

2015 Greater Fargo-Moorhead Community Health Needs Assessment of Residents

August 2015

Results from a March 2015 generalizable survey of community residents in the Greater Fargo-Moorhead Metropolitan Area including Cass County, North Dakota and Clay County, Minnesota

Conducted through a partnership between

- Greater Fargo-Moorhead Community Health Needs Assessment Collaborative
- Center for Social Research at North Dakota State University

CSR

Center for Social Research
North Dakota State University
www.ndsu.edu/csr

PREFACE

This report, entitled *2015 Greater Fargo-Moorhead Community Health Needs Assessment of Residents*, presents the results of a March 2015 generalizable survey of residents in Cass County, North Dakota and Clay County, Minnesota.

The study was conducted by the Center for Social Research at North Dakota State University on behalf of the Fargo-Moorhead Community Health Needs Assessment Collaborative. Funding for the study was provided by Collaborative member organizations.

Fargo-Moorhead Community Health Needs Assessment Collaborative Members

Sanford Health

Essentia Health

Fargo Cass Public Health

Clay County Public Health

TABLE OF CONTENTS

PREFACE	1
TABLE OF CONTENTS	2
EXECUTIVE SUMMARY	5
Introduction	5
Study Design and Methodology	5
Limitations of the Study	5
Key Findings	6
Comparisons between Community Residents and Community Leaders	8
SURVEY RESULTS	10
General Health and Wellness Concerns about the Community	10
Figure 1. Level of concern with statements about the community regarding ECONOMICS	10
Figure 2. Level of concern with statements about the community regarding TRANSPORTATION	11
Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT ..	11
Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH	12
Figure 5. Level of concern with statements about the community regarding the AGING POPULATION	13
Figure 6. Level of concern with statements about the community regarding SAFETY.....	14
Figure 7. Level of concern with statements about the community regarding HEALTH CARE	16
Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH	17
Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE	18
General Health	18
Figure 10. Respondents’ rating of their health in general	18
Figure 11. Respondents’ weight status based on the Body Mass Index (BMI) scale	19
Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday	20
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity.....	21
Mental Health	22
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue	22
Figure 15. Number of days in the last month that respondents’ mental health was not good.....	22
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues	23

Tobacco Use	23
Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life	23
Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff... ..	24
Figure 19. Location respondents would first go if they wanted help to quit using tobacco.....	24
Alcohol Use and Prescription Drug/Non-prescription Drug Abuse	25
Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage	25
Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed	25
Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion	26
Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse	26
Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed	27
Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years	27
Preventive Health	28
Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening	28
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening	29
Figure 26. Whether respondents have any of the following chronic diseases	30
Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason.....	31
Figure 28. Where respondents get most of their health information	32
Figure 29. Best way for respondents to access technology for health information	32
Demographic Information	33
Figure 30. Age of respondents	33
Figure 31. Highest level of education of respondents.....	33
Figure 32. Gender of respondents.....	34
Figure 33. Race and ethnicity of respondents.....	34
Figure 34. Annual household income of respondents	35
Figure 35. Employment status of respondents	35
Figure 36. Length of time respondents have lived in their community	36
Figure 37. Whether respondents own or rent their home	36
Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage.....	37
Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider.....	37
Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick.....	38

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household.....	38
Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year	39
Table 3. Location of respondents based on zip code.....	39
APPENDICES	40
Appendix Tables	40
Introductory and Reminder Postcards	53
Survey Instrument	54

EXECUTIVE SUMMARY

Introduction

The purpose of this generalizable survey of residents in the greater Fargo-Moorhead area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area residents regarding, community health, their personal health, preventive health, and the prevalence of disease.

Study Design and Methodology

A generalizable survey was conducted of residents in Cass County, North Dakota and Clay County, Minnesota. The survey instrument was developed in partnership with members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative (CHNA) and the Center for Social Research (CSR) at North Dakota State University (NDSU).

Staff at the CSR, along with members of the collaborative, created the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 54 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

Obtained through a qualified vendor, the sample was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Survey packets, which contained the cover letter, scannable paper survey, and a pre-paid return envelope, were mailed three days after the introductory postcards; 2 percent of the packets were returned as undeliverable. A reminder postcard, containing a link to an online version of the survey, was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 398 paper surveys were returned for scanning and an additional three surveys were completed online for a total of 401; the response rate was 27 percent. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 382 surveys were analyzed providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5.2 percentage points.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Cass County, North Dakota and Clay County, Minnesota. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S. Census Bureau¹, it was evident that older, white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

¹ U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2013. Released June 2014. Available from <http://www.census.gov/popest/>.

Literature reviews indicate that there are nonresponse rate issues among younger respondents². In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents³. Studies have also shown lower response rates for socially disadvantaged groups⁴ (i.e., socially, culturally, or financially).

In order to supplement the findings of this study, particularly for the subpopulations that are underrepresented, one might consider utilizing other data resources, such as local public health data, North Dakota Compass⁵, Behavior Risk Factor Surveillance System⁶, Minnesota Center for Health Statistics⁷, and Minnesota Compass⁸.

Given the nature of this study, it may be necessary to reach out to community partnerships and implement a variety of recruitment techniques in order to gather information from underrepresented groups in future studies. However, one should be mindful of increased time commitments and financial resources that may be necessary when gathering data from hard-to-reach populations.

Key Findings

Research indicates that optimal health and well-being is much more than merely physical health. Optimal health is an integrated and interconnected state where all components of health, such as physical, mental, social, spiritual, emotional, environmental, intellectual, and occupational health, are balanced to contribute to an individual's quality of life.

The *Greater Fargo-Moorhead Community Health Needs Assessment* indicated a number of possible health challenges within the metropolitan area. Local health agencies may want to consider these key findings when developing and implementing education and advocacy efforts for the community.

Community Health Concerns. The greatest areas of concern among respondents are for the aging population, including the cost of long term care; health care, including access to affordable health insurance, access to affordable health care, and access to affordable prescription drugs; and physical health, including cancer.

Respondents have moderately high levels of concern with respect to safety issues (i.e., presence of street drugs, prescription drugs, and alcohol in the community; crime; presence of drug dealers in the community; domestic violence; child abuse and neglect) as well as issues relating to children and youth (i.e., bullying, cost of quality child and infant care, youth crime). Other moderately high concerns relate to substance use and abuse issues (i.e., underage drug use and abuse, underage drinking, drug use and abuse, alcohol use and abuse), health care issues (i.e., cost of affordable dental insurance coverage), and physical and mental health issues (i.e., chronic disease, depression, inactivity and lack of exercise, and dementia and Alzheimer's disease).

² Michael J. Stern, Ipek Bilgen, and Don Al Dillman. *Field Methods* 2014, Vol. 26(3) 284-301. The State of Survey Methodology: Challenges, Dilemmas, and New Frontiers in the Era of the Tailored Design.

³ See the following examples: <http://www.mathematica-mpr.com/~media/publications/PDFs/internetmailsurvey.pdf>; <http://www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf>; <http://www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf>.

⁴ See the following literature review: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974746/#_ffn_sectitle.

⁵ See North Dakota Compass site: <http://www.ndcompass.org/>.

⁶ See Behavior Risk Factor Surveillance site: <http://www.cdc.gov/brfss/index.html>.

⁷ See Minnesota Center for Health Statistics site: <http://www.health.state.mn.us/divs/chs/>.

⁸ See Minnesota Compass site: <http://www.health.state.mn.us/divs/chs/>.

Respondents are least concerned about issues regarding transportation (i.e., driving habits, availability of good walking or biking options, the cost and availability of public transportation), the environment (i.e., water quality, air quality, hazardous waste, home septic systems), and economics (i.e., homelessness, hunger, and the availability of affordable housing).

Personal Health Concerns. The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the metro area are overweight or obese. However, the vast majority of community respondents rate their own health as excellent, very good, or good. With good overall health habits in mind, it is important to note that within the past year, three in four respondents visited a doctor or health care provider for a routine physical and the vast majority visited a dentist or dental clinic.

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, dental screening, flu shot, pelvic exam (females), breast cancer screening (females), and cervical cancer screening (females). However, there are many screenings and tests that a majority of respondents did not receive (i.e., bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, prostate cancer screening (males), and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate. With that in mind, a number of screenings and tests were analyzed more closely based on age. With respect to the bone density test, older respondents are three times more likely than respondents overall to get tested. Regarding the glaucoma test, older respondents are more likely than respondents overall to get screened. With respect to colorectal cancer screening, older respondents are nearly two times more likely than respondents overall to get tested/screened. Pertaining to the prostate cancer screening, older male respondents are nearly two times more likely than male respondents overall to get screened. Among respondents not screened, reasons cited most often are that the screening was not necessary or the doctor hadn't suggested it.

As the majority of community respondents are overweight or obese, it is important to consider that obesity is related to many chronic diseases and conditions, such as heart disease, stroke, type 2 diabetes, and certain types of cancer - many of which are leading causes of preventable death. When compared to the prevalence of chronic diseases in the U.S. overall, a slightly smaller proportion of metro area respondents report having high cholesterol (one in five respondents), half the proportion report having hypertension (one in six respondents), a smaller proportion report having arthritis (one in six respondents), and a slightly smaller proportion report having diabetes (one in 15 respondents).

According to the Office of Disease Prevention and Health Promotion, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. Study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Specifically, one in four respondents eat the daily recommended serving size of vegetables and half of respondents eat the daily recommended serving size of fruit.

Other healthy behavior recommendations are related to physical activity levels. Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health. Study results suggest that the majority of respondents do not meet physical activity guidelines. Specifically, in an average week, one in five respondents reach the weekly recommended moderate physical activity level (5 or more days of at least 30 minutes of moderate physical activity). An additional one in five respondents reach the weekly recommended vigorous activity level (3 or more days of at least 30 minutes of vigorous physical activity).

Other lifestyle choices individuals make about how they live have a significant impact on their overall health. Study results indicate that the vast majority of community respondents are not currently tobacco users. However, one in three respondents have smoked at least 100 cigarettes in their lifetime, which indicates a former smoker status according to the Centers for Disease Control and Prevention.

Beyond physical health, mental health is an important component of well-being at every stage of life and impacts how we think, act, and feel. Mental health influences our physical health, how we handle stress, how we make choices, and relate to others. Among Fargo-Moorhead respondents, mental health is a moderately high area of concern, particularly depression, dementia and Alzheimer's disease. One in five respondents have been told or diagnosed by a doctor or health professional that they have anxiety or stress and a similar proportion have been told they have depression. In addition, half of respondents self-report that in the last month, there were days when their mental health was not good. One in 10 respondents say their mental health was not good for at least half of the days in the last month. Furthermore, when asked specifically about particular mental health issues, one in five respondents reported little interest or pleasure in doing things for several days or more in the last two weeks and one in six respondents say that for at least several days in the last two weeks they were feeling down, depressed, or hopeless.

Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In the Fargo-Moorhead community, one in five respondents drank alcoholic beverages on at least half of the days in the last month. On days they drank, one in eight respondents drank an average of four or more drinks per day. In regards to binge drinking, one in three respondents report binge drinking at least once per month. Specifically, 5 percent say they binge drink 2 to 3 times a week and an additional 3 percent binge drink almost every day in the past month.

When asked if they have ever had a problem with alcohol use, one in 15 of respondents say they have. Among those who had a problem, one-fourth say they received the help they needed. Overall, one in six respondents say alcohol use has had harmful effects on themselves or a family member.

Other forms of substance abuse include the use of prescription or non-prescription drugs. No respondents in the metro area reported having had a problem with prescription or non-prescription drug abuse. However, one in 17 respondents say prescription or non-prescription drug abuse has had harmful effects on themselves or a family member.

Comparisons between Fargo-Moorhead Community Residents and Community Leaders

In addition to the perception of community residents, the Collaborative wanted to obtain insight from key leaders and stakeholders within the Fargo-Moorhead community. A similar survey was administered to community leaders in the area (e.g., health professionals, social workers, educators, elected leadership, and nonprofit leaders) to capture their views on community and personal health in the Fargo-Moorhead metro area. The survey was developed as an online tool and a link to the survey instrument was distributed via email to various agencies, at times using a snowball approach. Thus, the sample is not representative of the area's leadership and the results of this stakeholder survey are not generalizable to the community at large. However, the results do offer an opportunity to explore the similarities and differences between the perceptions of the stakeholders surveyed and those of community members who responded to the generalizable survey of residents.

Overall, community leaders have higher levels of concern about community issues than residents. When looking at the top 10 concerns, the number one concern among community leaders and residents alike relates to the aging population, specifically the cost of long term care. Community leaders and residents also prioritized the availability of memory care as a concern regarding the aging population. Other top

concerns among community leaders focused on mental health, child care, and safety issues. Top concerns for residents tended to focus more on health care, physical health and safety issues.

When addressing health care concerns, top priorities among residents relate to cost issues (i.e., access to affordable health insurance, affordable health care, and affordable prescription drugs), whereas top priorities among community leaders relate to service delivery (i.e., timely access to mental health providers, access to substance use providers, and the use of emergency room services for primary health care).

Both community leaders and residents have moderately high levels of concern for physical and mental health issues. The top concern among community leaders is depression, whereas the top concerns among residents are cancer and chronic disease. Community leaders have slightly higher levels of concern than residents about inactivity and lack of exercise, poor nutrition and eating habits, and obesity. Depression and stress are other moderately high mental health concerns among residents. However, community leaders are more concerned than residents about suicide.

Regarding issues relating to children and youth, bullying is ranked as the main concern among residents. The costs and availability of quality child and infant care are ranked as top concerns among community leaders and residents, however community leaders have higher levels of concern in these areas. The cost and availability of services for at-risk youth is also a moderately high concern among community leaders, however, residents rank the issue as a moderate concern.

Regarding safety issues, overall, residents have higher levels of concern than community leaders. However, the presence of street drugs, prescription drugs, and alcohol in the community is the top safety concern among both residents and community leaders. Crime, the presence of drug dealers in the community, child abuse and neglect, and domestic violence are other moderately high concerns among residents and community leaders, although at higher levels of concern among residents.

With respect to substance use and abuse issues, community leaders are more concerned than residents about adult alcohol use and abuse and adult drug use and abuse. Residents, on the other hand, are more concerned than community leaders about underage usage of drugs and alcohol than about adult usage.

Community leaders are more concerned than residents about economic issues. Community leaders are most concerned about the availability of affordable housing and homelessness. Although a moderate level of concern, residents are most concerned about homelessness and hunger.

Both residents and community leaders have moderate concerns with transportation issues (i.e., driving habits, availability of good walking or biking options, availability of public transportation, and the cost of public transportation).

Overall, both community leaders and residents have moderate concerns about environmental issues (i.e., water quality, air quality, hazardous waste, and home septic systems). However, residents have a moderately high concern about water quality.

SURVEY RESULTS

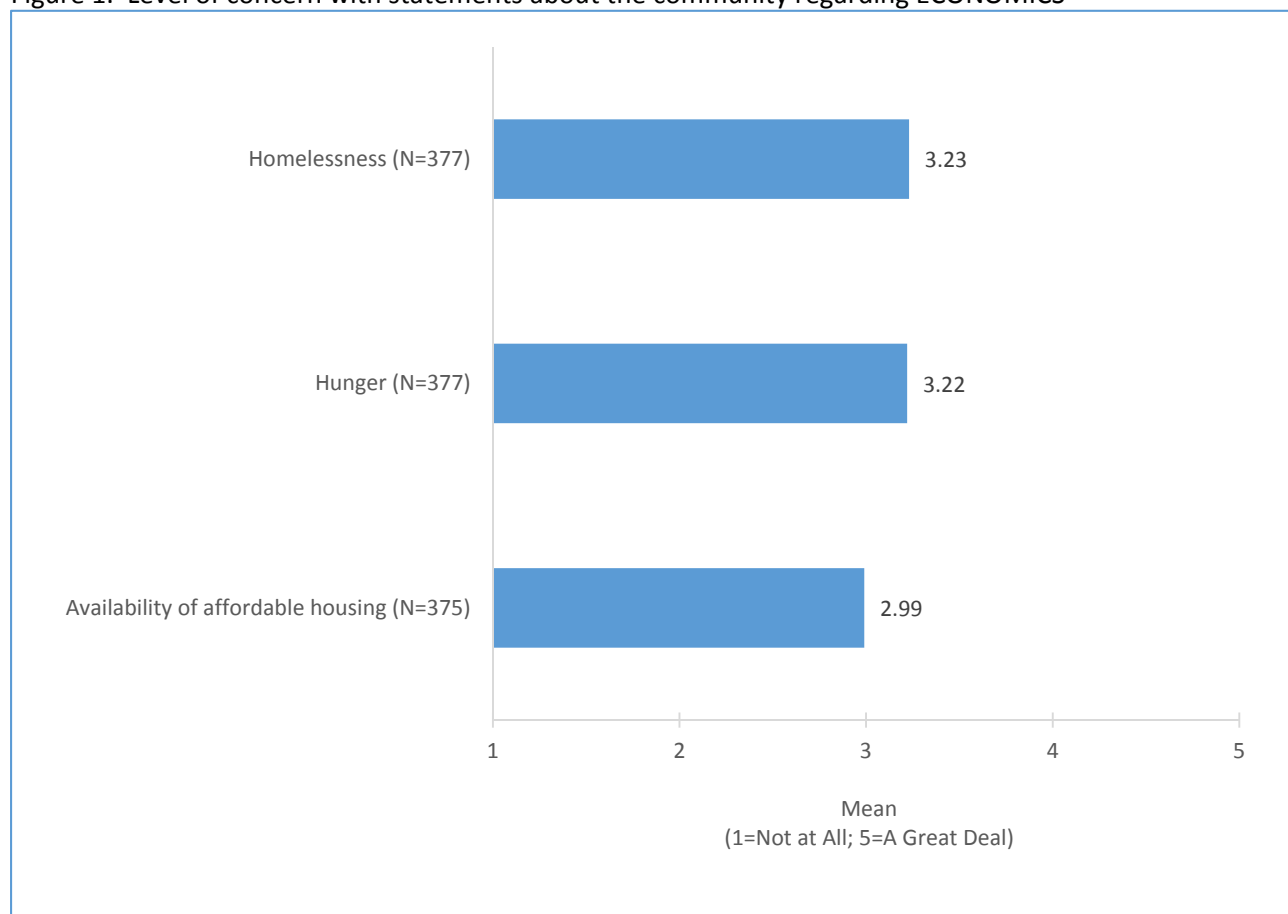
General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Overall, respondents have a moderate level of concern regarding economic issues (*Figure 1, Appendix Table 1*).

- On average, respondents are most concerned about homelessness and hunger (mean=3.23 and mean=3.22, respectively).

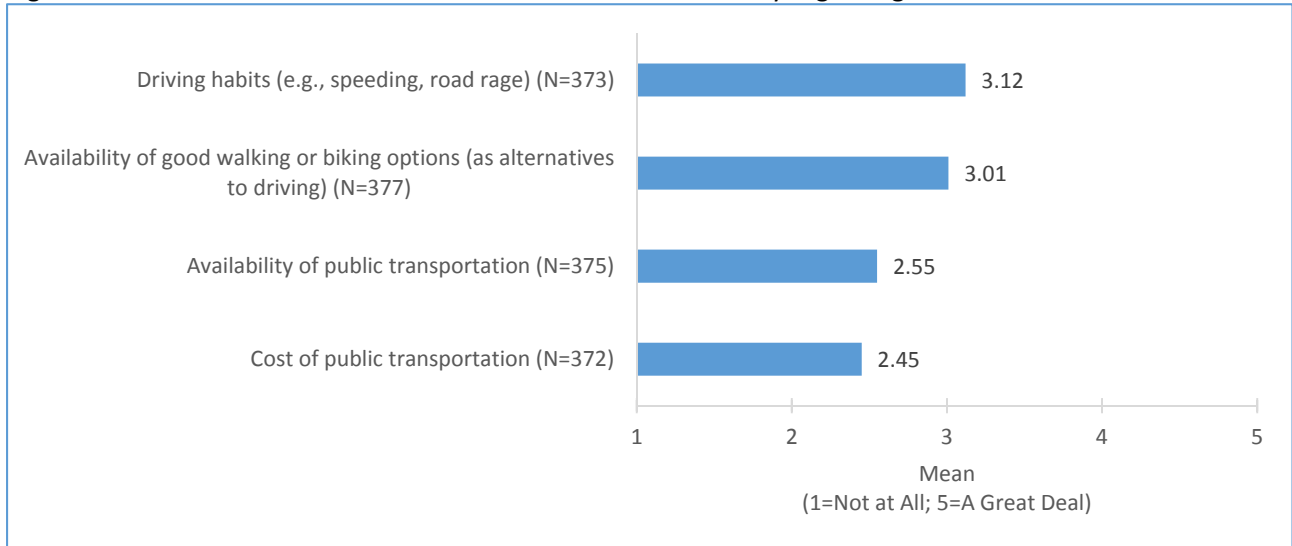
Figure 1. Level of concern with statements about the community regarding ECONOMICS



Overall, respondents are moderately concerned about transportation issues in their community (*Figure 2, Appendix Table 1*).

- On average, respondents are most concerned about driving habits (mean=3.12) and the availability of good walking or biking options (mean=3.01).
- On average, respondents are least concerned about the cost of public transportation (mean=2.45).

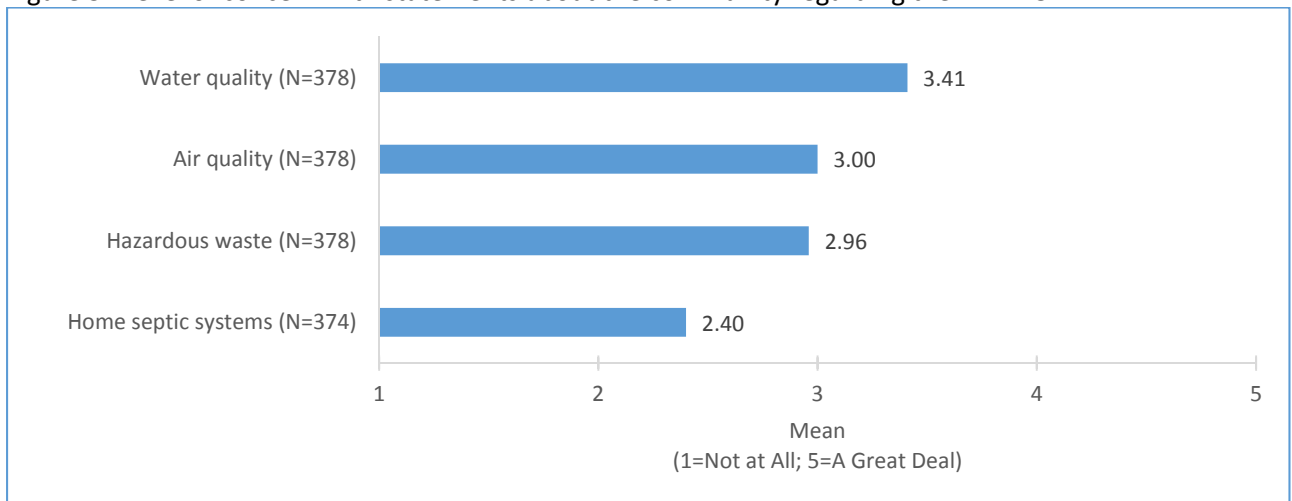
Figure 2. Level of concern with statements about the community regarding TRANSPORTATION



Overall, respondents are moderately concerned about environmental issues in their community (*Figure 3, Appendix Table 1*).

- On average, respondents are most concerned about water quality (mean=3.41); 34.0 percent of respondents have a great deal of concern.
- On average, respondents are least concerned about home septic systems (mean=2.40).

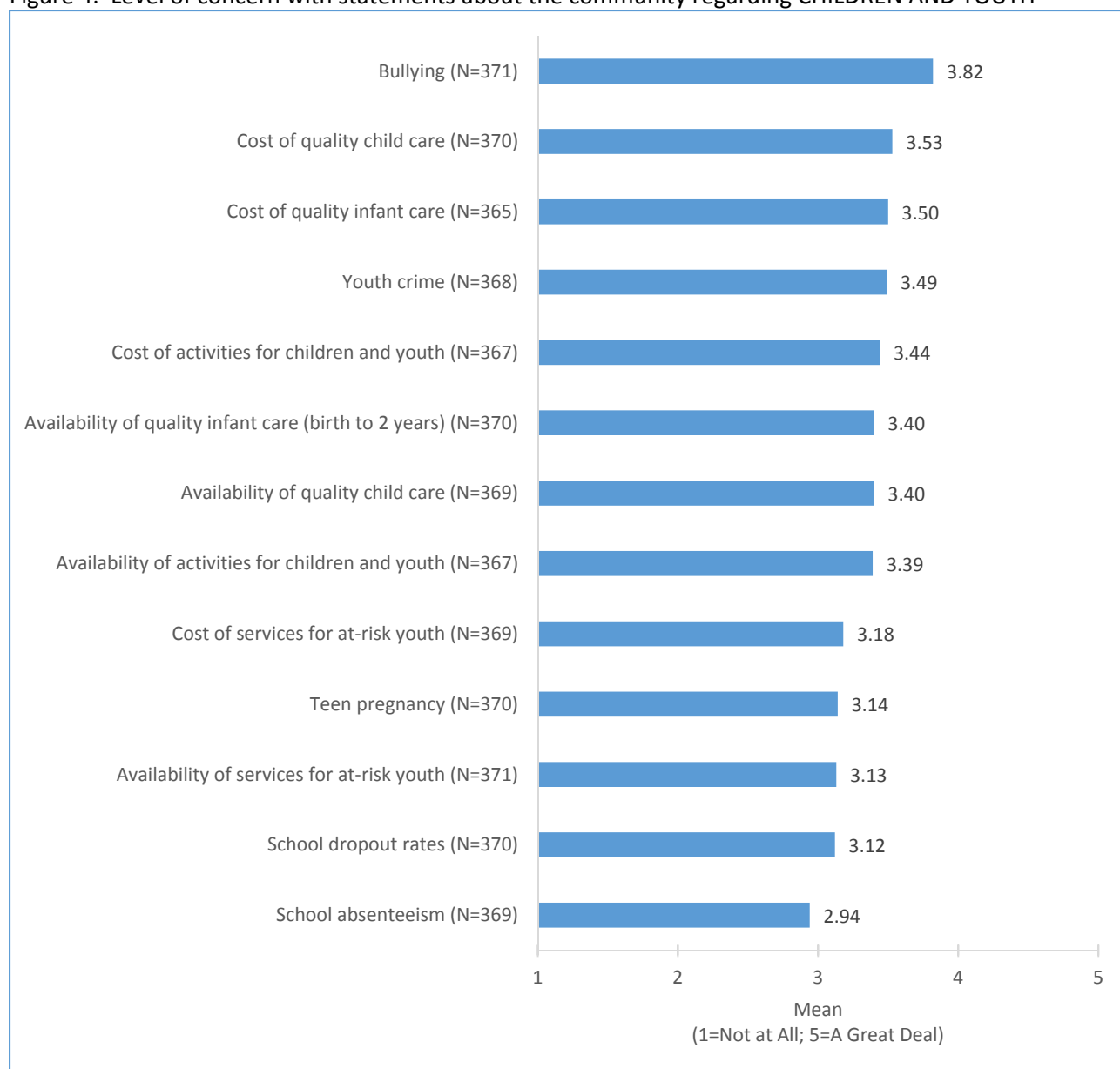
Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT



Overall, respondents are moderately concerned about issues relating to children and youth in their community (*Figure 4, Appendix Table 1*).

- On average, respondents are most concerned about bullying (mean=3.82); 31.3 percent of respondents have a great deal of concern.
- On average, respondents have a moderately high level of concern about:
 - The cost of quality child care (mean=3.53); 24.8 percent are concerned a great deal.
 - The cost of quality infant care (mean=3.50); 28.3 percent are concerned a great deal.
 - Youth crime (mean=3.49); 20.5 percent are concerned a great deal.
- Although still moderately concerned, on average, respondents are less concerned about:
 - Cost of services for at-risk youth (mean=3.18).
 - Teen pregnancy (mean=3.14).
 - Availability of services for at-risk youth (mean=3.13).
 - School dropout rates (mean=3.12).
 - School absenteeism (mean=2.94).

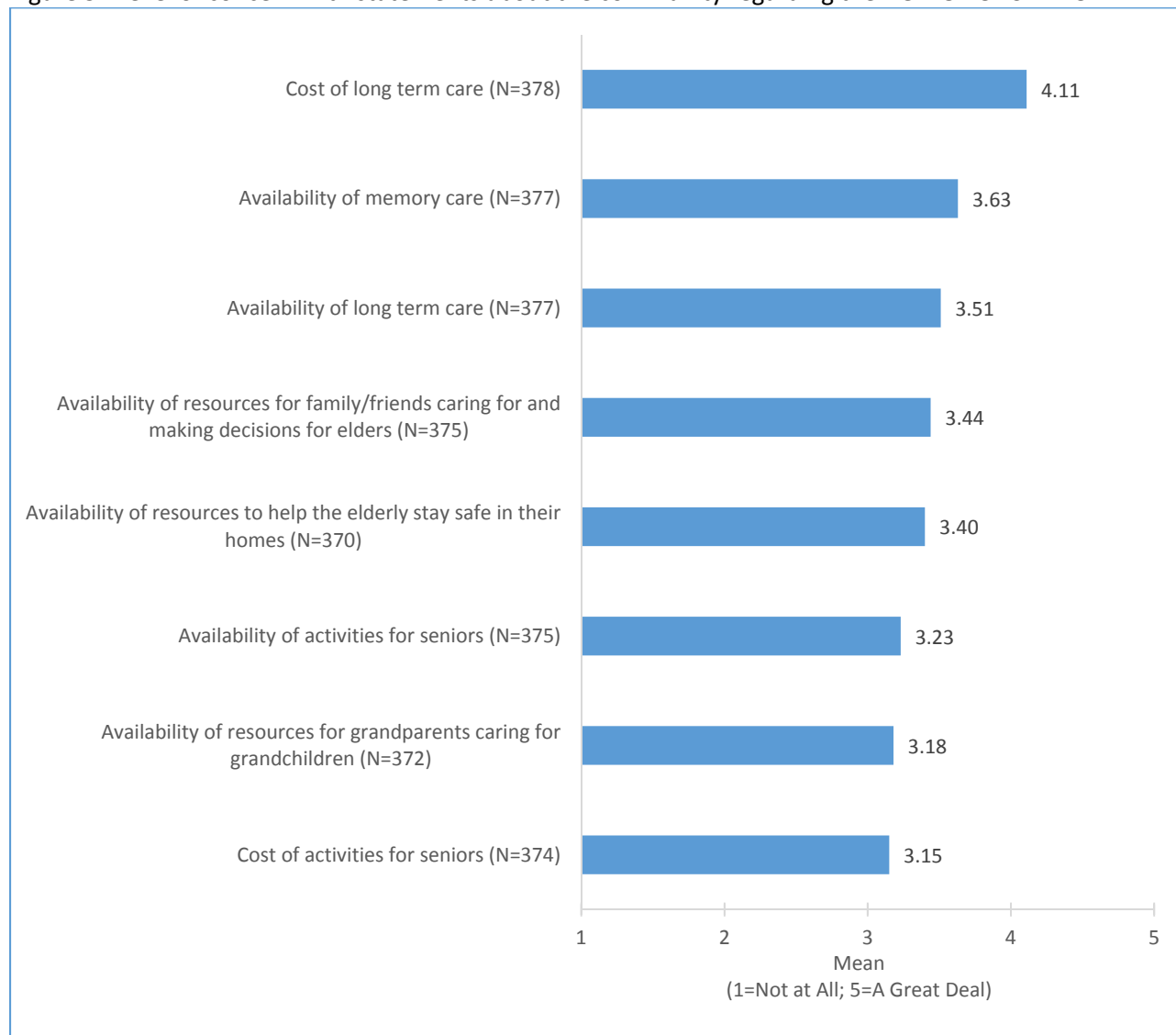
Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH



Overall, respondents are moderately concerned about issues related to the aging population in their community (*Figure 5, Appendix Table 1*).

- On average, respondents have a high level of concern about the cost of long term care (mean=4.11); 51.1 percent of the respondents have a great deal of concern.
- On average, respondents have a moderately high level of concern about:
 - The availability of memory care (mean=3.63); 27.7 percent are concerned a great deal.
 - The availability of long term care (mean=3.51); 27.0 percent are concerned a great deal.
- On average, respondents are moderately concerned about:
 - The availability of resources for family/friends caring for and making decisions for elders (mean=3.44).
 - The availability of resources to help the elderly stay safe in their homes (mean=3.40).
- While still moderately concerned, on average, respondents are less concerned about:
 - The availability of activities for seniors (mean=3.23).
 - The availability of resources for grandparents caring for grandchildren (mean=3.18).
 - The cost of activities for seniors (mean=3.15).

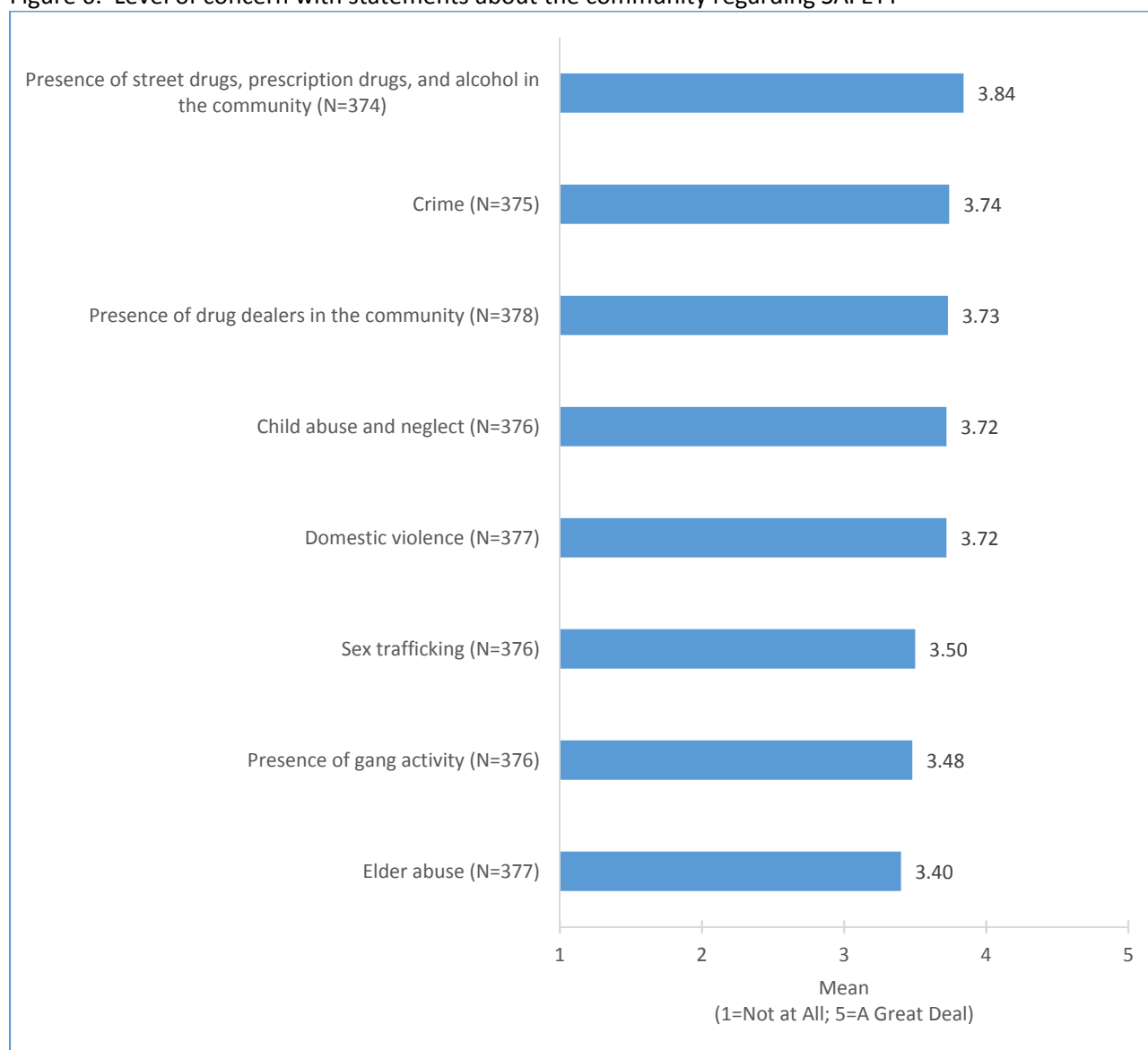
Figure 5. Level of concern with statements about the community regarding the AGING POPULATION



Overall, respondents have a moderately high level of concern about issues of safety in their community (Figure 6, Appendix Table 1).

- On average, respondents are most concerned about:
 - The presence of street drugs, prescription drugs, and alcohol in the community (mean=3.84); 36.1 percent have a great deal of concern.
 - Crime (mean=3.74); 30.1 percent have a great deal of concern.
 - The presence of drug dealers in the community (mean=3.73); 37.6 percent have a great deal of concern.
 - Child abuse and neglect (mean=3.72); 31.6 have a great deal of concern.
 - Domestic violence (mean=3.72); 30.0 percent have a great deal of concern.
- While still moderately concerned, on average, respondents are less concerned about:
 - Sex trafficking (mean=3.50).
 - The presence of gang activity (mean=3.48).
 - Elder abuse (mean=3.40).

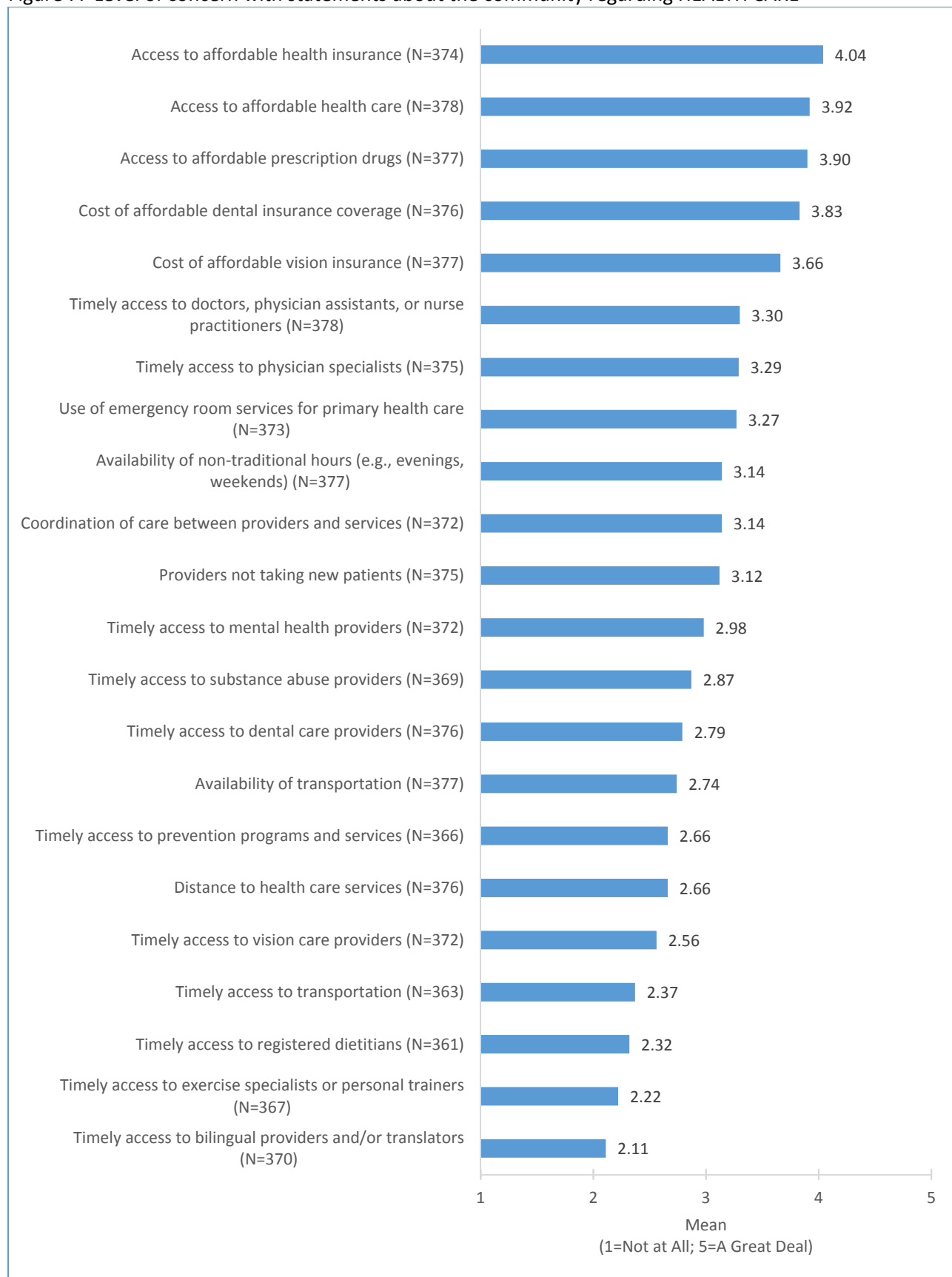
Figure 6. Level of concern with statements about the community regarding SAFETY



Overall, respondents are moderately concerned about issues relating to health care (*Figure 7, Appendix Table 1*).

- On average, respondents are highly concerned about:
 - Access to affordable health insurance (mean=4.04); 43.4 percent have a great deal of concern.
 - Access to affordable health care (mean=3.92); 38.2 percent have a great deal of concern.
 - Access to affordable prescription drugs (mean=3.90); 39.4 percent have a great deal of concern.
 - Cost of affordable dental insurance coverage (mean=3.83); 35.4 percent have a great deal of concern.
 - Cost of affordable vision insurance (mean=3.66); 29.9 percent have a great deal of concern.
- On average, respondents are moderately concerned about:
 - Timely access to doctors, physician assistants, or nurse practitioners (mean=3.30).
 - Timely access to physician specialists (mean=3.29).
 - Use of emergency room services for primary health care (mean=3.27).
- On average, respondents are least concerned about:
 - Timely access to transportation (mean=2.37).
 - Timely access to registered dietitians (mean=2.32).
 - Timely access to exercise specialists or personal trainers (mean=2.22).
 - Timely access to bilingual providers and/or translators (mean=2.11).

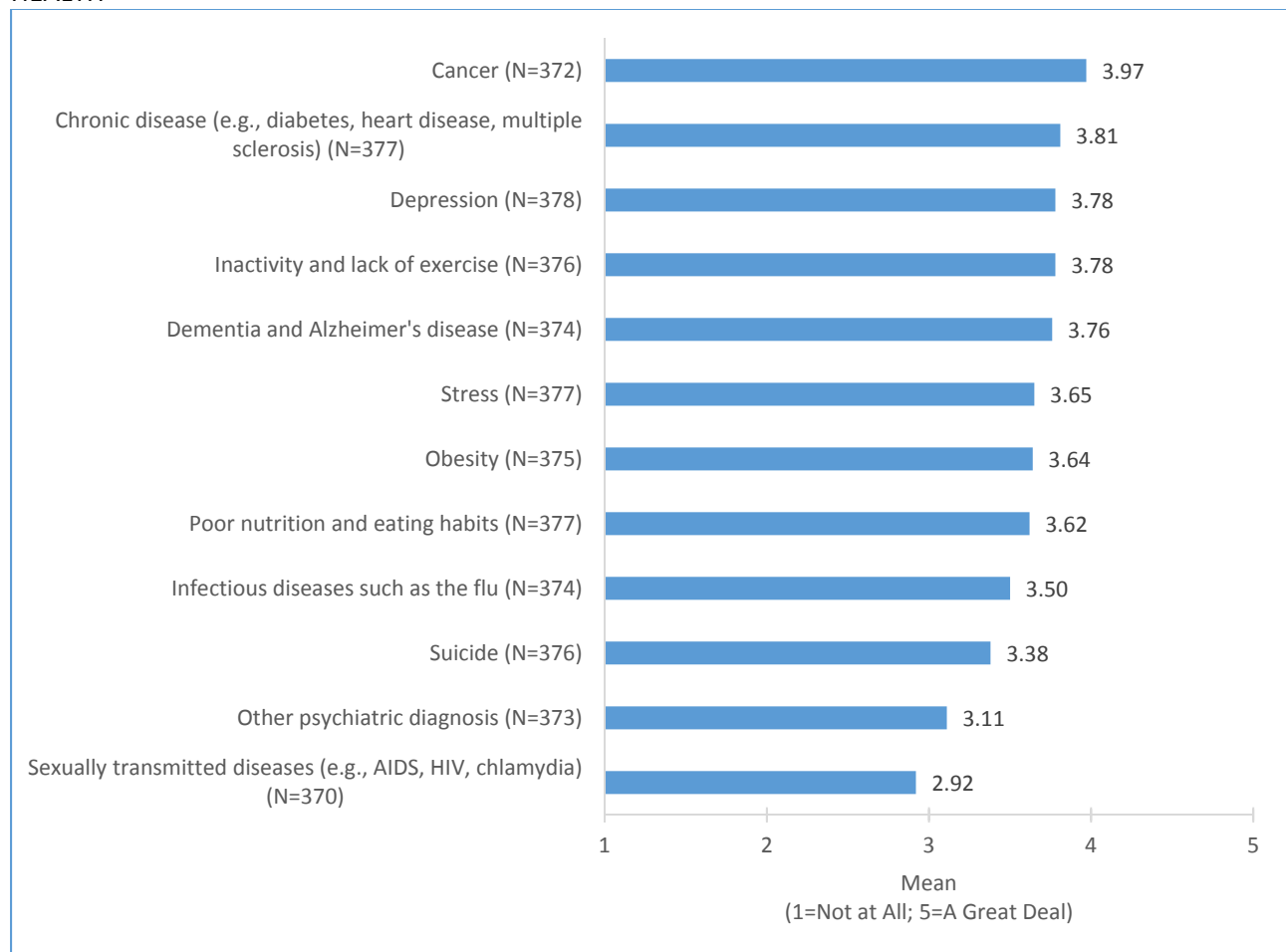
Figure 7. Level of concern with statements about the community regarding HEALTH CARE



Overall, respondents have moderately high levels of concern about issues relating to physical and mental health (Figure 8, Appendix Table 1).

- On average, respondents are most concerned about:
 - Cancer (mean=3.97); 38.4 percent have a great deal of concern.
 - Chronic disease (i.e., diabetes, heart disease, multiple sclerosis) (mean=3.81); 30.1 percent have a great deal of concern.
 - Depression (mean=3.78); 29.4 percent have a great deal of concern.
 - Inactivity and lack of exercise (mean=3.78); 32.3 percent have a great deal of concern.
 - Dementia and Alzheimer’s disease (mean=3.76); 28.7 percent have a great deal of concern.
- On average, respondents have moderately high levels of concern about:
 - Stress (mean=3.65).
 - Obesity (mean=3.64).
 - Poor nutrition and eating habits (mean=3.62).
 - Infectious diseases such as the flu (mean=3.50).
- On average, respondents are moderately concerned about:
 - Suicide (mean=3.38).
 - Other psychiatric diagnosis (mean=3.11).
 - Sexually transmitted diseases (e.g., AIDS, HIV, chlamydia) (mean=2.92).

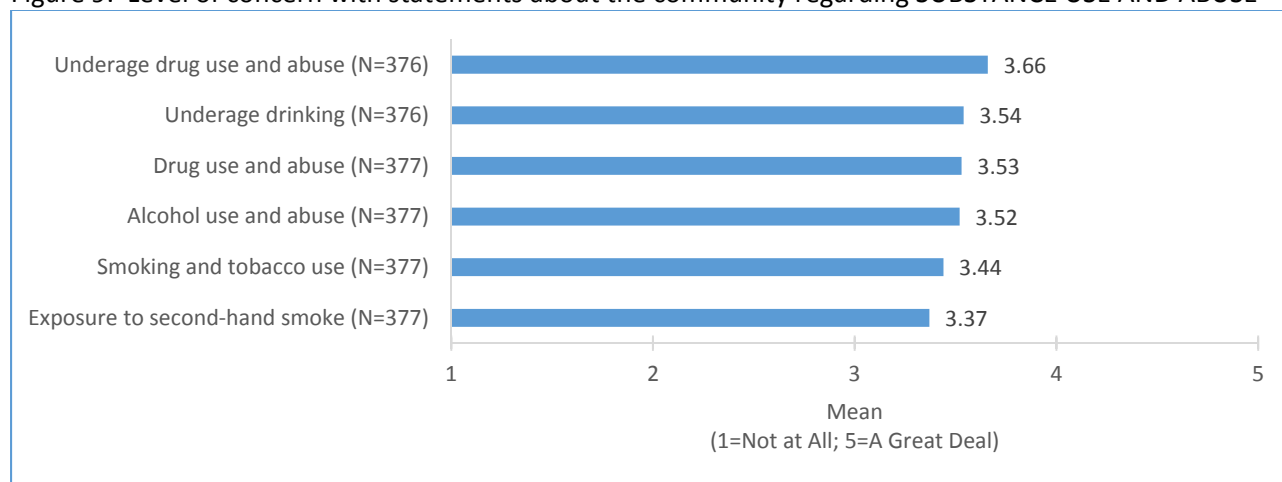
Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH



Overall, respondents have moderately high levels of concern about issues relating to substance use and abuse (Figure 9, Appendix Table 1).

- On average, respondents are most concerned about:
 - Underage drug use and abuse (mean=3.66); 27.4 percent of respondents have a great deal of concern.
 - Underage drinking (mean=3.54); 25.4 percent have a great deal of concern.
 - Drug use and abuse (mean=3.53); 26.8 percent have a great deal of concern.
 - Alcohol use and abuse (mean=3.52); 24.9 percent have a great deal of concern.
- While still moderately concerned, on average, respondents are less concerned about:
 - Smoking and tobacco use (mean=3.44).
 - Exposure to second-hand smoke (mean=3.37).

Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE

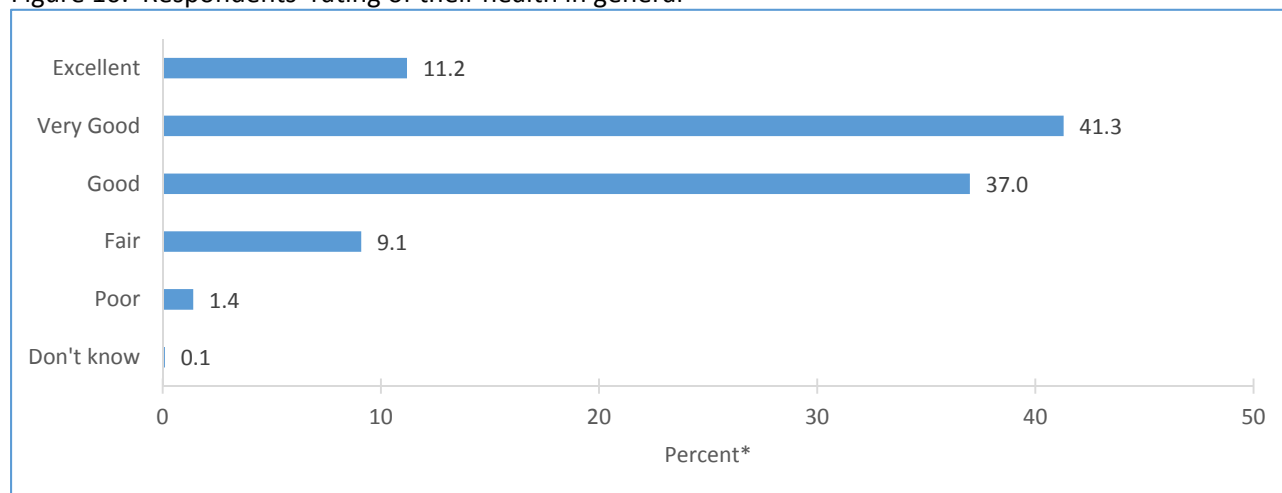


General Health

Respondents were asked to rate their health in general (Figure 10, Appendix Table 2).

- Half of respondents say their health is very good or excellent (52.5 percent); 37.0 percent say their health is good and 10.5 percent say their health is fair or poor.

Figure 10. Respondents' rating of their health in general



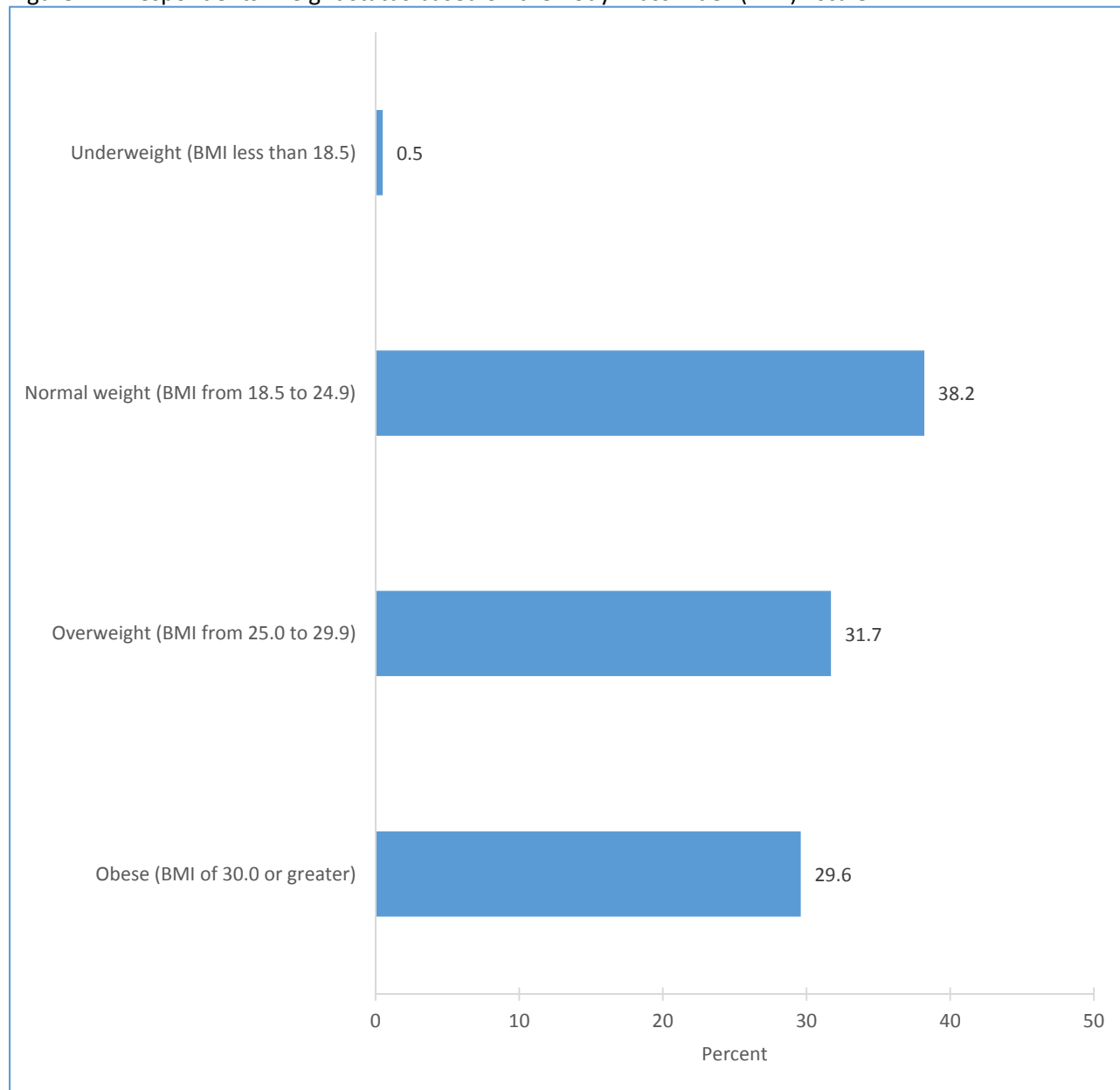
N=367

*Percentages do not total 100.0 due to rounding.

Respondents were asked to report their height and weight. The weight status of respondents in Figure 11 was calculated using the Body Mass Index (BMI), which is derived from a person's height and weight.

- The majority of respondents are overweight or obese (61.3 percent); including 31.7 percent who are overweight and 29.6 percent who are obese (*Figure 11, Appendix Table 3*).

Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



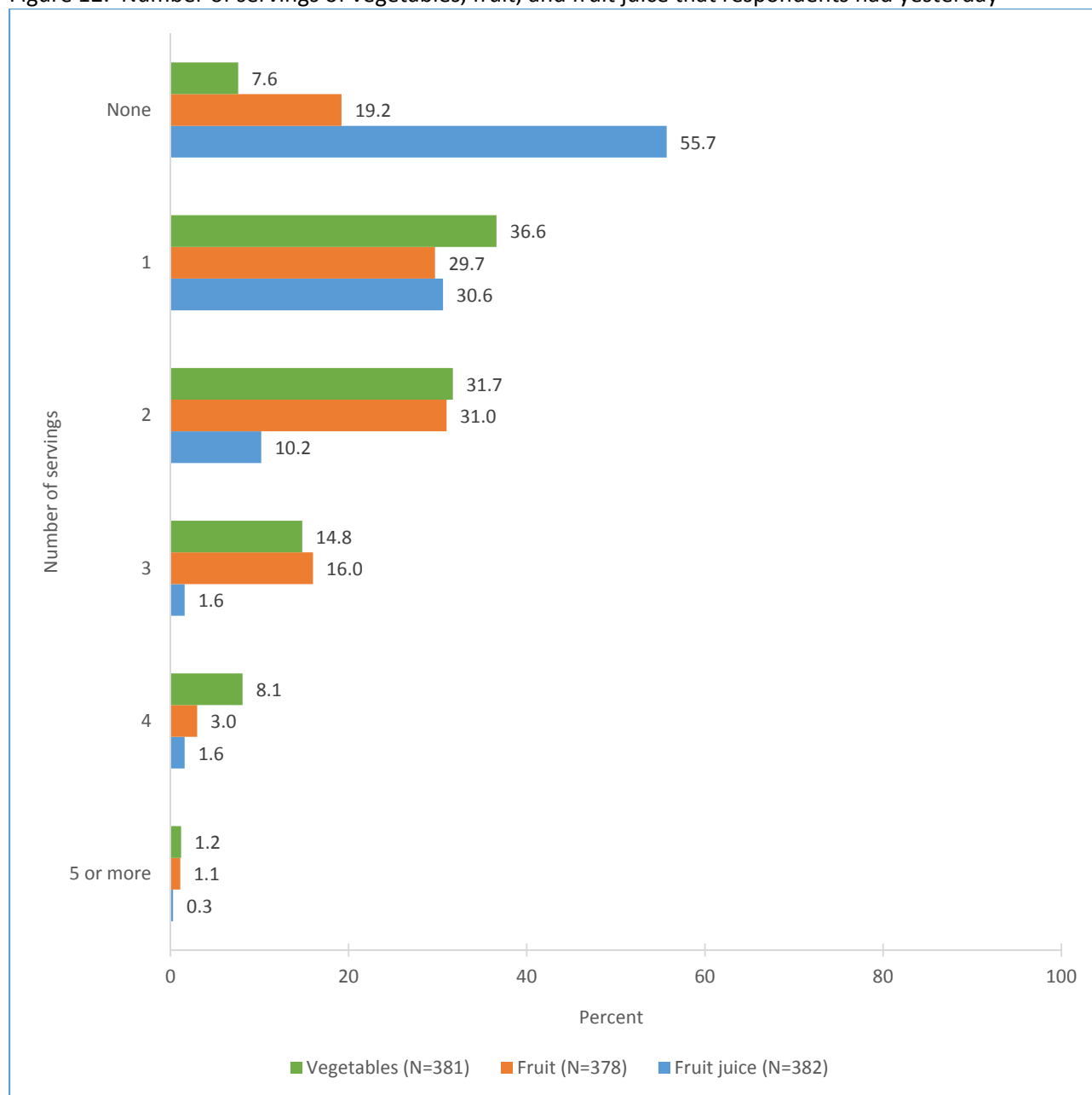
N=346

*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Respondents were asked to report the number of servings of vegetables, fruit, and fruit juice they had yesterday (Figure 12, Appendix Table 4).

- One in four respondents had three or more servings of vegetables the previous day (24.1 percent); 36.6 percent had one serving.
- Half of respondents had two or more servings of fruit the previous day (51.1 percent); 29.7 percent had one serving.
- One in three respondents had one serving of fruit juice the previous day (30.6 percent); 55.7 percent had no servings of fruit juice.

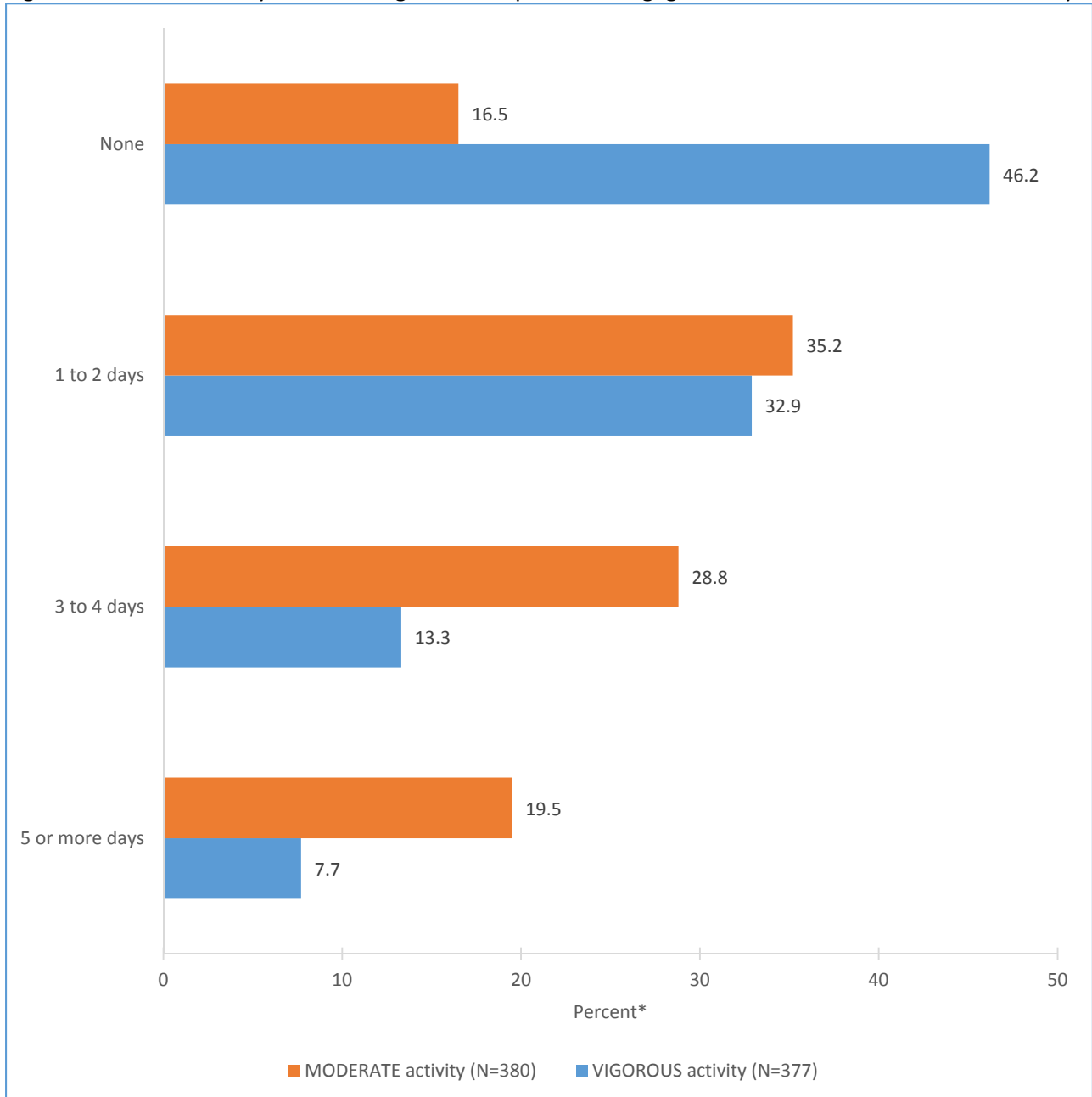
Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



Moderate physical activity causes only light sweating and a small increase in breathing or heart rate. Vigorous activity causes heavy sweating and a large increase in breathing or heart rate. Respondents were asked to report the number of days, in an average week, they get at least 30 minutes of moderate physical activity and 30 minutes of vigorous activity (Figure 13, Appendix Table 5).

- One in five respondents engage in 30 minutes or more of moderate physical activity five or more days a week (19.5 percent); 35.2 percent get 30 minutes of moderate activity one to two days a week and 16.5 percent say there are no days where they get 30 minutes of moderate activity.
- One in five respondents get 30 minutes of vigorous physical activity three or more days a week (21.0 percent); 32.9 percent get 30 minutes of vigorous activity one to two days a week and 46.2 percent do not engage in vigorous physical activity for 30 minutes in an average week.

Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



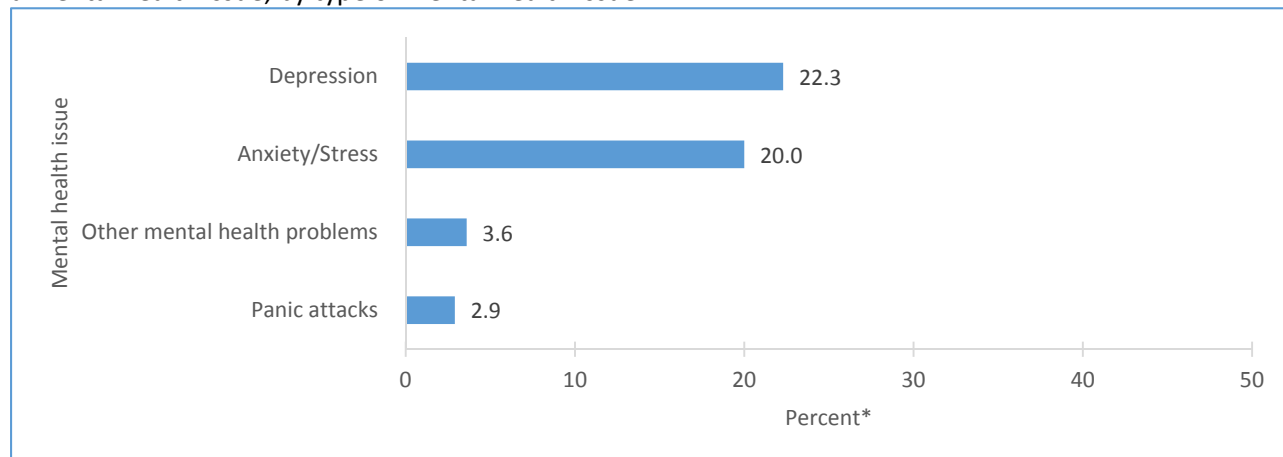
*Percentages may not total 100.0 due to rounding.

Mental Health

Respondents were asked whether they have ever been told by a doctor or health professional that they have depression, anxiety or stress, panic attacks, or other mental health problems (Figure 14, Appendix Table 6).

- One in five respondents have been diagnosed with depression by a doctor or health professional (22.3 percent); 20.0 percent have been diagnosed with anxiety or stress.
- A small percentage of respondents were told they have panic attacks or other mental health problems (2.9 percent and 3.6 percent, respectively).

Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



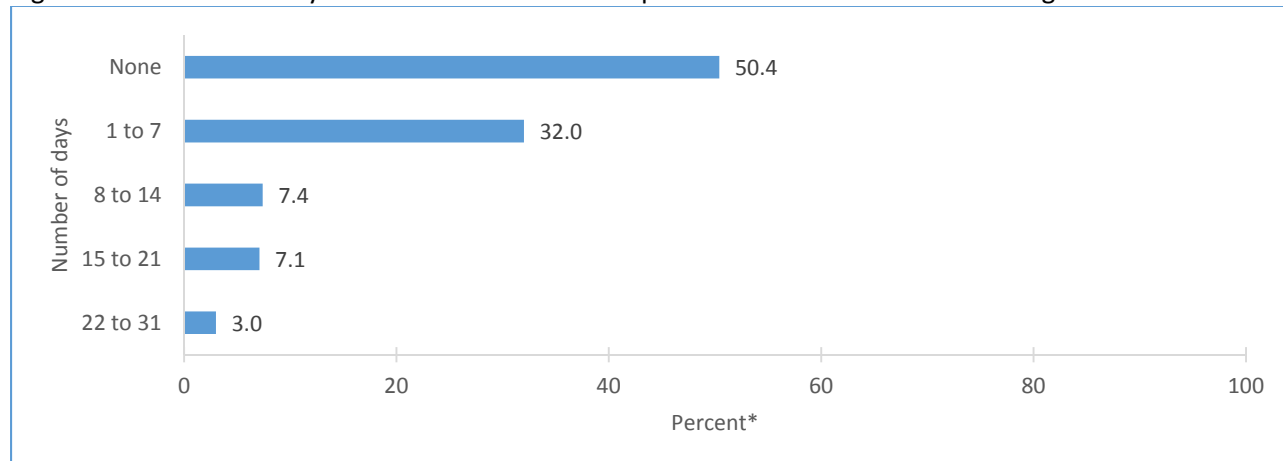
N=382

*Percentages do not total 100.0 due to multiple responses.

Respondents were asked to report how many days during the past month their mental health was not good (Figure 15, Appendix Table 7).

- Half of respondents say their mental health was not good sometime during the past month (49.5 percent); including 32.0 percent who say their mental health was not good for about one week or less. One in 10 respondents say that their mental health was not good for at least half of the last month (10.1 percent).

Figure 15. Number of days in the last month that respondents' mental health was not good



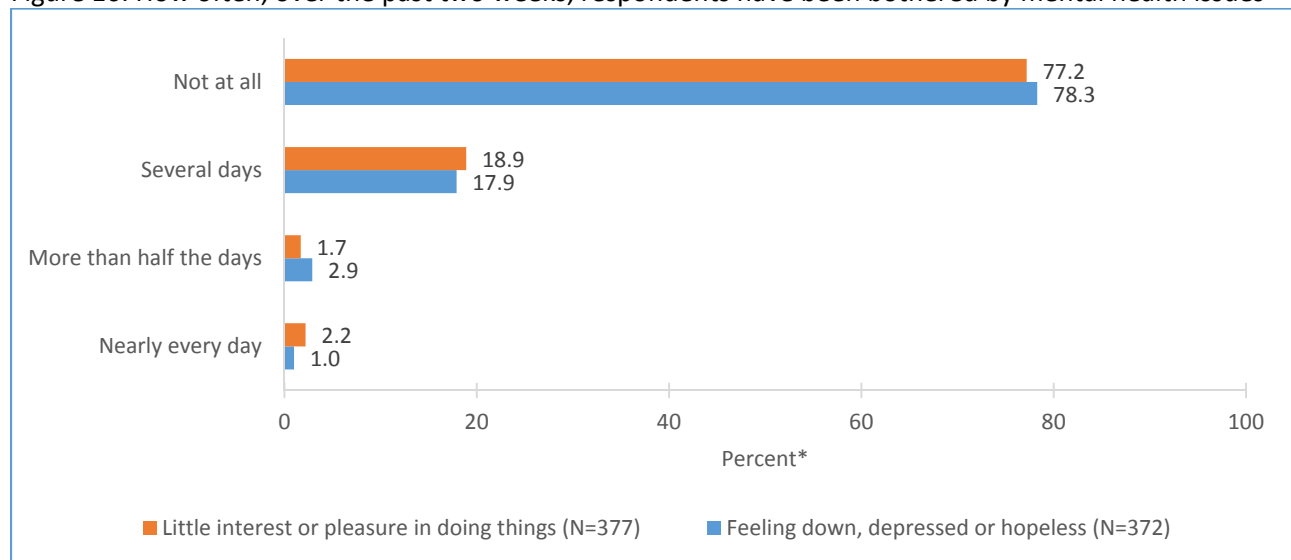
N=358

*Percentages do not total 100.0 due to rounding.

Respondents were asked to report how often over the last two weeks they had been bothered by two specific mental health issues (*Figure 16, Appendix Table 8*).

- One in five respondents reported little interest or pleasure in doing things for several days in the past two weeks (18.9 percent); 2.2 percent expressed little interest or pleasure in doing things nearly every day.
- One in six respondents say that for several days in the last two weeks they were feeling down, depressed or hopeless (17.9 percent); 2.9 percent say they feel down, depressed or hopeless more than half the days and 1.0 percent say they feel that way nearly every day.

Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



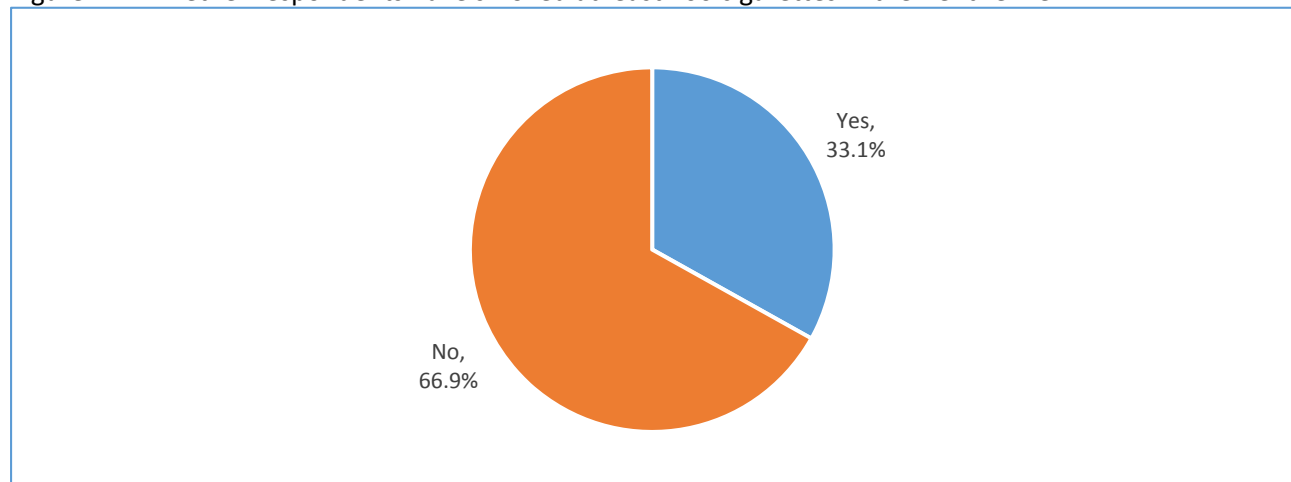
*Percentages may not total 100.0 due to rounding.

Tobacco Use

Respondents were asked whether they had smoked at least 100 cigarettes in their entire life (*Figure 17, Appendix Table 9*).

- One in three respondents (33.1 percent) indicated they have smoked at least 100 cigarettes in their entire life.

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life

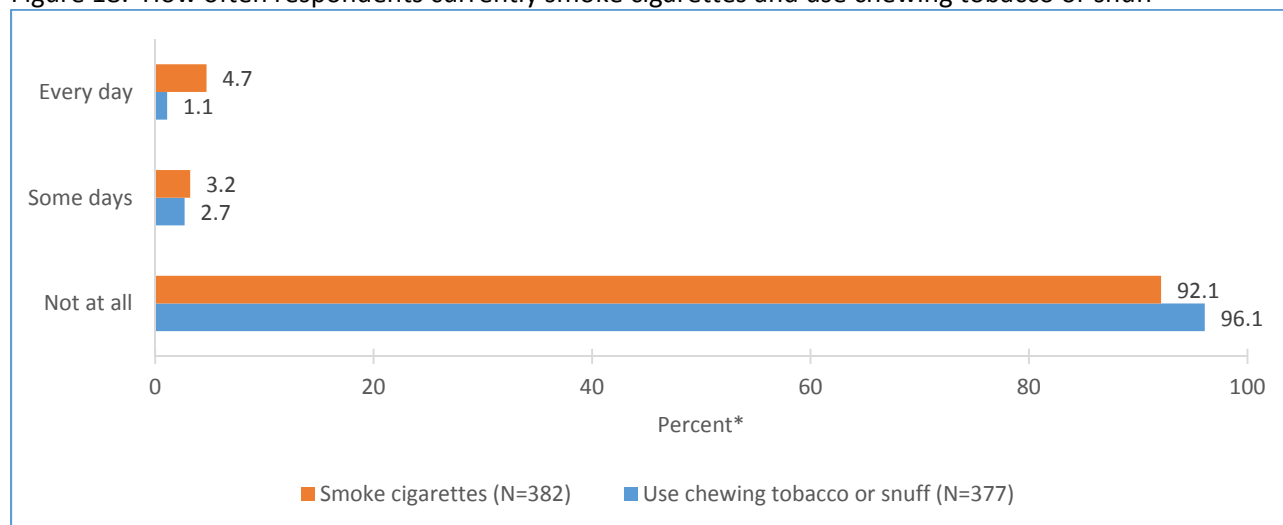


N=379

Respondents were asked how often they currently smoke cigarettes or use chewing tobacco or snuff (Figure 18, Appendix Table 10).

- A vast majority of respondents report they do not currently smoke cigarettes (92.1 percent) or use chewing tobacco or snuff (96.1 percent).

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

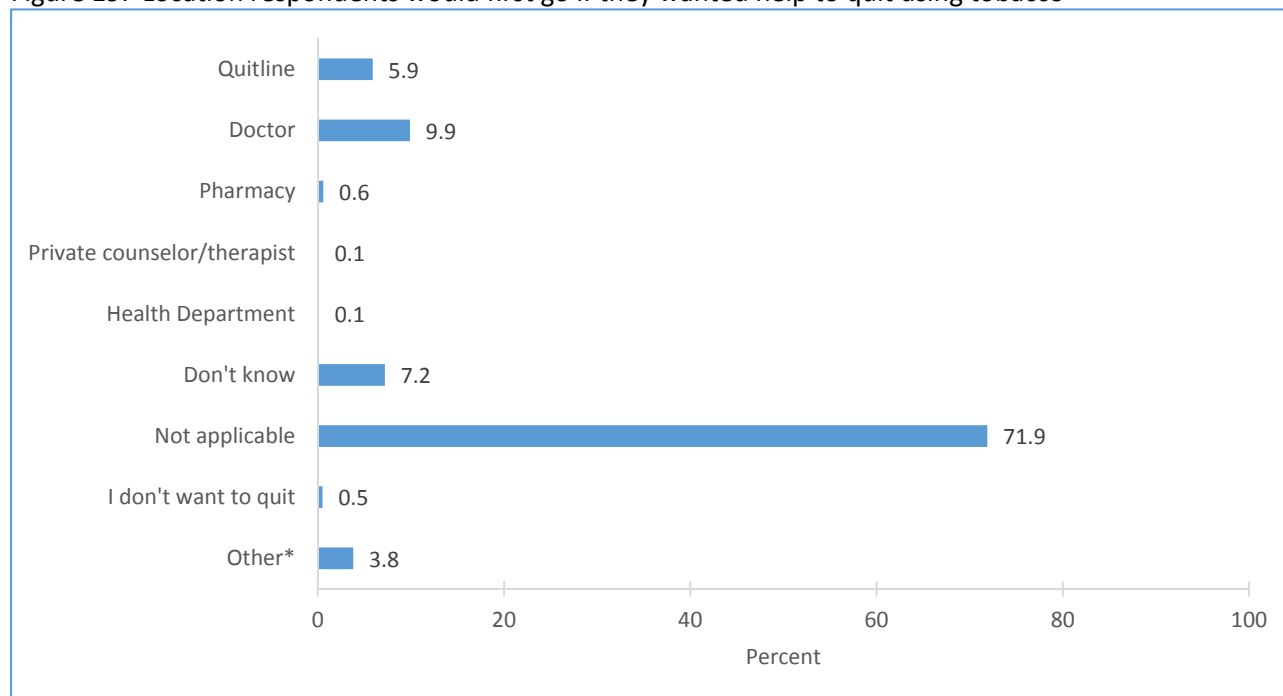


*Percentages may not total 100.0 due to rounding.

Respondents were asked where they would first go for help to quit using tobacco (Figure 19, Appendix Table 11).

- One in 10 respondents say they would first go to their doctor if they wanted to quit smoking (9.9 percent); 5.9 percent would use Quitline.

Figure 19. Location respondents would first go if they wanted help to quit using tobacco



N=349

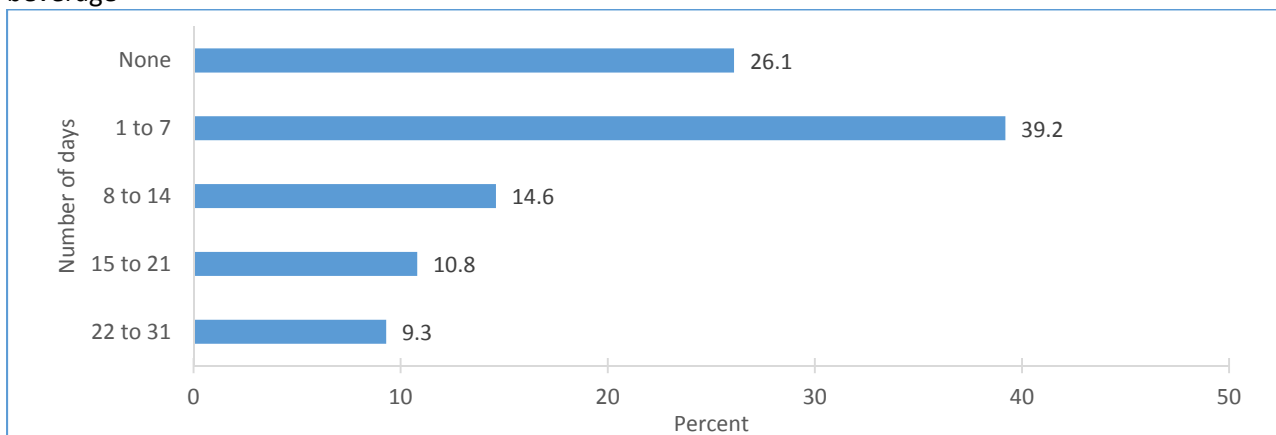
*Other responses listed in Appendix Table 11.

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

Respondents were asked how many days in the past month they had at least one drink of any alcoholic beverage (Figure 20, Appendix Table 12).

- Two in five respondents say they drank at least one alcoholic beverage from 1 to 7 days in the past month (39.2 percent); 20.1 percent say they drink an alcoholic beverage on more than half of the days in the past month.
- One in four respondents did not have any alcohol during the past month (26.1 percent).

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage

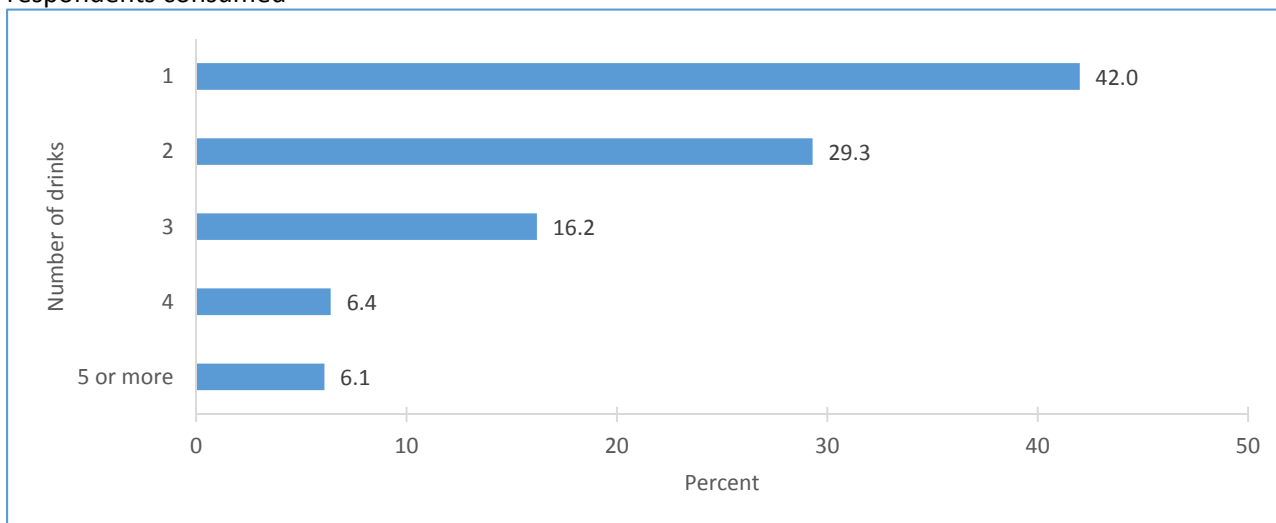


N=376

Respondents who drank an alcoholic beverage during the past month were asked to report the average number of drinks per day that they consumed (Figure 21, Appendix Table 13).

- Two in five respondents say they averaged one alcoholic beverage per day during the last month (42.0 percent); 51.9 percent of respondents averaged 2 to 4 alcoholic drinks per day and 6.1 percent averaged 5 or more drinks per day.

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed

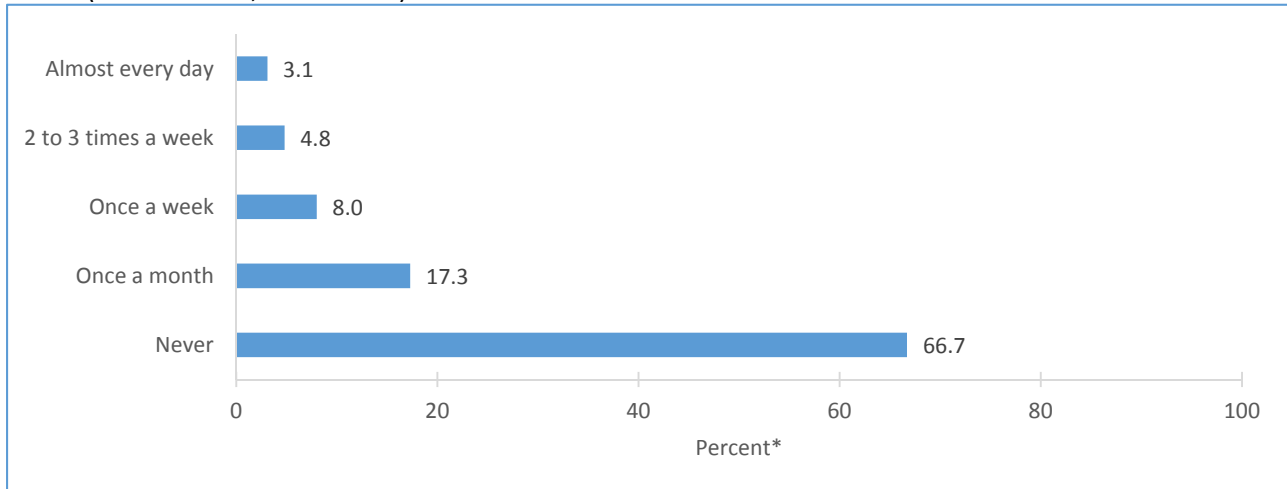


N=277

Respondents were asked how many times during the past month they consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion, also defined as binge drinking** (Figure 22, Appendix Table 14).

- One in six respondents report binge drinking at least once a week (15.9 percent); including 3.1 percent who binge drink almost every day.
- One in six respondents report binge drinking once a month (17.3 percent)

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=379

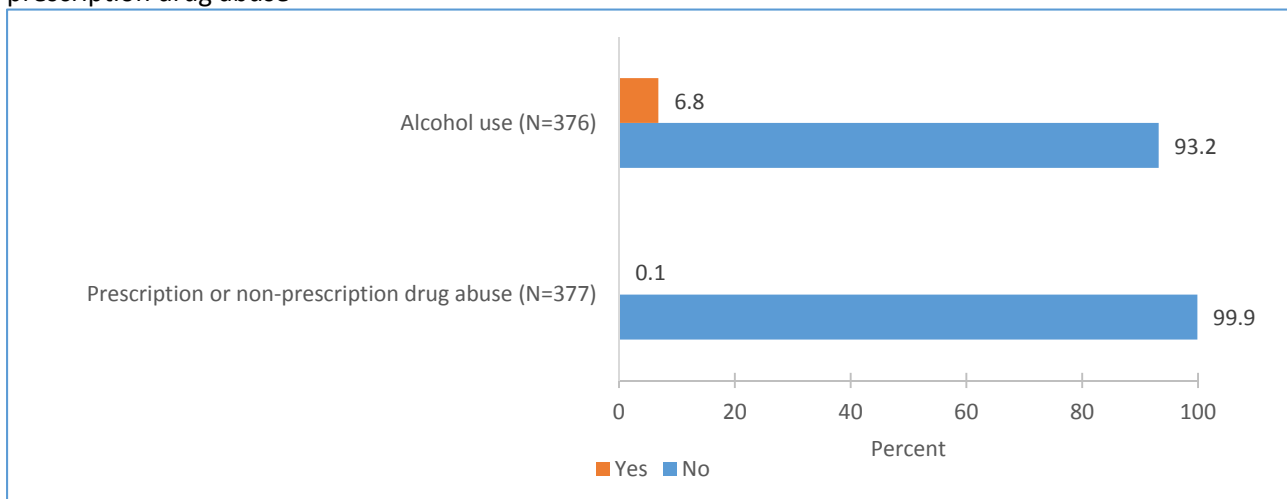
*Percentages do not total 100.0 due to rounding.

** For information about binge drinking, visit the National Institute on Alcohol Abuse and Alcoholism, *Drinking Levels Defined*, <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>.

Respondents were asked whether they have ever had a problem with alcohol use and prescription or non-prescription drug abuse.

- The vast majority of respondents report never having a problem with alcohol use (93.2 percent) (Figure 23, Appendix Table 15).
- Nearly all respondents report not ever having a problem with prescription or non-prescription drug abuse (99.9 percent).

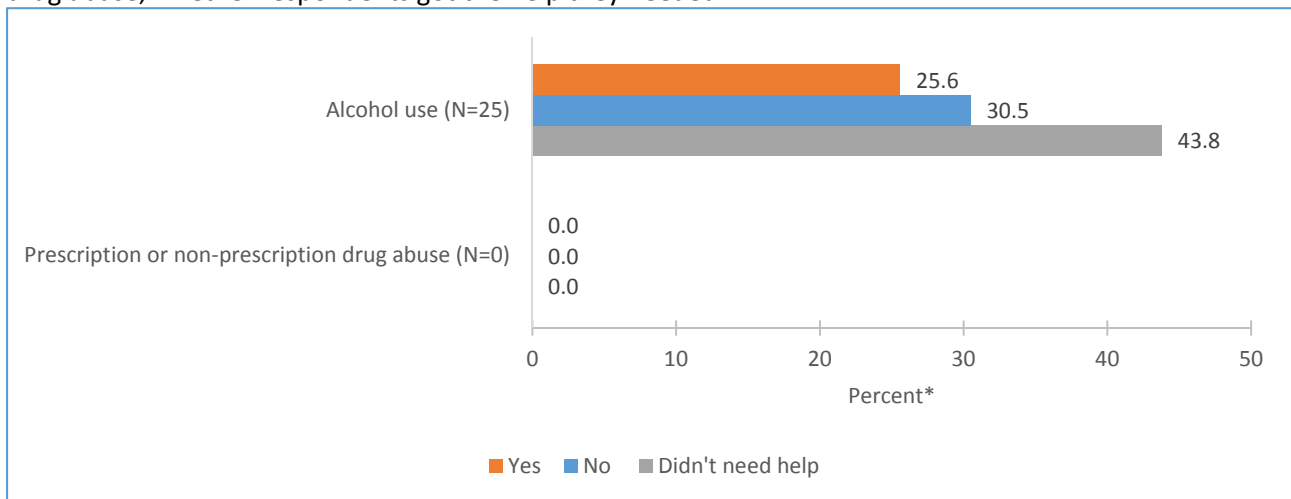
Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse



Respondents who have ever had a problem with alcohol use or prescription or non-prescription drug abuse were asked if they had gotten the help they needed (*Figure 24, Appendix Table 16*).

- Most respondents who have had problems with alcohol indicated they didn't need any help (43.8 percent).
- One in four respondents who had a problem with alcohol use say they got the help they needed (25.6 percent); 30.5 percent did not get the help they needed.
- No respondents reported needing help with prescription or non-prescription drug abuse.

Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

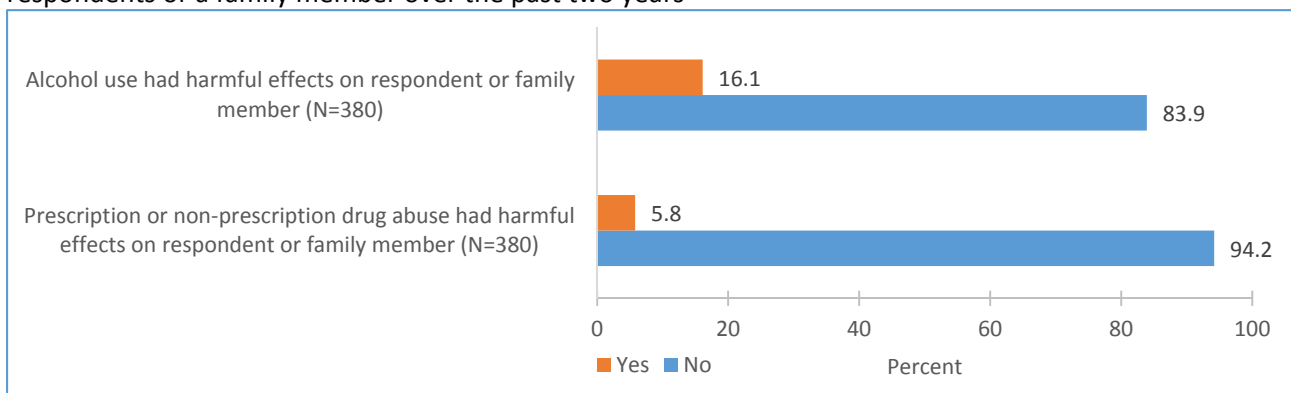


*Percentages do not total 100.0 due to rounding.

Respondents were asked if alcohol use or prescription or non-prescription drug abuse had harmful effects on themselves or a family member over the past two years (*Figure 25, Appendix Table 17*).

- Although the vast majority of respondents say that alcohol use has not had harmful effects on themselves or a family member over the past two years (83.9 percent), 16.1 percent say they or a family member have suffered harmful effects from alcohol use.
- The vast majority of respondents say that prescription or non-prescription drug abuse has not had harmful effects on themselves or a family member over the past two years (94.2 percent); 5.8 percent say they or a family member have suffered harmful effects from prescription or non-prescription drug abuse.

Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

Respondents were asked to indicate whether they had preventive screenings and procedures in the past year (*Table 1*).

- Within the past year, a majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, dental screening, flu shot, pelvic exam (females), breast cancer screening (females), and cervical cancer screening (females).
- The majority of respondents did not receive a bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, prostate cancer screening (males), and skin cancer screening in the past year.
- Many tests and screenings may be conditional upon guidelines, which can be age sensitive or appropriate. With that in mind, a number of tests and screenings were analyzed based on age.
 - With respect to the bone density test, older respondents are three times more likely than respondents overall to get tested.
 - Regarding the glaucoma test, older respondents are more likely than respondents overall to get tested/screened.
 - With respect to colorectal cancer screening, older respondents are nearly twice as likely as respondents overall to get screened.
 - Regarding the prostate cancer screening, older male respondents are nearly two times more likely than male respondents overall to get screened.

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=380)	84.3	15.7	100.0
Blood sugar screening (N=379)	58.7	41.3	100.0
Bone density test (N=367)	10.8	89.2	100.0
Cardiovascular screening (N=373)	26.4	73.6	100.0
Cholesterol screening (N=378)	62.3	37.7	100.0
Dental screening and X-rays (N=378)	86.4	13.6	100.0
Flu shot (N=380)	62.1	37.9	100.0
Glaucoma test (N=374)	46.7	53.3	100.0
Hearing screening (N=377)	17.8	82.2	100.0
Immunizations (tetanus, hepatitis A or B) (N=374)	19.3	80.7	100.0
Pelvic exam (N=189 Females)	67.0	33.0	100.0
STD (N=369)	4.2	95.8	100.0
Vascular screening (N=368)	11.3	88.7	100.0
CANCER SCREENINGS			
Breast cancer screening (N= 189 Females)	65.2	34.8	100.0
Cervical cancer screening (N=185 Females)	63.4	36.6	100.0
Colorectal cancer screening (N=368)	32.3	67.7	100.0
Prostate cancer screening (N=182 Males)	39.4	60.6	100.0
Skin cancer screening (N=365)	22.5	77.5	100.0

Respondents who did not get preventive screenings, were asked to specify the reasons why they did not (Table 2).

- For most types of screenings, the most common reasons for not getting the test or procedure are that it is not necessary and the doctor has not suggested one.
- For dental screening and x-rays, the most common reason for not being tested is cost (28.9 percent).
- For the flu shot screening, most respondents cite other reasons for not getting the shot (51.6 percent).

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

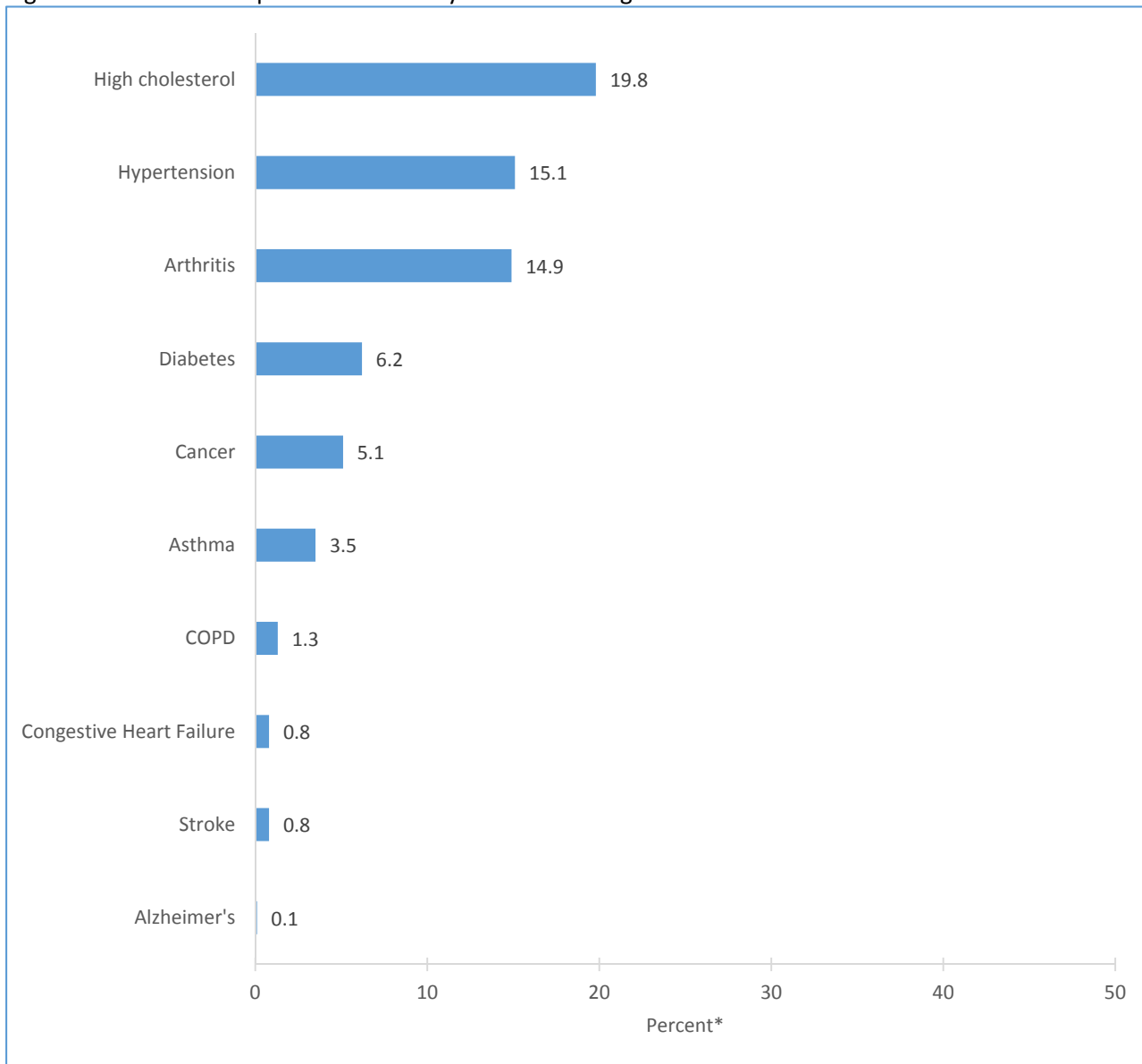
Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=60)	60.8	23.0	5.5	0.0	0.0	0.8	21.3
Blood sugar screening (N=157)	49.6	36.8	2.1	0.0	0.0	0.4	6.7
Bone density test (N=327)	48.8	44.6	1.1	0.0	0.0	0.2	3.6
Cardiovascular screening (N=274)	45.4	47.3	2.9	0.0	0.0	1.5	3.8
Cholesterol screening (N=143)	50.7	35.8	4.6	0.0	0.0	0.1	10.5
Dental screening and X-rays (N=52)	23.1	9.0	28.9	14.7	0.4	0.0	33.4
Flu shot (N=144)	40.9	3.9	0.3	0.7	1.3	0.3	51.6
Glaucoma test (N=199)	51.9	23.9	4.0	0.0	0.0	0.1	17.6
Hearing screening (N=310)	54.2	36.1	1.8	0.0	0.1	0.0	6.4
Immunizations (N=302)	67.6	21.9	1.3	0.0	0.0	0.0	6.6
Pelvic exam (N=62 Females)	60.2	12.1	1.6	0.7	0.0	0.0	14.3
STD (N=353)	84.9	7.2	0.0	0.0	0.0	0.0	2.8
Vascular screening (N=326)	56.0	34.3	1.2	1.0	0.0	0.2	4.7
CANCER SCREENINGS							
Breast cancer screening (N=66 Females)	35.5	28.3	11.4	0.0	5.0	0.0	20.0
Cervical cancer screening (N=68 Females)	53.6	24.9	0.0	0.0	0.0	0.0	9.2
Colorectal cancer screening (N=249)	54.1	25.2	1.0	4.7	0.3	0.0	14.8
Prostate cancer screening (N=110 Males)	44.1	38.9	0.6	3.9	0.2	0.0	13.4
Skin cancer screening (N=282)	46.4	38.7	1.6	0.2	1.2	1.3	9.2

*Percentages do not total 100.0 due to multiple responses.

Respondents were asked to report whether they have any chronic diseases (Figure 26, Appendix Table 18).

- The top four chronic diseases that respondents reported having are:
 - High cholesterol (19.8 percent)
 - Hypertension (15.1percent)
 - Arthritis (14.9 percent)
 - Diabetes (6.2 percent).

Figure 26. Whether respondents have any of the following chronic diseases



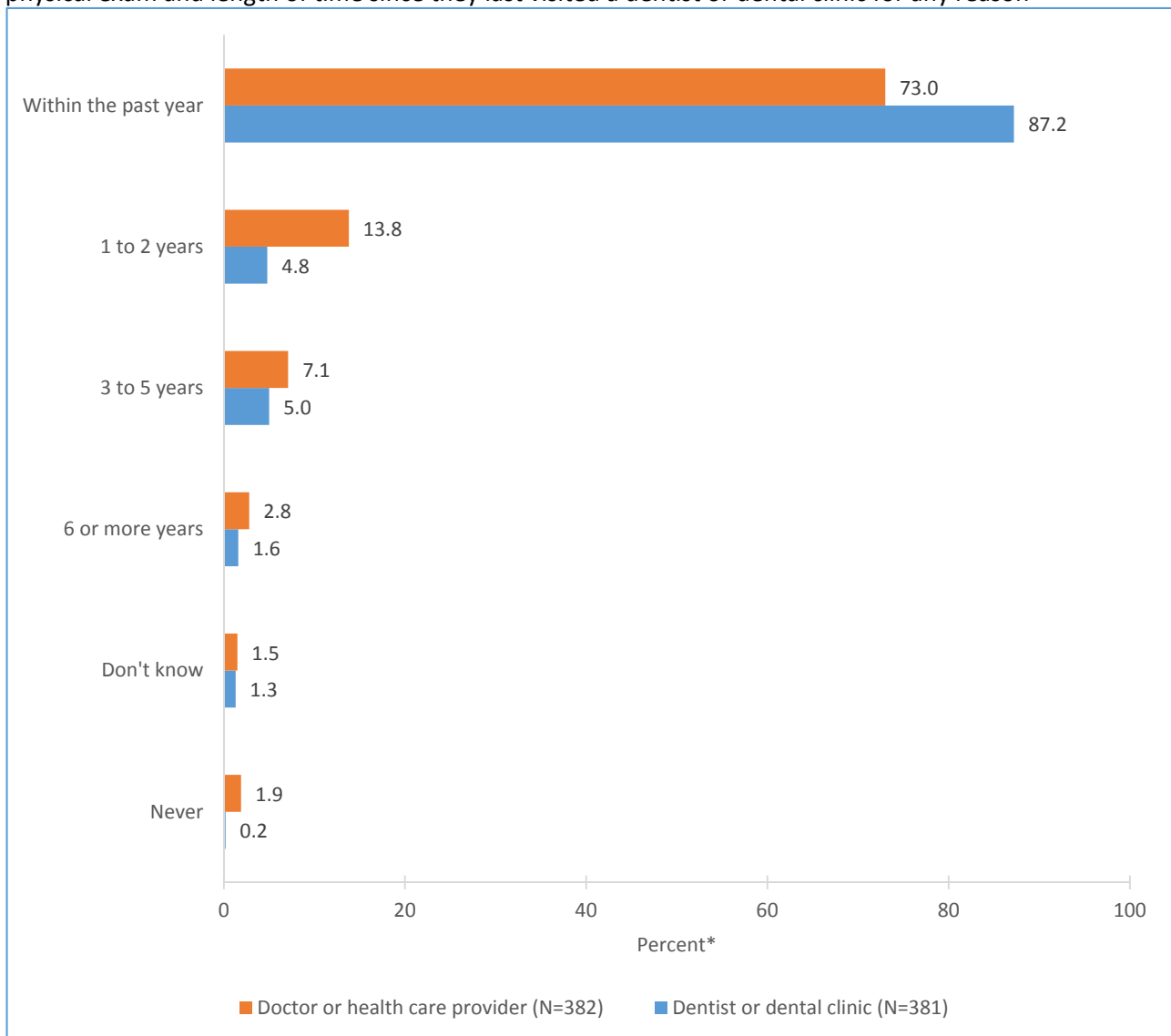
N=382

*Percentages do not total 100.0 due to multiple responses.

Respondents were asked how long it had been since they last visited a doctor or health care provider for a routine physical exam and how long it had been since they last visited a dentist or dental clinic for any reason (Figure 27, Appendix Table 19).

- Three in four respondents say they have visited a doctor or health care provider within the past year (73.0 percent); 13.8 percent say it has been, at most, 2 years and 2.8 percent say it has been 6 or more years since they have visited a doctor or health care provider for a routine physical exam. Two percent say they have never visited a doctor or health care provider for a routine physical exam (1.9 percent).
- The vast majority of respondents say they have visited a dentist or dental clinic within the past year (87.2 percent); 4.8 percent say it has been, at most, 2 years and 1.6 percent say it has been 6 or more years since they last visited a dentist or dental clinic.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason

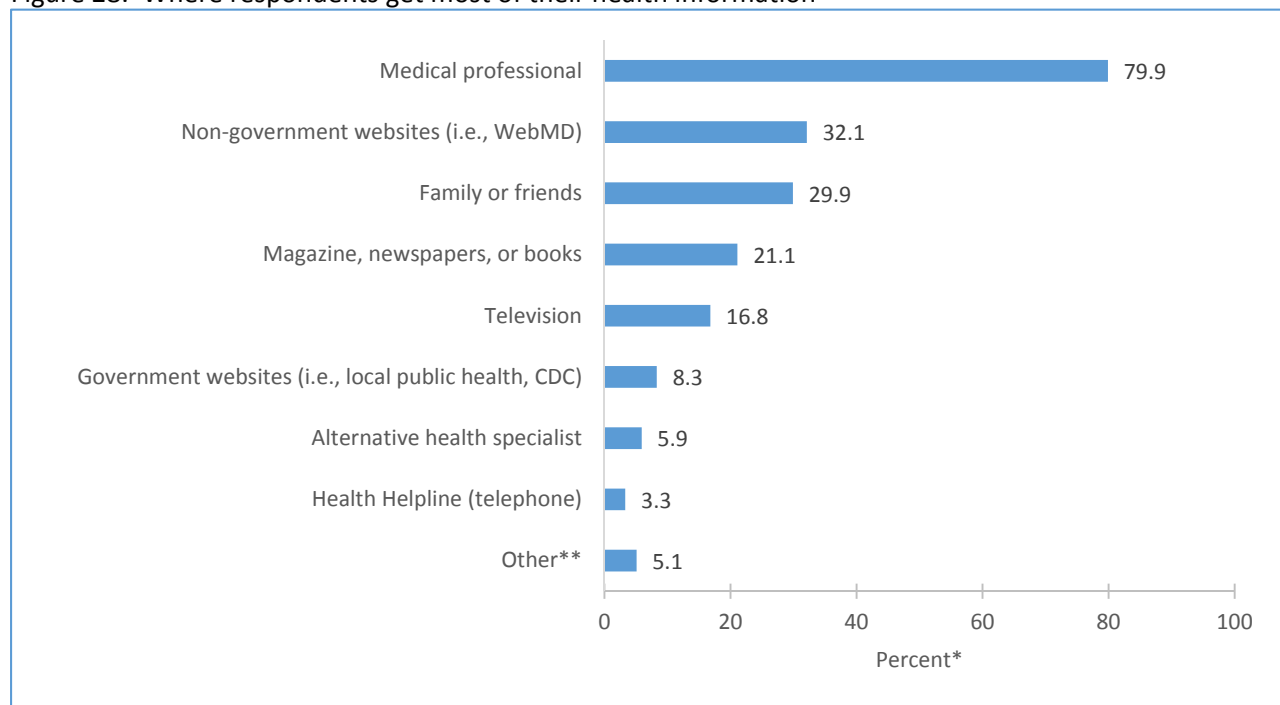


*Percentages do not total 100.0 due to rounding.

Respondents were asked where they get most of their health information (*Figure 28, Appendix Table 20*).

- Four in five respondents get most of their health information from a medical professional (79.9 percent); 32.1 percent of respondents say they get most of their health information from a non-government website; 29.9 percent get their health information from family or friends; and 21.1 percent get health information from magazines, newspapers, or books.

Figure 28. Where respondents get most of their health information



N=382

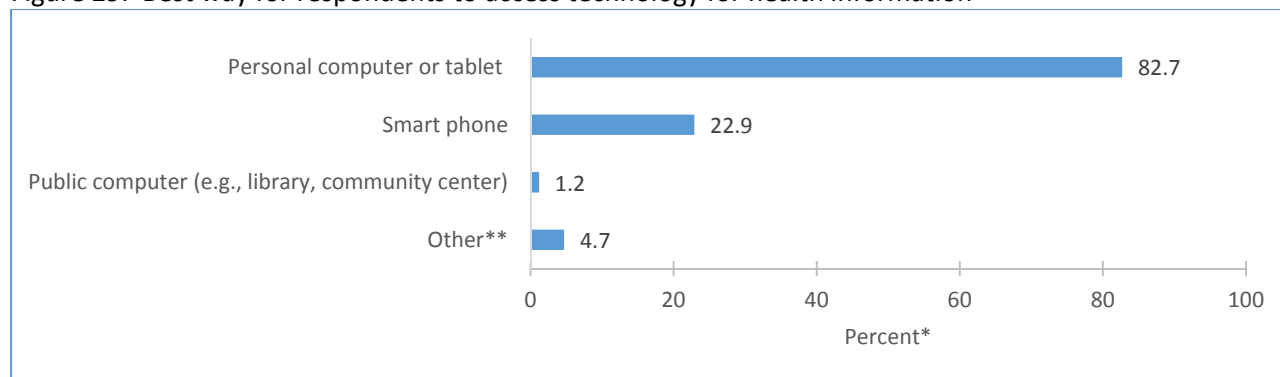
*Percentages do not total 100.0 due to multiple responses.

**Other responses listed in Appendix Table 20.

Respondents were asked their preferred way to access technology for health information (*Figure 29, Appendix Table 21*).

- Four in five respondents say that a personal computer or tablet is the best way to access technology for health information (82.7 percent), 22.9 percent say a smart phone, and 1.2 percent say a public computer is the best way to access technology for health information.

Figure 29. Best way for respondents to access technology for health information



N=382

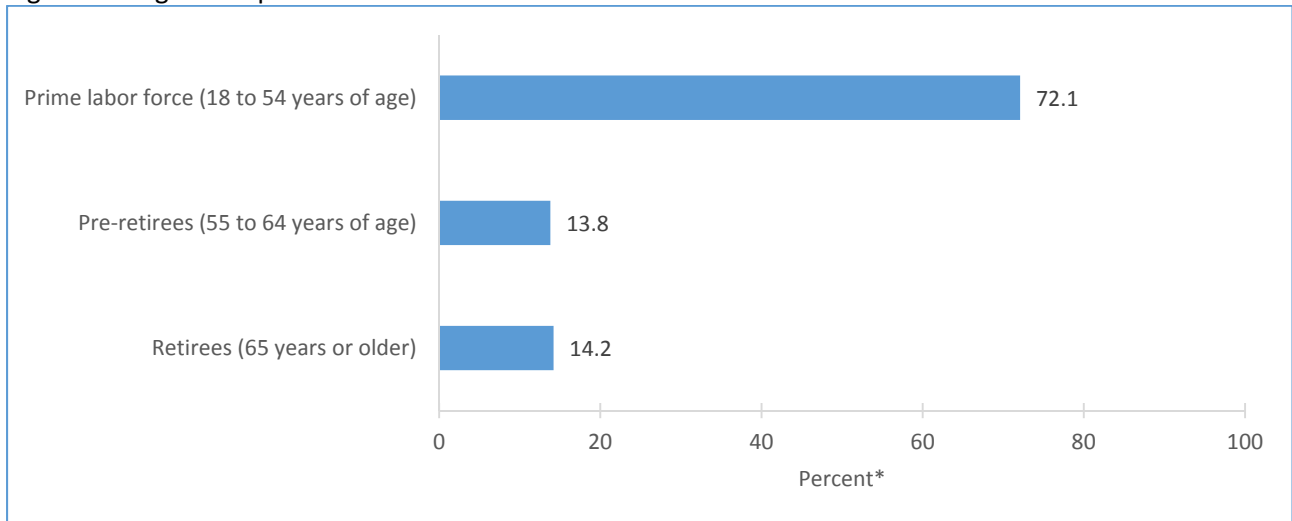
*Percentages do not total 100.0 due to multiple responses.

**Other responses listed in Appendix Table 21.

Demographic Information

- The majority of respondents are 18 to 54 years of age (72.1 percent); 13.8 percent are ages 55 to 64, and 14.2 percent are 65 years or older (*Figure 30, Appendix Table 22*).

Figure 30. Age of respondents

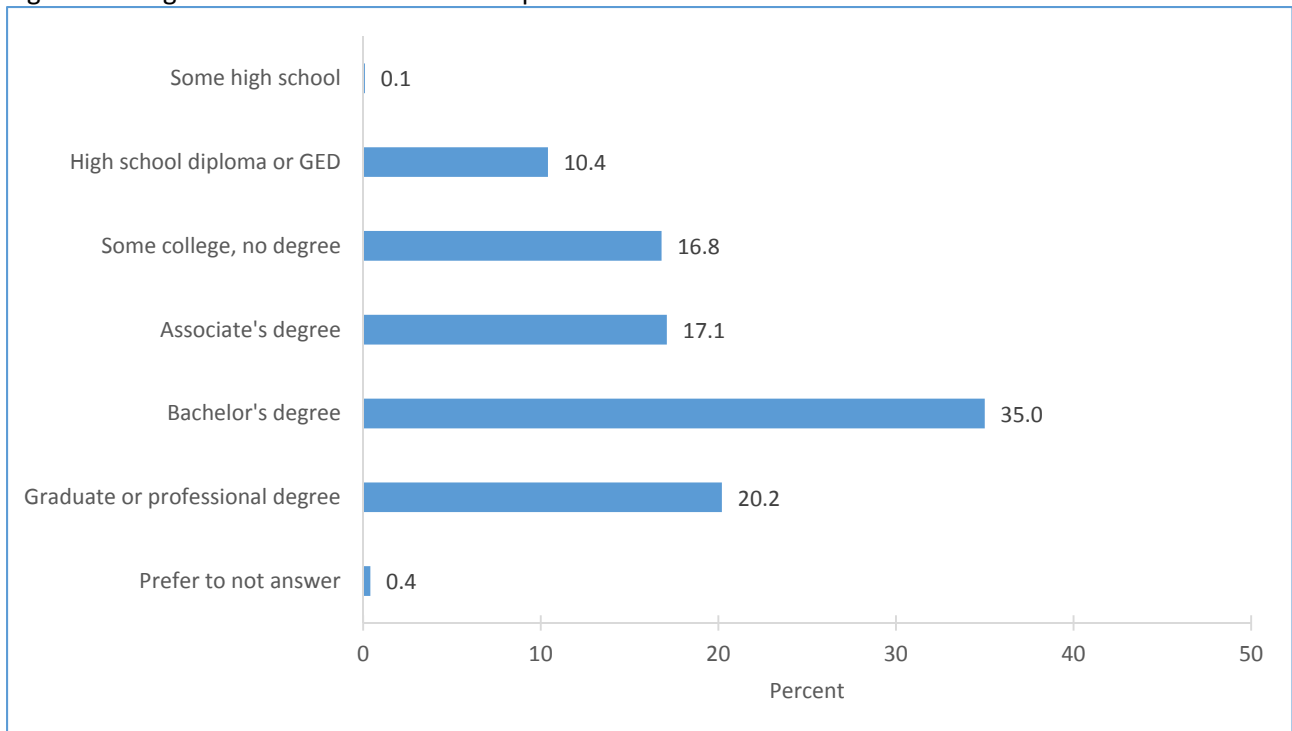


N=382

*Percentages do not total 100.0 due to rounding.

- Half of respondents (55.2 percent) have a Bachelor's degree or higher, including 20.2 percent who have a graduate or professional degree (*Figure 31, Appendix Table 23*).

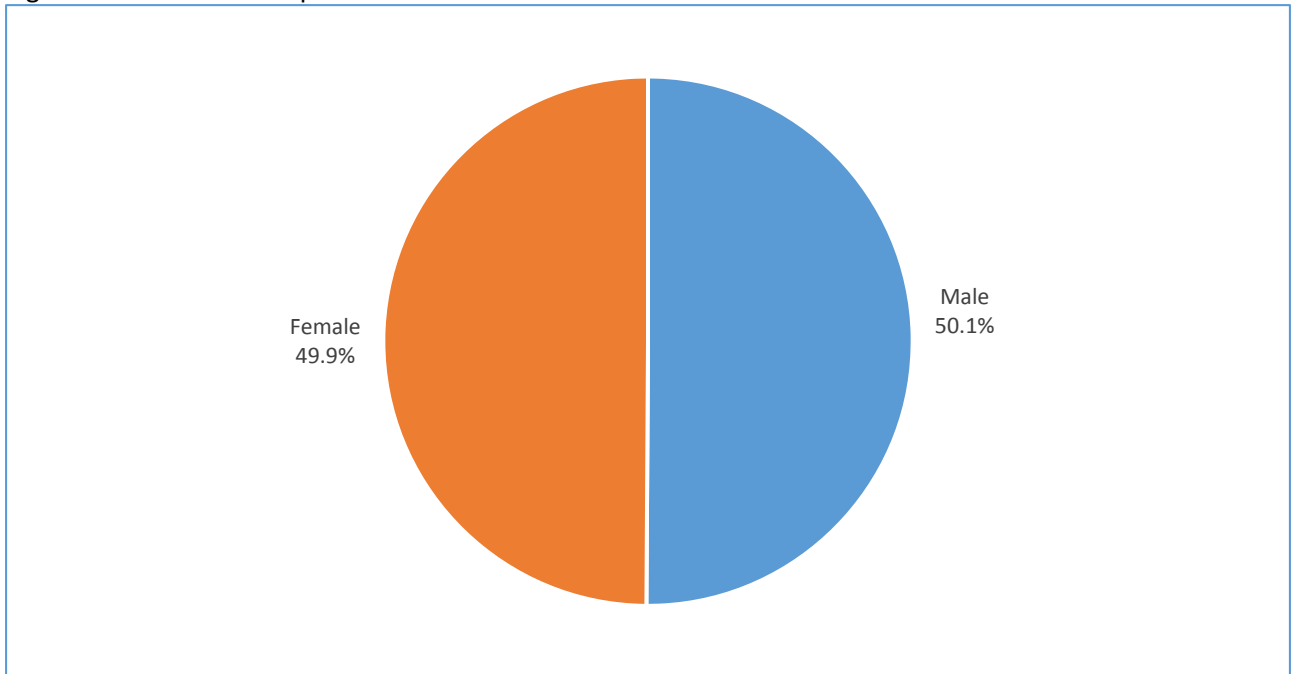
Figure 31. Highest level of education of respondents



N=379

- The gender of respondents is evenly split between males and females (Figure 32, Appendix Table 24).

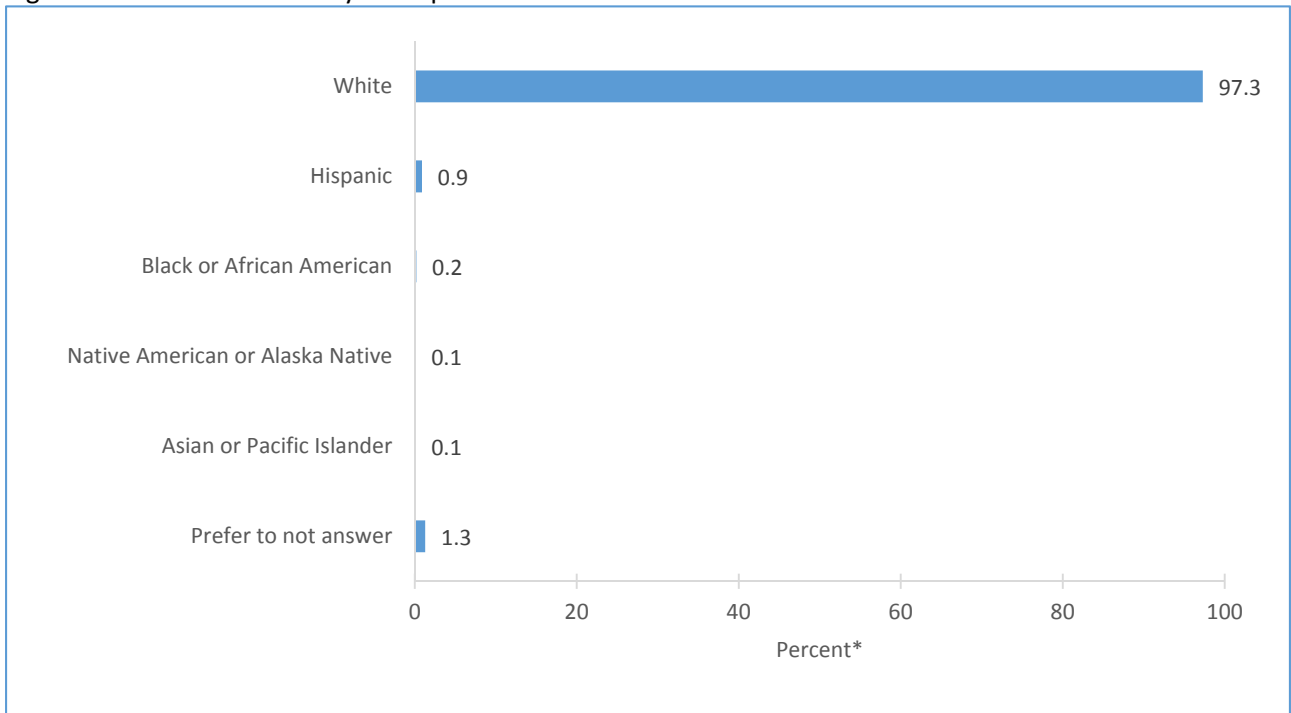
Figure 32. Gender of respondents



N=382

- Nearly all respondents are white (97.3 percent) (Figure 33, Appendix Table 25).

Figure 33. Race and ethnicity of respondents

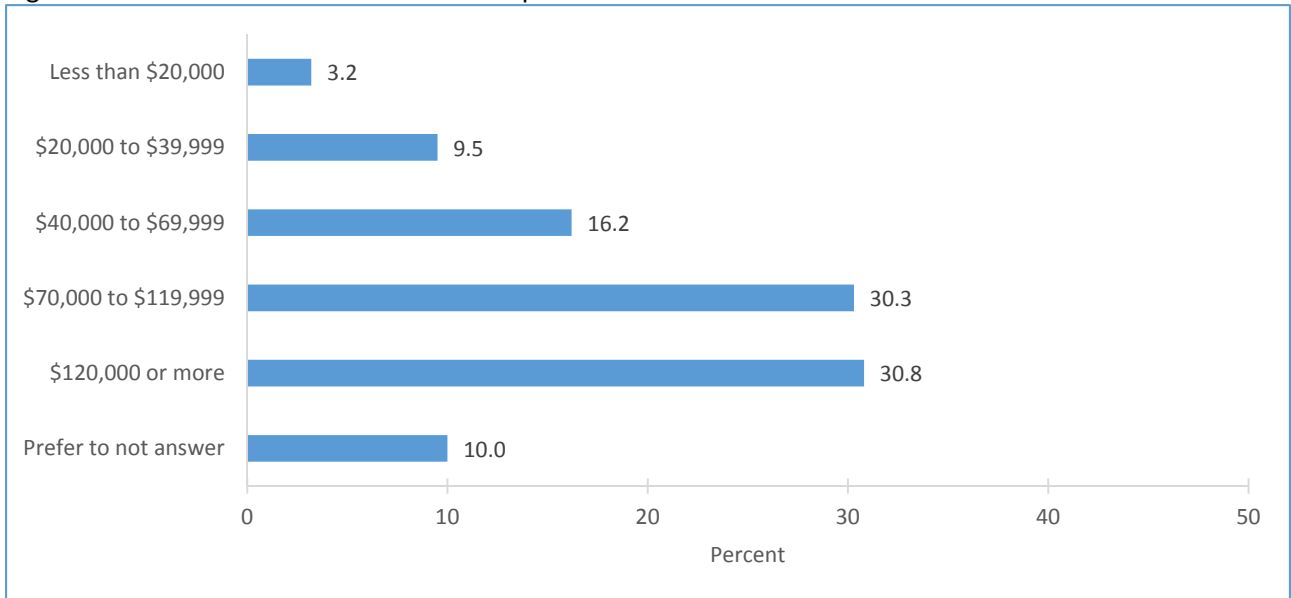


N=372

*Percentages do not total 100.0 due to multiple responses.

- The majority of respondents (61.1 percent) have an annual household income of \$70,000 or more, including 30.8 percent who have incomes of \$120,000 or more (*Figure 34, Appendix Table 26*).

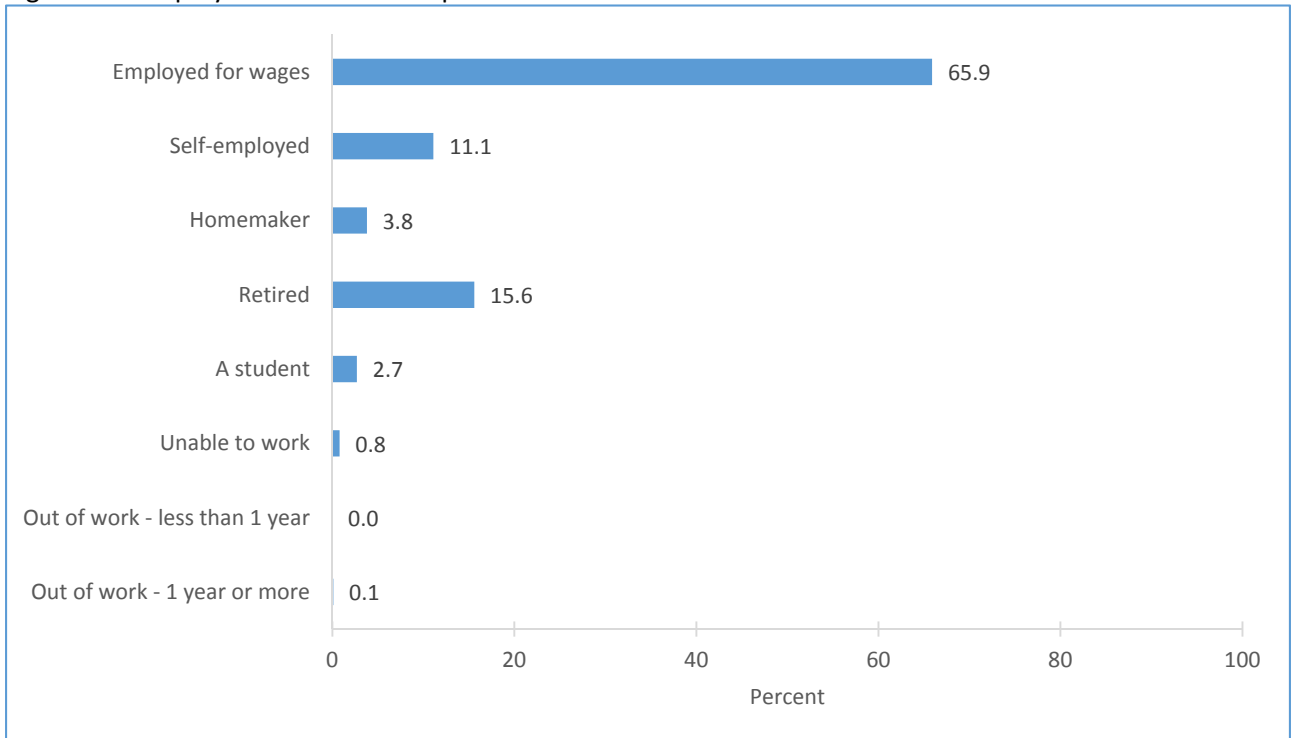
Figure 34. Annual household income of respondents



N=378

- The majority of respondents are employed for wages (65.9 percent), 11.1 percent are self-employed, and 15.6 percent are retired (*Figure 35, Appendix Table 27*).

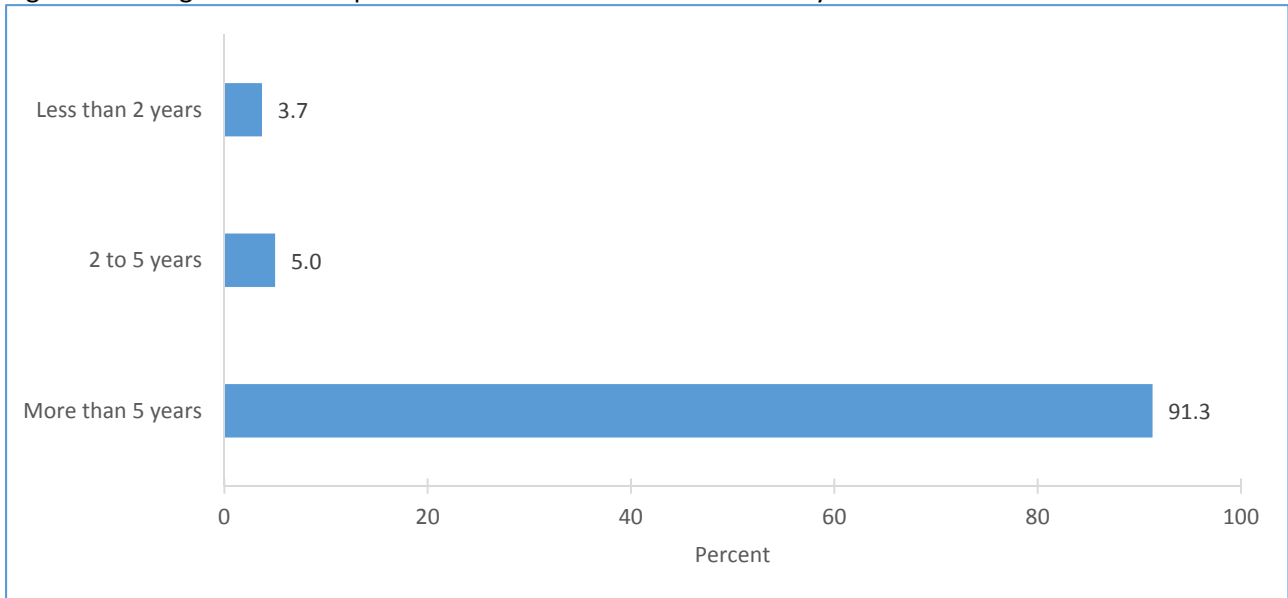
Figure 35. Employment status of respondents



N=371

- The vast majority of respondents have lived in their community for more than 5 years (91.3 percent) (Figure 36, Appendix Table 28).

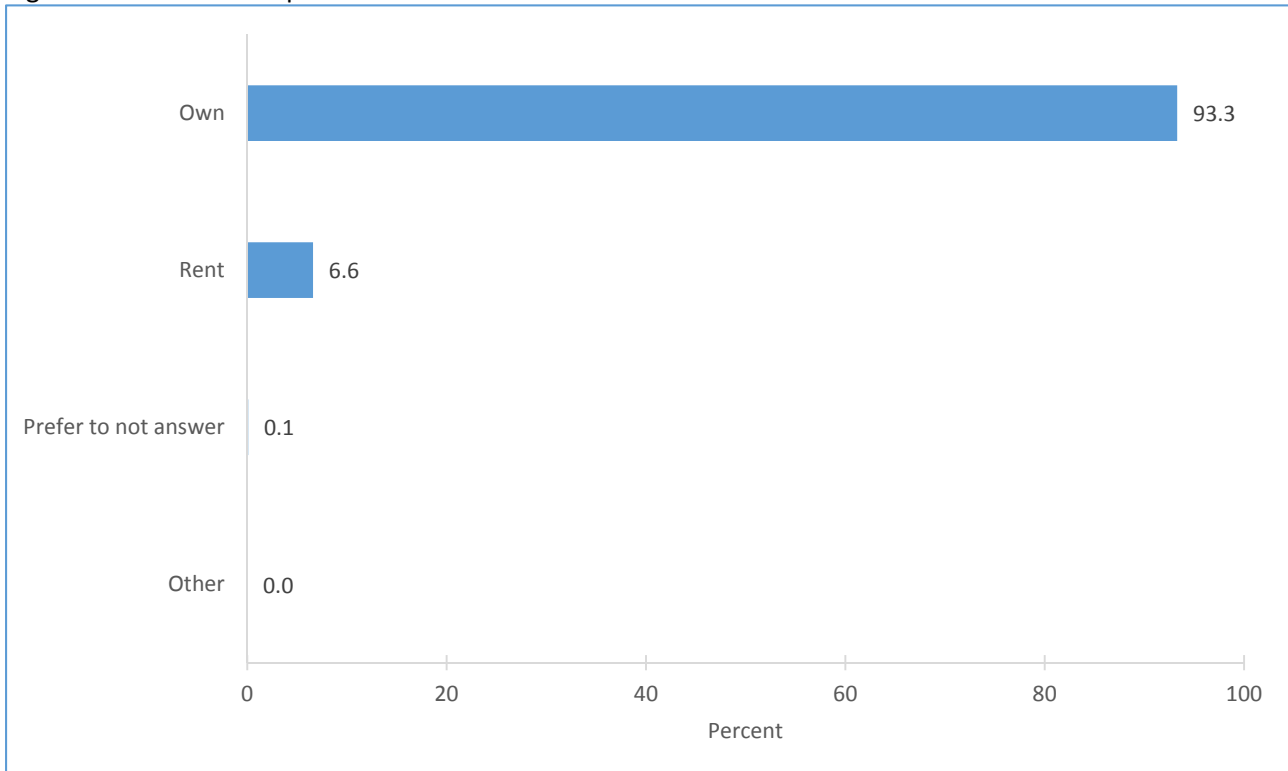
Figure 36. Length of time respondents have lived in their community



N=381

- The vast majority of respondents own their home (93.3 percent) (Figure 37, Appendix Table 29).

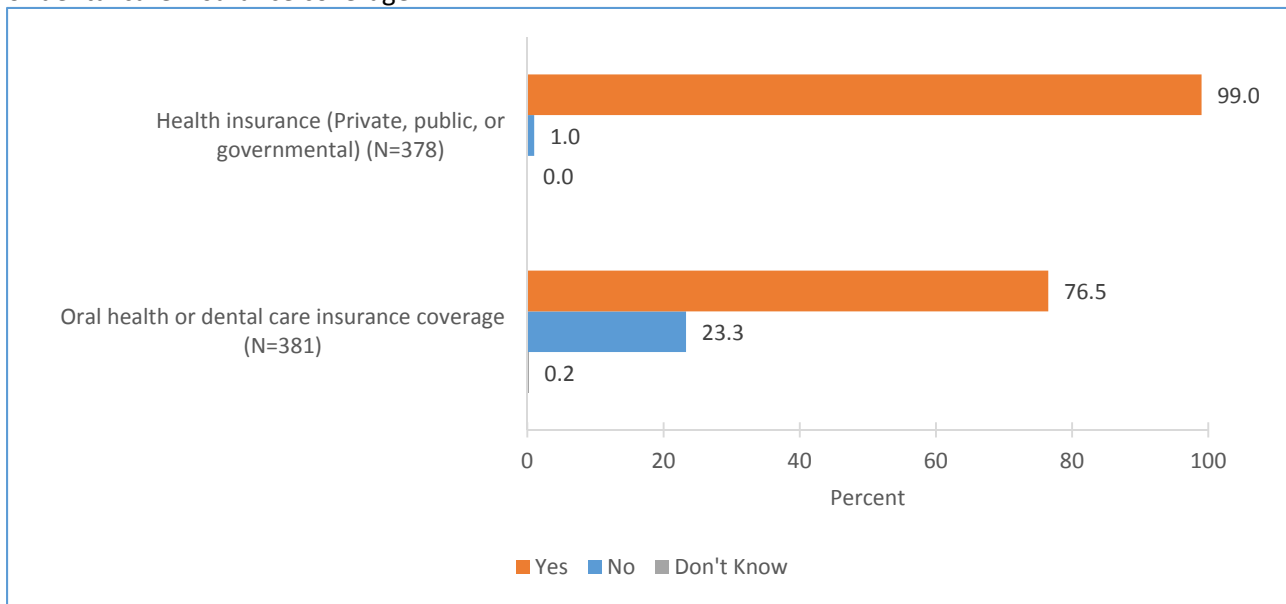
Figure 37. Whether respondents own or rent their home



N=381

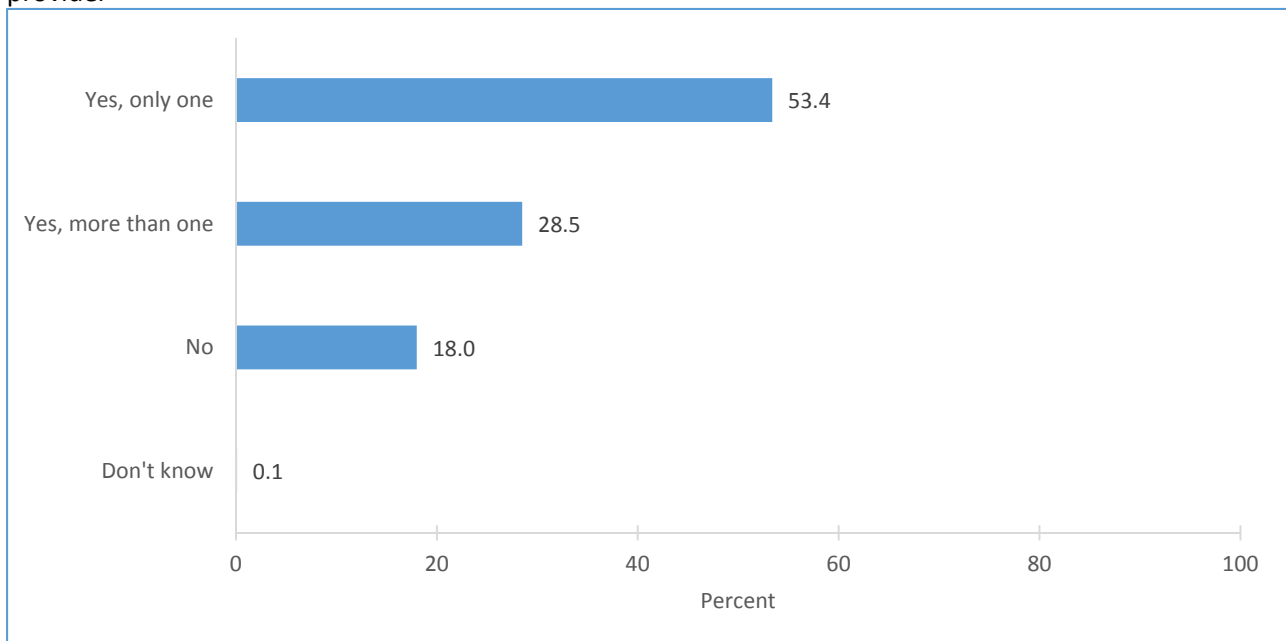
- Nearly all respondents report having some form of health insurance (99.0 percent); 76.5 percent report having oral health or dental care insurance coverage (Figure 38, Appendix Table 30).

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage



- Half of respondents (53.4 percent) say they have one person who they think of as their personal doctor or health care provider; 28.5 percent say they have more than one person and 18 percent say they do not have a personal doctor or health care provider (Figure 39, Appendix Table 31).

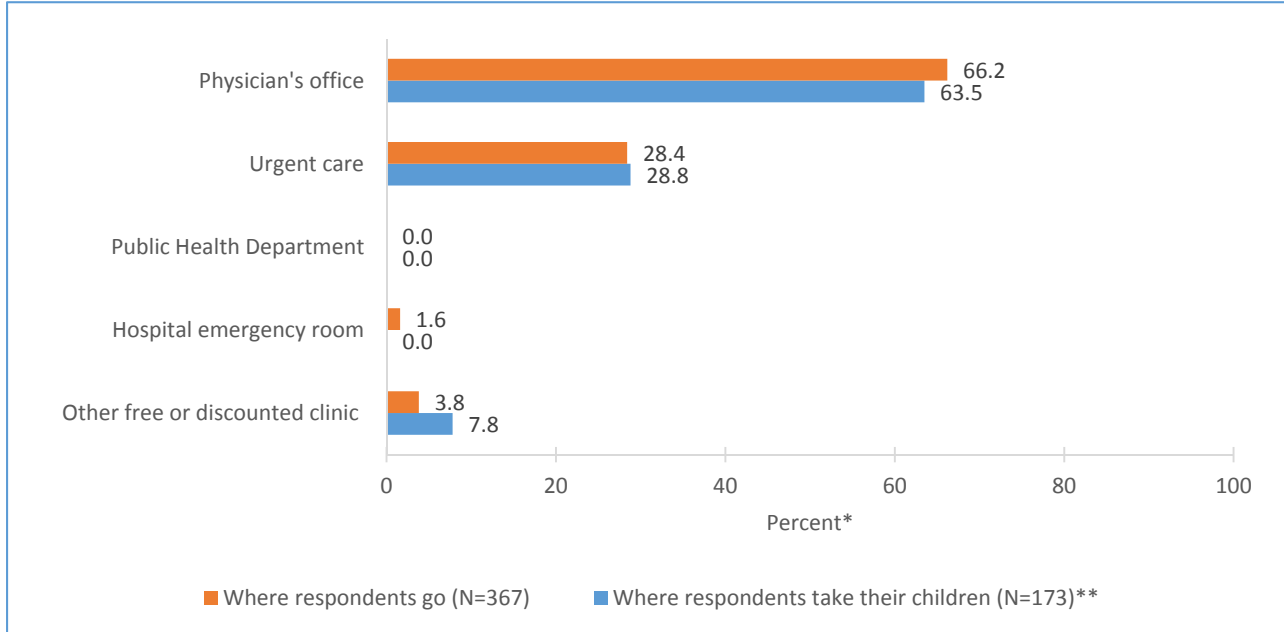
Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=379

- The majority of respondents most often go to a physician’s office when they are sick (66.2 percent); 28.4 percent say they go to urgent care (*Figure 40, Appendix Table 32*).
- Respondents who are parents most often take their children to a physician’s office when they are sick (63.5 percent); 28.8 percent take their sick children to urgent care and 7.8 percent utilize other free or discounted clinics.

Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick

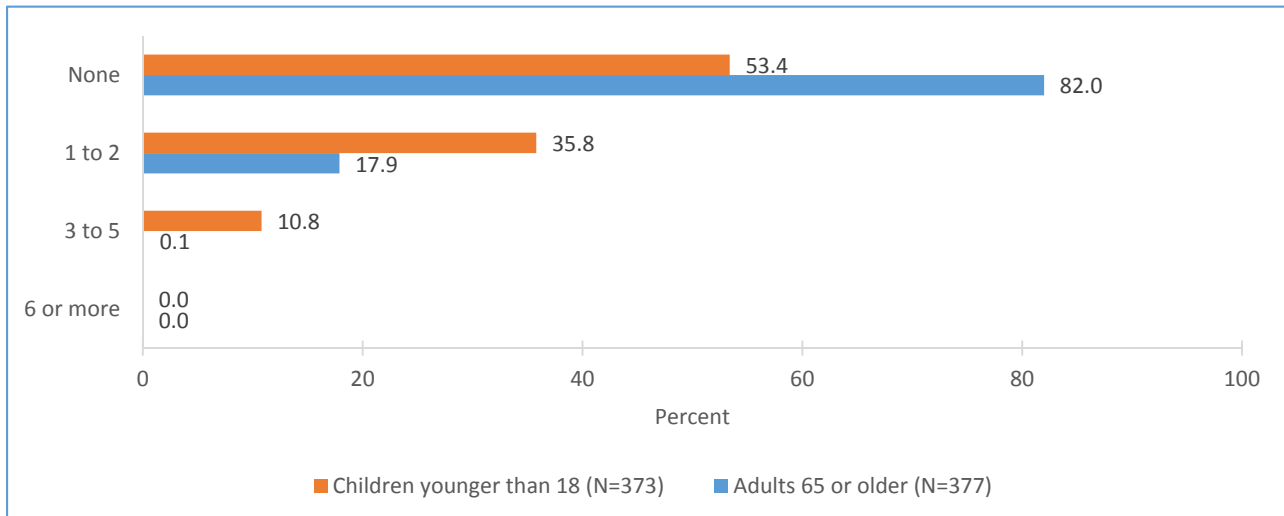


*Percentages may not total 100.0 due to rounding.

**Of respondents who have children younger than age 18 living in their household.

- Nearly half of respondents have children younger than 18 living in their household (46.6 percent); including 35.8 percent who have 1 to 2 children and 10.8 percent who have 3 or more children (*Figure 41, Appendix Table 33*).
- A vast majority of the respondents do not have adults aged 65 or older living in their household (82.0 percent).

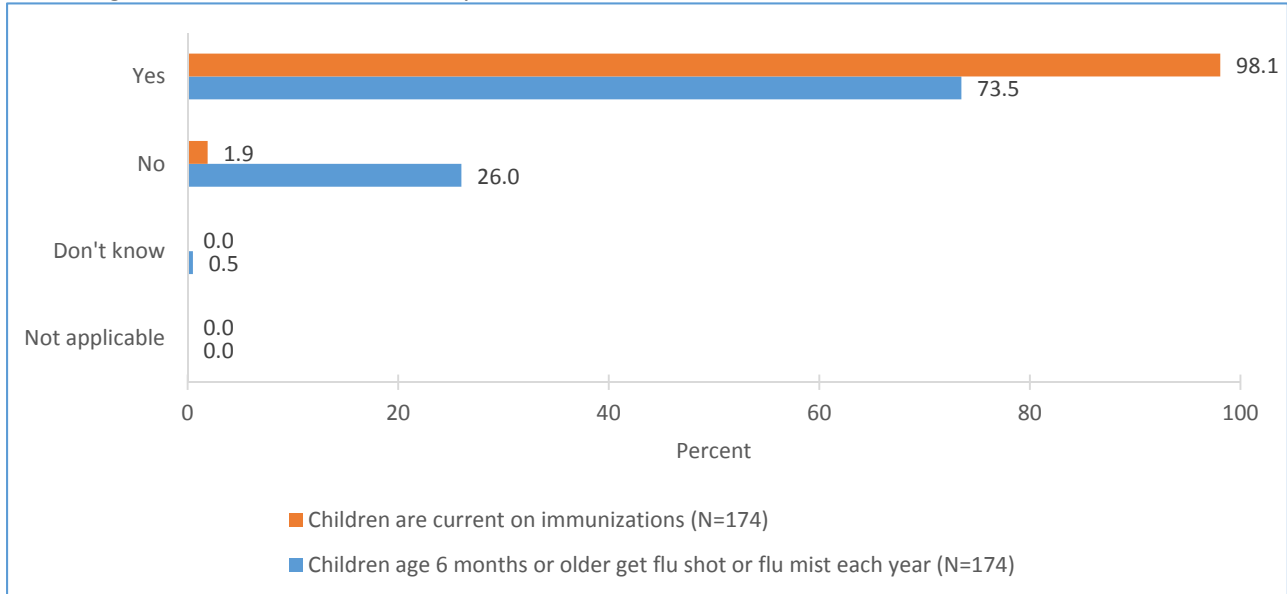
Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents’ household



Respondents who have children younger than 18 years living in their household were asked whether all children in their home are current on their immunizations and whether all children age 6 months or older get a flu shot or flu mist each year (Figure 42, Appendix Table 34).

- Almost all the respondents with children in their home say all children younger than 18 years are current on immunizations (98.1 percent).
- Nearly three-fourths of the respondents with children say all children age 6 months or older get a flu shot or flu mist each year each year (73.5 percent); 26.0 percent say the children do not get a flu shot or flu mist each year.

Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



*Of respondents who have children younger than age 18 living in their household.

Table 3. Location of respondents based on zip code

	Percent of respondents*
Cass County, ND	69.3%
North Fargo	11.5%
South Fargo	30.1%
West Fargo	14.5%
Rural	13.2%
Clay County, MN	28.4%
Moorhead	16.3%
Rural	12.1%
Unknown or missing	2.7%

N=382

*Percentages do not total 100.0 due to rounding.

APPENDICES

Appendix Table 1. Level of concern with statements about the community regarding general health and wellness

Statements	Mean	Percent of respondents*					Total
		Level of concern (1=not at all, 5= a great deal)					
		1	2	3	4	5	
ECONOMICS							
Availability of affordable housing (N=375)	2.99	15.0	20.5	29.1	21.6	13.8	100.0
Homelessness (N=377)	3.23	13.3	12.1	30.7	25.8	18.1	100.0
Hunger (N=377)	3.22	9.9	18.9	25.5	30.5	15.3	100.1
TRANSPORTATION							
Availability of public transportation (N=375)	2.55	25.1	22.4	28.1	20.8	3.7	100.1
Cost of public transportation (N=372)	2.45	28.8	22.2	29.3	14.2	5.5	100.0
Driving habits (e.g., speeding, road rage) (N=373)	3.12	13.1	16.9	29.9	24.7	15.3	99.9
Availability of good walking or biking options (as alternatives to driving)(N=377)	3.01	13.2	22.3	28.3	22.8	13.4	100.0
The ENVIRONMENT							
Water quality (N=378)	3.41	17.8	12.1	15.6	20.5	34.0	100.0
Air quality (N=378)	3.00	23.4	15.6	18.7	22.4	20.0	100.1
Home septic systems (N=374)	2.40	38.3	18.5	19.0	12.7	11.4	99.9
Hazardous waste (N=378)	2.96	19.0	15.3	32.2	17.8	15.7	100.0
CHILDREN AND YOUTH							
Availability of services for at-risk youth (N=371)	3.13	9.3	18.1	36.1	23.0	13.5	100.0
Cost of services for at-risk youth (N=369)	3.18	9.6	16.4	35.4	24.0	14.6	100.0
Youth crime (N=368)	3.49	4.6	12.9	31.6	30.4	20.5	100.0
School dropout rates (N=370)	3.12	10.1	16.3	37.5	23.4	12.8	100.1
School absenteeism (N=369)	2.94	15.0	18.8	35.2	19.5	11.5	100.0
Teen pregnancy (N=370)	3.14	7.5	21.2	34.9	22.2	14.1	99.9
Bullying (N=371)	3.82	4.8	8.8	17.4	37.7	31.3	100.0
Availability of activities for children and youth (N=367)	3.39	8.4	15.4	26.7	28.1	21.5	100.1
Cost of activities for children and youth (N=367)	3.44	5.3	13.3	32.9	29.4	19.1	100.0
Availability of quality child care (N=369)	3.40	9.6	15.3	22.8	30.8	21.6	100.1
Cost of quality child care (N=370)	3.53	10.2	10.0	21.4	33.7	24.8	100.1
Availability of quality infant care (birth to 2 years) (N=370)	3.40	13.4	11.3	22.8	27.3	25.2	100.0
Cost of quality infant care (N=365)	3.50	11.8	9.1	25.3	25.6	28.3	100.1
THE AGING POPULATION							
Availability of activities for seniors (N=375)	3.23	7.6	15.9	32.7	33.1	10.7	100.0
Cost of activities for seniors (N=374)	3.15	9.5	20.3	30.2	25.6	14.4	100.0
Availability of resources to help the elderly stay safe in their homes (N=370)	3.40	8.2	15.6	23.7	32.8	19.8	100.1
Availability of resources for family/friends caring for and making decisions for elders (N=375)	3.44	6.9	16.9	21.4	34.8	19.9	99.9
Availability of resources for grandparents caring for grandchildren (N=372)	3.18	10.0	17.0	32.2	26.1	14.6	99.9

Statements	Mean	Percent of respondents*						Total
		Level of concern (1=not at all, 5= a great deal)						
		1	2	3	4	5		
Availability of long term care (N=377)	3.51	8.4	16.1	18.8	29.7	27.0	100.0	
Cost of long term care (N=378)	4.11	4.8	5.6	14.5	24.1	51.1	100.1	
Availability of memory care (N=377)	3.63	6.2	10.5	24.6	31.0	27.7	100.0	
SAFETY								
Child abuse and neglect (N=376)	3.72	3.0	15.1	20.2	30.1	31.6	100.0	
Elder abuse (N=377)	3.40	6.8	19.1	22.3	31.3	20.5	100.0	
Domestic violence (N=377)	3.72	2.8	10.8	28.2	28.2	30.0	100.0	
Presence of street drugs, prescription drugs, and alcohol in the community (N=374)	3.84	1.5	13.6	20.6	28.2	36.1	100.0	
Presence of drug dealers in the community (N=378)	3.73	6.8	10.6	22.7	22.3	37.6	100.0	
Presence of gang activity (N=376)	3.48	10.0	12.4	26.8	20.8	30.0	100.0	
Crime (N=375)	3.74	3.1	11.5	23.6	31.6	30.1	99.9	
Sex trafficking (N=376)	3.50	9.7	15.0	20.8	25.0	29.6	100.1	
HEALTH CARE								
Access to affordable health care (N=378)	3.92	4.3	9.9	14.0	33.6	38.2	100.0	
Access to affordable prescription drugs (N=377)	3.90	3.6	10.2	18.0	28.8	39.4	100.0	
Access to affordable health insurance (N=374)	4.04	2.2	8.2	16.7	29.5	43.4	100.0	
Cost of affordable vision insurance (N=377)	3.66	5.8	11.6	22.7	30.0	29.9	100.0	
Cost of affordable dental insurance coverage (N=376)	3.83	4.2	11.9	16.5	32.0	35.4	100.0	
Distance to health care services (N=376)	2.66	22.4	25.2	27.8	12.7	11.8	99.9	
Providers not taking new patients (N=375)	3.12	12.9	19.0	28.3	22.8	17.1	100.1	
Coordination of care between providers and services (N=372)	3.14	10.2	22.8	24.6	28.1	14.3	100.0	
Availability of non-traditional hours (e.g., evenings, weekends) (N=377)	3.14	9.2	17.3	36.1	25.5	12.0	100.1	
Availability of transportation (N=377)	2.74	19.3	19.0	39.7	12.6	9.5	100.1	
Use of emergency room services for primary health care (N=373)	3.27	15.1	12.9	22.6	28.7	20.7	100.0	
Timely access to vision care providers (N=372)	2.56	22.9	23.7	33.8	13.4	6.1	99.9	
Timely access to dental care providers (N=376)	2.79	17.8	22.0	33.6	16.9	9.6	99.9	
Timely access to prevention programs and services (N=366)	2.66	19.9	24.3	33.0	15.6	7.2	100.0	
Timely access to bilingual providers and/or translators (N=370)	2.11	38.9	26.9	22.5	7.9	3.8	100.0	
Timely access to transportation (N=363)	2.37	28.5	26.2	30.1	10.2	5.0	100.0	
Timely access to doctors, physician assistants, or nurse practitioners (N=378)	3.30	7.0	17.5	29.5	30.3	15.7	100.0	
Timely access to physician specialists (N=375)	3.29	8.8	17.1	27.2	30.7	16.3	100.1	
Timely access to registered dietitians (N=361)	2.32	29.5	27.6	29.1	9.5	4.3	100.0	
Timely access to exercise specialists or personal trainers (N=367)	2.22	35.3	24.2	27.2	9.6	3.6	99.9	

Statements	Mean	Percent of respondents*					
		Level of concern (1=not at all, 5= a great deal)					Total
		1	2	3	4	5	
Timely access to mental health providers (N=372)	2.98	17.7	20.5	23.6	22.5	15.7	100.0
Timely access to substance abuse providers (N=369)	2.87	20.1	20.6	25.1	20.7	13.6	100.1
PHYSICAL AND MENTAL HEALTH							
Obesity (N=375)	3.64	5.1	9.5	27.5	31.9	26.0	100.0
Poor nutrition and eating habits (N=377)	3.62	4.9	9.6	28.4	33.2	23.9	100.0
Inactivity and lack of exercise (N=376)	3.78	3.8	8.4	26.1	29.3	32.3	99.9
Cancer (N=372)	3.97	4.0	3.1	23.6	30.9	38.4	100.0
Chronic disease (e.g., diabetes, health disease, multiple sclerosis) (N=377)	3.81	4.8	3.9	27.2	34.0	30.1	100.0
Sexually transmitted diseases (e.g., AIDS, HIV, chlamydia) (N=370)	2.92	14.4	23.5	30.5	18.7	13.0	100.1
Infectious diseases such as the flu (N=374)	3.50	1.8	14.8	33.9	30.6	18.8	99.9
Dementia and Alzheimer's disease (N=374)	3.76	1.7	10.5	26.0	33.1	28.7	100.0
Depression (N=378)	3.78	4.5	6.2	25.5	34.4	29.4	100.0
Stress (N=377)	3.65	3.3	8.7	33.4	28.6	26.0	100.0
Suicide (N=376)	3.38	11.9	13.7	25.3	22.4	26.7	100.0
Other psychiatric diagnosis (N=373)	3.11	11.0	18.4	33.6	22.1	14.8	99.9
SUBSTANCE USE AND ABUSE							
Alcohol use and abuse (N=377)	3.52	8.3	10.1	27.2	29.4	24.9	99.9
Drug use and abuse (N=377)	3.53	7.7	12.5	25.6	27.4	26.8	100.0
Underage drinking (N=376)	3.54	6.6	13.1	25.2	29.7	25.4	100.0
Underage drug use and abuse (N=376)	3.66	6.1	10.4	22.0	34.1	27.4	100.0
Smoking and tobacco use (N=377)	3.44	8.8	12.8	25.9	30.4	22.2	100.1
Exposure to second-hand smoke (N=377)	3.37	12.1	15.8	21.0	25.4	25.6	99.9

*Percentages may not total 100.0 due to rounding.

Appendix Table 2. Respondents' rating of their health in general

Response	Percent of respondents*
Excellent	11.2
Very Good	41.3
Good	37.0
Fair	9.1
Poor	1.4
Don't know	0.1
Total	100.1

N=367

*Percentages do not total 100.0 due to rounding.

Appendix Table 3. Respondents' weight status based on the Body Mass Index (BMI)* scale

Weight/BMI status	Percent of respondents
Underweight = (BMI less than 18.5)	0.5
Normal weight = (BMI from 18.5 to 24.9)	38.2
Overweight = (BMI from 25.0 to 29.9)	31.7
Obese = (BMI of 30.0 or greater)	29.6
Total	100.0

N=346

*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Appendix Table 4. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

Type of servings	Percent of respondents						Total
	Number of servings						
	None	1	2	3	4	5 or more	
Vegetables consumed yesterday (N=381)	7.6	36.6	31.7	14.8	8.1	1.2	100.0
Fruit consumed yesterday (N=378)	19.2	29.7	31.0	16.0	3.0	1.1	100.0
Fruit juice consumed yesterday (N=382)	55.7	30.6	10.2	1.6	1.6	0.3	100.0

Appendix Table 5. Number of days in an average week respondents engage in MODERATE and VIGOROUS physical activity

Type of exercise	Percent of respondents				Total
	Number of days				
	None	1 to 2 days	3 to 4 days	5 or more days	
At least 30 minutes of MODERATE activity in an average week (N=380)	16.5	35.2	28.8	19.5	100.0
At least 30 minutes of VIGOROUS activity in an average week (N=377)	46.2	32.9	13.3	7.7	100.1

*Percentages may not total 100.0 due to rounding.

Appendix Table 6. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue

Mental health issue	Percent of respondents*
Depression	22.3
Anxiety/Stress	20.0
Other mental health problems	3.6
Panic attacks	2.9

N=382

*Percentages do not total 100.0 due to multiple responses.

Appendix Table 7. Number of days in last month when respondents' mental health was not good

Number of days	Percent of respondents*
None	50.4
1 to 7 days	32.0
8 to 14 days	7.4
15 to 21 days	7.1
22 to 31 days	3.0
Total	99.9

N=358

*Percentages do not total 100.0 due to rounding.

Appendix Table 8. How often, over the past two weeks, respondents have been bothered by mental health issues

Issues	Percent of respondents*				
	Not at all	Several days	More than half the days	Nearly every day	Total
Little interest or pleasure in doing things (N=377)	77.2	18.9	1.7	2.2	100.0
Feeling down, depressed or hopeless (N=372)	78.3	17.9	2.9	1.0	100.1

*Percentages may not total 100.0 due to rounding.

Appendix Table 9. Whether respondents have smoked at least 100 cigarettes in their entire life

Response	Percent of respondents
Yes	33.1
No	66.9
Total	100.0

N=379

Appendix Table 10. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

Tobacco use	Percent of respondents*			
	Every day	Some days	Not at all	Total
How often do you currently smoke cigarettes? (N=382)	4.7	3.2	92.1	100.0
How often do you currently use chewing tobacco or snuff? (N=377)	1.1	2.7	96.1	99.9

*Percentages may not total 100.0 due to rounding.

Appendix Table 11. Location respondents would first go if they wanted help to quit using tobacco

Resources	Percent of respondents
Quitline	5.9
Doctor	9.9
Pharmacy	0.6
Private counselor/therapist	0.1
Health Department	0.1
Don't know	7.2
Not applicable	71.9
I don't want to quit	0.5
Other:	3.8
<i>Would quit by themselves/Cold Turkey (10)</i>	
<i>Don't smoke (4)</i>	
<i>Family doctor</i>	
<i>ND Quits helpline</i>	

N=349

Appendix Table 12. Number of days during the past month that respondents have had at least one drink of any alcoholic beverage

Number of days	Percent of respondents
None	26.1
1 to 7 days	39.2
8 to 14 days	14.6
15 to 21 days	10.8
22 to 31 days	9.3
Total	100.0

N=376

Appendix Table 13. During the past month on days when respondents drank, average number of drinks per day respondents consumed

Number of drinks	Percent of respondents
1	42.0
2	29.3
3	16.2
4	6.4
5 or more	6.1
Total	100.0

N=277

Appendix Table 14. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion

Number of days	Percent of respondents*
Almost every day	3.1
2 to 3 times a week	4.8
Once a week	8.0
Once a month	17.3
Never	66.7
Total	99.9

N=379

*Percentages do not total 100.0 due to rounding.

Appendix Table 15. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

Had a problem with...	Percent of respondents		
	Yes	No	Total
Alcohol use (N=376)	6.8	93.2	100.0
Prescription or non-prescription drug abuse (N=377)	0.1	99.9	100.0

Appendix Table 16. Of respondents who have ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

Got help needed for...	Percent of respondents*			
	Yes	No	Didn't need help	Total
Alcohol use (N=25)	25.6	30.5	43.8	99.9
Prescription or non-prescription drug abuse (N=0)	0.0	0.0	0.0	0.0

*Percentages do not total 100.0 due to rounding.

Appendix Table 17. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years

Over the past two years...	Percent of respondents		
	Yes	No	Total
Has alcohol use had harmful effects on you or a family member? (N=380)	16.1	83.9	100.0
Has prescription or non-prescription drug abuse had harmful effects on you or a family member? (N=380)	5.8	94.2	100.0

Appendix Table 18. Whether respondents have any of the following chronic diseases

Chronic diseases	Percent of respondents*
Diabetes	6.2
Hypertension	15.1
High Cholesterol	19.8
Congestive Heart Failure	0.8
COPD	1.3
Arthritis	14.9
Alzheimer's	0.1
Asthma	3.5
Stroke	0.8
Cancer	5.1

N=382

*Percentages do not total 100.0 due to multiple responses.

Appendix Table 19. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason

Length of time since...	Percent of respondents						
	Within the past year	1 to 2 years	3 to 5 years	6 or more years	Don't know	Never	Total
Respondents last visited a doctor or health care provider for a routine physical exam (N=382)	73.0	13.8	7.1	2.8	1.5	1.9	100.1
Respondents last visited a dentist or dental clinic for any reason (N=381).	87.2	4.8	5.0	1.6	1.3	0.2	100.1

*Percentages do not equal 100.0 due to rounding.

Appendix Table 20. Where respondents get most of their health information

Source of health information	Percent of respondents*
Government websites (i.e., local public health, CDC)	8.3
Non-government websites (i.e., WebMD)	32.1
Television	16.8
Magazine, newspapers, or books	21.1
Medical professional	79.9
Alternative health specialist	5.9
Family or friends	29.9
Health Helpline (telephone)	3.3
Other:	5.1
<i>Medical journals (2)</i>	
<i>Mayo newsletter (2)</i>	
<i>My doctor</i>	
<i>Libraries</i>	
<i>Radio</i>	
<i>Web services</i>	

N=382

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 21. Best way for respondents to access technology for health information

Type of technology	Percent of respondents*
Personal computer or tablet	82.7
Public computer (e.g., library, community center)	1.2
Smart phone	23.0
Other:	4.7
<i>Books and other reading materials (8)</i>	
<i>Doctors, nurses, medical professionals (6)</i>	
<i>Research</i>	
<i>VA [Veteran's Administration]</i>	
<i>Don't use technology</i>	
<i>Regular landline telephone</i>	

N=382

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 22. Age of respondents

Age	Percent of respondents*
18 to 54 years (Prime labor force)	72.1
55 to 64 years (Pre-retirees)	13.8
65 years and older (Retirees)	14.2
Total	100.1

N=382

*Percentages do not total 100.0 due to rounding.

Appendix Table 23. Highest level of education of respondents

Education	Percent of respondents
Some high school	0.1
High school diploma or GED	10.4
Some college, no degree	16.8
Associate's degree	17.1
Bachelor's degree	35.0
Graduate or professional degree	20.2
Prefer to not answer	0.4
Total	100.0

N=379

Appendix Table 24. Gender of respondents

Gender	Percent of respondents
Male	50.1
Female	49.9
Prefer to not answer	0.0
Total	100.0

N=382

Appendix Table 25. Race and ethnicity of respondents

Race/ethnicity	Percent of respondents*
White	97.3
Black or African American	0.2
Native American or Alaska Native	0.1
Asian or Pacific Islander	0.1
Hispanic	0.9
Prefer to not answer	1.3
Total	99.9

N=372

*Percentages do not total 100.0 due to multiple responses.

Appendix Table 26. Annual household income of respondents

Annual household income	Percent of respondents
Less than \$20,000	3.2
\$20,000 to \$39,999	9.5
\$40,000 to \$69,999	16.2
\$70,000 to \$119,999	30.3
\$120,000 or more	30.8
Prefer to not answer	10.0
Total	100.0

N=378

Appendix Table 27. Employment status of respondents

Employment status	Percent of respondents
Employed for wages	65.9
Self-employed	11.1
Homemaker	3.8
Retired	15.6
A student	2.7
Unable to work	0.8
Out of work – less than 1 year	0.0
Out of work – 1 year or more	0.1
Total	100.0

N=371

Appendix Table 28. Length of time respondents have lived in their community

Length of time in community	Percent of respondents
Less than 2 years	3.7
2 to 5 years	5.0
More than 5 years	91.3
Total	100.0

N=381

Appendix Table 29. Whether respondents own or rent their home

Response	Percent of respondents
Own	93.3
Rent	6.6
Prefer to not answer	0.1
Other	0.0
Total	100.0

N=381

Appendix Table 30. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care coverage

Response	Percent of respondents	
	Have health insurance (N=378)	Have oral health or dental care coverage (N=381)
Yes	99.0	76.5
No	1.0	23.3
Don't know	0.0	0.2
Total	100.0	100.0

Appendix Table 31. Whether respondents have one person who they think of as their personal doctor or health care provider

Response	Percent of respondents
Yes, only one	53.4
Yes, more than one	28.5
No	18.0
Don't know	0.1
Total	100.0

N=379

Appendix Table 32. Facilities that respondents go to most often when sick and take their children when they are sick

Location	Percent of respondents*	
	Where respondents go (N=367)	Where respondents take their children (N=173)
Physician's office	66.2	63.5
Urgent care	28.4	28.8
Public Health Department	0.0	0.0
Hospital emergency room	1.6	0.0
Other free or discounted clinic	3.8	7.8
Total	100.0	100.1

*Percentages may not total 100.0 due to rounding.

Appendix Table 33. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

Number of children/adults	Percent of respondents	
	Children younger than 18 in household (N=373)	Adults 65 or older in household (N=377)
None	53.4	82.0
1 to 2	35.8	17.9
3 to 5	10.8	0.1
6 or more	0.0	0.0
Total	100.0	100.0

Appendix Table 34. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*

Response	Percent of respondents	
	Children are current on immunizations (N=174)	Children 6 months or older get flu shot or flu mist each year (N=174)
Yes	98.1	73.5
No	1.9	26.0
Don't know	0.0	0.5
Not applicable	0.0	0.0
Total	100.0	100.0

*Of respondents who have children younger than 18 years of age living in their household.

Appendix Table 35. Additional comments by respondents

Comments
At 86+ with no family in this area, I feel rather cut off. Wife passed lot of years ago after 50+ years together. Still have problems being alone. Have 2 miniature dachshunds for loving company. Becoming fearful of being attacked in my home. Have medic alert instrument. Have great disillusionment of government and fear of Muslim religion.
Fargo needs to stop putting so much money into sports (NDSU) and give the community other options for family activities that don't cost a lot of money. Our zoo is a joke. Why not help expand and make it affordable for a family of limited funds? Bismarck and Minot have great zoos. Why can't Fargo? Also camping facilities are needed.
How about bus service on Sunday's for those who work? I use the Moorhead tech dental hygiene program for exams and cleaning but, there could be dental care with affordable fees for children, older adults and others without insurance. While many new 'dental places' have opened, they are too expensive to use. For me one tooth repair, root canal and crown on an important molar cost \$2800. I had to take out a loan to pay this bill which added more. Could we get some basic affordable dental care without the frills? Thank you for this survey.
I believe community resources need to be focused on children's prevention programs, education, health care, nutrition, etc., as senior citizens generally have more of their own resources and can provide these things for themselves.
I do not feel that our MDs and family physicians and some specialists care too much about people over 80. It is so evident in care and attitudes. Some should not be MDs. Being a BSNE graduate I have worked for many years with good MDs and today am very disappointed.
I've paid my health insurance through my job as a union employee, but with new health care laws I'm going to be taxed because I want the best health care available, this is wrong. I've worked hard for this and because it's a Cadillac plan the legislature thinks it's a premium.
It is a rather skewed demographic that ignores the LGBT health needs. Why is there no information requested concerning the health needs of these marginalized people?
My [medical facility] doctor and nurse have neglected to give me a yearly exam. I sit in a room, on a chair, fully clothed. No exam. The nurse told me to stop taking my medicine and that I did not have Epilepsy and refuses to code as such. Medicare and Medicaid, therefore, don't have proper coding and I don't get exam and coverage.
[Retirement facility] provides nurses everyday who follow doctor recommended medication. The health office has nurses [to] help 24 hours a day. So I feel I have several persons watching my health and following plans offered by doctors. Records of pills are on list for what medication I regularly take. I touch base daily with doctors.
Too many refugees are using up monies in our social programs. We have American citizens that are going without because of the refugees draining the system. American citizens are going to bed hungry are homeless in Fargo.
In regard to Q18, 19, and Q28 and 30, my husband died 2 months ago of Alzheimer's and COPD. I have been his caregiver along with his sister who also has Alzheimer's - 13 years. These issues brought about alcohol and mental health issues which have been resolved.
In regards to questions 19 and 20, my wife had health problems, my sister had back surgery and my niece died from cancer. It has been a stressful month! Normally, I am very upbeat and happy with the way my life is going.
There are lots of buildings sitting empty in Moorhead that would work to serve the homeless with not too much expense.

I have a neighbor that has 3 dogs and they don't clean up after them. People don't know what a garbage can is. Whenever they are done with what they are eating or drinking, they just throw it on the ground. I pick up stuff constantly in my yard. But these things are a health hazard. I've tried to remedy it but I'm not getting help from above.
The need for some form of affordable dental care is very important.
The U.S. should provide free health care to all citizens. Big business is greedy.
There are NO questions about developmental disability services - glaring omission - SHAMEFUL.
I truly believe this area needs more assistance with help for alcoholism, drug abuse and mental illness.
There should be questions regarding abortion as well. Questions regarding vaccination preference.
I am 84 years old. I get my health care at the VA. I think they take good care of me.
I get wonderful care at the VA Hospital. Vaccination a huge problem today.
Why did you gloss over weight? That is more pervasive in our society.
You forgot to ask if the health care, dental care, etc. I have is affordable. It is not, we can barely afford it.
I am very lucky - am not sick often.
Enforce snow and ice removal from sidewalks.
No easy follow up for health questions.
It would be appreciated if the results of this survey would be made public and also any action plans that are formulated. As a former health care administration developer I applaud your efforts.
Everybody should do one of these.
<i>Comments relating to the survey instrument:</i>
There are questions some prefer not to answer and that option should always be available. There are questions that do not apply (#44 above) "does not apply" should be an option.
This was difficult to read. Instead of the circles in red, black would be better. Also, a line under each question.
I am completing this survey and trusting I will NOT be bothered with phone calls or other types of solicitation.
Having a test in the color red is a rookie mistake! I immediately questioned the rigor of the testing method prior to engaging. It is way too long.
Community Health Needs Assessment--sorry, but I got tired of filling in bubbles. I guess that means I have no burning concerns in that extremely generalized section (albeit exhaustive).