FARGO CASS PUBLIC HEALTH
2019
COMMUNITY HEALTH ASSESSMENT

Public Health
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Fargo Cass Public Health

Fargo Cass Public Health

2019 Community Health Assessment

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2019 Community Health Assessment

Summary & Message to Community

The 2019 Fargo Cass Public Health Community Health Assessment (CHA) was conducted to identify primary health issues, current health status and needs, and to provide necessary information to make a positive impact on the health of the community's residents.

Fargo Cass Public Health uses the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, a community-driven strategic planning process for improving community health. By utilizing MAPP, the framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems (NACCHO 2015).

This CHA report provides useful information to public health officials, health care providers, policy makers, area organizations, community groups and individuals who are interested in improving the health status of the community. These results enable organizations to strategically establish priorities, develop interventions and commit resources.

The mission of Fargo Cass Public Health is to ***prevent*** disease and injury, ***promote*** wellness and ***protect*** community health. We intend this information to drive collaborative efforts to improve the health status of the community and better reach our mission.

Many thanks and appreciation to our Fargo-Moorhead Community Health Needs Assessment Collaborative Members:

Essentia Health

SANFORD

NORTH DAKOTA Public Health Association

Public Health Prevent. Promote. Protect. Fargo Cass Public Health

FAMILY HealthCare

Public Health Prevent. Promote. Protect. Clay County Public Health

New American Consortium for Wellness & Empowerment

Demographic Characteristics

POPULATION

According to the U.S. Census Bureau (2017), there are an estimated 170,620 people living in Cass County, North Dakota, which reflects a 38% increase in total population from 2000. Two contributing factors to the population growth are migration gains, both domestic and international, as well as a higher birth rate than death rate (Table 1).

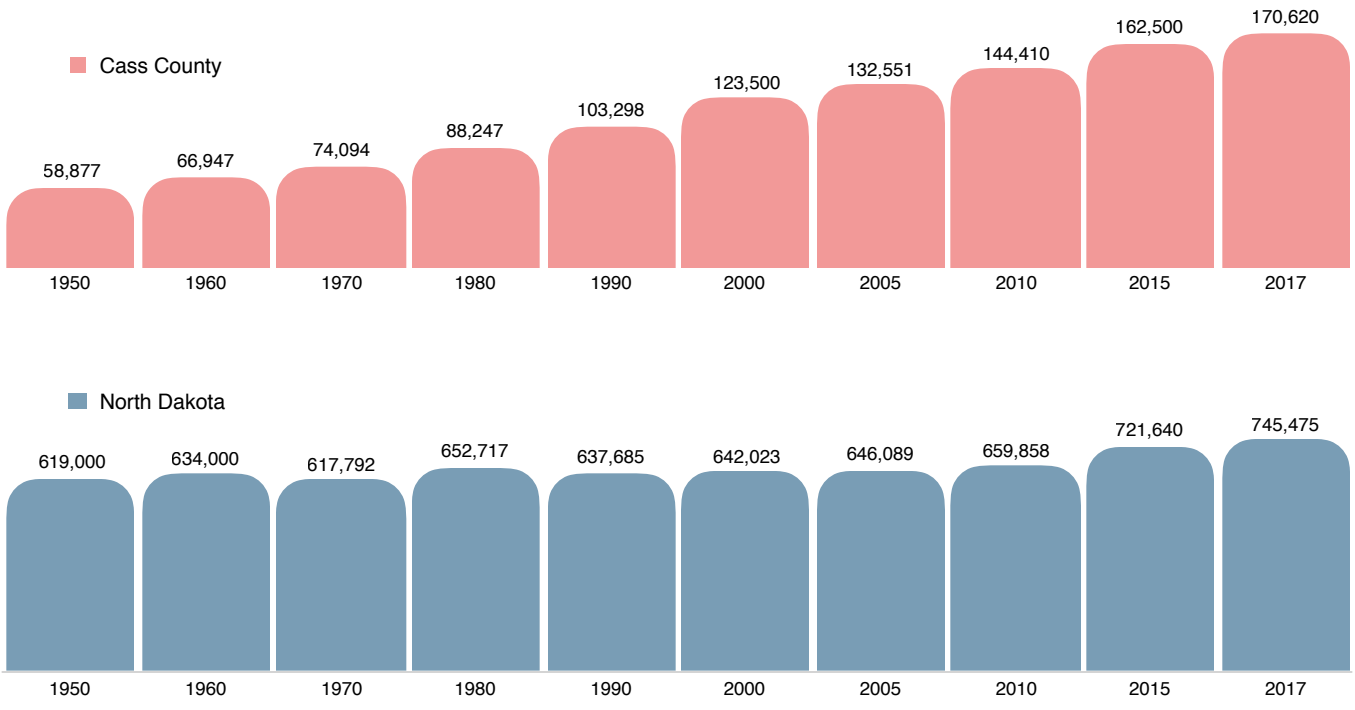
As of the most current Census data, Cass County accounts for almost 23% of North Dakota's population and is the most populous county in the state. From 2010-2017, the population of North Dakota has increased by 12% with Cass County accounting for 32.4% of that growth. Figure 1 illustrates the population trend for both North Dakota and Cass County. There was a significant rise in the North Dakota population increase after 2010 during the North Dakota oil boom in the western part of the state.

TABLE 1 BIRTH & DEATH RATES, CASS COUNTY & NORTH DAKOTA, 2012-2016 (ND VITAL STATISTICS)

	BIRTH RATE	DEATH RATE
Cass County	16.8	556.5
North Dakota	15.6	558.2

Birth Rate = Resident live birth divides by total resident population x 1,000
Death Rate = Death events divided by population x 100,000

Figure 1 Cass County & North Dakota Population Trend 1950-2017
(U.S. Census Bureau)



Population

As the population of Cass County has grown, the two largest cities, Fargo and West Fargo (Table 2), have expanded rapidly. Cass County contains a total of 25 cities, ranging from just over 122,000 in Fargo to as few as 12 people in Ayr. Figure 2 contains the 23 cities and the populations that, along with Fargo and West Fargo, make up Cass County.

Adding to the population just across the Red River from Fargo is Moorhead, MN. Moorhead has about 41,801 people and is the largest city in Clay County. Clay County, as a whole, adds another 63,569 people to the region, which makes roughly 241,356 people between Cass and Clay counties.

TABLE 2 FARGO & WEST FARGO POPULATION 2010-2017 (2017 ACS)

	FARGO	WEST FARGO
2013	108,371	27,014
2014	110,725	28,371
2015	113,464	29,892
2016	115,950	31,557
2017	122,359	35,708
2013-2017 Population change	**11.1%**	**24.4%**

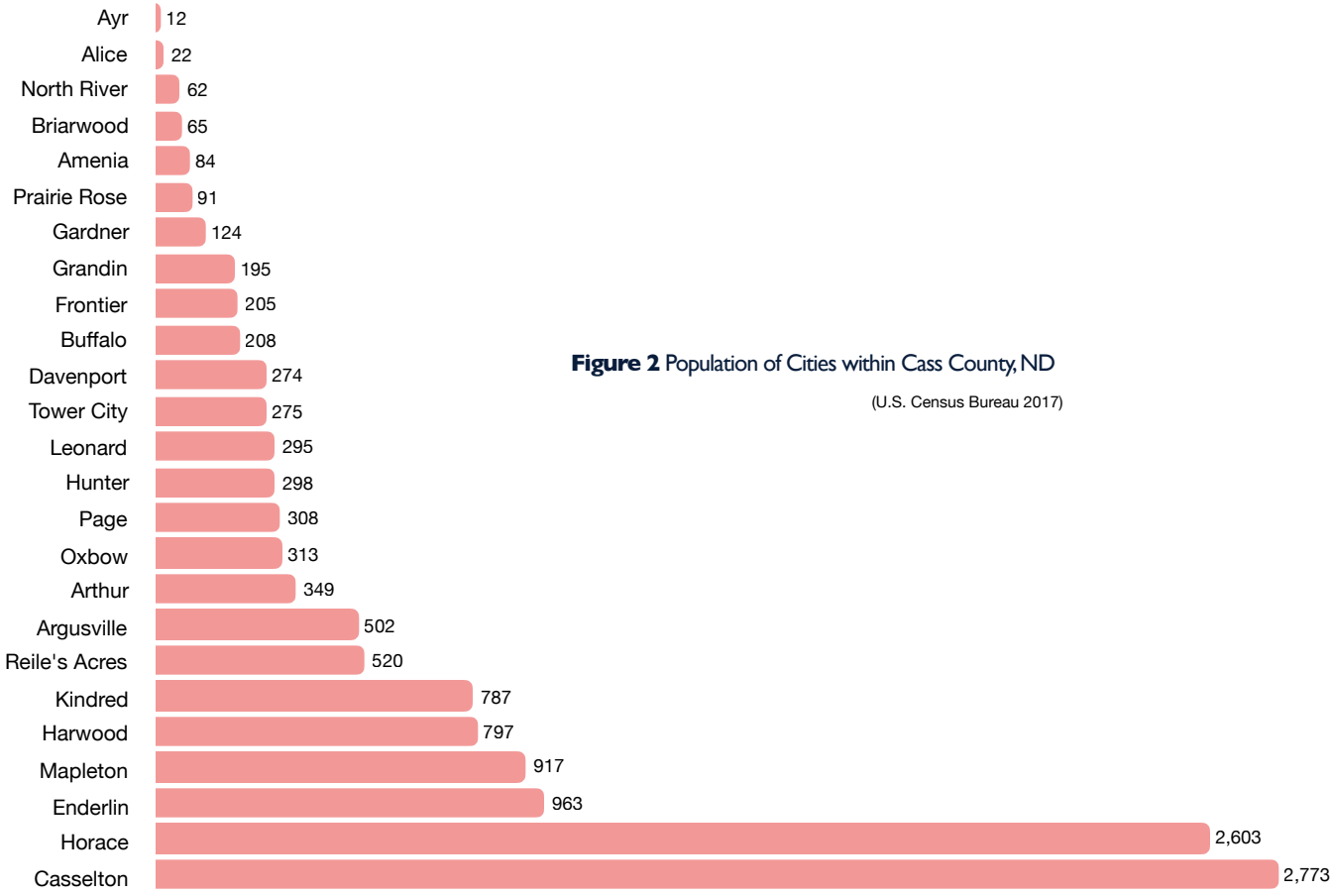


Figure 2 Population of Cities within Cass County, ND

(U.S. Census Bureau 2017)

Age

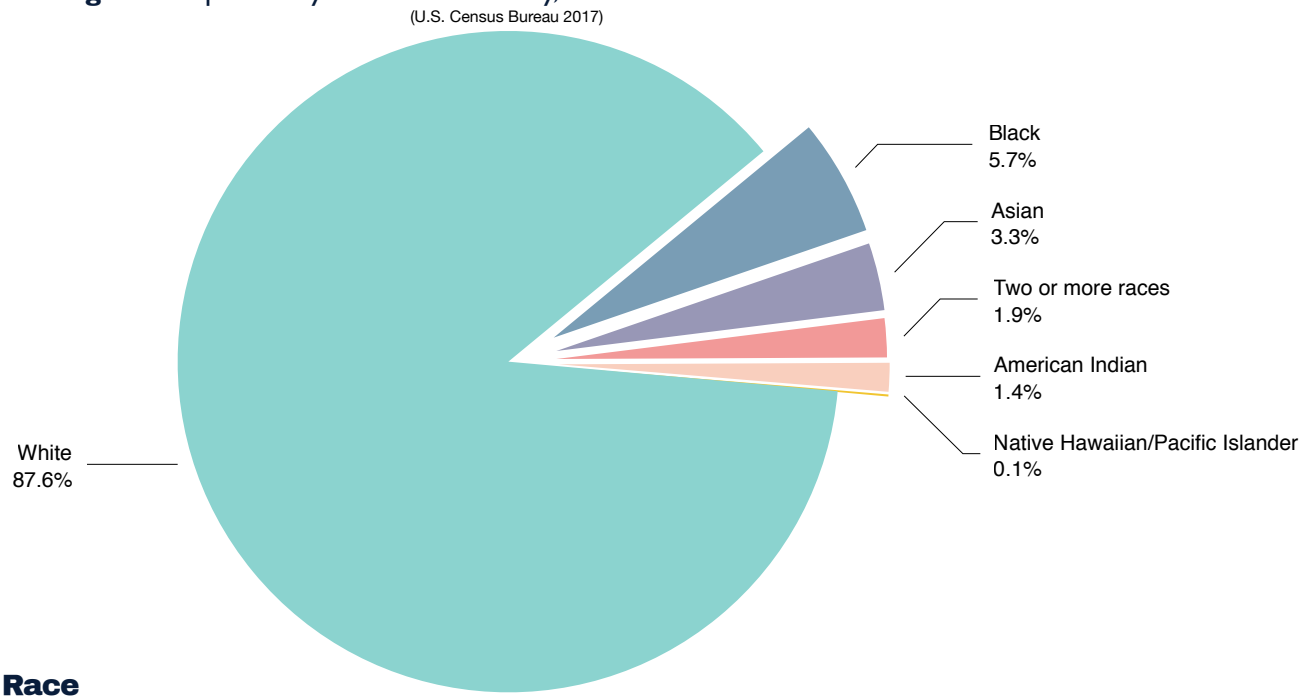
The U.S. Census Bureau 2013-2017 ACS 5-Year Estimates show the distribution broken down by age in Cass County and North Dakota. One age grouping of note is the 20-24 year old segment, where Cass County accounts for 29.7% of the North Dakota entire 20-24 year old population. As Cass County and the Fargo Moorhead area is home to multiple higher education institutions and trade schools, along with a large workforce, the area is an attractive place for younger populations to live.

TABLE 3 POPULATION BY AGE IN CASS COUNTY & NORTH DAKOTA (2017 ACS)

	CASS COUNTY		NORTH DAKOTA	
	POPULATION	PERCENT	POPULATION	PERCENT
Under 5 years	12,085	7.1%	51,766	6.9%
5 - 9 years	10,721	6.3%	49,080	6.6%
10 - 14 years	9,524	5.6%	43,801	5.9%
15 - 19 years	11,659	6.8%	47,905	6.4%
20 - 24 years	20,035	11.7%	67,433	9%
25 - 34 years	29,168	17.1%	111,459	15%
35 - 44 years	21,259	12.5%	84,411	11.3%
45 - 54 years	19,135	11.2%	88,279	11.8%
55 - 59 years	9,324	5.5%	50,086	6.7%
60 - 64 years	9,055	5.3%	44,059	5.9%
65 - 74 years	10,296	6%	56,390	7.6%
75 - 84 years	5,428	3.2%	33,235	4.5%
85 years and over	2,931	1.7%	17,571	2.4%
Total population	**170,620**		**745,465**	
0 - 19 years	43,989	25.8%	192,552	25.8%
65 years +	18,655	10.9%	107,196	14.4%

RACE & ETHNICITY

Figure 3 Population by Race in Cass County, ND
(U.S. Census Bureau 2017)

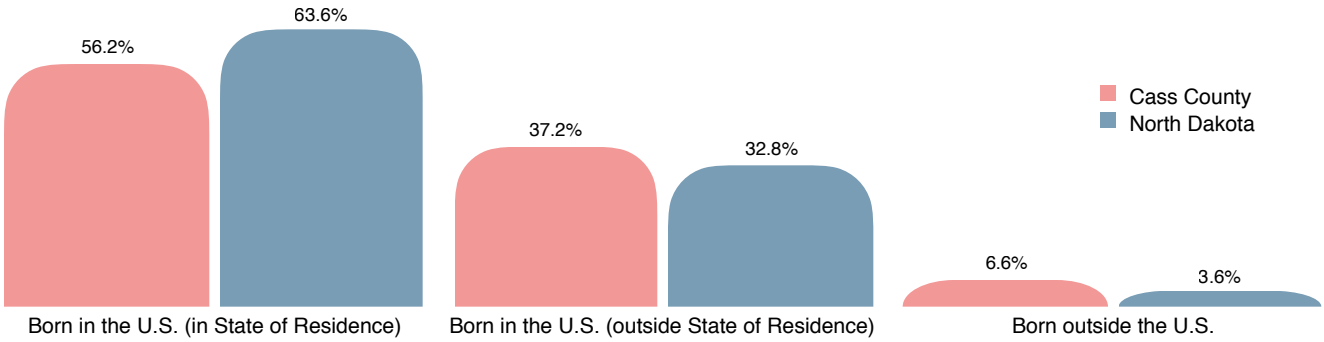


Race

Cass County is primarily White, with representation in Black, Asian, Hispanic/Latino, American Indian, and those of two or more races (Figure 3). The White population accounts for 85.3% of the population in Cass County which is very close to the North Dakota White population. The minority populations in Cass County are small, so a small change in the population has a large impact on percent. Of note is the American Indian population in Cass County at just 1.4% compared with the 5.5% for the rest of North Dakota. The U.S. Census considers Hispanic origin an ethnicity, not a race; Hispanics may be of any race (ACS U.S. Census Bureau). The Hispanic or Latino (of any race) population is 2.7% in Cass County and 3.7% for all of North Dakota. The 'Not Hispanic or Latino' population of Cass County is 97.3% compared with 96.3% in North Dakota.

As illustrated in Figure 4, North Dakota's population retains 63.6% of its native born residents. With so many educational institutions, Cass County attracts individuals from neighboring states which may have to do with the higher born in the U.S. but outside State of Residence rate of 37.2%.

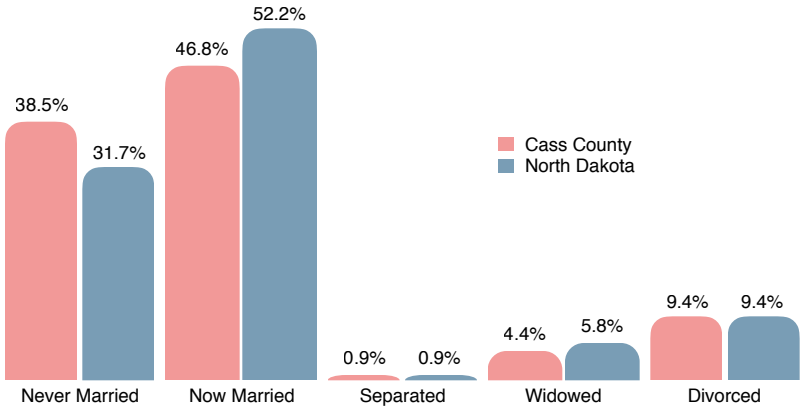
Figure 4 Place of Birth, Cass County & North Dakota
(U.S. Census Bureau 2017)



ADDITIONAL DEMOGRAPHICS

Marital Status

Figure 5 Marital Status of Persons Age 15+, Cass County & North Dakota
(U.S. Census Bureau 2017)



Cass County has a larger 'Never Married' population at 38.5% (Figure 5) than the 31.7% population for the rest of North Dakota. That difference may be due to the very large 20-24 demographic (Table 4) and the university system in Cass and neighboring Clay County, MN. The 'Never Married' demographic effects the 'Now Married' demographic while the 'Separated' and 'Divorced' demographics are directly in line with the North Dakota percentages.

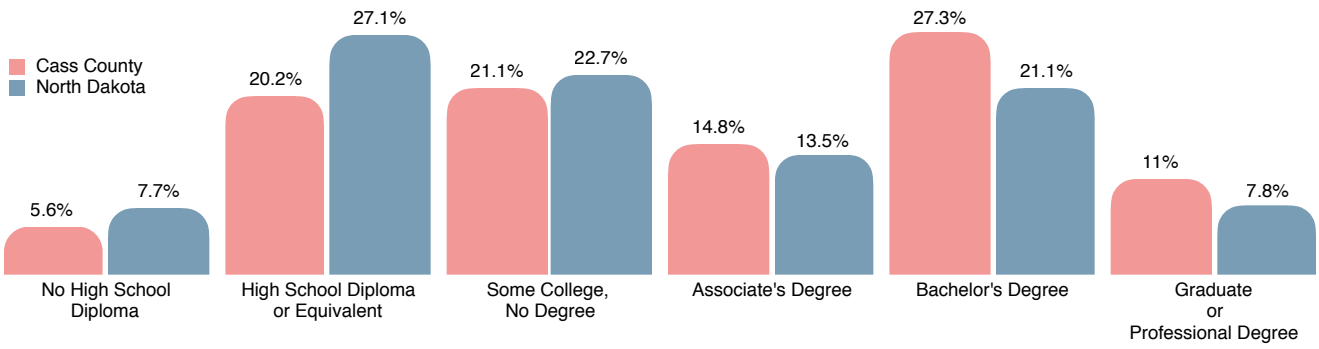
Socioeconomic Characteristics

The World Health Organization defines the 'The determinants of health' as, *"Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact."*

EDUCATIONAL ATTAINMENT

Low education levels are linked with poor health, more stress and lower self-confidence (WHO Health Impact Assessment). Cass County has higher education attainment levels than North Dakota (Figure 6). The largest portion of Cass County's population has earned a Bachelor's Degree (27.3%) while North Dakota's largest educational attainment group is High School Diploma or Equivalent (27.1%).

Figure 6 Highest Educational Attainment (%) Among Persons 25+, Cass County & North Dakota
(U.S. Census Bureau 2017)



EMPLOYMENT & UNEMPLOYMENT

Employment

According to North Dakota Job Service Labor Market Information Center's most current numbers, the Health Care and Social Assistance sector is the largest employment industry in Cass County with 18,712 people or 15.8% of the workforce. North Dakota Job Service lists the state labor force at 405,073. The labor force in the Fargo, ND-MN Metro Area has a labor force of 137,255 while Cass County's labor force is 101,154.

The labor force participation rate is defined as, "the number of people available for work as a percentage of the total population." North Dakota boasts a high labor force participation rate. The Bureau of Labor Statistics lists the U.S. labor force participation rate at 62.8% while North Dakota is 70.8%. There is no county level data available for Cass County.

The Top 10 Largest Employers in Cass County are:

1. Sanford Health (Hospitals)
2. North Dakota State University (Educational Services)
3. Fargo Public Schools (Educational Services)
4. Noridian Mutual Insurance Company (Insurance)
5. Essentia Health (Hospitals)
6. City of Fargo (Government)
7. US Bank (Credit Intermediation and Related Activities)
8. West Fargo Public School District (Educational Services)
9. VA Medical Center (Hospitals)
10. Microsoft (Publishing Industries (except Internet))

Unemployment

The Bureau of Labor Statistics defines unemployment as, "people who do not have a job, have actively looked for work in the past four weeks. Also, people who were temporarily laid off and were waiting to be called back to that job are included in the unemployment statistics."

TABLE 4 AVERAGE EMPLOYMENT BY INDUSTRY IN CASS COUNTY (ND JOB SERVICE APRIL 2019)

	AVERAGE EMPLOYMENT
Agriculture, forestry, fishing and hunting	373
Mining, Quarrying, and Oil and Gas Extraction	22
Utilities	167
Construction	8,539
Manufacturing	9,320
Wholesale Trade	7,758
Retail Trade	12,868
Transportation and Warehousing	4,521
Information	2,903
Finance and Insurance	8,246
Real Estate and Rental and Leasing	1,768
Professional and Technical Services	6,247
Management of Companies and Enterprises	3,221
Administrative and Waste Services	5,378
Educational Services	436
Health Care and Social Assistance	18,712
Arts, Entertainment, and Recreation	2,331
Accommodation and Food Services	10,275
Other Services (except Government)	3,440
Government (includes public schools, colleges, universities, and hospitals and tribal entities)	12,013

Unemployment cont.

The most current Job Service Labor Market Information Center's seasonally adjusted unemployment statistics are March 2019 and list the North Dakota unemployment rate at just 2.3%. For reference, the U.S. unemployment rate as of April 2019 is 3.6%. There are three metro areas in North Dakota, of which Fargo has the lowest unemployment rate at 3.0%, followed by Grand Forks at 3.3% and Bismarck with 3.4%. The Fargo, ND-MN Metro Area has a labor force 137,255 of which 133,075 are employed for that 3.0% unemployment rate in the metro.

Cass County has a labor force of 101,154 and 98,501 of the labor force is employed, giving Cass County an unemployment rate of 2.6%, just slightly higher than the North Dakota rate.

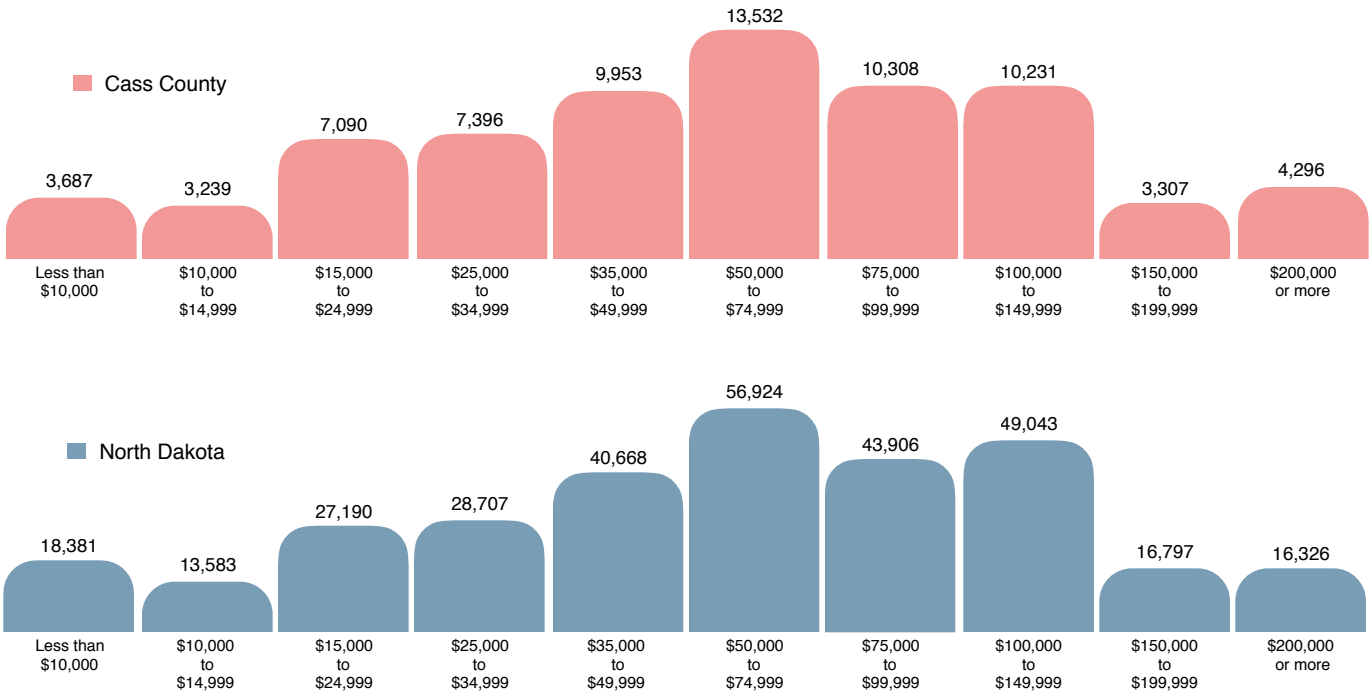
INCOME LEVELS

In Cass County, the largest percentage of household income is the $50,000-$74,999 range (18.5%) as is North Dakota's (18.3%) (Figure 7). For Cass County, the $75,000-$99,999 is the second largest income level (14.1%), while North Dakota's second largest income level is the $100,000-$149,999 designation (15.7%). The high North Dakota income level may have correlation to the oil boom on the western part of the state.

The median earnings for workers in Cass County is $32,058, just slightly lower than the North Dakota median of $34,852 (Job Service March 2019).

Figure 7 Total Households Income, Cass County & North Dakota

(U.S. Census Bureau 2017)



Income Levels cont.

Cass County median earnings based on education (Table 5), are slightly lower than the median earnings than North Dakota, except for the Graduate or Professional degree grouping, which may be due to the earnings from the oil patch wages in the western part of North Dakota.

TABLE 5 MEDIAN EARNINGS IN THE PAST 12 MONTHS (2017) AMONG PERSONS 25+ IN CASS COUNTY & NORTH DAKOTA (2017 ACS)

	CASS COUNTY			NORTH DAKOTA		
	MEDIAN EARNINGS	MALE	FEMALE	MEDIAN EARNINGS	MALE	FEMALE
Total	**$40,181.00**	**$46,048.00**	**$34,685.00**	**$40,694.00**	**$49,949.00**	**$32,150.00**
Less than high school graduate	$21,452.00	$32,679.00	$13,408.00	$27,527.00	$35,642.00	$17,152.00
High school graduate (includes equivalency)	$31,279.00	$35,587.00	$26,247.00	$34,432.00	$41,860.00	$24,997.00
Some college or associate's degree	$37,112.00	$44,990.00	$31,505.00	$38,412.00	$50,148.00	$30,017.00
Bachelor's degree	$44,963.00	$53,958.00	$39,542.00	$46,945.00	$57,455.00	$40,624.00
Graduate or professional degree	$69,067.00	$82,591.00	$57,045.00	$62,684.00	$74,938.00	$54,629.00

POVERTY

The Health and Human Services defines the two slightly different versions of the federal poverty measure as:

Poverty guidelines (Table 6) are the other version of the federal poverty measure. Poverty guidelines are issued by the Department of Health and Human Services and are a simplification of the poverty thresholds for use for administrative purposes, such as determining eligibility for certain federal programs.

Poverty threshold, the measurement of poverty in America and is used for statistical purposes, specifically preparing estimates of the number of Americans in poverty each year, is provided by the U.S. Census Bureau.

TABLE 6 2019 POVERTY GUIDELINES FOR 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in Family/Household	Poverty Guideline
One	$12,490.00
Two	$16,910.00
Three	$21,330.00
Four	$25,750.00
For families/households with more than 4 persons, add $4,420 for each additional person.	

(Department of Health and Human Services)

Poverty and Age

According to Census data, the current poverty rate in the U.S. is 12.3% and 11% in North Dakota. In Cass County, the U.S. Census Bureau 2017 ACS estimates there are 18,612 persons below the poverty level, or 11.2%, from the 165,805 persons in the total population (Figure 8). Of those living below the poverty level in Cass County, 4,035 are under the age of 17 years old. The largest age demographic living below the poverty level are 18-24 year olds with 42.3%

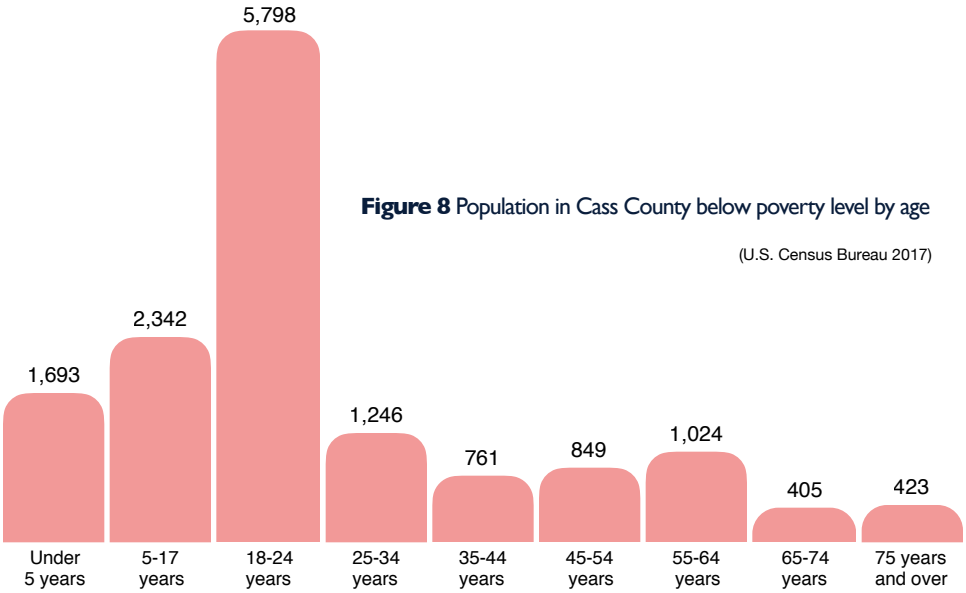


Figure 8 Population in Cass County below poverty level by age

(U.S. Census Bureau 2017)

County Health Rankings & Roadmaps lists 10% of children in Cass County live in poverty, 47% of those children are black and 35% are hispanic. There are also 18.7% of children living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits.

Poverty and Race

Cass County has disproportionate rates of poverty among minority populations. While the percentages appear high for other racial groups in Cass County, this is due to the very small population of non-white persons. In order to place some context, there are a total of 5,438 non-white persons below the poverty line and 13,174 white persons below the poverty line in Cass County.

Figure 9 is the breakdown of poverty percentage of each race in Cass County. Refer to the Population section of this health assessment for more data.

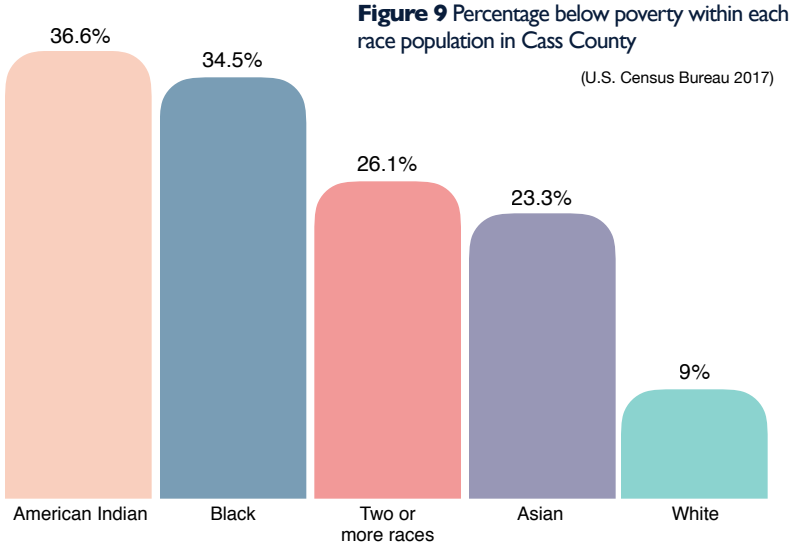


Figure 9 Percentage below poverty within each race population in Cass County

(U.S. Census Bureau 2017)

FAMILY & HOUSING

The U.S. Census Bureau 2017 ACS estimates there are 77,895 total housing units in Cass County and just 4,856 are vacant. Of those 73,039 occupied units, 52.2% are owner-occupied and 47.8% are renter-occupied. The Cass County homeowner vacancy rate is 1.1%. A strong sign of a healthy housing market is 2% and lower, and the rental vacancy rate is 4.9%, which is lower than a typical healthy rental rate that should be around 7-8%.

Affordability for housing is a concern for consumers when the vacancy rates are so low. With so few homes and/or rentals available prices can rise rapidly, which increases the monthly housing costs as a percentage of household income.

Housing Costs

The most recent U.S. Census Bureau 2017 ACS estimates that 27.6% of all occupied households in Cass County are family households with one or more child(ren) under the age of 18. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption.

In 2017, in North Dakota, more than 10,000 children lived in poverty and 35% of North Dakota's children in poverty were living in a household that spends more than one-half of its income on housing costs (County Health Rankings 2019).

Almost 60% of owner-occupied housing is in the '$75,000 or more' demographic and 46.7% of that group pay less than 20% of their income for their housing. The 'Less than $20,000' group is the smallest for owner-occupied housing and also pay the the largest percentage of their income for rentals.

TABLE 7 MONTHLY HOUSING COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS, CASS COUNTY (2017 ACS)

	OWNER OCCUPIED HOUSING	%	RENTER OCCUPIED HOUSING	%
Less than $20,000	**1,696**	**4.4%**	**8,520**	**24.4%**
< 20% of income	164	0.4%	299	0.9%
20% to 29%	285	0.7%	450	1.3%
30% >	1,247	3.3%	7,771	22.3%
$20,000 to $34,999	**2,842**	**7.4%**	**7,737**	**22.2%**
< 20% of income	813	2.1%	332	1.0%
20% to 29%	744	2.0%	2,684	7.7%
30% >	1,285	3.4%	4,721	13.5%
$35,000 to $49,999	**3,983**	**10.4%**	**5,911**	**16.9%**
< 20% of income	1,784	4.7%	1,934	5.5%
20% to 29%	1,011	2.7%	2,859	8.2%
30% >	1,188	3.1%	1,118	3.2%
$50,000 to $74,999	**6,995**	**18.3%**	**6,478**	**18.6%**
< 20% of income	3,455	9.1%	4,144	11.9%
20% to 29%	2,458	6.4%	2,107	6.0%
30% >	1,082	2.8%	227	0.7%
$75,000 or more	**22,608**	**59.3%**	**5,452**	**15.6%**
< 20% of income	17,811	46.7%	4,896	14.0%
20% to 29%	4,371	11.5%	492	1.4%
30% >	426	1.1%	64	0.2%

City of Fargo Housing Study

The City of Fargo and the Fargo Housing Authority hired an outside firm to take a comprehensive look at the growth and housing issues in Fargo in 2015. Though the data is four years old, the demographic findings are still important:

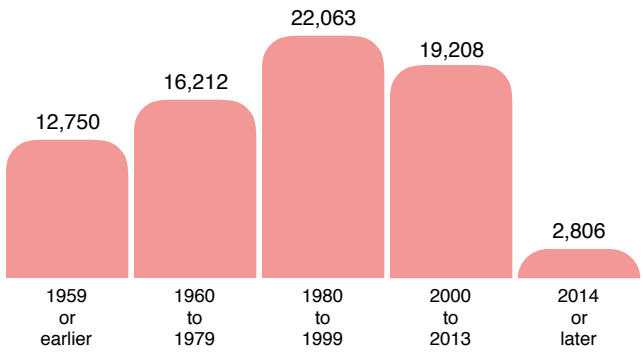
- The City has averaged more than 2,500 additional residents per year after 2010
- The City is adding an average of approximately 1,240 households per year from 2010 to 2015, a greater numeric level than in the past
- Fargo is the primary location for recent growth
- Fargo continues to attract younger residents
- Between 2000 and 2015, Fargo added 4,600 renter-occupancy households but fewer than 3,000 owner-occupancy households
- Population growth will continue for the Fargo-Moorhead Metro Statistical Area by approximately 2,980 per year with 57% of the net growth will be located in the City of Fargo
- Between 2015 and 2020, the Fargo-Moorhead Metro Statistical Area will add more than 7,100 total households, an average of 1,425 households per year

TABLE 8 GROSS RENT, CASS COUNTY (2017 ACS)

	ESTIMATED UNITS	PERCENTAGE
< than $500	3,229	9.4%
$500 to $999	23,550	68.6%
$1,000 to $1,499	5,816	16.9%
$1,500 to $1,999	1,198	3.5%
$2,000 to $2,499	438	1.3%
$2,500 or >	111	0.3%
Median rent (dollars)	**$770.00**	

Figure 10 Age of Housing, Cass County

(U.S. Census Bureau 2017)

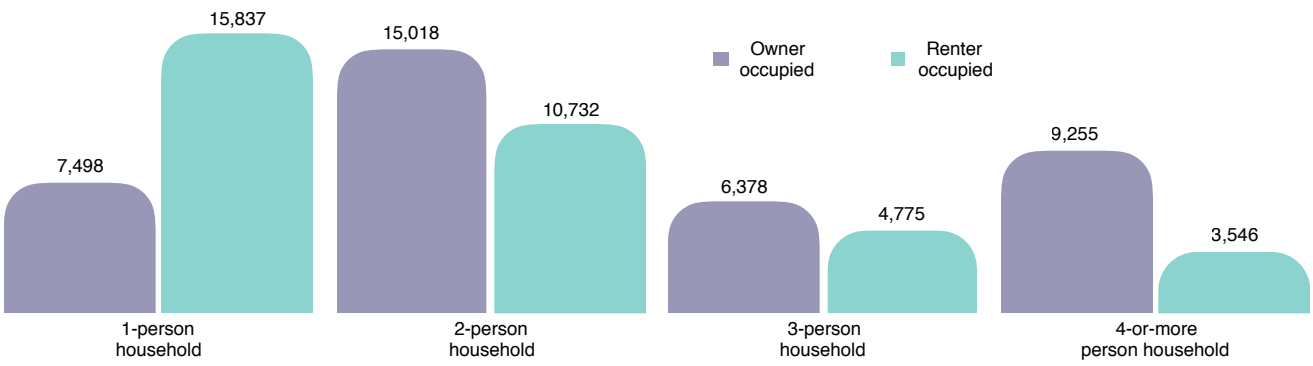


Household Size

There are 73,039 occupied housing units in Cass County, of which 40,853 are family households (55.9%). The 32,186 non-family households are primarily made up of the householder living alone (72.5%). County Health Rankings lists 28% of children live in single-family homes in Cass County.

Figure 11 Household Size, Cass County

(U.S. Census Bureau 2017)

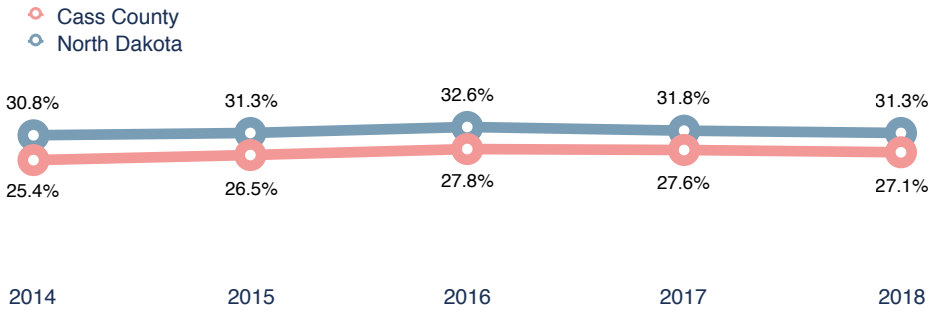


FOOD

The National Center for Educational Statistics reports 7,232 children (27.1%) in public school are eligible for free/reduced priced lunches in Cass County in 2018. Cass County has a slightly lower percentage for free/reduced price lunches than North Dakota's percentage of 31.3% (Figure 12). Though the percentages have not increased or decreased by great amounts, the populations in Cass County and North Dakota have.

Figure 12 Percentage of children eligible for free/reduced price lunch in Cass County & North Dakota, 2014-2018

(National Center for Educational Statistics)



The U.S. Census Bureau County Business Patterns rate of fast food restaurant access is 85.46 at a rate per 100,000 people, while the North Dakota rate is 70.62.

Food Environment Index

County Health Rankings developed an index of factors that contribute to a healthy food environment. The index is defined as, *"measure of the food environment accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket. Food insecurity, the other food environment measure included in the Index, attempts to capture the access issue by understanding the barrier of cost."* The index is on a scale from 0 (worst) to 10 (best). Cass County scored an 8.6 using the index. North Dakota scored an 8.4 with a range between counties from a 4.9 (Sioux County) to a 9.5 (Williams County).

Food Insecurity

There are **15,150 individuals (10%) that are food insecure** in Cass County. From County Health Rankings: *Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and family to provide balanced meals, further addressing barriers to healthy eating. The consumption of fruits and vegetables is important, but it may be equally important to have adequate access to a constant food supply.*

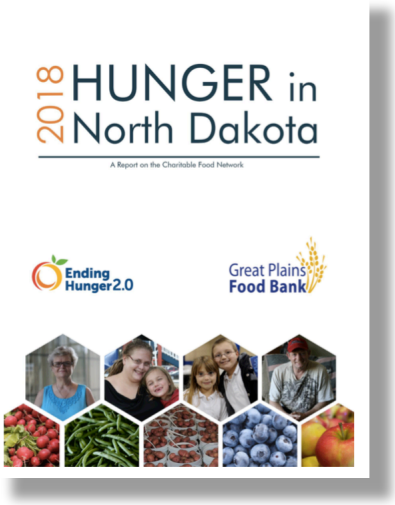
Limited Access to Healthy Foods

There are **4,373 individuals (3%) that have limited access to healthy food** in Cass County. From County Health Rankings: *There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, lack of access to fresh fruits and vegetables is a substantial barrier to consumption and is related to premature mortality.*

Hunger in North Dakota 2018

In 2018, the Great Plains Food Bank conducted a survey across their service area, the entire state of North Dakota, including Clay County, MN. The survey is developed to help ***"better understand the root causes of hunger in our region and the capacity of our partner agencies to work toward a solution."*** The Hunger in North Dakota 2018 (HIND18) report has consisted of two surveys - an agency survey and a client survey. From the Client Survey for Cass and Clay Counties, a few take-aways are:

- 37% are children, 7% are senior citizens, 14% are Veterans
- 29% of adults report not eating for a whole day
- 17% of children and 62% of adults skip meals regularly
- Households report choosing between food and:
  - 41% housing
  - 40% utilities
  - 40% gas for car
  - 32% medicine/medical care
  - 31% transportation



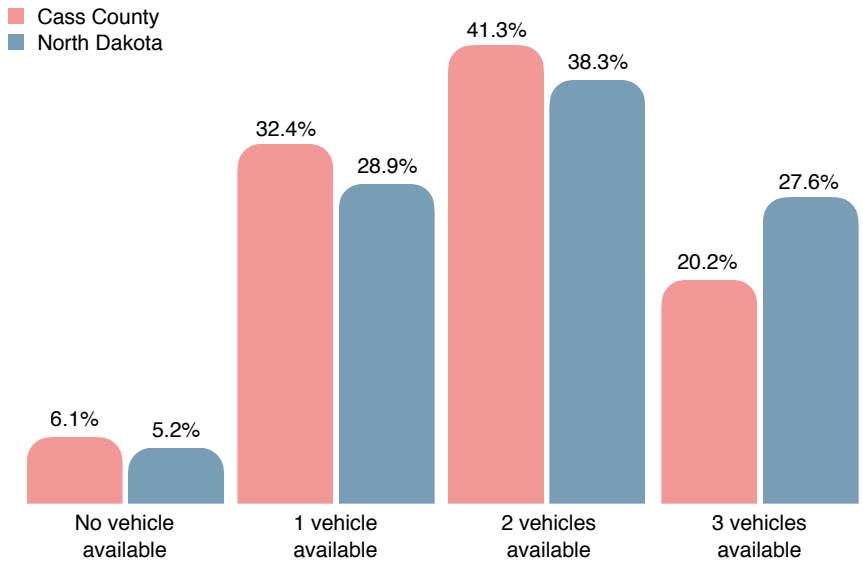
TRANSPORTATION

Of the 73,039 households in Cass County, there are 4,451, or 6.1%, without a vehicle, according to the U.S. Census Bureau 2017 ACS, which is higher than North Dakota's 5.2% but lower than the U.S.'s rate at 8.8%.

The mean travel time to work for age 16+ workers in Cass County is 16.0 minutes. The City of Fargo has designated the downtown section of Broadway as a Bicycle/Pedestrian Safety Zone. The zone includes Broadway's street and sidewalks and extends from 6th Avenue North to NP Avenue. FM RideSource provides the metro area of Fargo and West Fargo, North Dakota and Moorhead and Dilworth, Minnesota with transportation options for people with disabilities and those over age 60. As a regional medical center and hub of human services, the Fargo-Moorhead metro area strives to accommodate the mobility needs of its residents.

Figure 13 Vehicles Available, Cass County & North Dakota

(U.S. Census Bureau 2017)



Health Care Access

Access to affordable, quality health care is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving equity for all Americans (HealthyPeople.gov). The BRFSS 2017 data for Cass County shows an 8.4% (7.2% - 9.5%) of respondents who reported needing to see a doctor during the past 12 months but could not due to cost. The Cass County rate is higher than the North Dakota rate of 7.6% (7.1% - 8.1%).

Access to Dentists

According to the U.S. Department of Health & Human Services, Health Resources & Services Administration (2016), there are 120 dentists in Cass County for a rate of 68.47. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. North Dakota has a lower rate at 56.34 and 427 total dentists. This could be due to the difficulty keeping medical services in the smaller and more rural communities.

TABLE 10 HEALTH CARE ACCESS, RATES CASS COUNTY & NORTH DAKOTA (2016 HEALTH RESOURCES & SERVICE ADMIN.)

	CASS COUNTY	NORTH DAKOTA
Dentists	68.47	56.34
Primary Care	102.14	75.99
Mental Health Providers	245.2	181.2
All rates are calculated per 100,000 population		

The BRFSS 2017 data for Cass County shows that 27.4% (24.6% - 30.2%) of respondents have not had a dental visit in the past year, a lower rate than North Dakota's 34.2% (33.0% - 35.4%).

Access to Primary Care

According to the U.S. Department of Health & Human Services, Health Resources & Services Administration (2016), there are 179 clinicians in Cass County for a rate of 102.4. North Dakota has a lower rate of 75.99 and 576 total clinicians.

The BRFSS 2017 data for Cass County shows that 30.4% (28.6% - 29.9%) of respondents reported that they did not have one person they consider to be their personal doctor or health care provider. The Cass County rate is higher than the North Dakota of 27.5% (26.7% - 28.2%).

Access to Mental Health Providers

According to County Health Rankings, Cass County has a 380:1 ratio for Mental Health Providers, while North Dakota has a 570:1 ratio. Worth noting is the top U.S. Performer Ratio, the top 10%, have a ratio at 310:1.

The BRFSS 2017 data for Cass County shows 12.9% (11.6% - 14.2%) of respondents reported they had 8 or more days in the last 30 when their mental health was not good, slightly lower is the North Dakota rate at 12.0% (11.8% - 12.9%).

HEALTH INSURANCE

The uninsured adult rate has been dropping since 2010 in Cass County with the most current rate of 6.9%. The uninsured adult rate in North Dakota is 8% and the rate for the United States is 8.8%. BRFSS 2017 data revealed 8.7% (7.5% - 9.9%) of Cass County respondents reporting not having any form or health health care coverage, very close to the North Dakota respondent data of 8.8% (8.3% - 9.3%).

The uninsured children rate (under 19 years old) in Cass County is 5.2% (or 2,122 children), which is the second lowest behind Burleigh County (5.1%) and tied with Grand Forks County (5.2%).

Lack of health insurance is considered a key driver of health status.

The Henry J. Kaiser Family Foundation (KFF) conducted a study of the uninsured population and found, "*The Affordable Care Act (ACA) led to historic gains in health insurance coverage by extending Medicaid coverage to many low-income individuals and providing Marketplace subsidies for individuals below 400% of poverty. The number of uninsured non-elderly Americans decreased from over 44 million in 2013 (the year before the major coverage provisions went into effect) to just below 27 million in 2016.* ***However, in 2017, the number of uninsured people increased by nearly 700,000 people, the first increase since implementation of the ACA***. *Ongoing efforts to alter the ACA or to make receipt of Medicaid contingent on work may further erode coverage gains seen under the ACA.*" The KFF Key Facts about the Uninsured Population document can be found on their website.

TABLE 9 HEALTH INSURANCE COVERAGE, CASS COUNTY (2017 ACS)

	ESTIMATE	PERCENTAGE
Civilian non-institutionalized population	**169,233**	**169,233**
With health insurance coverage	157,614	93.1%
With private health insurance	139,203	82.3%
With public coverage	37,933	22.4%
No health insurance coverage	11,619	6.9%
Civilian non-institutionalized population 19 to 64 years	**110,761**	**110,761**
With health insurance coverage	86,345	92.5%
With private health insurance	82,225	88.1%
With public coverage	6,715	7.2%
No health insurance coverage	7,020	7.5%
Unemployed	**2,519**	**2,519**
With health insurance coverage	1,765	70.1%
With private health insurance	1,204	47.8%
With public coverage	656	26.0%
No health insurance coverage	754	29.9%
Not in labor force	**14,877**	**14,877**
With health insurance coverage	13,237	89.0%
With private health insurance	9,713	65.3%
With public coverage	4,604	30.9%
No health insurance coverage	1,640	11.0%

Healthy Living

GENERAL HEALTH

12.9% of Cass County adults report poor or fair health (BRFSS 2017). 9.7% of respondents also reported that they had 8 or more days in the last 30 when their physical health was not good, lower than the North Dakota rate of 11.4%. According to the Greater Fargo Moorhead Community Collaboration Survey, 8% of respondents rate their health as fair and just 1% rate their health as poor (GFMCCS 2019). The largest proportion of respondents ranked their health as very good (45%).

OVERWEIGHT/OBESITY

According to State of Obesity, a collaboration between Trust for America's Health and the Robert Wood Johnson Foundation, North Dakota has the 13th highest adult obesity rate in the United States and the 16th highest obesity rate for high school students (The State of Obesity 2018).

Adult Overweight/Obesity

The adult obesity rate in North Dakota has increased by 12.7% since the year 2000 from 20.5% to 33.2%. The current overweight rate for North Dakota is at 36.2%, which means 69.4% of adult North Dakotans are either overweight or obese. The data used to calculate the obesity rate is from the CDC's Behavioral Risk Factor Surveillance System and uses self-reported height and weight to calculate BMI.

Cass County has an obesity rate of 29.6%, just slightly lower than the North Dakota rate of 31.9% reported from BRFSS. The Greater Fargo Moorhead Community Collaboration survey had a rate of 39% obese and 27% overweight of the 545 respondents.

In North Dakota, the highest proportion of overweight adults is in the 45 to 64 year old demographic. Men have a higher rate of obesity than women with a 35% compared to women at 31.6%.

Figure 14 Adult Obesity Rate 2004 - 2017, North Dakota
(BRFSS 2017)

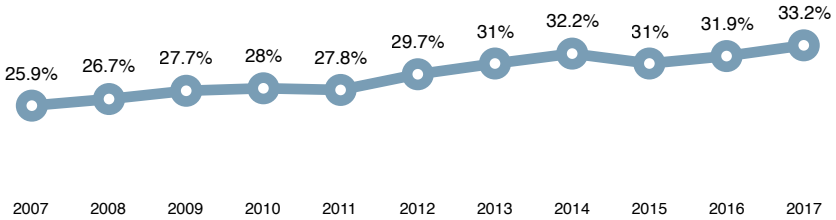


Figure 15 Obesity Rate by Age, North Dakota
(BRFSS 2017)

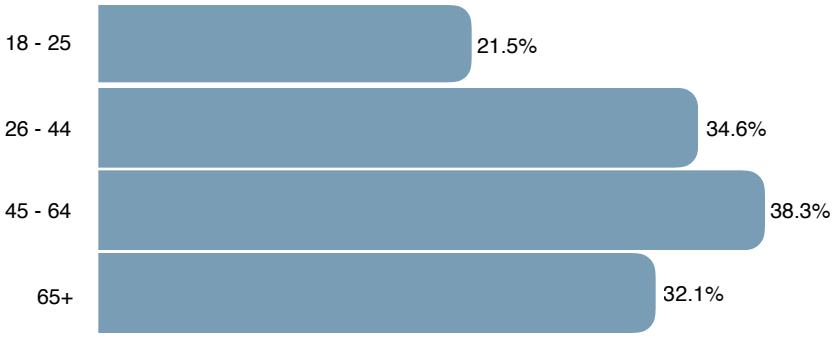
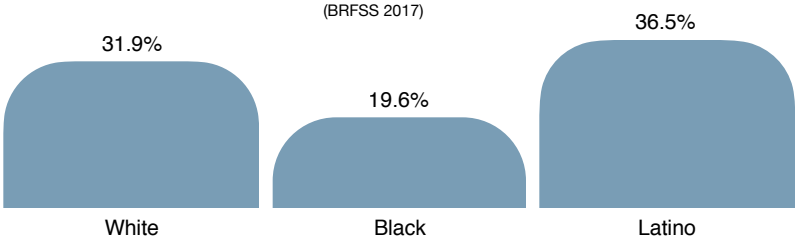


Figure 16 Obesity Rate by Race, North Dakota
(BRFSS 2017)



Childhood Overweight/Obesity

The CDC collects data on Overweight and Obesity but only as a set of North Dakota data and not broken down to county level.

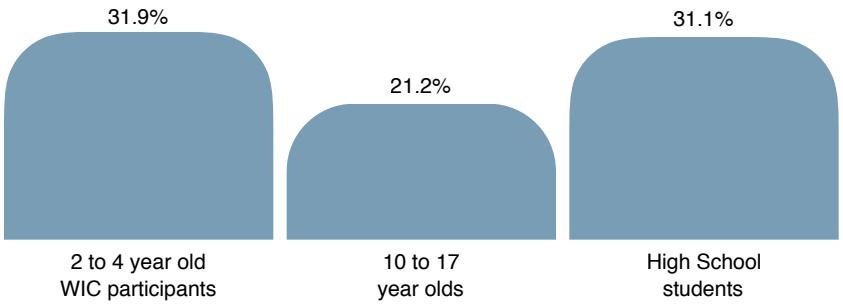
2 to 4 year old WIC Participants

The obesity rate for 2 to 4 year old WIC participants is 14.4% in North Dakota and 17.5% are overweight (Figure 17). The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. WIC has proven to be an effective program, significantly improving the health for their clients.

10 to 17 Year Olds

The National Survey of Children's Health (NSCH) was redesigned before 2016, making data prior to 2016 incomparable to the 2016-2017 survey results. From the 2016-2017 survey, NSCH responses list an obesity rate for 10 to 17 year olds in North Dakota at 8.1% and overweight rate at 13.1% (Figure 17). Future survey responses will allow development of trend data.

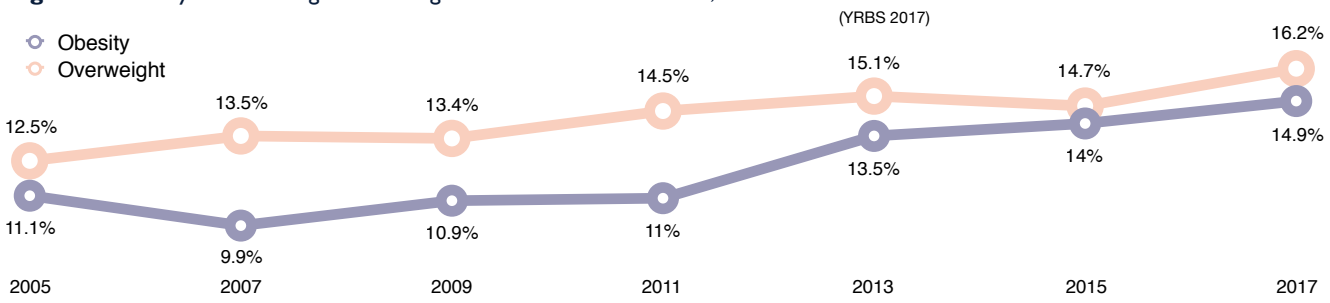
Figure 17 Childhood Overweight & Obesity Combined Rate by Ages, North Dakota
(NSCH 2017 & YRBS 2017)



High School Students

The Youth Risk Behavioral Surveillance System (YRBSS) obesity rate for North Dakota high school students is 14.9%, combined with the 16.2% of students that are overweight, that's 31.1% of high school students that are either obese or overweight in 2017 (Figure 17). These rates have grown each year. In 2005, the obesity rate for high school students was 11.1% and the overweight rate was 12.5% (Figure 18).

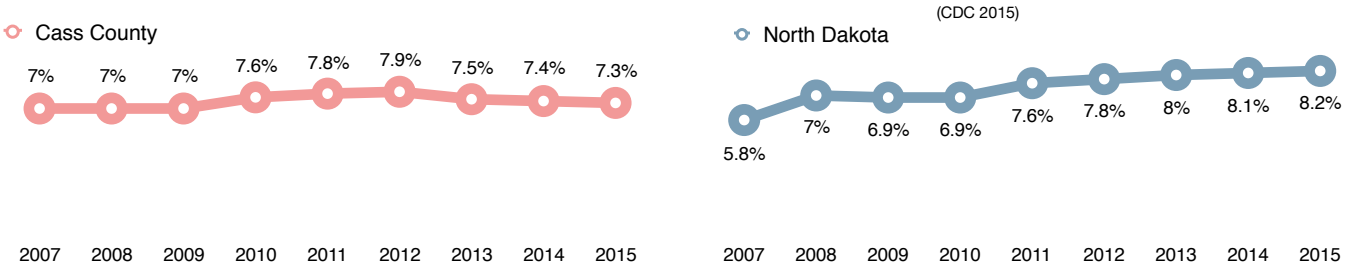
Figure 18 Obesity and Overweight Rate in High School Students 2005 - 2017, North Dakota



DIABETES

Obesity increases the risk of developing type 2 diabetes, high blood pressure, heart disease, stroke, arthritis, sleep apnea, liver disease, kidney disease, gallbladder disease, and certain types of cancer. As the obesity rates have increased in North Dakota, the diabetes diagnosed rate have as well. The CDC reports the Cass County Adults Aged 20+ Diagnosed Diabetes rate for 2015 at 7.3% (6.5%-8.2%). Cass County has been showing a slow decline from the peak 7.9% rate in 2012 to 7.3% in 2015.

Figure 19 Diagnosed Diabetes Rate 2007 - 2015, Cass County & North Dakota



North Dakota Division of Vital Records reported a Deaths and Age Adjusted Death Rate for Diabetes Mellitus of 12.8 for Cass County and 107.0 for North Dakota. The Deaths and Age Adjusted Rate is calculated by selecting the Population of Interest and the Age-specific Mortality Rates divided by the Standard Population which then allows the comparison between the Age Adjusted Mortality Rates.

TABLE 11 DIABETES DEATHS AND AGE ADJUSTED RATE, 2012-2016 (ND VITAL STATISTICS)

	CASS COUNTY		NORTH DAKOTA	
	NUMBER	ADJUSTED RATE	NUMBER	ADJUSTED RATE
Diabetes Mellitus	113	12.8	953	107.0

The BRFSS 2017 data for Cass County shows that 6.9% (6.2% - 7.7%) of Cass County respondents reported ever having been told by a doctor they had diabetes compared with the 8.8% (8.4% - 9.1%) of full North Dakota respondents.

PHYSICAL INACTIVITY

The CDC Division of Nutrition, Physical Activity, and Obesity lists that 27.6% of adults in North Dakota engage in no leisure-time physical activity. And only 17% of adults in North Dakota meet aerobic and muscle strengthening guidelines by achieving at least 150 minutes a week of moderate-intensity aerobic physical activity or 75 minutes a week of vigorous-intensity aerobic physical acuity and engage in muscle-strengthening activities on 2 or more days a week.

The BRFSS 2017 data for Cass County lists 49.2% of respondents that reported being limited in any way due to physical, mental or emotional problems.

TABLE 12 PHYSICAL ACTIVITY (2013-2017 BRFSS)

	CASS COUNTY	NORTH DAKOTA
	PERCENT	PERCENT
Activity Limitation Due to Arthritis	47%	47.7%
Activity Limitation Due to Poor Health	13.6%	14.3%
Any Activity Limitation	49.2%	49.7%

DRUG/SUBSTANCE ABUSE

Alcohol

Adult heavy alcohol consumption is a concern in Cass County and North Dakota. America's Health Rankings compiled 2017 BRFSS data to rank all 50 states from the survey question, "Percentage of adults who reported having four or more (women) or five or more (men) drinks on one occasion in the past month." From the results, North Dakota ranks as the least-healthy state at 23.3%, with the U.S. Value at 17.4% and the healthiest states at 11.5% (Utah & West Virginia). North Dakota has also earned the title of America's Drunkest State from 24/7 Wall Street. Also of note is 46.7% of all roadway fatalities are attributable to alcohol consumption, much higher than the national share of 30%.

The BRFSS 2017 data for Cass County lists 27.1% of respondents reporting binge drinking in the past 30 days, a higher percent than the North Dakota respondent 24.0%. (Table 13)

TABLE 13 ALCOHOL USE (2013-2017 BRFSS)

	CASS COUNTY PERCENT	NORTH DAKOTA PERCENT
Binge Drinking *Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days*	27.1%	24%
Heavy Drinking *Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days*	13.6%	14.3%
Drunk Driving *Respondents who reported driving when they had too much to drink one or more times during the past 30 days*	3.5%	3.7%

The North Dakota High School (Grades 9-12) Youth Risk Behavior Survey (YRBS) Results for the South East Educational Cooperative (SEEC) covers the Fargo to Jamestown Area. The results for alcohol use are displayed in Table 14.

TABLE 14 ALCOHOL USE HIGH SCHOOL STUDENTS, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION PERCENT	NORTH DAKOTA PERCENT
Students who ever drank alcohol (at least one drink of alcohol, on at least 1 day during their life	54.9%	59.2%
Students who had their first drink of alcohol before age 13 years (other than a few sips)	10.7%	14.5%
Students who currently drank alcohol (at least one drink of alcohol, on a least 1 day during the 30 days before the survey	25.3%	29.1%
Students who usually got the alcohol they drank by someone giving it to them (during 30 days before the survey, among students who currently drank alcohol)	40.7%	37.7%
Students who currently were being drinking within a couple of hours, on at lest 1 day during the 30 days before the survey (4 or more drinks of alcohol in a row (female), 5 or more in a row (male))	14.2%	16.4%

Tobacco

Smoking is the leading cause of preventable death in the United States (CDC). **Adult smoking rates** in North Dakota have declined yet it remains a serious issue in the state. The 2017 BRFSS data shows 19.6% of North Dakota respondents reporting that they smoked every day or some days compared with 16.8%, or 28,664 people, of Cass County respondents.

North Dakota is ranked #49 for the cigarette excise tax per pack at $0.44 per pack, compared with the U.S. average at $1.79.

Tobacco Free Kids, and advocacy organization that works to reduce tobacco use, compiles smoking-caused monetary costs in North Dakota:

- Residents' state & federal tax burden from smoking-caused government expenditures: **$717 per household**
- Annual health care costs in North Dakota directly caused by smoking: **$326 million**
- Medicaid costs caused by smoking in North Dakota: **$56.9 million**
- Smoking-caused productivity losses in North Dakota: **$232.6 million**

Youth smoking rates appear to have declined, according to 2017 YRBS data (Table 15). Though there appears to be a decline in overall youth smoking, the data does not reflect the use of JUUL, which did not exist during the 2017 YRBS survey, and now controls 75.8% of the e-cigarette market (Winston Salem Journal). The upcoming 2019 YRBS Survey results will include data that reflects e-cigarette usage that includes JUUL..

TABLE 15 YOUTH TOBACCO USE, SEEC REGION (2017 & 2015 YRBS)

	2015	2017
Cigarette *Students who currently smoked cigarettes (on at least 1 day during the 30 days before the survey)*	13.1%	7.7%
Vaping/E-Cigarette *Students who ever used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)*	36.3%	34.8%
Smokeless Tobacco *Students who currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products) on at least 1 day during the 30 days before the survey*	12.6%	6.2%

Marijuana

In 2016, medical marijuana was legalized in North Dakota while legalization of recreational marijuana legislation was rejected by voters 59% to 41% in 2018. In 2019, Governor Doug Burgum signed House Bill 1050 that has officially removed jail time penalties for adults 21 and older who possess up to half an ounce of marijuana and reclassifies possession of up to a half ounce of marijuana as an infraction punishable by no jail time and a maximum fine of $1,000 (Marijuana Policy Project).

TABLE 16 NATIONAL SURVEY ON DRUG USE AND HEALTH ESTIMATES (2016-2017 NSDUH)

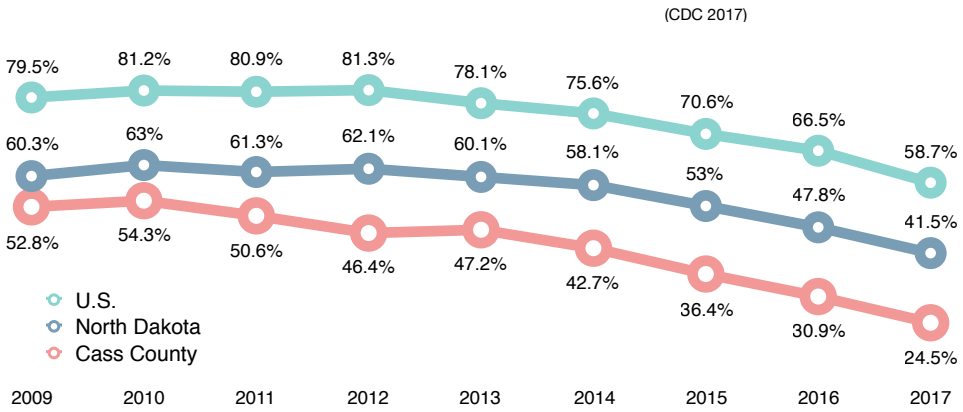
	NORTH DAKOTA		
	12-17 YEARS OLD	18-25 YEARS OLD	26+ YEARS OLD
Past Month Marijuana Use	4.99%	14.5%	4.93%
Past Year Marijuana Use	10.27%	24.99%	8.13%

Opioids

The CDC outlined the opioid epidemic and and its genesis to the overprescribing of opioids, more information can be found on the CDC website. The CDC U.S. Opioid Prescribing Rate Maps shows a decline in prescription in Cass County.

The Cass County Coroner reported there were 17 opioid-related overdose death in Cass County in 2017.

Figure 20 Opioid Prescription Rate (per 100 persons) 2009 - 2017, Cass County



National Survey on Drug Use and Health

The Substance Abuses and Mental Health Services Administration's (SAMHSA) 2016-2017 National Survey on Drug Use and Health (Table 17), an annual survey of the U.S. population ages 12 years or older, measures:

- use of illegal drugs, prescription drugs, and tobacco
- mental disorders, treatment, and co-occurring substance use and mental disorders

TABLE 17 NATIONAL SURVEY ON DRUG USE AND HEALTH ESTIMATES (2016-2017 NSDUH)

	NORTH DAKOTA		
	12-17 YEARS OLD	18-25 YEARS OLD	26+ YEARS OLD
Illicit Drug Use in the Past Month	7.68%	16.18%	6.09%
Cocaine Use in the Past Year	0.61%	4.68%	0.96%
Heroin Use in the Past Year	0.07%	0.86%	0.42%
Methamphetamine Use in the Past Year	0.29%	1.81%	0.86%
Pain Reliever Misuse in the Past Year	3.28%	6.96%	3.55%
Illicit Drug Use; Needing But Not Receiving Treatment in the Past Year	2.52%	5.2%	1.39%
Alcohol Use; Needing But Not Receiving Treatment in the Past Year	1.91%	12.2%	6.09%
Substance Use; Needing But Not Receiving Treatment in the Past Year	3.93%	14.59%	6.52%

ASTHMA & COPD

The 2017 BRFSS data shows 11.7% of Cass County respondents reporting ever been told by a doctor, nurse or other health professional that they had asthma, slightly lower than North Dakota's 12.6%. The respondents who reported that they currently have asthma in Cass County was 8.0%, while North Dakota respondents were at 8.7%.

In Cass County, 3.5% of respondents to the 2017 BRFSS survey reported they had ever been told by a doctor, nurse or other health professional that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis, compared with the 4.9% rate for North Dakota.

CANCER & CANCER SCREENING

From cancer.gov: ***Cancer screening is looking for cancer before a person has any symptoms. Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure. By the time symptoms appear, the cancer may have grown and spread. This can make the cancer harder to treat or cure.***

In Cass County, 5.1% of respondents to the 2017 BFRSS survey reported they had ever been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer). Cass County's rate is lower than North Dakota's respondents rate of 6.6%.

The 2017 BFRSS data shows 34.1% of respondents age 50 and older who reported not having a fecal occult blood test in the past two years, a lower rate than the North Dakota rate of 36.7%.

The CDC compiles United States Cancer Statistics on rates of new cancer diagnosis and cancer deaths. Figure 21 and Figure 22 are the most current statistics for North Dakota.

Figure 21 Top 10 Cancers by Rates of Cancer Deaths, 2016 North Dakota (CDC 2015)

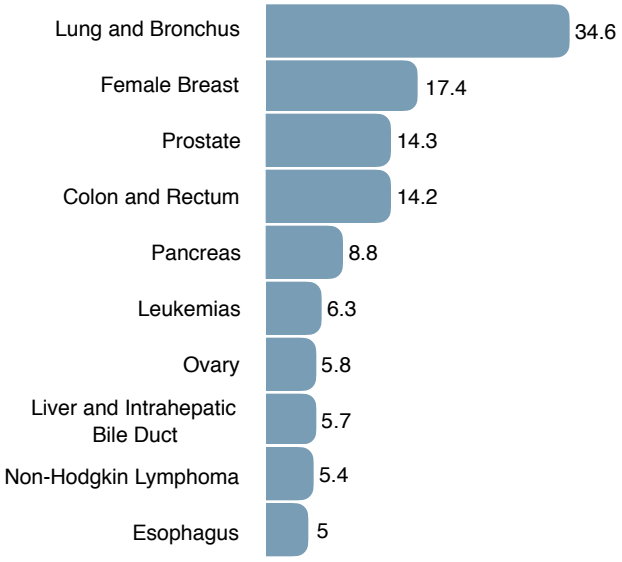
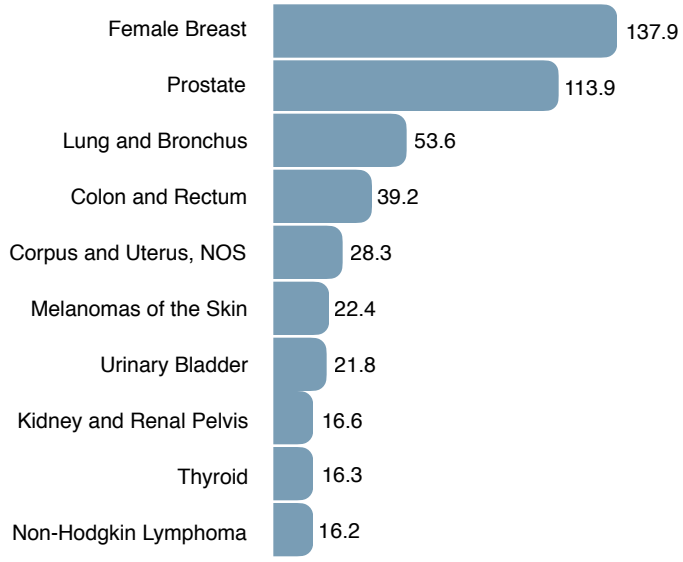


Figure 22 Top 10 Cancers by Rates of New Cancer Cases, 2016 North Dakota (CDC 2015)



HEART DISEASE

The term "heart disease" refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which affects the blood flow to the heart. Decreased blood flow can cause a heart attack (CDC).

TABLE 18 CARDIAC RELATED ISSUES, CASS COUNTY & NORTH DAKOTA (2017 BRFSS)

	CASS COUNTY	NORTH DAKOTA
Heart Attack *Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer)*	3.1%	4.2%
Angina *Respondents who reported ever having been told by a doctor, nurse or other health professional that they had angina*	3.3%	3.9%
Stroke *Respondents who reported ever having been told by a doctor, nurse or other health professional that they had a stroke*	1.9%	2.6%
Cardiovascular Disease *Respondents who reported ever having been told by a doctor, nurse or other health professional that they had any of the following: heart attack, angina or stroke*	5.1%	6.6%
Never Cholesterol Test *Respondents who reported never having a cholesterol test*	36.2%	37.5%
No Cholesterol Test in Past 5 Years *Respondents who reported never having a cholesterol test in the past 5 years*	24.8%	24.6%
High Cholesterol *Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol*	31.7%	34%

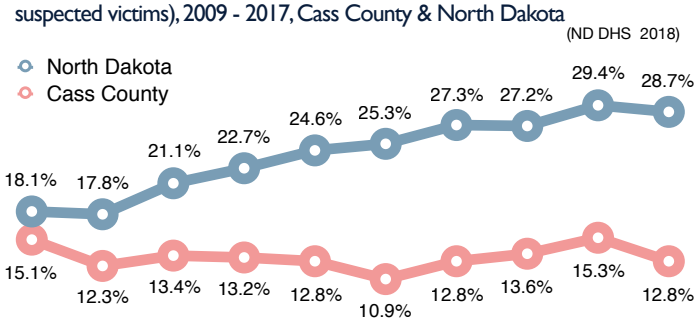
Injuries & Violence

CHILD ABUSE

Kids Count, a project to track well-being of children in the U.S., compiles data, including North Dakota Department of Human Services Children and Family Services, to report on high-quality data and trend analysis.

There were 1,088 child abuse and neglect reports in Cass County in 2018. That accounts for 24.9% of the child abuse and neglect reports for all of North Dakota.

Figure 23 Victims of Child Abuse and Neglect - services required (% of suspected victims), 2009 - 2017, Cass County & North Dakota



YOUTH MENTAL HEALTH

The North Dakota 2017 High School (Grades 9-12) YRBS results for the South East Education Cooperative (SEEC) covers the Fargo to Jamestown area. The YRBS provides insight on health-risk behaviors over six categories, which includes data on Bullying or Harassment (p.27), Violence, Injury to Oneself & Suicide, Connections with Family and People at School, and Sleep & Other Physical Health Issues.

YOUTH & SUICIDE

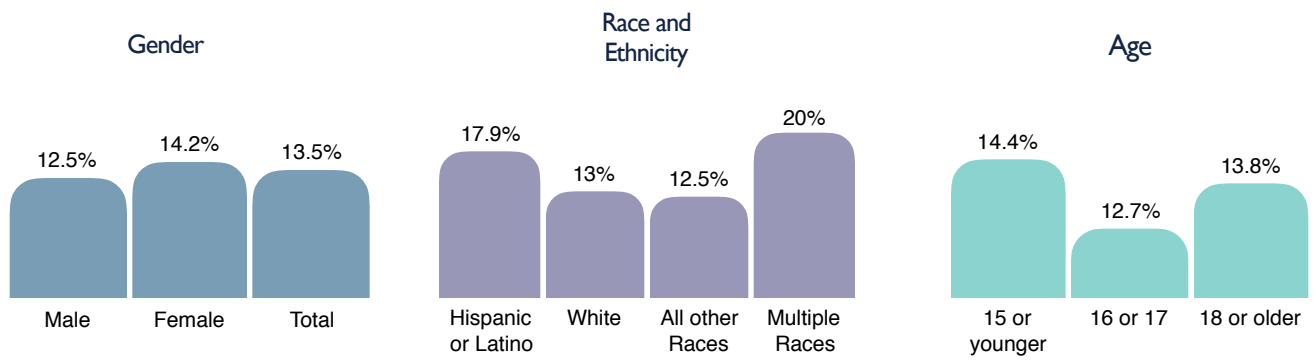
The 2017 YRBS results show almost a one quarter of high school students in the SEEC region have felt sad or hopeless that it prevented them from doing their usual activities (Table 19).

TABLE 19 INJURY TO ONESELF & SUICIDE, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION	NORTH DAKOTA
Sad or Hopeless *Students who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities ever during the 12 months before the survey)*	24.3%	28.9%
Consider Suicide *Students who seriously considered attempting suicide (ever during the 12 months before the survey)*	13.8%	16.7%
Made Plan to Attempt Suicide *Students who made a plan about how they would attempt suicide (during the 12 months before the survey)*	11.0%	14.5%
Attempted Suicide *Students who attempted suicide (one or more times during the 12 months before the survey)*	12.5%	13.5%

The YRBS has a breakdown by gender, race, age, and grade but it is only available for the full state (Figure 24). The highest percentage of students attempting suicide is 10th grade, at 14.6%, followed by 9th grade at 13.9%. There was no data provided for black and native Americans under Race and Ethnicity.

Figure 24 High School Students Attempting Suicide, 2017 North Dakota
(ND YRBS 2017)



ADULTS & SUICIDE

Suicide was the 8th leading cause of death, at a rate of 13.7, in North Dakota for 2017. From 1999 to 2016, North Dakota suicides rose by 58%. Prairie Public reported a story on the increase and factors and this comment from the NDDoH Suicide Prevention Program Director: *"Older folks tend to have higher rates, as do American Indian populations, as do veterans. And North Dakota has higher proportions of folks who have served in the military, tribal communities, and it makes us take a look at what is different here? We have the presence of trauma and historical trauma among those populations, but we also have less access to resources, mental health care, and health care in general. And if an individual attempts suicide or experiences any physical trauma - it's going to be a further distance for them to have to travel."*

The Native American population in North Dakota has an extremely high suicide rate at 45.1 compared with a 13.4 rate for the rest of the United States. The suicide rate for all ages is higher than the United States rate but is especially high for the 45-54 year old population (Figure 25 & 26).

Figure 25 Suicide Rate by Race (Age-adjust per 100,000 population), 2018 North Dakota & United States
(CDC Wonder 2018)

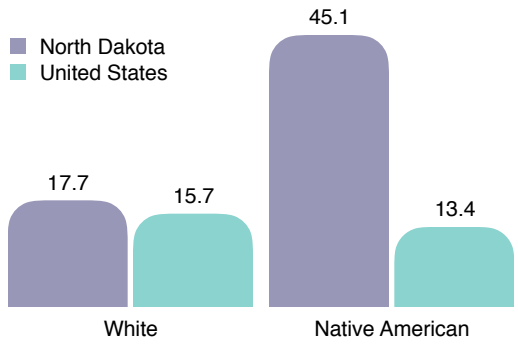
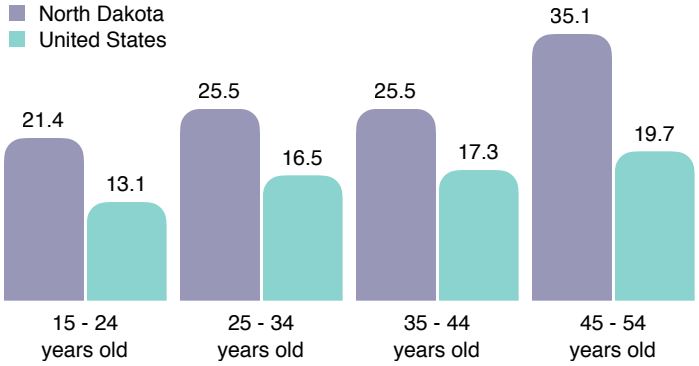


Figure 26 Suicide Rate by Age (Age-adjust per 100,000 population), 2018 North Dakota & United States
(CDC Wonder 2018)



VIOLENCE & CRIME

2017 YRBS data for the SEEC Region shows slightly lower percentages in all categories than North Dakota. Worth noting is 21.8% of high school students reporting someone they were dating or going out with had purposely tried to control them or emotionally hurt them one or more times (Table 20).

TABLE 20 VIOLENCE HIGH SCHOOL STUDENTS, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION	NORTH DAKOTA
Purposely Hurt *Students who reported someone hurt them on purpose or threatened to hurt them on purpose*	21.1%	25.2%
Sexual Violence *Students who experience sexual violence (being forced by anyone to do sexual things) they did not want to, one or more times*	6.5%	8.7%
Controlling/Emotional Violence in Relationship *Students who reported someone they were dating or going out with purposely tried to control them or emotionally hurt them one or more times*	21.8%	27.2%

Violence & Crime cont.

The Cass County and North Dakota Crime Statistics have been provided by the North Dakota Department of Health Community Health Profile for Cass County from the North Dakota Attorney General website. The 2015 variables differ slightly from the 2010-2013 data by including statutory rape and forcible rape within the Rape category and Assault only includes aggravated assault.

TABLE 21 CRIME STATISTICS, **CASS COUNTY**
(CASS COUNTY COMMUNITY HEALTH PROFILE 2018)

	2012	2013	2014	2015	2016	5-Year	5-Year Rate
Murder	2	3	4	5	4	18	2.2
Rape	79	74	103	117	106	479	57.3
Robbery	54	63	80	56	75	328	39.2
Assault	345	365	310	339	361	1,720	205.7
Violent Crime	480	505	497	517	546	2,545	304.3
Burglary	617	904	725	879	770	3,895	465.9
Larceny	2,799	2,831	1,478	1,670	1,911	10,689	1,278.6
Motor Vehicle Theft	198	224	283	345	412	1,462	174.9
Property Crime	3,614	3,959	2,486	2,894	3,093	16,046	1,919.3
Total	**4,094**	**4,464**	**2,983**	**3,411**	**3,639**	**18,591**	**2,223.8**

TABLE 22 CRIME STATISTICS, **NORTH DAKOTA**
(CASS COUNTY COMMUNITY HEALTH PROFILE 2018)

	2012	2013	2014	2015	2016	5-Year	5-Year Rate
Murder	20	14	19	21	17	91	2.5
Rape	243	237	389	428	365	1,662	44.9
Robbery	117	151	166	157	181	772	20.9
Assault	1,071	1,156	1,145	1,185	1,132	5,689	153.7
Violent Crime	1,451	1,558	1,719	1,791	1,695	8214	222.0
Burglary	617	904	725	879	770	3,895	465.9
Larceny	2,799	2,831	1,478	1,670	1,911	10,689	1,278.6
Motor Vehicle Theft	198	224	283	345	412	1,462	174.9
Property Crime	3,614	3,959	2,486	2,894	3,093	16,046	1,919.3
Total	**4,094**	**4,464**	**2,983**	**3,411**	**3,639**	**18,591**	**2,223.8**

Youth Bullying or Harassment

From StopBullying.gov: *Kids who are bullied can experience negative physical, school, and mental health issues. Kids who are bullied are more likely to experience:*

- *Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.*
- *Health complaints*
- *Decreased academic achievement - GPA and standardized test scores - and school participation. They are more likely to miss, skip, or drop out of school.*

A very small number of bullied children might retaliate through extremely violent measures. In 12 of 15 school shooting cases in the 1990s, the shooters had a history of being bullied.

TABLE 23 BULLYING OR HARASSMENT, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION	NORTH DAKOTA
Bullied at School *Students who were bullied on school property*	19.7%	24.3%
Electronic Bullying *Students who were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media)*	14.2%	18.8%
Bullying for Sexual Orientation *Students who have been the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual*	9.3%	11.4%

Youth Connections with Family & People at School

From HHS.gov: *The relationship between children and their parents/caregivers is one of the most important relationships in a child's life, often lasting well into adulthood. In adolescence, this relationship changes dramatically as youth seek increased independence from their families and begin to make their own decisions. Though some amount of conflict between adolescents and their parents is normal, adolescents still rely on parents or caregivers to provide emotional support and set limits, both of which are linked to positive adolescent development.*

TABLE 24 CONNECTIONS WITH FAMILY & PEOPLE AT SCHOOL, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION	NORTH DAKOTA
Meal with Family *Students who ate a meal with their family on three or more days*	68.7%	70.7%
Talk with Parent/Family Member about Feelings *Students who would most likely talk with their parent or other adult family member about their feelings (among students who report having felt sad, empty, hopeless, angry, or anxious)*	25.2%	24.6%
Participate in School Activities *Students who participate in school activities one or more hours (such as sports, band, drama, or clubs, during an average week when they are in school)*	72.8%	68.8%
Safe at School *Students who most of the time or always feel safe and secure at school*	81.7%	79.0%

Environmental Hazards

SUBSTANDARD HOUSING

The U.S. Department of Housing and Urban Development (HUD) released "CHAS" data (Comprehensive Housing Affordability Strategy) based on ACS Data from the U.S. Census Bureau. From this data, CHAS identifies the number of homes that have Severe Housing Problems. In Cass County, there are **2,230 owner-households and 6,640 renter-households that are identified as having at least one Severe Housing Problem**, which include:

- Incomplete kitchen facilities
- Incomplete plumbing facilities
- More than 1 person per room
- Cost burden greater than 50% of household income

WATER QUALITY

The City of Fargo Water Treatment Department releases City of Fargo Water Quality Reports annually. The 2017 City of Fargo Water Quality Report can be found at http://fargond.gov/city-government/departments/water-treatment/water-quality-reports.

There are no publicly available testing results for private wells within Cass County.

AIR QUALITY

North Dakota is listed as one of the cleanest/best states in terms of air quality. The Environmental Protection Agency measures average exposure of the general public to particulate matter of 2.5 microns (PM2.5) or less in size (3-year average). From April 2010 to July 2017, North Dakota measured at 4.5 micrograms compared to the United States 8.4 .

The Cass County 2018 Air Quality Index report is Figure 27. The 44 moderate quality days in 2018 were in part due to the wildfires in Canada that caused a higher than normal levels of particulate matter in the air.

Figure 27 Air Quality Index, 2018 Cass County
(EPA 2019)

County	# of Days with AQI	# of Days Good	# of Days Moderate	# of Days Unhealthy for Sensitive Groups	# of Days Unhealthy	# of Days Very Unhealthy
Cass	**360**	**315**	**44**	**1**	**-**	**-**

Epidemics and Disease

CHILD IMMUNIZATION COVERAGE

Cass County has a rate of 73.4% for the Childhood 4:3:1:3:3:1:4 Immunization Series (ND Dept. of Health).

For 2 year olds, vaccines include Diphtheria, tetanus and pertussis (Dtap), Polio, Measles, Mumps & Rubella (MMR), Haemphilius influenza type B (Hib), Hepatitis B, Varicella and Pneumococcal immunizations.

ADOLESCENT IMMUNIZATION COVERAGE

Cass County has a rate of 54.19% for the 13-17 years of age for the Adolescent Immunizations Immunization Series (ND Dept. of Health).

The vaccines include Diphtheria, tetanus and pertussis (Dtap), Meningococcal Conjugate (MenACWY, MCV4), Human Papillomavirus (HPV), and Influenza.

OLDER ADULT IMMUNIZATION COVERAGE

Cass County has a rate of 57.14% for Adult Pneumococcal Conjugate (PCV13), 47.55% for Adult Pneumococcal Polysaccharide (PPSV23), and 59.28% for Adult Tetanus, Diphtheria, and Pertussis (Tdap).

The 2017 BRFSS results show that Cass County has lower percentages for immunizations in both influenza and the pneumococcal vaccine for adults 65 and older.

TABLE 25 ADULT IMMUNIZATIONS (2017 BRFSS)

	CASS COUNTY PERCENT	NORTH DAKOTA PERCENT
Influenza Vaccine Respondents age 65 and older who reported that they did not have a flu shot in the past year	35.4%	47.7%
Pneumococcal Vaccine Respondents age 65 and older who reported never having had a pneumonia shot	13.6%	14.3%

ADULT SEXUALLY TRANSMITTED DISEASES

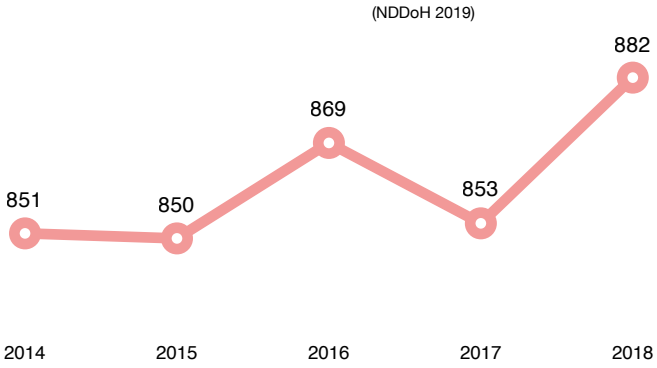
The adult sexually transmitted disease numbers are provided from the North Dakota Department of Health. Analysis on demographic data is provided from Epidemiologic Profile of HIV, STDS, TB and Viral Hepatitis in North Dakota 2017 report.

Chlamydia

There has been an increase in chlamydia rates in Cass County from 2017 to 2018 (Figure 28). There were 3,528 cases of chlamydia in North Dakota in 2018.

From the North Dakota Department of Health Epidemiologic Profile 2017 report, 65% of cases reported in North Dakota were female and the majority were in the 20-24 age demographic.

Figure 28 Chlamydia Rates, 2018 Cass County



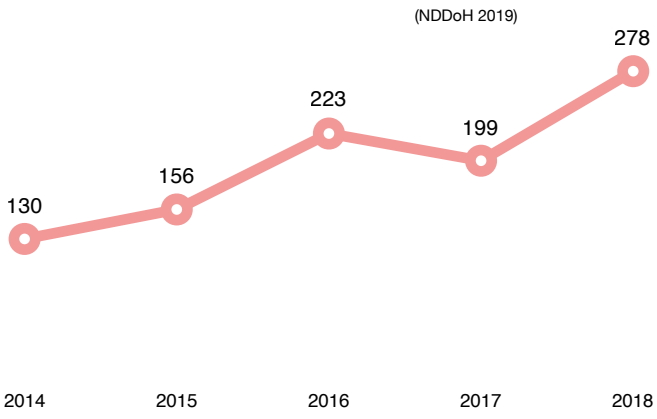
The identified risk factors from the 2017 report: *784 individuals diagnosed with chlamydia were interviewed for risk factors. Of those, 6 percent reported injection drug use, 9 percent reported having sex with an anonymous partner and 30 percent reported having sex while high and/or intoxicated. Sixty-two percent of chlamydia cases reported using condoms not very often or never (NDDoH 2017).*

Gonorrhea

There has been an increase in cases of gonorrhea in Cass County from 2017 to 2018 (Figure 29). There were a total of 1,371 cases of gonorrhea in North Dakota in 2018.

From the North Dakota Department of Health Epidemiologic Profile 2017 report, the gender distribution for gonorrhea rates were 55% female to 45% male with disproportional rates (43%) for persons under 25 years old. The American Indian population accounts for the majority of the cases in North Dakota.

Figure 29 Gonorrhea Rates, 2018 Cass County



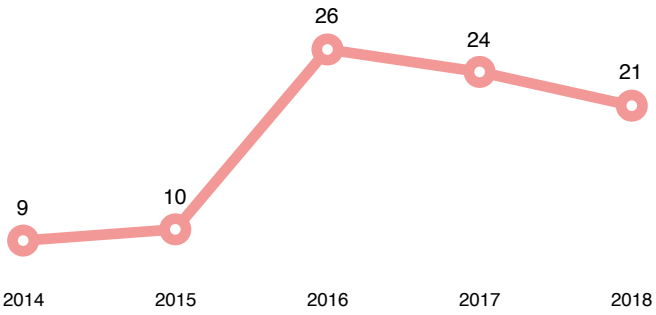
The identified risk factors from the 2017 report: *679 individuals diagnosed with gonorrhea were interviewed for risk factors. Of those, 13 percent reported injection drug use, 16 percent reported sex with an anonymous partner and 41 percent reported sex while high and/or intoxicated. Fifty-five percent of gonorrhea cases reported using condoms not very often or never (NDDoH 2017).*

Syphilis

There has been a decrease the last three years in syphilis cases in Cass County from 2016 to 2018 (Figure 30). There were 83 cases of syphilis in North Dakota in 2018.

From the North Dakota Department of Health Epidemiologic Profile 2017 report, 78% of cases reported in North Dakota were male and the average age was 34 years old.

Figure 30 Syphilis Rates, 2018 Cass County
(NDDoH 2019)



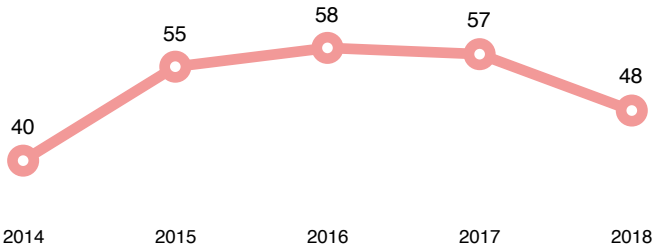
The identified risk factors from the 2017 report: *59 individuals diagnosed with syphilis were interviewed for risk factors. Of those, 10 percent reported injection drug use, 34 percent reported sex while high and/or intoxicated and 47 percent reported sex with an anonymous partner. Sixty percent of syphilis cases reported using condoms not very often or never.*

Hepatitis B

There has been a decrease from 2017 to 2018 in hepatitis B cases in Cass County (Figure 31). There were 90 cases of hepatitis B in North Dakota in 2018.

From the North Dakota Department of Health Epidemiologic Profile 2017 report, the majority of the cases in North Dakota were in the Black/African American and Asian demographic and occur in persons who are born in countries where Hepatitis B is endemic.

Figure 31 Hepatitis B Rates, 2018 Cass County
(NDDoH 2019)

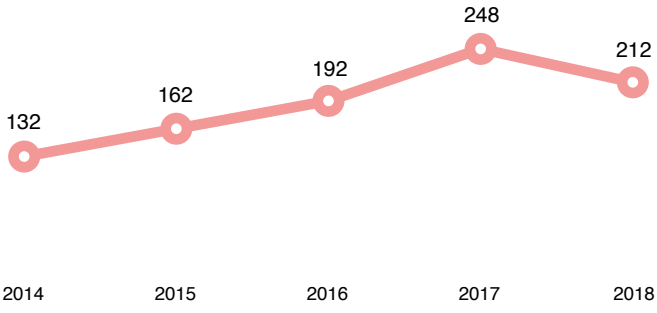


Hepatitis C

There has been a decrease from 2017 to 2018 in hepatitis C cases in Cass County (Figure 32). There were 1,182 cases of hepatitis B in North Dakota in 2018.

From the North Dakota Department of Health Epidemiologic Profile 2017 report, over half of Hepatitis C cases were male with the 25-34 demographic and 55+ seeing an increasing trend.

Figure 32 Hepatitis C Rates, 2018 Cass County
(NDDoH 2019)



SEXUALLY ACTIVE YOUTH

According to the North Dakota 2017 High School (Grades 9-12) YRBS report, 32.7% of students in the South East Education Cooperative report ever having sexual intercourse while 24.6% of students report being currently sexually active (sexual intercourse with at least one person, during the 3 months before the survey). By comparison, North Dakota has a higher rate of students reporting they ever had sexual intercourse at 36.6% and also a higher rate of students that are currently sexually active at 27.0%.

TABLE 26 SEXUAL BEHAVIOR, SEEC REGION & NORTH DAKOTA (2017 YRBS)

	SEEC REGION	NORTH DAKOTA
Ever had Sexual Intercourse *Students who ever had sexual intercourse*	32.7%	36.6%
Currently Sexually Active *Students who were currently sexually active (sexual intercourse with at least one person, during the 3 months before the survey)*	24.6%	27.0%
Alcohol or Drugs before Sexual Intercourse *Students who drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)*	19.3%	20.7%
Condom Usage *Students who used a condom during the last sexual intercourse (among students who were currently sexually active)*	58.6%	65.6%
Birth Control Usage *Students who used an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)*	34.6%	27.3%
No Method to Prevent Pregnancy *Students who did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)*	7.8%	9.3%
Preventing STD and Pregnancy Education *Students who have ever been taught about preventing sexually transmitted diseases (STDs) and pregnancy*	87.8%	88.0%

From the Epidemiologic Profile of HIV, STDS, TB and Viral Hepatitis in North Dakota 2017, the 15 to 19 year old category is the second highest group with cases of chlamydia at 720 cases (551 cases for females and 169 cases for males) .

There were also 136 cases gonorrhea, the fourth highest age category, in the 15 to 19 year old demographic.

Mortality

TOP CAUSES OF DEATH

The Leading Causes of Death by Age Group charts are provided by North Dakota Department of Health Vital Records (Table 27).

Table 27 LEADING CAUSES OF DEATH BY AGE GROUP, CASS COUNTY 2012-2016 (ND VITAL RECORDS)

Age	1	2	3
0-4	Congenital Anomaly 7	Unintentional Injury 7	Prematurity*
5-14	Heart*	Cancer*	Diseases of Other Arteries*
15-24	Suicide 22	Unintentional Injury 15	Cancer*
25-34	Unintentional Injury 29	Suicide 25	Heart 12
35-44	Unintentional Injury 37	Heart 20	Cancer 13
45-54	Cancer 59	Heart 52	Cirrhosis 33
55-64	Cancer 199	Heart 121	Unintentional Injury 30
65-74	Cancer 277	Heart 117	COPD 97
75-84	Cancer 257	Heart 189	Alzheimer's Disease 77
85+	Heart 486	Alzheimer's Disease 250	Cancer 213

*Numbers less than six are not listed

Leading causes of death broken down by age group differ slightly from Cass County to the rest of North Dakota. In North Dakota, the 5-44 age group's leading cause of death is unintentional injury and suicide being the second leading cause for that same age group. The 45-84 age group also has the cancer as the leading cause for both Cass County and North Dakota with heart being the second leading cause.

The CDC National Center for Health Statistics provides Stats of the State of North Dakota (Table 28).

Table 28 MORTALITY DATA, NORTH DAKOTA & UNITED STATES 2017 (CDC WONDER)

	NORTH DAKOTA		UNITED STATES	
	Deaths	Rate	Deaths	Rate
Firearm Deaths	103	13.2	39,733	12.0
Homicide	15	Unreliable	19,511	6.2
Drug Overdose Deaths	68	9.2	70,237	21.7

INFANT MORTALITY

County Health Rankings Infant Mortality, from 2011 to 2017, there were 88 deaths in Cass County for an Infant Mortality Rate of 5. Infant Mortality measures the number of deaths among children less than one year of age per 1,000 live births. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period.

CHILD MORTALITY

According to County Health Rankings Child Mortality, from 2014 to 2017, there were 76 child deaths in Cass County for a Child Mortality Rate of 50. Child Mortality measures the number of deaths among children under age 18 per 100,000 population. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period.

Table 29 contains Child Death data provided from North Dakota Department of Health Vital Records from 2012 to 2016.

Table 29 CHILD DEATHS, 2012-2016 (ND VITAL RECORDS)

	CASS COUNTY		NORTH DAKOTA	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	51	4.1	299	5.5
Child and Adolescents Deaths and Rate	28	15.4	235	28.8
Total Deaths and Crude Rate	4,912	655.9	30,152	896.6

PREMATURE DEATH

From County Health Rankings: ***Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings' intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70.***

Cass County has a 5,500 years of potential life lost according to County Health Rankings. For comparison, the top 10th percentile in the U.S. is 5,400 and Cass County has the lowest rate of all counted counties in North Dakota. The data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS) from 2015 to 2017.

Homelessness

The FM Coalition to End Homelessness released their first State of Homelessness in Fargo-Moorhead Metro report. This report provides a more accurate count of individuals experiencing homelessness in the Cass County, ND and Clay County, MN areas than previous Point-In-Time (PIT) Counts, as well as deeper look into the factors that may prevent those currently experiencing homelessness from improving their situation.

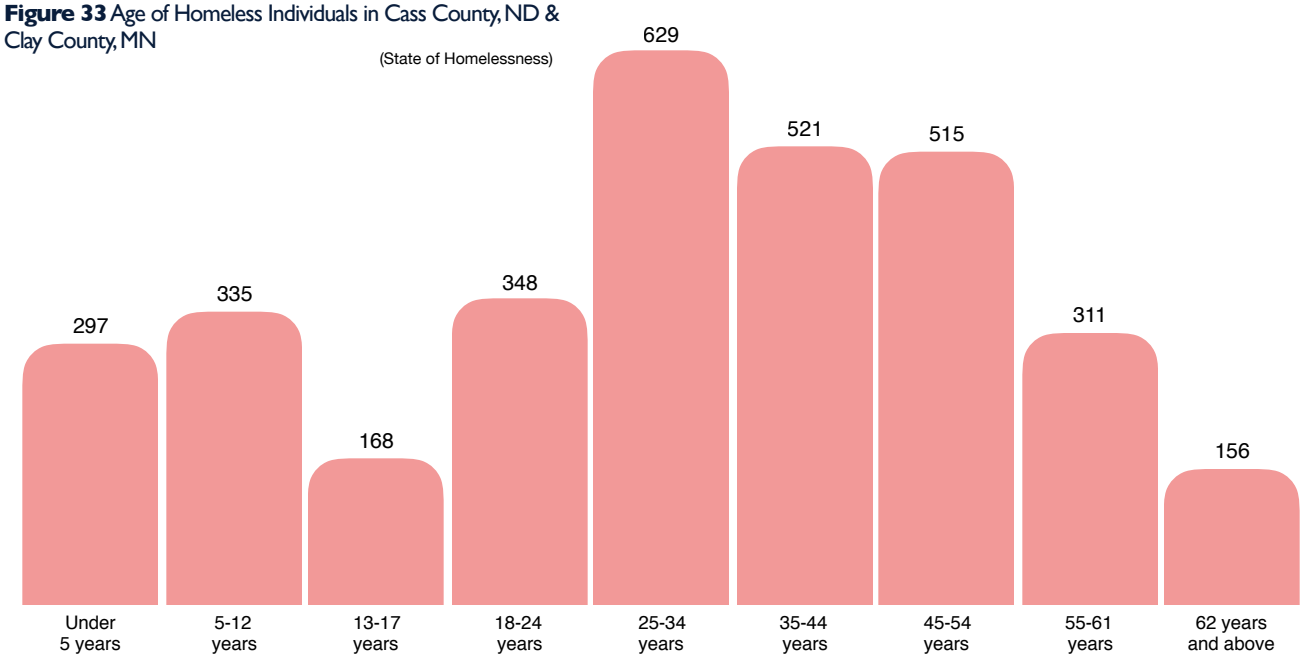
The full report is available on FMhomeless.org/state-homelessness.

DEMOGRAPHICS

Age

The report states that, at any given time, there are 1,075 individual experiencing homelessness in the FM Metro area. In 2018, the Homeless Management Information System (HMIS) recorded 3,283 individuals received homeless services in Cass County or Clay County, though there is a likelihood of some duplication in counts as individuals that receive services in both Fargo and Moorhead would be counted twice.

Figure 33 Age of Homeless Individuals in Cass County, ND & Clay County, MN



The report also states there are 581 homeless students in the Fargo Moorhead area with 37 school aged children staying at the two emergency shelters that serve families.

Gender

The State of Homelessness report lists 49% of the homeless are adult male (1,615 individuals), 26% are adult female (850 individuals) and 25% are children (795 children).

TABLE 31 GENDER OF HOMELESS INDIVIDUALS, CASS COUNTY, ND & CLAY COUNTY, MN (STATE OF HOMELESSNESS)

	MALE	FEMALE	TRANS FEMALE (MALE TO FEMALE)	TRANS MALE (FEMALE TO MALE)	GENDER NON-CONFORMING	CLIENT DOESN'T KNOW/CLIENT REFUSED	DATA NOT COLLECTED
Adults	1,615	850	7	2	3	2	1
% of Total	49%	26%	0%	0%	0%	0%	0%
Children	412	383	1	0	2	1	1
% of Total	13%	12%	0%	0%	0%	0%	0%
Unknown Age	1	1	0	0	0	0	1
TOTAL BY GENDER	**2,028**	**1,234**	**8**	**2**	**5**	**3**	**3**
% OF TOTAL	**62%**	**38%**	**0%**	**0%**	**0%**	**0%**	**0%**

Race

Homelessness touches every race in Cass & Clay County. Of note is the American Indian homeless individuals that account for just 1.4% of the Cass County population are 19.5% of the homeless population in the area. The Black or African American population in Cass County accounts for just 5.7% of the total population but accounts for 19% of the homeless population.

As mentioned above, these numbers may have some duplication as the counts were in both Fargo and Moorhead.

TABLE 32 RACE OF HOMELESS INDIVIDUALS, CASS COUNTY, ND & CLAY COUNTY, MN (STATE OF HOMELESSNESS)

	TOTAL	& OF TOTAL
White	1,638	50%
Black or African American	634	19%
Asian	14	0%
American Indian or Alaska Native	640	19.5%
Native Hawaiian or Other Pacific Islander	27	1%
Multiple Races	280	8.5%
Client Doesn't Know/Client Refused	27	1%
Data Not Collected	23	1%
TOTAL PERSONS	**3,283**	**100%**

CHRONICALLY HOMELESS

The State of Homelessness report gathers data from the Everyone Counts Survey and HMIS to identify individuals who are considered chronically homeless. From the State of Homelessness report: ***Individuals who are considered chronically homeless are typically more vulnerable and have significantly higher barriers, meaning they require more supportive services and longer-term support to be successful in ending their continued homelessness situation.***

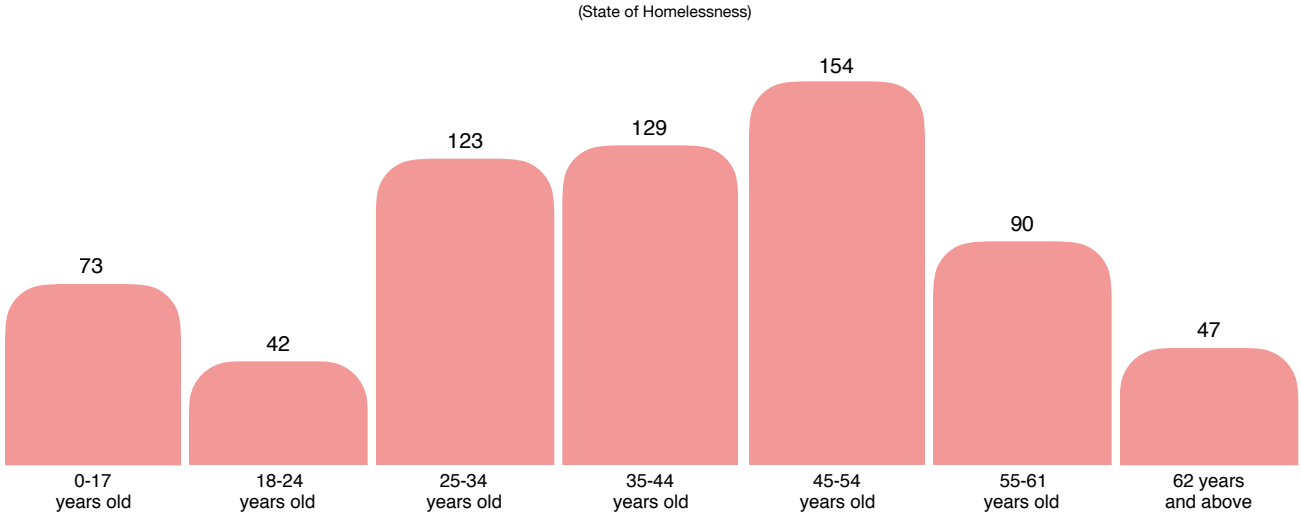
To be classified as chronically homeless, individuals must meet all of the following:

- Currently experiencing homelessness
- Be homeless for at lest one year during the current episode OR homeless for less than one year in the current episode, but homeless at least four times in the previous three years
- Disable (those who have a physical, mental, or other health condition that limits the kind of work they can do OR those who have a physical, mental, or other health condition that makes it hard for them to bathe, eat, get dressed, get in and out of bed or chair, or get around by themselves)

The State of Homelessness report states 29%, or 658 individuals, of those experiencing homelessness are chronically homeless in the Cass and Clay County area. 66% of individuals experiencing chronic homelessness are male (434 individuals) and 34% are female (223 individuals). Figure 34 displays the age breakdown for those who are chronically homeless.

From State of Homelessness: ***Aging adults are classified as chronically homeless at a higher rate compared to the general homeless population, with 21% of the chronically homeless population age 55 or older.***

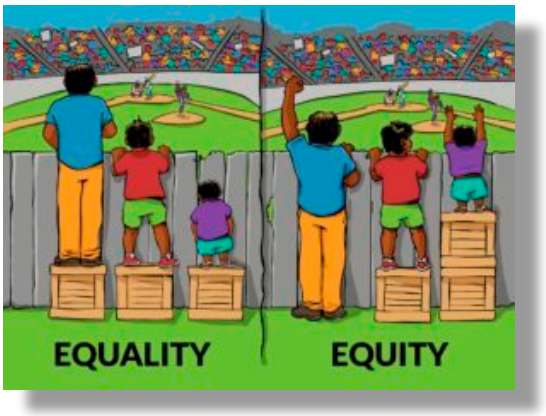
Figure 34 Age of Chronically Homeless Individuals in Cass County, ND & Clay County, MN



From State of Homelessness*: Of the individuals considered chronically homeless, 68% are between the ages of 18 and 54, with only 11% under 18.*

Health Issues & Inequity

The MAPP process was used to identify populations who lack access to health care and/or for populations who experience barriers to care. It's a sad fact that health inequity still exists in our community even as we all strive to break down those barriers. Health inequity leads to health disparities or the difference in health status among distinct population segments, which can be by gender, race, ethnicity, income, education or disability.



The Affordable Care Act (ACA) was designed to improve health care access to citizens of the United States and thus, address health inequity. As noted under the Health Insurance section of this assessment, "*The number of uninsured non-elderly Americans decreased from over 44 million in 2013 (the year before the major coverage provisions went into effect) to just below 27 million in 2016.* ***However, in 2017, the number of uninsured people increased by nearly 700,000 people, the first increase since implementation of the ACA.***" What the feedback we've received from the generalizable survey, a concern shared by our community is the costs associated with health care.

This segment of the assessment has a purpose to raise awareness of the differences among several groups.

Population Review

U.S. Census data in the Demographics section of this assessment indicates a population of 170,620 people in Cass County with an increasing trend. The population is split roughly 50.6% male and 49.4% female. Race and ethnicity statistics specify that in Cass County, the White population accounts for 87.6% of the population, the Black population at 5.7%, Asian at 3.3%, two or more races at 1.9%, and American Indian at 1.4%.

Cass County has a large population of younger citizens, the 20 to 24 year demographic, which accounts for 29.7% of North Dakota's entire 20 to 24 year old population.

Uninsured

The uninsured rate for Cass County is 6.9%, compared to 8.7% in North Dakota and 10.2% in the United States, but that means there are 11,619 individuals that do not have health insurance. The lack of health insurance is a barrier to accessing healthcare including regular primary care and is a key driver of health status and contributes to poor health status.

Uninsured rates for American Indians in North Dakota are listed at 27%, Hispanics at 18% and the White population at 7%. The population of Black or African Americans are small so there are no numbers available for uninsured rate (2017).

Education and Income

Education and income are factors that affect the socioeconomic position of individuals and groups influence their health. Often, education and income are commonly used to measure the effect of socioeconomic position on health. Wealthier, better-educated people live longer than poorer, less-educated people (Chetty, Stepner, Abraham 2016).

Cass County has a high school graduation rate of 94.6%, considerably higher than the North Dakota high school graduation rate of 88% (2017).

The Cass County population in poverty is at 12.3% or 18,612 people, higher than the 11% for all of North Dakota. There are 4,035 children under the age of 18 living in poverty in Cass County and 1,693 of those children are under the age of 5 years old.

- Females are in poverty at a greater rate than males
- American Indians in Cass County are at a poverty rate more than 4 times greater than the White population
- Black/African American citizens are at poverty rate of 34.5% compared with 9% of the White population
- Hispanic/Latino citizens are at a poverty rate of 24.2%

Food Access & Food Insecurity

North Dakota's rate of child food insecurity is one of the lowest in the nation but there are still 3,470 children (9.2%) that are food insecure in Cass County and an overall rate of 8.5% (Feeding America 2017).

The CDC published their 2018 State Indicator Report on Fruits and Vegetables that shows the status of 10 indicators of fruit and vegetable access and production by each state. From the report, North Dakota shows one of the highest rates of Farmers Markets per 100,000 residents and yet there is a 0.0% rate in the Farmers Markets Accepting WIC Farmers Market Nutrition Program Voucher as of 2017.

Cass County is fortunate to have the Cass Clay Food Partners whose vision is for all members of the community to have access to safe, nutritious, affordable and culturally-based food.

Drug/Substance Abuse

In North Dakota, binge drinking and alcohol consumption continues to be one of the highest rates in the nation. North Dakota has higher rates of binge drinking than the U.S. average in age, education, gender, race, and income.

Community factors that contribute to higher health risks and poorer health outcomes are steeped in tradition. Early and heavy alcohol consumption is an accepted behavior, especially for males in Cass County.

Work Plan for Refreshing, Monitoring, and Analyzing Community Health Assessment Data

PURPOSE

The purpose of this work plan is to provide a continuous effort to better understand the health of the population of Cass County through the collection of information and data. This plan serves as a guide to establish a timeline to refresh the Community Health Assessment (CHA) data, analyze trends, and provide an annual update.

BACKGROUND

The Cass County CHA is the regular and systematic collection, analysis, and dissemination of information on the health of Cass County residents. Health indicator data are reported at the county level and, where available, at the city, region, or school district level. Additionally, where possible, health indicators are stratified by sex, age, race/ethnicity, and/or income level. Examining data stratified by these demographics allows for the identification of unique issues to facilitate targeted interventions.

DATA

There are several data systems that support public health including vital records, surveillance systems, periodic surveys, program management data, qualitative and clinical data.

Secondary Data

The secondary data consists of more than 50 health indicators over 8 broad-based categories that include:

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Care Access
- Healthy Living
- Injuries & Violence
- Environmental Hazards
- Epidemics, Disease & Preparedness
- Mortality

The secondary health indicators used in this assessment have all been hyperlinked to their respective sources.

Primary Data

The primary data consists of a generalizable survey that has been developed through the Fargo-Moorhead Community Health Needs Assessment Collaborative. The survey will be conducted every three years and follows the MAPP Framework.

WORK PLAN

Refresh Data Annually

A formal CHA will be updated every three years as the results from the generalizable survey become available. The Fargo Cass Public Health Policy Analyst will collect and organize the data and update accordingly. Supplemental updates to CHA data will be distributed as new data becomes available.

Prepare Data for Analysis

The data collected will be analyzed for overall patterns and trends in order to determine if significant increases or decreases have occurred. Special attention will be placed on those health indicators identified in the Community Health Improvement Plan to determine if they meet specifically stated outcomes. The previous CHA will serve as baseline data from which future trends and be identified.

Report Annual Summary

Fargo Cass Public Health will refresh data and present new data as it becomes available. This data will also be shared with community partners, stakeholders, Board of Health members, and community at large through multiple communication methods.

Fargo Cass Public Health will present an annual update to the Board of Health that reports on measures and outcomes from identified goals in the Community Health Improvement Plan.

Public Health
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