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2013

COMMUNITY HEALTH NEEDS ASSESSMENT

Altru®
HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

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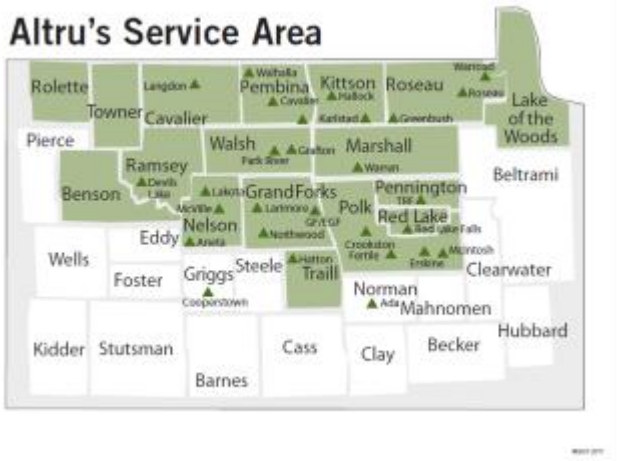
Introduction

Altru Health System is a community-owned, integrated system with an acute care hospital, a rehabilitation hospital, more than a dozen clinics in Grand Forks and the region, large home care and outreach therapy networks, and a congregate living facility. We employ more than 200 physicians and nearly 3,900 staff. We serve the approximately 220,000 residents of a 17-county region as shown in the map below.



Altru Health System had not conducted a comprehensive community health assessment since the mid-1990s. At that time, the hospital staff worked with many community agencies to complete the assessment. The project was guided by a steering committee; each steering committee member represented a subcommittee of hospital and community members focusing on a specific health indicator. There were 15 subcommittees:

- Physical activity and fitness
- Nutrition and food safety
- Tobacco, alcohol, and other abused drugs
- Mental health and disorders
- Violent and abusive behavior
- Unintentional injuries
- Occupational safety and health
- Oral health
- Maternal, infant and child health, and family planning
- Heart disease and stroke
- Cancer
- Diabetes and disabling conditions
- Immunization, drug safety, HIV infection, and sexually transmitted diseases
- Access to clinical and preventive services
- Elderly health

Community health priorities (identified by the steering committee from the subcommittee reports) fell into five categories:

- Children and youth
- Diabetes
- Heart disease
- Cancer
- Access

Today, the passage of the Affordable Care Act in 2010 requires not-for-profit hospitals to conduct a community health assessment every three years. Altru began the assessment process in November of 2012. While Altru is required to conduct the project, it represented a great opportunity to partner with the community to gain a broader understanding of opportunities and issues.

Assessment Methodology

Altru Health System's Executive Team chose to adopt the process from the Association for Community Health Improvement (an American Hospital Association affiliated group) for our community health assessment. The diagram below shows the six steps that comprise the process.

The structure of this report will follow the six steps of the process.

Step 1 | Establishing the Assessment Infrastructure

Altru's Executive Team includes the following individuals:

Casey Ryan, MD, President
Dave Molmen, Chief Executive Officer
Brad Wehe, Chief Operating Officer
Dwight Thompson, Chief Financial Officer
Margared Reed, Chief Nurse Executive
Eric Lunn, MD, Chief Medical Executive
Dennis Reisnour, Chief Planning Executive
Kellee Fisk, Chief People Resources Executive
Colleen Swank, MD, Medical Director of Primary Care/Physician Recruitment

This group provided the directive to make our assessment process one that not only meets the requirements of PPACA, but also benefits the entire community. Based on this directive, we formed a community-based Advisory Committee to work with Altru on the assessment. The Chief Planning Executive and Chief Executive Officer were the Executive Team representatives on the Advisory Committee, along with individuals representing the following agencies/organizations:

- Grand Forks Public Health
- Community Violence Intervention Center
- United Way
- Grand Forks Public Schools
- University of North Dakota School of Medicine
- University of North Dakota
- Northeast Human Service Center
- Grand Forks Police Department
- Grand Forks Fire Department
- Altru Family YMCA
- Grand Forks Park District
- Grand Forks Air Force Base 319th Medical Group
- East Grand Forks Public Schools
- Grand Forks Senior Center

The Committee agreed that its role in the assessment process would be as follows:

- Collectively oversee the project
- Define the project's purpose and scope; goals of the assessment; range of issues; geography; types of data needed
- Review data
- Determine criteria for evaluating data and setting priorities
- Set priorities
- Approve the report
- Help communicate the information per the communication plan
- Develop action plans for addressing priorities (including budget and responsible parties)

- Help engage resources to implement plans
- Facilitate implementation of action plans
- Provide input into the evaluation plan
- Monitor implementation progress and measure results

Step 2 | Defining the Purpose and Scope

After a brainstorming meeting where many ideas about the issues and opportunities in the community were shared, the Advisory Committee defined the purpose of the community health assessment as follows:

Improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease).

Additionally, the Committee decided to adopt the framework used by the University of North Dakota in promoting health and wellness to its university community. The "Seven Dimensions of Wellness" provided structure for the primary research efforts.

The Dimensions are physical, social, emotional, environmental, spiritual, intellectual, and occupational.

The Advisory Committee also discussed the geographic region to include in the assessment. Areas served by the agencies represented ranged from just the city of Grand Forks to both Grand Forks and East Grand Forks and beyond to all of Grand Forks County. As shown on the first page of this report, Altru Health System serves a very large seventeen- county region. This region includes many small hospitals who will be conducting community health assessments for their local area. Altru considers its primary market to be Grand Forks County and the city of East Grand Forks. The Advisory Committee agreed that the geographic definition for the community health assessment would be Grand Forks County and the city of East Grand Forks.

Step 3 | Collecting and Analyzing Data

Data for this community health assessment was collected from a variety of secondary sources and from focus groups held with community leaders representing the broad interests of the health of the community.

Primary Research

Altru Health System engaged Morpace Market Research & Consulting to conduct focus groups with community leaders to get their insight about the health of the community and how it can be improved. A total of 22 people participated in discussions on January 15, 2013.

The Seven Dimensions of Health developed by the University of North Dakota was used as a basis of the group's discussion. Respondents were asked to respond to the following questions about each dimension:

» How does the community support this dimension now? What do they do best?

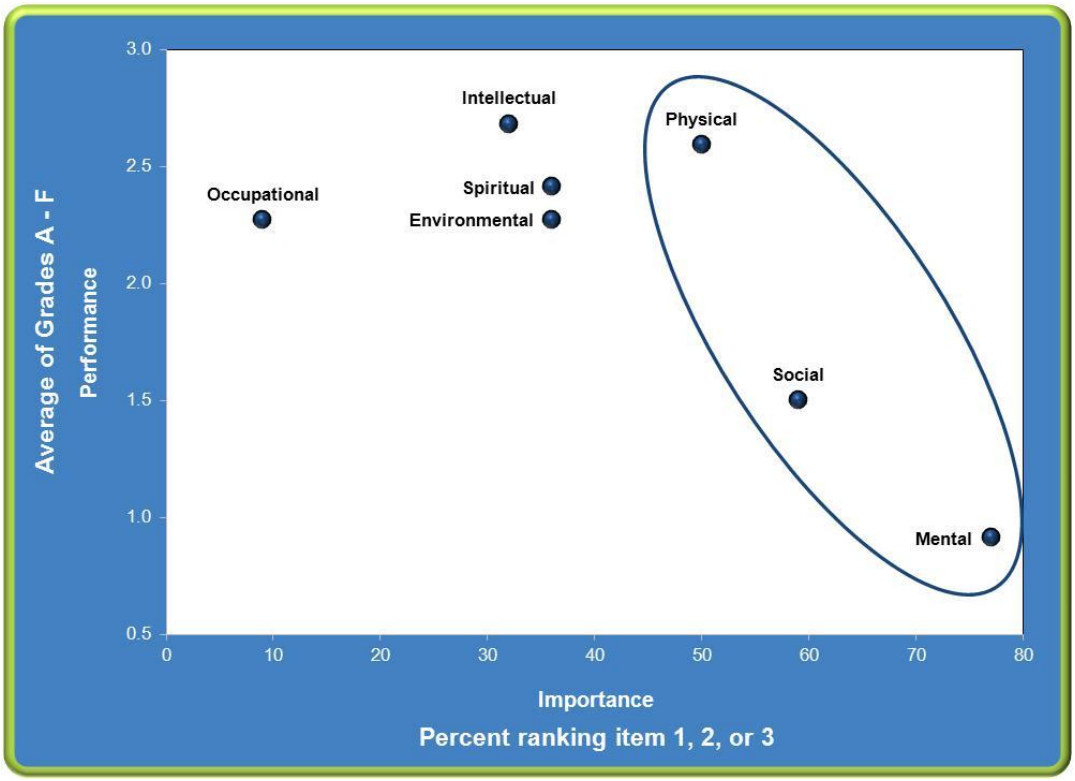
» What else could the community do to support this dimension? Who are the underserved? Where is the waste?

In addition to the questions above, participants were asked if they could change one thing to make our community healthier, what would they do. The majority of the respondents want to change something in either the social and/or mental health dimensions. In fact, the two items that concern the group the most are interrelated in the social and mental health dimensions – activities for teenagers and alcohol abuse by teenagers. They believe that there are not enough wholesome activities available to the youth in the community which then increases the probability that they will turn to alcohol as an outlet for their energy, to express their emotions and feelings, and to feel accepted.

» *Address the issue of alcohol; it's causing a lot of the injuries and death. I think alcohol and social go together in our community.*
» *We need to think as a community; we're really overlooking the teenagers.*
» *We need a safe place for the community to come together - a community center where people can socialize and do things together.*
» *We need more mental illness providers - to ensure everyone can be taken care of.*
» *Offer counseling in our middle school and high school. We need to make sure teen-agers get counseling and crisis center.*

Participants were asked to grade the community on how it is supporting each dimension (grade of A, B, C, D or F) and then to rank order from 1 to 7 the dimensions of health with 1 representing the dimension of most importance to the community. The grid on the next page depicts how the participants rated the community.

The participants give the highest grades to the intellectual and physical dimensions, with occupational, spiritual and environmental dimensions receiving the next highest grades. The three dimensions in the circle are perceived as being most important to the communities overall health. The dimensions of mental health and social received the lowest grades for how well the community is supporting them, and therefore, could be considered the most critical aspects to improve relative to community health.



A complete copy of the focus group report is included in Appendix A. The report includes the discussion guide and the list of group participants.

Secondary Research

Secondary data were collected and analyzed to provide a snapshot of the area's overall health conditions, risks and outcomes. Information from a variety of sources was reviewed; highlights are summarized next. Detailed tables for each section are included in Appendix B.

Demographic Data

- Grand Forks County and the city of East Grand Forks have experienced population growth from 2000 to 2010 of 1.1% and 12.8%, respectively, according to the US Census Bureau.
- Population is approximately 91% Caucasian in Grand Forks County and East Grand Forks.
- In Grand Forks County, 16.7% of the population lives below the poverty level compared with 12.3% for the state of North Dakota. In East Grand Forks, 9.0% lives below the poverty level.
- In Grand Forks County, 15.2% of children are in poverty compared with 11.7% for North Dakota. (No data are available for East Grand Forks.)

County Health Rankings

In recent county health rankings (2013) released by the Robert Wood Johnson foundation, Grand Forks County is ranked number 11 out of 46 counties in North Dakota for overall health outcomes; Polk County is ranked 60 out of 87 Minnesota counties. The following tables show some interesting results from this source.

The Overall Health Outcomes ranking is based on outcomes for mortality and morbidity. The measure for mortality is the years of potential life lost before age 75. Morbidity includes outcomes for poor or fair health, poor physical health days, poor mental health days, and low birthweight.

	Grand Forks County	ND	Polk County	MN
Overall Health Outcomes Ranking	**11**	(of 46)	**60**	(of 87)
Mortality Ranking	**4**	(of 46)	**65**	(of 87)
Morbidity Ranking	**23**	(of 46)	**39**	(of 87)

The Overall Health Factors ranking is a compilation of health behaviors, clinical care, social and economic factors, and physical environment. Definitions for the data shown on the next page are noted below.

- Adult smoking: Percent of adult population who currently smoke and have smoked at least 100 cigarettes in their lifetime.
- Adult obesity: Percent of adult population that has a body mass index greater or equal to 30.
- Physical inactivity: Percent of the adult population that during the past month did not participate in any physical activity or exercise.
- Excessive drinking: Percent of excessive drinking in the adult population. Excessive drinking is either binge drinking (more than 4 drinks for women or 5 drinks for men on an occasion at least once a month) or heavy drinking (more than one drink for women or two drinks for men per day on average).
- Motor vehicle crash death rate: Crude motor vehicle death rate per 100,000 people.
- Sexually transmitted infections: Chlamydia rate per 100,000 population.
- Teen birth rate: Birth rate per 1,000 female population ages 15-19.
- Diabetic screening: Percent of diabetic Medicare enrollees that receive HbA1c screening.
- Mammography screening: Percent of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period.
- Unemployment: Annual average unemployment percent (age 16 and older).
- Children in single-parent households: Percent of children living in family households that are raised by a single parent.
- Violent crime rate: Rate of violent crime per 100,000 population. Violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.
- Access to recreational Facilities: Number of recreational facilities per 100,000 population.
- Limited access to healthy foods: Percent of population who do not live close to a supermarket or larger grocery store and are low income.
- Fast food restaurants: Percent calculated by dividing the number of fast food outlets by the total number of restaurants.

- The National Benchmark represents the 10th percentile for most measures. For the measures where a higher number is better (diabetic screening, mammography screening and access to recreational facilities), the benchmark is the 90th percentile.

	Grand Forks County	ND	Polk County	MN	National Benchmark
Overall Health Factors Ranking	**16**	(of 46)	**79**	(of 87)	
Health Behaviors Ranking	**10**	(of 46)	**86**	(of 87)	
• Adult Smoking	16%	19%	28%	17%	13%
• Adult Obesity	31%	30%	31%	26%	25%
• Physical Inactivity	23%	26%	27%	19%	21%
• Excessive Drinking	21%	22%	29%	20%	7%
• MV crash death rate	12	17	19	10	10
• Sexually Transmitted Infections	358	357	127	276	92
• Teen birth rate	21	28	32	26	21
Clinical Care Ranking	**7**	(of 46)	**46**	(of 87)	
• Diabetic screening	84%	86%	90%	88%	90%
• Mammography screening	73%	71%	66%	73%	73%
Social and Economic Factors Ranking	**26**	(of 46)	**61**	(of 87)	
• Unemployment	3.9%	3.5%	6.1%	6.4%	5.0%
• Children in single-parent households	23%	25%	27%	27%	20%
• Violent crime rate	224	219	178	248	66
Physical Environment Ranking	**36**	(of 46)	**29**	(of 87)	
• Access to recreational facilities	10	12	6	11	16
• Limited access to healthy foods	12%	9%	8%	6%	1%
• Fast food restaurants	52%	44%	44%	47%	27%

More detail about all of the data reported can be found at www.countyhealthrankings.org.

Preventative Care

Data from North Dakota Health Care Review compares rates for Grand Forks County with the state as a whole. Grand Forks County does well compared with the state rates for the various measures; however, there is room for improvement overall in terms of vaccination/screening rates tracked.

- Colorectal cancer screening rate—53.6% for Grand Forks County
- Pneumonia vaccination rate—55.1% for Grand Forks County
- Influenza Vaccination rate—54.3% for Grand Forks County

Altru's Cancer Registry data reveal interesting information relative to late stage cancer diagnosis. Data for 2011 show that 66% of lung cancers were diagnosed at Stage III or IV. Similarly, 64% of colon cancers were diagnosed at these late stages. In contrast, only 15% of breast cancers were diagnosed at Stage III or IV.

Children's Health/Youth Surveys

Data from the National Survey of Children's Health is available for the states of North Dakota and Minnesota. Some noteworthy results:

- About a quarter of children ages 10 – 17 have a weight status at or above the 85th percentile for BMI
- Only 27% and 35% of North Dakota and Minnesota children, respectively, engage in daily physical activity
- About one in ten children aged 2 – 17 have one or more emotional, behavioral, or developmental condition

Middle and high school students participate in the Youth Risk Behavior Survey (North Dakota) and the Minnesota Student Survey. These surveys measure a variety of topics including drug use, sexual activity, physical activity, nutrition, etc. Key results for Region 4 (which includes Grand Forks County) are listed below:

- In the last two surveys (2009 and 2011) about 47% of the high school students reported ever having sex. In contrast, those who believe abstinence is important increased from 22% to 49%.
- In 2011, 28% of middle school and 24% of high school students reported watching at least three hours of TV on a school day.
- The percent of high school students who reported smoking decreased from about 12% in 2009 to 9% in 2011. The percent using chew dropped from almost 20% in 2009 to 13% in 2011.
- The percent of high school students reporting having at least one drink in the last 30 days decreased from about 46% in 2009 to 38% in 2011.
- Looking at other drugs, the highest rate of reported use is for prescription drugs. In both 2009 and 2011, about 18% of the high school students reported use one or more times.
- About 15% of high school students never or rarely wear a seatbelt when riding or driving a car, down from about 20% in 2009. About 60% said they have driven while texting or talking on the phone, down from 71% in 2009.
- Almost 18% of middle school students said they have seriously thought about killing themselves. At the high school level, 14% of students said they had actually attempted suicide one or more times in the past year.

Key results from the Minnesota Student Survey for the East Grand Forks School District are noted below:

- Females in grades 9 and 12 are more likely than males to report having 1-2 glasses of milk a day. Females in grade 12 are more likely than males to say they have had 3 servings of fruit and/or vegetables in the past day (43% versus 25%). Males are more likely to report having 1-2 glasses of pop in the past day.
- 9th and 12th grade males are more likely than females to say they did exercise/sports that included sweating/heavy breathing for at least 20 minutes a day for 5 or more days of the last 7. At least one in five males reported doing this versus a little more than one in ten girls. Boys were also more likely, however, to report watching 11-20 hours of TV/DVDs/videos in a typical week: 20% of 9th grade boys versus 8% of girls and 19% of 12th grade boys versus 6% of girls.
- 58% of 12th grade boys reported using any tobacco products in the last 30 days. 33% of 12th grade girls reported use as well.
- 30% of 12th grade boys and 13% of girls said they have had 1-2 drinks in the past 30 days.
- Rates for use of other drugs are very low. An outlier is that 11% of 12th grade girls report using marijuana 1-2 times in the past 30 days.
- 15% of 12th grade males said they never wear a seatbelt when riding in a car; 11% don't wear one while driving. 11% of girls report never wearing a seatbelt when riding in a car, but typically do when driving (2% said they never wear one while driving).
- Survey results show 12th grade girls are more likely than their male counterparts to consider hurting themselves. Fewer than half of the 12th grade girls said they had never thought about killing themselves versus 85% of the boys.

Grand Forks Public School students also conduct a Risk and Protective Factors Survey. Safer Tomorrows used the 2010 survey results regarding violence as part of their 2011 Strategic Plan. The Safer Tomorrows project in Grand Forks County is a demonstration site project for the U.S. Department of Justice and the Defending Childhood Program initiated by the U.S. Attorney General. It is a collaborative community effort, led by the City of Grand Forks, Community Violence Intervention Center, Grand Forks Public Schools, and Lutheran Social Services of North Dakota, to systematically address the issues of children aged 0-17 living in Grand Forks County who are, or have been, exposed to violence of any kind. More than 50 public and private organizations are involved in this collaborative to address, educate, intervene and prevent childhood exposure to violence. The results from the survey are as follows:

- Almost 18% of 4th and 5th graders and 16% of 7th – 12th graders reported having been physically harmed by someone in their family or living with their family.
- 34% of 4th and 5th graders reported having felt afraid at home. 20% of 7th – 12th graders reported having witnessed violence in their homes, not including fights with siblings.
- Almost 17% of 7th – 12th graders reported receiving a sexually explicit message on their cell phone and 9% of 6th – 12th grade students reported having been forced to have sexual contact.
- Questions to 4th and 5th graders about bullying reveal that 55% report being bullied, 32% report being teased, 27% report having been bullied on school grounds, 63% report having witnessed other students being bullied, and almost 18% report having bullied someone else during the school year.

- Questions to 7th – 12th grade students show that 29% reported being bullied by someone at school, 21% report having bullied someone using technology, and 22% report being part of a group of students that bullied or hurt another student.

Grand Forks County Community Health Profile

This document provides an excellent summary of many types of data including demographic, vital statistics data (births and deaths), adult behavioral risk factors, crime, and child health indicators. Results worth noting are listed below.

- According to this source 17.5% of Grand Forks County residents are below poverty level. By age group, nearly 20% of children under 5 years old are and almost 18% of adults 18 – 64 years old are in poverty. For the state of North Dakota these numbers are considerably different—only 9% of children under 5 are in poverty and 12% of 18 – 64 year olds.
- Infant and child death rates are lower in Grand Forks County than the state.
- The leading cause of death for all ages in Grand Forks County is cancer, followed closely by heart disease. By age group, the leading cause of death for 25 – 34 year olds is suicide. Suicide is the second leading cause of death for 15 – 24 year olds.
- 12% of residents surveyed from Grand Forks County report driving when they have had too much to drink at least once in the past 30 days versus 7% for the state as a whole.
- 24% of Grand Forks County respondents said they have never had a cholesterol test.
- 32% of Grand Forks County respondents age 50 and older said they have never had a sigmoidoscopy or colonoscopy. Almost 45% said they haven't had one in the past five years.
- Almost 20% of county respondents reported they did not have one person they consider to be their personal doctor or health care provider.
- About 31% of county respondents said they don't always wear their seatbelt.
- Almost 26% of Grand Forks County respondents said they have not had a dental visit in the past year.
- About 44% of Grand Forks County respondents said they did not get the recommended amount of physical activity.
- Almost 16% of women 18 and older in Grand Forks County reported they have not had a pap smear in the past three years. 20% of women 40 and older reported they have not had a mammogram in the past two years.
- The violent crime rate over the five years of 2006 – 2010 for Grand Forks County is 202.7 compared to a rate of 155.5 for the state.
- In Grand Forks County, there are 5.1 suspected child abuse or neglect cases per 100 children ages 0 – 17. The rate for the state of North Dakota is 4.4. Additionally, 5.5% of all children ages 0 – 17 in Grand Forks County are impacted by domestic violence. Statewide, that percentage is 2.9%.

United Way 2009 – 2010 Community Needs Assessment

United Way recently worked with a research company to conduct a community needs assessment. They used a four-phased approach which included interviews with community leaders, a phone and internet survey with the general population, a service provider survey, and focus groups with service providers. Several themes emerged throughout each phase of the research: underemployment, growing the economy, alcohol abuse, binge drinking, shortage of affordable housing, and lack of affordable medical care. An executive summary of the needs assessment is available on United Way's website:
http://unitedwaygfegf.org/media/Executive_Summary.pdf

Grand Forks Air Force Base 2012 Community Action Plan

The Grand Forks Air Force Base 2012 Community Action Plan (CAP) summarizes and consolidates the prioritized community concerns and proposed solutions. Such a plan must be completed every two years. The current plan organizes activities and outcomes into four "community result" categories: Physical, Social, Mental, and Spiritual. The table on the next page provides a quick overview of the CAP.

GOALS (OBJECTIVES OF THE CAP)	ORGANIZATIONAL CONSIDERATIONS (POSITIVE AND/OR NEGATIVE)	CONSTITUENTS, ALLIES & OPPONENTS	TARGETS (ALWAYS A PERSON OR PEOPLE)	TACTICS (LIST THE TACTS THAT EACH CONSTITUENT GROUP CAN BEST USE TO MAKE ITS POWER FELT)
PHYSICAL: Model and promote changes that encourage a balanced healthy lifestyle through physical activity, exercise, nutrition, and stress management. **SOCIAL:** Build stronger unit and family cohesion through the development of healthy relationships that are personally fulfilling and mutually beneficial. **MENTAL:** Enhance individual coping skills and empower individuals to remain optimistic and demonstrate self-control in the face of adversity. **SPIRITUAL:** Promote a sense of purpose and meaning, spiritual well-being, faith and hope.	*The IDS is made up of various agencies which provide resources at little or no cost or variance from AFI restriction. This allows for a synergistic effect to enhance program impact. *Population turnover resulting in changes of leadership ideologies and vision as well as GFAFB community needs/wants. *Agency AFI restrictions/ limitations on how money can be spent, as well as, AF, MAJCOM and local command understanding of these limits impedes program options. *Severe personnel cuts and restructuring that is resulting in program limitations regardless of program funding.	**ALLIES** *Leadership *Spouse Leadership *Key Spouses *Active duty members *Family Members *DoD civilians contractors **OPPONENTS** *AFI spending restrictions *Communication breakdown *Our allies are also our opponents *Ops tempo *Manning *Weather **CONSTITUENTS** *IDS, Helping Agencies *Private organizations *The community at large	**PRIMARY** *Active Duty Members *Family Members *DoD Civilians *Contractors **SECONDARY** *Leadership	**PROGRAMS/ RESOURCES** *Helping Agency Programs & Services Table/Resources *New/proposed programs, intended results **MARKETING** *The Highlighter *Increase social media *PA, messenger, message board, and Channel 3 *Grand Families Newsletter* *"Maki Mail" **SURVEILLANCE** *Annual Caring for People Forum *AF Community Assessment (biannual) *Support and Resiliency through A&FRC *Informal/local surveys *CAIB/IDS meetings *HRCA

Step 4 | Selecting Priorities

After a review of the primary and secondary data, the Advisory Committee was given the opportunity to provide input for the priority setting process. This process started with each committee member independently providing what he or she believes are the five most significant health needs in our community. From this input, the following list of significant needs/issues was compiled:

- Cancer
- Heart Disease
- Substance use/abuse
- Mental Health
- Adult and child obesity/weight management
- Nutrition
- Smoking/Tobacco Cessation
- Access to healthy food choices
- Advocate for safe sex practices, abstinence, and monogamous relationships
- Access to mental health services (counseling/treatment opportunities)
- Binge drinking/excessive drinking by adults
- Binge drinking/excessive drinking by youth
- Prescription drug abuse
- Increase physical activity/physical fitness among youth
- Increase physical activity/physical fitness among adults
- Increase seat belt usage
- Access to a primary health care provider for everyone at all ages.
- Financial/payment barriers to health care access
- Preventative health promotion
- Detox center to safely manage those who have abused alcohol
- Violent Crime
- Bullying
- Increased opportunities for healthy activities, promotion of wellness – (alcohol free)
- Strengthen family/unit cohesion
- Resiliency/strengthening ones' coping patterns
- Homelessness
- Violence
- Poverty/health effects of poverty

This list was discussed at an Advisory Committee meeting on April 18, 2013; based on our discussion, we revised the list slightly. The revised list of significant issues was then sent to each committee member with the assignment to independently rank the top five health issues. Committee members approved the following criteria to use while making their decisions:

- The burden, scope, severity, or urgency of the health need
- The estimated feasibility and effectiveness of possible interventions

» The health disparities associated with the need
» The importance the community places on addressing the need
» The community resources already allocated to addressing the need
» The connection to the purpose of the assessment developed by the Advisory Committee: Improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease).

Committee members were welcome to seek input from colleagues or others when determining their priority rankings. Feedback from each committee member was compiled; points were assigned to the rankings as follows: 1 = 5 points, 2 = 4 points, 3 = 3 points, 4 = 2 points, 5 = 1 point. The following table shows the results of the ranking process.

Health Issue	Total Points	# of Votes
Rate of childhood obesity	34	8
Rate of adult obesity	28	7
Access to mental health services	21	6
Binge drinking/excessive drinking by youth	20	7
Binge drinking/excessive drinking by adults	13	5
Impact of poverty on health	13	4
Financial barriers to health care access	12	3
Violence/violent crime	11	3
Inadequate physical activity/physical fitness among youth	10	5
Unhealthy family relationships	8	2
Incidence of heart disease	7	3
Rate of late stage colon cancer diagnosis	6	2
Incidence of diabetes	6	2
Rate of youth smoking/tobacco use	6	3
Access to primary care providers	6	2
Noncompliance with prescription medication instructions	5	2
Prescription drug abuse	4	2
Access to healthy food choices	3	1
Inadequate physical activity/physical fitness among adults	3	1
Homelessness	3	2
Incidence of breast cancer	2	1
Rate of adult smoking/tobacco use	1	1
Rate of sexually transmitted infections	1	1
Rate of seat belt usage	1	1
Bullying by youth	1	1

Items that didn't receive any votes in the ranking process include lack of a detox center, limited opportunities for health activities and wellness promotion, vaccination rates to prevent infectious diseases, limited opportunities for resiliency training, limited activities for youth, limited education about good nutrition, youth suicide, and shortage of trained medical professionals in our state.

The composite ranking results were shared with the Advisory Committee on May 7, 2013, for discussion and review per the criteria. At the conclusion of our discussion, the Committee agreed that the top five priority areas for improvement should be as follows:

1. Rate of obesity
2. Access to mental health services
3. Binge drinking/excessive drinking
4. Impact of poverty on health
5. Financial barriers to health care access

Step 5 | Documenting and Communicating Results

This report will be shared for approval as follows:

- Community Advisory Committee on June 10, 2013
- Altru Health System's Executive Team on July 16, 2013
- Altru Health System's Board of Directors on July 22, 2013.

Upon approval by these bodies, the report will be available to the public as follows:

- An electronic and paper copy will be given to each Advisory Committee member.
- An electronic file will be available on Altru's website (www.altru.org).
- A copy of the report will be available for review at the information desk located in Altru Hospital's front lobby.
- A copy of the report will be sent—electronically or via U.S. Postal Service—to anyone who requests it.

Step 6 | Planning for Action and Monitoring Progress

This step of the process will be part of the Implementation Strategy report that will be developed upon approval of this Community Health Needs Assessment report by the bodies noted above.

APPENDIX A | PRIMARY RESEARCH RESULTS

Altru Health System
Community Health Assessment – Report of Focus Groups

January 29, 2013

Creative Minds. Intelligent Solutions.

Altru Health System

Report on Community Health Assessment

Focus Groups Conducted on January 15, 2013

Situation and Objectives

Altru Health System's mission is to improve health and enrich the lives of all. While they are required by the Affordable Care Act to conduct a community health assessment, they welcomed the opportunity to gather feedback from the Greater Grand Forks community. A total of 22 people representing different organizations in the community participated in discussions on January 15, 2013 about the health of the community and how it can be improved. A list of attendees is included in the Appendix as well as a copy of the Moderator's Guide.

The Seven Dimensions of Health developed by the University of North Dakota was used as a basis of the group's discussion. Respondents were asked to respond to the following questions about each dimension:

- How does the community support this dimension now? What do they do best?
- What else could the community do to support this dimension? Who are the underserved? Where is the waste?

Introductions

Respondents were asked if they believed their community was as healthy, healthier or less healthy than other communities their size in the United States. The majority of the participants think the Greater Grand Forks area is about the same as other communities, with the second largest group of participants thinking that the community was not as healthy.

Participants were also asked to select a picture from an array of 30 different pictures and describe how it related to the health of their community. Even though there were many pictures from which to choose, several of the pictures were selected by participants in more than one group.

Picture with curved road sign:

- *My road ahead is curved, we have a lot of thing going for us, we don't know where we want and need to go. We need to find out where that is.*
- *Indication that if we work together we can make this a better community… will not always be a straight path.*

Picture with several generations in a family:

- *We have good family value, but I don't think we're there yet."*
- *It's missing diversity*
- *This image is what people think we are, what we want to portray, but this image doesn't fit. This is what we want and are working towards.*

Picture of handful of money:

- *I work with clientele in poverty. They are concerned about healthcare and money.*
- *I see people re-investing in the community and more money available from the state.*

Key Learning

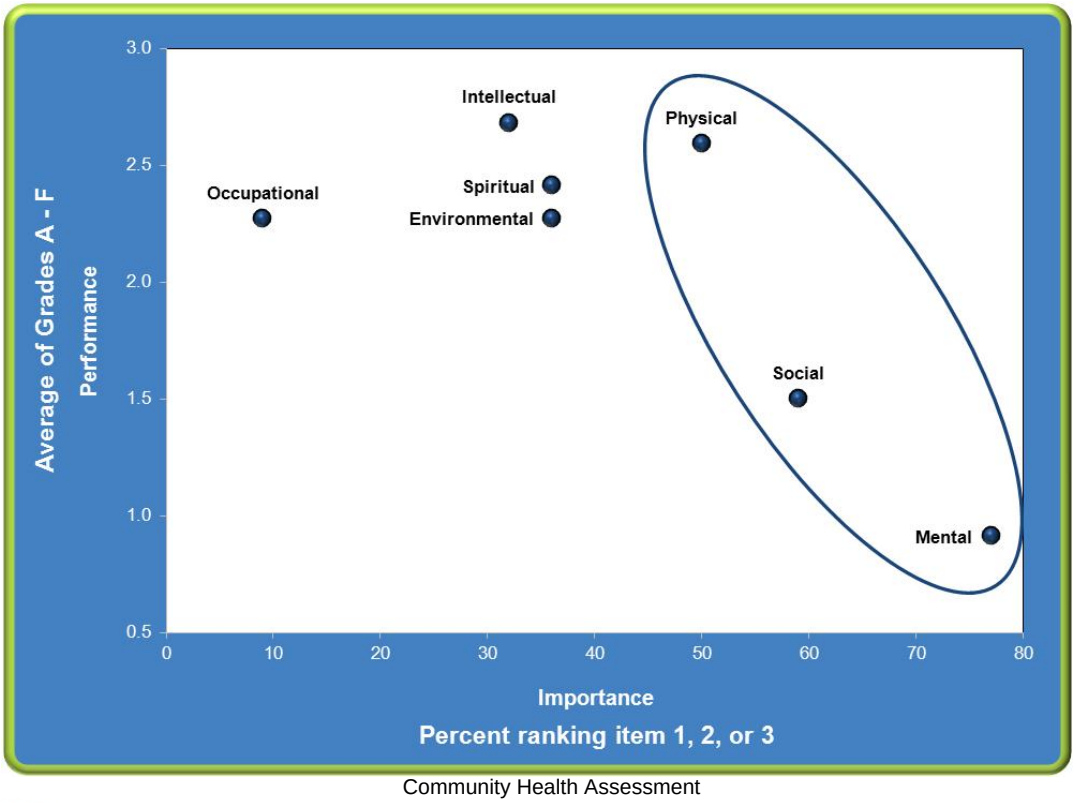
If you could change one thing . . .

The majority of the respondents want to change something in either the social and/or mental health dimensions. In fact, the two items that concern the group the most are interrelated in the social and mental health dimensions – activities for teen-agers and alcohol abuse by teen-agers. They believe that there are not enough wholesome activities available to the youth in the community which then increases the probability that they will turn to alcohol as an outlet for their energy, to express their emotions and feelings, and to feel accepted.

- *Address the issue of alcohol; it's causing a lot of the injuries and death. I think alcohol and social go together in our community.*
- *We need to think as a community; we're really overlooking the teenagers.*
- *We need a safe place for the community to come together - a community center where people can socialize and do things together.*
- *We need more mental illness providers - to ensure everyone can be taken care of.*
- *Offer counseling in our middle school and high school. We need to make sure teen-agers get counseling and crisis center.*

Participants were asked to grade the community on how it is supporting each dimension (grade of A, B, C, D or F) and then to rank order from 1 to 7 the dimensions of health with 1 representing the dimension of most importance to the community. Below is a grid which depicts how the participants rated the community.

The participants give the highest grades to the intellectual and physical dimensions, with occupational, spiritual and environmental dimensions receiving the next highest grades. The three dimensions in the circle are perceived as being most important to the communities overall health. The dimensions of mental health and social received the lowest grades for how well the community is supporting them, and therefore, could be considered the most critical aspects to improve relative to community health.



Detailed Discussion - Seven Dimensions of Wellness

Spiritual

While the participants thought a vibrant faith community of organized churches in the Greater Grand Forks area is present, they believe that the spiritual dimension covers more than just the organized religions. A particular concern is expressed for the needs of the growing number of different cultures represented in the community. One participant mentions that at one time there was a council of churches that met on a monthly basis to address issues in the community and to give non-profits a forum for presenting their needs.

I belong to a growing church; the problem is we have done research on ways to reach out. 54% of our community claims a lack of faith.

Cultural aspect, I'm the first to admit, I'm not aware of the cultural things we should be doing. We need to be educated on the different cultures.

The hospital doesn't know how to deal with all the different cultures. We have one of the largest American Indian populations and they don't know what to do with them.

We are told when to reach out but not how to reach out.

It's a wonderful thing to invite the Hispanic population in but, then they think nothing is going to happen. They don't like to be used as tokens.

Students would like to not just have an event, but to learn more about the culture, and a greater meaning of that culture.

Gay, transgender, and homosexual, those students don't feel accepted in the community. The churches don't accept them. We can't say we are a caring community and turn away from people.

I've been to many large fires and have never seen a chaplain there. I think we need to get that group back together.

Intellectual

Two issues seem to be of primary interest for the intellectual dimension.

- Positive impact - The community offers many different types of educational opportunities, particularly through the university.
- Negative impact– The community lacks a well stocked public library and is not open enough hours to adequately serve the public.

Of note is the fact that the participants believes that the community has a strong public education for K - 12.

We don't support a public library.

I just got involved with the library board; we don't have a library up to ADA code. We don't have computer access, books and different forms of communication. There's a long way to go.

We do extremely well in offering intellectual opportunities; the problem is there is so much. You have to search hard to find educational activities in the community. We see courses offered at the school but it's only published for a couple of weeks. We need to publish when a speaker comes in and who is sponsoring them.

There should be opportunities for kids who are not in sports.

Educate the parents about nutrition for their children.

Occupational Dimension

While this dimension was not as important to the participants in the groups, the group did identify some areas where there could be some easy wins in the occupational dimension, such as increasing education about how to support new moms with breast feeding and encouraging companies to reinstate and support wellness and safety classes.

Support the new moms with breast feeding.

Our board of directors just approved a budget for our wellness program. We need to keep our staff healthy and their families.

Safety – emergency drills – staff in the school are not feeling safe.

Occupational therapy was the first thing to go with budget cuts - classes like "How to Lift Properly" and CPR.

Occupational safety is going out the window. Work, work, work, go to school when you're sick, keep working when you're sick is the mentality of the community.

We have wellness workshops, with very low attendance. All the workers have to get into the field and can't get out of their trucks.

Larger companies in this area do a good job focusing on wellness, but the smaller companies can't and don't focus on it. The larger companies have the personnel and the money, but the smaller ones don't. They should be able to share resources.

Environmental Dimension

Of particular interest to the group is the lack of bike paths/routes that could be used for transportation/travel, not leisure activities.

We need to walk and bike more. There is a huge resistance in our community to make bike routes.

We have miles and miles of bike trails, but not for commuter transportation.

The city planning has done a good job making sure there are sidewalks connecting neighborhoods. Dog parks are available. Purposeful planning for a purposeful community.

I like that we have the curb side recycling, I wish it was extended to businesses and not just residents. We have a huge waste of plastic bags. Our community could do a lot more to reduce the environmental waste.

Our hazardous waste removal is not up to standard. In the auto dealership they would just dump the antifreeze in the drains. I think it's the same with the agricultural industry.

We have no emissions testing on vehicles.

We also have a lot of smoking in the area. You can't stop at a red light without smelling the smoke.

Physical Dimension

While the participants believe that a lot has been done already to encourage healthy living, particularly with the new wellness center, that are concerned that the center is not available to enough of the community.

The community does well creating parks, golf courses, walking and biking trails. The wellness center. We provide a lot of opportunities.

We do have a lot of opportunity, but we need to make sure it's all inclusive; some of the things are too expensive, for a large portion of our community. We have Choice Fitness, but if a family lives on the other part of town and they don't have transportation, they can't use it.

The community has purposely planned a lot of things. You look at our school and greenways, all to promote physical health.

I would like to live in a community where no one goes hungry.

Social Dimension

The majority of the participants are concerned about the published fact that North Dakota is the number one state in the nation for binge drinking and do not seem proud that University of North Dakota is known as a party school.

We need to have more choices for the teenagers to have places to go to hang out. If you are not in sports you have nothing to do.

We are number one in binge drinking in our state. There are a lot of social disconnects. The casual use of alcohol needs to be addressed. It's very much a part of the fabric of our community.

Every family friendly event sells alcohol! If you want an alcohol free event, you cannot find a sponsor.

As a community, we need to take a look at what's healthy for the community, not always being driven by making money.

We have assets that are underutilized. We should open up the Alerus Center for our community to use on weekends.

Mental Health Dimension

All respondents were concerned with the mental health dimension. Even though all ages were mentioned (from the isolation issues of the elderly to neglect of young children), there seemed to be a particular concern with the teen-agers and the need for addiction counseling. More than one respondent mentioned a recent speaker at the high school on the subject of alcohol addiction and the fact that the teen-agers came up afterwards to talk with the speaker to get his business card. Many asked for help.

We've gotten better at screening people. My doctor actually put me through a depression screening.

We do not have a crisis center for youth, addiction treatment.

We have no housing, no treatment process; they fall through the cracks and are walking around town.

We need an adolescent addiction counselor here. We need that to save our kids.

If a kid is not involved in sports there is nothing for them to do. We need more arts, theater arts, middle and upper elementary school, there is a gap, and we need more activities for the kids.

There's a lot more isolation than we are aware of. Mental illness is an isolating illness. There's a lot more unsaid. Elderly have a lot of mental issues, and isolation.

We have the culture attitude to just buck up; we don't want to know about it.

Community Health Assessment Focus Groups

January 15, 2013

Discussion Guide

Introduction 15 minutes

A. Greeting/Moderator Introduction: Ground rules. No right or wrong answers. Important to be candid. Want to hear from everyone.

B. Purpose: Altru Health System's mission is to improve health and enrich the lives of all. While they are required by the Affordable Care Act to conduct a community health assessment, they are looking forward to working with the community on this important project for Greater Grand Forks. Today 26 people representing different organizations in your community will participate in discussions about the health of the community and how it can be improved.

The information gathered during these focus groups will be compiled and presented to the community – based Advisory Committee created to lead the implementation of the selected improvements. Altru believes that the work which is started today will impact the future health of the community – that new partnerships will be formed, current partnerships enhanced and bridges built between different segments of the community. So, let's get started by getting to know one another.

C. Introduction: "Let's get to know each other"

1 First name

2 What organization do you represent? What is your role there?

3 Do you think your community is more healthy, less healthy or about the same as other communities your size across the United States?

4 Share your picture and tell us how that picture describes your perception of the health status of the community. (Community will be defined when they select their picture prior to the group as the Grand Forks County/City of East Grand Forks area.)

Topic 1: Introduce UND's 7 Dimensions of Wellness 70 minutes

Hand out 7 Dimensions of Wellness Grid and explain how it will be used. Examples of each dimension from the UND website will be used if questioned about what is meant by any of the dimensions.

Discuss each topic and answer the following questions.

- How does the community support this dimension now? What do they do best?
- What else could the community do to support this dimension? Who are the underserved? Where is the waste?

1. Spiritual Wellness

2. Intellectual Wellness

3. Occupational Wellness

4. Environmental Wellness (include safety here if not brought up by participants)

5. Physical Wellness

6. Social Wellness

7. Mental Wellness

Explain the next topic and while people are thinking about their response have them grade and rank the Dimensions Grid. Each group will have the grid printed on a different color of paper to assist with segmenting the responses.

Topic 2: Biggest Impact 10 minutes

If you had the wherewithal to make your community healthier, what one thing would you do? Money, time, regulations are no object. There are no barriers stopping you.

Closing

Thank the group for coming

Altru Community Health Assessment Initiative

Tuesday January 15, 2013

8:00 AM	First Name	Last Name	Organization	Occupation
	Leticia	Sanchez	Migrant Health Services	Coordinator/Supervisor
	Terry	Hanson	Grand Forks Housing Authority	Executive Director
	Pam	Bernhardson	US Bank	Branch Manager
	Carma	Hanson	Safe Kids Coalition	Coordinator
	Dr. Leigh	Jeanotte	UND American Indian Student Services	Director of Am. Indian Student Services
	Debra	Johnson	Prairie Harvest Mental Health	Executive Director
	Sandy	Dittus	Zimney Foster PC	Altru Board Member Attorney

11:30 AM	First Name	Last Name	Organization	Occupation
	Gary	Hart	UND Center for Rural Health	Director
	Sarah	Reese	Polk County Public Health	Director
	Gary	Larson	East Grand Forks Fire Dept	Fire Chief
	Michelle	Eslinger	UND Student Health Service	Director of Student Health Services
	Sheila	Morris	CVIC Kids First Program	Kids First Coordinator
	Mary	Lien	Grand Forks Public Schools	Character Education & Prevention Coordinator
	Tom	Tezel	American Red Cross	Regional Chief Em Services Officer
	Cynthia	Shabb	Global Friends Coalition	Program Director

5:00 PM	First Name	Last Name	Organization	Occupation
	Bill	Vasicek	Altru	Community Safety Director
	Tracy	Walker	Home Delivered Meals	Volunteer
	Sandi	Marshall	Development Homes Inc.	CEO
	Kay	Mendick	UND Women's Center	Director of Women's Center
	Malika	Carter	UND Multicultural Student Service	Director
	Kim	Greendahl	The Greenway	Greenway Specialist
	Bernie	Altendorf	St. Michael's Catholic Church	Parish Nurse

APPENDIX B | SECONDARY RESEARCH TABLES

County Information and Demographics

	Grand Forks County	North Dakota	City of East Grand Forks	Minnesota
Population, 2010	66,861	672,591	8,601	5,303,925
Population, 2000	66,109	642,200	7,501	4,919,479
Population Change, 2000-2010	1.1%	4.5%	12.8%	7.2%
Square Miles	1,436	69,001	6	79,627
People per Square Mile	46.5	9.7	1,455.6	66.6
Caucasian	90.9%	90.4%	91.1%	85.3%
High School Graduates	92.6%	90.0%	87.9%	91.6%
Bachelor's Degree or Higher	33.2%	26.5%	26.3%	31.8%
Live Below Poverty Level	16.7%	12.3%	9.0%	11.0%
Children in Poverty	15.2%	11.7%	N/A	15.0%
Individuals 65+ with a Disability	26.4%	35.1%	N/A	N/A
65 Years or Older	10.6%	14.4%	13.3%	12.9%

Source:
U.S. Census Bureau
Grand Forks County Community Health Profile

County Health Rankings 2013

	Grand Forks County	North Dakota	Polk County	Minnesota	National Benchmark (90th percentile)
Ranking: Outcomes	**11**	**(of 46)**	**60**	**(of 87)**	
Mortality	**4**		**65**		
Premature death	5055	6244	6253	5126	5317
Morbidity	**23**		**39**		
Poor or fair health	11%	12%	12%	11%	10%
Poor physical health days (in the past 30 days)	2.6	2.7	2.5	2.9	2.6
Poor mental health days (in the past 30 days)	2.4	2.4	2.3	2.7	2.3
Low birthweight	6.5%	6.5%	6.1%	6.5%	6.0%
Ranking: Factors	**16th**	**(of 46)**	**79**	**(of 84)**	
Health Behaviors	**10**		**86**		
Adult Smoking	16%	19%	28%	17%	13%
Adult Obesity	31%	30%	31%	26%	25%
Physical Inactivity	23%	26%	27%	19%	21%
Excessive Drinking	21%	22%	29%	20%	7%
Motor Vehicle crash death rate	12	17	19	10	10
Sexually Transmitted Infections	358	357	127	276	92
Teen birth rate	21	28	32	26	21
Clinical Care	**7**		**46**		
Uninsured	11%	11%	10%	10%	11%
Primary Care Physicians	984:1	1297:1	1977:1	1140:1	1067:1
Dentists	1617:1	1886:1	2354:1	1660:1	1516:1
Preventable Hospital Stays	51	59	56	51	47
Diabetic Screening	84%	86%	90%	88%	90%
Mammography Screening	73%	71%	66%	73%	73%
Social & Economic Factors	**26**		**61**		
High school graduation	89%	86%	83%	77%	
Some college	78%	74%	71%	72%	70%
Unemployment	3.9%	3.5%	6.1%	6.4%	5.0%
Children in poverty	15%	15%	20%	15%	14%
Inadequate social support	14%	16%	19%	14%	14%
Children in single-parent households	23%	25%	27%	27%	20%
Violent crime rate	224	219	178	248	66
Physical Environment	**36**		**29**		
Daily fine particulate matter	8.1	7.3	8.9	10.0	8.8
Drinking water safety	0%	1%	1%	1%	0%
Access to recreational facilities	10	12	6	11	16
Limited Access fo Healthy Foods	12%	9%	8%	6%	1%
Fast food restaurants	52%	44%	44%	47%	27%

Source:
County Health Rankings

Preventative Care

	Grand Forks County	North Dakota
Colorectal Cancer Screening Rates	53.6%	55.5%
Pneumococcal Pneumonia Vaccination Rates	55.1%	51.3%
Influenza Vaccination Rates	54.3%	50.4%
Annual Hemoglobin A1C Screening Rates for Patients with Diabetes	92.3%	92.2%
Annual Lipid Testing Screening Rates for Patients with Diabetes	79.9%	81.0%
Annual Eye Examination Screening Rates for Patients with Diabetes	74.3%	72.5%
PIM (Potentially Inappropriate Medication) Rates	7.6%	11.1%
DDI (Drug-Drug Interaction) Rates	7.9%	9.8%

Source:
North Dakota Health Care Review, Inc.

Altru's Cancer Registry Data

Percent of Cancer Cases by Site
Diagnosed at Stage III or IV

	Lung	Colon	Breast
2005	64%	47%	12%
2006	67%	39%	13%
2007	65%	42%	8%
2008	68%	43%	15%
2009	66%	57%	11%
2010	74%	49%	15%
2011	66%	64%	15%

Children's Health

	North Dakota	Minnesota	National
Children Currently Insured	91.6%	94.0%	90.9%
Children Whose Current Insurance is Not Adequate to Meet Child's Needs	26.8%	13.0%	23.5%
Children Who Had Preventative Medical Visit in Past Year	78.9%	83.6%	88.5%
Children Who Had Preventative Dental Visit in Past Year	77.2%	79.5%	78.4%
Children Aged 10-17 Whose Weight Status is at or Above the 85th Percentile for BMI	25.7%	23.1%	31.6%
Children Aged 6-17 Who Engage in Daily Physical Activity	27.1%	34.8%	29.9%
Children Who Live in Households Where Someone Smokes	26.9%	23.4%	26.2%
Chlidren Aged 6-17 Who Exhibit Two or More Positive Social Skills	95.6%	97.1%	93.6%
Children Aged 6-17 Who Missed 11 or More Days of School in the Past Year	3.9%	4.7%	5.8%
Young Children (10 mos.-5 yrs) receiving standardized screening for developmental or behavioral problems	17.6%	41.6%	19.5%
Children aged 2-17 years having one or more emotional, behavioral, or developmental condition	11.4%	10.4%	11.3%
Children aged 2-17 years having problems requiring counseling who received mental health care	72.4%	67.0%	60.0%

Source:
National Survey of Children's Health

2009-2011 YRBS results for 9th-12th graders for North Dakota and Region IV regarding sexual behavior

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students ever having sex	44.60%	44.80%	47.40%	47.80%	43.50%	42.60%	43.50%	43.20%
% students having sex by age 13	3.50%	3.70%	6.20%	5.00%	4.50%	3.80%	3.70%	3.70%
% students having sex with 4 or more partners during their life	-	13.20%	-	13.30%	-	14.00%	-	11.20%
% students who believe abstinence is important	19.20%	47.40%	22.40%	49.00%	21.20%	49.00%	20.30%	46.90%

2009-2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding dietary intake

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students having >3 glasses of milk per day in the past week	37.60%	36.90%	41.60%	36.30%	36.30%	36.20%	40.80%	35.60%
% students eating fruit 1 or more times in the past week	93.30%	93.80%	92.40%	94.90%	93.90%	93.60%	92.30%	92.40%
% students eating vegetables 1 or more times in the past week	89.90%	91.30%	89.00%	94.90%	91.50%	93.60%	90.70%	92.40%
% students eating breakfast 7 of the last 7 days	48.20%	48.30%	49.30%	50.60%	48.80%	48.30%	45.70%	45.60%

2009-2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding dietary intake

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students having >3 glasses of milk per day in the past week	22.40%	23.40%	24.10%	26.30%	21.40%	22.70%	24.50%	27.10%
% students eating fruit 1 or more times in the past week	88.00%	90.60%	86.20%	91.90%	88.60%	90.50%	87.90%	91.10%
% students eating vegetables 1 or more times in the past week	81.50%	82.60%	80.90%	82.70%	82.00%	82.40%	82.80%	84.00%
% students eating breakfast 7 of the last 7 days	33.20%	38.20%	33.50%	38.80%	32.30%	38.30%	33.10%	36.10%

2009-2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding physical activity

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students physically active >/= 60 minutes/day 5 or more days of the last 7	62.00%	60.00%	62.20%	60.80%	60.90%	60.40%	62.80%	59.60%
% students who watch >/= 3 hours of TV on a school day	33.10%	29.80%	31.40%	28.30%	31.00%	27.30%	33.80%	30.20%
% students who played video/computer games or used a computer not for homework >/= 3 hours on a school day	25.00%	29.50%	22.50%	27.00%	24.40%	28.60%	25.00%	30.40%

2009-2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding physical activity

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% physically active >/= 60 minutes/day 5 or more days of the last 7	43.70%	42.40%	48.40%	48.40%	43.00%	47.30%	46.50%	48.80%
% students who watch >/= 3 hours of TV on a school day	25.60%	24.80%	26.00%	23.60%	23.50%	22.60%	25.80%	25.10%
% students who played video/computer games or used a computer not for homework >/= 3 hours on a school day	18.40%	25.10%	17.80%	24.50%	19.60%	24.70%	20.30%	24.70%

2009-2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding smoking

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students smoking 20 or more of the last 30 days	1.80%	1.40%	1.10%	1.50%	1.70%	1.60%	1.40%	1.20%
% students who smoked a cigarette for the first time by age 11	4.30%	3.50%	4.20%	4.10%	5.10%	3.80%	5.70%	4.40%

2009-2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding smoking

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students smoking 20 or more of the last 30 days	9.30%	8.30%	11.60%	8.70%	11.30%	8.70%	8.20%	7.50%
% students who smoked a cigarette for the first time by age 13	12.30%	8.60%	13.80%	10.90%	12.30%	8.80%	12.60%	9.40%

2009 & 2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding smokeless tobacco

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students using chew, dip or snuff one or more times in the past 30 days	4.70%	3.20%	3.60%	2.60%	2.90%	2.70%	6.10%	4.60%
% students using cigars or cigarillos one or more times in the past 30 days	2.90%	2.70%	3.20%	1.90%	2.70%	2.50%	3.20%	2.90%

2009 & 2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding smokeless tobacco

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% using chew, dip or snuff one or more times in the past 30 days	15.30%	13.60%	19.70%	12.50%	30.10%	11.50%	31.50%	17.60%
% using cigars or cigarillos one or more times in the past 30 days	12.40%	13.50%	13.40%	9.90%	14.70%	13.00%	12.00%	11.60%

2009-2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding alcohol

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% first drink of alcohol by age 11, not including taking sips	12.10%	8.30%	8.80%	6.00%	11.20%	8.10%	14.00%	9.80%
% having at least one drink one or more days during their lifetime	43.90%	28.20%	35.20%	20.30%	39.10%	25.20%	50.20%	33.50%

2009-2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding alcohol

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% first drink of alcohol by age 13, not including taking sips	19.90%	16.70%	20.50%	18.00%	18.50%	15.70%	21.60%	19.70%
% having at least one drink one or more in the past 30 days	43.30%	38.80%	45.50%	37.80%	38.60%	34.20%	45.90%	41.10%

2009-2011 YRBS results for 7th-8th graders regarding drug use

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students using Marijuana for the first time by age 11	2.40%	2.40%	3.00%	3.00%	2.30%	2.10%	2.10%	2.80%
% students using over the counter drugs to get high	4.60%	3.50%	4.30%	3.00%	4.80%	3.90%	3.90%	3.50%
% students taking prescriptions without doctor's consent	6.30%	4.70%	5.20%	3.40%	6.60%	4.80%	5.60%	4.80%
% students using any form of cocaine	2.40%	2.20%	2.80%	2.40%	3.30%	2.30%	2.50%	2.00%
% students using any form of inhalant to get high	11.00%	7.40%	7.90%	6.20%	10.60%	8.70%	11.00%	8.30%

2009-2011 YRBS results for 9th-12th graders regarding drug use

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students using Marijuana for the first time by age 13	6.40%	6.30%	6.60%	5.60%	6.80%	6.80%	5.70%	6.20%
% students using Marijuana one or more times in the past 30 days	16.90%	15.30%	14.20%	12.90%	18.90%	18.70%	13.20%	13.10%
% students using over the counter drugs to get high 1 or more times in their life	13.30%	11.20%	15.00%	11.20%	16.60%	13.60%	11.80%	8.70%
% students taking prescription drugs 1 or more times during their life without doctor's consent	15.00%	16.20%	18.30%	17.90%	18.90%	19.60%	14.00%	14.60%
% students using any form of cocaine 1 or more times in their life	5.10%	6.00%	6.70%	6.60%	7.30%	7.00%	4.70%	4.30%
% students using any form of an inhalant to get high 1 or more times in their life	11.50%	11.60%	13.40%	10.90%	13.80%	12.80%	12.20%	10.30%
% students using a needle to inject an illegal drug one or more times in their life	2.20%	2.00%	2.90%	2.00%	2.80%	2.60%	1.80%	1.70%

2009-2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding injury

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students who rarely or never wore a helmet while riding a bicycle	83.80%	-	81.90%	-	78.30%	-	92.40%	-
% students who never or rarely wore a helmet while rollerblading, or skateboarding	-	81.50%	-	82.50%	-	78.80%	-	86.50%
% students who rarely or never wear a seatbelt when riding in a car	11.10%	7.30%	9.80%	8.00%	8.60%	7.70%	13.90%	10.20%

2009-2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding injury

	North Dakota		Region IV		Urban Areas		Rural Areas	
	2009	2011	2009	2011	2009	2011	2009	2011
% students who rarely or never wear a seatbelt when riding in a car	17.00%	13.40%	20.50%	15.50%	14.70%	11.60%	20.90%	17.80%
% students who rarely or never wear a seat belt while driving a car	15.70%	13.30%	19.00%	15.20%	11.70%	10.90%	20.10%	18.00%
% students driving a vehicle while texting or talking on the phone 1 or more times in the past 30 days	66.90%	60.90%	70.70%	59.60%	61.70%	56.30%	68.60%	64.40%

2011 YRBS results for 7th-8th graders for Region IV and North Dakota regarding injury to oneself and suicide

	North Dakota	Region IV	Urban Areas	Rural Areas
	2011	2011	2011	2011
% students who ever seriously thought about killing themselves	19.20%	17.60%	19.60%	17.80%
% students who ever made a plan about how they would kill themselves	11.50%	12.20%	11.90%	11.10%
% students who ever tried to kill themselves	5.00%	5.80%	6.20%	5.30%

2011 YRBS results for 9th-12th graders for Region IV and North Dakota regarding injury to oneself and suicide

	North Dakota	Region IV	Urban Areas	Rural Areas
	2011	2011	2011	2011
% students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the last 12 months.	23.80%	24.80%	25.10%	22.00%
% students who seriously considered attempting suicide during the past 12 months	14.70%	16.70%	15.90%	13.20%
% students who ever made a plan about how they would attempt suicide during the past 12 months	12.10%	13.40%	12.70%	12.50%
% students who actually attempted suicide one or more times during the past 12 months	10.80%	14.10%	11.80%	10.40%

2010 Minnesota Student Survey results for 9th and 12th graders regarding dietary intake

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students having 1-2 glasses of milk in the past day	50%	45%	58%	54%	61%	52%	70%	55%
% students having 3 servings of fruit and/or vegetables in the past day	27%	26%	27%	20%	22%	22%	43%	25%
% students having 1-2 glasses of pop/soda in the past day	35%	36%	36%	40%	22%	32%	39%	48%

2010 Minnesota Student Survey results for 9th and 12th graders for Minnesota regarding dietary intake

	9th Grade	12th Grade
% students having 5 or more servings of fruits and/or vegetables in the past day	18.10%	17.60%
% students having 1 or more servings of pop/soda in the past day	48.60%	50.30%

2010 Minnesota Student Survey results for 9th and 12th graders regarding physical activity

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students who did exercise/sports that induced sweating/heaving breathing for at least 20 minutes per day 5 or more days of the last 7	16%	22%	11%	17%	12%	23%	13%	21%
% students who were physically active for total of 30 minutes per day 5 or more days of the last 7	18%	22%	11%	20%	21%	22%	17%	19%
% students who watch 11-20 hours of TV/DVDs/videos in a typical week	14%	19%	7%	16%	8%	20%	6%	19%
% students who participated in online activities not for homework 11-20 hours in a typical week	10%	6%	9%	8%	14%	5%	5%	7%

2010 Minnesota Student Survey results for 9th and 12th graders for Minnesota regarding physical activity

	9th Grade	12th Grade
% students who were physically active for at least 30 minutes per day 5 or more days of the last 7	55.50%	47.50%
% students who spend 6 or more hours per week watching TV/DVDs/videos	43.50%	42.10%

2010 Minnesota Student Survey results for 9th and 12th graders regarding smoking

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students using any tobacco products in the last 30 days	13%	17%	30%	54%	15%	7%	33%	58%
% students using any tobacco products 20 of the last 30 days	6%	3%	13%	24%	8%	0%	7%	26%

2010 Minnesota Student Survey results for 12th graders for Minnesota regarding smoking

	12th Grade
% students smoking cigarettes during the past 30 days	19.20%
% students who smoked half pack or more of cigarettes in the past 30 days	4.40%

2010 Minnesota Student Survey results for 9th and 12th graders regarding smokeless tobacco

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students using chew, dip or snuff 1-2 days in the past 30 days	0%	3%	3%	7%	0%	3%	4%	5%
% students using cigars or cigarillos 1-2 days in the past 30 days	1%	5%	2%	17%	2%	2%	0%	25%

2010 Minnesota Student Survey results for 9th and 12th graders for Minnesota regarding smokeless tobacco

	9th Grade	12th Grade
% students who smoked cigarettes during the past 30 days	8.80%	19.20%
% students who smoked half pack or more per day of cigarettes in the last 30 days	2.00%	5.70%

2010 Minnesota Student Survey results for 9th and 12th graders regarding alcohol

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students having first drink of alcohol by age 13, not including taking sips	14%	11%	6%	8%	11%	10%	9%	13%
% students having 1-2 drinks in the past 30 days	12%	15%	20%	23%	14%	10%	13%	30%

2010 Minnesota Student Survey results for 12th graders for Minnesota regarding alcohol

	12th Grade
% students using alcohol in the past year	55.30%
% students binge drinking in the past 2 weeks	23.40%

2010 Minnesota Student Survey results for 9th and 12th graders regarding drug use

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students using Marijuana for the first time by age 13	5%	7%	2%	6%	3%	5%	4%	12%
% students using Marijuana 1-2 times in the past 30 days	1%	3%	7%	3%	3%	3%	11%	4%
% students using over the counter drugs to get high 1-2 times in the last 12 months	1%	0%	1%	2%	N/A	N/A	N/A	N/A
% students taking prescription pain relievers without a doctors consent 1-2 times in the last 12 months	2%	1%	4%	3%	2%	2%	5%	4%
% students using "crack" 1-2 times in the last 12 months	2%	1%	3%	1%	2%	2%	2%	0%
% students using methamphetamines 1-2 times in the last 12 months	0%	0%	0%	1%	0%	0%	0%	2%
% students using MDMA 1-2 times in the last 12 months	1%	2%	1%	0%	0%	2%	2%	0%

2010 Minnesota Student Survey results for 12th graders for Minnesota regarding drug use

	12th Grade
% students using Marijuana in the past year	30.60%
% students using inhalants in the past year	2.40%
% students using cocaine/crack in the past year	3.00%
% students using methamphetamines in the past year	1.40%

2010 Minnesota Student Survey results for 9th and 12th graders regarding injury

	Polk County				City of East Grand Forks			
	9th-Female	9th-Male	12th-Female	12th-Male	9th-Female	9th-Male	12th-Female	12th-Male
% students who never wear a seatbelt while riding in a car	1%	4%	7%	10%	0%	0%	11%	15%
% students who never wear a seatbelt while driving in a car	3%	4%	2%	9%	3%	2%	2%	11%

2010 Minnesota Student Survey results for 9th and 12th graders for Minnesota regarding injury

	9th Grade	12th Grade
% students who always wear a seatbelt while riding in a car	66.50%	71.30%

2010 Minnesota Student Survey results for 9th and 12th graders regarding self-inflicted injury, suicidal thoughts and behavior

	East Grand Forks District			
	9th-Female	9th-Male	12th-Female	12th-Male
% students who never hurt themselves on purpose	71%	93%	65%	93%
% students who never thought about killing themselves	69%	91%	48%	85%
% students who never tried to kill themselves	95%	98%	85%	98%

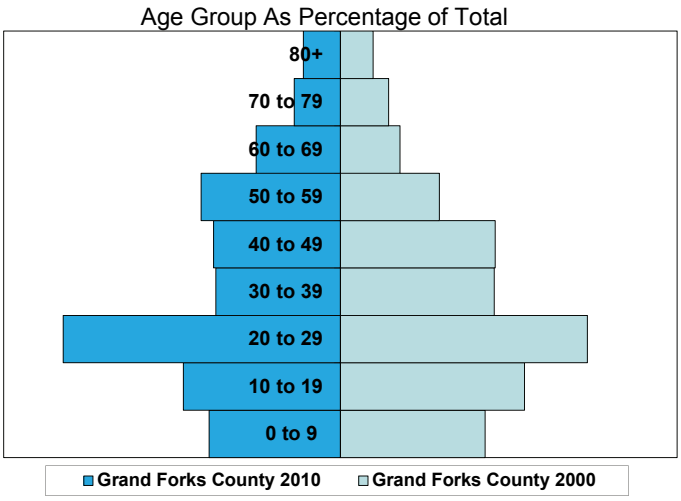
Grand Forks County Community Health Profile

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, Census 2010

Age Group	Grand Forks County		North Dakota	
	Number	Percent	Number	Percent
0-9	7825	11.7%	84,671	12.6%
10-19	9355	14.0%	87,264	13.0%
20-29	16544	24.7%	108,552	16.1%
30-39	7412	11.1%	77,954	11.6%
40-49	7552	11.3%	84,577	12.6%
50-59	8273	12.4%	96,223	14.3%
60-69	4997	7.5%	61,901	9.2%
70-79	2716	4.1%	39,213	5.8%
80+	2187	3.3%	32,236	4.8%
Total	66861	100.0%	672,591	100.0%
0-17	13421	20.1%	149,871	22.3%
65+	6903	10.3%	97,477	14.5%



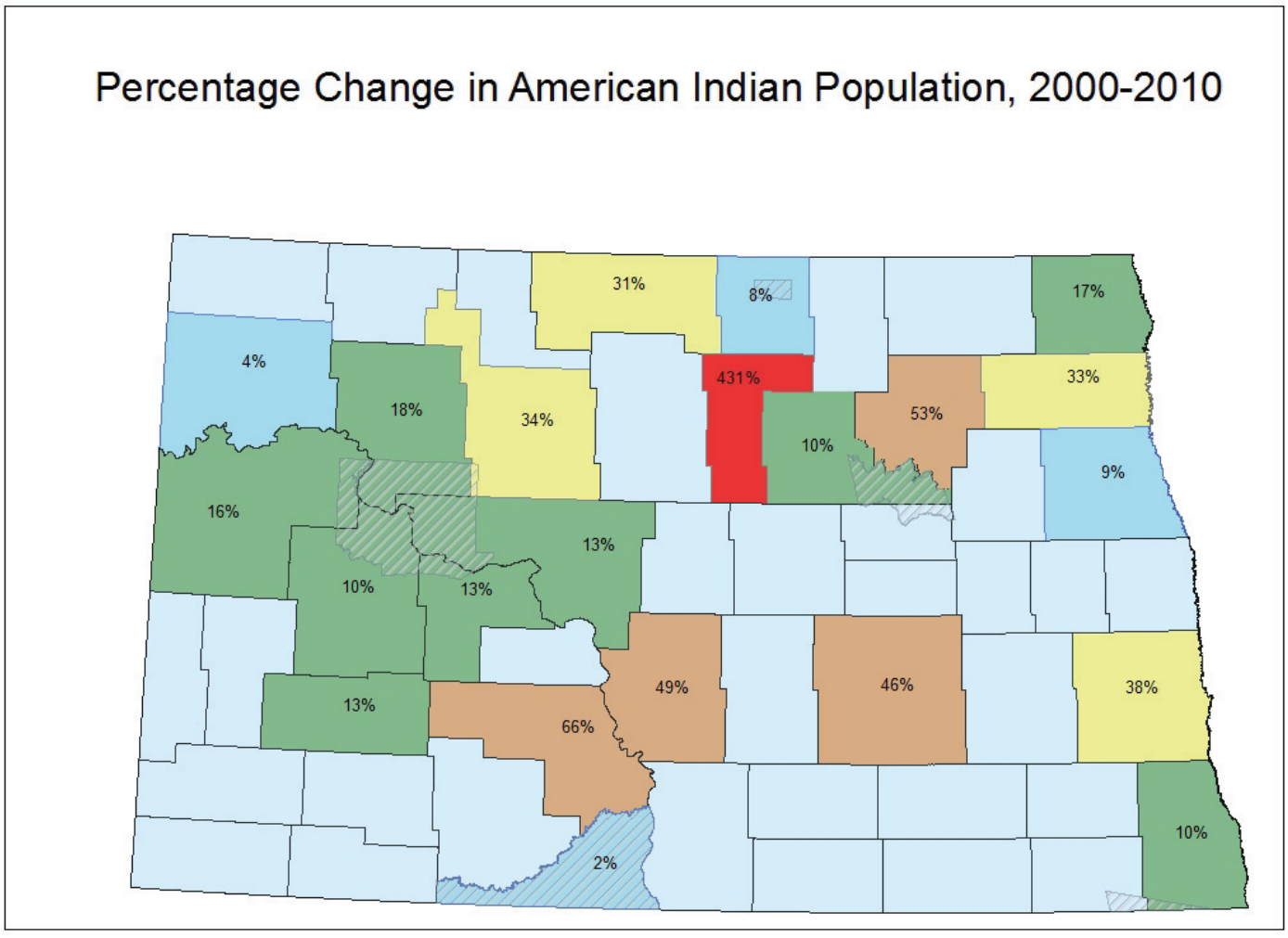
Female Population and Percentage Female by Age, 2010 Census

Age Group	Grand Forks County		North Dakota	
	Number	Percent	Number	Percent
0-9	3761	48.1%	41330	48.8%
10-19	4543	48.6%	42277	48.4%
20-29	7348	44.4%	50571	46.6%
30-39	3493	47.1%	37144	47.6%
40-49	3760	49.8%	41499	49.1%
50-59	4146	50.1%	47283	49.1%
60-69	2484	49.7%	30699	49.6%
70-79	1527	56.2%	21453	54.7%
80+	1444	66.0%	20471	63.5%
Total	32506	48.6%	332727	49.5%
0-17	6461	48.1%	73083	48.8%
65+	3988	57.8%	55050	56.5%

Grand Forks County Community Health Profile

POPULATION

Race, 2010 Census	Grand Forks County		North Dakota	
Race	Number	Percentage	Number	Percentage
Total	66,861	100.0%	672,591	100.0%
White	60,358	90.3%	605,449	90.0%
Black	1,361	2.0%	7,960	1.2%
Am.Indian	1,657	2.5%	36,591	5.4%
Asian	1,292	1.9%	6,909	1.0%
Pac. Islander	40	0.1%	320	0.0%
Other	553	0.8%	3,509	0.5%
Multirace	1,600	2.4%	11,853	1.8%



Grand Forks County Community Health Profile

POPULATION

Household Populations, 2010				
	Grand Forks County		North Dakota	
Household Type	Number	Percentage	Number	Percentage
Total	66,771	100.0%	659,858	100.0%
In households	62,830	94.1%	634,679	96.2%
In family households:	45,262	67.8%	504,148	76.4%
In nonfamily households:	17,568	26.3%	130,531	19.8%
In group quarters	3,941	5.9%	25,179	3.8%
Institutionalized population	574	0.9%	9,675	1.5%
Noninstitutionalized population	3,367	5.0%	15,504	2.3%

Decennial Population Change, 1990 to 2000, 2000 to 2010				
Census	Grand Forks County	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	70,683		638,800	
2000	66,109	-6.5%	642,200	0.5%
2010	66,861	1.1%	672,591	4.7%

Marital Status of Persons Age 15 and Older, 2006-2010 ACS				
	Grand Forks County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	55,578	100.0%	538,799	100.0%
Never Married	23,232	41.8%	163,256	30.3%
Now Married	24,399	43.9%	288,257	53.5%
Separated	389	0.7%	4,310	0.8%
Widowed	2,834	5.1%	36,100	6.7%
Divorced	4,724	8.5%	46,876	8.7%

Educattional Attaiment, 2006-2010, ACS				
	Grand Forks County		North Dakota	
	Estimate	Percent	Estimate	Percent
Population 25 years and over	37,927	100.0%	429,333	100.0%
Less than 9th grade	1,214	3.2%	24,043	5.6%
9th to 12th grade, no diploma	1,669	4.4%	21,467	5.0%
High school graduate or GED	9,140	24.1%	120,643	28.1%
Some college, no degree	8,951	23.6%	99,176	23.1%
Associate's degree	4,362	11.5%	51,091	11.9%
Bachelor's degree	8,116	21.4%	83,291	19.4%
Graduate or professional degree	4,513	11.9%	29,624	6.9%

Grand Forks County Community Health Profile

POPULATION

Disability in Non-Institutionalized Population, 2007-2010, ACS	Grand Forks County		North Dakota	
	Number	Percentage	Number	Percentage
Group	Number	Percent	Number	Percent
Total	65,267	100.0%	660,611	100.0%
No Disability	59,657	91.4%	591,814	89.6%
Any Disability	5,610	8.6%	68,797	10.4%
Self Care Disability (Age 5+)	846	1.4%	11,348	1.7%
0-17 with any disability	272	2.0%	4,501	3.0%
18-64 with any disabilty	3,634	8.0%	31,994	7.6%
65+ with any disability	1,704	26.4%	32,302	35.1%

Income and Poverty Status by Age Group, 2006-2010, ACS	Grand Forks County		North Dakota	
Median Household Income	$44,242		$46,781	
Per Capita Income	$24,276		$25,803	
	Number	Percent	Number	Percent
Below Poverty Level	11,037	17.5%	78,405	12.3%
Under 5 years	847	19.5%	4,120	9.2%
5 to 11 years	707	14.6%	7,908	14.2%
12 to 17 years	492	11.6%	5,457	11.0%
18 to 64 years	8,344	17.9%	46,471	12.0%
65 to 74 years	310	8.9%	4,149	8.9%
75 years and over	337	9.9%	7,072	14.0%

Family Poverty and Childhood and Elderly Poverty, 2006-2010, ACS	Grand Forks County		North Dakota	
	Number	Percent	Number	Percent
Total Families	14,689	100.0%	170,477	100.0%
Families in Poverty	1,204	8.2%	12,274	7.2%
Families with related Children	7,055	48.0%	78,224	45.9%
Families with related Children in Poverty	988	6.7%	10,679	6.3%
Families with related Children and Female Parent Only	1,658	11.3%	15,482	9.1%
Families with related Children and Female Parent Only in Poverty	660	4.5%	6,022	3.5%
Total Known Children in Poverty (0-17)	2,046	15.2%	17,485	11.7%
Total Known Age 65+ in Poverty	647	9.4%	11,221	11.5%

*For those whom poverty status is known

Grand Forks County 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	Grand Forks County		North Dakota	
	Number	Rate	Number	Rate
Live Births and Rate	4,786	14.3	44,427	13.2
Pregnancies and Rate	5,227	15.6	48,818	14.5
Fertility Rate		64.2		71.4
Teen Births and Rate	336	17.2	3,337	19.2
Teen Pregnancies and Rate	411	21.1	4,062	23.4
	Number	Ratio	Number	Ratio
Out of Wedlock Births and Ratio	1,494	312.2	14,506	326.5
Out of Wedlock Pregnancies and Ratio	2,033	388.9	18,103	370.8
Low Birth Weight Birth and Ratio	301	62.9	2919	65.7

Child Deaths, 2006-2010	Grand Forks County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	17	3.6	281.0	6.3
	Number	Rate	Number	Rate
Child and Adolescent Deaths and Rate	19	23.3	285.0	35.0
Total Deaths and Rate	2220	664.1	28,984.0	861.9

Grand Forks County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Child Deaths, 2006-2010	Grand Forks County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	17	3.6	281.0	6.3
	Number	Rate	Number	Rate
Child and Adolescent Deaths and Rate	19	23.3	285.0	35.0
Total Deaths and Rate	2220	664.1	28,984.0	861.9

Deaths and Age Adjusted Death Rate by Cause, 2006-2010	Grand Forks County	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	2220 (718)	28,985 (689)
Heart Disease	524 (167)	7,122 (162)
Cancer	528 (177)	6,544 (162)
Stroke	127 (40)	1,696 (38)
Alzheimers Disease	165 (51)	1,936 (40)
COPD	123 (41)	1,607 (39)
Unintentional Injury	113 (35)	1,545 (42)
Diabetes Mellitus	55 (18)	1,072 (26)
Pneumonia and Influenza	61 (19)	702 (15)
Cirrhosis	20 (7)	289 (8)
Suicide	45 (14)	462 (14)

Grand Forks County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Leading Causes of Death by Age Group for Grand Forks County, 2006-2010

Age	1	2	3
0-4	Congenital Anomaly	Unintentional Injury SIDS	Prematurity
5-14	Unintentional Injury		
15-24	Unintentional Injury 17	Suicide 9	Cancer
25-34	Suicide 12	Unintentional Injury 11	Cancer
35-44	Unintentional Injury 11	Cancer 9 Suicide 7	Heart Disease 6
45-54	Cancer 47	Heart Disease 29	Unintentional Injury 11 Suicide 11
55-64	Cancer 99	Heart Disease 63	Unintentional Injury 13
65-74	Cancer 123	Heart Disease 63	COPD 27
75-84	Cancer 152	Heart Disease 133	Alzheimer's Disease 45
85+	Heart Disease 231	Alzheimer's Disease 113	Cancer 92

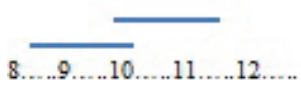
Leading Causes of Death by Age Group for North Dakota, 2006-2010

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

Grand Forks County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2007-2010

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	Grand Forks County	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.	21.7 (18.1-25.2)	21.2 (20.3-22.2)
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	6.3 (3.9- 8.8)	4.9 (4.4- 5.3)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	12.2 (5.6-18.7)	7.1 (6.0- 8.2)
	ARTHRITIS		
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	32.4 (26.4-38.3)	31.7 (30.1-33.4)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	16.6 (13.0-20.2)	17.4 (16.4-18.4)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	25.8 (22.0-29.6)	27.1 (26.1-28.2)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	12.3 (9.5-15.1)	11.3 (10.7-12.0)
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.	7.4 (5.6- 9.2)	8.0 (7.4- 8.5)

Grand Forks County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2007-2010

	BODY WEIGHT	Grand Forks County	North Dakota
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	39.6 (35.8-43.5)	38.0 (37.1-39.0)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	26.6 (23.5-29.7)	27.8 (26.9-28.7)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	66.2 (62.4-70.0)	65.8 (64.8-66.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	2.3 (1.6- 3.0)	4.1 (3.8- 4.3)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	4.0 (3.0- 4.9)	4.0 (3.7- 4.3)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	1.5 (0.9- 2.0)	2.5 (2.3- 2.7)
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.	6.2 (5.0- 7.4)	7.6 (7.2- 8.0)
	CHOLESTEROL		
Never Cholesterol Test	Respondents who reported never having a cholesterol test	23.5 (18.0-29.0)	21.5 (20.0-22.9)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	28.1 (22.5-33.6)	25.9 (24.4-27.3)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	34.4 (29.7-39.2)	35.9 (34.7-37.2)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	83.2 (79.1-87.3)	80.9 (79.8-81.9)
Never Sigmoidoscopy or Colonoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	32.4 (27.0-37.8)	40.5 (39.1-41.8)
No Sigmoidoscopy or Colonoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	44.5 (38.8-50.1)	50.3 (48.9-51.7)

Grand Forks County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2007-2010

	DIABETES	Grand Forks County	North Dakota
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.7 (5.3- 8.2)	7.2 (6.8- 7.6)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	75.6 (71.3-79.8)	77.8 (76.7-78.9)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	11.3 (9.0-13.6)	12.6 (12.1-13.2)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	8.5 (6.7-10.4)	10.2 (9.7-10.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	8.9 (6.9-11.0)	9.4 (8.8-10.0)
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.	5.7 (4.1- 7.3)	5.9 (5.5- 6.3)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	17.8 (15.0-20.5)	16.8 (16.1-17.5)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	10.2 (7.2-13.3)	11.3 (10.5-12.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	4.9 (2.9- 6.8)	6.5 (5.9- 7.0)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	19.7 (16.1-23.4)	23.3 (22.4-24.3)
	HYPERTENSION		
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	20.8 (17.3-24.2)	26.4 (25.3-27.4)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	20.6 (16.2-25.0)	29.6 (28.3-30.9)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	25.7 (20.7-30.8)	29.8 (28.5-31.2)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	18.0 (14.0-22.0)	15.2 (14.3-16.1)
Seat Belt	Respondents who reported not always wearing their seatbelt	31.5 (25.8-37.3)	39.2 (37.8-40.7)

Grand Forks County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2007-2010

	ORAL HEALTH	Grand Forks County	North Dakota
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	25.7 (20.7-30.6)	28.0 (26.7-29.3)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	9.6 (7.5-11.7)	14.2 (13.5-14.9)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	44.3 (39.1-49.4)	37.3 (35.9-38.7)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	6.2 (3.9- 8.5)	6.4 (5.8- 7.0)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	16.1 (13.1-19.2)	18.8 (17.9-19.6)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	15.7 (9.5-21.9)	16.0 (14.4-17.6)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	19.9 (14.8-25.1)	24.0 (22.6-25.4)

Grand Forks County 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

Grand Forks County

	2006	2007	2008	2009	2010	5 year	5-Year Rate
Murder	1	1	0	1	1	4	1.2
Rape	22	33	26	31	38	150	44.6
Robbery	15	11	14	29	7	76	22.6
Assualt	70	85	111	103	83	452	134.4
Violent crime	108	130	151	164	129	682	202.7
Burglary	343	293	302	331	291	1,560	463.7
Larceny	1,617	1,581	1,582	1,400	1,309	7,489	2226.2
Motor vehicle theft	175	151	124	87	95	632	187.9
Property crime	2,135	2,025	2,008	1,818	1,695	9,681	2877.8
Total	2,243	2,155	2,159	1,982	1,824	10,363	3080.5

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

Grand Forks County 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	Grand Forks County	North Dakota
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)*	293 (52)	2,607 (65)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	1,242 (15)	13,170 (14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	226 (18)	3,298 (25)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	81 (6.5)	763 (5.8)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	427 (34)	4,143 (32)
High School Dropouts (Dropouts per 1000 persons ages 16-24)	35 (1.3)	701 (2.2)
Average ACT Composite Score	22.5	21.5
Average Expenditure per Student in Public School	$8,839	$9,812
*Year 2008 data		

Child Indicators: Families and Child Care 2010	Grand Forks County	North Dakota
Child Care Providers	279	3,176
Child Care Capacity (Percent of all children age 0-13)	4891 (44)	41,478
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	4,978 (77)	57,059 (82)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	2,959 (22)	30,058 (21)
Children in Foster Care (Percent of children ages 0-18)	249 (1.7)	1,912 (1.2)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	677 (5.1)	6,399 (4.4)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	724 (5.5)	4,180 (2.9)
Births to Mothers with Inadequate Prenatal Care**	NA	389 (4.3)
* Year 2009 data		

Child Indicators: Economic Health 2010	Grand Forks County	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	699 (3.9)	7,819 (4.7)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	3,684 (25)	37,553 (24)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	3,192 (38)	33,870 (33)
WIC Program Participants	2,771	24,331
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	4,609 (22)	49,110 (27)
Median Income for Families with Children Ages 0-17 *	$61,431	$61,035
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	960 (7.3)	10,100 (7.2)
*Year 2009 data		

Child Indicators: Juvenile Justice 2010	Grand Forks County	North Dakota
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	459 (8.5)	5,139 (8.1)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	74 (8.5)	784 (8.2)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	112 (13)	1,464 (15)

Corporate Development
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