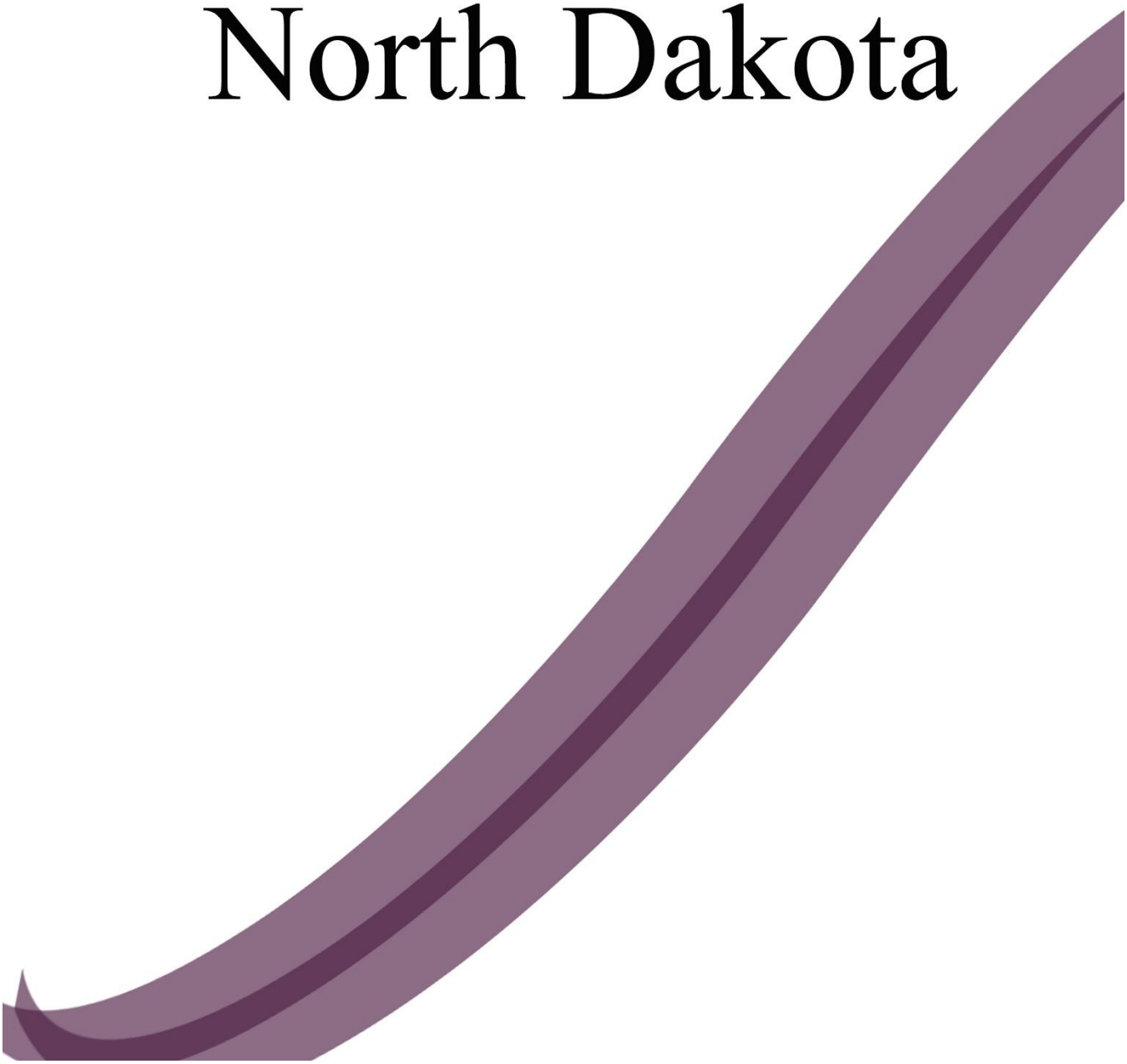
Community Health Assessment 2014

# Sioux County North Dakota





**This assessment was completed at the direction of Custer Health by the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences. Primary author: Ken Hall, JD**

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# Executive Summary

To help inform future decisions and strategic planning, Custer Health, a public health unit that includes Sioux County, N.D., conducted a community health needs assessment in Sioux 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 leaders as well as analysis of community health-related data.

Sioux County lies entirely within the Standing Rock Indian Reservation, forming the northernmost 30 percent of the reservation, with the remainder of the reservation in South Dakota. According to U.S. Census estimates, Sioux County had a population in 2013 of 4,430. More than four out of five county residents identifies as American Indian or Alaska Native.

To gather feedback from the community, residents of the health care service area and local health care professionals were encouraged to participate in a survey. Additional information was collected through key informant interviews with community leaders and members. Community members also had a chance to provide feedback informally during a community meeting at which the results of the assessment were presented.

The study took into account input from several dozen community members, health care professionals, and community leaders from Sioux County. This input represented the broad interests of the community served by Custer Health and other health-related organizations. Together with secondary data gathered from a wide range of sources, the gathered information presents a snapshot of health needs and concerns in the county.

In comparison to other counties in North Dakota, Sioux County is, unfortunately, performing poorly on a number of measures that impact the health of the county's population. Sioux County has the *worst* rate of all ranked counties in North Dakota on the following measures:

- Premature death
- Self-reported health
- Low birth weight
- Adult smoking
- Adult obesity
- Food environment index
- Teen birth rate

- Diabetic screening
- Children in poverty
- Children in single-parent household
- Injury deaths
- Severe housing problems

Additionally, the county has a rate of diabetics that is 50% higher than the state rate, a rate of alcohol-impaired driving deaths that is almost 50% higher than the state rate, and a rate of sexually transmitted diseases that is *three times* the North Dakota average.

The county's population is dispersed geographically, and transportation can be an issue for residents. The county has a rate of residents under the age of 18 (38.4%) which is substantially higher than the state rate (22.1%). At the same time, the rate of those aged 65 or older (7.3%) is approximately half the state rate (14.4%). County residents are less likely than other North Dakotans to have completed high school or college, and the number of those living below the poverty line is close to four times the North Dakota average.

Results from the survey revealed that community members' top eight community concerns were:

(1) poverty;
(2) not enough affordable housing;
(3) drug use and abuse;
(4) alcohol use and abuse;
(5) diseases that can be spread;
(6) suicide;
(7) physical violence; and
(8) crime and safety

Community members identified as the top barriers to care the following five issues:

(1) long wait times in the emergency room or clinic;
(2) distance from a health facility;
(3) not enough specialists;
(4) not enough doctors; and
(5) the inability to see the same provider over time.

In addition to asking residents about needs and gaps the county, the survey also provided them with a chance to highlight the good things in the area. The most commonly identified community assets were:

- a quality school system and programs for youth;
- an informal, simple, laidback lifestyle;
- the outdoors and nature; and
- the relatively small size and scale of the community.

Input from community leaders and residents provided via key informant interviews echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these interviews were:

- dissatisfaction with the Indian Health Service (including long wait times and not seeing the same provider over time);
- lack of transportation;
- substance abuse issues;
- violence and sexual abuse (including domestic violence and child abuse/neglect);
- suicide; and
- not enough police & crime/safety.

Community members met informally and discussed the priority of the needs identified through the assessment. The group determined that the most significant community health needs currently facing Sioux County are:

- an elevated level of sexually transmitted infections/spreadable diseases;
- an elevated rate of severe housing problems;
- dissatisfaction with IHS/long waits for health care/access to providers; and
- promotion of healthy lifestyle choices.

# Community Resources

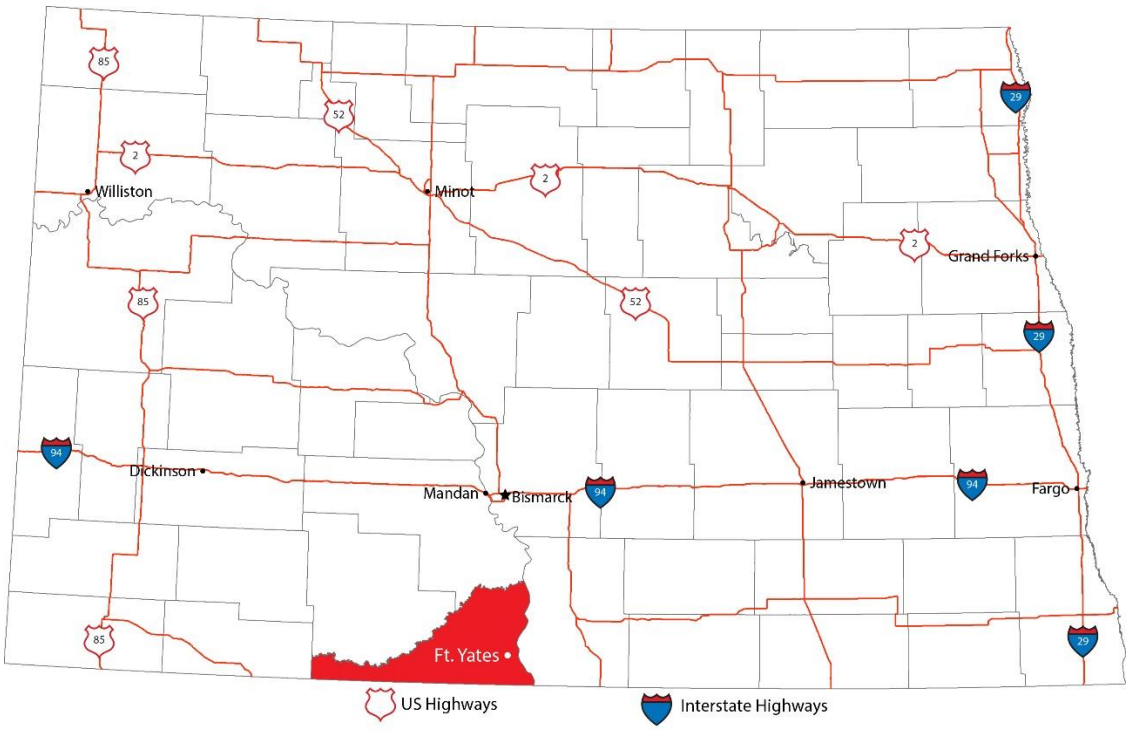
## Sioux County

Sioux County is located in south central North Dakota. Sioux County lies entirely within the Standing Rock Indian Reservation, forming the northernmost 30 percent of the reservation, with the remainder of the reservation in South Dakota. Sioux County is the only county in North Dakota that lies entirely within a reservation. Standing Rock is the sixth largest reservation in land area in the United States. According to U.S. Census estimates, Sioux County had a population in 2013 of 4,430. The Census Bureau's census-designated places do not consistently mirror the Standing Rock Tribe's methods for counting residents by community. The Standing Rock Reservation counts people by eight districts, with the following districts on the North Dakota side:

- Fort Yates, population 1,961
- Porcupine, population 219
- Cannon Ball, population 847

Under the Census Bureau's methodology, the largest community is Cannon Ball, a census-designated place that is nearly 100 square miles and is located in the northeastern portion of the county. Its population at the 2010 census was 875. Other census-designated places in the county include Fort Yates (population 184), Selfridge (population 160), and Solen (population 83).

Figure 1: Sioux County, North Dakota




## Custer Health

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

## Indian Health Service

Through its Standing Rock Service Unit, the Indian Health Service operates a hospital in Fort Yates as well as an outpatient health center in McLaughlin, S.D., and health stations in Cannon Ball, Bullhead, S.D., and Wakpala, S.D. The Fort Yates Hospital, located near the Missouri River at Fort Yates, is a 12-bed hospital staffed by three permanent physicians and two nurse practitioners. Services include inpatient, outpatient, emergency, dental, behavioral health, optometry and an eight-station dialysis unit. Dental care is provided in the main clinic at the hospital by two dental officers. The outpatient health center at McLaughlin has one permanent physician and two registered nurses. The health stations at Cannon Ball, Bullhead, and Wakpala provide minimal outpatient care and are staffed by a physician assistant, a public health nurse, and a community health representative. The health station at Cannon Ball is visited at least once a week by a physician from the Fort Yates Hospital, while the health station in Wakpala is visited two times per month. A health station in Bullhead is anticipated to open and also will receive periodic visits from a provider.

## Tribal Health Administration

The Tribal Health Department provides a number of health services including the Community Health Representative Program, health education, eye examinations,

eyeglasses, and emergency health care including ambulance services. The Tribe also provides an elderly nutrition program and youth recreational activities.

## Other Community Resources

Sioux County has a number of community assets and resources that can be mobilized to address population health improvement. The Indian Health Service and Tribal Health Administration provide an array of health services. While it is difficult to locate a comprehensive inventory of community health resources, participants in the assessment process were asked to identify community health assets and resources. Some of the resources that were mentioned include:

- The schools host a community wellness event about three times a year. Organizations that can provide awareness about mental health, substance abuse issues, nutrition, and other wellness issues are invited to contribute, along with students from other schools.
- A fitness center in Fort Yates has a variety of exercise opportunities, although it is perceived as being underutilized and as having limited hours of operation.
- The community has a large garden project, and items grown in the garden are sold at summer farmer's markets. Older residents receive coupons worth approximately $60 per person that they can use for fresh fruits and vegetables during the summer at the farmer's markets.
- Daily meals are served at sites for the elderly in Cannon Ball, Fort Yates, Porcupine, and Selfridge. These usually are served in community centers, although many meals also are delivered. Many residents pick up their food and leave, but if people stayed to eat, there may be an opportunity to offer classes and host other events.
- The grocery store in Fort Yates was described as "a good little store," but it was also noted as being expensive, especially for fresh fruits, vegetables, and milk. A dollar store has provided another option, but it does not accept food checks.
- There is a tribal chemical prevention program. It has specific services geared toward young people such as evaluations, aftercare, and treatment opportunities (either inpatient or outpatient). The school likely is the most common source of referrals for the program.
- The Partnerships Program for Children's Mental Health strives to maintain family units and keep families intact while providing support for children with complex needs. It focuses on students who are at high risk of being placed outside of home.

- There is a walking path in Fort Yates.
- There used to be a program to bring together elders and younger people.
- More than one participant mentioned the existence of several gymnasiums in Fort Yates, with one interviewee saying there are seven available gyms in the town.
- North Dakota dentists and dental professionals volunteered their time to provide services to children in tribal areas as part of Pediatric Dental Days. A one-time, two-day event was held in Cannon Ball in 2013. The clinic treated 367 children, 60% of whom were from North Dakota and 40% of whom were from South Dakota. More than $150,000 in donated dental treatment was provided. Screening and referral of children aged 0-18 took place at various sites at Standing Rock during the 90 days preceding the event. Screening sites included schools, Head Start centers, and the Indian Health Service dental clinic. Thirty-five children were identified as needing referral to a pediatric dentist under general anesthesia in a hospital setting. Sixteen pediatric dentists (from North Dakota, South Dakota, and other parts of the country), seven pediatric dental residents from the University of Nebraska Medical Center Pediatric Dental Residency Program, two general dentists, and two oral surgeons provided care. Hygiene students from the North Dakota State College of Science and more than 40 dental assistants also provided help.
- The Ronald McDonald Care Mobile is an 8- x 40-foot fully equipped dental clinic on wheels. Owned and operated by Ronald McDonald House Charities of Bismarck, its mission is "to provide access to oral health care to underserved children aged 0 through 21 in their own neighborhoods." The Care Mobile is staffed by a dentist, dental hygienist, dental assistant, and a driver/coordinator. It will treat children and young adults aged 0 through 21 who do not have a dental home (those who have not seen a dentist for regular care within the past two years). Children who are currently seeing a dentist in their local area generally are not eligible, although if a child has a dental emergency and is unable to get an appointment with their regular dentist, the Care Mobile will see the child for relief of pain and infection and refer them back to their dentist to complete the treatment. Medicaid/SCHIP eligibility is not required for treatment; the Care Mobile will bill Medicaid and/or private dental insurers where applicable and will treat patients without dental insurance. No child is turned away for inability to pay. The Care Mobile is scheduled to visit various Communities at Standing Rock approximately nine times in 2014.

# Assessment Process

The purpose of conducting a community health needs assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care and community leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health in their community; and 5) helping the local public health unit meet accreditation requirements.

The Center for Rural Health provided substantial support to Custer Health in conducting this needs assessment. The assessment process was highly collaborative. Professionals from Custer Health were involved considerably in planning and implementing the process. Along with representatives from the Center for Rural Health, they met regularly by telephone conference and via email. A group of community members that was convened 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 heavily involved in planning the survey collection, key informant interviews, and the community group meeting.

A collaborative effort that took into account input from health-related stakeholders around the state led to the development of the survey instrument used in this assessment. Representatives from the Center for Rural Health, Custer Health, the North Dakota Department of Health, and North Dakota State University – along with professionals from other local public health units – all provided input into the survey instrument through multiple meetings, calls, and emails.

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 and residents representing the broad interests of the community took part in one-on-one key informant interviews; and (3) 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 behavior. Additionally, during a community meeting, residents informally shared information about prioritizing needs and generated ideas for meeting some of the identified community needs.

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.

Detailed below are the methods undertaken to gather data for this assessment by conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data. Information to prioritize needs and brainstorm potential ideas for meeting needs was gathered informally during a community meeting where the assessment results were presented.

## Interviews

One-on-one interviews with eight key informants were conducted in person in Fort Yates and Cannon Ball on April 14 and 15, 2014, as well as by telephone on April 17, April 28, June 16, and June 24, 2014. Representatives from the Center for Rural Health and Custer Health conducted the interviews. Interviews were held with selected members of the community who could provide insights into the community's health needs. Included among the informants was a community nurse with knowledge of the community's needs acquired through several years of direct experience, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases. Repeated attempts to interview a representative of Tribal Health were unsuccessful. One limitation of this assessment is the lack of substantial input about the community from the perspective of someone working in the Tribal Health Administration.

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, barriers to receiving health services, and suggestions for improving collaboration within the community.

## Survey

A survey was disseminated 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. A copy of the survey instrument is included in Appendix A.

The survey tool was designed to:

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

Specifically, the survey covered the following topics: residents' perceptions about community assets, levels of collaboration within the community, broad areas of community and health concerns, where residents turn for health care services, how residents learn about available medical services, need for additional health services, barriers to receiving health care, preferences for using local health care versus traveling to other facilities, travel time to a clinic and hospital, suggestions to improve community health, and basic demographic information.

Approximately 100 community member surveys were available for distribution in Sioux County. The survey was distributed to residents in four locations: Fort Yates, Cannon Ball, Porcupine, and Selfridge. Representatives from Custer Health administered the survey after participants completed an informed consent form. As an incentive, those completing the survey received a $5 gift card to a local dollar store. The survey period ran during April, May, and June 2014. Community members completed 30 surveys.

## Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including 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.

## Community Meeting

A community meeting was held on June 24, 2014. Six community members and public health professionals participated in the meeting. A representative from the Center for Rural Health presented information about county demographics, survey results, findings from key informant interviews, and a wide range of secondary data relating to the general health of the county's population. The group then was asked to help identify and prioritize the community's health needs, as well as brainstorm about ideas to meet community needs.

# Demographic Information

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

| TABLE 1: SIOUX COUNTY INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available) | | |
|---|---|---|
| | **Sioux County** | **North Dakota** |
| Population, 2013 est. | **4,430** | **723,393** |
| Population change, 2010-2013 | **6.7%** | **7.6%** |
| Land area, square miles | **1,094** | **69,001** |
| People per square mile, 2010 | **3.8** | **9.7** |
| American Indian/Alaska Native, 2012 est. | **82.7%** | **5.5%** |
| Persons under 18 years, 2012 est. | **38.4%** | **22.1%** |
| Persons 65 years or older | **7.3%** | **14.4%** |
| Median age, 2012 est. | **26.2** | **36.9** |
| Non-English spoken at home, 2012 est. | **10.3%** | **5.2%** |
| High school graduates, 2012 est. | **79.5%** | **90.5%** |
| Bachelor's degree or higher, 2012 est. | **15.6%** | **27.1%** |
| Live below poverty line, 2012 est. | **44.8%** | **12.1%** |

Like the rest of North Dakota, the rate of population growth in Sioux County in recent years has outpaced the U.S. average. Sioux County has seen an estimated 6.7% growth in population from 2010 to 2013, compared to a national rate of 2.4%. Demographic information and trends that have implications for the community's health and the delivery of health care include:

- More than four out of five county residents identifies as American Indian or Alaska Native.
- A rate of people younger than 18 that is nearly 75% higher than the state rate, indicating an increased need for health care services for infants and children.
- Rates of residents who are high school graduates or have at least a bachelor's degree that are well below the state rates, which may affect adequacy of the health care workforce.
- A low population density, meaning emergency medical services face challenges in responding to emergencies with a population that is dispersed over a large area.
- A poverty rate that is nearly four times the state average, which has an enormous impact on quality of life, overall health status, and access to health care.

# 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, Sioux 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 Sioux 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 medical and health care providers in the county.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "U.S. Top 10%" for 2014. The U.S. Top 10% 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).

Sioux County's rankings also are included in the summary below: Sioux County ranks 45th out of 45 ranked counties in North Dakota on health outcomes and 44th on health factors. The measures marked with a red checkmark (✓) are those where Sioux County is not measuring up to the state average; a blue checkmark (✓) indicates that the county is not meeting the U.S. Top 10% rate on that measure. Measures marked with a red asterisk (*) next to the measure description are those in which Sioux County is performing the worst (or tied for worst-performing) of all ranked counties in the state. The lack of any checkmark next to a measure indicates that the county is doing better than both the U.S. Top 10% and the state average.

| TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – SIOUX COUNTY | | | |
|---|---|---|---|
| | **Sioux County** | **U.S. Top 10%** | **North Dakota** |
| **Ranking: Outcomes** | **45th** | | **(of 45)** |
| Premature death* | 24,668 ✓✓ | 5,317 | 6,244 |
| Poor or fair health* | 27% ✓✓ | 10% | 12% |
| Poor physical health days (in past 30 days)* | 4.5 ✓✓ | 2.5 | 2.7 |
| Poor mental health days (in past 30 days)* | 3.8 ✓✓ | 2.4 | 2.4 |
| Low birth weight* | 9.2% ✓✓ | 6.0% | 6.6% |
| % Diabetic | 12% ✓ | - | 8% |
| **Ranking: Factors** | **44th** | | **(of 45)** |
| *Health Behaviors* | | | |
| Adult smoking* | 44% ✓✓ | 14% | 18% |
| Adult obesity* | 44% ✓✓ | 25% | 30% |
| Food environment index* | 5.0 ✓✓ | 8.7 | 8.7 |
| Physical inactivity | 30% ✓✓ | 21% | 26% |
| Access to exercise opportunities | 56% ✓✓ | 85% | 62% |
| Excessive drinking | 27% ✓✓ | 10% | 22% |
| Alcohol-impaired driving deaths | 67% ✓✓ | 14% | 46% |
| Sexually transmitted infections | 1,075 ✓✓ | 123 | 358 |
| Teen birth rate* | 128 ✓✓ | 20 | 28 |
| *Clinical Care* | | | |
| Uninsured | 15% ✓✓ | 11% | 12% |
| Primary care physicians | N/A | 1,051:1 | 1,320:1 |
| Dentists | 2,196:1 ✓✓ | 1,439:1 | 1,813:1 |
| Mental health providers | 2,196:1 ✓✓ | 536:1 | 1,071:1 |
| Diabetic screening* | 33% ✓✓ | 90% | 86% |
| *Social and Economic Factors* | | | |
| Unemployment | 5.3% ✓✓ | 4.4% | 3.1% |
| Children in Poverty* | 42% ✓✓ | 13% | 14% |
| Children in single-parent households* | 67% ✓✓ | 20% | 26% |
| Violent crime | N/A | 64 | 226 |
| Injury deaths* | 257 ✓✓ | 49 | 63 |
| *Physical Environment* | | | |
| Air pollution – particulate matter | 9.7 ✓ | 9.5 | 10.0 |
| Severe housing problems* | 26% ✓✓ | 9% | 11% |

*** = Sioux County worst in ND ✓= County not meeting ND average ✓= County not meeting U.S. Top 10%**

The data from County Health Rankings indicate that Sioux County is doing poorly when compared to the rest of North Dakota. The county was ranked last overall on health outcomes and second-to-last on health factors. Moreover, the county ranked last (or was tied for last) in many areas. Sioux County was performing worst in the state on the following measures:

- Premature death
- Self-reported health (poor or fair health, poor physical health days, poor mental health days)
- Low birth weight
- Adult smoking
- Adult obesity
- Food environment index
- Teen birth rate
- Diabetic screening
- Children in poverty
- Children in single-parent household
- Injury deaths
- Severe housing problems

The only examined measure on which Sioux County was performing better than the North Dakota average was air pollution. (County Health Rankings reported "0" on the measure of violent crime which, if accurate, would place Sioux County in the top 10% of counties nationally with respect to low levels of violent crime. Because there is a question about the accuracy of the data collection in tribal areas for County Health Rankings, and because anecdotal evidence that emerged from qualitative research during this assessment strongly suggests the rate of violent crime is higher than "0," that measure is not being reported in the assessment findings.)

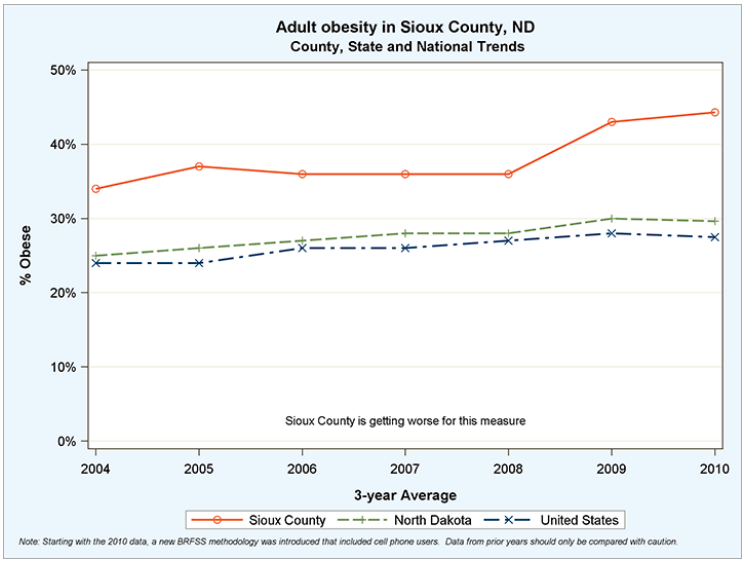
Other measures where Sioux County is performing especially poorly:

- Rate of diabetics – 50% higher than state rate
- Alcohol-impaired driving deaths – almost 50% higher than state rate
- Sexually transmitted infections – 3 times state rate
- Mental health providers – More than 2 times state ratio

In addition to the reported rates and levels of some of these measures, also concerning are the trends indicating that several measures are rapidly getting worse. For example,

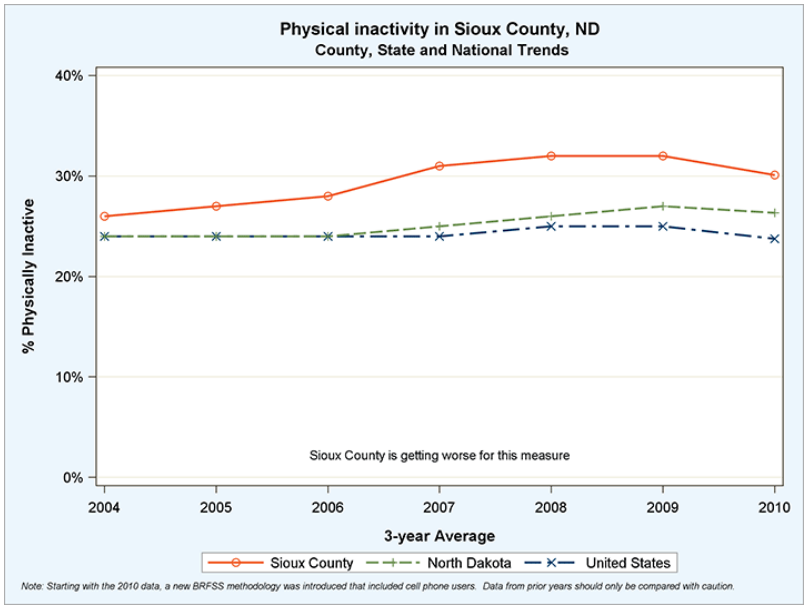
as shown in Figure 2, the adult obesity rate has increased considerably since 2008 and is increasing faster than the state and national averages.

**Figure 2 – Rapidly rising rate of adult obesity in Sioux County**



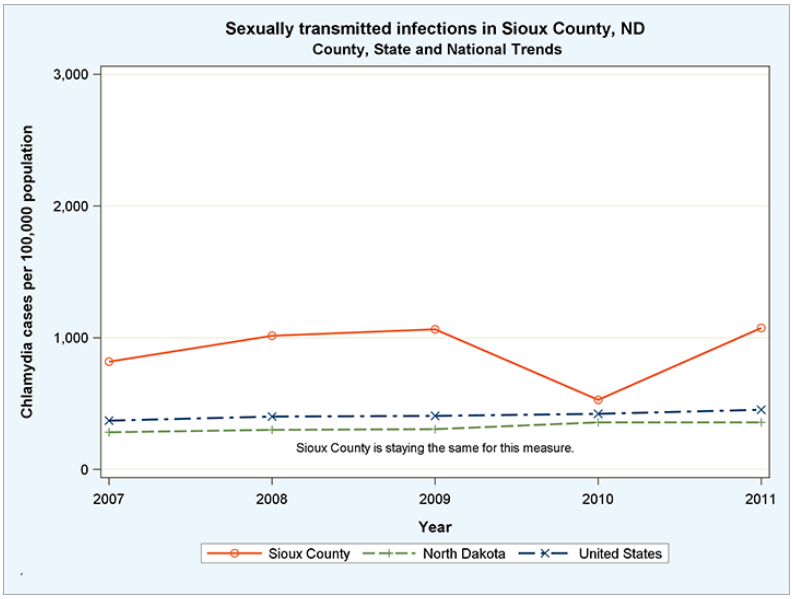

The rate of adult physical inactivity in Sioux County increased in the mid-2000s, but has decreased slightly in the most recently reported years examined in trend data, as illustrated in Figure 3.

**Figure 3 – Rate of physical inactivity in Sioux County**



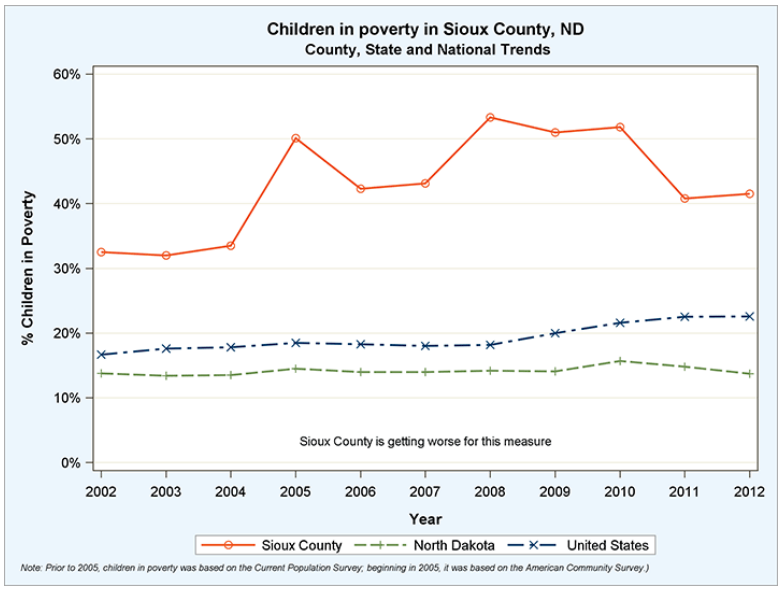
The rate of sexually transmitted infections in Sioux County has been much higher than the state and national rates for several years. Although it dipped considerably in 2010, it spiked again the following year to alarming rates, as shown in Figure 4. During this assessment, public health officials were responding to a syphilis outbreak in the county.

**Figure 4 – Recently rising rate of sexually transmitted infections in Sioux County**




While the rate of children in poverty in the county is still the worst in the state, it has shown some improvement in recent years, as illustrated in Figure 5.

**Figure 5 – Rate of children in poverty in Sioux 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 Sioux County, includes Grant, Mercer, Morton, 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 Sioux County, the most commonly reported causes of death were heart disease, cancer, unintentional injury, and cirrhosis. More detailed information, including 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 reveals that while North Dakota is doing better than the national averages on a few measures, it is not measuring up to the national averages with respect to:

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

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

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

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

The data show that Sioux County is performing worse than the North Dakota average on all of the examined measures. Sioux County has a rate of children in extreme poverty that is more than four times the North Dakota average. The rate of children who receive Medicaid is three times the state average, as is the number of children in the Supplemental Nutrition Assistance Program (SNAP). The availability of child daycare is about one-fourth of what's available on average in North Dakota. Additionally, Sioux County has a rate of high school dropouts that is nearly twice the North Dakota average.

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

| | Sioux County | North Dakota |
|---|---|---|
| Uninsured children (% of population age 0-18), 2010 | **7.5%** | 6.1% |
| Uninsured children below 200% of poverty (% of population), 2010 | **64.5%** | 59.6% |
| Children in extreme poverty (<50% of poverty), 2011 | **31.6%** | 7.2% |
| Medicaid recipient (% of population age 0-20), 2012 | **85.8%** | 28.3% |
| Children enrolled in Healthy Steps (% of population age 0-18), 2013 | **3.5%** | 2.5% |
| Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012 | **82.4%** | 23.9% |
| Licensed child care capacity (% of population age 0-13), 2013 | **11.0%** | 40.2% |
| High school dropouts (% of grade 9-12 enrollment), 2012 | **4.2%** | 2.2% |

# Survey Results

As noted above, 30 community members took the written survey at four locations in the county. Survey results are reported below in six categories: demographics; health care access; community assets, challenges, and collaboration; community concerns; delivery of health care; and other concerns and suggestions to improve local health.

## Survey Demographics

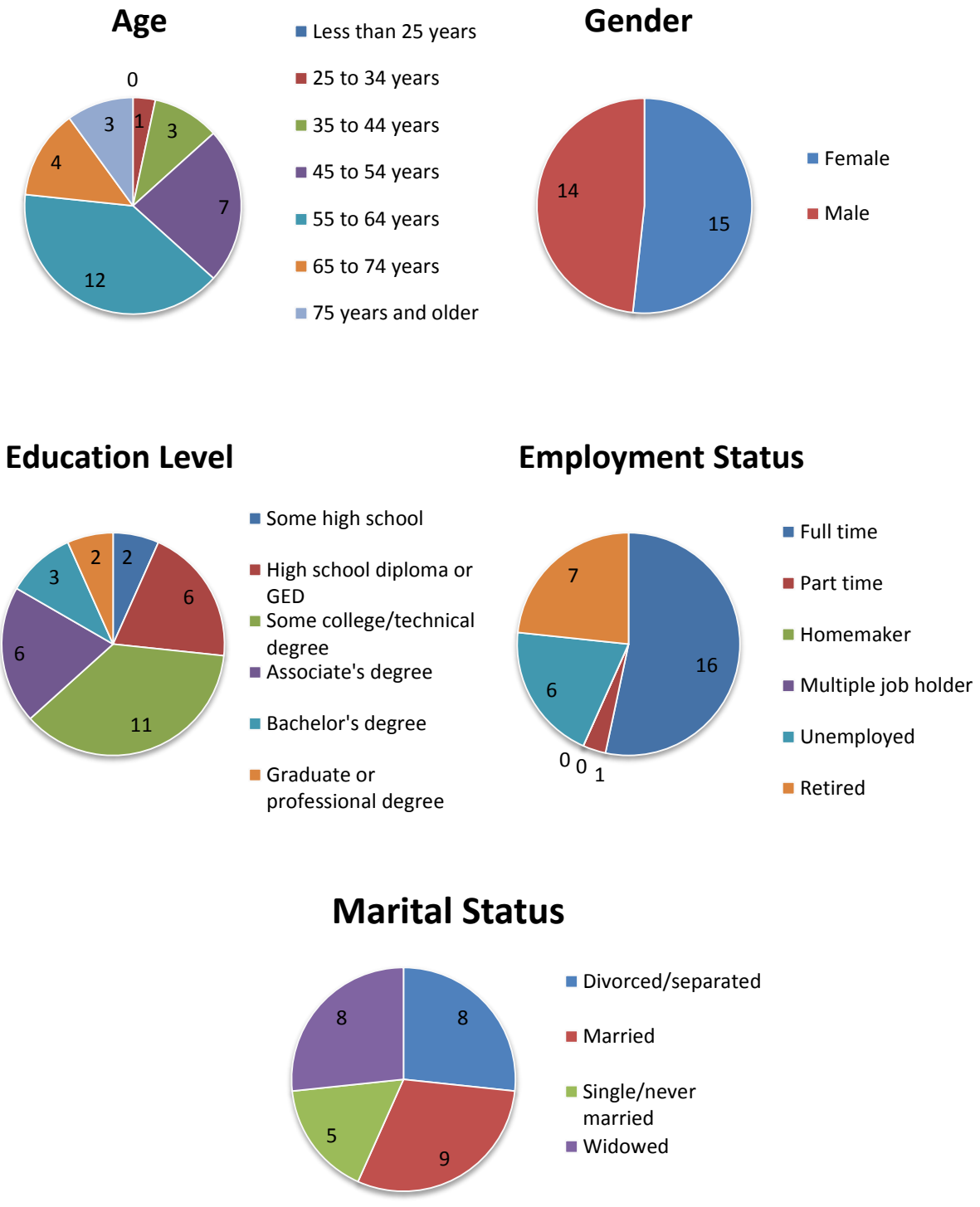
To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Respondents were not required to answer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

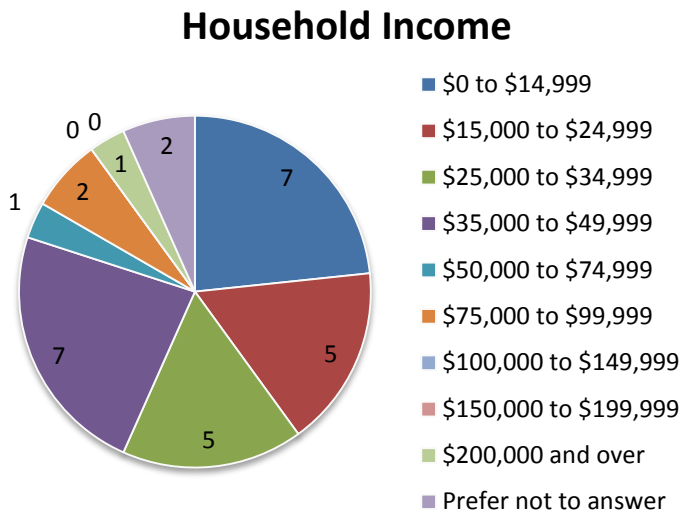
With respect to the demographics of those who chose to take the survey:

- More than half (N=19) were aged 45 to 64;
- Respondents were split almost equally along gender lines;
- A plurality of respondents (N=11) had some college or a technical degree;
- A plurality (N=16) worked full-time, with most of the rest being either retired (N=7) or unemployed (N=6); and
- Seven respondents had household incomes of less than $15,000, while 12 respondents had household incomes below $25,000.

Figure 6 illustrates the variation in these particular demographic characteristics.

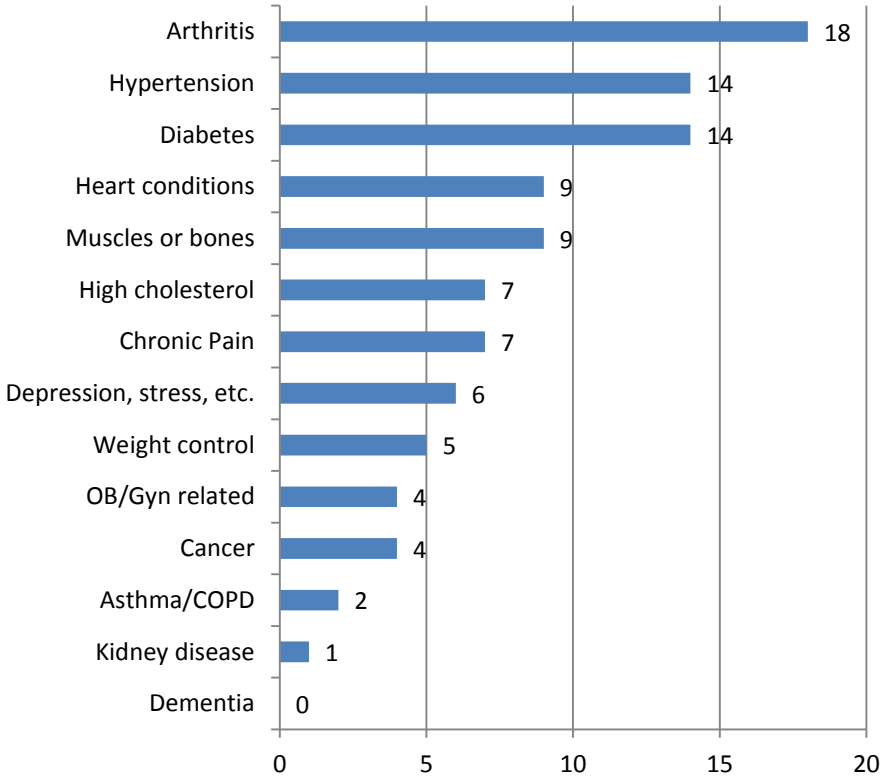
**Figure 6: Demographics of Survey-Takers**






Respondents were presented with a list of general health conditions or diseases and asked to indicate which ones applied to them. Reported most commonly were arthritis, hypertension, and diabetes.

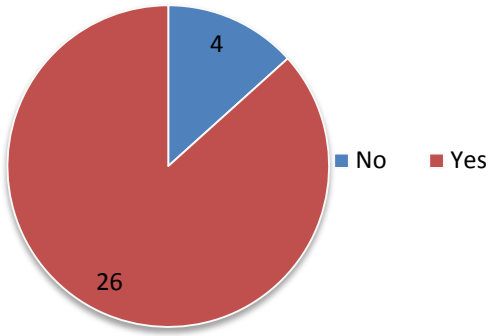
**Figure 7: Health Conditions and Diseases**



## Health Care Access

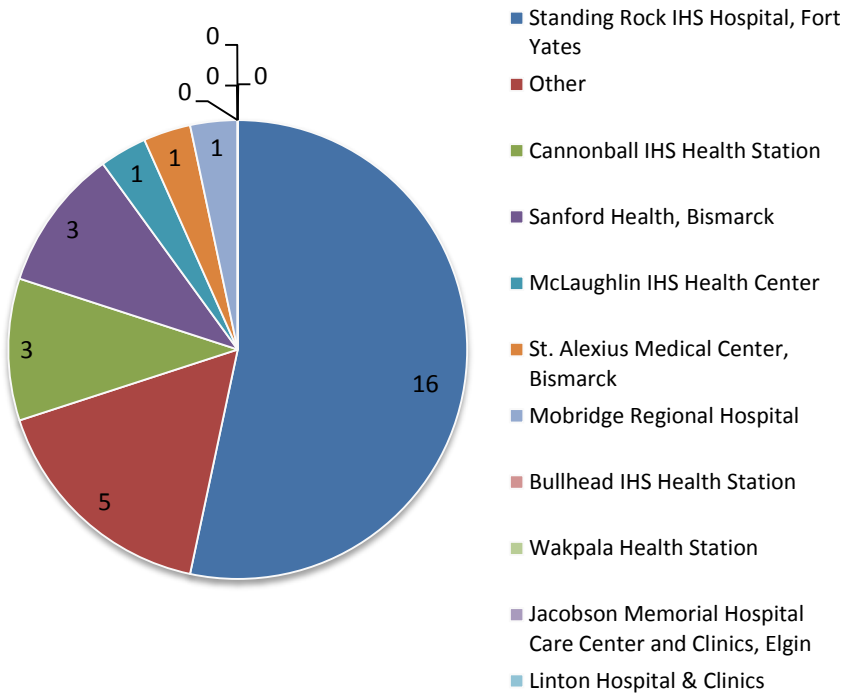
Survey respondents were asked whether they receive care from the Indian Health Service (IHS). A great majority said yes, as shown in Figure 8.

**Figure 8: Receive Care from Indian Health Service?**




To gain an understanding of respondents' points of access to health care, they were asked where they usually go first for their health care needs. More than half indicated that they typically first go to IHS in Fort Yates for their health care needs, as illustrated in Figure 9.

**Figure 9: Access Point to Health Care**




Community members were asked how far they lived from the hospital and clinic they usually go to. A slight plurality (N=12) reported living 31 to 60 minutes from the hospital they usually go to, while an almost equal number (N=11) indicated they live 10 to 30 minutes from the hospital. 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 can lead to hazardous driving conditions. With respect to distance to respondents' clinic of choice, a plurality (N=12) said they live 10 to 30 minutes from the clinic. Figures 10 and 11 illustrate these results.

**Figure 10: Respondent Travel Time to Hospital**

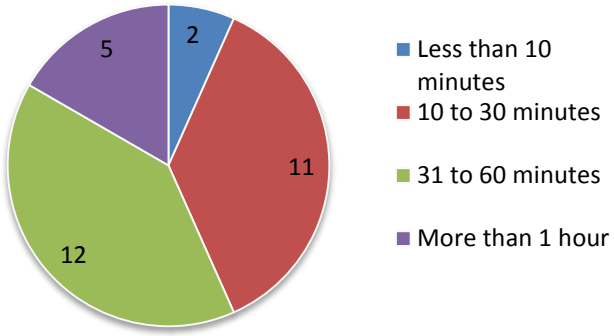
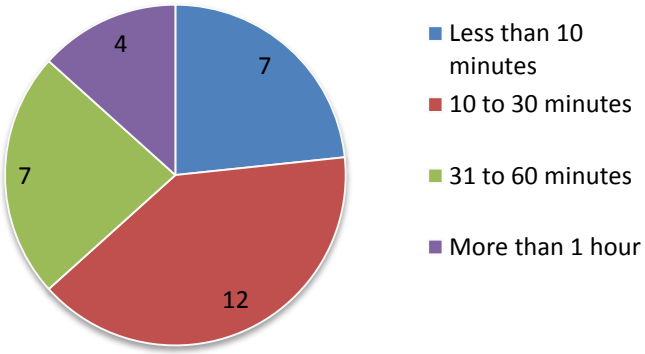
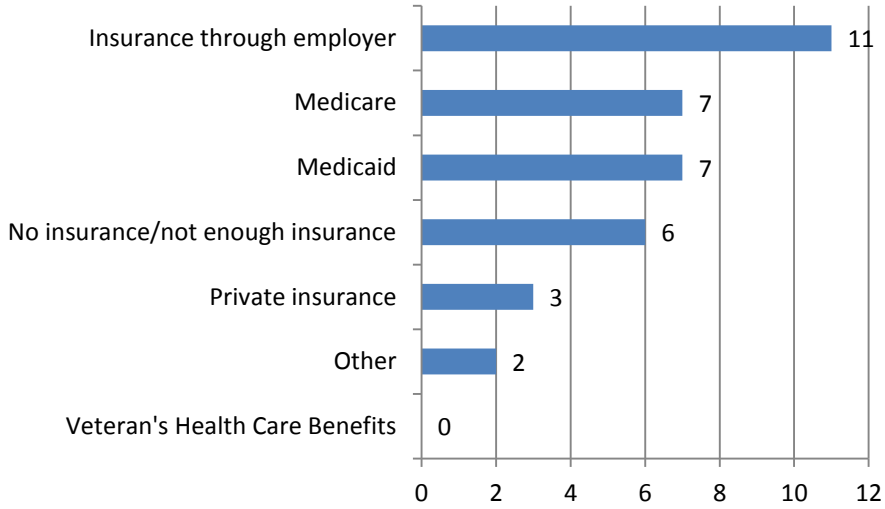



**Figure 11: Respondent Travel Time to Clinic**




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. As demonstrated in Figure 12, the most common insurance types were insurance through one's employer (N=11), Medicare (N=7), and Medicaid (N=7). As noted earlier and shown in Figure 8, a large majority of respondents (N=26) said they are eligible for care from the Indian Health Service.

**Figure 12: Insurance Status – Community Members**




## Community Assets, Collaboration, and Learning about Services

Survey-takers were asked what they perceived as the best things about their community in five categories: (1) people, (2) services and resources, (3) quality of life, (4) geographic setting, and (5) activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate that the most commonly identified community assets (with 14 or more respondents choosing them) are:

- quality school system and programs for youth;
- informal, simple, laidback lifestyle;
- the outdoors and nature; and
- the relatively small size and scale of the community.

Figures 13 to 17 illustrate the results of these questions.

**Figure 13: Best Things about the PEOPLE in Your Community**

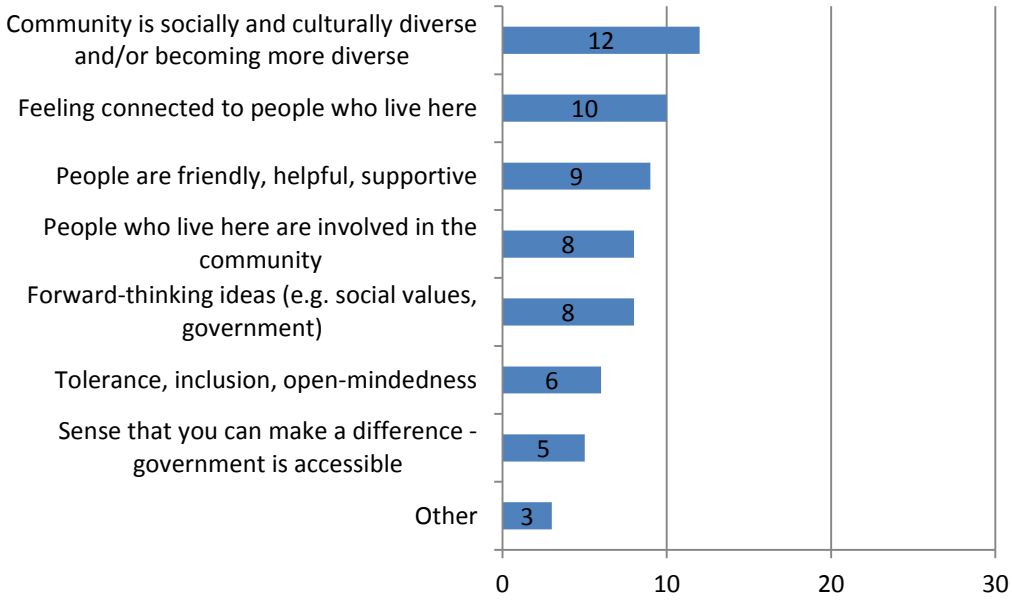



**Figure 14: Best Things about the SERVICES AND RESOURCES in Your Community**

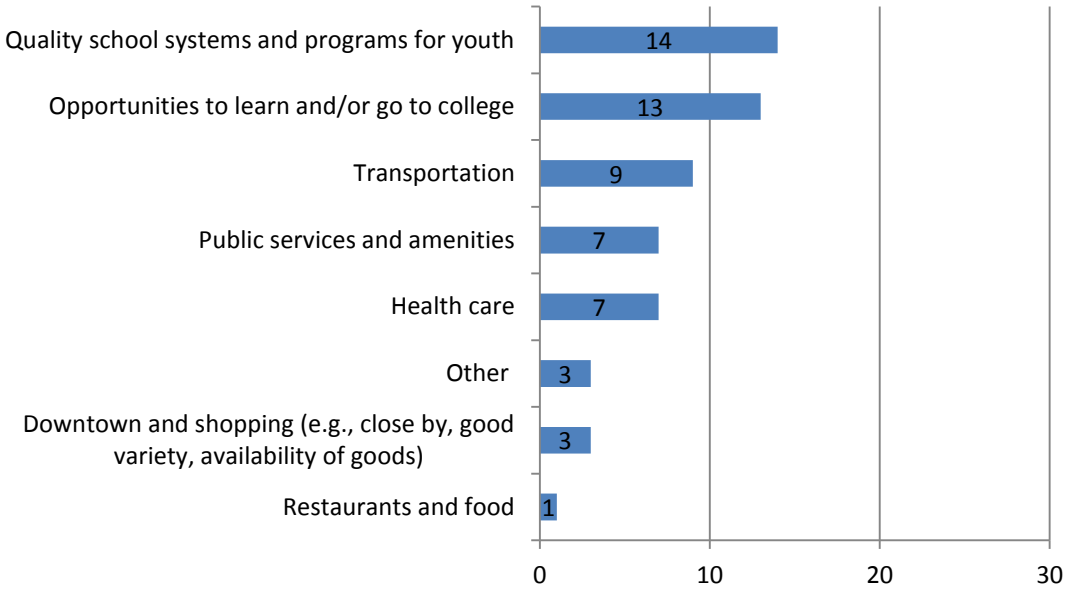


**Figure 15: Best Things about the QUALITY OF LIFE in Your Community**

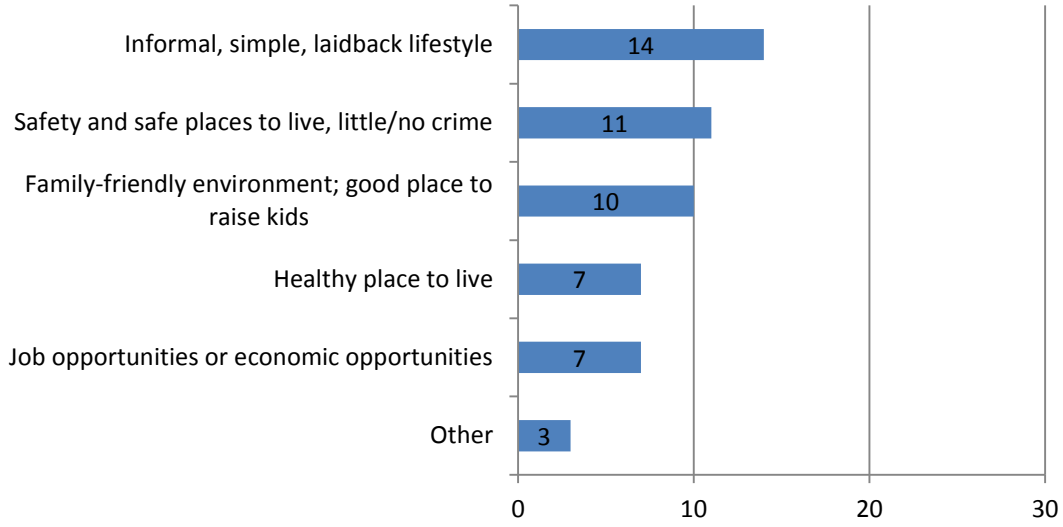



**Figure 16: Best Things about the GEOGRAPHIC SETTING of Your Community**

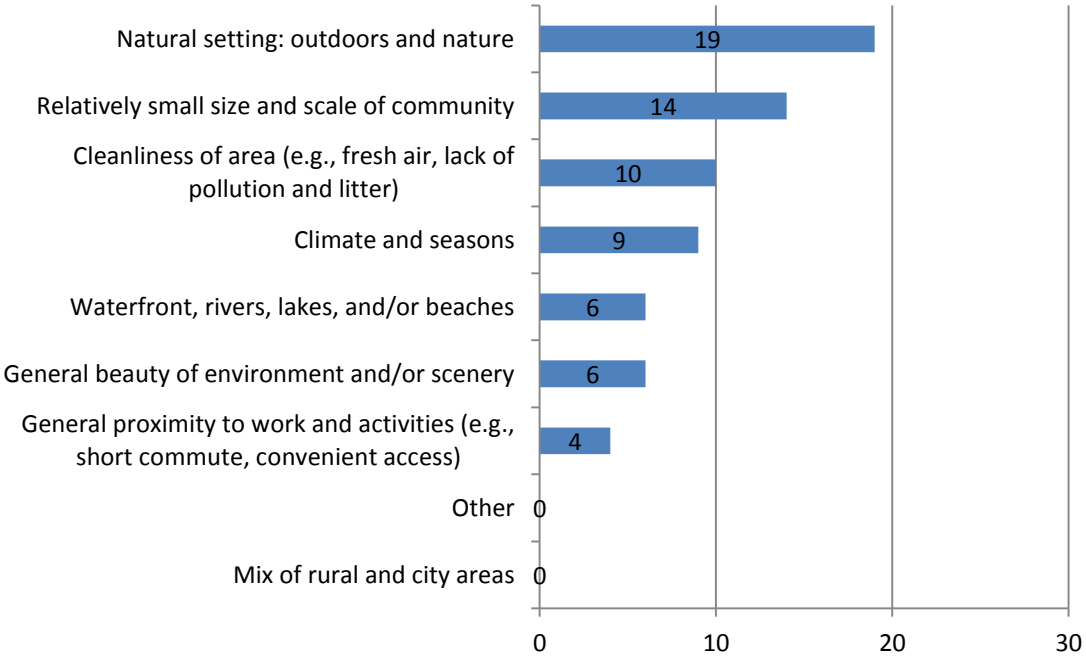
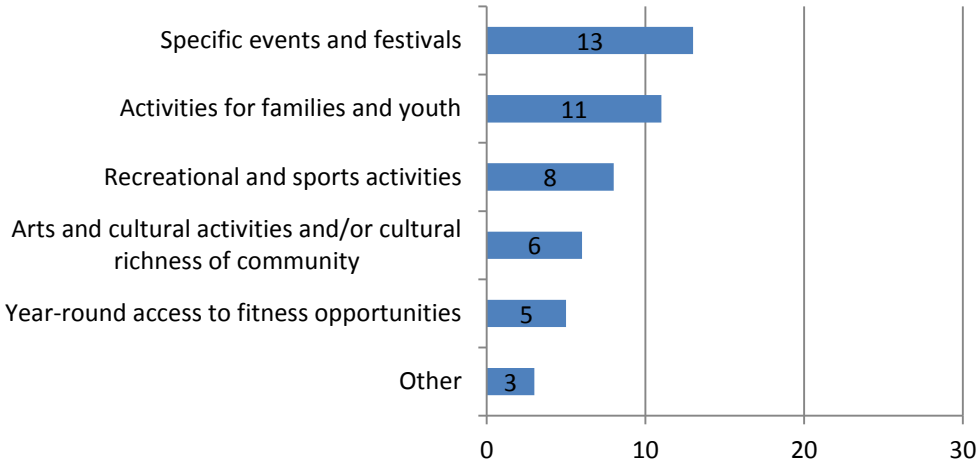


**Figure 17: Best Thing about the ACTIVITIES in Your Community**




For each category of potential community assets, an open-ended "other" option was provided. Twelve "other" responses were offered. They included:

- "Having a place to call home"
- "Church and gym"
- "Renaissance of cultural traditions"
- "Small rural place"
- "Seasonal events and festivals"
- "School basketball games – some weekend tournaments"

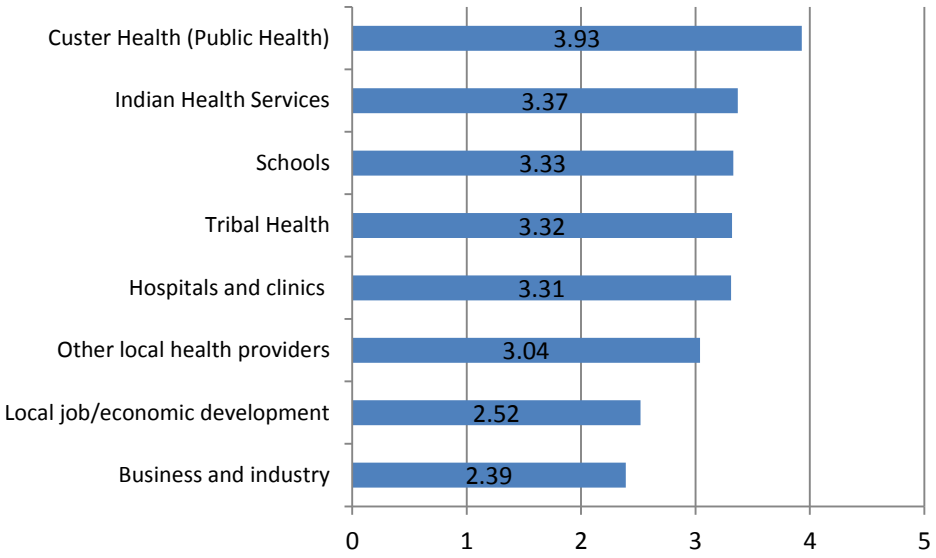
The survey also included the open-ended question, "What are other 'best things' about your community that are not listed in the questions above?" Twelve respondents answered this question. The most common responses revolved around the natural setting of the community (N=3), youth and schools (N=3), and the area's quietness (N=2). Among the comments were:

- "It is pretty quiet. I can hear the Meadowlarks. Clean air. Space to run and play."
- "Tourism attractions, hunting, fishing."
- "Quiet peaceful place, even on the weekends."
- "Being like a family."

Respondents were asked to evaluate the levels of collaboration in the community among various stakeholders and organizations. Specifically, they 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 there is room for improvement, especially among certain groups. Custer Health was viewed as being the most collaborative, while business and industry was seen as being the least collaborative group. Indicating the mean score on

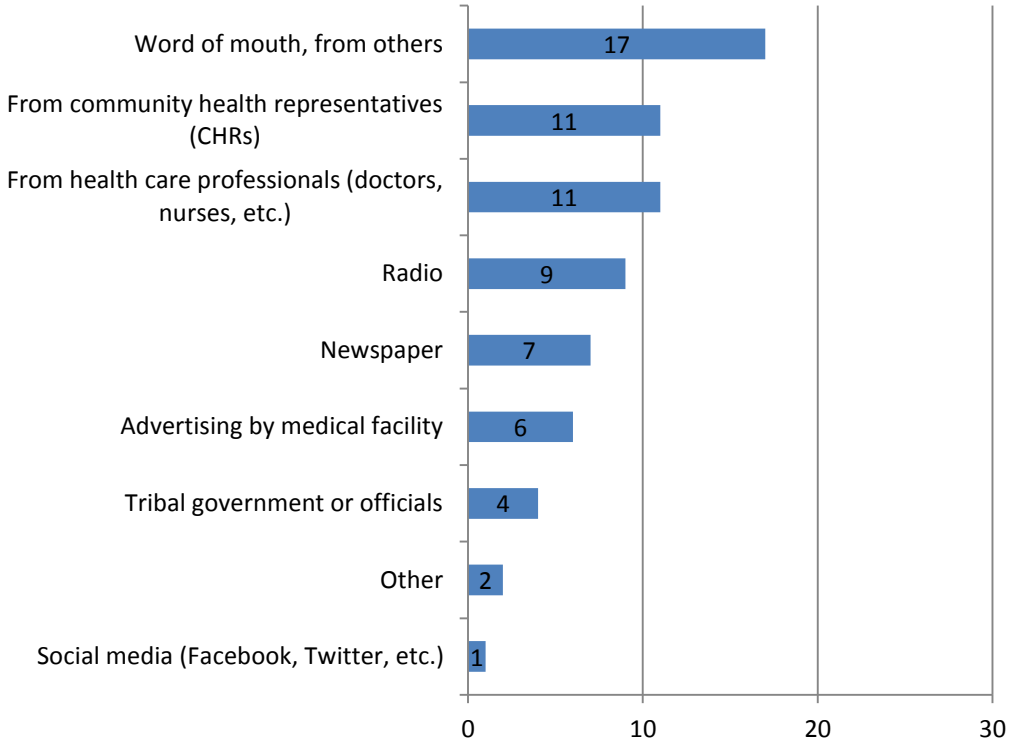
the 1-to-5 scale, Figure 18 illustrates community perceptions about collaboration among various organizations and groups.

**Figure 18: Community Collaboration**




The survey revealed that 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 from community health representatives and from health care professionals such as doctors and nurses. Only one survey-taker reported learning about health services from social media. Figure 19 shows these results.

**Figure 19: Sources of Information about Health Care Services**




## Community Concerns

At the heart of this health needs assessment was a survey section asking participants to review a wide array of potential community and health concerns in three 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 three categories of potential concerns were:

- concerns about access to health care;
- community/environmental concerns; and
- physical and mental health concerns.

The two most highly ranked concerns revolved around living conditions in Sioux County: poverty and not enough affordable housing. None of the top eight concerns came from the category "concerns about access to health care." Four concerns each came from the other two categories. The top eight community concerns as ranked by survey-takers (along with their average ranking on the 1-to-5 scale) were:

1. Poverty (4.80)
2. Not enough affordable housing (4.77)

3. Drug use and abuse (4.73)
4. Alcohol use and abuse (4.67)
5. Diseases that can be spread, such as sexually transmitted diseases or AIDS (4.57)
6. Suicide (4.57)
7. Physical violence, domestic violence, sexual abuse (4.53)
8. Crime and safety (4.50)

Other issues ranked highly (with a mean ranking of at least 4.40) were:

- Low wages, not enough to live on (4.48)
- Stress (4.48)
- Child abuse, bullying (4.47)
- Chronic disease, such as diabetes, kidney disease, and heart disease (4.47)
- Availability of doctors, nurses, specialists (4.41)
- Traffic safety, including speeding, road safety, and drunk driving (4.40)

Figures 20 through 22 illustrate these results in each of the three categories of potential concerns.

**Figure 20: Concerns about Access to Health Care**

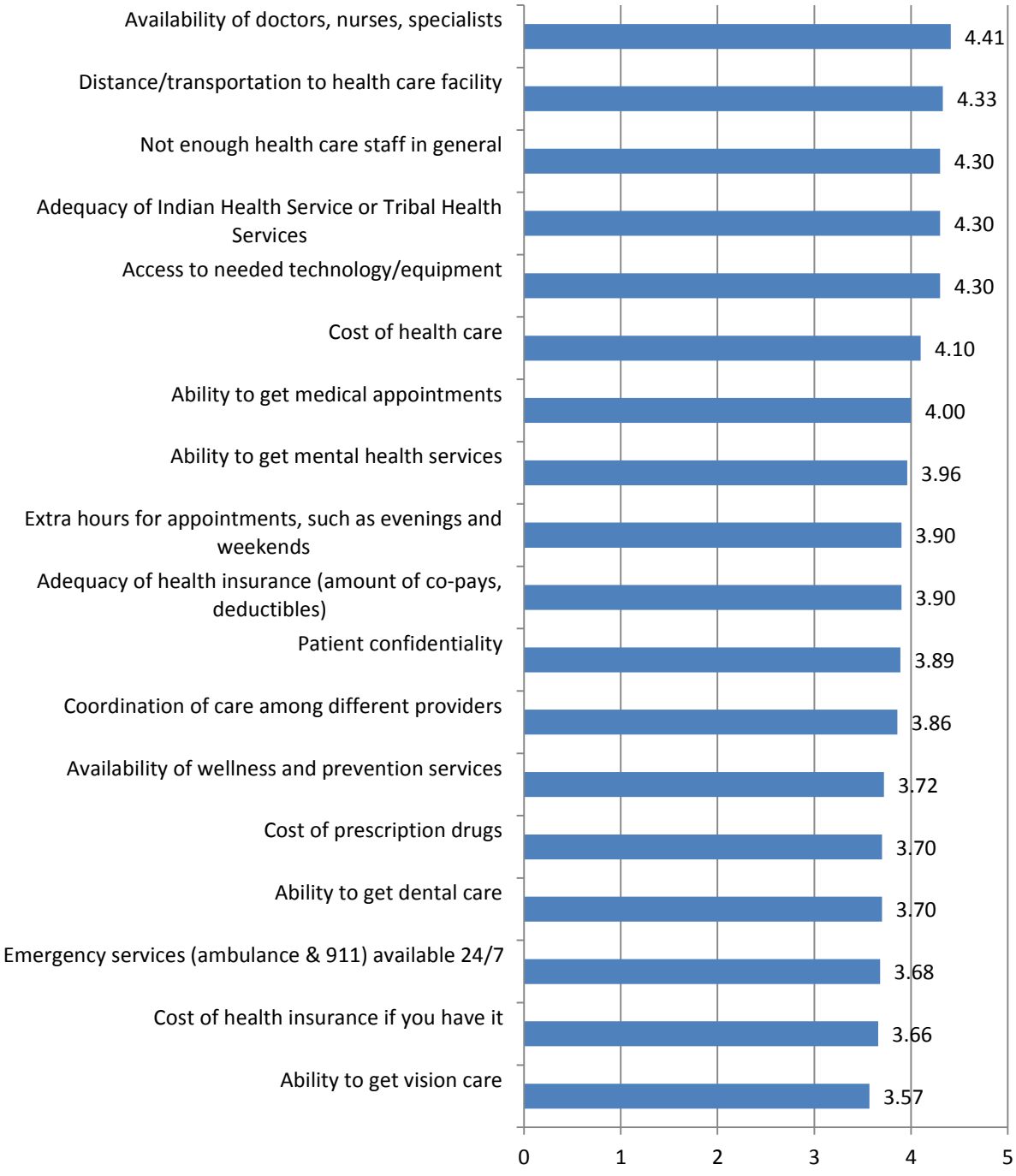


**Figure 21: Community/Environmental Concerns**

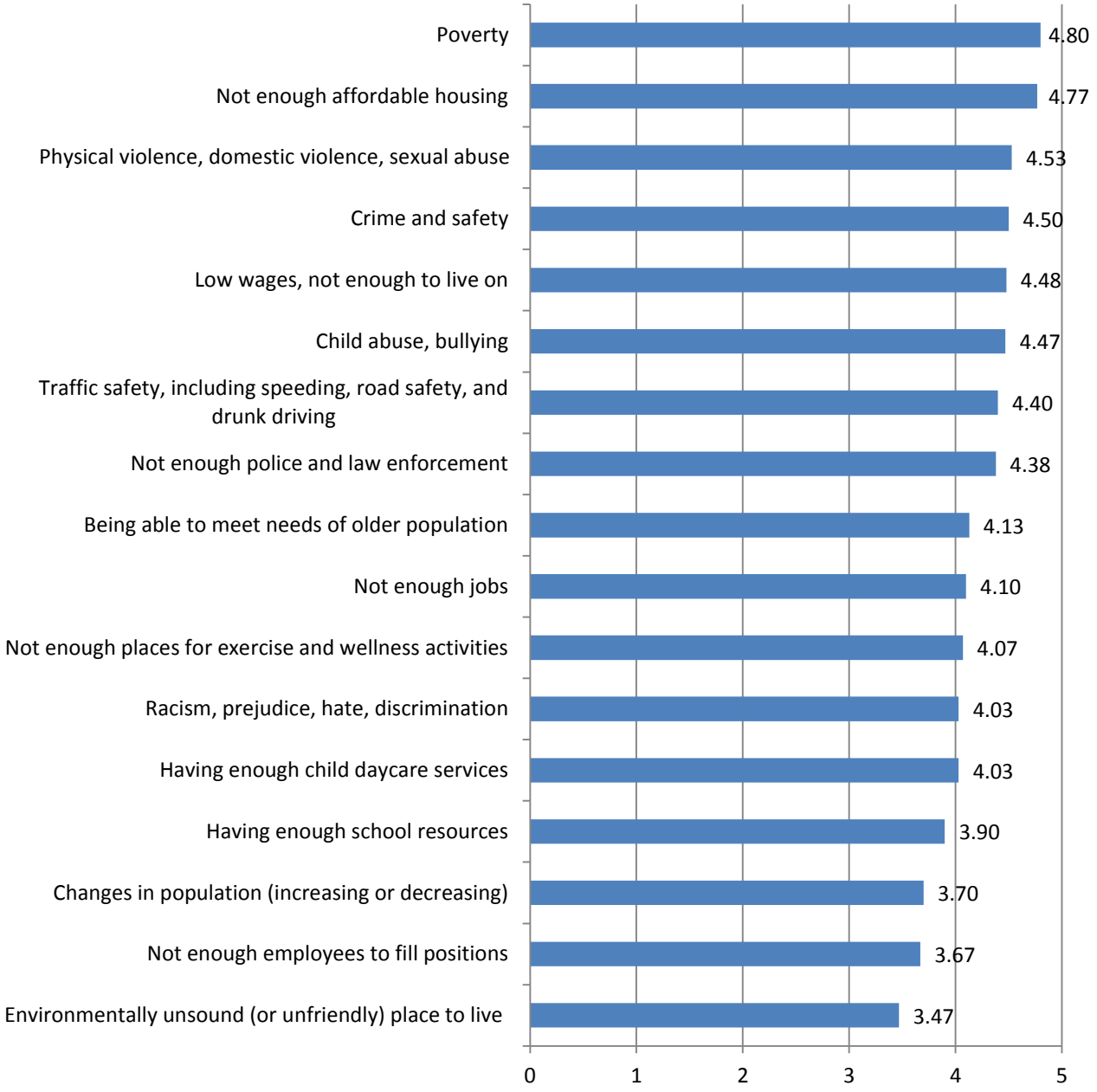
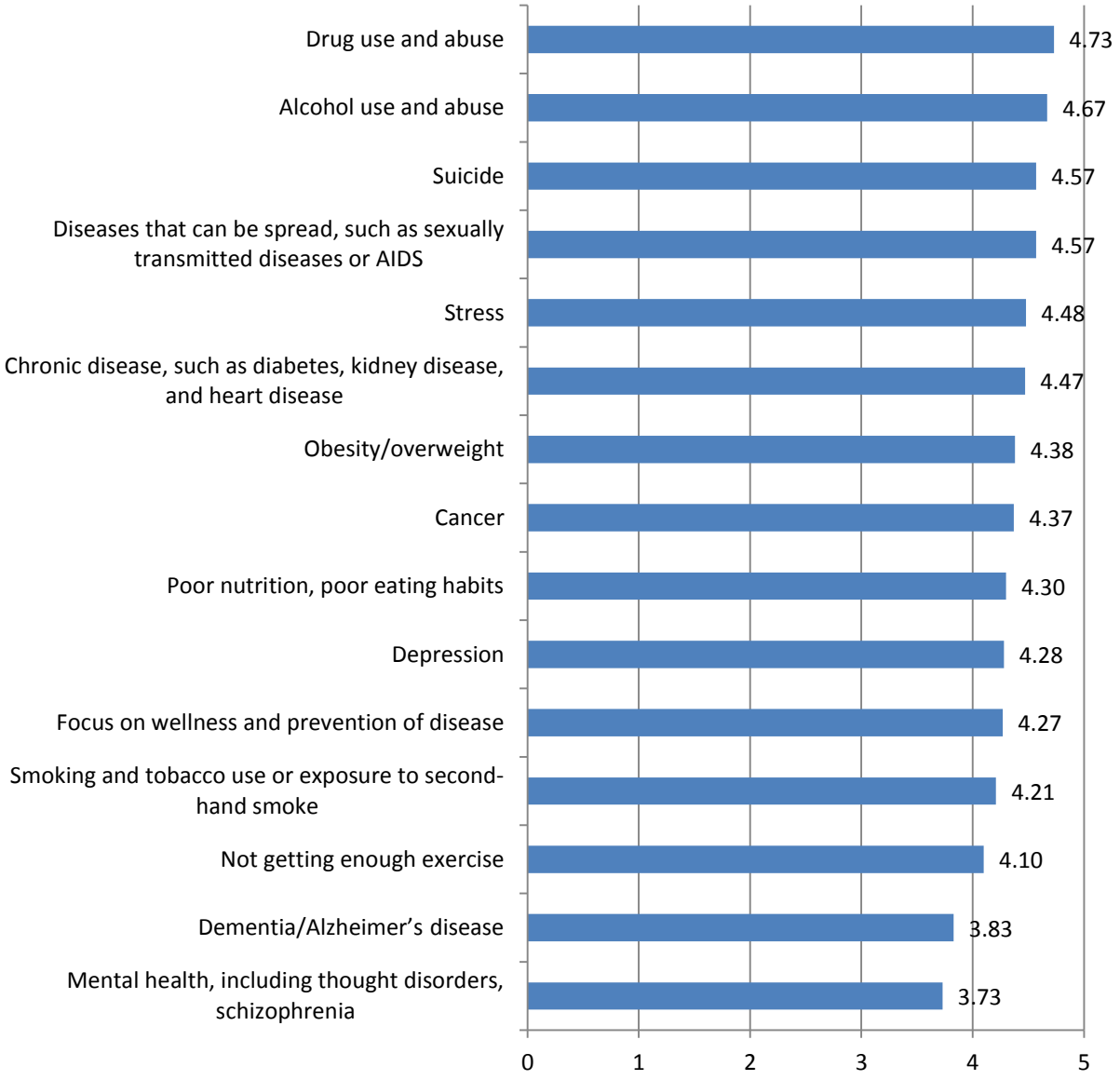


**Figure 22: Physical and Mental Health Concerns**




## 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. Respondents were allowed to choose multiple reasons.

Proximity (N=19), convenience (N=18), and eligibility for care from the Indian Health Service (N=16) topped the list of reasons that residents sought care locally, with cost (N=12) also garnering a fair number of responses.

The primary motivators for seeking care elsewhere were to receive high quality care (N=19) and for access to a specialist (N=19). These results are illustrated in Figures 23 and 24.

**Figure 23: Reasons Community Members Seek Health Care Services Close to Home**

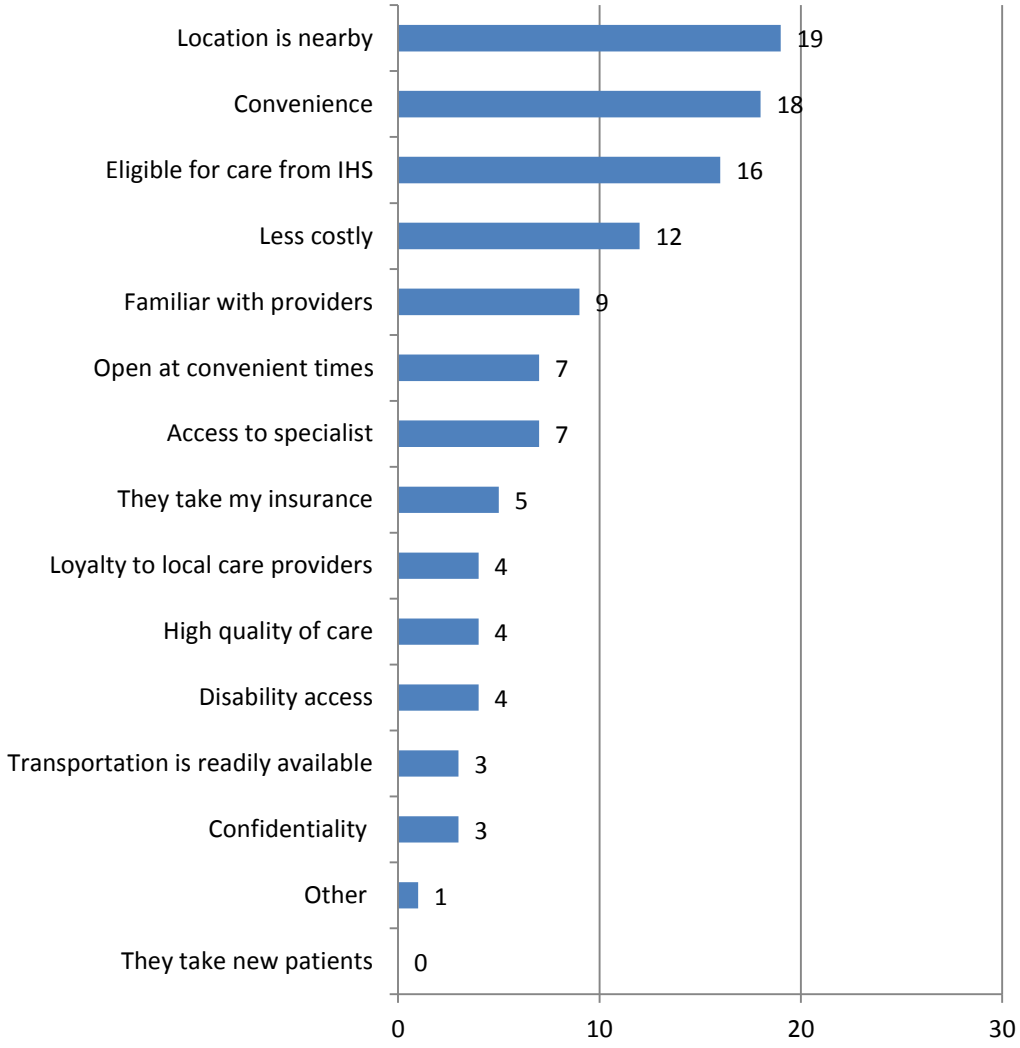
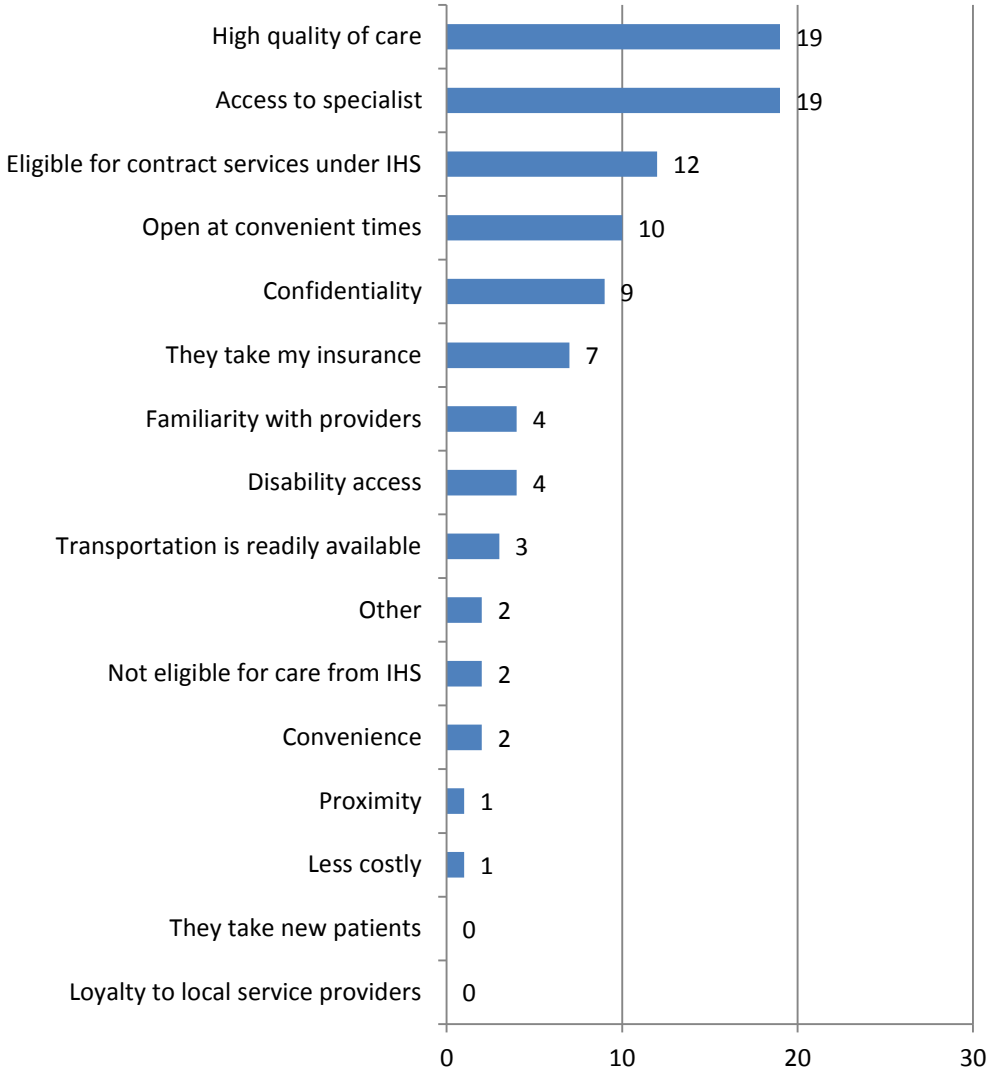


**Figure 24: Reasons Community Members Seek Services Out of the Area**




In an open-ended question, respondents were asked to share the specific health care services that they "need to travel out of the area to get." Twenty-three respondents provided an answer. The most common reasons were:

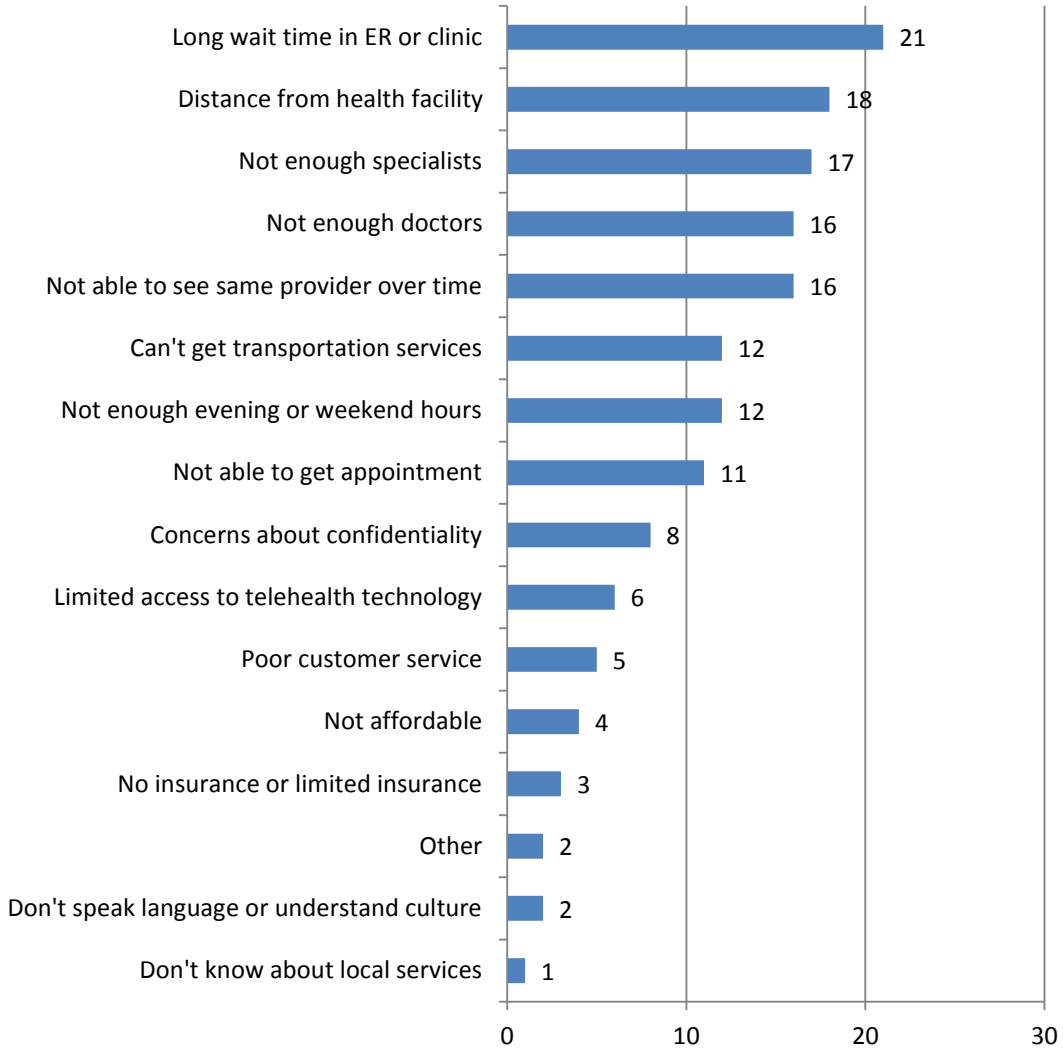
- access to specialists (N=6)
- surgical services (N=5)
- general referrals (N=4)
- vision care (N=2)
- cardiology services (N=2)

- pharmacy (N=2)
- cancer care (N=2)
- diabetes care (N=2)

The survey also solicited input from respondents about what specific health care services should be added to the clinic or hospital they usually go to. Nineteen respondents provided suggestions. The most common request (N=4) centered on providers, with respondents asking for longer-term doctors and high-quality providers. Other services requested by more than one participant were more specialists (N=3), after-hours appointments (N=2), enhanced inpatient care (N=2), vision care (N=2), and transportation options (N=2).

The survey asked residents what they see as barriers that prevent them or others from receiving health care. Echoing themes emerging in other portions of the assessment, the most prevalent barrier perceived by residents (N=21) was long wait times to be seen in clinics and emergency rooms. After long wait times, the next most commonly identified barriers were distance from a health facility (N=18), not enough specialists (N=17), not enough doctors (N=16), and not able to see the same provider over time (N=16). Figure 25 illustrates these results.

**Figure 25: Perceptions about Barriers to Care**




## 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." Thirteen participants provided responses, sharing a wide range of concerns and advice, with no apparent collective themes emerging from responses. Three respondents recommended greater clinic access, specifically suggesting (1) an additional location (in Porcupine), (2) expanded clinic hours and days, and (3) focusing clinics on particular groups, such as the

elderly. Two people suggested that implementation and taking action are key to improving health. Specific comments included:

- Renaissance of specialists and specialty clinics at IHS.
- This [survey] is a start. Don't stop there. Implementing is key.
- It is up to the people to be responsible for themselves. They can be told, showed reasons to not drink, smoke, take precautions in their life, but it's up to them.
- Need clinics for some of our elderly in the community or care takers.
- Just do it. Less talk about it.
- Too long of a wait for referral to specialist. More dental care and mental health.

# Findings from Key Informant Interviews

Questions about the health and well-being of the community, similar to those posed in the survey, were explored 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 may be grouped into six categories (listed in no particular order):

1. Dissatisfaction with IHS (including long wait times and not seeing the same provider over time)
2. Lack of transportation
3. Substance abuse issues
4. Violence and sexual abuse (including domestic violence and child abuse/neglect)
5. Suicide
6. Not enough police/crime/safety

A more detailed discussion about these issues follows:

### 1. Dissatisfaction with IHS

The concern most commonly expressed during key informant interviews centered on dissatisfaction with, and perceived inadequacy of, the Indian Health Service facilities and services in the area. Several people commented on either experiencing or hearing about very long wait times to be seen for medical services. One participant explained that it is

extremely difficult for people who are employed to take the time to go to IHS because it could end up taking a full day or more to be seen. They described a situation in which people are not able to make appointments, and so they show up and, depending on the severity of their malady, are generally seen on a first-come, first-served basis. If, at closing time, a patient has not yet been seen, they need to return the following day and continue to wait.

Several interviewees also shared frustration with the lack of continuity of providers. They said that it is rare to see the same provider twice so that it is impossible to develop any kind of meaningful provider-patient relationship. They said this not only makes it difficult to establish a trusting relationship in health care, but it also results in an inefficient system in which they need to report their (sometimes lengthy) health history at every appointment.

Participants also raised a perception that providers and other health care staff at IHS sometimes seem as though they are being "bothered" by the patients. Some interviewees suggested that many in the community avoid getting health care services because of the attitude of the staff and providers.

It also should be noted that while interviewees expressed a great deal of dissatisfaction with IHS, some of them said it was more an issue of limited budgets rather than operational issues or mismanagement. As one participant said, "There are just not enough resources."

Specific comments included:

- Some doctors at IHS don't believe that you are in pain or that something is wrong with you. It seems like it's a bother to them for you to even go in to see them.
- Not sure how many doctors there are but there always seems to be a waiting list and it's always hard to get in to see them, and you never seem to have the same doctor.
- You very seldom see the same doctor twice.
- IHS problems are mainly budgetary because treaty obligations are not being fulfilled.
- Because of budget cuts, IHS won't refer you unless you're on your death bed. Some people go without because IHS won't refer them. Without the referral you are on your own.
- There's not enough time in the day for the doctors to see everyone that needs it. You can go to the clinic at 7 AM when the doors open and you might not

even see a doctor that day and may need to come back. Even if you have an appointment it will be an eight-hour day to go to IHS to get help.

- IHS funding is a huge issue. They just keep strangling that budget. Students can go in with a broken arm and be given an ace bandage and told to go home and take ibuprofen.

### 2. Lack of transportation

When discussing the many barriers that prevent community members from getting needed care, interview participants continually returned to the issue of transportation. While in many areas of rural North Dakota transportation is an issue primarily for elderly residents, in Sioux County this concern affected a broader base of the population. Not only were there concerns about residents lacking a reliable mode of transportation, but there also were concerns about access to telephones so that residents are able to make arrangements for transportation.

Some interviewees were aware of a bus service that can take community members to Bismarck, but they also noted a number of limitations with the service, including cost and the lack of awareness that – and even confusion about whether – the bus service will pick up residents from their homes.

Specific comments from participants included:

- Distance and transportation to health care is a big, big problem here. It's a big problem for not only elderly but handicapped as well. Many people don't get regular checkups or see a doctor on a regular basis because they simply can't make it.
- Transportation is always a major thing with whatever goes on.
- Transportation is a big issue for Native people. It's a big barrier. Lot of people don't have telephones for communication. Transportation is one of the bigger problems. People can't get to appointments.
- Standing Rock has transportation through Sitting Bull College. A lot of people use that. It takes people to Bismarck for appointments and so forth. It can also bring them into Fort Yates from their homes. But a person has to be organized enough and meet the times to get there.
- Transportation is the number one barrier.
- Lack of transportation affects everyone. Standing Rock transport bus is a minimum cost of 50 cents and $2 to go to Bismarck. There are so many people that won't spend the $2 to get taken to Bismarck. It will pick people up.

### 3. Substance abuse issues

Substance abuse, especially drug abuse, was viewed as a growing problem in the area. Participants talked about the ongoing issues with marijuana use while noting the increasing prevalence of meth and prescription drugs. There was a sense that drug use has become "normalized," especially among youth, and that major efforts are needed to change deep-seeded attitudes toward drug and alcohol use.

Interviewees mentioned that substance abuse issues are at the heart of many of the other issues that were raised during the assessment. There was a suggestion that if the substance abuse issues could be addressed, many of the other community's challenges would be easier to tackle. There also was, from some key informants, a sense of resignation that the substance abuse problems are so ingrained in the community that it would take years and major efforts to solve them.

Data compiled by County Health Rankings echo the concerns expressed by interviewees. The rate of excessive drinking in Sioux County (which includes both binge drinking and heavy drinking) is five points higher than the state average and the rate of alcohol-impaired driving deaths is almost 50% higher than the state rate. These concerns of interview participants also are consistent with those of the survey-takers, who ranked drug use/abuse and alcohol use/abuse and the third and fourth most pressing concerns, respectively, out of 50 listed potential concerns.

Interview participants' comments included:

- Drug deals are made right on school grounds.
- CHR's and tribal health are supposed to be having workshops to inform people about the harms of drugs … they are trying but it doesn't seem like they are trying enough! Some of the schools are addressing some of the problems, to me I think they need to get more people to get out into the schools and talk about these problems, teachers just aren't qualified to be doing this.
- Marijuana used to be a big problem but now days it's meth. You get one dealer out of the way and more pop up. The officers say it's getting worse and worse.
- Meth is a problem. Prescription drugs is a problem. People think if it's prescription it must be safe, but they still abuse it!
- Alcohol use and abuse is on the top of the list. Drugs too.
- It's getting worse. You see it more, people stealing from each other to buy drugs. There's more meth. Pretty girls and handsome men walking around with no teeth, bad complexion.

- Alcohol and drugs are causing all sorts of problems, like physical and mental health.
- Meth is getting bad. Prescription drugs is the big one. A lot of our people who get injured go to IHS, get pain pills, and get hooked. People are selling their pills.
- Filled with meth dealers, drug users, alcohol, and with that comes all of the other problems—elderly abuse, gang fights, young people not going to school because they are either drunk or in jail and not able to go.
- Drug and alcohol abuse is huge. That's no secret.

### 4. Violence and sexual abuse

There was a sense among interviewees that violence, especially domestic violence and sexual abuse, is more common in the area than many people realize. Participants said that children especially were vulnerable and that the systems in place to protect children often fail. More than one interviewee suggested children often are taken from one bad situation and placed into an even worse situation.

As far as resources to help victims of domestic violence, it was noted that there are mental health services through IHS, but that they are not enough. One interviewee said the program only takes about 12 clients and the people who really should be receiving the services simply cannot get in. They also noted there are services through Tribal Health, but again, they are insufficient.

As with substance abuse issues, the concerns expressed by key informants mirrored those of the survey-takers. Of the 50 potential concerns, those taking the survey ranked both physical violence (including domestic violence and physical abuse) and crime and safety among the top eight community concerns. Child abuse and bullying also were ranked as important concerns by those taking the survey.

Specific comments from key informants included:

- Physical, emotional, and sexual abuse is a very good sized issue down here. They do have an abuse center here and they have tackled a lot of it.
- Amount of child abuse and neglect is "staggering." Kids are being taken out of homes and put in awful homes with no running water, etc.
- Drugs and alcohol are getting worse, and they lead to domestic violence and child abuse.
- Child and sexual abuse is always a huge problem on the reservation.
- Sexual abuse is rampant. There's also physical abuse, emotional abuse.

- There's a lot of domestic abuse, but hopefully it's getting better.
- Sexual abuse among youth is a problem.

### 5. Suicide

Interview participants shared both personal experiences with suicide as well as community-oriented concerns about it. It was described as a long-standing, steady problem that's "been pretty constant for the last 35 years." Participants tended to talk about suicide among youth more than among adults. Suggestions were made to find more ways for adults to engage with the youth as a way to prevent suicides. There were also concerns that after a suicide, some ways of honoring the deceased individual "turns into a shrine" and it "becomes almost a glory thing," which does not help to discourage suicide among other youth.

These community members' perceptions appear to be well-founded, as Sioux County has the highest rate of suicide of any rated North Dakota county, according to CDC data.

Among specific comments about this issue were:

- Suicide used to be a really big problem—established a hot line now and it's being talked about and they are doing what they can at the moment.
- Suicide is a huge issue in the fall, holidays, and spring when people get out of school…not sure all of the factors. There are a lot of youth and some adults as well.
- I ask myself why aren't there more suicides, considering the living conditions the kids here put up with.
- We have some mental health services, but people don't go because it gets spread all over town. Someone who works there tells someone and they tell someone and pretty soon everyone knows.

### 6. Not enough police/crime and safety

Issues related to safety, crime, and the adequacy of law enforcement came up repeatedly during key informant interviews. The most oft-cited concern was that there simply is not enough law enforcement personnel to cover all of Standing Rock. Response times are perceived as being extremely long at times, which leads to feelings of insecurity among residents, especially in the more rural areas. Some interviewees thought that this issue has become more acute recently, while others perceived as an ongoing issue. Most agreed that the solution was to increase the number of law enforcement officers and said increased visibility of police would deter much of the crime now occurring.

Participants' specific comments included:

- Standing Rock is supposed to have 32-40 police officers working on it and they don't even come close to that number.
- Crime is definitely on the rise.
- Crime is always increasing and safety is always decreasing.
- Not having enough police and law enforcement is a given here.
- Police and law enforcement is another big concern. There's not enough and the response time might be long … it might just be one person covering the whole North Dakota side.
- Crime and safety is the number one concern. We have people walking into houses in broad daylight and stealing stuff. It's mostly juveniles and we're not doing anything about it.
- I don't know the situation with the police and law enforcement … I know at times we have had more law enforcement, not sure what the situation is now. This is a large area and the reservation doesn't recognize the state line so it takes a long time to get any place.

# Priority of Health Needs

A group of six community members and public health professionals met in Sioux County on June 25, 2014. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health and community concerns, community collaboration, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top five community health needs. All of the potential needs were listed on larger poster boards, and each member was given five stickers to place by the five needs they thought were the most significant. Group members were advised they could consider a number of criteria when prioritizing needs, such as a need's burden, scope, severity, or urgency, as well as disparities associated with the need and the overall importance the community places on addressing the need. The results were totaled, and the concerns most often cited were:

- Elevated level of sexually transmitted infections/spreadable diseases (3 votes)
- Elevated rate of severe housing problems (3 votes)
- Dissatisfaction with IHS/Long waits for health care/Access to provider (3 votes)

Following the voting and additional discussion among the group, participants noted that some of the other issues that received votes were interrelated. The group decided to pool the issues of high rate of diabetes, low rate of physical activity, and elevated rates of adult obesity into one category, called healthy lifestyles. These three categories combined received four votes. Thus, the most significant community health needs facing Sioux County as determined by this small group were:

- Elevated level of sexually transmitted infections/spreadable diseases
- Elevated rate of severe housing problems
- Dissatisfaction with IHS/Long waits for health care/Access to provider
- Promotion of healthy lifestyle choices

A summary of this prioritization may be found in Appendix D. Using a logic model, the group then began the second portion of the meeting: a strategic planning session to find ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of planning necessary to create a comprehensive implementation strategy. Instead, they spent their time working on potential ideas to address two of the needs: (1) promoting healthy lifestyle choices, and (2) curbing the rate of sexually transmitted infections.

# Appendix A –Survey Instrument

## Community Health Needs Survey

Center *for* Rural Health
The University of North Dakota School of Medicine & Health Sciences

Custer Health
*For a healthier way of life.*

Custer Health is interested in hearing from you about area health needs. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of Custer Health. The focus of this effort is to:

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

Please take a few moments to complete the survey. 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 the Center for Rural Health, 701.777.6046, kenneth.hall@med.und.edu.

***Your opinion matters – thank you in advance!***

### Community Health and Wellness Concerns

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

| Access to health care | Less of a concern | | | | More of a concern |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Ability to get dental care | | | | | |
| Ability to get vision care | | | | | |
| Access to needed technology/equipment | | | | | |
| Adequacy of Indian Health Service or Tribal Health Services | | | | | |
| Adequacy of health insurance (amount of co-pays, deductibles) | | | | | |
| Availability of doctors, nurses, specialists | | | | | |
| Ability to get medical appointments | | | | | |
| Ability to get mental health services | | | | | |
| Availability of wellness and prevention services | | | | | |
| Coordination of care among different providers | | | | | |
| Cost of health care | | | | | |
| Cost of health insurance if you have it | | | | | |
| Cost of prescription drugs | | | | | |
| Distance/transportation to health care facility | | | | | |
| Emergency services (ambulance & 911) available 24/7 | | | | | |
| Extra hours for appointments, such as evenings and weekends | | | | | |
| Not enough health care staff in general | | | | | |
| Patient confidentiality | | | | | |
| Other. Please specify: | | | | | |

| Community/environmental concerns | Less of a concern | | | | More of a concern |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Having enough child daycare services | | | | | |
| Having enough school resources | | | | | |
| Being able to meet needs of older population | | | | | |
| Changes in population (increasing or decreasing) | | | | | |
| Crime and safety | | | | | |
| Environmentally unsound (or unfriendly) place to live | | | | | |
| Not enough places for exercise and wellness activities | | | | | |
| Not enough affordable housing | | | | | |
| Not enough employees to fill positions | | | | | |
| Not enough jobs | | | | | |
| Not enough police and law enforcement | | | | | |
| Low wages, not enough to live on | | | | | |
| Poverty | | | | | |
| Racism, prejudice, hate, discrimination | | | | | |
| Traffic safety, including speeding, road safety, and drunk driving | | | | | |
| Physical violence, domestic violence, sexual abuse | | | | | |
| Child abuse, bullying | | | | | |
| Other. Please specify: | | | | | |

| Physical and mental health concerns | Less of a concern | | | | More of a concern |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Alcohol use and abuse | | | | | |
| Cancer | | | | | |
| Chronic disease, such as diabetes, kidney disease, and heart disease | | | | | |
| Dementia/Alzheimer's disease | | | | | |
| Depression | | | | | |
| Diseases that can be spread, such as sexually transmitted diseases or AIDS | | | | | |
| Drug use and abuse | | | | | |
| Focus on wellness and prevention of disease | | | | | |
| Not getting enough exercise | | | | | |
| Mental health, including thought disorders, schizophrenia | | | | | |
| Obesity/overweight | | | | | |
| Poor nutrition, poor eating habits | | | | | |
| Smoking and tobacco use or exposure to second-hand smoke | | | | | |
| Stress | | | | | |
| Suicide | | | | | |
| Other. Please specify: | | | | | |

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

_____

2

## Community Assets/Best Things about Your Community

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

Q2a. 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) | ☐ | Sense that you can make a difference – government is accessible |
| ☐ | People who live here are involved in the community | ☐ | Tolerance, inclusion, open-minded |
| ☐ | People are friendly, helpful, supportive | ☐ | Other (please specify)_____ |

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

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

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

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

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

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

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

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

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

_____

_____

## Learning About and Receiving Health Care Services

Q3. Do you receive care from the Indian Health Service? ☐ Yes ☐ No

Q4. Where do you usually go first to receive health care?

- ☐ Standing Rock IHS Hospital, Fort Yates
- ☐ McLaughlin IHS Health Center
- ☐ Cannonball IHS Health Station
- ☐ Bullhead IHS Health Station
- ☐ Wakpala Health Station
- ☐ Jacobson Memorial Hospital Care Center and Clinics, Elgin
- ☐ Linton Hospital & Clinics
- ☐ Sanford Health, Bismarck
- ☐ St. Alexius Medical Center, Bismarck
- ☐ Mobridge Regional Hospital
- ☐ Other: (Please specify) _____

Q5. 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

Q6. 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

Q7. What specific health care services do you need to travel out of the area to get?

_____

_____

Q8. What specific health care services, if any, do you think should be added to the clinic or hospital you usually go to, and why?

_____

_____

Q9. Where do you find out what medical services are available in your area?

- ☐ Word of mouth, from others
- ☐ Advertising by medical facility
- ☐ Newspaper
- ☐ Radio
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal government or officials
- ☐ From health care professionals (doctors, nurses, etc.)
- ☐ From community health representatives (CHRs)
- ☐ Other: (Please specify) _____

## Delivery of Health Care

Q10. 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
- ☐ Loyalty to local care providers
- ☐ Open at convenient times
- ☐ Location is nearby
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other: (Please specify)_____

Q11. 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
- ☐ Not eligible for care from IHS
- ☐ Eligible for contract health services under IHS
- ☐ Less costly
- ☐ Loyalty to local service providers
- ☐ Open at convenient times
- ☐ Proximity
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other: (Please specify)_____

Q12. What barriers prevent you or other community members from receiving health care? (Choose ALL that apply.)

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

_____

Q13. Please rank the level of collaboration, or how well these groups work with others in the community, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

| Community Collaboration | No collaboration | | | | Excellent collaboration |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Business and industry | | | | | |
| Custer Health (Public Health) | | | | | |
| Hospitals and clinics | | | | | |
| Indian Health Services | | | | | |
| Local job/economic development | | | | | |
| Other local health providers | | | | | |
| Schools | | | | | |
| Tribal Health | | | | | |

SURVEY CONTINUES ON THE NEXT PAGE

## Demographic Information

Please tell us about yourself.

Q14. Listed below are some general health conditions/diseases. Please select ALL that apply to you.

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

Q15. 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: _____

Q16. 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

Q17. 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

Q18. Gender:

- ☐ Female
- ☐ Male

Q19. Your zip code: _____

Q20. Marital status:

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

Q21. Employment status:

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

Q22. Annual household income before taxes:

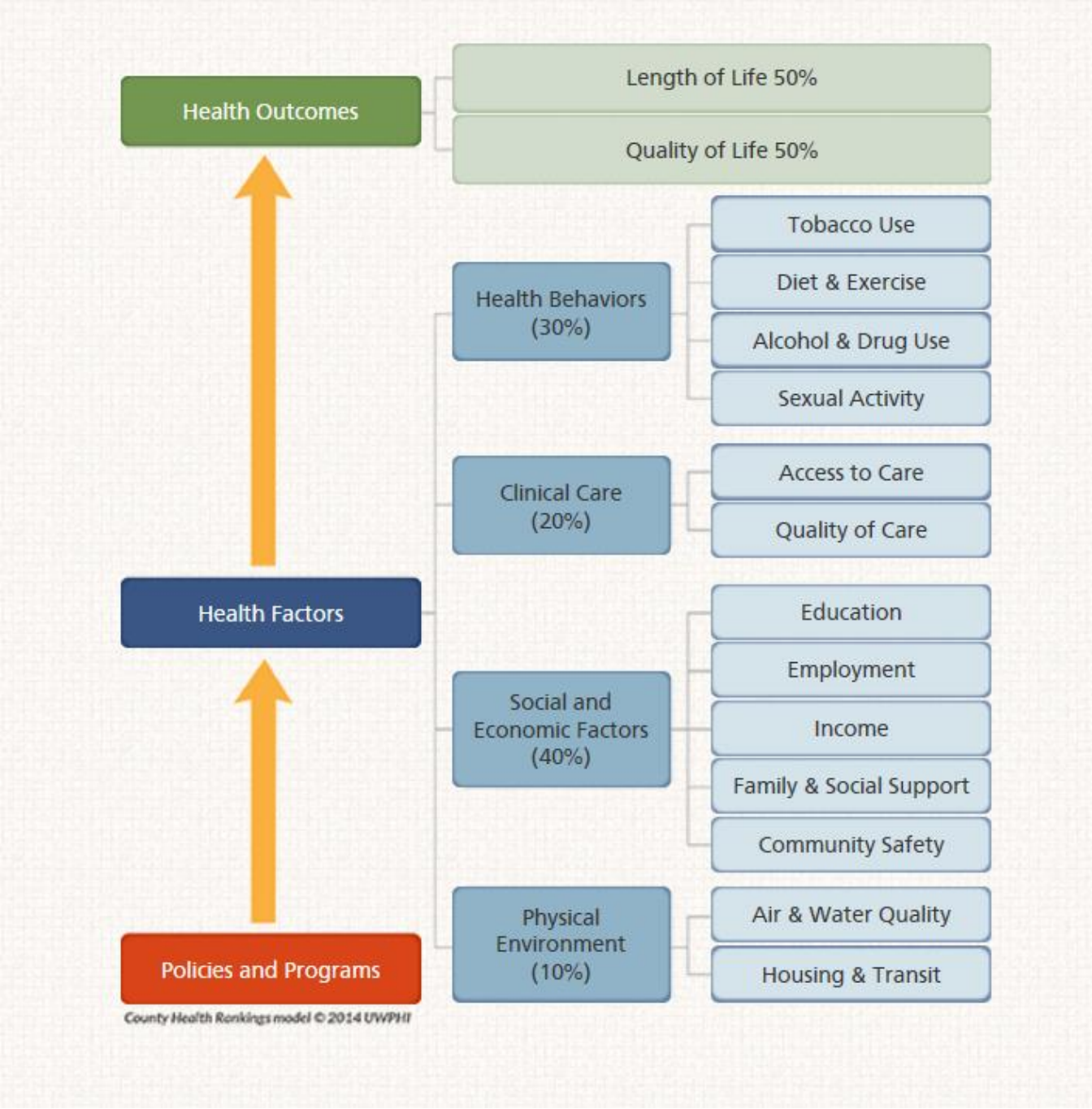
- ☐ $0 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 and over
- ☐ Prefer not to answer

Q23. Overall, please share concerns and suggestions to improve the delivery of local health care.

***Thank you for assisting us with this important survey!***

7

# Appendix B – County Health Rankings Model



# Appendix C – Custer District Community Health Profile

## Custer District Community Health Profile

### POPULATION

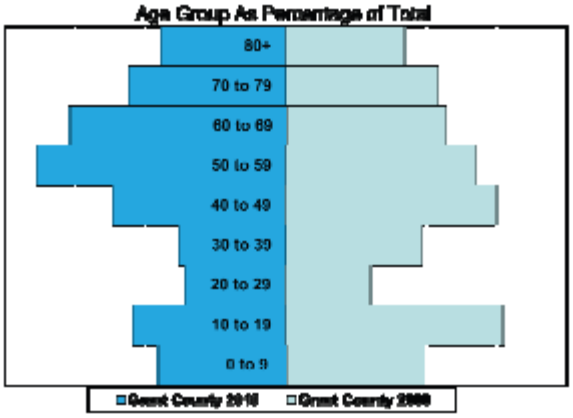
The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the full (100%) census taken in 2010 or from the Community Population Survey aggregrated over a several year period. The table header describes the specific years from which the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

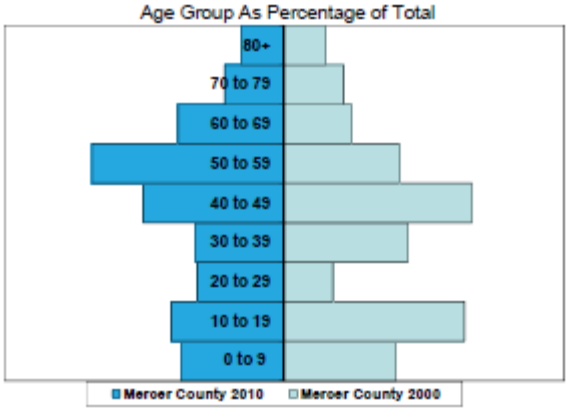
| Population by Age Group, 2010 Census | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Age Group | Grant County | | Mercer County | | Morton County | | Oliver County | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| 0-9 | 218 | 9.1% | 936 | 11.1% | 3644 |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

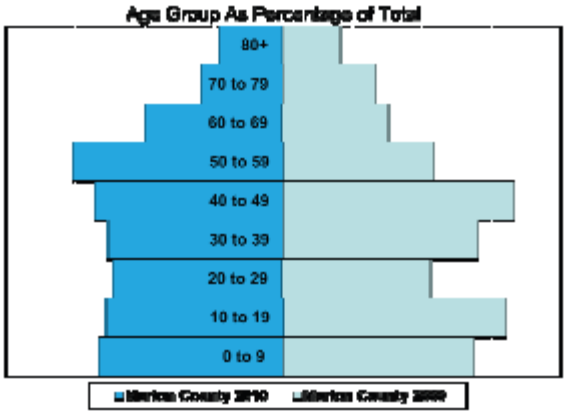
| Population by Age Group, 2010 Census | | | | | | |
|---|---|---|---|---|---|---|
| Age Group | Sioux County | | Custer District | | North Dakota | |
| | Number | Percent | Number | Percent | Number | Percent |
| 0-9 | 916 | 22.1% | 5,933 | 13.4% | 84,671 | 12.6% |
| 10-19 | 769 | 18.5% | 5,777 | 13.0%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

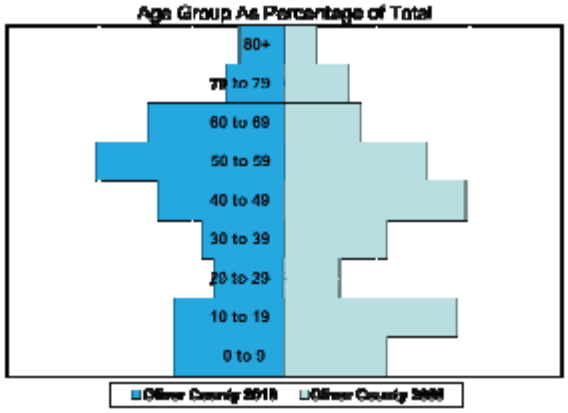
# Custer District Community Health Profile

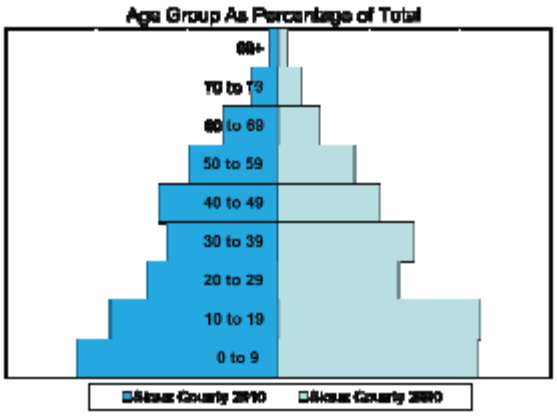
## POPULATION

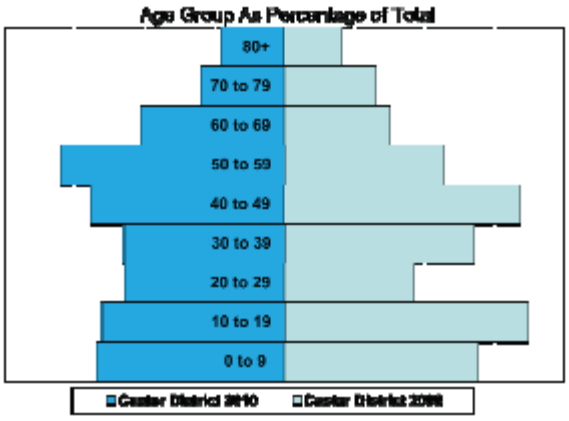


# Custer District Community Health Profile

## POPULATION

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

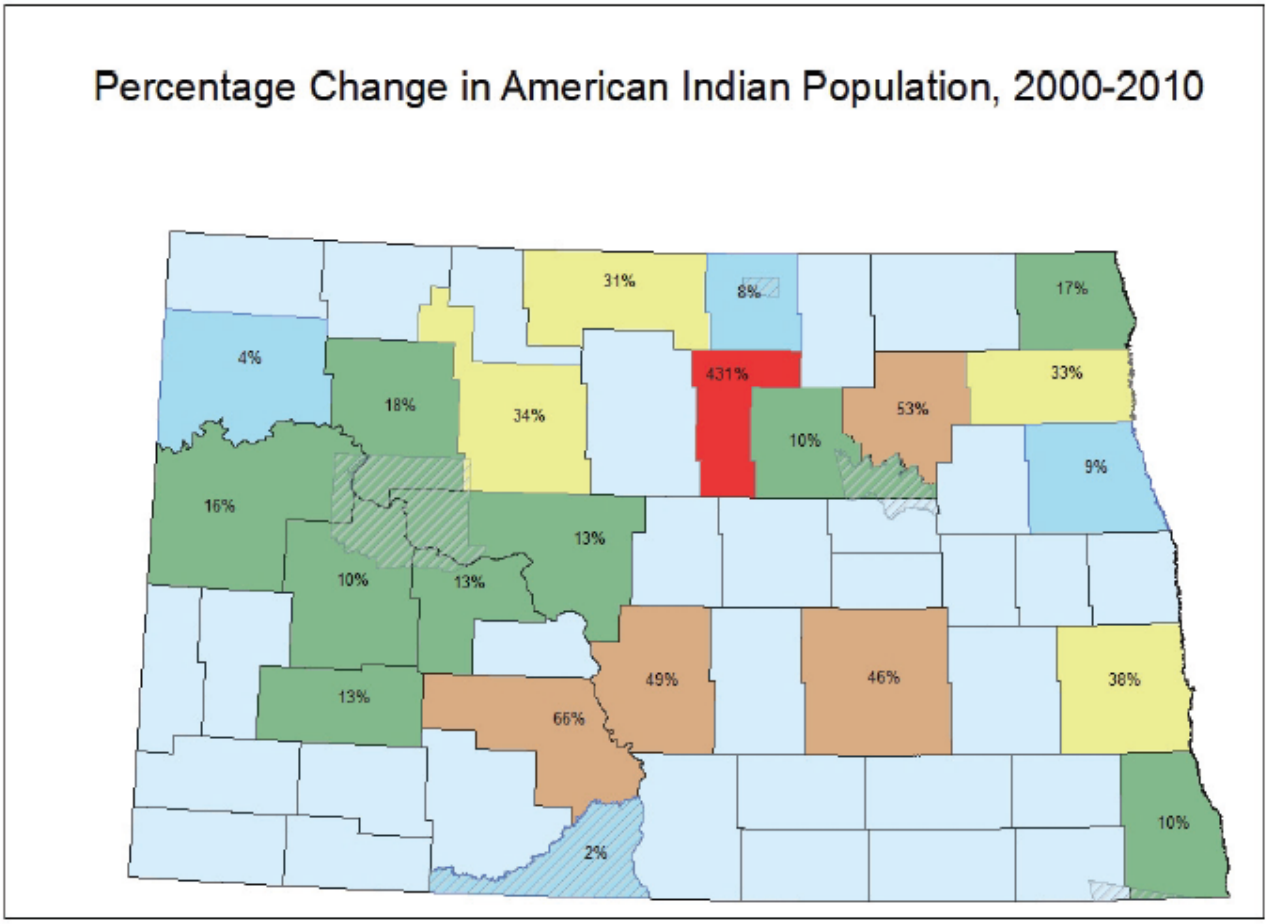
| Female Population and Percentage Female by Age, 2010 Census | | | | | | |
|---|---|---|---|---|---|---|
| Age Group | Sioux County | | Custer District | | North Dakota | |
| | Number | Percent | Number | Percent | Number | Percent |
| 0-9 | 427 | 46.6% | 2868 | 48.3% | 41330 | 48.8% |
| 10-19 | 366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

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

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

# Custer District Community Health Profile

POPULATION



# Custer District Community Health Profile

## POPULATION

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

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

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

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

# Custer District Community Health Profile

## POPULATION

**Marital Status of Persons Age 15 and Older, 2000 Census**

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

**Marital Status of Persons Age 15 and Older, 2000 Census**

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

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

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

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

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

# Custer District Community Health Profile

## POPULATION

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

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

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

# Custer District Community Health Profile

## Vital Statistics Data

### BIRTHS AND DEATHS

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

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

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

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

# Custer District Community Health Profile

## Vital Statistics Data

### BIRTHS AND DEATHS

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

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

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

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

# Custer District Community Health Profile

## Vital Statistics Data

### BIRTHS AND DEATHS

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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


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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

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

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

# Custer District Community Health Profile

## ADULT BEHAVIORAL RISK FACTORS, 2001-2010

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

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

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

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

# Custer District Community Health Profile

## CRIME

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

### Grant County

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

### Mercer County (Incomplete)

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

### Morton County

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

# Custer District Community Health Profile

## CRIME

### Oliver County

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

### Sioux County (Not Available)

### Custer (Reported cases, excluding Sioux County)

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

### North Dakota

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

# Custer District Community Health Profile

## CHILD HEALTH INDICATORS

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

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

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

# Custer District Community Health Profile

## CHILD HEALTH INDICATORS

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

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

# Custer District Community Health Profile

## CHILD HEALTH INDICATORS

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

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

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

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

# Appendix D – Prioritization of Community's Health Needs

Tier 1 (Significant Needs)

- Promotion of healthy lifestyle choices (4 votes)
- Elevated level of sexually transmitted infections/spreadable diseases (3 votes)
- Elevated rate of severe housing problems (3 votes)
- Dissatisfaction with IHS/Long waits for health care/Access to provider (3 votes)

Tier 2 (2 votes)

- Not enough mental health providers
- Lack of child care capacity
- Poverty
- Elevated rate of diabetics (combined into promotion of healthy lifestyle choices)

Tier 3 (1 vote)

- Elevated rate of low birth rate
- Elevated rate of adult obesity (combined into promotion of healthy lifestyle choices)
- Low food environment index
- Elevated rate of physical inactivity (combined into promotion of healthy lifestyle choices)
- Elevated rate of excessive drinking
- Elevated rate of alcohol-impaired driving deaths
- Elevated teen birth rate
- Elevated rate of high school dropouts
- Drug use and abuse
- Crime and safety, not enough police

(No Votes)

- Elevated rate of adult smoking
- Limited access to exercise opportunities
- Elevated rate of uninsured residents
- Not enough dentists
- Decreased rates of diabetic screening
- Elevated unemployment rate
- Elevated rate of children in poverty
- Elevated rate of children in single-parent households
- Elevated rate of injury deaths
- Suicide
- Violence, abuse
- Distance, lack of transportation