CHI St. Alexius Health
A member of CommonSpirit

Community Health Needs Assessment

CHI St. Alexius Health – Dickinson, ND

Approved April 2025

NDSU Center for Social Research Report #125
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Executive Summary

Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Alexius Health Dickinson. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

CHI St. Alexius Health Dickinson contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment. CHI St Alexius Health Dickinson collaborated with the Southwest District Health Unit.

Community Definition

CHI St. Alexius Health Dickinson is located in Dickinson, North Dakota. The hospital primarily serves Stark County where Dickinson is located. Additionally, CHI St. Alexius Health Dickinson serves Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties. CHI St. Alexius Health Dickinson is the only hospital in Stark County. Other hospitals in the service area include West River Health Services in Adams County, Southwest Healthcare Services Hospital in Bowman County, and Vibra Hospital of the Central Dakotas in Morton County.

Stark, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties are each designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Stark County is a semi-rural county located in southwestern North Dakota and has an estimated population of 32,989.

Assessment Process and Methods

Community health needs were assessed using secondary data from national and state sources and primary data gathered from community members during a two-month survey period. CHI St. Alexius Health Dickinson representatives solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs and to prioritize identified needs at a community input meeting held January 28, 2025.

Multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data

for context. Community member input was solicited via an online survey and a community input meeting.

The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. Upon conclusion of the survey fielding period, data were compiled and analyzed. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents.

CHI St. Alexius Health Dickinson solicited feedback on survey findings at a community input meeting on January 28, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results and guide discussion of needs and priorities for community health improvement planning.

Prioritized Significant Health Needs

Based on analysis of the survey data, the following were identified as issues with the greatest degree of consensus among survey respondents.

- **Affordability of housing.** Most respondents (73 percent) disagreed that their community has enough affordable housing for everyone who needs it. Affordable housing was also identified as a priority need in the previous CHNA conducted in 2022, and more than half (54 percent) of respondents indicated that the availability of affordable housing has worsened since then. The median household income in Stark County ($78,734) is slightly higher than North Dakota overall ($73,959), as is the median housing value ($255,200 and $232,500, respectively). Median monthly ownership costs (including a mortgage) and median rent are also higher in Stark County than in North Dakota overall.

- **Availability of child care services.** Nearly two-thirds (65 percent) of respondents disagreed that their community has adequate child care services. Stark County has a higher percentage of families with children under the age of 18 (32.1 percent) than North Dakota on average (27.8 percent). Stark County also has a higher percentage of children ages 0 to 4 (8.3 percent) than North Dakota (6.7 percent)

- **Availability of public transportation.** More than half (53 percent) of respondents disagreed that their community has adequate public transportation services. Nearly one-quarter (24 percent) of respondents indicated that access to transportation for health care services was at least somewhat of a barrier.

- **Mental health and substance misuse.** Nearly three-quarters (73 percent) of respondents were very concerned about mental health (anxiety, stress, depression) and 73 percent were also very concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs) in their community. Mental health and substance misuse were also identified as priority needs in the previous CHNA and 62 percent of respondents said that mental health has worsened in their community since then. Forty-one percent said that alcohol misuse specifically has worsened since the previous CHNA. Further, 77 percent of respondents disagreed when asked if their community has adequate mental health services and a third (32 percent) indicated that the availability of mental health services in their community has worsened since the previous CHNA.

- **Access to health care services.** Half of respondents disagreed when asked if their community has adequate health care services (52 percent), that it was easy to get an appointment for health care services (52 percent), and that health care services were well coordinated across providers and services (52 percent). The number of people per mental health care provider and primary care physician is higher in Stark County than North Dakota overall. The ratio of residents to primary care physicians is 1,650:1 in Stark County compared to 1,290:1 in North Dakota. The ratio of residents to mental health care providers is 590:1 in Stark County compared to 420:1 statewide.

- **Psychological abuse and crime.** Most respondents (81 percent) were at least somewhat concerned about cyber bullying; 55 percent were very concerned. Similarly, 80 percent of respondents were at least somewhat concerned with child abuse/neglect; 49 percent were very concerned about the issue.

During the January 28, 2025 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Meeting attendees indicated the issues identified in the presentation accurately reflected issues of concern in their community. Attendees generally agreed there have been positive improvements to community public health, but that there is still work to be done. Specific issues that were discussed included: communicating availability of care coordination services and transportation services, supporting affordable housing development, addressing concerns regarding child abuse and neglect, and continuing ongoing work surrounding substance use and misuse and mental health care.

Resources Potentially Available

Resources, programs, and organizations potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community. A list of community resources can be found in a separate resource section later in the report.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the CHI St. Alexius Health Dickinson board of directors in April 2025. The report is widely available to the public on the hospital's web site and a paper copy is available for inspection upon request at the Administration Office of CHI St. Alexius Health Dickinson. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center, (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8; or by calling Ashley Carroll, Market Director Community and Population Health, at: (402) 343-4548.

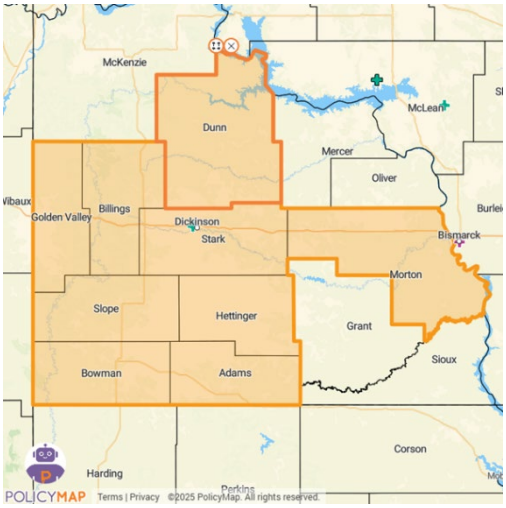
Community Definition

CHI St. Alexius Health Dickinson's primary service area is Stark County. The secondary service area includes the counties of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties, North Dakota (Figure A). Other hospitals located within the service area include West River Health Services in Adams County, Southwest Healthcare Services Hospital in Bowman County, and Vibra Hospital of the Central Dakotas in Morton County.

Stark, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties are each designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area

(MUA) by the United States Health Resources & Services Administration. Stark County is a semi-rural county located in southwestern North Dakota and has an estimated population of 32,989.

Figure A: CHI St. Alexius Health Dickinson Community Health Needs Assessment Service Area



The following zip codes correspond to 80 percent of patient admissions to CHI St. Alexius Health Dickinson: 58601, 58620, 58621, 58622, 58623, 58627, 58640, 58642, 58645, and 58854.

Core demographics for Stark County are summarized in Table 1.

Table 1. Core Demographic Summary, Stark County, North Dakota

Item	Stark County, North Dakota
Community Description	Semi-rural
Population	32,989
Racial and Ethnic Distribution	
White, non-Hispanic alone	86.2%
American Indian and Alaska Native alone	1.5%
Black or African American alone	2.5%
Asian or Pacific Islander alone	1.8%
Some other race alone	3.0%
Two or more races	3.4%
Hispanic Origin (of any race)	6.1%
Median Household Income	$78,734
Percent of Persons Below Poverty Rate	10.1%
Unemployment Rate	1.9%
Percent Population with less than High School Diploma	8.1%
Percent of People 5 and Older who are Non-English Speaking	2.2%
Percent of People without Health Insurance	9.0%
Percent of People with Medicaid	11.8%
Health Professional Shortage Area	Yes
Medically Underserved Area	Yes
Number of Hospitals in the County	1 (CHI St. Alexius Health)

Hospital Description

Stark County is home to CHI St. Alexius Health Dickinson. CHI St. Alexius Health Dickinson is a 25-bed Critical Access Hospital located in Dickinson, North Dakota, serving the community with a wide range of health care services including women's health, general surgery, internal medicine, orthopedics, rehabilitation services and a Level II Nursery. CHI St. Alexius Health Dickinson is a Level IV Trauma Center accredited by the American College of Surgeons and The Joint Commission (TJC). The hospital is part of CommonSpirit Health, a large nonprofit Catholic health system formed in 2019 through the merger of Catholic Health Initiatives and Dignity Health.

CHI St. Alexius Health Dickinson has received numerous recognitions for its quality of care, including The Joint Commission's National Quality Approval award, a 5-Star Overall Hospital Quality Rating by CMS, and a 2013 Top Performer on Key Quality Measures Recognition from The Joint Commission for Pneumonia and Surgical Care. The hospital's radiology department is accredited by ACR in Nuclear Medicine, MRI, Mammography, and CT scan.

The hospital also has a certified cardiac rehabilitation program, was named a HealthStrong™ Top 100 Critical Access Hospital in 2013, and received recognition from the UND Center for Rural Health for its Outstanding Rural Health Program - Centering Pregnancy. It is a Designated ND Acute Stroke Ready Hospital and has received the Acute Stroke Ready Hospital Quality Excellence Award.

CHI St. Alexius Health Dickinson's dedication to providing compassionate and excellent care is evident in its professional and caring staff. The hospital's commitment to serving the community, its comprehensive services, and its dedication to accessibility make it a vital resource for the residents of Stark County and the surrounding areas.

Assessment Process and Methods

Community health needs were assessed using a two-pronged analysis approach: secondary data from national and state sources; and primary data gathered from community members during a two-month survey period. CHI St. Alexius Health Dickinson solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 28, 2025.

Secondary data: community profiles

Community profiles are an integral part of assessing community health needs. To get a complete sense of the community, multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context.

Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey and a community input meeting. The online survey was administered using the Qualtrics online survey platform from August 12 to October 16, 2024. The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. At least one public health organization was invited to participate in the distribution of the community survey. The survey tool can be found in Appendix C.

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Survey findings are detailed later in this assessment. The questionnaire can be found in Appendix C and detailed results in Appendix D.

Community Input

CHI St. Alexius Health Dickinson solicited feedback on survey findings at a community input meeting held on January 28, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results, as well as guide discussion of needs and priorities for community health improvement planning. During the community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents.

There were 22 attendees, including representatives from:

- CHI St. Alexius Health Dickinson
- Senior Life Solutions
- Dickinson Parks and Recreation
- Dickinson Police Department
- Dickinson Chamber of Commerce
- Badlands Human Service Center
- United Way of Dickinson
- Baker Boy
- Southwest District Health Unit
- Heartview Foundation
- Dickinson Public Schools
- Sanford Health
- Stark Development Corporation
- Peace Lutheran Church
- Southwest Multi-County Correctional Center

CHI St. Alexius Health Dickinson collaborated with the Southwest District Health Unit for the CHNA. CHI St. Alexius Health Dickinson contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment.

The hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Assessment Data and Findings

The following sections provide a detailed community profile and survey results. Secondary data for Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope counties are available in Appendix B.

Community Profile

Stark County is a semi-rural county in southwestern North Dakota. The county seat and largest city is Dickinson. With 32,989 residents, Stark County is North Dakota's 7th most populous county. Stark County is home to proportionally fewer adults aged 65 and older than North Dakota and the United States as a whole, and proportionally more children. Like most of North Dakota, Stark County's racial composition is largely white; however, 6 percent of the population is of Hispanic origin, which is slightly higher than the statewide average. The median household income in Stark County is higher than North Dakota and the U.S. overall, and the poverty rate is lower than both. The median home value in Stark County is higher than the statewide median, but lower than the national median – and the costs associated with home rental and ownership are higher than they are in North Dakota on average, but lower than they are nationally. Stark County has a lower percentage of householders living alone as well as households with residents aged 65 and older compared to North Dakota averages.

Stark County has higher rates of adult smoking and adult obesity than North Dakota and the United States on average. The adult excessive drinking rate in Stark County (22 percent) is similar to statewide average (23 percent), but higher than the national average of 18 percent. The county's leading causes of death in 2021 were malignant neoplasms, diseases of the heart, accidents, COVID-19, and intentional self-harm. The annual flu shot rate in Stark County (49 percent) is similar to the rate in North Dakota (49 percent) and slightly higher than the United States (46 percent). Stark County has more residents per primary care physician, mental health care provider, and dentist than North Dakota and the nation overall.

Stark County faces a very high risk of loss due to cold weather. However, Stark County's overall risk due to natural hazards is relatively low. Stark County's social vulnerability is rated as relatively low and its community resilience is rated as relatively high. These factors combined give Stark County a relatively low National Risk Index Score.

Community Demographics

The American Community Survey's (ACS) most recent five-year estimate of Stark County's population is 32,989, making it the 7th most populous county in North Dakota. About 1 in 4 residents in Stark County are under the age of 18 and 13 percent are aged 65 and older (Table 2). The county's racial composition is largely non-Hispanic white (86.2 percent). The percentage of residents in Stark County who are of Hispanic origin is 6.1 percent, which is nearly two percentage points higher than North Dakota overall (4.3 percent). Two percent of the population in Stark County speaks English less than very well (Table 1). The county's gender split is skewed male, at 52.4 percent male and 47.6 percent female.

Table 2. Population Estimates, Stark County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Stark County Population**	**Stark County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	2,723	8.3%	6.7%	5.7%
5-17	6,274	19.0%	16.9%	16.4%
18-24	2,653	8.0%	11.3%	9.4%
25-44	9,713	29.4%	27.1%	26.6%
45-64	7,228	21.9%	22.2%	25.3%
65 and older	4,398	13.3%	15.9%	16.5%
Total	*32,989*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	28,427	86.2%	83.0%	58.9%
American Indian and Alaska Native alone	502	1.5%	4.7%	0.8%
Asian alone	416	1.3%	1.6%	5.8%
Black or African American alone	818	2.5%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	160	0.5%	0.2%	0.2%
Some other race alone	983	3.0%	1.4%	6.0%
Two or more races	1,126	3.4%	4.4%	8.8%
Hispanic Origin (of any race)	2,018	6.1%	4.3%	18.7%
Sex				
Female	15,699	47.6%	48.6%	50.4%
Male	17,290	52.4%	51.4%	49.6%
Total	*32,989*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Estimates from the ACS indicates that there are 13,200 households in Stark County with an average of 2.4 persons per household. Median household income is $78,734, which is higher than the median in North Dakota ($73,959) and the nation overall ($75,149) (Table 3). Nearly two-thirds of households in Stark County are owner-occupied (64 percent) and median owner costs are $1,739 per month including the mortgage. Median rent in Stark County is $988 per month. Both median owner costs and median rent are higher in Stark County than in North Dakota overall, but lower than the United States.

About 3 in 10 households in Stark County are occupied by householders living alone and about 3 in 10 households have children in residence (Table 4). The percentage of households with children in residence is higher in Stark County than in North Dakota and the nation overall. The percentage of householders living alone, households with residents aged 65 and older, and householders aged 65 and older living alone are lower in Stark County than in North Dakota and the nation overall.

Table 3: Household Demographics, Stark County, ND, North Dakota, and United States (2022)			
Item	**Stark County**	**ND**	**U.S.**
Total households	13,200	320,038	125,736,353
Owner-occupied housing rate	64.3%	63.2%	64.8%
Average household size (persons per household)	2.4	2.3	2.6
Median value of owned-occupied housing	$255,200	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,739	$1,653	$1,828
Median monthly owner costs (without mortgage)	$531	$551	$584
Median gross rent	$988	$912	$1,268
Median household income	$78,734	$73,959	$75,149
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.			

Table 4. Household Characteristics, Stark County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Stark County Households**	**Percent of Stark County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	4,231	32.1%	27.8%	30.2%
Households with adults 65+	3,024	22.9%	26.7%	30.8%
Householders living alone	4,090	31.0%	33.2%	28.3%
Householders aged 65+ living alone	1,391	10.5%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Estimates from the ACS indicate that there are 16,757 adults in the workforce in Stark County. The largest industries in the county by percentage of the workforce employed are educational services, health care, and social assistance; agriculture, forestry, fishing, hunting, and mining; and retail, which account for 17.5 percent, 15.6 percent, and 13.5 percent, respectively (Table 5). Other industries that employ substantial portions of the county's workforce include construction; manufacturing; transportation; and arts, entertainment, recreation, accommodation, and food service. In 2023, the county's three largest employers were the Dickinson Public School District, Walmart, and ND Energy Services. CHI St. Alexius Health Dickinson was the sixth largest employer in the county (NDLMI 2024).

Table 5: Employment by Industry, Stark County, ND (2022)		
Sector	**Workers**	**% of Workforce**
Educational services, health care and social assistance	2,938	17.5%
Agriculture, forestry, fishing, hunting and mining	2,606	15.6%
Retail	2,259	13.5%
Construction	1,700	10.1%
Manufacturing	1,271	7.6%
Transportation and warehousing, and utilities	1,071	6.4%
Arts, entertainment, recreation, accommodation & food service	865	5.2%
Other	4,047	24.2%
Total workforce	*16,757*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

The poverty rate in Stark County is 10.1 percent, which is lower than the poverty rate in North Dakota overall (10.8 percent) and nationally (12.5 percent) (Table 6). About 7 percent of children in Stark County live below the poverty line, compared to 11.3 percent statewide and 16.7 percent nationally. Fifteen percent of school-aged children in Stark County are eligible for free or reduced-price school lunch, which is lower than North Dakota overall (23.2 percent) and much lower than the national average (50.8 percent).

Table 6. Poverty Characteristics, Stark County, ND, North Dakota, and United States (2022)

Poverty Characteristics	Stark County Estimate	Stark County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	3,255	10.1%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	7,565	23.6%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	601	6.9%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	544	13.2%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	681	15.2%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Most residents in Stark County aged 25 and older (60.5 percent) have at least some college experience; 25.3 percent have attained a bachelor's degree or higher. This is lower than in North Dakota and nationally where 31.4 percent and 34.3 percent of the population aged 25 and older, respectively, have at least a bachelor's degree. Fewer than one in 10 residents ages 25 and older in Stark County did not complete high school (8.1 percent), which is higher than in North Dakota (6.5 percent) but lower than the national average (10.9 percent) (Table 7).

Table 7. Educational Attainment for Persons Aged 25 and Older, Stark County, ND, North Dakota, and United States (2022)

Level of Education Attained	Stark County Estimate	Stark County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	1,721	8.1%	6.5%	10.9%
High school diploma or GED	6,721	31.5%	26.1%	26.4%
Some college or Associate's degree	7,514	35.2%	36.0%	28.5%
Bachelor's degree	4,023	18.9%	22.3%	20.9%
Graduate or professional degree	1,360	6.4%	9.1%	13.4%
Total population aged 25 and older	*21,339*	*100.0%*	*100.0%*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Community Health Factors and Outcomes

Stark County has a slightly higher prevalence of cigarette smokers (17 percent) than North Dakotan (16 percent) and the nation overall (15 percent) overall (Table 8). The adult obesity rate in Stark County (40 percent) is higher than in North Dakota (36 percent) and the nation overall (34 percent). Adults in Stark County were about as likely to report a lack of physical activity outside of work (24 percent) as North Dakota (25 percent) and the United States (23 percent). Although the percentage of adults who reportedly engage in excessive drinking in Stark County (22 percent) is similar to North Dakota (23 percent), it is higher than the nationwide average (18 percent).

The prevalence of Stark County residents reporting poor mental health days in the past month is roughly the same as the statewide prevalence (3.9 days compared to 4.0 days, respectively), and slightly lower than the national average (4.8 days per month).

Table 8. Health Behaviors, Stark County, ND, North Dakota, and the United States (2021)

Health Behavior	Stark County	North Dakota	United States
Adult Smoking	17%	16%	15%
Adult Obesity	40%	36%	34%
Adult Excessive Drinking	22%	23%	18%
Alcohol-Impaired Driving Deaths	41%	39%	26%
Physical Inactivity[1]	24%	25%	23%
Access to Exercise Opportunities[2]	72%	76%	84%
Poor Mental Health Days[3]	3.9	4.0	4.8

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.
[2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.
[3]The average number of self-reported mentally unhealthy days in the past 30 days.

Leading causes of death for residents under age 75 in Stark County were malignant neoplasms, diseases of the heart, accidents, COVID-19, and intentional self-harm in 2021 (Table 9). Life expectancy in Stark County is 79 years, which is higher than in North Dakota (78.1 years) and the nation overall (77.6 years) (County Health Rankings & Roadmaps, 2024).

Table 9: Leading Causes of Death in Stark County, ND Residents Under Age 75 (2019-2021)

Cause of Death	Deaths	Rate Per 100,000 Population Under 75
Malignant Neoplasms	60	66.3
Diseases of the heart	49	54.2
Accidents	45	49.7
COVID-19[1]	19	Unreliable
Intentional self-harm[1]	17	Unreliable

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.

The rate of people under age 65 without health insurance in Stark County is similar to statewide and national rates. In Stark County, 9 percent of people under the age of 65 did not have health insurance compared with 9 percent of all North Dakotans and 10 percent nationally (Table 10).

The flu vaccination rate in Stark County is similar to the statewide average (49 percent each) and slightly higher than the national average (46 percent).

The Food Environment Index is a measure of food security and access to healthy foods with a ranking system ranging from 0 (worst) to 10 (best). Stark County's Food Environment Index score was 9.0, which is slightly lower than North Dakota's score of 9.1 but higher than the national score of 7.7 (Table 10).

Table 10. Other Health Factors, Stark County, ND, North Dakota, and United States

Description of Factor	Stark County	North Dakota	United States
Uninsured Rate, 2021	9%	9%	10%
Medicaid Coverage, 2022	11.8%	11.9%	20.4%
Unemployment Rate, 2022	1.9%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	7%	7%	8%
Annual Mammogram Rate, 2021[1]	48%	53%	43%
Annual Flu Shot Rate, 2021[2]	49%	49%	46%
Food Environment Index, 2019-2021[3]	9.0	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021

[1]Percentage of female Medicare enrollees who received an annual mammogram.
[2]Percent of Medicare enrollees who received an annual flu shot.
[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

The ratio of residents per primary care physician is 1,650:1 in Stark County, which is higher than the ratio in North Dakota (1,290:1) and the nation overall (1,330:1). The ratio of residents to mental health care providers and dentists is also higher in Stark County than in North Dakota and the nation overall (Table 11).

Table 11. Number of Residents Per Health Care Provider in Stark County, ND, North Dakota, and the United States

Type of Provider	Stark County	North Dakota	United States
Primary Care Physicians, 2021	1,650:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	590:1	420:1	300:1
Dentists, 2022	2,050:1	1,420:1	1,360:1

Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

National Risk Index

The Federal Emergency Management Agency (FEMA) administers the National Risk Index, a dataset and tool that estimates the risk level for natural disasters at the county level. A county's Risk Index is calculated using three metrics: Expected Annual Loss, Social Vulnerability, and Community Resilience. A community's exposure to and ability to cope with hazardous conditions can have a substantial impact on factors that inform community health outcomes, such as the strain on that community's health care system and its ability to make sure that residents have access to essential goods and services in times of crisis.

Overall, Stark County's National Risk Index rating is Relatively Low. This indicates a fairly strong general preparedness for and ability to recover from natural and manmade hazards. Although 79.2 percent of North Dakota counties have a lower National Risk Index score than Stark County, 58.8 percent of counties nationally have a lower score (Table 12).

Table 12. National Risk Index Percentiles for Stark County, ND when compared to North Dakota Counties and U.S. Counties (2024)

Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	81.1	61.4
Social Vulnerability	73.6	24.4
Community Resilience	66.0	72.8
National Risk Index	*79.2*	*58.8*

Note: The Risk Index can be read as "79.2% of counties in North Dakota have a lower Risk Index than Stark County; 58.8% of U.S. counties have a lower Risk Index than Stark County."
Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).

Expected Annual Loss

Expected Annual Loss scores are calculated by combining a community's exposure to natural hazards, annualized frequency of hazards, and the historic loss ratio for various natural hazards. Stark County's overall Expected Annual Loss is rated as Relatively Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). However, the county faces Very High risk of cold wave, as well as relatively high risk of ice storms and winter weather. Expected annual loss caused by cold waves is rated Very High. Stark County's expected annual loss is higher than 81.1 percent of North Dakota counties and 61.4 percent of counties nationally.

Social Vulnerability Index

Social vulnerability is a concept related to a community's ability to prepare for and respond to hazardous events. A community's social vulnerability is gauged using the Social Vulnerability Index (SVI) (ATSDR) (CDC, 2024): an aggregated index of 16 socioeconomic factors categorized into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. SVI is a nationally recognized measure of a location's social vulnerability, and therefore its ability to prepare for and respond to disasters. While the SVI technically is a measure of ability to respond to natural disasters and aid emergency planning, the index is an accepted tool to gauge overall community socioeconomic well-being. A higher SVI indicates a higher vulnerability to hazard.

Stark County's Social Vulnerability is rated Relatively Low. Stark County has higher social vulnerability than 73.6 percent of North Dakota counties and 24.4 percent of counties nationally. For a more thorough breakdown of Stark County's Social Vulnerability as well as the social vulnerability of counties in CHI St. Alexius Health Dickinson's secondary service area see Appendix A.

Community Resilience

A community's Community Resilience score is defined as its ability to prepare for, withstand, and recover from hazardous events (Cutter et al. 2014). Categories considered in the compilation of

scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Stark County's Community Resilience ranking Relatively High. Stark County has higher community resilience than 66.0 percent of North Dakota's 53 counties and 72.8 percent of counties nationally, suggesting the county is relatively well-prepared to respond to hazardous events.

Community Health Survey Analysis

Demographics

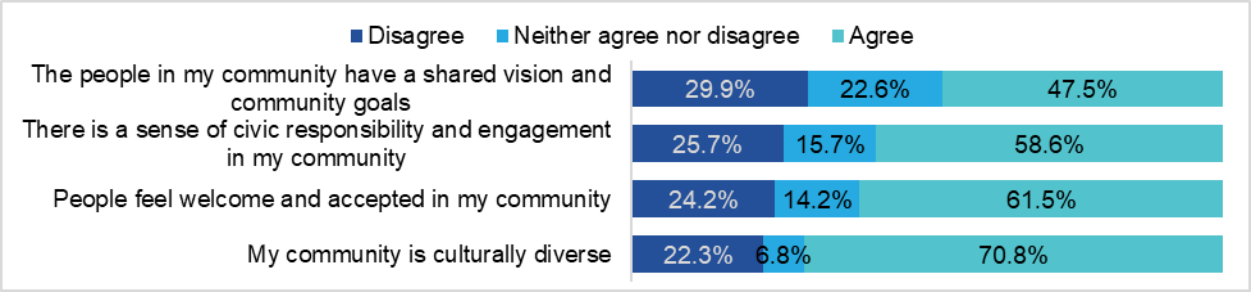
The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Detailed survey findings can be found in Appendix D.

Two hundred and sixty-seven people responded to the CHI St. Alexius Health Dickinson CHNA survey. The average age of respondents was 46 years and 81 percent of respondents were female. Ninety-three percent of respondents identified as white and most respondents (89 percent) reported an annual household income of $50,000 or more; 49 percent had an annual household income of $100,000 or more. Two-thirds (67 percent) of respondents' highest level of education was a bachelor's degree or graduate degree and 86 percent reported being employed full-time.

Findings

Respondents were asked a series of questions about the people in their community, and while disagreement was relatively low overall, respondents were more inclined to respond with uncertainty about people in their community having a shared vision and goals. Nearly one-quarter of respondents (23 percent) neither agreed nor disagreed, 30 percent disagreed, and 48 percent agreed with that statement. Fifty-nine percent of respondents agreed there is a sense of civic responsibility and engagement in their community and 62 percent agreed that people feel welcome and accepted in their community. Seventy-one percent of respondents agreed their community is culturally diverse (Figure 1).

Figure 1: People in My Community, Community Health Needs Assessment, 2024

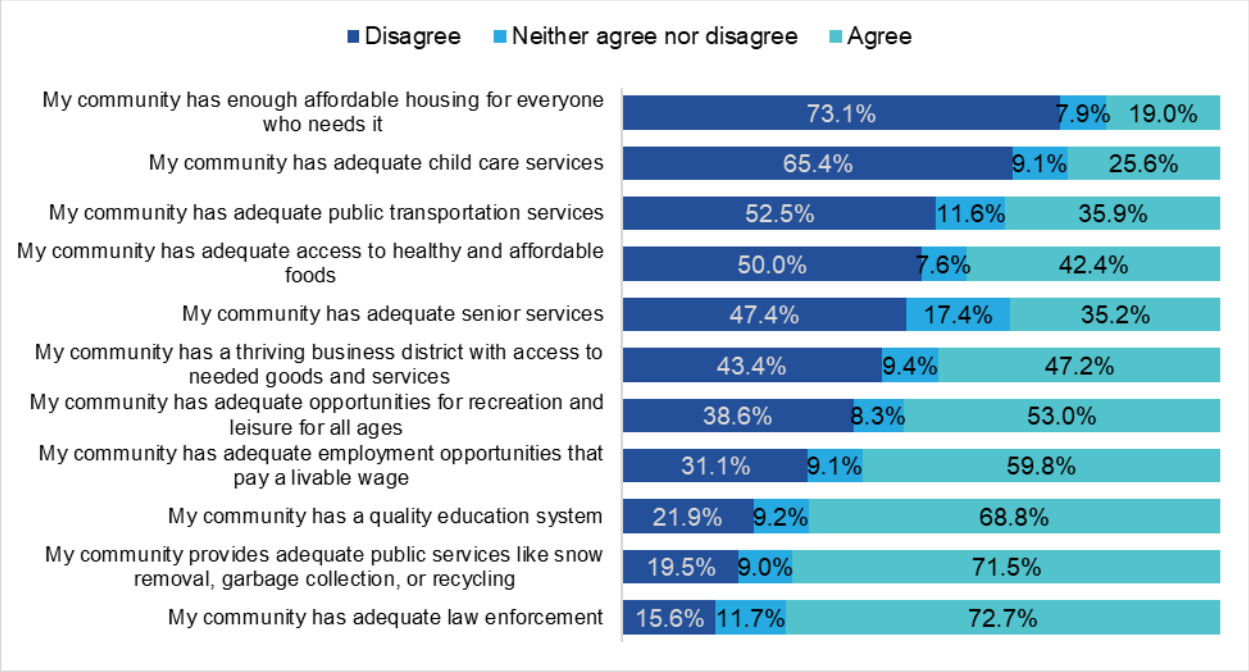


Respondent n: 260-264.

Most respondents (73 percent) disagreed their community has enough affordable housing for everyone who needs it, 65 percent disagreed their community has adequate child care services, 53 percent disagreed their community has adequate public transportation services, and 50 percent disagreed their community has adequate access to healthy and affordable food. However, about

three-quarters (73 percent) agreed their community has adequate law enforcement and a similar percentage (72 percent) agreed their community provides adequate public services (such as snow removal) (Figure 2).

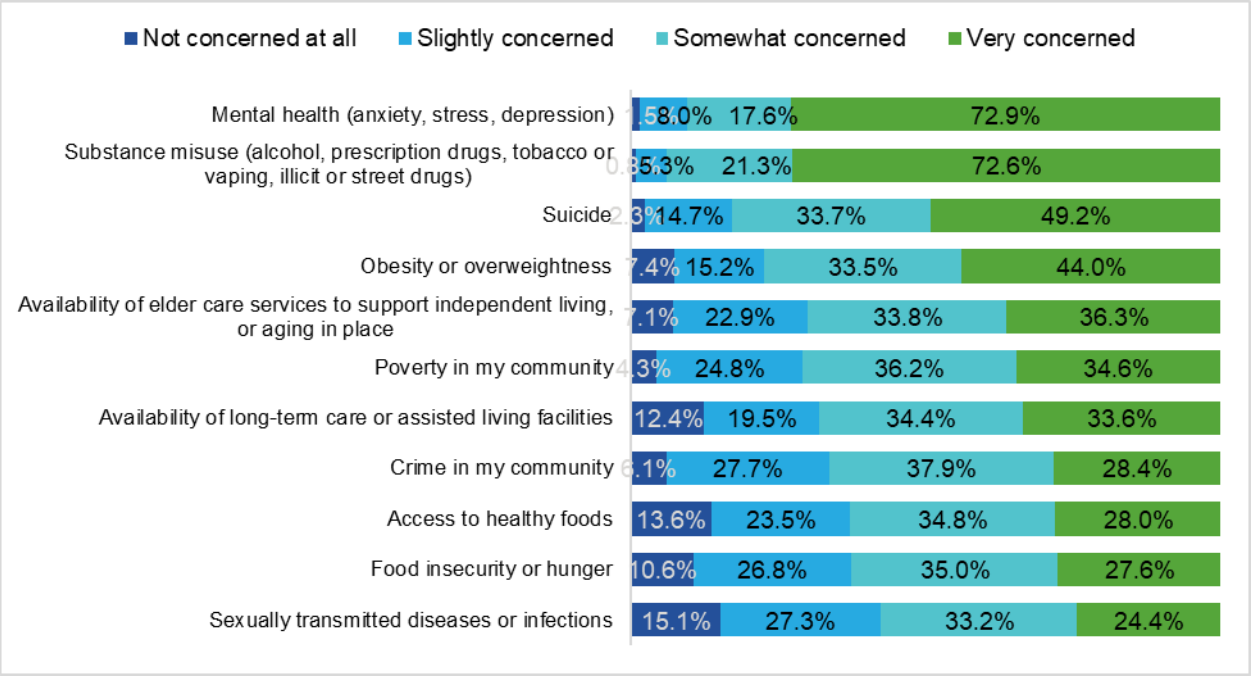
Figure 2: Services in My Community, Community Health Needs Assessment, 2024



Respondent n: 230-267.

When asked about various concerns in their community, nearly all respondents expressed some level of concern for the issues in question. However, there were some issues that raised more concern than others; 73 percent of respondents were very concerned about mental health (anxiety, stress, depression) and 73 percent were very concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs). While nearly half (49 percent) of respondents were very concerned about suicide, 34 percent were somewhat concerned, 15 percent were slightly concerned, and 2 percent were not concerned at all. The issue of sexually transmitted diseases or infections (STIs) drew the highest percentage of respondents who were not at all concerned (15 percent); even so, 85 percent of respondents were at least slightly concerned about STIs in their community (Figure 3).

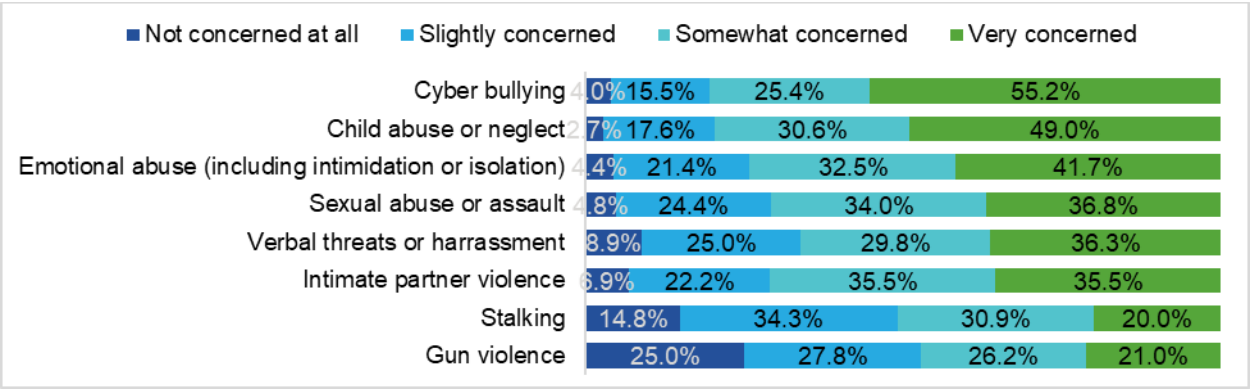
Figure 3: Concerns in My Community, Community Health Needs Assessment, 2024



Respondent n: 205-264.

Most respondents expressed at least slight concern with child abuse or neglect (97 percent), cyber bullying (96 percent), emotional abuse (including intimidation and isolation) (96 percent), sexual abuse or assault (95 percent), intimate partner violence (93 percent), and verbal threats or harassment (91 percent) in their community. However, 25 percent of respondents were not at all concerned about gun violence (Figure 4).

Figure 4: Violence Concerns in My Community, Community Health Needs Assessment, 2024

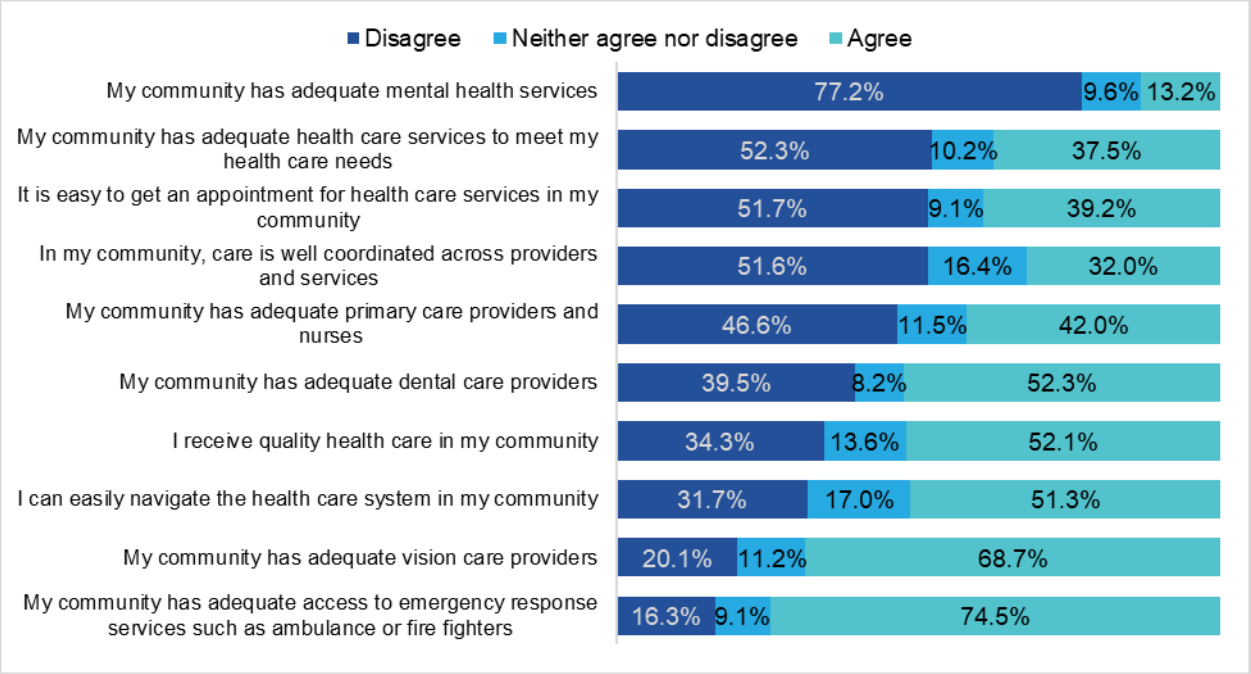


Respondent n: 230-255.

Three-quarters (75 percent) of respondents agreed that their community has adequate access to emergency response services (such as ambulance) and 69 percent agreed that their community has adequate vision care providers. However, 77 percent of respondents disagreed that their community has adequate mental health services, 52 percent disagreed that their community has adequate health services to meet their needs, 52 percent disagreed that it is easy to get an

appointment in their community, and 52 percent disagreed that care is well coordinated across providers in their community (Figure 5).

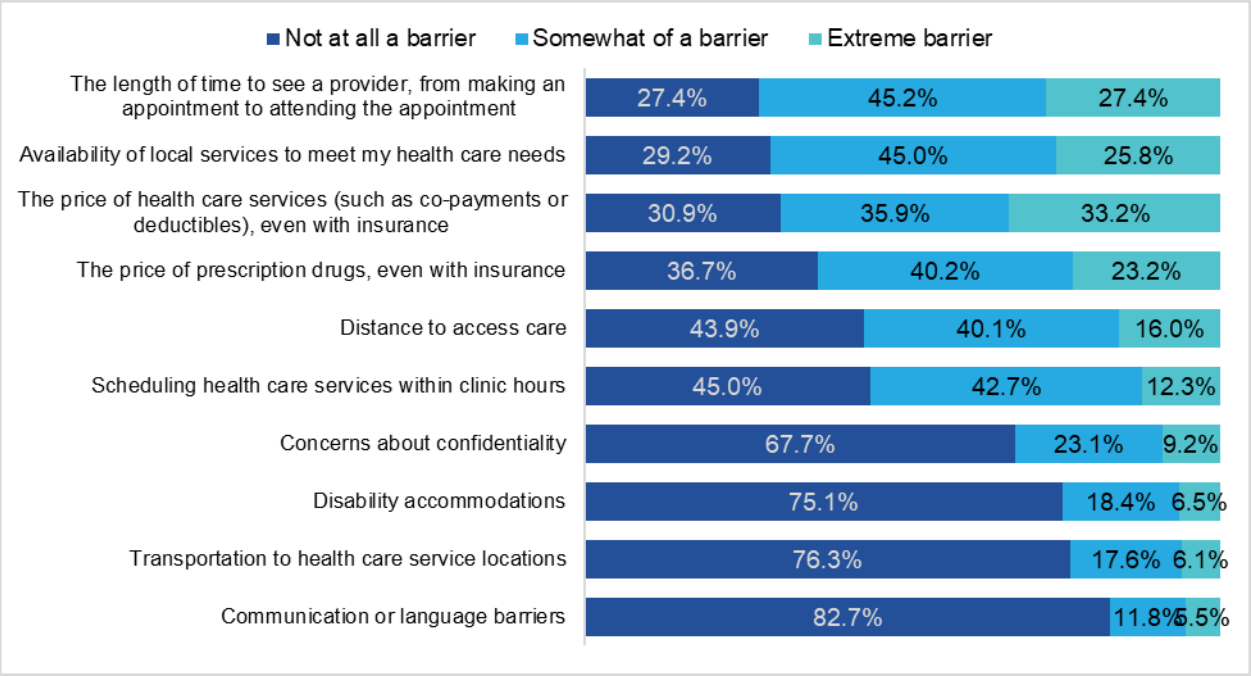
Figure 5: Medical Services in My Community, Community Health Needs Assessment, 2024



Respondent n: 250-265.

Respondents were asked about a series of issues which might present a barrier to accessing health care. For nearly three-fourths (73 percent) of respondents, the length of time to see a provider, from making the appointment to attending, was at least somewhat of a barrier to accessing health care. Seventy-one percent of respondents cited the availability of local services as at least somewhat of a barrier. The price of health care services, even with insurance, was considered at least somewhat of a barrier for 69 percent of respondents and 33 percent considered this an extreme barrier to accessing care. Likewise, the price of prescription drugs was considered at least somewhat of a barrier for 63 percent of respondents (Figure 6).

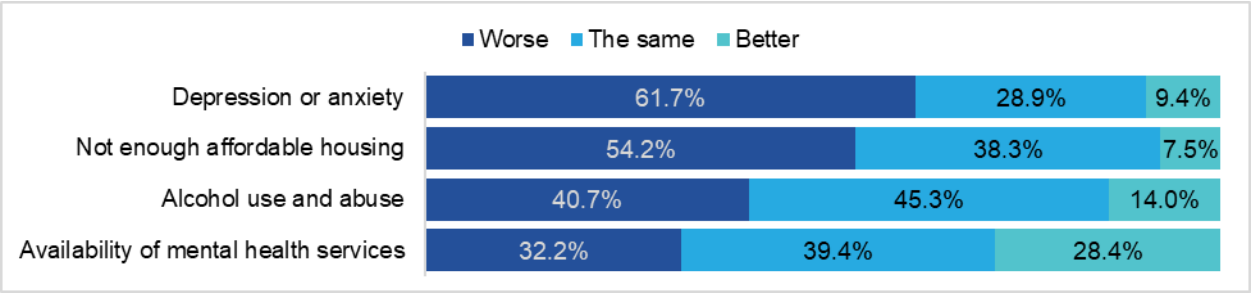
Figure 6: Barriers to Accessing Health Care, Community Health Needs Assessment, 2024



Respondent n: 217-262.

Respondents were asked about their perceptions of issues identified as priority community health needs during the previous CHNA conducted in 2022. Of the four issues identified as priority needs, the availability of mental health services had the highest percentage of respondents noting improvement since 2022 (28 percent). However, 39 percent of respondents indicated this issue is the same and 32 percent indicated this issue has worsened. Forty-one percent of respondents indicated alcohol use and misuse has worsened since 2022, while 45 percent indicated this issue is the same since that time. Just over half (54 percent) of respondents indicated the availability of affordable housing has worsened since 2022 and 62 percent indicated that depression or anxiety has worsened since then (Figure 7).

Figure 7: Previous CHNA Issues, Community Health Needs Assessment, 2024

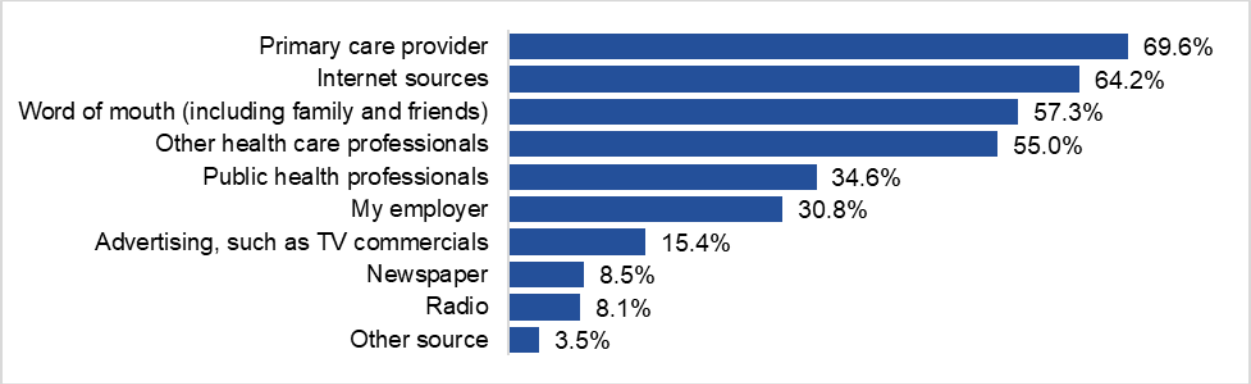


Respondent n: 236-240.

In the past 12 months, 83 percent of respondents had an annual physical exam, 80 percent had a dental exam, 79 percent had a vision exam, 66 percent had a blood pressure or cholesterol screening, and 62 percent received a vaccination (Appendix D).

Eighty-three percent of respondents said they have a primary care doctor and 70 percent said they get their health information from a primary care provider. Internet sources were cited by 64 percent of respondents as a source of health information. Fifty-seven percent of respondents receive health information from word of mouth, such as friends or family, and slightly fewer (55 percent) receive health information from other health care professionals (Figure 8).

Figure 8: Sources of Health Information, Community Health Needs Assessment, 2024

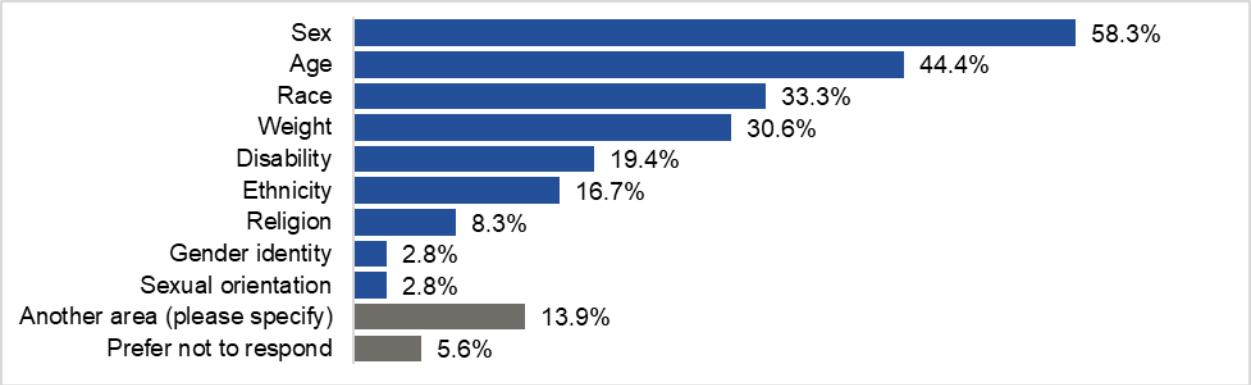


Respondent n: 260. Respondents were permitted to select more than one response.

Most respondents (83 percent) have health insurance through an employer and 13 percent have insurance through a government program such as Medicaid (Appendix D).

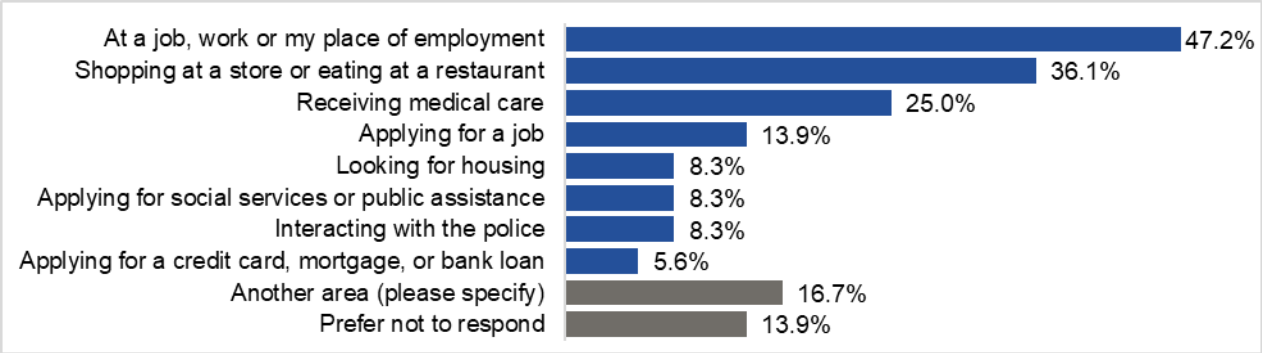
Fourteen percent of respondents said they had experienced discrimination in the past 12 months, and the most common area of discrimination was sex (58 percent) followed by age (44 percent) (Figure 9). Nearly half (47 percent) of respondents who experienced discrimination said it was at a job or place of work and 36 percent said they were discriminated against while shopping at a store or eating at a restaurant (Figure 10).

Figure 9: Areas of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 36. Respondents were permitted to select more than one response.

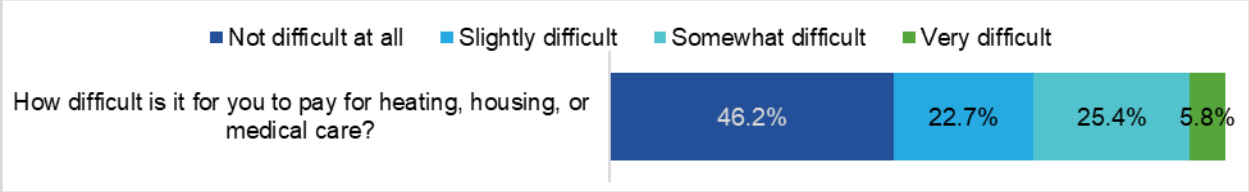
Figure 10: Situations of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 36. Respondents were permitted to select more than one response.

More than half (54 percent) of respondents said they find it at least slightly difficult to pay for heating, housing, or medical care. Twenty-three percent of respondents said it is slightly difficult, 25 percent said it is somewhat difficult, and 6 percent said it is very difficult to pay for these necessities (Figure 11).

Figure 11: Difficulty Paying for Heating, Housing, or Medical Care; Community Health Needs Assessment, 2024



Respondent n: 260.

Significant Community Health Needs

Based on analysis of the survey data, the following were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of findings as appropriate.

- **Affordability of housing.** Most respondents (73 percent) disagreed that their community has enough affordable housing for everyone who needs it. Affordable housing was also identified as a priority need in the previous CHNA conducted in 2022, and more than half (54 percent) of respondents indicated that the availability of affordable housing has worsened since then. The median household income in Stark County ($78,734) is slightly higher than North Dakota overall ($73,959), as is the median housing value ($255,200 and $232,500, respectively). Median monthly ownership costs (including a mortgage) and median rent are also higher in Stark County than in North Dakota overall.

- **Availability of child care services.** Nearly two-thirds (65 percent) of respondents disagreed that their community has adequate child care services. Stark County has a higher percentage of families with children under the age of 18 (32.1 percent) than North Dakota on average (27.8 percent). Stark County also has a higher percentage of children ages 0 to 4 (8.3 percent) than North Dakota (6.7 percent)

- **Availability of public transportation.** More than half (53 percent) of respondents disagreed that their community has adequate public transportation services. Nearly one-quarter (24 percent) of respondents indicated that access to transportation for health care services was at least somewhat of a barrier.

- **Mental health and substance misuse.** Nearly three-quarters (73 percent) of respondents were very concerned about mental health (anxiety, stress, depression) and 73 percent were also very concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs) in their community. Mental health and substance misuse were also identified as priority needs in the previous CHNA and 62 percent of respondents said that mental health has worsened in their community since then. Forty-one percent said that alcohol misuse specifically has worsened since the previous CHNA. Further, 77 percent of respondents disagreed when asked if their community has adequate mental health services and a third (32 percent) indicated that the availability of mental health services in their community has worsened since the previous CHNA.

- **Access to health care services.** Half of respondents disagreed when asked if their community has adequate health care services (52 percent), that it was easy to get an appointment for health care services (52 percent), and that health care services were well coordinated across providers and services (52 percent). The number of people per mental health care provider and primary care physician is higher in Stark County than North Dakota overall. The ratio of residents to primary care physicians is 1,650:1 in Stark County compared to 1,290:1 in North Dakota. The ratio of residents to mental health care providers is 590:1 in Stark County compared to 420:1 statewide.

- **Psychological abuse and crime.** Most respondents (81 percent) were at least somewhat concerned about cyber bullying; 55 percent were very concerned. Similarly, 80 percent of respondents were at least somewhat concerned with child abuse/neglect; 49 percent were very concerned about the issue.

During the January 28, 2025 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Meeting attendees indicated the issues identified in the presentation accurately reflected issues of concern in their community. Attendees generally agreed there have been positive improvements to community public health, but that there is still work to be done. Specific issues that were discussed included: communicating availability of care coordination services and transportation services, supporting affordable housing development, addressing concerns regarding child abuse and neglect, and continuing ongoing work surrounding substance use and misuse and mental health care.

Resources Potentially Available to Address Needs

Resources, programs, and organizations potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community.

Adoption
--Nexus-PATH family healing

Behavioral Health
--Badlands Health and Human Services
--Roughrider Health and Human Services
--Community Connect

Child Development
--KIDS Program-HIT
--West River Student Services

Community Services
--Angel's Advocates
--Dylan's Crossing
--Lutheran Family Services
--Salvation Army
--Seed's of Eden
--Southwestern District Health Unit
--United Way Dickinson

Disability Services
--Community Options
--Dakota Center for Independent Living
--Vocational Rehabilitation

Education
--Adult Learning Center

Employment Services
--Job Service ND

Food
--AMEN Food Panty
--Dickinson Backpack Program
--St. Vincent DePaul

Housing
--Domestic Violence and Rape Crisis Center

In Home Care
--Home Instead
--Charles Angels of Caring
--Dakota Prairie Helping Hands

Rehabilitation
--A.D.A.P.T
--F-5 Project
--Heart River Drug and Alcohol Abuse -- Services
--Heartview Foundation

Senior Care
--Northland Pace Senior Care Services

Transportation/Food
--Dickinson Public Transit/Elder Care

Utilities
--Community Action

Veterans Services
--Stark County Veterans Administration (Jessica Cliffton)
--Veteran's Services and SSVFM (Community Action)

Youth Services
--Children's Advocacy Center
--Healthy Families ND
--Pathfinder
--Sunrise Youth Bureau

Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy

Health Need: Affordable Housing

Health Need #1: Affordable Housing (Availability of resources to help elderly stay in their homes, Not enough affordable housing)	
Goal and Anticipated Impact	The hospital will work with interested community organizations and our patients to help bridge the gap between their health and the social determinant of health "shelter" through coordination with current shelters, resources, and cities to make more "affordable" housing available in the community.
Strategy	**Key Activities**
1.1 City/County Code Review	1.1.1 Review of the current city/county code to see if there are barriers to affordable housing developments being created in the community. Work will be done to ensure barriers are eliminated and education is provided to decision makers on what the issues are in regard to development **FY23 Actions and Impact** ● Worked with City and County Planning and Zoning staff to identify barriers to affordable housing development in the community and worked to change ordinances to help with the development of a new homeless shelter ordinance. Additional work has been done to help identify developers who may be interested in developing affordable housing in the community. Meetings and conversations have been had to see what additional changes may need to be made to make this type of development more attractive. **FY23 Measures** ● Four quarterly meetings held with SW Homeless Coalition and City Planning staff as well as supplemental meetings with city commissioners and city planning staff. Key measure would be the starting of development of the homeless shelter ordinance (to be reported in future narratives). **FY24 Actions and Impact** ● Worked with City and County Planning and Zoning staff to identify barriers to affordable housing development in the community and worked to change ordinances to help with the development of a new homeless shelter ordinance. This work led to a new group housing and homeless shelter ordinance being added to the City of Dickinson city code in May of 2024. City Commission and staff has also engaged with CHI on conversations regarding affordable housing developments and work there continues. **FY24 Measures** ● Four quarterly meetings held with SW Homeless Coalition and City Planning staff as well as supplemental meetings with city commissioners and city planning staff. Passage of ordinance. **FY25**: Results Pending

1.2 Coordination and Communication	1.2.1 Improve coordination between entities through a common touchpoint in the community for resources and information as to resources and programs available, including budgeting/finance education. **FY23 Actions and Impact** ● Four quarterly meetings with the SW Homeless Coalition to identify and quantify the needs in the community as well as come to an understanding and alignment on plans for a potential shelter. **FY23 Measures** ● Four quarterly meetings held which have since transitioned to monthly meetings due to the amount of work and need identified. Coordination is ongoing. About 25-30 people locally and statewide engaged in the work. **FY24 Actions and Impact** ● Four quarterly meetings with the SW Homeless Coalition to identify and quantify the needs in the community as well as come to an understanding and alignment on plans for a potential shelter. Monthly meetings of the CHNA Affordable Housing workgroup. **FY24 Measures** ● Four quarterly meetings held which have since transitioned to monthly meetings due to the amount of work and need identified. Coordination is ongoing. About 25-30 people locally and statewide engaged in the work. **FY25**: Results Pending
	1.2.2 Designate owner of resource list to keep information current. **FY23 Actions and Impact** ● See 1.2.1. **FY23 Measures** ● See 1.2.1. **FY24 Actions and Impact** ● See 1.2.1. **FY24 Measures** ● See 1.2.1. **FY25**: Results Pending
1.3 Development Programs	1.3.1 ● Review/update and promotion of available city and county programs, or the addition of new programs, that may encourage the development of more affordable housing in the community, whether that be lower priced homes, tiny homes, etc. ● Compile and promote program information from financial institutions, Stark Development, and Single Room Occupancy Unit Program.

	FY23 Actions and Impact ● See 1.1.1. **FY23 Measures** ● See 1.1.1. **FY24 Actions and Impact** ● See 1.1.1. **FY24 Measures** ● See 1.1.1. **FY25**: Results Pending
1.4 Homeless/Transitional/Supportive Housing Shelter	1.4.1 ● Development and implementation of a business plan to help address homelessness in the community through the opening and staffing of transitional/supportive housing for individuals experiencing homelessness in the community. ● Amending, if necessary, city code to allow for development. **FY23 Actions and Impact** ● Applied for and were awarded a planning grant through the Mission and Ministry Fund at CommonSpirit Health in order to fund a partnership with the Corporation for Support Housing which specializes in the planning and implementation of supportive housing. Worked with them to develop a business plan and staffing model for a shelter. Also worked to secure a tentative “earmarked” dollar amount of $500,000 from the City of Dickinson from its ARPA COVID relief dollars for a brick-and-mortar capital purchase of a potential shelter. **FY23 Measures** ● 13 Meetings with community stakeholder and state leaders to help solidify a business plan and staffing model for a potential shelter. In addition, work toward a zoning ordinance change to allow for the opening of said shelter. $47,850 in funding received. **FY24 Actions and Impact** ● Partnered with Corporation for Supportive Housing on a business plan, staffing structure, and other operational decisions necessary for a successful homeless shelter and supportive housing shelter. Identified United Way as the partner organization in the community that will own and operate the shelter. ● Identified, applied for, and selected to be the project to receive $1 million dollars from the State of North Dakota for acquisition and renovation of a hotel/motel in Dickinson to be utilized as a shelter. Also identified additional grant opportunities. ● Applied for and awarded an implementation grant from the CommonSpirit Health Mission and Ministry Fund in the amount of $640,000 for operations of the shelter over a three-year period. **FY24 Measures** ● 12 Meetings with community stakeholders and state leaders to help solidify a business plan and staffing model for a potential

	shelter. In addition, work toward a zoning ordinance change to allow for the opening of said shelter. $47,850 in funding received. **FY25**: Results Pending
	1.4.2 Invest in community organizations focused on Affordable Housing through the implementation of the Community Health Improvement Grant (CHIG) program. **FY23 Actions and Impact** ● Activity created in FY24. **FY23 Measures** ● No measures to report. **FY24 Actions and Impact** ● Awarded a CHIG to House of Manna. The nonprofit provides clothing, food, and household items to individuals and families in need. **FY24 Measures** CHIG funds awarded (1/1/24-12/31/24): $14,987
Planned Resources	● Staff time and collaboration with community leaders. Potential use of Mission and Ministry Funds (Will apply in FY23 for Planning dollars) Potential city funding for purchase/renovation/operations of shelter in start-up phase.
Planned Collaborators	● CHI St. Alexius Health City of Dickinson Stark County ● Regional Counties Homeless Coalition ● Badlands Human Service Center Local Parishes ● Dickinson Area Chamber of Commerce House of Manna ● Local Realtors ● Domestic Violence and Rape Crisis Center Community Action Partnership ● Able, Inc. ● Dickinson Public Schools ● Dakota Center for Independent Living Stark Development ● Dickinson Adult Detention Center USDA

Health Need: Behavioral Health

Health Need #2: Behavioral Health (Availability of Mental Health Services, Alcohol use and abuse, Adults, Drug use and abuse, Youth, Depression/anxiety – Youth and Adult)	
Goal and Anticipated Impact	Work toward bridging the gap in behavioral health services through a community initiative that brings inpatient and outpatient options to the area while also addressing staffing and facility shortages in the region.
Strategy	**Key Activities**
2.1 Staffing/Recruitment Programs	2.1.1 ● Staffing is an identified critical need and legislation or local match dollars for scholarship and tuition reimbursement programs should be leveraged to encourage individuals to go into the behavioral health field. ● Career Builders Program consider simplification of program. ● Challenge Grants and associated amount of available funds. ● Rural Health Grant – translate into legislation for possible expansion to application for behavioral health. ● Address barriers to reciprocity for behavioral health providers licensed in other states to become licensed to practice in ND **FY23 Actions and Impact** ● Working with both Dickinson State University and the State of North Dakota we identified that DSU was offering most of the classes needed to provide for a licensed addiction counseling degree, but they were missing one class. DSU has since added the class and those receiving an associate's degree and bachelor's degrees in various disciplines can now have the classes necessary to become licensed addiction counselors. We have also been able to identify individuals in the community that can provide the clinical hours for these individuals to become licensed. It is not at the level or the number needed in the community, but it is a step in the right direction. We continue this work. **FY23 Measures** ● Four quarterly meetings with between 15-25 attendees to discuss and coordinate on these issues. Future measures will include the number of students enrolled who could potentially qualify for a license once they graduate. **FY24 Actions and Impact** ● Conversations with legislators regarding potential changes to the licensing procedures in North Dakota to help make it easier for experienced clinicians to get licensed when moving to the state. . **FY24 Measures** ● Four quarterly meetings with between 15-25 attendees to discuss and coordinate on these issues. Future measures will include the number of students enrolled who could potentially qualify for a license once they graduate. **FY25**: Results Pending

2.2 Inpatient Behavioral Health	2.2.1 ● Continue work toward bringing ten inpatient beds to CHI St. Alexius Health in Dickinson. This work will be funded in cooperation with CommonSpirit, local, county, and state government. ● Support and promote the opening of the new Heartview Clinic in St. Joe's Plaza to help address the gap in substance abuse counseling services in the region. ● Analyze the need for juvenile placement. **FY23 Actions and Impact** ● Worked with state legislators and the Midwest Division (now Central Region) in Omaha. We were able to work toward and secure grant funding of up to $8 million dollars for the construction of a 10-bed inpatient acute behavioral health unit at the hospital. **FY23 Measures** ● Qualifying to apply for the funds. No additional measure at this time. **FY24 Actions and Impact** ● After running numbers regarding the financial feasibility regarding a new facility being built in Dickinson to help provide for inpatient services for behavioral health it was deemed that it was not feasible to move forward with a inpatient unit. However, we were able to secure services for the elderly through Senior Life Solutions and made great progress in community-wide integration for behavioral health through greater and improved partnerships with organizations like Badlands Human Service Center and others. **FY24 Measures** ● No measures to report. **FY25**: Results Pending
2.3 Outpatient Behavioral Health	2.3.1 ● Cooperative agreements and arrangements with care sites to ensure patients and customers are getting appropriate care and are referred to the appropriate place the first time as opposed to a trial-and-error approach. ● Review opportunities to bring outpatient options to the CHI clinic in Dickinson to improve availability of care. ● Analyze availability and need for juvenile services. **FY23 Actions and Impact** ● Worked with local stakeholders like Badlands Human Service Center on Behavioral Health Integration in the community. Also began working toward a partnership with Senior Life Solutions which would help provide geriatric psychiatry services in house and help coordinate care once they are discharged. **FY23 Measures** ● Four quarterly meetings with 20-30 participants ranging from local to state stakeholder groups and organizations. **FY24 Actions and Impact** ● Worked with local stakeholders like Badlands Human Service Center on Behavioral Health Integration in the community. Also began working toward a partnership with Senior Life Solutions which would help provide geriatric psychiatry services in house and help coordinate care once they are discharged.

	FY24 Measures ● Monthly meetings with 20-30 participants ranging from local to state stakeholder groups and organizations. **FY25**: Results Pending
2.4 Education Programming	2.4.1 ● Coordination with Dickinson State University, the State of North Dakota, and the Southwest Career and Technical Education Center to meet the needs through the development of educational programs that will provide staff for behavioral health. ● Internship and job shadowing programs for individuals to see if they'd like to pursue a career in behavioral health. ● Explore existing and identify new clinical training opportunities. **FY23 Actions and Impact** ● See 2.1.1. **FY23 Measures** ● See 2.1.1. **FY24 Actions and Impact** ● See 2.1.1. **FY24 Measures** ● See 2.1.1. **FY25**: Results Pending
	2.4.2 Invest in community organizations focused on Behavioral Health through the implementation of the Community Health Improvement Grant (CHIG) program. **FY23 Actions and Impact** ● Activity created in FY24. **FY23 Measures** ● No measures to report. **FY24 Actions and Impact** ● Awarded a CHIG to Bio Girls, Inc. The nonprofit provides structured curriculum, small group mentoring, and physical activity and community service opportunities for girls with the aim of building confidence and preventative mental health practices. **FY24 Measures** ● CHIG funds awarded (1/1/24-12/31/24): $10,175
2.5 Coordination and Communication	2.5.1 Improve coordination between entities through a common touchpoint in the community for resources and information as to resources and programs available. **FY23 Actions and Impact** ● Worked with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. **FY23 Measures** ● Four quarterly meetings with 20-30 participants ranging from local to state

	stakeholder groups and organizations. **FY24 Actions and Impact** ● Worked with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. **FY24 Measures** ● Monthly meetings with 20-30 participants ranging from local to state stakeholder groups and organizations. **FY25**: Results Pending
Planned Resources	● Staff time and collaboration with community leaders. Financial support when deemed appropriate. ● The hospital will also provide community health educators, outreach communications, and program management support for these initiatives.
Planned Collaborators	● CHI St. Alexius Health Badlands Human Service Center Southwestern District Health City of Dickinson ● Stark County ● Dickinson Police Department Stark County Sheriff's Department Heartview ● North Dakota Legislature, Districts 36, 37, 39 Dickinson State University ● Hope's Landing ● Stark County State's Attorney Dickinson Public Schools ● Southwest Multi-County Correction Center Surrounding Counties/Municipalities ● State of North Dakota ● Southwest Career and Technical Education Center

Health Need: Childcare/Youth Concerns

Health Need #3: Childcare/Youth Concerns **(Drug use and abuse, Youth, Depression/anxiety – Youth, Having enough child daycare services, Bully/Cyberbullying)**	
Goal and Anticipated Impact	Provide additional childcare capacity in Dickinson through the renewal and utilization of grant programs and/or helping eliminate barriers to opening childcare centers, including staffing. Help support youth related activities that create an atmosphere free of judgment/bullying in our schools.
Strategy	**Key Activities**
3.1 Childcare Programs	3.1.1 ● Encourage the development, renewal and continuation of community and state-based grant programs to enable individuals to open new or expand existing daycare facilities to increase capacity. ● Incentives focused specifically on bringing buildings up to code. ● Regulatory and code review for efficiencies. **FY23 Actions and Impact** ● In conversations at our quarterly workgroup meetings, we identified a need for greater coordination between the childcare providers and licensing and education providers as well as legislators and have started to help facilitate those conversations. In addition, additional opportunities for internship or job shadowing opportunities have been identified.

	FY23 Measures ● Four quarterly meetings with 10-20 participants ranging with childcare and education providers. At least four applicants in the past year to Stark Development's childcare cost share program. **FY24 Actions and Impact** ● In conversations at our quarterly workgroup meetings, we identified a need for greater coordination between the childcare providers and licensing and education providers as well as legislators and have started to help facilitate those conversations. In addition, additional opportunities for internship or job shadowing opportunities have been identified. **FY24 Measures** ● Four quarterly meetings with 10-20 participants ranging with childcare and education providers. At least three applicants in the past year to Stark Development's childcare cost share program. **FY25**: Results Pending
3.2 Early Childhood Education	3.2.1 ● Coordination with Dickinson State University and the Southwest Career and Technical Education Center to meet the needs through the development of educational programs that will provide staff for daycare centers. ● Development of programs that will incentivize individuals to participate in these programs through scholarships or tuition reimbursement ● Education – shadow and internship work to gain on the job experience with school credit prior to graduation **FY23 Actions and Impact** ● See 3.1.1. **FY23 Measures** ● See 3.1.1. **FY24 Actions and Impact** ● See 3.1.1. **FY24 Measures** ● See 3.1.1. **FY25**: Results Pending
3.3 Youth Programming	3.3.1 ● Coordination across agencies that work directly with youth, whether that be the school system, parks and recreation, or local clubs to bring additional programming to the area that may not currently be offered. ● Work toward improving current offerings or reassess the effectiveness of them. ● Early release/closed day after school programming opportunities. **FY23 Actions and Impact** ● The workgroup shifted from working and communicating through quarterly meetings to monthly meetings when we realized how broad ranging and impactful this topic was. We still consider ourselves a "small town" but we have many "youth" in our community with a broad range of interests. We started by analyzing the current offerings of programs both at the Parks and Rec level for recreational opportunities, but then also on the interventional

	side of things with organizations like Sunrise Youth Bureau. We identified there is a significant number of adolescents in our community that do not feel like they "belong" or feel "lonely" because of their interests. Conversation turned to how we reach them and give them a sense of connectedness, not only to the community, but to other people. A lot of good groundwork was laid. **FY23 Measures** ● Dickinson Parks and Rec conducted a survey with over 10,000 responses. They identified a number of areas they plan to expand their services into. Four quarterly and two monthly meetings that had 10-20 participants. **FY24 Actions and Impact** ● Monthly meetings to coordinate and communicate regarding different services and offerings in the community. We still consider ourselves a "small town" but we have many "youth" in our community with a broad range of interests. We started by analyzing the current offerings of programs both at the Parks and Rec level for recreational opportunities, but then also on the interventional side of things with organizations like Sunrise Youth Bureau. We identified there is a significant number of adolescents in our community that do not feel like they "belong" or feel "lonely" because of their interests. Conversation turned to how we reach them and give them a sense of connectedness, not only to the community, but to other people. ● Future action will include working to enhance mentorship programs that are existing in Dickinson currently and also potentially creating new opportunities through the work of our local Community Health Worker in the clinic. ● Supported Dickinson's BIO (Beauty Inside and Out) Girls program with a Community Health Improvement Grant. **FY24 Measures** ● Monthly meetings that had 10-20 participants. **FY25:** Results Pending
3.4 Youth Commission	3.4.1 ● Support the activities of the youth commission through financial contributions or the contribution of time and talent to their activities in the community. ● Listen to their suggestions with an open mind and do what we can to implement their ideas or solutions. ● Developing strategy and business plan for a youth center in Dickinson. **FY23 Actions and Impact** ● Working with the Dickinson Youth Commission in supporting their work to be a voice for youth in Dickinson. Direct participation from the Director of Mission as an advisor for the youth commission in their work. Planning of various youth centered events. **FY23 Measures** ● Over 750 attendees of various ages attended the youth commission's programs in FY23 and additional programming and more regular programming is planned for FY24. **FY24 Actions and Impact** ● Working with the Dickinson Youth Commission in supporting their work to be a voice for youth in Dickinson. Direct participation from the Director of Mission as an advisor for the youth commission in their work. Planning of

	various youth centered events. **FY24 Measures** ● Over 750 attendees of various ages attended the youth commission's programs in FY24 and additional programming and more regular programming is planned for FY25. **FY25**: Results Pending
3.5 Coordination and Communication	3.5.1 Leverage community presence of all organizations to publicize and promote the activities currently ongoing and active in the community to address this need to increase visibility and demonstrate the commitment to addressing it. **FY23 Actions and Impact** ● Worked with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. **FY23 Measures** ● Four quarterly meetings with 10-20 participants ranging from a variety of local stakeholder organizations. **FY24 Actions and Impact** ● Worked with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. **FY24 Measures** ● Monthly meetings with 10-20 participants ranging from a variety of local stakeholder organizations. **FY25**: Results Pending
Planned Resources	● Staff time and collaboration with community leaders. Financial support when deemed appropriate. ● The hospital will also provide community health educators, outreach communications, and program management support for these initiatives.
Planned Collaborators	● CHI St. Alexius Health – Brittney Smith Dickinson Public Schools ● Trinity Catholic Schools ● Stark Development Corporation City of Dickinson ● Sunrise Youth Bureau Dickinson Youth Commission Dickinson Parks and Recreation State of North Dakota ● Stark County ● North Dakota Legislature, Districts 36, 37, 39 Dickinson State University ● Local Parishes ● Southwestern District Health Unit Domestic Violence and Rape Crisis Center

Health Need: Elder Concerns

Health Need #4: Elder Concerns (Availability of Mental Health Services, Availability of resources to help elderly stay in their homes, Cost of long-term/nursing home care, Not enough affordable housing)	
Goal and Anticipated Impact	Help elderly members of the community address the various needs they are faced with, including, but not limited to mental health services, transportation, cost of housing, etc.
Strategy	**Key Activities**
4.1 Transportation	4.1.1 ● Increase opportunities for transportation in the community for those who can no longer operate, or cannot afford to have a vehicle of their own. ● Assess feasibility of route structure and potential expansion of route. ● Ensure accessibility of transportation and qualifications/proper training of transportation staff. ● Look into the possibility of transportation vouchers for the less fortunate so they can get to medical appointments, shopping and employment opportunities. **FY23 Actions and Impact** ● Working with ElderCare (local public transit provider) and the City of Dickinson, we were able to increase the number of vouchers available for free rides for the elderly and others in the community. In addition, work continues to help identify usage rates and reasons for usage of public transit. Numbers continue to increase. **FY23 Measures** ● Four quarterly meetings with 10-15 attendees. **FY24 Actions and Impact** ● Working with ElderCare (local public transit provider) and the City of Dickinson, we were able to increase the number of vouchers available for free rides for the elderly and others in the community. In addition, work continues to help identify usage rates and reasons for usage of public transit. Numbers continue to increase. **FY24 Measures** ● Four quarterly meetings with 10-15 attendees. **FY25**: Results Pending
4.2 Employment/Volunteer Opportunities	4.2.1 ● Assessment of current and new opportunities for employment for the aged population in Dickinson to allow livable wages to support themselves and their families ● Assessment of current and new opportunities for volunteering for the aged population in Dickinson ● Providing support for the elderly to have a quality of life that respects their dignity. **FY23 Actions and Impact** ● CHNA Elder Workgroup is working to identify and consolidate information on these types of opportunities in the community. In the meantime, the

	hospital continues to have 15-20 elderly come and volunteer for a number of different things in the hospital. We have discussed a community wide effort to increase participation in the adopt a grandparent program that is run in some of the long-term care locations as well. **FY23 Measures** ● Four quarterly workgroup meetings with 10-15 attendees. **FY24 Actions and Impact** ● Working in conjunction with the Youth Concerns workgroup, we have identified some potential opportunities for mentorship programs to be supported or started that could help both populations. Our Community Health Worker is collecting information on elderly who may be interested in participating and moving forward with these programs. **FY24 Measures** ● Four quarterly workgroup meetings with 10-15 attendees. **FY25**: Results Pending
4.3 Care Coordination and Communication	4.3.1 ● Leverage community presence of all organizations to publicize and promote the activities currently ongoing and active in the community to address this need to increase visibility and demonstrate the commitment to addressing it. ● Cooperative agreements and arrangements with care sites to ensure patients and customers are getting appropriate care and are referred to the appropriate place the first time as opposed to a trial-and-error approach. **FY23 Actions and Impact** ● Worked with local stakeholders to identify barriers in services as well as opportunities for collaboration. There is an increasing need for this as geriatric psych is a growing need and concern. Began developing a relationship with Senior Life Solutions as a potential inpatient and outpatient link for this in the community. **FY23 Measures** ● Four quarterly workgroup meetings with regular attendees as well as organization to organization meetings with the hospital and partners in the community on integrating care. **FY24 Actions and Impact** ● Worked with local stakeholders to identify barriers in services as well as opportunities for collaboration. Senior Life Solutions was established an outpatient link for this in the community. **FY24 Measures** ● Monthly workgroup meetings with regular attendees as well as organization to organization meetings with the hospital and partners in the community on integrating care. 700+ referrals to SLS in its first month operating in Dickinson. **FY25:** Results Pending

4.4 Recruitment and Retention Programs	4.4.1 ● Staffing is an identified critical need and legislation or local match dollars for scholarship and tuition reimbursement programs should be leveraged to encourage individuals to go into the long-term nursing and behavioral health field. ● Recruitment initiatives and programs to incentivize moving to North Dakota. ● International recruitment programs. **FY23 Actions and Impact** ● The SW Career and Technical Education Center provides a number of opportunities for job shadowing and education that will help with staffing long-term care in the future, but retention is an identified issue. Meeting with legislators during the session regarding potential for tuition assistance and scholarship opportunities. Brainstorming and idea sharing was the priority in FY23. **FY23 Measures** ● Four quarterly workgroup meetings with 10-15 regular attendees. **FY24 Actions and Impact** ● The SW Career and Technical Education Center provides a number of opportunities for job shadowing and education that will help with staffing long-term care in the future, but retention is an identified issue. Meeting with legislators during the session regarding potential for tuition assistance and scholarship opportunities. Brainstorming and idea sharing was the priority in FY23. **FY24 Measures** ● Monthly workgroup meetings with 10-15 regular attendees. **FY25**: Results Pending
4.5 Education Programming	4.5.1 ● Coordination with Dickinson State University and the Southwest Career and Technical Education Center to meet the needs through the development of educational programs that will provide staff for long-term care. ● Education – shadow and internship work to gain on the job experience with school credit prior to graduation ● Explore education options for non-traditional students at the post-high school level. ● Seek area employers to assist in clinical training opportunities. **FY23 Actions and Impact** ● Working with SW CTE and Dickinson State University to identify additional areas where we can bring programming on board that could assist with long-term nursing home and assisted living care sites. **FY23 Measures** ● Four quarterly meetings with 10-20 participants ranging from a variety of local stakeholder organizations. **FY24 Actions and Impact** ● Working with SW CTE and Dickinson State University to identify additional areas where we can bring programming on board that could assist with long-term nursing home and assisted living care sites.

	FY24 Measures ● Four quarterly meetings with 10-20 participants ranging from a variety of local stakeholder organizations. **FY25**: Results Pending
Planned Resources	● Staff time and collaboration with community leaders. ● Financial support when deemed appropriate. ● The hospital will also provide community health educators, outreach communications, and program management support for these initiatives. Hospital and clinic may also be able to provide community outreach to the homebound or nursing homes to help expand care.
Planned Collaborators	● CHI St. Alexius Health ● St. Benedict's Health Center St. Luke's Home ● Edgewood Hawk's Point Evergreen ● Country House Northland Pace ● Local Parishes Stark County ● North Dakota Legislature, Districts 36, 37, 39 Eldercare ● City of Dickinson ● Southwestern District Health Unit ● North Dakota Department of Health and Human Services Dickinson Area Chamber of Commerce ● Dakota Center for Independent Living Community Action Partnership

Health Need: Availability of Specialists

Health Need #5: Availability of Specialists	
Goal and Anticipated Impact	Bring specialists to the community that meet the needs of the community and are financially sustainable long-term.
Strategy	**Key Activities**
5.1 Recruitment and Retention	5.1.1 ● Improvements and efficiencies in the recruitment process will be analyzed. ● Development of a "local prospects" list that focuses on those individuals most likely to remain in Dickinson or be interested in visiting Dickinson long-term. ● Build a sustainable culture among providers that encourages retention. **FY23 Actions and Impact** ● Worked on building a provider based recruiting group that helps contact potential future providers still in medical school in hopes of getting them interested early on in the process. Brought Healthsource on to help recruit as well. Work progressing toward a welcoming\onboarding committee that helps integrate providers and their families into the community. **FY23 Measures** ● Number of new providers recruited in FY23 (to be reported in FY24 narrative). **FY24 Actions and Impact** ● Worked on building a provider based recruiting group that helps contact potential future providers still in medical school in hopes of getting them interested early on in the process. Brought Healthsource on to help recruit

	as well. Work progressing toward a welcoming\onboarding committee that helps integrate providers and their families into the community. **FY24 Measures** ● Hired six providers in FY24. Two Emergency room providers, a general surgeon, two hospitalists and a CRNA. Actively recruiting for two pediatricians and an ENT doctor as well as an interventional radiologist. **FY25**: Results Pending
5.2 Coordination and Communication	5.2.1 Coordination with CHI and Sanford to not duplicate efforts and provide services that do not lead to redundancy, but enhance the overall care picture of Dickinson and the region. **FY23 Actions and Impact** ● Continual conversations with Sanford on who may be coming on or off line in terms of providers in the community to help identify opportunities or potential redundancies. **FY23 Measures** ● No measures to report. **FY24 Actions and Impact** ● Continual conversations with Sanford on who may be coming on or off line in terms of providers in the community to help identify opportunities or potential redundancies. **FY24 Measures** ● No measures to report. **FY25**: Results Pending
5.3 Scholarship and Tuition Programs	5.3.1 Support and development of scholarship and tuition reimbursement programs that incentive providers to come to and practice in Dickinson and the surrounding area. **FY23 Actions and Impact** ● Worked with local and state legislators and the NDHA to ensure current programs stayed in place or were expanded at the recent legislative session in 2023. **FY23 Measures** ● Programs were maintained. No measures to report. **FY24 Actions and Impact** ● Began a scholarship program for nursing students at Dickinson State university. **FY24 Measures** ● Programs were maintained. No measures to report. **FY25**: Results Pending
5.4 Identify Community Needs	5.4.1 Ongoing efforts to identify topics or activities that make financial success to bring to the community in terms of care and are sustainable long-term.

	FY23 Actions and Impact ● Ongoing assessment by leadership on the feasibility of various programs being brought online and recruitment activities being activated. **FY23 Measures** ● Ongoing recruitment activities for Pediatrics and ENT providers as well as others. No measures to report. **FY24 Actions and Impact** ● Ongoing assessment by leadership on the feasibility of various programs being brought online and recruitment activities being activated. **FY24 Measures** ● Ongoing recruitment activities for Pediatrics and ENT providers as well as others. No measures to report. **FY25**: Results Pending
Planned Resources	Staff time and collaboration with community leaders. Financial support when deemed appropriate.
Planned Collaborators	CHI St. Alexius Health Sanford Health

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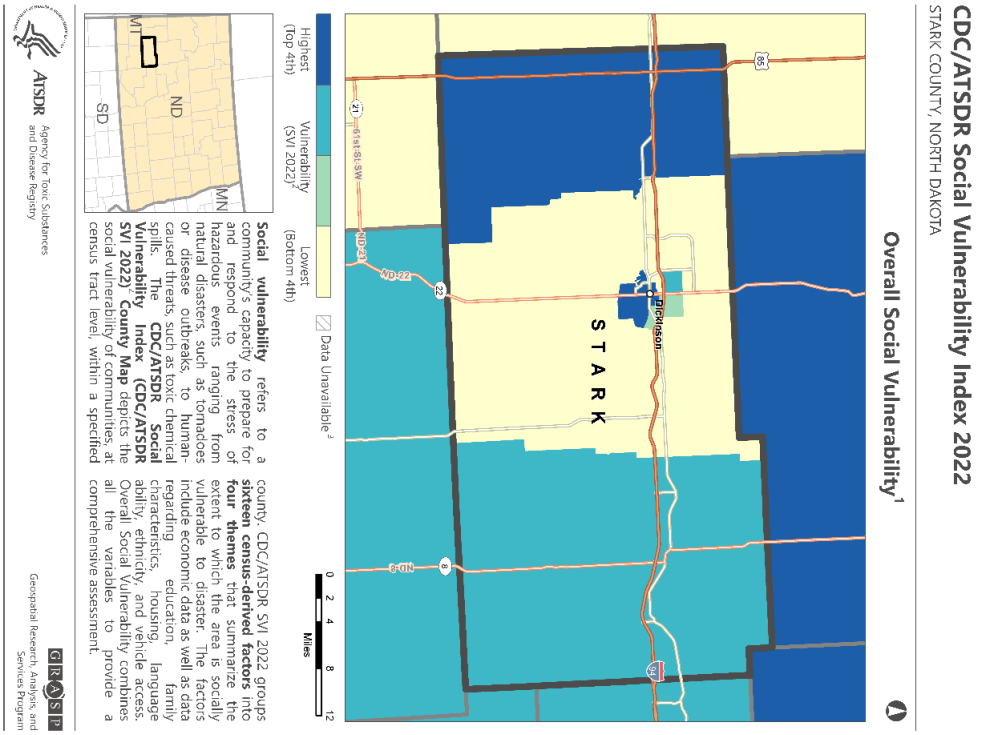
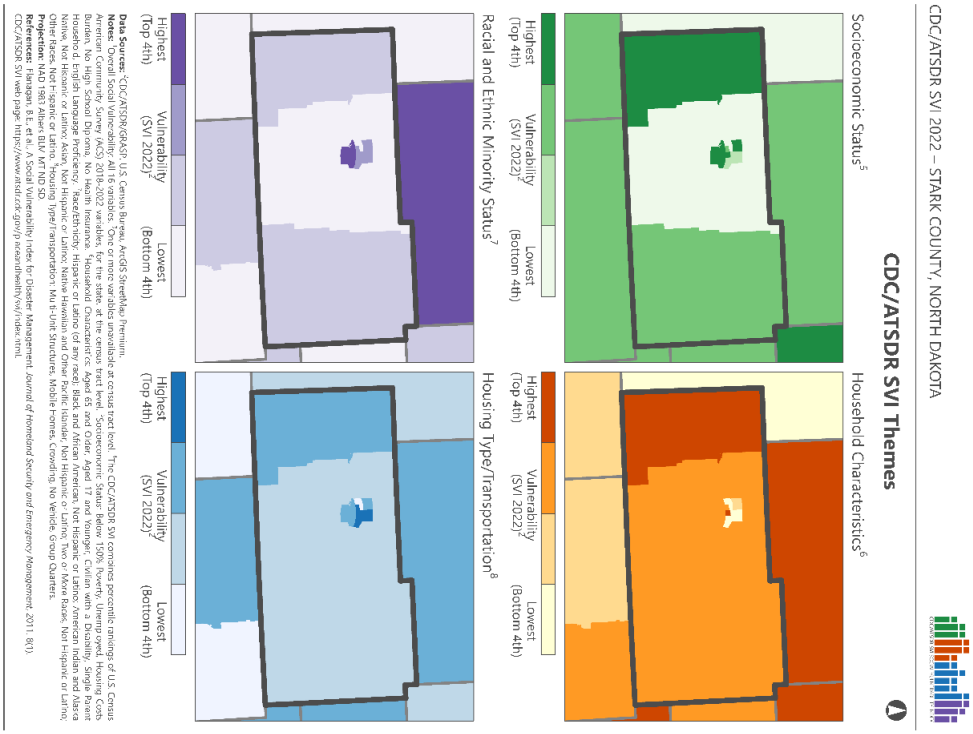
Appendices

Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for Stark, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope Counties, ND

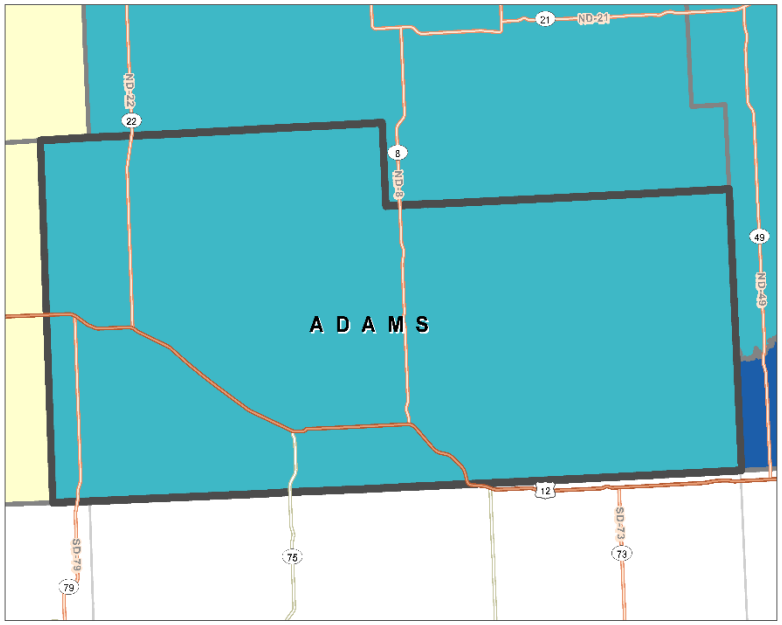




CDC/ATSDR Social Vulnerability Index 2022

ADAMS COUNTY, NORTH DAKOTA

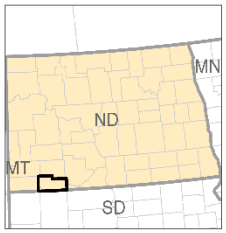
Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 1.75 3.5 7 10.5
Miles



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

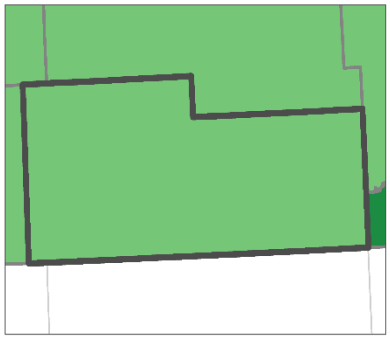
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – ADAMS COUNTY, NORTH DAKOTA

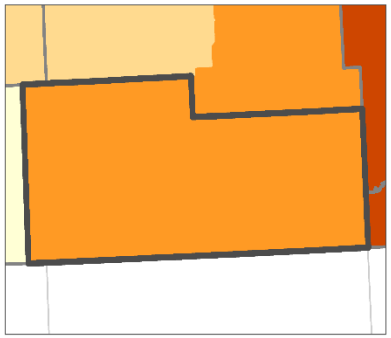
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



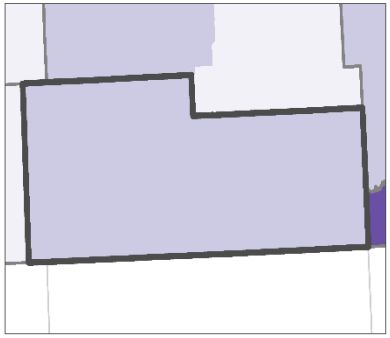
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



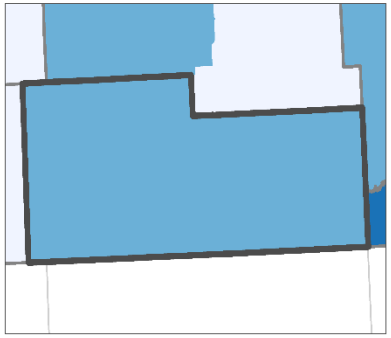
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



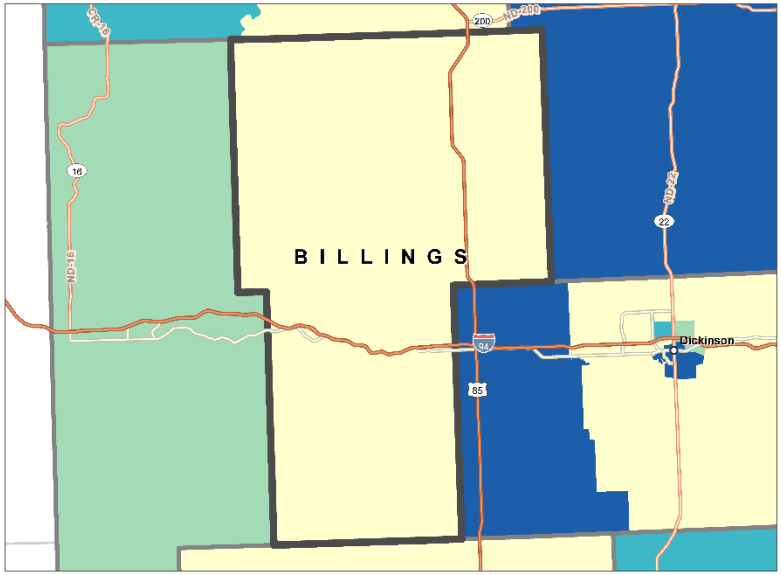
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

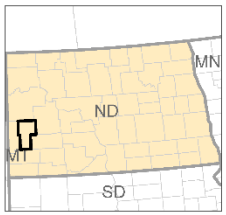
Data Sources: [7]CDC/ATSDR/GRASP, U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [2]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

CDC/ATSDR Social Vulnerability Index 2022

BILLINGS COUNTY, NORTH DAKOTA

Overall Social Vulnerability[1]





Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

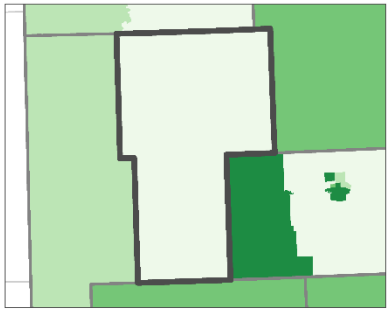
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

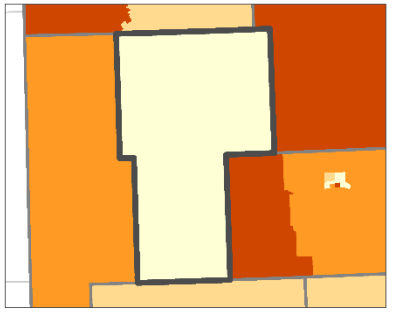
CDC/ATSDR SVI 2022 – BILLINGS COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

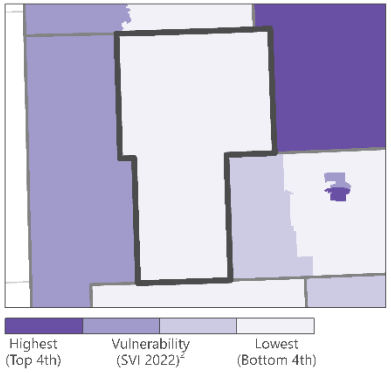
Socioeconomic Status[5]



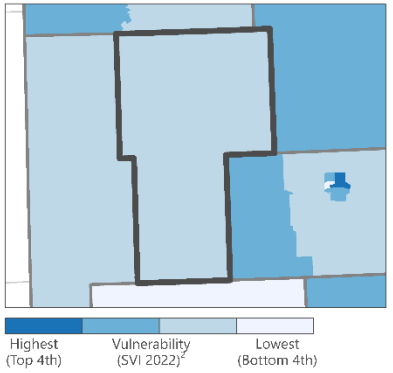
Household Characteristics[6]



Racial and Ethnic Minority Status[7]



Housing Type/Transportation[8]

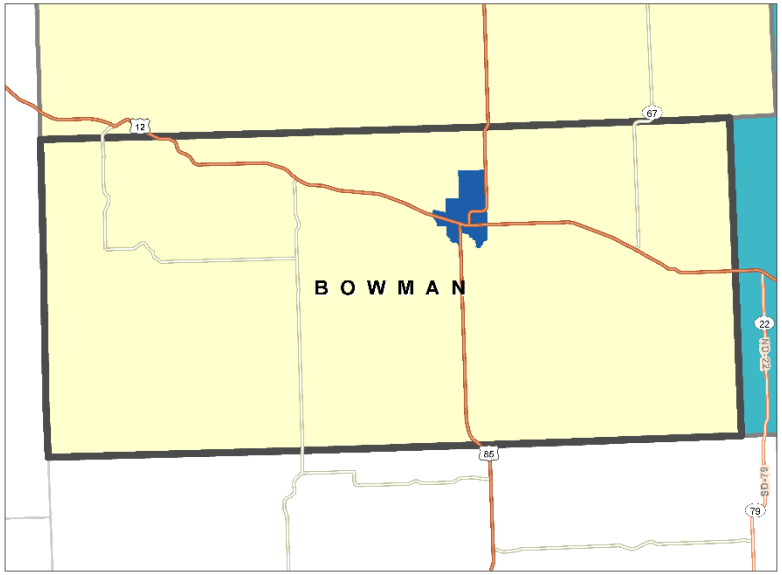


Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

BOWMAN COUNTY, NORTH DAKOTA

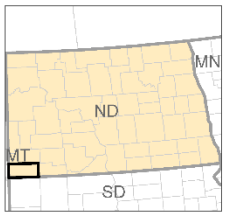
Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 2 4 8 12
Miles



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

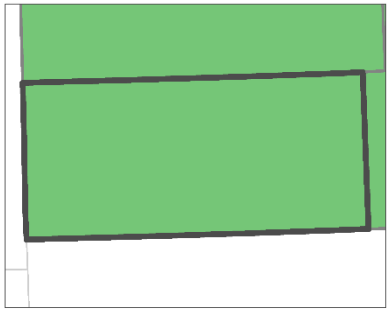
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

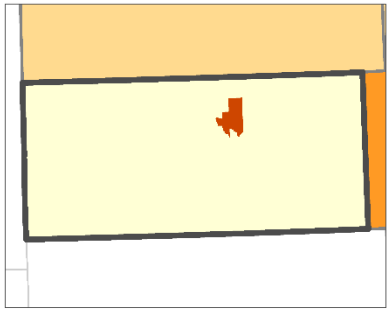
CDC/ATSDR SVI 2022 – BOWMAN COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

Socioeconomic Status[5]

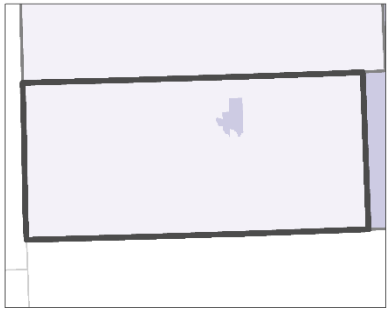


Household Characteristics[6]

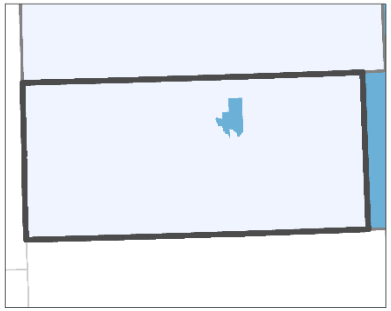


Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Housing Type/Transportation[8]



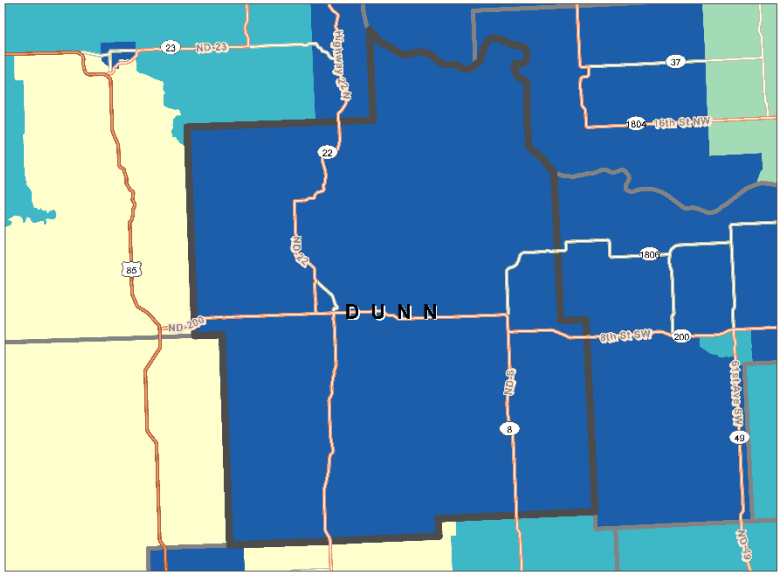
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

DUNN COUNTY, NORTH DAKOTA

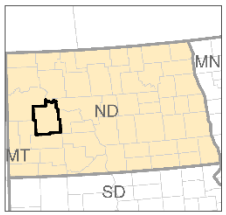
Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 3 6 12 18
Miles



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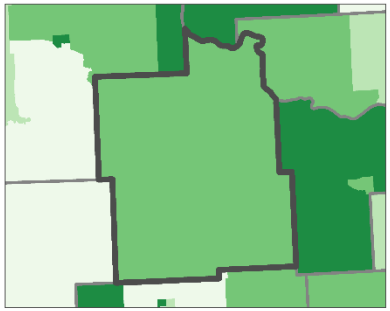
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – DUNN COUNTY, NORTH DAKOTA

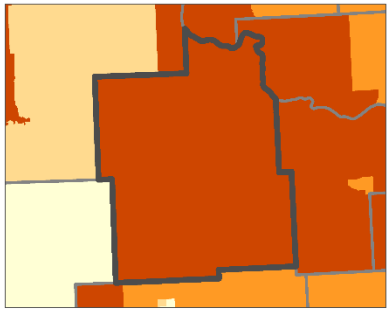
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



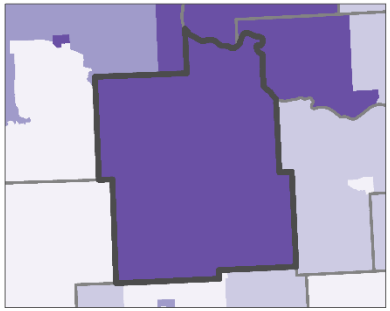
Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



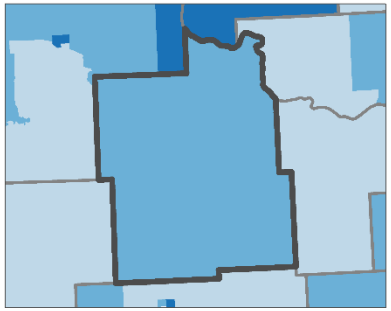
Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Cost Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
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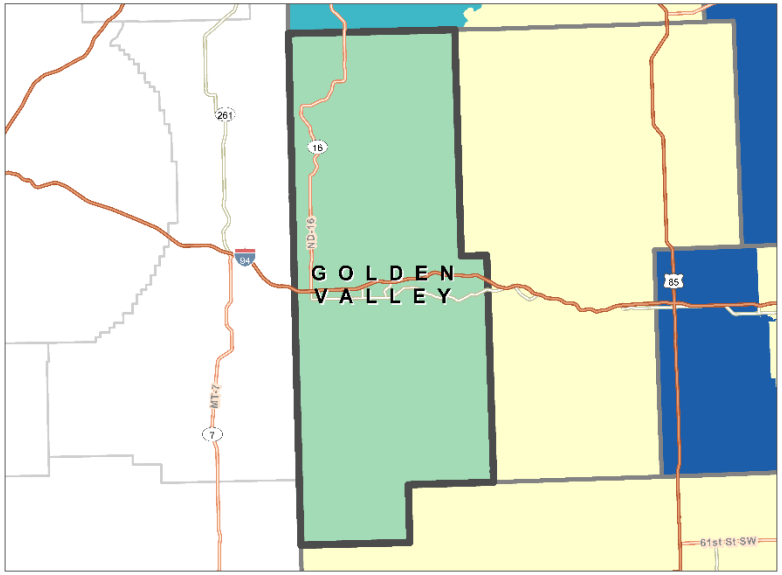
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

GOLDEN VALLEY COUNTY, NORTH DAKOTA

Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th) | Data Unavailable[3]

0 2.75 5.5 11 16.5
Miles

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

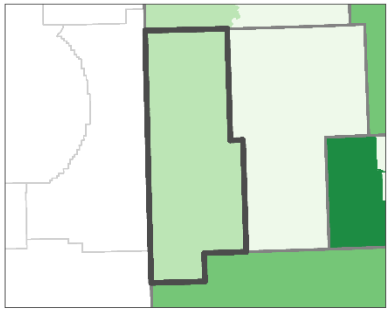
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – GOLDEN VALLEY COUNTY, NORTH DAKOTA

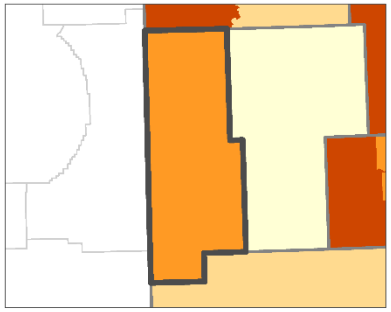
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



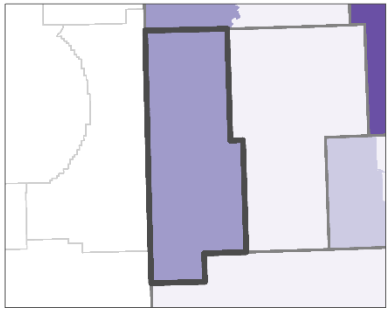
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



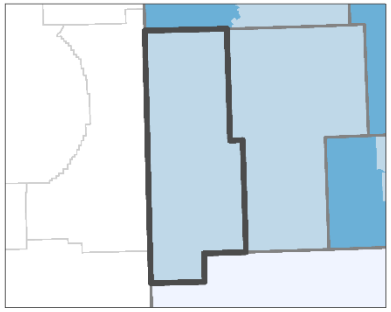
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



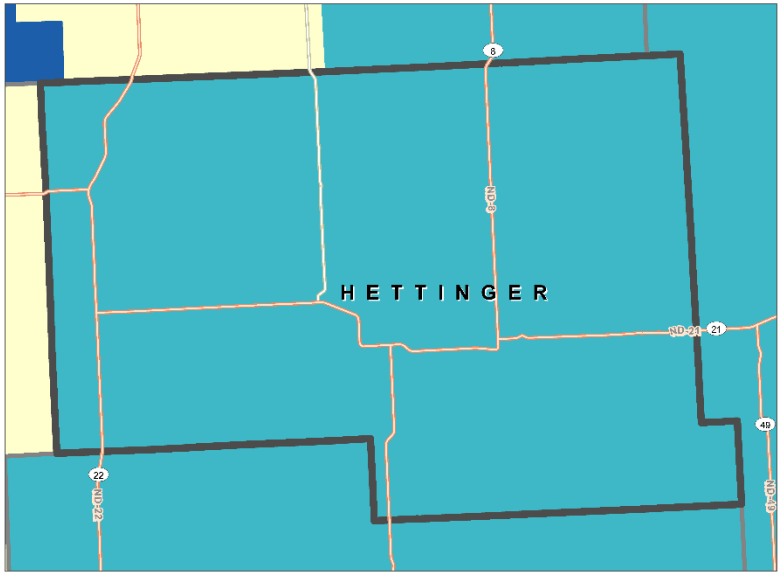
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

HETTINGER COUNTY, NORTH DAKOTA

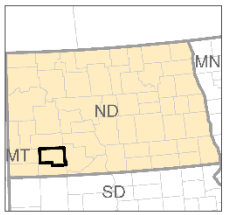
Overall Social Vulnerability[1]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Data Unavailable[3]

0 1.5 3 6 9
Miles



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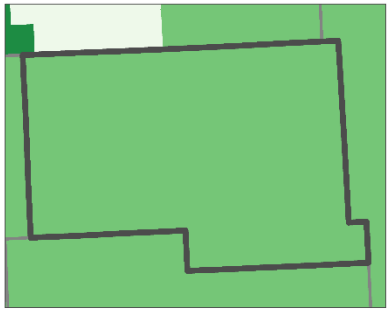
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – HETTINGER COUNTY, NORTH DAKOTA

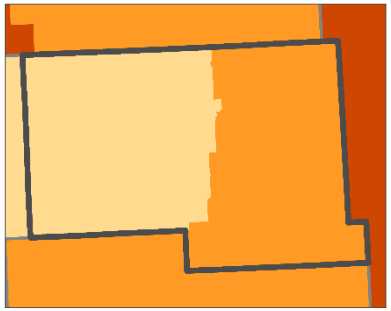
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



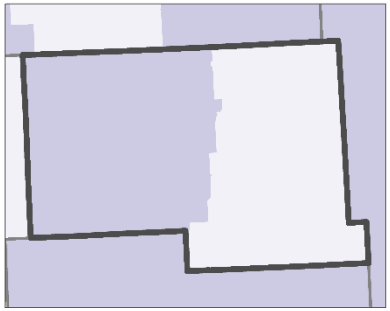
Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Household Characteristics[6]



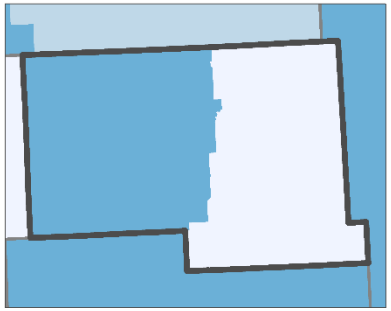
Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

Housing Type/Transportation[8]



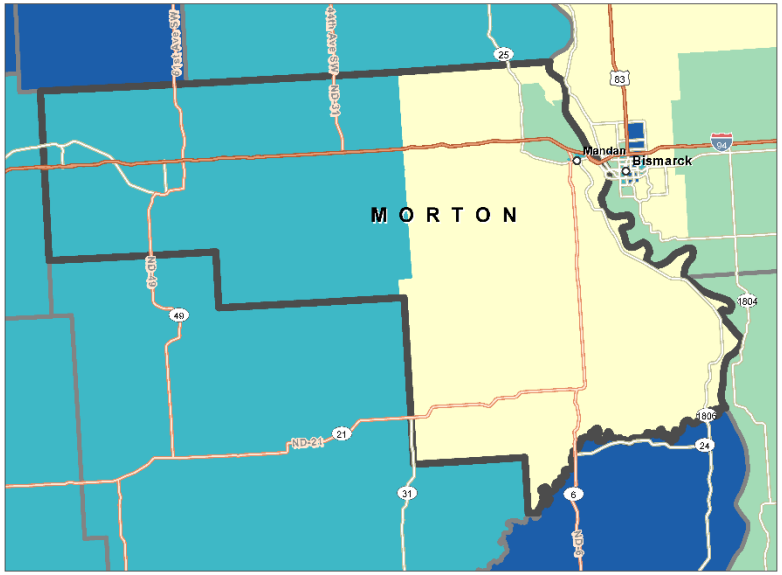
Highest (Top 4th) — Vulnerability (SVI 2022)[2] — Lowest (Bottom 4th)

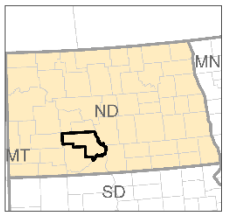
Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

MORTON COUNTY, NORTH DAKOTA

Overall Social Vulnerability[1]





Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

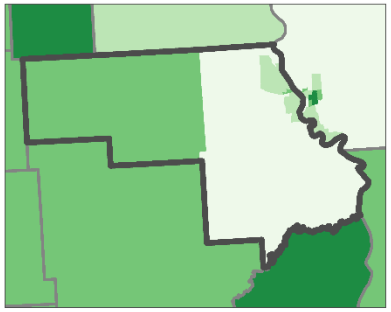
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

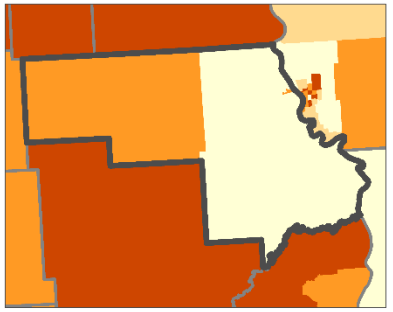
CDC/ATSDR SVI 2022 – MORTON COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

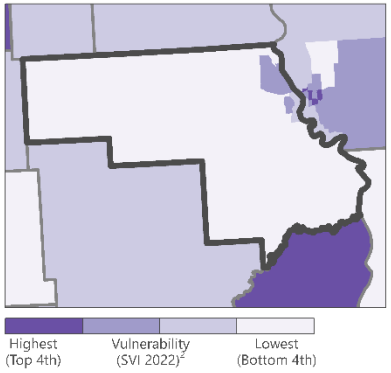
Socioeconomic Status[5]



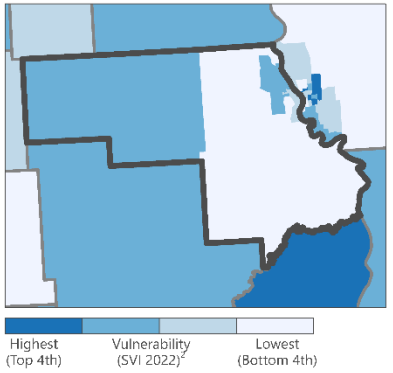
Household Characteristics[6]



Racial and Ethnic Minority Status[7]



Housing Type/Transportation[8]

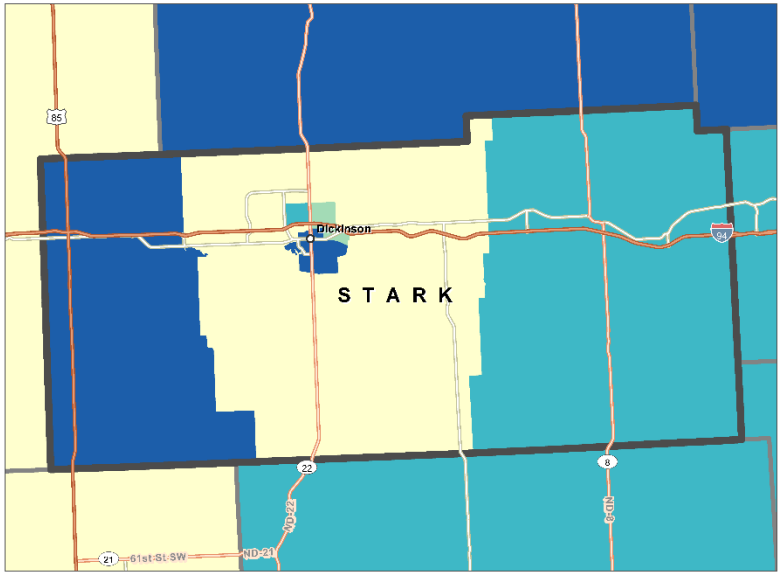


Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

CDC/ATSDR Social Vulnerability Index 2022

STARK COUNTY, NORTH DAKOTA

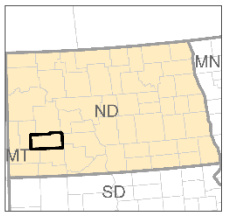
Overall Social Vulnerability[1]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Unavailable[3]

0 2 4 8 12
Miles



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)**[4] **County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

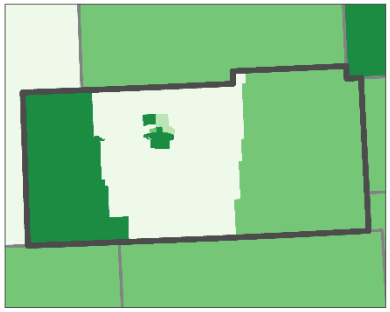
ATSDR Agency for Toxic Substances and Disease Registry

GRASP Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – STARK COUNTY, NORTH DAKOTA

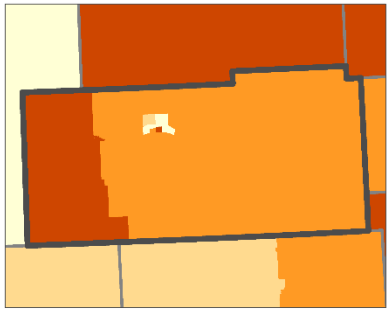
CDC/ATSDR SVI Themes

Socioeconomic Status[5]



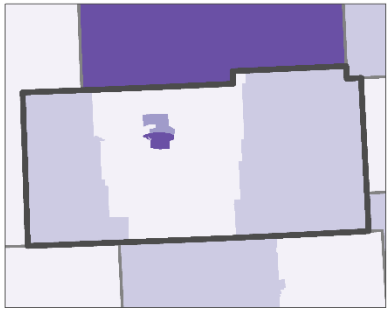
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Household Characteristics[6]



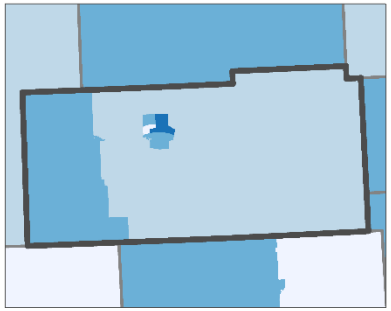
Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Housing Type/Transportation[8]



Highest (Top 4th) | Vulnerability (SVI 2022)[2] | Lowest (Bottom 4th)

Data Sources: [2]CDC/ATSDR/GRASP; U.S. Census Bureau, ArcGIS StreetMap Premium.
Notes: [1]Overall Social Vulnerability: All 16 variables. [3]One or more variables unavailable at census tract level. [4]The CDC/ATSDR SVI combines percentile rankings of U.S. Census American Community Survey (ACS) 2018-2022 variables, for the state, at the census tract level. [5]Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. [6]Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. [7]Race/Ethnicity: Hispanic or Latino (of any race); Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Races, Not Hispanic or Latino. [8]Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.
Projection: NAD 1983 Albers BLM MT ND SD.
References: Flanagan, B.E., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011. 8(1).
CDC/ATSDR SVI web page: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html.

Appendix B: Secondary Data Tables for Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Morton, and Slope Counties

Table B1.1: Population Estimates, Adams County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)

Age Group	Adams County Population	Adams County Percentages	North Dakota Percentages	United States Percentages
0-4	143	6.5%	6.7%	5.7%
5-17	344	15.7%	16.9%	16.4%
18-24	127	5.8%	11.3%	9.4%
25-44	421	19.2%	27.1%	26.6%
45-64	549	25.1%	22.2%	25.3%
65 and older	606	27.7%	15.9%	16.5%
Total	2,190	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	2,017	92.1%	83.0%	58.9%
American Indian and Alaska Native alone	26	1.2%	4.7%	0.8%
Asian alone	12	0.5%	1.6%	5.8%
Black or African American alone	11	0.5%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	0	0.0%	0.2%	0.2%
Some other race alone	7	0.3%	1.4%	6.0%
Two or more races	40	1.8%	4.4%	8.8%
Hispanic Origin (of any race)	83	3.8%	4.3%	18.7%
Sex				
Female	1,067	48.7%	48.6%	50.4%
Male	1,123	51.3%	51.4%	49.6%
Total	2,190	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100.0% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.1: Household Demographics, Adams County, ND, North Dakota, and United States (2022)

Item	Adams County	North Dakota	United States
Total households	997	320,038	125,736,353
Owner-occupied housing rate	73.6%	63.2%	64.8%
Average household size (persons per household)	2.1	2.3	2.6
Median value of owned-occupied housing	$109,600	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,417	$1,653	$1,828
Median monthly owner costs (no mortgage)	$486	$551	$584
Median gross rent	$589	$912	$1,268
Median household income	$57,950	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.1: Household Characteristics, Adams County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Adams County Households**	**Percent of Adams County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	221	22.2%	27.8%	30.2%
Households with adults aged 65+	407	40.8%	26.7%	30.8%
Householders living alone	383	38.4%	33.2%	28.3%
Householders aged 65+ living alone	186	18.7%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100.0% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B4.1: Employment by Industry, Adams County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Educational services, health care and social assistance	268	25.4%
Agriculture, forestry, fishing, hunting and mining	226	21.4%
Retail	114	10.8%
Construction	96	9.1%
Arts, entertainment, recreation, accommodation and food service	76	7.2%
Finance, insurance, and real estate	62	5.9%
Other	212	20.1%
Total workforce	*1,054*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

Table B5.1: Poverty Characteristics, Adams County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Adams County Estimate**	**Adams County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	284	13.4%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	568	26.9%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	65	13.3%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	34	6.4%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	32	11.2%	23.2%	50.8%
*Differing populations and overlapping categories mean that percentages will not total to 100%. Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.				

Table B6.1: Educational Attainment for Persons Aged 25 and Older, Adams County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Adams County Estimate**	**Adams County Percent of Pop 25 and Older**	**ND % of Population 25 and Older**	**U.S. % of Population 25 and Older**
Less than high school	105	6.7%	6.5%	10.9%
High school diploma or GED	582	36.9%	26.1%	26.4%
Some college or Associate's degree	567	36.0%	36.0%	28.5%
Bachelor's degree	209	13.3%	22.3%	20.9%
Graduate or professional degree	113	7.2%	9.1%	13.4%
Total population aged 25 and older	*1,576*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B7.1: Health Behaviors, Adams County, ND, North Dakota, and the U.S. (2021)			
Health Behavior	**Adams County**	**North Dakota**	**United States**
Adult Smoking	18%	16%	15%
Adult Obesity	40%	36%	34%
Adult Excessive Drinking	18%	23%	18%
Alcohol-Impaired Driving Deaths	33%	39%	26%
Physical Inactivity[1]	28%	25%	23%
Access to Exercise Opportunities[2]	63%	76%	84%
Poor Mental Health Days[3]	3.8	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Table B8.1: Leading Causes of Death in Adams County, ND Residents < Age 75 (2019-2021)		
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Malignant Neoplasms[1]	10	Unreliable
Diseases of the heart[1]	10	Unreliable
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.		

Table B9.1: Other Health Factors, Adams County, ND, North Dakota, and United States			
Description of Factor	**Adams County**	**North Dakota**	**United States**
Uninsured Rate, 2021	12%	9%	10%
Medicaid Coverage, 2022	8.1%	11.9%	20.4%
Unemployment Rate, 2022	2.2%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	-	7%	8%
Annual Mammogram Rate, 2021[1]	45%	53%	43%
Annual Flu Shot Rate, 2021[2]	50%	49%	46%
Food Environment Index, 2019-2021[3]	8.8	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021 [1]Percentage of female Medicare enrollees who received an annual mammogram. [2]Percent of Medicare enrollees who received an annual flu shot. [3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

Table B10.1: Number of Residents Per Health Care Provider in Adams County, ND, North Dakota, and the United States			
Type of Provider	**Adams County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	200:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	1,080:1	420:1	300:1
Dentists, 2022	1,060:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

Table B11.1: National Risk Index Percentiles for Adams County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	11.3	7.7
Social Vulnerability	77.4	26.9
Community Resilience	20.8	37.5
National Risk Index	*13.2*	*7.3*
Note: The Risk Index can be read as "13.2% of counties in North Dakota have a lower Risk Index than Adams County; 7.3% of U.S. counties have a lower Risk Index than Adams County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Table B1.2: Population Estimates, Billings County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Age Group	**Billings County Population**	**Billings County Percentages**	**North Dakota Percentages**	**United States Percentages**
0-4	58	6.9%	6.7%	5.7%
5-17	111	13.2%	16.9%	16.4%
18-24	62	7.4%	11.3%	9.4%
25-44	222	26.5%	27.1%	26.6%
45-64	174	20.7%	22.2%	25.3%
65 and older	212	25.3%	15.9%	16.5%
Total	*839*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	827	98.6%	83.0%	58.9%
American Indian and Alaska Native alone	0	0.0%	4.7%	0.8%
Asian alone	0	0.0%	1.6%	5.8%
Black or African American alone	0	0.0%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	0	0.0%	0.2%	0.2%
Some other race alone	0	0.0%	1.4%	6.0%
Two or more races	12	1.4%	4.4%	8.8%
Hispanic Origin (of any race)	12	1.4%	4.3%	18.7%
Sex				
Female	383	45.6%	48.6%	50.4%
Male	456	54.4%	51.4%	49.6%
Total	*839*	*100.0%*	*100.0%*	*100.0%*
*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B2.2: Household Demographics, Billings County, ND, North Dakota, and United States (2022)			
Item	**Billings County**	**North Dakota**	**United States**
Total households	320	320,038	125,736,353
Owner-occupied housing rate	74.1%	63.2%	64.8%
Average household size (persons per household)	2.5	2.3	2.6
Median value of owned-occupied housing	$237,500	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,859	$1,653	$1,828
Median monthly owner costs (without mortgage)	$528	$551	$584
Median gross rent	$650	$912	$1,268
Median household income	$74,000	$73,959	$75,149
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.			

Table B3.2: Household Characteristics, Billings County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Billings County Households**	**Percent of Billings County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	73	22.8%	27.8%	30.2%
Households with adults aged 65+	134	41.9%	26.7%	30.8%
Householders living alone	68	21.3%	33.2%	28.3%
Householders aged 65+ living alone	41	12.8%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B4.2: Employment by Industry, Billings County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting, and mining	132	31.3%
Arts, entertainment, recreation, accommodation and food service	71	16.8%
Educational services, health care and social assistance	56	13.3%
Professional, scientific, technical, administrative, and waste management services	34	8.1%
Public administration	25	5.9%
Transportation and warehousing, and utilities	22	5.2%
Retail	21	5.0%
Other	61	14.5%
Total workforce	*422*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

Table B5.2: Poverty Characteristics, Billings County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Billings County Estimate**	**Billings County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	92	11.1%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	166	20.0%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	0	0.0%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	29	13.7%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	6	5.3%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Table B6.2: Educational Attainment for Persons Aged 25 and Older, Billings County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Billings County Estimate**	**Billings County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	29	4.8%	6.5%	10.9%
High school diploma or GED	216	35.5%	26.1%	26.4%
Some college or Associate's degree	187	30.8%	36.0%	28.5%
Bachelor's degree	121	19.9%	22.3%	20.9%
Graduate or professional degree	55	9.0%	9.1%	13.4%
Total population aged 25 and older	*608*	*100.0%*	*100.0%*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B7.2: Health Behaviors, Billings County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Billings County**	**North Dakota**	**United States**
Adult Smoking	15%	16%	15%
Adult Obesity	36%	36%	34%
Adult Excessive Drinking	20%	23%	18%
Alcohol-Impaired Driving Deaths	25%	39%	26%
Physical Inactivity[1]	24%	25%	23%
Access to Exercise Opportunities[2]	29%	76%	84%
Poor Mental Health Days[3]	3.7	4.0	4.8

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.
[2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.
[3]The average number of self-reported mentally unhealthy days in the past 30 days.

Table B8.2: Due to its small population, leading causes of death in Billings County cannot be estimated.

Table B9.2: Other Health Factors, Billings County, ND, North Dakota, and United States			
Description of Factor	**Billings County**	**North Dakota**	**United States**
Uninsured Rate, 2021	9%	9%	10%
Medicaid Coverage, 2022	7.3%	11.9%	20.4%
Unemployment Rate, 2022	2.0%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	-	7%	8%
Annual Mammogram Rate, 2021[1]	39%	53%	43%
Annual Flu Shot Rate, 2021[2]	47%	49%	46%
Food Environment Index, 2019-2021[3]	8.2%	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021; NDHHS COVID-19 Vaccine Dashboard; CDC COVIDVaxView

[1]Percentage of female Medicare enrollees who received an annual mammogram.

[2]Percent of Medicare enrollees who received an annual flu shot.

[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

Table B10.2: Number of Residents Per Health Care Provider in Billings County, ND, North Dakota, and the United States			
Type of Provider	**Billings County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	960:0	1,290:1	1,330:1
Mental Health Care Providers, 2024	-	420:1	300:1
Dentists, 2022	1,020:0	1,420:1	1,360:1

Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

Table B11.2: National Risk Index Percentiles for Billings County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	7.5	5.4
Social Vulnerability	34.0	5.8
Community Resilience	43.4	61.7
National Risk Index	*7.5*	*3.9*

Note: The Risk Index can be read as "7.5% of counties in North Dakota have a lower Risk Index than Billings County; 3.9% of U.S. counties have a lower Risk Index than Billings County."

Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).

Table B1.3: Population Estimates, Bowman County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Bowman County Population**	**Bowman County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	182	6.1%	6.7%	5.7%
5-17	564	19.0%	16.9%	16.4%
18-24	202	6.8%	11.3%	9.4%
25-44	623	20.9%	27.1%	26.6%
45-64	721	24.2%	22.2%	25.3%
65 and older	683	23.0%	15.9%	16.5%
Total	*2,975*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	2,734	91.9%	83.0%	58.9%
American Indian and Alaska Native alone	64	2.2%	4.7%	0.8%
Asian alone	0	0.0%	1.6%	5.8%
Black or African American alone	0	0.0%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	9	0.3%	0.2%	0.2%
Some other race alone	21	0.7%	1.4%	6.0%
Two or more races	73	2.5%	4.4%	8.8%
Hispanic Origin (of any race)	162	5.4%	4.3%	18.7%
Sex				
Female	1,492	50.2%	48.6%	50.4%
Male	1,483	49.8%	51.4%	49.6%
Total	*2,975*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.3: Household Demographics, Bowman County, ND, North Dakota, and United States (2022)			
Item	**Bowman County**	**North Dakota**	**United States**
Total households	1,188	320,038	125,736,353
Owner-occupied housing rate	79.0%	63.2%	64.8%
Average household size (persons per household)	2.4	2.3	2.6
Median value of owned-occupied housing	$168,200	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,141	$1,653	$1,828
Median monthly owner costs (without mortgage)	$450	$551	$584
Median gross rent	$862	$912	$1,268
Median household income	$79,709	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.3: Household Characteristics, Bowman County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Bowman County Households**	**Percent of Bowman County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children 0-17	254	21.4%	27.8%	30.2%
Households with adults aged 65+	434	36.5%	26.7%	30.8%
Householders living alone	429	36.1%	33.2%	28.3%
Householders aged 65+ living alone	214	18.0%	11.8%	11.5%

*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B4.3: Employment by Industry, Bowman County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting and mining	393	27.4%
Educational services, health care, and social assistance	348	24.3%
Retail	213	14.9%
Arts, entertainment, recreation, accommodation and food service	82	5.7%
Construction	75	5.2%
Other	321	22.4%
Total workforce	*1,432*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B5.3: Poverty Characteristics, Bowman County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Bowman County Estimate**	**Bowman County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	310	10.7%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	563	19.5%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	122	16.6%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	33	5.3%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	70	11.4%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Table B6.3: Educational Attainment for Persons Aged 25 and Older, Bowman County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Bowman County Estimate**	**Bowman County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	222	11%	6.5%	10.9%
High school diploma or GED	677	33.4%	26.1%	26.4%
Some college or Associate's degree	686	33.8%	36.0%	28.5%
Bachelor's degree	305	15.0%	22.3%	20.9%
Graduate or professional degree	137	6.8%	9.1%	13.4%
Total population aged 25 and older	*2,027*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B7.3: Health Behaviors, Bowman County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Bowman County**	**North Dakota**	**United States**
Adult Smoking	17%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	20%	23%	18%
Alcohol-Impaired Driving Deaths	100%	39%	26%
Physical Inactivity[1]	25%	25%	23%
Access to Exercise Opportunities[2]	73%	76%	84%
Poor Mental Health Days[3]	3.7	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Table B8.3: Leading Causes of Death in Bowman County, ND Residents Under Age 75 (2019-2021)		
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Diseases of the heart[1]	11	Unreliable
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.		

Table B9.3: Other Health Factors, Bowman County, ND, North Dakota, and United States			
Description of Factor	**Bowman County**	**North Dakota**	**United States**
Uninsured Rate, 2021	13%	9%	10%
Medicaid Coverage, 2022	8.5%	11.9%	20.4%
Unemployment Rate, 2022	1.7%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	6%	7%	8%
Annual Mammogram Rate, 2021[1]	44%	53%	43%
Annual Flu Shot Rate, 2021[2]	11%	49%	46%
Food Environment Index, 2019-2021[3]	9.9	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021
[1]Percentage of female Medicare enrollees who received an annual mammogram.
[2]Percent of Medicare enrollees who received an annual flu shot.
[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

Table B10.3: Number of Residents Per Health Care Provider in Bowman County, ND, North Dakota, and the United States			
Type of Provider	**Bowman County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	2,900:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	-	420:1	300:1
Dentists, 2022	480:1	1,420:1	1,360:1

Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

Table B11.3: National Risk Index Percentiles for Bowman County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	18.9	12.9
Social Vulnerability	56.6	14.0
Community Resilience	58.5	66.3
National Risk Index	*17.0*	*9.0*

Note: The Risk Index can be read as "17% of counties in North Dakota have a lower Risk Index than Bowman County; 9% of U.S. counties have a lower Risk Index than Bowman County."
Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).

Table B1.4: Population Estimates, Dunn County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Dunn County Population**	**Dunn County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	284	7.0%	6.7%	5.7%
5-17	679	16.8%	16.9%	16.4%
18-24	168	4.1%	11.3%	9.4%
25-44	1,011	25.0%	27.1%	26.6%
45-64	1,190	29.4%	22.2%	25.3%
65 and older	717	17.7%	15.9%	16.5%
Total	*4,049*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	3,171	78.3%	83.0%	58.9%
American Indian and Alaska Native alone	464	11.5%	4.7%	0.8%
Asian alone	8	0.2%	1.6%	5.8%
Black or African American alone	30	0.7%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	2	0.0%	0.2%	0.2%
Some other race alone	59	1.5%	1.4%	6.0%
Two or more races	204	5.0%	4.4%	8.8%
Hispanic Origin (of any race)	253	6.2%	4.3%	18.7%
Sex				
Female	1,821	45.0%	48.6%	50.4%
Male	2,228	55.0%	51.4%	49.6%
Total	*4,049*	100.0%	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.4: Household Demographics, Dunn County, ND, North Dakota, and United States (2022)			
Item	**Dunn County**	**North Dakota**	**United States**
Total households	1,493	320,038	125,736,353
Owner-occupied housing rate	71.2%	63.2%	64.8%
Average household size (persons per household)	2.6	2.3	2.6
Median value of owned-occupied housing	$251,700	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,453	$1,653	$1,828
Median monthly owner costs (without mortgage)	$463	$551	$584
Median gross rent	$906	$912	$1,268
Median household income	$91,758	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.4: Household Characteristics, Dunn County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Dunn County Households**	**Percent of Dunn County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	378	25.3%	27.8%	30.2%
Households with adults aged 65+	460	30.8%	26.7%	30.8%
Householders living alone	522	35.0%	33.2%	28.3%
Householders aged 65+ living alone	236	15.8%	11.8%	11.5%

*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B4.4: Employment by Industry, Dunn County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting, and mining	350	18.3%
Retail	261	13.6%
Construction	245	12.8%
Educational services, health care, and social assistance	243	12.7%
Manufacturing	180	9.4%
Transportation and warehousing, and utilities	126	6.6%
Public administration	124	6.5%
Arts, entertainment, recreation, accommodation and food service	106	5.5%
Other	278	14.5%
Total workforce	*1,913*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B5.4: Poverty Characteristics, Dunn County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Dunn County Estimate**	**Dunn County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	270	6.8%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	737	18.5%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	103	10.7%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	56	8.5%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	149	21.6%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Table B6.4: Educational Attainment for Persons Aged 25 and Older, Dunn County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Dunn County Estimate**	**Dunn County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	275	9.4%	6.5%	10.9%
High school diploma or GED	1,002	34.3%	26.1%	26.4%
Some college or Associate's degree	1,087	37.3%	36.0%	28.5%
Bachelor's degree	430	14.7%	22.3%	20.9%
Graduate or professional degree	124	4.2%	9.1%	13.4%
Total population aged 25 and older	*2,918*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B7.4: Health Behaviors, Dunn County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Dunn County**	**North Dakota**	**United States**
Adult Smoking	17%	16%	15%
Adult Obesity	40%	36%	34%
Adult Excessive Drinking	22%	23%	18%
Alcohol-Impaired Driving Deaths	27%	39%	26%
Physical Inactivity[1]	28%	25%	23%
Access to Exercise Opportunities[2]	35%	76%	84%
Poor Mental Health Days[3]	3.5	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Table B8.4: Leading Causes of Death in Dunn County, ND Residents < Age 75 (2019-2021)		
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Malignant Neoplasms[1]	11	Unreliable
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.		

Table B9.4: Other Health Factors, Dunn County, ND, North Dakota, and United States			
Description of Factor	**Dunn County**	**North Dakota**	**United States**
Uninsured Rate, 2021	13%	9%	10%
Medicaid Coverage, 2022	12.6%	11.9%	20.4%
Unemployment Rate, 2022	1.3%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	5%	7%	8%
Annual Mammogram Rate, 2021[1]	47%	53%	43%
Annual Flu Shot Rate, 2021[2]	33%	49%	46%
Food Environment Index, 2019-2021[3]	8.6	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021; NDHHS COVID-19 Vaccine Dashboard; CDC COVIDVaxView [1]Percentage of female Medicare enrollees who received an annual mammogram. [2]Percent of Medicare enrollees who received an annual flu shot. [3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

Table B10.4: Secondary data on the number of residents per health care provider was not available in Dunn County.

Table B11.4: National Risk Index Percentiles for Dunn County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	45.3	27.8
Social Vulnerability	84.9	39.2
Community Resilience	13.2	36.2
National Risk Index	*56.6*	*30.9*

Note: The Risk Index can be read as "56.6% of counties in North Dakota have a lower Risk Index than Dunn County; 30.9% of U.S. counties have a lower Risk Index than Dunn County."
Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).

Table B1.5: Population Estimates, Golden Valley County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Golden Valley County Population**	**Golden Valley County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	117	6.7%	6.7%	5.7%
5-17	249	14.4%	16.9%	16.4%
18-24	90	5.2%	11.3%	9.4%
25-44	339	19.6%	27.1%	26.6%
45-64	528	30.4%	22.2%	25.3%
65 and older	411	23.7%	15.9%	16.5%
Total	*1,734*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	1,487	85.8%	83.0%	58.9%
American Indian and Alaska Native alone	13	0.7%	4.7%	0.8%
Asian alone	0	0.0%	1.6%	5.8%
Black or African American alone	3	0.2%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	0	0.0%	0.2%	0.2%
Some other race alone	0	0.0%	1.4%	6.0%
Two or more races	164	9.5%	4.4%	8.8%
Hispanic Origin (of any race)	92	5.3%	4.3%	18.7%
Sex				
Female	875	50.5%	48.6%	50.4%
Male	859	49.5%	51.4%	49.6%
Total	*1,734*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.5: Household Demographics, Golden Valley County, ND, North Dakota, and United States (2022)			
Item	**Golden Valley County**	**North Dakota**	**United States**
Total households	673	320,038	125,736,353
Owner-occupied housing rate	74.7%	63.2%	64.8%
Average household size (persons per household)	2.5	2.3	2.6
Median value of owned-occupied housing	$142,500	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,343	$1,653	$1,828
Median monthly owner costs (without mortgage)	$458	$551	$584
Median gross rent	$838	$912	$1,268
Median household income	$84,750	$73,959	$75,149
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.			

Table B3.5: Household Characteristics, Golden Valley County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Golden Valley County Households**	**Percent of Golden Valley County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	160	23.8%	27.8%	30.2%
Households with adults aged 65 and older	291	43.2%	26.7%	30.8%
Householders living alone	147	21.8%	33.2%	28.3%
Householders aged 65 and older living alone	103	15.3%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B4.5: Employment by Industry, Golden Valley County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting and mining	207	25.6%
Educational services, health care, and social assistance	203	25.1%
Retail	62	7.7%
Construction	59	7.3%
Public administration	55	6.8%
Manufacturing	52	6.4%
Wholesale trade	41	5.1%
Finance and insurance, and real estate and rental and leasing	41	5.1%
Other	90	11.1%
Total workforce	*810*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

Table B5.5: Poverty Characteristics, Golden Valley County, ND, North Dakota, and United States (2022)

Poverty Characteristics	Golden Valley County Estimate	Golden Valley County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	215	12.6%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	408	23.8%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	99	28.5%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	49	11.9%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	76	24.8%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Table B6.5: Educational Attainment for Persons Aged 25 and Older, Golden Valley County, ND, North Dakota, and United States (2022)

Level of Education Attained	Golden Valley County Estimate	Golden Valley County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	68	5.3%	6.5%	10.9%
High school diploma or GED	288	22.5%	26.1%	26.4%
Some college or Associate's degree	621	48.6%	36.0%	28.5%
Bachelor's degree	207	16.2%	22.3%	20.9%
Graduate or professional degree	94	7.4%	9.1%	13.4%
Total population aged 25 and older	*1,278*	*100.0%*	*100.0%*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B7.5: Health Behaviors, Golden Valley County, ND, North Dakota, and the United States (2021)

Health Behavior	Golden Valley County	North Dakota	United States
Adult Smoking	16%	16%	15%
Adult Obesity	39%	36%	34%
Adult Excessive Drinking	18%	23%	18%
Alcohol-Impaired Driving Deaths	25%	39%	26%
Physical Inactivity[1]	25%	25%	23%
Access to Exercise Opportunities[2]	-	76%	84%
Poor Mental Health Days[3]	3.8	4.0	4.8

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.
[2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.
[3]The average number of self-reported mentally unhealthy days in the past 30 days.

Table B8.5: Due to its small population, leading causes of death in Golden Valley County cannot be estimated.

Table B9.5: Other Health Factors, Golden Valley County, ND, North Dakota, and United States

Description of Factor	Golden Valley County	North Dakota	United States
Uninsured Rate, 2021	11%	9%	10%
Medicaid Coverage, 2022	16.8%	11.9%	20.4%
Unemployment Rate, 2022	1.6%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	-	7%	8%
Annual Mammogram Rate, 2021[1]	45%	53%	43%
Annual Flu Shot Rate, 2021[2]	17%	49%	46%
Food Environment Index, 2019-2021[3]	6.5	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021
[1]Percentage of female Medicare enrollees who received an annual mammogram.
[2]Percent of Medicare enrollees who received an annual flu shot.
[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

Table B10.5: Number of Residents Per Health Care Provider in Golden Valley County, ND, North Dakota, and the United States

Type of Provider	Golden Valley County	North Dakota	United States
Primary Care Physicians, 2021	1,770:0	1,290:1	1,330:1
Mental Health Care Providers, 2024	350:1	420:1	300:1
Dentists, 2022	1,740:0	1,420:1	1,360:1

Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

Table B11.5: National Risk Index Percentiles for Golden Valley County, ND when compared to North Dakota Counties and U.S. Counties (2024)

Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	9.4	5.8
Social Vulnerability	52.8	12.4
Community Resilience	28.3	47.8
National Risk Index	*9.4*	*5.3*

Note: The Risk Index can be read as "9.4% of counties in North Dakota have a lower Risk Index than Golden Valley County; 5.3% of U.S. counties have a lower Risk Index than Golden Valley County."
Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).

Table B1.6: Population Estimates, Hettinger County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Hettinger County Population**	**Hettinger County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	157	6.3%	6.7%	5.7%
5-17	314	12.7%	16.9%	16.4%
18-24	167	6.7%	11.3%	9.4%
25-44	630	25.4%	27.1%	26.6%
45-64	568	22.9%	22.2%	25.3%
65 and older	641	25.9%	15.9%	16.5%
Total	*2,477*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	2,285	92.2%	83.0%	58.9%
American Indian and Alaska Native alone	57	2.3%	4.7%	0.8%
Asian alone	6	0.2%	1.6%	5.8%
Black or African American alone	12	0.5%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	3	0.1%	0.2%	0.2%
Some other race alone	4	0.2%	1.4%	6.0%
Two or more races	96	3.9%	4.4%	8.8%
Hispanic Origin (of any race)	14	0.6%	4.3%	18.7%
Sex				
Female	1,294	52.2%	48.6%	50.4%
Male	1,183	47.8%	51.4%	49.6%
Total	*2,477*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.6: Household Demographics, Hettinger County, ND, North Dakota, and United States (2022)			
Item	**Hettinger County**	**North Dakota**	**United States**
Total households	1,055	320,038	125,736,353
Owner-occupied housing rate	77.6%	63.2%	64.8%
Average household size (persons per household)	2.2	2.3	2.6
Median value of owned-occupied housing	$111,100	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,274	$1,653	$1,828
Median monthly owner costs (without mortgage)	$395	$551	$584
Median gross rent	$852	$912	$1,268
Median household income	$66,797	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.6: Household Characteristics, Hettinger County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Hettinger County Households**	**Hettinger County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	215	20.4%	27.8%	30.2%
Households with adults aged 65 and older	455	43.1%	26.7%	30.8%
Householders living alone	427	40.5%	33.2%	28.3%
Householders aged 65 and older living alone	249	23.6%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B4.6: Employment by Industry, Hettinger County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting and mining	245	21.4%
Educational services, health care and social assistance	212	18.5%
Construction	150	13.1%
Retail	115	10.1%
Transportation and warehousing, and utilities	62	5.4%
Other	359	31.4%
Total workforce	*1,143*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

Table B5.6: Poverty Characteristics, Hettinger County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Hettinger County Estimate**	**Hettinger County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	236	10.2%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	683	29.5%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	43	9.1%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	76	12.5%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	213	40.0%	23.2%	50.8%
*Differing populations and overlapping categories mean that percentages will not total to 100%. Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.				

Table B6.6: Educational Attainment for Persons Aged 25 and Older, Hettinger County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Hettinger County Estimate**	**Hettinger County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	220	12.0%	6.5%	10.9%
High school diploma or GED	615	33.4%	26.1%	26.4%
Some college or Associate's degree	678	36.9%	36.0%	28.5%
Bachelor's degree	236	12.8%	22.3%	20.9%
Graduate or professional degree	90	4.9%	9.1%	13.4%
Total population aged 25 and older	*1,839*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B7.6: Health Behaviors, Hettinger County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Hettinger County**	**North Dakota**	**United States**
Adult Smoking	18%	16%	15%
Adult Obesity	42%	36%	34%
Adult Excessive Drinking	19%	23%	18%
Alcohol-Impaired Driving Deaths	0%	39%	26%
Physical Inactivity[1]	26%	25%	23%
Access to Exercise Opportunities[2]	31%	76%	84%
Poor Mental Health Days[3]	4.2	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Table B8.6: Due to its small population, leading causes of death in Golden Valley County cannot be estimated.

Table B9.6: Other Health Factors, Hettinger County, ND, North Dakota, and United States			
Description of Factor	**Hettinger County**	**North Dakota**	**United States**
Uninsured Rate, 2021	13%	9%	10%
Medicaid Coverage, 2022	12.2%	11.9%	20.4%
Unemployment Rate, 2022	1.7%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	7%	7%	8%
Annual Mammogram Rate, 2021[1]	46%	53%	43%
Annual Flu Shot Rate, 2021[2]	28%	49%	46%
Food Environment Index, 2019-2021[3]	6.7	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021 [1]Percentage of female Medicare enrollees who received an annual mammogram. [2]Percent of Medicare enrollees who received an annual flu shot. [3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

Table B10.6: Number of Residents Per Health Care Provider in Hettinger County, ND, North Dakota, and the United States			
Type of Provider	**Hettinger County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	-	1,290:1	1,330:1
Mental Health Care Providers, 2024	2,420:1	420:1	300:1
Dentists, 2022	2,410:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

Table B11.6: National Risk Index Percentiles for Hettinger County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	62.3	37.4
Social Vulnerability	39.6	8.3
Community Resilience	22.6	38.5
National Risk Index	*58.5*	*31.6*
Note: The Risk Index can be read as "58.5% of counties in North Dakota have a lower Risk Index than Hettinger County; 31.6% of U.S. counties have a lower Risk Index than Hettinger County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Table B1.7: Population Estimates, Morton County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Age Group	**Morton Population**	**Morton Percentages**	**ND Percentages**	**U.S. Percentages**
0-4	1,960	5.9%	6.7%	5.7%
5-17	5,816	17.5%	16.9%	16.4%
18-24	2,652	8.0%	11.3%	9.4%
25-44	9,417	28.4%	27.1%	26.6%
45-64	7,857	23.7%	22.2%	25.3%
65 and older	5,490	16.5%	15.9%	16.5%
Total	*33,192*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	29,142	87.8%	83.0%	58.9%
American Indian and Alaska Native alone	1,128	3.4%	4.7%	0.8%
Asian alone	132	0.4%	1.6%	5.8%
Black or African American alone	431	1.3%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	62	0.2%	0.2%	0.2%
Some other race alone	864	2.6%	1.4%	6.0%
Two or more races	1,195	3.6%	4.4%	8.8%
Hispanic Origin (of any race)	1,401	4.2%	4.3%	18.7%
Sex				
Female	16,297	49.1%	48.6%	50.4%
Male	16,895	50.9%	51.4%	49.6%
Total	*33,192*	*100.0%*	*100.0%*	*100.0%*
*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B2.7: Household Demographics, Morton County, ND, North Dakota, and United States (2022)			
Item	**Morton County**	**North Dakota**	**United States**
Total households	13,177	320,038	125,736,353
Owner-occupied housing rate	73.4%	63.2%	64.8%
Average household size (persons per household)	2.5	2.3	2.6
Median value of owned-occupied housing	$247,200	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,637	$1,653	$1,828
Median monthly owner costs (without mortgage)	$583	$551	$584
Median gross rent	$973	$912	$1,268
Median household income	$79,555	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.7: Household Characteristics, Morton County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Morton County Households**	**Morton County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	4,208	31.9%	27.8%	30.2%
Households with adults aged 65 and older	3,790	28.8%	26.7%	30.8%
Householders living alone	3,328	25.3%	33.2%	28.3%
Householders aged 65 and older living alone	1,568	11.9%	11.8%	11.5%

*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B4.7: Employment by Industry, Morton County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Educational services, health care and social assistance	4,472	24.6%
Retail	2,319	12.7%
Arts, entertainment, recreation, accommodation and food service	1,633	9.0%
Manufacturing	1,541	8.5%
Construction	1,373	7.5%
Public administration	1,171	6.4%
Transportation and warehousing, and utilities	1,160	6.4%
Other	4,539	24.9%
Total workforce	*18,208*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B5.7: Poverty Characteristics, Morton County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Morton County Estimate**	**Morton County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	2,647	8.1%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	6,813	20.9%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	721	9.4%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	295	5.8%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	993	19.4%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Table B6.7: Educational Attainment for Persons Aged 25 and Older, Morton County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Morton County Estimate**	**Morton County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	1,468	6.4%	6.5%	10.9%
High school diploma or GED	6,533	28.7%	26.1%	26.4%
Some college or Associate's degree	8,678	38.1%	36.0%	28.5%
Bachelor's degree	4,788	21.0%	22.3%	20.9%
Graduate or professional degree	1,297	5.7%	9.1%	13.4%
Total population aged 25 and older	*22,764*	*100.0%*	*100.0%*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B7.7: Health Behaviors, Morton County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Morton County**	**North Dakota**	**United States**
Adult Smoking	15%	16%	15%
Adult Obesity	40%	36%	34%
Adult Excessive Drinking	22%	23%	18%
Alcohol-Impaired Driving Deaths	27%	39%	26%
Physical Inactivity[1]	24%	25%	23%
Access to Exercise Opportunities[2]	77%	76%	84%
Poor Mental Health Days[3]	4.1	4.0	4.8

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.
[2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.
[3]The average number of self-reported mentally unhealthy days in the past 30 days.

Table B8.7: Leading Causes of Death in Morton County, ND Residents Under Age 75 (2019-2021)		
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Malignant neoplasms	106	118.5
Diseases of the heart	61	68.2
Accidents	39	43.6
COVID-19	29	32.4
Chronic lower respiratory diseases	20	22.4
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.		

Table B9.7: Other Health Factors, Morton County, ND, North Dakota, and United States			
Description of Factor	**Morton County**	**North Dakota**	**United States**
Uninsured Rate, 2021	8%	9%	10%
Medicaid Coverage, 2022	10.7%	11.9%	20.4%
Low Birthweight Rate, 2016-2022	7%	7%	8%
Annual Mammogram Rate, 2021[1]	55%	53%	43%
Annual Flu Shot Rate, 2021[2]	53%	49%	46%
Food Environment Index, 2019-2021[3]	9.6	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021 [1]Percentage of female Medicare enrollees who received an annual mammogram. [2]Percent of Medicare enrollees who received an annual flu shot. [3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

Table B10.7: Number of Residents Per Health Care Provider in Morton County, ND, North Dakota, and the United States			
Type of Provider	**Morton County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	2,590:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	3,080:1	420:1	300:1
Dentists, 2022	3,750:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

Table B11.7: National Risk Index Percentiles for Morton County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	90.6	73.1
Social Vulnerability	24.5	5.1
Community Resilience	92.5	94.6
National Risk Index	*88.7*	*70.1*
Note: The Risk Index can be read as "88.7% of counties in North Dakota have a lower Risk Index than Morton County; 70.1% of U.S. counties have a lower Risk Index than Morton County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Table B1.8: Population Estimates, Slope County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)				
Item	**Slope County Population**	**Slope County Percentages**	**North Dakota Percentages**	**United States Percentages**
Age Group				
0-4	13	1.6%	6.7%	5.7%
5-17	154	18.4%	16.9%	16.4%
18-24	25	3.0%	11.3%	9.4%
25-44	169	20.2%	27.1%	26.6%
45-64	250	29.9%	22.2%	25.3%
65 and older	226	27.0%	15.9%	16.5%
Total	*837*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	800	95.6%	83.0%	58.9%
American Indian and Alaska Native alone	9	1.1%	4.7%	0.8%
Asian alone	0	0.0%	1.6%	5.8%
Black or African American alone	0	0.0%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	0	0.0%	0.2%	0.2%
Some other race alone	0	0.0%	1.4%	6.0%
Two or more races	28	3.3%	4.4%	8.8%
Hispanic Origin (of any race)	1	0.1%	4.3%	18.7%
Sex				
Female	371	44.3%	48.6%	50.4%
Male	466	55.7%	51.4%	49.6%
Total	*837*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B2.8: Household Demographics, Slope County, ND, North Dakota, and United States (2022)			
	Slope County	**North Dakota**	**United States**
Total households	351	320,038	125,736,353
Owner-occupied housing rate	90.3%	63.2%	64.8%
Average household size (persons per household)	2.4	2.3	2.6
Median value of owned-occupied housing	$109,900	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,583	$1,653	$1,828
Median monthly owner costs (without mortgage)	$411	$551	$584
Median gross rent	$531	$912	$1,268
Median household income	$70,625	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table B3.8: Household Characteristics, Slope County, ND, North Dakota, and United States (2022)				
Household Characteristics	**Slope County Households**	**Percent of Slope County Households***	**Percent of North Dakota Households***	**Percent of United States Households***
Households with children aged 0-17	88	25.1%	27.8%	30.2%
Households with adults aged 65 and older	146	41.6%	26.7%	30.8%
Householders living alone	96	27.4%	33.2%	28.3%
Householders aged 65 and older living alone	45	12.8%	11.8%	11.5%
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B4.8: Employment by Industry, Slope County, ND (2022)		
Sector	**Estimated Workers**	**Percent of Workforce**
Agriculture, forestry, fishing, hunting, and mining	221	52.6%
Educational services, health care and social assistance	64	15.2%
Construction	28	6.7%
Other	107	25.5%
Total workforce	*420*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

Table B5.8: Poverty Characteristics, Slope County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	**Slope County Estimate**	**Slope County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	39	4.7%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	223	26.6%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	2	1.2%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	29	12.8%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	-	-	23.2%	50.8%
*Differing populations and overlapping categories mean that percentages will not total to 100.0%. Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.				

Table B6.8: Educational Attainment for Persons Aged 25 and Older, Slope County, ND, North Dakota, and United States (2022)				
Level of Education Attained	**Slope County Estimate**	**Slope County Percent of Population 25 and Older**	**North Dakota Percent of Population 25 and Older**	**United States Percent of Population 25 and Older**
Less than high school	54	8.4%	6.5%	10.9%
High school diploma or GED	225	34.9%	26.1%	26.4%
Some college or Associate's degree	219	34.0%	36.0%	28.5%
Bachelor's degree	124	19.2%	22.3%	20.9%
Graduate or professional degree	23	3.6%	9.1%	13.4%
Total population aged 25 and older	*645*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table B7.8: Health Behaviors, Slope County, ND, North Dakota, and the United States (2021)			
Health Behavior	**Slope County**	**North Dakota**	**United States**
Adult Smoking	16%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	19%	23%	18%
Alcohol-Impaired Driving Deaths	67%	39%	26%
Physical Inactivity[1]	24%	25%	23%
Access to Exercise Opportunities[2]	1%	76%	84%
Poor Mental Health Days[3]	3.7	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Table B8.8: Due to its small population, leading causes of death in Slope County cannot be estimated.

Table B9.8: Other Health Factors, Slope County, ND, North Dakota, and United States			
Description of Factor	**Slope County**	**North Dakota**	**United States**
Uninsured Rate, 2021	9%	9%	10%
Medicaid Coverage, 2022	15.7%	11.9%	20.4%
Unemployment Rate, 2022	2.6%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	-	7%	8%
Annual Mammogram Rate, 2021[1]	36%	53%	43%
Annual Flu Shot Rate, 2021[2]	11%	49%	46%
Food Environment Index, 2019-2021[3]	8.1	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021 [1]Percentage of female Medicare enrollees who received an annual mammogram. [2]Percent of Medicare enrollees who received an annual flu shot. [3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

Table B10.8: Number of Residents Per Health Care Provider in Slope County, ND, North Dakota, and the United States			
Type of Provider	**Slope County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	690:0	1,290:1	1,330:1
Mental Health Care Providers, 2024	670:0	420:1	300:1
Dentists, 2022	670:0	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

Table B11.8: National Risk Index Percentiles for Slope County, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	1.9	2.4
Social Vulnerability	5.7	1.0
Community Resilience	5.7	7.7
National Risk Index	*1.9*	*1.0*
Note: The Risk Index can be read as "1.9% of counties in North Dakota have a lower Risk Index than Slope County; 1.1% of U.S. counties have a lower Risk Index than Slope County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Appendix C: Survey Instrument

Please note: the instrument below has been formatted to allow for mail completion and may look slightly different than presented online. The questions are the same.

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

Every three years, we conduct a Community Health Needs Assessment (CHNA) to better understand health and well-being at individual and community levels. This survey will ask you a few questions about the challenges in your community, and how you think they should be approached. It will also ask a few questions about you, so we can understand more about your individual experiences as they relate to your health and well-being. There are no wrong answers to these questions, and your answers are anonymous. Your name will not be on any reports, and your answers will be grouped with those from other people who respond.

This survey will take about 10 minutes to complete. Your participation is voluntary. If you do not want to participate at all, or if you do not want to answer a particular question, that's okay. If you choose to do the survey, your answers will be kept anonymous and confidential and will be used only to answer questions related to the purpose of this study. What we learn from the survey will be used to plan communication strategies to help people in your community.

You have the option to include your email address in a gift card prize draw! Simply complete the survey, include your email address at the end, and return the survey to us for your chance to win!

Your contact information will not be used for any other purpose than the prize draw. It will not be used in analysis or reporting.

If you have any trouble with any question, please refer to the following resources:

Center for Social Research		
Nancy Hodur	nancy.hodur@ndsu.edu	(701) 231-8621
Kaeleigh Schroeder	kaeleigh.schroeder@ndsu.edu	
Avi Slone	avram.slone@ndsu.edu	
CommonSpirit Healthy Communities liaison		
Ashley Carroll	ashley.carroll@commonspirit.org	

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.

What is your zip code?

_____

What is the state where you live?

_____

What is the county where you live?

_____

Please indicate your level of agreement for each of the following statements about the people in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community is culturally diverse	☐	☐	☐	☐	☐	☐
People feel welcome and accepted in my community	☐	☐	☐	☐	☐	☐
There is a sense of civic responsibility and engagement in my community	☐	☐	☐	☐	☐	☐
The people in my community have a shared vision and community goals	☐	☐	☐	☐	☐	☐

Is there anything you would like to add about the people in your community?

_____

_____

_____

Please indicate your level of agreement for each of the following statements about services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community has adequate opportunities for recreation and leisure for all ages	☐	☐	☐	☐	☐	☐
My community has a thriving business district with access to needed goods and services	☐	☐	☐	☐	☐	☐
My community provides adequate public services like snow removal, garbage collection, or recycling	☐	☐	☐	☐	☐	☐
My community has adequate child care services	☐	☐	☐	☐	☐	☐
My community has adequate senior services	☐	☐	☐	☐	☐	☐
My community has a quality education system	☐	☐	☐	☐	☐	☐
My community has adequate public transportation services	☐	☐	☐	☐	☐	☐
My community has adequate employment opportunities that pay a livable wage	☐	☐	☐	☐	☐	☐
My community has adequate law enforcement.	☐	☐	☐	☐	☐	☐
My community has enough affordable housing for everyone who needs it	☐	☐	☐	☐	☐	☐
My community has adequate access to healthy and affordable foods	☐	☐	☐	☐	☐	☐

Is there anything you would like to add about services in your community?

_____

_____

_____

How concerned are you about each of the following in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	☐	☐	☐	☐	☐	☐
Mental health (anxiety, stress, depression)	☐	☐	☐	☐	☐	☐
Suicide	☐	☐	☐	☐	☐	☐
Access to healthy foods	☐	☐	☐	☐	☐	☐
Food insecurity, hunger	☐	☐	☐	☐	☐	☐
Poverty in my community	☐	☐	☐	☐	☐	☐
Sexually transmitted diseases	☐	☐	☐	☐	☐	☐
Crime in my community	☐	☐	☐	☐	☐	☐
Availability of long-term care or assisted living facilities	☐	☐	☐	☐	☐	☐
Availability of elder care services to support independent living, or aging in place	☐	☐	☐	☐	☐	☐
Obesity or overweightness	☐	☐	☐	☐	☐	☐
Negative effects of social media	☐	☐	☐	☐	☐	☐

Are there other issues in your community that you are concerned about?

_____

_____

_____

How concerned are you about the following types of violence in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Cyber bullying	☐	☐	☐	☐	☐	☐
Child abuse or neglect	☐	☐	☐	☐	☐	☐
Intimate partner violence	☐	☐	☐	☐	☐	☐
Emotional abuse (including: intimidation, isolation, verbal threats, economic abuse/withholding funds)	☐	☐	☐	☐	☐	☐
Sexual abuse or assault	☐	☐	☐	☐	☐	☐
Stalking	☐	☐	☐	☐	☐	☐
Verbal threats or harassment	☐	☐	☐	☐	☐	☐
Gun violence	☐	☐	☐	☐	☐	☐

Are there other types of violence in your community that you are concerned about?

_____

_____

_____

Please indicate your level of agreement with the following issues related to medical services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
It is easy to get an appointment for health care services in my community	☐	☐	☐	☐	☐	☐
My community has adequate primary care providers and nurses	☐	☐	☐	☐	☐	☐
My community has adequate health care services to meet my health care needs	☐	☐	☐	☐	☐	☐
My community has adequate dental care providers	☐	☐	☐	☐	☐	☐
My community has adequate vision care providers	☐	☐	☐	☐	☐	☐
My community has adequate mental health services	☐	☐	☐	☐	☐	☐
My community has adequate access to emergency response services such as ambulance or fire fighters	☐	☐	☐	☐	☐	☐
I can easily navigate the health care system in my community	☐	☐	☐	☐	☐	☐
I receive quality health care in my community	☐	☐	☐	☐	☐	☐
In my community, care is well-coordinated across providers and services	☐	☐	☐	☐	☐	☐

Do you have any other concerns about access to health care services in your community?

_____

_____

_____

Which preventative health care measures have you received in the last year? Select all that apply.

- ☐ Vaccinations
- ☐ Annual physical exam
- ☐ Mammogram
- ☐ Colonoscopy
- ☐ Blood pressure or cholesterol screening
- ☐ Counseling for tobacco use, alcohol use, weight loss, or behavioral health
- ☐ Depression screening
- ☐ STD/STI screening
- ☐ Vision exam
- ☐ Dental exam/annual checkup

To what degree are each of the following a barrier to your ability to access health care services?

	Not at all a barrier	Somewhat of a barrier	Extreme barrier	I don't know
Transportation to health services locations	☐	☐	☐	☐
Availability of local services to meet my health care needs	☐	☐	☐	☐
Ability to see the same provider over time	☐	☐	☐	☐
Scheduling health care services within clinic hours	☐	☐	☐	☐
The price of prescription drugs, even with insurance	☐	☐	☐	☐
The price of health care services (such as co-payments or deductibles), even with health insurance	☐	☐	☐	☐
Communication or language barriers	☐	☐	☐	☐
Difficulty using or accessing technology to communicate with provider or system	☐	☐	☐	☐
Concerns about confidentiality	☐	☐	☐	☐
Disability accommodations	☐	☐	☐	☐
Health insurance coverage	☐	☐	☐	☐
The length of time to see a provider, from making an appointment to attending the appointment	☐	☐	☐	☐
Distance to access care	☐	☐	☐	☐

Are there other barriers to your ability to access health care in your community?

_____

_____

_____

Do you currently have a primary care doctor?

- ☐ Yes
- ☐ No
- ☐ Prefer not to respond

Where do you find out about health information? Select all that apply.

- ☐ Primary care provider
- ☐ Other health care providers
- ☐ Public health professionals
- ☐ Internet sources
- ☐ Word of mouth
- ☐ Advertising, such as TV commercials
- ☐ My employer
- ☐ Newspaper
- ☐ Radio
- ☐ Other (please specify _____ _____)

What type of health insurance coverage do you currently have? Select all that apply.

- ☐ Commercial private health insurance (coverage purchased by you or your employer)
- ☐ Medicare
- ☐ Medicaid etc.)
- ☐ Indian Health Service (IHS)
- ☐ Military (Tricare, Champus, VA)
- ☐ Other (please specify) _____
- ☐ No health insurance (**GO TO Q3.7)**
- ☐ Prefer not to say

Why do you NOT have health insurance? Select all that apply.
DO NOT RESPOND IF YOU DO HAVE HEALTH INSURANCE

- ☐ Too expensive
- ☐ Too difficult or complex to obtain health insurance
- ☐ I have a pre-existing condition that is not covered
- ☐ I am healthy and do not need insurance
- ☐ I do not qualify for Medicaid
- ☐ I was disenrolled from Medicaid
- ☐ Another reason (please specify) _____
- ☐ Prefer not to say

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

_____

_____

_____

Did you move to your community in the past year?

- ☐ Yes
- ☐ No (**GO TO Q4.3)**
- ☐ Prefer not to respond (**GO TO Q4.3**)

How difficult was it to do the following?

	Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	I don't know/I'm not sure	Not applicable to me
Enroll children in school	☐	☐	☐	☐	☐	☐
Find housing	☐	☐	☐	☐	☐	☐
Find healthcare	☐	☐	☐	☐	☐	☐
Find a job	☐	☐	☐	☐	☐	☐
Find childcare	☐	☐	☐	☐	☐	☐

Have you experienced discrimination in the past 12 months?

- ☐ Yes
- ☐ No (**GO TO Q4.6**)
- ☐ Prefer not to respond (**GO TO Q4.6**)

In what area(s) have you experienced discrimination? Select all that apply.

- ☐ Race
- ☐ Ethnicity
- ☐ Sex
- ☐ Gender identity
- ☐ Sexual orientation
- ☐ Age
- ☐ Weight
- ☐ Disability
- ☐ Religion .....
- ☐ Another area (specify: _____)
- ☐ Prefer not to say

In which of the following situations did you experience discrimination? Select all that apply.

- ☐ Applying for a job
- ☐ At a job, work or my place of employment
- ☐ Receiving medical care
- ☐ Looking for housing
- ☐ Applying for a credit card, bank loan, or mortgage
- ☐ Shopping at a store or eating at a restaurant
- ☐ Applying for social services or public assistance
- ☐ Interacting with the police
- ☐ Appearing in court
- ☐ Another area (specify)_____
- ☐ Prefer not to say

How difficult is it for you to pay for heating, housing, or medical care?

- ☐ Not difficult at all
- ☐ Slightly difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ I don't know/I'm not sure

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your age?

_____

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary/third gender
- ☐ Other (please describe: _____)
- ☐ Prefer not to say

Which one of these groups best represents your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Two or more races
- ☐ White
- ☐ Other (please describe:_____ _____)

Do you identify as Hispanic, Latine, or of Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your estimated household income?

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

What is the highest level of education you have completed?

- ☐ Less than 9th Grade
- ☐ 9th to 12th Grade, no diploma
- ☐ High school graduate or equivalent
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Prefer not to say

Which of these categories best describes your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Disabled
- ☐ Prefer not to say

What is your marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Divorced or separated
- ☐ Widowed
- ☐ Prefer not to say

How many people live in your household? Use numbers only. If you live alone, put "1".

_____

Do you have access to reliable internet in your home?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

How did you access this survey?

- ☐ Hospital or public health website
- ☐ Hospital or public health social media page (e.g., Facebook)
- ☐ Hospital or public health employee directly
- ☐ Economic development website or social media
- ☐ Church bulletin
- ☐ Other website or social media page (please specify) _____
- ☐ Newsletter (please specify from where) _____
- ☐ Newspaper advertisement
- ☐ Word of mouth
- ☐ Direct email (please specify from where) _____
- ☐ Another way (please specify) _____

Please provide any additional comments you think we could use to improve the delivery of health care in your community. If you need more space, please attach additional paper.

_____

_____

_____

_____

_____

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_____

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_____

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_____

If you would like to enter our prize drawing, please write your email address below!

_____

Thanks for completing our survey!
We appreciate your time, and your responses will help inform health care decisions in your community.

If you entered your name to be included in our draw, we'll contact the winners BY EMAIL once the survey has closed. Good luck!

Appendix D: Survey Frequencies

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consent	267	100.0%	100.0%	100.0%

What is your zip code?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		44	16.5%	16.5%	16.5%
	58529	1	0.4%	0.4%	16.9%
	58554	1	0.4%	0.4%	17.2%
	58601	184	68.9%	68.9%	86.1%
	58602	2	0.7%	0.7%	86.9%
	58621	3	1.1%	1.1%	88.0%
	58622	1	0.4%	0.4%	88.4%
	58623	2	0.7%	0.7%	89.1%
	58625	1	0.4%	0.4%	89.5%
	58626	1	0.4%	0.4%	89.9%
	58626-9606	1	0.4%	0.4%	90.3%
	58630	4	1.5%	1.5%	91.8%
	58634	1	0.4%	0.4%	92.1%
	58636	2	0.7%	0.7%	92.9%
	58639	3	1.1%	1.1%	94.0%
	58640	4	1.5%	1.5%	95.5%
	58642	2	0.7%	0.7%	96.3%
	58646	1	0.4%	0.4%	96.6%
	58647	1	0.4%	0.4%	97.0%
	58652	2	0.7%	0.7%	97.8%
	58653	1	0.4%	0.4%	98.1%
	58655	3	1.1%	1.1%	99.3%
	58656	2	0.7%	0.7%	100.0%
	Total	267	100.0%	100.0%	

What is the state in which you live?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	North Dakota	267	100.0%	100.0%	100.0%

What is the county where you live in North Dakota?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Adams	4	1.5%	1.5%	1.5%
	Bowman	3	1.1%	1.1%	2.6%
	Dunn	17	6.4%	6.4%	9.0%
	Golden Valley	4	1.5%	1.5%	10.5%
	Grant	1	0.4%	0.4%	10.9%
	Hettinger	3	1.1%	1.1%	12.0%
	McKenzie	1	0.4%	0.4%	12.4%
	Morton	1	0.4%	0.4%	12.7%
	Stark	233	87.3%	87.3%	100.0%
Total		267	100.0%		

People in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about the people in your community. - My community is culturally diverse	Count	16	43	18	122	65	264
	Row N %	6.1%	16.3%	6.8%	46.2%	24.6%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - People feel welcome and accepted in my community	Count	12	51	37	103	57	260
	Row N %	4.6%	19.6%	14.2%	39.6%	21.9%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - There is a sense of civic responsibility and engagement in my community	Count	10	57	41	99	54	261
	Row N %	3.8%	21.8%	15.7%	37.9%	20.7%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - The people in my community have a shared vision and community goals	Count	23	55	59	92	32	261
	Row N %	8.8%	21.1%	22.6%	35.2%	12.3%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is culturally diverse	Count	59	18	187	264
	Row N %	22.3%	6.8%	70.8%	100.0%
RECODE: People in your community - People feel welcome and accepted in my community	Count	63	37	160	260
	Row N %	24.2%	14.2%	61.5%	100.0%
RECODE: People in your community - There is a sense of civic responsibility and engagement in my community	Count	67	41	153	261
	Row N %	25.7%	15.7%	58.6%	100.0%
RECODE: People in your community - The people in my community have a shared vision and community goals	Count	78	59	124	261
	Row N %	29.9%	22.6%	47.5%	100.0%

Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate opportunities for recreation and leisure for all ages	Count	40	62	22	78	62	264
	Row N %	15.2%	23.5%	8.3%	29.5%	23.5%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a thriving business district with access to needed goods and services	Count	31	84	25	91	34	265
	Row N %	11.7%	31.7%	9.4%	34.3%	12.8%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	19	33	24	97	94	267
	Row N %	7.1%	12.4%	9.0%	36.3%	35.2%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate child care services	Count	81	85	23	49	16	254
	Row N %	31.9%	33.5%	9.1%	19.3%	6.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate senior services	Count	32	77	40	60	21	230
	Row N %	13.9%	33.5%	17.4%	26.1%	9.1%	100.0%
	Count	18	39	24	95	84	260

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a quality education system	Row N %	6.9%	15.0%	9.2%	36.5%	32.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate public transportation services	Count	70	66	30	64	29	259
	Row N %	27.0%	25.5%	11.6%	24.7%	11.2%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	23	59	24	93	65	264
	Row N %	8.7%	22.3%	9.1%	35.2%	24.6%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate law enforcement	Count	11	29	30	89	97	256
	Row N %	4.3%	11.3%	11.7%	34.8%	37.9%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has enough affordable housing for everyone who needs it	Count	101	84	20	37	11	253
	Row N %	39.9%	33.2%	7.9%	14.6%	4.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate access to healthy and affordable foods	Count	45	87	20	83	29	264
	Row N %	17.0%	33.0%	7.6%	31.4%	11.0%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate opportunities for recreation and leisure for all ages	Count	102	22	140	264
	Row N %	38.6%	8.3%	53.0%	100.0%
RECODE: Services in your community - My community has a thriving business district with access to needed goods and services	Count	115	25	125	265
	Row N %	43.4%	9.4%	47.2%	100.0%
RECODE: Services in your community - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	52	24	191	267
	Row N %	19.5%	9.0%	71.5%	100.0%
RECODE: Services in your community - My community has adequate child care services	Count	166	23	65	254
	Row N %	65.4%	9.1%	25.6%	100.0%
RECODE: Services in your community - My community has adequate senior services	Count	109	40	81	230
	Row N %	47.4%	17.4%	35.2%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community. - My community has a quality education system	Count	57	24	179	260
	Row N %	21.9%	9.2%	68.8%	100.0%
RECODE: Services in your community. - My community has adequate public transportation services	Count	136	30	93	259
	Row N %	52.5%	11.6%	35.9%	100.0%
RECODE: Services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	82	24	158	264
	Row N %	31.1%	9.1%	59.8%	100.0%
RECODE: Services in your community. - My community has adequate law enforcement	Count	40	30	186	256
	Row N %	15.6%	11.7%	72.7%	100.0%
RECODE: Services in your community. - My community has enough affordable housing for everyone who needs it	Count	185	20	48	253
	Row N %	73.1%	7.9%	19.0%	100.0%
RECODE: Services in your community. - My community has adequate access to healthy and affordable foods	Count	132	20	112	264
	Row N %	50.0%	7.6%	42.4%	100.0%

Community Concerns

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	Count	2	14	56	191	263
	Row N %	0.8%	5.3%	21.3%	72.6%	100.0%
How concerned are you about each of the following in your community? - Mental health (anxiety, stress, depression)	Count	4	21	46	191	262
	Row N %	1.5%	8.0%	17.6%	72.9%	100.0%
How concerned are you about each of the following in your community? - Suicide	Count	6	38	87	127	258
	Row N %	2.3%	14.7%	33.7%	49.2%	100.0%
How concerned are you about each of the following in your community? - Access to healthy foods	Count	36	62	92	74	264
	Row N %	13.6%	23.5%	34.8%	28.0%	100.0%
How concerned are you about each of the following in your community? - Food insecurity or hunger	Count	27	68	89	70	254
	Row N %	10.6%	26.8%	35.0%	27.6%	100.0%
How concerned are you about each of the following in your community? - Poverty in my community	Count	11	63	92	88	254
	Row N %	4.3%	24.8%	36.2%	34.6%	100.0%

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Sexually transmitted diseases or infections	Count	31	56	68	50	205
	Row N %	15.1%	27.3%	33.2%	24.4%	100.0%
How concerned are you about each of the following in your community? - Crime in my community	Count	16	73	100	75	264
	Row N %	6.1%	27.7%	37.9%	28.4%	100.0%
How concerned are you about each of the following in your community? - Availability of long-term care or assisted living facilities	Count	30	47	83	81	241
	Row N %	12.4%	19.5%	34.4%	33.6%	100.0%
How concerned are you about each of the following in your community? - Availability of elder care services to support independent living, or aging in place	Count	17	55	81	87	240
	Row N %	7.1%	22.9%	33.8%	36.3%	100.0%
How concerned are you about each of the following in your community? - Obesity or overweightness	Count	19	39	86	113	257
	Row N %	7.4%	15.2%	33.5%	44.0%	100.0%

Violence Concerns in Community

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Cyber bullying	Count	10	39	64	139	252
	Row N %	4.0%	15.5%	25.4%	55.2%	100.0%
How concerned are you about the following types of violence in your community? - Child abuse or neglect	Count	7	45	78	125	255
	Row N %	2.7%	17.6%	30.6%	49.0%	100.0%
How concerned are you about the following types of violence in your community? - Intimate partner violence	Count	17	55	88	88	248
	Row N %	6.9%	22.2%	35.5%	35.5%	100.0%
How concerned are you about the following types of violence in your community? - Emotional abuse (including intimidation or isolation)	Count	11	54	82	105	252
	Row N %	4.4%	21.4%	32.5%	41.7%	100.0%
How concerned are you about the following types of violence in your community? - Sexual abuse or assault	Count	12	61	85	92	250
	Row N %	4.8%	24.4%	34.0%	36.8%	100.0%
How concerned are you about the following types of violence in your community? - Stalking	Count	34	79	71	46	230
	Row N %	14.8%	34.3%	30.9%	20.0%	100.0%

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Verbal threats or harassment	Count	22	62	74	90	248
	Row N %	8.9%	25.0%	29.8%	36.3%	100.0%
How concerned are you about the following types of violence in your community? - Gun violence	Count	63	70	66	53	252
	Row N %	25.0%	27.8%	26.2%	21.0%	100.0%

Medical Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - It is easy to get an appointment for health care services in my community	Count	62	74	24	70	33	263
	Row N %	23.6%	28.1%	9.1%	26.6%	12.5%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate primary care providers and nurses	Count	59	63	30	72	38	262
	Row N %	22.5%	24.0%	11.5%	27.5%	14.5%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate health care services to meet my health care needs	Count	70	68	27	68	31	264
	Row N %	26.5%	25.8%	10.2%	25.8%	11.7%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate dental care providers	Count	43	58	21	77	57	256
	Row N %	16.8%	22.7%	8.2%	30.1%	22.3%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate vision care providers	Count	28	24	29	93	85	259
	Row N %	10.8%	9.3%	11.2%	35.9%	32.8%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My	Count	125	68	24	23	10	250
	Row N %	50.0%	27.2%	9.6%	9.2%	4.0%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
community has adequate mental health services							
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	17	26	24	80	116	263
	Row N %	6.5%	9.9%	9.1%	30.4%	44.1%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I can easily navigate the health care system in my community	Count	34	50	45	84	52	265
	Row N %	12.8%	18.9%	17.0%	31.7%	19.6%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I receive quality health care in my community	Count	42	49	36	83	55	265
	Row N %	15.8%	18.5%	13.6%	31.3%	20.8%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - In my community, care is well coordinated across providers and services	Count	63	69	42	59	23	256
	Row N %	24.6%	27.0%	16.4%	23.0%	9.0%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - It is easy to get an appointment for health care services in my community	Count	136	24	103	263
	Row N %	51.7%	9.1%	39.2%	100.0%
RECODE: Medical services in your community. - My community has adequate primary care providers and nurses	Count	122	30	110	262
	Row N %	46.6%	11.5%	42.0%	100.0%
RECODE: Medical services in your community. - My community has adequate health care services to meet my health care needs	Count	138	27	99	264
	Row N %	52.3%	10.2%	37.5%	100.0%
RECODE: Medical services in your community. - My community has adequate dental care providers	Count	101	21	134	256
	Row N %	39.5%	8.2%	52.3%	100.0%
RECODE: Medical services in your community. - My community has adequate vision care providers	Count	52	29	178	259
	Row N %	20.1%	11.2%	68.7%	100.0%
	Count	193	24	33	250

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - My community has adequate mental health services	Row N %	77.2%	9.6%	13.2%	100.0%
RECODE: Medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	43	24	196	263
	Row N %	16.3%	9.1%	74.5%	100.0%
RECODE: Medical services in your community. - I can easily navigate the health care system in my community	Count	84	45	136	265
	Row N %	31.7%	17.0%	51.3%	100.0%
RECODE: Medical services in your community. - I receive quality health care in my community	Count	91	36	138	265
	Row N %	34.3%	13.6%	52.1%	100.0%
RECODE: Medical services in your community. - In my community, care is well coordinated across providers and services	Count	132	42	82	256
	Row N %	51.6%	16.4%	32.0%	100.0%

Last CHNA Needs

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Availability of mental health services	Count	38	38	93	50	17	236
	Row N %	16.1%	16.1%	39.4%	21.2%	7.2%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Alcohol use and abuse	Count	44	52	107	28	5	236
	Row N %	18.6%	22.0%	45.3%	11.9%	2.1%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Not enough affordable housing	Count	64	66	92	15	3	240
	Row N %	26.7%	27.5%	38.3%	6.3%	1.3%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Depression or anxiety	Count	64	81	68	19	3	235
	Row N %	27.2%	34.5%	28.9%	8.1%	1.3%	100.0%

		Worse	The same	Better	Total
RECODE: previous issues - Availability of mental health services	Count	76	93	67	236
	Row N %	32.2%	39.4%	28.4%	100.0%
RECODE: previous issues - Alcohol use and abuse	Count	96	107	33	236
	Row N %	40.7%	45.3%	14.0%	100.0%
RECODE: previous issues - Not enough affordable housing	Count	130	92	18	240
	Row N %	54.2%	38.3%	7.5%	100.0%
RECODE: previous issues - Depression or anxiety	Count	145	68	22	235
	Row N %	61.7%	28.9%	9.4%	100.0%

Preventative Health Care Measures

Multiple Response						
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.1[a]	260	97.4%	7	2.6%	267	100.0%

MRQ5.1 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ5.1[a]	Which of the following preventative health care measures have you received in the last year? Vaccinations	160	12.8%	61.5%
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	215	17.2%	82.7%
	Which of the following preventative health care measures have you received in the last year? Mammogram	101	8.1%	38.8%
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	38	3.0%	14.6%
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	171	13.7%	65.8%
	Which of the following preventative health care measures have you received in the last year? Counseling for tobacco use, alcohol dependency, weight loss, behavioral health	37	3.0%	14.2%
	Which of the following preventative health care measures have you received in the last year? Depression screening	98	7.8%	37.7%

	Which of the following preventative health care measures have you received in the last year? STD/STI Screening	17	1.4%	6.5%
	Which of the following preventative health care measures have you received in the last year? Vision exam or annual checkup	205	16.4%	78.8%
	Which of the following preventative health care measures have you received in the last year? Dental exam or annual checkup	208	16.6%	80.0%
Total		1250	100.0%	480.8%
a. Dichotomy group tabulated at value 1.				

		Not at all a barrier	Somewhat of a barrier	Extreme barrier	Total
To what degree are each of the following issues a barrier to your ability to access health care services? - Transportation to health care service locations	Count	187	43	15	245
	Row N %	76.3%	17.6%	6.1%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Distance to access care	Count	115	105	42	262
	Row N %	43.9%	40.1%	16.0%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Concerns about confidentiality	Count	170	58	23	251
	Row N %	67.7%	23.1%	9.2%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Availability of local services to meet my health care needs	Count	76	117	67	260
	Row N %	29.2%	45.0%	25.8%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Communication or language barriers	Count	210	30	14	254
	Row N %	82.7%	11.8%	5.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Disability accommodations	Count	163	40	14	217
	Row N %	75.1%	18.4%	6.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Scheduling health care services within clinic hours	Count	117	111	32	260
	Row N %	45.0%	42.7%	12.3%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The length of time to see a provider, from making an appointment to attending the appointment	Count	71	117	71	259
	Row N %	27.4%	45.2%	27.4%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of prescription drugs, even with insurance	Count	95	104	60	259
	Row N %	36.7%	40.2%	23.2%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of health care services (such as co-payments or deductibles), even with insurance	Count	81	94	87	262
	Row N %	30.9%	35.9%	33.2%	100.0%

Do you currently have a primary care doctor?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	218	81.6%	83.2%	83.2%
	No	44	16.5%	16.8%	100.0%
	Total	262	98.1%	100.0%	
Missing	Prefer not to respond	5	1.9%		
Total		267	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.5[a]	260	97.4%	7	2.6%	267	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.5 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ5.5[a]	Where do you find out about health information? Other health care professionals	143	15.9%	55.0%
	Where do you find out about health information? Primary care provider	181	20.1%	69.6%
	Where do you find out about health information? Public health professionals	90	10.0%	34.6%
	Where do you find out about health information? Internet sources	167	18.5%	64.2%
	Where do you find out about health information? Word of mouth (including family and friends)	149	16.5%	57.3%
	Where do you find out about health information? Advertising, such as TV commercials	40	4.4%	15.4%
	Where do you find out about health information? My employer	80	8.9%	30.8%
	Where do you find out about health information? Newspaper	22	2.4%	8.5%
	Where do you find out about health information? Radio	21	2.3%	8.1%
	Where do you find out about health information? Other source	9	1.0%	3.5%
Total		902	100.0%	346.9%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ5.6[a]	264	98.9%	3	1.1%	267	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.6 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ5.6[a]	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Insurance through employer (either your own or a family member's)	220	71.9%	83.3%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Private health insurance (coverage purchased by you)	30	9.8%	11.4%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Government program (Medicare, Medicaid, etc.)	34	11.1%	12.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Military (Tricare, Champus, VA)	14	4.6%	5.3%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Other (please specify)	3	1.0%	1.1%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice No health insurance	1	0.3%	0.4%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Prefer not to say	4	1.3%	1.5%
Total		306	100.0%	115.9%
a. Dichotomy group tabulated at value 1.				

SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	8	3.0%	3.1%	3.1%
	No	253	94.8%	96.9%	100.0%
	Total	261	97.8%	100.0%	
Missing	Prefer not to respond	2	0.7%		
	System	4	1.5%		
	Total	6	2.2%		
Total		267	100.0%		

		Not difficult at all	**Slightly difficult**	**Somewhat difficult**	**Very difficult**	**Total**
How difficult was it to do the following things? - Enroll children in school	Count	1	0	0	1	2
	Row N %	50.0%	0.0%	0.0%	50.0%	100.0%
How difficult was it to do the following things? - Find housing	Count	1	0	4	1	6
	Row N %	16.7%	0.0%	66.7%	16.7%	100.0%
How difficult was it to do the following things? - Find health care	Count	5	0	2	0	7
	Row N %	71.4%	0.0%	28.6%	0.0%	100.0%
How difficult was it to do the following things? - Find a job	Count	5	1	0	0	6
	Row N %	83.3%	16.7%	0.0%	0.0%	100.0%
How difficult was it to do the following things? - Find child care	Count	0	0	0	2	2
	Row N %	0.0%	0.0%	0.0%	100.0%	100.0%

Have you experienced discrimination in the past 12 months?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	36	13.5%	14.0%	14.0%
	No	222	83.1%	86.0%	100.0%
	Total	258	96.6%	100.0%	
	Prefer not to respond	7	2.6%		
	System	2	0.7%		
	Total	9	3.4%		
Total		267	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ6.4[a]	36	13.5%	231	86.5%	267	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.4 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ6.4[a]	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Race	12	14.1%	33.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Ethnicity	6	7.1%	16.7%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sex	21	24.7%	58.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Gender identity	1	1.2%	2.8%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sexual orientation	1	1.2%	2.8%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Age	16	18.8%	44.4%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Weight	11	12.9%	30.6%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Disability	7	8.2%	19.4%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Religion	3	3.5%	8.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Another area (please specify)	5	5.9%	13.9%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Prefer not to respond	2	2.4%	5.6%
Total		85	100.0%	236.1%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ6.5[a]	36	13.5%	231	86.5%	267	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.5 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ6.5[a]	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a job	5	7.6%	13.9%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice At a job, work or my place of employment	17	25.8%	47.2%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Receiving medical care	9	13.6%	25.0%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Looking for housing	3	4.5%	8.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a credit card, mortgage, or bank loan	2	3.0%	5.6%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Shopping at a store or eating at a restaurant	13	19.7%	36.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for social services or public assistance	3	4.5%	8.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Interacting with the police	3	4.5%	8.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Another area (please specify)	6	9.1%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Prefer not to respond	5	7.6%	13.9%
Total		66	100.0%	183.3%
a. Dichotomy group tabulated at value 1.				

How difficult is it for you to pay for heating, housing, or medical care?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Not difficult at all	120	44.9%	46.2%	46.2%
	Slightly difficult	59	22.1%	22.7%	68.8%
	Somewhat difficult	66	24.7%	25.4%	94.2%
	Very difficult	15	5.6%	5.8%	100.0%
	Total	260	97.4%	100.0%	
Missing	Prefer not to respond	4	1.5%		
	System	3	1.1%		
	Total	7	2.6%		
Total		267	100.0%		

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	No	258	96.6%	100.0%	100.0%
Missing	Prefer not to respond	2	0.7%		
	System	7	2.6%		
	Total	9	3.4%		
Total		267	100.0%		

Statistics		
What is your age? - Select your age on the slider		
N	Valid	235
	Missing	32
Mean		46.2596
Median		44.0000

RECODE: Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 18 years	2	0.7%	0.9%	0.9%
	18 to 34 years	41	15.4%	17.4%	18.3%
	35 to 44 years	79	29.6%	33.6%	51.9%
	45 to 64 years	83	31.1%	35.3%	87.2%
	65 to 84 years	30	11.2%	12.8%	100.0%
	Total	235	88.0%	100.0%	
Missing	System	32	12.0%		
Total		267	100.05		

What is your gender? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	46	17.2%	18.1%	18.1%
	Female	206	77.2%	81.1%	99.2%
	Non-binary/third gender	1	0.4%	0.4%	99.6%
	Other (please describe)	1	0.4%	0.4%	100.0%
	Total	254	95.1%	100.0%	
Missing	Prefer not to say	9	3.4%		
	System	4	1.5%		
	Total	13	4.9%		
Total		267	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ7.3[a]	261	97.8%	6	2.2%	267	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ7.3 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ7.3[a]	Which of these groups best represents your race? Select all that apply. - Selected Choice White	243	91.0%	93.1%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Black or African American	2	0.7%	0.8%
	Which of these groups best represents your race? Select all that apply. - Selected Choice American Indian or Alaska Native	4	1.5%	1.5%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Asian	3	1.1%	1.1%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Other (please describe)	6	2.2%	2.3%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Prefer not to say	9	3.4%	3.4%
Total		267	100.0%	102.3%
a. Dichotomy group tabulated at value 1.				

Do you identify as Hispanic, Latine, or of Spanish origin?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.4%	3.5%	3.5%
	No	246	92.1%	96.5%	100.0%
	Total	255	95.5%	100.0%	
Missing	Prefer not to say	7	2.6%		
	System	5	1.9%		
	Total	12	4.5%		
Total		267	100.0%		

What is your estimated annual household income?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $15,000	1	0.4%	0.4%	0.4%
	$15,000 - $24,999	3	1.1%	1.3%	1.7%
	$25,000 - $49,999	22	8.2%	9.6%	11.3%
	$50,000 - $74,999	47	17.6%	20.4%	31.7%

	$75,000 - $99,999	45	16.9%	19.6%	51.3%
	$100,000 - $149,999	57	21.3%	24.8%	76.1%
	$150,000 and over	55	20.6%	23.9%	100.0%
	Total	230	86.1%	100.0%	
Missing	Prefer not to say	19	7.1%		
	System	18	6.7%		
	Total	37	13.9%		
Total		267	100.0%		

What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High school graduate or equivalency	20	7.5%	8.0%	8.0%
	Some college, no degree	32	12.0%	12.7%	20.7%
	Associate's degree	31	11.6%	12.4%	33.1%
	Bachelor's degree	96	36.0%	38.2%	71.3%
	Graduate or professional degree	72	27.0%	28.7%	100.0%
	Total	251	94.0%	100.0%	
Missing	Prefer not to say	2	0.7%		
	System	14	5.2%		
	Total	16	6.0%		
Total		267	100.0%		

Which of these categories best describes your employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed full time	201	75.3%	86.3%	86.3%
	Employed part time	14	5.2%	6.0%	92.3%
	Unemployed	17	6.4%	7.3%	99.6%
	Retired	1	0.4%	0.4%	100.0%
	Total	233	87.3%	100.0%	
Missing	Prefer not to say	5	1.9%		
	System	29	10.9%		
	Total	34	12.7%		
Total		267	100.0%		

What is your marital status?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Single	44	16.5%	17.3%	17.3%
	Married or in a domestic partnership	187	70.0%	73.3%	90.6%
	Divorced or separated	19	7.1%	7.5%	98.0%
	Widowed	5	1.9%	2.0%	100.0%
	Total	255	95.5%	100.0%	
Missing	Prefer not to say	4	1.5%		
	System	8	3.0%		
	Total	12	4.5%		
Total		267	100.0%		

Statistics		
How many people live in your household? Use numbers only. If you live alone, put "1".		
N	Valid	253
	Missing	14
Mean		3.0198
Median		3.0000

RECODE: How many people live in your household?					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	1 person	24	9.0%	9.5%	9.5%
	2 to 4 people	193	72.3%	76.3%	85.8%
	5 or more people	36	13.5%	14.2%	100.0%
	Total	253	94.8%	100.0%	
Missing	System	14	5.2%		
Total		267	100.0%		

Do you have access to reliable internet in your home?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	250	93.6%	98.4%	98.4%
	No	4	1.5%	1.6%	100.0%
	Total	254	95.1%	100.0%	
Missing	Prefer not to respond	4	1.5%		
	System	9	3.4%		
	Total	13	4.9%		
Total		267	100.0%		

How did you get access to this survey, or survey link? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	30	11.2%	11.8%	11.8%
	Hospital or public health social media page (e.g. Facebook)	24	9.0%	9.4%	21.3%
	Hospital or public health employee directly	55	20.6%	21.7%	42.9%
	Economic development website or social media page	5	1.9%	2.0%	44.9%
	Other website or social media page (please specify)	17	6.4%	6.7%	51.6%
	Newsletter (please specify from where)	9	3.4%	3.5%	55.1%
	Newspaper advertisement	1	0.4%	0.4%	55.5%
	Word of mouth	16	6.0%	6.3%	61.8%
	Direct email (please specify from where)	75	28.1%	29.5%	91.3%
	Another way (please specify)	22	8.25	8.7%	100.0%
	Total	254	95.1%	100.0%	
Missing	System	13	4.9%		
Total		267	100.0%		

Distribution Channel					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	anonymous	234	87.6%	87.6%	87.6%
	qr	33	12.4%	12.4%	100.0%
	Total	267	100.0%	100.0%	