

Vision: To be the healthiest communities in which to live, learn, work, and play.



COMMUNITY HEALTH PROFILE
DATA BOOK 2012

STUTSMAN & LOGAN COUNTIES

Contents

Purpose	3
Background	3
Community Partners	4
Data Sources	6
Demographics	7
Health Indicators	10
Morbidity & Mortality	10
County Health Rankings	11
Healthy Community	12
Forces That Impact Quality of Life	13
Tobacco use	14
Tobacco: SecondHand Smoke	16
Diet & Exercise	17
Obesity	17
Physical Activity	18
Alcohol Use	19
Binge Drinking	20
Drinking & Driving and Drunk Driving	23
Youth Alcohol Use	24
Sexual Activity	25
Access to Care	25
Education & Employment	27
Family & Social Support	28
Community Safety	30
Community Concerns	31
Conclusion	34
Contact Information	34
Attachment A: Community Smoking Survey Executive Summary 2010	35
Attachment B: Key Informant Summary February 2012	37
Attachment C: CVHD Telephone Survey Executive Summary 2012	38
Attachment D: Winkelman Consulting Surveys March-April 2012	40
Attachment E: CVHD Survey Charts July-August 2012	42
Attachment F: FORCES OF CHANGE & Strengths, Weaknesses, Opportunities, Threats (SWOT)	46
Appendix F: Community Health Asset Lists	47
References	50

Purpose

The purpose of the Community Health Assessment is to evaluate the health status of the community and help identify priority areas. Partners will use the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services and an environment that enables community members to reach their full health potential through assessment, leadership and partnerships.



BACKGROUND

In 2010, Central Valley Health District (CVHD) began the process of assessing jurisdiction-wide community health status in Stutsman and Logan Counties. In 2011, CVHD published the first iteration of the Community Health Assessment (CHA-1) (see report at <http://www.centralvalleyhealth.org/Media/CHA.pdf>). The first iteration provided secondary health status data. Additional, primary data components were needed in order to formulate a comprehensive assessment. In July 2011, CVHD and key partners engaged in a demonstration site project funded by the National Association of County and City Health Officials (NACCHO) and utilized the Mobilizing for Action through Planning and Partnerships (MAPP) modified process to complete this comprehensive community health assessment.

The modified-MAPP process included:

- Community-wide meetings
- Telephone survey (Stutsman County, 400 respondents)
- One-on-one interviews (Community Mobilizing Change on Alcohol)
- Key informant surveys (Stutsman and Logan counties)
- Online survey and prioritization tool (202 respondents)



This community health assessment data book is a supplement to the CHA-1 completed in 2011 that provides some updated data and additional components for a comprehensive community health assessment that will serve as the basis for the community health improvement plan. Community-Wide meetings were conducted in February (data review), May, July and September (data analysis) 2012. Core Team members met more frequently during the entire process. Community and Core Team members provided input and feedback throughout the process by completing process evaluations, etc.

COMMUNITY PARTNERS

Many thanks and sincere appreciation to the following community partners and the people of Stutsman and Logan counties.

Alpha Opportunities

- Sue Kurtz

American Heart Association

- Joan Enderle

American Red Cross – Buffalo Valley Chapter

- Beth Dewald

Ave Maria Village/Heritage Centre

- Bonnie Daunhauer
- Gerry Leadbetter
- Sharyln Geerdes
- Sue Johnson
- Tim Burchill

Ashland Township

- Don Albrecht

Central Valley Health District (CVHD)

- Deb Fischer
- Frank Balak
- Jean Johnson*
- Kali Lutt
- Karena Goehner
- Marcia Bollingberg
- Nancy Thoen
- Robin Iszler*
- Tami Dillman*
- Wendy Klett

CVHD - Board of Health

- Heidi Larson*
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- Darla Reed
- Laurel Haroldson
- Philip Jystad, M.D.
- Ed Anderson
- Cindy Schaar
- Dennis Ova
- Dean Entzminger

City of Jamestown

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Community Action Program Head Start

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Economic Development Corporation Logan County

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Essentia Health

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- Doug Panchot

First Community Credit Union - Napoleon

- Athena Dunn*

Health Tracks Logan County Region

- Jennifer Schumacher*

James Valley Career and Technology Center

- John Lynch

Jamestown Ambulance

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Jamestown City Council/Stutsman County Sheriff's Department

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Jamestown College

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- Lori Listopad
- Mona Klose*
- Teree Rittenbach

Jamestown Healthy Lifestyle Coalition and Southeast Education Cooperative

- Amy Walters*

Jamestown Regional Medical Center

- Cindy Gohner*
- Samantha Revering*
- Todd Hudspeth
- Trisha Jungels*

Logan County Social Services

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Main Street Downtown Jamestown Association

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MedCenter One Health System

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North Dakota Department of Health

- Jennifer Schmidt
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North Dakota State Hospital

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NDSU Extension

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Safe Shelter

- Lynne Tally

Salvation Army

- Fran Geisler
- Teresa Brecto

Sanford Health

- Jo Heisler*

South Central Human Service Center

- Carrie Thompson-Widmer
- Marilyn Schlosser
- Russ Sunderland*

Stutsman County Emergency Management

- Jerry Bergquist
- Todd Volk

Stutsman County Housing

- David Klein

Stutsman County Social Services

- Barb Hopewell
- Sandy Bendwald*

* Denotes core team members

Any other partners and/or individuals not mentioned, thank you for your contribution to this assessment.

Special thanks to Sonja Armbruster and the Sedgwick County (Kansas) Health Department Community Health Assessment Team for sharing inspiration for this data book.

Also, a special thanks to Tami Dillman, Frank Balak, and Kali Lutt for all their hard work on this data book.

DATA SOURCES

The following data sources referenced in this community health assessment data book were identified under guidance from the North Dakota Department of Health (NDDoH).

The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The Web-Enabled Analysis Tool (WEAT) was utilized for **median** U.S. benchmarks. Source: <http://www.cdc.gov/brfss/>. Data over multiple years was combined by NDDoH in the form of a health profile yielding real weighted values for comparing county level data and statewide data. Due to low numbers, data for Stutsman and Logan Counties in some cases is not available. Additionally, throughout this data book when the term **same or similar** is used when comparing the difference between the county and state numbers there is **no statistical difference between the county and state data**. Figure 1 below lists sources for health profile data tables as identified by the NDDoH.

Figure 1: Health Profile Sources

Tables	Source	Dates
Population by Age Group	Census 100% data	2010
Female Population	Census 100% data	2010
Race	Census 100% data	2010
Population Change	Census 100% data	2010
Household populations	American Community Survey (Census)	2006-2010
Disability	American Community Survey (Census)	2008-2010
Marital Status	American Community Survey (Census)	2006-2010
Educational Attainment	American Community Survey (Census)	2006-2010
Income and Poverty	American Community Survey (Census)	2006-2010
Family Income and Poverty	American Community Survey (Census)	2006-2010
Births	ND Vital Statistics	2006-2010
Child Deaths	ND Vital Statistics	2006-2010
Age Adjusted Deaths	ND Vital Statistics	2006-2010
Leading Causes of Death	ND Vital Statistics	2006-2010
Behavioral Risk Factors	BRFSS	Dependent on pop size
Crime	County law enforcement reports to BCI	2006-2010
Child Health Indicators	Kids Count aggregate data	2010 unless o/w specified

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

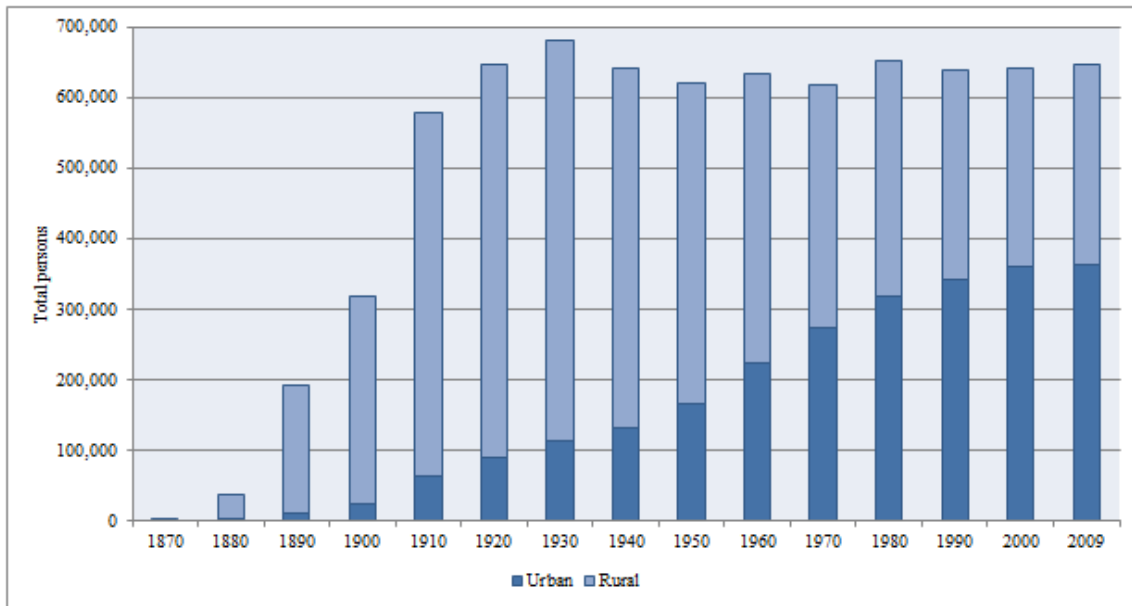
The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, and the Centers for Disease Control and Prevention (CDC) in collaboration with several representatives from state and local health education agencies and other federal agencies. This assessment identifies regional YRBS information: Region 6 includes Wells, Foster, Griggs, Stutsman, Barnes, Dickey, Logan, LaMoure and McIntosh counties.

Source: www.dpi.state.nd.us

DEMOGRAPHICS

Stutsman and Logan counties are comprised of predominantly rural areas with agriculture-based economies. Figure 2 depicts the shift in ND population from 1870 thru 2009.

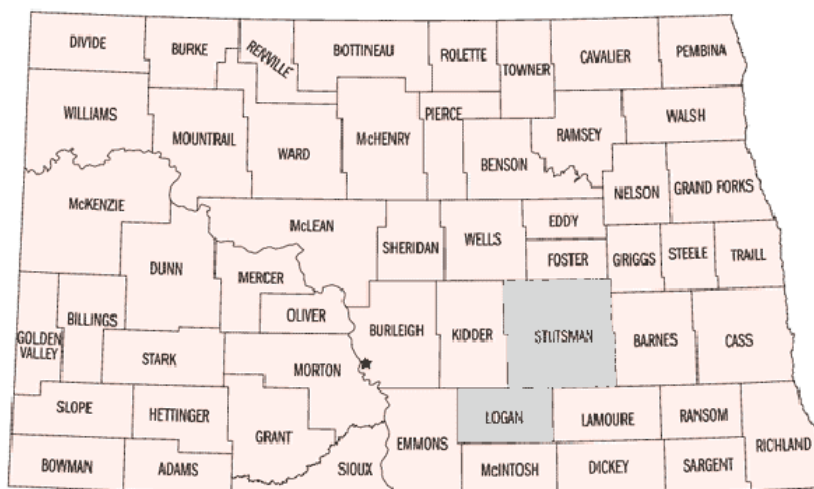
Figure 2: North Dakota - Less Rural More Urban



Source - ND Department of Health

According to the US Census Bureau, the population of North Dakota increased by 4.7% between the years 2000 and 2010. During this time period, the population of Stutsman and Logan Counties decreased by 3.7% and 13.8%, respectively. Figure 4 illustrates the population by percentage according to age group for the Stutsman and Logan Counties and that of North Dakota and the United States according to the 2010 U.S. Census Bureau.

Figure 3: ND Counties



For Stutsman and Logan counties in 2010, more people are over the age of 40 than under the age of 40. Stutsman County has more young people by percentage (ages 0-19 and 20-39).

Figure 4: Population by Age Group - 2010 U.S. Census

Age Group	Stutsman County ¹		Logan County ¹		North Dakota ¹		United States ²	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-9	2,328	11.0%	205	10.3%	84,671	12.6%	40,550,019	13.1%
10-19	2,594	12.3%	241	12.1%	87,264	13.0%	42,717,537	13.8%
20-29	2,821	13.4%	130	6.5%	108,552	16.1%	42,687,848	13.8%
30-39	2,290	10.9%	176	8.8%	77,954	11.6%	40,141,741	13.0%
40-49	2,783	13.2%	248	12.5%	84,577	12.6%	43,599,555	14.1%
50-59	3,393	16.1%	305	15.3%	96,223	14.3%	41,962,930	13.6%
60-69	2,148	10.2%	261	13.1%	61,901	9.2%	29,253,187	9.5%
70-79	1,401	6.6%	236	11.9%	39,213	5.8%	16,595,961	5.4%
80+	1,342	6.4%	188	9.4%	32,236	4.8%	11,236,760	3.6%
Total	21,100	100.0%	1,990	100.0%	672,591	100.0%	308,745,53	100.0%
0-17	4,331	20.5%	420	21.1%	149,871	22.3%	74,181,467	24.0%
65+	3,618	17.1%	557	28.0%	97,477	14.5%	40,267,984	13.0%

¹<http://www.ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>
²<http://www.ndhealth.gov/HealthData/CountyHealthProfiles/All%20North%20Dakota%20Community%20Profile.pdf>

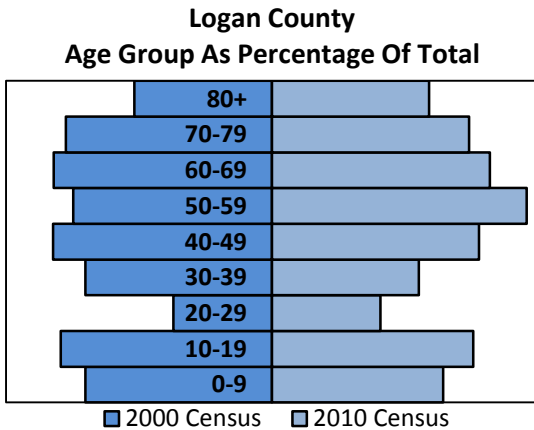


Figure 5: Logan County Age Group Percentage

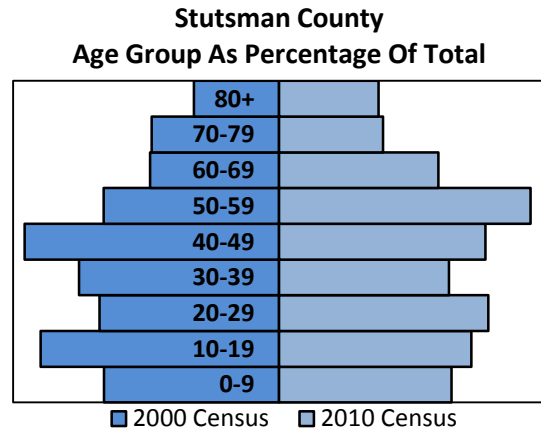


Figure 6: Stutsman County Age Group Percentage

Source: <http://www.ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>
 Source: U.S. Census Bureau - 2010

- Both Logan and Stutsman counties experienced declines in young people ages 10-19 from 2000 thru 2010 (Figures 5 and 6).
- The percentage of men and women (women = 49.1% in both Stutsman and Logan counties) is about the same.
- The percentage of females 65 and older is higher for both counties than for males*.
- Most people in both counties are White with American Indian being the second highest race by percentage for Stutsman County (1.4%) and Logan County (0.5% -- note: 0.7% overall is Multiracial)*.



Source*:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

Figure 7: Percent Marital Status

Marital Status of Persons Age 15 and Older, 2006-2010 ACS								
Marital Status	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Age 15+	1,648	100.0%	17,415	100.0%	19,063	100.0%	538,799	100.0%
Now Married	1,084	65.8%	8,934	51.3%	10,018	52.6%	288,257	53.5%
Widowed	199	12.1%	1,533	8.8%	1,732	9.1%	36,100	6.7%
Divorced	64	3.9%	1,863	10.7%	1,928	10.1%	46,876	8.7%
Separated	26	1.6%	209	1.2%	235	1.2%	4,310	0.8%
Never Married	274	16.6%	4,876	28.0%	5,150	27.0%	163,256	30.3%

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

- In Logan County from 2006-2010, the percentage of people married and widowed was higher compared to ND.
- For Stutsman County from 2006-2010, the percentage of people married or never married was lower than ND and a higher percentage of people were divorced in Stutsman County than ND.

Health Indicators

MORBIDITY & MORTALITY

Mortality (DEATH) – the incidence of death in a population.

Morbidity (ILLNESS) - the incidence of illness in a population.

Vital Statistics Data BIRTHS AND DEATHS

Age	1	2	3
0-4	Pregnancy Comp	Prematurity	SIDS
		Resp Distress ND	Cancer
5-14	Anomaly	Unintentional Injury	
15-24	Suicide	Unintentional Injury	Heart
25-34	Unintentional Injury	Anomaly	Diabetes
	Suicide		
35-44	Unintentional Injury 8	Heart	Suicide
	Cancer	Cancer	
45-54	Cancer 26	Heart 17	Unintentional Injury 6
55-64	Cancer 38	Heart 29	COPD Unintentional Injury
65-74	Cancer 68	Heart 40	Diabetes 17
75-84	Cancer 84	Heart 74	Stroke 28 COPD 28
85+	Heart 131	Alzheimer's Dz 78	Cancer 68

* Cancer and heart disease are the top two leading causes of death for people age 45 and older in Stutsman and Logan counties.

* Unintentional injury is the leading cause of death for people in Stutsman and Logan counties for people age 44 and under.

* Suicide is the number one cause of death for people between the ages of 15-24 and 25-34.

Vital Statistics Data & Figure 8 Source:
<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

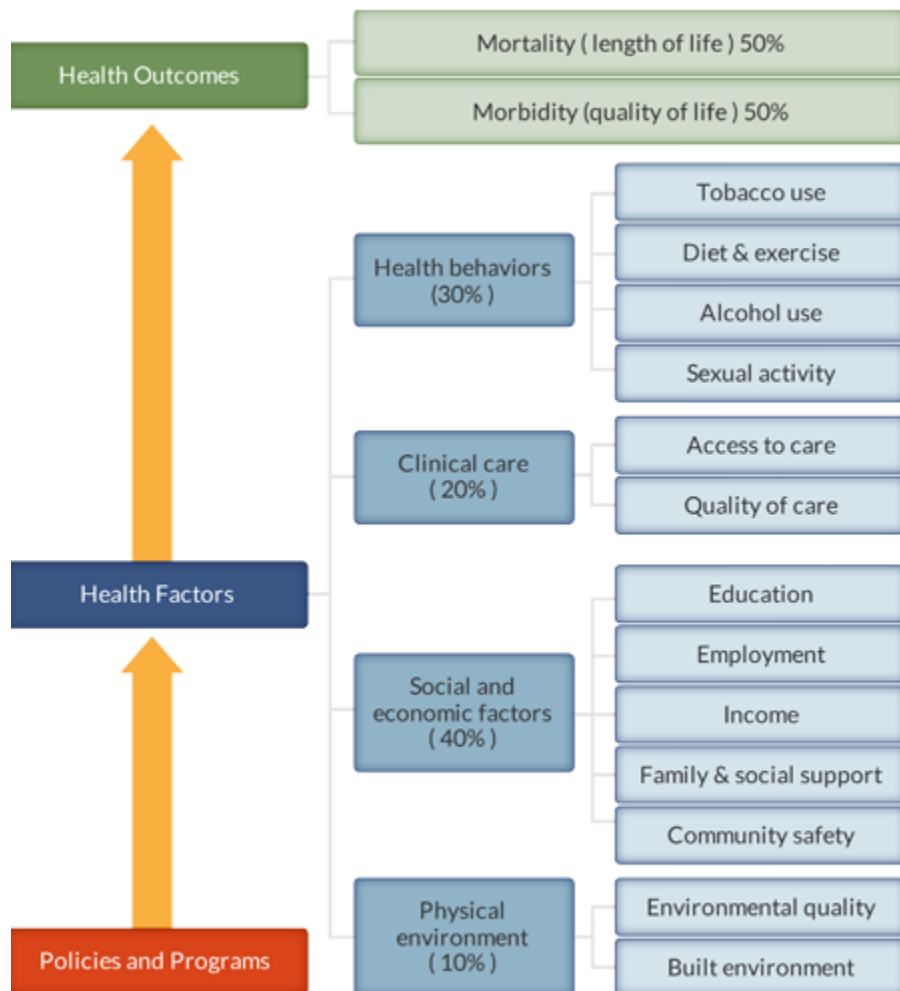
Figure 8: Leading causes of death for Stutsman and Logan Counties for years 2006-2010

	Stutsman Number Age Adjusted Rate	Logan Number Age Adjusted Rate
Heart Disease	255 (157)	40 (175)
Cancer	258 (172)	30 (156)
Stroke	90 (51)	10 (42)
Alzheimer's Disease	86 (44)	11 (43)
COPD	60 (37)	10 (45)
Unintentional Injury	57 (42)	<6
Diabetes Mellitus	56 (38)	12 (54)
Pneumonia and Influenza	21 (13)	<6
Cirrhosis of the Liver	<6	0
Suicide	13 (13)	0

COUNTY HEALTH RANKINGS

Where we live matters to our health. The County Health Rankings developed by the University of Wisconsin Population Health Institute bases health status on Health Outcomes (today's health) and Health Factors (tomorrow's health).

Figure 9: County Health Rankings Model



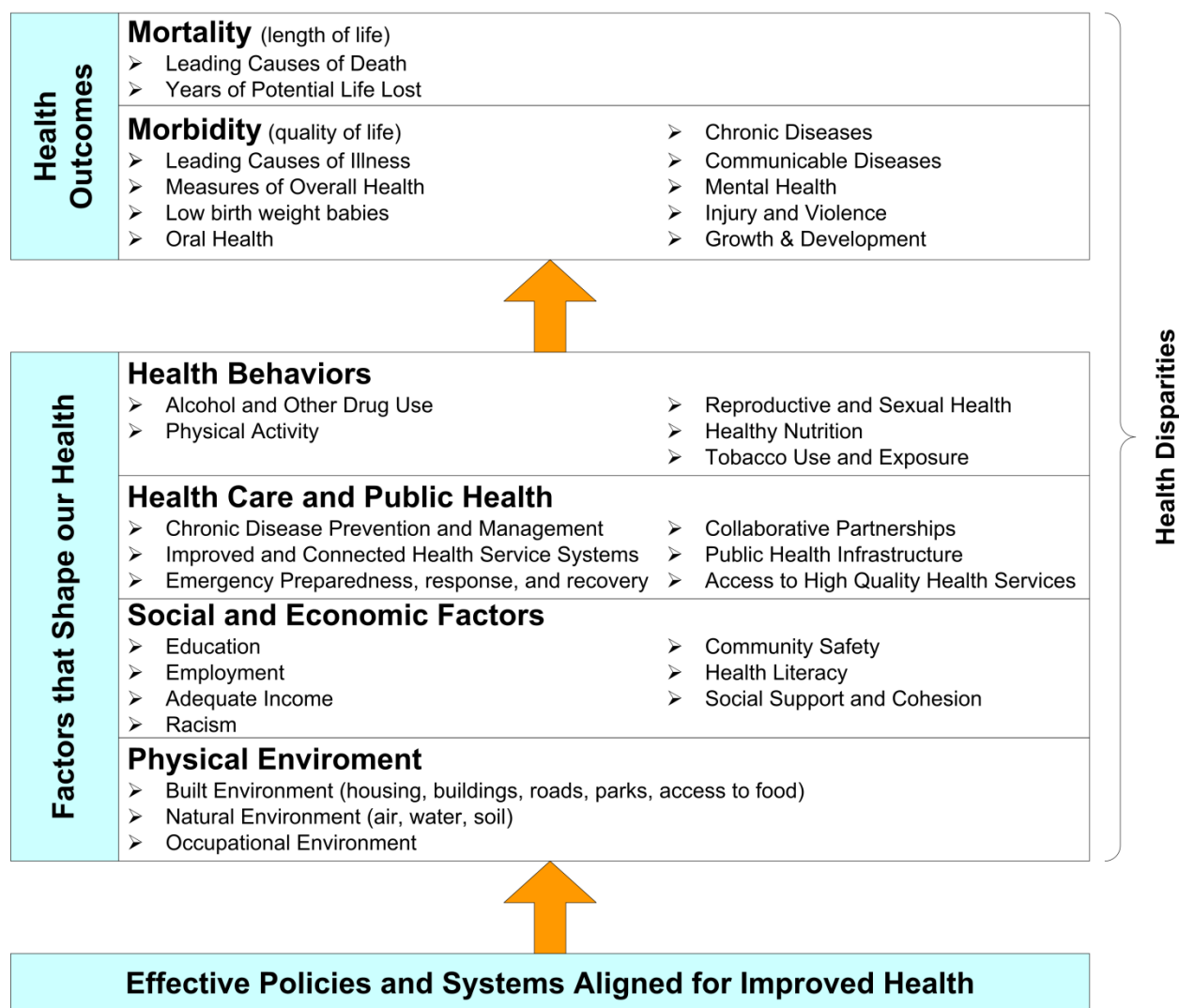
County Health Rankings model ©2012 UWPHI

HEALTHY COMMUNITY

Health Outcomes and Health Factors are affected by underlying causes. Figure 10 below from “The Wisconsin Guidebook on Improving the Health of Local Communities” identifies potential underlying causes related to Health Outcomes and Health Factors. Health disparities are the differences between groups in their health status. Examples of health disparities are race/ethnicity, gender, income groups and age. Health Disparities (gender, education level, income and age) were considered as community members reviewed and analyzed community health data; see stratified data on pages 15, 19, 23, 26 and 30.

Source: <http://fyi.uwex.edu/healthcare/files/2012/08/The-Wisconsin-Way-v1.0.pdf>

Figure 10: What Makes A Community Healthy



FORCES THAT IMPACT QUALITY OF LIFE

Health and quality of life of any community are affected by trends, factors or events. The following table lists forces (trends, one-time events or factors) identified by partners that have an effect on the health of the community and the local public health system. There are a number of community assets (see Attachment G) available to community members that are affected by the forces below.

Figure 11: Forces That Impact Quality of Life In Stutsman and Logan Counties

1. Infrastructure <ul style="list-style-type: none"> • Roads • Communications (Internet, phone, etc.) • Power • Etc. 	2. Quick and Fast <ul style="list-style-type: none"> • Fast Food • Convenience • Change of “norm” • Want it now
3. Climate <ul style="list-style-type: none"> • Drought • Weather Extremes • Mental Health • Mobility • Physical Activity 	4. Diversity of available healthcare
5. Economic <ul style="list-style-type: none"> • New Business • New Workers • Construction workers • School 	6. People <ul style="list-style-type: none"> • Work Ethic • Numbers • Collaborative efforts
7. Oil in ND <ul style="list-style-type: none"> • Increased traffic • Housing 	8. Proximity to larger metro areas and needed outreach to rural
9. Culture <ul style="list-style-type: none"> • Economic growth • Diversity 	10. Educational Resources
11. Work Force <ul style="list-style-type: none"> • Shortage of workers • Compensation 	12. # of Vulnerable population: <ul style="list-style-type: none"> • Indigent • Drug Dependent • Mentally Ill • Prison • Homeless
13. Aging Population	14. Technology

TOBACCO USE

Tobacco use remains the single largest preventable cause of disease, disability, and death in the U.S. Some people who smoke every day are smoking fewer cigarettes; however, even occasional smoking causes harm. The U.S. Adult smoking percentage decreased from 20.9% in 2005 to 19.3% in 2010. That translates to 3 million fewer smokers, but almost 1 in 5 adults still smoke.

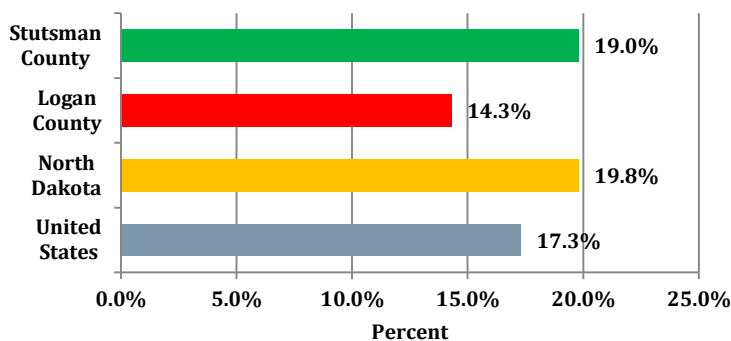
Source: CDC Vital Signs, September 2011



Source: Behavioral Risk Factor Surveillance System, 2010

How do Stutsman and Logan counties compare to ND?

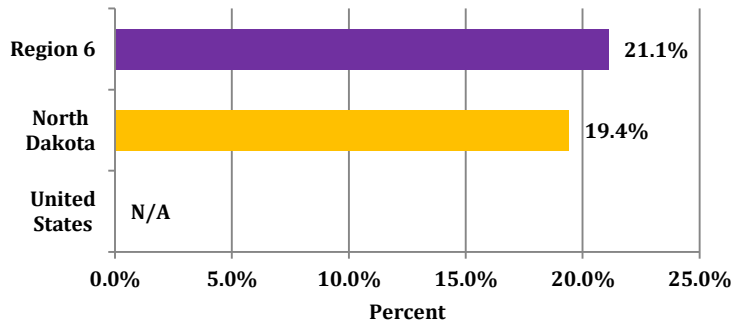
Figure 13: Adult cigarette smoking in the past 30 days



- Percentage of adult smoking in Logan County **lower** than ND and U.S.
- Percentage of adult smoking in Stutsman County is **about the same** as ND, **higher** than U.S.

Source: 2001-2010 Stutsman, Logan & 2010 U.S. BRFSS

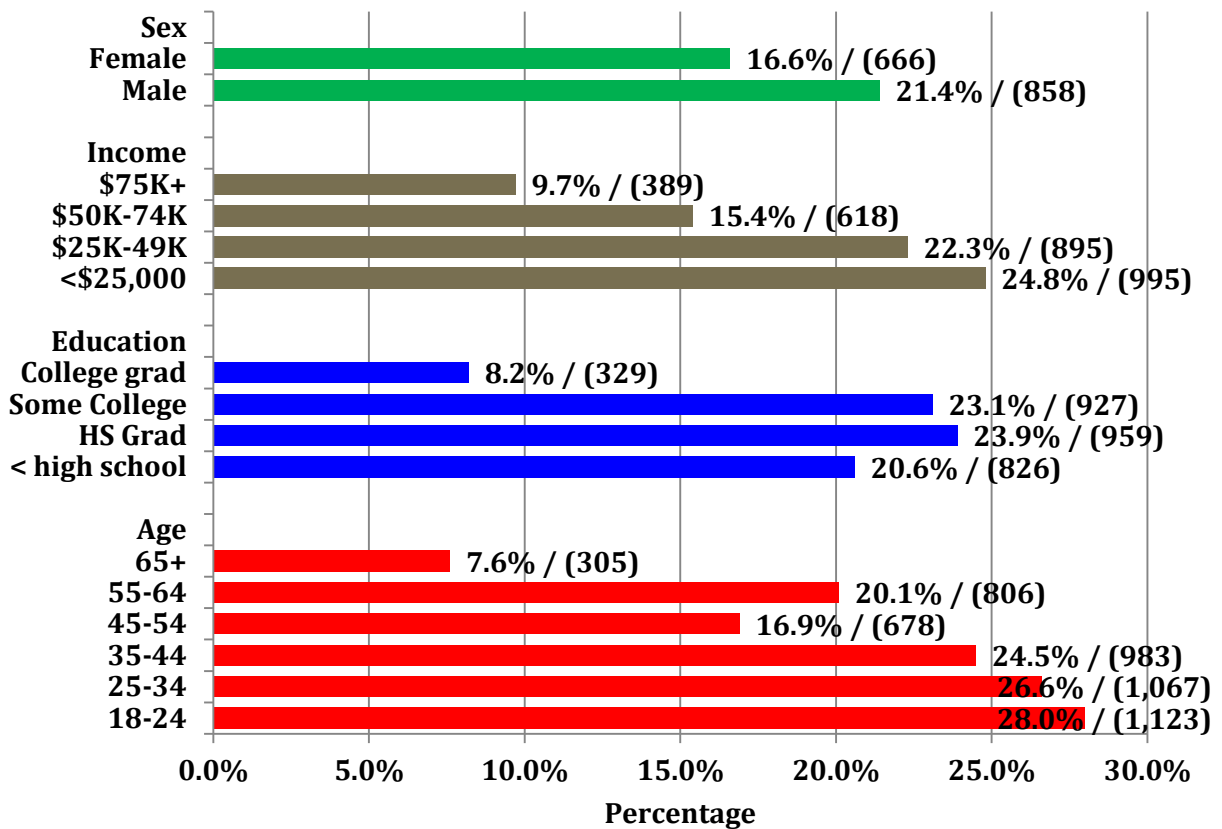
Figure 14: HS students who smoked cigarettes on one or more of past 30 days



Percentage in Region 6 is **higher** than ND as a whole.

Source: ND 2011 High School (HS) Youth Risk Behavior Survey (YRBS)

Figure 15: Smoking Stutsman County Population 21,100 (2010 Census)



Adult smoking highest in males, income < \$25,000, HS graduate, Ages 18-24.

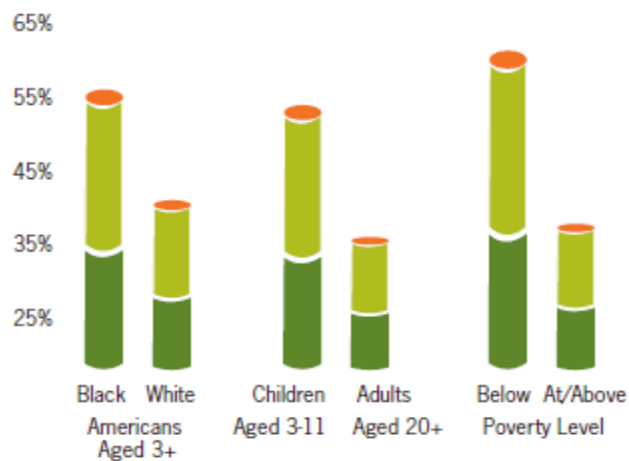
Source: 2001-2010 Stutsman BRFSS.

TOBACCO: SECONDHAND SMOKE

Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. Secondhand smoke contains more than 7,000 chemicals. Hundreds are toxic and about 70 can cause cancer. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer.

Source: US Dept. of Health & Human Services, 2006 & 2010

Figure 16: Exposure to Secondhand Smoke by Group



Millions of people in the U.S. are exposed to secondhand smoke in the following places:

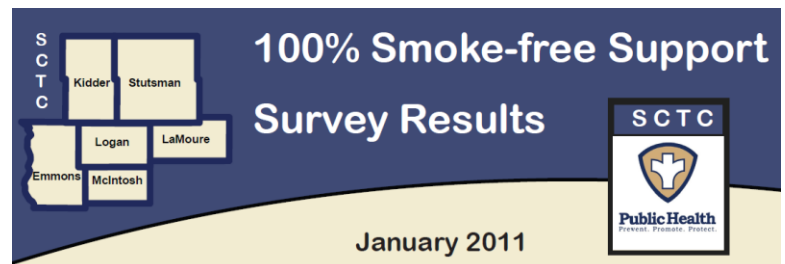
- homes
- workplaces
- public places
- vehicles

Source: CDC Vital Signs, September 2010

Southeast Central Tobacco Collaborative (SCTC):

- Six County Telephone Survey (Dec. 4-18, 2010)
- 1,021 total respondents (405 Jamestown)

Source: 2010 Community Smoking Surveys: Final Report – Winkelman Consulting, Fargo, ND (Attachment A)



***75% of Jamestown respondents support ND becoming 100% smoke free**

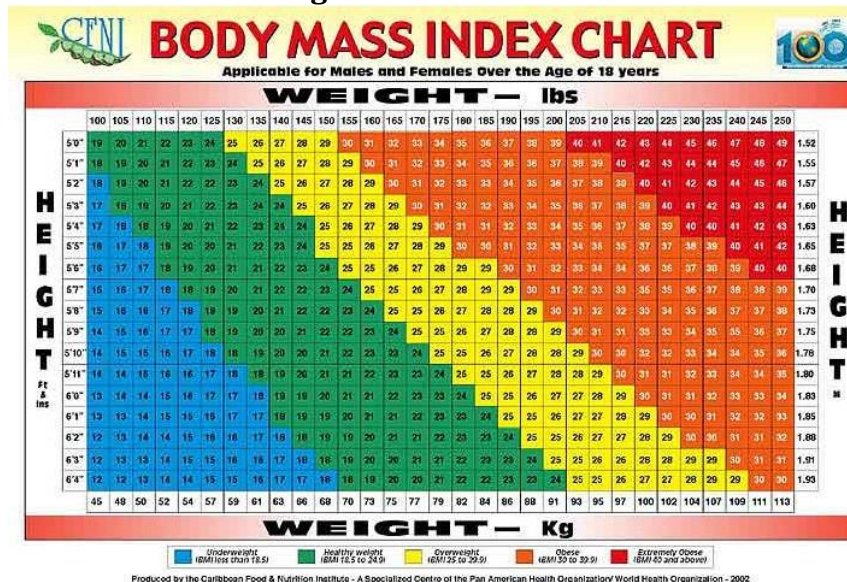
DIET & EXERCISE

The U.S. Department of Agriculture's food guidance system is comprised of the new MyPlate symbol and other materials to help Americans make healthy food choices and to be active every day.



Body mass index (BMI), a commonly used method to determine weight, is a measure of body fat based on height (in meters) and weight (in kilograms) that applies to adult men and women that helps determine if one is below a healthy weight, at a normal weight, overweight, or obese, see Figure 17.

Figure 17: BMI Chart



According to the CDC, as body weight increases to the level of overweight and obese the risk for diseases such as coronary heart disease, Type 2 diabetes, cancers, hypertension, high total cholesterol, stroke, liver and gallbladder disease, sleep apnea, respiratory problems, osteoarthritis and gynecological problems also increases

OBESITY

National epidemic, causing higher medical costs and a lower quality of life.

- Obesity means having excess body fat. Obesity is defined by body mass index, or BMI, which is calculated from your height and weight (Obese = BMI \geq 30).
- In the U.S., Non-Hispanic black women and Hispanics have the highest rates of obesity (41.9% and 30.7%).
- Obesity is a contributing cause of many other health problems, including heart disease, stroke, diabetes and some types of cancer (some of the leading causes of death in the U.S.). Obesity can cause sleep apnea and breathing problems and make activity more

difficult. Obesity can also cause problems during pregnancy or make it more difficult for a woman to become pregnant.

- Obese persons require more costly medical care. This places a huge financial burden on our medical care system.

Source: CDC Vital Signs, 2010

Stutsman and Logan counties compared to ND

Figure 18: Adult Obesity Prevalence (overweight or obese)

Percentage of adult overweight or obese in both counties **higher** than ND and U.S. (BMI ≥ 25)

Source: 2001-2010 Stutsman, Logan & 2010 U.S. BRFSS

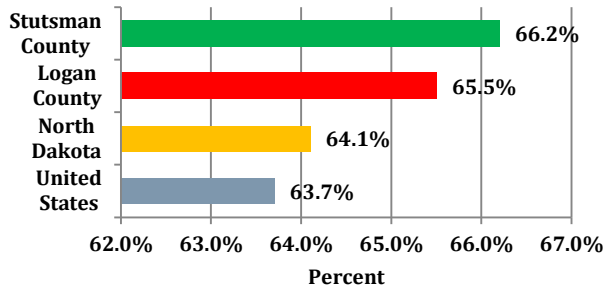
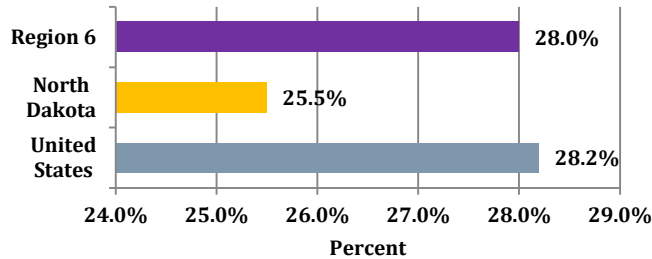


Figure 19: Youth Obesity Prevalence (overweight or obese)



Percentage of Youth overweight or obese in Region 6 **higher** than ND

Source: ND 2011 HS YRBS & 2010 U.S. BRFSS

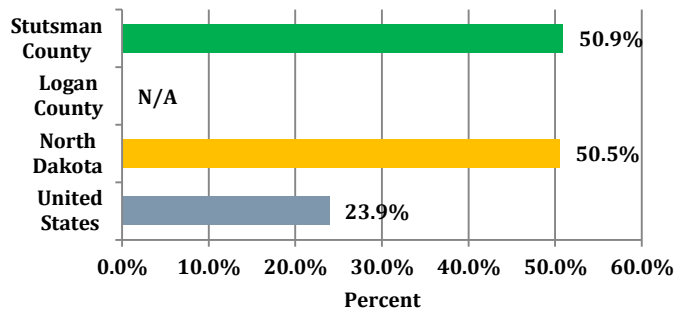
PHYSICAL ACTIVITY

Weight gain can result when people do not get enough physical activity. Lack of physical activity is a contributing factor to obesity, therefore, it is important for individuals to get at least the recommended level of physical activity on a regular basis.

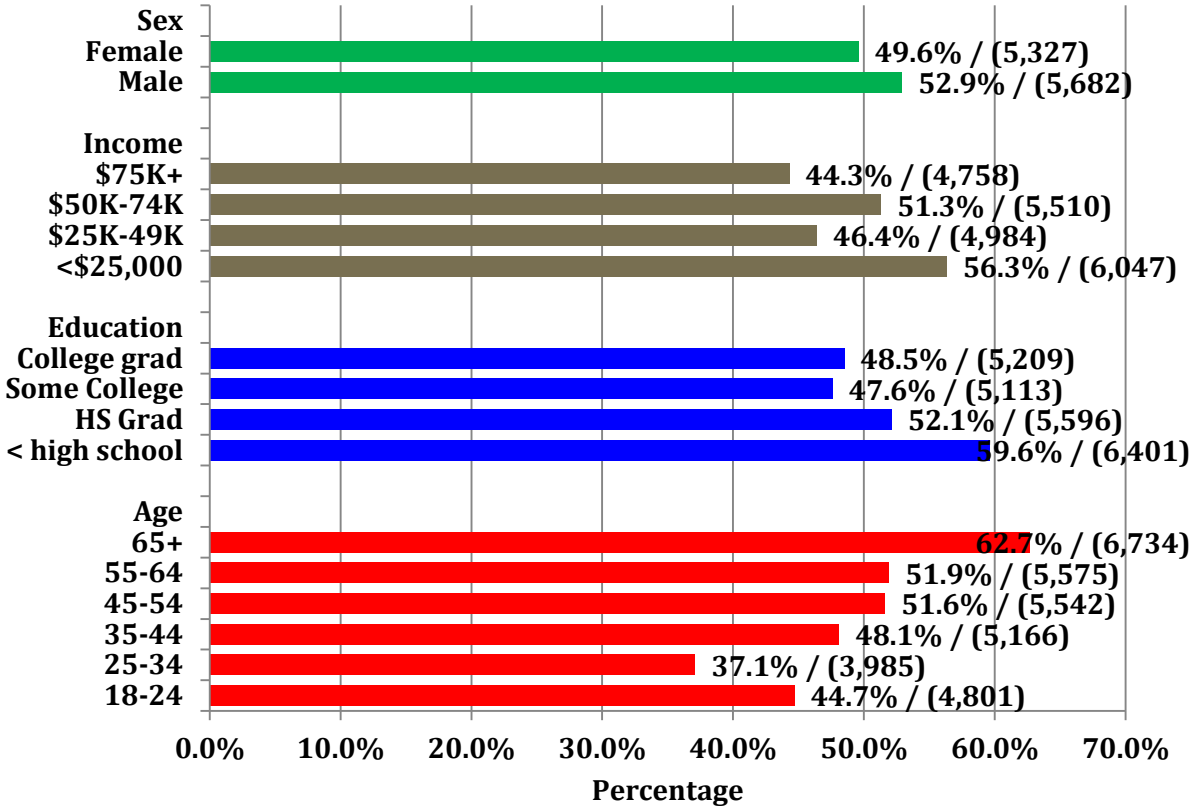
- Percentage of respondents in Stutsman County that did not report getting the recommended amount of physical activity is about the same as ND, **higher** than U.S.

Source: 2001-2010 Stutsman BRFSS & U.S. 2010 BRFSS

Figure 20: Lack of Physical Activity



**Figure 21: Less than recommended exercise
Stutsman County Population 21,100 (2010 Census)**



Less than recommended exercise highest by percentage for 65+, < HS education, < \$25,000 income and males

Source: 2001-2010 Stutsman BRFSS.

ALCOHOL USE

According to the CDC, there are approximately 80,000 deaths in the United States that are attributed to excessive alcohol use, which makes it the third leading lifestyle-related cause of death giving an average of 30 years of life lost for each death. For the United States, the normal alcoholic drink is that in which contains 0.6 ounces of straight alcohol, which can be found in: 12-ounce beer or wine cooler, 8 ounces of a malt liquor, 5 ounces of straight wine, or 1.5 ounces of 80-proof liquor (i.e. vodka) (CDC, 2010). Not only does excess alcohol use affect a person's lifestyle, it can also affect their health. There is research showing that over time excessive drinking can lead to chronic diseases, neurological impairments, psychiatric problems, cancer, liver disease, gastrointestinal problems, and cardiovascular troubles (CDC, 2010). It is recommended that women should only have one drink a day while men can have two (United States Department of Health and Human Services (HHS), 2010).

BINGE DRINKING

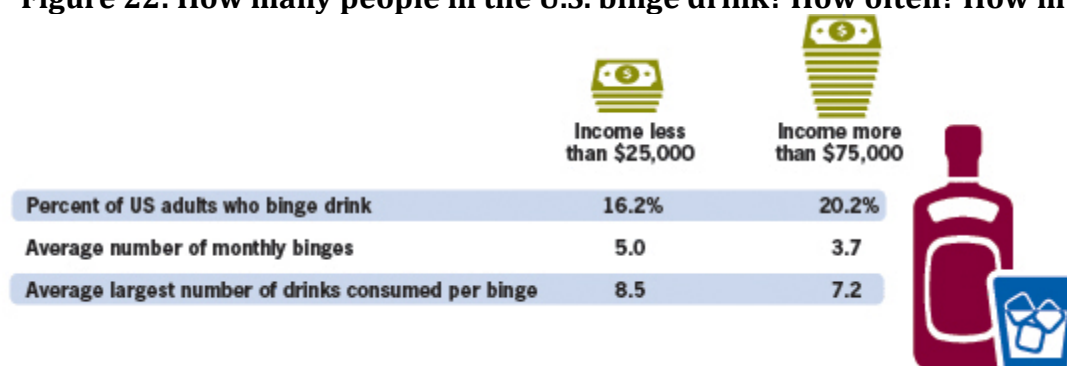
CDC defines binge drinking for men as drinking 5 or more alcoholic drinks within a short period of time or for women drinking 4 or more drinks within a short period of time. Binge drinking is about more than just the number of binge drinkers. The amount and number of times binge drinkers drink are also important to address.

- Most alcohol-impaired drivers binge drink.
- Most people who binge drink are not alcohol dependent or alcoholics.
- More than half of the alcohol adults drink is while binge drinking.
- More than 90% of the alcohol youth drink is while binge drinking.



Source: 2012 CDC Vital Signs, January 2012

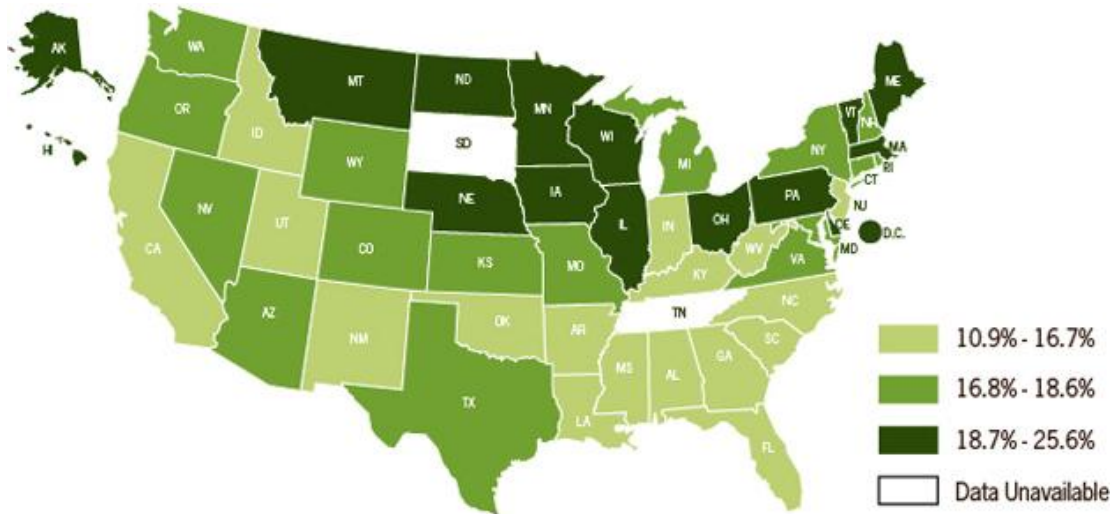
Figure 22: How many people in the U.S. binge drink? How often? How much?



Source: 2010 Behavioral Risk Factor Surveillance System Combined Landline and Cell Phone Developmental Dataset, adults aged 18 and older, US

Figure 23: Percent of U.S. adults who binge drink

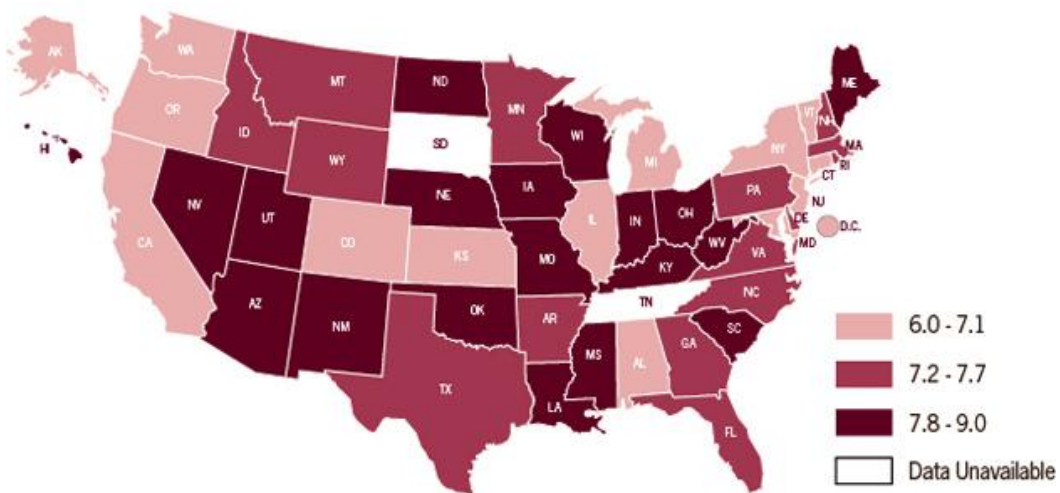
Binge drinking varies from state to state, and estimates of adults who binge drink range from 10.9% in Utah to 25.6% in Wisconsin.



Source: 2010 Behavioral Risk Factor Surveillance System Combined Landline and Cell Phone Developmental Dataset, Adults Aged 18 and Older, US

Figure 24: The average largest number of drinks consumed by binge drinkers on an occasion

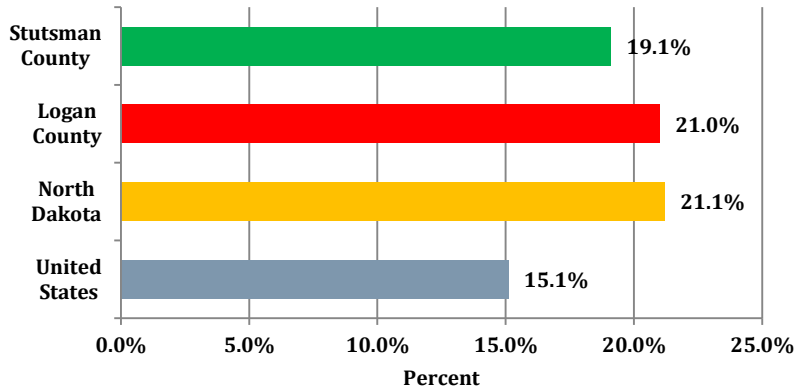
The largest number of drinks consumed by binge drinkers is highest in the Midwest and southern Mountain states (Arizona, Nevada, New Mexico, and Utah),



Source: 2010 Behavioral Risk Factor Surveillance System Combined Landline and Cell Phone Developmental Dataset, Adults Aged 18 and Older, US

How do Stutsman and Logan counties compare to ND?

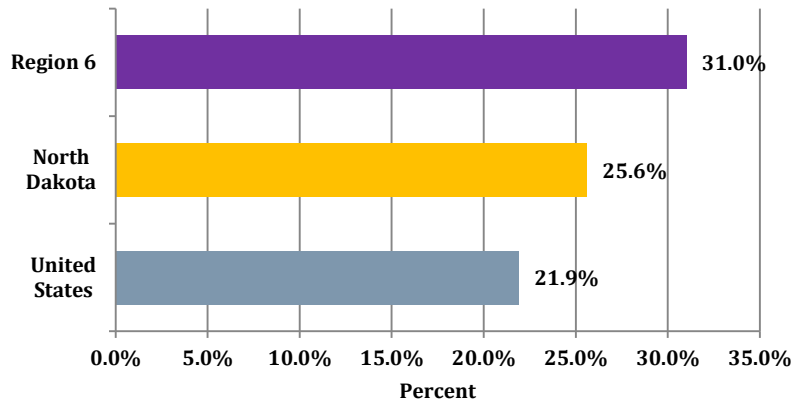
**Figure 25: Adult Binge Drinking
(5 drinks men/4 drinks women in couple hrs)**



- Both counties **similar** in percentage to ND
- ND ranks 2nd in the U.S. for Adult binge drinking

Sources: 2001-2010 Stutsman, Logan & U.S. BRFSS, MMWR Vital Signs 2010

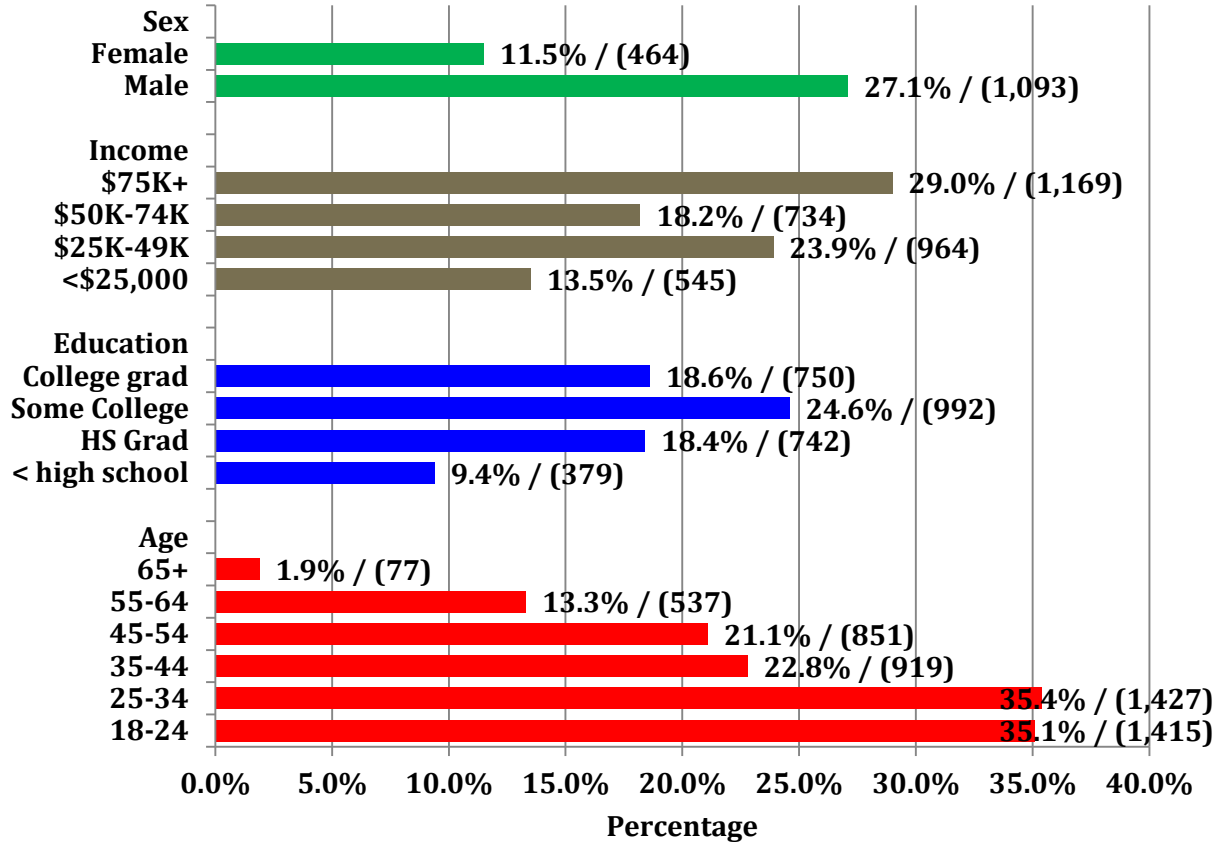
**Figure 26: Youth Binge Drinking
(5 or more drinks in couple hrs)**



- Percentage in Region 6 is **higher** than ND as a whole.

Source: 2011 ND Youth Risk Behavior Survey

**Figure 27: Binge Drinking
Stutsman County Population 21,100 (2010 Census)**



Highest Binge Drinking Percentage among males, Income +75,000, Some college and Ages 25-34

Source: 2001-2010 Stutsman BRFSS.

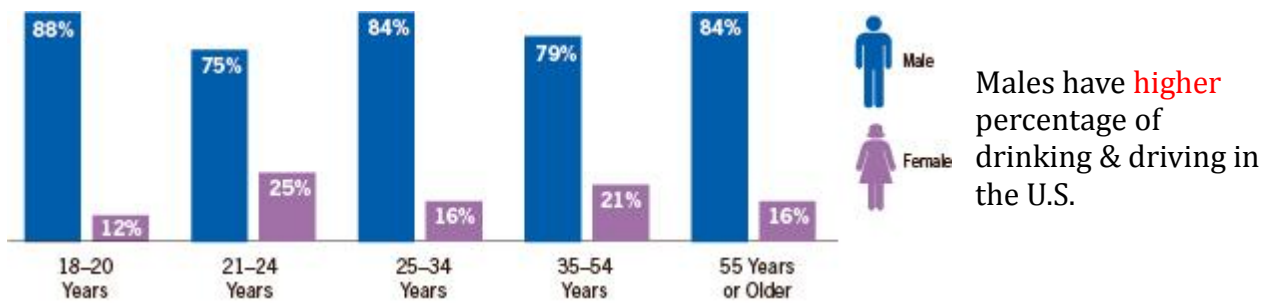
DRINKING & DRIVING AND DRUNK DRIVING

Certain U.S. groups more likely to drink and drive

- Men were responsible for 4 in 5 episodes (81%) of drinking and driving in 2010.
- Young men ages 21-34 made up only 11% of the U.S. adult population in 2010, yet were responsible for 32% of all instances of drinking and driving.
- 85% of drinking and driving episodes were reported by people who also reported binge drinking. Binge drinking means 5 or more drinks for men or 4 or more drinks for women during a short period of time.

Source: 2012 CDC Vital Signs, October 2011

Figure 28: U.S. Drinking and driving episodes by gender and age, 2010



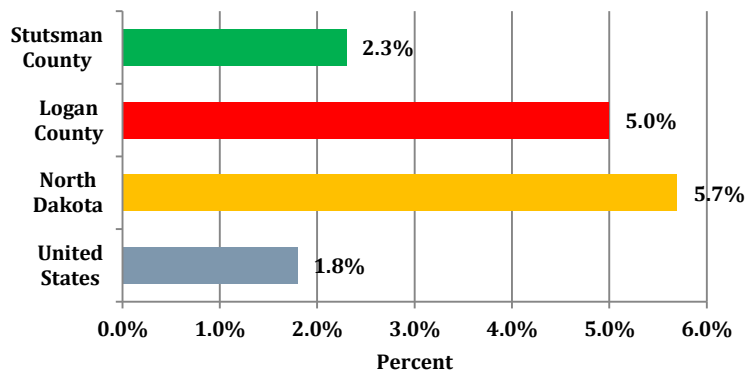
Source: CDC Vital Signs October 2011

Stutsman County ~ Logan County ~ U.S.: Comparison

- Percentage of adult drunk driving in Logan County is the **same** as ND
- Percentage of adult drunk driving in Stutsman County is **lower** than ND

Source: 2001-2010 Stutsman Logan BRFSS & U.S. 2010 BRFSS

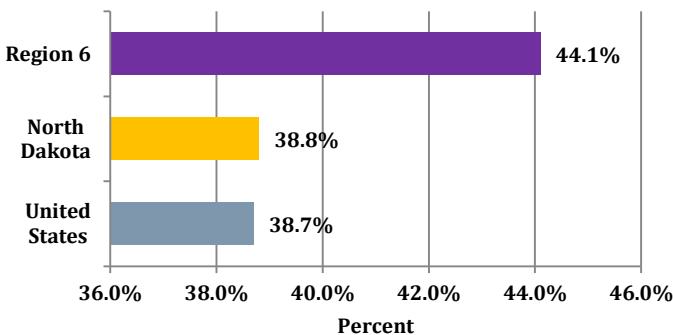
Figure 29: Drunk Driving



YOUTH ALCOHOL USE

Region 6 ~ ND ~ U.S. Comparison

Figure 30: Youth Alcohol Use last 30 days



Higher percentage of Region 6 youth reported using alcohol compared to ND and U.S.

Source: 2011 ND YRBS & U.S. 2010 BRFSS

SEXUAL ACTIVITY

The rate of teen pregnancy is slightly **lower** for Stutsman County than ND as shown in Figure 31 below. The rate of low birth weight, however is **higher** than ND, which may be associated with out of wedlock births.

Figure 31: Births 2006-2010.

Vital Statistics Data
BIRTHS AND DEATHS

Births, 2006- 2010	Logan County		Stutsman County		CVHD		North Dakota	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Live Births and Rate	87	8.7	1,127	10.7	1,214	10.5	44,427	13.2
Pregnancies and Rate	91	9.1	1,253	11.9	1,344	11.6	48,818	14.5
Fertility Rate		83.3		65.5		66.5		71.4
Teen Births and Rate	0	0.0	88	17.4	88	15.9	3,337	19.2
Teen Pregnancies and Rate	0	0.0	116	22.9	116	21.0	4,062	23.4
	Number	Ratio	Number	Ratio	Number	Ratio	Number	Ratio
Out of Wedlock Births and Ratio	0	0.0	378	335.4	378	311.4	14,506	326.5
Out of Wedlock Preg and Ratio	0	0.0	478	381.5	478	355.7	18,103	370.8
Low Birth Weight Birth and Ratio	0	0.0	93	82.5	93	76.6	2,919	65.7

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

ACCESS TO CARE

New 2010 estimates show that the number of Americans without health insurance is growing, affecting middle-income Americans as well as those living in poverty. About 50 million adults 18–64 years old had no health insurance for at least some of the past 12 months. People in all income brackets have been affected, not just adults living in poverty, according to a 2009 survey. In the past few years, the number of adults aged 18–64 who went without health insurance for at least part of the past 12 months increased by an average of 1.1 million per year. About half of those additional adults were middle-income. Adults without consistent health insurance are more likely to skip medical care because of cost concerns, which can lead to poorer health, higher long-term health care costs and early death. Source: CDC Vital Signs, November 2010

- Percentage uninsured lower in Stutsman County; **higher** in Logan County vs. ND
- Percentage unable to get health care due to cost **higher** in Logan County vs. ND
- Percentage no primary provider **higher** in Logan County vs. ND
- Percentage no dental visit in past year is **higher** in Stutsman County vs. ND

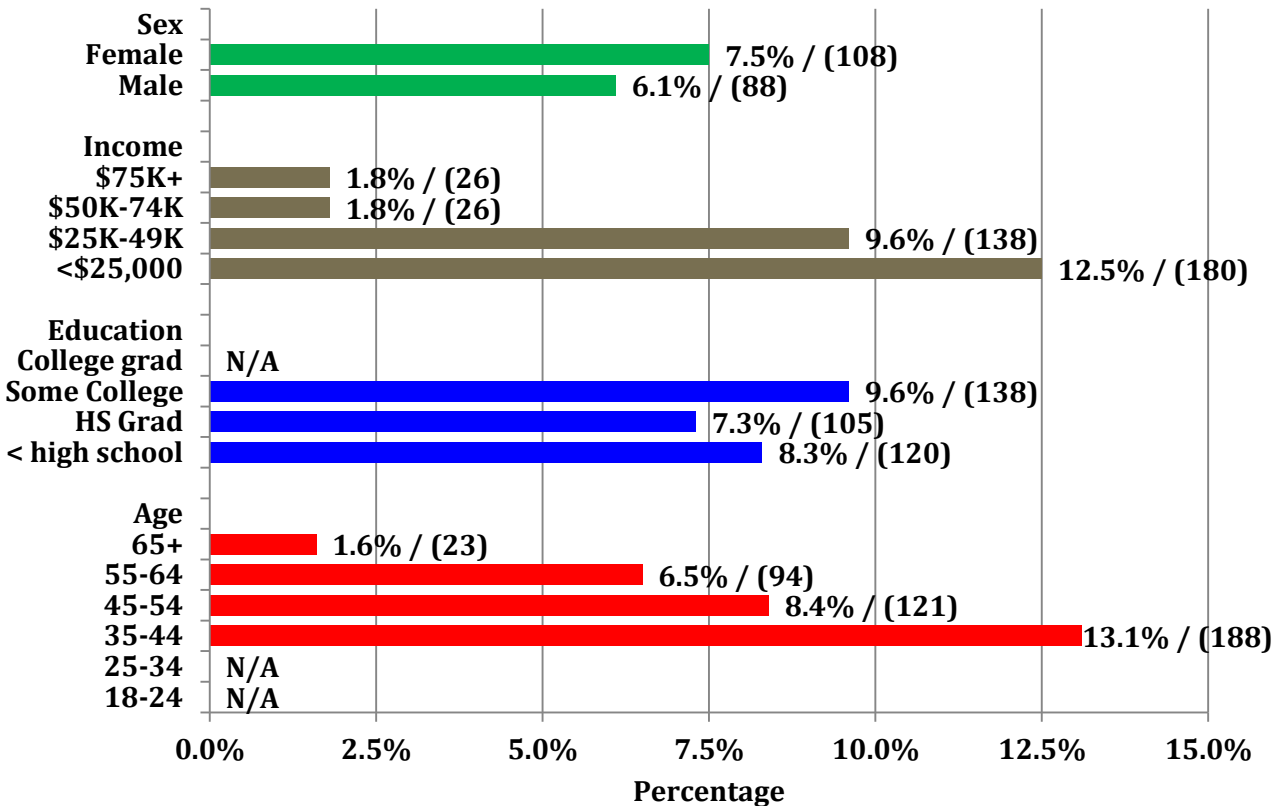
Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

Figure 32: Health Care Access Comparison	2010	2010	2001-2010	2001-2010
Access to Care	U.S.	N.D.	Logan	Stutsman
Uninsured	15.0%	11.4%	15.9%	9.9%
Could not get healthcare due to cost	14.7%	6.8%	15.9%	6.8%
No primary provider	18.3%	23.5%	25.8%	15.2%
Women ≥18 years no pap smear in past 3 years	18.7%	14.0%	N/A	21.4%
≥50 never had a colonoscopy/sigmoidoscopy	34.8%	42.6%	N/A	43.9%
Women ≥40 years no mammogram in past 2 years	24.8%	24.3%	N/A	25.6%
No dental visit in the past year	30.3%	29.5%	N/A	31.0%
≥6 permanent teeth lost due to tooth decay or gum disease	10.1%	16.0%	22.5%	21.6%
Ever told by health provider Heart attack	4.2%	4.0%	3.8%	5.4%
Never had cholesterol test	20.8%	23.0%	N/A	16.7%

Sources: 2001-2010 Stutsman Logan BRFSS & U.S. 2010 BRFSS

**Figure 33: Unable to get care because of cost
Stutsman County Population 21,100 (2010 Census)**



Highest Percentages: Females, Income < \$25,000, Some college, Ages 35-44.

Source: 2001-2010 Stutsman BRFSS.

EDUCATION & EMPLOYMENT

Education and employment are two components that have an impact on many other health factors such as tobacco use, diet and exercise, alcohol use, access to care, income, community safety, etc. Figure 34 illustrates the level educational attainment for Logan and Stutsman counties compared to ND from 2006-2010. According to the North Dakota Department of Public Instruction (ND DPI) there are eight approved K-12 school districts serving Stutsman County and two K-12 approved school districts serving Logan County. Jamestown College is the only four-year post-secondary academic institution in Stutsman or Logan County.

As indicated in Figure 34, the percentage of the population 25 years and older from 2006-2010 is **higher** for both counties than ND for less than 9th grade/9th-12th grade/no diploma, higher for HS or GED than ND and **lower** overall for some college, no degree/associates-BA-graduate-professional degree.

Figure 34: Educational Attainment, 2006-2010

Educational Attainment, 2006-2010, ACS								
	Logan County		Stutsman County		CVHD		North Dakota	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Population 25 years and over	1,502	100.0%	14,360	100.0%	15,862	100.0%	429,333	100.0%
Less than 9th grade	339	22.6%	1,134	7.9%	1,474	9.3%	24,043	5.6%
9th to 12th grade, no diploma	116	7.7%	919	6.4%	1,035	6.5%	21,467	5.0%
High school graduate or GED	433	28.8%	5,040	35.1%	5,473	34.5%	120,643	28.1%
Some college, no degree	338	22.5%	2,728	19.0%	3,066	19.3%	99,176	23.1%
Associate's degree	89	5.9%	1,278	8.9%	1,367	8.6%	51,091	11.9%
Bachelor's degree	174	11.6%	2,513	17.5%	2,687	16.9%	83,291	19.4%
Grad degree or prof degree	14	0.9%	747	5.2%	760	4.8%	29,624	6.9%

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

- Education and training for good jobs (Associate, BA or BS): Logan County 17.5%, Stutsman County 26.4%; ND 31.3% and U.S. 25.3%
- Unemployment rates as of July 2012 (ND Workforce Intelligence and Bureau of Labor Statistics):
Logan County 2.7%, Stutsman County 3.0%; ND 2.9% and U.S. 8.3%

“Poverty refers to a condition in which one is unable to afford basic human needs, such as clean water, nutrition, health care, education, clothing, and shelter” (ND Dept. of Health). As indicated in Figure 35, according to the 2006-2010 American Community Survey, approximately 12% of North Dakotans live in poverty, which is slightly less than the national average of 13%.

Figure 35: Income and Poverty Status

Income and Poverty Status by Age Group, 2006-2010, ACS								
	Logan County		Stutsman County		CVHD		North Dakota	
Median Household Income	\$41,741		\$44,620		NA		\$46,781	
Per Capita Income	\$21,654		\$23,307		NA		\$25,803	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Below Poverty Level	201	10.9%	2,349	12.1%	2,550	12.0%	78,405	12.3%
Under 5 years	10	10.6%	195	16.5%	205	16.1%	4,120	9.2%
5 to 11 years	14	8.5%	257	15.7%	271	15.1%	7,908	14.2%
12 to 17 years	9	5.6%	173	11.4%	182	10.8%	5,457	11.0%
18 to 64 years	80	7.9%	1,245	9.5%	1,325	9.4%	46,471	12.0%
65 to 74 years	22	8.5%	148	9.2%	170	9.1%	4,149	8.9%
75 years and over	66	22.1%	331	16.4%	397	17.2%	7,072	14.0%

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

Figure 35 shows the percentage of the population below poverty level for Stutsman and Logan Counties including North Dakota for the years 2006-2010 according to the American Community Survey. Overall, **higher** percentages of children under the age of 5 and adults 75 and over in Logan and Stutsman counties are living in poverty as compared to ND.

FAMILY & SOCIAL SUPPORT

The County Health Rankings define family and social support as the quality of relationships among family members with friends, colleagues, and acquaintances, as well as involvement in community life. Evidence has long demonstrated that poor family and social support is associated with increased morbidity and early mortality.

Source: www.countyhealthrankings.org



Figure 36: Non-Institutionalized Population Disability

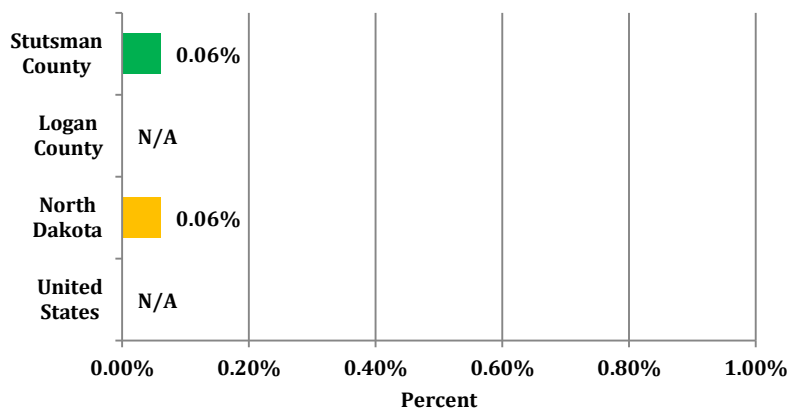
Disability in Non-Institutionalized Population, 2008-2010, ACS				
Group	Stutsman County		North Dakota	
	Number	Percentage	Number	Percentage
Total	19,885	100.0%	649,963	100.0%
No Disability	17,011	85.5%	578,200	89.0%
Any Disability	2,874	14.5%	71,763	11.0%
Self-Care Disability	386	1.9%	11,927	1.8%
0-17 with any disability	109	0.5%	3,998	0.6%
18-64 with any disability	1,447	7.3%	35,295	5.4%
65+ with any disability	1,318	6.6%	32,470	5.0%

Stutsman County has a **higher** percentage of people 18 and older with any disability compared to ND.

Source:

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

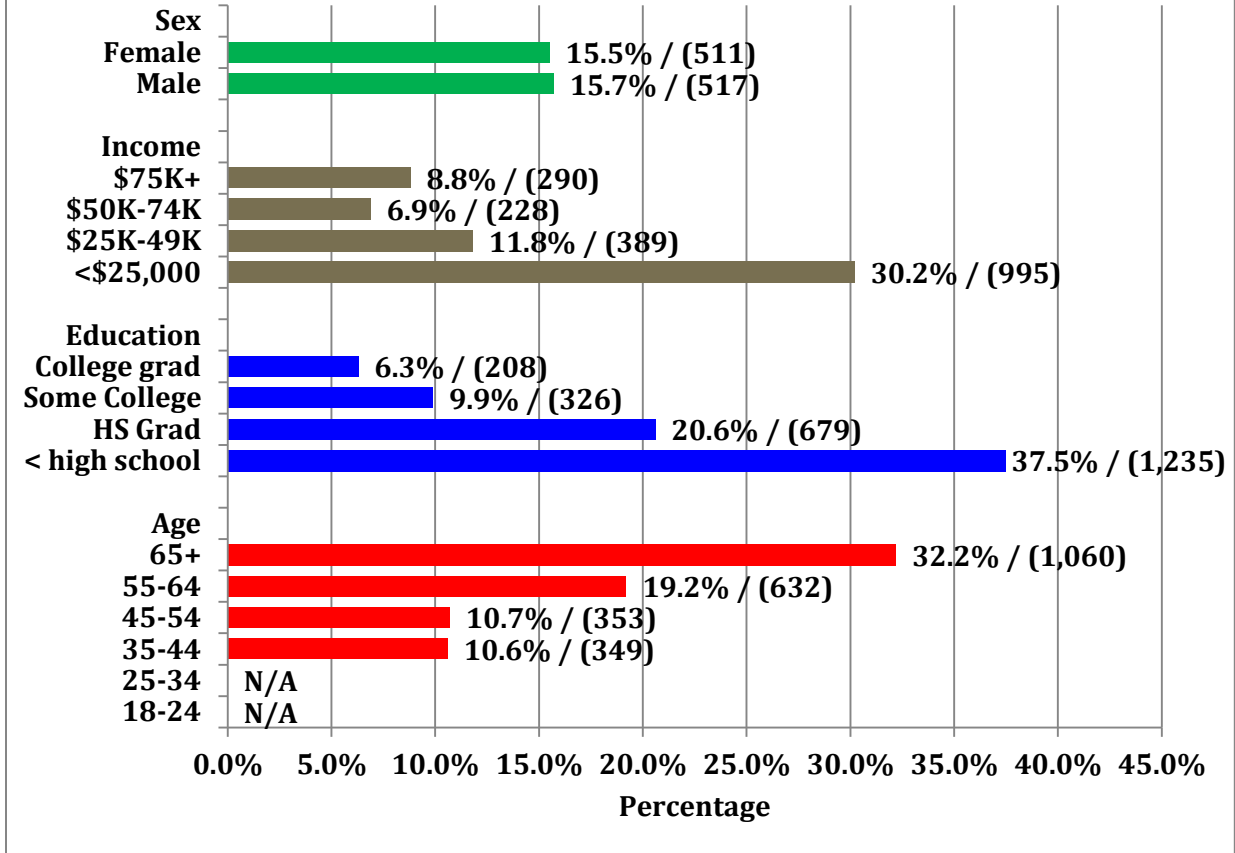
Figure 37: Suicide



Respondents reporting having more than 8 days of the last 30 where physical health was not good was 12.2% (Stutsman) and 12.7% (Logan) compared to 13.7% (U.S.)

Source: 2001-2010 Stutsman and Logan BRFSS & 2010 U.S. BRFSS

**Figure 38: Fair or Poor General Health
Stutsman County Population 21,100 (2010 Census)**



Percentage male and female is about equal; higher percentage for Income < \$25,000, < HS education and 65+

Source: 2001-2010 Stutsman BRFSS.

COMMUNITY SAFETY

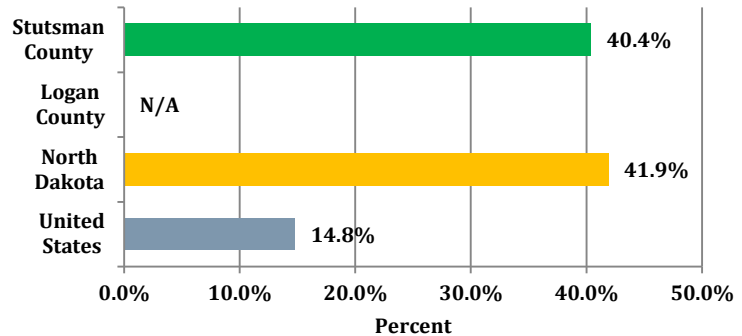
According to the County Health Rankings, the health impacts of community safety are far-reaching, from the obvious impact of violence on the victim to the symptoms of post-traumatic stress disorder (PTSD) and psychological distress felt by those who are routinely exposed to unsafe communities. Community safety impacts various other health factors and outcomes as well (including birth weight, diet and exercise, family and social support). In an effort to understand community safety, the County Health Rankings measure violent crime per 100,000 residents. Violence against others is a major public health problem in the U.S., accounting for the loss of 18,000 lives each year.

Source: www.countyhealthrankings.org

**Figure 39: Seatbelt Use-
do not always wear seatbelt**

Percentage of Stutsman County respondents who do not always wear a seatbelt is **higher** than the U.S.

Source: 2001-2010 Stutsman County BRFSS & U.S. 2010 BRFSS

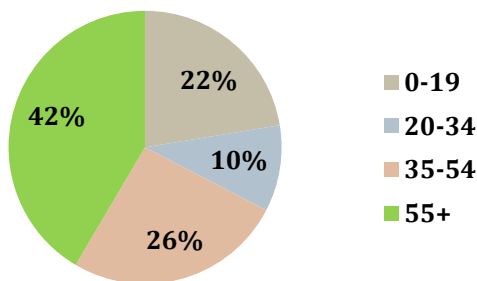


COMMUNITY CONCERNS

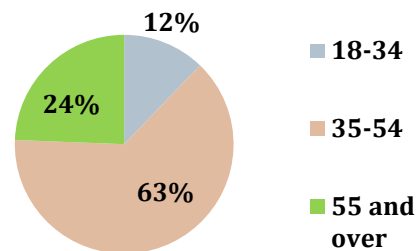
Different methods were utilized to obtain community member perspectives to identify the degree of health concerns in Stutsman and Logan Counties. Feedback on community concerns was obtained through key informant processes (Logan – paper survey, Stutsman – in-person, see Attachment B), via a telephone survey (see Attachment D) and web survey (see Attachment E). The following Figures (40-44) illustrate the correlation to county demographics for the various methods.

Demographics comparison Logan County

**Figure 40: Logan County
Age Breakdown
2010 Census**



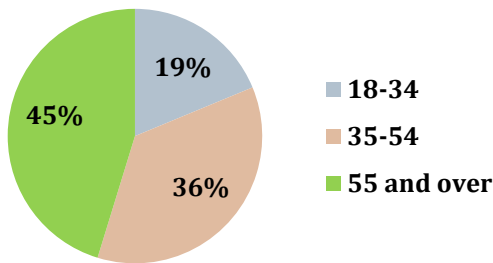
**Figure 41: Logan County
Paper Survey Age
Breakdown
41 Surveys Completed**



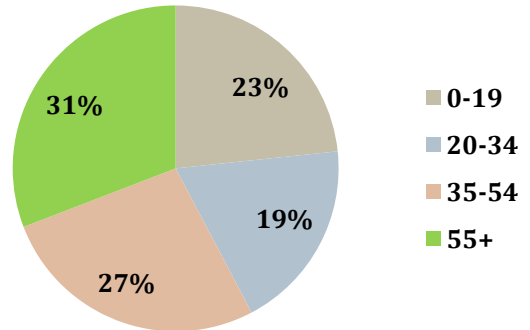
- Age groups 20-34 and 18-34 were more closely correlated than the 35-54 and over 55 age groups.
- Key informants were individuals who have a good understanding of community needs.

Demographics comparison Stutsman County

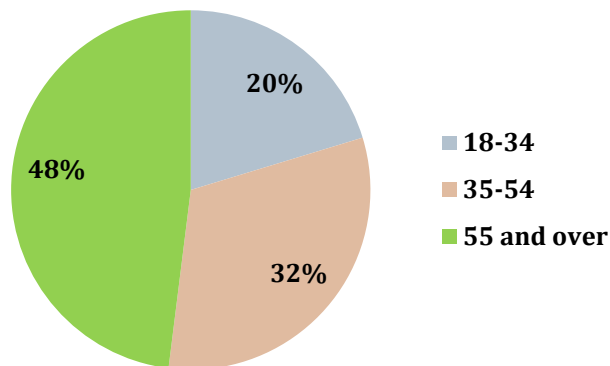
**Figure 42: Stutsman County
Phone Survey Age
Breakdown**
400 Surveys Completed



**Figure 43: Stutsman County
Age Breakdown
2010 Census**



**Figure 44: Stutsman County Web
Survey Age Breakdown**
202 Surveys Completed



- Both methods demonstrate relative consistency with respect to 2010 census demographics (for Phone Survey Summary report - see Attachment C).

Figure 45: Community Concerns by Health Indicator Category

Health Indicators	Stutsman County	Logan County
	Telephone survey %: Concerned + Very Concerned	Paper survey %: Concerned + Very Concerned
Alcohol Use	76.5	70.4
Adult Binge Drinking (5 drinks men/4 drinks women in couple hrs)	†	†
Youth Binge Drinking (5 or more drinks in couple hrs)	†	†
Drunk Driving	75.5	68.3
Youth Alcohol Use last 30 days	77.5	72.5
Tobacco Use	†	†
Adult cigarette smoking in the past 30 days	†	†
HS students who smoked cigarettes on one or more of past 30 days	†	†
Diet & Exercise	65.2	65.9
Adult Obesity Prevalence (overweight or obese)	58.8	58.6
Youth Obesity Prevalence (overweight or obese)	72.1	68.3
Lack of Physical Activity	64.6	70.7
Access to Care	47.1	42.5
Uninsured	46.8	41.5
Could not get healthcare due to cost	46.8	41.5
No primary provider	46.8	41.5
Women ≥18 years no pap smear in past 3 yrs	49.5	41.5
≥50 never had a colonoscopy/sigmoidoscopy	49.5	41.5
Women ≥40 years no mammogram in past 2 yrs	49.5	41.5
No dental visit in the past year	44.0	46.3
≥6 permanent teeth lost due to tooth decay or gum disease	44.0	46.3
Ever told by health provider Heart attack	46.8	41.5
Never had cholesterol test	46.8	41.5
General Health	53.7	46.3
≥8 days in past month when physical health not good	51.3	36.5
limitation due to physical, mental or emotional health problem	56.0	56.1
Sexual Activity	65.3	29.3
Teen Pregnancy	65.3	29.3
Education & Employment	62.1	49.6
Availability of good jobs	70.8	73.2
Education and training for good jobs (Associates, BA, or BS)	48.5	39.1
Senior citizens in poverty	67.0	36.6
Children in poverty	†	†
Family & Social Support	61.0	48.0
Suicide (adult & youth)	64.4	34.1
Prescription Drug Abuse (adult & youth)	62.6	53.7
Emotional Health Support	56.0	56.1
Community Safety	62.7	33.6
Seatbelt Use - do not always wear seatbelt	51.3	31.7
Distracted Driving	79.6	56.1
Domestic Violence	62.6	26.8
Sexual Violence	†	†
Crime (youth + adult)	57.4	19.6

† No exact local data available for comparison
 Source: 2012 Winkleman Surveys (Attachment D)

CONCLUSION

Which community health concerns matter to people in Stutsman and Logan counties?

This community health assessment summarizes data findings according to eight health indicators. Community-wide meetings and primary data collection processes resulted in the following overall rankings by health indicator category, as detailed in Attachments B and D; organized by category and listed in Figure 46. These rankings are supported by primary and secondary data. Information provided by community members during community-wide meetings, one-on-one interviews, key informant surveys, telephone surveys and web surveys was compiled by Central Valley Health District staff and Core Team members with the assistance of Winkelman Consulting (see tables and charts in Attachments A-E).

Figure 46: Community Health Indicators – Ranking by Category

Category	Logan County Key Informant Rank	Stutsman County Web Survey Rank	Stutsman County Key Informant Rank	Stutsman County Winkelman Phone Survey Rank
Alcohol Use	1	1	3	1
Diet and Exercise	2	2	1	3
Education and Employment	3	3	5	5
Family and Social Support	4	4	6	6
Access to Care	5	5	4	7
Community Safety	6	6	7	4
Sexual Activity	7	7	N/A	2
Tobacco*	N/A	N/A	2	N/A

*Tobacco not included in all rankings – ranked second in key informant process.

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Attachment A: Community Smoking Survey Executive Summary 2010

When reviewing the executive summary, the findings and conclusions will be more thoroughly understood if several other sections of the report are also reviewed. First, the questionnaire in Section 4 provides the actual phrasing for each question. A solid understanding of the context in which each question was asked will enable you to more accurately interpret the findings. Second, footnotes through the report identify differences in questions that have changed as the environment has required them to be changed. Third, the contingency tables in Section 5 provide detailed results for many different sample segments. Since the condensed nature of this summary report format does not allow us to address all of these findings, we strongly recommend that you review the contingency tables and use them to facilitate any major decisions you make.

Purpose #1: Assess perceived risks of secondhand smoke

- A vast majority of respondents believe it is at least somewhat harmful for a nonsmoker to work in a bar or other public place where smoking is allowed (92.9%) and/or frequently visit a bar or other public place where smoking is allowed (89.6%).

Purpose #2: Measure perceptions related to secondhand smoke in bars and lounges

- A high proportion of respondents (59.8%) said that the statement “employees and non-smokers have a right to breathe clean air in bars or lounges, so we should have laws that prohibit smoking in bars or lounges” comes closer to their personal point of view.
- A slight majority of respondents (54.0%) also said that the presence of secondhand smoke has kept them from going to a bar or lounge.
- The proportion of those respondents that said they would visit a bar or lounge much or somewhat more (31.7%) is much larger than the proportion that said they would visit a bar or lounge much or somewhat less (7.0%). Overall, nearly three of every four respondents (73.8%) said they would go to a bar or lounge either just as often or more if all of the bars and lounges in their community became completely smoke-free.

Purpose #3: Monitor reaction to expanding the current law

- Nearly three of every four respondents said they would strongly or somewhat support a **community** law (74.7%) to eliminate or prohibit smoking in all workplaces including bars and lounges. In contrast, roughly two of every ten respondents reported they would strongly or somewhat oppose such a **community** law (21.3%).
- More than seven of every ten respondents said they would strongly or somewhat support a **statewide** law (73.6%) to eliminate smoking in all workplaces including bars and lounges. In contrast, about two of every ten respondents reported they would strongly or somewhat oppose such a **statewide** law (21.1%).

Attachment B: Key Informant Summary February 2012

		Responses				Percentage			Rating			Overall	
		Going Well	Needs Improving	Alarming	Total	Going Well	Needs Improving	Alarming	Going Well	Needs Improving	Alarming	Needs Improving + Alarming	
Health Behaviors	Diet and Exercise	Diet - Adults	1	23	17	41	2%	56%	41%	2%	49%	48%	96%
		Diet - Youth	1	17	22	40	3%	43%	55%				
		Exercise - Adult	1	28	11	40	3%	70%	28%	5%	65%	30%	
		Exercise - Youth	3	24	13	40	8%	60%	33%				
	Tobacco	Adult Smoking	6	28	6	40	15%	70%	15%	10%	73%	17%	94%
		Youth Smoking	2	28	7	37	5%	76%	19%				
		Adult Smokeless	0	0	0	0	0%	0%	0%	2%	44%	54%	
		Youth Smokeless	1	18	22	41	2%	44%	54%				
	Alcohol	Adults	3	18	19	40	8%	45%	48%	8%	45%	48%	93%
		Youth	0	0	0	0	0%	0%	0%				
Clinical Care	Access to care	Health	8	24	9	41	20%	59%	22%				90%
		Dental	0	18	22	40	0%	45%	55%				
		Physicians	5	32	7	44	11%	73%	16%	7%	59%	33%	
		Access to care	1	23	17	41	2%	56%	41%				
		Women	1	27	15	43	2%	63%	35%				
Social and Economic	Education	5	21	5	31	16%	68%	16%				90%	
	Employment	27	10	0	37	73%	27%	0%					
	Income	1	17	21	39	3%	44%	54%	28%	47%	25%		
	Family and Support	10	23	7	40	25%	58%	18%					
	Family Households	17	16	6	39	44%	41%	15%					
	Disability	4	19	17	40	10%	48%	43%					
Environment	Community Safety	2	10	29	41	5%	24%	71%				90%	
	Environmental Quality	17	23	2	42	40%	55%	5%	27%	46%	27%		
	Built Environment	14	24	3	41	34%	59%	7%					

Attachment C: CVHD Telephone Survey Executive Summary 2012

When reviewing the executive summary, the findings and conclusions will be more thoroughly understood if several other sections of the report are also reviewed. First, the questionnaire in Section 4 provides the actual phrasing for each question. A solid understanding of the context in which each question was asked will enable you to more accurately interpret the findings. Second, the contingency tables in Section 5 provide detailed results for many different sample segments. Since the condensed nature of this summary report format does not allow us to address all of these findings, we strongly recommend that you review the contingency tables and use them to facilitate any major decisions you make.

Tobacco use

- Tobacco use was not addressed in this study since it was assessed in the Community Smoking Survey (December 2010). For more detail on tobacco use, please refer to this study.

Diet & exercise

- The highest proportion of respondents reported they are “at least concerned” (“very concerned” or “concerned”) about youth obesity (72.1%), lack of physical activity (64.6%), and adult obesity (58.8%).
- While more than seven of every ten respondents said they eat at least five fruits or vegetables “most of the time” or “sometimes”, nearly two of every ten indicated they “rarely” or “never” eat at least five fruits or vegetables daily and less than one of every ten respondents reported they “always” eat this quantity of fruits and vegetables.
- The reasons for not eating at least five fruits or vegetables daily vary quite evenly across the options provided, with preparation time (20.7%) and cost (19.1%) topping the list.

Alcohol & drug use

- A majority of respondents indicated they are “at least concerned” (“very concerned” or “concerned”) about all of the four factors measured -- especially youth alcohol use or abuse (77.5%) and drinking and driving (75.0%).

Unsafe sex

- Overall, 65.3% of respondents said they are “at least concerned” (“very concerned” or “concerned”) about teen pregnancy.

Access to care

- The highest proportion of respondents reported they are “at least concerned” (“very concerned” or “concerned”) about breast, cervical and colon cancer screening (49.5%), access to mental health care (49.0%), and access to medical care (46.8%).
- Habits appear to be very different when seeking medical care versus dental care. While a majority of respondents said they “always” seek dental care when they have a dental problem, about one of every four respondents reported they “always” seek medical care when they have a health problem.
 - Among those who do not always go to a doctor when they have medical problems, the largest proportion of these respondents said they treat themselves if the problem is minor (53.0%), followed by the cost of medical care (16.1%) and a dislike for seeking medical treatment (10.4%).
 - Among those who do not always go to a dentist when they have dental problems, the reasons for not seeking dental care vary fairly evenly across the options provided, with the cost of care/lack of insurance topping the list (24.1%), followed by self treatment (18.4%) and a dislike for seeking dental care (16.7%).

Education & employment

- The highest proportion of respondents reported they are “at least concerned” (“very concerned” or “concerned”) about the availability of good paying jobs that keep young adults in the area (70.8%).

Family & social support

- A majority of respondents indicated they are “at least concerned” (“very concerned” or “concerned”) about five of the six factors measured -- especially families with young children (69.8%) and senior citizens (67.0%) not being able to afford the food, clothes, housing or other things they need.

Community safety

- A majority of respondents indicated they are “at least concerned” (“very concerned” or “concerned”) about all of the seven factors measured -- especially distracted driving (79.6%) and suicide among youth (74.5%).

Attachment D: Winkelman Consulting Surveys March-April 2012

Stutsman County Winkelman Phone Survey Results

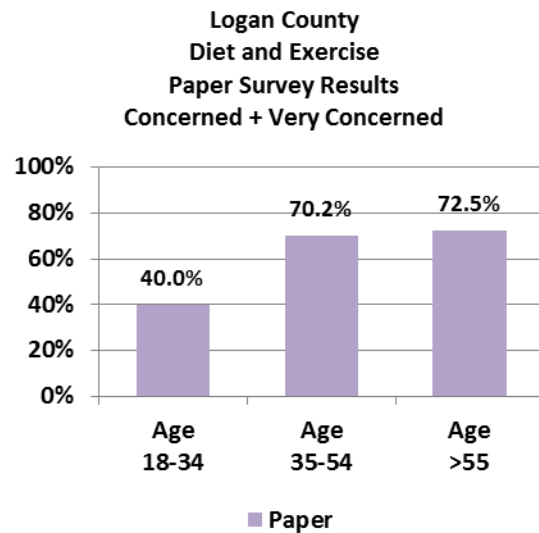
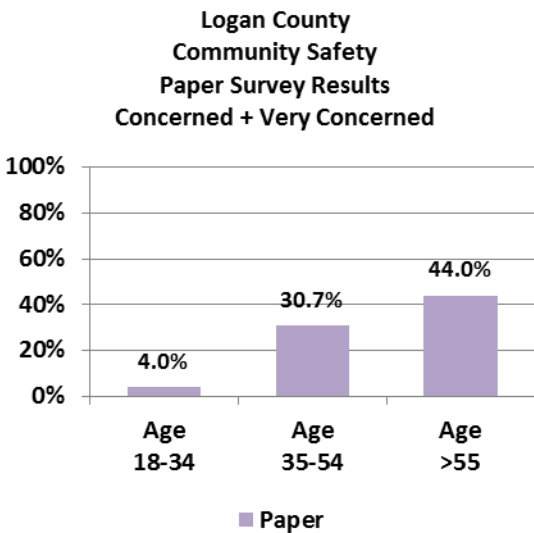
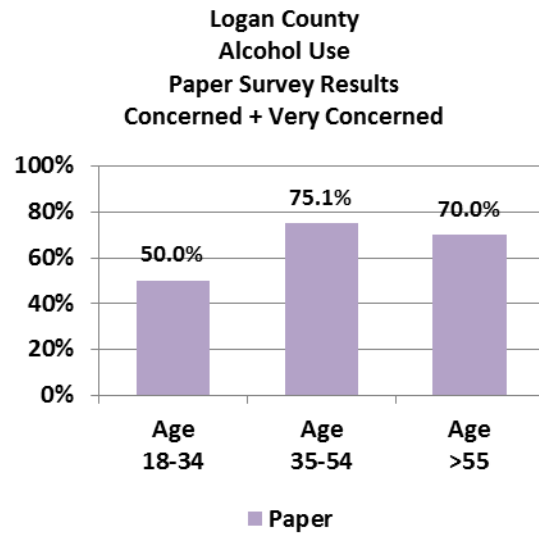
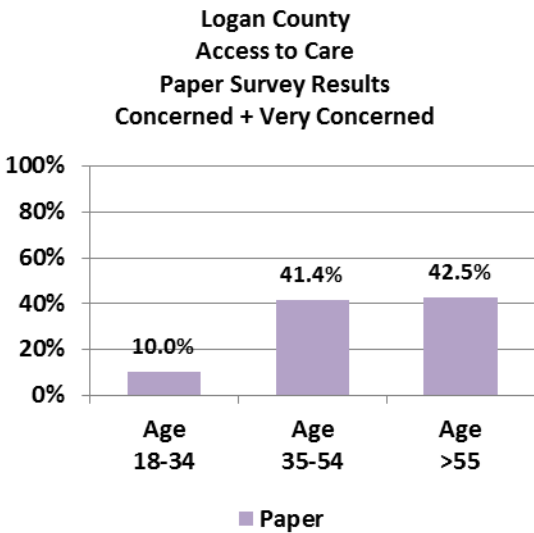
Telephone Survey Ranking	Category	Level of Concern			
		Very Concerned	Concerned	Somewhat Concerned	Sum of Very + Concerned
1	Distracted driving	57.3	22.3	13.0	79.6
2	Youth alcohol use/abuse	55.5	22.0	12.3	77.5
3	Drinking & Driving	55.5	20.0	14.8	75.5
4	Youth suicide	49.0	25.5	12.3	74.5
5	Youth Obesity	49.3	22.8	15.3	72.1
6	Availability of good jobs	43.3	27.5	16.8	70.8
7	Family with kids affording what need	41.8	28.0	15.8	69.8
8	Youth prescription drug use	46.3	20.8	9.0	67.1
9	Senior citizens affording what need	42.0	25.0	17.3	67.0
10	Teen pregnancy	40.8	24.5	17.0	65.3
11	Lack of Physical Activity	31.8	32.8	20.8	64.6
12	Domestic violence	36.8	25.8	17.5	62.6
13	Youth Crime	31.0	30.0	20.8	61.0
14	Adult Obesity	27.8	31.0	22.3	58.8
15	Adult prescription drug use	31.0	27.0	15.8	58.0
16	Emotional health support	29.5	26.5	19.8	56.0
17	Adult suicide	28.3	26.0	16.8	54.3
18	Adult Crime	22.3	31.5	21.3	53.8
19	Childcare access	23.5	29.0	19.0	52.5
20	Physical limitation support	23.0	28.3	21.3	51.3
21	Seatbelt use	29.0	22.3	15.5	51.3
22	Access to cancer screening	25.0	24.5	14.0	49.5
23	Access to mental health care	22.0	27.0	17.0	49.0
24	Education and training for good jobs	24.0	24.5	18.0	48.5
25	Adult respite care access	22.5	24.8	19.5	47.3
26	Access to health or medical care	27.8	19.0	14.5	46.8
27	Access to dental care	19.0	25.0	15.8	44.0
28	Access to prenatal care	18.5	24.3	12.3	42.8
29	Access to fitness facilities	14.8	18.0	16.3	32.8

**Logan County
Winkelman Paper Survey Results**

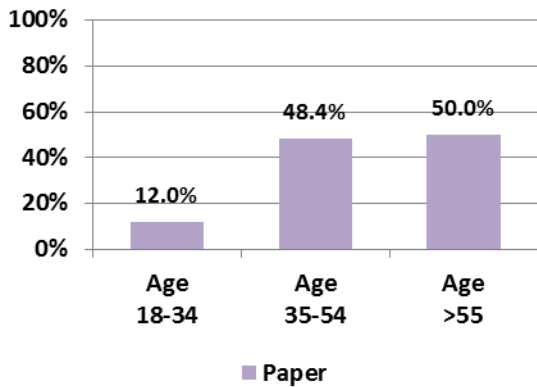
Paper Survey Ranking	Category	Level of Concern			Sum of Very + Concerned
		Very Concerned	Concerned	Somewhat Concerned	
1	Availability of good jobs	43.9	29.3	17.1	73.2
2	Youth alcohol use/abuse	31.0	41.5	24.4	72.5
3	Lack of Physical Activity	19.5	51.2	17.1	70.7
4	Access to fitness facilities	24.4	46.3	24.4	70.7
5	Drinking and Driving	26.8	41.5	26.8	68.3
6	Youth Obesity	19.5	48.8	22.0	68.3
7	Adult prescription drug use	17.1	46.3	29.3	63.4
8	Adult Obesity	9.8	48.8	29.3	58.6
9	Distracted driving	36.6	19.5	31.7	56.1
10	Emotional health support	24.4	31.7	34.1	56.1
11	Family with kids affording what need	4.9	41.5	24.4	46.4
12	Access to dental care	12.2	34.1	22.0	46.3
13	Youth prescription drug use	9.8	34.1	43.9	43.9
14	Access to cancer screening	12.2	29.3	29.3	41.5
15	Access to health or medical care	17.1	24.4	31.7	41.5
16	Youth suicide	7.3	34.1	43.9	41.4
17	Education and training for good jobs	9.8	29.3	36.6	39.1
18	Childcare access	19.5	19.5	26.8	39.0
19	Senior citizens affording what need	4.9	31.7	31.7	36.6
20	Physical limitation support	2.4	34.1	46.3	36.5
21	Seatbelt use	7.3	24.4	39.0	31.7
22	Teen pregnancy	4.9	24.4	51.2	29.3
23	Adult suicide	2.4	24.4	41.5	26.8
24	Domestic violence	2.4	24.4	39.0	26.8
25	Access to prenatal care	4.9	17.1	36.6	22.0
26	Adult Crime	9.8	9.8	31.7	19.6
27	Youth Crime	7.3	12.2	31.7	19.5
N/A	Access to mental health care	N/A	N/A	N/A	N/A
N/A	Adult respite care access	N/A	N/A	N/A	N/A

Attachment E: CVHD Survey Charts July-August 2012

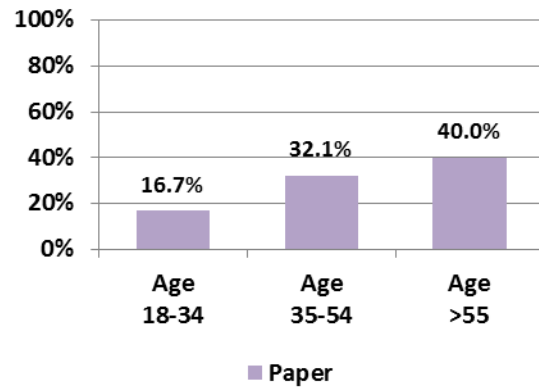
The following figures illustrate the findings relative to the level of community concern for the categories of various health indicators according to primary data collection method: Paper Survey, Phone Survey and Web Survey.



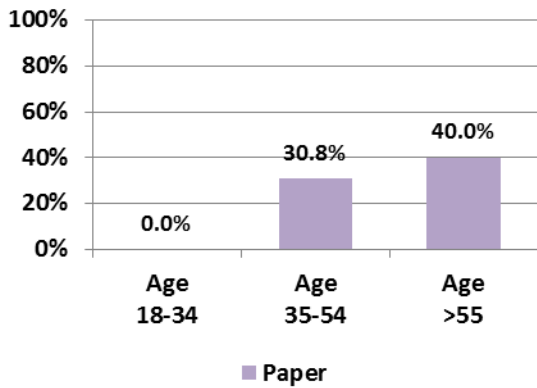
**Logan County
Education and Employment
Paper Survey Results
Concerned + Very Concerned**



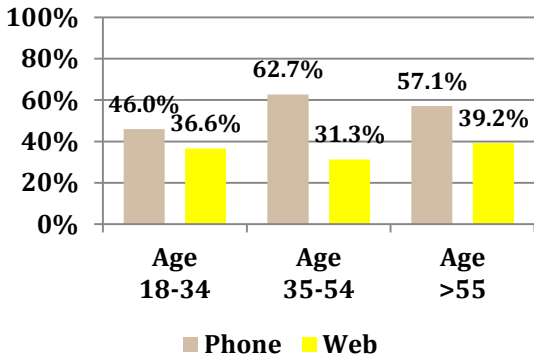
**Logan County
Family and Social Support
Paper Survey Results
Concerned + Very Concerned**



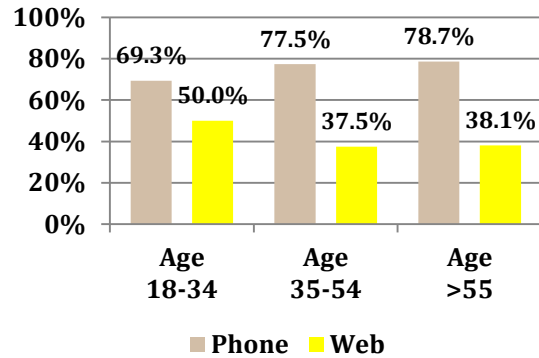
**Logan County
Sexual Activity
Paper Survey Results
Concerned + Very Concerned**



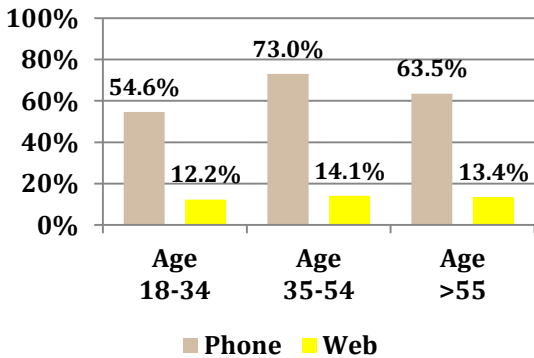
**Stutsman County
Diet and Exercise
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



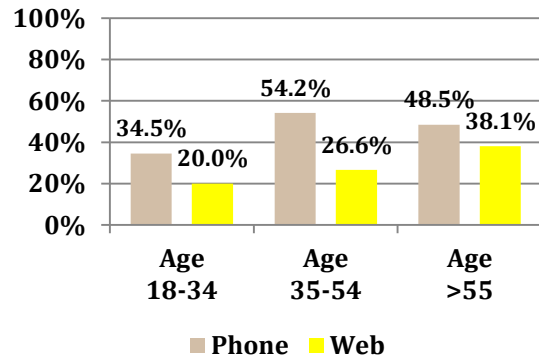
**Stutsman County
Alcohol Use
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



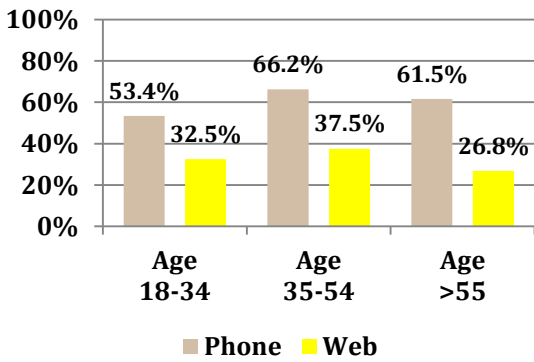
**Stutsman County
Sexual Activity
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



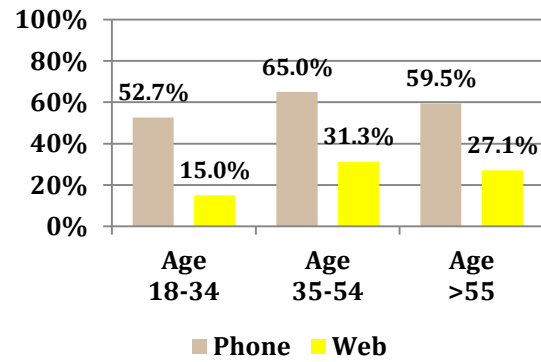
**Stutsman County
Access to Care
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



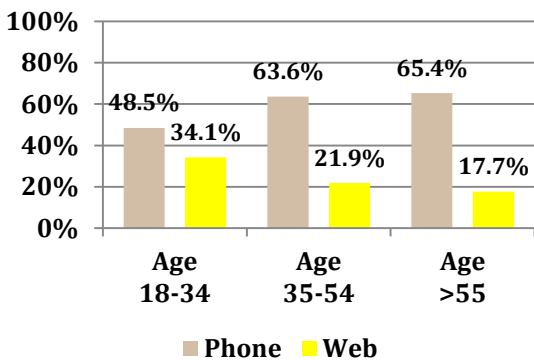
**Stutsman County
Education and Employment
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



**Stutsman County
Family and Social Support
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



**Stutsman County
Community Safety
Phone Survey compared to Web
Survey
Concerned + Very Concerned**



Attachment F: FORCES OF CHANGE & Strengths, Weaknesses, Opportunities, Threats (SWOT)

(Patterns, Trends, onetime events, Geographical Elements)

	Weaknesses	Strengths	Threat	Opportunity
Infrastructure Roads, etc	X			
Climate Drought, Weather Extremes, Mental Health, Mobility, Physical Activity	X			
Economic New Business, New Workers, Construction workers, Schools		X		
Oil in ND Increased traffic, Housing	X	X		
Culture Due to economic growth From different geo. of US	X	X		
Work Force Shortage of workers: Compensation	X		X	
Aging Population	X	X	X	X
# of Vulnerable population Indigent, Drug dependent, Mentally Ill, Prison, Homeless	X			X
Technology		X		X
Proximity to larger metro areas and needed outreach to rural	X	X		X
Educational Resources		X		X
Quick and Fast Fast Food, Convenient, Change of "norm", Want it now	X	X		X
Diversity of available healthcare	X	X		X
People Work Ethic, Number/Population, Collaborative efforts		X		X

Gaps:

The main gap is that there is not a formal group of agency and community representatives that meet regularly to coordinate with respect to health-related issues. There are numerous groups that meet for specific things (such as suicide prevention, grief support, etc.). There needs to be a formal group (such as a Health Partnership) so that effective linkages can be made so community members know what is available and how to access services in the community.

COMMUNITY HEALTH ASSEST LISTS

Appendix F: Community Health Asset Lists

Priority	Program, Policy, Resource	Title	Description	Source
Obesity (Adult & Youth) and Lack of Physical Activity	Policy	School Wellness policy USDA School Meals	School Wellness policy USDA School Meals	
		State Breastfeeding Law	ND legislation to protect a woman's right to breastfeed her child in any location, public or private, where the woman and child are otherwise authorized to be. Also, established "infant-friendly" designations for workplaces that adopt breastfeeding support policies	ND Senate Bill No. 2344
	Program	Do Campaign	Physical Activity Promotion	
		Jamestown Chamber of Commerce	Employee Wellness Listings	
		Health Club Reimbursement	Blue Cross Blue Shield	
		Educational Programs	NDSU Extension	
		Logan County Wellness Group	Logan County Courthouse Employee-based group	
	Activity	New Year New You Challenge	Healthy Eating and Exercise Challenge to promote health and wellness	
		RSVP+ND Program	Bone builders	
		Activity	TRAC	Two Rivers Activity Center
	Activity	BMI Tracking	Clinics taking heights so BMI is calculated and used as a vital sign	

COMMUNITY HEALTH ASSEST LISTS

Priority	Program, Policy, Resource	Title	Description	Source
Safe Driving – Distracted Driving & Drunk Driving	Program or Activity			
	Policy	Secondary Enforcement Law	Drivers can be ticketed for not wearing a seatbelt if officer warrants during traffic stop.	NDCC

Priority	Program, Policy, Resource	Title	Description	Source
Youth Alcohol (Binge Drinking) & Smoking	Policy	Smoke Free Napoleon	Passed Initiated Measure	
		State Law	Must be 21 years old to legally consume alcohol	NDCC
	Program/Activity	Tobacco Program	Central Valley Health District Tobacco Collaborative	
		Tobacco Coalitions		
		CMCA	Community Mobilizing Change for Alcohol	
		DARE	Drug Abuse Resistance Education Program	

COMMUNITY HEALTH ASSEST LISTS

Priority	Program, Policy, Resource	Title	Description	Source
Mental Health Awareness & Suicide	Program or Activity	South Central Human Service Center	Initial Contact established from referral.	South Central Human Service Center
	Policy			

COMMUNITY HEALTH ASSEST LISTS

References

Behavioral Risk Factor Surveillance System (BRFSS): BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

<http://www.cdc.gov/brfss/>

Caribbean Food and Nutrition Institute: CFNI is a specialized Centre of the Pan American Health Organization/World Health Organization (PAHO/WHO), which was established in 1967 to forge a regional approach to solving the nutrition problems of the Caribbean.

<http://new.paho.org/cfni/>

Census Bureau (US), American Community Survey (ACS) One-year Estimates: ACS is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services.

<http://www.census.gov/acs/www/>

Centers for Disease Control and Prevention (CDC): The CDC is one of the major operating components of the Department of Health and Human Services. CDC's Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

<http://www.cdc.gov/>

Centers for Disease Control and Prevention (CDC) Vital Signs: CDC Vital Signs offers recent data and calls to action for important public health issues.

<http://www.cdc.gov/vitalsigns/>

Adult Smoking - <http://www.cdc.gov/vitalsigns/AdultSmoking/index.html>

Secondhand Smoke -

<http://www.cdc.gov/vitalsigns/TobaccoUse/SecondhandSmoke/index.html>

Binge Drinking - <http://www.cdc.gov/vitalsigns/BingeDrinking/index.html>

Drinking & Driving -

<http://www.cdc.gov/vitalsigns/DrinkingAndDriving/index.html>

County Health Profile, Central Valley Health District: County level data for Logan and Stutsman Counties compiled by the North Dakota Department of Health.

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

COMMUNITY HEALTH ASSEST LISTS

County Health Rankings: This web site provides access to the 50 state reports, ranking each county within the 50 states according to its health outcomes and the multiple health factors that determine a county's health.

<http://www.countyhealthrankings.org/>

MMWR US Youth Risk Behavior Survey: This report summarizes results from the 2011 national YRBS and trends in health-risk behaviors during 1991–2011.

<http://www.cdc.gov/MMWR/PDF/SS/SS6104.PDF>

MMWR Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010: This report summarizes results from 2010 data.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm?s_cid=mm6101a4_w#tab2

“MyPlate” via US Department of Agriculture, Center for Nutrition Policy and Promotion.

<http://www.choosemyplate.gov/>

National Vital Statistics System: The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which National Center for Health Statistics (NCHS) collects and disseminates the Nation's official vital statistics.

http://www.cdc.gov/nchs/nvss/about_nvss.htm

ND Vital Statistics

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

ND Workforce Intelligence: Labor Market Information from North Dakota Job Service.

<http://www.ndworkforceintelligence.com/vosnet/lmi/area/areasummary.aspx?session=areadetail&geo=380100000>

Web-Enabled Analysis Tool (WEAT) BRFSS online tool for cross tabulation and logistical analysis.

http://apps.nccd.cdc.gov/s_broker/weatsql.exe/weat/index.hsrl

COMMUNITY HEALTH ASSEST LISTS

Wisconsin Guidebook on Improving the Health of Local Communities: This Guidebook is intended to guide local stakeholders through the steps toward effectively improving the health of their community.

<http://www.walhdab.org/documents/WisconsinGuidebook2012v1.0.pdf>

Youth Risk Behavior System, North Dakota: The Youth Risk Behavior Survey was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends, compare state health risk behaviors to national health risk behaviors and intended for use to plan, evaluate and improve school and community programs. North Dakota began participating in the YRBS survey in 1995. Students in grades, 7-8 & 9-12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

<http://www.dpi.state.nd.us/health/YRBS/index.shtm>