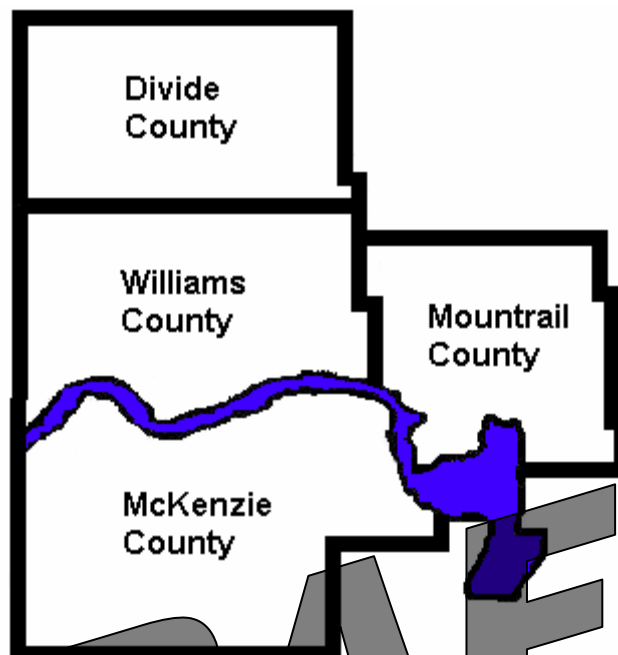


2005 Community Health Profile

For the counties of:
Divide, McKenzie, Mountrail & Williams



Purpose

The purpose of the Community Health Profile is to provide data that will assist communities in Northwest North Dakota to monitor and improve community health. This profile will continue to be appended and refined to incorporate indicators as they become available. It will be available on the Upper Missouri District Health Unit's web site at <http://www.umdhu.org/chp.htm>.

Methodology

The profile is comprised of categories based on the National Public Health Performance Standards; specifically the Local Public Health **System** Assessment. Each category has a number of indicators. Indicator descriptions and statistical data were collected from existing research by government and not-for-profit agencies; data is not available for all geographical areas and/or health topics. Data source descriptions and hyperlinks have been provided for verification and additional analysis.

General Information

This Community Health Profile was made possible by a grant from the Region 1 Children's Services Coordinating Committee and by all the Health System partners that assisted in its development. If you have any questions or suggestions regarding this or future profiles, please contact the Upper Missouri District Health Unit at (701) 774-6400.

Categories and Indicators

Category A: DEMOGRAPHICS

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3. Death Rate

Category B: SOCIOECONOMIC

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Poverty Guidelines
2. Median Family Income
3. Unemployment
4. Education (H.S. and B.S.)
5. Labor Force Participation
6. Diversity in Economic Activity
7. Age Dependency Ratio
8. Household Growth
9. Housing Cost Burden
10. Home Ownership Rate
11. Free or Reduced Price Lunch Program Participation

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2. Dentists Seeing Medicaid Patients
3. Dentist Visit
4. Health Insurance
5. Health Care Programs for Children

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2. Food Insecurity
3. Homelessness

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8. Restraint Device Use in Motor Vehicle Crashes

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5. Sad, Blue or Depressed
6. Suicide Rates
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2. Leading Causes of Death
3. Leading Cancer Deaths
4. Leading Cancers
5. Cancer by Gender
6. Prevalence of Diabetes

Category J: INFECTIOUS DISEASE

1. Immunizations By Age Two
2. Immunizations Influenza/Pneumococcol age 65+
3. Incidence of Sexually Transmitted Diseases

Category K: SENTINEL EVENTS

Category A: DEMOGRAPHICS

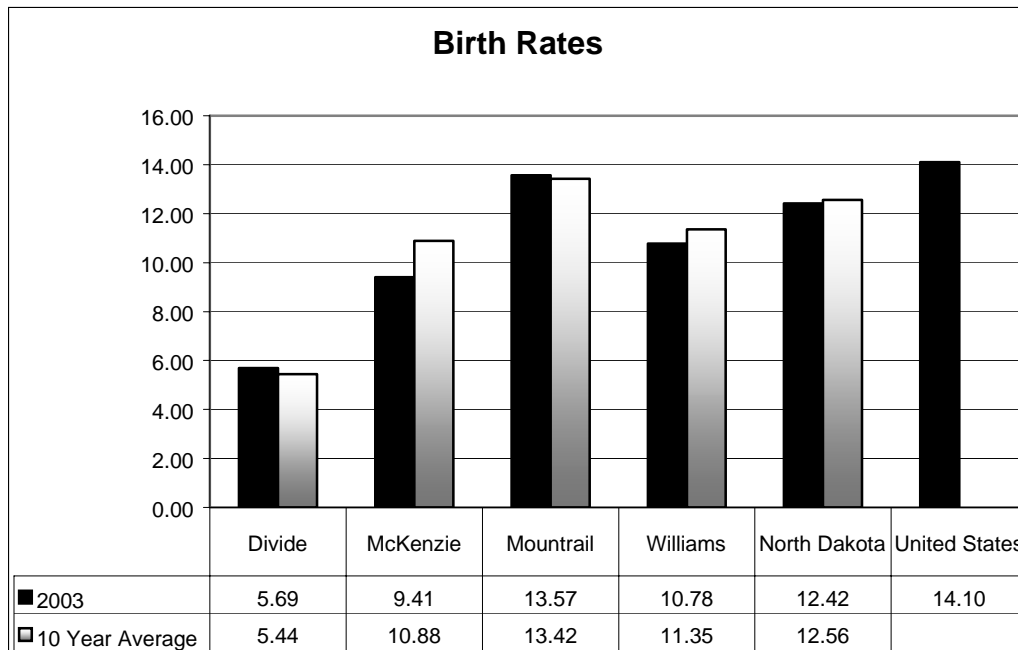
Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

Indicator A1: Demographics Overview

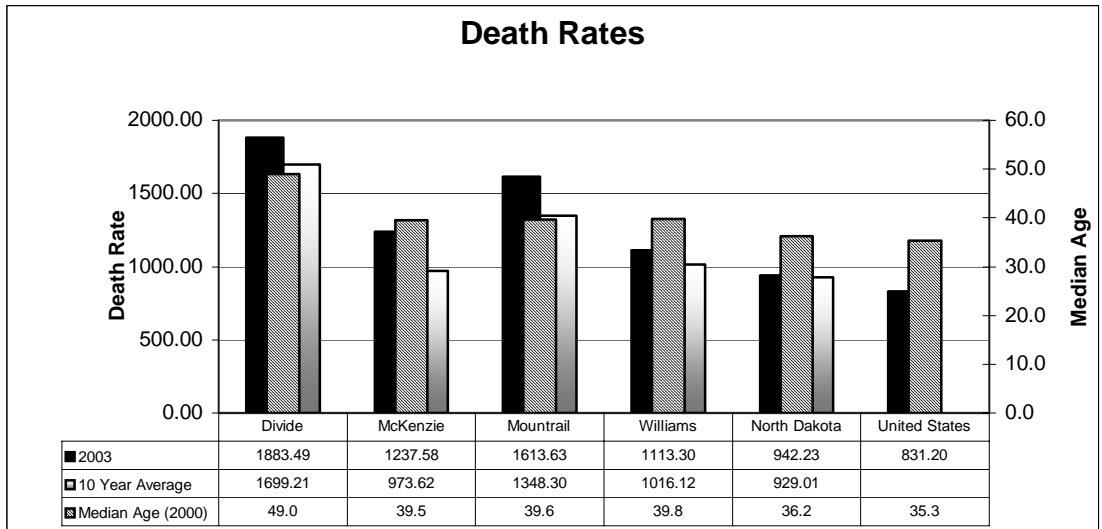
2000	Divide County		McKenzie County		Mountrail County		Williams County		North Dakota		United States	
Total population	2,283	100.0%	5,737	100.0%	6,631	100.0%	19,761	100.0%	642,200	100.0%	281,421,906	100
Under 5 years	70	3.1%	359	6.3%	431	6.5%	1,135	5.7%	39,400	6.1%	19,175,798	6.8%
5 - 19 years	433	19.0%	1,539	26.8%	1,600	24.1%	4,663	23.6%	144,064	22.4%	61,297,467	21.8%
20 - 24 years	41	1.8%	175	3.1%	281	4.2%	919	4.7%	50,503	7.9%	18,964,001	6.7%
25 - 44 years	458	20.1%	1,338	23.3%	1,537	23.2%	5,045	25.5%	174,891	27.2%	85,040,251	30.2%
45 - 64 years	607	26.6%	1,426	24.9%	1,608	24.2%	4,738	24.0%	138,864	21.6%	61,952,636	22.0%
65 - 84 years	544	23.8%	772	13.5%	961	14.5%	2,777	14.1%	79,752	12.4%	30,752,166	10.9%
85 years and over	130	5.7%	128	2.2%	213	3.2%	484	2.4%	14,726	2.3%	4,239,587	1.5%
One race	2,279	99.8%	5,669	98.8%	6,404	96.6%	19,325	97.8%	634,802	98.8%	274,595,678	97.6%
White	2,260	99.0%	4,438	77.4%	4,376	66.0%	18,367	92.9%	593,181	92.4%	211,460,626	75.1%
Black or African American	0	0.0%	4	0.1%	6	0.1%	24	0.1%	3,916	0.6%	34,658,190	12.3%
American Indian and Alaska Native	3	0.1%	1,215	21.2%	1,988	30.0%	869	4.4%	31,329	4.9%	2,475,956	0.9%
Asian	12	0.5%	3	0.1%	14	0.2%	36	0.2%	3,606	0.6%	10,242,998	3.6%
Other race	4	0.2%	9	0.2%	20	0.3%	29	0.1%	2,770	0.4%	15,757,908	5.6%
Two or more races	4	0.2%	68	1.2%	227	3.4%	436	2.2%	7,398	1.2%	6,826,228	2.4%
Speak a language other than English at home	90	4.1%	396	7.3	409	6.6	727	3.9%	37,976	6.3%	46,951,595	17.9%
Households with individuals under 18 years	236	23.5%	810	37.7	905	35.4%	26.72	33.0%	83,975	32.7%	38,022,115	36.0%
Average household size	2.2		2.6		2.5		2.4		2.4		2.6	

Indicator A2: Birth Rates

Measuring the number of live births per year in a specific geographic area.



Indicator A3: Death Rates



Data Sources:

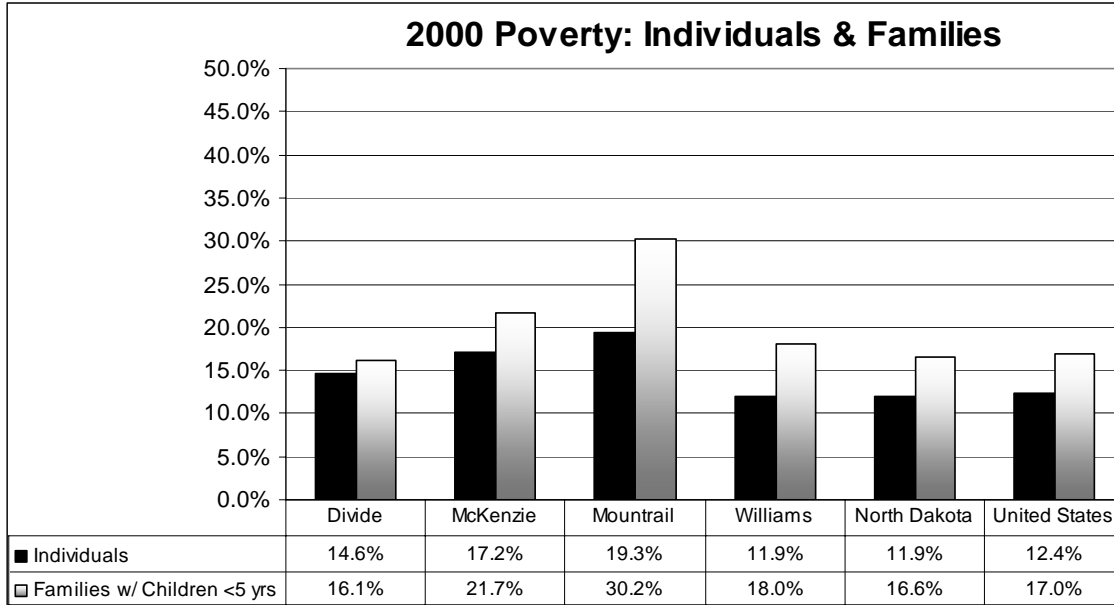
U.S. Census Bureau, North Dakota Department of Health, Centers for Disease Control and Prevention
<http://www.vitalnd.com/> (click on publications)

Category B: SOCIOECONOMIC

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Indicator B1: Poverty

Measuring the percentage of people who live in poverty gives an indication of how many people are not financially able to maintain a minimum standard of living.



Data Source: U.S. Census Bureau: http://factfinder.census.gov/home/saff/main.html?_lang=en

2005 Department of Health and Human Services Poverty Guidelines

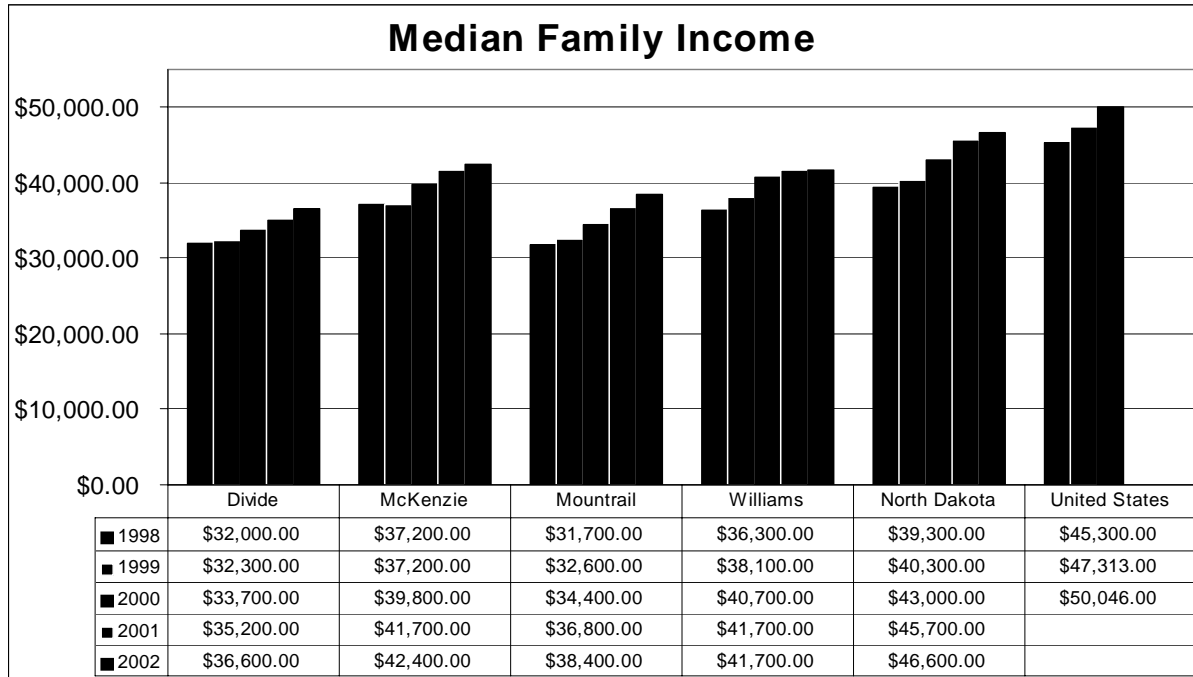
48 Continuous States and D.C.

Size of Family Unit	1	2	3	4	5	6	7	8	For each additional person, add
100% Poverty	\$9,570	\$12,830	\$16,090	\$19,350	\$22,610	\$25,870	\$29,130	\$32,390	\$3,260

Data Source: U.S. Department of Health and Human Services

Indicator B2: Median Family Income

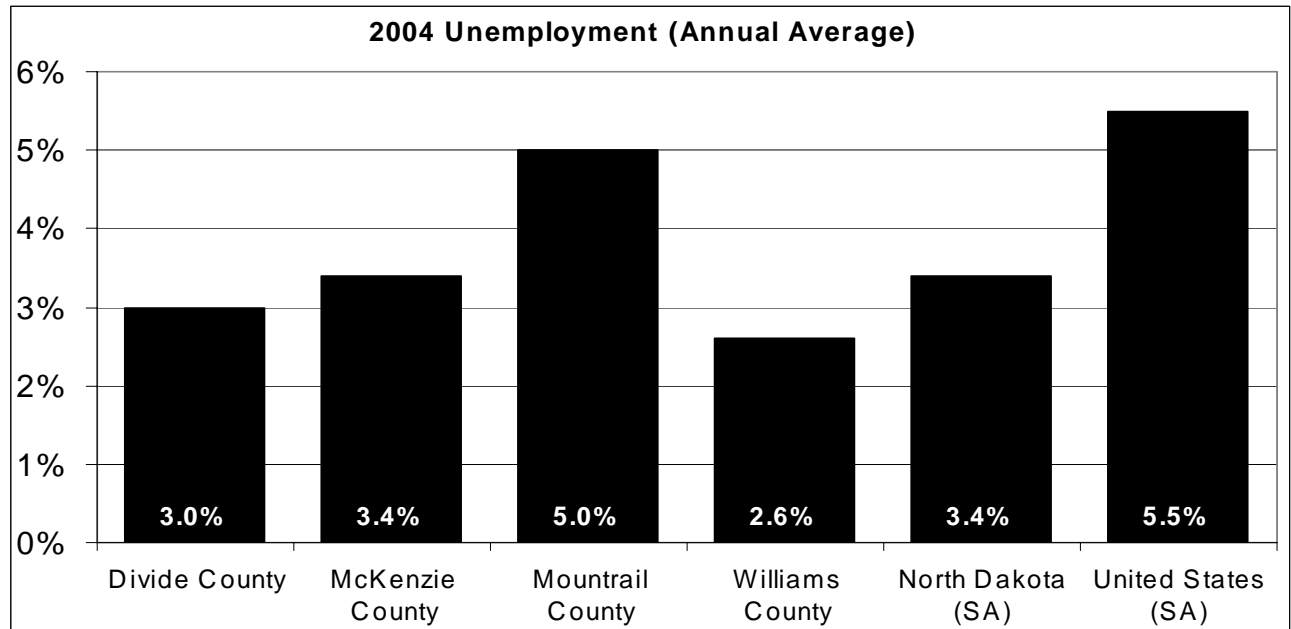
The levels of personal or family income is closely related to levels of person or family health. Income is a significant indicator for access to health resources and behavioral risk levels.



Data Source: U.S. Census Bureau: <http://www.state.nd.us/jsnd/bin/lmidata.pl/income>

Indicator B3: Unemployment

Unemployment rates are important for individuals and communities. At the individual level, unemployment reduces household income, can limit access to health insurance, and contributes to psychological stress. At the community level, increases in unemployment can be a reflection of the ability of the community to provide employment and can place demands on community services.



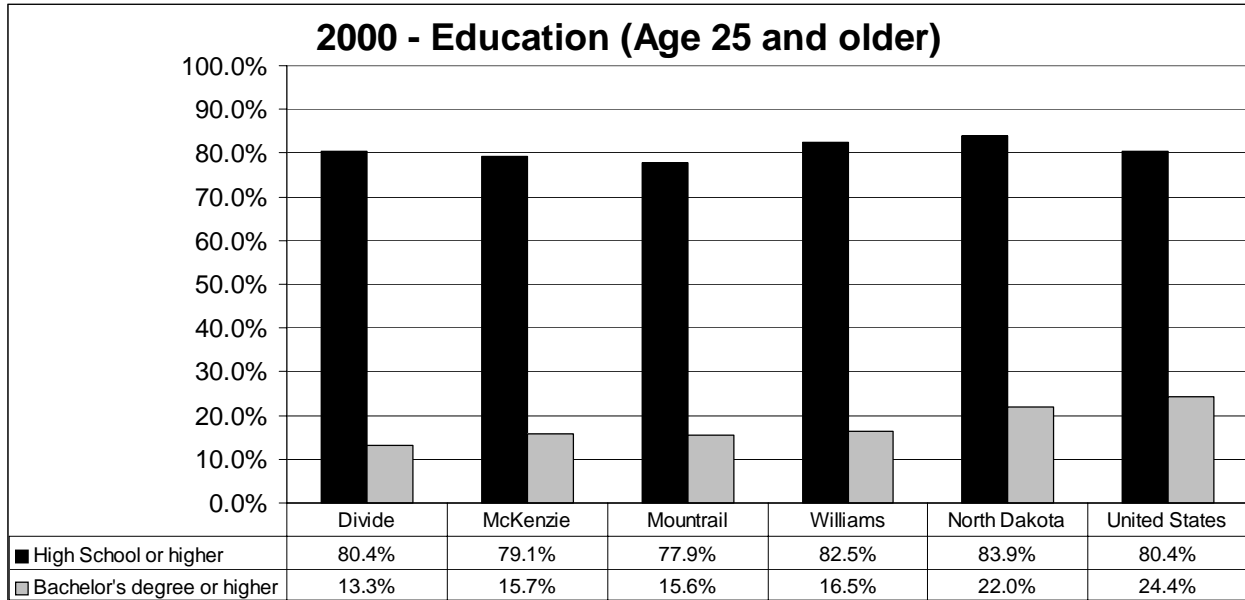
The number of people unemployed as a percentage of the labor force in respective geographic area.

SA: Seasonally Adjusted

Data Source: U.S. Department of Labor <http://www.bls.gov/lau/home.htm>
 North Dakota Job Service <http://www.state.nd.us/jsnd/bin/lmidata.pl/labforce>

Indicator B4: Education

A high school diploma is a basic indicator of academic competence. Most employers see it as a minimum standard for employment. However, education beyond high school is associated with a longer and healthier life and may soon be considered a minimum standard for attaining career goals.

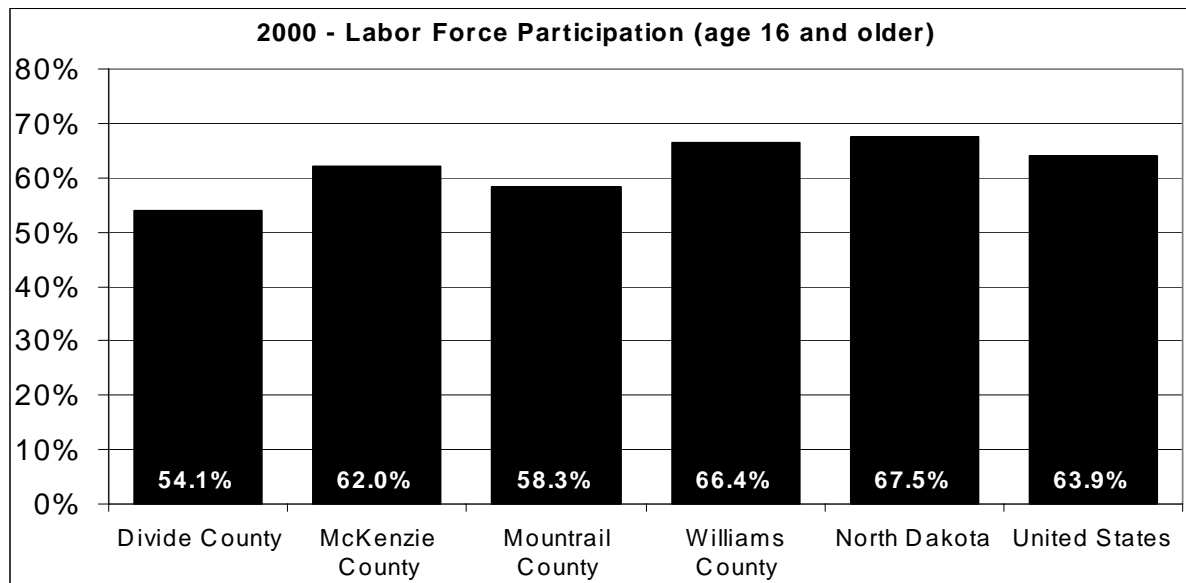


Percentage of population over 25 years with a 12th grade or less education and no diploma in respective geographic areas.

Data Source: U.S. Census Bureau <http://factfinder.census.gov/home/saff/main.html? lang=en>

Indicator B5: Labor Force Participation

High labor participation rates, as measured by the proportion of the working age population that is in the workforce, contribute to strong and sustainable economic growth.



Data Source: U.S. Census Bureau <http://factfinder.census.gov/home/saff/main.html? lang=en>

Indicator B6: Diversity of Economic Activity

Understanding the kinds of jobs in which its residents work can help a region tailor education, economic development, and career development strategies that enhance economic security for working families.

Percentage of employed civilian population 16 years and over in respective geographic areas.

2000 OCCUPATIONS	Divide	McKenzie	Mountrail	Williams	North Dakota
Management, professional, and related occupations	40.9	37.5	36.8	27.4	33.3
Service occupations	18	16.2	18.6	19.0	16.7
Sales and office occupations	19.6	19.8	22.9	26.5	26.1
Farming, fishing, and forestry occupations	4	2.9	1.9	1.4	1.7
Construction, extraction, and maintenance occupations	7.5	11.6	11.4	12.7	9.8
Production, transportation, and material moving occupations	10.1	11.9	8.4	13.0	12.4
2000 INDUSTRY					
Agriculture, forestry, fishing and hunting, and mining	25.2	24.4	17.5	12.8	8.2
Construction	3.5	6.1	5	6.1	6.2
Manufacturing	1.1	2.2	3.6	3.5	7.1
Wholesale trade	2.7	2.3	0.9	4.2	3.7
Retail trade	10.1	10.1	10.4	14.3	12.7
Transportation and warehousing, and utilities	4.6	6.6	4.5	4.8	5.7
Information	1.3	0.8	3.4	1.7	2.3
Finance, insurance, real estate, and rental and leasing	5.3	3.5	4.7	5.5	5.9
Professional, scientific, management, administrative, and waste management services	3	3.6	3.6	6.5	6
Educational, health and social services	25.4	22.7	23.6	22.5	24.2
Arts, entertainment, recreation, accommodation and food services	5.9	8.6	9.5	7.7	8.2
Other services (except public administration)	6	2.9	5.1	5.7	4.9
Public administration	5.9	6	8.3	4.6	4.8

Data Source: U.S. Census Bureau

http://factfinder.census.gov/home/saff/main.html?_lang=en

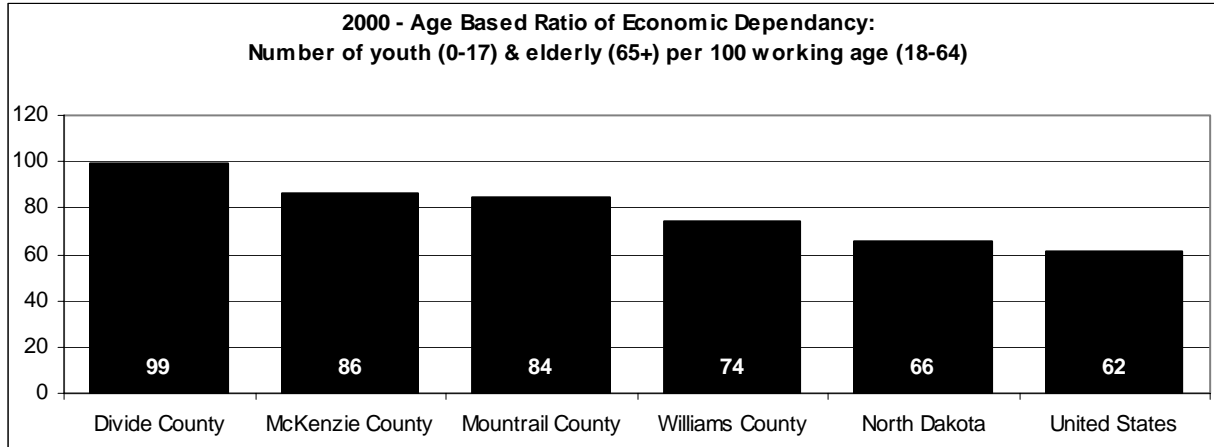
Occupational Title	2002 Estimate	2012 Projection	Growth Openings	Percent Change
Farmers and Ranchers	30,474	25,469	-5005	-16.4
Retail Salespersons	10,782	12,085	1303	12.1
Cashiers	9,127	10,051	924	10.1
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	7,196	8,103	907	12.6
Farm workers and Laborers, Crop, Nursery, and Greenhouse	7,106	8,366	1260	17.7
Truck Drivers, Heavy and Tractor-Trailer	6,497	7,499	1002	15.4
Bookkeeping, Accounting, and Auditing Clerks	6,412	6,649	237	3.7
Waiters and Waitresses	6,381	7,433	1052	16.5
Registered Nurses	6,206	7,563	1357	21.9
Office Clerks, General	6,017	6,295	278	4.6

Percentage of employed civilian population 16 years and over in respective geographic areas.

Data Source: U.S. Census Bureau <http://www.jobsnd.com/publications/pub.revision.do?revId=640>

Indicator B7: Age Dependency Ratio

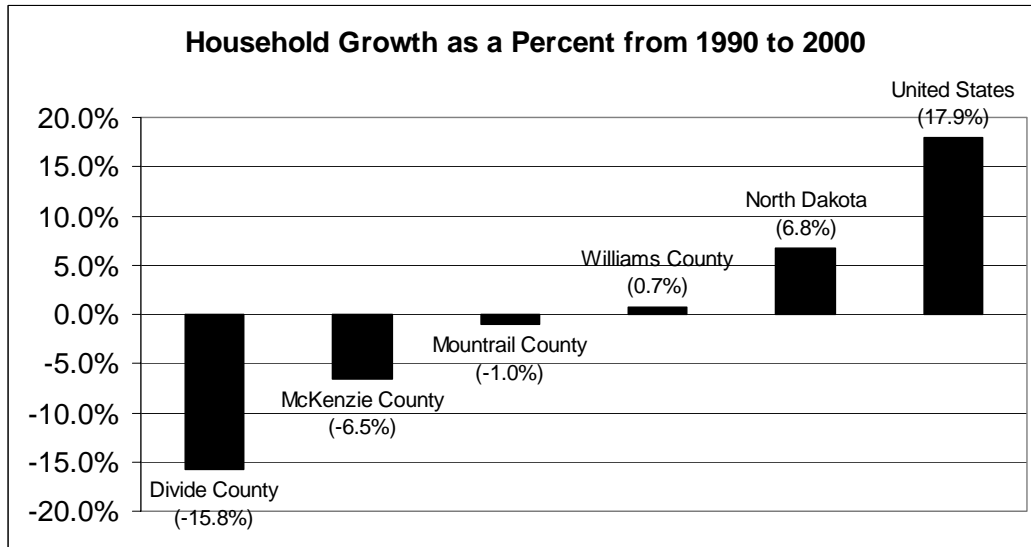
The total dependency ratio measures the dependency that non-working age people have on working-age people. It indicates the economic responsibility of those economically active in providing for those that are not.



Data Source: U.S. Census Bureau http://factfinder.census.gov/home/saff/main.html?_lang=en

Indicator B8: Household Growth

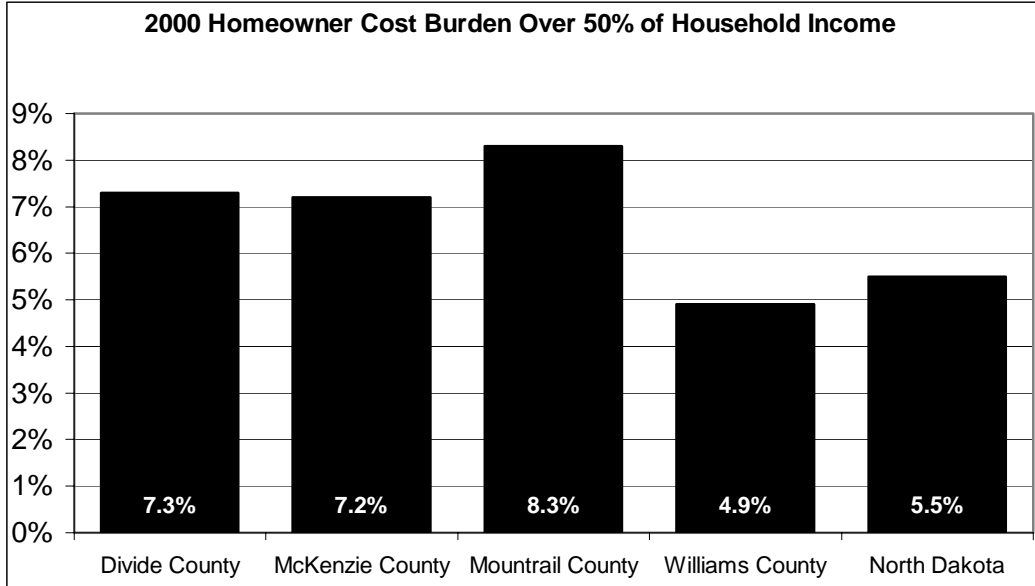
The household composition of a city can provide leaders critical intelligence as to the kinds of housing and services they need to provide.



Data Source: U.S. Census Bureau, Census 1990, 2000; <http://factfinder.census.gov/servlet>

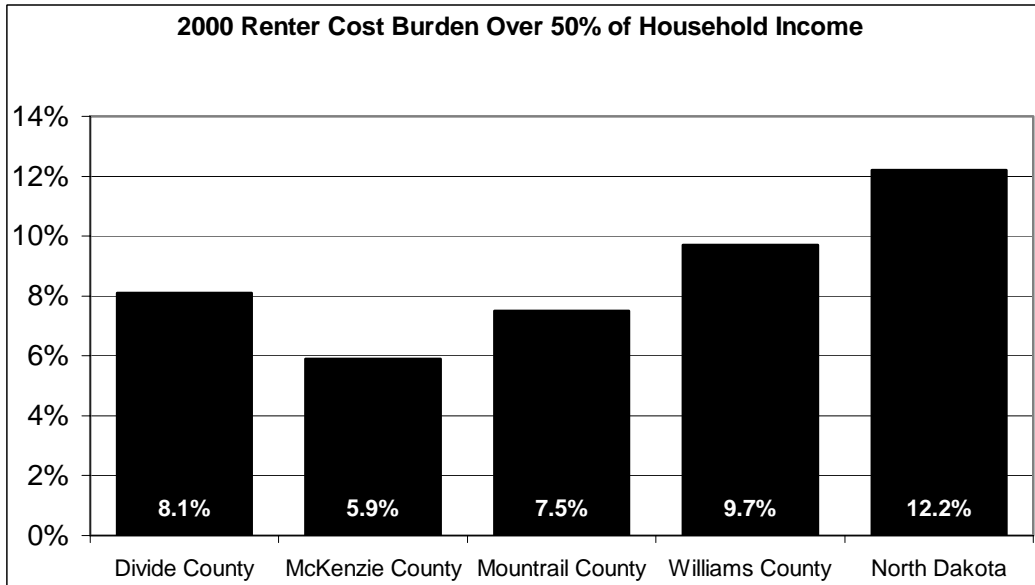
Indicator B9: Housing Cost Burden

The lack of affordable housing is a significant hardship for low-income households preventing them from meeting their other basic needs, such as nutrition and health care, or saving for their future and that of their families.



Percentage of homeowners with a cost burden over 50% in respective geographic areas. Cost burden is the fraction of a household's total gross income spent on housing costs. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Data Source: U.S. Department of Housing and Urban Development; <http://socds.huduser.org/chas/index.html?>

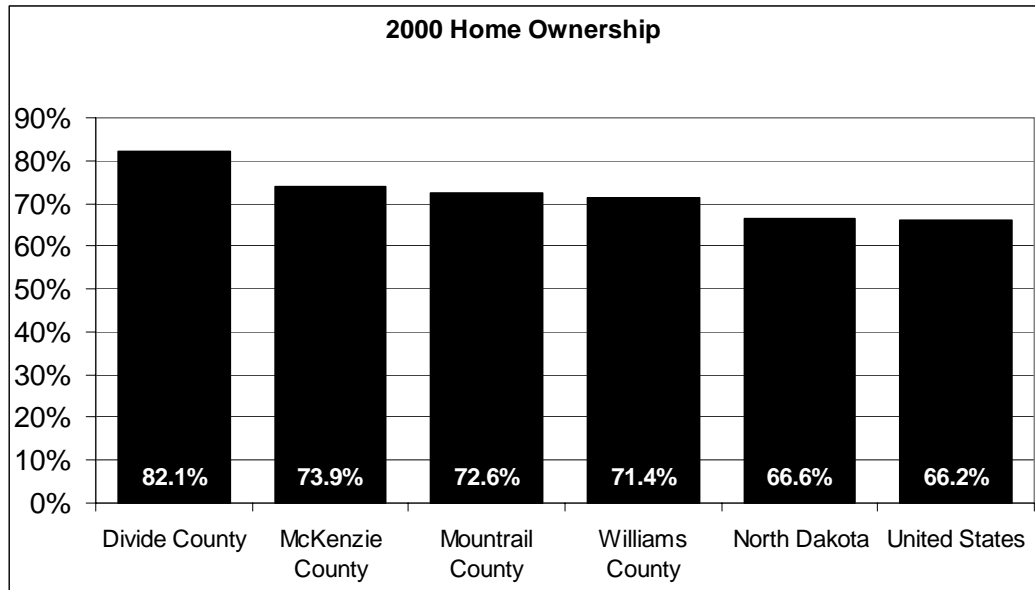


Percentage of renters with a cost burden over 50% in respective geographic areas. Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities.

Data Source: U.S. Department of Housing and Urban Development; <http://socds.huduser.org/chas/index.html?>

Indicator B10: Home Ownership Rate

A high home ownership rate is typically an indication that the housing stock is in at least fair condition and that housing is affordable.

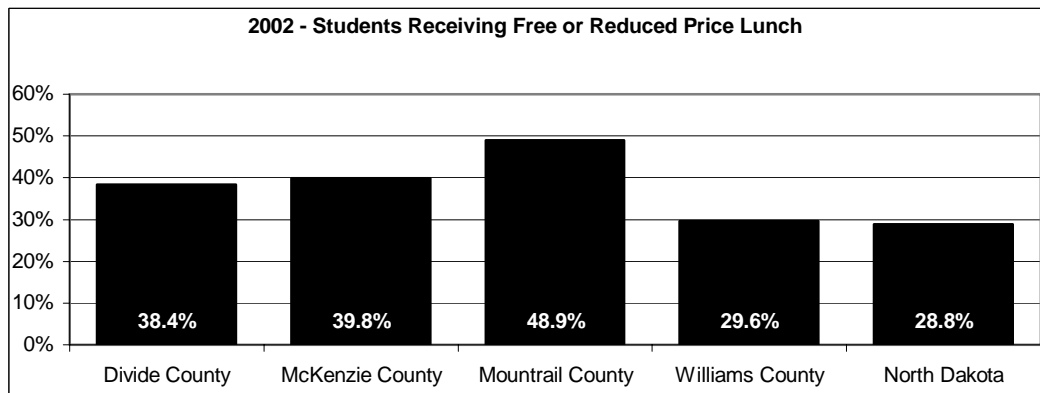


Percentage of occupied housing units that are owner-occupied in respective geographic areas.

Data Source: U.S Census Bureau; http://factfinder.census.gov/home/saff/main.html?_lang=en

Indicator B11: Free or Reduced Price Lunch Program

Research shows that when a child's nutritional needs are met, the child is more attentive in class, and has better attendance and fewer disciplinary problems.



Children eligible to receive Free or Reduced Price Lunch as a percent of total enrollment in respective geographic areas.

According to the Food and Research Action Center:

To receive a free meal, household income must be below 130% of the poverty threshold.

To receive a reduced price meal, household income must be between 130% and 185% of the federal poverty threshold.

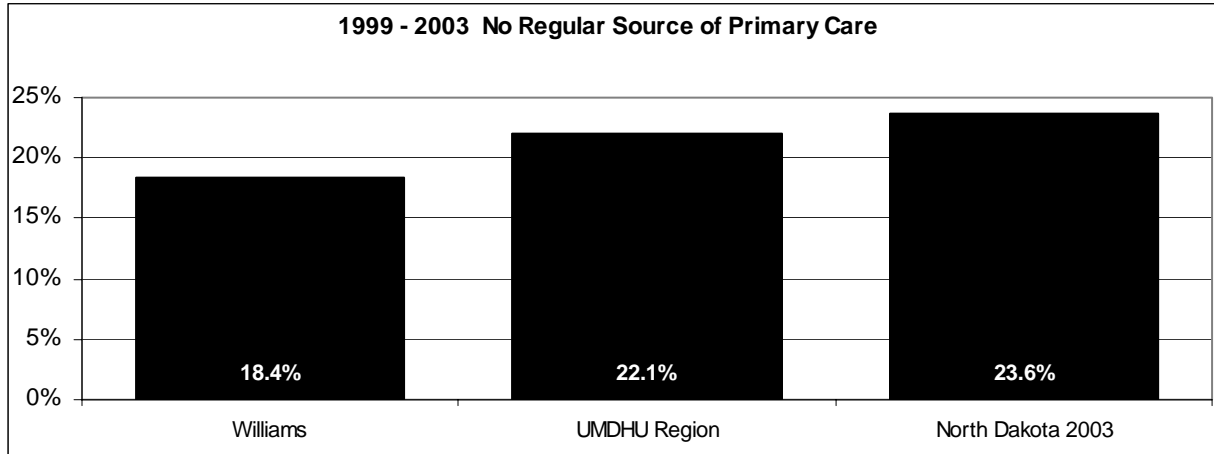
Data Sources: North Dakota KIDS COUNT! http://www.ndkidscount.org/data/fullPDFs/KidsCount_2004.pdf

Category C: Health Resource Availability

This domain represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

Indicator C1: Regular Source of Primary Care

A usual source of primary care helps people clarify the nature of their health problems and can direct them to appropriate health services, including specialty care.



Percentage of adult survey participants in respective geographic areas reporting “do not have one person as your personal doctor or health care provider.”

Data Source: North Dakota Department of Health; Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

Indicator C2: Dentists Seeing Medicaid Patients

Federal courts have determined that adequate access exists for Medicaid patients when at least 50% of dentists see any and all Medicaid patients presenting for treatment.

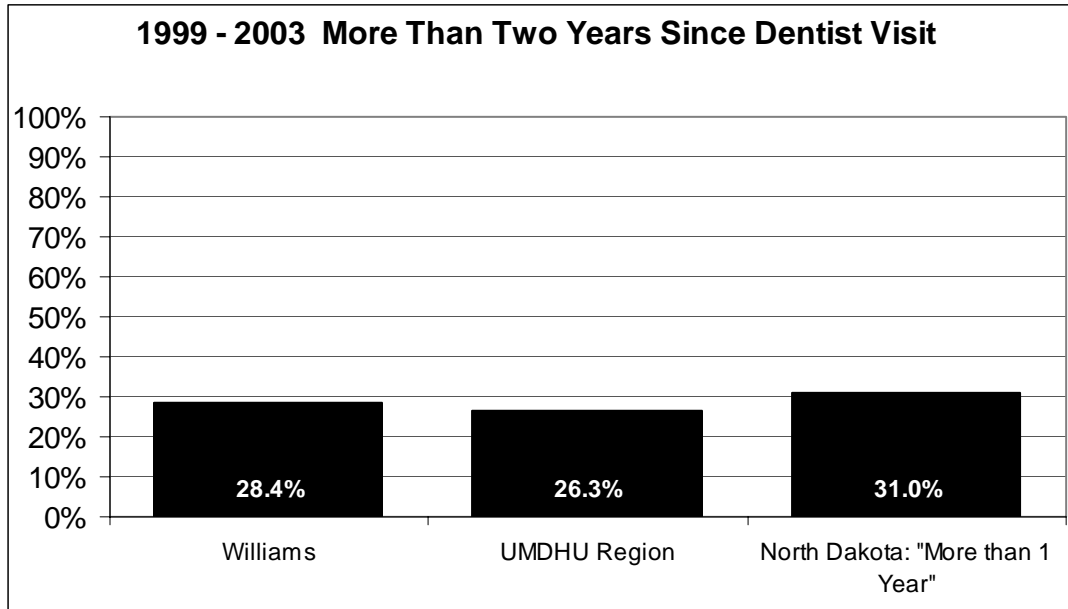
2004 - North Dakota Dentists Seeing Medicaid Patients	
Dentists who accept all Medicaid patients	Less than one-fourth (1/4)
Dentists who see Medicaid patients of record	Almost one-third (1/3)
Dentists who limit the number of new Medicaid patients	One-third (1/3)

In 2004, a survey was distributed to all 316 licensed dentists in North Dakota with a response rate of 73%. Survey results are based on dentists responding to the survey; there is variation in response rate from question to question.

Data Source: Amundson et.al;

Indicator C3: Dentist Visit

Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage and in some cases reverse the problem.

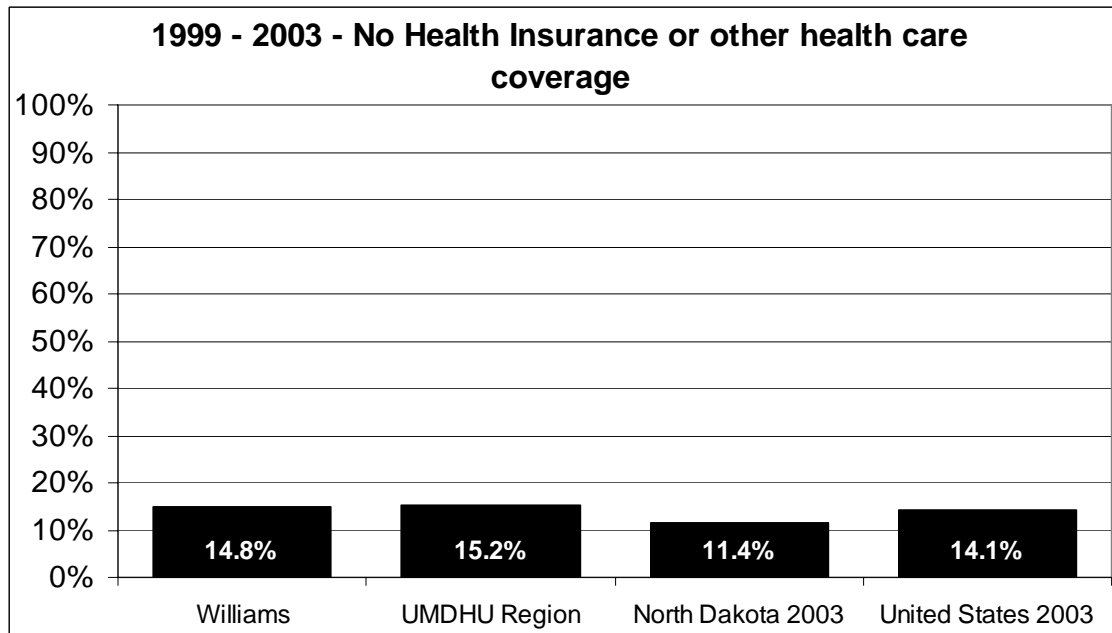


Percentage of adult survey participants in respective geographic areas reporting they did not visit a dentist within the past two years.

Data Source: North Dakota Department of Health - Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

Indicator C4: Health Insurance

Health insurance coverage increases the likelihood that people will get the preventive care and treatment they need to stay healthy.

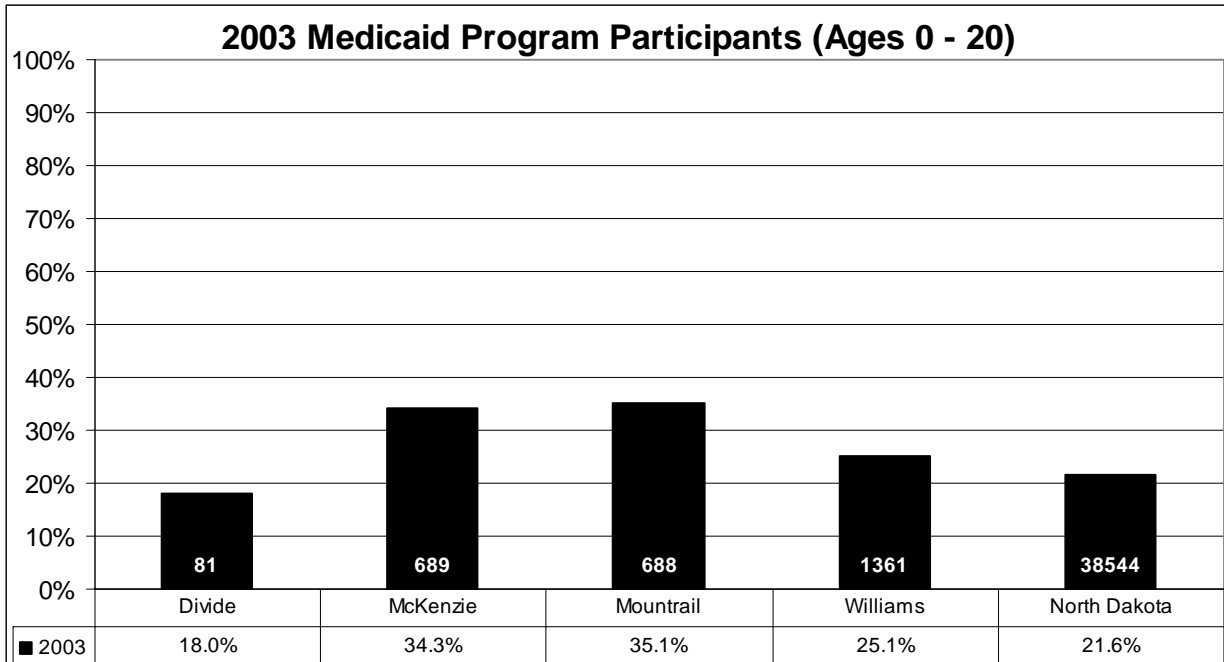


Percentage of adult Behavioral Risk Factor Surveillance System (BRFSS) survey participants in respective geographic areas reporting "no health care coverage in the past year."

Data Source: North Dakota Department of Health, Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

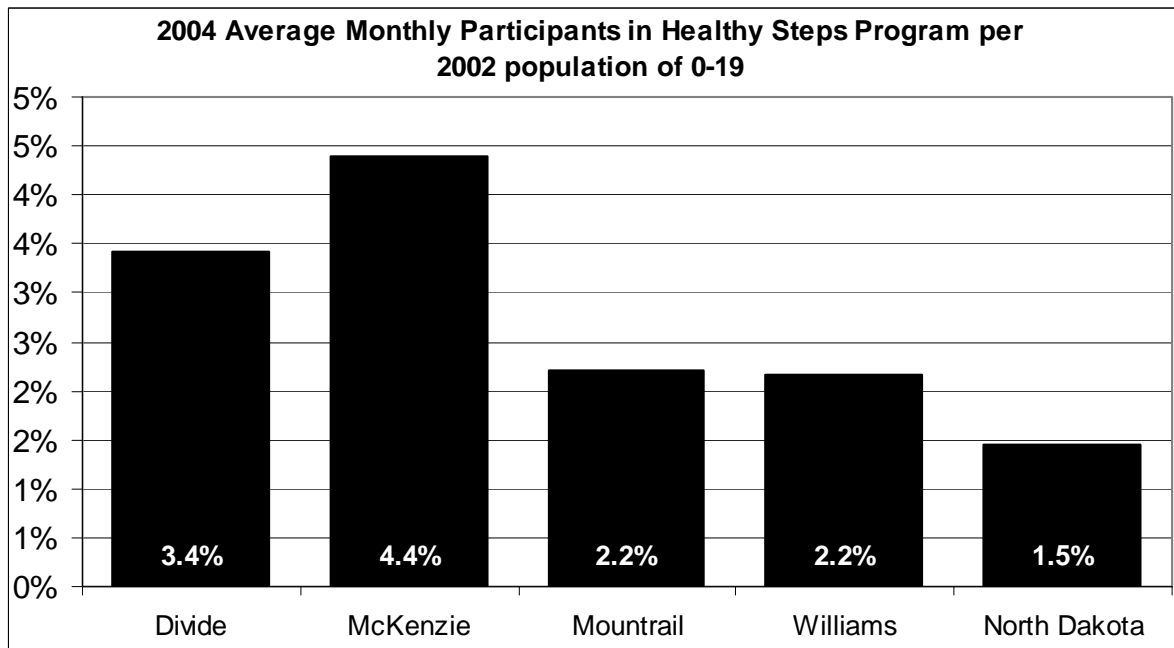
Indicator C5: Health Care Programs for Children

The availability of, and access to, quality health care directly affects the health of mothers and children, especially those at high risk due to chronic medical conditions or low socio-economic status.



Number and percentage of people ages 0 to 20 that participated in the Medicaid Program in respective geographic areas. According to North Dakota Department of Human Services: Persons ages 0 through 5 are eligible if the household income is 133% of the poverty level. Persons ages 6 through 19 are eligible in the household income is 100% of the poverty level.

Data Source: North Dakota KIDS COUNT! http://www.ndkidscount.org/data/fullPDFs/KidsCount_2004.pdf



Average monthly number of people ages 0 to 19 participating in the Healthy Steps Program (SCHIP). According to Department of Health and Human Services:

To qualify, a family's net income must be greater than the Medicaid level, but cannot exceed 140% of the federal poverty level.

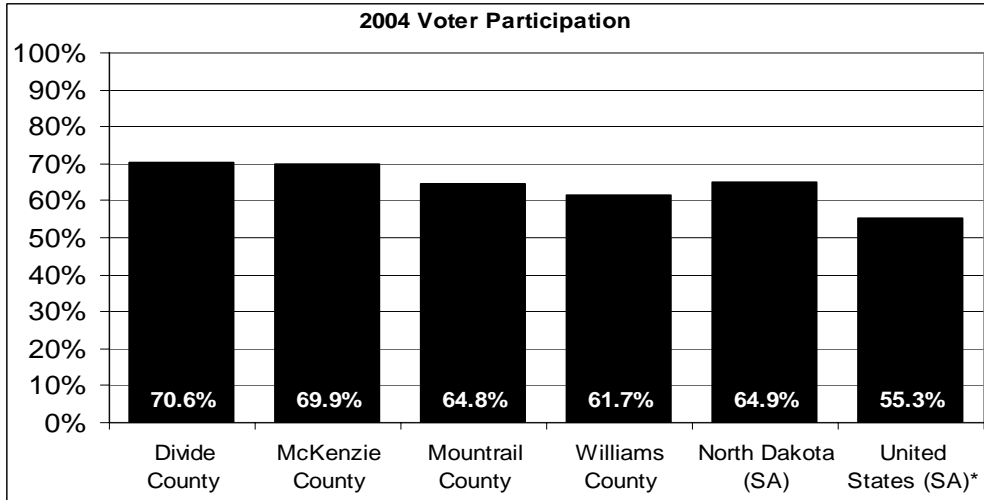
Data Source: North Dakota Department of Human Services (Email correspondence) 600 E Boulevard Ave Dept 325 Bismarck, ND 58503 Phone (701) 328-2324

Category D: Quality of Life

Quality of Life (QOL) is a construct that "connotes an overall sense of well-being when applied to an individual" and a "supportive environment when applied to a community" (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators research has shown to be related to determinants of health and community-well being, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

Indicator D1: Voter Turnout

High voter turnout is an indicator that people are interested and believe they can make a difference in their government and/or community.



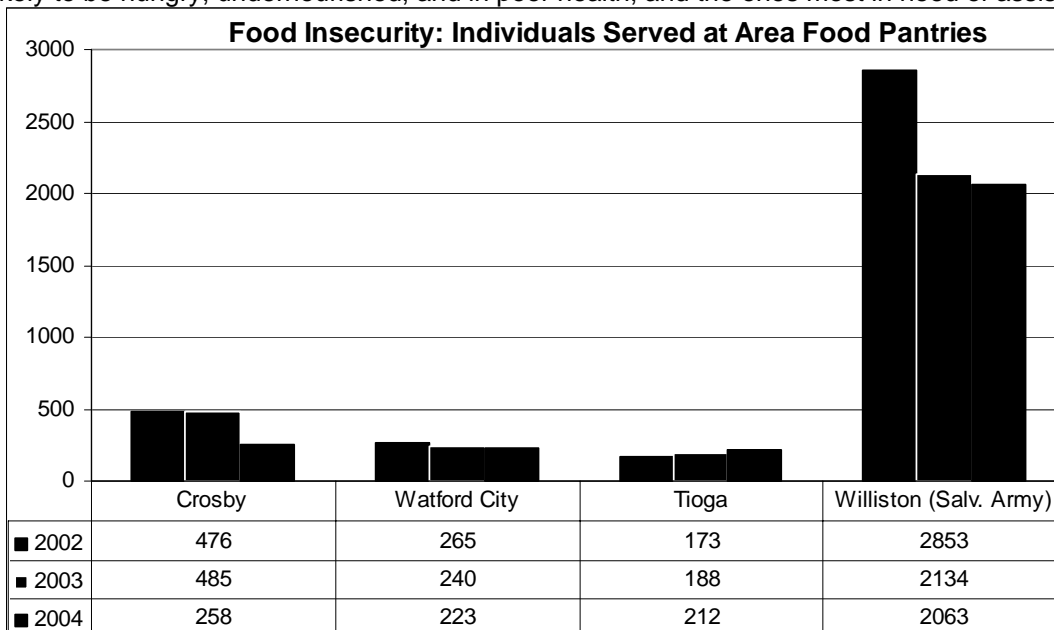
Percentage of voting-age population who voted in the November election in respective geographic areas.

* As of January 11, 2005, the Federal government did not have a single source for the Federal election voter percentage. The percentage used for the United States is from the *United States Elections Project*.

Data Sources: Respective County Auditors (via phone) and US Census 18+

Indicator D2: Food Insecurity

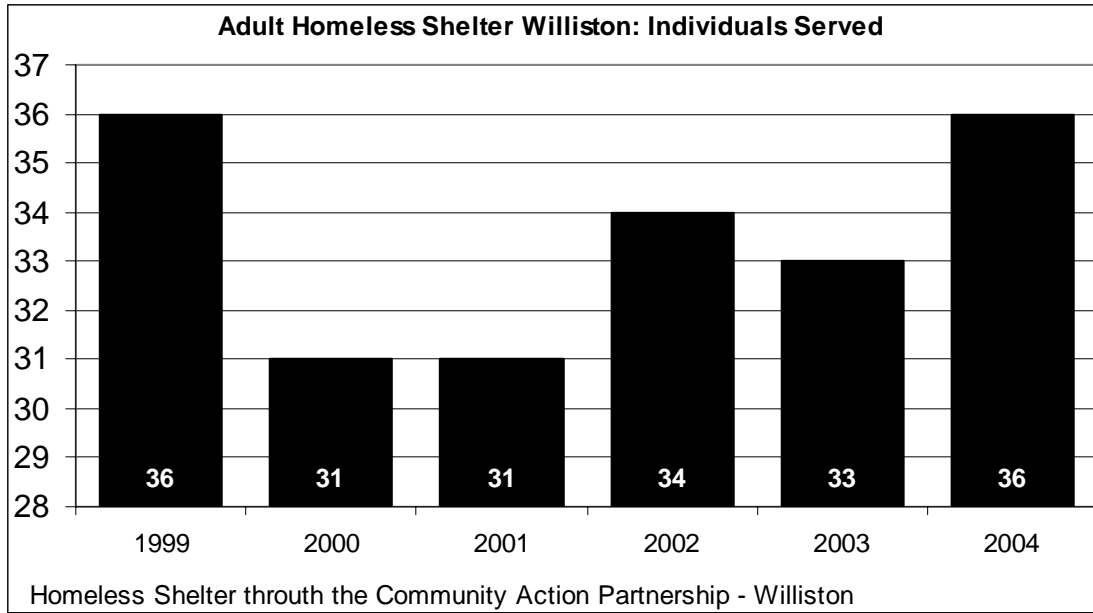
The ability to obtain enough food for an active, healthy life is the most basic of human needs. Food insecure households cannot achieve this fundamental element of well-being. They are the ones in our country most likely to be hungry, undernourished, and in poor health, and the ones most in need of assistance.



Data Source: Community Action Partnership; data received directly from the Region 1 (701) 572-8191.

Indicator D3: Homelessness

This indicator deals with one of the most basic human needs – a safe, stable place to live.



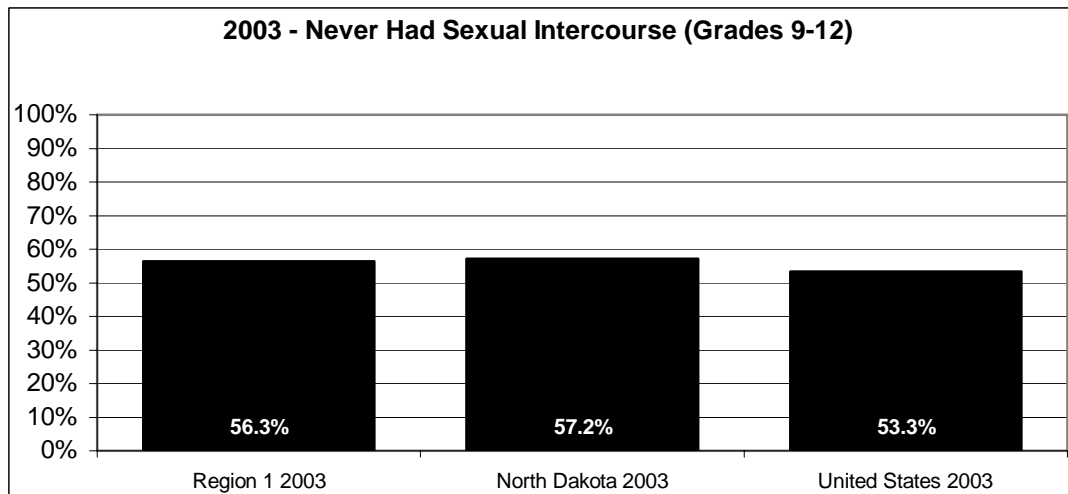
Data Source: Community Action Partnership; data received directly from the Region 1 (701) 572-8191.

Category E: Behavioral Risk Factors

The factors that influence personal health are Lifestyle (53%), Environment (21%), Genetics (16%), and Health Care System (10%). Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.

Indicator E1: Sexual Behavior - Adolescents

Abstaining from sexual intercourse offers maximum protection to adolescents who are generally poorly prepared to deal with the physical and psychological consequences of HIV infection, other sexually transmitted diseases, and pregnancy.



Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting “never had sexual intercourse in lifetime.”

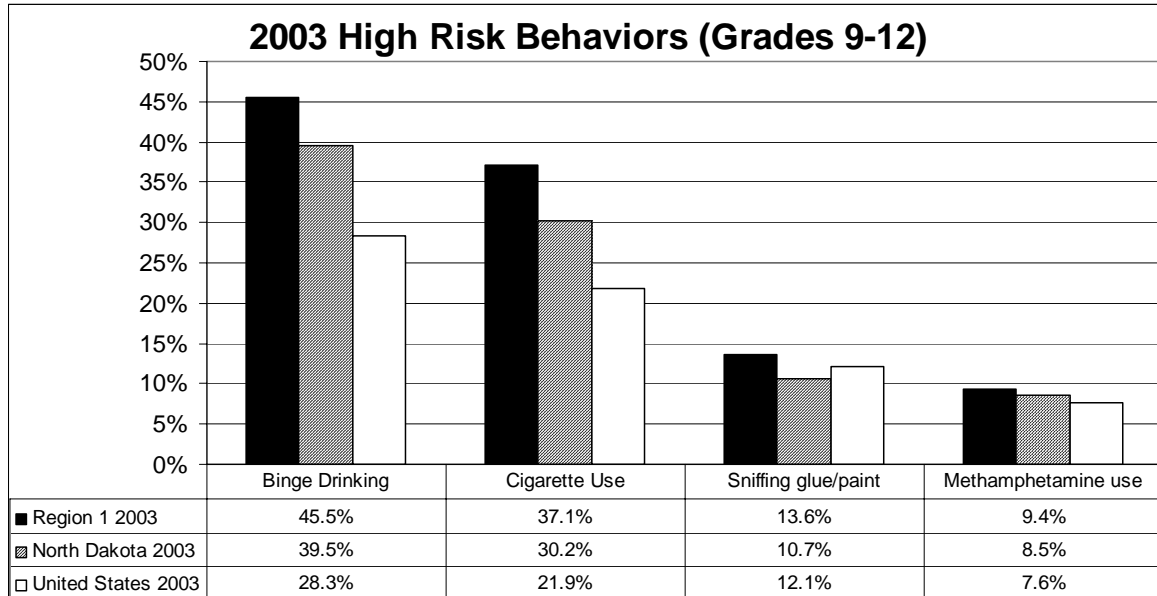
*Region 1 includes the following North Dakota Counties: Divide, McKenzie, and Williams.

Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS

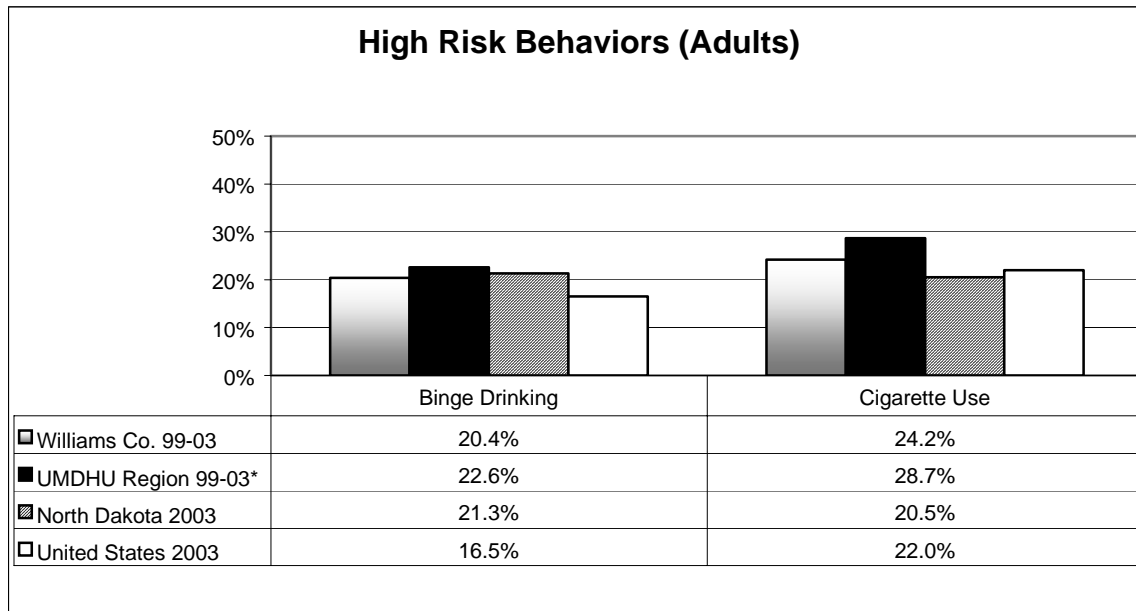
Indicator E2: High Risk Behavior

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases. Other negative consequences of smoking are injuries and environmental damage caused by fires.

Alcohol abuse is associated with motor vehicle crashes, homicides, suicides, and drowning – leading causes of death among youth. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Binge drinking is a national problem, especially among males and young adults.



Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS



Current cigarette smoker: smoked cigarettes 1+ days in the past 30 days.

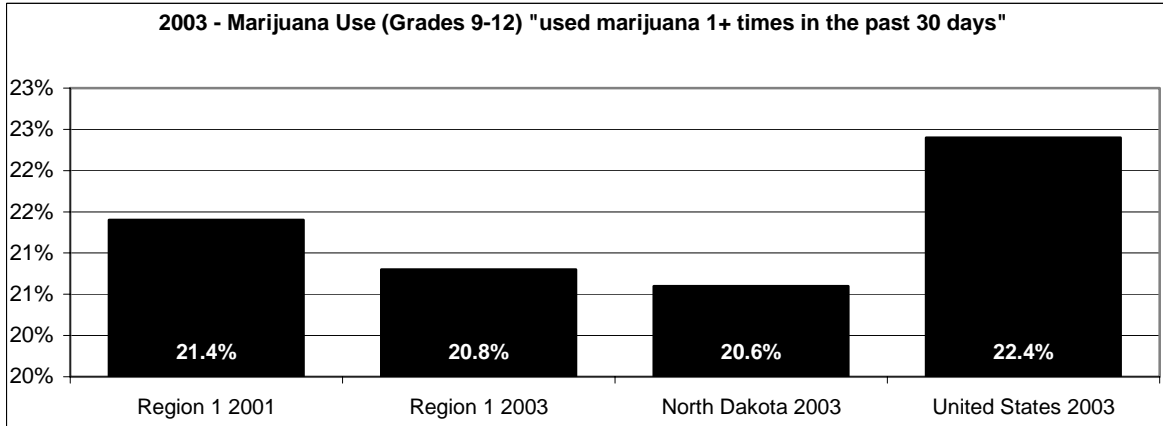
Binge drinking: having five or more drinks on an occasion, one or more times in the past month.

Data Source: North Dakota Department of Health; Centers for Disease Control and Prevention

NDDH Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

Indicator E3: Marijuana Use - Adolescents

The younger a person becomes a habitual user of illicit drugs, the stronger the addiction becomes and the more difficult it is to stop use.



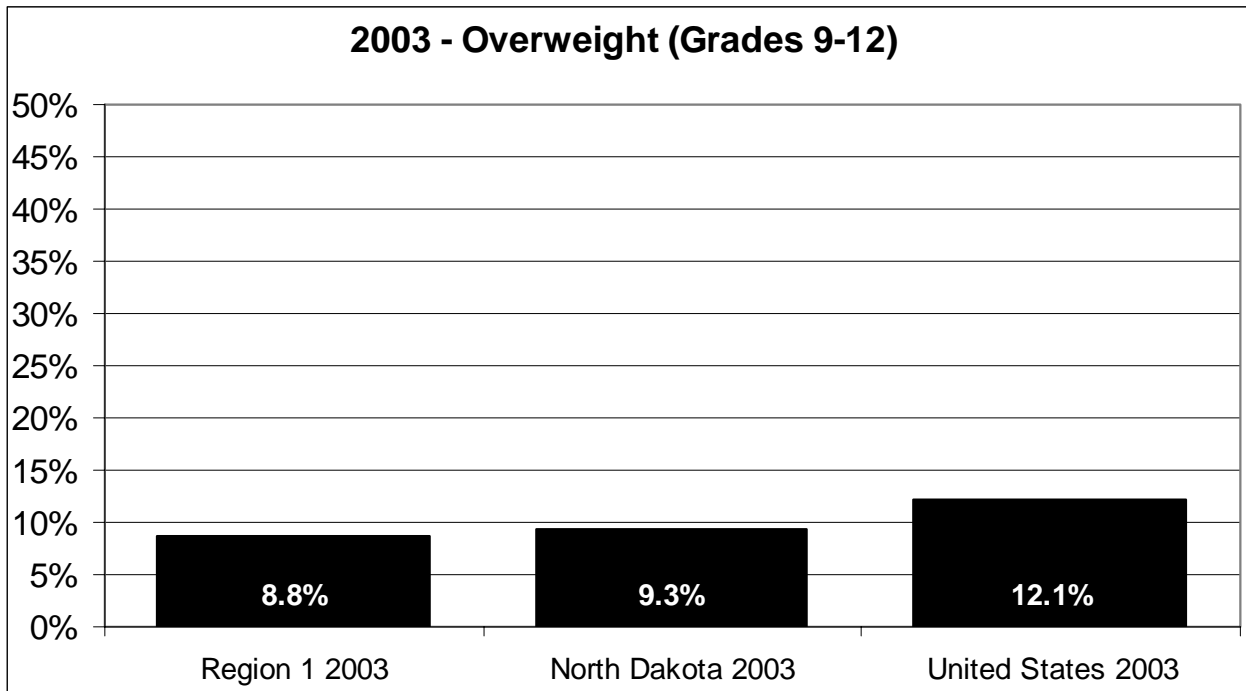
Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting "used marijuana 1+ times in past 30 days."

*Region 1 includes the following North Dakota Counties: Divide, McKenzie, Williams.

Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS

Indicator E4: Overweight and Obesity

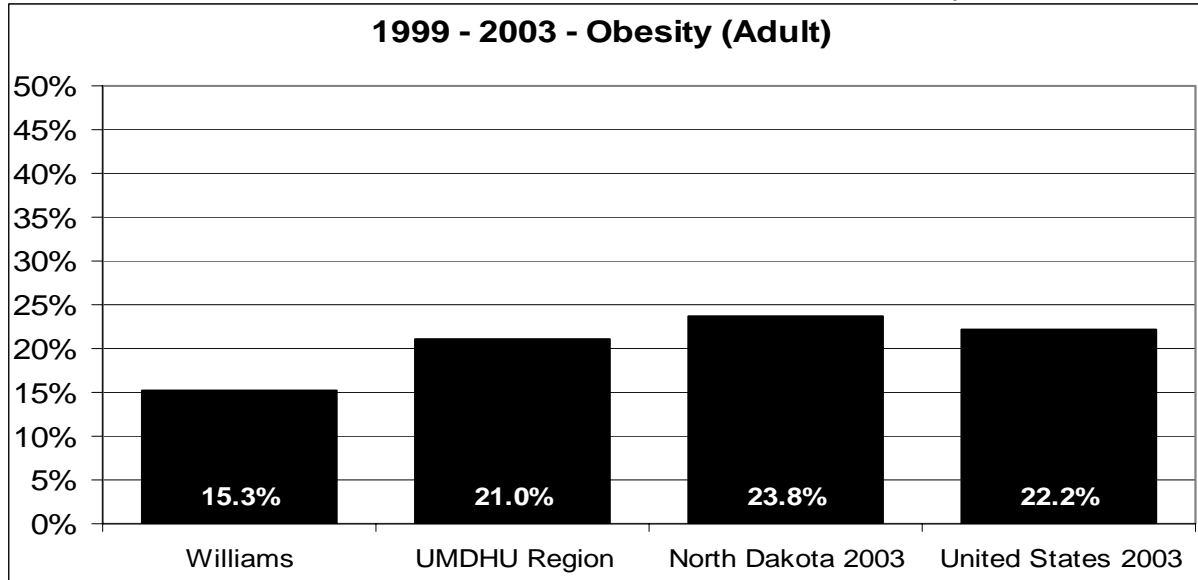
Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. There is much concern about the increasing prevalence of obesity in children and adolescents. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life.



Percentage of survey participants in grades 9 through 12 in respective geographic areas with a Body Mass Index $\geq 95^{\text{th}}$ percentile. The percentage was calculated using self reported height and weight.

*Region 1 includes the following North Dakota Counties: Divide, McKenzie, and Williams.

Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS

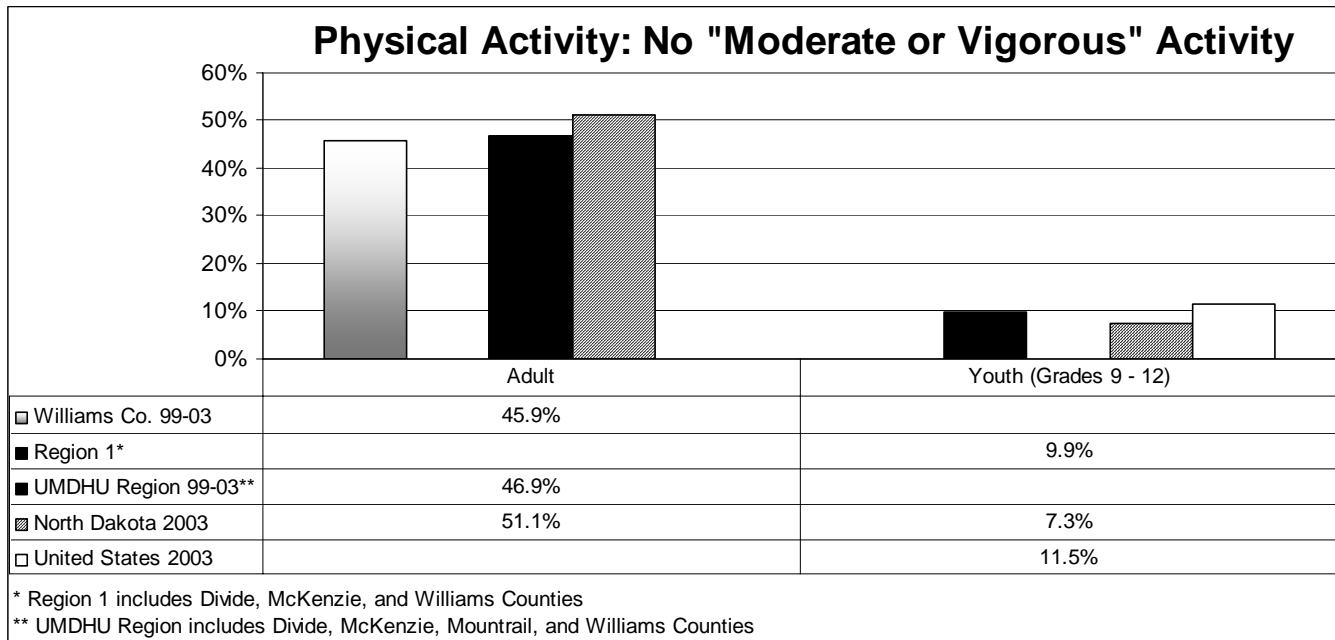


Percentage of adult survey participants in respective geographic areas with a Body Mass Index greater than or equal to 30.0. The percentage was calculated using self-reported height and weight.

Data Sources: North Dakota Department of Health; Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

Indicator E5: Physical Activity

Increases in daily activity to ensure a weekly expenditure of 1,000 calories would have significant individual and public health benefit for chronic health disease prevention and deaths from all causes, especially for persons who are sedentary. Physical activity among children and adolescents is important because of the related health benefits (cardio respiratory function, blood pressure control, weight management) and because a physically active lifestyle adopted early in life may continue into adulthood.



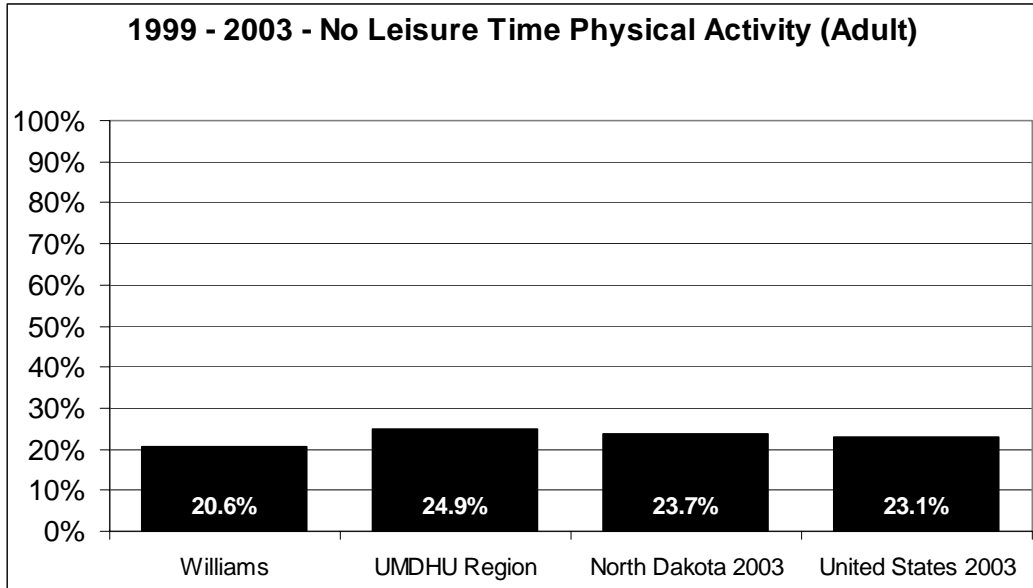
According to Centers for Disease Control and Prevention: *Moderate physical activity is 30 or more minutes per day for 5 or more days per week.*

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting "did not participate in either vigorous physical activity or moderate physical activity during the 7 days preceding the survey."

Data Source: North Dakota Department of Health; NDDH Email correspondence: Contact BRFSS Coordinator through health@state.nd.us and North Dakota Department of Public Instruction, 2003 ND YRBS

Indicator E6: Leisure Time Physical Activity

For most persons, the greatest opportunity for physical activity is associated with leisure time, because few occupations today provide sufficient vigorous or moderate physical activity to produce health benefits.

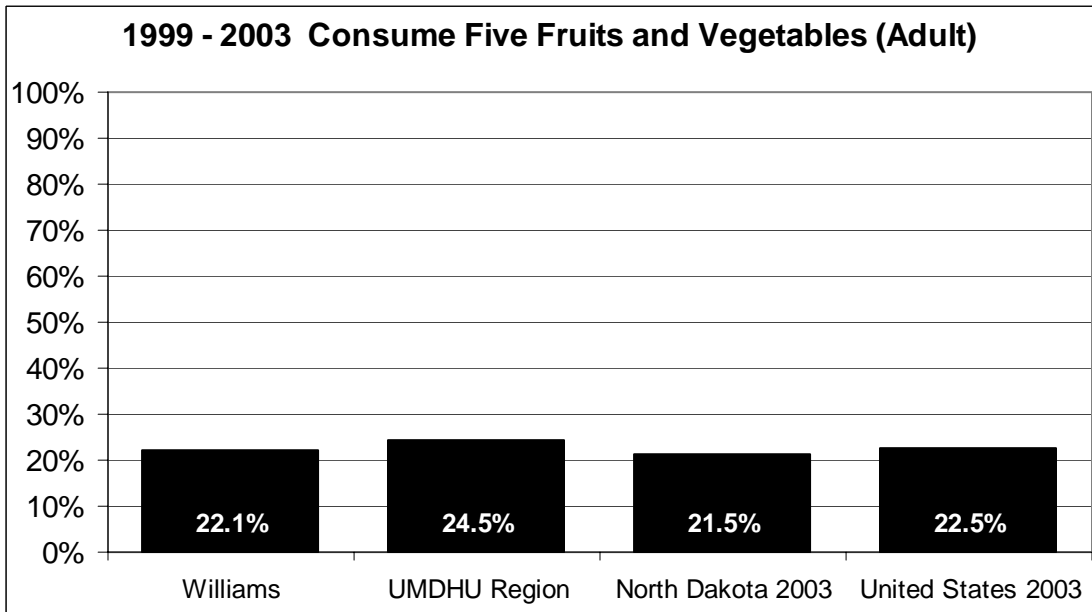


Percentage of adult survey participants in respective geographic areas reporting “did not participate in any physical activities in the last month.”

Data Sources: North Dakota Department of Health, Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

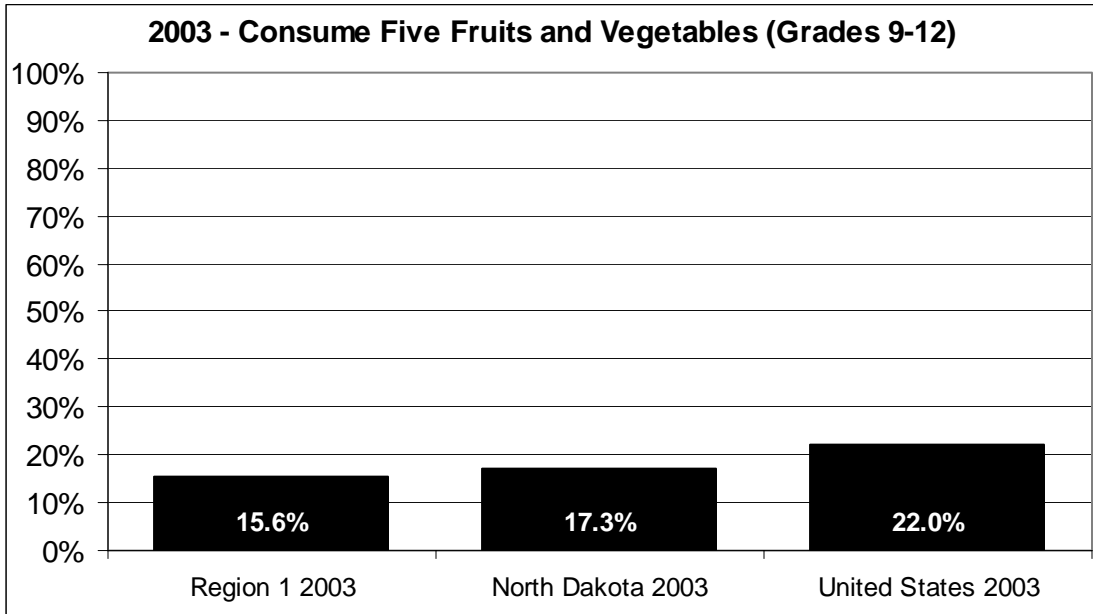
Indicator E7: Consumption of Fruits and Vegetables

Many dietary components are involved in the relationship between nutrition and health. A primary concern is consuming too much saturated fat and too few vegetables, fruits, and grain products that are high in vitamins and minerals, carbohydrates (starch and dietary fiber), and other substances that are important to good health.



Percentage of adult survey participants in respective geographic areas reporting “on average, consume 5+ fruits and vegetables per day.”

Data Sources: North Dakota Department of Health, Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

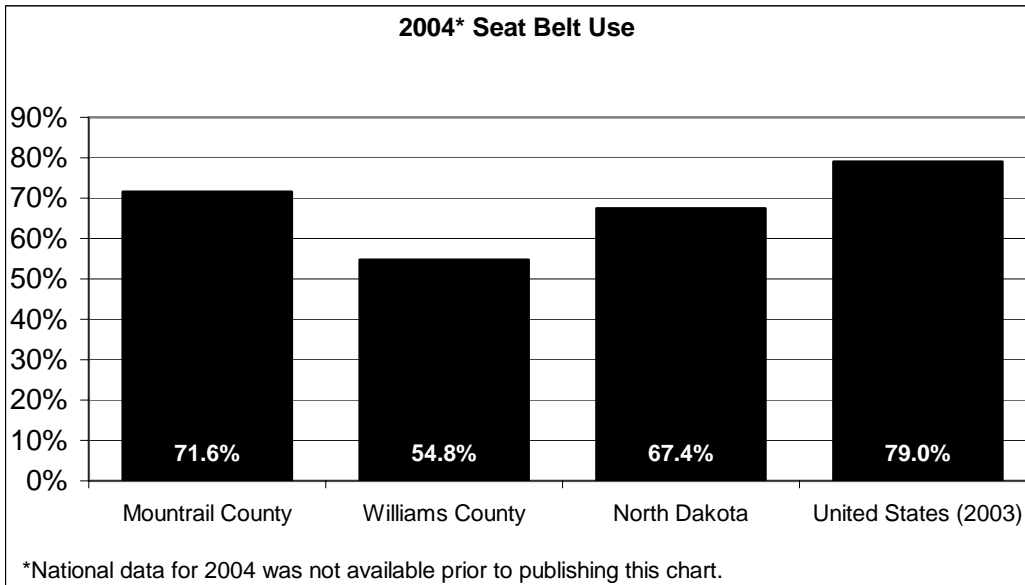


Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting “ate 5 or more fruits and vegetables each day in the past 7 days.”

Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS

Indicator E8: Restraint Device Use in Motor Vehicle Crashes

Safety belts, when worn correctly, are the most effective way for occupants to reduce the risk of death and serious injury in a motor vehicle crash on public roads.



Data Source: "Seat Belt Use in North Dakota 2004" Driver & Traffic Safety Division, ND Dept. of Transportation, Page 30

<http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2004/809-713/exesummary.htm>

<http://www.buckleupamerica.org/research/files/Safety%20Belt%20Use%20in%202003.pdf.zip>

Category F: Environmental Health Indicators

The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

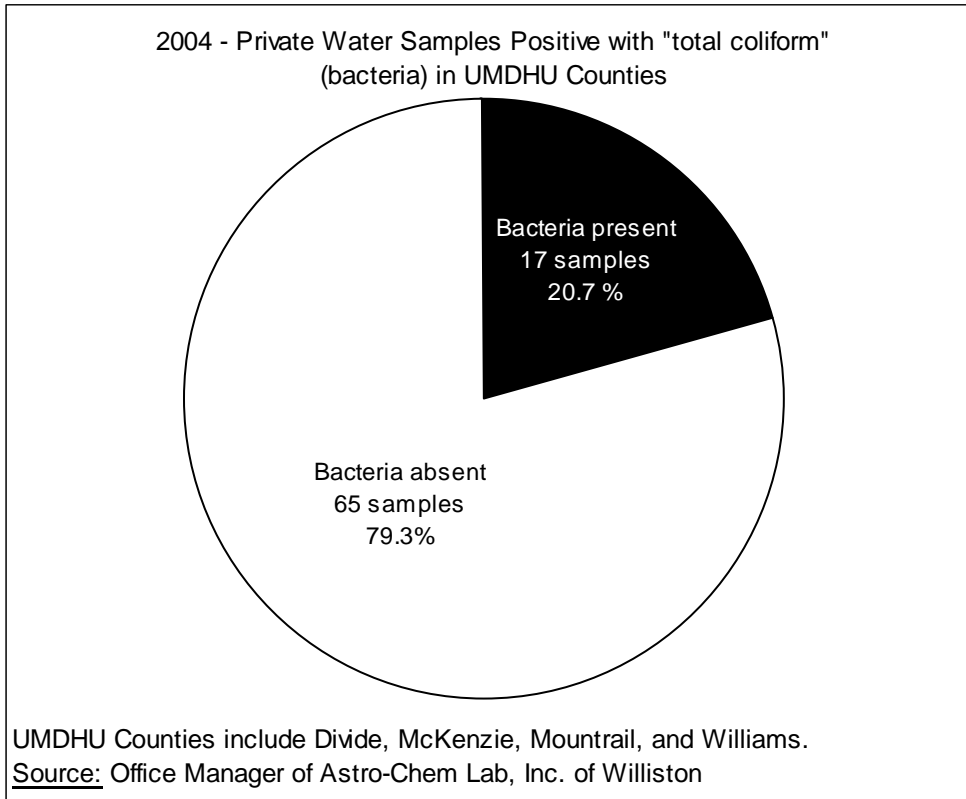
Indicator F1: Air Pollution

Air pollutants can harm human health and the environment. Air pollution imposes environmental costs through such things as acid rain and toxic exposure for aquatic life and economic costs mainly in the form of public health expenditures and regulatory costs. Percentage of samples that did not exceed federal standards for inhalable PM(2.5) particulates in respective geographic areas

Data Source: No air quality data has been located at this time.

Indicator F2: Water Quality

A clean and abundant water supply is essential to economic and human health. Nearly every commercial and biological process requires it; the human body is roughly two-thirds water. The use, quality and availability of water are important indicators of future economic and environmental conditions.



Percentage of samples in which coliform bacteria is detected in respective geographic areas.

Data Source: Astro-Chem Lab, Inc. of Williston, ND

Indicator F3: Food Safety

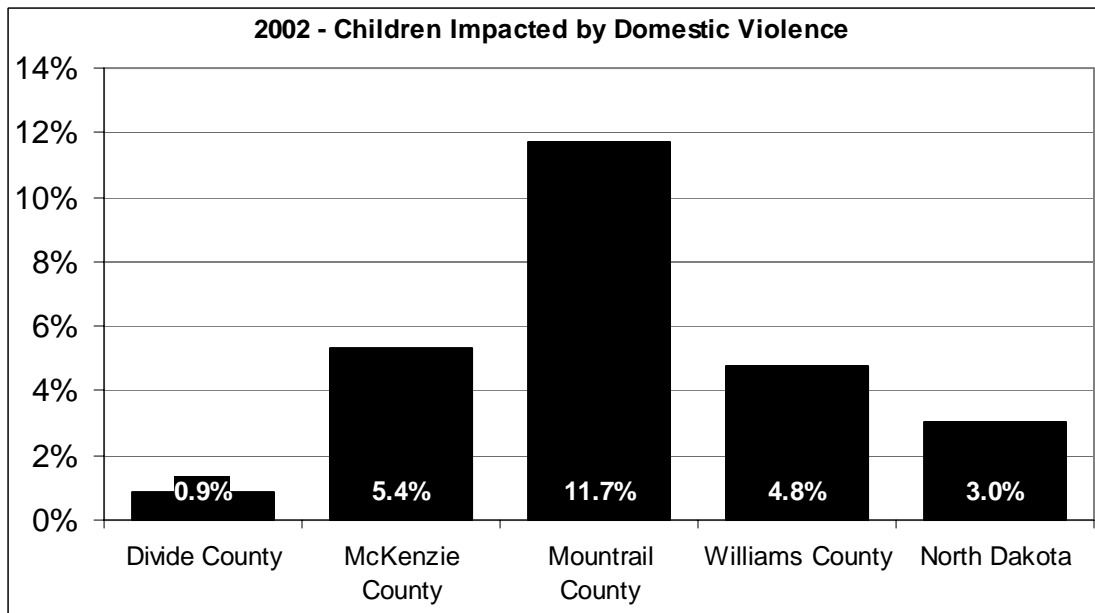
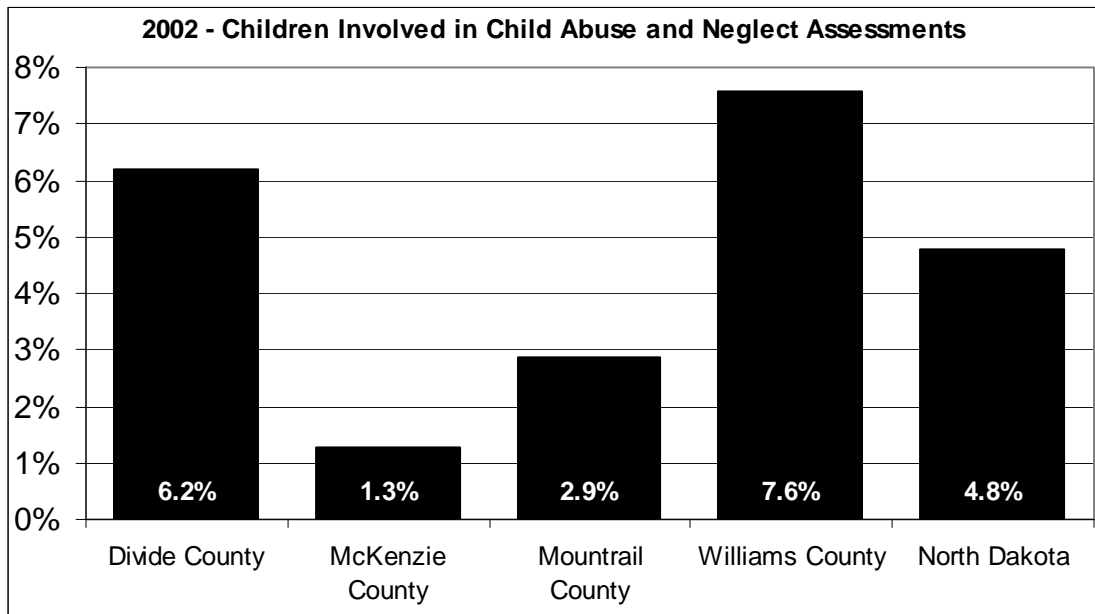
Data Source: A food safety data/indicators has not yet been identified.

Category G: Social and Mental Health

This category represents social and mental factors, and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

Indicator G1: Child Abuse and Neglect

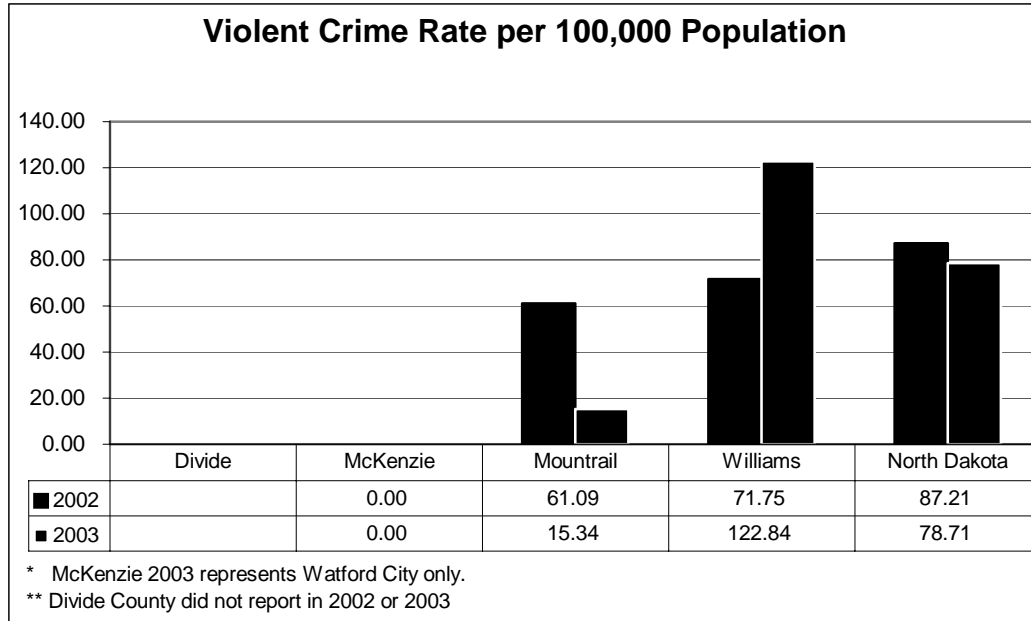
Since children are the most vulnerable population, child abuse and neglect is a measure of the community's capacity for protection and support. Beyond the risk for injury and death, children who have been abused or neglected are more likely to perform badly in school, to abuse drugs or alcohol as adolescents, to be arrested for violent crime, and to abuse their own children.



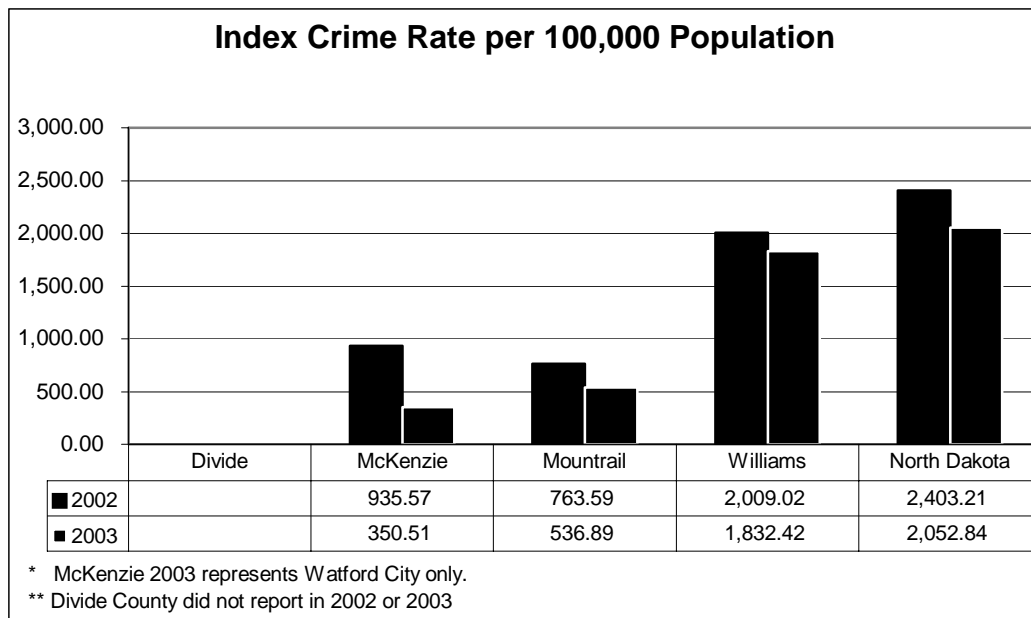
Data Source: North Dakota KIDS COUNT, http://www.ndkidscount.org/data/fullPDFs/KidsCount_2004.pdf

Indicator G2: Crime

Because of their serious nature, violent crimes are considered a better indicator of the crime situation than is total crime, which includes several minor infractions. Violent crime exacts a substantial social cost in a community and is an indicator of the presence of several determinants of criminal behavior: poverty, drug abuse, and the general acceptance of violence within the culture.



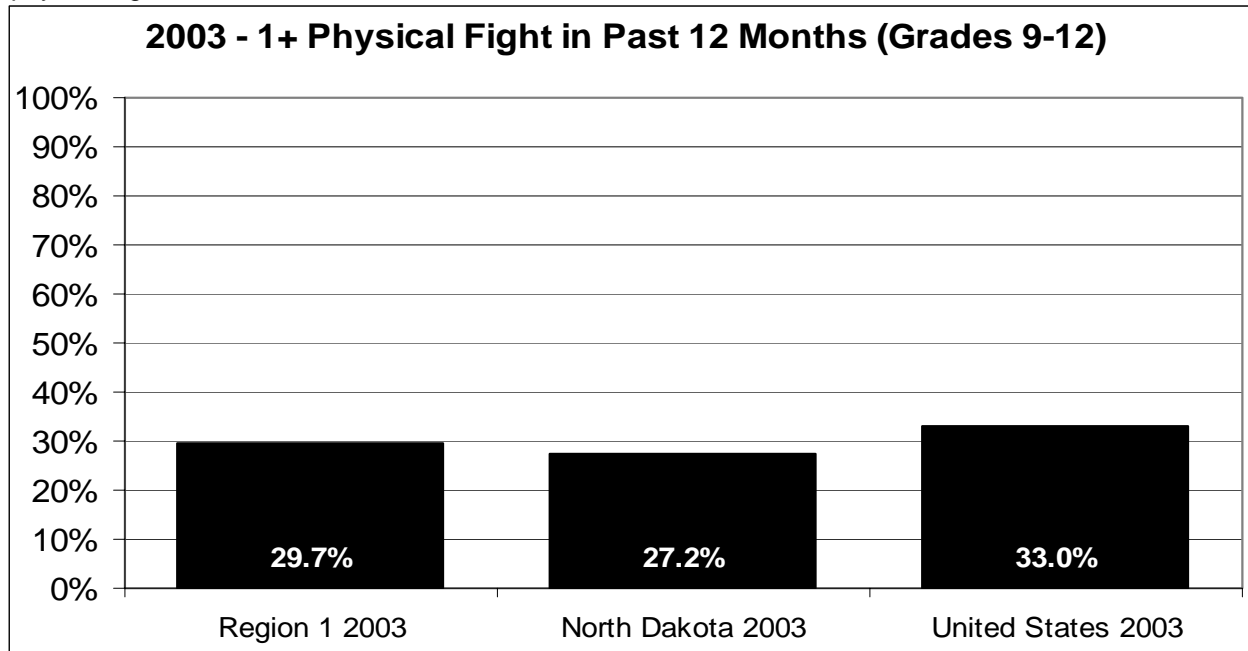
Violent crime includes the offenses of murder/non-negligent manslaughter, forcible rape, robbery, and aggravated assault.



Data Source: NORTH DAKOTA Office of Attorney General, Bureau of Criminal Investigation
<http://www.ag.state.nd.us/Reports/BCIReports/Crime03.pdf>
<http://www.ag.state.nd.us/Reports/BCIReports/Crime02.pdf>

Indicator G3: Physical Fights (9-12)

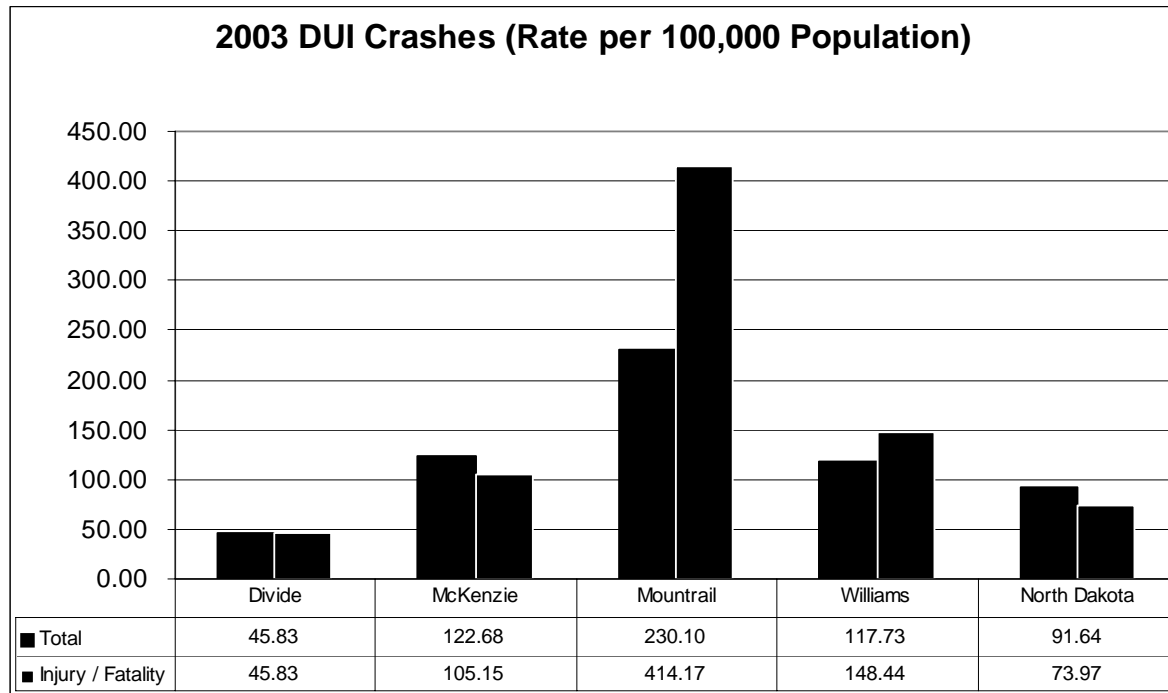
Adolescents and young adults face an extraordinarily high risk of death and injury from violence, like physical fights.



Data Source: North Dakota Department of Public Instruction, 2003 ND YRBS

Indicator G4: Alcohol Related Motor Vehicle Crashes

The 17,013 fatalities in alcohol-related crashes during 2003 represent an average of one alcohol-related fatality every 31 minutes.



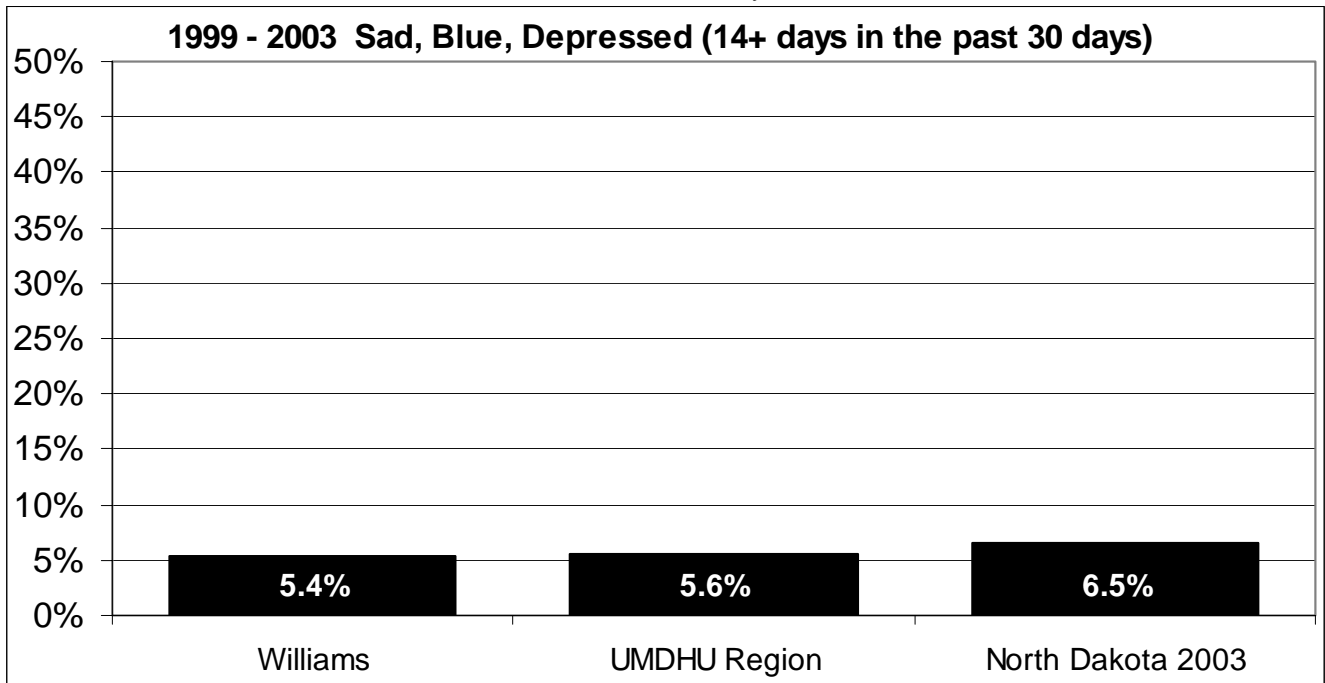
Percentage of alcohol related motor vehicle crash fatalities out of the total number of motor vehicle crash fatalities in respective geographic areas.

Data Source: Drivers License and Traffic Safety Division, ND Dept. of Transportation, 608 East Boulevard Avenue, Bismarck, North Dakota 58505-0700 (701) 328-2601

<http://www.state.nd.us/dot/docs/driverslicense/crashfacts.pdf>

Indicator G5: Sad, Blue, or Depressed

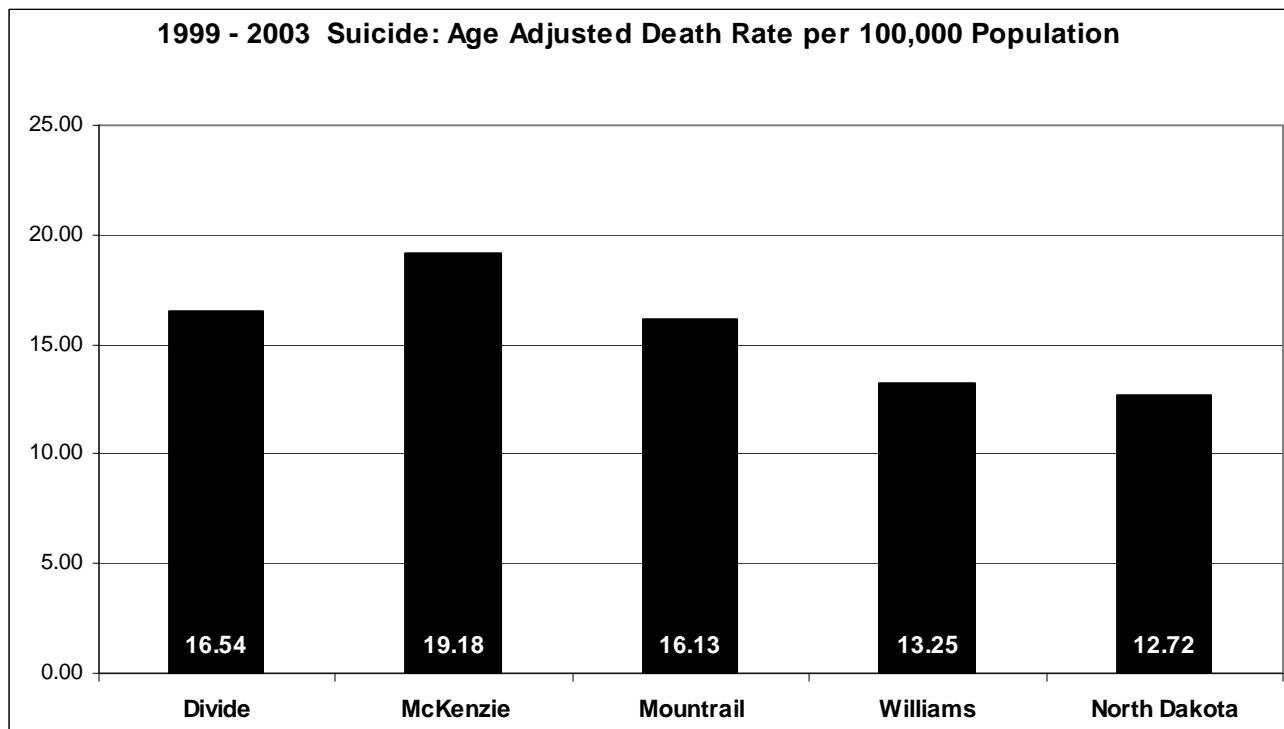
Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.



Data Sources: North Dakota Department of Health, Email correspondence: Contact BRFSS Coordinator through health@state.nd.us

Indicator G6: Suicide Rate

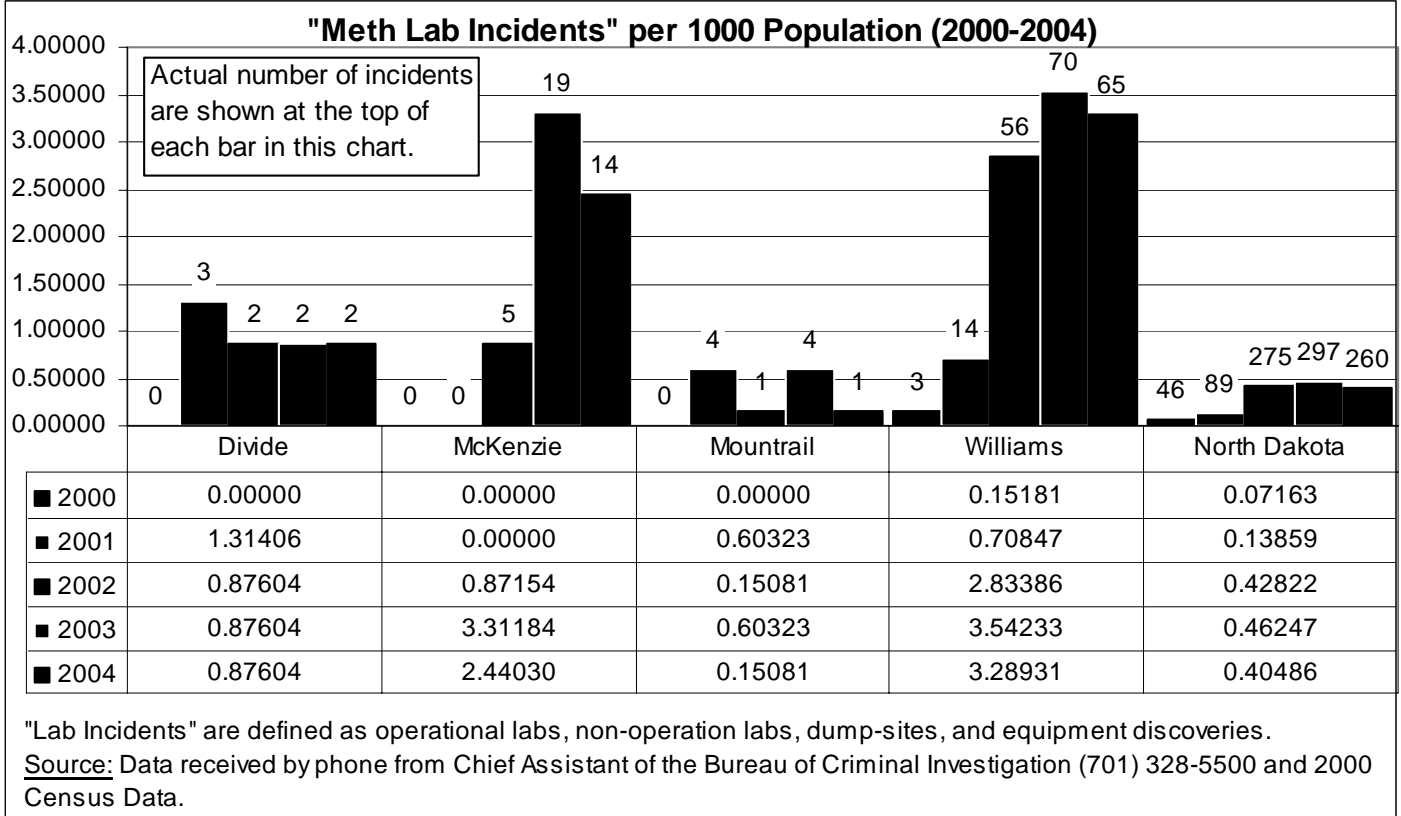
Suicide is a tragic and preventable outcome of poor mental health.



Data Sources: North Dakota Department of Health, Department of Vital Statistics <http://www.vitalnd.com/pubs/2003VES.pdf>

Indicator G7: Meth Lab Incidents

Methamphetamine drug use is highly addictive and very destructive to personal and social health. Accidents involving the illicit production and distribution of methamphetamines are more dangerous than other hazardous material spills, with police officers being the most common victims. Substances used in these laboratories are corrosive, explosive, flammable and toxic, and can cause fires, explosions, and other uncontrolled reactions. Anhydrous ammonia, which can cause immediate danger to life, is a key ingredient in illicit meth production. (Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5414a3.htm>)



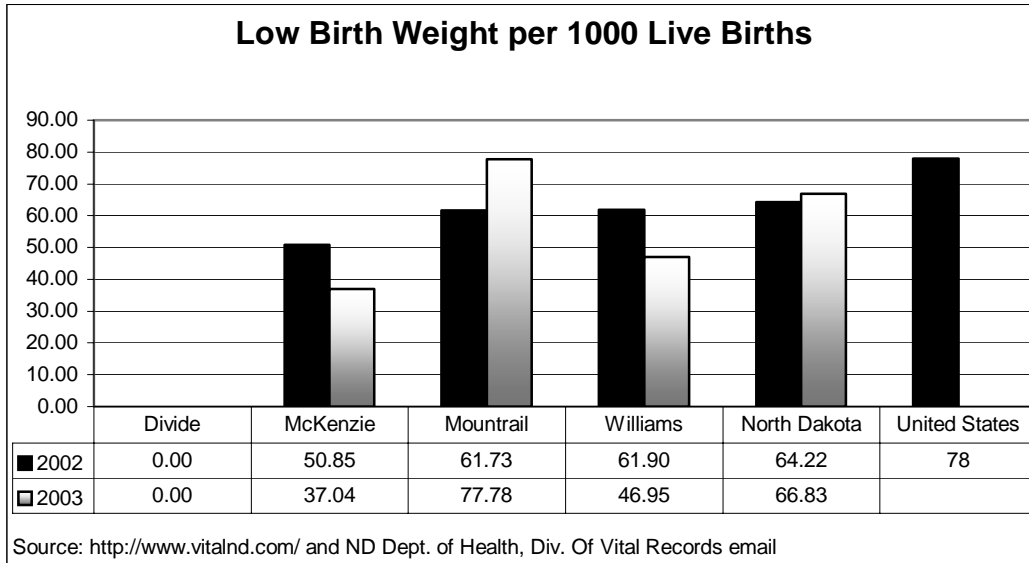
Data Sources: See bottom of chart.

Category H: Maternal and Child Health

One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.

Indicator H1: Low Birth Weight Infants

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate.



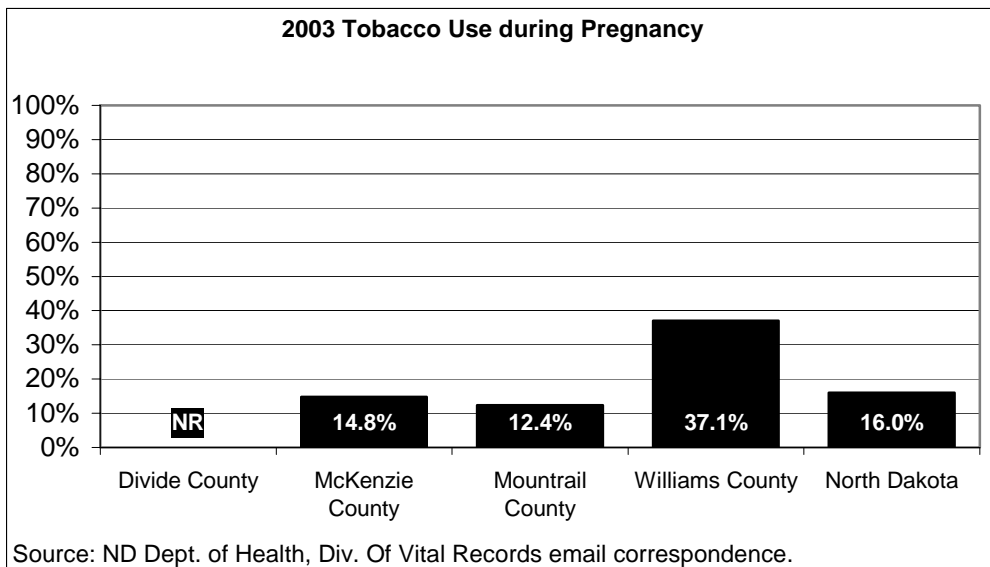
Low weight births as a percentage of total live births in respective geographic areas.

Low birth weight: The number of babies who weigh less than 5 pounds, 8 ounces at birth.

Data Source: North Dakota Department of Health Div. Of Vital Records email correspondence, <http://www.vitalnd.com/>

Indicator H2: Tobacco Use During Pregnancy

Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.

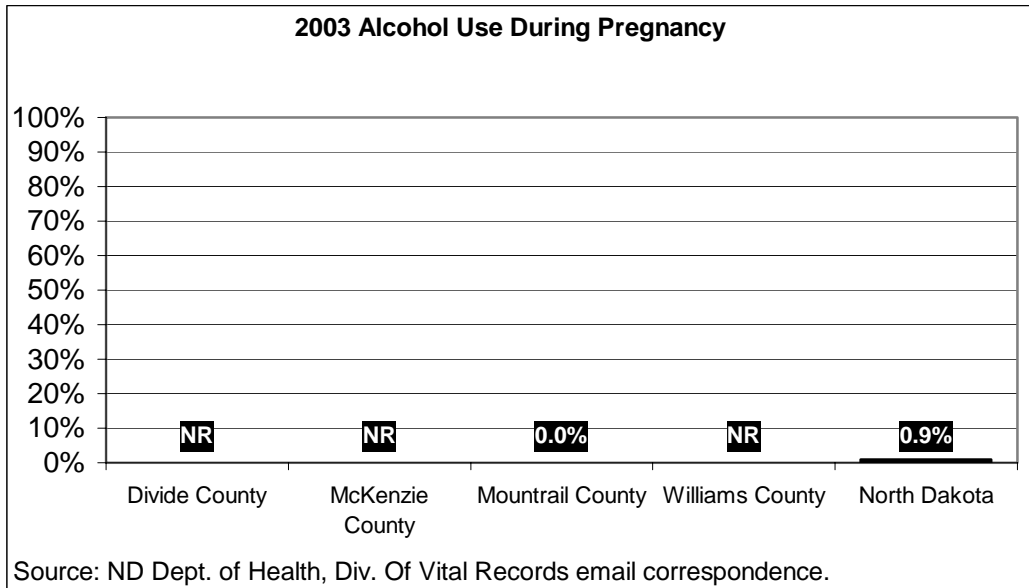


Percentage of people who reported tobacco use during pregnancy on the Certificate of Live Birth in respective geographic areas.

Data Source: North Dakota Department of Health, Div. Of Vital Records <http://www.vitalnd.com/>

Indicator H3: Alcohol Use During Pregnancy

Maternal prenatal alcohol use is one of the leading preventable causes of birth defects and developmental disabilities.

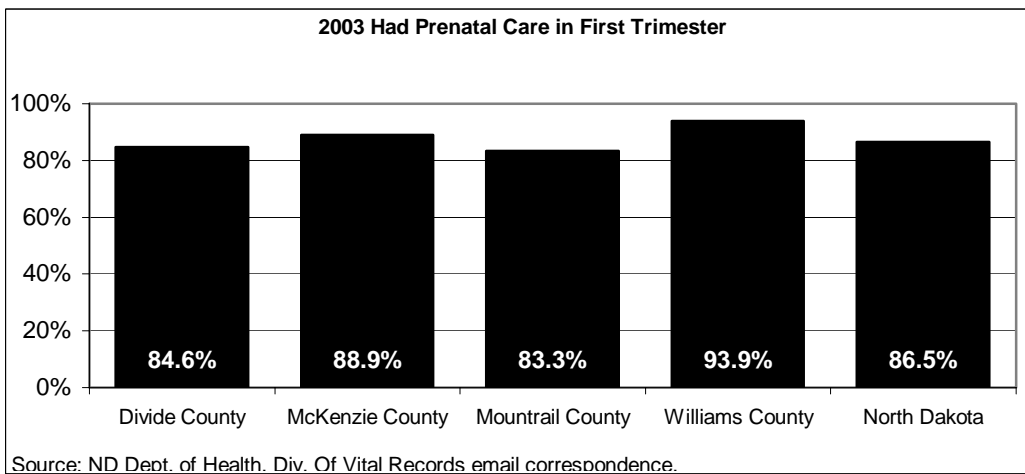


Percentage of people who reported alcohol use during pregnancy on the Certificate of Live Birth in respective geographic areas.

Data Source: North Dakota Department of Health Div. Of Vital Records email correspondence

Indicator H4: Prenatal Care in First Trimester

Prenatal care can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.

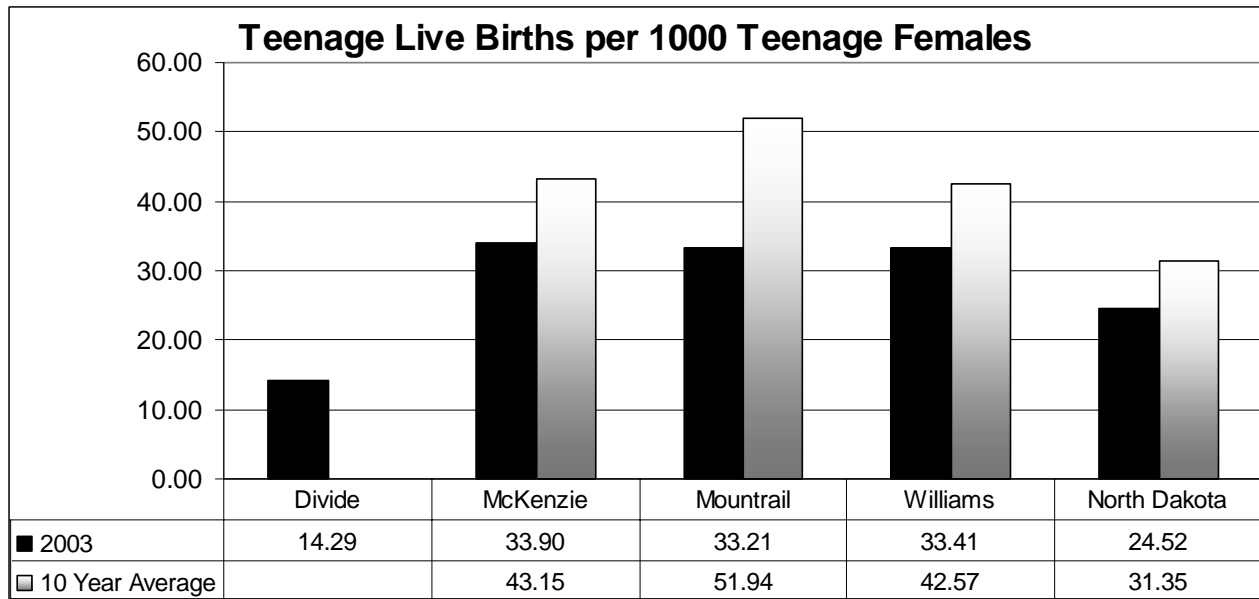
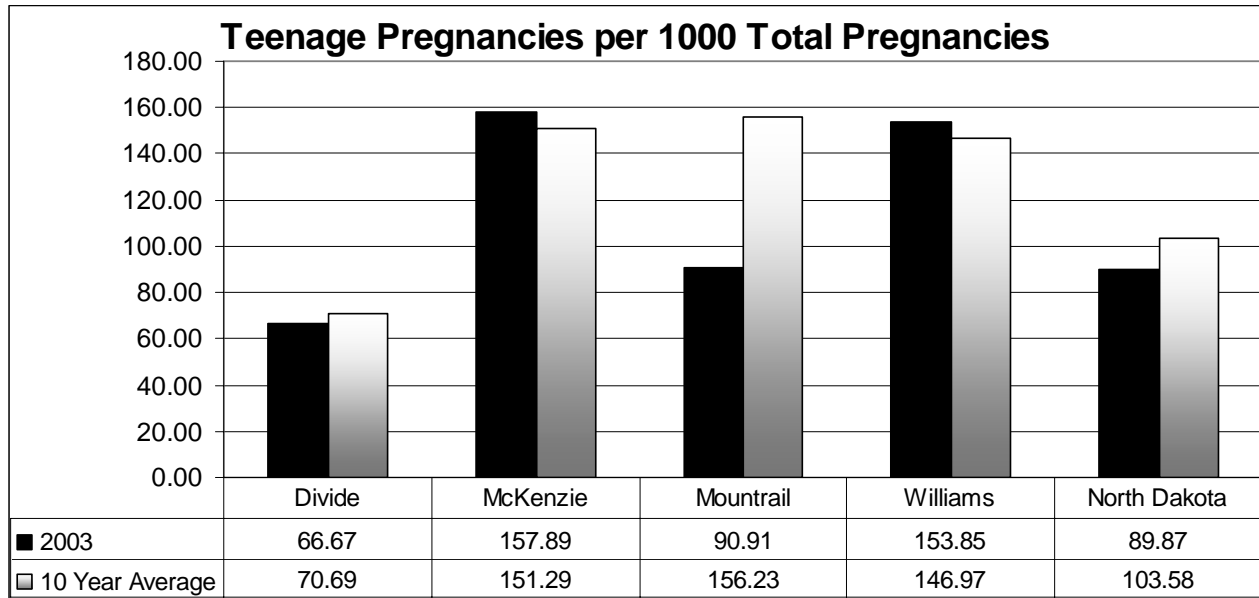


Percentage of people who reported that they started prenatal care in the first trimester on the Certificate of Live Birth in respective geographic areas.

Data Source: North Dakota Department of Health, Div. Of Vital Records <http://www.vitalnd.com/>

Indicator H5: Teen Pregnancy

Teenage mothers, many of whom are single, face difficulties in providing a stable, supportive environment for their children.



Rate of live births per 1,000 females ages 13 to 19 by residence in respective geographic areas.

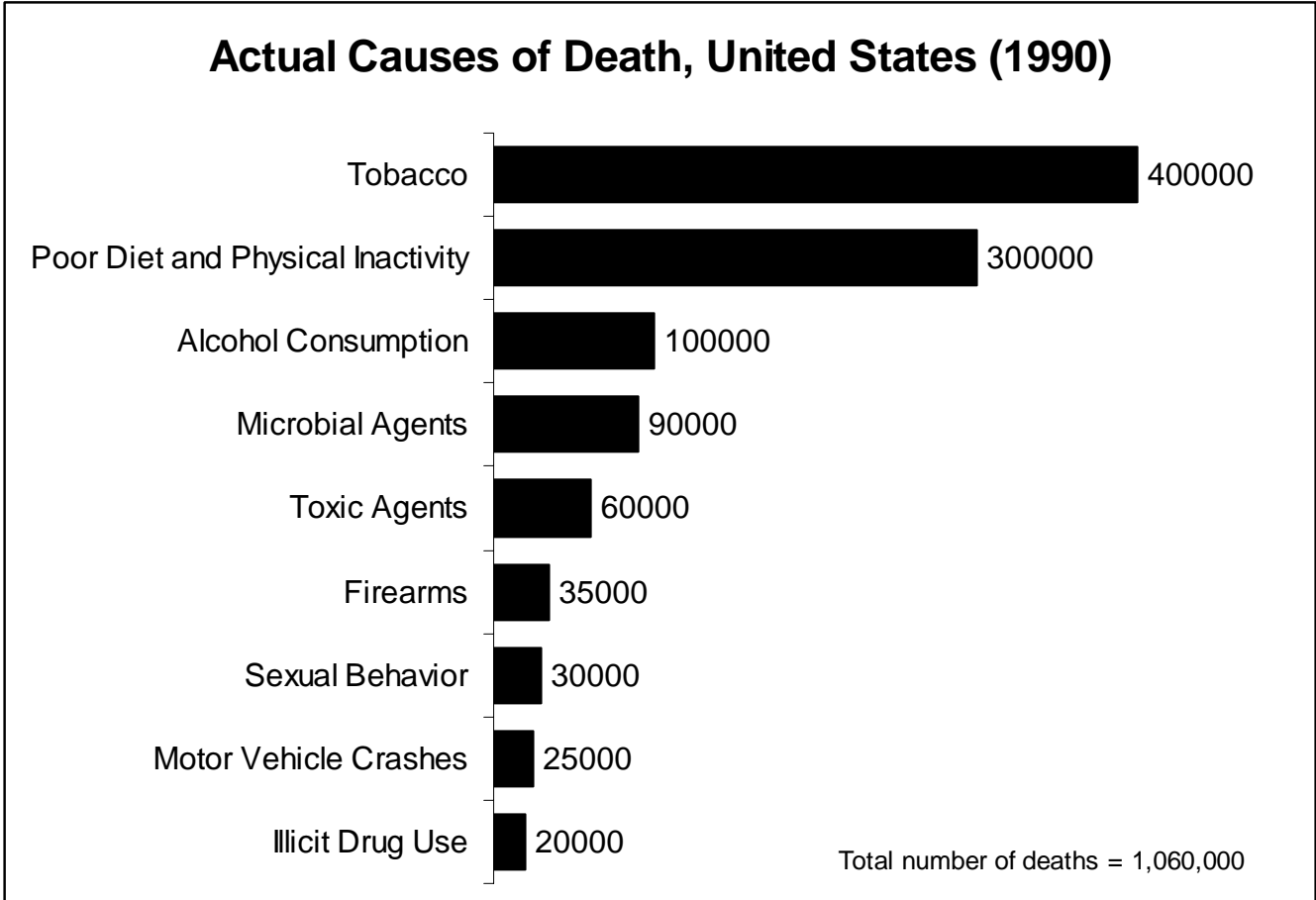
Data Source: North Dakota Department of Health <http://www.vitalnd.com/>

Category I: Death, Illness, and Injury

Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

Indicator I1: Actual Causes of Death, United States (1990)

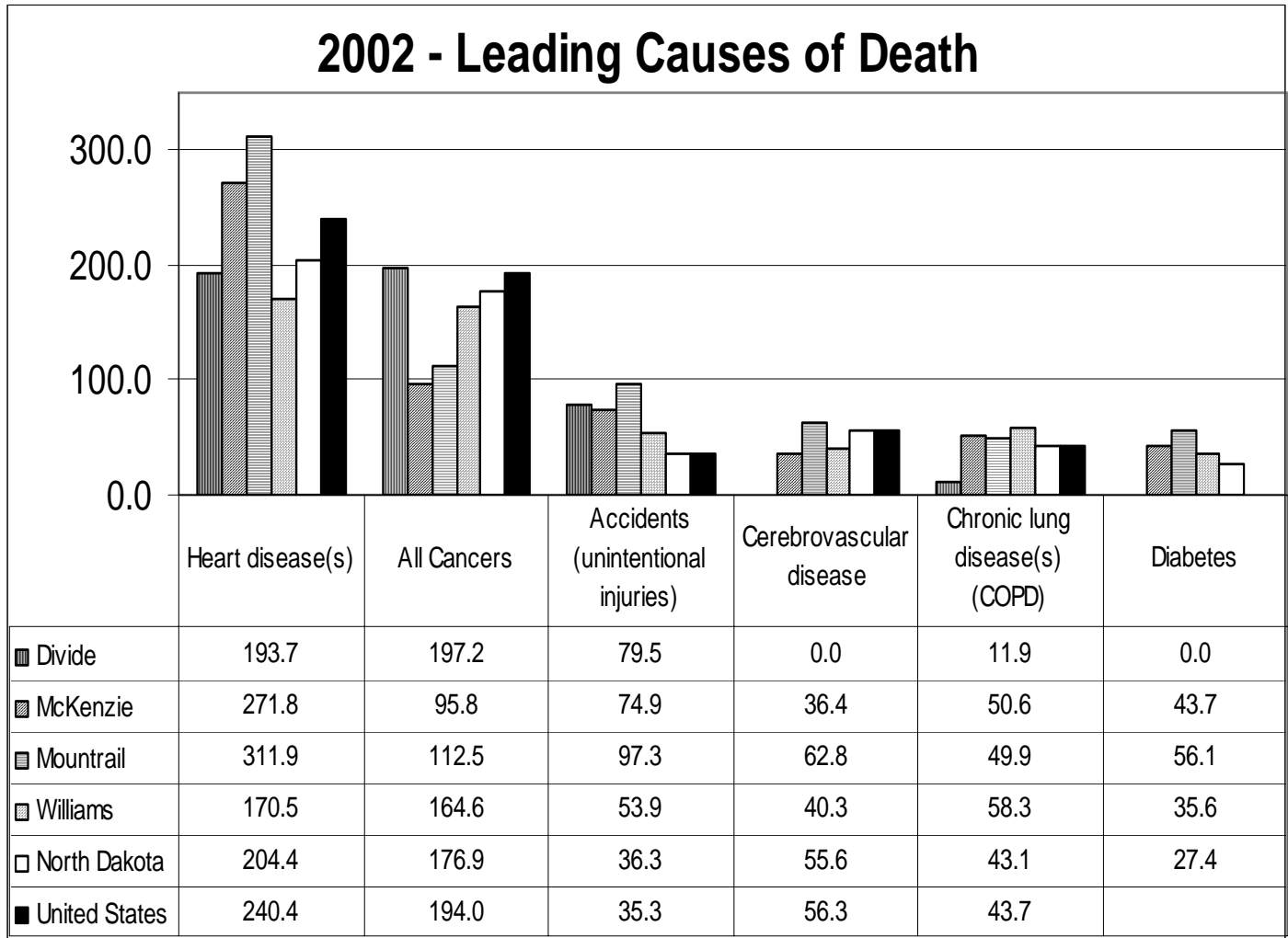
Actual causes of death show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading actual cause of death.



Data Source: http://jama.ama-assn.org/cgi/content/abstract/270/18/2207?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&andorexacttitle=&andorexacttitleabs=&andorexactfulltext=&searchid=1120663920338_1294&stored_search=&FIRSTINDEX=0&sortspec=relevance&volume=270&firstpage=2207&journalcode=jama

Indicator I2: Leading Causes of Death

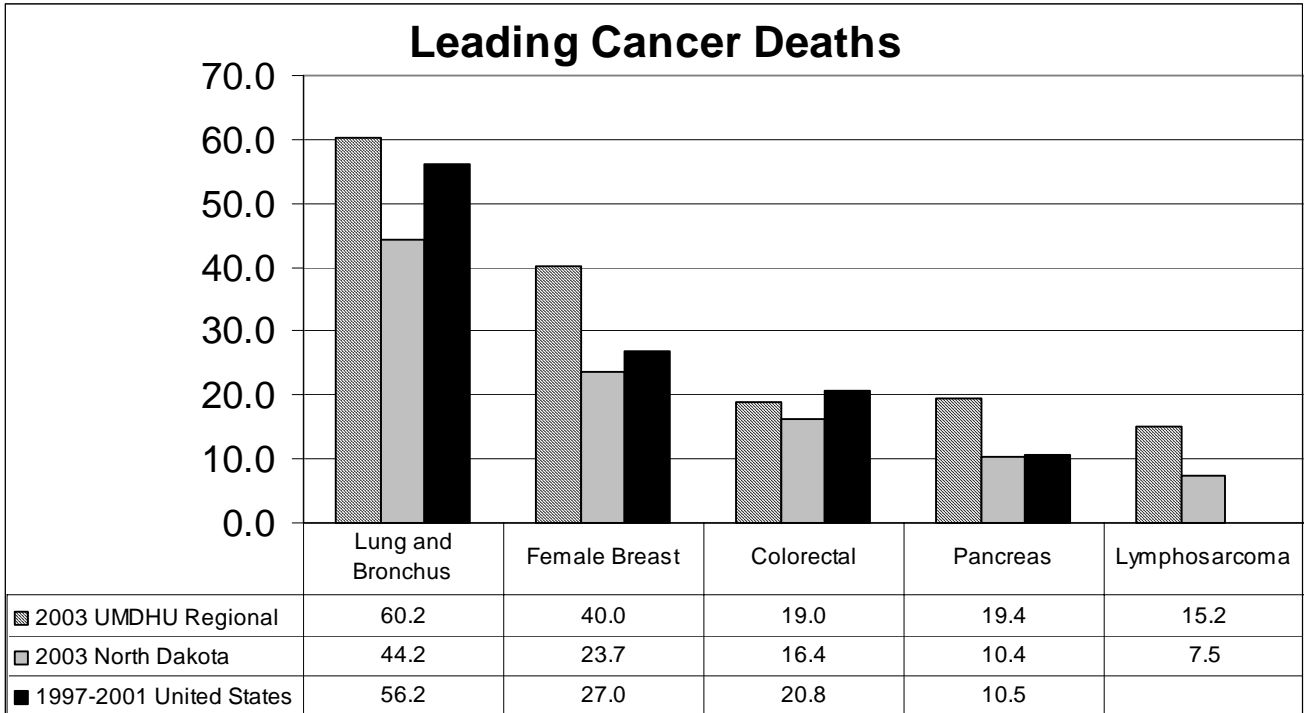
The leading causes of death in the United States generally result from a mix of behaviors: injury, violence, and other factors in the environment, and the unavailability or inaccessibility of quality health services.



Data Source: North Dakota Department of Health, Email correspondence with Division of Vital Statistics.

Indicator I3: Leading Cancer Deaths

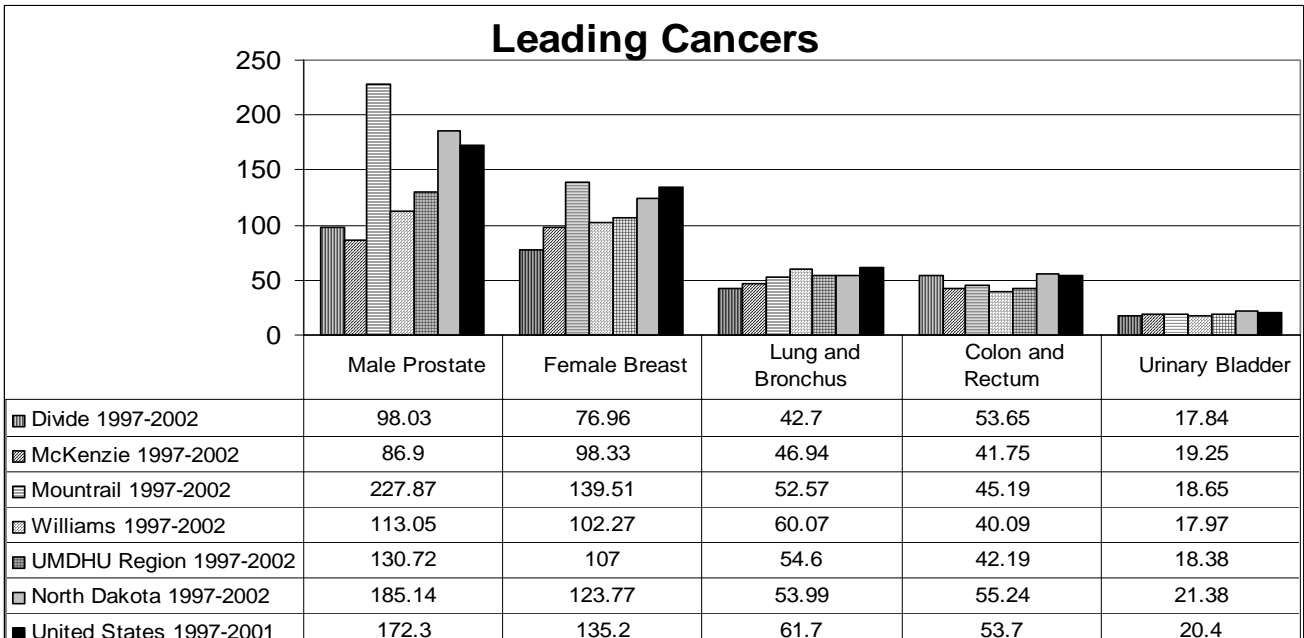
Cancer, the second leading cause of death [nationally] among Americans, is responsible for one of every four deaths in the United States. In 2005, more than 570,000 Americans—or more than 1,500 people a day—will die of cancer.



Data Source: North Dakota Department of Health, Email correspondence with Division of Vital Statistics.

Indicator I4: Leading Cancers

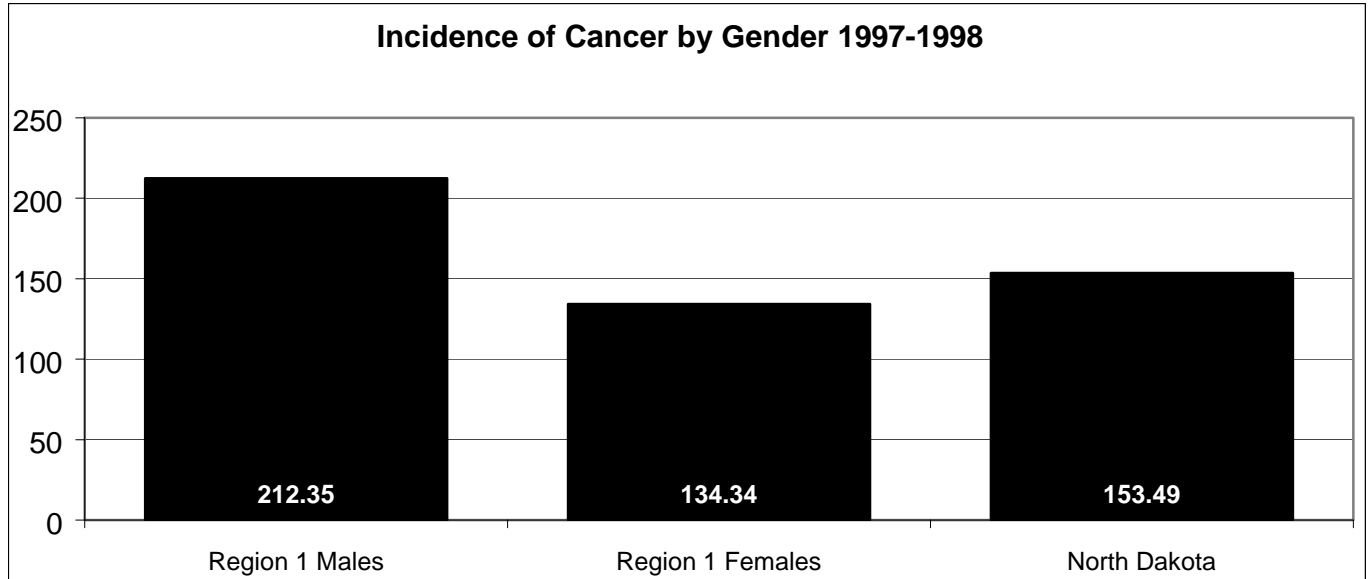
The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Adopting healthier lifestyles – for example, avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition, and avoiding sun exposure – can significantly reduce a person’s risk for cancer. Making cancer screening, information, and referral services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths.



Data Source: North Dakota Department of Health, Email correspondence with Division of Vital Statistics.

Indicator I5: Incidence of Cancer by Gender

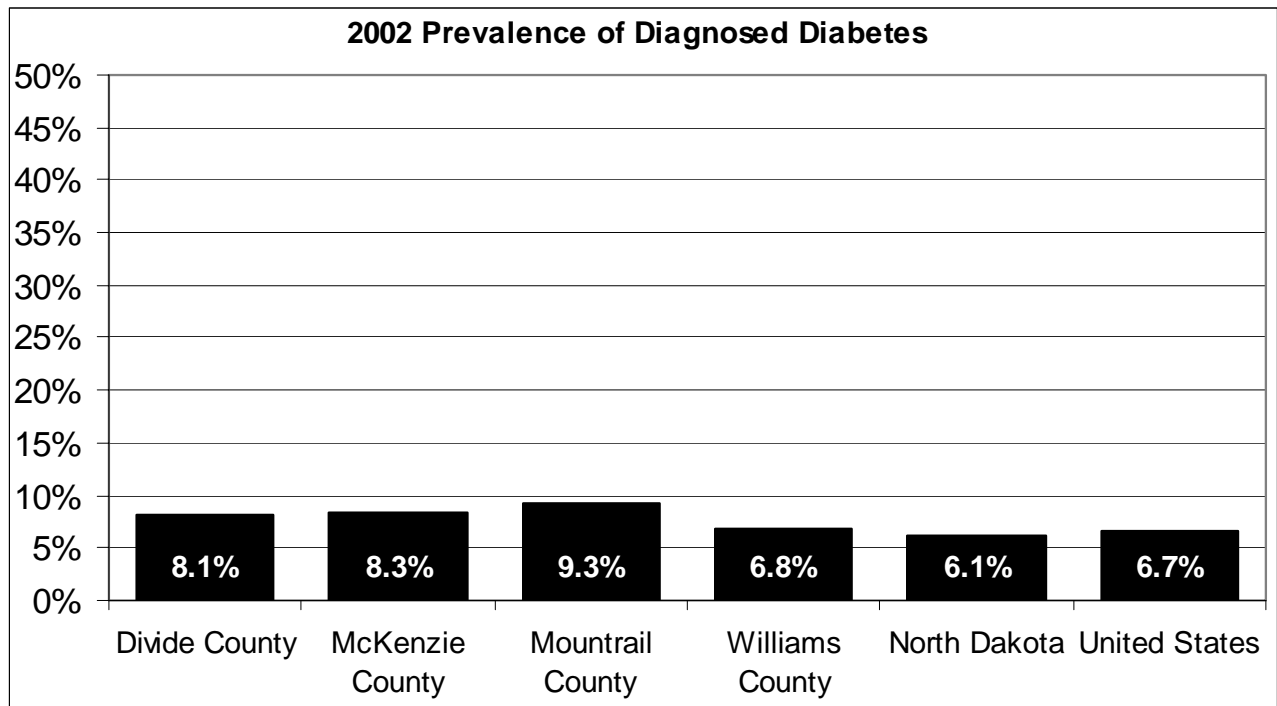
Gender is an important indicator for the likelihood of developing certain types of cancer.



Data Source: North Dakota Department of Health, Email correspondence with Division of Vital Statistics.

Indicator I6: Incidence of Diabetes

Diabetes is a serious, costly, and increasingly common chronic disease that can cause devastating complications—including heart disease, kidney failure, leg and foot amputations, and blindness—that often result in disability and death. Early detection, improved delivery of care, and better self-management are key strategies for preventing much of the burden of diabetes.



Percentage of adult survey participants in respective geographic areas reporting "told by doctor they have diabetes."

Data Source: North Dakota Diabetes Prevention & Control Program

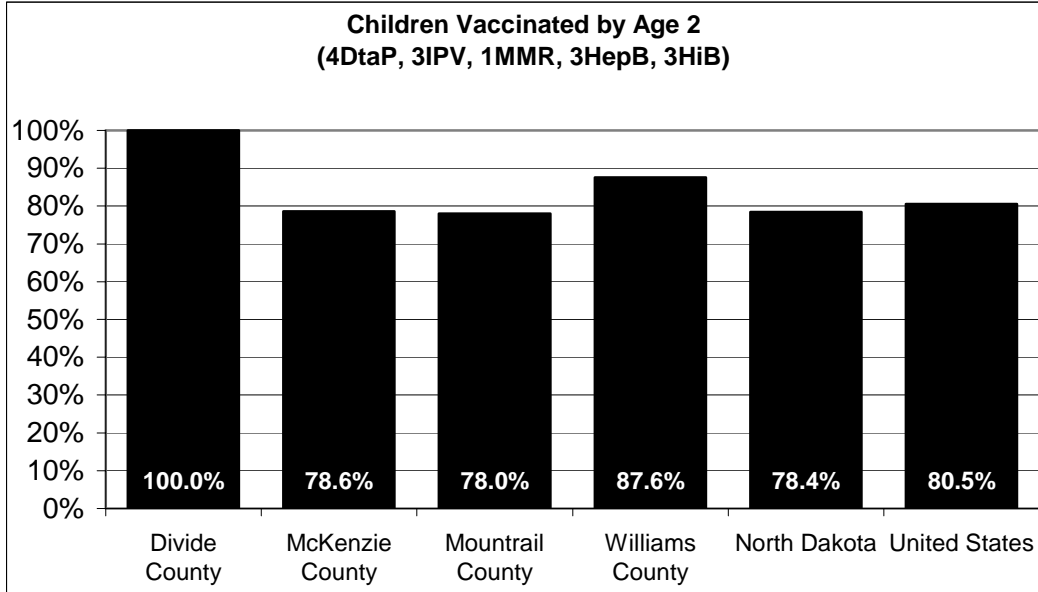
<http://www.diabetesnd.org/dsr/EstimatesOfDiabetesPrevalenceByCounty.pdf>

Category J: Infectious Disease

Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments / materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases.

Indicator J1: Immunizations by Age Two

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of vaccine preventable diseases in childhood and to provide the foundation for controlling vaccine preventable diseases among adults.

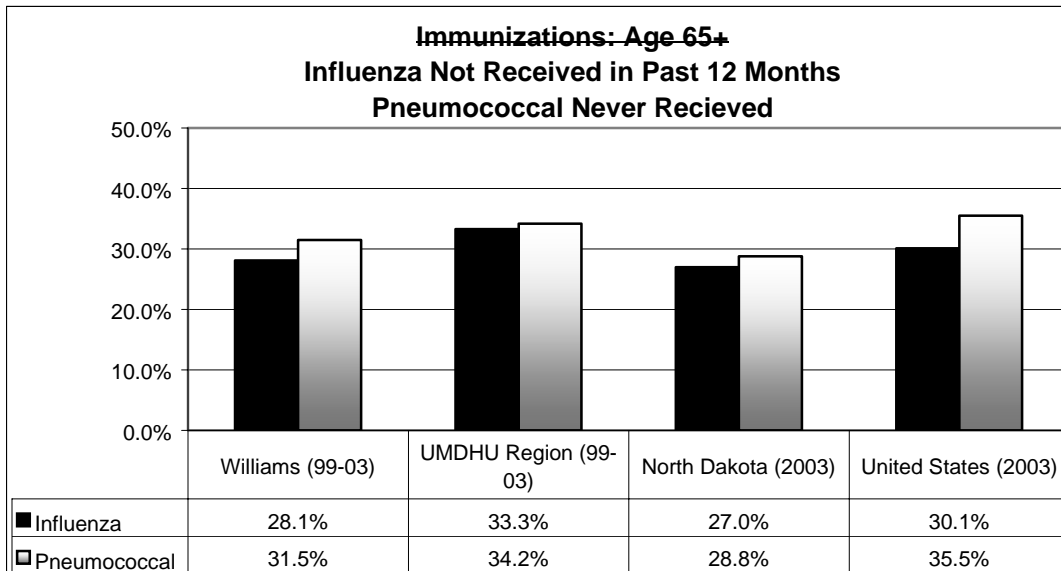


Percentage of children ages 19 to 35 months in respective geographic areas who have “4:3:1 Series Coverage”; that is, four or more doses of diphtheria and tetanus toxoids and pertussis (DTP) vaccine, diphtheria and tetanus toxoids (DT) vaccine, and diphtheria and tetanus toxoids and acellular pertussis (DtaP) vaccine; three or more doses of poliovirus vaccine; and one or more doses of measles-containing vaccine.

Data Sources: ND Dept of Health and Centers for Disease Control and Prevention

Indicator 45: Immunizations age 65+

Maintenance of high vaccination coverage levels for adults 65+ is the best way to prevent the spread of vaccine preventable diseases among adults.

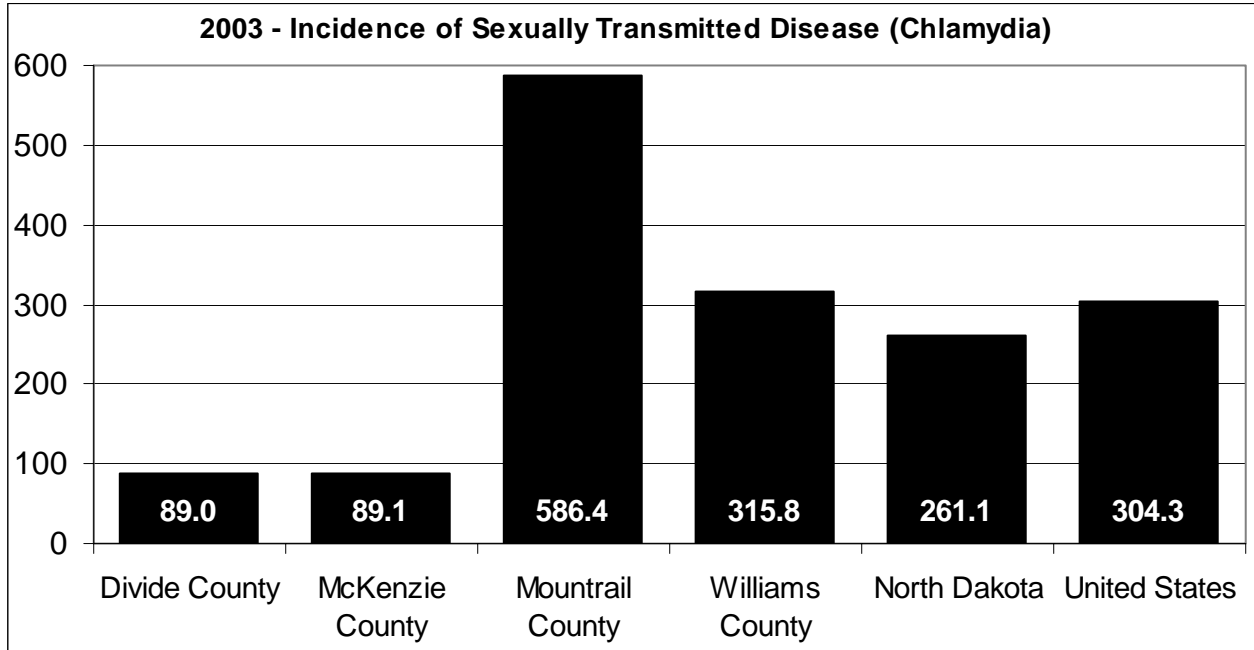


Data Sources: ND Department of Health; Email correspondence: BRFSS Coordinator via health@state.nd.us

Indicator 45: Incidence of Sexually Transmitted Diseases

Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. About one-half of all new HIV infections in the United States are among people under age 25 years, and the majority are infected through sexual behavior.

Chlamydia is one of many sexually transmitted diseases that exist in our region. Due to the consistently high rate of incidence for Chlamydia, it may serve as the best overall indicator of sexually transmitted diseases.



Rate per 100,000 population in respective geographic areas.

Data Source: North Dakota Department of Health, Contact the Division of Disease Control via

<http://www.health.state.nd.us/disease/>