2014-2015
Community Health Assessment

Morton County

North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Custer Health conducted a community health needs assessment in Morton County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data. The regional coordinator from Custer Health, the public health unit that serves Morton County, helped to coordinate assessment activities.

To gather feedback from the community, residents of the counties and local health care professionals were given the chance to participate in a survey. Approximately 285 Morton County residents and health care professionals took the survey. Additional information was collected through a Community Group comprised of community members and through key informant interviews with community leaders. Twenty residents participated as a Community Group member, key informant interviewee, or both. The input from all of these residents represented the broad interests of the communities of Morton County. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

In terms of demographics, Morton County tends to reflect state averages. The percentages of residents under age 18 and of those aged 65 and older both are within one percentage point of the North Dakota averages. The county has a higher median age (39.4) than the state median age (36.9). Rates of education are similar to North Dakota averages, although the county has a slightly lower proportion of college graduate (24.1%) as compared to the state average (27.1%) and considerably lower than next-door Burleigh County (33.2%). The median household income in Morton County is notably higher than for the rest of North Dakota, $60,065 compared to $53,741.

Data compiled by County Health Rankings show that with respect to health outcomes, Morton County is faring worse as compared to North Dakota as a whole, with a higher incidence of premature death and more residents reporting poor or only fair physical and mental health. There also is room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Morton County was performing poorly relative to the rest of the state included:

- Physical inactivity

- Alcohol impaired driving deaths
- Teen birth rate
- Number of primary care physicians
- Number of dentists
- Injury deaths

Of 78 potential community and health needs set forth in the survey, Morton County residents taking the survey expressed a distinct concern about the cost of accessing health care services. They chose the following six needs as the most important:

1. Cost of health insurance
2. Cost of health care services
3. Adequacy of health insurance
4. Not enough affordable housing
5. Availability of resources to help elderly stay in homes
6. Youth drug use and abuse

Consistent with these concerns about the cost of accessing health care, the survey also revealed that the biggest barriers to receiving health care as perceived by community members were that care is not affordable, insurance is inadequate, residents live too far from health care facilities, and there are not enough weekend or evening hours for health care appointments. When asked what the good aspects of the county were, respondents indicated that the top community assets were:

- Friendly and helpful people
- Family friendly
- Recreational and sports activities
- Quality school systems and programs for youth
- A safe place to live
- Small size and scale of community

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

- Challenges facing school system
- Increasing language and cultural barriers
- Lack of affordable housing
- Lack of child daycare services
- Inadequate transportation options for some

- Mental health needs – adults and youth

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

- Mental health needs – adults and youth
- Limited daycare capacity
- Cost of health care services
- Physical inactivity
- Cost/adequacy of health insurance

The group has begun the next step of strategic planning to identify ways to address significant community needs.

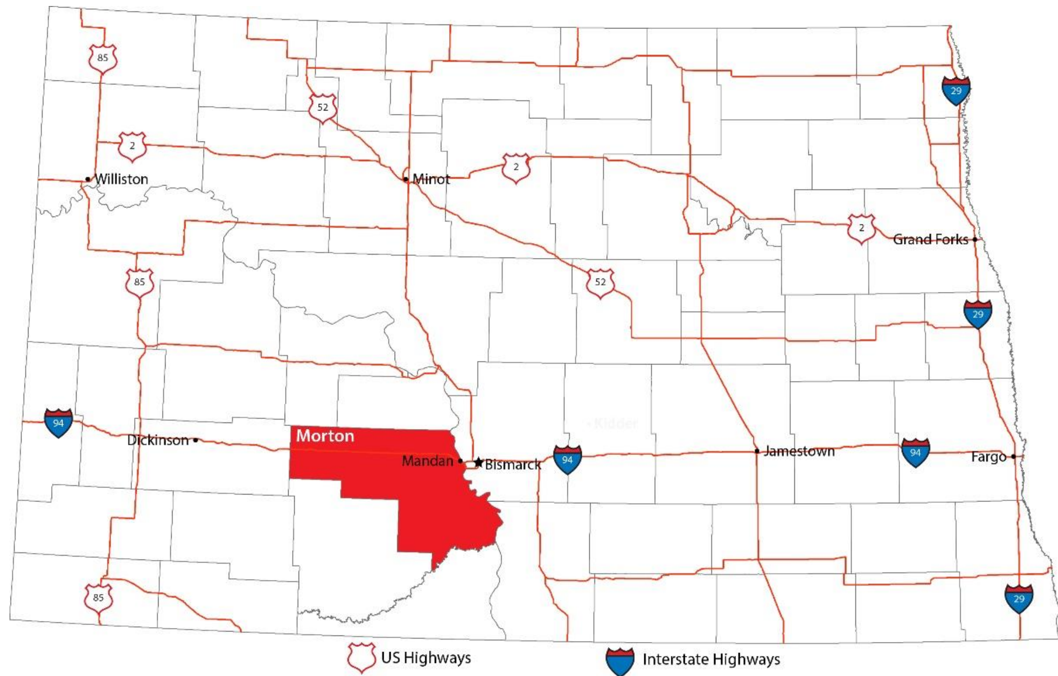
Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Custer Health completed a community health assessment of Morton County, one of the five counties served by Custer Health. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Morton County is located in southwestern North Dakota. The county seat is Mandan, which lies on the eastern edge of the county along the Missouri River. The state capital, Bismarck, is located across the Missouri River in neighboring Burleigh County. The 2013 estimated population of Morton County was 28,990. Mandan's estimated population in 2013 was 19,887, while the population of the Bismarck metropolitan area, which includes Mandan was estimated to be 123,751 in 2013. The remainder of Morton County consists of an approximate population of 9,113 residents. Rural Morton County has several incorporated cities, including New Salem (population 914), Glen Ullin (780), Hebron (721), Flasher (232), and Almont (122).

Figure 1: Morton County, North Dakota



Custer Health District

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

Specific services provided by Custer Health are:

- BAMBBE (Babies and Mothers Beyond Birth Education) Program
- Bicycle helmet safety
- Blood pressure check
- Breastfeeding resources
- Car Seat Program
- Cholesterol check
- CPR and First Aid training
- Diabetes screening
- Flu shots
- Health Tracks (child health screening)
- Environmental Health Services

- Hepatitis C and HIV testing and counseling
- Home Health
- Immunizations
- Men's health and wellness screenings
- Tobacco Prevention and Control
- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program
- Women's Way

Other Community Resources

Many of the necessary services for county residents are located in Mandan and Bismarck, but several smaller communities throughout the rural area do have services for residents as well.

New Salem has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a nine-hole golf course, outdoor swimming pool, six parks, tennis courts, basketball courts, fishing pond for youth, and outdoor biking/walking/running trail. New Salem boasts the world's largest Holstein cow, Salem Sue. Health care facilities and services in the area include a 68-bed skilled nursing home facility, chiropractor, and pharmacy. New Salem also hosts several community organizations, including American Legion, Historical Society, Civic Club, children's baseball league, Lion's Club, and Women's Club.

Resources and programs in Glen Ullin include:

- an 85-bed nursing home
- senior center
- food pantry
- library
- family medical center
- optometrist

- pharmacy (shared with Hebron)
- chiropractor (shared with Hebron)

Senior centers are located in Almont, Flasher, and Hebron.

Assessment Process

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

The assessment process was collaborative. Professionals from Custer Health were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the Center for Rural Health. Input on designing the assessment process was sought from public health professionals who work in the rural parts of the county, as well as those with years of experience serving the population of Mandan. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from Custer Health were involved considerably in planning the Community Group meetings. Members of the Community Group itself comprised many residents from outside the hospital and health department, including representatives from local government, education, and law enforcement.

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

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways: (1) a survey

solicited feedback from area residents; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) the Community Group comprised of community leaders and area residents was convened to discuss area health needs and inform the assessment process; and (4) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behaviors.

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

Community Group

A Community Group consisting of 11 community members was convened and first met on October 6, 2014. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Morton County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on January 7, 2015. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Morton County. The group was then tasked with identifying and prioritizing the community's health needs as well as brainstorming strategies to help meet prioritized needs.

Members of the Community Group represented the broad interests of the communities of Morton County. They included representatives of the health community, education, law enforcement, and local government. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with ten key informants were conducted in person in Mandan and Glen Ullin on October 6 and 7, 2014 and by telephone on October 21 and 23, 2014. Representatives from the Center for Rural Health conducted the interviews. Participating in interviews were key informants who could provide insights into the community's health needs.

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

Survey

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

The survey was distributed to various residents of Morton County. The survey tool was designed to:

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

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

Approximately 1,500 community member surveys were available for distribution in Morton County. The surveys were distributed by Community Group members, at flu shot clinics, through Custer Health, and at other local public venues. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling Custer Health. The survey period ran from October 1 to November 7, 2014, and 267 surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper and by Custer Health. Eighteen online

surveys were completed. In total, counting both paper and online surveys, 285 community member surveys were submitted.

Secondary Data

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

Demographic Information

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

TABLE 1: MORTON COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available)		
	Morton County	**North Dakota**
Population, 2013 est.	**28,990**	**723,393**
Population change, 2010-2013	**5.5%**	**7.6%**
Land area, square miles	**1,926**	**69,001**
People per square mile, 2010	**14.3**	**9.7**
White persons (not incl. Hispanic/Latino), 2013 est.	**93.1%**	**87.3%**
Persons under 18 years, 2013 est.	**23.2 %**	**22.5%**
Persons 65 years or older, 2013 est.	**14.8%**	**14.2%**
Median age, 2012 est.	**39.4**	**36.9**
Non-English spoken at home, 2012 est.	**5.6%**	**5.2%**
High school graduates, 2012 est.	**89.3%**	**90.5%**
Bachelor's degree or higher, 2012 est.	**24.1%**	**27.1%**
Live below poverty line, 2012 est.	**8.8%**	**12.1%**

The population of North Dakota has grown in recent years, Morton County has seen a similar increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 2010 (27,471) to 2013 (28,990). Demographic information and trends that have implications for the community's health and the delivery of health care include:

- A high rate of population increase, especially during a three-year period, can indicate that services may not have the capacity or capability to meet the needs of all residents.

Health Conditions, Behaviors, and Outcomes

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

County Health Rankings

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

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

Health Outcomes

- Length of life
- Quality of life

Health Factors

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

Health Factors (continued)

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

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

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

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

Morton County's rankings within the state also is included in the summary below. For example, Morton County ranks 30th out of 45 ranked counties in North Dakota on health outcomes and 19th on health factors. The measures marked with a red checkmark (✓) are those where Morton County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – MORTON COUNTY			
	Morton County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**30th**		**(of 45)**
Premature death	6,512 ✓✓	5,317	6,244
Poor or fair health	12% ✓	10%	12%
Poor physical health days (in past 30 days)	3.1 ✓✓	2.5	2.7
Poor mental health days (in past 30 days)	2.5 ✓✓	2.4	2.4
Low birth weight	6.6% ✓	6.0%	6.6%
% Diabetic	8%	-	8%
Ranking: Factors	**19th**		**(of 45)**
Health Behaviors			
Adult smoking	18% ✓	14%	18%
Adult obesity	29% ✓	25%	30%
Food environment index	9.3 ☺	8.7	8.7
Physical inactivity	27% ✓✓	21%	26%
Access to exercise opportunities	67% ✓	85%	62%
Excessive drinking	22%	10%	22%
Alcohol-impaired driving deaths	58% ✓✓	14%	46%
Sexually transmitted infections	350 ✓	123	358
Teen birth rate	29 ✓✓	20	28
Clinical Care			
Uninsured	12% ✓	11%	12%
Primary care physicians	2,133:1 ✓✓	1,051:1	1,320:1
Dentists	3,513:1 ✓✓	1,392:1	1,749:1
Mental health providers	N/A	521:1	1,033:1
Preventable hospital stays	48 ✓	46	59
Diabetic screening	91% ☺	90%	86%
Mammography screening	69% ✓	71%	68%
Social and Economic Factors			
Unemployment	3.7% ☺	4.4%	3.1%
Children in poverty	14% ✓	13%	14%
Inadequate social support	16% ✓	14%	16%
Children in single-parent households	25% ✓	20%	26%
Violent crime	184 ✓	64	226
Injury deaths	65 ✓✓	49	63
Physical Environment			
Air pollution – particulate matter	9.8 ✓	9.5	10.0
Drinking water violations	0% ☺	0%	1%
Severe housing problems	9% ☺	9%	11%

✓ = Not meeting North Dakota average

✓ = Not meeting U.S. Top 10% Performers

☺ = Meeting or exceeding U.S. Top 10% Performers

The data from County Health Rankings show that Morton County is doing more poorly as compared to the rest of North Dakota on measures of health *outcomes*, landing at or below rates for North Dakota counties, and worse than the U.S. Top 10%. On health *factors*, however, Morton County is doing fairly well, meeting the levels for the vast majority of North Dakota counties.

Morton County lags the state on the following reported measures:

- physical inactivity
- alcohol impaired driving deaths
- teen birth rate
- sexually transmitted infections
- sufficient numbers of primary care physicians and dentists
- injury deaths

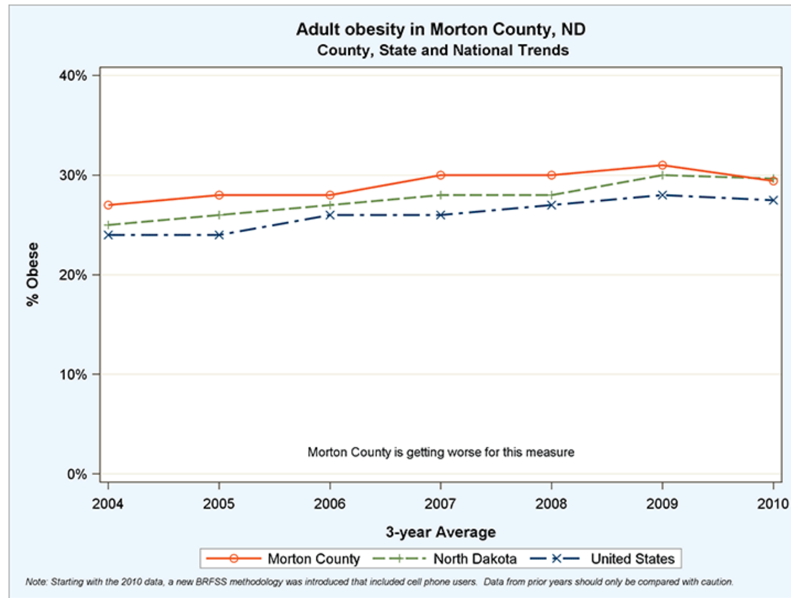
Morton County's unemployment rate is slightly higher than North Dakota's rate, but still good enough to land it in the U.S. Top 10%. It should be noted that County Health Rankings lacked adequate data to report on sufficiency of mental health providers. The fact that data are not included for this measure should not be interpreted to mean that this is not a concerning issue in the county.

One of the measures is particularly concerning:

- Alcohol-impaired driving deaths – 12% higher than the state rate, and four times higher than the U.S. Top 10%

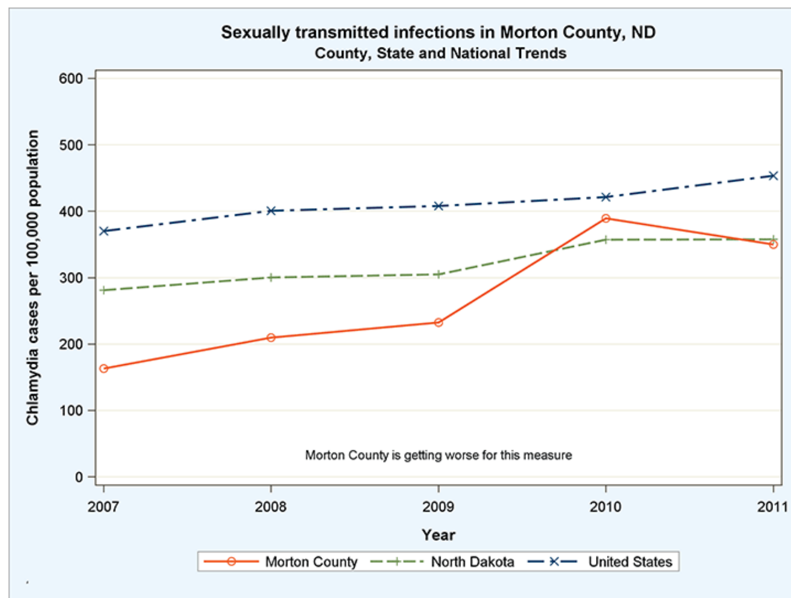
In addition to the reported rates and levels of some of these measures, also concerning are the trends indicating that several measures are getting worse. For example, as shown in Figure 2, the adult obesity rate has increased since 2004 and has a rate higher than the national average.

Figure 2 – Rising rate of adult obesity in Morton County



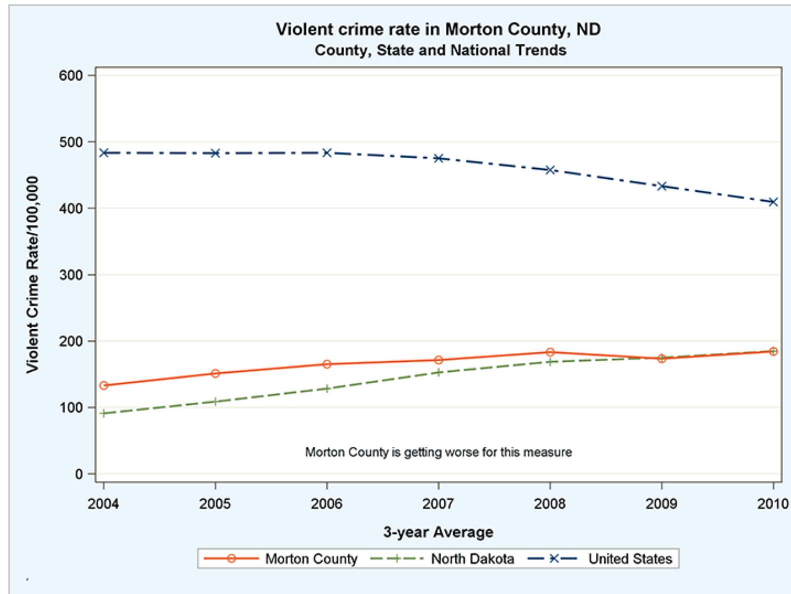
While the rate of sexually transmitted infections has seen a slight decrease from 2010 to 2011, the overall rate is still grown significantly since 2007, as illustrated in Figure 3.

Figure 3 –Rate of sexually transmitted infections in Morton County



The rate of violent crime, while significantly lower than the national rate, has risen steadily since 2004 in Morton County, as shown in Figure 4.

Figure 4 – Rate of violent crime in Morton County



Public Health Community Health Profile

Included as Appendix C is the North Dakota Department of Health's community health profile for the Custer Health public health unit, which, in addition to Morton County, includes Grant, Mercer, Sioux, and Oliver counties. Prepared by the North Dakota Department of Health, the profile includes county-level information about population and demographic characteristics, birth and death data, behavioral risk factors, crime, and child health indicators. In Morton County, the most commonly reported causes of death were cancer, heart disease, Alzheimer's disease, stroke, and unintentional injury. A graph illustrating leading causes of death in various age groups in the public health unit may be found in Appendix C.

Children's Health

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

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

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

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

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

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

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

The data show that Morton County is performing worse than the North Dakota average on all of the examined measures except the number of uninsured children (and below 200% poverty), and children enrolled in SNAP. The most marked difference was on the measure of availability of licensed child daycare (slightly more than half of the state rate).

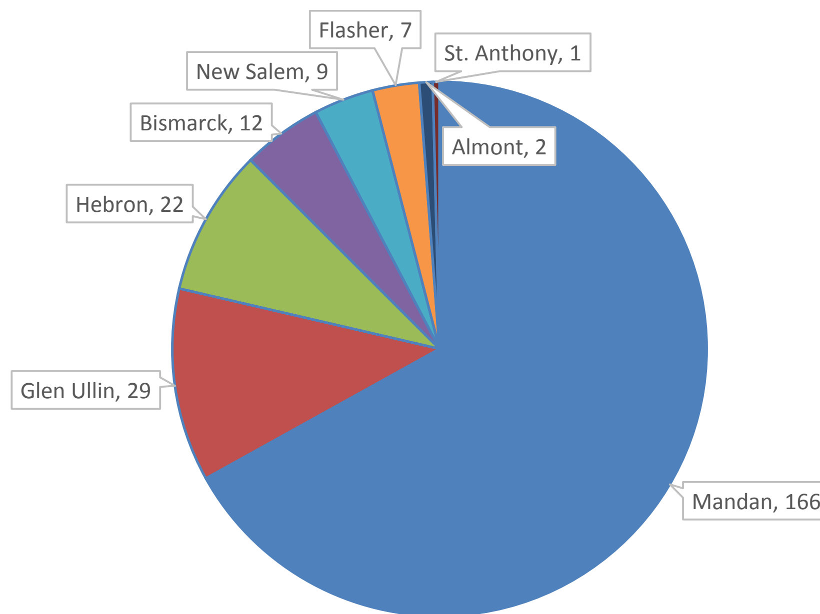
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Morton County	North Dakota
Uninsured children (% of population age 0-18), 2012	**6.9%**	7.3%
Uninsured children below 200% of poverty (% of population), 2012	**49.0%**	51.9%
Medicaid recipient (% of population age 0-20), 2013	**28.6%**	28.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**3.3%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**20.5%**	23.0%
Licensed child care capacity (% of population age 0-13), 2014	**26.0%**	40.0%
High school dropouts (% of grade 9-12 enrollment), 2013	**3.7%**	2.8%

Survey Results

As noted above, 285 community members took the written survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 248 did, revealing that while the large majority of respondents lived in Mandan, large percentages also lived in smaller communities in the county, such as Glen Ullin and Hebron. These results are shown below.

Figure 5: Survey Respondents' Home Zip Code



Survey results are reported in six categories: demographics; health care access; community assets, challenges, and collaboration; community concerns; delivery of health care; and other concerns or suggestions to improve health.

Survey Demographics

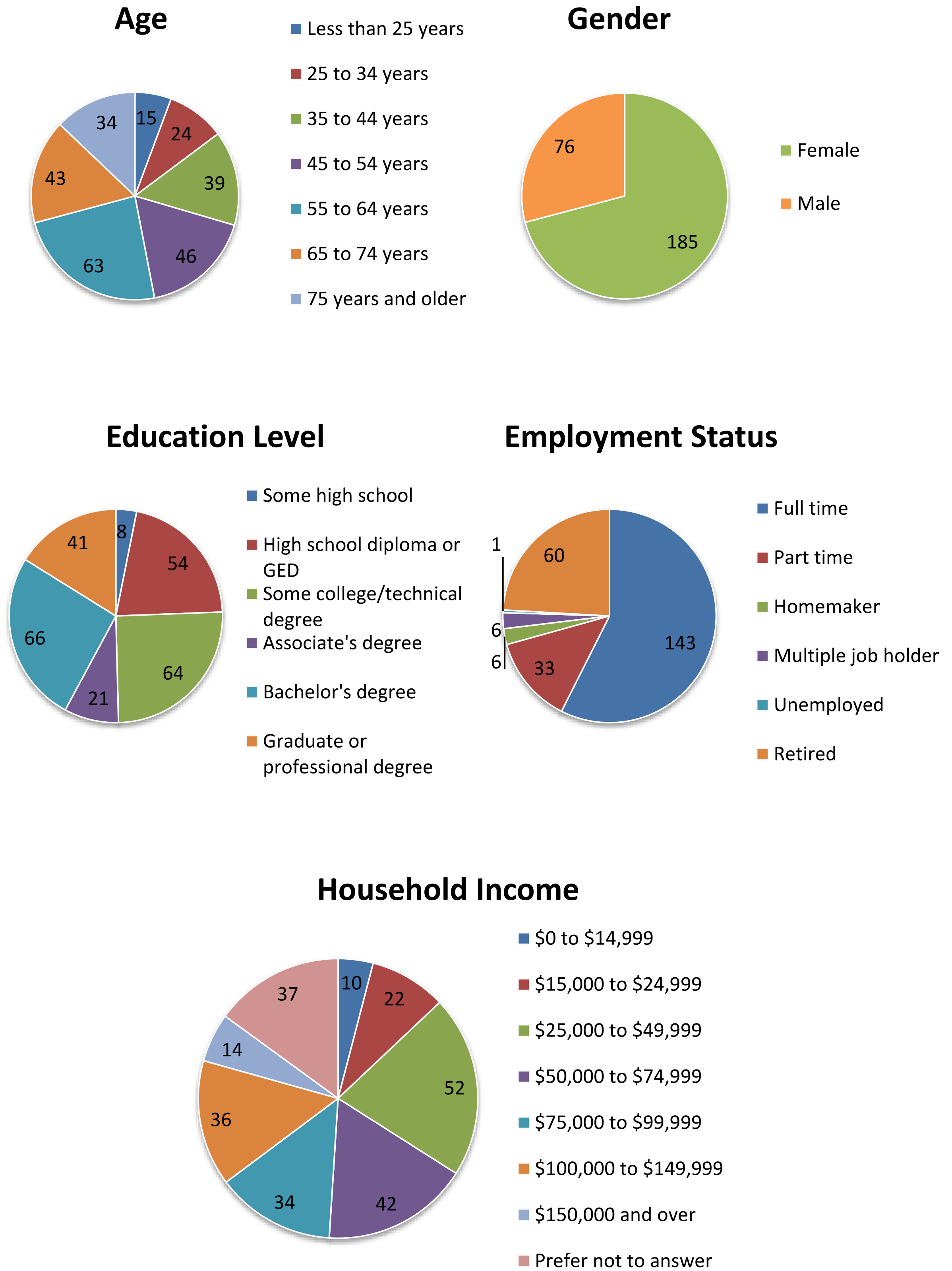
To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required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

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

- Over 49% (N=140) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (N=185) were female.
- Almost half of respondents (N=128) had associate's degrees or higher, with a plurality of respondents (N=66) having bachelor's degrees.
- Most (N=143) worked full-time, or were (N=60) retired.
- A minority of respondents (N=84) had household incomes of less than $50,000.

Figure 6 shows these demographic characteristics. It illustrates the wide range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 32 community members reported a household income of less than $25,000, with 10 of those indicating a household income of less than $15,000.

Figure 6: Demographics of Survey-Takers



Health Care Access

Community members were asked how far they lived from the hospital and clinic they usually go to. A plurality (N=157) reported living 31 to 60 minutes of the hospital they usually go to, while 24 respondents indicated they live more than an hour from the hospital they usually go to. Driving distances, along with lack of transportation options, can have a major effect on access to health care services, especially in winter when weather conditions lead to hazardous driving conditions. With respect to distance to respondents' clinic of choice, a vast majority (N=208) said they lived within 30 minutes from the clinic. Nine reported driving more than an hour to the clinic they usually go to. Figures 7 and 8 illustrate these results.

Figure 7: Respondent Travel Time to Hospital

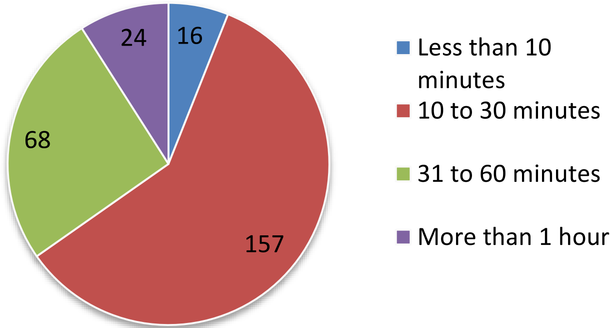
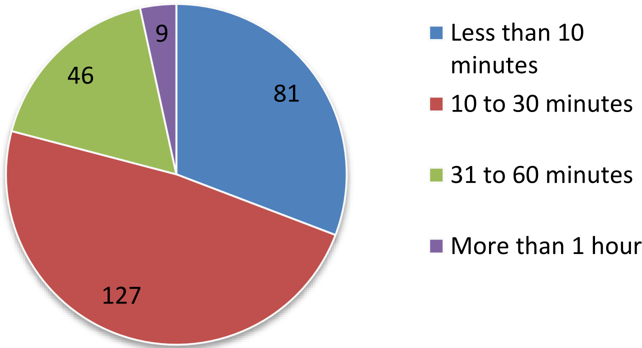
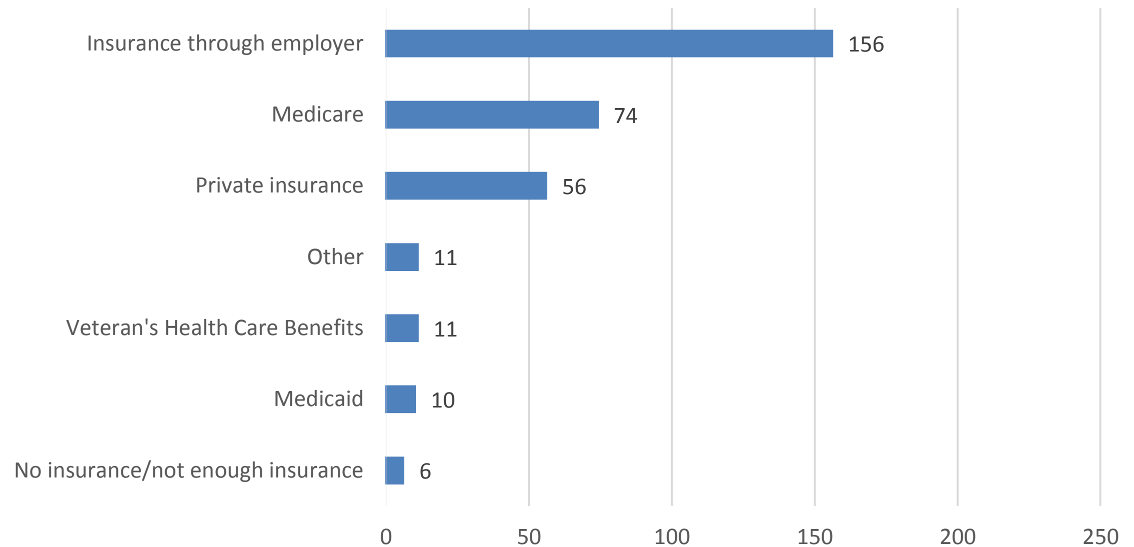


Figure 8: Respondent Travel Time to Clinic



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Six of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer (N=156), Medicare (N=74), and private insurance (N=56).

Figure 9: Insurance Status



Community Assets, Challenges, and Collaboration

Survey-takers were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate there is consensus (with 150 or more respondents agreeing) that community assets include:

- Friendly and helpful people (231)
- Family friendly (222)
- Recreational and sports activities (201)
- Quality school systems and programs for youth (199)
- A safe place to live (155)
- Small size and scale of community (150)

Figures 10 to 14 illustrate the results of these questions.

Figure 10: Best Things about the PEOPLE in Your Community

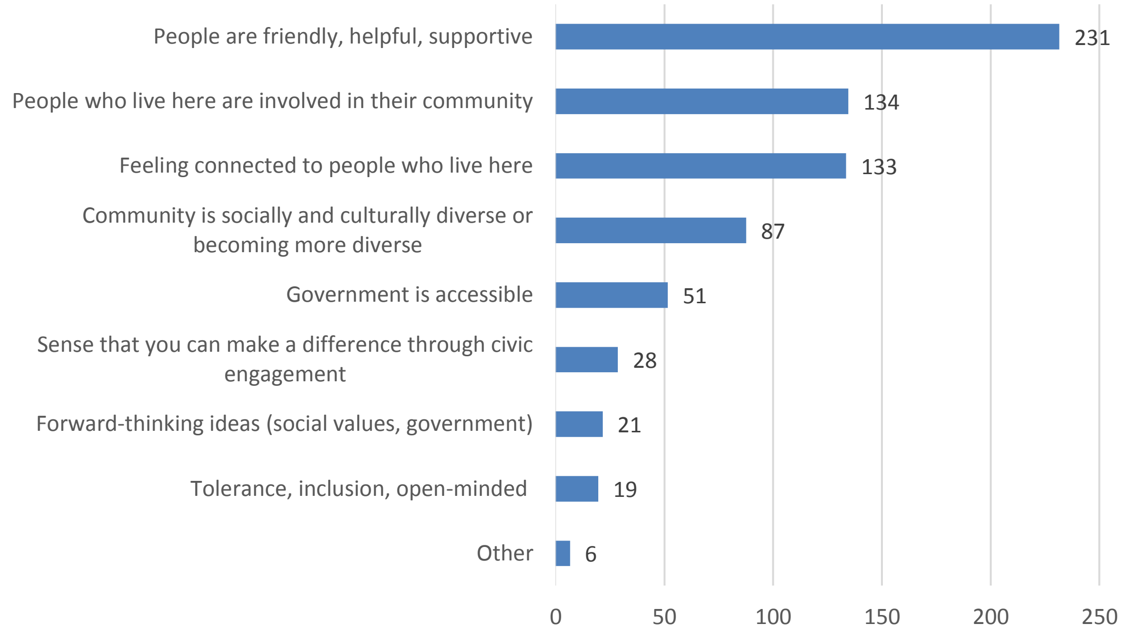


Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community

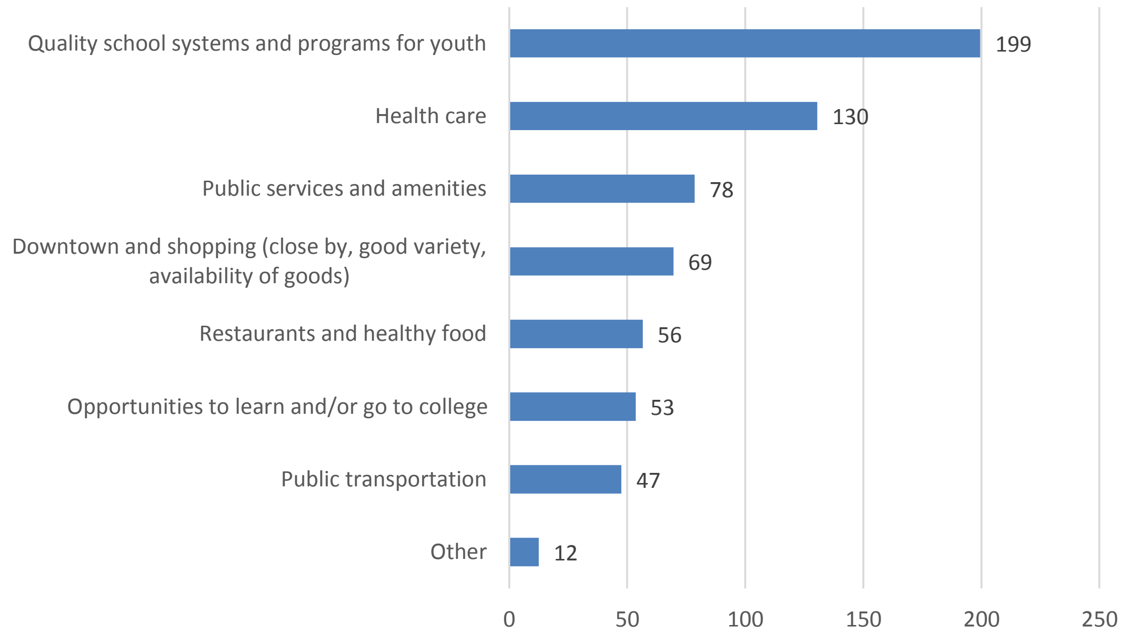


Figure 12: Best Things about the QUALITY OF LIFE in Your Community

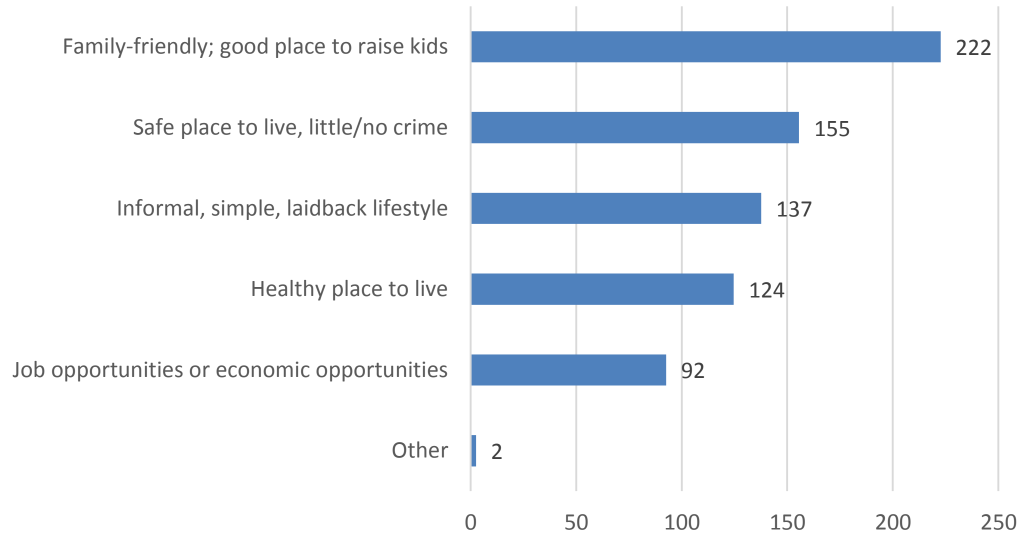


Figure 13: Best Things about the GEOGRAPHIC SETTING of Your Community

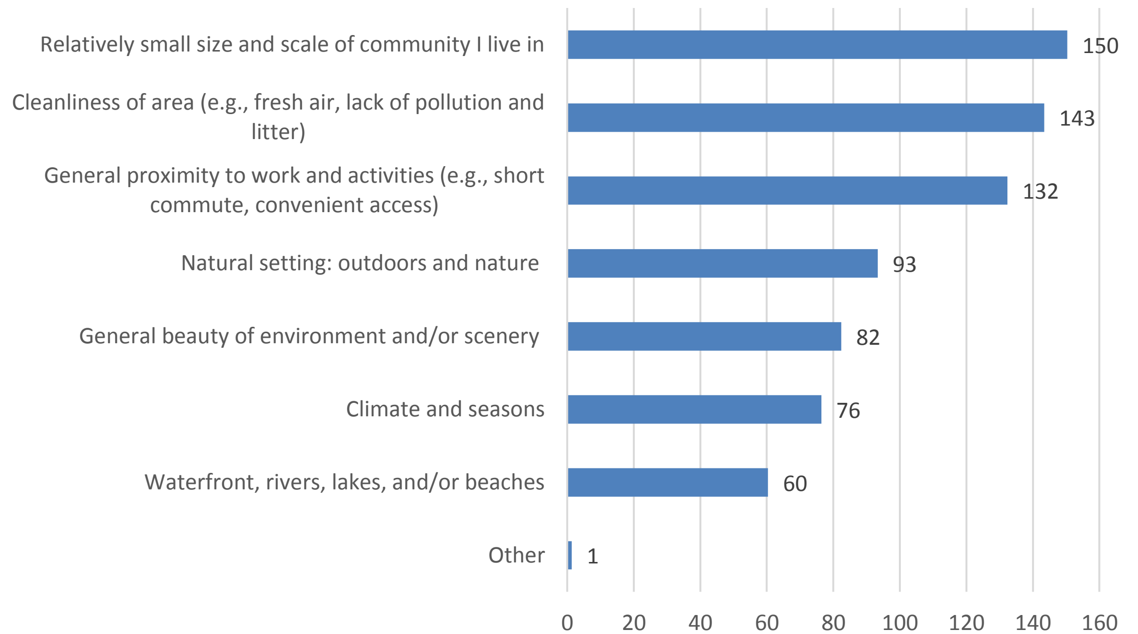
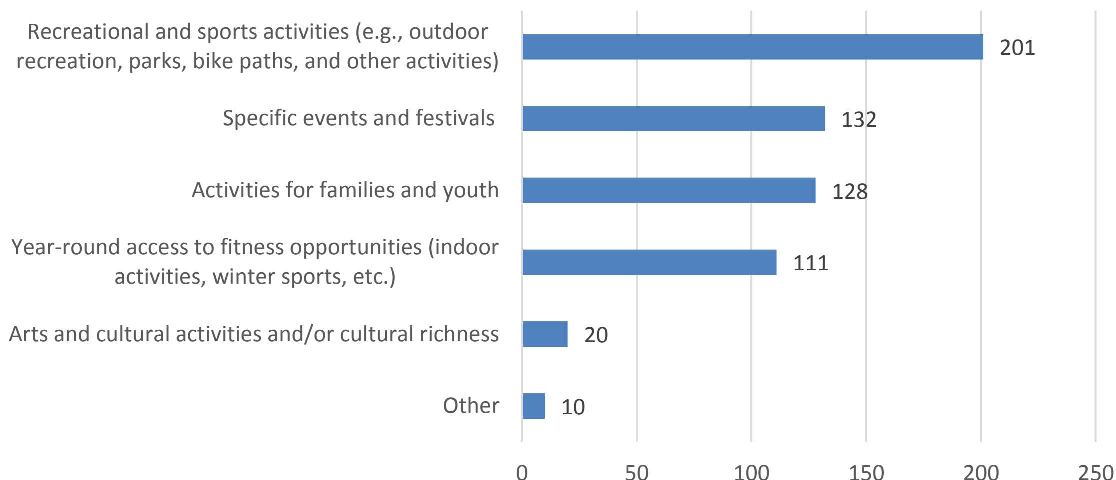


Figure 14: Best Thing about the ACTIVITIES in Your Community



The survey also included the question, "What are other 'best things' about your community that are not listed in the questions above?" The most common response (N=29) revolved around the friendliness of the community's people and the sense of a caring place. Next most common (N=8) was a mention of the number and variety of active churches in the community. Also cited were: sense of safety (N=7), and proximity of amenities and family (N=7). Specific responses included:

- Everyone is willing to pitch in and help those in need; wonderful ambulance and fire department.
- Overall a family oriented, quiet community. A religious community.
- Crime is low and people are friendly.
- Small-town feel with Bismarck's large town amenities, right next-door.

In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most common responses (N=27) related to a perceived lack businesses/places to shop. Other commonly cited challenges include:

- large, quick growth in population (N=21)
- lack of affordable housing (N=15)
- oil field impacts (N=13)
- increased crime (N=12)

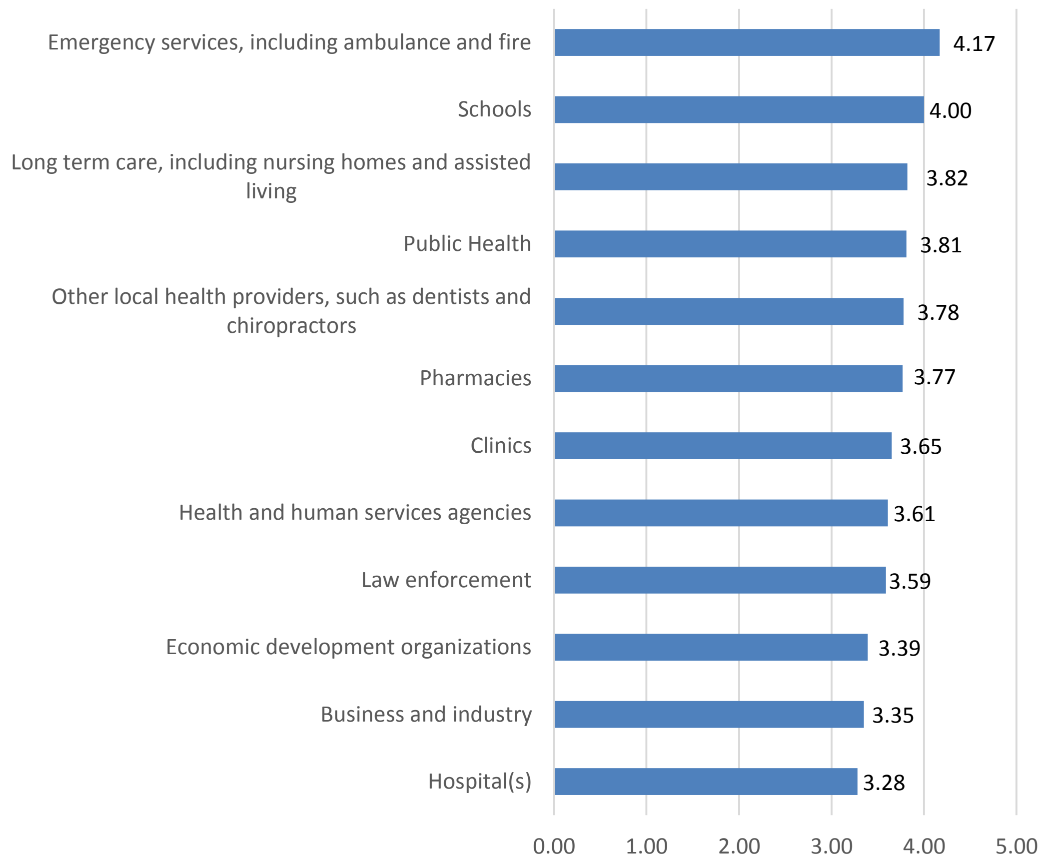
Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- Negative impacts from oil – housing, drugs, crime and environment.

- Mandan desperately needs some of the retailers and restaurants that are opening in Bismarck.
- Growing faster than the community is ready for.
- Rapid growth with associated problems that come with it: crime, lack of affordable housing.

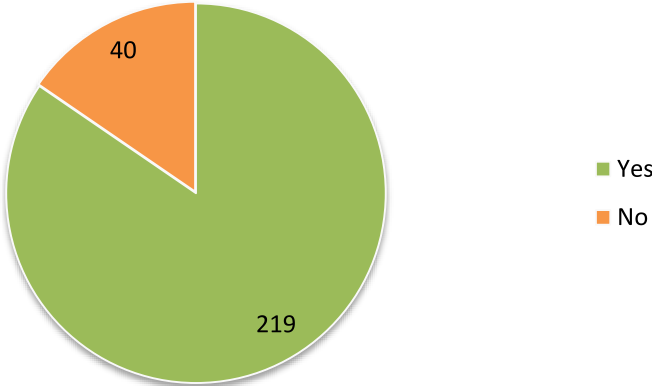
Those taking the survey generally agreed that when it comes to collaboration among various organizations and constituencies in the community, there was room for improvement. Respondents were asked to rate the level of collaboration, or "how well these groups work with others in the community," on a scale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

Figure 15: Community Collaboration



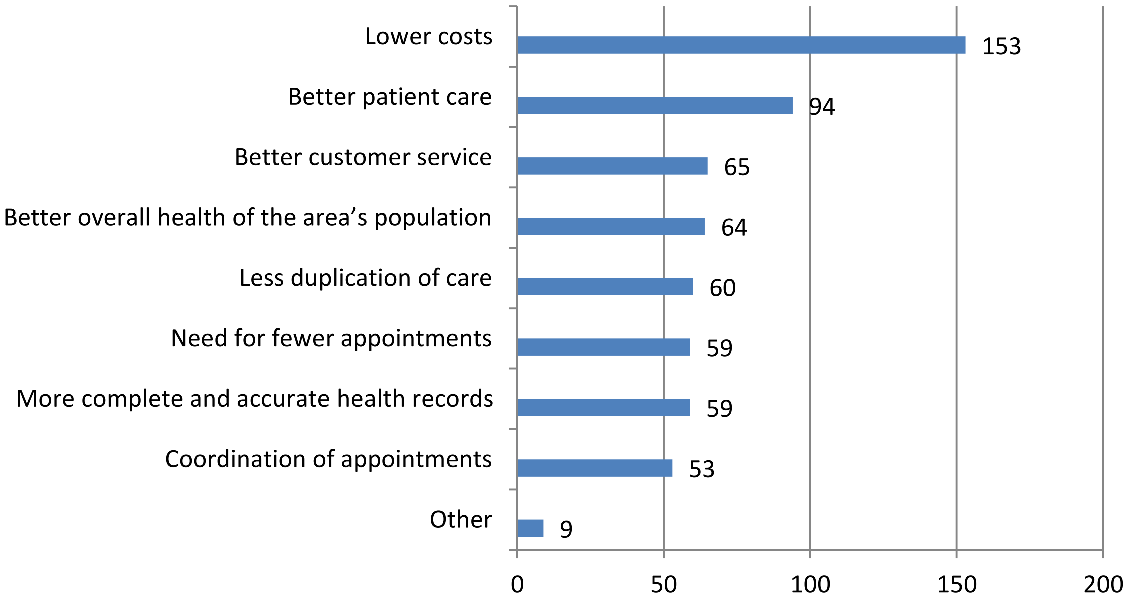
Survey-takers were asked whether they believe health-related organizations in the community are working together to improve the overall health of the area population. As shown in Figure 16, by a wide margin residents answered this question in the affirmative.

Figure 16: Coordination to Improve Overall Population Health



To better understand residents' perceptions about better coordination and collaboration among health care organizations, they were asked what they thought would result from health entities working together. As shown in Figure 17, overwhelmingly the highest response was lower costs (N=153), followed by better patient care (N=94). Respondents were less inclined to believe that better care coordination would mean better coordination of appointments or more complete/accurate health records.

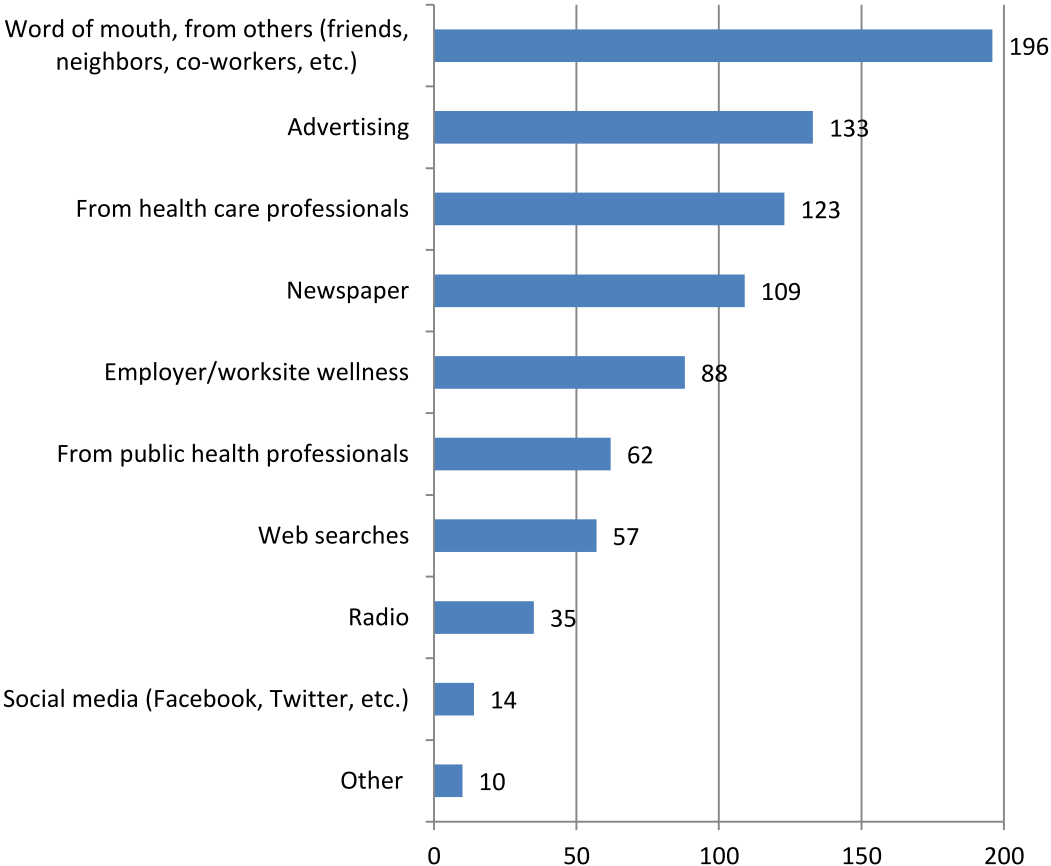
Figure 17: Potential Effects of Improved Collaboration among Health Entities



Residents also were asked if they had any suggestions for ways that health-related organizations could work together to provide better services and improve overall health in the area. Forty-six respondents offered suggestions. The most common response (N=10) was a recommendation for increased quality of care (including patient records and quality of appointments/providers). Other suggestions made by more than one respondent include: more preventive health (including health fairs) (N=7), more collaboration between providers, less competition (N=7), increase service offerings, less duplication between facilities (N=6), and increase of community education on provider services (N=3).

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

Figure 18: Sources of Information about Health Care Services



Community Concerns

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

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

Echoing the weight of respondents' comments in the survey question about community challenges, the two most highly ranked concerns were the cost of health insurance (4.12 on a scale of 5.0) and the cost of health care services (3.95). These issues stood out as the most important community/environmental concerns. The other issues that had a mean ranking on the 1-to-5 scale of at least 3.7 included:

- adequacy of health care insurance (3.93)
- not enough affordable housing (3.78)
- availability of resources to help the elderly stay in their homes (3.77)
- youth drug use and abuse (including prescription drug abuse) (3.73)
- youth alcohol use and abuse (3.71)
- cost of prescription drugs (3.71)

Figures 19 through 23 illustrate these results.

Figure 19: Community/Environmental Concerns

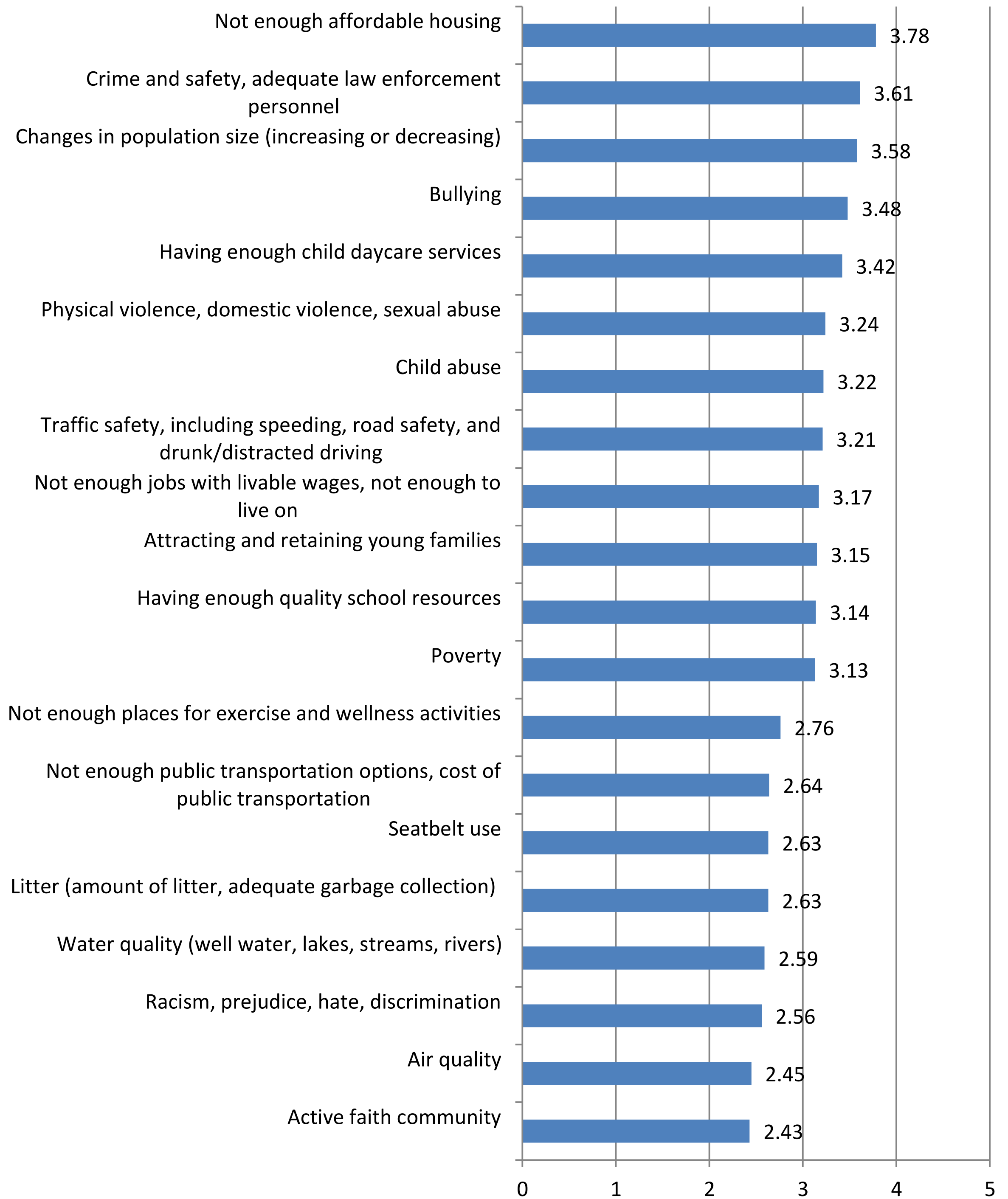


Figure 20: Concerns about Health Services

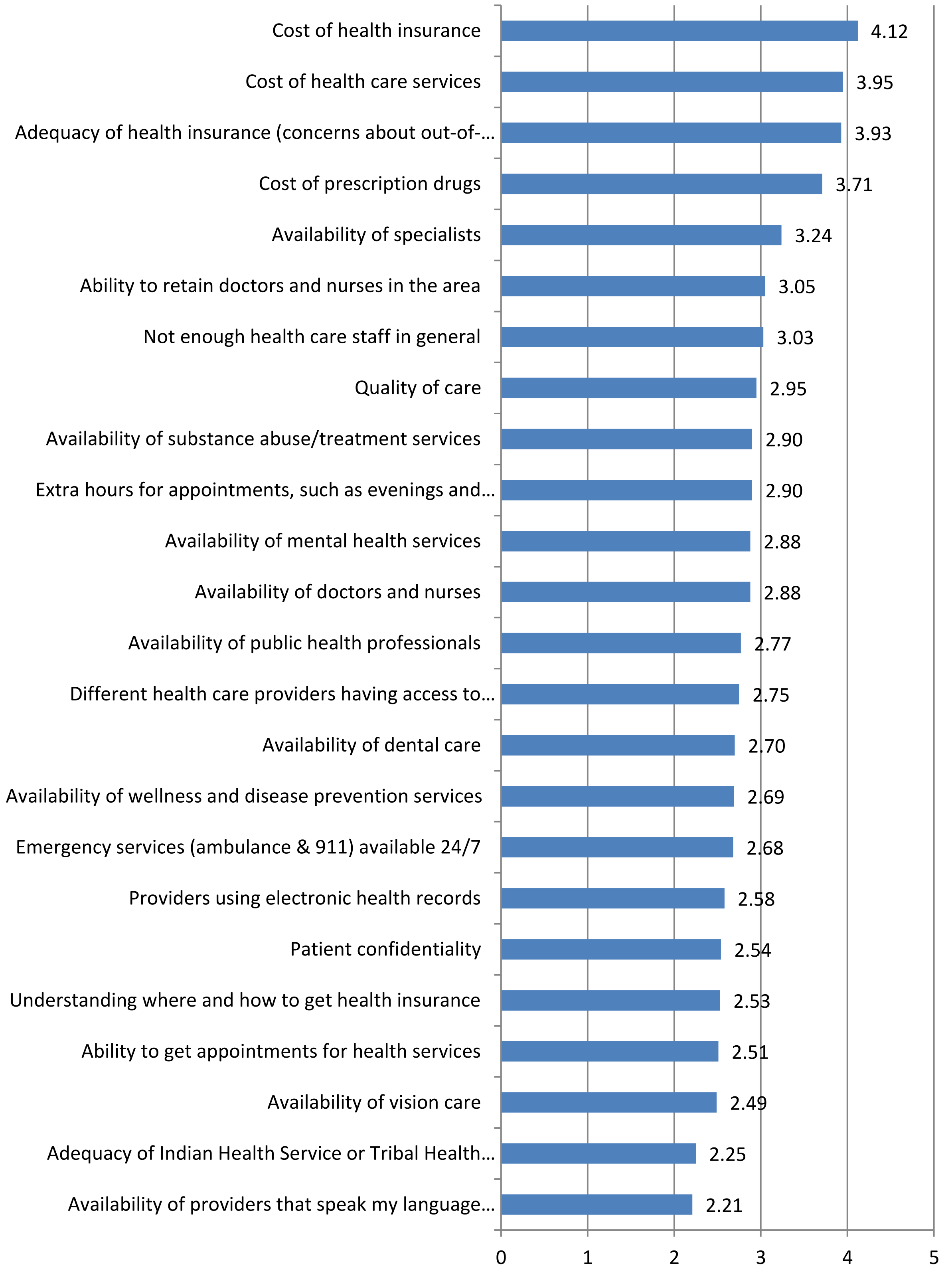


Figure 21: Physical, Mental Health, and Substance Abuse Concerns

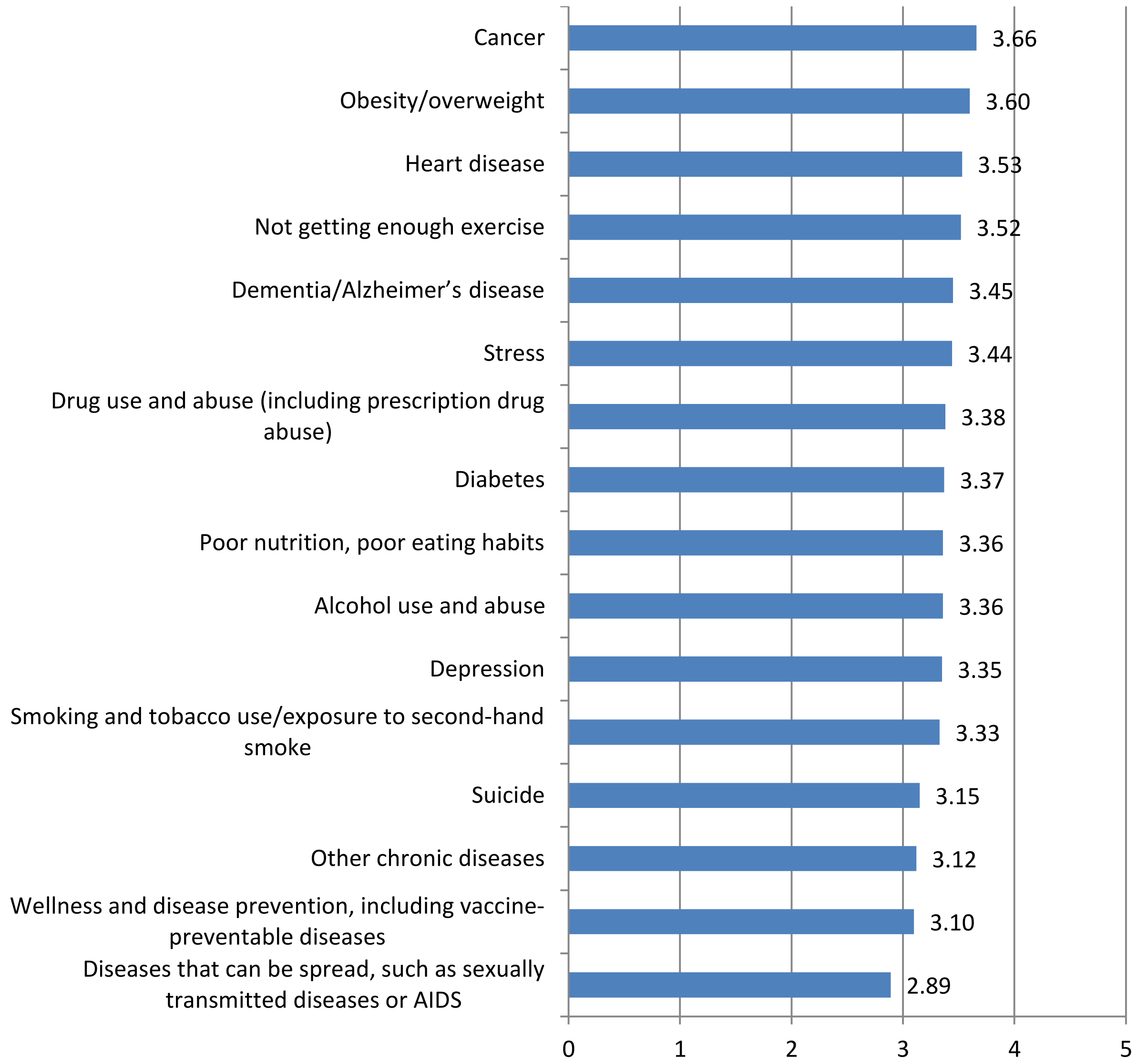


Figure 22: Concerns Specific to Youth and Children

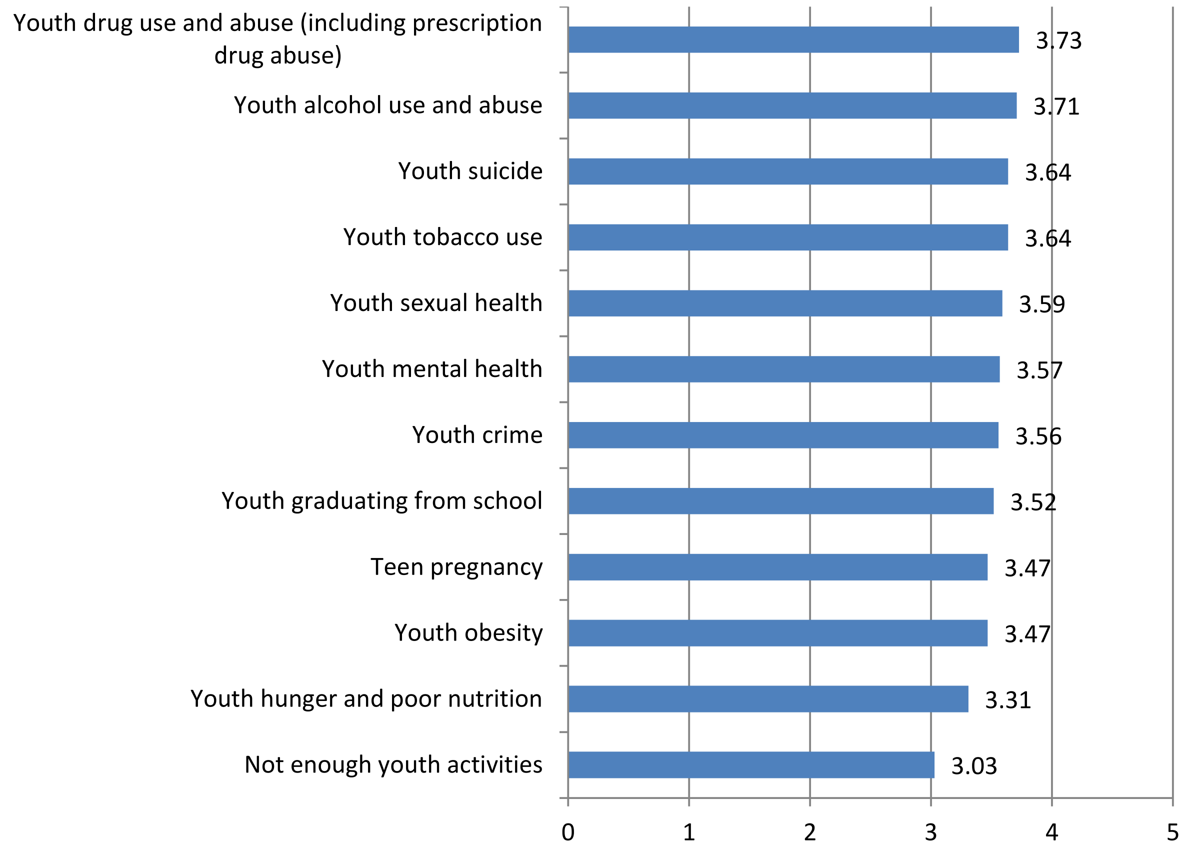
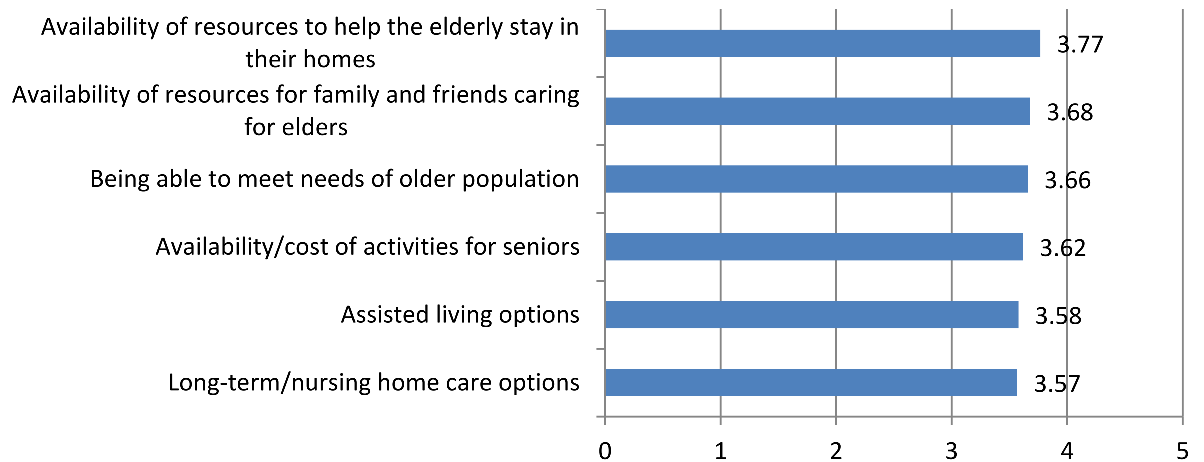


Figure 23: Concerns about the Aging Population



Delivery of Health Care

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

Convenience (N=192) and nearby location (N=184) topped the list of reasons that residents sought care locally, with familiarity with providers (N=156) also garnering a substantial number of responses.

With respect to the reasons community members seek health care services out of the area, the primary motivator was, by a considerable margin, to access a needed specialist (N=117). Other oft-cited reasons for seeking care elsewhere were referral (N=69) and for high quality of care (N=58). These results are illustrated in Figures 24 and 25.

Figure 24: Reasons Community Members Seek Health Care Services Close to Home

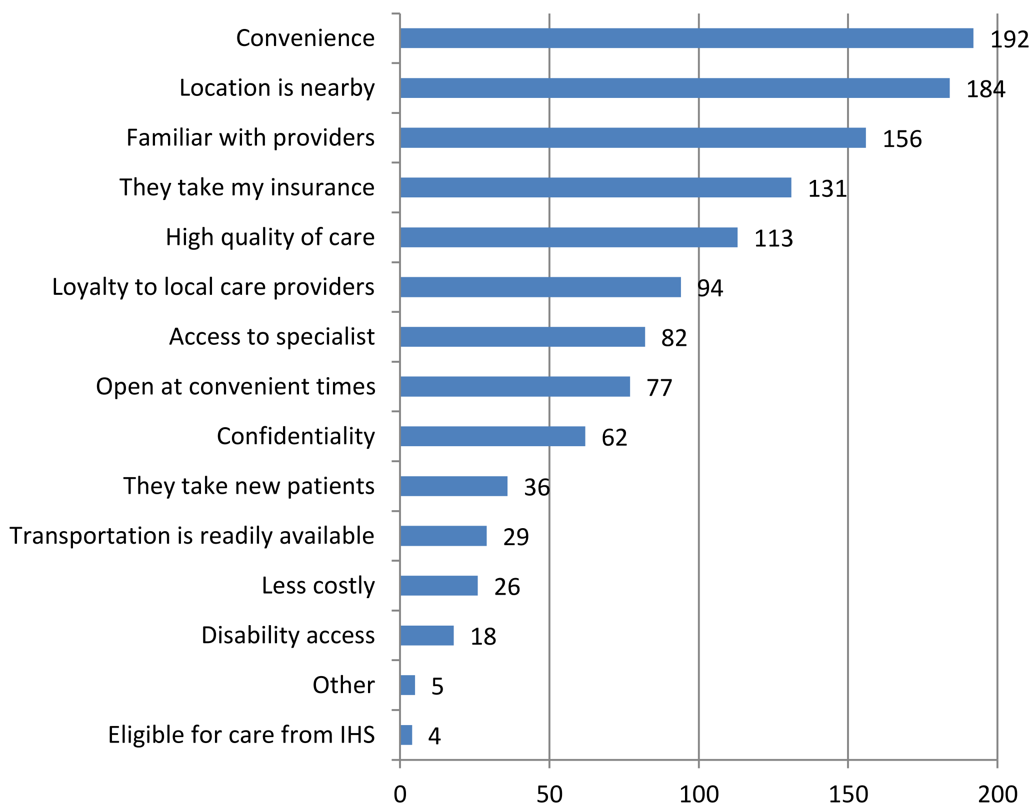
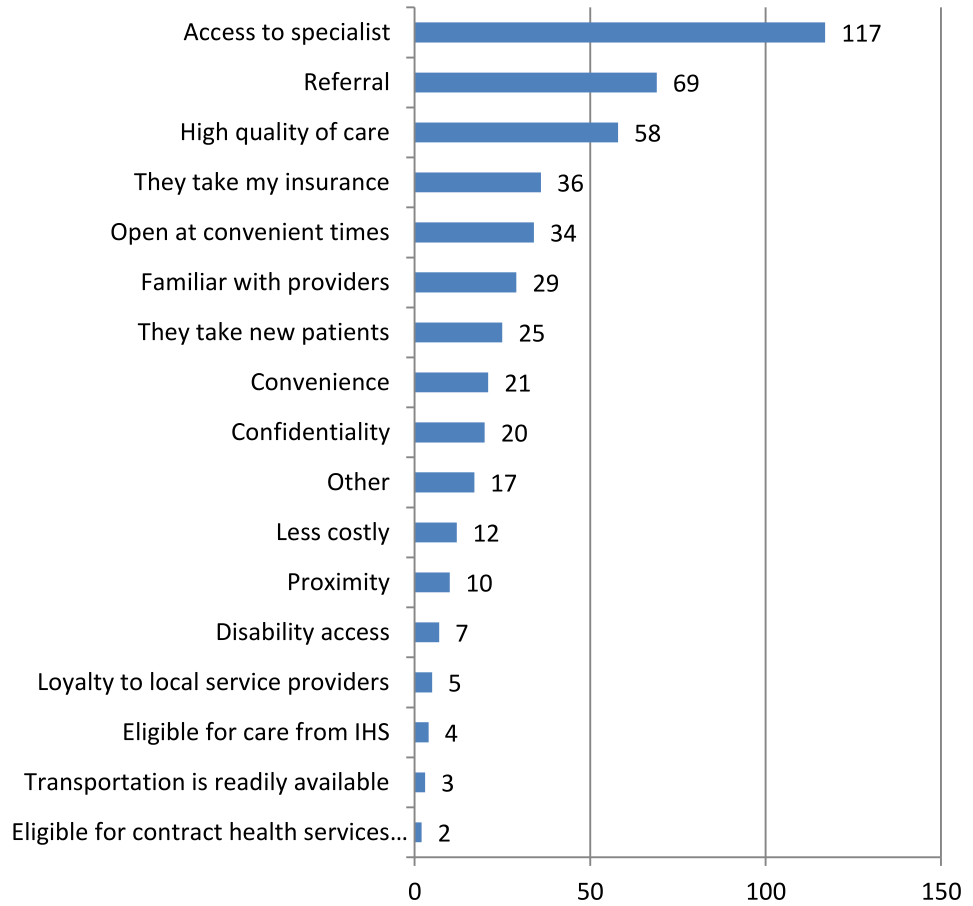


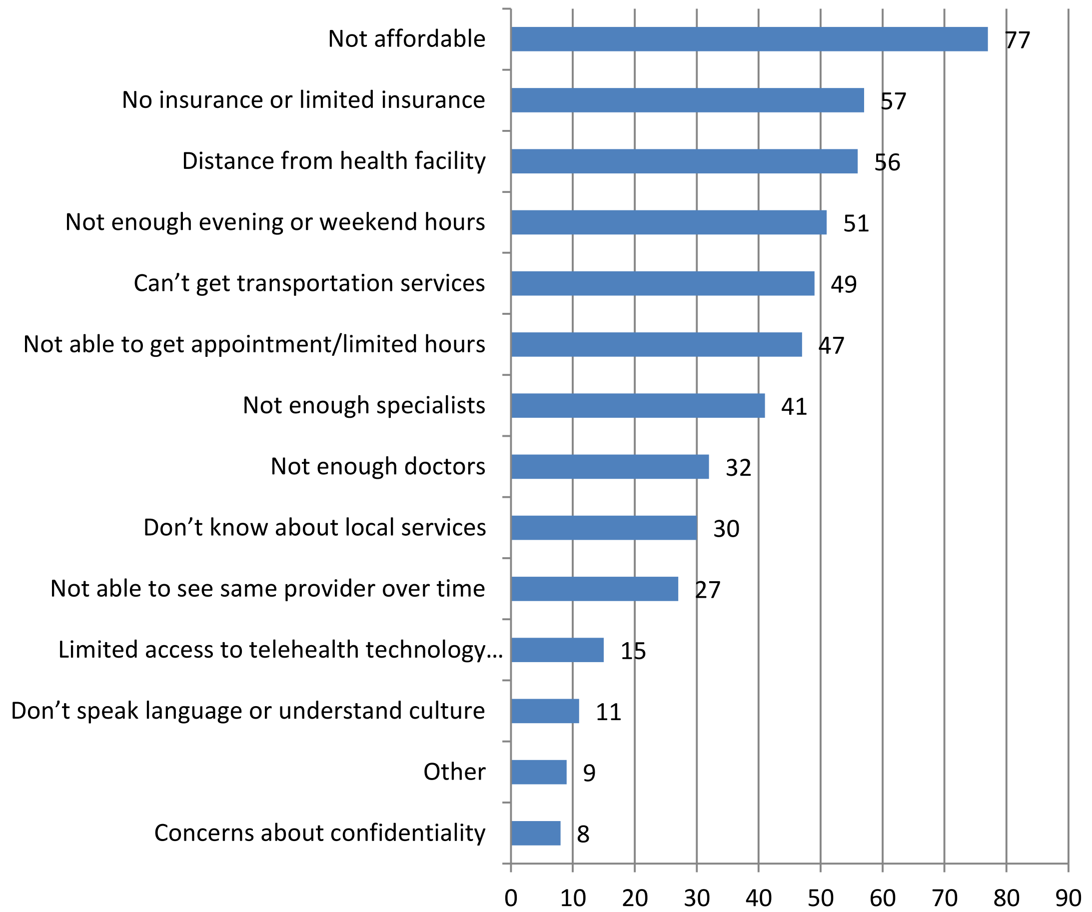
Figure 25: Reasons Community Members Seek Services Out of the Area



The survey also solicited input about what health care services should be added locally. Fifty-seven respondents provided suggestions. The most commonly requested service (N=12) was a health care clinic. Other commonly requested services were mental health services (including youth) (N=11), increased number of primary care physicians (N=6), dentistry (N=5), increased hours (night/weekend) (N=3) and increase in emergency services (N=2).

The survey asked residents what they see as barriers to that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was not affordable (N=77). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 41 to 57 respondents. After not affordable, the next most commonly identified barriers were no or limited insurance (N=57), distance from health facility (N=56), and not enough evening or weekend hours (N=51). Figure 26 illustrates these results.

Figure 26: Perceptions about Barriers to Care



Preventive Care and Public Health Services

To gauge the impact and effectiveness of Custer Health's public health-oriented services in the community, the survey include questions specific to public health services. The results revealed that the majority of respondents or their family members had at least one interaction with Custer Health within the previous year. They also showed that the most common services, by a wide margin, were influenza shots (N=150), followed by immunizations (N=50) and blood pressure screening (N=26). When asked, in an open-ended question, about specific interactions with public health for them or their family, results were similar, with the highest responses of shots/immunizations (N=83), and health monitoring (blood pressure/screenings) (N=5). These results are shown in Figures 27 and 28.

Figure 27: Interaction with Custer Health in Last Year?

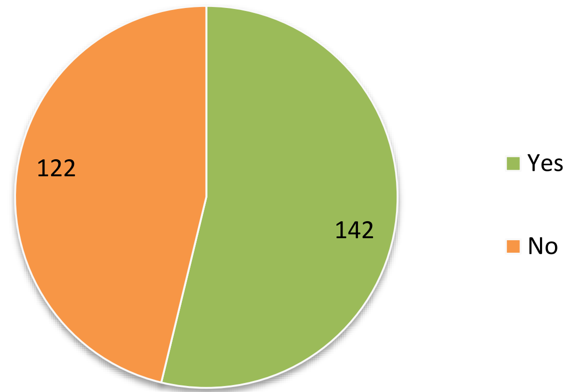
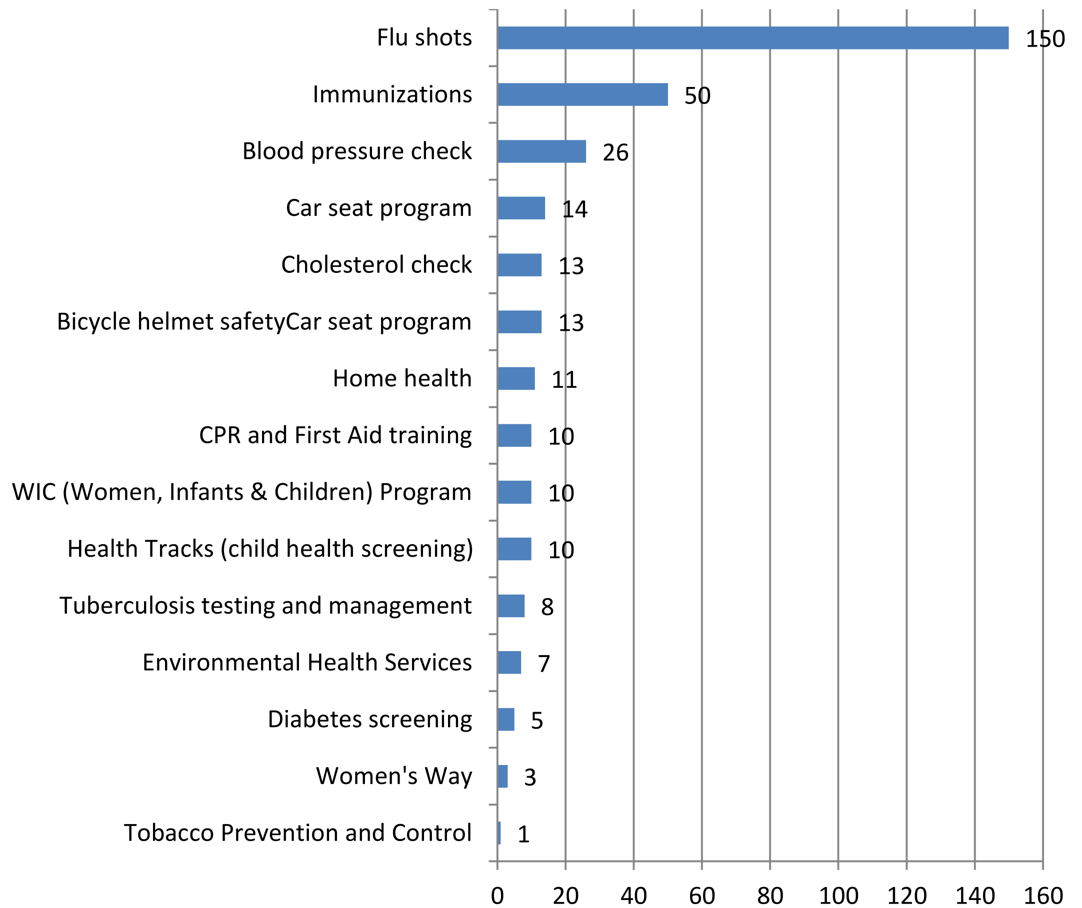
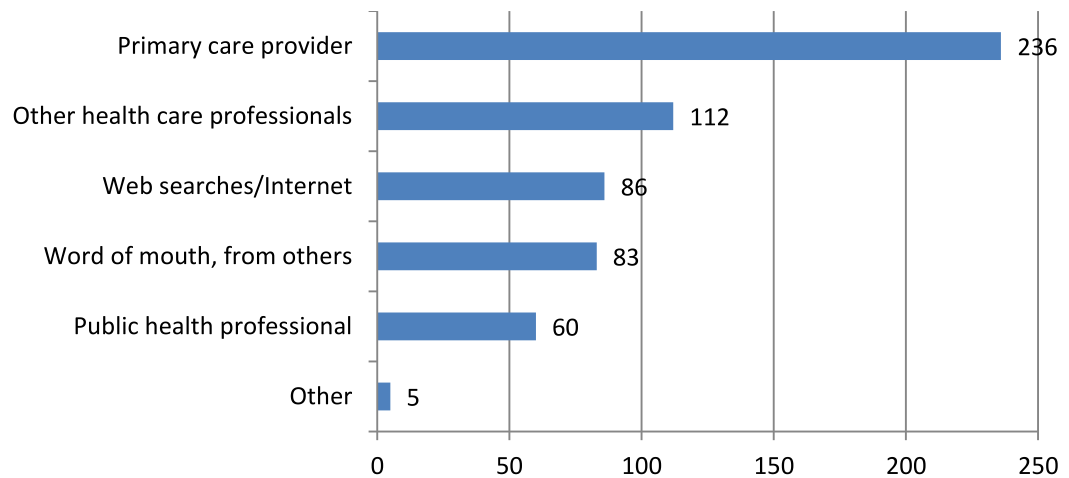


Figure 28: Use of Local Public Health Unit Services



Survey-takers also were asked where they turn for trusted health information. Overwhelmingly, residents identified their primary care provider (N=236) as the primary source of trusted health information. Respondents also relied on other health care professionals (N=112), web searches/internet (N=86), and word of mouth (N=83) for health-related information. These results are shown in Figure 29.

Figure 29: Where Turn for Trusted Health Information



Other Concerns and Suggestions to Improve Local Health

The survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Fewer residents responded to this question than to other open-ended survey questions, with a total of thirty-one responses. Respondents shared a wide range of concerns and advice. The issues that were mentioned by more than one person were: increase number of providers (general practitioners) (N=6), services are great (no change needed) (N=6), and decreased wait for appointments (N=5). Specific comments included:

- Less wait time to get an appointment, not waiting three months to get in. Better organization of medical records/bills
- There needs to be more doctors and longer hours. Also providing more services would be beneficial.
- Need employees for the long term care center. Need a doctor more than once a week at the clinic. Need to focus on the small rural towns – not Mandan. The citizens in the small towns are becoming elderly and don't have the access to get to the big cities.

Findings from Key Informant Interviews and Focus Group

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

- Challenges facing school system
- Growing language and cultural barriers
- Lack of affordable housing
- Lack of child daycare services
- Inadequate transportation options for some
- Mental health needs – adults and youth

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

Challenges facing school system

- The schools are tight for space.
- The schools are really strapped because of the wide variety of students coming from many places with lots of different education backgrounds.
- Students are coming and going and many are only here for a couple of months.
- Schools in Mandan do not have the right infrastructure. We need to grow the school system.
- Because of all the growth, the school system is in need. There is a shortage of teachers.
- The student numbers in Glen Ullin are way up, but many of the families come and go.

Growing language and cultural barriers

- Translators are becoming more important. More people here are speaking other languages.

- Unfortunately, people sometimes see different ethnic backgrounds as a threat.
- Among many other issues, schools are now facing language barriers too.
- The use of more languages affects policing, on both the victim and suspect side.
- We have a lot of Spanish and Ukrainian people who are employees of farmers.

Lack of affordable housing

- Rising housing costs are especially hard on the elderly who are on fixed incomes.
- Housing is very tight here. It is very expensive.
- In Glen Ullin, the housing is all bought up, but new people are moving in.
- There's no low-income housing in Glen Ullin, but I'm not sure it's reasonable to have it here.

Lack of child daycare services

- The lack of daycare is a county-wide issue.
- Not having daycare takes a lot of people out of the job market.
- There are not enough options for before and after school care.
- Other than a few houses, there is no daycare in Glen Ullin, and Hebron is also struggling.
- The daycare issue affects the ability to attract good employees, especially employees working in health care.
- Daycare is a really big issue.

Inadequate transportation options for some

- We see some parents bringing their kids in for care in a pull wagon.
- Many low-income families struggle because their vehicle is not dependable.
- Even with the bus system in Bismarck-Mandan, a person needs to get to a bus stop, which can be a lot of walking for an elderly person.
- There are some buses in rural areas that come into Bismarck on specific days and times.
- There is some bus service, but not in the far-flung areas.
- In smaller towns like Glen Ullin, people can take a bus to Bismarck, but they can't get to their nearest clinic.

Mental health needs – adults and youth

- People struggle with mental health, but there is still a social stigma. As a community we need to be more accepting of people struggling with mental health.
- We have a fast-paced, stressful population. People don't realize how much if affects their physical and mental health.
- I'm especially concerned about suicide among the youth. It seems like it's worse in Mandan than in rural areas.
- Depression is a concern.
- There seems to be a high prevalence of suicide.
- We need services for mental health and substance abuse.
- There's no psychiatric support in the rural areas. We're also losing other good counselors, like priests.

Priority of Health Needs

The Community Group held its second meeting on January 7, 2015. Eight members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community health and community concerns, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

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

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

- Mental health needs – adults and youth (6 votes)
- Limited daycare capacity (5 votes)
- Cost of health care services (4 votes)
- Physical inactivity (4 votes)

Four potential needs each received three votes. Group members were given a sticker and asked to vote for one of those four potential needs. Receiving the most number of additional votes was "cost/adequacy of health insurance." This need was then added to the others to arrive at a list of five significant needs as identified by the citizen group. A summary of this prioritization may be found in Appendix D.

The next highest vote-getting issues (those that initially received three votes) were: Alcohol impaired driving deaths, not enough affordable housing, and challenges facing school system.

Using a logic model, the group then began the second portion of the Community Group meeting: a strategic planning session to find ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of planning necessary to create a comprehensive improvement plan. Instead, they spent their time discussing reasons behind – and working on potential ideas to address – the lack of physical activity. A steering committee or other group will meet to continue the work that was started by the Community Group and culminate with a community health improvement plan that can be executed.

Appendix A1 – Paper Survey Instrument

Morton County
Area Health Survey

Custer Health is interested in hearing from you about community health concerns in Morton County. The focus of this effort is to:

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

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

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

Community Assets and Collaboration

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

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

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

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

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

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

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

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

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

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

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

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

____

____

Q7. What are the major challenges facing your community?

____

____

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

2

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

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

- ☐ No
- ☐ Yes

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

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

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

____

____

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

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

Community Concerns

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

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

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

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

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

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

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

Delivery of Health Care

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

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

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

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

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

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

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

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

Q18. What specific health care services, if any, do you think should be added locally?

____
____

Q19. What barriers prevent you or other community residents from receiving health care? (Choose ALL that apply.)

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

Preventive care and public health services

Q20. In the past year, have you or a family member had any interaction with Custer Health?

- ☐ No
- ☐ Yes

Q20b. If yes, what interactions have you or a family member had with Custer Health?

____

Q21. Which of the following Custer Health services have you or a family member used in the past year? (Choose ALL that apply.)

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

Q22. Where do you turn for trusted health information? (Choose ALL that apply.)

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

Demographic Information

Please tell us about yourself.

Q23. Health insurance status. (Choose ALL that apply.)

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

Q24. Age:

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

Q25. Highest level of education:

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

Q26. Gender:

- ☐ Female
- ☐ Male

Q27. Your zip code: ____________

Q28. Marital status:

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

Q29. Employment status:

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

Q30. Annual household income before taxes:

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

Q31. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix A2 – Online Survey Instrument

Custer Health is interested in hearing from you about area health issues and concerns. The focus of this effort is to:

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

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

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

Community Assets and Collaboration

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

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

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

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

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

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

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

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

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

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

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

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

What are the major challenges facing your community?

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

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

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

○ No

○ Yes

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

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

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

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

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

Community concerns

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

	1 = less of a concern	2	3	4	5 = more of a concern
Active faith community					
Attracting and retaining young families					
Not enough jobs with livable wages, not enough to live on					
Not enough affordable housing					
Poverty					
Changes in population size (increasing or decreasing)					
Crime and safety, adequate law enforcement personnel					
Water quality (well water, lakes, streams, rivers)					
Air quality					
Litter (amount of litter, adequate garbage collection)					
Having enough child daycare services					
Having enough quality school resources					
Not enough places for exercise					

and wellness activities					
Not enough public transportation options, cost of public transportation	○	○	○	○	○
Racism, prejudice, hate, discrimination	○	○	○	○	○
Seatbelt use	○	○	○	○	○
Traffic safety, including speeding, road safety, and drunk/distracted driving	○	○	○	○	○
Physical violence, domestic violence, sexual abuse	○	○	○	○	○
Child abuse	○	○	○	○	○
Bullying	○	○	○	○	○

Concerns about health services

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

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

Emergency services (ambulance & 911) available 24/7	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Adequacy of health insurance (concerns about out-of-pocket costs)	○	○	○	○	○
Adequacy of Indian Health Service or Tribal Health services	○	○	○	○	○
Understanding where and how to get health insurance	○	○	○	○	○
Cost of prescription drugs	○	○	○	○	○

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

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

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

Concerns specific to youth and children

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

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

Concerns about the aging population

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

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

Delivery of Health Care

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

○ Less than 10 minutes

○ 10 to 30 minutes

○ 31 to 60 minutes

○ More than 1 hour

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

○ Less than 10 minutes

- 10 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

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

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

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

- Access to specialist
- Confidentiality
- Convenience
- Disability access
- Familiar with providers
- High quality of care
- Less costly
- Eligible for contract health services under IHS
- Eligible for care from IHS
- Loyalty to local service providers
- Not eligible for care from IHS
- Open at convenient times
- Proximity
- Referral
- They take my insurance

- [ ] They take new patients
- [ ] Transportation is readily available
- [ ] Other (please specify in the box below)

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

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

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

Preventive care and public health services

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

- ○ No
- ○ Yes

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

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

apply.)

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

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

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

Demographic Information

Please tell us about yourself.

Health insurance status. (Choose all that apply.)

- Insurance through employer
- Medicaid
- Medicare
- Private insurance

- No insurance/not enough insurance
- Veteran's Health Care Benefits
- Other (please specify in the box below)

Age:

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

Highest level of education:

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

Gender:

- Female
- Male

Your zip code:

Marital status:

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

Employment status:

- Full time
- Part time

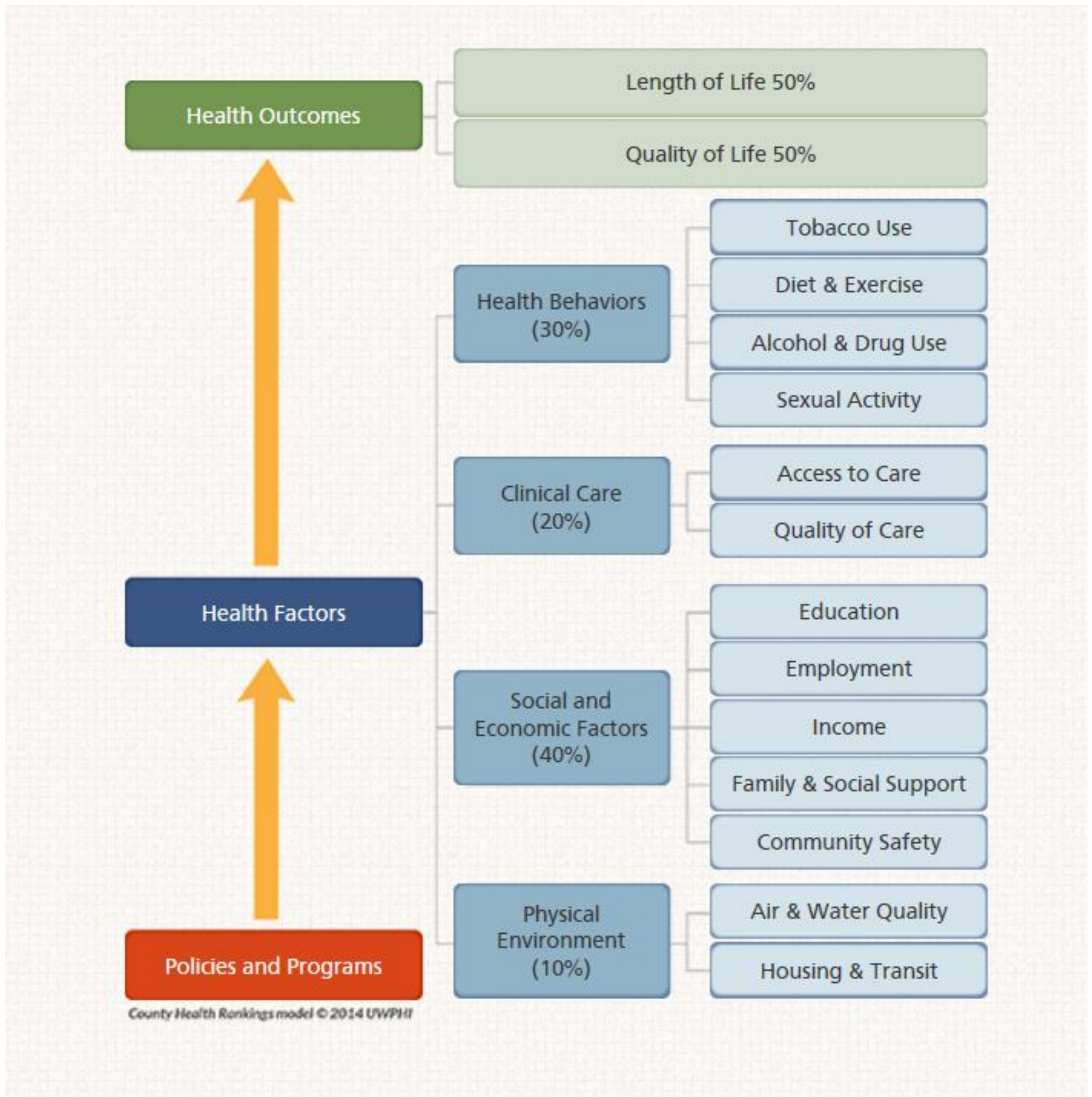
- Homemaker
- Multiple job holder
- Unemployed
- Retired

Annual household income before taxes:

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

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

Appendix B – County Health Rankings Model



Appendix C – Custer District Community Health Profile

Custer District Community Health Profile

POPULATION

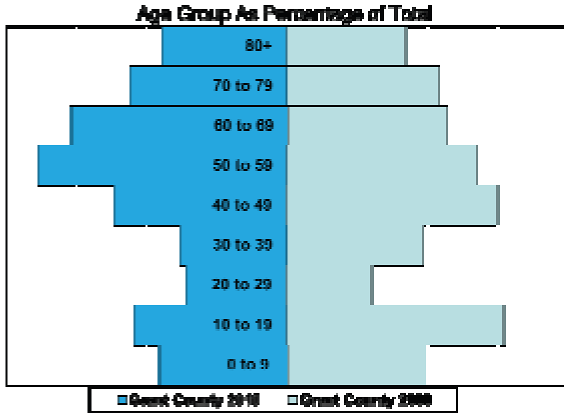
The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the full (100%) census taken in 2010 or from the Community Population Survey aggregrated over a several year period. The table header describes the specific years from which the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

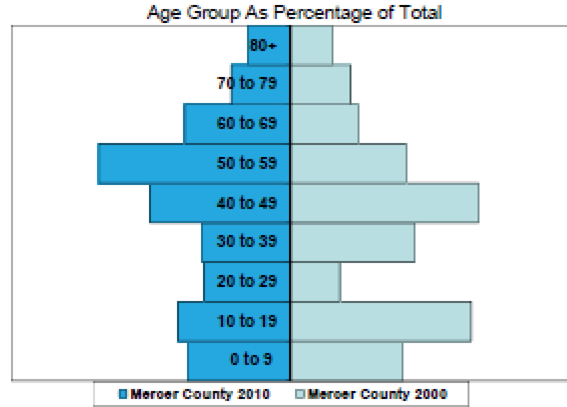
Population by Age Group, 2010 Census								
Age Group	Grant County		Mercer County		Morton County		Oliver County	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	218	9.1%	936	11.1%	3644	13.3%	219	11.9%
10-19	260	10.9%	1019	12.1%	3510	12.8%	219	11.9%
20-29	169	7.1%	782	9.3%	3355	12.2%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

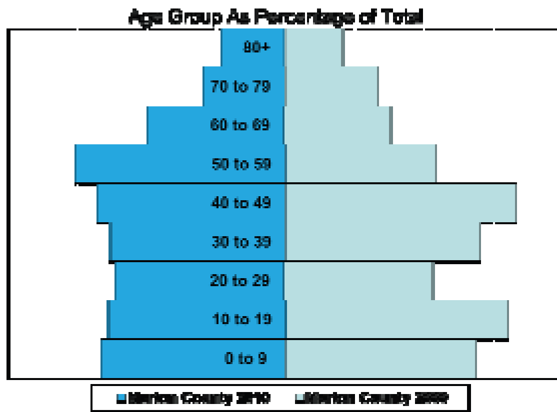
Population by Age Group, 2010 Census						
Age Group	Sioux County		Custer District		North Dakota	
	Number	Percent	Number	Percent	Number	Percent
0-9	916	22.1%	5,933	13.4%	84,671	12.6%
10-19	769	18.5%	5,777	13.0%	87,264	13.0%
20-29	596	14.4%	5,040	11.4%	108,552	16.1%
30-39	508	12.2%	5,103	11.5%	77,954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

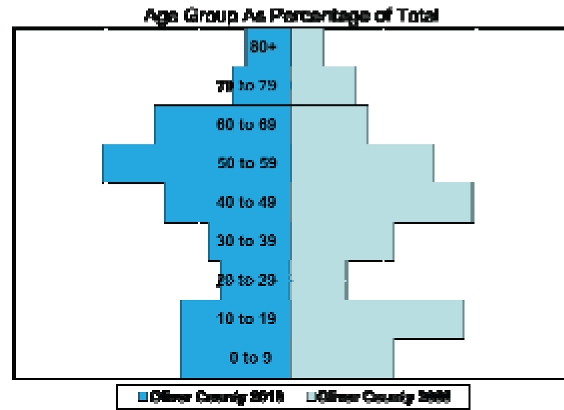
Custer District Community Health Profile

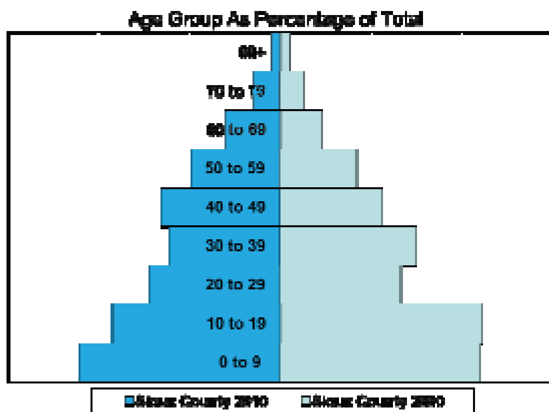
POPULATION

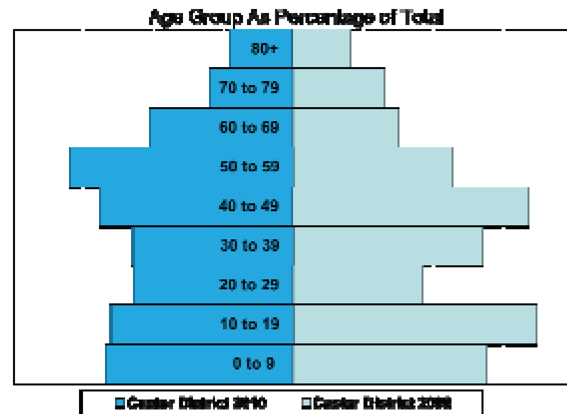












Custer District Community Health Profile

POPULATION

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

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

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

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

Custer District Community Health Profile

POPULATION

Percentage Change in American Indian Population, 2000-2010

Custer District Community Health Profile

POPULATION

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

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

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

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

Custer District Community Health Profile

POPULATION

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

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

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

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

Custer District Community Health Profile

POPULATION

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

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than six
Formulas for calculating rates and ratios are as follows:
Birth Rate = Resident live births divided by the total resident population x 1000.
Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.
Pregnancy Rate = Total pregnancies divided b the total resident population x 1000.
Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.
Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.
Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.
Out of Wedlock Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.
Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.
Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.
Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.
Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.
Childhood and Adolescent Death Rate = Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.
Crude Death Rate = Death events divided by population x 100,000.
Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

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

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

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

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

Custer District Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

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

Leading Causes of Death by Age Group for North Dakota, 2006-2010			
Age	1	2	3
0-4	Congenital Anomaly 69	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly 6
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1001	Heart 579	Unintentional Injury 137
65-74	Cancer 1562	Heart 843	COPD 313
75-84	Cancer 1992	Heart 1797	COPD 626
85+	Heart 3421	Alzheimer's Dz 1391	Cancer 1352

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

	ALCOHOL	Grant %	Mercer %	Morton %	Oliver %	Sioux %	Custer District %	North Dakota %
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	24.7 (16.2-33.2)	18.2 (14.4-22.1)	21.9 (19.1-24.7)	14.1 (6.8-21.5)	23.6 (15.2-32.0)	21.1 (19.0-23.1)	21.1 (20.5-21.6)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	1.0 (0.0- 2.1)	4.1 (2.1- 6.1)	4.9 (3.2- 6.5)	0.5 (0.0- 1.5)	4.9 (0.3- 9.5)	4.2 (3.1- 5.3)	5.0 (4.7- 5.3)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	5.9 (0.0-15.4)	2.5 (0.5- 4.4)	5.3 (2.9- 7.8)	2.1 (0.0- 6.3)	11.6 (0.0-23.7)	5.1 (3.1- 7.0)	5.7 (5.1- 6.2)

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

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

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

Custer District Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

Custer District Community Health Profile

CRIME

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

Grant County

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

Mercer County (Incomplete)

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

Morton County

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

Custer District Community Health Profile

CRIME

Oliver County

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

Sioux County (Not Available)

Custer (Reported cases, excluding Sioux County)

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

North Dakota

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

Custer District Community Health Profile

CHILD HEALTH INDICATORS

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

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

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

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

Appendix D – Prioritization of Community's Health Needs

Tier 1 (Significant Needs)

- Mental health need – adults and youth (6 votes)
- Limited daycare capacity (5 votes)
- Cost of health care services (4 votes)
- Physical inactivity (4 votes)
- Cost/adequacy of health insurance (3 votes + most votes in second ballot)

Tier 2

- Alcohol impaired driving deaths (3 votes)
- Not enough affordable housing (3 votes)
- Challenges facing school system (3 votes)

Tier 3

- Teen birth rate (2 votes)
- High school dropout rate (2 votes)
- Availability of resources to help elderly stay in their homes (2 votes)
- Inadequate transportation options for some (2 votes)
- Not enough primary care physicians (1 vote)
- Youth drug use and abuse (1 vote)
- Distance from health facility (1 vote)
- Increasing language and cultural barriers (1 vote)

(No Votes)

- Not enough dentists
- Unemployment
- Self-reported poor physical health days
- Self-reported poor mental health days
- Not enough evening or weekend hours