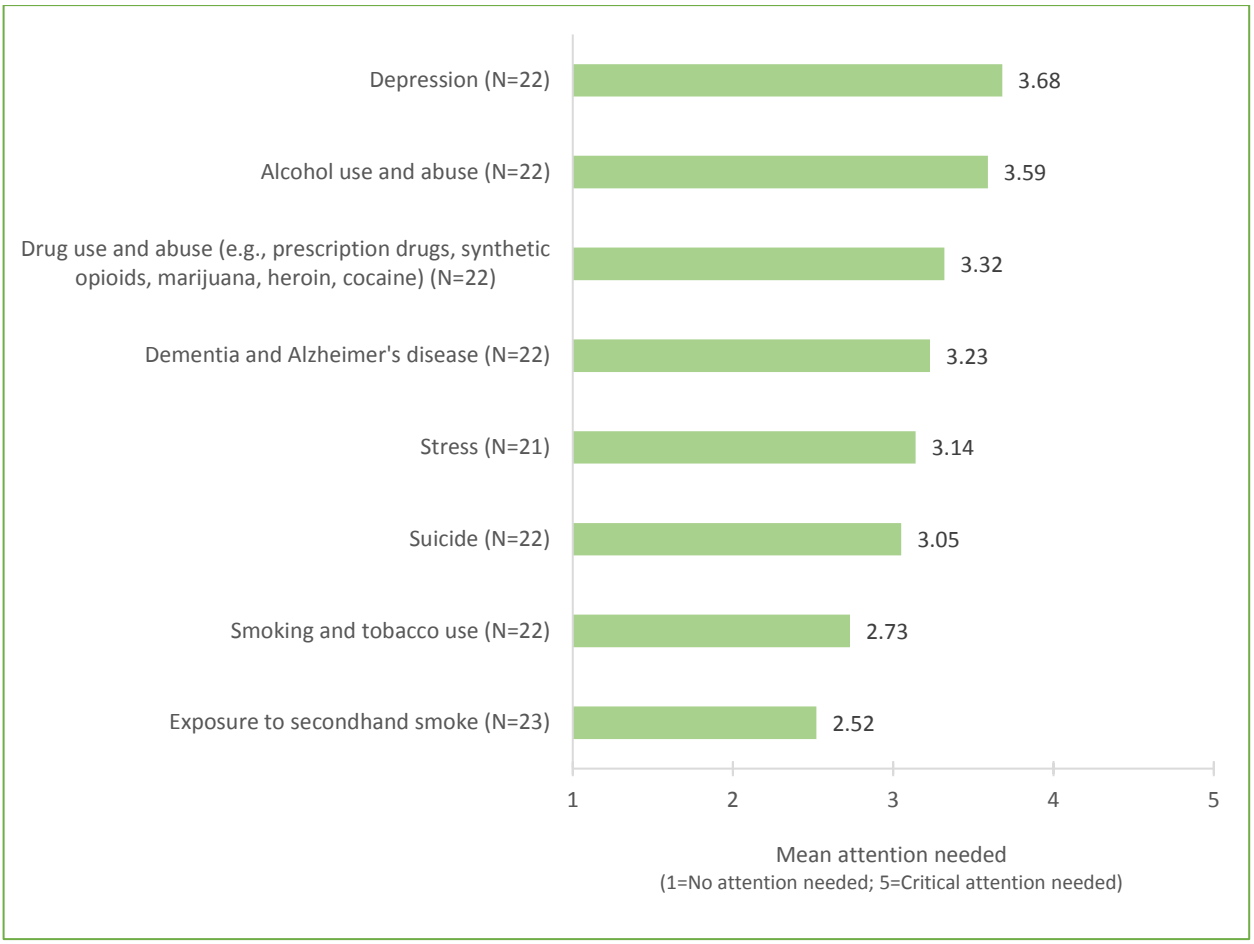


Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

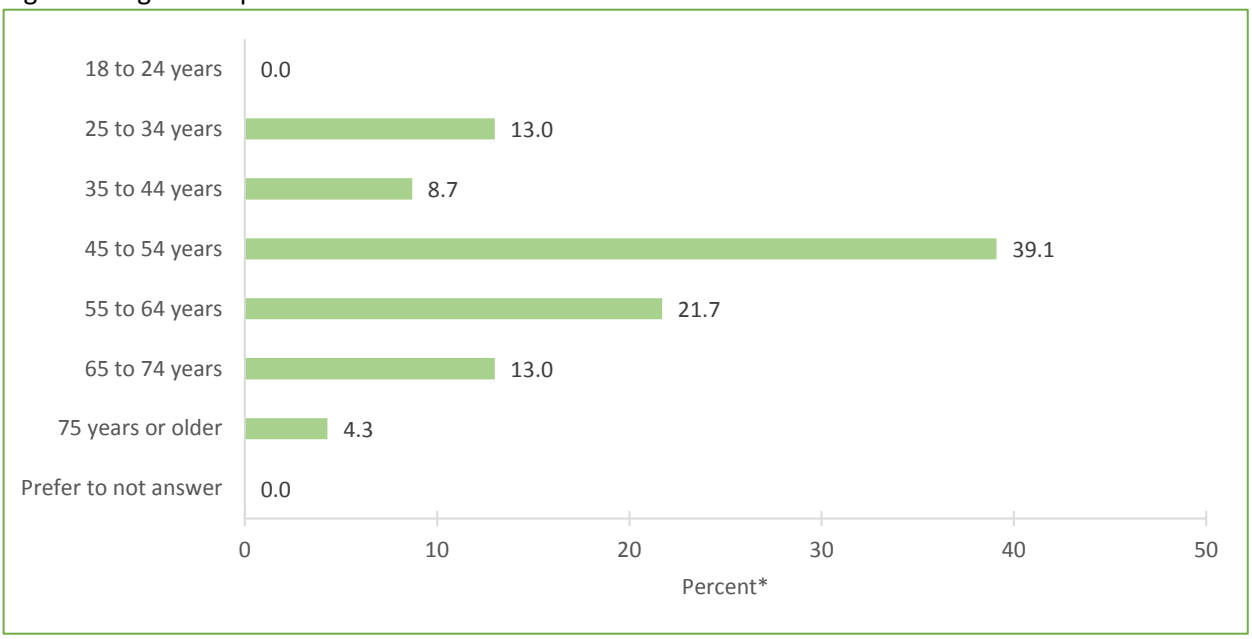

Availability of mental health providers (N=23)
4.00
Availability of behavioral health (e.g., substance abuse) providers (N=21)
3.81
Access to affordable health insurance coverage (N=23)
3.61
Access to affordable healthcare (N=23)
3.57
Access to affordable prescription drugs (N=23)
3.52
Access to affordable dental insurance coverage (N=23)
3.13
Access to affordable vision insurance coverage (N=23)
3.00
Availability of specialist physicians (N=23)
2.83
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=22)
2.82
Availability of non-traditional hours (e.g., evenings, weekends) (N=23)
2.78
Coordination of care between providers and services (N=23)
2.57
Availability of doctors, physician assistants, or nurse practitioners (N=23)
2.52
Use of emergency room services for primary healthcare (N=23)
2.39
Timely access to medical care providers (N=23)
2.35
Timely access to dental care providers (N=23)
2.35
Timely access to vision care providers (N=23)
2.35
Access to technology for health records and health education (N=21)
2.33
Availability of healthcare services for New Americans (N=19)
2.21
Availability of healthcare services for Native people (N=19)
2.05
1
2
3
4
5
Mean attention needed
(1=No attention needed; 5=Critical attention needed)

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



Demographic Information

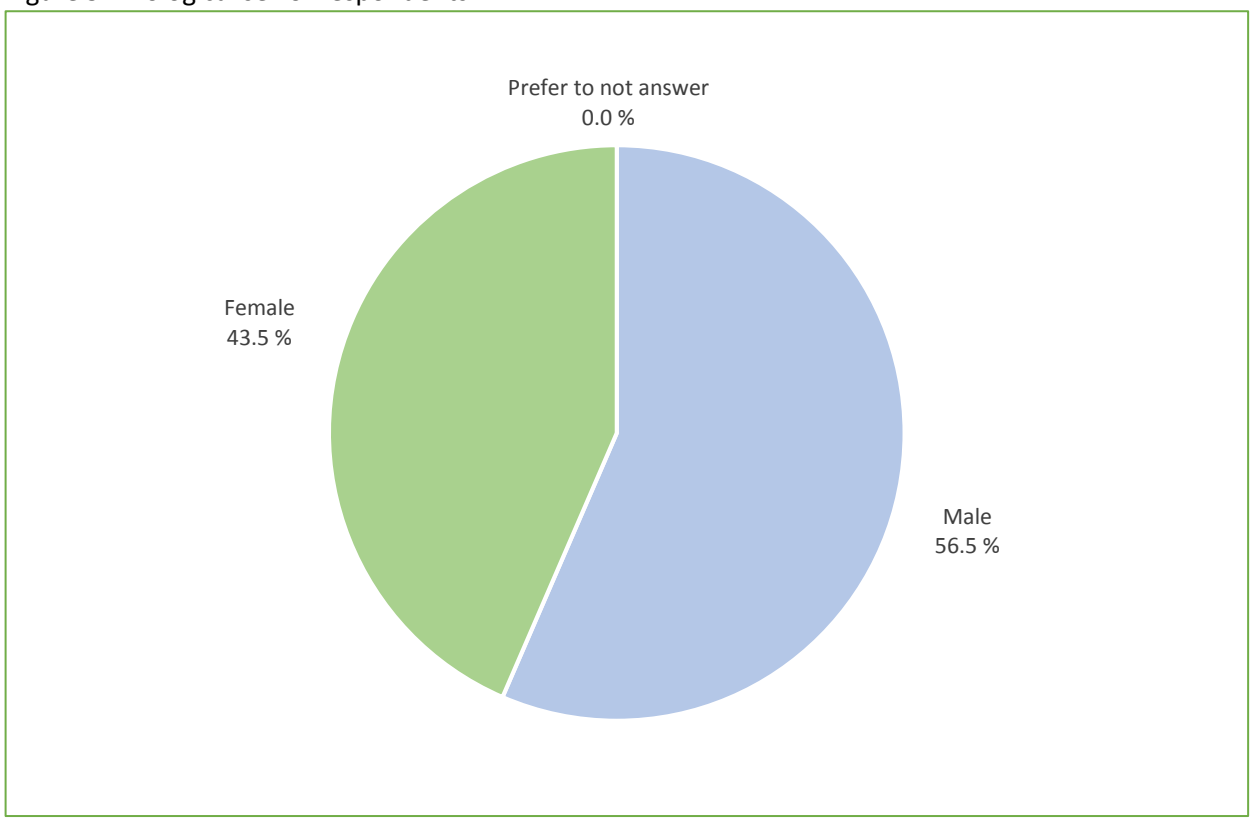
Figure 8. Age of respondents



N=23

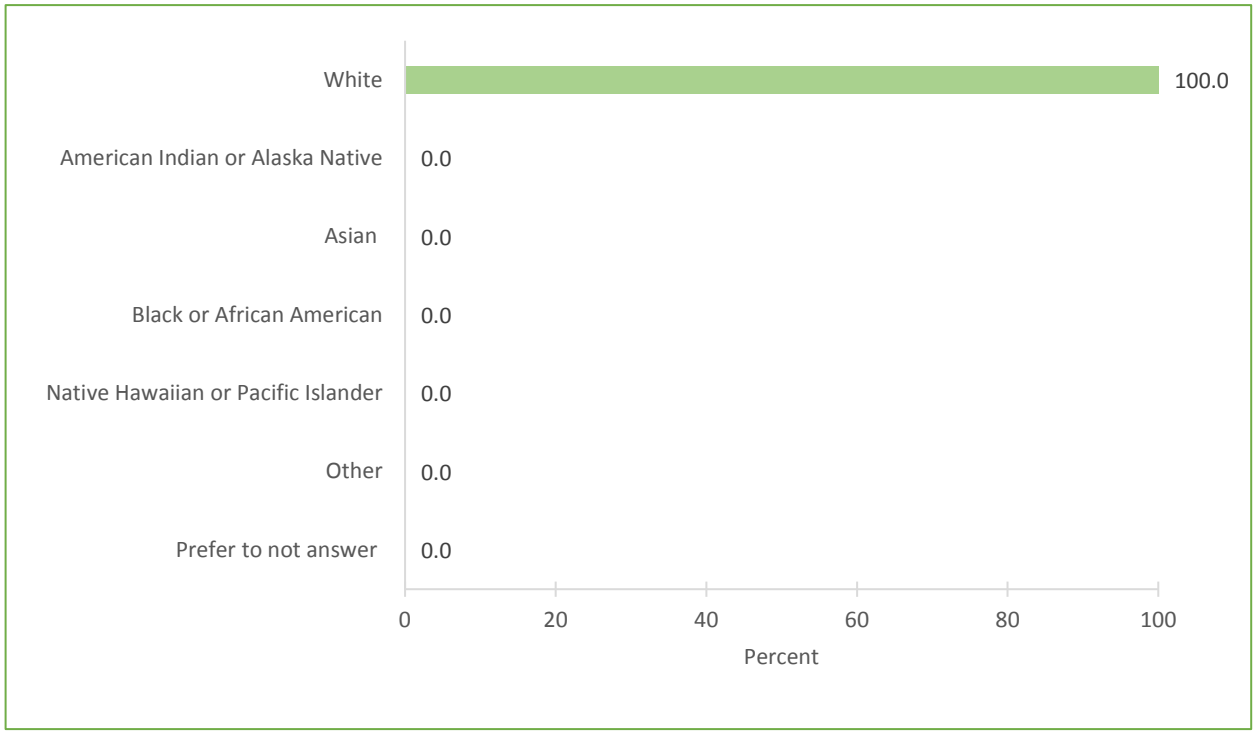
*Percentages do not total 100.0 due to rounding.

Figure 9. Biological sex of respondents



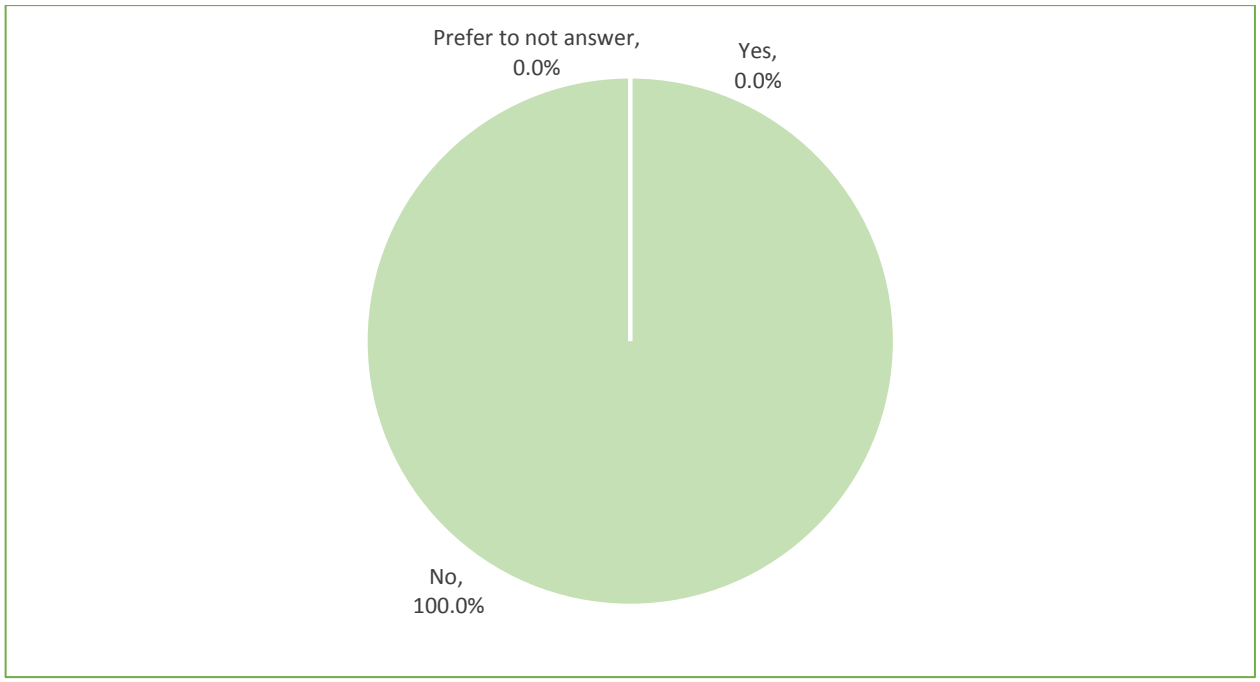
N=23

Figure 10. Race of respondents



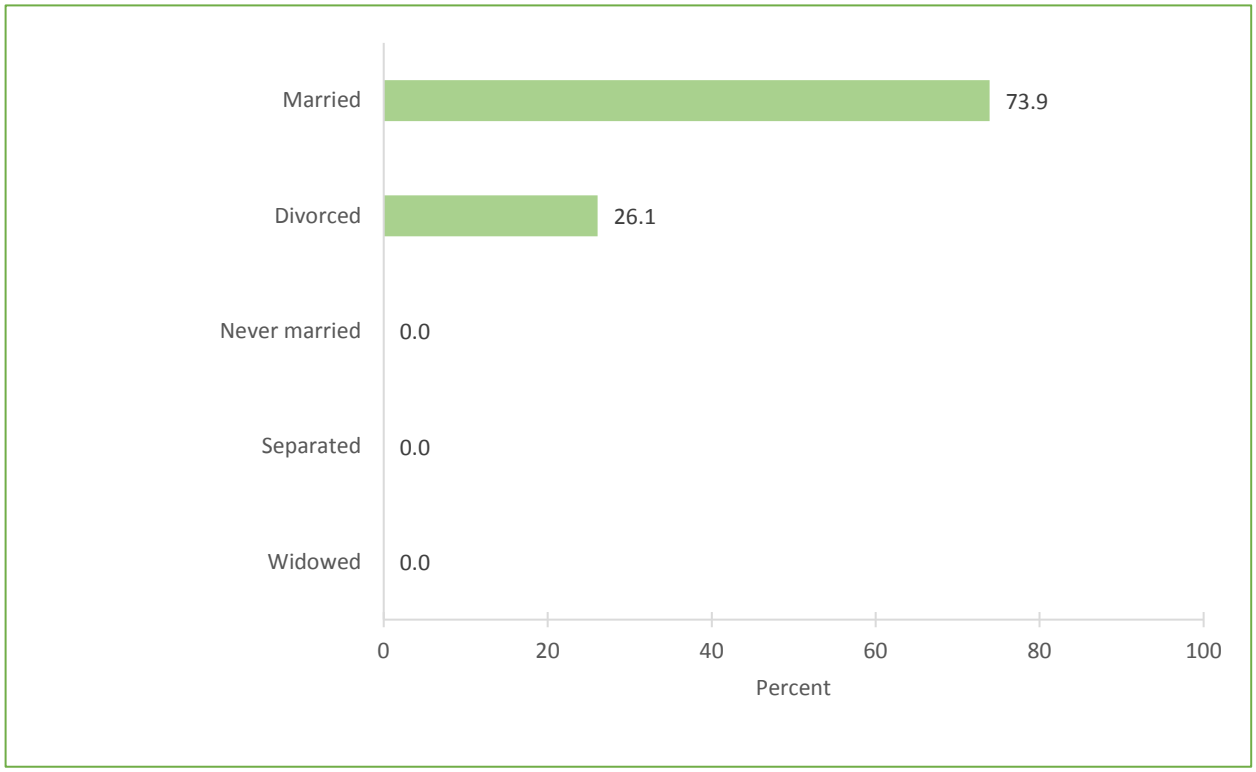
N=23

Figure 11. Whether respondents are of Hispanic or Latino origin



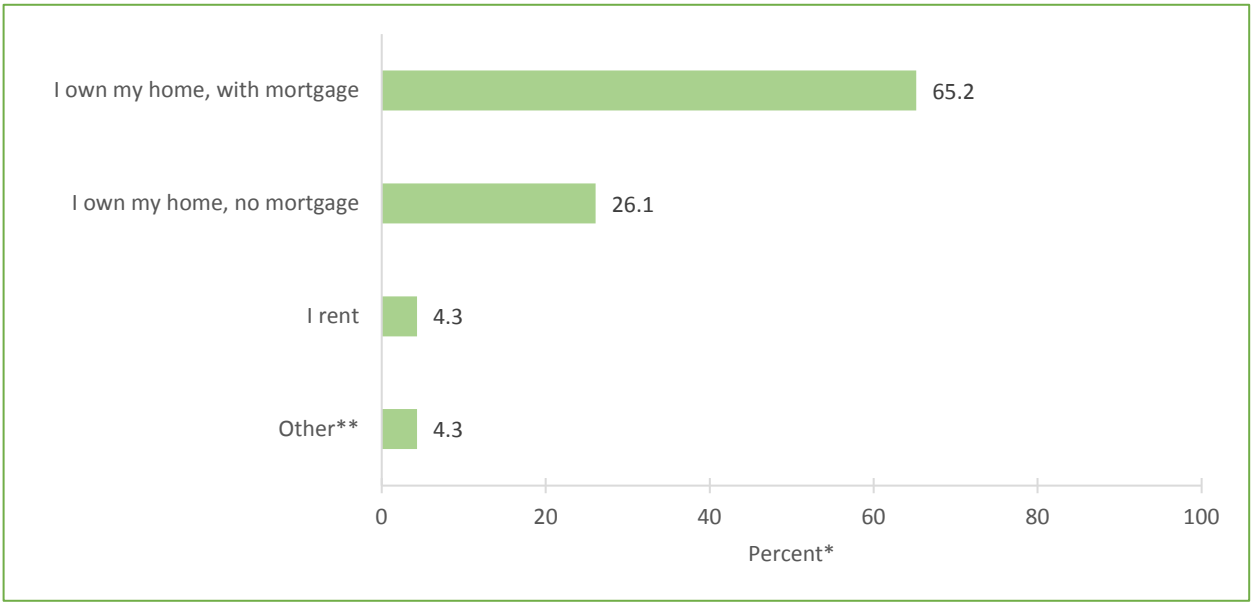
N=23

Figure 12. Marital status of respondents



N=23

Figure 13. Living situation of respondents

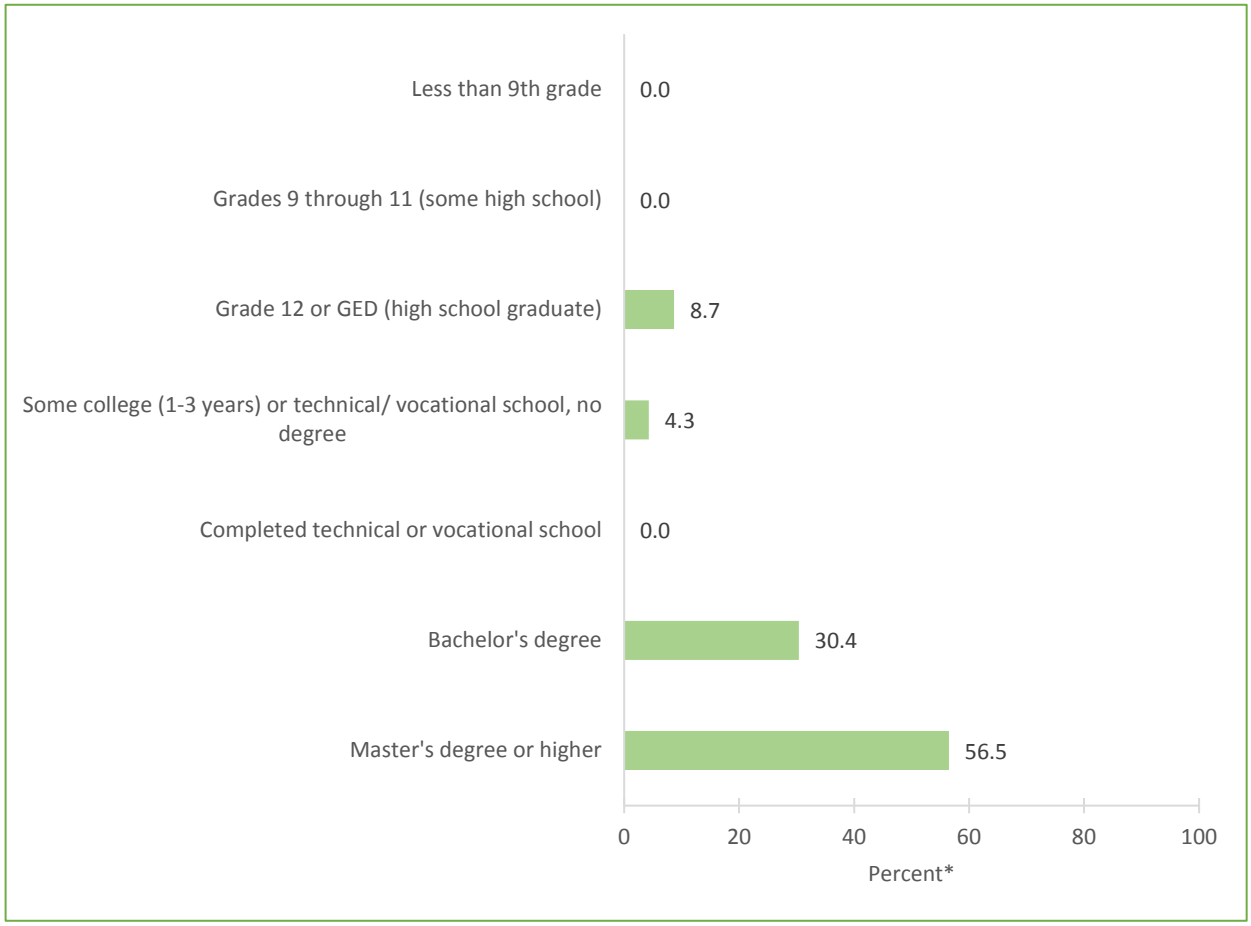


N=23

*Percentages do not total 100.0 due to rounding.

**Other response is “Parsonage”.

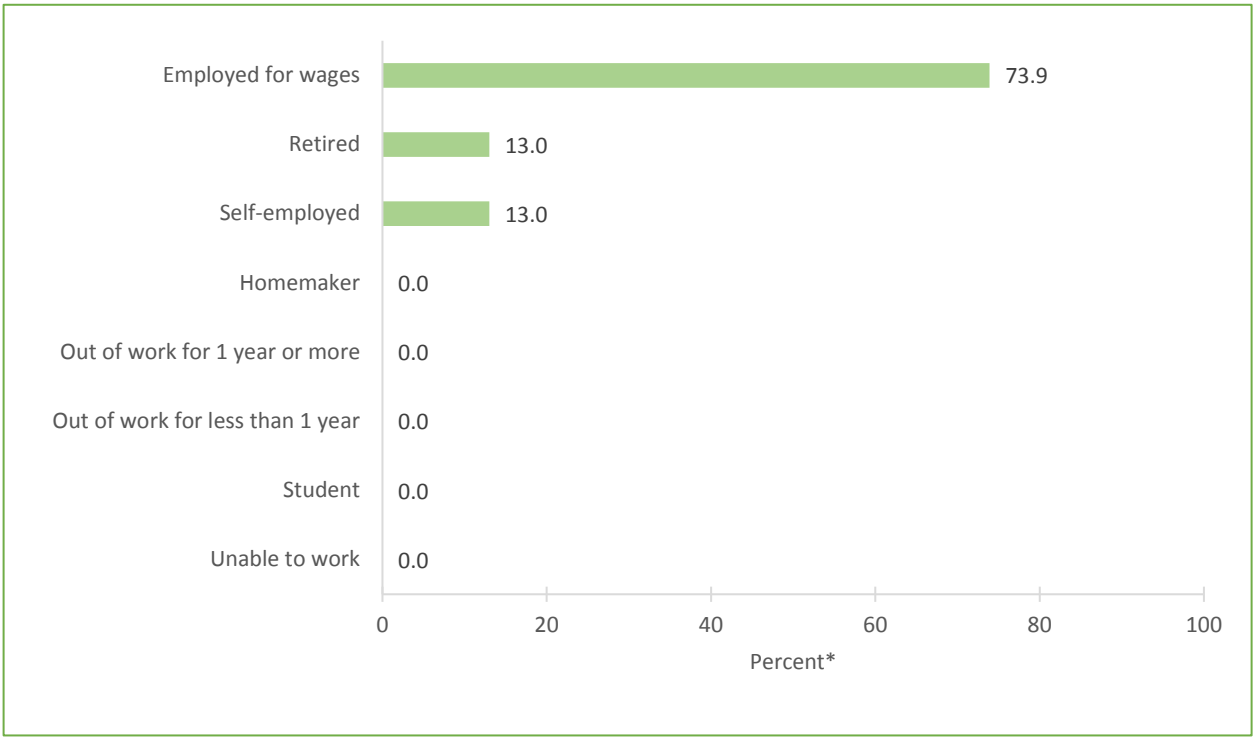
Figure 14. Highest level of education completed by respondents



N=23

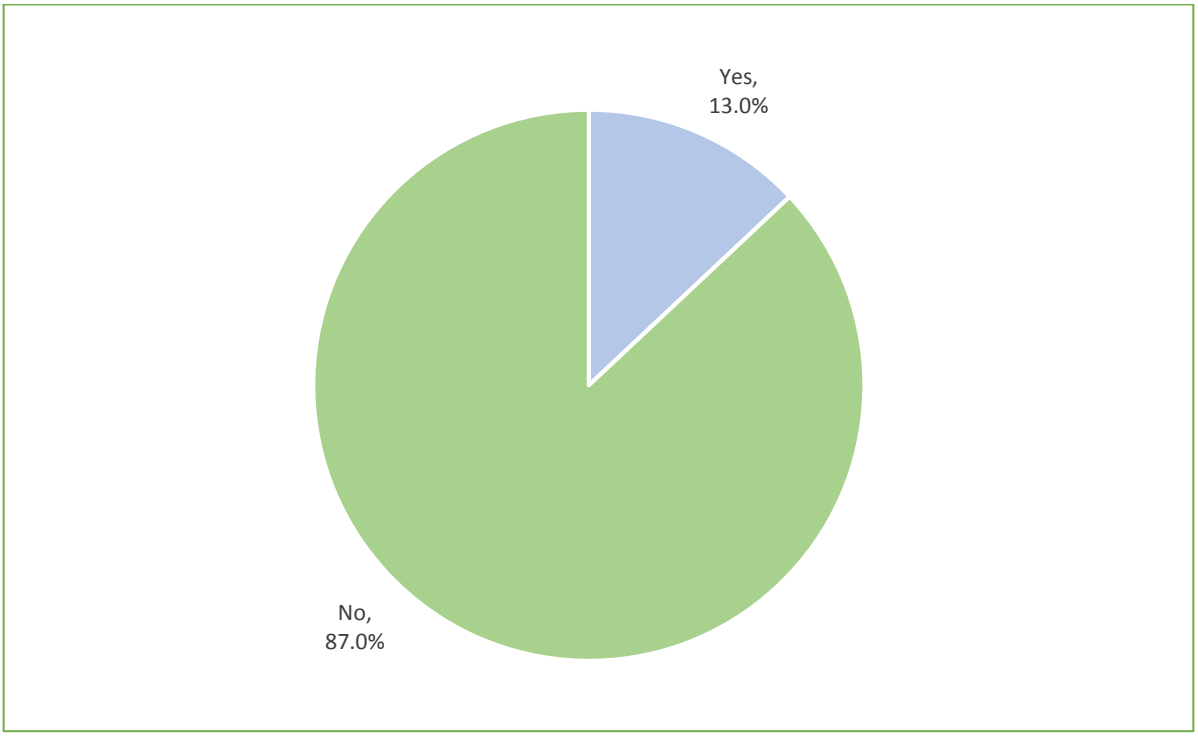
*Percentages do not total 100.0 due to rounding.

Figure 15. Employment status of respondents



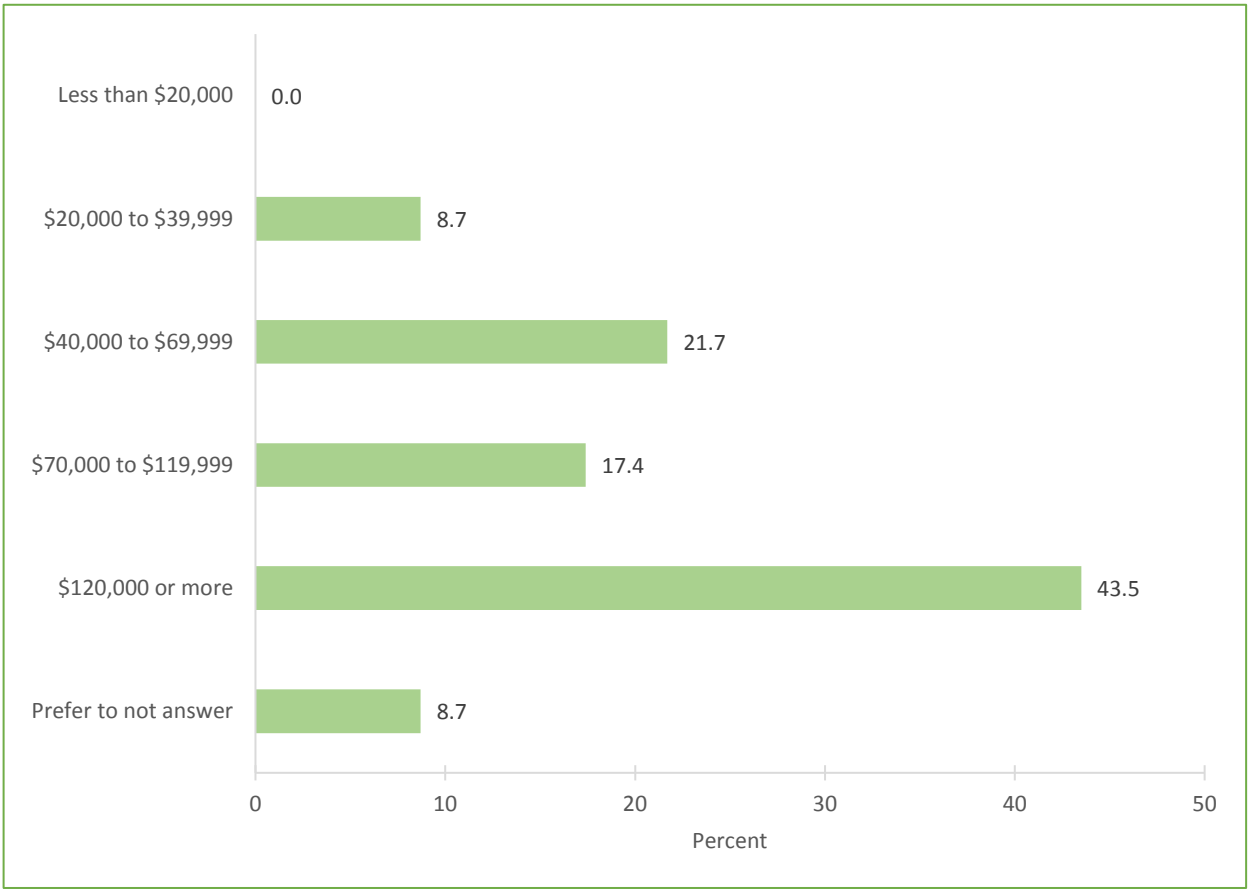
N=23
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



N=23

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



N=23

Table 1. Zip code of respondents

Zip code	Number of respondents
58045	9
58257	7
58274	3
58218	1
58223	1
58240	1
58275	1

N=23

Table 2. Comments from respondents

Comments
Availability of resources for homebound seniors.
I would prefer not to answer questions about my marital status, but that was not an option like there were for other questions.

APPENDIX TABLE

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

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=23)	3.30	0.0	21.7	39.1	26.1	13.0	0.0	99.9
Employment options (N=24)	3.13	0.0	25.0	45.8	20.8	8.3	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=24)	2.48	20.8	25.0	25.0	12.5	4.2	12.5	100.0
Homelessness (N=24)	1.96	16.7	70.8	4.2	4.2	0.0	4.2	100.1
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=24)	2.55	16.7	20.8	41.7	12.5	0.0	8.3	100.0
Household budgeting and money management (N=24)	2.71	8.3	25.0	54.2	12.5	0.0	0.0	100.0
Hunger (N=24)	2.75	12.5	20.8	50.0	12.5	4.2	0.0	100.0
Maintaining livable and energy efficient homes (N=24)	2.78	4.2	37.5	33.3	16.7	4.2	4.2	100.1
Skilled labor workforce (N=24)	2.92	4.2	25.0	45.8	25.0	0.0	0.0	100.0
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=24)	3.08	0.0	25.0	50.0	16.7	8.3	0.0	100.0
Availability of public transportation (N=24)	3.00	4.2	29.2	33.3	20.8	8.3	4.2	100.0
Availability of walking and biking options (N=24)	2.54	16.7	29.2	41.7	8.3	4.2	0.0	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=24)	2.77	4.2	29.2	45.8	8.3	4.2	8.3	100.0
Cost of public transportation (N=24)	2.56	12.5	25.0	25.0	8.3	4.2	25.0	100.0
Driving habits (e.g., speeding, road rage) (N=24)	2.33	16.7	45.8	29.2	4.2	4.2	0.0	100.1
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=24)	2.96	8.3	16.7	45.8	29.2	0.0	0.0	100.0
Availability of education about birth control (N=24)	2.43	8.3	41.7	41.7	4.2	0.0	4.2	100.1
Availability of quality child care (N=24)	3.54	8.3	0.0	33.3	45.8	12.5	0.0	99.9
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=24)	3.30	0.0	20.8	33.3	33.3	8.3	4.2	99.9
Bullying (N=24)	3.22	4.2	8.3	58.3	12.5	12.5	4.2	100.0
Childhood obesity (N=24)	3.48	0.0	8.3	41.7	37.5	8.3	4.2	100.0
Cost of activities (outside of school and sports) for children and youth (N=24)	3.09	0.0	20.8	50.0	20.8	4.2	4.2	100.0
Cost of quality child care (N=24)	3.46	8.3	4.2	29.2	50.0	8.3	0.0	100.0
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=24)	3.09	4.2	16.7	50.0	16.7	8.3	4.2	100.1
Crime committed by youth (N=24)	2.41	0.0	58.3	29.2	4.2	0.0	8.3	100.0
Opportunities for youth-adult mentoring (N=24)	3.05	4.2	12.5	50.0	16.7	4.2	12.5	100.1
Parental custody, guardianships and visitation rights (N=24)	2.40	8.3	41.7	25.0	8.3	0.0	16.7	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
School absenteeism (truancy) (N=24)	2.24	4.2	62.5	16.7	4.2	0.0	12.5	100.1
School dropout rates (N=24)	2.00	8.3	70.8	8.3	0.0	0.0	12.5	99.9
School violence (N=23)	1.86	21.7	65.2	8.7	0.0	0.0	4.3	99.9
Substance abuse by youth (N=24)	3.17	0.0	25.0	33.3	33.3	4.2	4.2	100.0
Teen pregnancy (N=24)	2.30	8.3	58.3	20.8	8.3	0.0	4.2	99.9
Teen suicide (N=24)	2.83	0.0	54.2	16.7	12.5	12.5	4.2	100.1
Teen tobacco use (N=24)	3.00	0.0	33.3	33.3	25.0	4.2	4.2	100.0
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=24)	2.75	4.2	33.3	45.8	16.7	0.0	0.0	100.0
Availability of long-term care (N=24)	2.50	4.2	50.0	37.5	8.3	0.0	0.0	100.0
Availability of memory care (N=24)	2.96	4.2	20.8	50.0	25.0	0.0	0.0	100.0
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=24)	3.26	4.2	12.5	45.8	20.8	12.5	4.2	100.0
Availability of resources for grandparents caring for grandchildren (N=24)	2.73	4.2	33.3	37.5	16.7	0.0	8.3	100.0
Availability of resources to help the elderly stay safe in their homes (N=24)	2.91	4.2	25.0	41.7	25.0	0.0	4.2	100.1
Cost of activities for seniors (e.g., recreational, social, cultural) (N=24)	2.70	8.3	29.2	41.7	16.7	0.0	4.2	100.1
Cost of in-home services (N=24)	3.09	4.2	25.0	33.3	25.0	8.3	4.2	100.0
Cost of long-term care (N=24)	3.75	4.2	0.0	37.5	33.3	25.0	0.0	100.0
Cost of memory care (N=24)	3.75	0.0	4.2	41.7	29.2	25.0	0.0	100.1
Help making out a will or healthcare directive (N=24)	3.00	4.2	16.7	50.0	25.0	0.0	4.2	100.1

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
SAFETY								
Abuse of prescription drugs (N=23)	3.05	4.3	39.1	13.0	26.1	13.0	4.3	99.8
Availability of emergency medical services (N=23)	2.22	21.7	47.8	17.4	13.0	0.0	0.0	99.9
Child abuse and neglect (N=23)	2.77	0.0	34.8	47.8	13.0	0.0	4.3	99.9
Criminal activity (N=23)	2.43	4.3	56.5	30.4	8.7	0.0	0.0	99.9
Culture of excessive and binge drinking (N=23)	3.30	4.3	21.7	26.1	34.8	13.0	0.0	99.9
Domestic violence (N=23)	2.77	0.0	39.1	39.1	17.4	0.0	4.3	99.9
Elder abuse (N=23)	2.41	8.7	56.5	17.4	8.7	4.3	4.3	99.9
Lack of police or delayed response of police (N=23)	2.52	8.7	47.8	30.4	8.7	4.3	0.0	99.9
Presence of drug dealers (N=23)	2.59	4.3	56.5	13.0	17.4	4.3	4.3	99.8
Presence of gang activity (N=23)	1.91	30.4	56.5	0.0	4.3	4.3	4.3	99.8
Presence of street drugs (N=23)	2.86	8.7	30.4	26.1	26.1	4.3	4.3	99.9
Sex trafficking (N=23)	1.95	26.1	47.8	21.7	0.0	0.0	4.3	99.9
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=23)	3.13	0.0	26.1	39.1	30.4	4.3	0.0	99.9
Access to affordable health insurance coverage (N=23)	3.61	0.0	13.0	43.5	13.0	30.4	0.0	99.9
Access to affordable healthcare (N=23)	3.57	4.3	13.0	34.8	17.4	30.4	0.0	99.9
Access to affordable prescription drugs (N=23)	3.52	4.3	17.4	30.4	17.4	30.4	0.0	99.9
Access to affordable vision insurance coverage (N=23)	3.00	4.3	26.1	47.8	8.7	13.0	0.0	99.9
Access to technology for health records and health education (N=23)	2.33	13.0	47.8	21.7	4.3	4.3	8.7	99.8

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Availability of behavioral health (e.g., substance abuse) providers (N=23)	3.81	0.0	8.7	34.8	13.0	34.8	8.7	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=23)	2.52	13.0	34.8	39.1	13.0	0.0	0.0	99.9
Availability of health care services for Native people (N=23)	2.05	34.8	21.7	17.4	4.3	4.3	17.4	99.9
Availability of health care services for New Americans (N=23)	2.21	34.8	17.4	13.0	13.0	4.3	17.4	99.9
Availability of mental health providers (N=23)	4.00	0.0	4.3	30.4	26.1	39.1	0.0	99.9
Availability of non-traditional hours (e.g., evenings, weekends) (N=23)	2.78	8.7	30.4	39.1	17.4	4.3	0.0	99.9
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=23)	2.82	0.0	43.5	39.1	0.0	13.0	4.3	99.9
Availability of specialist physicians (N=23)	2.83	8.7	34.8	26.1	26.1	4.3	0.0	100.0
Coordination of care between providers and services (N=23)	2.57	8.7	34.8	47.8	8.7	0.0	0.0	100.0
Timely access to medical care providers (N=23)	2.35	21.7	39.1	26.1	8.7	4.3	0.0	99.9
Timely access to dental care providers (N=23)	2.35	17.4	43.5	30.4	4.3	4.3	0.0	99.9
Timely access to vision care providers (N=23)	2.35	17.4	43.5	26.1	13.0	0.0	0.0	100.0
Use of emergency room services for primary healthcare (N=23)	2.39	21.7	34.8	26.1	17.4	0.0	0.0	100.0
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=23)	3.59	0.0	13.0	26.1	43.5	13.0	4.3	99.9
Dementia and Alzheimer's disease (N=23)	3.23	0.0	26.1	26.1	39.1	4.3	4.3	99.9

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Depression (N=23)	3.68	0.0	8.7	30.4	39.1	17.4	4.3	99.9
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=23)	3.32	0.0	21.7	30.4	34.8	8.7	4.3	99.9
Exposure to secondhand smoke (N=23)	2.52	8.7	47.8	26.1	17.4	0.0	0.0	100.0
Smoking and tobacco use (N=23)	2.73	0.0	43.5	34.8	17.4	0.0	4.3	100.0
Stress (N=22)	3.14	0.0	27.3	45.5	4.5	18.2	4.5	100.0
Suicide (N=23)	3.05	0.0	30.4	34.8	26.1	4.3	4.3	99.9

*Percentages may not total 100.0 due to rounding.

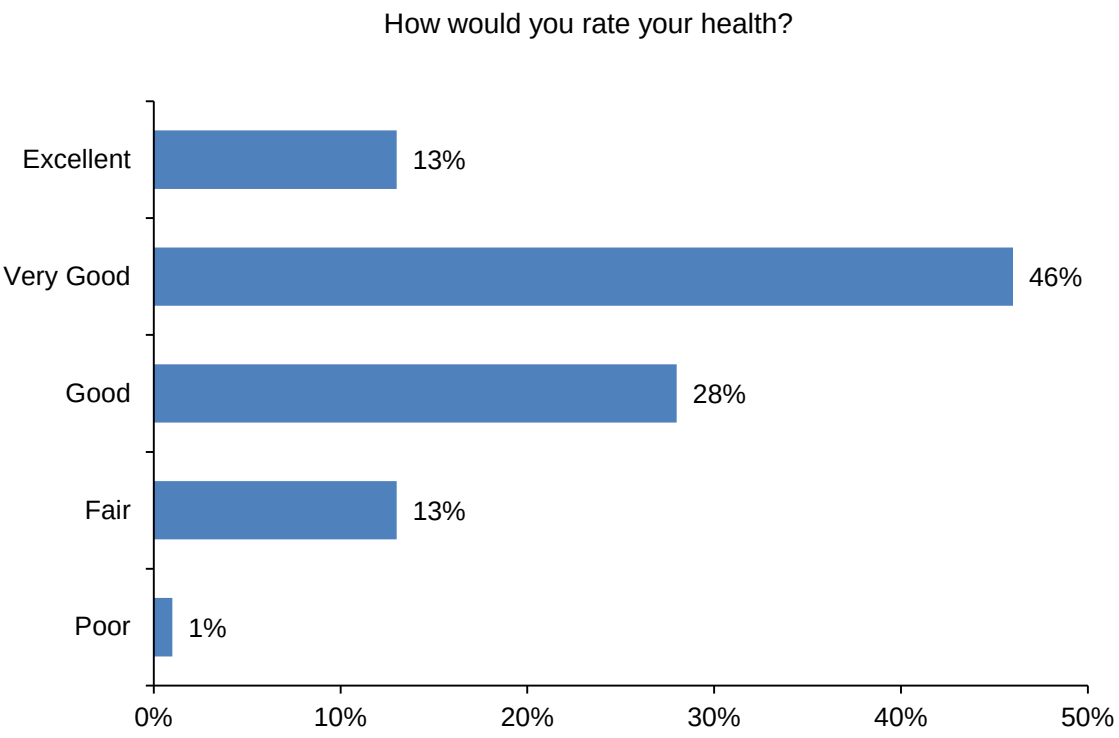
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Resident Survey

Hillsboro/Mayville CHNA Survey Report

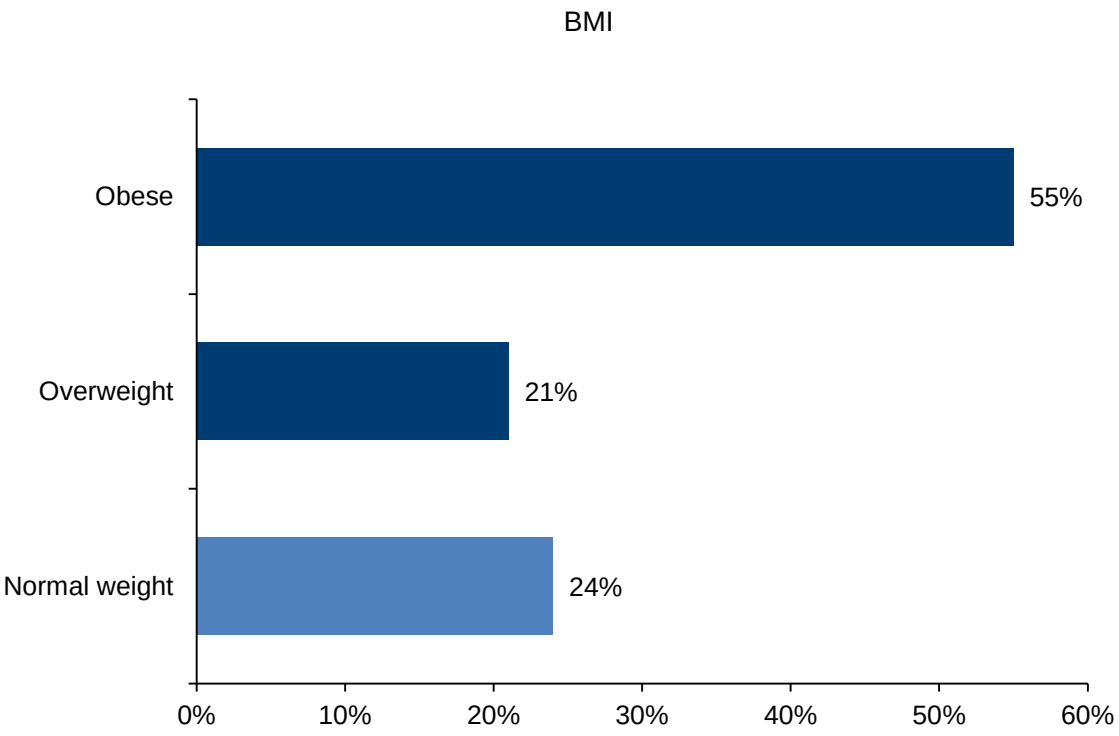
March 03, 2018

Charts Exported by MarketSight®



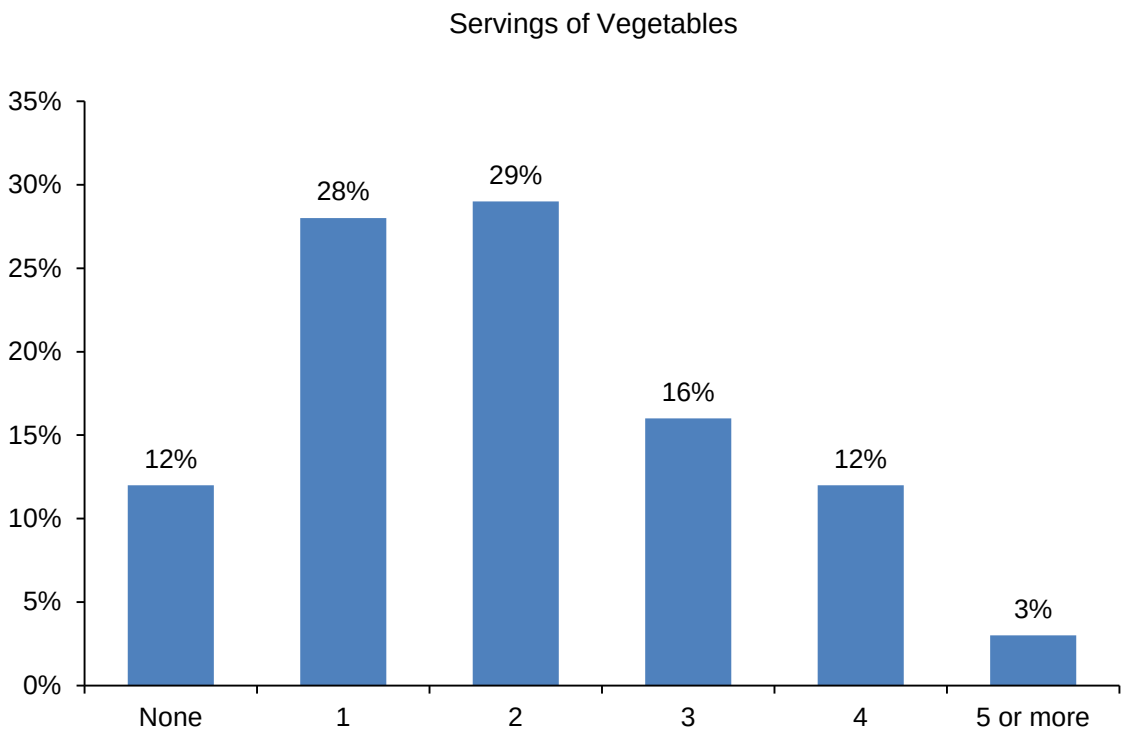
Base: Poor (n=1), Fair (n=10), Good (n=22), Very Good (n=36), Excellent (n=10), Sample Size = 79

(Community = Traill OR Steele)



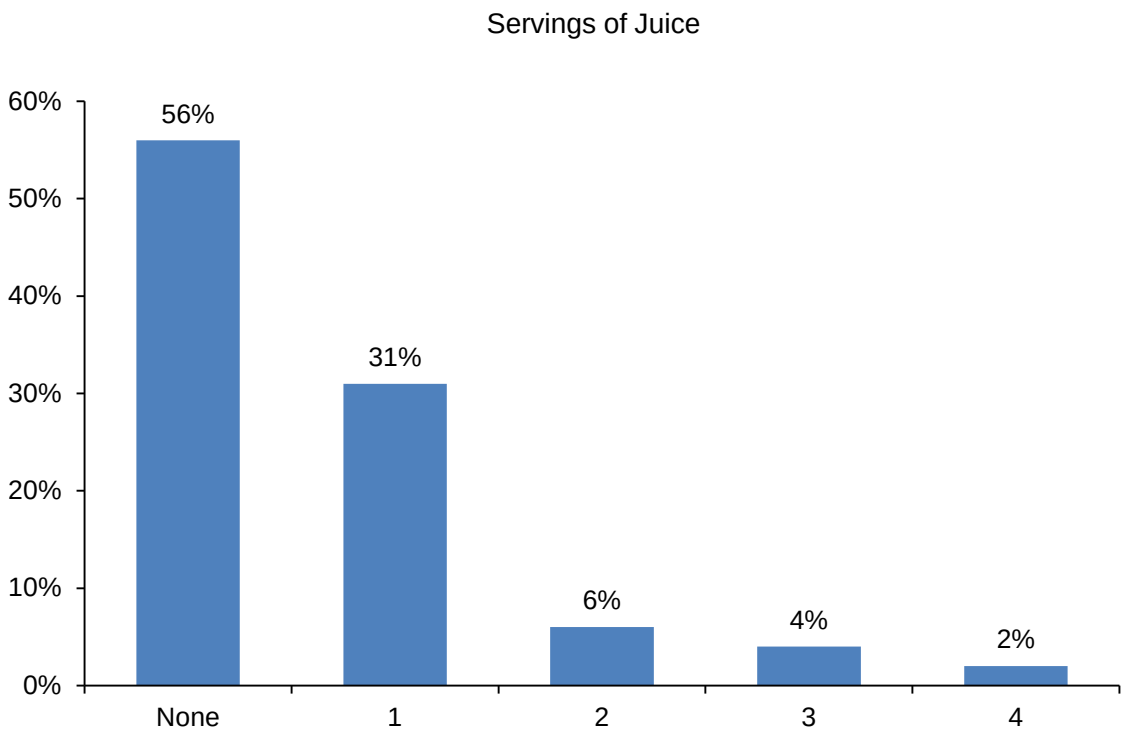
Base: Normal weight (n=19), Overweight (n=16), Obese (n=43), Sample Size = 78

(Community = Traill OR Steele)



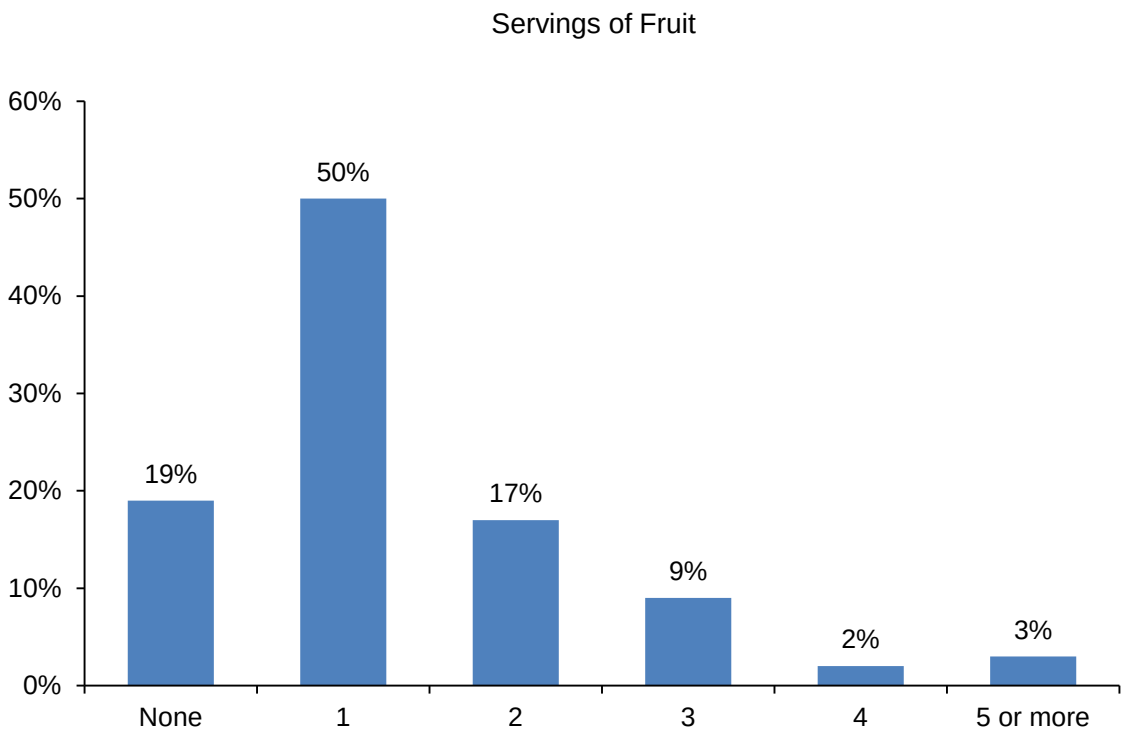
Base: None (n=9), 1 (n=21), 2 (n=22), 3 (n=12), 4 (n=9), 5 or more (n=2), Sample Size = 75

(Community = Traill OR Steele)



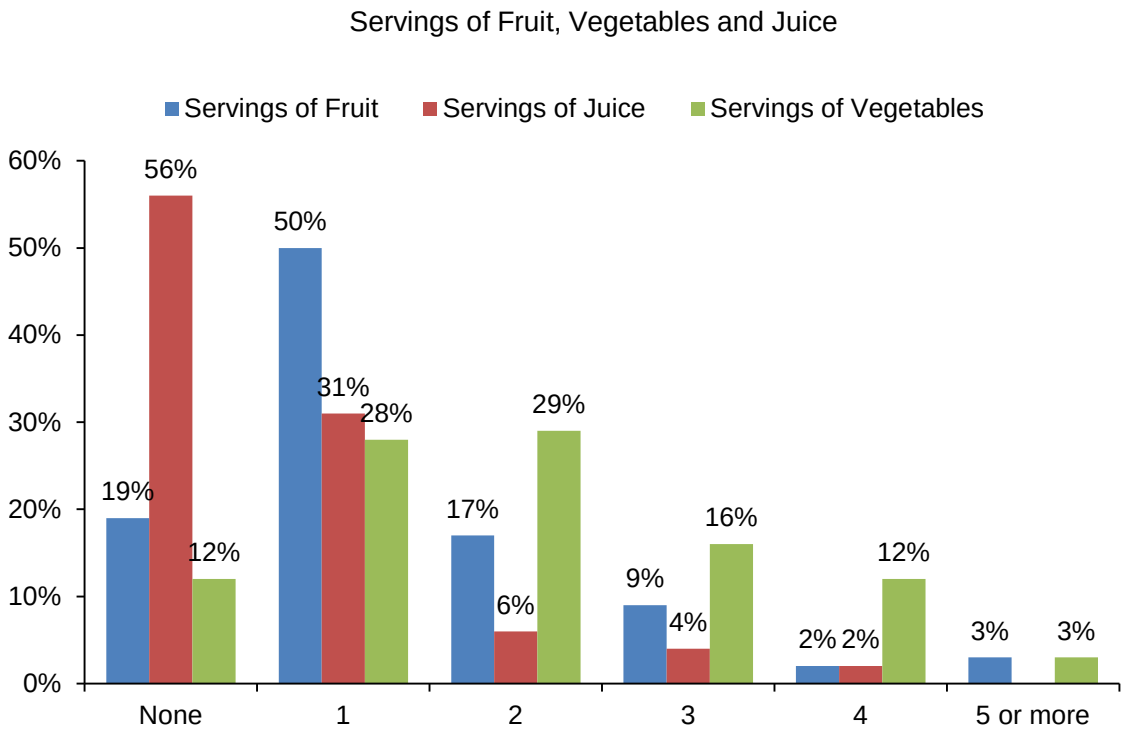
Base: None (n=27), 1 (n=15), 2 (n=3), 3 (n=2), 4 (n=1), Sample Size = 48

(Community = Traill OR Steele)



Base: None (n=12), 1 (n=32), 2 (n=11), 3 (n=6), 4 (n=1), 5 or more (n=2), Sample Size = 64

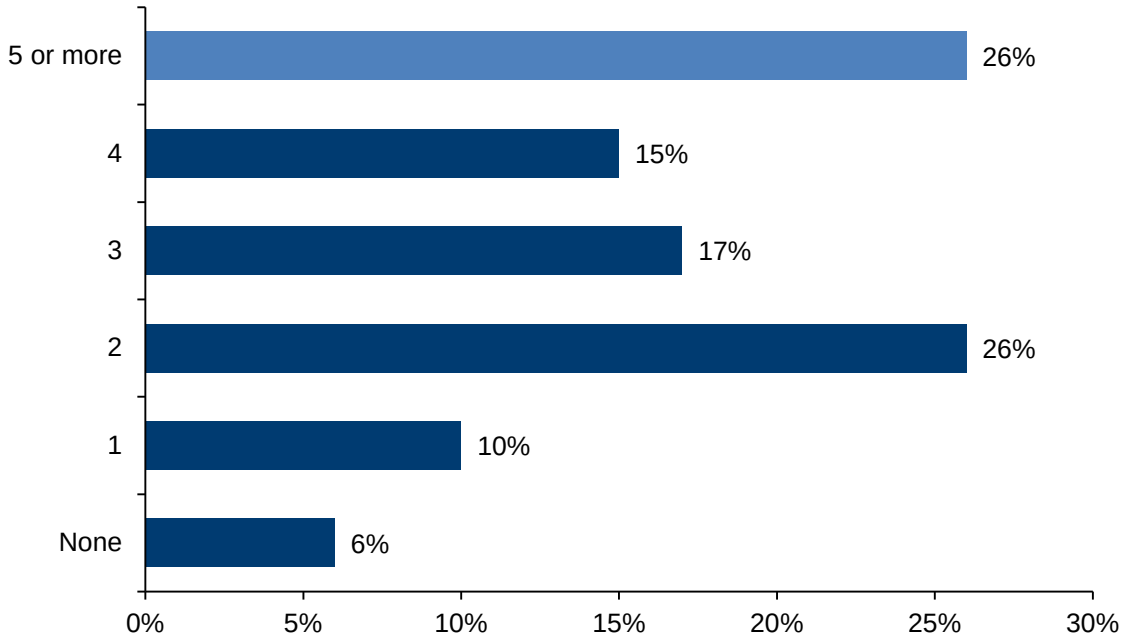
(Community = Traill OR Steele)



Sample Size = Variable

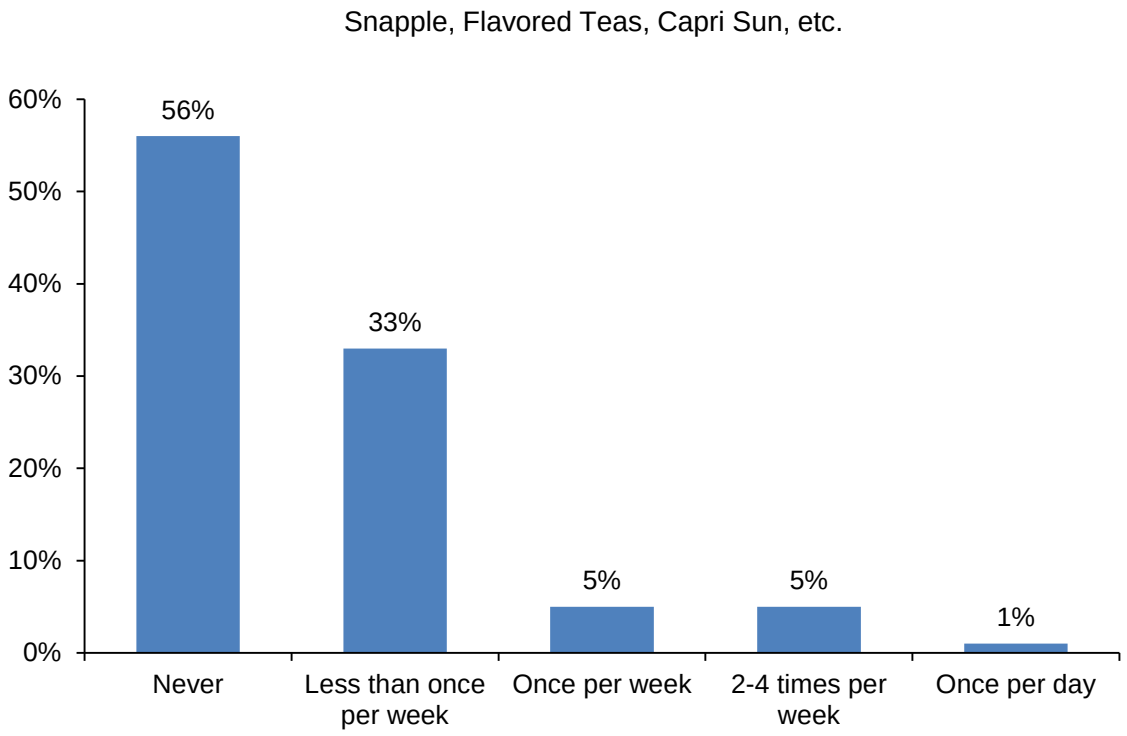
(Community = Traill OR Steele)

Total Servings of Fruits, Vegetables and Juice



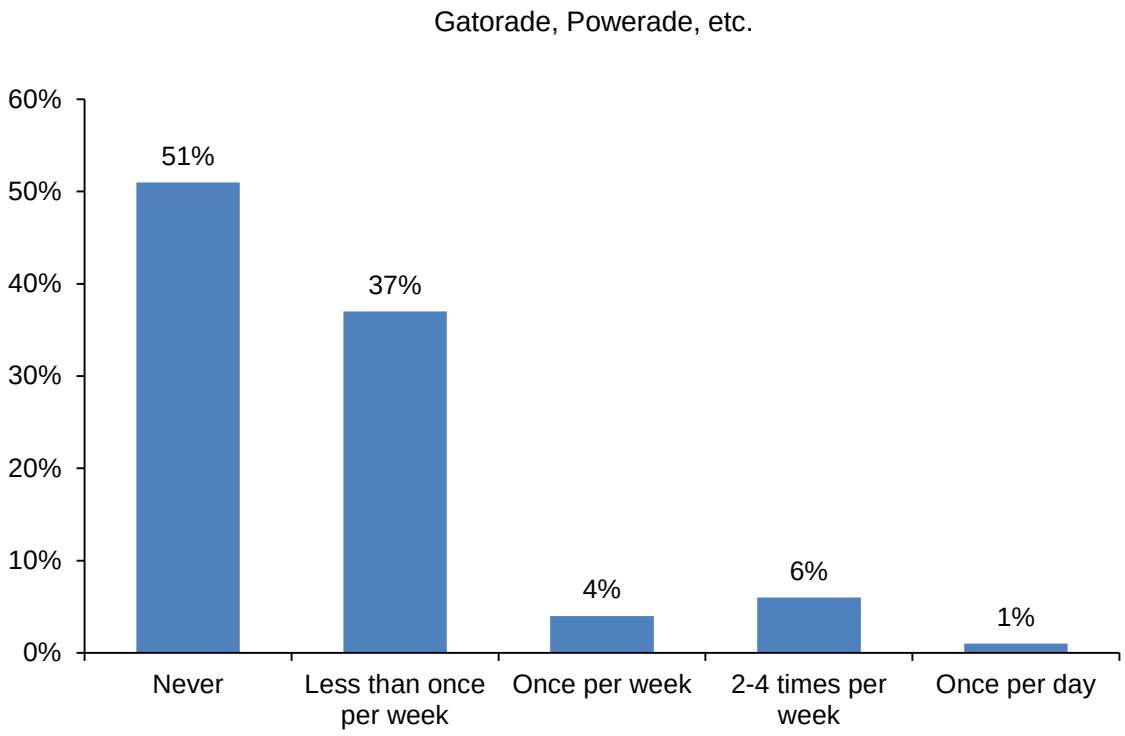
Base: None (n=5), 1 (n=8), 2 (n=20), 3 (n=13), 4 (n=12), 5 or more (n=20), Sample Size = 78

(Community = Traill OR Steele)



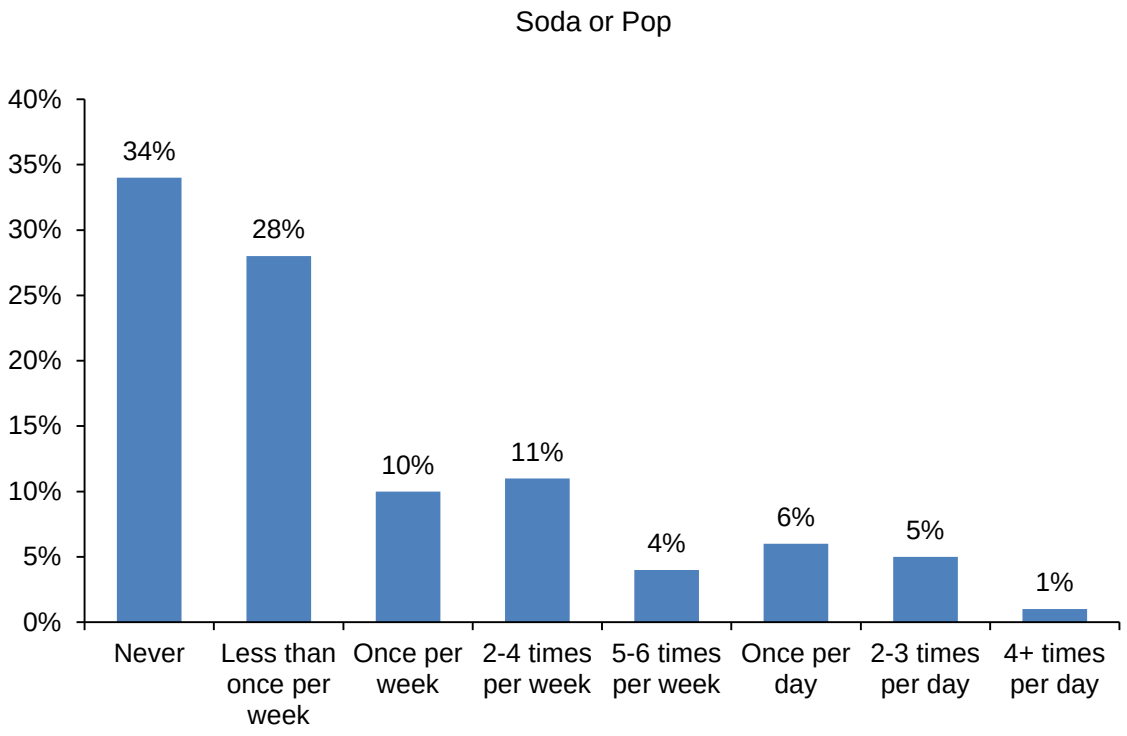
Base: Never (n=44), Less than once per week (n=26), Once per week (n=4), 2-4 times per week (n=4), Once per day (n=1), Sample Size = 79

(Community = Traill OR Steele)



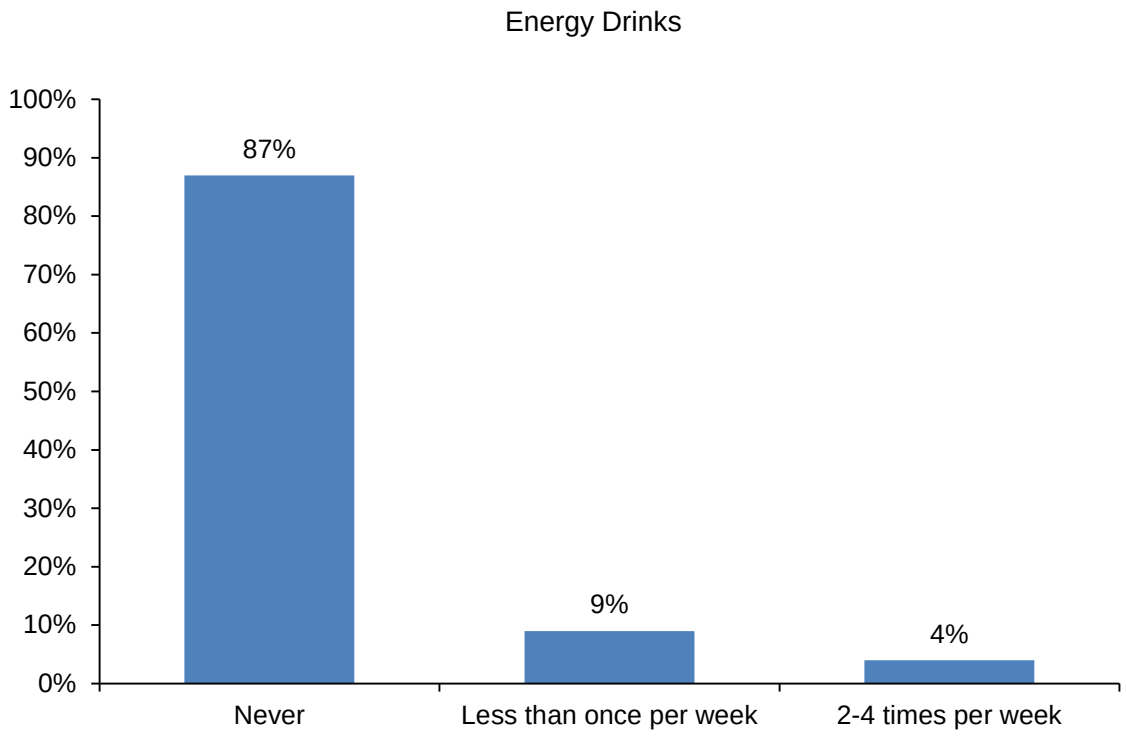
Base: Never (n=40), Less than once per week (n=29), Once per week (n=3), 2-4 times per week (n=5), Once per day (n=1), Sample Size = 78

(Community = Traill OR Steele)



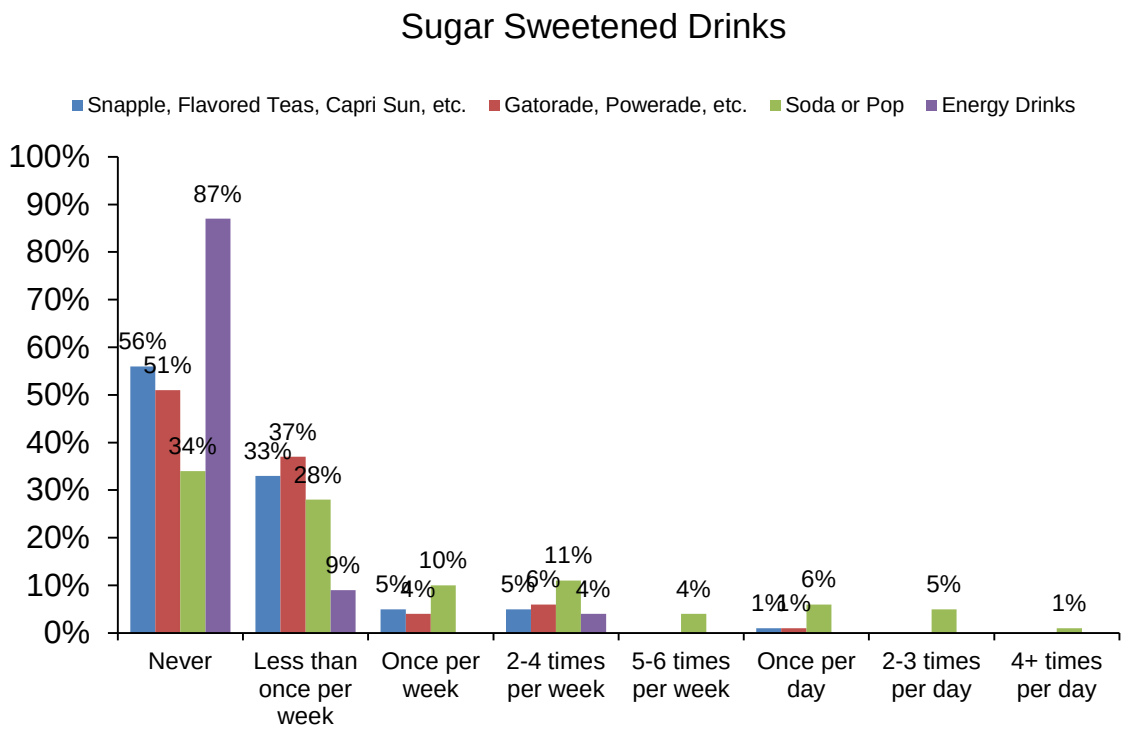
Base: Never (n=27), Less than once per week (n=22), Once per week (n=8), 2-4 times per week (n=9), 5-6 times per week (n=3), Once per day (n=5), 2-3 times per day (n=4), 4+ times per day (n=1), Sample Size = 79

(Community = Traill OR Steele)



Base: Never (n=68), Less than once per week (n=7), 2-4 times per week (n=3), Sample Size = 78

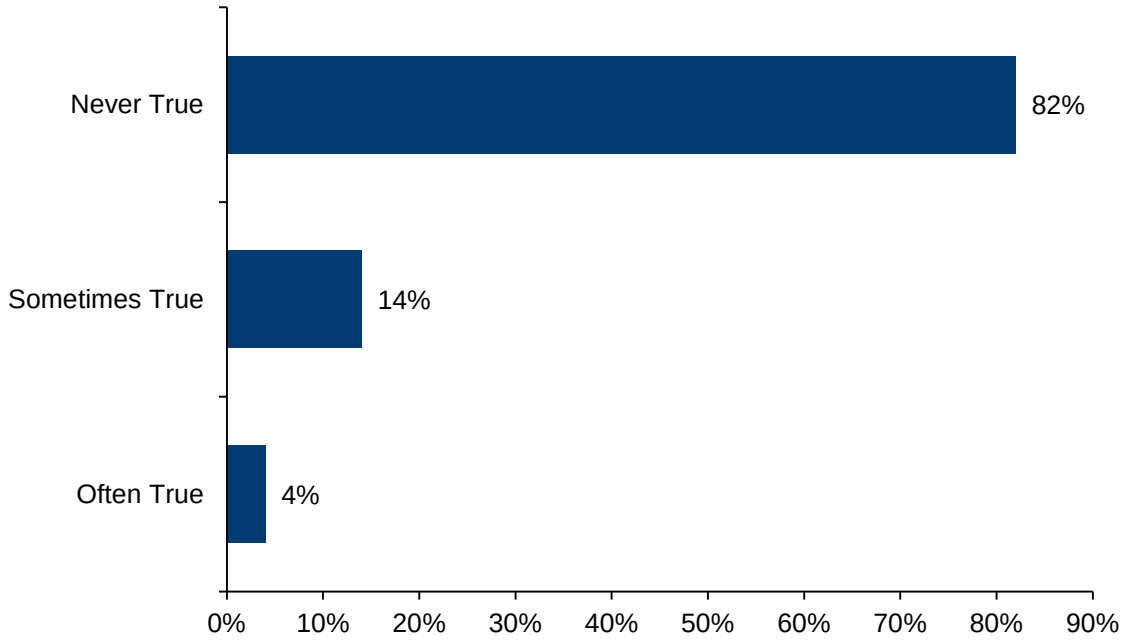
(Community = Traill OR Steele)



Sample Size = Variable

(Community = Traill OR Steele)

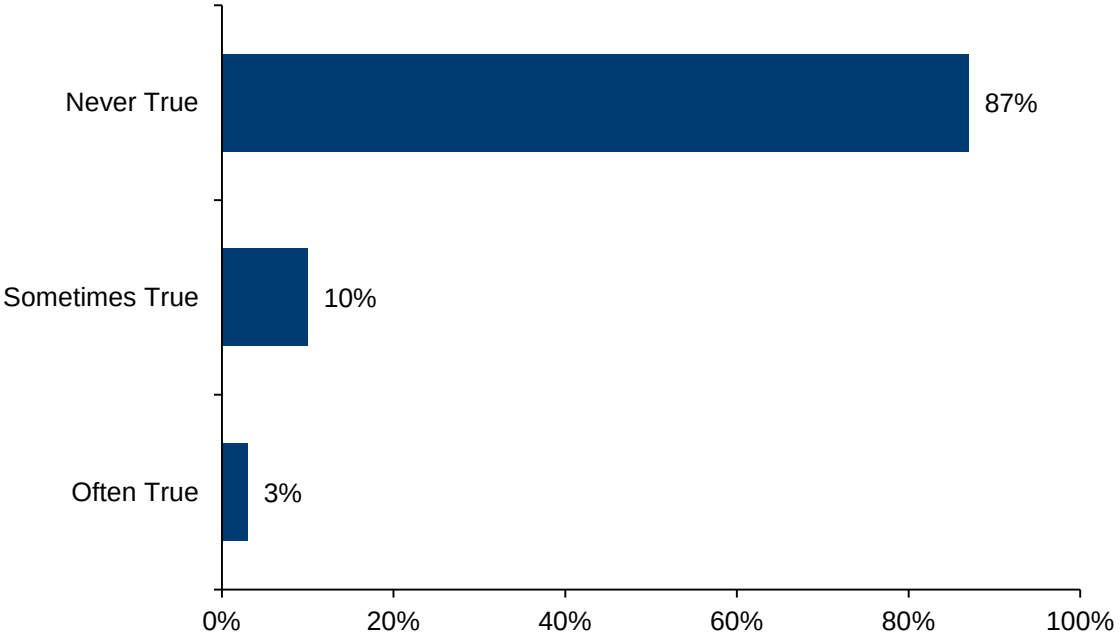
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=3), Sometimes True (n=11), Never True (n=65), Sample Size = 79

(Community = Traill OR Steele)

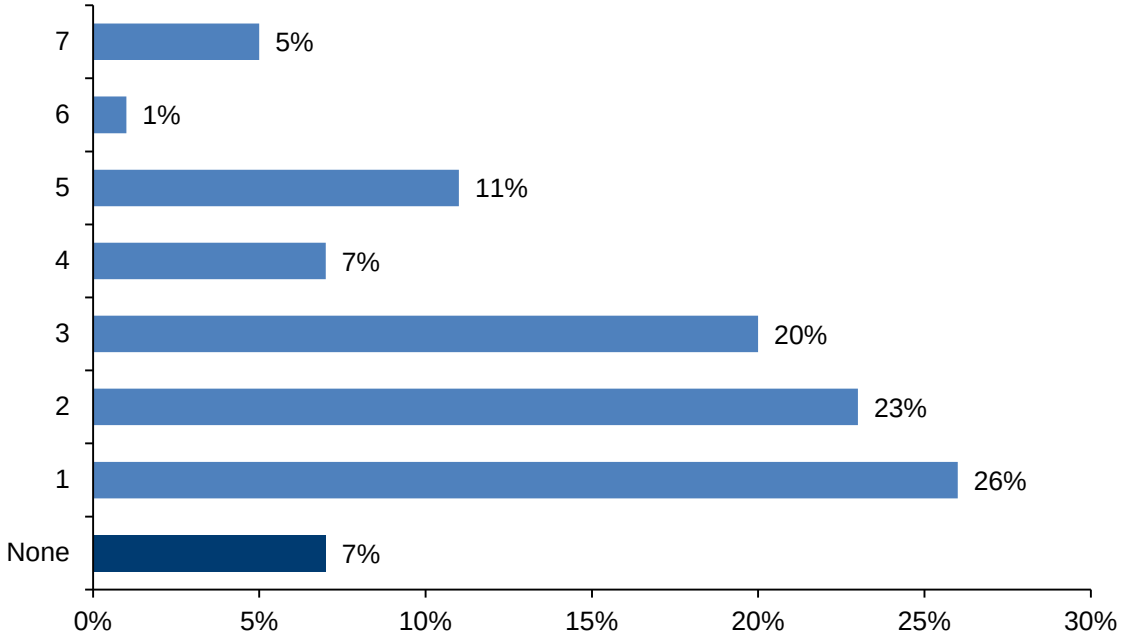
The food that we bought just didn’t last, and we didn’t have money to get more.



Base: Often True (n=2), Sometimes True (n=8), Never True (n=69), Sample Size = 79

(Community = Traill OR Steele)

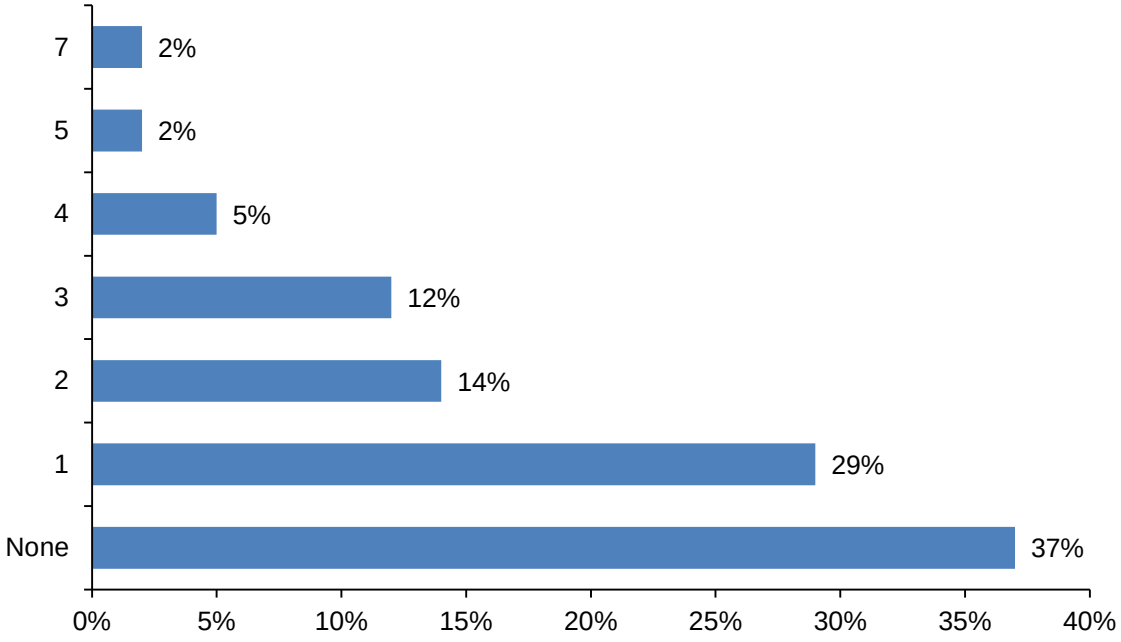
Days Per Week of Moderate Physical Activity



Base: None (n=5), 1 (n=19), 2 (n=17), 3 (n=15), 4 (n=5), 5 (n=8), 6 (n=1), 7 (n=4), Sample Size = 74

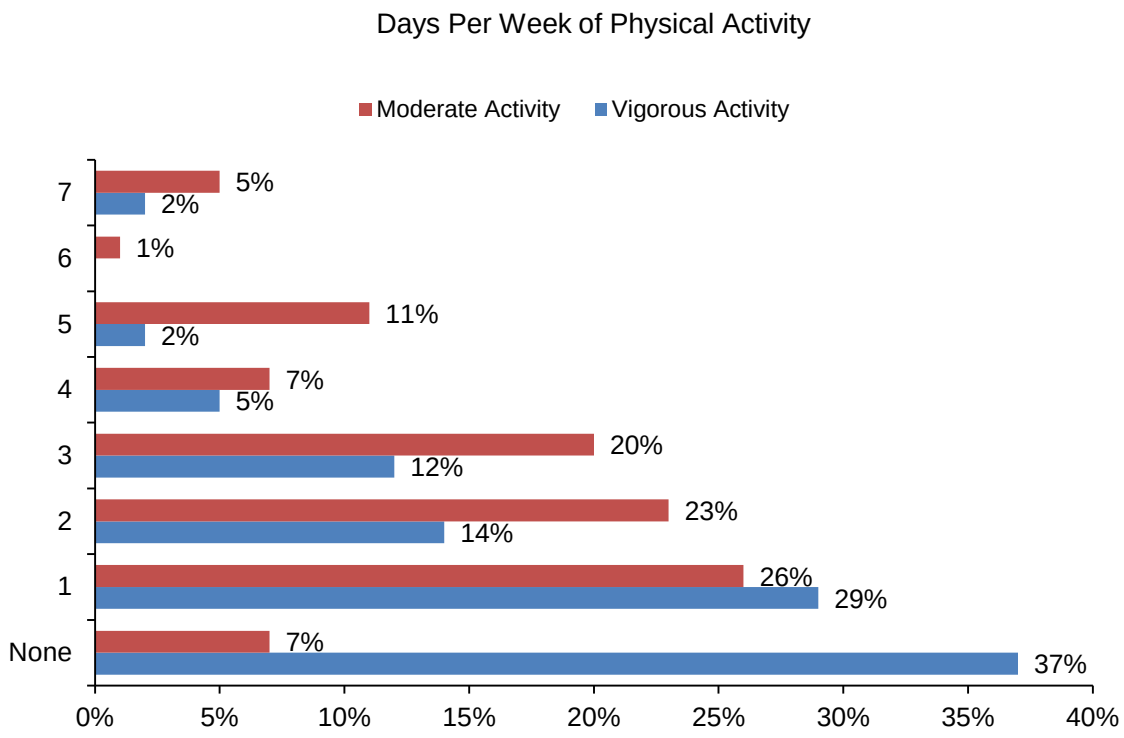
(Community = Traill OR Steele)

Days Per Week of Vigorous Physical Activity



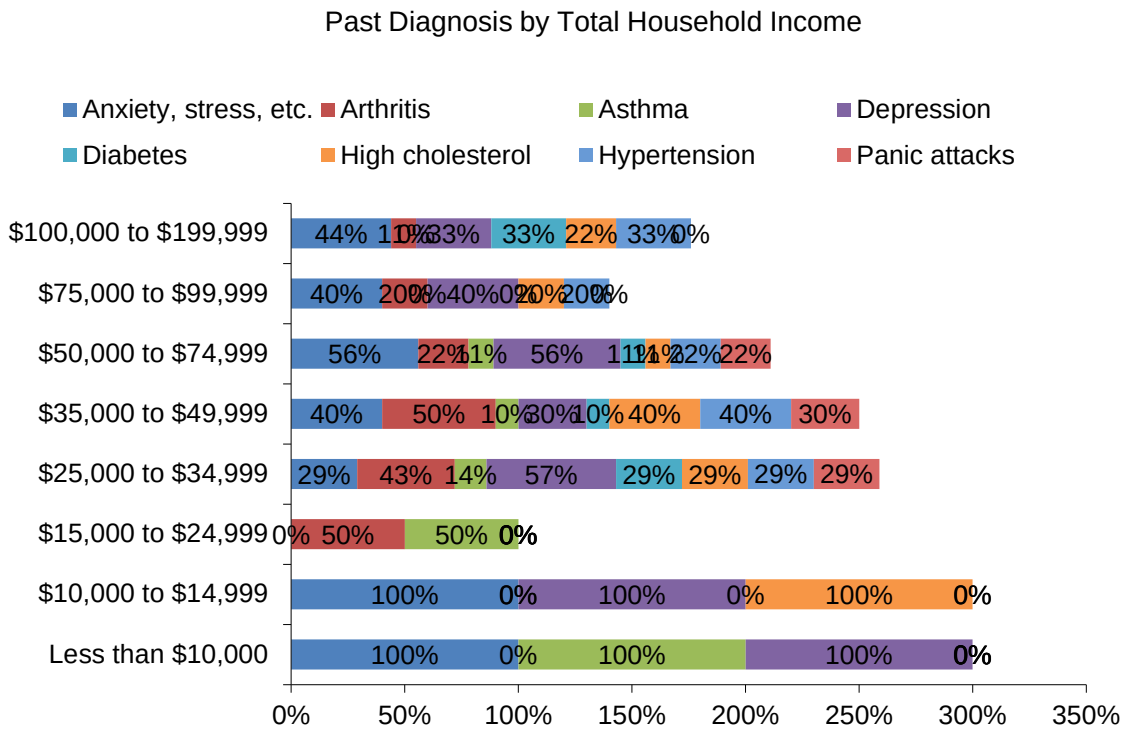
Base: None (n=22), 1 (n=17), 2 (n=8), 3 (n=7), 4 (n=3), 5 (n=1), 7 (n=1), Sample Size = 59

(Community = Traill OR Steele)



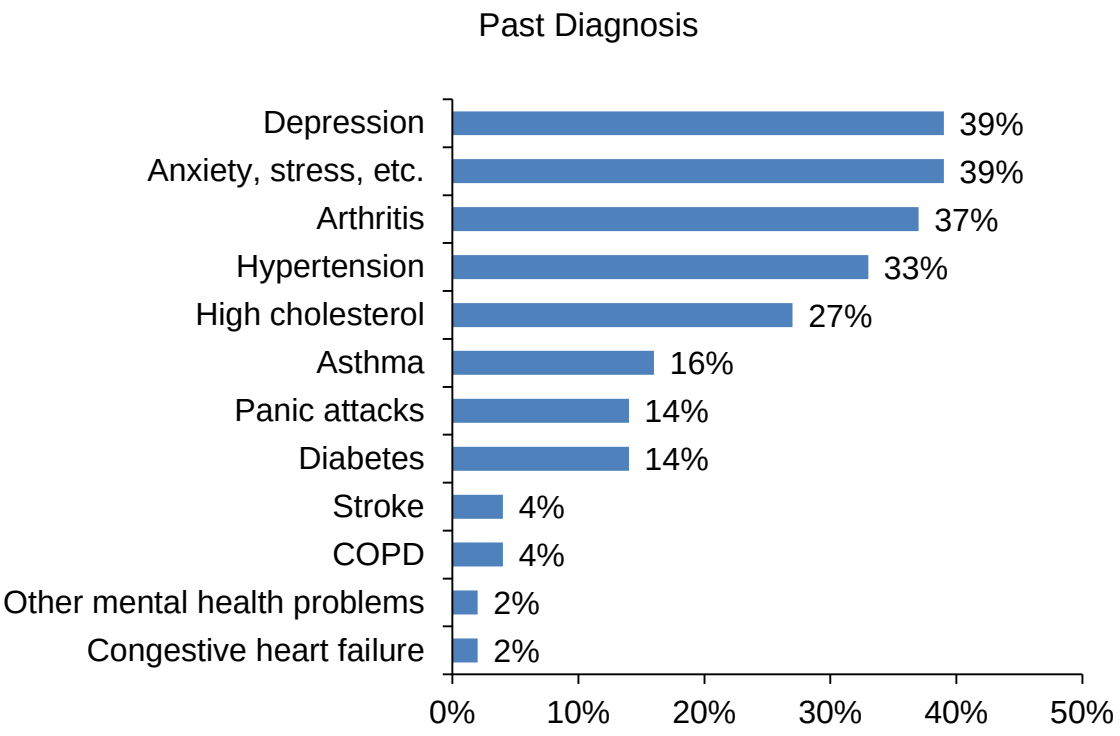
Sample Size = Variable

(Community = Traill OR Steele)

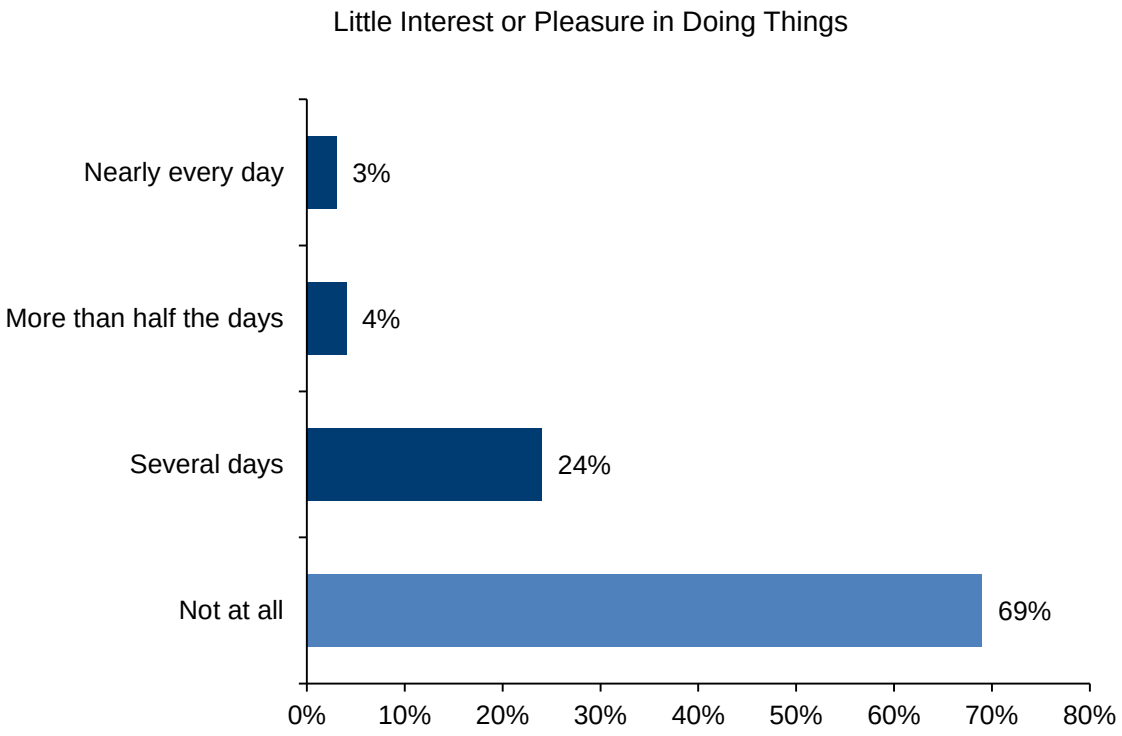


Base: Less than $10,000 (n=1), $10,000 to $14,999 (n=1), $15,000 to $24,999 (n=2), $25,000 to $34,999 (n=7), $35,000 to $49,999 (n=10), $50,000 to $74,999 (n=9), $75,000 to $99,999 (n=5), $100,000 to $199,999 (n=9), Sample Size = 44

(Community = Traill OR Steele)

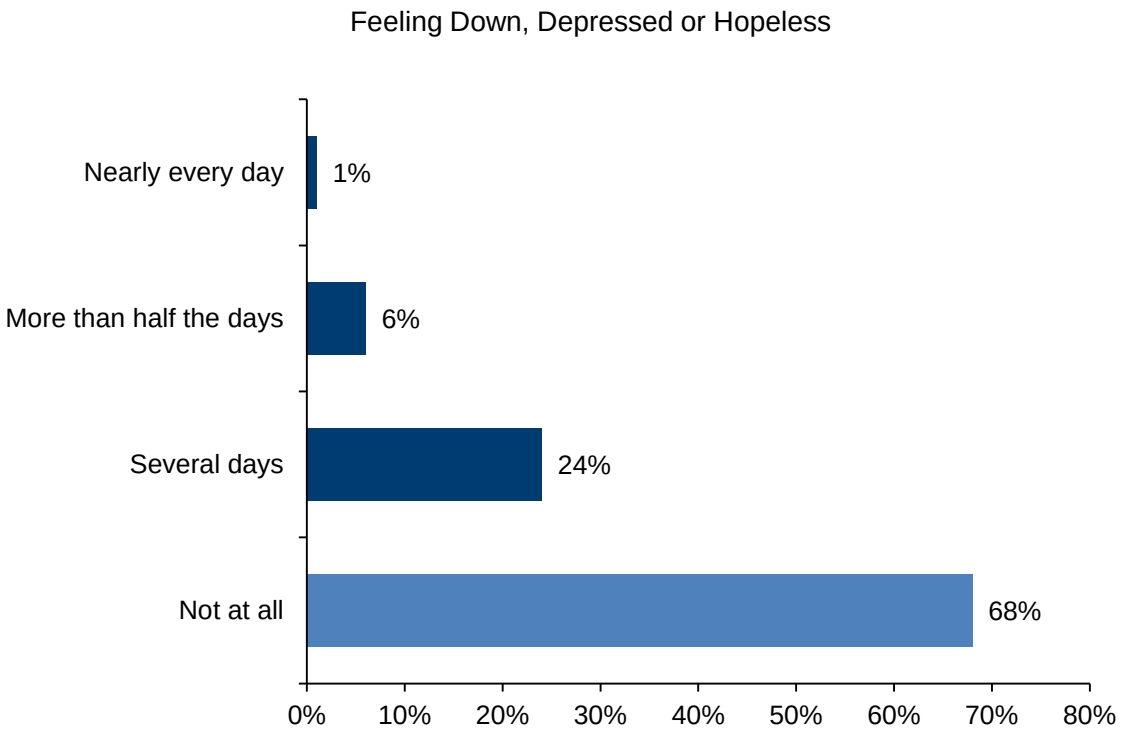


Base: Anxiety, stress, etc. (n=20), Arthritis (n=19), Asthma (n=8), Congestive heart failure (n=1), COPD (n=2), Depression (n=20), Diabetes (n=7), High cholesterol (n=14), Hypertension (n=17), Other mental health problems (n=1), Panic attacks (n=7), Stroke (n=2), Sample Size = 51



Base: Not at all (n=54), Several days (n=19), More than half the days (n=3), Nearly every day (n=2), Sample Size = 78

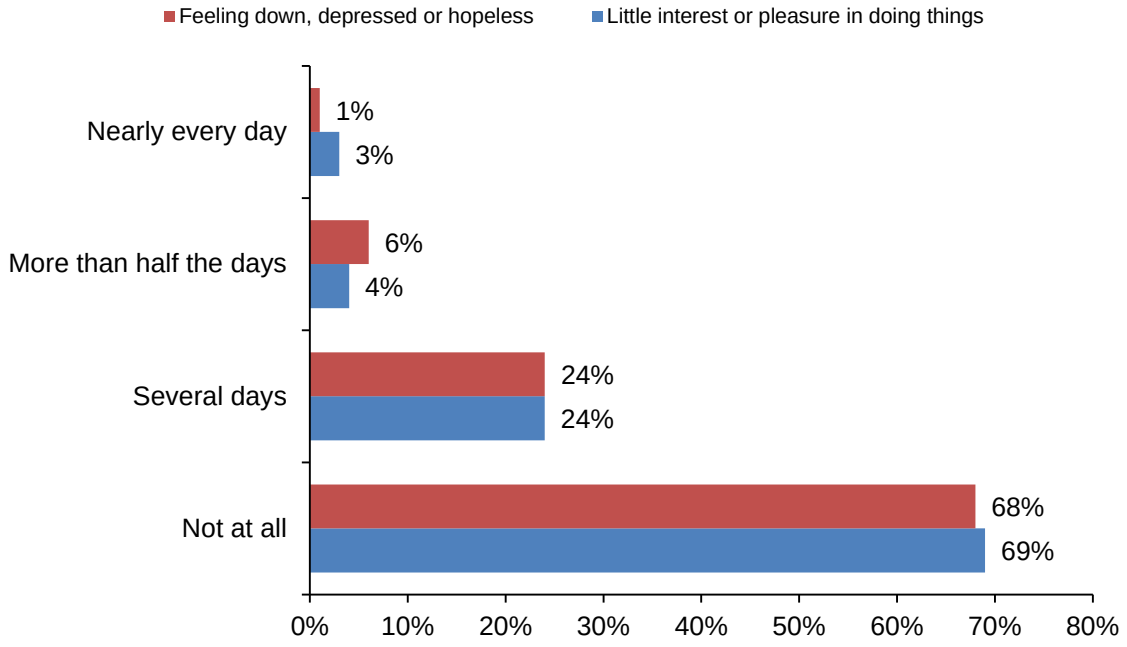
(Community = Traill OR Steele)



Base: Not at all (n=54), Several days (n=19), More than half the days (n=5), Nearly every day (n=1), Sample Size = 79

(Community = Traill OR Steele)

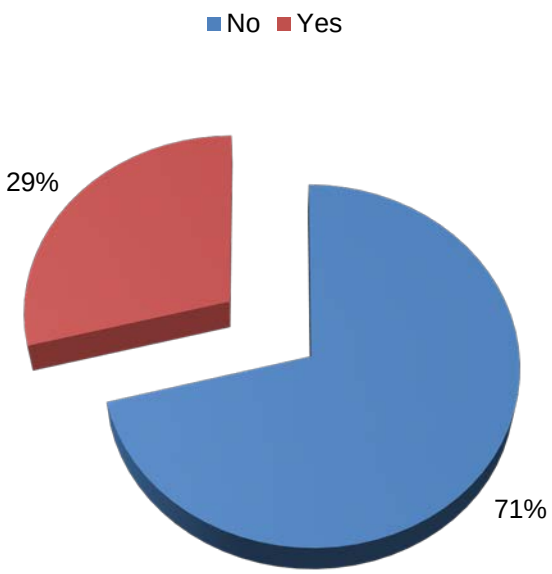
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = Variable

(Community = Traill OR Steele)

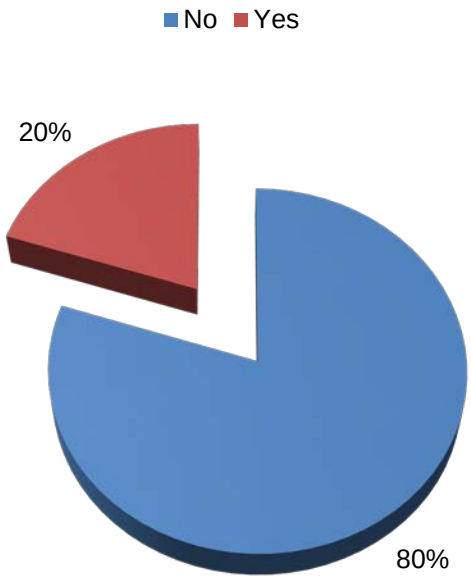
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=23), No (n=56), Sample Size = 79

(Community = Traill OR Steele)

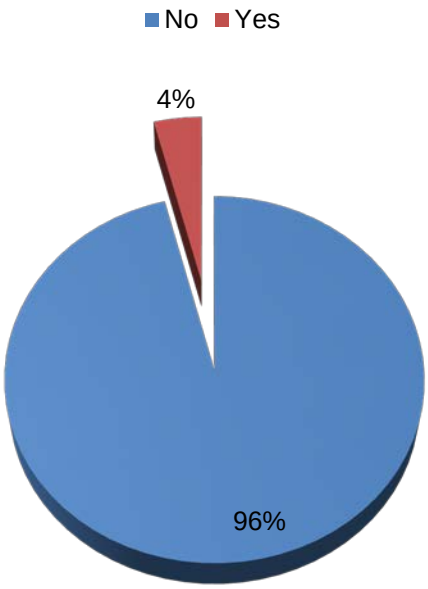
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=16), No (n=63), Sample Size = 79

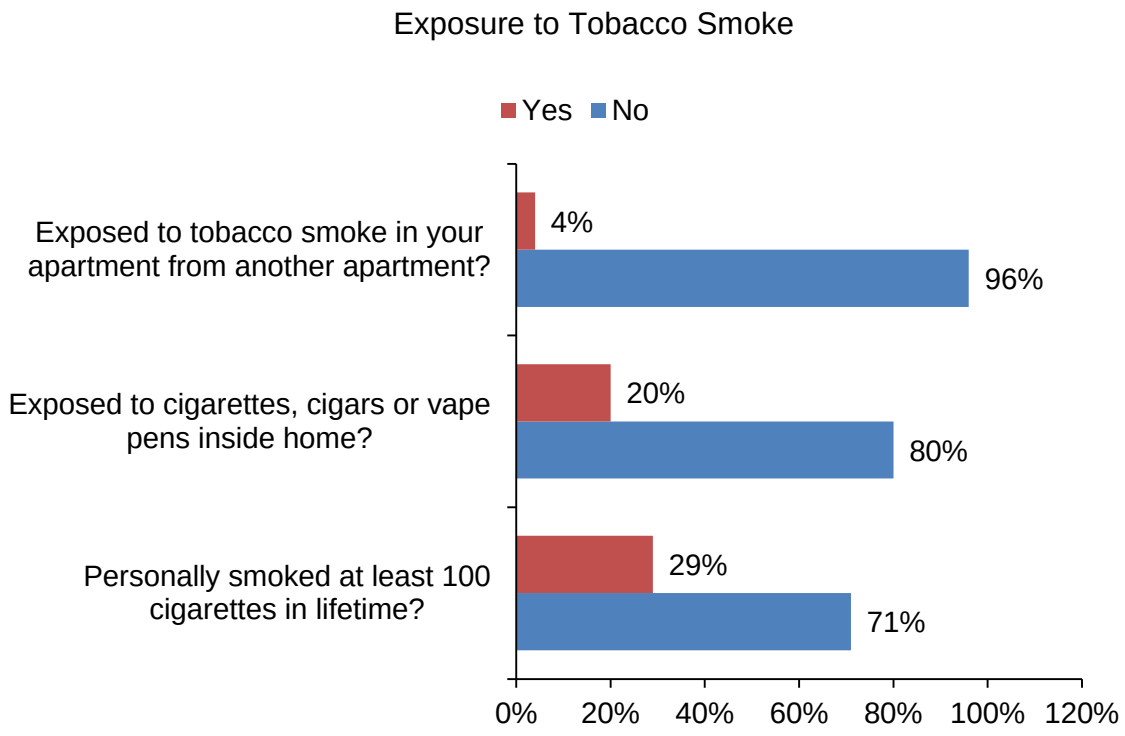
(Community = Traill OR Steele)

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

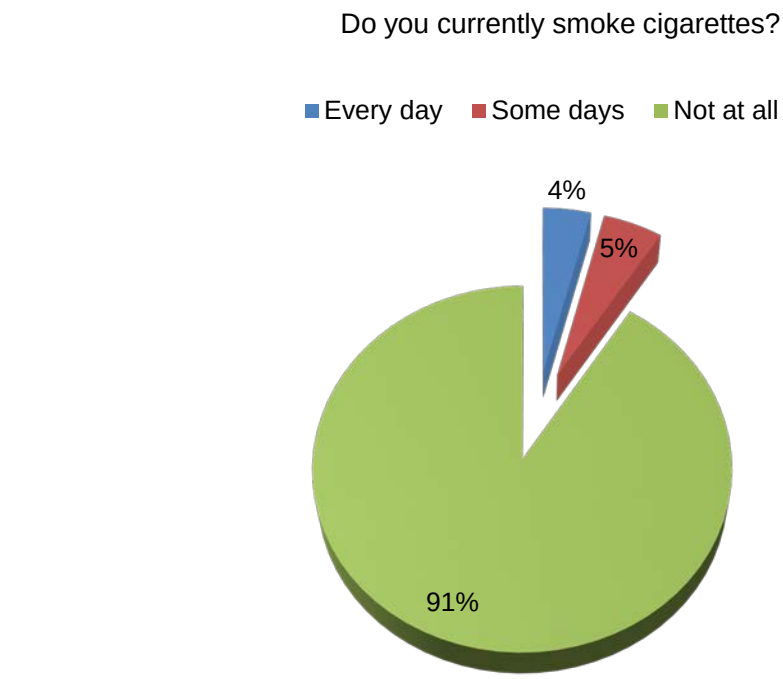


Base: Yes (n=3), No (n=72), Sample Size = 75

(Community = Traill OR Steele)

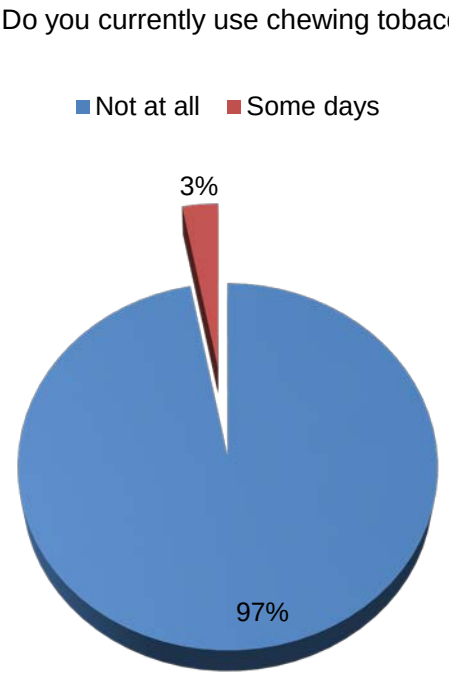


Base: Personally smoked at least 100 cigarettes in lifetime? (n=79), Exposed to cigarettes, cigars or vape pens inside home? (n=79), Exposed to tobacco smoke in your apartment from another apartment? (n=75), Sample Size = Variable
(Community = Traill OR Steele)



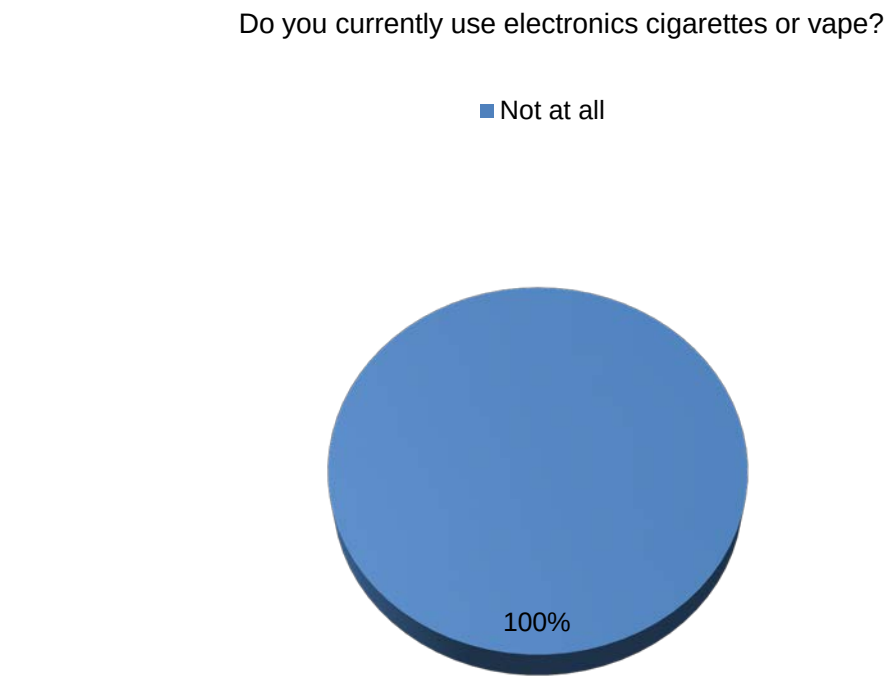
Base: Not at all (n=71), Some days (n=4), Every day (n=3), Sample Size = 78

(Community = Traill OR Steele)



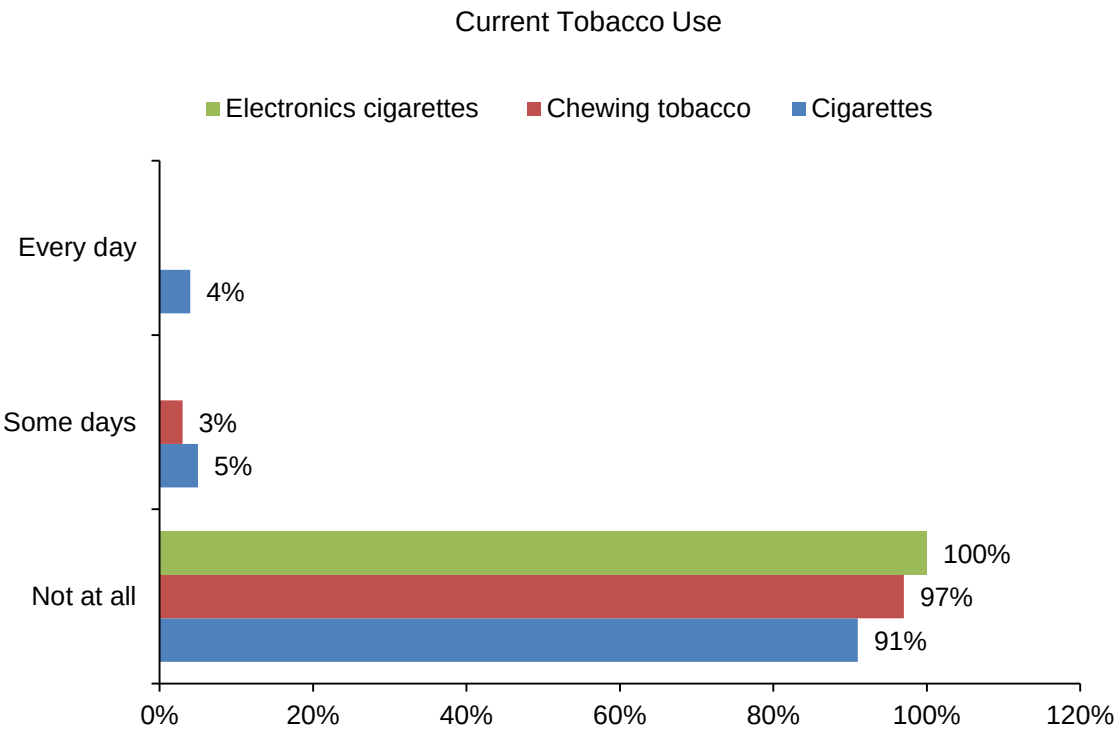
Base: Not at all (n=77), Some days (n=2), Sample Size = 79

(Community = Traill OR Steele)



Base: Not at all (n=79), Sample Size = 79

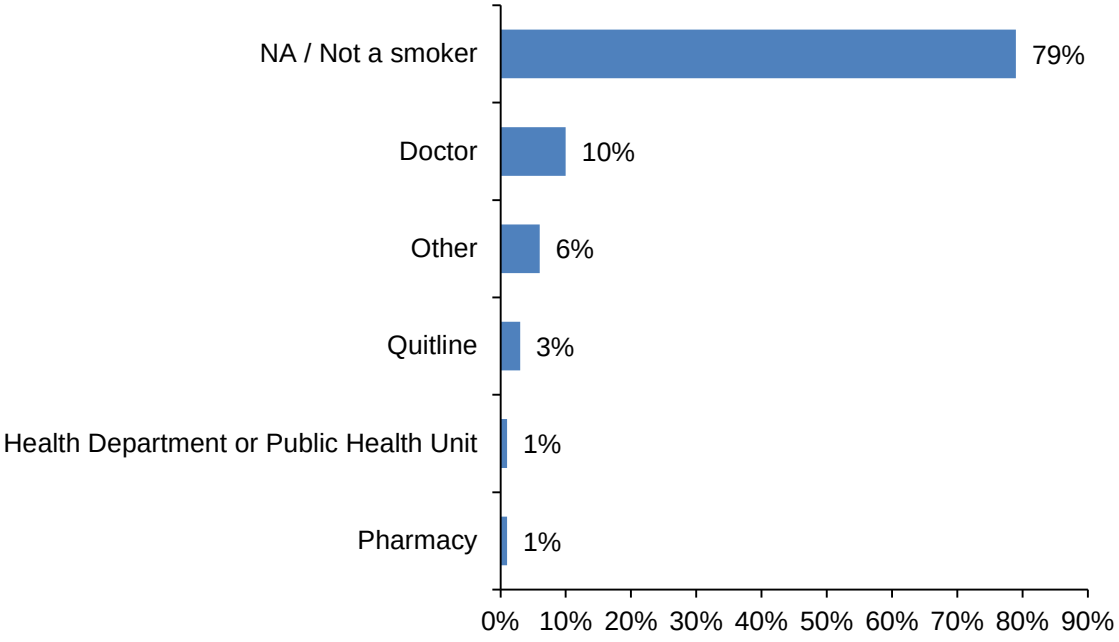
(Community = Traill OR Steele)



Sample Size = Variable

(Community = Traill OR Steele)

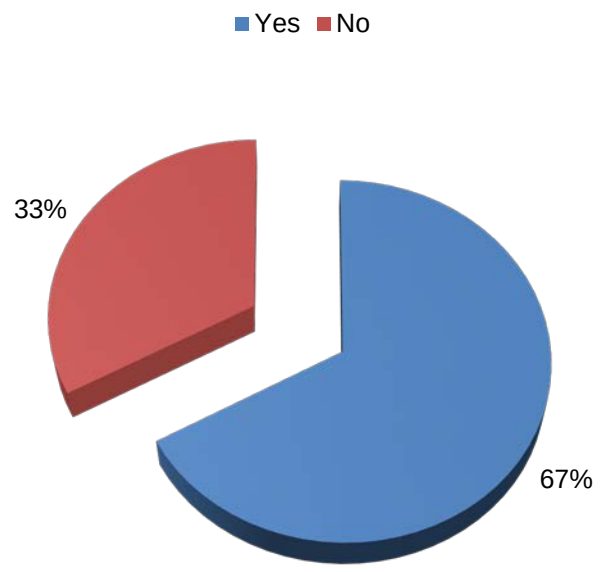
Where would you go for help if you wanted to quit using tobacco products?



Base: NA / Not a smoker (n=57), Quitline (n=2), Doctor (n=7), Pharmacy (n=1), Health Department or Public Health Unit (n=1), Other (n=4), Sample Size = 72

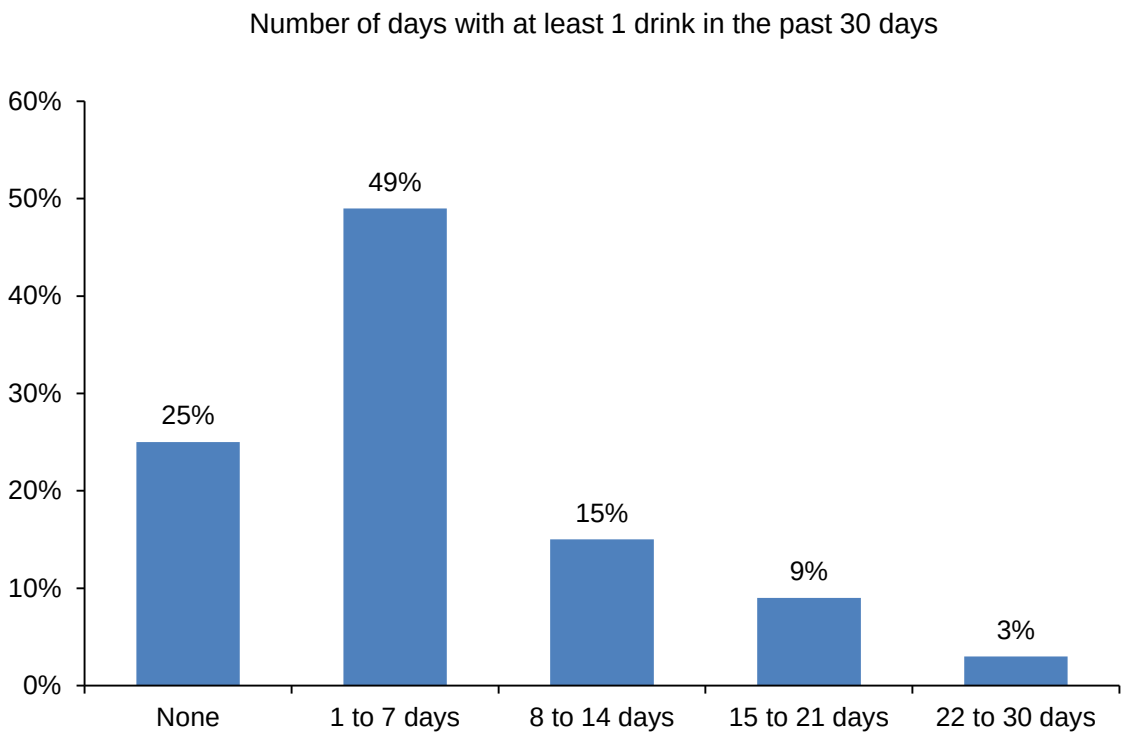
(Community = Traill OR Steele)

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



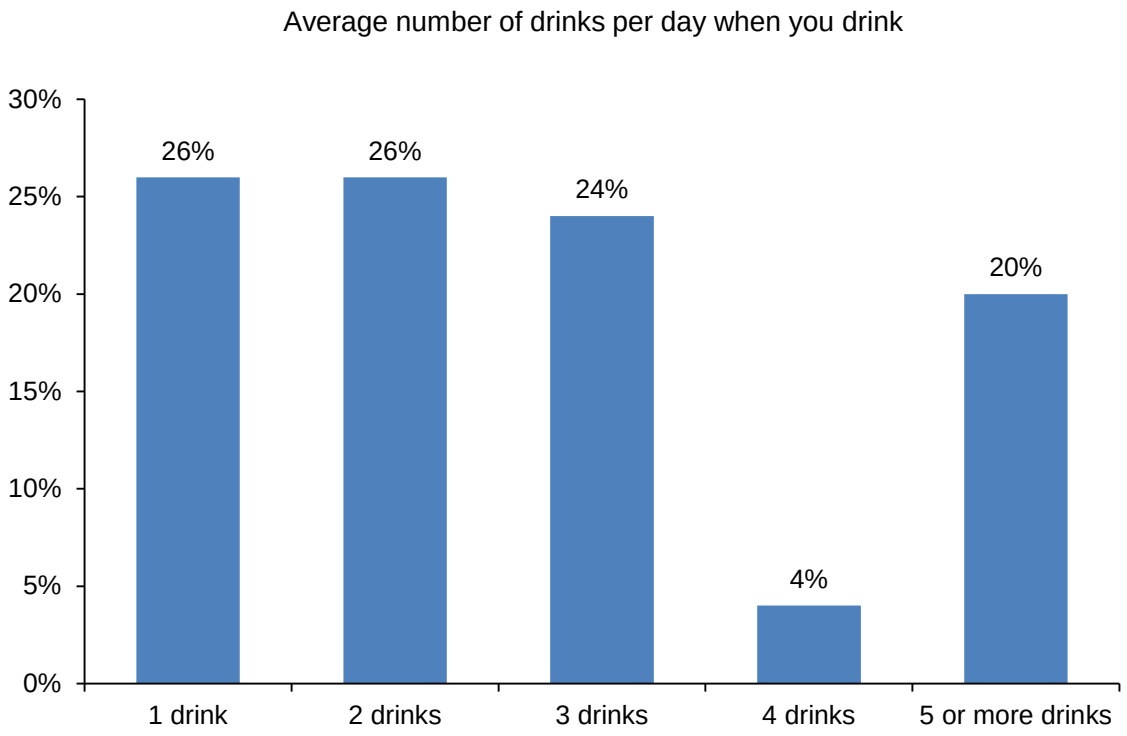
Base: Yes (n=6), No (n=3), Sample Size = 9

(Community = Traill OR Steele)



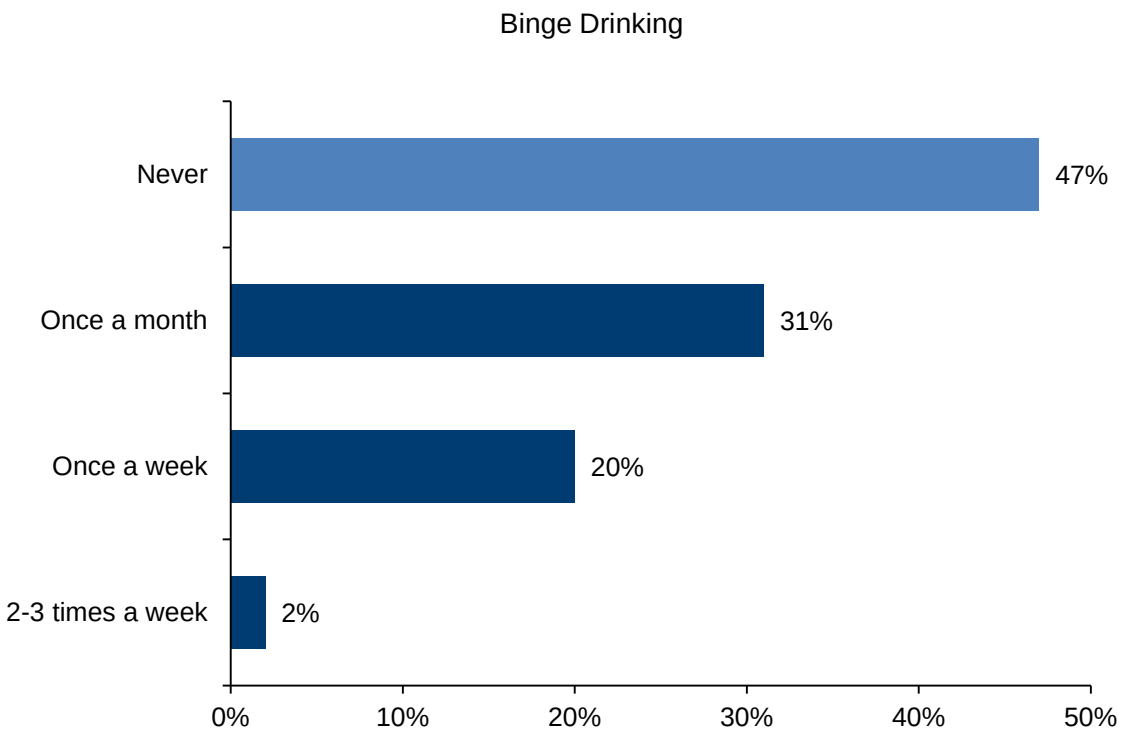
Base: None (n=17), 1 to 7 days (n=33), 8 to 14 days (n=10), 15 to 21 days (n=6), 22 to 30 days (n=2), Sample Size = 68

(Community = Traill OR Steele)



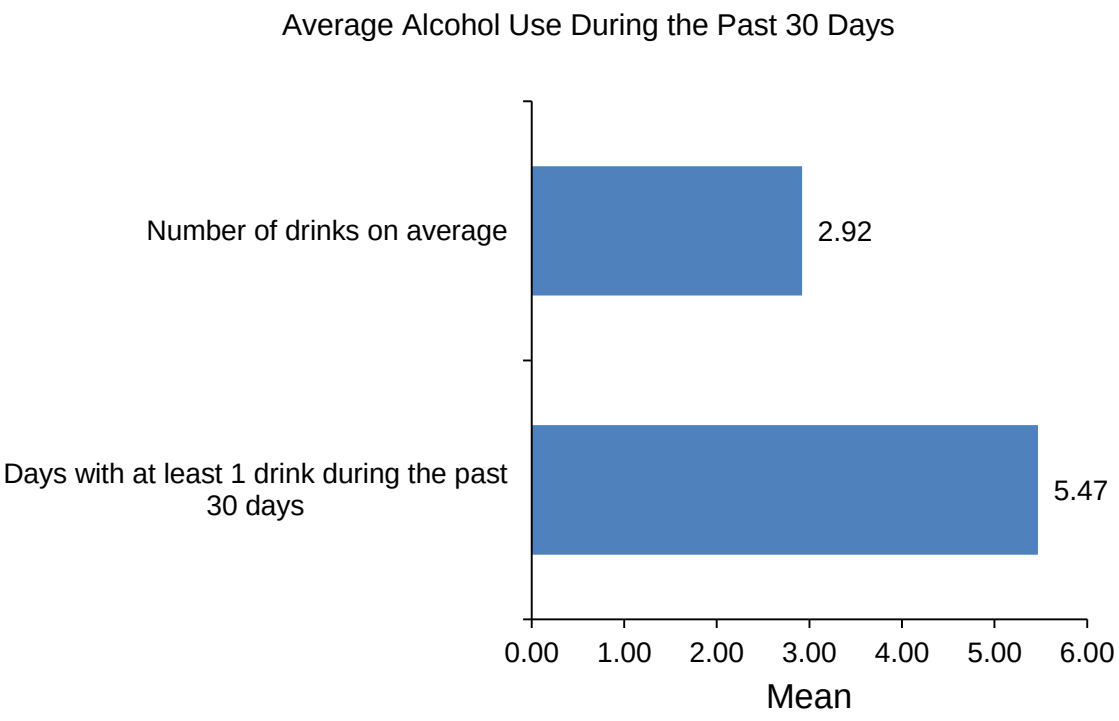
Base: 1 drink (n=13), 2 drinks (n=13), 3 drinks (n=12), 4 drinks (n=2), 5 or more drinks (n=10), Sample Size = 50

(Community = Traill OR Steele)



Base: 2-3 times a week (n=1), Once a week (n=10), Once a month (n=16), Never (n=24), Sample Size = 51

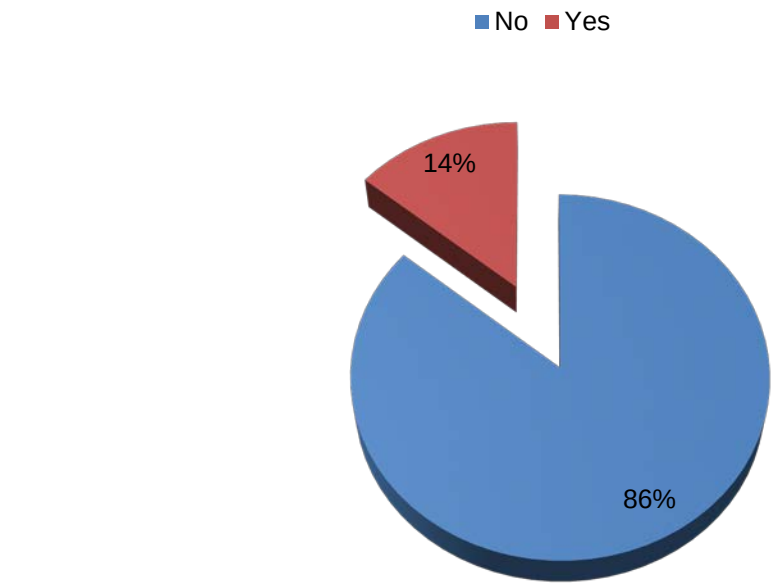
(Community = Traill OR Steele)



Base: Days with at least 1 drink during the past 30 days (n=68), Number of drinks on average (n=50), Sample Size = Variable

(Community = Traill OR Steele)

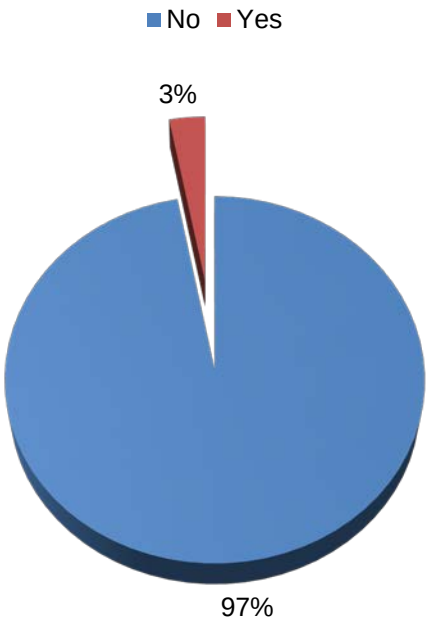
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=11), No (n=67), Sample Size = 78

(Community = Traill OR Steele)

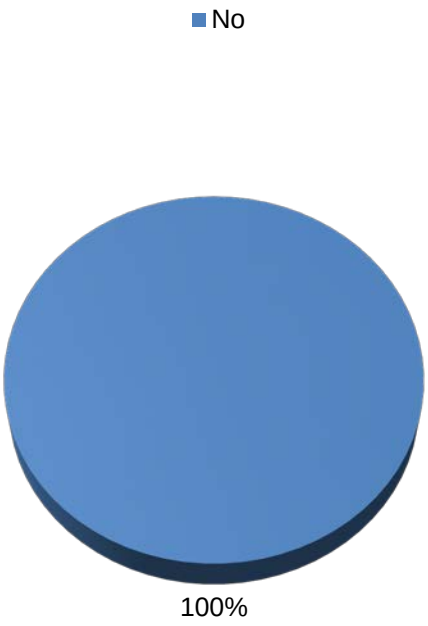
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=2), No (n=76), Sample Size = 78

(Community = Traill OR Steele)

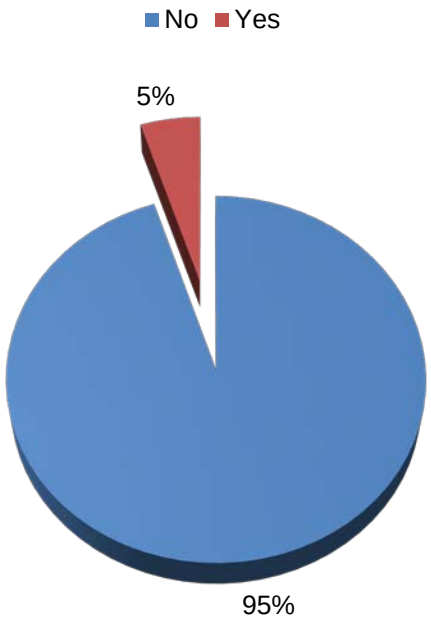
Has a family member or friend ever suggested that you get help for substance use?



Base: No (n=78), Sample Size = 78

(Community = Traill OR Steele)

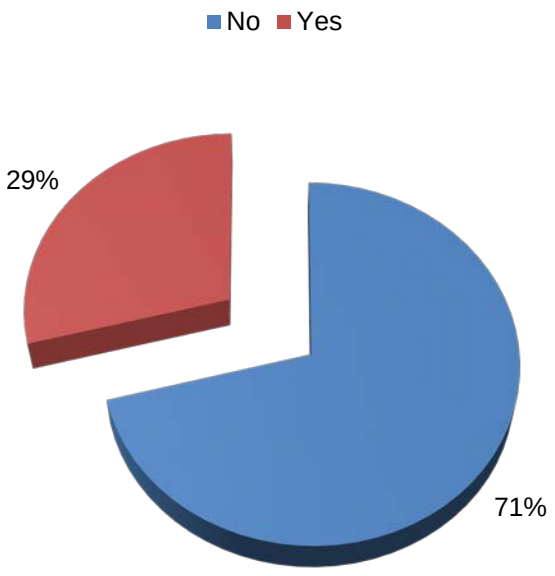
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=4), No (n=74), Sample Size = 78

(Community = Traill OR Steele)

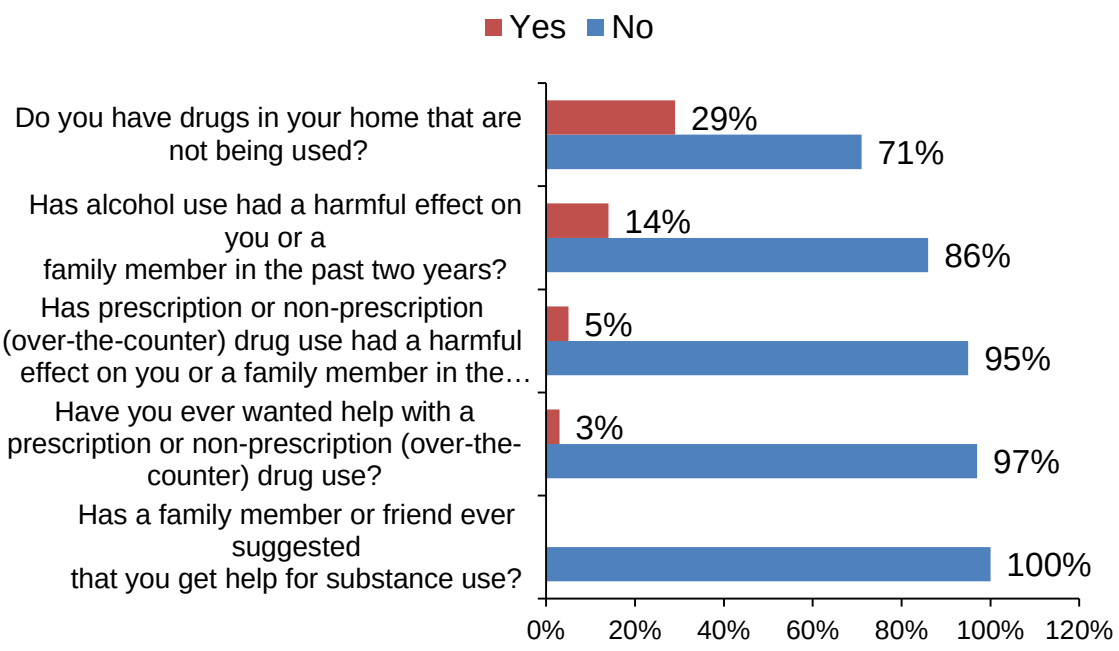
Do you have drugs in your home that are not being used?



Base: Yes (n=23), No (n=55), Sample Size = 78

(Community = Traill OR Steele)

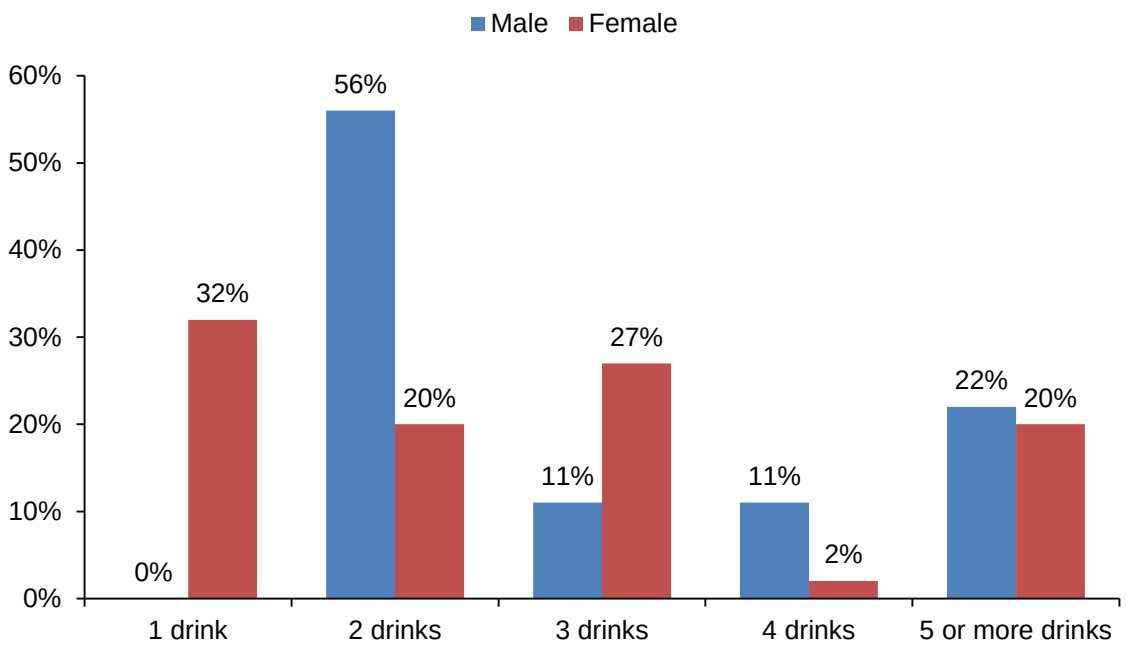
Drug and Alcohol Issues



Sample Size = 78

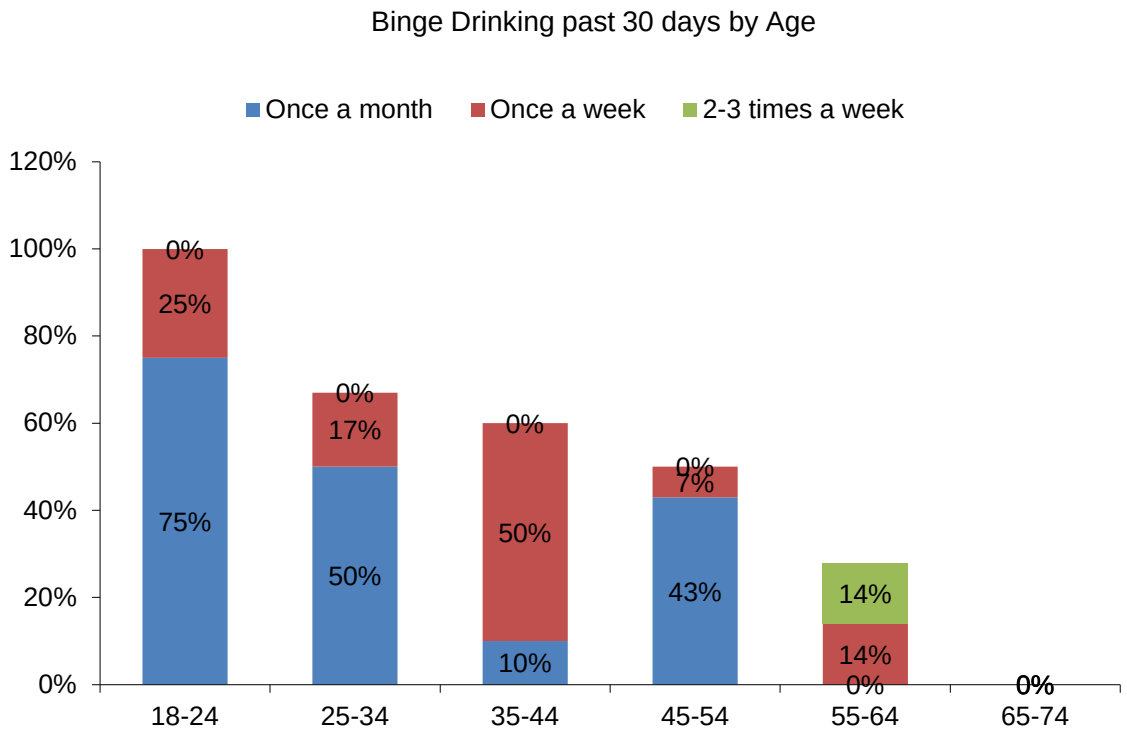
(Community = Traill OR Steele)

Average number of drinks per day when you drink by gender



Base: 1 drink (n=13), 2 drinks (n=13), 3 drinks (n=12), 4 drinks (n=2), 5 or more drinks (n=10), Sample Size = 50

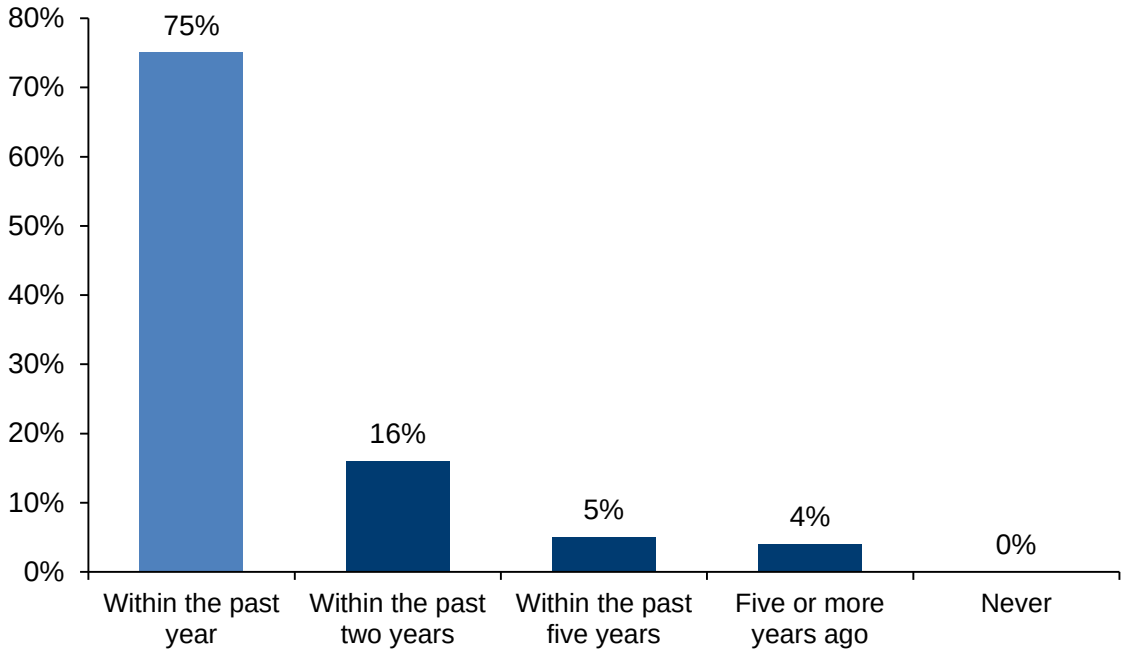
(Community = Traill OR Steele)



Base: 18-24 (n=4), 25-34 (n=12), 35-44 (n=10), 45-54 (n=14), 55-64 (n=7), 65-74 (n=4), Sample Size = 51

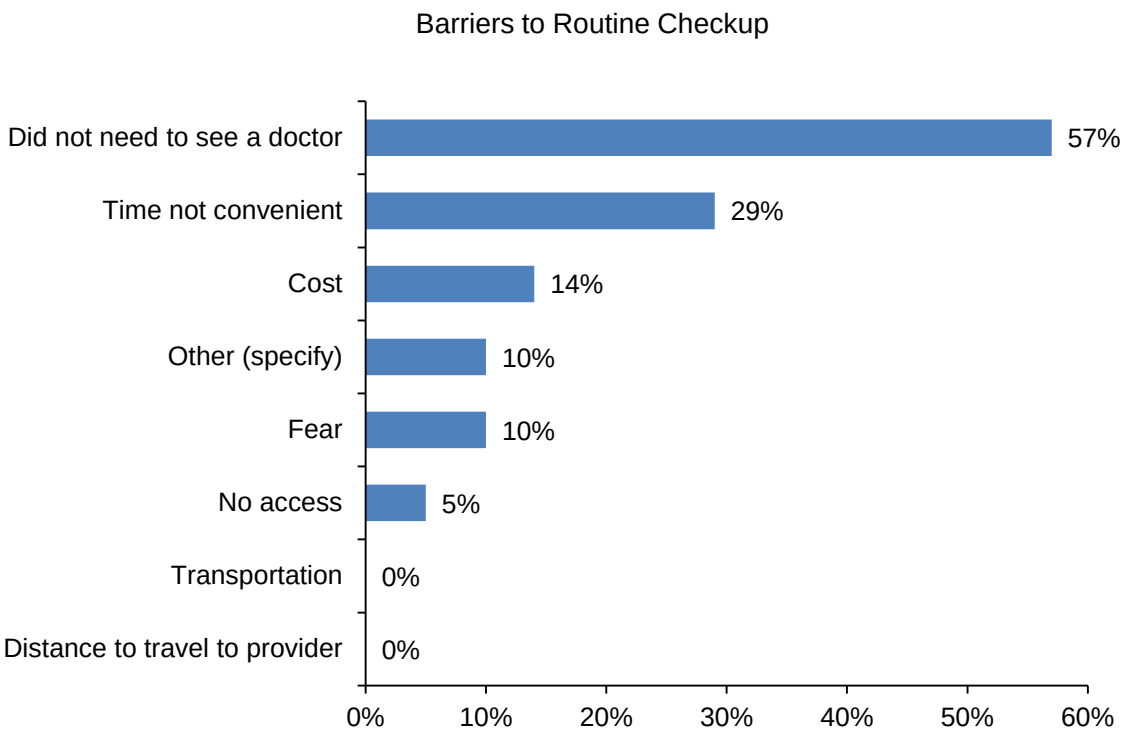
(Community = Traill OR Steele)

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



Base: Within the past year (n=57), Within the past two years (n=12), Within the past five years (n=4), Five or more years ago (n=3), Never (n=0), Sample Size = 76

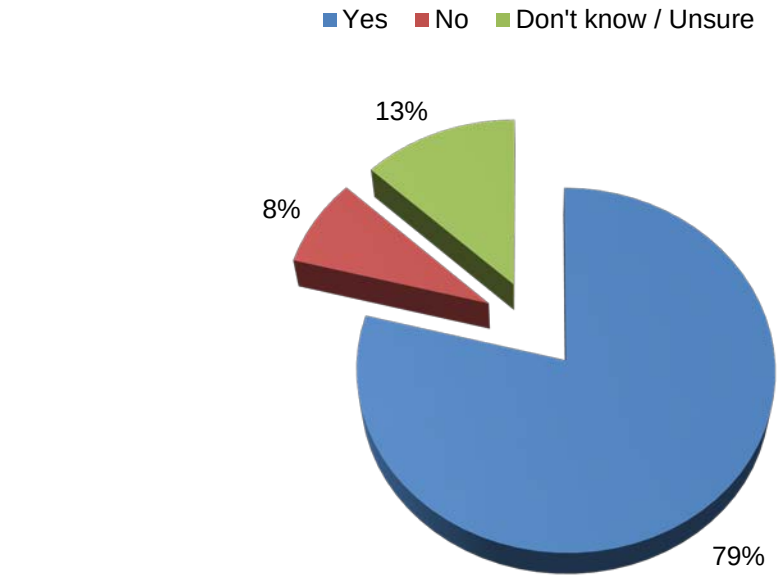
(Community = Traill OR Steele)



Base: No access (n=1), Distance to travel to provider (n=0), Cost (n=3), Fear (n=2), Transportation (n=0), Time not convenient (n=6), Did not need to see a doctor (n=12), Other (specify) (n=2), Sample Size = 21

(Community = Traill OR Steele)

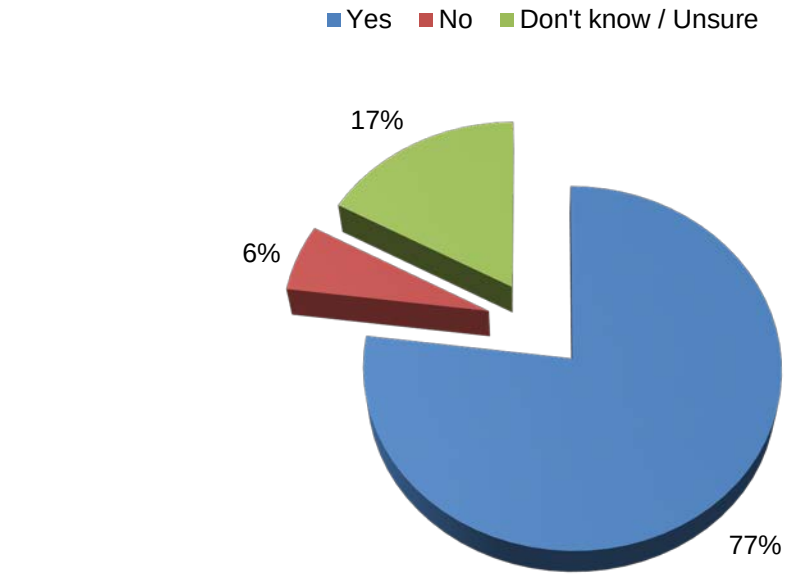
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?



Base: Yes (n=62), No (n=6), Don't know / Unsure (n=10), Sample Size = 78

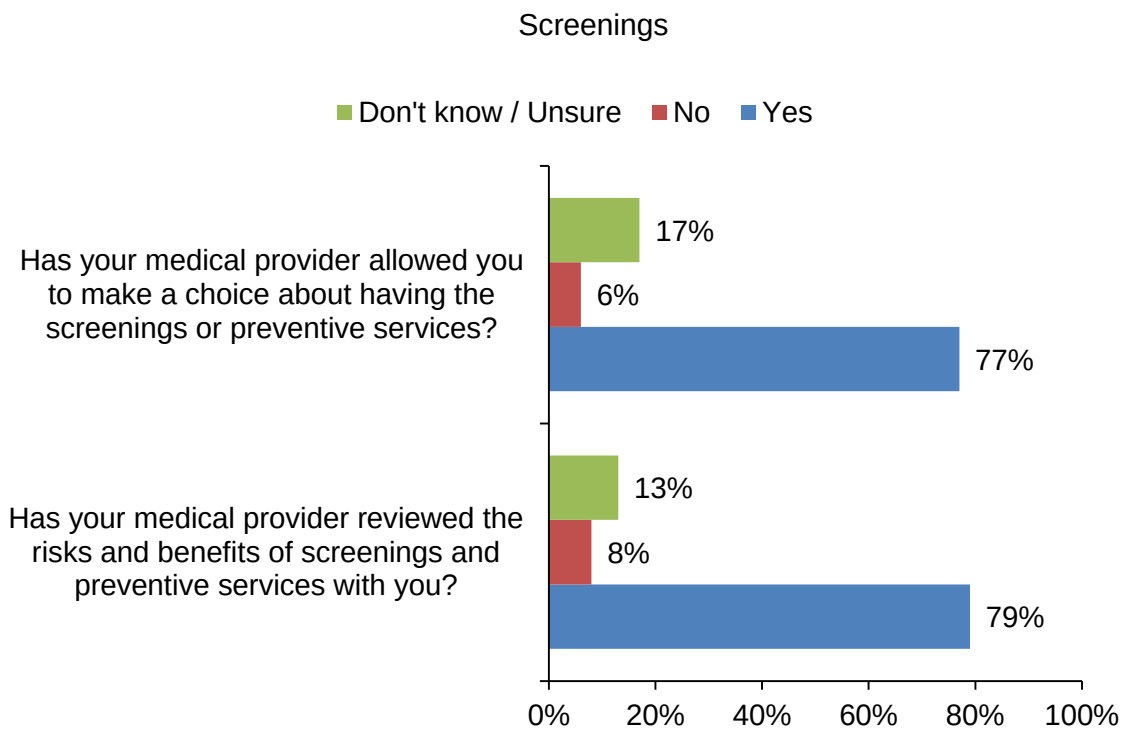
(Community = Traill OR Steele)

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



Base: Yes (n=60), No (n=5), Don't know / Unsure (n=13), Sample Size = 78

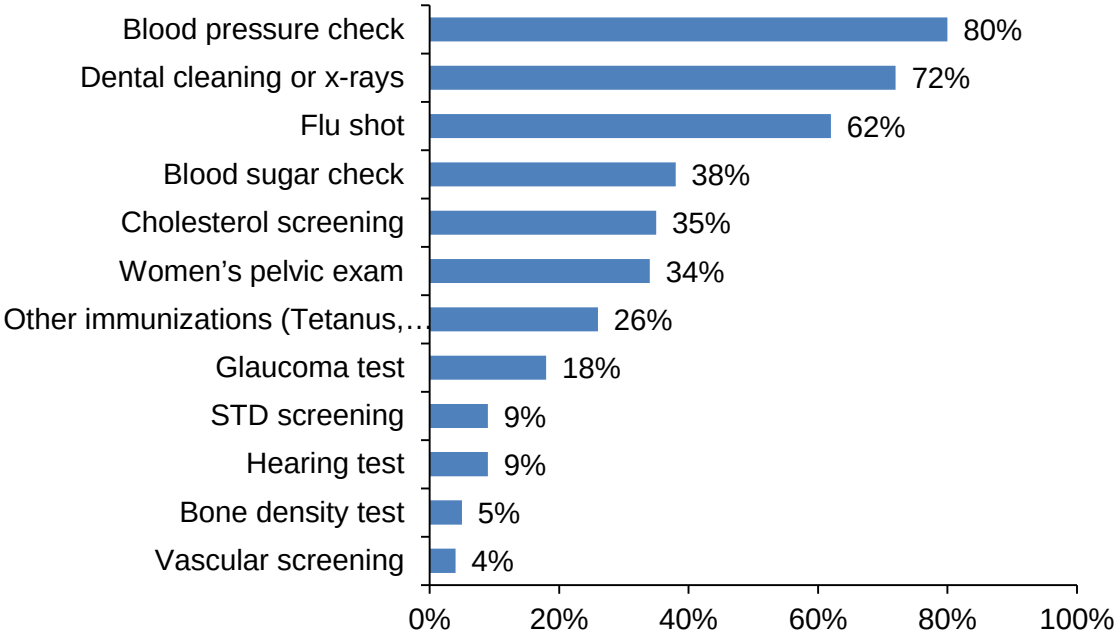
(Community = Traill OR Steele)



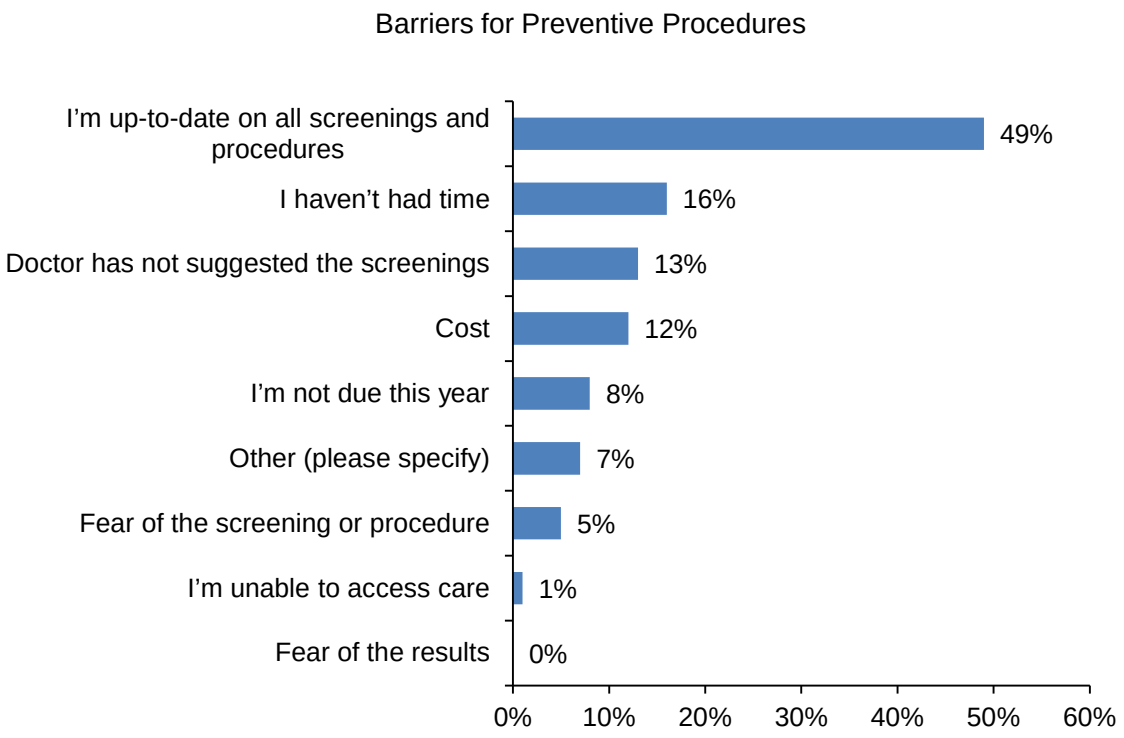
Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=78), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=78), Sample Size = 78

(Community = Traill OR Steele)

Preventive Procedures Last Year

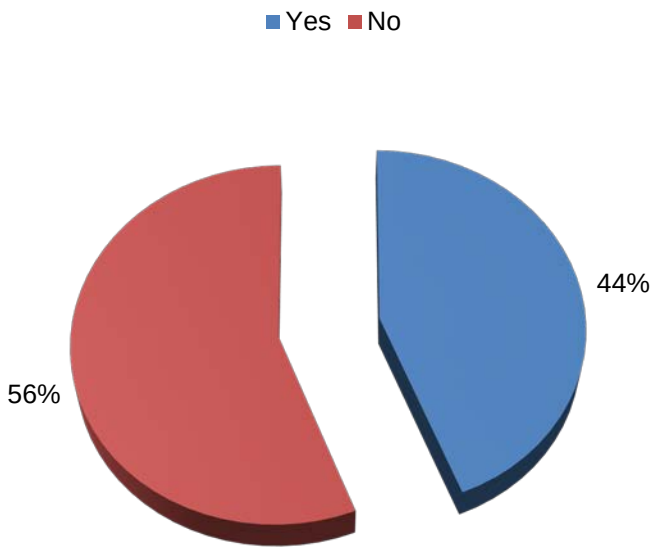


Base: Blood pressure check (n=59), Blood sugar check (n=28), Bone density test (n=4), Cholesterol screening (n=26), Dental cleaning or x-rays (n=53), Flu shot (n=46), Other immunizations (Tetanus, Hepatitis A or B) (n=19), Glaucoma test (n=13), Hearing test (n=7), Women's pelvic exam (n=25), STD screening (n=7), Vascular screening (n=3), Sample Size = 74
(Community = Traill OR Steele)



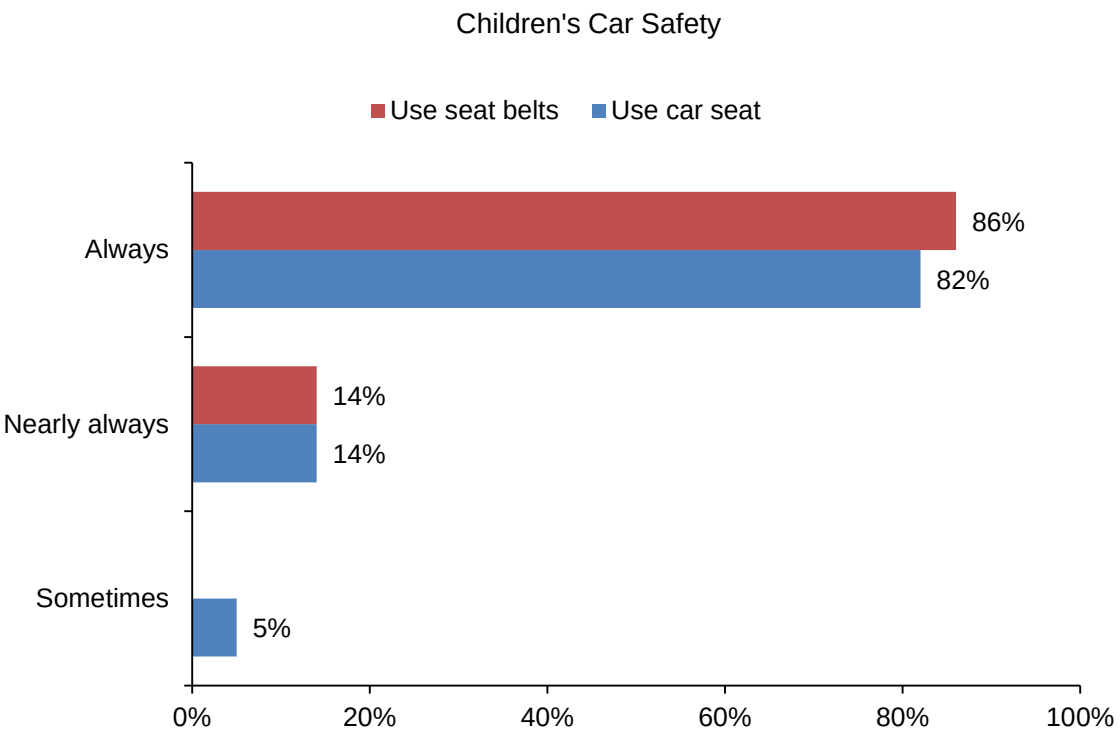
Base: I'm up-to-date on all screenings and procedures (n=37), Doctor has not suggested the screenings (n=10), Cost (n=9), I'm unable to access care (n=1), Fear of the screening or procedure (n=4), Fear of the results (n=0), I'm not due this year (n=6), I haven't had time (n=12), Other (please specify) (n=5),
Sample Size = 76
(Community = Traill OR Steele)

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



Base: Yes (n=35), No (n=44), Sample Size = 79

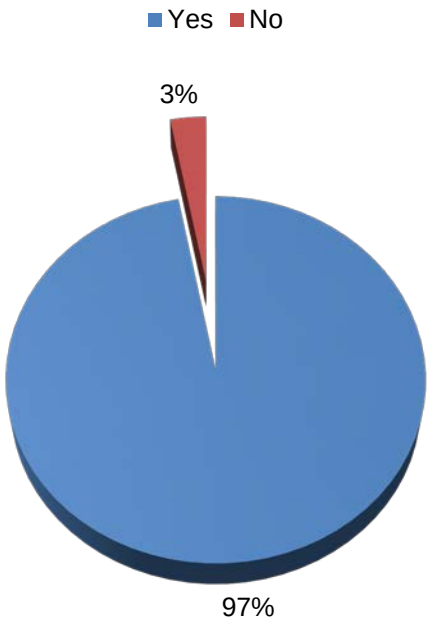
(Community = Traill OR Steele)



Sample Size = 22

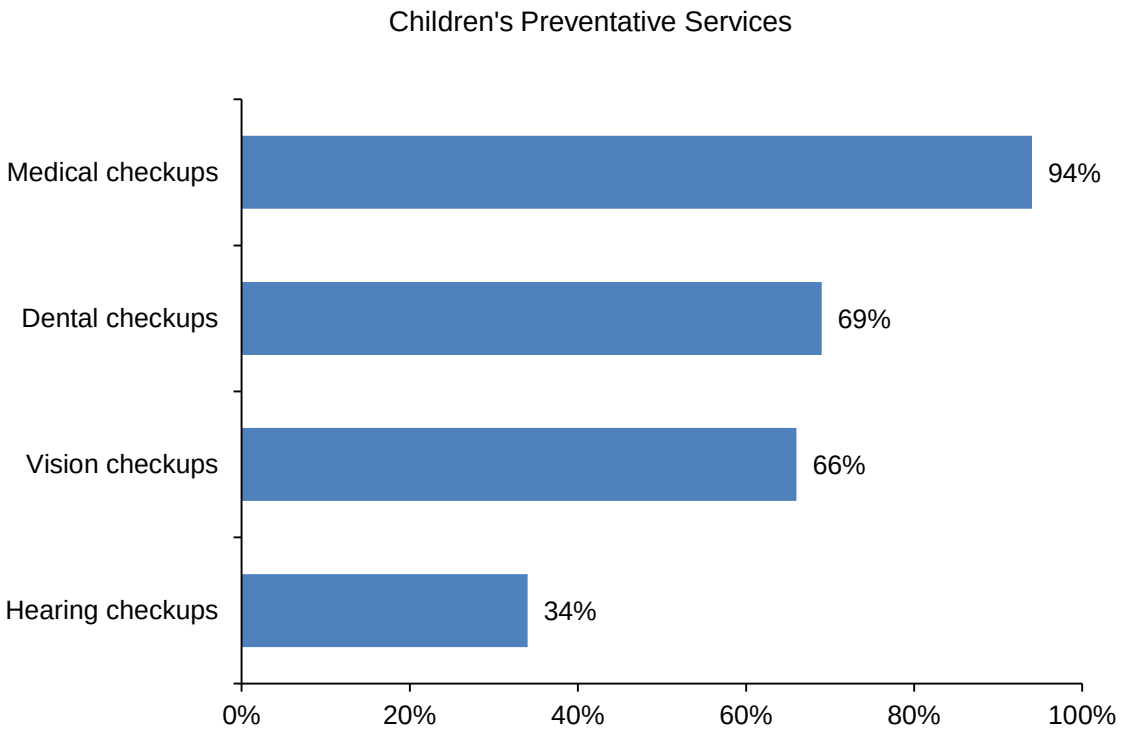
(Community = Traill OR Steele)

Do you have healthcare coverage for your children or dependents?



Base: Yes (n=34), No (n=1), Sample Size = 35

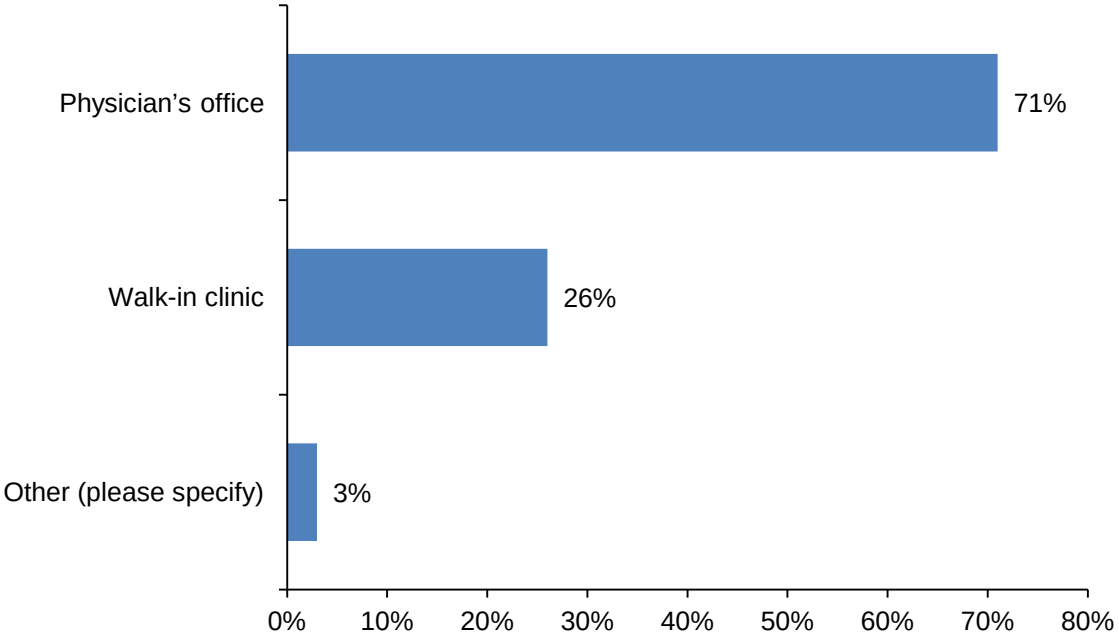
(Community = Traill OR Steele)



Base: Dental checkups (n=24), Vision checkups (n=23), Hearing checkups (n=12), Medical checkups (n=33), Sample Size = 35

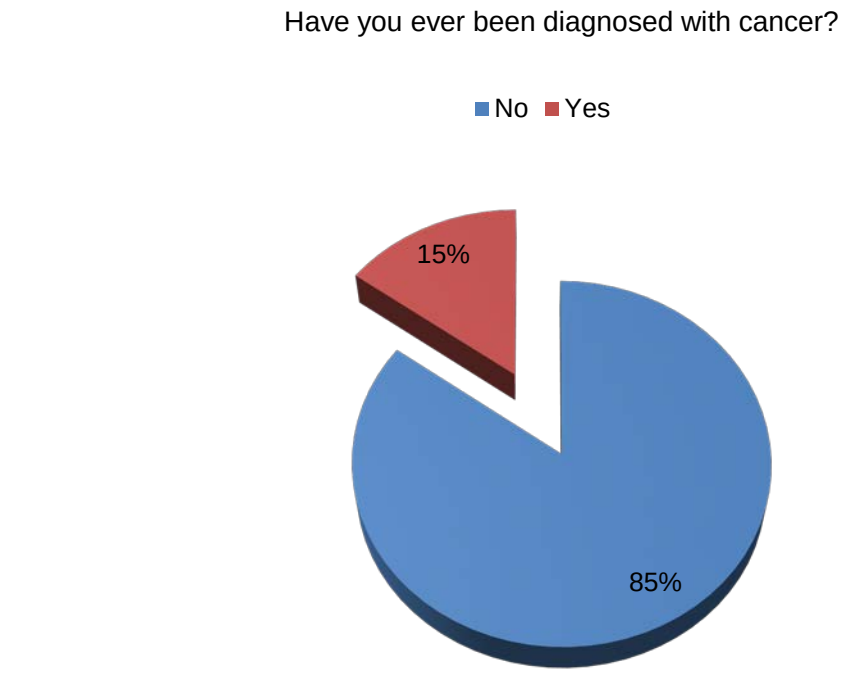
(Community = Traill OR Steele)

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



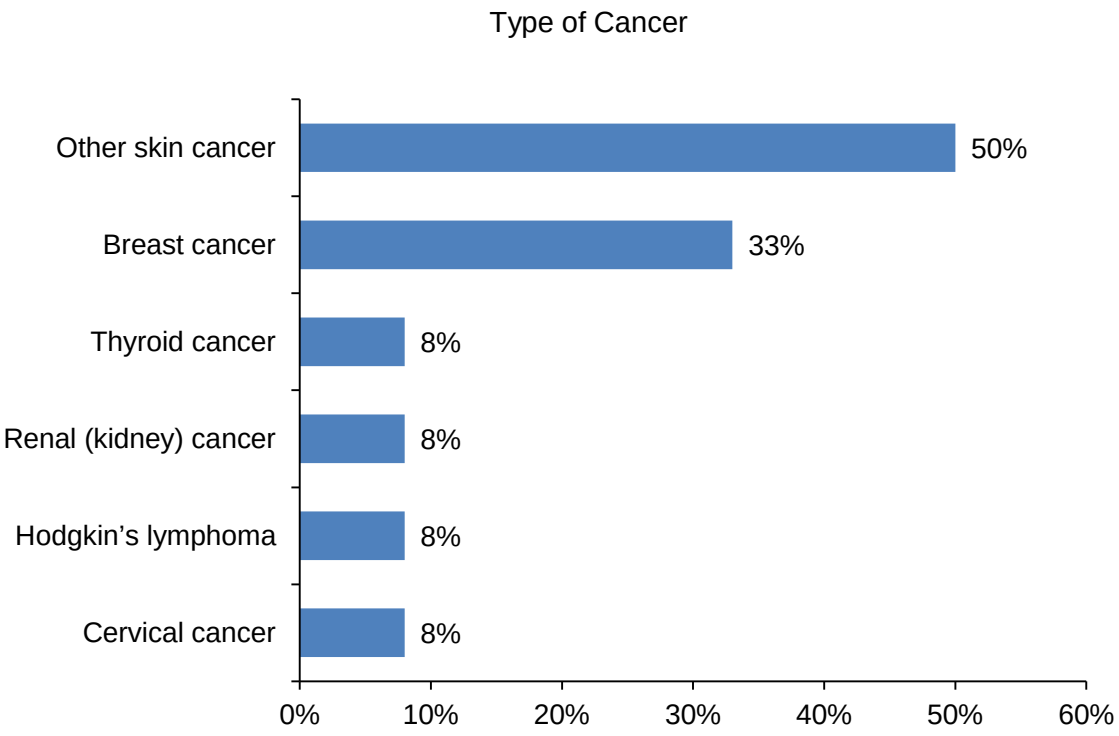
Base: Physician's office (n=25), Walk-in clinic (n=9), Other (please specify) (n=1), Sample Size = 35

(Community = Traill OR Steele)



Base: Yes (n=12), No (n=67), Sample Size = 79

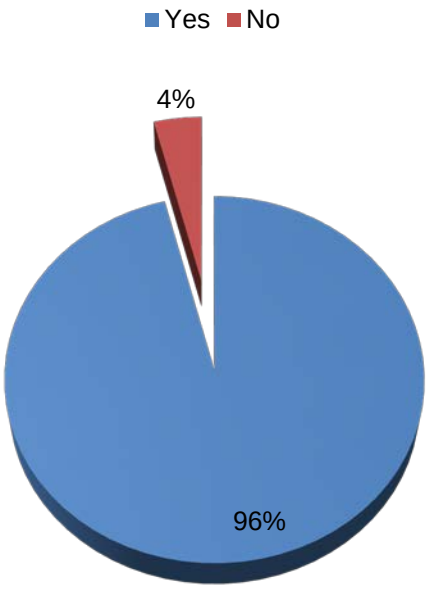
(Community = Traill OR Steele)



Base: Breast cancer (n=4), Cervical cancer (n=1), Hodgkin's lymphoma (n=1), Other skin cancer (n=6), Renal (kidney) cancer (n=1), Thyroid cancer (n=1), Sample Size = 12

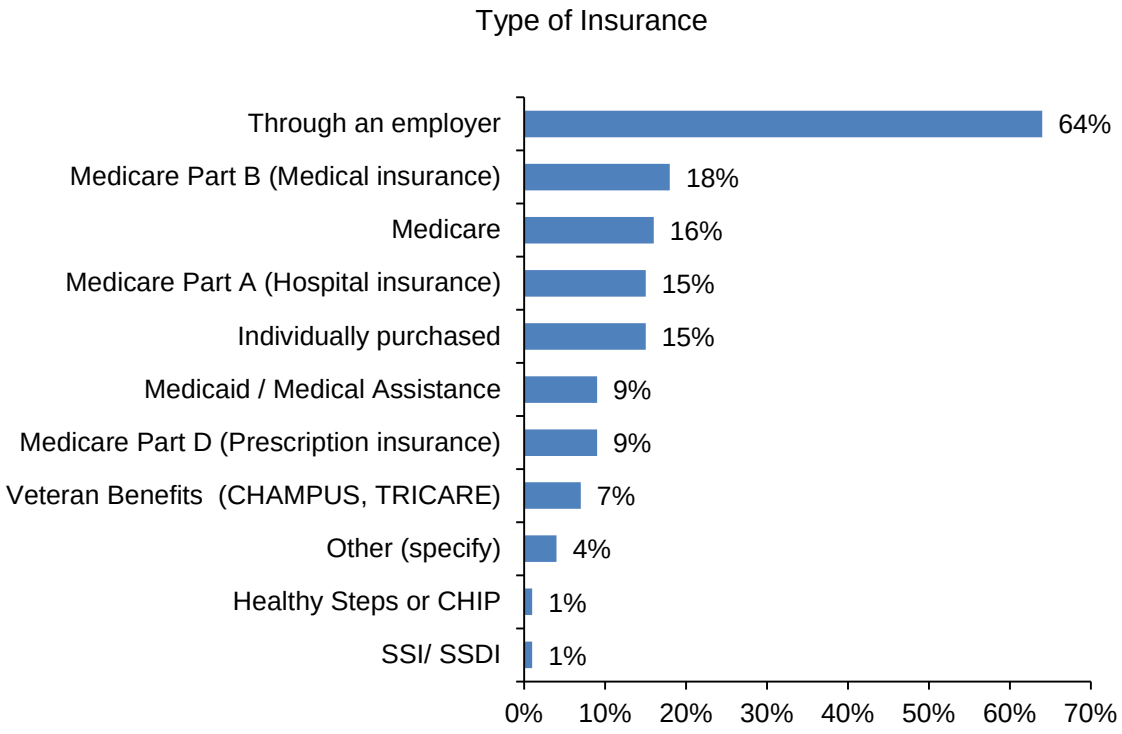
(Community = Traill OR Steele)

Do you currently have any kind of health insurance?



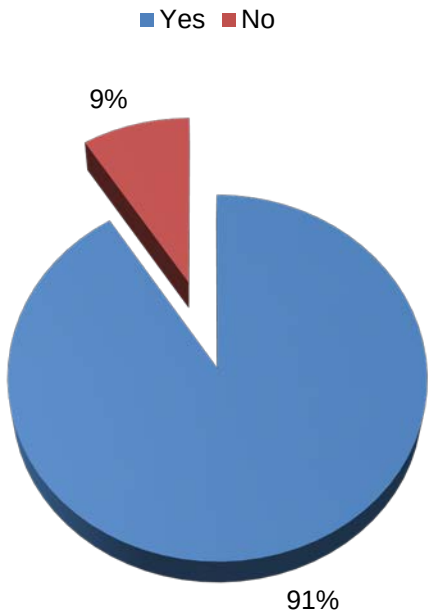
Base: Yes (n=76), No (n=3), Sample Size = 79

(Community = Traill OR Steele)



Base: Through an employer (n=47), Individually purchased (n=11), Medicare (n=12), Medicare Part A (Hospital insurance) (n=11), Medicare Part B (Medical insurance) (n=13), Medicare Part D (Prescription insurance) (n=7), SSI/ SSDI (n=1), Medicaid / Medical Assistance (n=7), Veteran Benefits (CHAMPUS, TRICARE) (n=5), Healthy Steps or CHIP (n=1), Other (specify) (n=3), Sample Size = 74
(Community = Traill OR Steele)

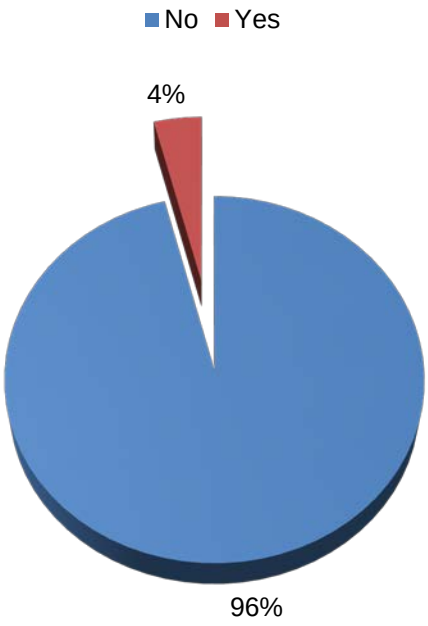
Do you have an established primary healthcare provider?



Base: Yes (n=72), No (n=7), Sample Size = 79

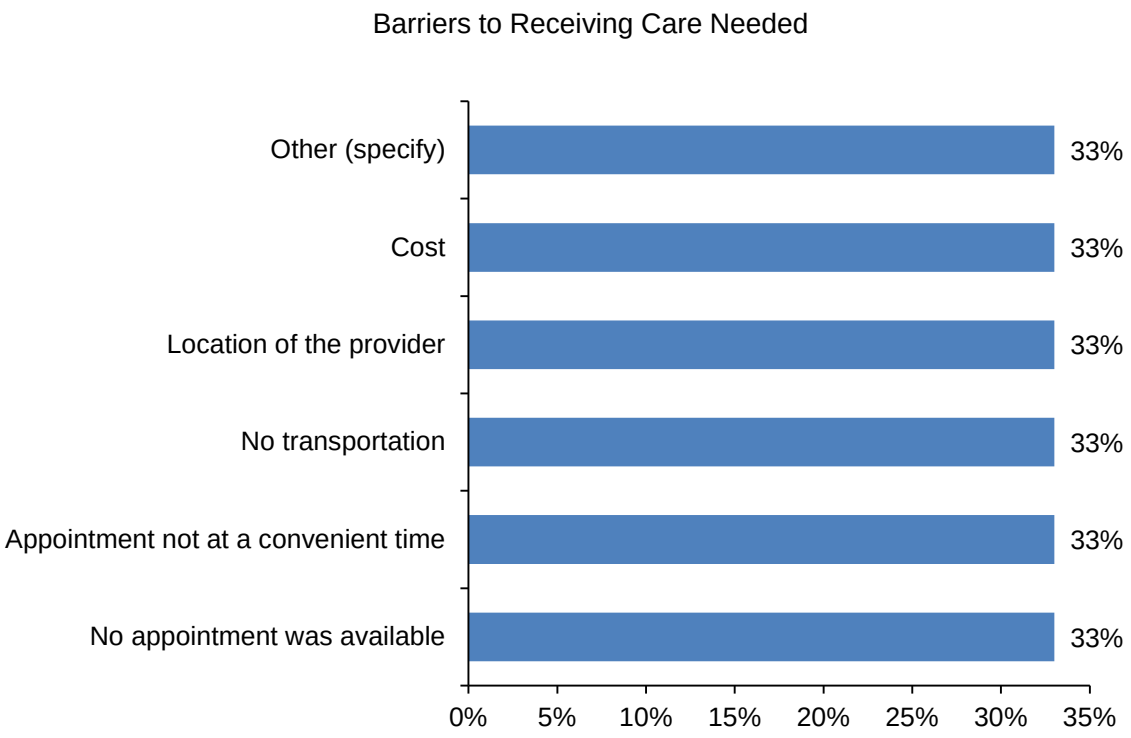
(Community = Traill OR Steele)

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



Base: Yes (n=3), No (n=76), Sample Size = 79

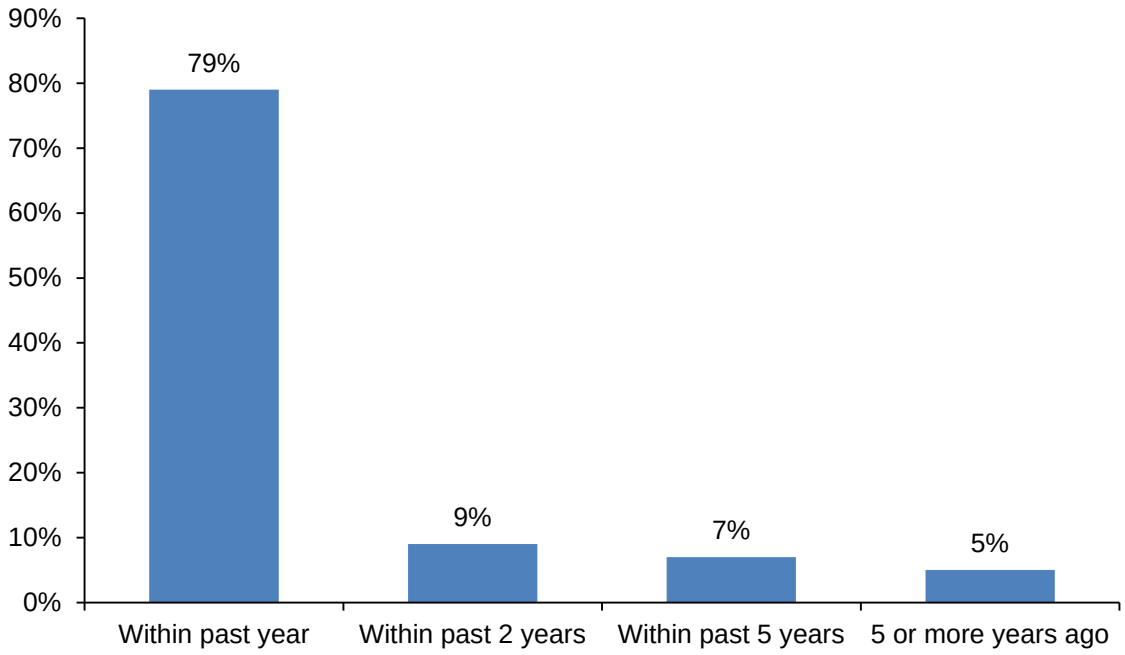
(Community = Traill OR Steele)



Base: No appointment was available (n=1), Appointment not at a convenient time (n=1), No transportation (n=1), Location of the provider (n=1), Cost (n=1), Other (specify) (n=1)

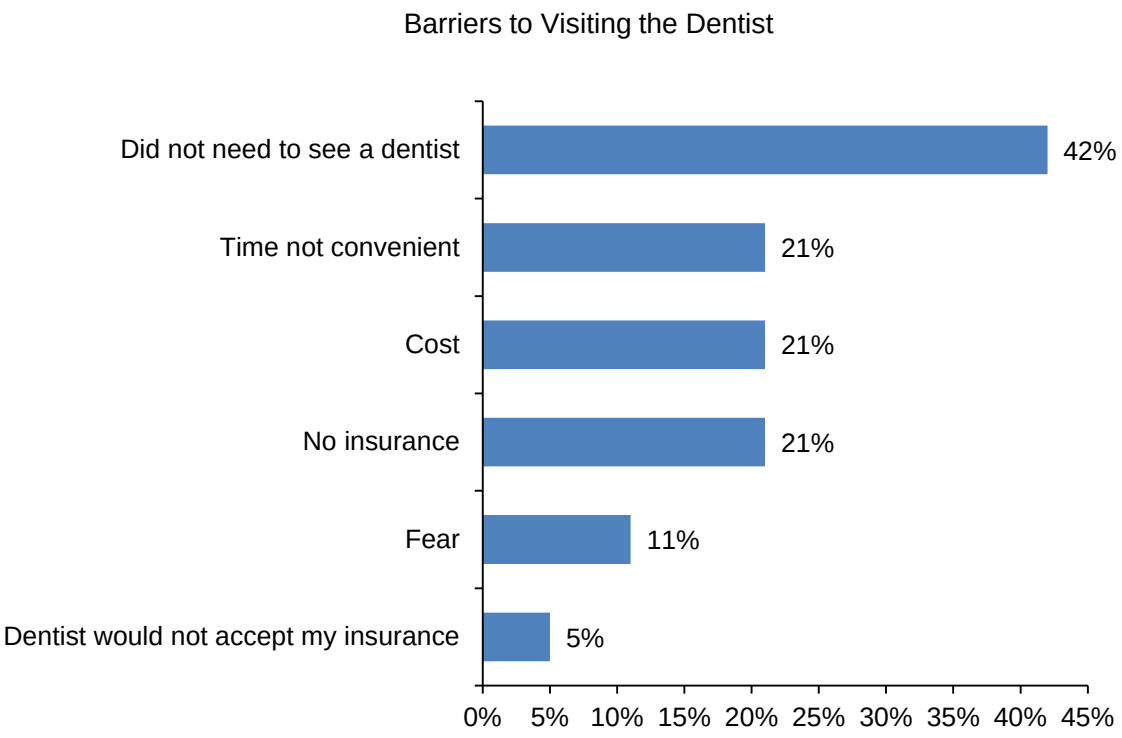
(Community = Traill OR Steele)

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



Base: Within past year (n=60), Within past 2 years (n=7), Within past 5 years (n=5), 5 or more years ago (n=4), Sample Size = 76

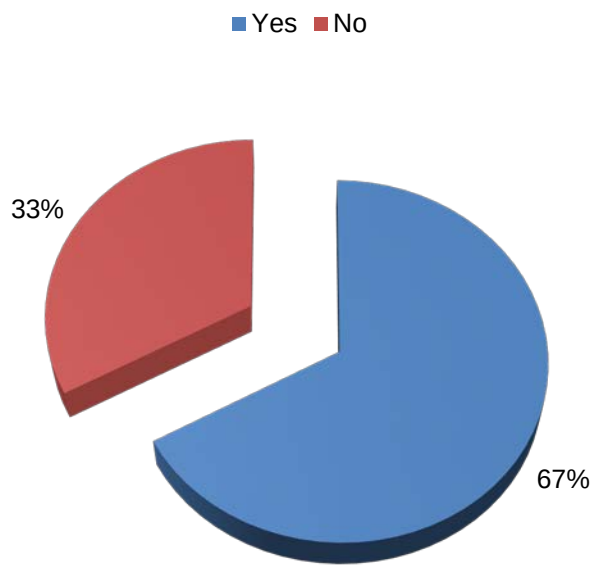
(Community = Traill OR Steele)



Base: No insurance (n=4), Cost (n=4), Fear (n=2), Time not convenient (n=4), Dentist would not accept my insurance (n=1), Did not need to see a dentist (n=8), Sample Size = 19

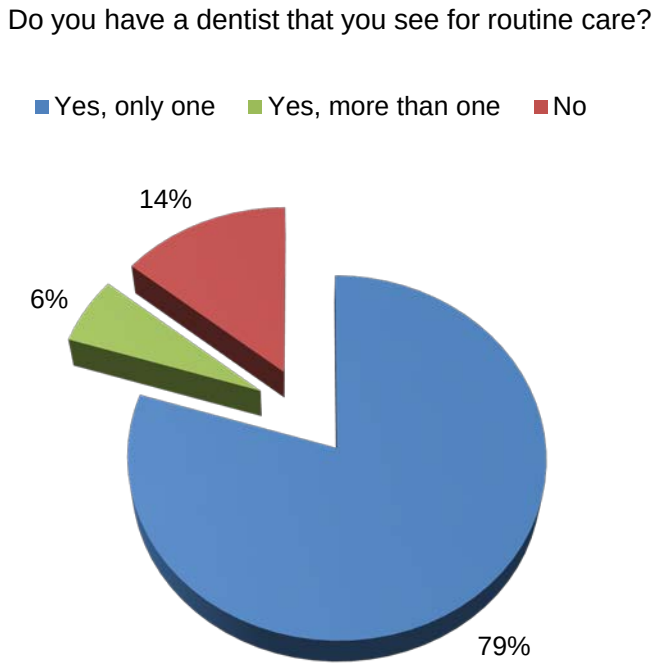
(Community = Traill OR Steele)

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



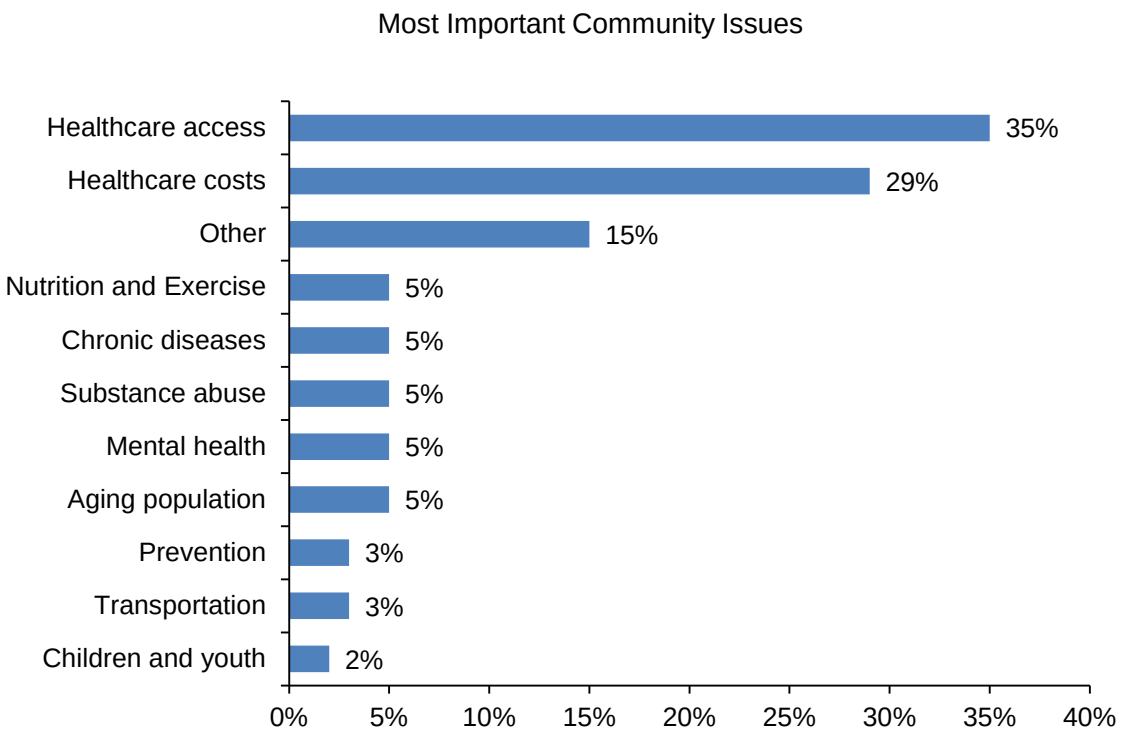
Base: Yes (n=51), No (n=25), Sample Size = 76

(Community = Traill OR Steele)



Base: Yes, only one (n=62), Yes, more than one (n=5), No (n=11), Sample Size = 78

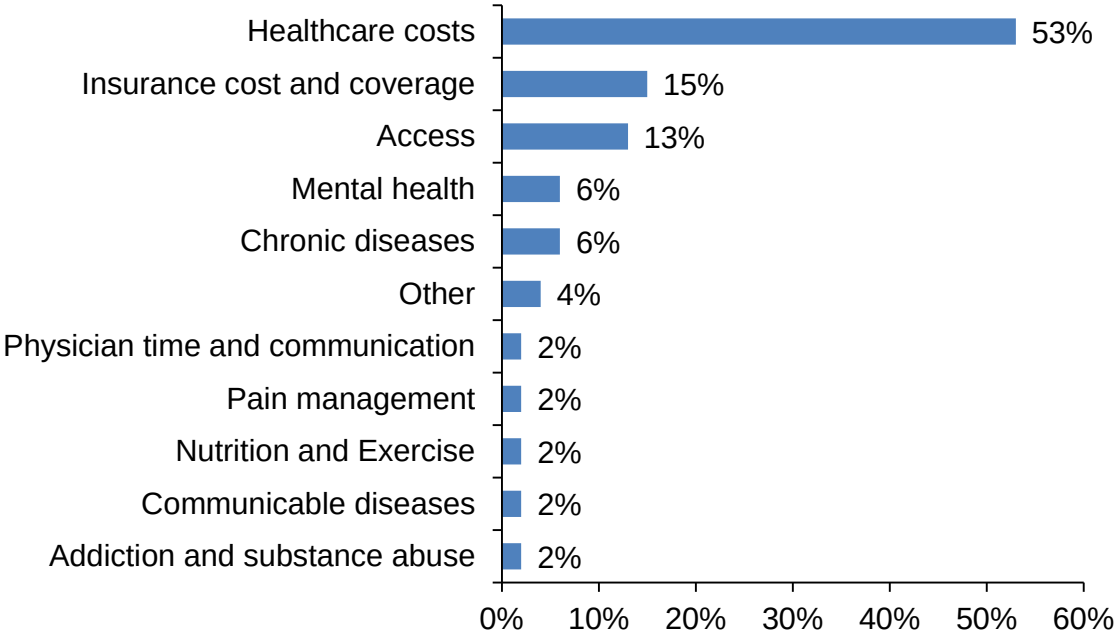
(Community = Traill OR Steele)



Base: Transportation (n=2), Children and youth (n=1), Aging population (n=3), Healthcare access (n=22), Mental health (n=3), Substance abuse (n=3), Chronic diseases (n=3), Healthcare costs (n=18), Prevention (n=2), Nutrition and Exercise (n=3), Other (n=9), Sample Size = 63

(Community = Traverse / Richland)

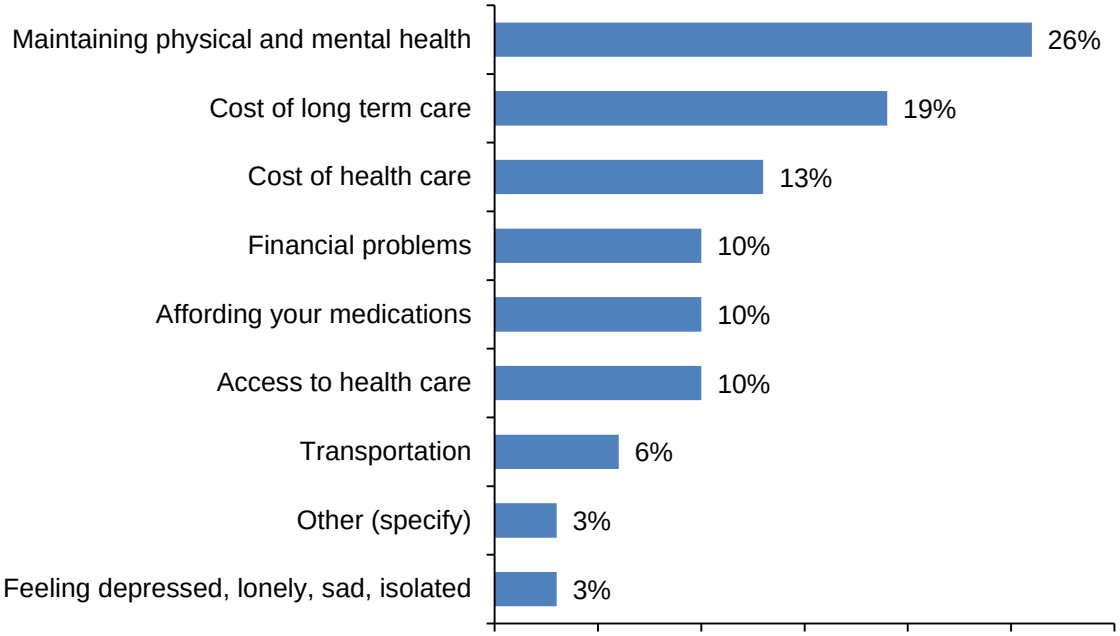
Most Important Issue for Family



Base: Access (n=7), Addiction and substance abuse (n=1), Chronic diseases (n=3), Communicable diseases (n=1), Healthcare costs (n=28), Nutrition and Exercise (n=1), Insurance cost and coverage (n=8), Mental health (n=3), Pain management (n=1), Physician time and communication (n=1), Other (n=2), Sample Size = 59

(Community = Traverse / Richland)

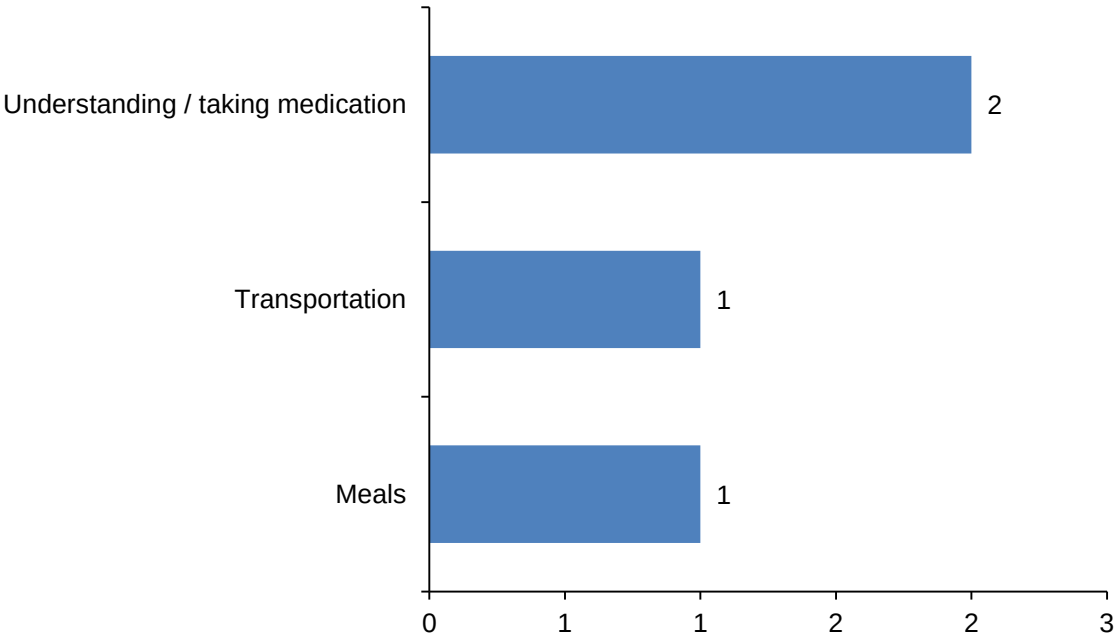
What is your biggest concern as you age? (Age 65+)



Base: Access to health care (n=3), Cost of health care (n=4), Affording your medications (n=3), Maintaining physical and mental health (n=8), Feeling depressed, lonely, sad, isolated (n=1), Cost of long term care (n=6), Financial problems (n=3), Transportation (n=2), Other (specify) (n=1), Sample Size = 13

(Community = Traill OR Steele)

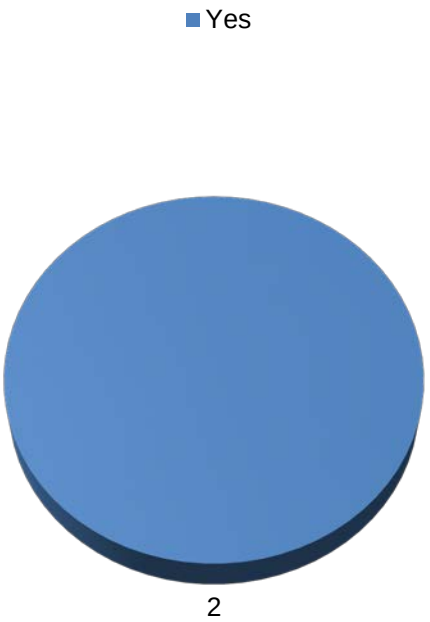
Which of these tasks do you need assistance with? (Age 65+)



Base: Meals (n=1), Transportation (n=1), Understanding / taking medication (n=2), Sample Size = 2

(Community = Traill OR Steele)

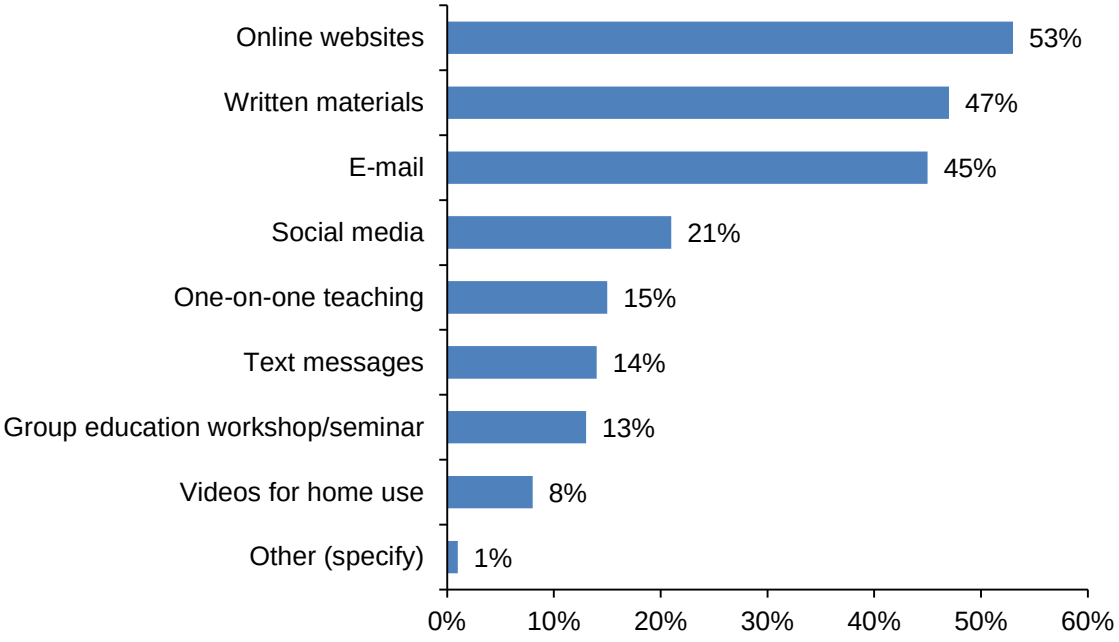
Do you know where to go to get help with the tasks you need assistance with? (Age 65+)



Base: Yes (n=2), Sample Size = 2

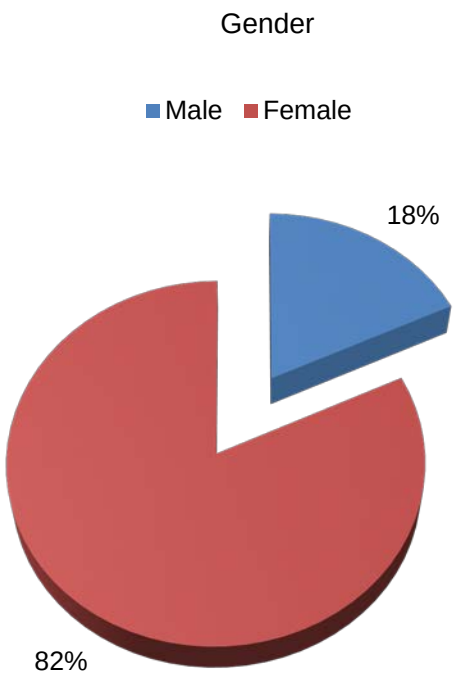
(Community = Traill OR Steele)

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



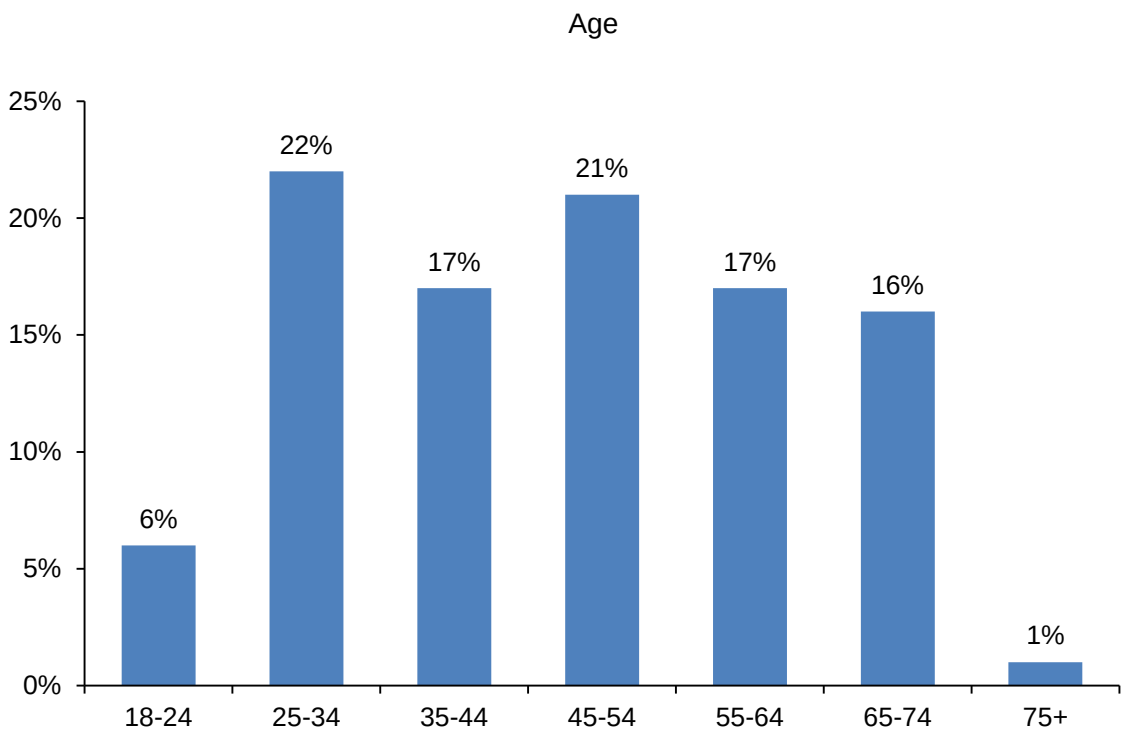
Base: Written materials (n=37), Videos for home use (n=6), Social media (n=16), Text messages (n=11), One-on-one teaching (n=12), E-mail (n=35), Group education workshop/seminar (n=10), Online websites (n=41), Other (specify) (n=1), Sample Size = 78

(Community = Traill OR Steele)



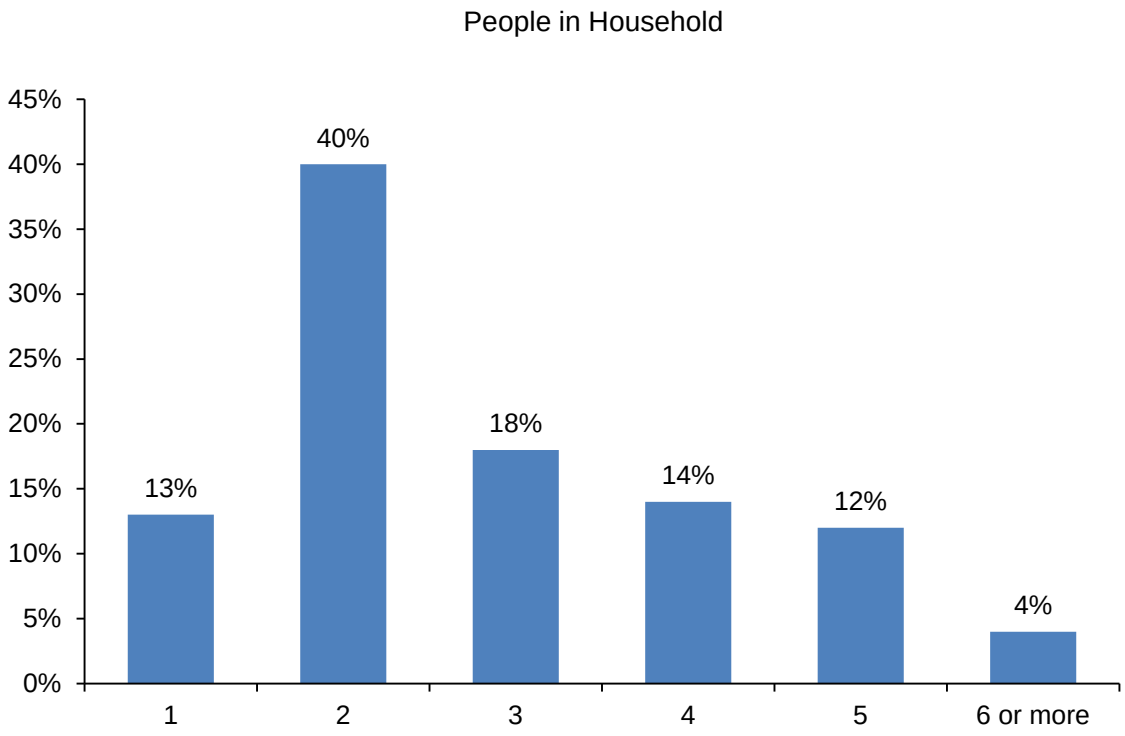
Base: Male (n=14), Female (n=65), Sample Size = 79

(Community = Traill OR Steele)



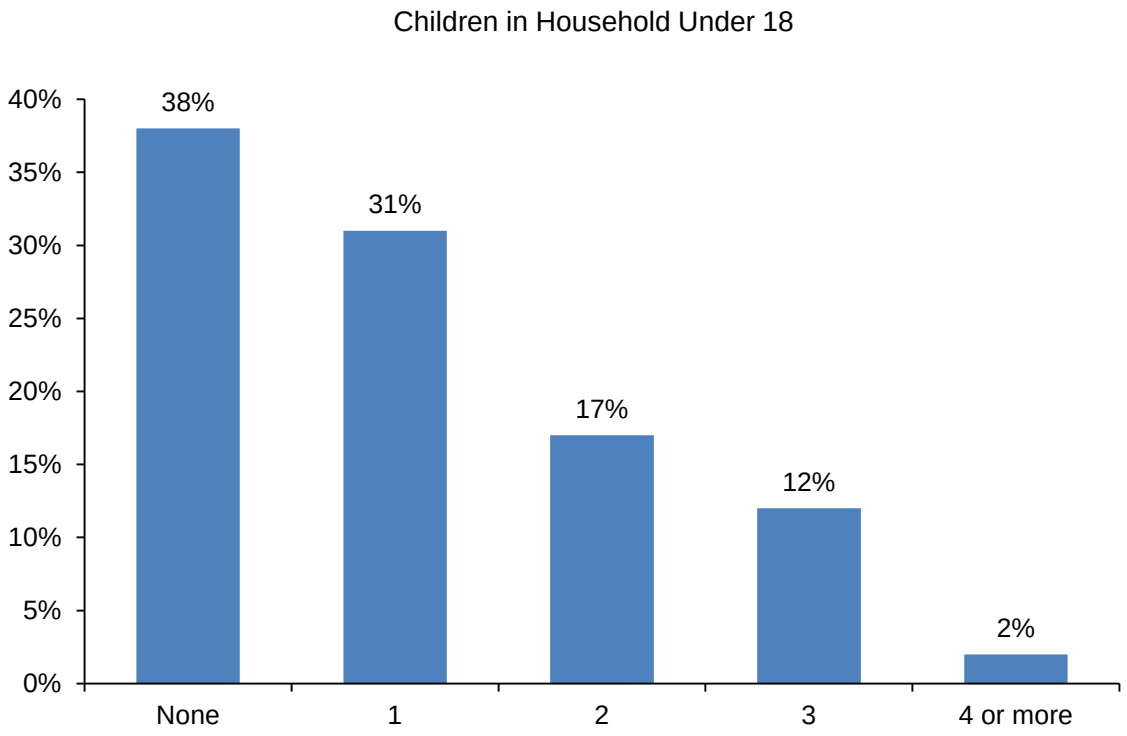
Base: 18-24 (n=5), 25-34 (n=17), 35-44 (n=13), 45-54 (n=16), 55-64 (n=13), 65-74 (n=12), 75+ (n=1), Sample Size = 77

(Community = Traill OR Steele)



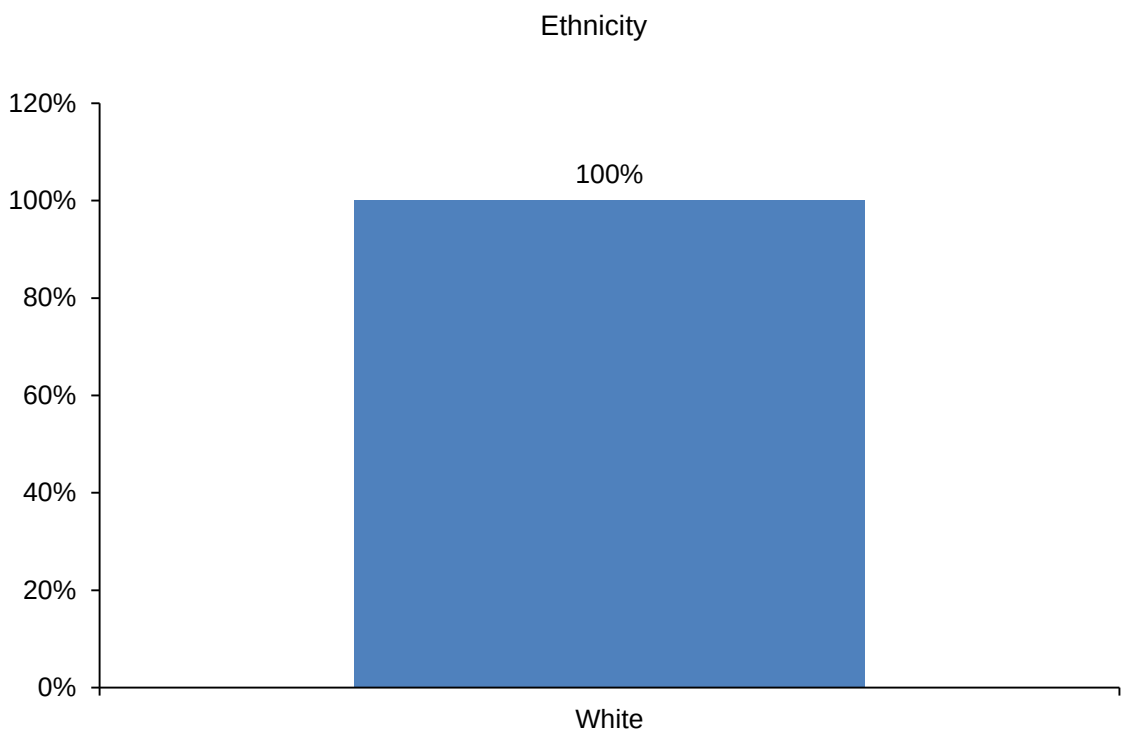
Base: 1 (n=10), 2 (n=31), 3 (n=14), 4 (n=11), 5 (n=9), 6 or more (n=3), Sample Size = 78

(Community = Traill OR Steele)



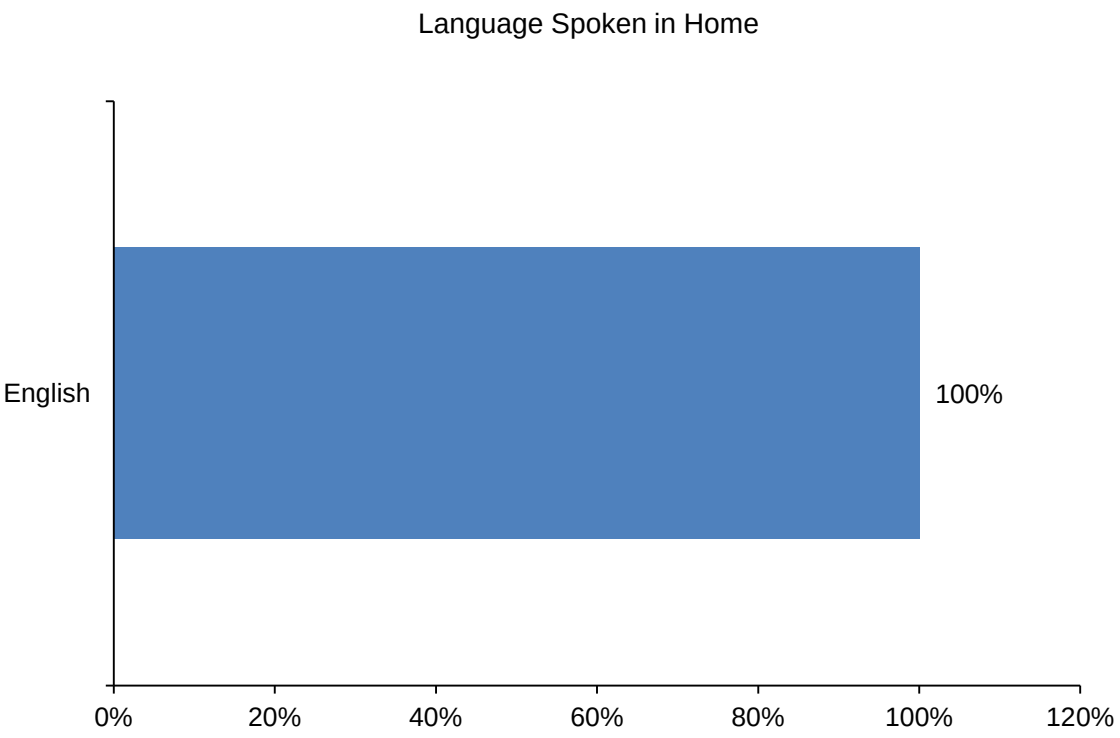
Base: None (n=22), 1 (n=18), 2 (n=10), 3 (n=7), 4 or more (n=1), Sample Size = 58

(Community = Traill OR Steele)



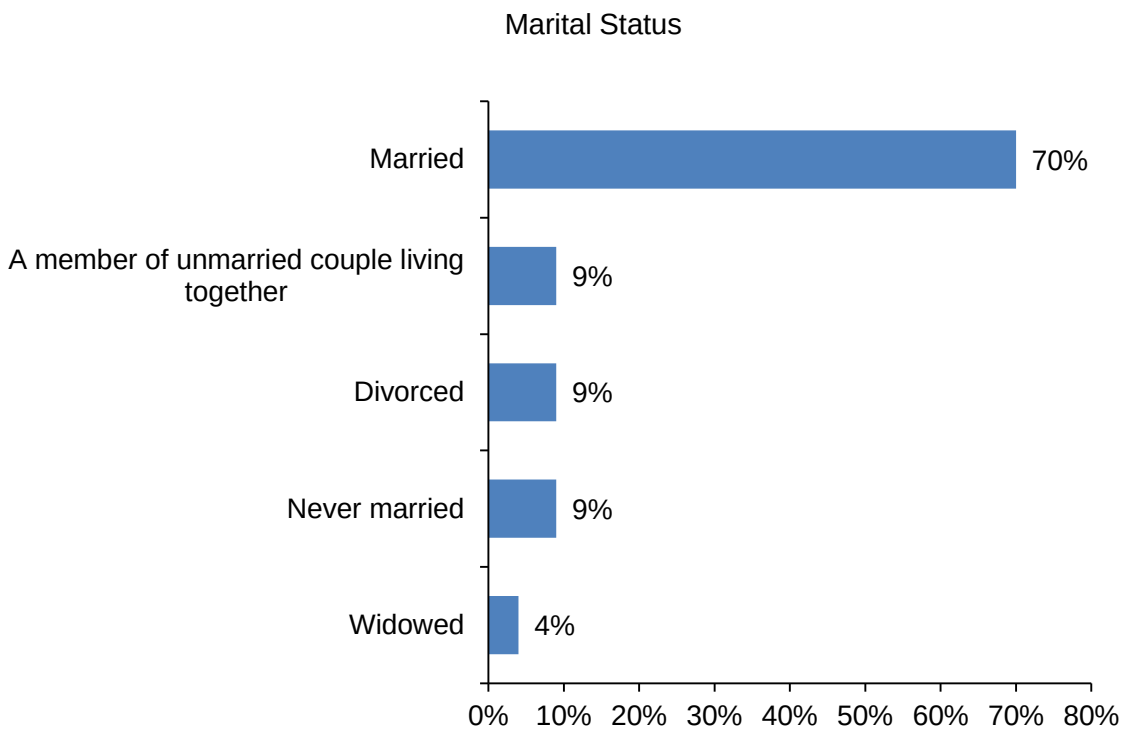
Base: White (n=79), Sample Size = 79

(Community = Traill OR Steele)



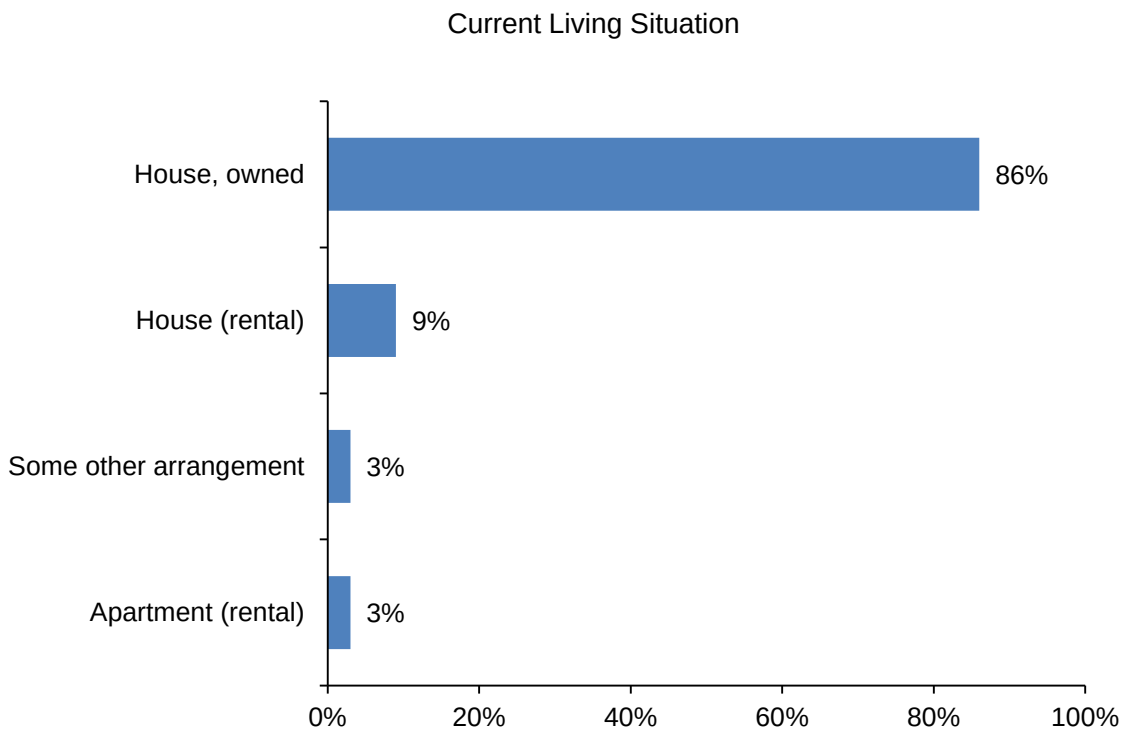
Base: English (n=79), Sample Size = 79

(Community = Traill OR Steele)



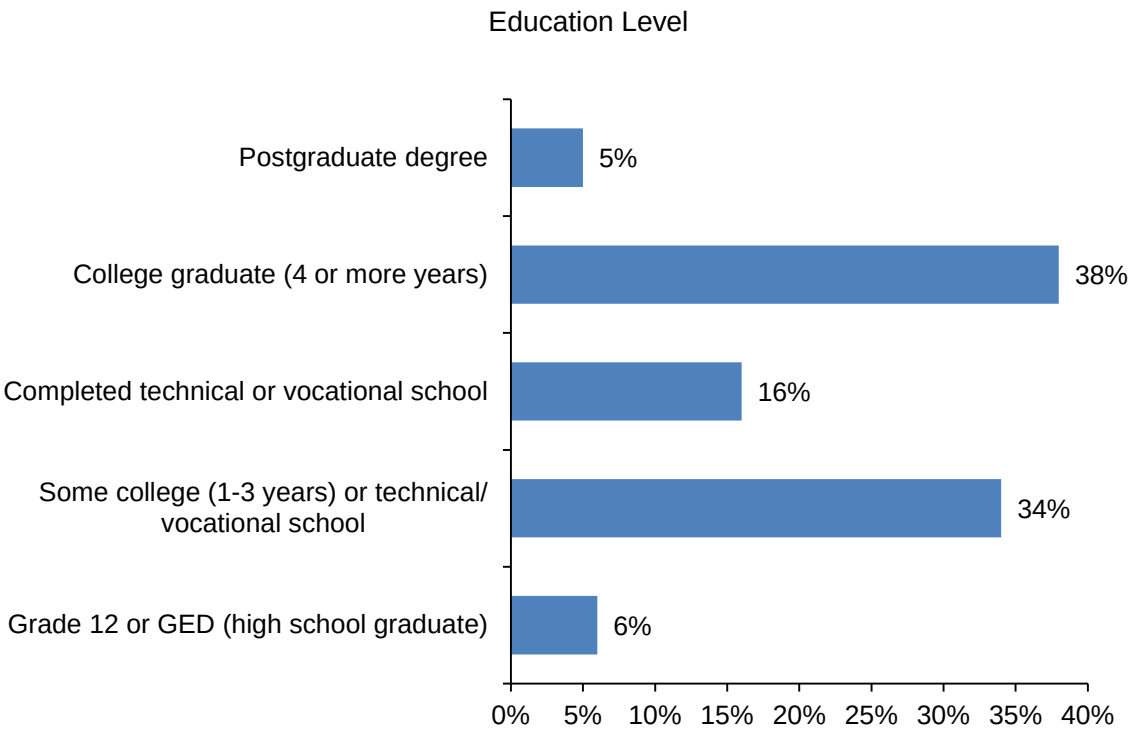
Base: Never married (n=7), Married (n=55), Divorced (n=7), Widowed (n=3), A member of unmarried couple living together (n=7), Sample Size = 79

(Community = Traill OR Steele)



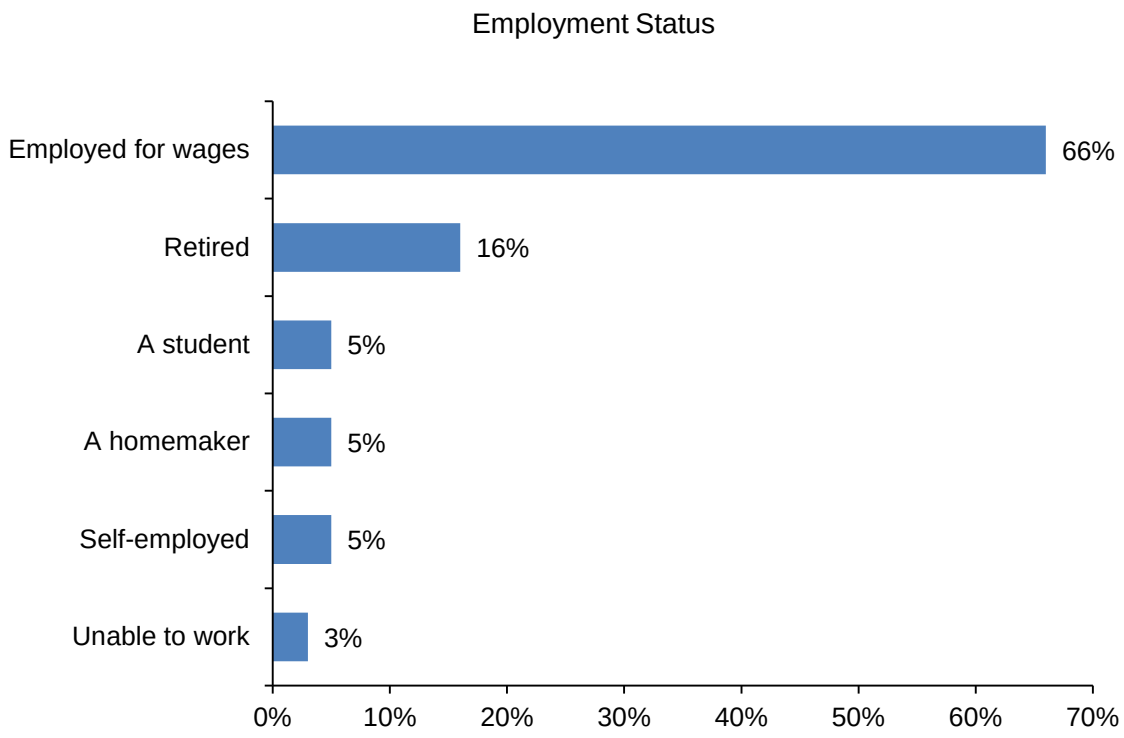
Base: House, owned (n=68), House (rental) (n=7), Apartment (rental) (n=2), Some other arrangement (n=2), Sample Size = 79

(Community = Traill OR Steele)



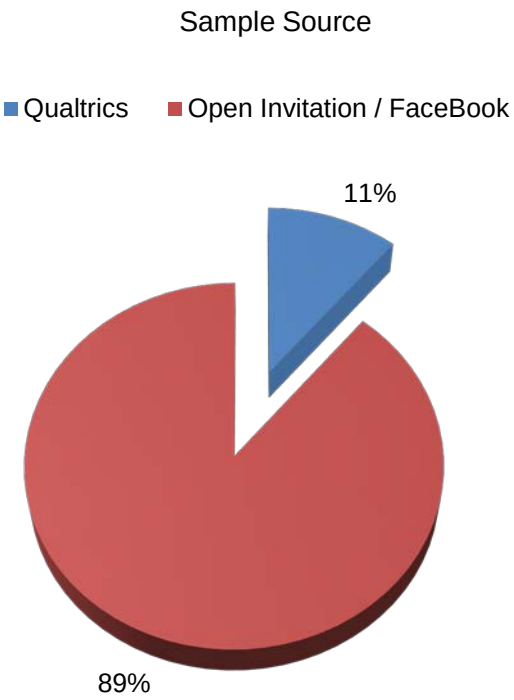
Base: Grade 12 or GED (high school graduate) (n=5), Some college (1-3 years) or technical/ vocational school (n=27), Completed technical or vocational school (n=13), College graduate (4 or more years) (n=30), Postgraduate degree (n=4), Sample Size = 79

(Community = Traill OR Steele)



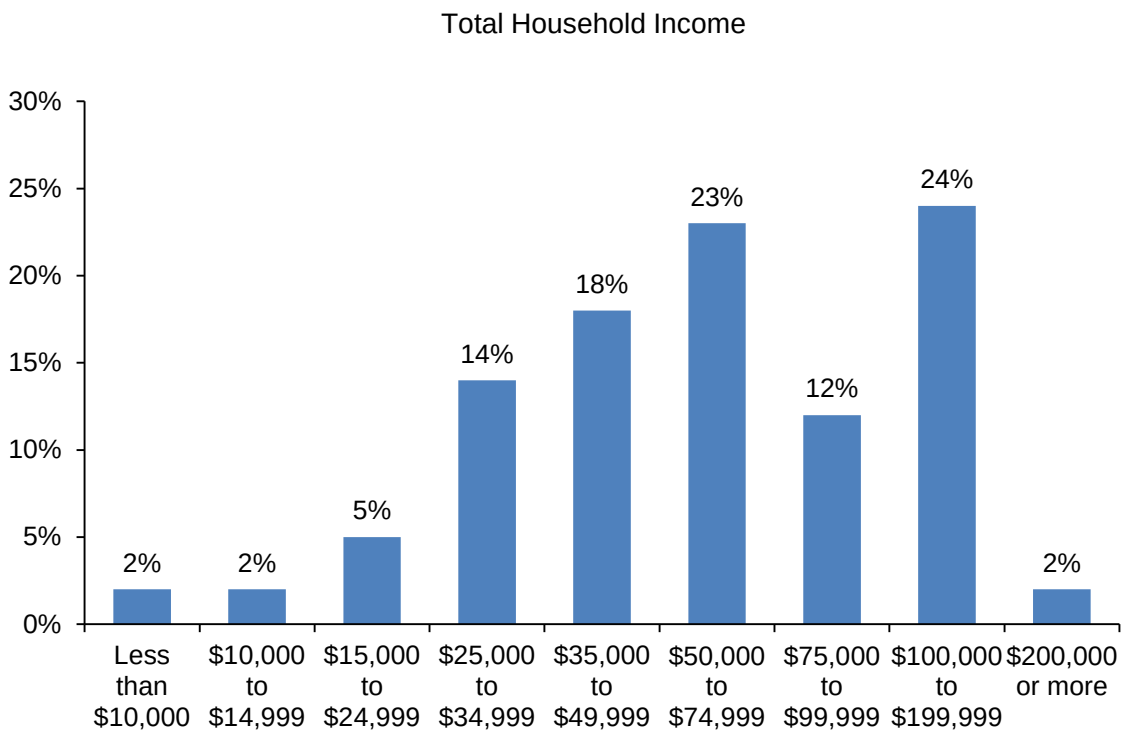
Base: Employed for wages (n=52), Self-employed (n=4), A homemaker (n=4), A student (n=4), Retired (n=13), Unable to work (n=2), Sample Size = 79

(Community = Traill OR Steele)



Base: Qualtrics (n=9), Open Invitation / FaceBook (n=71), Sample Size = 80

(Community = Traill OR Steele)



Base: Less than $10,000 (n=1), $10,000 to $14,999 (n=1), $15,000 to $24,999 (n=3), $25,000 to $34,999 (n=9), $35,000 to $49,999 (n=12), $50,000 to $74,999 (n=15), $75,000 to $99,999 (n=8), $100,000 to $199,999 (n=16), $200,000 or more (n=1), Sample Size = 66

(Community = Traill OR Steele)

Mayville 2019 Community Health Needs Assessment
Prioritization Worksheet

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

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

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Economic Well-Being • Availability of affordable housing 3.30 • Employment options 3.13 • 13% of residents report running out of food before they have money to buy more			
Transportation • Availability of door-to-door transportation services for those unable to drive 3.08 • Availability of public transportation 3.00	4		
Children and Youth • Availability of quality childcare 3.54 • Childhood obesity 3.48 • Cost of quality childcare 3.46 • Availability of services for at-risk youth 3.30 • Bullying 3.22 • Substance abuse by youth 3.17 • Cost of activities (outside of school and sports) for children and youth 3.09 • Cost of services for at-risk youth 3.09 • Opportunities for youth-adult mentoring 3.05 • Teen tobacco use 3.00	2		
Aging Population • Cost of long term care 3.75 • Cost of memory care 3.75 • Availability of resources for family and friends caring for and helping to make decisions for elders 3.26 • Cost of in-home services 3.09 • Help making out a will of health care directive 3.00 • Maintaining physical and mental health are reported as the top concerns as people age	2		
Safety • Culture of excessive and binge drinking 3.30 • Abuse of prescription drugs 3.05			
Health Care Access • Availability of mental health providers 4.00 • Availability of behavioral health 3.81 • Access to affordable health insurance coverage 3.61 4% of resident respondents report not having insurance • Access to affordable health care 3.57 • Access to affordable prescription drugs 3.52 • Access to affordable dental insurance coverage 3.13 • Access to affordable vision insurance coverage 3.00 • Cost and access are reported as the top barriers to care by resident respondents	3		
Mental Health and Substance Abuse • Depression 3.68 – 39% of respondents report a diagnosis of depression • Alcohol use and abuse 3.59 53% of resident respondents report binge drinking at least 1x/month • Drug use and abuse 3.32 29% of resident respondents report having drugs in the home that are not being used • Dementia and Alzheimer's Disease 3.23 • Stress 3.14	5		

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
• Suicide 3.05 • 39% report an anxiety diagnosis			
Wellness • 37% self-report a diagnosis of arthritis • 33% self-report a diagnosis of hypertension • 27% self-report a diagnosis of high cholesterol • 74% of residents are not consuming 5 or more fruits/vegetables/day • 56% self-report that they are obese • 21% self-report that they are overweight • 56% of resident respondents do not get moderate exercise in at least 3x/week • 38% of resident respondents have not had a flus shot in the past year • 21% of resident respondents have not visited their dentist in more than q year • 25% of resident respondents report not having had a routine checkup in more than 1 year	2		

Secondary Data

Trail and Steel County

Community Health Profiles

Traill District Health Unit

Traill County Community Health Profile

Authors:

Tracy K. Miller, PhD, MPH
State Epidemiologist

Kodi Pinks, MPH
Epidemiologist

May 2018

NORTH DAKOTA DEPARTMENT *of* HEALTH

Data Sources

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

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

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

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

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

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- ND Department of Commerce – Oil wells
  www.commerce.nd.gov/news/MediaGallery/
- ND Tourism Division – All other photos
  www.ndtourism.com/

POPULATION DATA

Table 1

Population by Age Group, 2016 Census Estimates				
Age Group	Traill County		North Dakota	
	Number	Percent	Number	Percent
0-9	1,006	12.5%	105,035	13.9%
10-19	1,080	13.4%	93,820	12.4%
20-29	975	12.1%	127,579	16.8%
30-39	830	10.3%	101,492	13.4%
40-49	907	11.3%	79,632	10.5%
50-59	1,155	14.4%	95,466	12.6%
60-69	1,000	12.5%	80,159	10.6%
70-79	572	7.1%	41,996	5.5%
80+	505	6.3%	32,773	4.3%
Total	8,030	100.0%	757,952	100.0%
0-17	1,822	22.7%	176,311	23.3%
65+	1,528	19.0%	109,999	14.5%

Table 2

Female Population and Percentage Female by Age, 2016 Census Estimates				
Age Group	Traill County		North Dakota	
	Number	Percent	Number	Percent
0-9	495	12.5%	51,145	13.9%
10-19	506	12.8%	45,349	12.3%
20-29	462	11.6%	58,619	15.9%
30-39	397	10.0%	47,001	12.7%
40-49	440	11.1%	37,992	10.3%
50-59	550	13.9%	46,809	12.7%
60-69	472	11.9%	39,397	10.7%
70-79	323	8.1%	22,236	6.0%
80+	323	8.1%	20,430	5.5%
Total	3,968	100.0%	368,978	100.0%
0-17	892	22.5%	85,921	23.3%
65+	852	21.5%	60,025	16.3%

Table 3

Race, Five Year Estimates (2012-2016)				
Race	Traill County		North Dakota	
	Number	Percentage	Number	Percentage
Total	8,075	100.0%	736,162	100%
White	7,683	95.1%	649,730	88.3%
Black	75	0.9%	14,761	2.0%
American Indian	76	0.9%	38,369	5.2%
Asian	20	0.2%	9,296	1.3%
Pacific Islander	9	0.1%	336	0.0%
Other	83	1.0%	5,691	0.8%
Multi-race	129	1.6%	17,979	2.4%

POPULATION DATA

Table 4

Household Populations, 2011 ACS Five Year Estimates	Traill County		North Dakota	
	Number	Percent	Number	Percent
Total	8,172	100.0%	666,783	100.0%
In Family Households	6,472	79.2%	509,097	76.4%
In Non-Family Households	1,404	17.2%	132,651	19.9%
Total In Households	7,876	96.4%	641,748	96.2%
Institutionalized*	168	2.1%	9,675	1.5%
Non-institutionalized*	128	1.6%	15,360	2.3%
Total in Group Quarters	296	3.6%	25,035	3.8%

*2011 is the most recent data

Table 5

Population Change 2000-2015				
Census	Traill County	5 Year Change (%)	North Dakota	5 Year Change (%)
2000	8,477		642,200	
2005	8,121	-4.2%	635,365	-1.1%
2010	8,121	0.0%	672,591	5.9%
2015	8,011	-1.4%	754,859	12.2%

Table 6

Marital Status of Persons Age 15 and Older, 2016 ACS Five Year Estimates	Traill County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	6,582	100.0%	594,068	100.0%
Never Married	1,652	25.1%	189,508	31.9%
Now Married	3,660	55.6%	308,915	52.0%
Separated	46	0.7%	5,347	0.9%
Widowed	606	9.2%	33,862	5.7%
Divorced	619	9.4%	56,436	9.5%

Table 7

Educational Attainment Among Persons 25+, 2016 ACS Five Year Estimates	Traill County		North Dakota	
Education	Number	Percent	Number	Percent
Total	5,462	100.0%	477,607	100.0%
Less than 9th Grade	180	3.3%	16,846	3.5%
Some High School	245	4.5%	21,188	4.4%
High school or GRE	1,433	25.2%	131,086	27.4%
Some College/Assoc. Degree	2,120	38.8%	173,933	36.4%
Bachelor's Degree	1,087	19.9%	97,890	20.5%
Post Graduate Degree	397	7.3%	36,664	7.7%

POPULATION DATA

Table 8

Persons with Disability, 2016 ACS Five Year Estimates	Traill County		North Dakota	
Group	Number	Percent	Number	Percent
Total	7,893	100.0%	720,312	100.0%
Any Disability	882	11.2%	77,651	10.8%
No Disability	7,011	88.8%	642,661	89.2%
Self Care Disability	112	1.5%	11,469	1.7%
0-17 with any disability	83	9.4%	5,618	7.2%
18-64 with any disability	395	44.8%	38,310	49.3%
65+ with any disability	404	45.8%	33,723	43.4%

Table 9

Income and Poverty Status by Age Group, 2016 ACS Five Year Estimates	Traill County		North Dakota	
Median Household Income	$55,764		$59,114	
Per Capita Income	$31,188		$33,107	
	Number	Percent	Number	Percent
Below Poverty Level	637	8.3%	79,314	11.2%
Under 5 Years	75	11.8%	7,618	9.6%
5 to 11 Years	72	11.3%	8,423	10.6%
12 to 17 Years	15	2.4%	5,349	6.7%
18 to 64 Years	363	57.0%	48,969	61.7%
65 to 74 Years	41	6.4%	3,532	4.5%
75 Years and Over	71	11.1%	5,423	6.8%

Table 10

Family Poverty and Childhood and Elderly Poverty, 2016 ACS Five Year Estimates	Traill County		North Dakota	
	Number	Percent	Number	Percent
Total Families	2,028	100.0%	183,466	100.00%
Families in Poverty	114	5.6%	12,659	6.90%
Families with Own Children	829	40.9%	84,714	46.17%
Families with Own Children in Poverty	85	4.2%	9,912	5.40%
Families with Own Children and Female Parent Only	132	6.5%	23,485	27.72%
Families with Own Children and Female Parent Only in Poverty	67	3.3%	8,408	4.58%
Total Known Children in Poverty	162	8.9%	21,390	12.1%
Total Known Age 65+ in Poverty	112	7.3%	8,955	8.1%

* Percent family poverty is percent of total families

Table 11

Age of Housing, 2016 ACS Five Year Estimates	Traill County		North Dakota	
	Number	Percent	Number	Percent
Housing Units: Total	3,810	100.0%	350,134	100.0%
1980 and Later	877	23.0%	149,657	42.7%
1970 to 1979	697	18.3%	67,069	19.2%
Prior to 1970	2,236	58.7%	133,408	38.1%

Vital Statistics Data

BIRTHS AND DEATHS DEFINITIONS

Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

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

Pregnancy Rate = Total pregnancies divided by the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock (OOW) Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

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

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

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

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

Vital Statistics Data

BIRTHS AND DEATHS

Table 12

Births, 2012-2016	Traill County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	484	11.9	54,644	16.3
Pregnancies and Rate	506	12.5	59,226	17.6
Fertility Rate		71.4		84.6
Teen Births and Rate	14	10.2	2,715	23.8
Teen Pregnancies and Rate	16	11.7	3,263	28.6
Out of Wedlock Births and Ratio	134	276.9	17,518	320.6
Out of Wedlock Pregnancies and Ratio	156	308.3	21,289	359.5
Low Birth Weight Birth and Ratio	18	37.2	3,448	63.1

Table 13

Child Deaths, 2012-2016	Traill County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	NR	6.2	299	5.5
Child and Adolescent Deaths and Rate	NR	20.2	235	28.8
Total Deaths and Crude Rate	477	1,174.7	30,152	896.6

Table 14

Deaths and Age Adjusted Death Rate by Cause, 2012-2016	Traill County		North Dakota	
	Number	Adj. Rate	Number	Adj. Rate
All Causes	477	526.7	30,303	674.8
Heart Disease	127	115.1	6,571	140.3
Cancer	92	109.3	6,215	142.1
Stroke	27	24.3	1,546	31.9
Alzheimer's Disease	59	45.9	2,130	41.2
COPD	29	25.2	1,623	35.2
Unintentional Injury	24	42.7	1,764	45.9
Diabetes Mellitus	NR	9.2	908	20.6
Pneumonia and Influenza	7	5.9	791	16.5
Cirrhosis	7	16.5	429	11.6
Suicide	NR	4.4	630	18.4
Hypertension	NR	1.0	467	9.5

NR-Not Reportable

Vital Statistics Data

BIRTHS AND DEATHS

Table 15

Leading Causes of Death by Age Group for Traill County, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly*	No Reported Deaths	
5-14	No Reported Deaths		
15-24	Unintentional Injury*	No Reported Deaths	
25-34	No Reported Deaths		
35-44	No Reported Deaths		
45-54	Cancer*	Heart*	Unintentional Injury*
55-64	Cancer*	COPD*	Cirrhosis*
65-74	Cancer 9	Heart 8	COPD*
75-84	Cancer 12	Heart*	COPD*
85+	Heart 19	Influenza/Pneumonia 7	Diabetes 6

*Numbers less than six are not listed.

Table 16

Leading Causes of Death by Age Group for North Dakota, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly 53	Prematurity 50	Sudden Infant Death 45
5-14	Unintentional Injury 21	Suicide 6	Homicide*
15-24	Unintentional Injury 191	Suicide 127	Cancer 16
25-34	Unintentional Injury 211	Suicide 125	Heart 50
35-44	Unintentional Injury 184	Suicide 107	Heart 99
45-54	Cancer 350	Heart 282	Unintentional Injury 210
55-64	Cancer 1,094	Heart 646	Unintentional Injury 192
65-74	Cancer 1,563	Heart 902	COPD 348
75-84	Cancer 1,793	Heart 1,441	COPD 565
85+	Heart 3,141	Alzheimer's Disease 1,566	Cancer 1,261

*Numbers less than six are not listed.

ADULT BEHAVIORAL RISK FACTORS DEFINITION

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

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 17

ALCOHOL		Traill 2011-2015	North Dakota 2011-2015
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	21.2 (14.4-28.1)	24.1 (23.3-24.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days.	4.6 (1.3-7.8)	6.7 (6.3-7.2)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days.	5.0 (0.0-11.8)	3.4 (2.8-3.9)
ARTHRITIS			
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	28.3 (14.2-42.5)	47.0 (45.2-48.9)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	24.6 (19.0-30.3)	24.6 (24.0-25.2)
ASTHMA			
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	11.3 (6.4-16.2)	11.9 (11.3-12.4)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	8.8 (4.3-13.3)	8.4 (7.9-8.9)
BODY WEIGHT			
Overweight, Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight).	38.3 (30.6-45.9)	36.5 (35.7-37.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese).	38.7 (30.7-46.6)	30.3 (29.6-31.1)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese).	76.9 (69.9-84.0)	66.8 (66.0-67.7)
CANCER			
Any Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	10.0 (6.4-13.6)	6.4 (6.1-6.7)
CARDIOVASCULAR			
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	5.0 (2.8-7.3)	4.3 (4.0-4.5)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	4.1 (2.0-6.3)	4.0 (3.7-4.2)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.5 (0.7-4.4)	2.4 (2.2-2.6)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.2 (5.2-11.2)	7.5 (7.2-7.8)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 18

CHOLESTEROL		Traill 2011-2015	North Dakota 2011-2015
Never Cholesterol Test	Respondents who reported never having a cholesterol test.	23.0 (13.2-32.8)	22.8 (21.8-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years.	28.5 (18.4-38.5)	27.2 (26.2-28.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	40.9 (31.3-50.6)	36.1 (35.1-37.1)
CHRONIC LUNG DISEASE			
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis.	5.8 (2.9-8.8)	4.7 (4.4-5.0)
COLORECTAL CANCER			
No Colorectal Cancer Screening within Recommended Timeframe	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	36.8 (21.8-51.8)	40.0 (38.3-41.7)
DIABETES			
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	9.0 (5.3-12.7)	8.5 (8.2-8.9)
FRUITS AND VEGETABLES			
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day.	13.2 (6.4-20.0)	13.9 (13.2-14.6)
GENERAL HEALTH			
Fair or Poor Health	Respondents who reported that their general health was fair or poor.	15.7 (10.6-20.7)	14.0 (13.5-14.6)
Poor Physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good.	10.0 (5.8-14.3)	11.3 (10.8-11.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good.	11.5 (6.0-17.1)	11.4 (10.9-12.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	11.4 (4.7-18.0)	13.6 (12.8-14.4)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	30.1 (23.5-36.8)	31.3 (30.6-32.1)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 19

HEALTH CARE ACCESS		Traill 2011-2015	North Dakota 2011-2015
Health Insurance	Respondents who reported not having any form or health care coverage.	9.5 (4.5-14.4)	10.8 (10.2-11.3)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	3.9 (1.1-6.8)	7.8 (7.3-8.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	16.7 (10.4-23.1)	26.7 (25.9-27.5)
HYPERTENSION			
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	23.7 (16.7-30.7)	29.9 (29.0-30.7)
IMMUNIZATION			
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year.	33.7 (23.5-43.9)	40.1 (38.9-41.4)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	26.1 (16.8-35.5)	28.5 (27.3-29.7)
INJURY			
Falls	Respondents 45 years and older who reported that they had fallen in the past 12 months.	20.6 (11.5-29.7)	27.4 (26.2-28.7)
Seatbelt Use	Respondents who reported not always wearing their seatbelt.	53.3 (45.3-61.3)	61.4 (60.6-62.3)
ORAL HEALTH			
Dental Visit	Respondents who reported that they have not had a dental visit in the past year.	44.2 (32.0-56.4)	33.7 (32.4-35.0)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	20.9 (12.7-29.2)	14.3 (13.6-15.1)
PHYSICAL ACTIVITY			
No Leisure Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity.	22.1 (16.0-28.1)	25.1 (24.4-25.8)
TOBACCO			
Current Smoking	Respondents who reported that they smoked every day or some days.	16.3 (10.3-22.3)	20.6 (19.9-21.4)
WOMEN'S HEALTH			
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years.	24.0 (8.8-39.2)	25.1 (23.1-27.1)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years.	30.8 (15.6-45.9)	27.0 (25.4-28.6)

CRIME

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

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

Table 20

Traill County							
	2012	2013	2014	2015	2016	5 Year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	1	3	0	1	5	12.4
Robbery	0	0	0	1	1	2	5.0
Assault	2	2	2	1	2	9	22.3
Violent crime	2	3	5	2	4	16	39.7
Burglary	16	11	8	10	17	62	153.8
Larceny	42	26	10	16	26	120	297.6
Motor vehicle theft	3	9	2	4	9	27	67.0
Property crime	61	46	20	30	52	209	518.3
Total	63	49	25	32	56	225	558.0

Table 21

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

CHILD HEALTH INDICATORS

The following information is no longer available on the website:

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

Table 22

Child Indicators: Education 2016	Traill County		North Dakota	
Children ages 3 to 21 enrolled in special education in public schools	158	12.0%	14,426	13.2%
Four-year high school cohort graduates	95.3%		88.7%	
Average expenditure per student in public school	$11,002		$11,418	

Table 23

Child Indicators: Economic Health 2016	Traill County		North Dakota	
TANF recipients ages 0-19	19	0.9%	4,649	2.3%
SNAP recipients ages 0-18	330	16.9%	37,758	20.3%
Eligible recipients of free or reduced price lunch	312	23.8%	37,928	32.6%
Medicaid recipients ages 0-20	528	24.1%	59,156	28.0%
Median income for families with children ages 0-17	$79,438		$75,818	
Children ages 0 to 17 living in low-income families (<200% of poverty)	513	28.8%	50,147	30.5%

Table 24

Child Indicators: Families and Child Care 2016	Traill County		North Dakota	
Women in labor force, by age of children (ages 0-17)	627	77.5%	59,532	79.4%
Children ages 0-17 living in a single parent family	349	19.3%	39,192	23.4%
Children in foster care	33	1.7%	2,397	1.3%
Victims of child abuse and neglect - services required (Percent of suspected victims)	15	53.6%	1,805	27.2%
Births to mothers receiving prenatal care beginning after first trimester or not at all	10	9.3%	1,612	14.2%

Table 25

Child Indicators: Juvenile Justice 2016	Traill County		North Dakota	
Children ages 0-17 referred to juvenile court	11	1.4%	3,471	4.9%

*LNE-Low Number Events

Steele County Public Health

Steele County Community Health Profile

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May 2018

NORTH DAKOTA DEPARTMENT *of* HEALTH

TABLE OF CONTENTS

Data Sources

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

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

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

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

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

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POPULATION DATA

Table 1

Population by Age Group, 2016 Census Estimates				
Age Group	Steele County		North Dakota	
	Number	Percent	Number	Percent
0-9	233	11.9%	105,035	13.9%
10-19	212	10.8%	93,820	12.4%
20-29	187	9.5%	127,579	16.8%
30-39	183	9.3%	101,492	13.4%
40-49	199	10.1%	79,632	10.5%
50-59	290	14.8%	95,466	12.6%
60-69	310	15.8%	80,159	10.6%
70-79	211	10.8%	41,996	5.5%
80+	137	7.0%	32,773	4.3%
Total	1,962	100.0%	757,952	100.0%
0-17	396	20.2%	176,311	23.3%
65+	493	25.1%	109,999	14.5%

Table 2

Female Population and Percentage Female by Age, 2016 Census Estimates				
Age Group	Steele County		North Dakota	
	Number	Percent	Number	Percent
0-9	115	12.1%	51,145	13.9%
10-19	111	11.7%	45,349	12.3%
20-29	95	10.0%	58,619	15.9%
30-39	85	8.9%	47,001	12.7%
40-49	93	9.8%	37,992	10.3%
50-59	136	14.3%	46,809	12.7%
60-69	133	14.0%	39,397	10.7%
70-79	103	10.8%	22,236	6.0%
80+	79	8.3%	20,430	5.5%
Total	950	100.0%	368,978	100.0%
0-17	200	21.1%	85,921	23.3%
65+	246	25.9%	60,025	16.3%

Table 3

Race, Five Year Estimates (2012-2016)				
Race	Steele County		North Dakota	
	Number	Percentage	Number	Percentage
Total	1,969	100.0%	736,162	100%
White	1,958	99.4%	649,730	88.3%
Black	0	0.0%	14,761	2.0%
American Indian	0	0.0%	38,369	5.2%
Asian	0	0.0%	9,296	1.3%
Pacific Islander	0	0.0%	336	0.0%
Other	11	0.6%	5,691	0.8%
Multi-race	0	0.0%	17,979	2.4%

POPULATION DATA

Table 4

Household Populations, 2011 ACS Five Year Estimates	Steele County		North Dakota	
	Number	Percent	Number	Percent
Total	1,962	100.0%	666,783	100.0%
In Family Households	1,672	85.2%	509,097	76.4%
In Non-Family Households	290	14.8%	132,651	19.9%
Total In Households	1,962	100.0%	641,748	96.2%
Institutionalized*	0	0.0%	9,675	1.5%
Non-institutionalized*	0	0.0%	15,360	2.3%
Total in Group Quarters	0	0.0%	25,035	3.8%

*2011 is the most recent data

Table 5

Population Change 2000-2015				
Census	Steele County	5 Year Change (%)	North Dakota	5 Year Change (%)
2000	2,258		642,200	
2005	1,970	-12.8%	635,365	-1.1%
2010	1,975	0.3%	672,591	5.9%
2015	1,961	-0.7%	754,859	12.2%

Table 6

Marital Status of Persons Age 15 and Older, 2016 ACS Five Year Estimates	Steele County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	1,634	100.0%	594,068	100.0%
Never Married	271	16.6%	189,508	31.9%
Now Married	1,029	63.0%	308,915	52.0%
Separated	7	0.4%	5,347	0.9%
Widowed	113	6.9%	33,862	5.7%
Divorced	212	13.0%	56,436	9.5%

Table 7

Educational Attainment Among Persons 25+, 2016 ACS Five Year Estimates	Steele County		North Dakota	
Education	Number	Percent	Number	Percent
Total	1,451	100.0%	477,607	100.0%
Less than 9th Grade	43	3.0%	16,846	3.5%
Some High School	43	3.0%	21,188	4.4%
High school or GRE	433	29.1%	131,086	27.4%
Some College/Assoc. Degree	596	41.1%	173,933	36.4%
Bachelor's Degree	291	20.1%	97,890	20.5%
Post Graduate Degree	45	3.1%	36,664	7.7%

POPULATION DATA

Table 8

Persons with Disability, 2016 ACS Five Year Estimates	Steele County		North Dakota	
Group	Number	Percent	Number	Percent
Total	1,969	100.0%	720,312	100.0%
Any Disability	292	14.8%	77,651	10.8%
No Disability	1,677	85.2%	642,661	89.2%
Self Care Disability	39	2.1%	11,469	1.7%
0-17 with any disability	20	6.8%	5,618	7.2%
18-64 with any disability	107	36.6%	38,310	49.3%
65+ with any disability	165	56.5%	33,723	43.4%

Table 9

Income and Poverty Status by Age Group, 2016 ACS Five Year Estimates	Steele County		North Dakota	
Median Household Income	$58,603		$59,114	
Per Capita Income	$36,802		$33,107	
	Number	Percent	Number	Percent
Below Poverty Level	119	6.1%	79,314	11.2%
Under 5 Years	13	10.9%	7,618	9.6%
5 to 11 Years	10	8.4%	8,423	10.6%
12 to 17 Years	5	4.2%	5,349	6.7%
18 to 64 Years	49	41.2%	48,969	61.7%
65 to 74 Years	21	17.6%	3,532	4.5%
75 Years and Over	21	17.6%	5,423	6.8%

Table 10

Family Poverty and Childhood and Elderly Poverty, 2016 ACS Five Year Estimates	Steele County		North Dakota	
	Number	Percent	Number	Percent
Total Families	554	100.0%	183,466	100.00%
Families in Poverty	23	4.2%	12,659	6.90%
Families with Own Children	178	32.1%	84,714	46.17%
Families with Own Children in Poverty	17	3.1%	9,912	5.40%
Families with Own Children and Female Parent Only	18	3.2%	23,485	27.72%
Families with Own Children and Female Parent Only in Poverty	14	2.5%	8,408	4.58%
Total Known Children in Poverty	28	7.1%	21,390	12.1%
Total Known Age 65+ in Poverty	42	8.5%	8,955	8.1%

* Percent family poverty is percent of total families

Table 11

Age of Housing, 2016 ACS Five Year Estimates	Steele County		North Dakota	
	Number	Percent	Number	Percent
Housing Units: Total	1,244	100.0%	350,134	100.0%
1980 and Later	220	17.7%	149,657	42.7%
1970 to 1979	192	15.4%	67,069	19.2%
Prior to 1970	832	66.9%	133,408	38.1%

Vital Statistics Data

BIRTHS AND DEATHS DEFINITIONS

Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

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

Pregnancy Rate = Total pregnancies divided by the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock (OOW) Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

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

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

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

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

Vital Statistics Data

BIRTHS AND DEATHS

Table 12

Births, 2012-2016	Steele County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	119	12.1	54,644	16.3
Pregnancies and Rate	123	12.5	59,226	17.6
Fertility Rate		91.2		84.6
Teen Births and Rate	0	0.0	2,715	23.8
Teen Pregnancies and Rate	0	0.0	3,263	28.6
Out of Wedlock Births and Ratio	34	285.7	17,518	320.6
Out of Wedlock Pregnancies and Ratio	36	292.7	21,289	359.5
Low Birth Weight Birth and Ratio	NR	42.0	3,448	63.1

Table 13

Child Deaths, 2012-2016	Steele County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	0	0.0	299	5.5
Child and Adolescent Deaths and Rate	0	0.0	235	28.8
Total Deaths and Crude Rate	NR	42.0	30,152	896.6

Table 14

Deaths and Age Adjusted Death Rate by Cause, 2012-2016	Steele County		North Dakota	
	Number	Adj. Rate	Number	Adj. Rate
All Causes	99	464.3	30,303	674.8
Heart Disease	20	78.3	6,571	140.3
Cancer	23	82.7	6,215	142.1
Stroke	7	31.5	1,546	31.9
Alzheimer's Disease	8	40.7	2,130	41.2
COPD	NR	5.2	1,623	35.2
Unintentional Injury	9	68.3	1,764	45.9
Diabetes Mellitus	NR	6.1	908	20.6
Pneumonia and Influenza	0	0.0	791	16.5
Cirrhosis	0	0.0	429	11.6
Suicide	NR	45.8	630	18.4
Hypertension	NR	0.0	467	9.5

NR-Not Reportable

Table 15

Leading Causes of Death by Age Group for Steele County, 2012-2016			
Age	1	2	3
0-4	No Reported Deaths		
5-14	No Reported Deaths		
15-24	Unintentional Injury*	Suicide*	No Reported Deaths
25-34	Suicide*	No Reported Deaths	
35-44	Suicide*	Unintentional Injury*	No Reported Deaths
45-54	Unintentional Injury*	Cancer*	Heart*
55-64	Cancer*	Unintentional Injury*	No Reported Deaths
65-74	Cancer 6	Heart*	COPD*
75-84	Cancer 9	Heart 6	COPD*
85+	Heart 9	Alzheimer's Disease 8	Cerebrovascular Disease*

*Numbers less than six are not listed.

Table 16

Leading Causes of Death by Age Group for North Dakota, 2012-2016			
Age	1	2	3
0-4	Congenital Anomaly 53	Prematurity 50	Sudden Infant Death 45
5-14	Unintentional Injury 21	Suicide 6	Homicide*
15-24	Unintentional Injury 191	Suicide 127	Cancer 16
25-34	Unintentional Injury 211	Suicide 125	Heart 50
35-44	Unintentional Injury 184	Suicide 107	Heart 99
45-54	Cancer 350	Heart 282	Unintentional Injury 210
55-64	Cancer 1,094	Heart 646	Unintentional Injury 192
65-74	Cancer 1,563	Heart 902	COPD 348
75-84	Cancer 1,793	Heart 1,441	COPD 565
85+	Heart 3,141	Alzheimer's Disease 1,566	Cancer 1,261

*Numbers less than six are not listed.

ADULT BEHAVIORAL RISK FACTORS DEFINITION

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

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 17

ALCOHOL		Steele 2011-2015	North Dakota 2011-2015
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	16.5 (3.4-29.5)	24.1 (23.3-24.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days.	0.6 (0.0-1.7)	6.7 (6.3-7.2)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days.	4.5 (0.0-13.2)	3.4 (2.8-3.9)
ARTHRITIS			
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	27.4 (17.0-37.9)	24.6 (24.0-25.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	58.9 (35.5-82.2)	47.0 (45.2-48.9)
ASTHMA			
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	10.5 (4.1-17.0)	11.9 (11.3-12.4)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	8.1 (2.4-13.9)	8.4 (7.9-8.9)
BODY WEIGHT			
Overweight, Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight).	49.8 (36.1-63.6)	36.5 (35.7-37.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese).	30.4 (17.2-43.6)	30.3 (29.6-31.1)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese).	80.2 (70.7-89.7)	66.8 (66.0-67.7)
CANCER			
Any Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	3.9 (0.0-8.2)	6.4 (6.1-6.7)
CARDIOVASCULAR			
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	5.2 (1.1-9.3)	4.3 (4.0-4.5)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	6.5 (1.2-11.8)	4.0 (3.7-4.2)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	0.3 (0.0-0.9)	2.4 (2.2-2.6)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.3 (2.7-14.0)	7.5 (7.2-7.8)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 18

CHOLESTEROL		Steele 2011-2015	North Dakota 2011-2015
Never Cholesterol Test	Respondents who reported never having a cholesterol test.	10.4 (0.0-26.8)	22.8 (21.8-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years.	11.7 (0.0-28.0)	27.2 (26.2-28.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	41.4 (25.6-57.2)	36.1 (35.1-37.1)
CHRONIC LUNG DISEASE			
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis.	7.8 (2.0-13.7)	4.7 (4.4-5.0)
COLORECTAL CANCER			
No Colorectal Cancer Screening within Recommended Timeframe	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	52.7 (24.2-81.3)	40.0 (38.3-41.7)
DIABETES			
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	13.8 (6.3-21.4)	8.5 (8.2-8.9)
FRUITS AND VEGETABLES			
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day.	13.0 (2.2-23.9)	13.9 (13.2-14.6)
GENERAL HEALTH			
Fair or Poor Health	Respondents who reported that their general health was fair or poor.	11.7 (4.8-18.6)	14.0 (13.5-14.6)
Poor Physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good.	10.1 (3.5-16.6)	11.3 (10.8-11.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good.	7.6 (1.6-13.5)	11.4 (10.9-12.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	5.3 (0.0-11.7)	13.6 (12.8-14.4)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	24.6 (14.0-35.1)	31.3 (30.6-32.1)

ADULT BEHAVIORAL RISK FACTORS, 2011-2015

Table 19

HEALTH CARE ACCESS		Steele 2011-2015	North Dakota 2011-2015
Health Insurance	Respondents who reported not having any form or health care coverage.	8.7 (0.9-16.6)	10.8 (10.2-11.3)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	0.4 (0.0-1.3)	7.8 (7.3-8.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	31.4 (17.0-45.7)	26.7 (25.9-27.5)
HYPERTENSION			
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	36.1 (19.3-52.9)	29.9 (29.0-30.7)
IMMUNIZATION			
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year.	13.0 (2.8-23.3)	40.1 (38.9-41.4)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	30.9 (12.8-49.0)	28.5 (27.3-29.7)
INJURY			
Falls	Respondents 45 years and older who reported that they had fallen in the past 12 months.	30.9 (11.9-49.8)	27.4 (26.2-28.7)
Seatbelt Use	Respondents who reported not always wearing their seatbelt.	57.4 (42.5-72.3)	61.4 (60.6-62.3)
ORAL HEALTH			
Dental Visit	Respondents who reported that they have not had a dental visit in the past year.	22.8 (7.1-38.5)	33.7 (32.4-35.0)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	25.1 (8.2-42.0)	14.3 (13.6-15.1)
PHYSICAL ACTIVITY			
No Leisure Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity.	31.9 (18.6-45.2)	25.1 (24.4-25.8)
TOBACCO			
Current Smoking	Respondents who reported that they smoked every day or some days.	11.4 (4.5-18.4)	20.6 (19.9-21.4)
WOMEN'S HEALTH			
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years.	21.5 (0.0-44.6)	25.1 (23.1-27.1)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years.	26.5 (2.5-50.5)	27.0 (25.4-28.6)

CRIME

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

- Rape: includes statutory rape and forcible rape
- Assault: only includes aggravated assault
- Larceny: all other property crimes

Table 20

Steele County							
	2012	2013	2014	2015	2016	5 Year	5-Year Rate
Murder	0	0	1	0	0	1	10.2
Rape	1	0	0	0	1	2	20.5
Robbery	0	0	0	0	0	0	0.0
Assault	0	2	0	0	1	3	30.7
Violent crime	1	2	1	0	2	6	61.4
Burglary	5	1	1	3	2	12	122.8
Larceny	1	1	2	3	2	9	92.1
Motor vehicle theft	1	1	0	0	1	3	30.7
Property crime	7	3	3	6	5	24	245.5
Total	8	5	4	6	7	30	306.9

Table 21

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

CHILD HEALTH INDICATORS

The following information is no longer available on the website:

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

Table 22

Child Indicators: Education 2016	Steele County		North Dakota	
Children ages 3 to 21 enrolled in special education in public schools	20	12.6%	14,426	13.2%
Four-year high school cohort graduates	96.0%		88.7%	
Average expenditure per student in public school	$19,472		$11,418	

Table 23

Child Indicators: Economic Health 2016	Steele County		North Dakota	
TANF recipients ages 0-19	1	0.2%	4,649	2.3%
SNAP recipients ages 0-18	63	15.0%	37,758	20.3%
Eligible recipients of free or reduced price lunch	41	25.3%	37,928	32.6%
Medicaid recipients ages 0-20	124	26.7%	59,156	28.0%
Median income for families with children ages 0-17	$79,688		$75,818	
Children ages 0 to 17 living in low-income families (<200% of poverty)	107	29.9%	50,147	30.5%

Table 24

Child Indicators: Families and Child Care 2016	Steele County		North Dakota	
Women in labor force, by age of children (ages 0-17)	132	84.6%	59,532	79.4%
Children ages 0-17 living in a single parent family	31	7.9%	39,192	23.4%
Children in foster care	LNE	NA	2,397	1.3%
Victims of child abuse and neglect - services required (Percent of suspected victims)	LNE	NA	1,805	27.2%
Births to mothers receiving prenatal care beginning after first trimester or not at all	LNE	NA	1,612	14.2%

Table 25

Child Indicators: Juvenile Justice 2016	Steele County		North Dakota	
Children ages 10-17 referred to juvenile court	7	4.1%	3,471	4.9%

*LNE-Low Number Events

Definitions of Key Indicators

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

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

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

Contents:

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

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

Measure	Data Elements	Description
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites
Poor or fair health	**% Fair/Poor**	Percentage of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	**Physically Unhealthy Days**	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	**Mentally Unhealthy Days**	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	**% Smokers**	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval

Measure	Data Elements	Description
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	**% With Access**	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	**% Excessive Drinking**	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	**Teen Birth Rate**	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic mothers
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	# Mental Health Providers	Number of mental health providers (MHP)

Measure	Data Elements	Description
Mental health providers	**MHP Rate**	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetes monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Measure	Data Elements	Description
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – f rom the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	**% Drive Alone**	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

County Health Rankings

County Health Rankings for Traill County, North Dakota

	County	State
Population	8,030	757,952
% below 18 years of age	22.7	23.3
% 65 and older	19	14.5
% Non-Hispanic African American	0.7	2.8
% American Indian and Alaskan Native	1.3	5.5
% Asian	0.6	1.5
% Native Hawaiian/Other Pacific Islander	0.0	0.1
% Hispanic	3.4	3.6
% Non-Hispanic white	92.2	85
% not proficient in English	0	1
% Females	48.4	48.7
% Rural	100	40.1

	Traill County	Trend (Click for info)	Error Margin	Top U.S. Performers	North Dakota	Rank (of 49) (Click for info)
Health Outcomes						2
Length of Life						14
Premature death	6,700	5,500-8,200		5,300	6,600	
Quality of Life						1
Poor or fair health	11%		11-12%	12%	14%	
Poor physical health days	2.7		2.6-2.8	3.0	3.0	

Poor mental health days	2.6	2.5-2.8	3.1	3.1	
Low birthweight	3%	2-5%	6%	6%	
Additional Health Outcomes (not included in overall ranking) +					
Premature age-adjusted mortality	370	300-450	270	320	
Child mortality	120	90-130	40	40	
Infant mortality			4	7	
Frequent physical distress	9%	8-9%	9%	9%	
Frequent mental distress	9%	9%	10%	9%	
Diabetes prevalence	9%	7-11%	8%	8%	
HIV prevalence			49	53	
Health Factors					3
Health Behaviors					10
Adult smoking	15%	14-15%	14%	20%	
Adult obesity	33%	28-39%	26%	32%	
Food environment index	9.4		8.6	9.1	
Physical inactivity	23%	18-28%	20%	24%	
Access to exercise opportunities	66%		91%	75%	
Excessive drinking	23%	22-24%	13%	26%	
Alcohol-impaired driving deaths	55%	40-66%	13%	48%	
Sexually transmitted infections	2103		145.1	427.2	
Teen births	15	10-21	15	25	
Additional Health Behaviors (not included in overall ranking) +					
Food insecurity	6%		10%	8%	
Limited access to healthy foods	3%		2%	7%	
Drug overdose deaths	8		10	8	

Drug overdose deaths - modeled	8-11.9%		8-11.9	10.6	
Motor vehicle crash deaths			9	16	
Insufficient sleep	28%	27-29%	27%	29%	
Clinical Care					12
Uninsured	7% 	6-8%	6%	9%	
Primary care physicians	4,010:1		1,030:1	1,330:1	
Dentists	4020:1		1,280:1	1,550:1	
Mental health providers	8030:1		330:1	610:1	
Preventable hospital stays	52 	39-65	35	49	
Diabetes monitoring	92%	72-100%	91%	87%	
Mammography screening	71%	53-90%	71%	69%	
Additional Clinical Care (not included in overall ranking) +					
Uninsured adults	7%	6-8%	7%	9%	
Uninsured children	8%	6-10%	3%	8%	
Health care costs	$8,531			$8,341	
Other primary care providers	1,606:1		782:1	838:1	
Social & Economic Factors					2
High school graduation			95%	85%	
Some college	79%	70-87%	72%	73%	
Unemployment	2.9%		3.2%	3.2%	
Children in poverty	9%	6-12%	12%	12%	
Income inequality	4.2	3.6-4.8	3.7	4.3	
Children in single-parent households	21%	13-28%	20%	28%	
Social associations	31.2%		22.1	15.7	
Violent crime	68 		62	260	

Injury deaths		64		42-94	55	68
Additional Social & Economic Factors (not included in overall ranking) +						
Disconnected youth					10%	8%
Median household income		$55,100		$49,800-60,400	$65,100	$61,900
Children eligible for free or reduced price lunch		28%			33%	31%
Residential segregation - black/white					23	57
Residential segregation - non-white/white		20			14	46
Homicides		4			2	2
Firearm fatalities					7	12
Physical Environment						42
Air pollution - particulate matter	(Click for info)	8.6			6.7	7.5
Drinking water violations		No				
Severe housing problems		8%		6-10%	9%	11%
Driving alone to work		77%		75-80%	72%	80%
Long commute - driving alone		31%		26-36%	15%	14%

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County Health Rankings for Steele County, North Dakota

	County	State
Population	1,962	757,952
% below 18 years of age	20.2	23.3
% 65 and older	25.1	14.5
% Non-Hispanic African American	0.3	2.8
% American Indian and Alaskan Native	1.5	5.5
% Asian	0.2	1.5
% Native Hawaiian/Other Pacific Islander	0.0	0.1
% Hispanic	2.0	3.6
% Non-Hispanic white	95.4	85
% not proficient in English	0	1
% Females	484	48.7
% Rural	100	40.1

	Steele County	Trend (Click for info)	Error Margin	Top U.S. Performers	North Dakota	Rank (of 49) (Click for info) – Not Ranked
Health Outcomes						
Length of Life						
Premature death				5,300	6,600	
Quality of Life						
Poor or fair health	11%		11-12%	12%	14%	
Poor physical health days	2.6		2.5-2.8	3.0	3.0	
Poor mental health days	2.6		2.4-2.7	3.1	3.1	

Low birthweight			6%	6%
Additional Health Outcomes (not included in overall ranking) +				
Premature age-adjusted mortality	310	180-480	270	320
Child mortality			40	40
Infant mortality			4	7
Frequent physical distress	8%	8-8%	9%	9%
Frequent mental distress	8%	809%	10%	9%
Diabetes prevalence	11%	8-15%	8%	8%
HIV prevalence			49	53
Health Factors				
Health Behaviors				
Adult smoking	14%	14-15%	14%	20%
Adult obesity	29%	24-37%	26%	32%
Food environment index	7.9		8.6	9.1
Physical inactivity	27%	20-34%	20%	24%
Access to exercise opportunities	34%		91%	75%
Excessive drinking	22%	21-23%	13%	26%
Alcohol-impaired driving deaths	0%	0-66%	13%	48%
Sexually transmitted infections			145.1	427.2
Teen births			15	25
Additional Health Behaviors (not included in overall ranking) +				
Food insecurity	5%		10%	8%
Limited access to healthy foods	21%		2%	7%
Drug overdose deaths			10	8

Drug overdose deaths - modeled	8-11.9%		8-11.9	10.6	
Motor vehicle crash deaths			9	16	
Insufficient sleep	27%	25-28%	27%	29%	
Clinical Care					12
Uninsured	10% 	9-11%	6%	9%	
Primary care physicians	1,960:1		1,030:1	1,330:1	
Dentists	1,960		1,280:1	1,550:1	
Mental health providers	8030:1		330:1	610:1	
Preventable hospital stays			35	49	
Diabetes monitoring	100%	70-100%	91%	87%	
Mammography screening	77%	48-90%	71%	69%	
Additional Clinical Care (not included in overall ranking) +					
Uninsured adults	10%	8-11%	7%	9%	
Uninsured children	12%	8-11%	3%	8%	
Health care costs	$9,765			$8,341	
Other primary care providers	1,962:0		782:1	838:1	
Social & Economic Factors					2
High school graduation			95%	85%	
Some college	77%	61-93%	72%	73%	
Unemployment	2.2%		3.2%	3.2%	
Children in poverty	16%	11-22%	12%	12%	
Income inequality	3.7	3.3-4.1	3.7	4.3	
Children in single-parent households	15%	2-27	20%	28%	
Social associations	10.2%		22.1	15.7	

Violent crime	67		62	260	
Injury deaths	153	86-252	55	68	
Additional Social & Economic Factors (not included in overall ranking) +					
Disconnected youth			10%	8%	
Median household income	$61,800	$55,600-68,000	$65,100	$61,900	
Children eligible for free or reduced price lunch	26%		33%	31%	
Residential segregation - black/white			23	57	
Residential segregation - non-white/white			14	46	
Homicides			2	2	
Firearm fatalities			7	12	
Physical Environment					42
Air pollution - particulate matter (Click for info)	8.0		6.7	7.5	
Drinking water violations	No				
Severe housing problems	7%	6-10%	9%	11%	
Driving alone to work	67%	75-80%	72%	80%	
Long commute - driving alone	28%	26-36%	15%	14%	

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