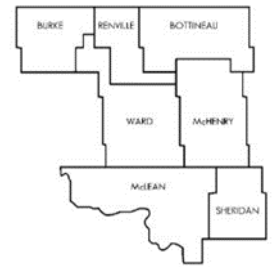


First District Health Unit

Community Health Assessment

September 2015

Serving Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward Counties



Mission:

The mission of public health is to make a positive impact on the health & welfare of the community through service, education, prevention and collaborative activities.

Vision:

Healthy People in Health Communities



Public Health
Prevent. Promote. Protect.

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Executive Summary

This document provides an in depth community health assessment for First District Health Unit in North Dakota, including the counties of Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward. The purpose of this document is to provide policy makers, community members and public health staff the information needed to identify risk factors that impact the health of the community.

The document is organized into eleven sections that include: Community Data, Chronic Disease and Communicable Disease, Health Risk Behaviors, Preventive Care, Access to Health Care, Maternal Health, Mental Health, Environmental Health, Causes of Hospitalization & Death, County Health Rankings and Windshield Assessment. The findings for each section will illustrate where the health needs of each county need improvement.

The findings indicate that the counties served by First District Health Unit have similar strengths and challenges, consistent with the other counties of North Dakota. Of the 7 counties in First District Health Unit, 6 are classified as "Oil Producing Counties". Those counties face additional rewards and challenges because of the oil boom. The 2011 flood impacted all counties in First District and the impact of that disaster can still be seen in this health assessment.

This community assessment will be reviewed and updated as determined by the First District Health Unit Board of Health.

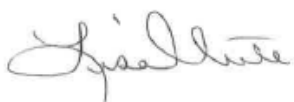
Acknowledgements

First District Health Unit gratefully acknowledges the work and commitment of several individuals who assisted in the development of the Community Health Assessment.

This document could not have been completed without the leadership, guidance, and vision of the Assessment Task Force Members: Danell Eklund, Lori Brierley, Holly Brekhus and Renae Byre.

A special acknowledgment is given to Nikki Medalen, MSN, PHN, BSN who served as Minot State University's principal investigator and author of portions of this document. Her commitment to excellence was invaluable to this project.

Holly Brekhus and Lori Brierley provided editing, organizational and technology expertise. Their attention to detail and dedication was vital to the completion of this project.



Executive Officer
First District Health Unit

Introduction

The mission of public health is to make a positive impact on the health and welfare of the community through service, education, prevention, and collaborative activities. The American Public Health Association defines a healthy community as one that:

- Meets everyone’s basic needs for safe, affordable and accessible food, water, housing, education, health care, and places to play;
- Provides supportive levels of economic and social development through living wages, safe and healthy job opportunities, a thriving economy, and healthy development of children and adolescents;
- Promotes quality and sustainability of the environment through tobacco and smoke-free spaces; clean air, soil and water; green and open spaces and sustainable energy use; and
- Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention (Apha.org, 2014).

The entire public health system contributes to the health and well-being of a community (Figure 1). Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” The public health system includes:

- Public health agencies
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations (Cdc.gov, 2014).

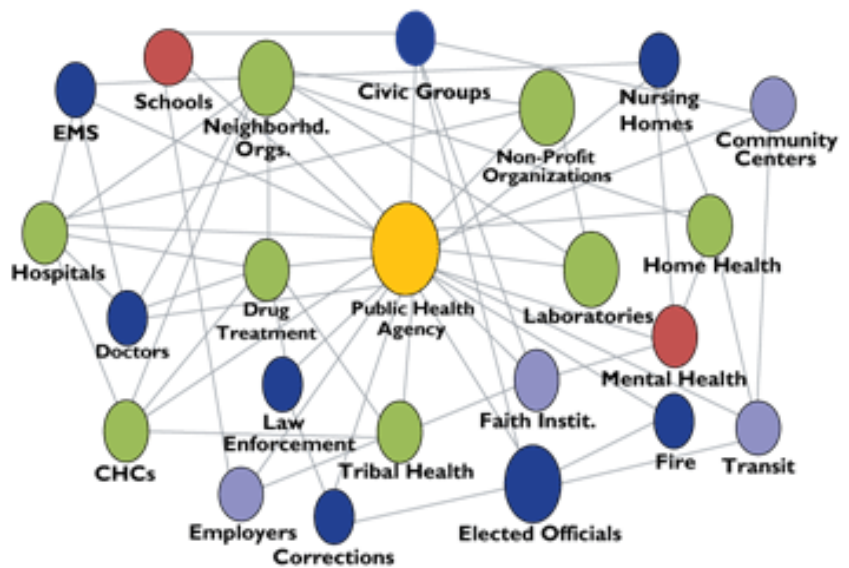


Figure 1 Public Health System

The roles and responsibilities of a public health agency such as First District Health Unit can be described with the three core functions of public health and the ten essential public health services (Figure 2). The three core functions are assessment, policy development, and assurance.



Figure 2 The Ten Essential Public Health Services

The ten essential public health services include:

1. Monitor health status & solve community health problems
2. Diagnose & investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems (Cdc.gov, 2014)

The purpose of this document is to facilitate the assessment function of public health. Assessment relates to the monitoring of the health status of the community and the investigation of risk factors that impact the health status. Assessment utilizes a scientific method that integrates a variety of data and public perceptions.

Assessment is defined within the strategic plan as the regular collection, analysis and sharing of information concerning health conditions, risks and resources in a community. The assessment function is needed to identify trends in illness, injury, death and the factors that may cause these events. Assessment results are shared with the community, policymakers and health care community for the purpose of utilizing and developing resources and health policies to address community health issues.

Methodology

Many sources were used in the creation of this document. This assessment looked at data that was pertinent to our community partners. Data specific to First District Health Unit (FDHU) was used whenever available. Much of the data is reported by county. However, because of the sparse population in some counties, some county data is not released or sample sizes are not large enough. When not available, statewide data was used along with Region II data. The state of North Dakota is divided into 8 regions for the purpose of reporting of various state data. Most of FDHU falls within Region II. Region II includes Mountrail and Pierce Counties which are *not* a part of FDHU, and does not include McLean or Sheridan Counties, which *are* a part of FDHU.

First District Health Unit History

The Minot City Health Department was established by City Ordinance #23 in 1892. The first written evidence we have of the embryonic First District Health Unit is the minutes of the Minot Board of Health meeting held on September 17, 1935.

At the Minot Board of Health meeting in April 1941, a resolution was passed agreeing to set up a joint Health Department with Ward County. The Ward-Minot Health Unit was organized April 1, 1942. The record reflects that this joining together was for the purpose of economy and eliminating duplication of services. More than 40 years later the three other major North Dakota cities and their counties recognized the wisdom of this effort and followed suit.

The City of Minot provided housing for the newly organized health department in the old pumping station on 5th Avenue N.W. Public health services were delivered to the residents of Minot and Ward County from that facility until 1971.

In 1943, the North Dakota legislature passed a law enabling two or more counties adjoining each other to combine and pool their resources to form a full time Health District. In the year of 1943, Burke and Ward Counties combined to form the Burke-Ward Health District.

Joining the Burke-Ward Health District in turn were McLean County in 1944, Renville County in 1945, Bottineau County in 1948, McHenry County in 1950, and Sheridan County in 1955. The name "First District Health Unit" was adopted in 1945.

The year 1971 will be remembered as the year the First District Health Unit obtained a new home. A Hill-Burton grant in the amount of \$124,000 made it possible to construct 7,630 square feet of usable space on 11th Avenue S.W. The grant funds represented 46% of the total cost. The remaining 54% of the cost was retired with an annual allocation from the mill levy contribution from all seven counties comprising the District. That mortgage was retired in 1987.

In February 1994, the Board of Health recognized that increased utilization and new programs necessitated additional space and they voted to solicit architectural plans for this expansion. In May 1994, they selected the proposal presented by Ed Leonard & Assoc, for 5,820 additional square feet. Bids were let in September and a mortgage loan was finalized with First Western Bank for \$500,000 of the \$600,000 cost of the addition and furnishings. The mortgage was retired in 2001.

In July 2003, the Board of Health began to discuss the need for a capital improvement project. The attack on our nation on 9/11 and the 2002 train derailment in Minot changed the way public health responded to emergencies. The demands on public health created the need for additional space to address staff training, communication amongst other emergency responders, a more sophisticated environmental health lab and additional office space.

Nester Davison Architects was selected and bids were accepted in July 2004. The project was completed in July 2005 and included a new conference center, environmental health lab and offices and renovation of the old conference room. The Project cost \$1,000,000 and was paid for with cash reserves, emergency preparedness funds and a loan of \$600,000 from First Western Bank. The loan, a 15 year note at 3.5% interest, was retired in September 2015.

The Conference Center served as the primary Emergency Operations Center (EOC) for Ward County from 2005 to 2016, when it became the back-up EOC. It has satellite and interactive video network communication systems, 25 phone lines, wireless computer connections and a base communication system for emergency responders.

Community Data

For the purpose of this project, the community is defined as the seven counties that combine to form the First District Health Unit. These counties include Bottineau, Burke, McHenry, McLean, Renville, Sheridan, and Ward in north central North Dakota (ND) (First District Health Unit, n.d.) The international boundary that separates the United States from Canada serves as the northern border for Bottineau, Burke, and Renville counties. McLean, the southern-most county, is bordered by Lake Sakakawea and the Missouri River on the west.

Physical Environment

Geography

The topography of North Dakota is broken into four main physiographic regions: the *Great Plains*, the *Missouri Coteau*, the *Glaciated Plains*, and the *Red River Valley* (Enz, 2003). The FDHU service area is located in the Glaciated Plains, which consist of gently rolling glaciated landscapes. The land is used for farming and ranching. The watersheds drain into the Souris River which originates in Saskatchewan, flows southeastward through Renville, Ward, and McHenry counties where it makes a loop and heads back north through Bottineau County and into Canada, eventually flowing to the Red River via the Assiniboine River (Enz, 2003). Flooding in the Souris River basin occurs primarily during April and May due to rapid spring snowmelt, particularly when accompanied by rain. The elevation is 1200 -1800 feet for most of Renville, Bottineau, McHenry, northeast Ward, and northern Sheridan Counties. It is 1800-3000 feet in Burke, the bulk of Ward, McLean, Sheridan, and northeast Bottineau County, where the Turtle Mountains begin. Figures 3, 4 and 5 are maps showing the topography, the rivers, and the elevation of the state.

Topography of North Dakota

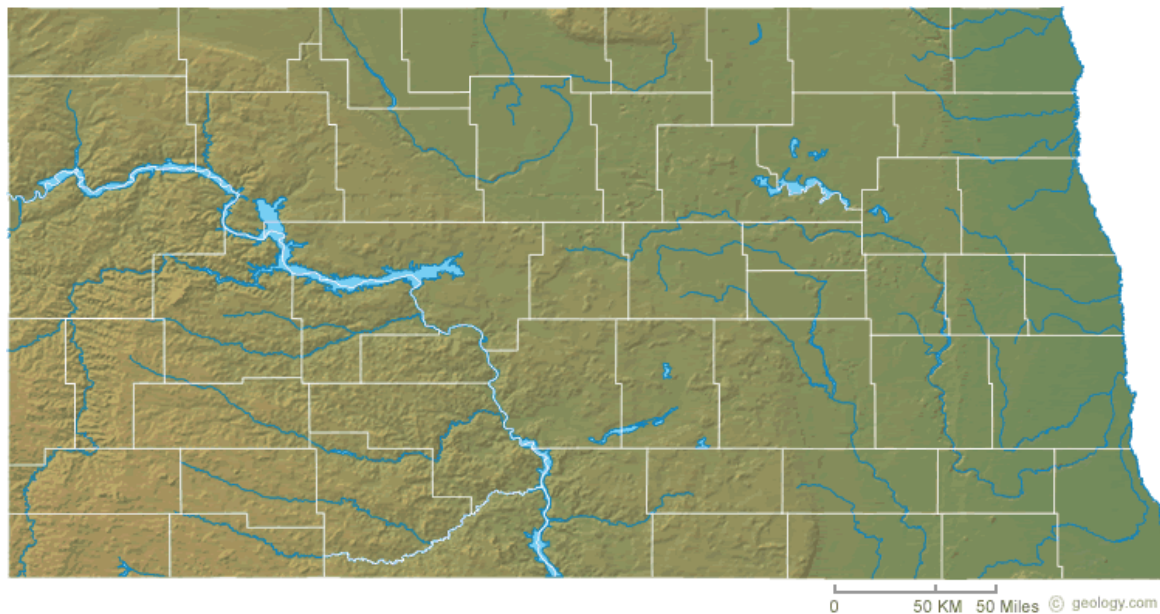


Figure 3 (Geology.com, 2014). North Dakota Physical Relief Map

North Dakota River Map

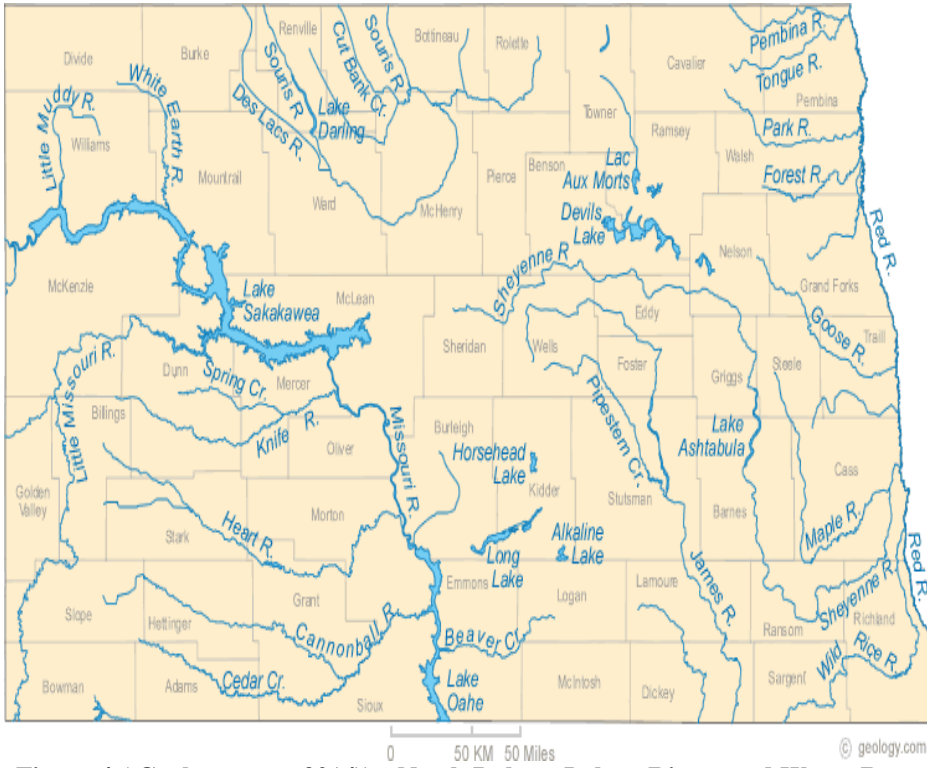


Figure 4 (Geology.com, 2014)). North Dakota Lakes, Rivers and Water Resources

North Dakota Elevation Map

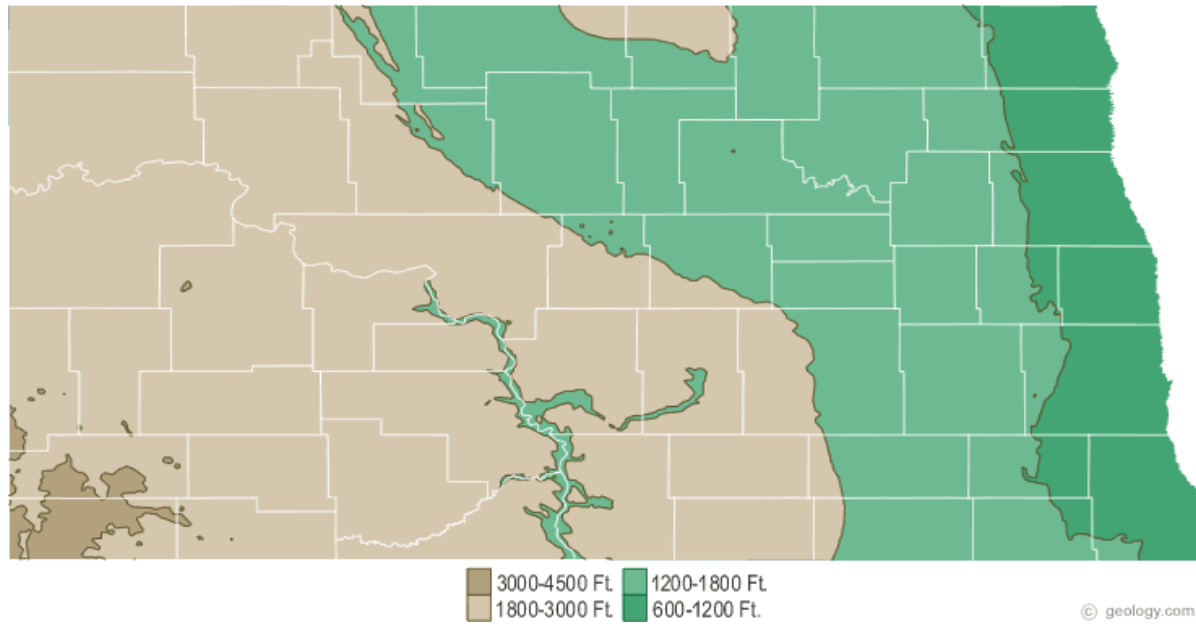


Figure 5 (Geology.com, 2014)). North Dakota Elevation Map

National Wildlife Refuges

North Dakota is host to 63 National Wildlife Refuges (NWR), more than any other state. These refuges cover more than 290,000 acres with additional 254,000 acres of Waterfowl Production Areas managed by the US Fish and Wildlife Service. Figure 6 is a map of the refuges in ND. Within the FDHU service area, the Audubon, Des Lacs, J. Clark Salyer, Lostwood and Upper Souris refuges have visitor's centers. The J. Clark Salyer NWR is the largest Refuge in North Dakota and the most diverse in terms of habitat (National Wildlife Refuges in the Mountain-Prairie Region, n.d.). It covers 58,700 acres along the Mouse River in McHenry and Bottineau Counties, with its headquarters just north of Upham, ND. This same river is named "Souris" when it crosses the Canadian border, the French word for "mouse", aptly named by local Indian tribes for the great number of mice found in the meadows along the river (National Wildlife Refuges in the Mountain-Prairie Region, n.d.).

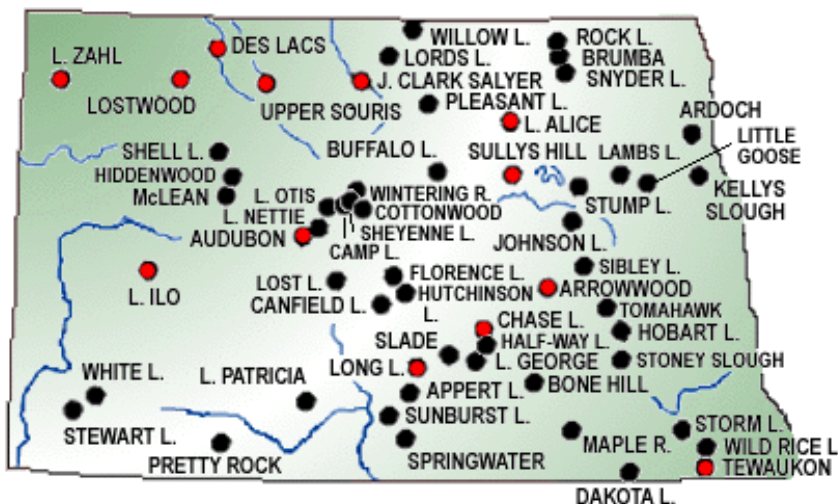


Figure 6 (Fws.org, 2014). Map of National Wildlife Refuges in ND

Each refuge provides educational opportunities for visitors as well as hiking, birding, picnicking, canoeing and photography. In addition to the refuges, the Lonetree Wildlife Management Area covers 33,000 acres, the majority of which are in northeast Sheridan County, owned by the Bureau of Reclamation and managed by the North Dakota Game and Fish Department.

Climate

The climate is characterized by large temperature variation across all time scales; light to moderate, irregular precipitation; plenty of sunshine; low humidity, and nearly continuous wind (Enz, 2003). According to (Enz, 2003), the continental climate is exacerbated by the mountains to the west, which reduce the maritime effects on North Dakota's climate by blocking some of the cool, moist Pacific Ocean air masses from moving eastward, or at least decreasing the humidity and modifying the temperature. With no barriers to the north or south, air masses easily overflow the state with little temperature or water content modification. Therefore, the cold, dry air masses of the north, warm humid air masses from the tropical regions and mild, dry air masses from the Northern Pacific collide over the state, causing near continuous wind and large temperature fluctuations in all seasons (Enz, 2003).

January is the coldest month with average temperatures from 0° F in the northeast to 15° F in the southwest (Enz, 2003). Winter temperatures are extremely variable depending on the air mass source and the extent of snow cover (Enz, 2003). Below 0° F temperatures average about forty (40) to seventy (70) days each year across the state. The lowest temperature ever recorded

was -60° F at Parshall, ND on Feb 15, 1936 (Enz, 2003). However, in the south and west it is not unusual to have temperatures above freezing, especially if there is little snow cover. July is the warmest month, with average temperatures from 65° F in the northeast to 72° F in the southwest. Summers days can be very hot, but generally cool off in the evenings. The average number of days per year with maximum temperatures of 90° F or more range from ten (10) in the northeast to twenty-four (24) in the west and south (Enz, 2003). Temperatures of 100° F or more do occur nearly every year, mostly in the southwest and south central regions, on average about two (2) days per year. The highest temperature ever recorded was 121° F at Steele, ND on July 6, 1936.

Average annual precipitation ranges from about 14" to 22" from northwestern to southeastern North Dakota. Most precipitation falls between April and September, which is the crop growing season. Most of the summer rainfall is produced during thunderstorms. Severe storms can produce as much as 5" to 6" inches or more in one day. If this happens, it is often accompanied by hail or tornadoes. On the average, it rains one of every 3 or 4 days in the summer (Enz, 2003). Annual snowfall of 25" to 45" is common, which is less than other Northern states (Enz, 2003). Each year the state experiences two or three blizzards lasting about two days.

Economy

Industry

Agriculture and energy in the forms of coal, and more recently wind and oil, remain essential to North Dakota's economy and are reflected in the economies of the seven county service area of First District Health Unit. Today, North Dakota production agriculture contributes \$5 billion to the state's economy, making it the largest sector of the economy at 25% (North Dakota Agriculture, n.d.) More than 39 million acres, nearly 90% of ND's land area, is devoted to farms and ranches. North Dakota ranks first in the nation in the production of many crops including spring wheat (50% of US total), durum (56% of US total), barley (35% of US total), sunflowers (43% of US total), dry edible beans (34% of US total), pinto beans (56% of US total), flaxseed (95% of US total), canola (90% of US total) and honey (24% of US total). Potatoes and sugar beets are also important cash crops, raised primarily in the eastern part of ND. Livestock numbers in North Dakota are also impressive with 1.7 million head of cattle, 160,000 pigs and 88,000 sheep (National Ag in the Classroom, n.d.).

The dairy industry has changed dramatically over the last 30 years, from many small dairy farms milking twenty to sixty cows in the 1980s, to very large dairy operations milking upwards of 500 cows since the early 2000s. North Dakota dairies produce 385 million pounds of milk annually. Poultry farms are less visible in the state, but the Thanksgiving holiday wouldn't be complete without the 1.2 million North Dakota turkeys produced annually (National Ag in the Classroom, n.d.). Within the seven county area, nearly all of these crops and livestock are well

represented as evidenced by the Minot Milling plant, ADM Canola plant near Velva, Gooseneck Implement dealerships present in several communities, Dakota Midland Grain building new elevators throughout the region (such as Bottineau and Mohall), two large dairy farms on Hwy 2 in McHenry County, and cattle seen grazing in pastures when traveling through the counties. It seems the last businesses to go in every rural town are the grain elevator and the bar...a place to sell grain and somewhere to talk about it.

Coal mining in North Dakota dates back to 1873, with 73 mines in operation by 1900, reaching a peak of 250 mines in the 1920s (Murphy, n.d.). According to (Murphy, n.d.), Western North Dakota contains an estimated 351 billion tons of lignite, the single largest deposit of lignite known in the world. Of this, 25 billion tons is economically feasible to mine, enough to last for over 800 years at the present rate of 32 million tons per year. While the number of mines has decreased to only six current operations in the state, these are very large industrial mining companies. Only one is within the 7 county area, the Falkirk mine, near Underwood in McLean County. This mine provides 8 million tons of coal annually for steam generated electrical power at Great River Energy's Coal Creek Station located near the mine (The Falkirk Mine, n.d.).

Current North Dakota law requires that the land is prudently reclaimed and returned to pre-mining productivity. However, evidence of mining before reclamation laws were put into place can be observed across the service area, particularly in Burke, McLean and southern Ward County.

It is said that the wind blows all the time on the prairie. North Dakota has found a way to harness that wind and turn it into power. North Dakota ranks sixth in the country for percentage of electricity provided by wind power, producing 1681 megawatts of power and equating to over 15% of ND's electricity coming from wind (AWEA, 2014). To put this in perspective, this is enough energy to power over 500,000 homes (AWEA, 2014). Essentially every county in North Dakota has the potential for wind energy.

Currently there are two wind farms in the service area: the Hartland Wind Farm spanning parts of Burke and Ward Counties, and the Prairie Winds Farm in Ward County.

Oil has become big business with a second "boom" beginning in 2009. North Dakota had been producing oil since the 50's on a small scale, with the first boom in the 1980's when oil was discovered in northwest North Dakota. However, with fracking technology and directional drilling which became available in the 1990's, it became possible to reach the oil between layers of shale rock deep beneath the surface. In 2004 this technology was used in North Dakota to test its strategies in the rich Bakken Oil Formation. This paragraph from a National Geographic article titled *The New Oil Landscape* describes the events that were set in motion (Dobb, 2013): *In 2004 Continental Resources had brought in the first commercially viable well in the state. Two years later EOG Resources well produced oil under so much pressure that the company had to shut down the well until a second one could be drilled to reduce the pressure..."That created huge excitement," recalls Lynn Helms, director of the North Dakota*

Department of Mineral Resources. Anticipation was building. The turning point came at the end of 2009, when Brigham Oil & Gas split the single lateral leg of a well south of Williston in 25 legs, each of which was fracked separately, making it possible to reach more oil – hundreds of barrels a day. Helms calculated that the first year of every new well, from drilling to fracking to early production, would entail 2000 truck trips. This didn't include the hauling out of huge amounts of oil and salt water during the remainder of the well's life. State officials were already thinking in terms of tens of thousands of new wells, most of which would be located in only four counties bordering the Missouri River – Williams, Mountrail, McKenzie and Dunn. The implications were staggering. "A flag went up," Helms says. Much more of everything – manpower, highways, railroads, electricity lines, and patience - would be needed.

In April, 2014 the Bakken oil fields cracked the million barrels per day mark, with 10,317 wells producing (North Dakota Department of Mineral Resources, 2014). North Dakota currently ranks second among domestic suppliers, behind Texas and ahead of Alaska (Dobb, 2013). Within the First District Health Unit service area, oil is produced in six of the seven counties, with Sheridan County yet to have drilling (North Dakota Department of Mineral Resources, 2014).

However, beneath the Bakken lies the even larger Three Forks formation, with potential for additional oil coming from an even larger area of the state. Figure 7 is a map of the Bakken Oil Formation.

The oil boom brings with it a great need for workers of all kinds. It is widely known that North Dakota is enjoying a thriving economy with the lowest unemployment rate in the United States thanks to the oil boom on the western side of the state. As such,

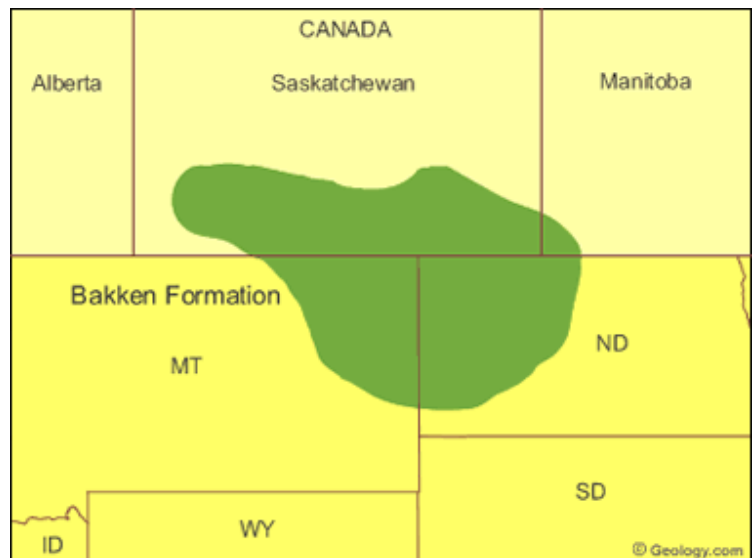


Figure 7 (Geology, 2014) Bakken Oil Formation

many towns and cities in the community are experiencing growth in businesses, especially retail and dining establishments, oil related businesses such as trucking, logistics, roustabout and others, as well as other service professions. In fact, "help wanted" signs are visible in nearly every business and hourly pay commonly exceeds the federal minimum wage requirement, even in fast food restaurants. Throughout the area many schools have modular classrooms in the school yards indicating growth of the student populations, and several schools have asked for tax levies for new schools or additions. The doors of local grocery stores display signs accepting Electronic Benefit Transfer (EBT) cards and Women, Infants, and Children (WIC) vouchers, yet in the First District Health Unit Board of Health meeting held on February 20th, 2014, the Nutrition Division of FDHU reported that WIC numbers in the community have decreased, likely due to families' income exceeding the minimum requirements. Minot has become a business center

for the Bakken even though the city is outside of the hub of oil activity.

Minot is the home of Minot Air Force Base. Minot Air Force Base (MAFB) is home to two wings. It is the U.S. Air Force's only base housing two components of the nuclear triad. The population on the MAFB consists of 5,424 active duty, 6,189 family members, and 852 civilians. (Minot Air Force Base, n.d.)

Income

Household income is one measure of the financial wellbeing of a household or family. Figure 8 depicts the incomes per capita, by family and by household throughout the FDHU service area. Only Burke County exceeds the median family income of North Dakotans in general, however, all counties except Sheridan and McHenry have higher incomes than the median US family income. This data reflects 2012 dollars. This looks great...and it is, but it isn't the whole story. The cost of living in the area is high as well. The Minot Area Chamber of Commerce (May, 2013) reports that the cost of living in Minot is 4.7% higher than the national average. In addition, both national and state news reports claim that Williston and Minot have some of the highest housing rental costs in the nation. Even the cost of housing in the very smallest communities is much higher than before the oil boom and the 2011 Mouse River Flood. One modest, but modern, home in Carpio (western Ward County) was posted for sale with brochures advertising the cost at \$310,000 [brochure]. Most cost of living measures also don't account for child care, which is anecdotally reported to be in great demand throughout the seven county area. It is noted that Renville County shows the highest median household income at \$57,361, while Sheridan County has the lowest at \$39,811. However, Burke County boasts the highest per capita income at \$35,716, while McHenry County has the lowest at \$26,418. With approximately 15% of the 7 county population over 65 years old it is worth noting the mean retirement income, which is shown in the last column in Figure 8. It has been stated that the middle class in North Dakota is dissolving and it is becoming a state of "the haves and the have nots." Looking at Figures 8 and 9, noting the mean retirement income, and also the percentages of female headed families in poverty, it is easy to decipher who is who.

Comparison of Income within FDHU Service Area, in 2012 Inflation-adjusted Dollars

	Median Household Income	Mean Household Income	Median Family Income	Mean Family Income	Per Capita Income	Mean Retirement Income
Bottineau	\$48,289	\$66,288	\$66,339	\$81,632	\$30,625	\$16,533
Burke	\$52,031	\$71,913	\$71,563	\$85,436	\$35,716	\$17,782
McHenry	\$41,763	\$58,212	\$59,490	\$71,401	\$26,418	\$16,202
McLean	\$54,539	\$64,213	\$66,382	\$76,095	\$29,016	\$16,430
Renville	\$57,361	\$71,626	\$70,125	\$82,587	\$30,565	\$20,509
Sheridan	\$39,811	\$53,502	\$46,027	\$63,285	\$26,699	\$17,597
Ward	\$53,361	\$66,366	\$65,264	\$76,038	\$27,272	\$18,668
ND	\$51,641	\$67,426	\$68,293	\$83,141	\$28,700	\$18,424

Figure 8 Income in the Past 12 Months (in 2012 Inflation-adjusted dollars)

Families and People Whose Income is Below Federal Poverty Level, 2012 Dollars

	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	ND
Individuals	12.5	11.2	14.0	10.6	7.5	17.2	10.1	12.1
All Families	8.4	8.3	10.4	6.4	4.3	13.4	7.8	7.5
Female Headed Family	25.2	15.7	47.4	33.6	31.7	41.7	35.1	31.9
Married Couple Families	6.0	7.7	4.8	4.0	2.8	13.3	2.8	3.3
Over 65	14.7	10.1	14.0	10.6	7.1	17.6	10.1	11.7

Figure 9 Percentage of Families and People Whose Income is Below Federal Poverty Level, 2012 Dollars

The US Federal Poverty Guidelines, issued by the US Department of Health and Human Services, are used to determine financial eligibility for many federal and/or social programs. The 2012 Poverty Guideline for a household of one in 2012 was \$11,170; and \$23,050 for a household of four. Figure 10 charts the percentages of individuals and families whose income in the past 12 months is below the poverty level using 2012 dollars (US Census Bureau, 2014a). Female headed families, with no husband present, top the poverty charts in all counties by a wide percentage. Conversely, married couple families have the lowest rates of poverty across the service area. Sheridan County has the greatest percentage of people over 65 who are in

poverty and also the greatest percentage of population over 65 years of age; in other words, Sheridan County has an elderly population and many of them have very low incomes. Renville County has the lowest percentage of population over 65 years of age in poverty.

Percentage of Families and People Whose Income is Below Federal Poverty Level, 2012 Dollars

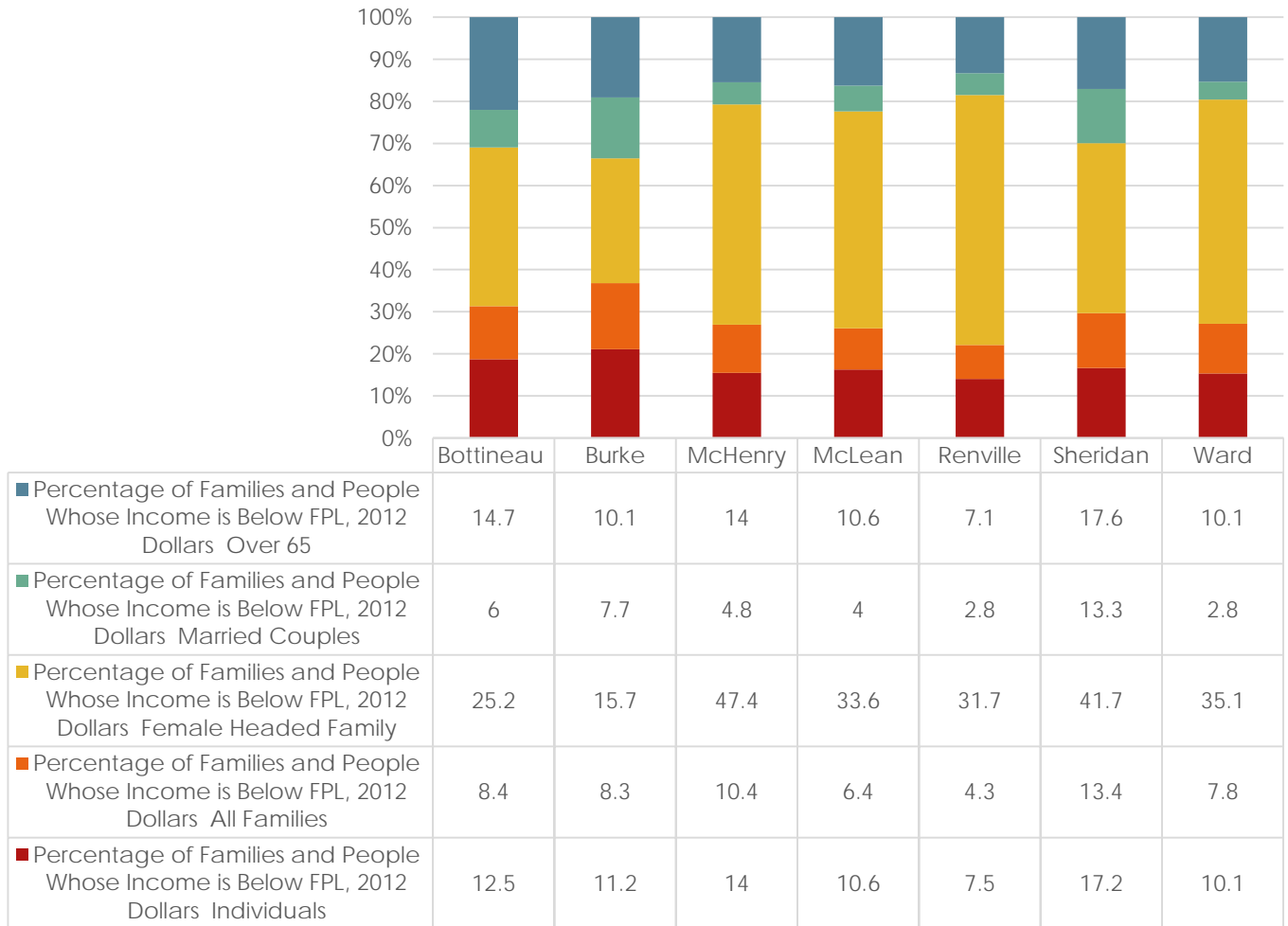
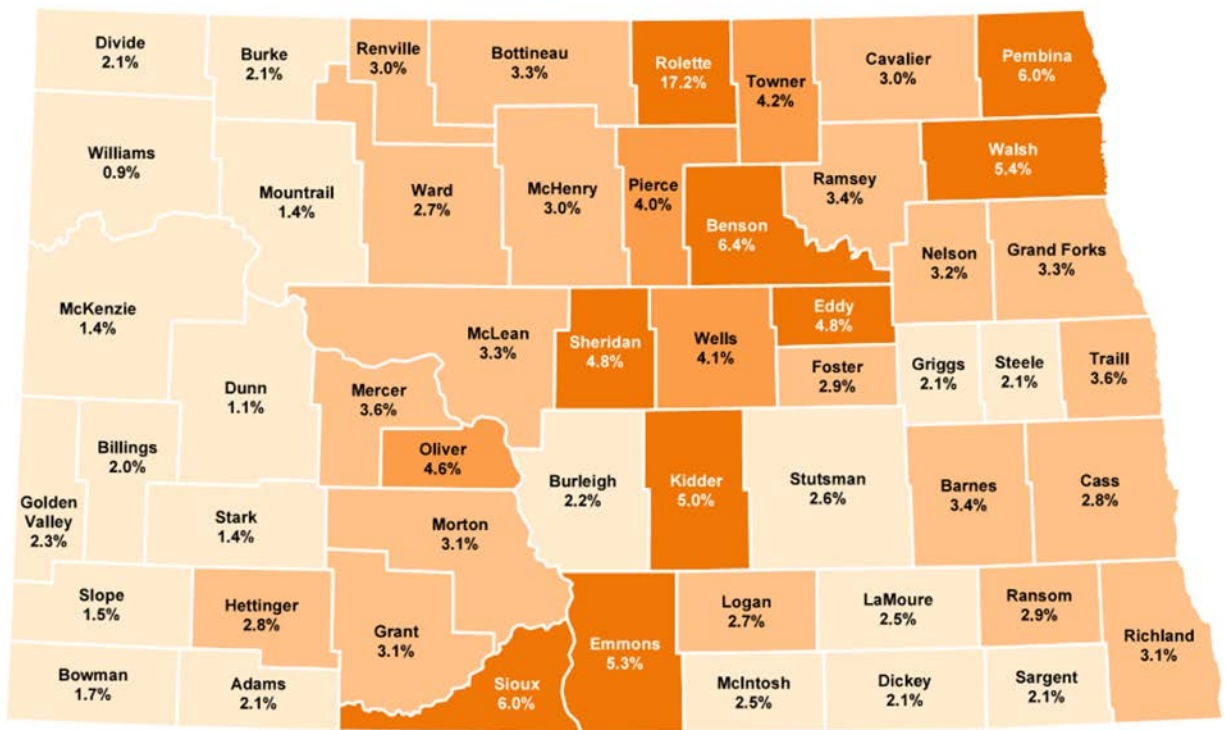


Figure 10 (US Census Bureau, 2014)

Employment

North Dakota has one of the lowest unemployment rates in the nation. (Bureau of Labor Statistics, n.d.) The unemployment rate as of March 2015, adjusted for inflation, is 3.1%. Figure 11 shows the unemployment rate by county.

NORTH DAKOTA COUNTY UNEMPLOYMENT RATES



North Dakota Unemployment Rate (Not Seasonally Adjusted): 2.7%

COUNTY UNEMPLOYMENT RATES (JULY 2014)

Below 2.7% 2.7% - 3.6% 3.7% - 4.6% Above 4.6%

Source: Labor Market Information Center, Job Service North Dakota, Local Area Unemployment Statistics

[Map Creation Date: August 14, 2014 Author: Labor Market Information Center, Job Service North Dakota]

Figure 11 North Dakota Unemployment Rates by County

The average annual wage by county is also reported by North Dakota Workforce Intelligence (NDWIN) with Burke County leading the service area with an average annual wage of \$52,409 per individual and Sheridan reporting the lowest individual annual wage at \$26,611. See Figure 12 for detailed annual wages by county based on 2013 wages.

2013 Average Annual Wage by County



Figure 12 (ND Workforce Intelligence, 2013). Employment and Wages by Industry

NDWIN reports employment by industry by region, so for this purpose Region II data will be used. It is important to note that this data is compiled using results from quarterly unemployment insurance contribution reports. Groups that are exempt from this coverage and therefore this data, include: self-employed (farm and nonfarm sectors), individuals working for religious organizations, students working for the college they attend, individuals employed in church related elementary and secondary schools, and individuals working for railroads (NDWIN, 2014). Agriculture is the number one industry in North Dakota (North Dakota Studies, n.d.). See Figure 13 for a breakdown of employment by wages in Region II. It is noted that construction, manufacturing, finance and insurance, real estate/rental/leasing, administrative and waste services, and some government jobs have declined from 2012 to 2013. This may be a sign of recovery from the 2011 flood when these types of businesses were needed at an all-time high.

Region II Employment and Wages 2012 and 2013.

	Total Businesses 2013	Average Annual Employment 2013	Average Annual Employment 2012	Percent Change	Total Annual Wages 2013 \$	Total Annual Wages 2012 \$	Average Annual Wage 2013 \$
Agriculture, Forestry, Fishing,	65	217	196	10.7%	9,309,313	7,414,150	42,900
Mining, Quarrying, and Oil and Gas Extraction	193	3694	3179	16.2%	328,737,786	285,750,623	88,992
Utilities	20	327	313	4.5%	26,023,908	23,276,678	79,584
Construction	661	4593	4647	-1.2%	284,047,597	280,889,971	61,844
Manufacturing	87	1159	1235	-6.2%	55,033,111	59,071,772	47,483
Wholesale Trade	294	3022	2854	5.9%	185,725,172	169,682,832	61,458
Retail Trade	427	7155	6625	8.0%	212,904,960	195,807,408	29,756
Transportation and Warehousing	532	3592	3561	0.9%	248,771,568	228,147,498	69,257
Information	46	708	705	0.4%	36,587,878	35,101,583	51,678
Finance and Insurance	245	1961	2057	-4.7%	94,552,835	91,927,759	48,217
Real Estate, Rental, Leasing	130	518	549	-5.6%	26,645,120	28,409,789	51,438
Professional and Technical Services	346	1539	1363	12.9%	113,183,324	93,942,427	73,543
Management of Companies/Enterprises	18	97	63	54%	6,381,725	4,815,873	65,791
Administrative and Waste Services	207	1412	1569	-10%	46,670,346	50,137,356	33,053
Educational Services	22	97	86	12.8%	915,577	858,692	9439
Health Care and Social Assistance	232	5573	5547	0.5%	280,299,131	264,776,198	50,296
Arts, Entertainment and Recreation	62	419	375	11.7%	5,882,904	5,236,343	14,040
Accommodation and Food Services	316	4834	4750	1.8%	83,611,967	79,388,876	17,297
Other services (except Public Admin.)	261	1466	1388	5.6%	46,812,903	40,490,709	31,932
Federal Government	125	1462	1537	-4.9%	73,617,023	78,403,326	50,354
State Government	57	1166	1197	-2.6%	49,869,831	49,275,295	42,770
Local Government	140	5031	4916	2.3%	185,939,131	169,939,566	36,959

Figure 13 (ND Workforce Intelligence , 2014) Data: 2013 Employment and Wages by Industry.

Note this data does not include self-employed (farm and nonfarm sectors, work for religious organizations, students working for the college they attend or individuals working for railroads.

The occupations with the highest employment within this community are: management, professional and related occupations, sales and office occupations, and service occupations (Figure 14) ((United States Census Bureau, n.d.).

Distribution by Occupation

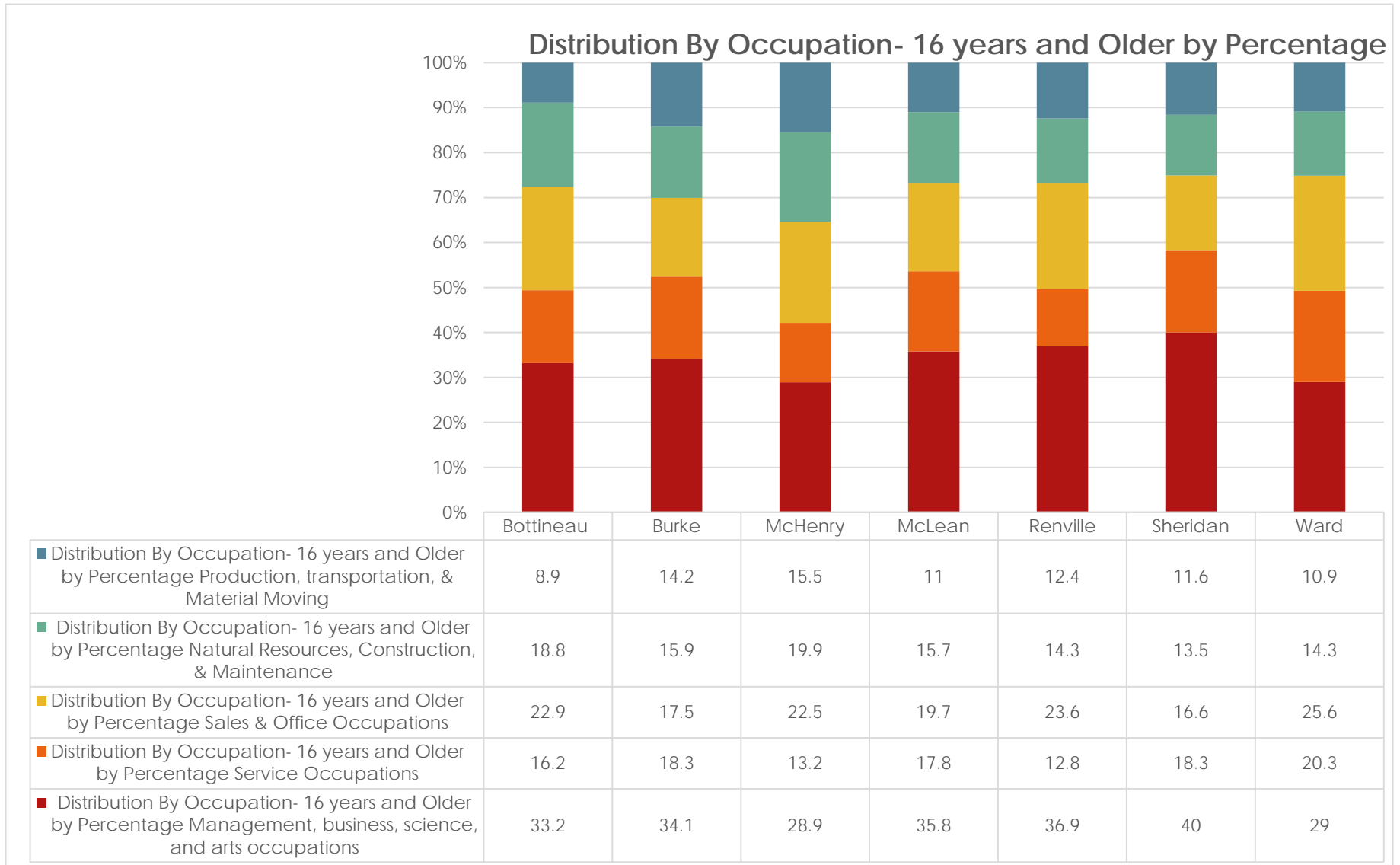


Figure 14 (United States Census Bureau, n.d.). Distribution by Occupation.

It is also noted that the NDWIN information does not clearly describe military employment. According to the US Census Bureau (2014a Census) 90.5% are employed within the civilian sector, 6.8% are in the armed forces, and 2.7% are unemployed (Figure 15).

Workforce Distribution by County

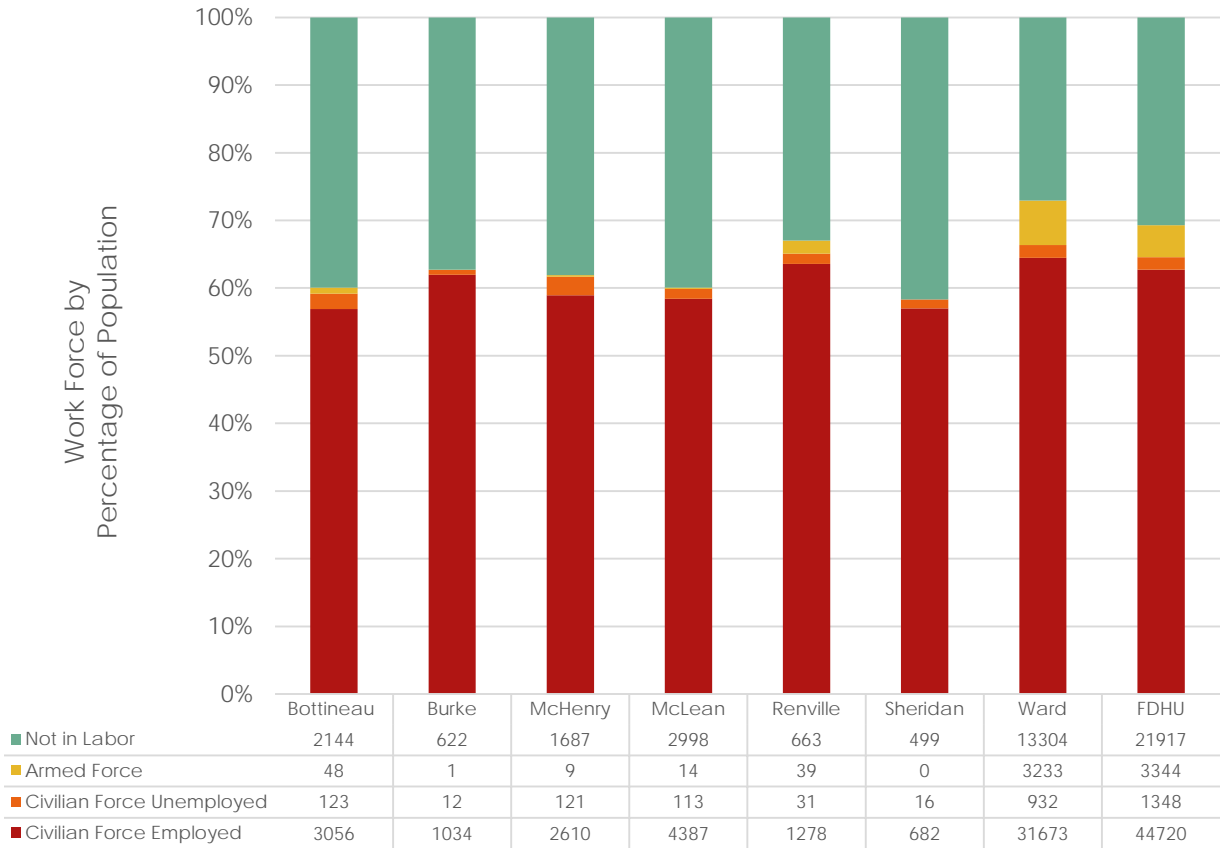


Figure 15 (United States Census Bureau, n.d.). Workforce Distribution by County

Child Care

As North Dakota’s economy grows, communities struggle to build a child care supply that supports their expanding workforce. Child care industry standards suggest that the supply of childcare in a healthy community should meet at least 50% of the local demand. Even when a community does meet the 50% of demand, they still may have inadequate capacity for infant care. Figures 16 & 17 show what percent of child care demand is being met in each county as of December 31, 2012.

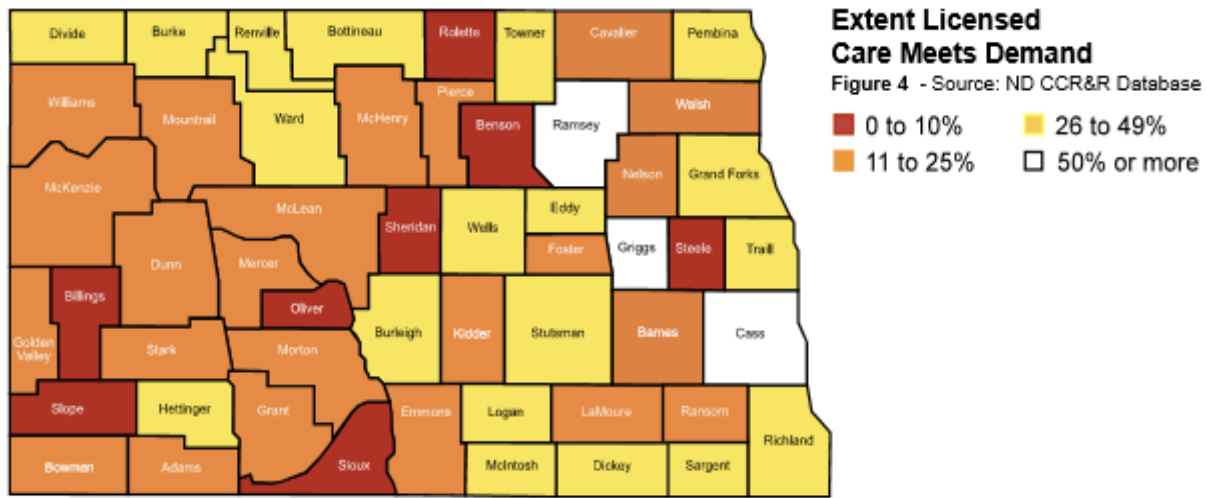


Figure 16 (Child Care Aware of North Dakota, n.d.)

Child Care Capacity	Children Potentially Needing Care	Total Licensed Child Care Capacity 12/30/12	Extent Licensed Care Meets Potential Demand
Bottineau	608	158	26%
Burke	240	76	32%
McHenry	680	117	17%
McLean	1035	181	17%
Renville	321	116	36%
Sheridan	97	-	0%
Ward	8214	2320	28%
North Dakota	88,513	30,870	35%

Figure 17 (Childcare Aware of North Dakota, n.d.)

Child Economic Well-Being

According to North Dakota’s Kids Count, North Dakota ranks number one in regards to economic well-being of children. North Dakota has the smallest proportion of children who parents lack secure employment and the smallest proportion of children living in families with a high housing cost burden (i.e., greater than 30 percent of income goes to housing costs). (KC2013)North Dakota also has the third lowest child poverty rate in the nation. Figure 18 shows several indicators of economic health of children by county.

Child Indicators: Economic Health 2013	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	North Dakota
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	19 (1.2)	7 (1.4)	19 (1.4)	31 (1.5)	9 (1.4)	9 (1.4)	292 (1.7)	5795 (3.3)
SNAP Recipients Ages 0-19 (Percent of all children ages 0-19)	313 (22.2)	90 (18.2)	285 (21.4)	381 (19.6)	67 (11.1)	94 (47.5)	2817 (17.5)	37,826 (23.0)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment)	226 (31.6)	82 (24.6)	368 (38.5)	559 (33.1)	19 (35.3)	56 (54.4)	2582 (25.5)	34,381 (31.2)
WIC Program Participants	108	32	94	170	42	38	2400	22,305
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	436 (26.0)	122 (23.0)	381 (26.1)	552 (26.1)	137 (21.1)	110 (49.3)	4035 (21.5)	53,292 (28.0)
Median Income for Families with Children Ages 0-17 *	\$69,821	\$76,797	\$53,816	\$73,973	\$75,000	\$65,313	\$63,769	\$68,658
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	78 (6.3)	28 (7.1)	114 (9.6)	154 (8.9)	3 (0.6)	13 (8.2)	1129 (7.8)	10,573 (7.1)

Figure 18 Economic Health 2013 (North Dakota Indicators, n.d.)

Demographics

The total population of all seven counties, according to 2013 estimates, is 96,383 people (United States Census Bureau, n.d.). Figure 19 compares the population from 2000 to 2010 and from 2010 to 2013. From 2000 to 2010 there was a steady decline in population in all counties except Ward. Political campaigns through the decade were concerned with population decline, the slow death of small rural communities and developing strategies to keep young people in the state. The energy boom provided an economic situation that turned the population decline around quickly. From 2010 to 2013 the population of the counties has recovered in nearly all counties, with Burke and McLean exceeding their 2000 population and Ward County growing even more rapidly than the state average. News reports boast that North Dakota was the fastest growing state in the nation from July 2012 to July 2013. The only county not showing growth in population is Sheridan, which is also the only county without a single oil well. Figure 20 provides a model of the rapid growth across the region from 2010 through 2013.

Population of the 7 County Area of First District Health Unit

	2000 Population	2010 Population	2010 Population Density	2013 Population Estimate	Population Percent change from 4/1/2010 to 7/1/2013
Bottineau	7149	6429	3.9	6736	4.8%
Burke	2242	1968	1.8	2306	17.2%
McHenry	5987	5395	2.9	5922	9.8%
McLean	9311	8962	4.2	9517	6.2%
Renville	2610	2470	2.8	2608	5.6%
Sheridan	1710	1321	1.4	1304	-1.3%
Ward	58,795	61,675	30.6	67,990	10.2%
FDHU	87,804	88,220		96,383	
ND	642,200	672,591	9.7	723,393	7.6%

Figure 19 (United States Census Bureau, n.d.). Population by County

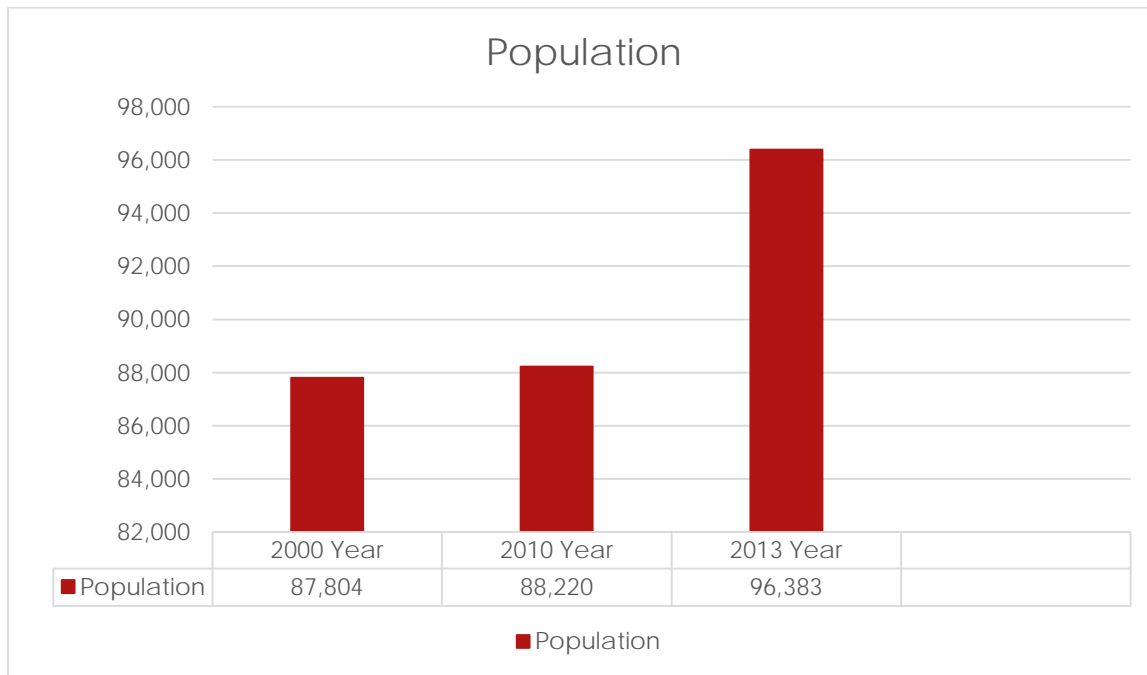


Figure 20 (State and Country Quick Facts, 2014). Population

The US Census Bureau reports the age distribution across the counties. Figure 21 shows the population distribution by age for each county. Figure 22 shows the female population by age group.

Population By Age Group, 2010 Census

	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	FDHU	North Dakota
Age Groups	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
0-9	651 (10.1)	219 (11.1)	593 (11)	903 (10.1)	269 (10.9)	104 (7.9)	8701 (14.1)	11440 (13)	84671 (12.6)
10-19	787 (12.2)	218 (11.1)	681 (12.6)	1017 (11.3)	305 (12.3)	128 (9.7)	7867 (12.8)	11003 (12.5)	87264 (13)
20-29	591 (9.2)	161 (8.2)	456 (8.5)	680 (7.6)	264 (10.7)	94 (7.1)	11908 (19.3)	14154 (16)	108552 (16.1)
30-39	572 (8.9)	185 (9.4)	548 (10.2)	870 (9.7)	241 (9.8)	88 (6.7)	7551 (12.2)	10055 (11.4)	77954 (11.6)
40-49	828 (12.9)	267 (13.6)	737 (13.7)	1121 (12.5)	339 (13.7)	170 (12.9)	7285 (11.8)	10747 (12.2)	84577 (12.6)
50-59	1094 (17)	337 (17.1)	913 (16.9)	1684 (18.8)	391 (15.8)	237 (17.9)	7571 (12.3)	12227 (13.9)	96223 (14.3)
60-69	912 (14.2)	280 (14.2)	637 (11.8)	1359 (15.2)	272 (11)	219 (16.6)	4880 (7.9)	8559 (9.7)	61901 (9.2)
70-79	547 (8.5)	183 (9.3)	465 (8.6)	743 (8.3)	232 (9.4)	174 (13.2)	3251 (5.3)	5595 (6.3)	39213 (5.8)
80 +	447 (7)	118 (6)	365 (6.8)	585 (6.5)	585 (6.5)	107 (8.1)	2661 (4.3)	4440 (5)	32236 (4.8)
Total	6429 (100)	1968 (100)	5395 (100)	8962 (100)	2470 (100)	1321 (100)	61675 (100)	88220 (100)	672591 (100)
<18	1222 (19)	409 (20.8)	1179 (21.9)	1767 (19.7)	534 (21.6)	211 (16)	14502 (23.5)	19824 (22.5)	149871 (22.3)
65+	1382 (21.5)	412 (20.9)	1118 (20.7)	1941 (21.7)	502 (20.3)	8026 (13)	13777 (15.6)	97477 (14.5)	396 (30)

Figure 21 (United States Census Bureau, n.d.)

Female Population and Percentage by Age Group, 2010 Census

Age Groups	Bottineau Number (%)	Burke Number (%)	McHenry Number (%)	McLean Number (%)	Renville Number (%)	Sheridan Number (%)	Ward Number (%)	FDHU Number (%)	North Dakota Number (%)
0-9	313 (48.1)	10 (48.4)	271 (45.7)	431 (47.7)	124 (46.1)	51 (49)	425 (48.9)	5551 (48.5)	41330 (48.8)
10-19	352 (44.7)	10 (46.8)	308 (45.2)	495 (48.7)	156 (51.1)	68 (53.1)	378 (48.1)	5265 (47.9)	42277 (48.4)
20-29	245 (41.5)	66 (41)	209 (45.8)	307 (45.1)	109 (41.3)	44 (46.8)	535 (44.9)	6330 (44.7)	50571 (46.6)
30-39	279 (48.8)	88 (47.6)	269 (49.1)	410 (47.1)	121 (50.2)	43 (48.9)	365 (48.4)	4863 (48.4)	37144 (47.6)
40-49	402 (48.6)	11 (43.4)	343 (46.5)	541 (48.3)	169 (49.9)	78 (45.9)	359 (49.4)	5245 (48.8)	41499 (49.1)
50-59	525 (48)	15 (46.3)	441 (48.3)	818 (48.6)	184 (47.1)	118 (49.8)	377 (49.8)	6014 (49.2)	47283 (49.1)
60-69	451 (49.5)	13 (48.2)	285 (44.7)	667 (49.1)	127 (49.7)	104 (47.5)	250 (51.3)	4272 (49.9)	30699 (49.6)
70-79	280 (51.2)	92 (50.3)	253 (54.4)	387 (52.1)	115 (49.6)	96 (55.2)	179 (55.1)	3014 (53.9)	21453 (54.7)
80 +	261 (58.4)	72 (61.0)	223 (61.1)	349 (59.7)	96 (61.1)	57 (53.3)	172 (64.7)	2779 (62.6)	20471 (63.5)
Total	3108 (48.3)	93 (47.4)	2602 (48.2)	4405 (49.2)	1201 (48.6)	659 (49.9)	3042 (49.3)	43333 (49.1)	332727 (49.5)
<18	573 (46.9)	19 (47.7)	542 (46)	857 (48.5)	258 (48.3)	106 (50.2)	707 (48.8)	9605 (48.5)	73083 (48.8)
65+	737 (53.3)	21 (52.9)	611 (54.7)	1026 (52.9)	263 (52.4)	205 (51.8)	461 (57.5)	7671 (55.7)	55050 (56.5)

Figure 22 (United States Census Bureau, n.d.). Female Population and Percentage of Female by Age Group.

The ethnicity of the population is very homogenous with 89.17% of persons being Caucasian. American Indian or Alaskan Native, Hispanic or Latino, and Black or African American persons make up the highest population of minorities at 2.8%, 2.5%, and 1.8% respectively (See Figure 23). This distribution of ethnicity closely mirrors that of the state population. Of the population five years and older, 96.3% speak only English at home, with 3.7% speaking a language

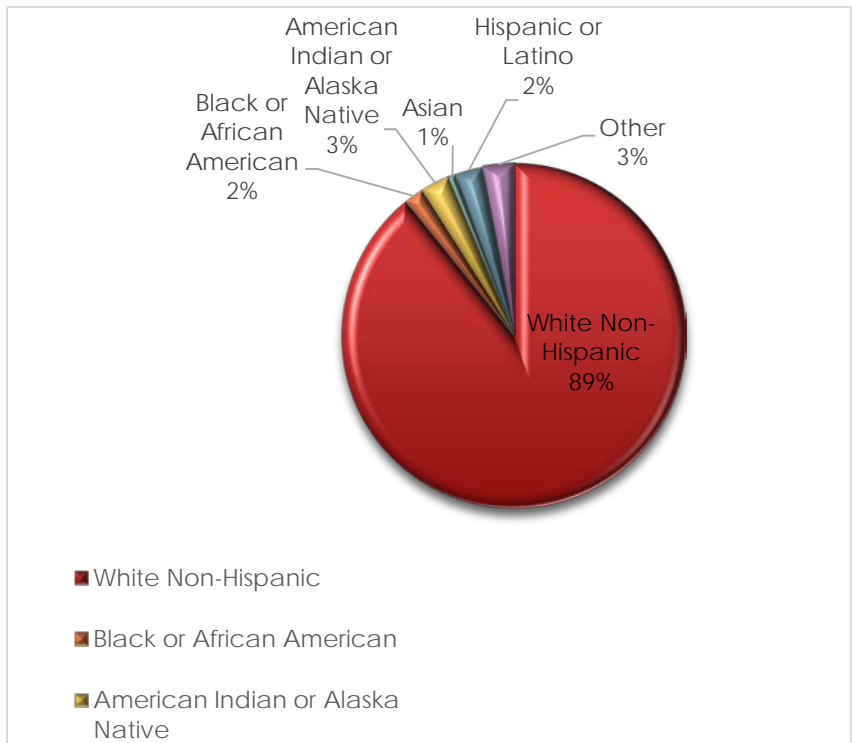


Figure 23 (U.S Department of Commerce, United States Census Bureau,)

other than English (US Census Bureau). Figure 24 shows the breakdown of race and ethnicity by county in First District Health Unit service area.

Race and Hispanic or Latino Origin: 2010 by County

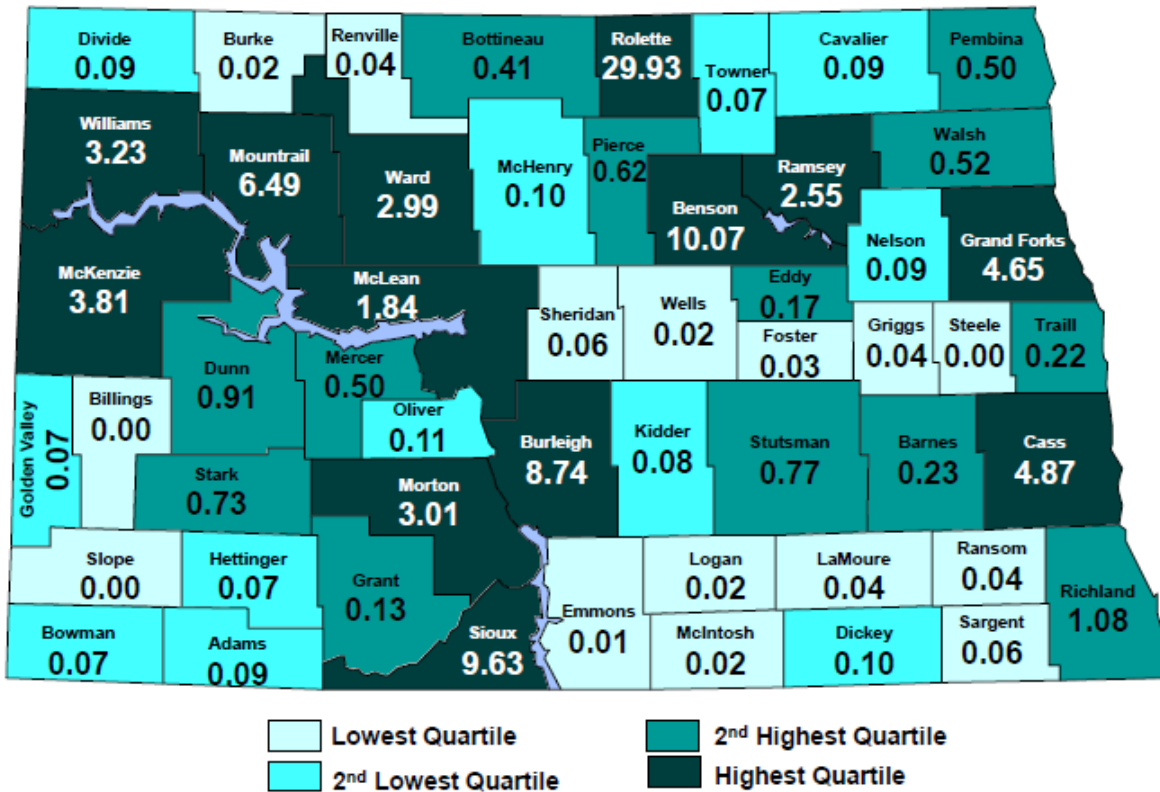
	Total Population	White Non-Hispanic/Latino	Latino/Hispanic	Black	American Indian	Asian	Native Hawaiian	Some Other Race	Two or More Races
Bottineau	6429	6030	82	25	136	16	1	22	117
Burke	1968	1924	37	4	15	14	0	0	11
McHenry	5395	5195	80	8	30	16	0	18	48
McLean	8962	8047	111	8	625	12	2	19	138
Renville	2470	2395	24	2	10	5	0	5	29
Sheridan	1321	1262	16	4	14	2	2	5	16
Ward	61675	53849	1869	1542	1630	583	84	428	1690
FDHU	88220	78665	2219	1593	2460	648	89	497	2049
Percent		89.17	2.52	1.81	2.79	.73	.10	.56	2.32

Figure 24 (United States Census Bureau, n.d.)

The following map (Figure 25) shows the distribution of the Native American Population in North Dakota. A portion of the Fort Berthold Indian Reservation falls within the FDHU service area in McLean and Ward Counties. Figure 26 shows the locations of the reservations in North Dakota. Fort Berthold Indian Reservation is the home of the Three Affiliated Tribes which is made up of the Hidatsa, Mandan and Arikara tribes.

North Dakota Native American Population

Native American Percentage of Statewide Native American Population



Analysis provided by Quality Health Associates of North Dakota • June 2015

Figure 25 North Dakota Native American Population by County

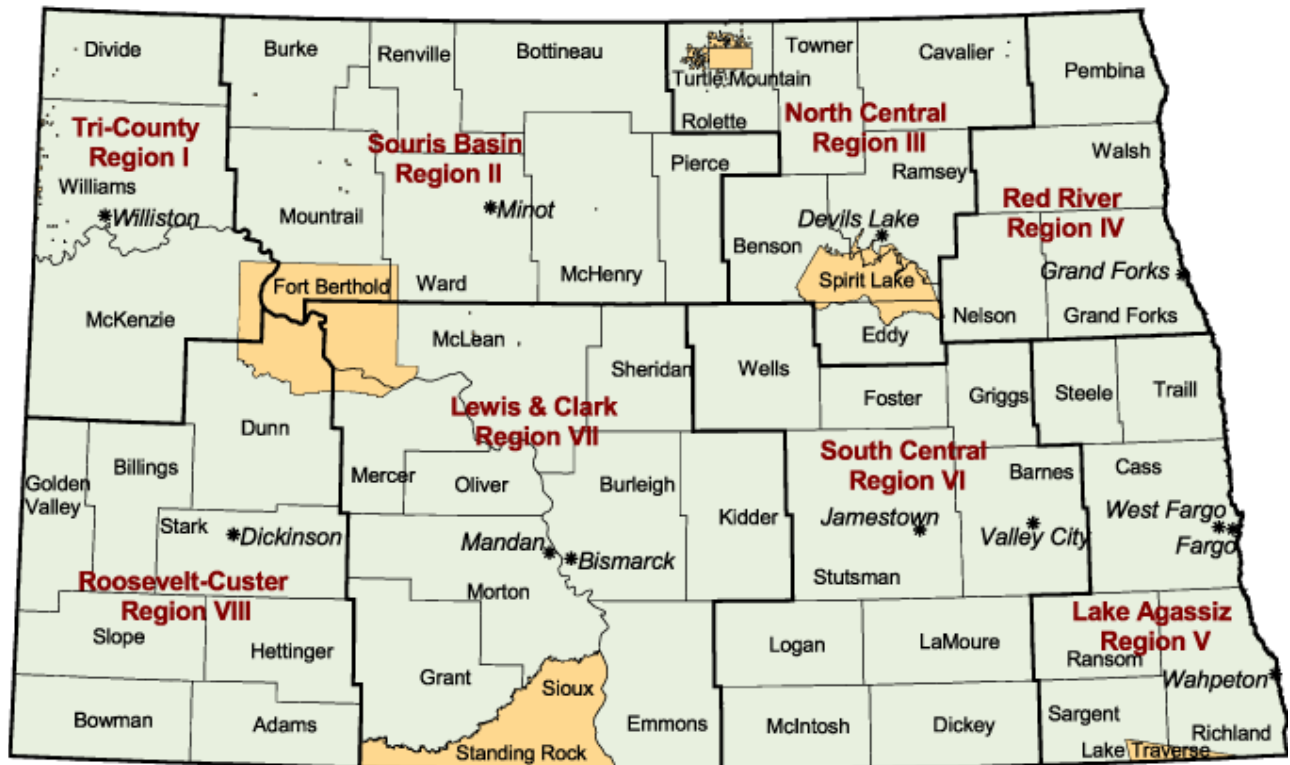


Figure 26 Indian Reservations in North Dakota (North Dakota Compass, 2013)

Marital Status of Person Age 15 and older, 2006-2010 ACS

Marital Status	Bottineau Number (%)	Burke Number (%)	McHenry Number (%)	McLean Number (%)	Renville Number (%)	Sheridan Number (%)	Ward Number (%)	FDHU Number (%)	N D Number (%)
Total Age 15+	5,480 (100)	1,661 (100)	4,469 (100)	7,499 (100)	2,042 (100)	1,186 (100)	47,884 (100)	62,725 (100)	538,799 (100)
Never Married	1,080 (19.7)	245 (14.7)	974 (21.8)	1,305 (17.4)	327 (16)	172 (14.5)	13,599 (28.4)	16,396 (26.1)	163,256 (30.3)
Now Married	3,326 (60.7)	1,080 (64.9)	2,453 (54.9)	4,762 (63.5)	1,376 (67.4)	863 (72.8)	26,528 (55.4)	35,627 (56.8)	288,257 (53.5)
Separated	33 (0.6)	2 (0.1)	40 (0.9)	15 (0.2)	6 (0.3)	12 (1)	622 (1.3)	715 (1.1)	4,310 (0.8)
Widowed	564 (10.3)	188 (11.3)	465 (10.4)	780 (10.4)	192 (9.4)	79 (6.7)	2,729 (5.7)	4,218 (6.7)	36,100 (6.7)
Divorced	477 (8.7)	151 (9.1)	536 (12)	637 (8.5)	143 (7)	59 (5)	4,405 (9.2)	5,772 (9.2)	46,876 (8.7)

Figure 27 (State and Country Quick Facts, 2014). Marital Status of Person Age 15 and Older. 2006-2-10 ACS

Marital status by county in the First District Health Unit service is shown in Figure 27. Slightly more than half (53.5%) of the population in FHDU service area who are age 15 and older are married.

In the population, 42.6% are considered family households and 24.8% are non-family households (United States Census Bureau, n.d.) Figure 28 depicts this in a pie chart. Since the 2010 Census there have been many man camps built. It is unknown whether or not workers in the oil field living in man camps were counted in the 2010 Census as North Dakota residents. In addition, it is unknown whether or not man camps were counted as households, or if so, whether occupants who owned an additional home in ND, perhaps their family dwelling, were counted there instead. Since 2010 many man camps have been built and in many communities oil field workers have lived in RV parks. As housing has been built throughout the area some of these camps have begun to dissolve. There is no more recent data available for comparison.

Total Households in FDHU Service Area

36,871 Total Household in FDHU Service Area

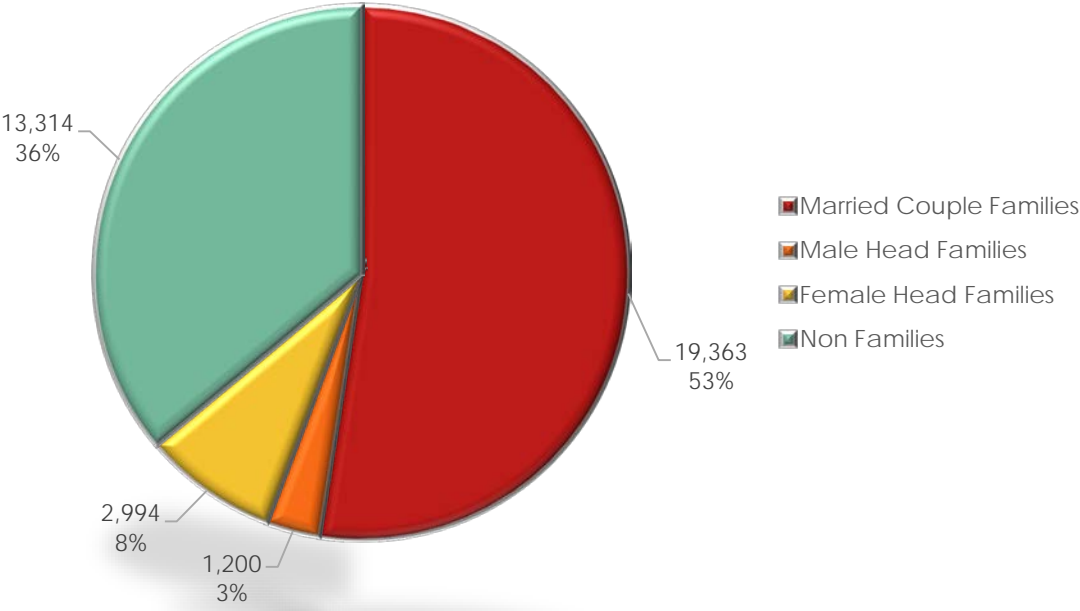


Figure 28 (United States Census Bureau, n.d.) Total Household in Service Area

Children Ages 0-17 Living in Single Parent Families: 2011

Household Indicator	Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	ND %
Children Ages 10-17 Living In Single Parent Families (Percentage of all children ages 10-17 Living In Single Parent Families)	182 (15)	22 (5.9)	254 (21.6)	216 (12.4)	80 (15.9)	5 (5.2)	386 (6.5)	32181 (21.7)

Figure 29 (Kids Counts Data Center, n.d.). Children Living in Single Parent Families

Household Population, 2006-2010 ACS

	Bottineau Number (%)	Burke Number (%)	McHenry Number (%)	McLean Number (%)	Renville Number (%)	Sheridan Number (%)	Ward Number (%)	FDHU Number (%)	North Dakota Number (%)
Total	6430 (100)	1948 (100)	5400 (100)	8861 (100)	2442 (100)	1293 (100)	59,491 (100)	85835 (100)	659858 (100)
In Household	6039 (93.9)	1948 (100)	5390 (99.8)	8548 (96.5)	2395 (98.1)	1293 (100)	57306 (96.4)	82919 (96.6)	634679 (96.2)
In Family	4832 (75.1)	1544 (79.3)	4234 (78.4)	7034 (79.4)	2019 (82..7)	1123 (86.9)	47017 (79.1)	67803 (79)	504148 (76.4)
In Non-Family	1207 (18.8)	404 (20.7)	1156 (21.4)	1514 (17.1)	376 (15.4)	170 (13.1)	10289 (17.3)	15116 (17.6)	130531 (19.8)
In Group	391 (6.1)	0 (0)	10 (0.2)	313 (3.5)	47 (1.9)	0 (0)	2155 (316)	2916 (3.4)	25179 (3.8)
Institutionalized	113 (1.8)	0 (0)	48 (0.9)	172 (1.9)	54 (2.2)	0 (0)	623 (1)	1010 (1.2)	9675 (1.5)

Figure 30 (State and Country Quick Facts, 2014). Household Population, 2006-2010

Transportation

Due to the rural nature of the community and the fact that there is limited public transportation in different areas, many people have to drive individually to their occupation and only 10.77% overall reported using carpools and a mere 0.30% utilize public transportation. This is comparable to the state data in that 9.70% carpool and 0.40% utilizes public transportation to get to work. Despite the fact that many workers from counties other than Ward travel to another county for employment, workers that are employed outside of their county of residence total 12.43% in the community (Figure 31) (United States Census Bureau, n.d.)

Transportation – Workers 16 years and Older



Figure 31 (State and Country Quick Facts, 2014). Transportation-Workers 16 years and Older.

The main form of transportation in the community is by private vehicles, but there are taxi services available in some areas. Minot is the only city in the area that offers an established bus route as a form of public transport. There are also specially equipped vans and busses available to transport individuals who have physical and mental disabilities. In the summer months, bicycles are utilized for both recreational and other transport needs. Sidewalks are standard in most areas, and bike paths are not common. For travel to Minot, Bismarck or other neighboring communities, transportation services are available from one of three transit services: Souris Basin Transportation, West River Transit, or Wells Sheridan Transit. For a detailed route schedule, see the Windshield Assessment for corresponding county. Bottineau, McLean and Ward have some local travel options as well.

Bottineau County
Bottineau City Bus
Cap Cab
Cab One
McLean County
Garrison Taxi Service
Ward County
Central Cab Company
Jefferson Lines Bus Services
Minot City Bus

Figure 32 Local Travel Options

Education

First District Health Unit service areas has 31 school districts with 29 public schools and two private schools. Total enrollment in those school districts in the fall of 2013 was 14645. There are also 299 students that are home schooled. Figure 33 shows the breakdown of types of schooling in FDHU service area.

Enrollment

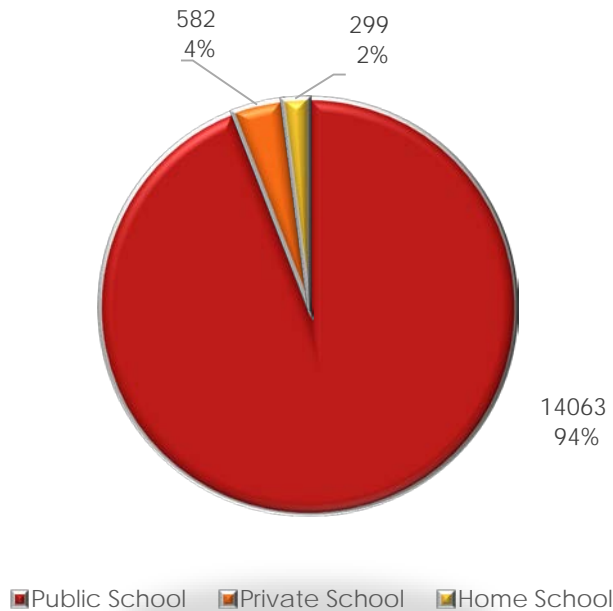


Figure 33 Department of Public Instruction, Fall 2013 Data, Minot Catholic School, Our Redeemers Christian School

The below chart shows the enrollment number for each school using fall 2013 ND Department of Public Instruction statistics.

Bottineau County	
Bottineau School District	620
Newburg United School District	65
Westhope School District	135
Burke County	
Bowbells School District	60
Burke Central School District	121
Powers Lake Public School	150
McHenry County	
Anamoose School District Anamoose-Drake Elementary K-6	97
Drake School District Drake-Anamoose High School 7-12	92
TGU School District Towner K-12 Granville K-12	341
Velva School District	424
McLean County	
Garrison School District	380
Max School District	196
Turtle Lake-Mercer School District	162
Underwood School District	198
Washburn School District	279
White Shield School District	117
Wilton School District	214
Renville County	
Glenburn School District	267
MLS School District Mohall Public School K-12	334

Sherwood Elementary School K-6	
Sheridan County	
Goodrich School District	17
McClusky School District	86
Ward County	
DLB United School District	599
Kenmare School District	300
Lewis & Clark School District Berthold School K-12 North Shore School K-12 Plaza Elementary K-6	395
Nedrose School District K-8	289
Minot Public School	7417
Sawyer School District	119
South Prairie School District K-8	206
Surrey School District	383
Bishop Ryan Catholic School	334
Our Redeemers Christian School	248
Total Enrollment	14645

Figure 34 (ND Department of Public Instruction, n.d.)

Of the population 25 years and over in the community, 91.3% have attained a high school diploma or higher level of education. It is important to note that 4.57% of the population only completed between the 9th to 12th grade level of education with no diploma achieved, and 3.57% completed between the 5th to 8th grade levels of education (Figure 35). The population of the community enrolled in school is 20,684. The students enrolled in kindergarten through the 12th grade total 66.4% of the student population while those enrolled in college or graduation programs makes up 27% of students in the community (Figure 35) (United States Census Bureau, n.d.).

Highest Level of Educational Attainment by Gender- 25 Years and Older

Highest Level of Educational Attainment by Gender- 25 years and older			
	Both Sexes	Male	Female
less than 5th grade	0.52%	0.32%	0.21%
5th to 8th grade	3.57%	2.05%	1.53%
9th to 12th grade, no diploma	4.57%	2.38%	2.20%
High school graduate (incl. equivalency)	29.64%	15.74%	13.90%
Percent high school graduate or higher	91.31%	45.25%	46.06%
Percent bachelor's degree or higher	23.37%	10.90%	12.47%

Figure 35 (United States Census Bureau, n.d.)Highest Level of Educational Attainment by Gender- 25 Years and Older

Population of 3 Years and Over Enrolled in School

Population 3 years and over enrolled in school		
Nursery school, preschool	1356	6.56%
Kindergarten	1340	6.48%
Elementary: grade 1 to grade 4	3799	18.37%
Elementary: grade 5 to grade 8	4069	19.67%
High school: grade 9 to grade 12	4525	21.88%
College, undergraduate	4738	22.91%
Graduate, professional school	857	4.14%

Figure 36 (United States Census Bureau, n.d.)Population of 3 Years and Over Enrolled in School.

Several early childhood education facilities are located in the service area:

Early Explorers Head Start-701 Main St. N Towner, ND 58788 (701) 537-5409

Early Explorers Head Start-250 3rd Ave West Turtle Lake, ND 58575 (701)448-2399

Minot Head Start & Early Head Start 2815 Burdick Expressway E (701)857-4688

First District Health Unit has two colleges/university in the service area: Minot State University and Dakota College at Bottineau. According to the North Dakota University System, the 2013-2014 annual enrollment numbers for Minot State University was 5,599 and Dakota College was 1,224. (Reports & Information)(Note: Annual Enrollment Report combines summer, fall and spring enrollment numbers to get total annual enrollment.)

Educational Attainment Among 25+, 2006-2010 ACS

Educational Attainment Among 25+, 2006-2010 ACS

	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	FDHU	North Dakota
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)

Total	4655 (100)	1523 (100)	3904 (100)	6695 (100)	1746 (100)	1035 (100)	36926 (100)	54961 (100)	429333 (100)
No Schooling Completed	7 (0.2)	6 (0.4)	24 (0.6)	52 (0.8)	81 (4.6)	0 (0)	106 (0.3)	190 (0.3)	2247 (0.5)
No High School	289 (6.2)	100 (6.6)	250 (6.4)	486 (7.3)	81 (4.6)	149 (14.4)	1087 (2.9)	2342 (4.3)	21825 (5.1)
Some High School	359 (7.7)	62 (4.1)	292 (7.5)	412 (6.2)	126 (7.2)	57 (5.5)	1646 (4.5)	2892 (5.3)	21347 (5)
High School or GRE	1222 (26.3)	573 (37.6)	1474 (37.8)	2102 (31.4)	446 (25.5)	407 (39.3)	10633 (28.8)	16284 (29.6)	120683 (28.1)
Some College	1771 (38)	514 (33.7)	1307 (33.5)	2476 (37)	738 (42.3)	270 (26.1)	13912 (37.7)	20474 (37.3)	150254 (35)
Bachelor's Degree	746 (16)	209 (13.7)	447 (11.4)	960 (14.3)	285 (16.3)	129 (12.5)	7041 (19.1)	9608 (17.5)	83209 (19.4)
Post Graduate Degree	261 (5.6)	59 (3.9)	110 (2.8)	207 (3.1)	69 (4)	23 (2.2)	2501 (6.8)	3171 (5.8)	29768 (6.9)

Figure 37 (United States Census Bureau, n.d.) Population of 3 Years and Over Enrolled in School

Crime

In many of the communities, the dominant law enforcement services are the local county sheriff's department and highway patrol, with a limited number of cities having their own police services. Despite the crime rate in the community remaining lower than the national average, there has been an increase in criminal activity leaving many long term residents feeling unsafe. Crimes commonly reported from local news sources include sexual and physical assaults, burglaries, vandalism, and homicides and most recently human trafficking. In 2012, 14,866 crime index offenses were reported by local law enforcement to the North Dakota Uniform Crime Reporting program (Weltz, 2013). Of these, property crime accounted for 90.2 percent of the total offenses, versus violent crimes credited with 9.8 percent of offenses (Weltz, 2013). The index crime rate increased 5.5% between 2011 and (Weltz, 2013). Sixteen murder/non-negligent Manslaughter incidents occurred in 2012, with one incident within the service area; a two victim case in Bottineau County. Figure 38 shows the number and rate of offenses for each county.

Number and rate of Crime Index Offenses in 2012 in FDHU Service Area

	Murder/ Man slaughter	Forcible Rape	Robbery	Aggravated Assault	Burglary	Larceny / Theft	Motor Vehicle Theft	Total Offenses
Bottineau	2 30.3	0	0	3 45.5	16 242.8	41 622.1	4 60.7	66 1001.4
Burke	0	0	0	1 48.1	6 288.5	14 673.1	5 240.4	26 1250.0
McHenry	0	0	0	2 35.5	11 195.3	27 479.5	6 106.6	46 816.9
McLean	0	1 10.8	1 10.8	6 64.7	37 398.9	79 851.7	13 140.1	137 1476.9
Renville	0	0	0	1 39.3	2 78.5	18 706.7	0	21 824.5
Sheridan	0	0	0	0	6 448.1	24 1792.4	3 194.7	33 2464.5
Ward	0	25 38.1	6 9.2	94 143.4	127 193.8	717 1094.0	116 177.0	1085 1655.4

The top number indicates the actual crime numbers reported. The bottom number is crime rates calculated based on the number of reported cases per 100,000.

Figure 38 (Weltz, 2013). A Summary of Uniform Crime Report Data.

Crime data is obtained from the North Dakota web site for the North Dakota Bureau of Criminal Investigation. The number of crimes are reported to BCI by local law enforcement agencies. Some years some agencies may not report so the data is designated as incomplete. Figures 39-47 show the trend by county, service area and state data.

Crime Index Offenses by Reporting Jurisdiction

Bottineau						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	0	0	2	2
Rape	0	0	0	0	0	0
Robbery	0	0	0	0	0	0
Assault	0	0	0	0	3	3
Violent crime	0	0	0	0	5	5
Burglary	9	11	7	6	16	49
Larceny	11	35	14	16	41	117
Motor vehicle theft	1	4	4	1	4	14
Property crime	21	50	25	23	61	180
Total crime	21	50	25	23	66	185

Figure 39 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

Burke						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	0	0	0	0
Rape	0	0	1	0	0	1
Robbery	0	0	0	0	0	0
Assault	0	0	2	3	1	6
Violent crime	0	0	3	3	1	7
Burglary	10	4	4	3	6	27
Larceny	10	16	16	13	14	69
Motor vehicle theft	1	1	3	1	5	11
Property crime	21	21	23	17	25	107
Total crime	21	21	26	20	26	114

Figure 40 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

McHenry						
	2008	2009	2010	2011	2012	5 year
Murder	0	1	0	0	0	1
Rape	0	1	0	0	0	1
Robbery	0	0	0	0	0	0
Assault	0	0	0	5	2	7
Violent crime	0	2	0	5	2	9
Burglary	5	3	2	8	11	29
Larceny	16	10	9	21	27	83
Motor vehicle theft	3	1	1	5	6	16
Property crime	24	14	12	34	44	128
Total crime	24	16	12	39	46	137

Figure 41 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

McLean						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	0	0	0	0
Rape	4	3	3	0	1	11
Robbery	0	0	0	0	1	1
Assault	10	3	3	4	6	26
Violent crime	14	6	6	4	8	38
Burglary	39	21	43	21	37	161
Larceny	82	53	66	55	79	335
Motor vehicle theft	6	11	1	6	13	37
Property crime	127	85	110	82	129	533
Total crime	141	91	116	86	137	571

Figure 42 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

Renville						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	0	0	0	0
Rape	0	0	0	0	0	0
Robbery	0	1	0	0	0	1
Assault	0	0	0	0	1	1
Violent crime	0	1	0	0	1	2
Burglary	1	1	5	9	2	18
Larceny	5	12	11	16	17	61
Motor vehicle theft	0	0	2	0	0	2
Property crime	6	13	18	25	19	81
Total crime	6	14	18	25	20	83

Figure 43 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

Sheridan						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	0	0	0	0
Rape	0	0	1	0	0	1
Robbery	0	0	0	0	0	0
Assault	0	1	0	1	0	2
Violent crime	0	1	1	1	0	3
Burglary	3	5	5	4	6	23
Larceny	6	11	13	12	24	66
Motor vehicle theft	1	0	0		3	4
Property crime	10	16	18	16	33	93
Total crime	10	17	19	17	33	96

Figure 44 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

Ward						
	2008	2009	2010	2011	2012	5 year
Murder	0	0	2	6	0	8
Rape	25	18	29	12	25	109
Robbery	3	7	5	5	6	26
Assault	66	100	95	131	94	486
Violent crime	94	125	131	154	125	629
Burglary	170	130	102	173	127	702
Larceny	619	590	728	711	717	3365
Motor vehicle theft	58	72	68	85	116	399
Property crime	847	792	898	969	960	4466
Total crime	941	917	1029	1123	1085	5095

Figure 45 (Office of Attorney General, 2013). A Summary of Uniform Crime

First District						
	2008	2009	2010	2011	2012	5 year
Murder	0	1	2	6	2	11
Rape	29	22	34	12	26	123
Robbery	3	8	5	5	7	28
Assault	76	104	100	144	107	531
Violent crime	108	135	141	167	142	693
Burglary	237	175	168	224	205	1,009
Larceny	749	727	857	844	919	4,096
Motor vehicle theft	70	89	79	98	147	483
Property crime	1,056	991	1,104	1,166	1,271	5,588
Total crime	1,164	1,126	1,245	1,333	1,413	6,281

Figure 46 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

North Dakota						
	2008	2009	2010	2011	2012	5 year
Murder	4	15	11	15	20	65
Rape	222	206	222	207	243	1100
Robbery	71	102	85	91	117	466
Assault	738	795	847	1040	1071	4491
Violent crime	1,035	1,118	1,165	1,353	1,451	6122
Burglary	2,035	2,180	1,826	2,227	2,200	10,468
Larceny	8,926	8,699	8,673	9,344	10,184	45,826
Motor vehicle theft	854	825	763	854	1031	4,327
Property crime	11,815	11,704	11,262	12,425	13,415	60,621
Total crime	12,850	12,822	12,427	13,778	14,866	66,743

Figure 47 (Office of Attorney General, 2013). A Summary of Uniform Crime Report Data

Agency	Number of Law Enforcement Officers		
	2011	2012	2013
Bottineau County Sheriff's Department	8	10	10
Burke County Sheriff's Department	5	6	7
Powers Lake Police Department	-	-	1
McHenry County Sheriff's Department	7	7	7
McLean County Sheriff's Department	18	19	20
Renville County Sheriff's Department	4	5	6
Sherwood Police Department	1	1	1
Sheridan County Sheriff's Department	3	3	2
Ward County Sheriff's Department	22	25	27
Kenmare Police Department	2	3	3
Minot Police Department	61	65	72
Burlington Police Department	2	2	3
Surrey Police Department	1	2	2
Berthold Police Department	n/a	n/a	0

Figure 48 (Office of Attorney General, 2013)

Juvenile Court Referrals 2013

Child Indicator	Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	ND %
Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 10-17)	12 (2.3)	6 (3)	15 (2.6)	24 (2.9)	3 (1.1)	5 (5.2)	386 (6.5)	3789 (5.8)
Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referrals)	2 (11.8)	1 (8.3)	3 (17.6)	5 (10.2)	2 (40)	2 (25)	35 (5.3)	689 (9.8)
Alcohol-Related Juvenile Court Referral (Percentage of total juvenile court referrals)	5 (29.4)	1 (8.3)	7 (41.2)	7 (14.3)	2 (40)	1 (12.5)	89 (13.6)	909 (13)

Figure 49: (North Dakota KIDS COUNT, n.d.). Juvenile Court Referrals. By Major Offense Type

Domestic Violence

In 2013 4,801 new victims (new=unduplicated for calendar year) received services from crisis intervention centers in North Dakota. In that same year, 5,177 incidents of domestic violence were reported to crisis intervention centers in ND. Ninety-four percent of the victims were women. Sexual assault victims in 2013 totaled 913 primary victims and 327 secondary victims that were served by 20 sexual assault crisis centers throughout North Dakota.

Children Impacted by Domestic Violence, Kids Counts Data Center, 2010								
Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	FDHU	ND
15 1.2%	7 1.9%	13 1.5%	85 5.2%	0 0%	14 7.8%	126 0.9%	260	4739 2.9%

Figure 50: (North Dakota Department of Health, 2006).

Suspected victims of child abuse or neglect*, Kids Counts Data Center, 2013							
Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	ND
39 3.0%	28 2.9%	95 7.5%	81 4.4%	43 7.6%	LNE N/A	1032 6.7%	3170 4%

*Suspected victims are defined as children involved in assessment made to ND Dept. of Human Services where there is suspicion of child abuse or neglect. Percentage is of total population ages 0-17.

Figure 51: (North Dakota Department of Health, 2006).

Victims of Child Abuse and Neglect requiring services, Kids Counts Data Center, 2013							
Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	ND
LNE	9	25	42	LNE	LNE	189	1517
N/A	32.1%	26.3%	51.9%	N/A	N/A	18.3%	24.6%
Percentage represents percent of suspected child victims of abuse and neglect that require services.							

Figure 52: (North Dakota Department of Health, 2006).

Politics

The current Governor of North Dakota is Jack Dalrymple, a republican from Casselton, ND. He began his career in government first in the North Dakota Legislature in 1985, representing a rural Cass County House district for eight terms, including six as the House Appropriations Committee. In 2000 he was elected as the Lieutenant Governor with Governor John Hoeven and was re-elected in 2004 and 2008. He was sworn in as Governor on December 7, 2010, when Hoeven left the Governor's office for his post in the US Senate (North Dakota Office of the Governor , 2014).

The state is divided into districts based on population. Each district elects one senator and two members to the House of Representatives. The members of this body are elected for a four-year terms. Members of the even-numbered districts were elected in the 2012 general election, whereas the odd-numbered districts were elected in the 2010 general elections (North Dakota Legislative Council, 2014). The FDHU service area is represented by districts 2, 3, 4, 5, 6, 8, 14, 38 and 40. Of the 27 legislators, 23 are Republican and 4 are Democrat.

Political activity peaks during election seasons, with many signs and advertisements appearing in both private and public locations. Local government is present on both a city and county level, where each town usually has an elected mayor and city council and each county has three to five (3-5) elected commissioners. Community members are involved not only in the election of these officials, but may also influence decision-making through community partnerships and coalitions as well as on an individual basis. County Commissioners and City Mayors' contact information can be found in the respective county appendices.

Chronic Disease & Communicable Disease

Chronic diseases and conditions, such as heart disease, stroke, cancer, diabetes, obesity, and arthritis, are among the most common, costly, and preventable of all health problems.

- Seven of the top 10 causes of death in 2010 were chronic disease.
- As a nation, 75% of our health care dollars go toward treating chronic disease.
- As of 2012, about half of all adults have one or more chronic health conditions.
- Arthritis is the common cause of disability.

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

Chronic Disease

General Health

Percentage of respondents 18 or older who reported eight or more days in the past thirty in which poor physical or mental health limited their activities 2005-2010, Adult Behavior Risk Factor Survey								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
9.0 (5.4-12.6)	6.0 (1.5-10.2)	9.3 (4.8-13.9)	8.7 (5.6-11.8)	7.1 (2.9-11.4)	16.3 (3.1-29.6)	9.5 (7.9-11.1)	9.3 (8.1-10.5)	9.5 (9.0-10.0)

Figure 53: (North Dakota Department of Health, 2011)

Diabetes

Percentage of respondents 18 or older who reported that they have diabetes 2005-2010, Adult Behavior Risk Factor Survey								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
7.9 (5.2-10.6)	10.2 (5.6-14.8)	9.3 (6.0-12.6)	7.9 (5.5-10.2)	8.2 (3.7-12.7)	5.5 (1.2-9.8)	6.7 (5.7-7.7)	7.3 (6.5-8.1)	7.0 (6.7-7.4)

Figure 54: (North Dakota Department of Health, 2011)

Medicare Beneficiaries with 2013 Claims with Diabetes Diagnosis			
County	Beneficiaries	Beneficiaries with Diagnosis	%
BOTTINEAU	1,542	290	18.81%
BURKE	460	85	18.48%
MCHENRY	1,297	253	19.51%
MCLEAN	2,268	443	19.53%
RENVILLE	480	86	17.92%
SHERIDAN	368	67	18.21%
WARD	9,132	2,125	23.27%
7 County Total	15,547	3,349	21.54%

Figure 55: Medicare Beneficiaries with 2013 Claims with Diabetes Diagnosis.
 Analysis provided by Quality Health Associates of North Dakota, Minot, ND.

High Blood Pressure

Percentage of respondents 18 or older who reported that they have high blood pressure 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
33.2 (26.5-39.8)	36 (25.5-46.5)	29.8 (23.1-36.5)	25.3 (20.5-30.1)	25.5 (15.9-35.2)	15.3 (6.4-24.2)	23.8 (21.6-25.9)	25.4 (23.7-27.2)	25 (24.4-25.7)

Figure 56: (North Dakota Department of Health, 2011)

2014 Hypertension Prevalence in Medicare Beneficiaries
 By North Dakota County

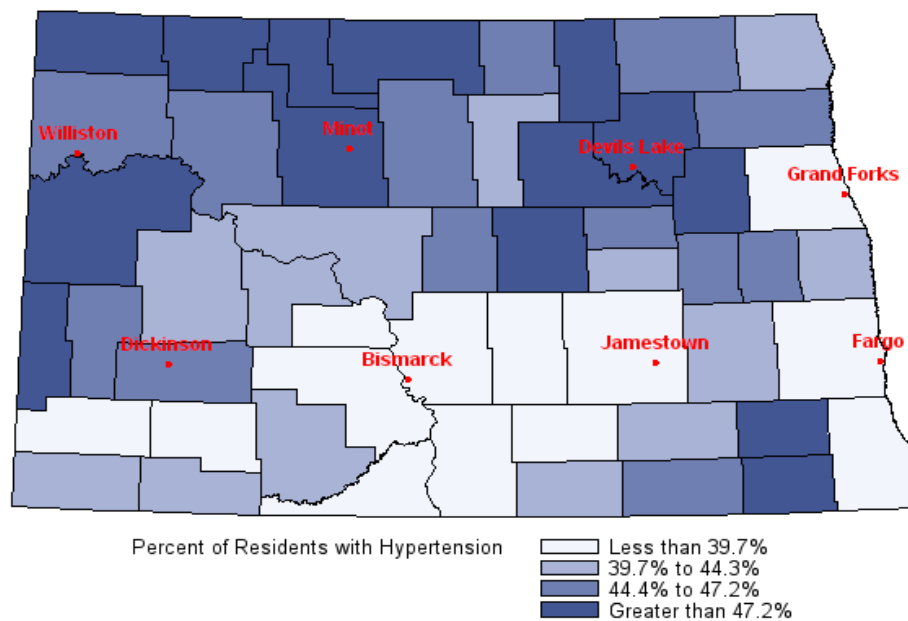


FIGURE 57 ANALYSIS PROVIDED BY QUALITY HEALTH ASSOCIATES OF NORTH DAKOTA, MINOT, ND

Cholesterol

Percentage of respondents 18 or older who reported that they had ever been told they had high cholesterol 2001-2010, Adult Behavior Risk Factor Survey								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
33.7 (27.1-40.4)	34.4 (23.4-45.4)	35.3 (27.7-42.9)	43.7 (37.7-49.7)	30.2 (20.6-39.9)	34.7 (2.4-49)	31 (28.4-33.5)	33.1 (31.1-35.2)	34 (33.2-34.8)

Figure 58: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported ever having been told they had asthma 2001-2010, Adult Behavior Risk Factor Survey								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
9.2 (6.4-12.1)	6.2 (2.8-9.7)	15.0 (10.3-19.7)	10.2 (7.5-12.9)	13.4 (7.6-19.2)	12.1 (3.4-20.8)	11.0 (9.7-12.4)	11.0 (10-12)	10.7 (10.3-11.1)

Figure 59: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported currently having asthma 2001-2010, Adult Behavior Risk Factor Survey								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
5.7 (3.4-8.0)	4.8 (1.27-7.9)	10.1 (6.4-13.7)	7.3 (4.9-9.8)	8.0 (3.8-12.1)	8.1 (2.0-14.1)	7.8 (6.7-9)	7.7 (6.8-8.5)	7.5 (7.2-7.9)

Figure 60: (North Dakota Department of Health, 2011)

Asthma-Youth

Percent of children under the age of 18 with asthma problems, 2011-2012, Kids Count Data Center	
ND	
8%	

Figure 61: (North Dakota Department of Health, 2011)

Arthritis

Percentage of respondents 18 or older who reported doctor diagnosed arthritis 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
31.6 (25.6-37.9)	31.4 (21.3-41.6)	31.2 (24.1-38.3)	27.5 (22.4-32.6)	32.8 (22.1-43.5)	36.8 (22.4-51.2)	24.9 (22.6-27.2)	26.9 (25.1-28.8)	27.2 (26.5-27.9)

Figure 62: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported chronic joint pain or stiffness 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
45.6 (37.7-53.5)	34.6 (22.3-46.8)	43.5 (34.7-52.3)	34 (27.4-40.6)	37.4 (24.9-49.9)	52.3 (32.1-38.2)	35.2 (32.1-38.2)	36.9 (34.5-39.3)	35.3 (34.4-36.2)

Figure 63: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported activity limitation due to arthritis 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
14.6 (9.6-19.7)	12.6 (5.2-20)	14.7 (8.6-20.9)	15.5 (11.2-19.8)	10.7 (5-16.3)	11.4 (3.1-19.7)	10 (8.5-11.6)	11.5 (10.2-12.8)	13 (12.4-13.5)

Figure 64: (North Dakota Department of Health, 2011)

Heart Conditions

Percentage of respondents 18 or older who reported ever having had a heart attack 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
7.4 (4.6-10.1)	5.3 (1.7-9)	4.5 (2.1-6.9)	15.5 (11.2-19.8)	2 (0-4.3)	7.7 (1.6-13.8)	3.3 (2.6-4)	4.1 (3.5-4.7)	4.1 (3.9-4.3)

Figure 65: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported ever having coronary artery disease 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
7.1 (4.4-9.7)	5.6 (2.1-9.1)	3.2 (1.2-5.3)	4.6 (2.8-6.3)	2.9 (0.3-5.6)	3.8 (0.3-7.4)	3.5 (2.7-4.2)	4 (3.4-4.6)	4 (3.8-4.3)

Figure 66: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported ever having cardiovascular disease 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
11.1 (4.1-18.1)	8.7 (4.4-13.1)	6.6 (3.8-9.4)	9.2 (6.8-11.6)	6.2 (2.4-10)	11.1 (4.1-18.1)	6.4 (5.4-7.4)	7.3 (6.5-8.1)	7.5 (7.2-7.9)

Fig 67: (North Dakota Department of Health, 2011)

Stroke

Percentage of respondents 18 or older who reported ever having had a stroke 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
2.5 (0.9-4.1)	2.9 (0.6-5.2)	1.2 (0.3-2.2)	3.9 (2.3-5.5)	3.1 (0.5-5.7)	3.5 (0-7.3)	2.1 (1.5-2.7)	2.4 (1.9-2.9)	2.3 (2.1-2.5)

Fig 68: (North Dakota Department of Health, 2011)

Cancer

There are more than 100 different types of cancer. North Dakota cancer care spending estimates for 2010 amounted to \$274 million. In 2013, 1,244 North Dakota residents died from cancer. It is the leading cause of death for people ages 20 to 65. North Dakota Statewide Cancer Registry collects information about new cancer cases, cancer treatment and cancer deaths. All hospitals, laboratories, physicians and other health care providers are required by state law to report all newly diagnosed or treated cancer patients. Here is a breakdown of incidence and mortality by counties in the FDHU service area.

Cancer Incidence 2008-2012														
Cancer	Bottineau		Burke		McHenry		McLean		Renville		Sheridan		Ward	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Oral Cavity & Pharynx	^	^	0	0	^	^	^	^	^	^	^	^	34	11.3
Esophagus	0	0	0	0	^	^	^	^	0	0	^	^	14	4.4
Colorectal	24	46	^	^	13	29.4	47	67.6	^	^	^	^	156	48
Liver	^	^	^	^	^	^	^	^	0	0	^	^	16	5.1
Pancreas	^	^	^	^	^	^	^	^	^	^	^	^	39	12.5
Lung & Bronchus	29	53	13	74.8	22	49.7	36	46.5	^	^	^	^	202	64.5
Skin	^	^	^	^	^	^	^	^	^	^	^	^	75	24.6
Breast	40	89.9	^	^	22	55	44	65.3	12	73.9	^	^	238	78.4
Female	^	^	^	^	^	^	21	67.6	^	^	^	^	81	51
Prostate	41	158.7	10	117.2	45	208	53	137.3	16	161	^	^	242	164.2
Bladder	^	^	^	^	13	26.6	27	37.6	^	^	^	^	65	20
Kidney & Renal Pelvis	^	^	^	^	^	^	14	17.6	0	0	^	^	45	14.9
Brain & Nervous System	^	^	0	0	^	^	^	^	0	0	0	0	17	5.2
Thyroid	^	^	^	^	^	^	11	23	0	0	0	0	24	7.3
Lymphoma	10	17.8	^	^	14	30.6	20	31.8	^	^	^	^	78	24.8
Leukemia	^	^	^	^	^	^	^	^	^	^	^	^	59	19

Figure 69: North Dakota State Cancer Registry Cancer Incidence 2008-2012 (North Dakota State Cancer Registry, n.d.) (^=Statistic not displayed due to fewer than 10 cases.)

Cancer Mortality														
Cancer	Bottineau		Burke		McHenry		McLean		Renville		Sheridan		Ward	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Oral Cavity & Pharynx	^	^	0	0	0	0	^	^	0	0	0	0	^	^
Esophagus	0	0	0	0	^	^	^	^	0	0	^	^	10	3.2
Colorectal	12	20.2	^	^	^	^	14	17.4	^	^	^	^	48	14.2
Liver	^	^	0	0	^	^	^	^	0	0	^	^	17	5.4
Pancreas	^	^	^	^	^	^	^	^	^	^	^	^	28	8.8
Lung & Bronchus	26	44.4	10	61.9	17	38.1	26	34.9	^	^	^	^	149	46.6
Skin	^	^	0	0	0	0	^	^	0	0	0	0	^	^
Breast	^	^	^	^	^	^	^	^	^	^	^	^	48	14.2
Female	^	^	^	^	^	^	^	^	0	0	0	0	24	13.5
Prostate	^	^	^	^	^	^	^	^	^	^	0	0	25	18.5
Bladder	^	^	^	^	0	0	0	0	^	^	0	0	13	3.7
Kidney & Renal Pelvis	^	^	^	^	^	^	^	^	0	0	0	0	18	5.8
Brain & Nervous System	^	^	0	0	^	^	^	^	^	^	0	0	17	6
Thyroid	0	0	0	0	0	0	0	0	0	0	0	0	^	^
Lymphoma	^	^	^	^	^	^	^	^	0	0	^	^	0	0
Leukemia	^	^	^	^	^	^	^	^	^	^	0	0	23	7.3

Figure 70: North Dakota State Cancer Registry Cancer Mortality 2008-2012 (North Dakota State Cancer Registry, n.d.)

Lack of insurance and other barriers prevent many Americans from getting good, basic cancer treatment. According to the American Cancer Society's Cancer Facts & Figures, "Uninsured patients and those from ethnic minorities are substantially more likely to be diagnosed with cancer at a later stage, when treatment can be more extensive and more costly." This leads to higher medical costs, poorer outcomes, and higher cancer death rates. Below is a chart of cancer types and what percentage of diagnoses are in the late stage. (North Dakota Department of Health, 2014)

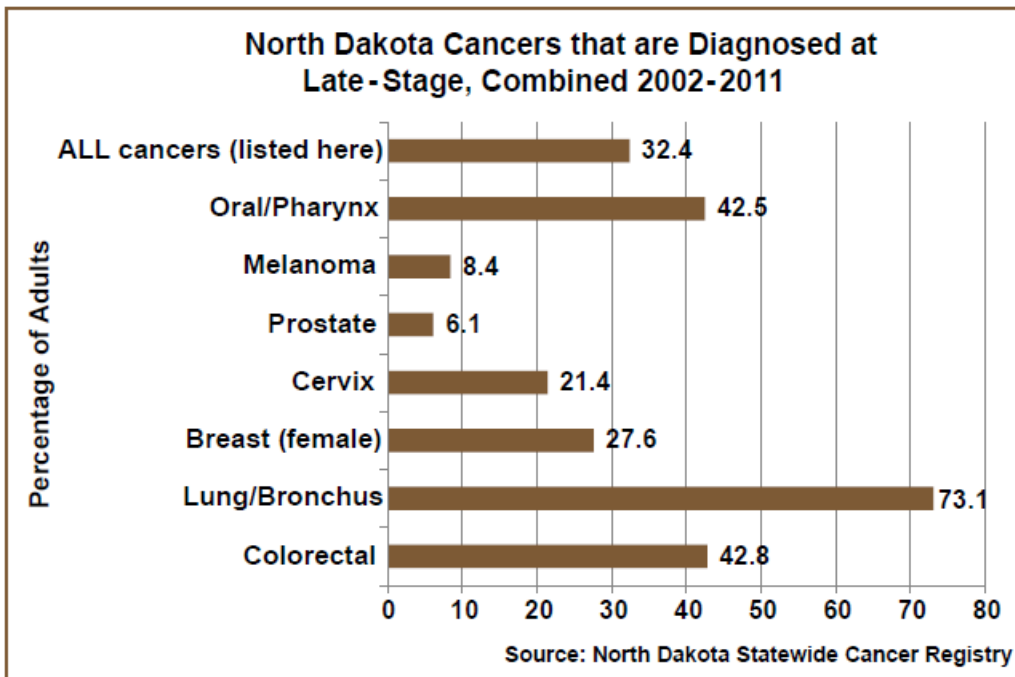


Figure 71: ND Cancers that are diagnosed at Late-Stage. (North Dakota Department of Health, 2014)

Communicable Disease

Bottineau					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	0	1	0	0	0
Chickenpox	0	0	1	0	0
Chlamydia	7	5	11	11	16
Cryptosporidiosis	0	1	0	0	0
E. Coli, shiga-toxin	0	0	0	0	0
Enterococcus, vancomycin-resistant (VRE)	1	4	3	7	1
Giardiasis	1	1	0	1	0
Gonorrhea	0	1	2	2	1
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	1	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, Chronic	0	0	0	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, past or present	1	1	1	1	3
Influenza	11	1	3	7	23
Legionellosis	0	0	0	1	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	2
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	0	0	0
Meningococcal disease	0	0	0	0	0
Mumps	0	0	0	0	0
Pertussis	0	0	1	1	0
Q-fever	0	0	0	0	0
Rabies (animal)	2	0	1	2	0
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	1	1	0	0	0
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA)	1	0	0	2	2
Streptococcal disease	0	0	2	5	0
Streptococcal pneumonia	0	0	2	0	1
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	0	2

Figure 72

Burke					
Diseases	2009	2010	2011	2012	2013
Campylobacteriosis	0	0	1	0	0
Chickenpox	1	0	0	0	0
Chlamydia	0	6	1	2	2
Cryptosporidiosis	0	0	0	0	0
E. Coli, shiga-toxin	0	0	0	0	0
Enterococcus, vancomycin-resistant (VRE)	1	0	1	0	3
Giardiasis	0	0	0	3	0
Gonorrhea	0	0	0	1	1
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	0	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, Chronic	0	0	0	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, Past or Present	0	0	0	2	1
Influenza	8	0	1	3	7
Legionellosis	0	0	0	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	0	0	0
Meningococcal disease	0	0	0	0	0
Mumps	0	0	0	0	0
Pertussis	0	0	0	0	1
Q-fever	0	0	0	0	0
Rabies (animal)	0	0	0	0	0
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	0	0	1	0	0
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA)	0	0	0	0	0
Streptococcal disease	1	0	0	1	0
Streptococcal pneumonia	0	0	0	0	0
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	0	0

Figure 73

McHenry					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	1	2	0	1	0
Chickenpox	0	0	0	0	1
Chlamydia	3	13	7	20	7
Cryptosporidiosis	1	1	1	1	1
E. Coli, shiga-toxin	0	0	0	1	0
Enterococcus, vancomycin-resistant (VRE)	0	2	2	3	1
Giardiasis	0	0	0	1	0
Gonorrhea	0	0	0	1	1
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	0	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, chronic	0	1	0	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, Past or Present	2	2	3	1	3
Influenza	0	0	5	24	21
Legionellosis	0	0	0	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	0	0	0
Meningococcal disease	0	0	0	0	0
Mumps	0	0	0	0	0
Pertussis	1	0	0	5	0
Q-fever	0	0	0	0	0
Rabies (animal)	1	1	0	5	1
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	0	0	0	0	2
Shigellosis	0	0	0	0	2
Staphylococcus aureus (MRSA)	0	0	0	2	2
Streptococcal disease	0	0	1	0	2
Streptococcal pneumonia	0	0	0	1	1
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	1	2

Figure 74

McLean					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	2	1	4	2	3
Chickenpox	0	0	11	0	0
Chlamydia	14	16	8	15	13
Cryptosporidiosis	2	1	0	0	4
E. Coli, shiga-toxin	0	0	0	1	1
Enterococcus, vancomycin-resistant (VRE)	8	12	12	9	18
Giardiasis	1	0	1	0	0
Gonorrhea	0	0	6	2	0
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	0	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, chronic	0	0	1	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, past or present	4	6	7	10	8
Influenza	105	0	43	56	84
Legionellosis	1	0	0	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	0	0	1
Meningococcal disease	0	0	0	0	0
Mumps	0	0	0	0	0
Pertussis	0	1	0	2	1
Q-fever	0	0	0	0	0
Rabies (animal)	0	0	0	1	2
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	21	0	1	2	0
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA)	1	2	0	1	5
Streptococcal disease	3	1	2	3	5
Streptococcal pneumonia	0	1	0	4	3
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	4	8

Figure 75

Renville					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	1	0	0	1	0
Chickenpox	0	0	1	0	0
Chlamydia	1	8	6	8	7
Cryptosporidiosis	0	0	0	0	0
E. Coli, shiga-toxin	0	0	0	0	0
Enterococcus, vancomycin-resistant (VRE)	0	0	0	0	0
Giardiasis	0	0	0	0	0
Gonorrhea	0	0	0	0	1
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	0	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, Chronic	0	0	0	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, past or present	0	1	0	0	1
Influenza	2	0	2	6	5
Legionellosis	0	0	0	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	0	0	0
Meningococcal disease	0	0	0	0	0
Mumps	1	0	0	0	0
Pertussis	0	0	0	1	0
Q-fever	0	0	0	0	0
Rabies (animal)	0	1	1	1	0
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	0	0	1	0	0
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA)	0	0	0	0	0
Streptococcal disease	2	0	1	0	1
Streptococcal pneumonia	0	0	0	0	1
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	0	0

Figure 76

Sheridan					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	0	1	1	0	0
Chickenpox	0	0	0	0	0
Chlamydia	2	2	2	2	0
Cryptosporidiosis	1	0	0	0	0
E. Coli, shiga-toxin	0	0	0	0	0
Enterococcus, vancomycin-resistant (VRE)	0	1	3	0	1
Giardiasis	0	0	0	0	0
Gonorrhea	0	0	0	0	0
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	0	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, chronic	0	0	0	0	0
Hepatitis C, acute	0	0	0	0	0
Hepatitis C, past or present	0	1	1	1	0
HIV/AIDS	0	0	0	0	0
Influenza	5	0	0	10	3
Legionellosis	0	0	0	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	1	0	0	0
Meningococcal disease	0	0	0	0	0
Mumps	0	0	0	0	0
Pertussis	0	0	0	0	0
Q-fever	0	0	0	0	0
Rabies (animal)	0	0	0	1	2
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	5	0	0	0	1
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA)	0	0	0	0	0
Streptococcal disease	0	1	0	0	0
Streptococcal pneumonia	0	1	0	0	0
Syphilis (All Stages)	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	0	0	1	0

Figure 77

Ward	2009	2010	2011	2012	2013
Campylobacteriosis	3	9	3	1	2
Chickenpox	5	3	7	3	2
Chlamydia	297	364	321	358	403
Cryptosporidiosis	0	6	1	0	14
E. Coli, shiga-toxin	1	1	0	2	7
Enterococcus, vancomycin-resistant (VRE)	28	13	13	12	18
Giardiasis	1	5	9	4	4
Gonorrhea	11	14	19	13	34
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	1	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, chronic	2	3	5	5	3
Hepatitis C, acute	0	0	0	0	3
Hepatitis C, chronic	28	29	23	41	107
Influenza	330	4	121	246	264
Legionellosis	0	1	1	0	0
Listeriosis	0	0	0	0	0
Lyme Disease	0	1	2	0	0
Malaria	0	0	0	0	0
Meningitis bacteria	0	0	1	0	0
Meningococcal disease	0	0	0	0	0
Mumps	0	1	0	0	0
Pertussis	0	6	1	60	5
Q-fever	0	0	0	0	0
Rabies (animal)	0	0	0	2	1
Rocky Mountain spotted fever	0	0	0	0	0
Salmonellosis	11	12	1	4	4
Shigellosis	1	0	0	0	1
Staphylococcus aureus (MRSA)	2	3	1	6	11
Streptococcal disease	6	4	7	8	5
Streptococcal pneumonia	2	2	15	20	7
Syphilis (All Stages)	0	1	0	1	4
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	1	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	3	0	0	5

Figure 78

First District Health Unit					
Disease	2009	2010	2011	2012	2013
Campylobacteriosis	7	14	9	5	5
Chickenpox	6	3	20	3	3
Chlamydia	324	414	356	416	448
Cryptosporidiosis	4	9	2	1	19
E. Coli, shiga-toxin	1	1	0	4	8
Enterococcus, vancomycin-resistant (VRE)	38	32	34	31	42
Giardiasis	3	6	10	9	4
Gonorrhea	11	15	27	19	38
Hantavirus	0	0	0	0	0
Hepatitis A, acute	0	2	0	0	0
Hepatitis B, acute	0	0	0	0	0
Hepatitis B, Chronic	2	4	6	5	3
Hepatitis C, acute	0	0	0	0	3
Hepatitis C, past or present	35	40	35	56	123
Influenza	461	5	175	352	404
Legionellosis	1	1	1	1	3
Listeriosis	0	0	0	0	0
Lyme Disease	0	1	2	0	2
Malaria	0	0	0	0	0
Meningitis bacteria	0	1	1	0	1
Meningococcal disease	0	0	0	0	0
Mumps	1	1	0	0	0
Pertussis	1	7	2	69	7
Q-fever	0	0	0	0	0
Rabies (animal)	3	2	2	12	4
Rocky Mountain spotted fever	0	0	0	1	2
Salmonellosis	38	13	4	6	6
Shigellosis	1	0	0	0	4
Staphylococcus aureus (MRSA)	4	5	1	11	20
Streptococcal disease	12	6	13	17	13
Streptococcal pneumonia	2	4	17	25	13
Syphilis (All Stages)	0	1	0	1	4
Trichinosis	0	0	0	0	0
Tularemia	0	0	0	1	0
Typhoid Fever	0	0	0	0	0
West Nile Virus	0	3	0	6	17

Figure 79

Health Risk Behaviors

Health Risk Behaviors are unhealthy behaviors you can change. Four of these health risk behaviors-lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol, cause much of the illness, suffering, and early death related to chronic diseases and conditions.

Nutrition & Physical Activity

Eating and physical activity patterns that are focused on consuming few calories, making informed food choices, and being physically active can help people attain a health weight, reduce their risk of chronic disease, and promote overall health. Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women, and children in all segments of society. Even in the absence of overweight, poor diet and physical inactivity are associated with major causes of morbidity and mortality in the United States.

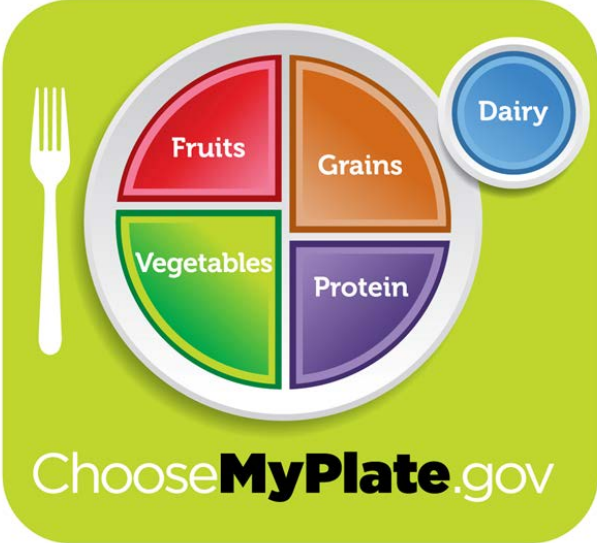


Figure 80: (USDA, n.d.)

Alcohol and Other Drugs

ND has the 3rd highest BINGE drinking rate in the nations.

(NSDUH, 2009-2010) Ages 26+

State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health (NSDUH (SAMHSA, 2012))

Tobacco Use

Tobacco is the leading cause of preventable death in the United States.

In North Dakota:

- 800 adults die each year due to their own smoking.
- 600 kids under 18 become new daily smokers each year.
- Smoking causes \$326 million in annual healthcare costs.
- Smoking causes \$192 million in lost productivity each year.
- The tobacco industry spends \$27.9 million each year marketing its products (Centers for Disease Control and Prevention, 2014).

BreatheND
Saving lives, saving money. The voice of the people.

Nutrition

Adult Nutrition

Percentage of respondents 18 or older who reported that they do not eat five servings of fruit and vegetables daily 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
79.2 (73.7-84.7)	84.2 (77.2-91.2)	75.7 (69.1-82.3)	82.4 (78-86.9)	74.5 (64.5-84.6)	84.2 (75.6-92.8)	78.3 (75.9-80.7)	78.8 (77-80.6)	78.4 (77.7-79.1)

Figure 81: (North Dakota Department of Health, 2011)

Youth Nutrition

Percentage of students in grades 9-12 who ate fruits and vegetables five or more times per day during the past seven days, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
17.4%	14.9%

Figure 82: (North Dakota Department of Health, 2011)

Physical Activity

Adult Physical Activity

Percentage of respondents 18 or older who reported that they did not get the recommended amount of physical activity 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
47.1 (40.1-54.2)	NA	54.6 (46.5-62.8)	47.1 (41-53.3)	NA	NA	49.8 (47-52.5)	49.6 (47.4-51.8)	50.5 (49.7-51.4)

Figure 83: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported that they engaged in No leisure time physical activity 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
9.4 (5.5-13.3)	5 (0.2-9.7)	8.6 (4.5-12.7)	4.7 (2.4-7)	5.2 (1-9.5)	6.2 (0-12.4)	6.8 (5.3-8.4)	6.8 (5.7-8)	6.9 (6.5-7.4)

Figure 84: (North Dakota Department of Health, 2011)

Adult Body Mass

Percentage of respondents 18 or older who are overweight or obese by body mass index * 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
71 (66.4-75.6)	64.3 (56.4-72.2)	65.7 (59.9-71.6)	64.8 (60.3-69.3)	67.7 (59.6-75.7)	63.1 (50.2-76.1)	62.2 (60.1-64.3)	63.8 (62.2-65.4)	65.3 (64.5-66.1)

*Body Mass Index (BMI)=weight in kg/height in m²

Figure 85: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who are overweight by Body Mass Index, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
44.5 (32.4-57.1)	41.1 (33.2-49)	36.7 (31.1-42.3)	37.2 (33-41.5)	43.6 (35.2-52)	44.8 (32.4-57.1)	38.2 (36.2-40.3)	39 (37.4-40.5)	38.3 (37.5-39.1)

*Body Mass Index (BMI)=weight in kg/height in m²

Figure 86: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who are obese by Body Mass Index, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
26.5 (21.8-31.2)	23.2 (16.2-30.1)	29.1 (23.7-34.4)	27.6 (23.7-31.5)	24.1 (16.7-31.5)	18.4 (10.3-26.4)	24 (22.2-25.7)	24.8 (23.5-26.2)	27 (26.3-27.7)

*Body Mass Index (BMI)=weight in kg/height in m²

Figure 87: (North Dakota Department of Health, 2011)

Children and Teens Overweight or Obese

Percentage of children and teens ages 10 to 17 who are overweight and obese, Kids Count Data Center 2011-2012	
ND 36%	Children between the 85 th and 95 th percentile BMI-for-age categorized as overweight. Children at or above the 95 th percentile BMI- for- age are characterized as obese.

Figure 88: (North Dakota Department of Health, 2011)

Children and Teens Not Exercising Regularly

Percentage of children and teens ages 6 to 17 who engaged in less than 5 days of vigorous physical activity in the past week, Kids Count Data Center 2011-2012	
ND 37%	

Figure 89: (North Dakota Department of Health, 2011)

IF OBESITY RATES CONTINUE ON THEIR CURRENT TRAJECTORIES, THE OBESITY RATE IN ND COULD REACH 57.1% BY 2030
 ND DOH CHRONIC DISEASE IN NORTH DAKOTA: A STATUS REPORT FOR 2014

Tobacco Use

Adult Tobacco Use

Percentage of respondents 18 or older who reported that they were current smokers 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
21.7 (16.9-26.4)	20.8 (13.1-28.5)	18.2 (12.3-24)	19.8 (15.6-24)	19.1 (10.5-27.7)	14 (4.7-23.3)	18.9 (16.8-21.1)	19.2 (17.6-20.8)	19.1 (18.4-19.8)

Figure 90: (North Dakota Department of Health, 2011)

Percentage of respondents 18 and older that reported they were current chewing tobacco, snuff, or snus every day, or some days or not at all. 2012 Adult Behavior Risk Factor	
ND 7.3%	

Figure 91: (North Dakota Department of Health, 2011)

Youth Tobacco Use

Percentage of students in grades 9-12 who smoked cigarettes on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,	
ND 19.4 %	Region 2 22.8%

Figure 92: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who used chewing tobacco, snuff or dip on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,	
ND 13.6%	Region 2 17.4%

Figure 93: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who smoked cigars, cigarillos or little cigars on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,

ND	Region 2
13.5%	13.9%

Figure 94: (North Dakota Department of Health, 2011)

Alcohol & Drugs

Adult Alcohol & Drugs

Percentage of respondents 18 or older who reported binge drinking one or more times in the past 30 days
2005-2010, Adult Behavior Risk Factor

Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
22.6 (16.6-28.5)	19.7 (10.3-29.1)	27.7 (20.1-35.3)	18.6 (14.1-23.1)	24.1 (15.1-33.1)	NA	21.0 (18.5-23.4)	21.6 (19.7-23.5)	20.8 (20.1-21.5)

Figure 94: (North Dakota Department of Health, 2011)

Percentage of respondents 18 or older who reported heavy drinking
2005-2010, Adult Behavior Risk Factor

Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
5.1 (1.6-8.6)	4.5 (1.0-7.9)	4.6 (0.9-8.4)	2.7 (1.2-4.2)	8.6 (3.0-14.2)	0.5 (0-1.5)	3.9 (2.9-4.9)	4.0 (3.2-4.9)	4.8 (4.4-5.2)

Figure 95: (North Dakota Department of Health, 2011)

Youth Alcohol & Drug Use

Percentage of students in grades 9-12 who had at least one drink of alcohol on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,

ND	Region 2
38.8%	37.6%

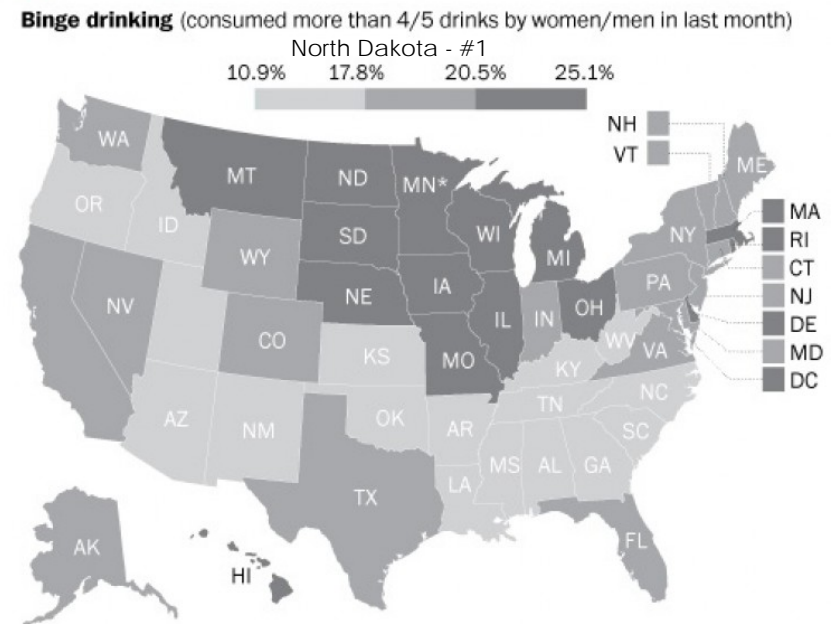
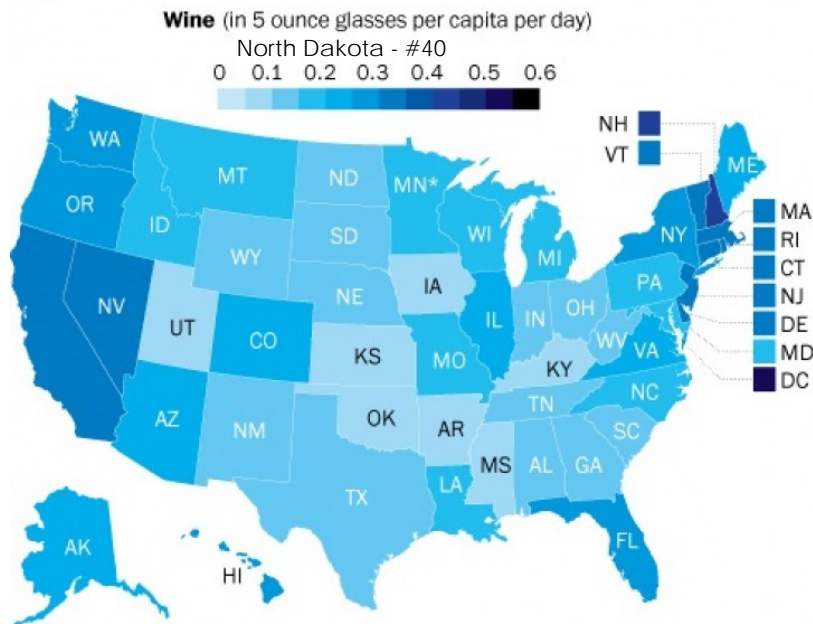
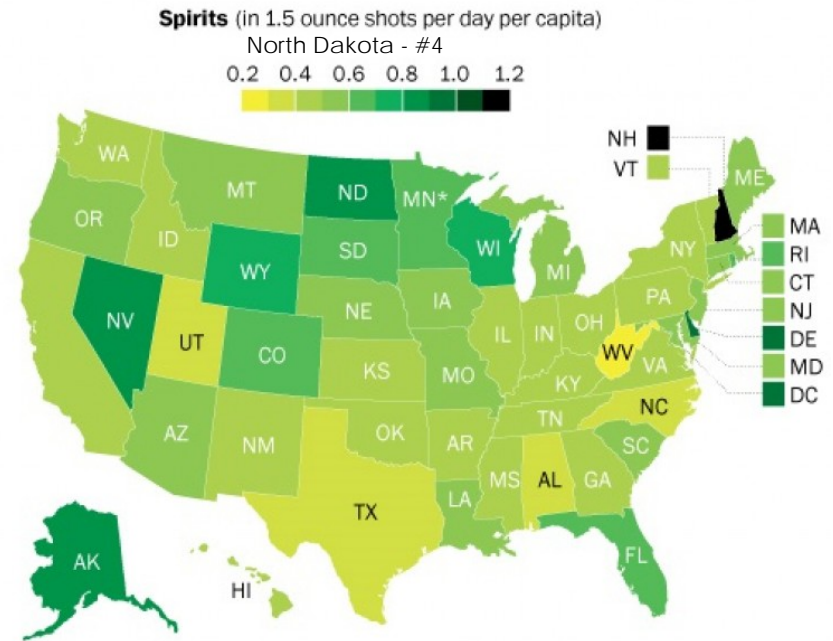
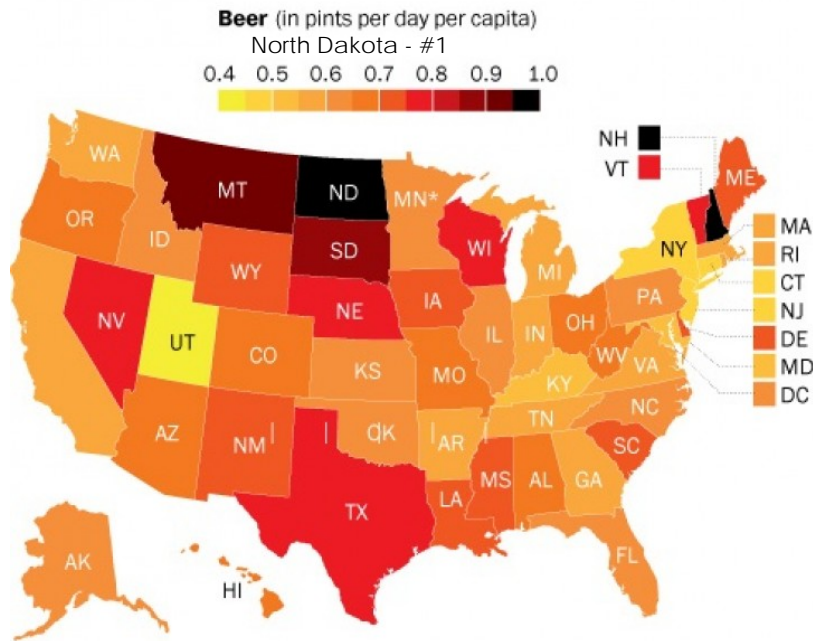
Figure 96: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who have taken a prescription drug without a doctor's prescription one or more times during their life, 2011 ND Youth Risk Behavior Survey,

ND	Region 2
16.2%	23.1%

Figure 97: (North Dakota Department of Health, 2011)

Alcohol consumption by type by state

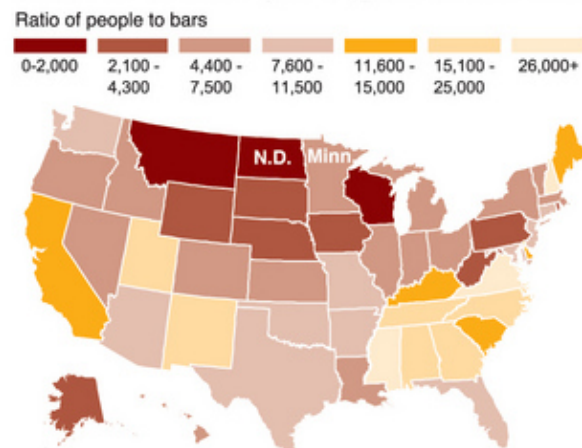


North Dakota Leads US in Ratio of Bars to Residents

The people of North Dakota have more opportunity to get drunk in bars than any other state in the country. According to this chart of the number of people per bar in each state [created by INFORUM](#), **North Dakota has a bar for every 1,620 people**. Congratulations, North Dakota. Your bars are less crowded, or something?

North Dakota narrowly wins over slightly less boozy neighbor, Montana, which has one bar per 1,658 people. The rest of the top five include Wisconsin, South Dakota and Nebraska. The chart, which was cobbled together from 2011 Census county business data, shows that **Virginia** is the driest state in all the land, with **a very sober one bar for every 64,773 residents**. The article also has a nifty interactive "[booze in the USA](#)" map with even more bars per capita data, which is below, along with the full list in order.

Number of bars per capita in the U.S.



TOP 5

State	Population	Bars	Bars per capita
North Dakota	683,932	422	1,621
Montana	998,199	602	1,658
Wisconsin	5.7 million	3,043	1,877
South Dakota	824,082	365	2,258
Nebraska	1.8 million	594	3,102

BOTTOM 5

State	Population	Bars	Bars per capita
Arkansas	2.9 million	137	21,445
Georgia	9.8 million	450	21,812
Mississippi	3 million	109	27,326
New Hampshire	1.3 million	38	34,689
Virginia	8.1 million	125	64,773

Sources: 2011 American Community Survey, U.S. Census Bureau The Forum

People Per Bar by State, in Order

- North Dakota, 1,621
- Montana, 1,658
- Wisconsin, 1,877
- South Dakota, 2,258
- Nebraska, 3,102
- Iowa, 3,118
- Wyoming, 3,303
- Rhode Island, 3,982
- West Virginia, 4,051
- Alaska, 4,302
- Pennsylvania, 4,320
- Nevada, 4,494
- Illinois, 4,604
- Oregon, 4,676
- Idaho, 4,832
- Ohio, 5,046
- Minnesota, 5,271
- Louisiana, 5,414
- New York, 5,629
- Washington, 5,670
- Indiana, 5,798
- Hawaii, 6,056
- Michigan, 6,104
- Kansas, 6,324
- Vermont, 6,328
- Colorado, 6,452
- Massachusetts, 7,199
- Washington, 7,851
- New Jersey, 8,019
- Missouri, 8,057
- Texas, 9,909
- Maryland, 10,136
- Oklahoma, 10,192
- Florida, 10,301
- Arizona, 10,804
- Connecticut, 11,225
- California, 12,159
- South Carolina, 12,855
- Kentucky, 13,321
- Maine, 13,553
- Delaware, 15,375
- North Carolina, 15,701
- Utah, 15,739
- Alabama, 18,261
- New Mexico, 18,759
- Tennessee, 18,889
- Arkansas, 21,445
- Georgia, 21,812
- Mississippi, 27,326
- New Hampshire, 34,689
- Virginia, 64,773

Analysis by Fargo Forum
05/25/13 Reported on the
website Eater.com

Intentional and Unintentional Injury

Motor Vehicle-Adult

Percentage of respondents 18 or older who reported drinking and driving one or more times in the past 30 days 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
6 (0.6-11.4)	7.2 (0.1-14.4)	8.1 (1.9-14.4)	1.3 (0.2-2.4)	6.3 (1.2-11.4)	NA	5.3 (3.9-6.7)	5.3 (3.9-6.7)	7.1 (6.3-8.0)

Figure 98: (North Dakota Department of Health, 2011)

Motor Vehicle-Youth

Percentage of students in grades 9-12 who never or rarely wore a seat belt when driving a car 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
13.3%	16.6%

Figure 99: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who never or rarely wore a seat belt when riding in a car driven by someone else 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
13.4%	15.7%

Figure 100: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
11.7%	11.8%

Figure 101: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who rode one or more times during the past 30 days in a car or other vehicle by someone drinking alcohol, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
25.1%	24.4%

Figure 102: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who texted or e-mailed while driving a car or other vehicle on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
57.6%	55.5%

Figure 103: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who talked on a cell phone while driving a car or other vehicle on one or more of the past 30 days, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
60.9%	59.7%

Figure 104: (North Dakota Department of Health, 2011)

Percentage of students in grades 9-12 who have ever had an all-terrain vehicle injury that had to be treated by a doctor or nurse during the past 12 months, 2011 ND Youth Risk Behavior Survey,	
ND	Region 2
3.8%	4.3%

Figure 105: (North Dakota Department of Health, 2011)

Emergency room visits at Trinity Hospital

Trauma Type	2011	2012	2013	Total	Percent
All Falls	455	554	546	1555	40.8
Motor vehicle auto or truck incident	346	408	353	1107	29.1
Other	44	39	89	172	4.5
Physical blunt attack	51	59	55	165	4.3
ATV and Snowmobiles	34	62	45	141	3.7
Any motorcycle incident	34	59	40	133	3.5
Machinery Incident	14	31	37	82	2.2
Pedestrian	27	39	14	80	2.1
Struck by an animal, animal bites, injured by animal	12	23	31	66	1.7
Thermal, chemical, or electrical burns	15	23	26	64	1.7
All guns, pistols or rifles	16	15	26	57	1.6
Stabbing	19	11	15	45	1.2
Sporting injury	10	7	18	35	.9
Any bicycle, tricycle or unicycle	6	8	13	27	.7
Explosions	1	12	4	17	.4
Farm Related Accident	2	5	5	12	.3
Snowmobile	4	0	6	10	.3
Fall From Oil Rig	2	1	3	6	.2
Suicide Attempt	1	2	2	5	.1
Water Transport	2	3	0	5	.1
Electrical Burns	1	2	1	4	.1
Near Drowning	1	2	1	4	.1
Airplane, hang-gliders, helicopters, ultralights, hot air balloons, skydivers	0	0	3	3	.1
Chemical Burns	0	2	1	3	.1
Hanging	1	0	2	3	.1
Sledding	1	0	1	2	.1
Poisoning-Chemical	0	0	1	1	0
Skateboards/rollerblades (smaller wheeled recreational)	0	1	0	1	0
Skiing and Snowboarding	1	0	0	1	0
Smoke Inhalation	0	1	0	1	0
Total	1100	1369	1338	3807	100

Figure 106 (Trinity Health Trauma Services, 2014)

Preventive Care

Percentage of respondents 18 or older who reported fair or poor general health 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
16.4 (12.1-20.7)	12.9 (7.7-18)	15.3 (11.1-19.4)	12.8 (9.9-15.8)	8.1 (3.9-12.2)	11.8 (4.9-18.7)	11 (4.9-18.7)	12 (10.9-13)	12.3 (11.9-12.8)

Figure 107: (North Dakota Department of Health , 2006)

Percentage of respondents 18 or older who reported eight or more days in the past 30 during which they had poor physical health 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
15.4 (7.5-23.3)	8 (4-12)	10.6 (6.3-14.9)	10.5 (7.6-13.4)	6 (2.7-9.4)	12.9 (5.8-20)	10.3 (8.9-11.7)	10.2 (9.1-11.2)	10.3 (9.8-10.7)

Figure 108: (North Dakota Department of Health , 2006)

Percentage of respondents 18 or older who reported that they have never had their cholesterol checked 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
19.7 (13.5-25.9)	16 (7.7-24.3)	19.7 (12.8-26.6)	23.1 (17-29.1)	20.5 (11-30)	22.5 (7.7-37.4)	23.5 (21-26.1)	22.6 (20.6-24.5)	23 (22.2-23.8)

Figure 109: (North Dakota Department of Health , 2006)

Percentage of respondents 18 or older who reported that they have not had their cholesterol checked in the past 5 years 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
27.8 (21-34.6)	18.8 (10.1-27.4)	25.1 (17.8-32.4)	27.9 (21.8-33.9)	29.4 (19.2-39.6)	39.2 (23.6-54.7)	28.9 (26.2-31.5)	28.3 (26.3-30.4)	28.2 (27.4-29)

Figure 110: (North Dakota Department of Health , 2006)

Percentage of respondents 65 or older who reported that they did not receive an Influenza vaccination in the post 12 months 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
24.6 (16.6-32.5)	NA	31 (21.4-40.7)	34.4 (26.7-42)	NA	NA	30.3 (26.4-34.2)	30.4 (27.6-33.3)	29.5 (28.4-30.6)

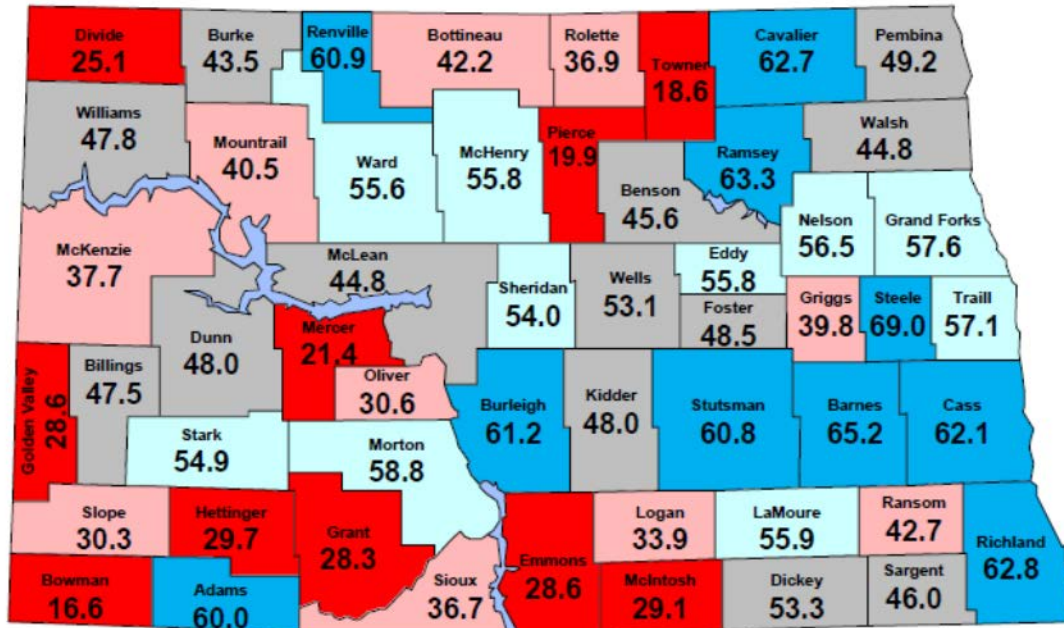
Figure 111: (North Dakota Department of Health , 2006)

Percentage of respondents 65 or older who reported that they have never received a pneumococcal vaccination 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
20.7 (12.8-28.5)	NA	31 (21.4-40.7)	34.4 (26.7-42)	16.5 (6.6-26.3)	NA	21.9 (18.4-25.4)	24.2 (21.5-26.9)	29.7 (28.6-30.9)

Figure 112: (North Dakota Department of Health , 2006)

North Dakota Influenza Immunization Rates

Medicare Claims Data: 08/01/13-03/31/14



- Lowest Group
- 2nd Group
- Middle Group

State Rate – 53.6%

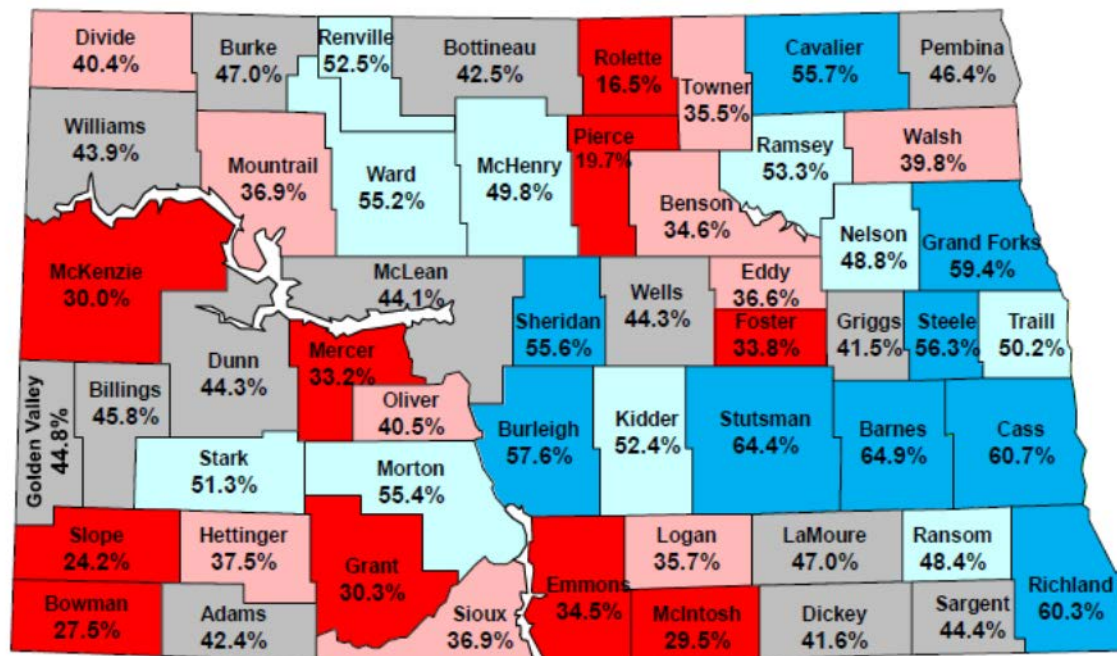
* The rates reflected in this graph include only billed immunizations and do not capture flu shots given at federally designated Rural Health Centers, the Veterans' Administration, or any other entity that does not bill Medicare using roster, electronic, or standard Medicare claim forms.

- 4th Group
- Highest Group

Analysis provided by Quality Health Associates of North Dakota • April 2015

North Dakota Pneumococcal Pneumonia Vaccination Rates

Medicare Claims Data: 10/01/14-12/31/14



- Lowest Group
- 2nd Group

State Rate – 51.4%

- Middle Group
- 4th Group
- Highest Group

Analysis provided by Quality Health Associates of North Dakota • July 2015

Figure 113: North Dakota Influenza and Pneumococcal Immunization Rates for Medicare August 1, 2013 through March 31, 2014

Percentage of respondents 18 or older who reported that they had not seen a dentist in the past year 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
37.9 (31.2-44.6)	31.4 (22.2-40.5)	38.7 (31.4-46)	34.3 (28.8-39.7)	NA	NA	28 (25.6-30.3)	30.6 (28.6-32.5)	29.5 (28.8-30.3)

Figure 114: (North Dakota Department of Health , 2006)

Percentage of respondents 18 or older who reported having lost six or more permanent teeth due to decay or gum disease 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
30.5 (24.6-36.3)	19.8 (12.3-27.3)	20.7 (15.3-26)	21.3 (16.8-25.8)	NA	NA	15.3 (13.6-17)	18.3 (16.9-19.8)	16 (15.5-16.6)

Figure 115: (North Dakota Department of Health , 2006)

Children Who Have Received Preventive Dental Care In the Past Year, Kids Count Data Center, 2011-2012	
ND	
103,000	
75%	

Figure 116: (North Dakota Department of Health , 2006)

Percentage of female respondents 40 or older who reported that they had not had a mammogram in the past two years, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
28.8 (20.5-37.1)	NA	25.9 (16.3-35.4)	24.6 (16.9-32.3)	NA	NA	18.7 (15.7-21.7)	22.7 (20.1-25.2)	24.3 (23.3-25.3)

Figure 117: (North Dakota Department of Health , 2006)

Percentage of female respondents 18 or older who reported that they had not had a pap smear in the past three years, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
15.5 (9.3-21.8)	14 (5.1-22.8)	9.8 (4.2-15.5)	11.3 (4.4-18.1)	NA	NA	9.5 (7-12.1)	10.7 (8.7-12.7)	14 (13.1-15)

Figure 118: (North Dakota Department of Health , 2006)

Percentage of respondents 50 or older who reported not having a blood stool test in the past two years, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
85 (79.2-90.9)	87.9 (85.3-90.9)	79.4 (72.3-86.5)	85.4 (72.3-86.5)	92.9 (86.7-99.1)	84.9 (72.1-97.6)	87.6 (85.3-90)	86.5 (84.7-88.3)	78.3 (77.5-79.2)

Figure 119: (North Dakota Department of Health , 2006)

Percentage of respondents 50 or older who reported that they have never had a sigmoidoscopy or colonoscopy, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
45.9 (37.6-54.2)	NA	50.8 (40.8-60.8)	50.6 (43-58.1)	NA	NA	38.7 (35-42.5)	44.4 (41.6-47.3)	42.6 (41.4-43.7)

Figure 120: (North Dakota Department of Health , 2006)

Percentage of respondents 50 or older who reported that they have never had a sigmoidoscopy or colonoscopy in the past 5 years, 2001-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
57.3 (49.3-65.2)	NA	58.7 (49.5-68)	61.4 (54.5-68.2)	NA	NA	54.4 (50.8-58)	57.3 (54.7-60)	55 (54-56.1)

Figure 121: (North Dakota Department of Health , 2006)

Access to Health Care

Access to health care services encompasses four components: coverage, services, timeliness, and workforce. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health care impacts:

- overall physical, social, and mental health status
- prevention of disease and disability
- detection and treatment of health conditions
- quality of life
- preventable death
- life expectancy

Disparities in access to health care affect individuals and society. Limited access to healthcare impacts people’s ability to reach their full potential, negatively affecting their quality of life.

A variety of factors can restrict access to care including:

- Ability to purchase health services
- Supply of healthcare professionals
- Location of health facilities
- Natural barriers such as distance, weather, road conditions
- Ethnicity or race (UND School of Medicine and Health Sciences, 2013)

These barriers to accessing health care lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented.

www.healthypeople.gov/2020

Access to Health Care: Coverage

Health insurance coverage helps patients get into the health care system. When uninsured people do get care, they are often left with large medical bills. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status.

Percentage of respondents 18 or older who reported not having any Health Insurance 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
12.9 (9.0-16.9)	13.3 (5.3-21.3)	14.3 (7.9-20.7)	11.2 (7.8-14.5)	7.5 (2.8-12.2)	N/A	10.2 (8.3-12.1)	11.2 (9.7-12.6)	11.4 (10.8-12.0)

Figure 122

Residents under age 65 without health insurance, 2008-2012, www.ndcompass.org					
North Dakota	2008	2009	2010	2011	2012
Percent uninsured, Under 65	12.1%	11.2%	11.3%	11.3%	11.6%
Number uninsured	65,110	60,522	64,329	65,318	68,215
U.S.	2008	2009	2010	2011	2012
Percent uninsured	17.0%	17.2%	17.7%	17.3%	16.9%
Number uninsured	44,554,848	43,306,407	46,821,118	45,893,598	45,212,230

Figure 123: (North Dakota Compass, 2013)

Percentage of respondents 18 or older who reported being unable to see a doctor due to cost, one or more times in the past 12 months 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
8.7 (5.5-11.9)	2.4 (0.0-4.7)	8.3 (3.6-13.1)	8.0 (5.1-10.9)	9.1 (2.0-16.1)	9.5 (1.5-17.5)	5.5 (4.3-6.7)	6.4 (5.4-7.4)	6.7 (6.3-7.2)

Figure 124

Access to Health Care: Services

Improving health care services depends on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider as the usual source of care is especially important and is associated with: greater patient trust in the provider, good patient-provider communication, and increased likelihood that patients will receive appropriate care.

Percentage of respondents 18 or older who reported that they did not have a person that they considered to be their personal doctor or health care provider 2005-2010, Adult Behavior Risk Factor								
Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
29.1 (23.4-34.7)	35.1 (25.2-44.9)	23.6 (17.0-30.1)	25.2 (19.9-30.4)	29.9 (19.3-40.6)	23.8 (1.5-17.5)	28.1 (25.6-30.7)	27.7 (25.8-29.7)	23.4 (22.6-24.1)

Figure 125

FDHU COMMUNITY ASSETS	NO
HEALTH CARE FACILITIES	
Local Hospitals	4
Total # of Beds	488
Rural Health Clinics	5 (0 Active Bed)
PRIMARY CARE PROVIDER	
Doctors (MDs and Dos)	151
AGING SERVICES	
Nursing Homes	6 (539 beds)
Assisted Living Facilities	444 units
Adult Foster Care	7

Figure 126

Ambulance Services

Ambulance service personnel were interviewed to assess changes in the emergency service needs. With seven of the twenty-eight reporting their number of calls, there was a varying change in ambulance calls throughout the service area. The overall change was only a 2% increase in calls. One thing noted by several of the ambulance squads is that the type of calls being responded to has changed. There are motor vehicle accidents than in the past. These accidents are also more severe and require more equipment, training and manpower than in the past.

Agency	Calls in 2012	Calls in 2013	% Change in Calls
Underwood Ambulance Service	85	52	-39%
Washburn Volunteer Ambulance Service	72	104	44%
Westhope Ambulance Service	71	75	6%
Powers Lake Ambulance Association	54	46	-15%
McClusky Rural Ambulance Distinct	29	56	93%
Community Ambulance	9875	10094	2%
Mohall Ambulance Service*	184	182	-1%
Berthold Ambulance Service	67	87	30%
Total	10437	10696	2%
*Includes Lansford, Sherwood & Tolley Substations			

Figure 127

Other communities with emergency services not reporting number include: Glenburn Area Ambulance Inc., Towner Fire, Ambulance, and Rescue Service, Inc., Turtle Ambulance Service, Upham Ambulance Service, Velva Ambulance Service, Wilton Rural Ambulance Service, 5th Medical Group Ambulance Service, Trinity Northstar Criticair, Garrison-Max Ambulance District, Portal Ambulance Service, Riverdale Ambulance Department, Kenmare Ambulance Service, Ryder-Makoti Ambulance District, Bottineau Ambulance Service, Bowbells Ambulance Service, Carpio Ambulance Service, and Goodrich Ambulance Service.

Access to Health care: Timeliness

Timeliness in the health care system's ability to provide health care quickly after a need is recognized. Measures of timeliness include: Time spent waiting in doctor's offices and emergency departments, and time between identifying a need for specific tests and treatments and actually receiving those services.

According to Trinity Health's Community Health Needs Assessment Report and Implementation Strategy, access to care was frequently identified as the most significant health need in our community. Every interview participant identified some form of access as a significant concern and 46.3% of questionnaire participants identified access as their primary or secondary concern. Some specific concerns expressed by community members include: wait times for some specialties are 2-3 months; a decrease in quality of their doctor-patient relationship as doctors have been forced to see more patients in a day; and the Emergency Room wait times (Center for Rural Health, n.d.).

Access to Health Care: Workforce

Primary care physicians play an important role in the general health of communities they serve. However, there has been a decrease in the number of medical students interested in working in primary care. In North Dakota, there are 17 counties, whose combined population totals over 40,000 people that do not have primary care physicians. In 2011, there were 552 primary care physicians in ND. North Dakota population per primary care physicians is shown in Figure 129. Counties with greater than 2,501 people per physician may be experiencing the influences of primary care physician shortages.

A list of health care service providers in the FDHU service area as of July 2014 follows:

Facility	Services	Address	Phone	Hours
Bottineau				
Trinity Community Clinic One physician (Family practice)	Clinic, Medical Clinics	310 2nd Ave E Westhope, ND 58793	(701) 245-6638	Mon, Tues, & Thurs 8:30-5pm
St. Andrew's Clinic Three physicians and two advanced practice nurses Four visiting specialists (cardiology, orthopedics, gastroenterology, podiatry)	Medical Clinic	314 Ohmer St Bottineau, ND 58318	(701) 228-9400	Mon-Fri 9-5pm, Sat 9-12
Chiropractic Arts Clinic Two providers	Chiropractic care	909 11th St. E Bottineau, ND 58318	(701) 228-2275	unavailable
First District Health Unit	Immunizations, foot care	314 5 th St W #7 Bottineau, ND 58318	(701) 228-3101	8:00-4:30pm
David A Liebold, DDS	Dental Care	621 Main St. Bottineau, ND 58318	(701) 228-2200	
Lori J. Witteman	Dental Care	109 5 th St E Bottineau, ND 58318	(701) 228-3153	
Good Samaritan Society	Post-hospital care, rehab, nursing home care, basic care, adult day services, respite care	725 E 10 th St Bottineau, ND 58318	(701) 228-3796	
St. Andrew's Senior Housing	Catered noon meal, medic alert, laundry, housekeeping, medication monitoring and personal care services	316 Ohmer St. Bottineau, ND 58318	(701) 228-9300	
Burke				
Lignite Clinic Practitioner: One family nurse practitioner	Family medicine	115 Main St Lignite, ND 58752	(701) 933-2220	Mon, Wed, & Fri 1- 5pm
Northland Community Health Center Practitioner: One physician's assistant	Family medicine	18 Main St. SW Bowbells, ND 58721	(701) 377-6400	Mon- 8:30-5:30, Tues- 8:30-8:00, Fri- 8:30-4:00
First District Health Unit	Immunizations, foot care, Health Tracks, vision screening	103 Main St SE County Courthouse Bowbells, ND 58721	(701) 377-2316	Tues 8:30-5:00pm

McHenry				
Drake Clinic- works with Harvey Clinic 1 physician assistant in Drake	Family practice Clinic, medical Clinics	114 Main St Drake, ND 58736	701) 465-3271	Tues 1:30-4 pm
Trinity Community Clinic - Velva 2 physicians & 2 nurse practitioners	Family Practice/physical therapy	111 1st St W Velva, ND 58790	(701) 338-2066	Mon-Fri 9:00 am-5:00 pm; Sat-Sun Closed
Klein Chiropractic & Wellness 1 Chiropractor	Chiropractic	8 Highway 52 E Velva, ND 58790	(701) 338-3238	Mon & Thurs 8-5pm
McCabe Family Chiropractic, PC		121 Main Street Granville ND 58741	(701)776-7676 (701)500-0410	Thurs 1-5pm
Align Chiropractic		2 3 rd Ave W Towner ND 58788	(701)537-2080	Mon-Fri 8:00 am 5:00 pm
First District Health Unit	Nutritional counseling, well child, WIC, women's health BP screening, footcare, immunizations, off site adult health clinic	PO Box 517 112 Main St N Towner, ND 58788 WIC services also available in Velva & Drake	(701) 537-5732	Mon-Fri 8:00am-4:40pm
Velva Dental Center	Dental care	111 1 st St W Velva, ND 58790	(701) 338-2061	Mon-Thurs 8am-5pm
Valley View Assisted Living	Assisted senior living	302 Main St. S Velva, ND 58790	(701) 338-2727	
Granville Elder Care	Nursing home-Adult foster care	5585 9 th Ave N Granville, ND 58741	(701) 728-6618	
Souris Valley Care Center	Nursing Home	300 Main St S Velva, ND 58790	(701) 338-2072	
McLean				
Eye Care Professionals	Optometrist: exams, glasses, contacts	1137 Border Ln Washburn, ND 58577	(701) 462-8636	Mon-Fri 9-5pm; Sat-Sun Closed
Northland Community Health Center: Turtle Lake Clinic 2 nurse practitioners, 1 dentist	Medical, behavioral, enabling services, dental	416 Kundert St Turtle Lake, ND 58575	(701) 448-2054 Fax: (701) 448-9225	Mon 8-6:30pm; Tue-Fri 8-5pm

Schindler & Deis 2 Optometrists	Optometrists-satellite office	151 N Main St Garrison, ND 58540	(701) 463-2224	unavailable
St. Alexius Garrison Family Clinic 2 physicians, 1 nurse practitioner, 1 physician assistance, & visiting specialists	Family medicine, lab, x-ray, bone density screening, ultrasounds, MRI, CT, mammograms, physical therapy, cardiac rehab, psychologist, cardiologist, podiatrist, pulmonologist, OB/GYN, Orthopedic surgeon, general surgeon, Professional Hearing Services	437 3rd Ave SE Garrison, ND 58540	(701) 463-2245	Mon-Fri 9-5pm; Sat-Sun Closed
Trinity Community Clinic 1 family nurse practitioner	Family Medicine	131 N Main St Garrison, ND 58540	(701) 463-2626	Mon-Fri 9-5pm; Sat-Sun Closed
Washburn Family Clinic 2 nurse practitioners Affiliated with St. Alexius Medical Center	Family medicine lab, x-ray, physical therapy, pulmonary function tests, OB/GYN, surgery	1177 Border Ln Washburn, ND 58577	(701) 462-3396	Mon-Fri 9-5pm; Sat-Sun Closed
Washburn Clinic 2 nurse practitioners	Preventative, well child exams, laboratory, drug screening, immunizations, DOT physicals, sports physicals, BOTOX therapy	1167 Border Ln Washburn, ND 58577	(701) 462-3389	Mon-Fri 9-5pm; Sat-Sun Closed
Underwood Clinic PC 2 nurse practitioners	unavailable	87 W Lincoln Ave Underwood, ND 58576	(701) 442-3148	Mon-Fri 9-5 pm
First District Health Unit 2 locations	BP screening, foot care, helmet/bike safety, immunization, nutritional counseling, well child, WIC, women's health, off site adult health clinic	712 5 th Ave County Courthouse Washburn, ND 58577 141 1 Main St #3 Garrison, ND 58540	(701)462-3330 (701) 463-2641	Monday-Friday 8:00am-4:30pm

St. Alexius Home Care & Hospice	Home health, hospice care	407 3 rd Ave SE Garrison, ND 58540	(701) 463-2238	
Turtle Lake Community Memorial Hospital	Home health	220 5 th Ave W Turtle Lake, ND 58575	(701) 448-2331	
Deeter Dental/Garrison Dental	General & sedation dentistry, orthodontics, implants, cosmetic	51 N Main St Garrison, ND 58540	(701) 463-2884	Tue 8am-5pm Wed 8am-5pm
Benedictine Living Center	Nursing home	609 4 th Ave NE Garrison, ND 58540	(701) 463-2226	
Meadows	Assisted Living	609 4 th Ave NE Garrison, ND 58540	(701) 463-2226	
Garrison Memorial Hospital/Nursing Facility	Nursing Home	407 3 rd Ave SE Garrison, ND 58540	(701) 463-2275	
Renville				
Trinity Community Clinic	General Family Practice	101 4 th AVE SE Mohall, ND 58761	(701) 756-6841	Hours Vary
Good Samaritan Society Nursing Home		602 Main St E Mohall ND 58761	(701) 756-6831	
Mohall Emergency Services Facility		104 Central Ave N Mohall, ND 58761	(701) 756-6183	
First District Health Unit		205 Main St E County Courthouse Mohall, ND 58761	(701) 756-6383	8:00-4:30pm
Sheridan				
Northland Community Health Center	General Family Practice	122 2nd St E, McClusky, ND 58463	(701) 363-2296	Mon- Thur 8-4:30pm
Sheridan Memorial Nursing Home		610 Main St S, McClusky, ND 58463	(701) 363-2203	
First District Health Unit		215 2 nd St E County Courthouse McClusky, ND 58463		

Ward				
Dakota Hope Clinic	Pregnancy services, prenatal, parenting, counseling, resources/training for parents	315 Main St S # 205 Minot, ND 58701	(701) 852-4673	Hotline 24/7; Tue-Thur 8:30-4:30
Eye Clinic of North Dakota 3 physicians	LASIK, vision correction, cataracts, glaucoma, eye disorders	601 18th Ave SE Minot, ND 58701	(701) 838.3200	
Face & Jaw Surgery Center 6 physicians-surgeons	Oral surgery, cosmetic surgery	2615 Elk Dr Ste 3 Minot ND 58701	(701) 852-3421	Mon-Thur 8-5 pm; Fri 8-3 pm
Fifth Medical Group-Minot Air Force Base	Veterans Services	194 Missile Ave Minot AFB, ND 58705	(701) 723-5633	Unavailable
Fifth Medical Group-VA Minot Clinic	Primary care for veterans, behavioral health, personal care, laboratory, prescriptions	10 Missile Ave Minot AFB, ND 58705	(701) 727-9800	Mon-Fri 8-4:30 pm
Minot Center Family Medicine 24 physicians, 1 family nurse practitioner, 1 physician assistant	General medicine, maternity care/gynecology, mental health, office procedure - vasectomy, cryosurgery, wart and mole removal, colonoscopy, endoscopy; Lab, X-ray, pharmacy	1201 11th Ave SW Minot, ND 58701	(701) 858-6700	Mon-Fri 9-5pm; Sat-Sun Closed
Minot Center for Pediatric Therapy	speech pathology, occupational therapy	315 Main St S Ste 104 Minot, ND 58701	(701) 837-9801	Mon-Fri 8-5 pm
Minot Vein Care Clinics 2 physicians	Vein treatment, skin care, Botox, Juvederm	2400 10th St SW Ste 418 Minot, ND 58701	(701) 852-7588	

Neck & Back Pain Clinic 1 physician	physician medicine and rehabilitation, family medicine, chiropractic, arthritis, musculoskeletal injuries	315 Main St S # 102 Minot, ND 58701	(701) 839-6664	Mon-Fri 9-5pm; Sat-Sun Closed
Optometry Clinic of Kenmare 1 optometrist		28 2nd St NW Kenmare, ND 58746	(701) 385-4004	
Saint Alexius Medical Clinic 1 physician, 3 nurse practitioners, 1 physician assistant	Same day/next day appointments, radiology, CT/mammography/MRI, ultrasound: specialties travel from Bismarck	2700 8th St NW Minot, ND 58703	(701) 858-1800	Mon- Fri 8:30-5 pm
Sanford Health-Minot Clinic 2 physicians, 1 family nurse practitioner, 3 physician assistant	Family Medicine	801 21st Ave SE. Minot, ND 58701	(701) 839-5902	Mon-Fri 8:00am - 9:00pm; Sat-Sun 10-4 pm
Trinity Community Clinic-Kenmare Clinic 1 physician, 1 family nurse practitioner	Family medicine: surgery, psychiatry, internal medicine, OB/Gyn, pediatrics and geriatric medicine	307 1st Ave NW Kenmare, ND 58746	(701) 385-4283	Mon-Thur 9-12:30pm; Fri 9-12pm; Sat 11-12:30 pm
Trinity CancerCare Center 1 physician, 1 Family Nurse Practitioner	Oncology	831 S Broadway, Ste. 113 Minot, ND 58701	(701) 857-3535	Mon-Fri 8-5pm
Trinity Health Center- East 8 physicians , 2 family nurse practitioners	Urology, Pulmonary medicine, Nephrology, Neurology, Sleep Medicine, Neurosurgery	20 Burdick Expressway W Minot ND 58701	(701) 857-5000	variable depending on each doctor's office hours

Trinity Health Center- Fifth Ave Building 1DDS	Oral surgery, facial surgery, surgery	307 5th Ave SE Minot, ND 58702	(701) 857-5000	variable depending on
Trinity Medical Arts-Health Center 31 physicians, 3 doctor of osteopathy, 6 nurse practitioners; 2 physician assistant, 1 certified nurse midwife	Cardiology; surgery, hand surgery, dermatology, Urology, Pediatrics, Allergy/Immunology Family Medicine, Midwifery, Occupational medicine, Internal Medicine, Infectious Disease Obstetrics & Gynecology, Gastroenterology, Rheumatology, Hand surgery	400 Burdick Expy. E Minot, ND 58701	(701) 857-5000	Mon-Thur 9- 12:30am; Fri 9-12am; Sat 11-12:30 am
Trinity Health Center- Riverside 3 physicians, 2 family nurse practitioners, 4 social workers, 2 clinical counselor, 4PsyD (psychologist)	Behavioral therapy-mental health, child & adolescent psychiatry/psychology, Psychiatry, therapy Neuropsychology	1900 8th Ave SE Minot, ND 58702	(701) 857-5998	
Trinity Health Center- Town & Country 9 physicians, 1 physician assistant, 1 family nurse practitioner 1 certified nurse midwife	Hematology, oncology, Family medicine, emergency medicine, Internal medicine, Obstetrics & Gynecology hospitalist	831 South Broadway Minot, ND 58702	(701) 857-5000	variable depending on each doctor's office hours

<p>Trinity Health Center- West 21 physicians, 2 physician assistant, 2 family nurse practitioners 2 Audiologists</p>	<p>Neonatology, podiatry, general surgery, Orthopedics surgery, Anesthesiology, pain management Ear Nose Throat- Otolaryngology, Orthopedics, general surgery/laparoscopic surgery/vascular surgery/ Thoracic surgery, Cardiovascular surgery, critical care medicine, Audiology, sports medicine, family practice, surgery, Pediatrics, Orthopedic Trauma</p>	<p>101 3rd Ave SW Minot, ND 58702</p>	<p>(701) 857-5000</p>	<p>variable depending on each doctor's office hours</p>
<p>Trinity Health Plaza 16 5 physicians, 1DDS, 3 optometrist</p>	<p>Ophthalmology, oral & facial surgery, Optometry</p>	<p>2815 16th St SW Minot, ND 58702</p>	<p>(701) 857-5000</p>	<p>variable depending on each doctor's office hours</p>
<p>Trinity Health South Ridge 5 physicians, 1 family nurse practitioners, 1 physician assistant</p>	<p>Family medicine/rehabilitation, Pain management, anesthesiology, Internal Medicine- Pediatrics Plastic Surgery, Dermatology</p>	<p>1500 24th Ave SW Minot, ND 58702</p>	<p>(701) 857-5000</p>	<p>variable depending on each doctor's office hours</p>

Trinity Regional Eyecare-Minot	Primary eye care, LASIK, cataract surgery, glaucoma, neuro-ophthalmology, YAG laser, low-vision services macular degeneration, diabetic eye disease, corneal transplant, optometry, eye glasses/contacts lenses	2815 16th St SW Minot, ND 58702	(701) 857-7440	Mon-Fri 8-4:30pm depending on physician
First District Health Unit	Case management, WIC/nutrition, STD/AIDS testing, pregnancy, family planning, immunizations, resources	801 11 th Ave SW Minot, ND 58701	(701) 852-1376	Mon-Fri. 8:00am-4:30 pm
First District Health Unit	BP screening, foot care, helmet/bike safety, immunization, nutritional counseling, well child, WIC, women's health, health tracks	113 1 st Ave NW PO Box 836 Kenmare, ND 58746	(701) 385-4328	Tues 8am-4:30pm
Trinity Home Health/Hospice		1015 S Broadway #303 Minot, ND 58701	(701) 857-5082	
Broadway Family Dentistry 2 dentists	preventative and restorative dentistry, teeth whitening, root canal therapy, implants, laser therapy	1839 S Broadway Minot, ND 58701	(701) 839-1299	Mon & Thur 9-6 pm; Tues, Wed, Fri 8-5pm
Central Valley Dentistry & Oral Health		10 1st St SW Minot, ND 58701	(701) 852-3939	

Dakota Dental Health Center 4 dentists	general dentistry	515 20th Ave SE # 8 Minot, ND 58701	(701) 852-4755	Mon-Thur 8-5 pm; Fri 8-12 pm; Sat-Sun Closed
Dakota Kids Dentistry 1 dentist	general dentistry, pedodontics	2615 Elk Dr #1 Minot, ND 58701	(701) 839-4440 (800) 624-9525	
Dakota Square Dental 1 dentist	general & cosmetic dentistry	1000 31st Ave SW Ste A Minot, ND 58701	(701) 852-3222	
Dental Care Associates 2 dentists	general dentistry	600 22nd Ave NW Ste 6 Minot, ND 58703	(701) 852-0632	Mon-Thur 8- 4:30; Fri 8- 1:00 pm
Face & Jaw Surgery Center 6 physicians-surgeons	Oral surgery, cosmetic surgery	2615 Elk Dr Ste 3 Minot, ND 58701	(701) 852-3421	Mon-Thur 8-5 pm; Fri 8-3 pm
Family Dentistry Stephen L. Ricks, DDS	general dentistry	900 20th Ave SW #1 Minot, ND 58701	(701) 852-2455	
Greer & Greer	general dentistry	1015 S Broadway Ste 20 Minot, ND 58701	(701) 838-1123	
Kenmare Dental 1 dentist	general dentistry	318 1st Ave NE Kenmare, ND 58746	(701) 385-4041	Mon, Tue, Friday
Modern Dental 1 dentist	general dentistry, cosmetic, surgical extractions, root canal therapy, implants, whitening, dentures	1600 2nd Ave SW Ste 22 Minot, ND 58701	(701) 838-8399	Tue & Thur 9- 7 pm; Wed 9-8pm; Fri 8- 4 pm
Ritter Family Dentistry 1 dentist	general dentistry, preventive, cosmetic dentistry, root canal therapy	2615 Elk Dr #2 Minot, ND 58701	(701) 837-1050	Mon-Thur 7:30-3 pm; Fri 7:30-12pm
Sommers Orthodontics 1 orthodontist	Orthodontics	1015 S Broadway #17 Minot, ND 58701	(701) 852-2646	Mon & Wed 8- 5pm; Tue & Thur 7-4pm; Fri 8-3 pm

Souris Valley Dental Group 3 dentist	general dentistry	1300 37th Ave SW Minot, ND 58701	(701) 852-3013 (701) 852-5595	Mon 8-9pm, Tue-Thur 8-5 pm; Fri 8-1:30 pm
Trinity Oral & Facial Surgery	oral and maxillofacial surgery, facial cosmetic surgery	Reconstruction Center 2815 16th St SW St 100 Minot, ND 58701 Surgery Center 307 5 th Ave. SE Minot, ND 58701	(701) 857-2900 (701) 857-2600	
Vibeto Orthodontics 1 dentist	Orthodontics, orthopedics, sleep apnea, clear aligners, surgery	2615 Elk Dr Ste 2 Minot, ND 58701	(701) 839-6010	Mon-Wed 8-5 pm; Thu 7:30-4 pm; Fri 8-12 pm
Brentmoor	independent retirement services, scheduled transportation, assistance with ADLs, health monitoring	3515 10th St SW Minot, ND 58701	(701) 839-3320	
Emerald Court	assisted senior living	520 28th Ave SE Minot, ND 58701	(701) 858-9767	
Edgewood Vista	assisted living, Alzheimer care, assistance in ADLs, routine nursing services, housekeeping, laundry service	800 16th Ave SE Minot, ND 58701	(701) 852-1399	24 hours

ManorCare Health Services	physical therapy, skilled nursing, rehabilitation, occupational/speech therapy, certified nursing assistance nutritional services, housekeeping and laundry services	600 Main St S Minot, ND 58701	(701) 852-1255	24 hours
Southview Assisted Living	geriatric care, assisted living	700 33rd Ave SW Minot, ND 58701	(701) 852-4920	
Spectrum Care	assisted senior living	1919 2nd St SE Minot, ND 58701	(701) 858-0800	24 hours
The View	assisted senior living	2905 Elk Dr. Minot, ND 58701	(701) 852-7700	24 hours
Trinity Kenmare Community Hospital	nursing home; physical therapy, acute care/swing	317 1st Ave NW Kenmare, ND 58746	(701) 385-4296	Mon-Sun 24 hours
Trinity Homes	Care services, rehabilitation, Alzheimer's care, skilled nursing	305 8th Ave NE Minot, ND 58703	(701- 857-5800	24 hours
Unsong Assisted Living	assisted living, elder care, home health services	1608 16th St NW Minot, ND 58701	(701) 839-5646	
Wellington Assisted Living	assisted living, meal preparation, laundry and housekeeping services, transportation, activities programs	601 24th Ave SW Minot, ND 58701	(701) 585-9800	24 hour awake staff
McLean				
St. Alexius Garrison Memorial Hospital: 4 providers - see clinic		407 3rd Ave SE Garrison, ND 58540	(701) 463-2275	Mon-Sun 24 hours

Turtle Lake Community Memorial Hospital 4 providers	Emergency Level V, swing bed, respite care, adult day care, hospice, x-ray, lab, cardiac rehab, physical therapy, ultrasound, CT, bone density, nuclear medicine, dietary, home health, mammography	220 5th Ave W Turtle Lake, ND 58575	(701) 448-2331	Mon-Sun 24 hours
Ward				
Trinity Hospital 34 physicians; 6 family nurse practitioners 1 doctor osteopathy, 1 physician assistant	Level II trauma center; anesthesiology; emergency medicine, Radiology, hospitalist, pathology, Pediatrics Behavioral Health- Psychiatry; neonatal intensive care unit, acute care; Estimated 200+ providers within hospital/clinics, 40 specialties	1 Burdick Expressway W Minot, ND 58701	(701) 857-5000	Mon-Sun 24 hours
Trinity Community Hospital- Kenmare	24 hour emergency room, physical therapy, acute care/swing bed, laboratory/radiology, wellness center	317 1st Ave NW Kenmare, ND 58746	(701) 385-4296	Mon-Sun 24 hours

Figure 128 Healthcare Facilities in the First District Health Unit area

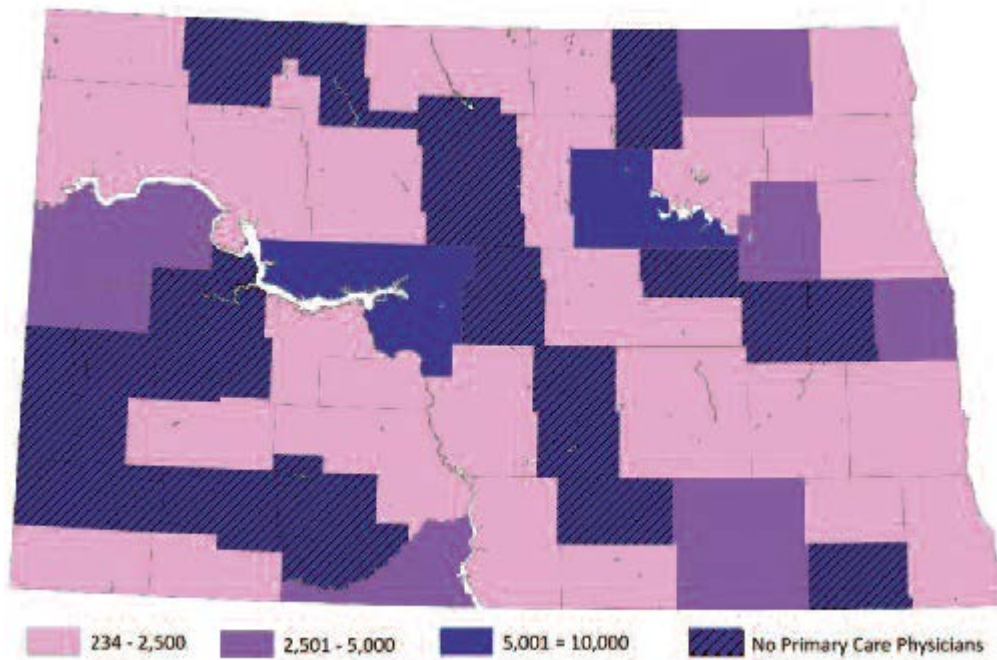


Figure 129: (UND School of Medicine and Health Sciences, 2013)

In a summary of the Community Health Needs Assessments (CHNA) of 35 critical access hospitals in North Dakota, health care workforce shortage was identified as a priority for 27 of them. There was concern about the need for more physicians, visiting specialists, and other health care professionals. (Karin Becker, PhD Candidate, 2014)

Maternal Health

Maternal Health is an important predictor of newborn health and well-being; addressing women's health is essential to improving birth outcomes.

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths are listed the county of residence, not the county of occurrence. The number of events is blocked if fewer than six. Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.

Pregnancy Rate = Total pregnancies divided by the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate = Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock Live Birth Ratio = Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio = Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio = Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Births, 2006-2010	Bottineau County		Burke County		McHenry County		McLean County		Renville County	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births	318	10	100	10	279	10	399	9	128	10
Pregnancies	333	10	109	11	293	11	424	9	132	11
Fertility Rate		73		84		74		69		71
Teen Births	0	0	0	0	0	0	13	7	0	0
Teen Pregnancies	6	4	0	0	0	0	26	13	0	0
Out of Wedlock Births	78	245	6	60	61	219	107	268	13	102
Out of Wedlock Pregnancies	88	264	8	73	70	239	121	285	20	152
Low Birth Weight Births	12	38	0	0	0	0	6	15	0	0

Figure 130

Births, 2006-2010	Sheridan County		Ward County		First District Health		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births	45	7	5,036	16	6,305	14	44,427	13
Pregnancies	48	7	5,471	18	6,810	15	48,818	15
Fertility Rate		57		83		80		71
Teen Births	0	0	385	25	398	19	3,337	19
Teen Pregnancies	0	0	457	30	489	23	4,062	23
Out of Wedlock Births	0	0	1,332	264	1,597	253	14,506	327
Out of Wedlock Pregnancies	0	0	1,650	302	1,957	287	18,103	371
Low Birth Weight Births	0	0	319	63	337	53	2,919	66

Figure 131 *Rates calculated using 2010 census

Inadequate Prenatal Care

County	Live Births 2012	Births to Mothers Receiving Inadequate Prenatal Care	Percentage*
Bottineau	60	6	10
Burke	36	LNE**	N/A
McHenry	83	LNE	N/A
McLean	128	12	9.4
Renville	29	LNE	N/A
Sheridan	11	0	0
Ward	1109	43	3.9
Total	1456		

Figure 132

*the percentage is the proportion births to mothers receiving inadequate prenatal care compared to total resident live births in respective geographic area.

** Data are not reported for geographies where number is five or less. In these cases, "LNE" is indicated for Low Number Event

Breastfeeding Rates by County 2012

County	Total Births	Breastfeeding Yes 2012	Breastfeeding No 2012	Breastfeeding Unknown 2012
Bottineau	60	46 (77%)	14 (23%)	0
Burke	36	31 (86%)	3 (8%)	2 (6%)
McHenry	83	69 (83%)	12 (14%)	2 (2%)
McLean	128	98 (77%)	22 (17%)	8 (6%)
Renville	29	22 (76%)	7 (24%)	0
Sheridan	11	5 (45%)	5 (45%)	1 (9%)
Ward	1109	903 (81%)	195 (18%)	11 (1%)
Total	1456	1174 (80%)	258 (18%)	24 (2%)

Figure 133: 2012 ND Occurrence births by county of birth, response to breastfeeding question was infant breastfed at time of discharge question on ND certificate of live birth (North Dakota Department of Health, 2011).

Smoking and Pregnant Women

Most people know that smoking causes cancer, heart disease, and other major health problems. Smoking during pregnancy makes it harder for a woman to get pregnant. It also causes additional health problems, including:

- Increased likelihood of miscarriage.
- Premature birth (being born too early)
- Birth defects such as cleft lip or cleft palate
- Low birth weight

Smoking during and after pregnancy is a risk factor of Sudden Infant Death Syndrome (SIDS). SIDS is an infant death for which a cause of the death cannot be found (Centers for Disease Control and Prevention, 2014).

In North Dakota, about \$636 per maternal smoker, or \$1million, is spent annually on neonatal and smoking attributable health issues.

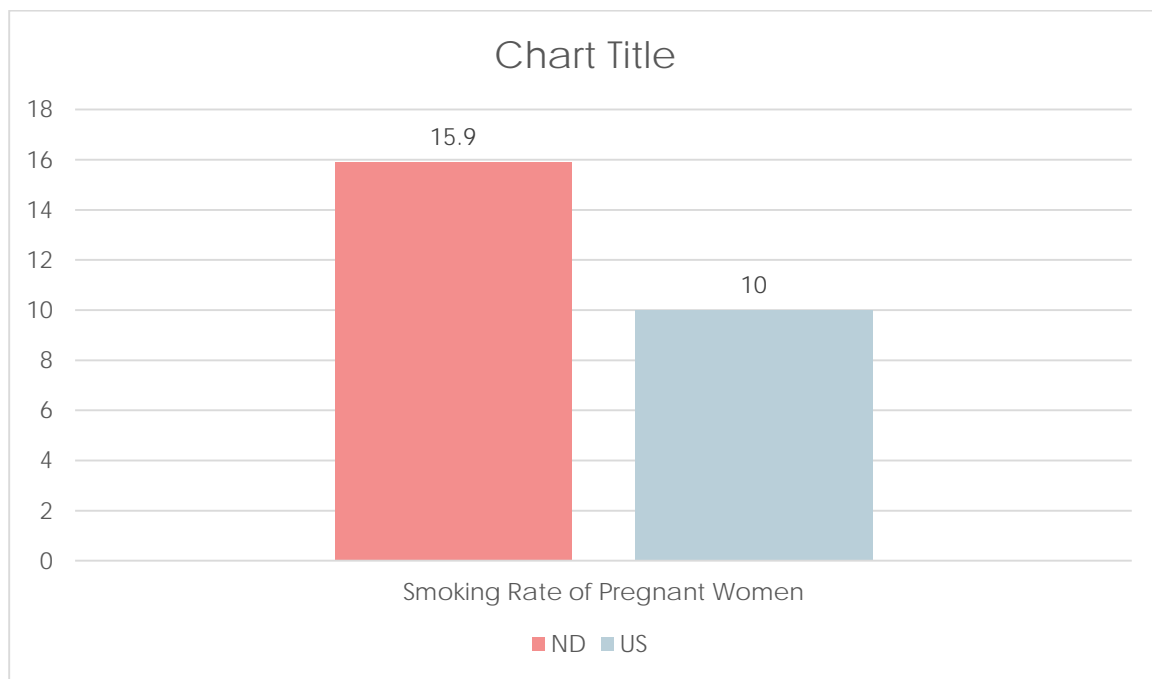


Figure 134: (North Dakota Department of Health , 2013) (Centers for Disease Control and Prevention, n.d.)

Mental Health

Percentage of respondents 18 or older who reported eight or more days in the past 30 during which they had poor mental health, 2005-2010, Adult Behavior Risk Factor

Bottineau %	Burke %	McHenry %	McLean %	Renville %	Sheridan %	Ward %	FDHU %	ND %
9.0 (5.4-12.6)	6.0 (1.5-10.5)	9.3 (4.8-13.9)	8.7 (5.6-11.8)	7.1 (2.9-11.4)	16.3 (3.1-29.6)	9.5 (7.9-11.1)	9.3 (8.1-10.5)	9.5 (9-10)

Figure 135

Children who have one or more emotional, behavioral, or developmental conditions, Kids Count Data Center 2011-2012

ND
23,000
18%

Figure 136

Bullying

Percentage of students in grades 9-12 who had ever been bullied on school property during the past 12 months, 2011 ND Youth Risk Behavior Survey,

ND	Region 2
24.9%	26.5%

Figure 137: (North Dakota Department of Health, 2011)

Mental Health services in First District Health Unit area:

Mental Health Service	Services	Address	Phone	Hours
Rural Mental Health Consortium at St. Andrew's Health Center	Medical and hospitalization intervention	316 Ohmer St. Bottineau, ND 58318	(701)228-9300	Not available
Alcoholics Anonymous	support group	700 16th Ave SW Minot, ND 58701	(701) 838-6091 (701) 838-2470	multiple meet times daily
Burckhard Clinic	mental health therapy	315 Main St S #315 Minot, ND 58701	(701) 838-4632	consultation by appointment
Center for Mind & Body Wellness 1 counselor (PHD)	adolescent/adult counseling, anxiety, depression, ADD/ADHD, mediation, family counseling, eating disorders	1015 S Broadway Ste. 17 Minot, ND 58701	(701) 852-3550	Mon-Thur 8-5 pm; Fri 8- 2pm; Sat-Sun closed
Cornerstone Addiction Svc	adolescent/individuals with mental and substance abuse disorders,	1705 4th Ave NW Minot, ND 58703	(701) 839-0474	Mon -Sun 8:00am-12:00am
Domestic Violence Crisis Center	services to victims of domestic violence and sexual assault	3900 11th Ave SE Minot, ND 58701	(701) 852-2258 (701) 720-8876	

Eaton & Associates 1 psychologist, 2 addiction counselors, 3 social workers	counseling, evaluations, addiction services, behavioral health services, family services	1705 4th Ave NW Minot, ND 58703	(701) 838-0474	
Family Mental Health Clinic 2 therapist	therapy to family, adults, teens, and children	South Broadway Plaza 1809 South Broadway Suite 92 Minot, ND 58701	(701) 263-1298 (701) 720-8876	
Goodman Addiction Svc	drug/alcohol treatment center, educational programs, evaluations, individual therapy	1809 S Broadway #S Minot, ND 58701	(701) 852-3869	Mon-Sun 8:00am- 12:00am
Kristi Harrison Counseling	counseling, divorce/separation, military transition, depression, anxiety, eating disorders, aging/end of life	315 Main St S Ste 312 Minot, ND 58701	(701) 818-8175	variable by appointment
North Central Human Services Center	mental health services, family relationship concerns, addiction/disability issues, emotional problems	1015 S Broadway #18 Minot, ND 58701	(701) 857-8500	24 Hours Emergency; Mon & Wed 8-7pm; Tue, Thur, Fri 8-5 pm
North Prairie Psychological	adult counseling, assessments, family & relationship counseling,	2116 4th Ave NW #100 Minot, ND 58703	(701) 838-2442	
Rural Mental Health Consortium	mental health services	317 1st Ave NW Kenmare, ND 58746	(701) 857-2199	
Stein Specialized Counseling	counseling services, marriage/family counseling	1809 S Broadway #A Minot, ND 58701	(701) 385-4344	Mon-Fri 9am-5pm
The Marriage Clinic	communication, marriage counseling	2116 4th Ave NW Minot, ND 58703	(701) 838-2442	Saturday Evening
Trinity Health Center-Riverside 4 social workers, 2 family nurse practitioners, 2 clinical counselor, 3 physicians, 4 PsyD (psychologist)	Behavioral therapy-mental health, child & adolescent psychiatry/psychology, Psychiatry, therapy Neuropsychology	1900 8th Ave SE Minot, ND 58702	(701) 857-5998 (800) 247-1316	
Trinity Health St. Joseph's Hospital 2 physicians, 2 family nurse practitioners, 2 licensed addiction counselors	Behavioral health- addiction treatment, Psychiatry, Kidney Dialysis Unit, chemical dependency unit, rehab	407 3rd St SE. Minot, ND 58702	(701) 857-5000	24 hours

Figure 138: Mental Health Services in First District Health Unit area

Environmental Health

Air quality-summary of 2013 from health department: The North Dakota Department of Health operated eight ambient air quality monitoring sites and industry operated eight source-specific air quality monitoring sites. The National Park Service maintains a monitoring site at the Theodore Roosevelt National Park –South Unit’s Painted Canyon Overlook. The ambient monitoring data from this site is included in this report. There were no sulfur dioxide, nitrogen dioxide, ozone or particulate matter exceedances of either the state or federal ambient air quality standards measured at any State operated sites during 2013. North Dakota is one of thirteen states that are in attainment for all criteria pollutants.

Community water systems are tested regularly. In 2014, 430 private wells were tested with 80 failing to meet safety standards. A total of 2765 bacteria tests were done on public water systems. Of the 2765 tests conducted, 122 failed.

In 2013, 309 sewer permits were issued.

Complaints regarding unsafe or unhealthy living conditions are sometimes received from the public. This is difficult to measure. However, complaints will be tracked to try to determine trends or patterns.

Exposure to zoonotic disease is a concern of public health. One of those diseases that First District Health Unit tracks is Rabies. In 2012, two of the 41 brains sent to off-site labs for testing due to human exposure came back positive for rabies. In 2013 the numbers were similar, with 38 brains tested and 4 positive for rabies. The number of positive results are monitored to see trends in the number of cases.

In addition to the disease stated above, Environmental Health works with the ND Department of Health in regards to surveillance and investigations of food and airborne disease. The diseases include: Campylobacteriosis, Cryptosporidiosis, E.coli, Giardiasis, Hepatitis A, Listeriosis, Salmonellosis, Shigellosis, and Trichinosis. A chart of the cases reported in each county can be found in the Communicable Diseases on pages 53-60.

Causes of Hospitalization & Death

Causes of Hospitalization

Trinity Health serves a large portion of First District Health service area. According to Trinity Health, their top 20 Diagnostic Related Groups are listed below. A Diagnosis-Related Group (DRG) is a statistical system of classifying any inpatient stay into groups for the purpose of payment.

- Vaginal delivery without complicating diagnoses
- Normal newborn
- Rehabilitation with complications and co-morbidity or major complications and co-morbidity
- Psychoses
- Neonate with other significant problems
- Alcohol/Drug abuse or dependence without major complications and co-morbidity
- Rehabilitation therapy without major complications and co-morbidity
- Cesarean Section without complications and co-morbidity or major complications and co-morbidity
- Percutaneous Cardiovascular procedure with drug-eluting stent without major complications and co-morbidity
- Rehabilitation without complications and co-morbidity or major complications and co-morbidity
- Simple Pneumonia & Pleurisy with complications and co-morbidity
- Septicemia or Severe Sepsis without MV 96+hours with major complications and co-morbidity
- Pulmonary Edema & Respiratory Failure
- Simple Pneumonia & Pleurisy with major complications and co-morbidity
- Kidney & Urinary Tract infections without major complications and co-morbidity
- Esophagitis, Gastroenteritis & Misc. Digest Disorders without major complications and co-morbidity
- Cesarean Section with complications and co-morbidity or major complications and co-morbidity
- Simple Pneumonia & Pleurisy without complications and co-morbidity or major complications and co-morbidity
- Hip & Femur Procedures except major joint with complications and co-morbidity
- Heart Failure & Shock with complications and co-morbidity

Causes of Death

Formulas for calculating rates and ratios based on five years of birth and death records collect by the State of North Dakota are as follows:

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.

Childhood and Adolescent Death Rate = Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

Crude Death Rate = Death events divided by population x 100,000.

Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

Child Deaths, 2006-2010	Bottineau County		Burke County		McHenry County		McLean County		Renville County	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths	0	0	<6	NR	<6	NR	0	0	<6	NR
Child and Adolescent Deaths	<6	NR	<6	NR	<6	NR	11	120	<6	NR
Total Deaths and Crude Rate	465	1,447	125	1,270	292	1,082	575	1,283	153	1,239

Figure 139

Child Deaths, 2006-2010	Sheridan County		Ward County		First District		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Child Deaths, 2006-2010	Bottineau County	Burke County	McHenry County	McLean County	Renville County			
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio

Age-adjusted Death Rate by County and Cause of Death, 2006-2010									
	Number (Rate)								
	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward	First District	North Dakota
All Causes	465 (811)	125	292	575	153	64 (478)	2498 (720)	4172 (720)	28,985
Heart Disease	93 (151)	26 (159)	87 (182)	128	33 (141)	23 (142)	572 (158)	962 (158)	7,122 (162)
Cancer	102 (190)	33 (223)	59 (138)	113	23 (119)	12 (92)	576 (176)	918 (165)	6,544 (162)
Stroke	23 (38)	<6	14 (30)	26 (32)	15 (69)	*	185 (49)	271 (43)	1,696 (38)
Alzheimer's	44 (67)	7 (41)	16 (30)	61 (67)	12 (46)	0	129 (33)	269 (41)	1,936 (40)
COPD	20 (36)	10 (63)	25 (56)	50 (61)	*	<6	166 (49)	282 (49)	1,607 (39)
Unintentional Injury	17 (37)	*	17 (56)	33 (69)	9 (59)	<6	117 (36)	206 (41)	1,545 (42)
Diabetes	33 (57)	<6	16 (35)	30 (37)	<6	7 (50)	110 (33)	203 (35)	1,072 (26)
Pneumonia/Influen	14 (21)	<6	9 (18)	12 (13)	<6	0	86 (23)	127 (20)	702 (15)
Cirrhosis	6 (14)	0	<6	<6	0	<6	26 (9)	40 (9)	289 (8)
Suicide	4 (14)	8 (92)	5 (18)	8 (18)	<6	<6	30 (10)	59 (13)	462 (14)

*Greater than 6 but blocked for confidentiality
 ** Rates calculated using 2010 census

Figure 141

Leading Causes of Death by Age Group for FDHU, 2006-2010			
Age	1	2	3
0-4	SIDS 6	Anomaly	Unintentional Injury
5-14	Suicide	Cancer	
15-24	Unintentional Injury 15	Suicide 10	Heart
25-34	Unintentional Injury 9	Heart	Suicide
35-44	Heart 10	Cirrhosis 9	Suicide
	Unintentional Injury 10		
45-54	Heart 19	Cancer 18	Cirrhosis 12
55-64	Cancer 46	Heart 30	COPD 6
			Unintentional
65-74	Cancer 70	Heart 54	COPD 19
75-84	Cancer 97	Heart 84	Stroke 27
85+	Heart 193	Cancer 76	Alzheimer's Dz 60

Figure 142

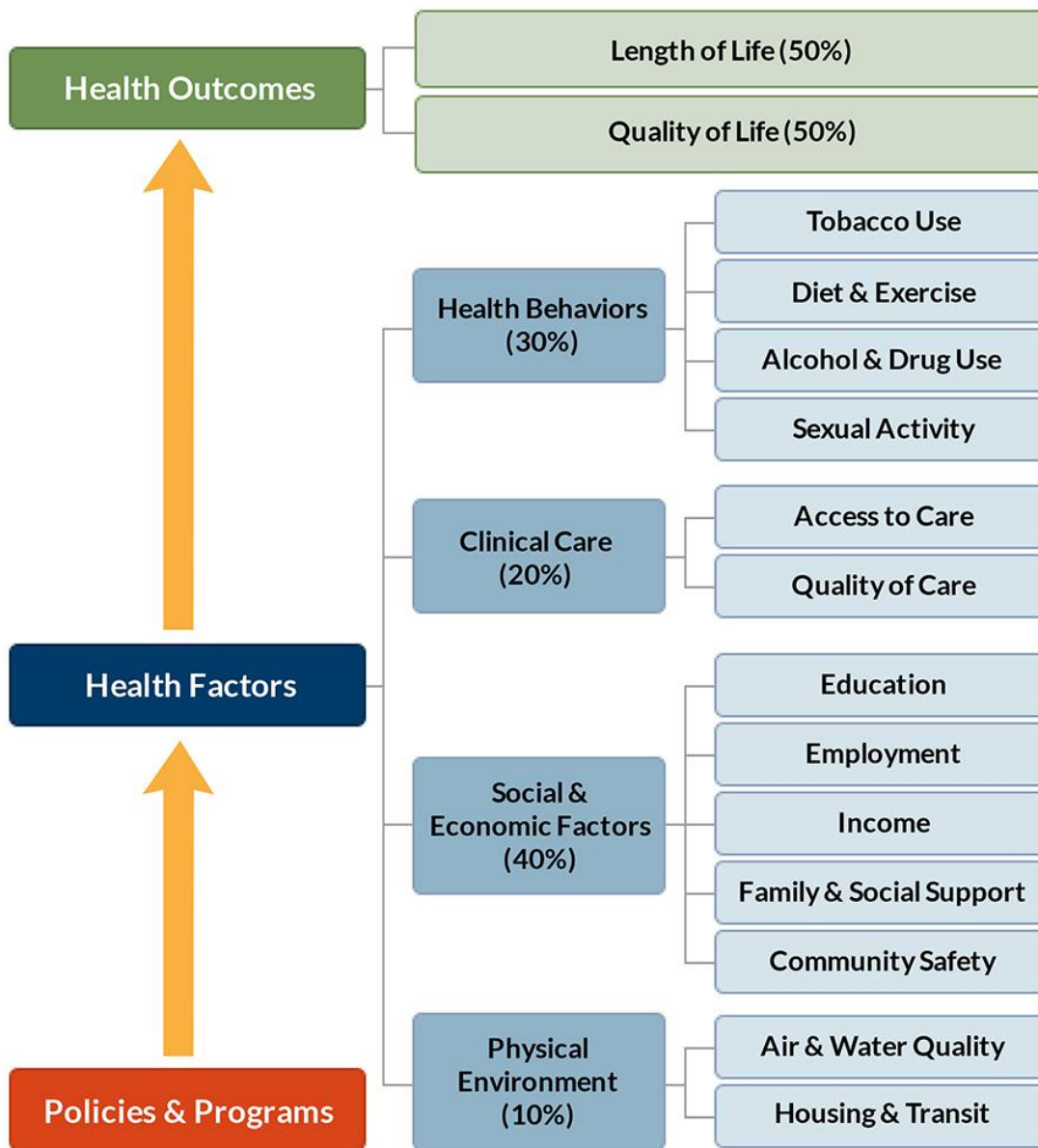
Leading Causes of Death by Age Group for North Dakota, 2006-2010			
Age	1	2	3
0-4	Congenital Anomaly	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1001	Heart 579	Unintentional Injury 137
65-74	Cancer 1562	Heart 843	COPD 313
75-84	Cancer 1992	Heart 1797	COPD 626
85+	Heart 3421	Alzheimer's Dz 1391	Cancer 1352

Figure 143

County Health Rankings

The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003 (County Health Rankings, 2013).



County Health Rankings model © 2014 UWPHI

Figure 144 : (County Health Rankings, 2013)

In North Dakota there are 53 counties. However, eight of those counties are not ranked. This leaves 45 counties included in the rankings in North Dakota. The tables in Figure 145 & 146 show the county rankings within North Dakota. Two of the seven counties do not have rankings available.

Health factors in the *County Health Rankings* represent what influences the health of a county. Four types of health factors are measured: **health behaviors**, **clinical care**, **social and economic**, and **physical environment** factors. In turn, each of these factors is based on

several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings*.

Health Factors Ranking (of 45)

	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward
Health Behaviors	35	38	31	20			21
Clinical Care	36	20	21	12			10
Social/Economic Factors	16	10	39	30			13
Physical Environment	33	39	25	36			17
Overall Ranking	32	30	36	22	N/A	N/A	9

Figure 145

Health outcomes in the *County Health Rankings* represent how healthy a county is. Two types of health outcomes are measured: how long people live (length of life or mortality) and how healthy people feel while alive (quality of life or morbidity).

County Health Rankings measure premature mortality rather than overall mortality. Premature mortality are deaths that occur before a person reaches an expected age. In this case, age 75. *County Health Rankings* measures health-related quality of life (overall health, physical health, and mental health) as well as birth outcomes.

Health Outcomes Ranking (of 45)

	Bottineau	Burke	McHenry	McLean	Renville	Sheridan	Ward
Mortality	21	27	40	37			10
Morbidity	31	3	16	14			18
Overall Ranking	28	8	34	23	N/A	N/A	13

Figure 146

Windshield Assessment

The principal investigator for this project conducted a community windshield assessment of the service area. County nurses from each of the counties except Sheridan were able to accompany her in their respective counties. Observations from this windshield assessment will be included throughout the county descriptions as well. A mix of housing was noted, with the bulk of the homes being built in the mid-20th century. However, it is important to note that many communities have experienced significant growth and housing development related to the increased economic activity from the oil boom, most notably in Ward, McLean and McHenry Counties. Additionally, the Souris River Flood of 2011 resulted in the destruction of many homes and businesses in Minot. While most of these damaged properties have been renovated or removed, others still remain in varying stages of disrepair.

The observed population is predominantly homogenous in nature with the distinct majority being Caucasian, however African Americans, Native Americans, and Hispanics are present throughout many of the communities. The metropolitan area of Minot shows a diverse age range. The elderly population was more visible in the rural communities, but many rural schools have modular classrooms in their school yards and/or are currently in the process of construction, indicating an influx of young people to the area. Based on our inclement winter climate, the community shows a small homeless population. Yet, homelessness is an apparent problem as evidenced by the development of a homeless shelter in Minot. Additionally, the researchers observed the use of campers and other recreational accommodations as places of residence. It is also noted that homelessness in rural areas may not look the same as in urban areas. Here it may be that multiple families are dwelling together, or generations of families may be living together.

Scandinavian culture is readily observed throughout the community, with the culmination being the Norsk Hostfest, an annual event held in Minot which is the largest Scandinavian festival in the United States and draws people from around the world. Also located in Minot, is the Scandinavian Heritage Park which is open year round. The prevalence of Chinese, Japanese, and Thai restaurants in several communities suggests there is also Asian culture throughout the area. Mexican restaurants are also noted, along with Mexican cuisine on family restaurant menus.

The prevailing religion throughout the community is Christianity, with Catholicism, Lutheran, Methodist, and Baptist being the most common denominations. Church leaders and members clearly take pride in their establishments as church grounds and cemeteries are usually well-groomed and beautifully maintained. Places of historical significance, such as turn of the century churches and schools, are indicated through the community by historical markers. Scandinavian art is featured in the Scandinavian Heritage Park and murals, statues, and other artwork are features in many rural communities as well.

Symbols of German culture are also prevalent throughout the community, particularly in McHenry, McLean and Sheridan Counties. German foods are frequently on the menus or lunch specials in the restaurants. Iron crosses can be seen in the cemeteries of German community churches and it seems the German farms are especially well maintained and groomed.

The communities tend to be well-maintained and a lack of industrial activity contributes to good air quality in most areas. Each town features at least one park, providing green-space to the residents. Wildlife is easily observed in both the rural and urban areas, especially in near rivers, lakes, and wildlife refuge sites. Despite most homes and businesses being well-maintained and esthetically pleasing, there is still the presence of abandoned homes and businesses and dilapidated structures in various towns and throughout the countryside. The well-kept homes and pristine farms throughout the rural areas confirm that the agriculture economy in is strong.

Hospitals and clinics throughout the community provide care for both acute and chronic conditions. The rural nature of the community and the types of occupations contribute too many acute injuries that require intervention. The presence of wheelchair accessible ramps and sharps containers in both public and private locations suggest that chronic illness is present in most areas. Although medical care is available in many communities, individuals requiring complicated acute or specialized care, including various therapies, are required to travel to a larger facility. Alternative medical practices, such as chiropractic care, massage therapy and acupuncture, are available in many towns and cities. Due to the close proximity of the community to several Native American reservations, traditional healing practices of various tribes are frequently observed.

Aside from the city of Minot, most fire protection and ambulance services are provided exclusively by volunteers. Garbage collection in several cities is contracted out and is brought to an area landfill. The method for handling wastewater varies in different cities, with the biggest city having a wastewater treatment facility, others relying on lagoons, and many individuals and farms

having private septic systems.

According to the ND Department of Health (NDDoH), Municipal Facilities Division (2005), approximately 86% of the residents in ND get their drinking water from public water systems, classified as “community” or “non-community” systems. Community systems are typically cities, mobile home parks, or rural water systems. Non-community water systems generally provide water to a specific entity, such as a restaurant or a school. There are approximately 515 public water systems in North Dakota that are monitored by the state Drinking Water Program. This includes providing operator certification and training, conducting inspections of facilities, monitoring contaminants and technical assistance (NDDH, 2005). Many cities in the seven county area have their own municipal water treatment plants. Table 19 provides a list of cities in ND who have municipal water systems, as listed in the directory of community water systems available on the ND Rural Water Systems Association Listing. Water in the rural areas is distributed through several rural water systems. Table 20 lists those districts and their approximate service area. There are still several locations in the seven county area where private wells are in use, particularly on farms and ranches, and even a few of the smallest towns. Most of Burke County is in the Western Rural Water Supply district, however, no rural water pipeline has been laid in the county at this time.

Figure 131

Cities with Municipal Water Systems within the Seven County FDHU Service Area

Benedict	Lansford	Sawyer
Berthold	Makoti	Sherwood
Bottineau	Max	Souris
Bowbells	Maxbass	Surrey
Burlington	McClusky	Towner
Des Lacs	Mercer	Turtle Lake
Drake	Minot	Underwood
Garrison	Mohall	Upham
Glenburn	Newburg	Velva
Goodrich	Portal	Washburn
Granville	Powers Lake	Westhope
Karlsruhe	Riverdale	Willow City
Kenmare	Ryder	Wilton

Figure 131: Adapted from the ND Rural Water Systems Association. (2014). *Community water systems* (North Dakota Rural Water Systems Association., 2013).

Figure 132

Rural or Regional Water Systems within Seven County FDHU Service Area

Upper Souris Water District	Renville County, south west Bottineau County, northwest arm of Ward County. Cities of Norma, Tolley, Green, Grano, Lansford and Glenburn.
All Seasons Water Users District	Most of Bottineau County. Cities of Lansford, Newburg, Kramer, Gardena, Willow City and Overly
Northwest Area Water Supply	Cities of Kenmare, Berthold, Mohall, and Burlington.
North Prairie Rural Water District	Majority of Ward County, southeastern McHenry County, far north central McLean County. Cities of Des Lacs, Surrey, Norwich, Granville, Logan, Douglas, Max, Benedict, Ryder.
Western Area Water Supply	Burke county is within this area, however, it does not appear that water pipeline has been established.
Garrison Rural Water District	West central McLean County - small district
McLean-Sheridan Water District	Southern McLean County, most of Sheridan County (exception of far northwest corner). Cities of Riverdale, Coleharbor, Turtle Lake, Mercer, McClusky, Denhoff, and Wilton

Figure 132: Adapted from the ND Rural Water Systems Association. (2014). *Rural/regional water systems* (North Dakota Rural Water Systems Association., 2013).

Many communities feature senior centers in which people gather to socialize and engage in conversation. Other places in the community where gathering occurs is in coffee shops, bars, hair salons, malls, and at local sporting events. Many of these locations feature bulletin boards by which information can be provided to the public. The Minot Daily News is available in most cities, and each county has at least one weekly newspaper that features local news and events from the host city and surrounding community. The Bismarck Tribune is also noted in McLean and Sheridan Counties. Televisions, radios and computers are present in nearly every home and business. Media in businesses were generally tuned into local networks and stations. Newspapers, newsletters, and e-mails are common methods of formal communication, whereas informal communication occurs through social media and by word of mouth.

Education in the community is provided by, in most cases, public schools that are overseen by local school board members as well as county superintendents. Most schools appear

well-maintained if older, and many new schools have been built or have recent additions. It is common to see portable classrooms in some communities, given the recent increases in enrollment. They each feature playground equipment, space for outdoor sports, and indoor gymnasiums. Schools in the community have good reputations for providing high-quality education and diverse extracurricular opportunities. Overcrowding in the classrooms due to increasing class sizes is a major problem in many schools, as well as a shortage of teaching and support staff. Additionally, language barriers have occurred due to the influx of non-English-speaking families. School health services are available at the post-secondary institutions of Minot State University and the Dakota College at Bottineau. Three school nurses are assigned to the twelve (12) Minot public elementary schools, including the Minot Air Force Base (AFB), however, there are no school nurses in rural communities.

Recreation space for children is commonly found on school grounds and in some city parks. A variety of age groups utilize recreational services such as skating rinks, swimming pools, and golf courses. Many communities also have fitness centers and programs available that offer an assortment of activities. Outdoor enthusiasts enjoy hunting throughout the seasons, as well as camping, fishing and boating on local lakes and rivers. There is also one ski resort in the community that can be enjoyed during the winter months near Bottineau. The many county recreation areas in cooperation with ND Game and Fish, and the National Wildlife Refuges throughout the area provide plenty of hiking, birding, photography and educational opportunities. Rodeo and horse related activities are also noted as popular throughout the area, as many communities have arenas for these events, and several campgrounds include paddocks and amenities for horses to stay overnight.

Bottineau County

Bottineau County was named for Pierre Bottineau (ca. 1814-1885), a respected Metis guide, hunter, land speculator, and frontiersman (ND Association of Counties (NDAoC), n.d.). Though it was created by the 1872-73 territorial legislature, the government wasn't organized until 8 years later, on July 17, 1884 (NDAoC, n.d.). The county seat is the city of Bottineau. Bottineau County is surrounded by McHenry County to the South, Renville County to the West, and Canada to the North. There are three Canadian Ports of Entry in the County located near the cities of Antler, Westhope and Souris (also referred to as the Carbury port). According to the U.S. Census Bureau (2014b), the total area of the county is 1,668 square miles: of that, 29 square miles are water. The 2013 population estimate is 6736 people (US Census Bureau, 2014a). The predominant race of the county is white at 94.3% while 2.5% are Native American and 1.8% are

Hispanic (U.S. Census Bureau, 2014a).

The percentage of the population living in a single-family household is 64.4%; with 3.5 % of families having a male householder, no wife present and 5.6 % of families having a female householder with no husband present (U.S. Census Bureau, 2014a). 32.2% of households are non-family households, approximately equal for men and women living alone (U.S. Census Bureau, 2014a). 60% of the population is currently married with 20.8% having never been married (U.S. Census Bureau, 2014a). The percentage of widowed females is 15.1% compared to 2.9% of males (U.S. Census Bureau, 2014a). The people within the county are friendly, have a strong work ethic, and the communities are close-knit.

The predominant religions in Bottineau County are Evangelical Lutheran at 55% and Catholic at 17% (City-Data.com, 2013). It is apparent that churches were very important to the settlers in the area as many churches are scattered throughout the rural area, some within site distance of each other. Along Hwy 14 in northern Bottineau County, Emmanuel Lutheran Church and Turtle Mountain Lutheran Church seem nearly back to back on the same section of land. While many of these churches no longer have services, the churches, grounds and cemeteries are well maintained. Although there is a lot of association with French ancestry, due to the namesake of the city and county, according to the U.S. Census Bureau (2014a), the most common ancestry is Norwegian (40.1%) and German (37.6%) within the county.

Bottineau County is known for snowmobiling, ice fishing, and for its winter park, a ski resort near Lake Metigoshe. Annie's house, the new chalet at the Bottineau Winter Park, was designed to support the needs of skiers with both physical and cognitive disabilities by providing adaptive ski equipment and staff for children and adults (Bottineau Winter Park, 2012). This idea stemmed from a "bucket list" found by the parents of Ann Nicole Nelson, a former Stanley, ND resident and victim of the 911 bombing of the world trade center. Annie's house includes fully handicapped accessible rooms for rent. Directly behind the skiing hills is a resort, twenty plus years in the making. Once called the "white elephant", as its unfinished Tyvek covered buildings could be seen from miles away, it is finally being finished into a small luxury resort hotel with approximately 20 rooms called Dakota Vista. Plans are for it to be marketed to hunters, tourists, winter park enthusiasts and for small corporate retreats.

During the summer months boating, camping, canoeing, cycling, fishing, golf, hiking, hunting, rollerblading, and swimming are many attractions the county has to offer. Some of the recreation areas include Lake Metigoshe, Carbury Recreation Area, Strawberry Lake, Twisted Oaks, Pelican Lake, and several others. Both Strawberry Lake and Twisted Oaks have horse

riding trails and facilities to keep horses overnight. These, and many other locations such as city parks, offer electrical hook-ups for campers, picnic shelters, and restroom facilities. The cities of Bottineau and Westhope have public swimming pools, with lessons available for beginning swimmers. Mystical Horizons is an attraction billed as the “stonehenge of the prairie” by North Dakota Tourism. Built on the western edge of the Turtle Mountains, it is a stone and cement structure designed to view summer and winter solstice and the equinox. There is also a working sundial on the location. The view from the Mystical Horizons location of the prairie below is simply breathtaking and worth the trip.

Bottineau County is an agricultural community with crops including wheat, soybean, flaxseed, corn, oats, barley, sunflower seeds, and hay (city-data.com, 2013). The large grain elevators in nearly every organized town are a testament to the importance of Agriculture in the region. It was noted that several grain elevators are in the process of new construction or have been recently completed. Several fertilizer plants have been built by the elevator companies as well.

St. Andrews Hospital located at 316 Ohmer St. Bottineau, ND, is the only hospital located in Bottineau County. The services the hospital provides are (a) a 24-hour emergency room, (b) acute care, (c) a swing bed program, (d) mental health services, (e) physical therapy, (f) cardiac rehabilitation, (g) pastoral care services, (h) stress testing, (i) medic alert service, (j) radiology, and (k) laboratory services (St. Andrews Health Center, n.d.). FDHU Bottineau County Office is located at 314 5th St. W, within the county courthouse, at Bottineau. Office hours are Thursdays from 8:30am-5:00pm (First district health, 2014). WIC services are also available on most Thursdays of every month. Trinity Medical Clinic is located in Westhope. There are two dental offices located in Bottineau that provide routine dental services. The Good Samaritan Society Nursing Home is located at 725 10th St E, Bottineau. Services that are associated with the nursing home are (a) post-hospital care, (b) rehabilitation, (c) nursing home care, (d) basic care, (e) adult day services, and (f) respite care. Home health services are offered through Altru Home Services, which includes the cities of Bottineau, Westhope, Lansford, and Willow City. Social service centers are located in the county such as, Northeast Human Service Center Mental Health Crisis Line, which provides counseling in the Bottineau area and is available 24-hours a day. The Family Crisis Center Office provides leadership and support in the identification, intervention, and prevention of domestic and sexual violence, while the Domestic Violence Center provides crisis counseling.

Individuals and families in Bottineau County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau (2014a), in Bottineau County 10.2% of the population

carpool for transportation, while 0.0% were reported to use public transportation to go to work (see table 21). The average commute time for individuals working outside the home is 21.7 minutes. The percentage of workers in Bottineau County, as reported by the U.S. Census Bureau, to work outside their county of residence is 22.7% (U.S. Census Bureau, 2014a).

The city of Bottineau has two cab services, Cap Cab and Taxi One, servicing the area. Souris Basin Transportation, located in Minot, provides public transportation for Bottineau County. Bus services travel from cities within the county to Minot twice per month for a roundtrip fee. Service is available within the city of Bottineau from 8:30 to 4:30 on Mondays, Tuesdays, Wednesdays and Fridays of each week for \$1.00 each way. Request for services must be made 24-hours in advance, and no later than 2pm the day before the request due to such high demands for services. For individuals who are hearing impaired, the main branch contact number is equipped with a telecommunications device for the deaf (Souris Basin Transportation, 2013). For hours of operation and contact information see Table 22.

Figure 133

Bottineau County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home- mean travel time to work (minutes)	% worked outside county of residence
Community	10.2	0.0	21.7	22.7
State	9.5	0.5	16.5	10.8

Figure 133: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, n.d.).

Figure 134

Bottineau County Public Transit Service

Souris Basin Transportation Location: 308 1 st Ave NE Minot, ND 58703 Telephone: Main Dispatch: (701)-852-8008 or Toll Free (800)-927-8318 Hours: Monday-Thursday 8:00am-4:00pm Scheduling: 24 Hour advance notice			
County	Route	Day	Round-Trip Fee
Bottineau			
	Bottineau to Minot	2nd & 4th Thursday	\$10.00
	Souris to Minot	2nd & 4th Thursday	\$9.00
	Roth to Minot	2nd & 4th Thursday	\$9.00
	Landa to Minot	2nd & 4th Thursday	\$9.00
	Westhope to Minot	2nd & 4th Thursday	\$8.00
	Newburg to Minot	2nd & 4th Thursday	\$7.00
	Maxbass to Minot	2nd & 4th Thursday	\$7.00
Bottineau City Bus: (701) 228-6061 Must be 8 years old or older to ride alone			
Bottineau	Within city of Bottineau	Mon, Tues, Wed, Fri	\$1.00 EACH WAY
	Bottineau to Minot	Thursdays	\$11.00

Figure 134: Adapted from Souris Basin Transportation. (2013). Data: Bottineau County Routes (Souris Basin Transportation, 2013).

Sidewalks in Bottineau County, outside the city of Bottineau, are limited, making getting around difficult for individuals with disabilities. Roads within many of the towns in the county are two lane roads. There are numerous single lane county roads, with many of them having a gravel surface. Driveways to rural private residences are often gravel faced. The road systems of Bottineau County are primarily two-lane paved state or county highways. U.S. Highway 83 running north and south through Bottineau County is two-lane paved, and is a primary route of transportation to the larger city of Minot (North Dakota Department of Transportation, 2010). The Bottineau County Road Supervisor is responsible for the county’s roads and bridges. The supervisor is responsible for planning and providing for the transportation needs of the county (North Dakota Association of Counties, n.d.). Bottineau County has several communities with municipal airports including (a) Bottineau, (b) Westhope, and (c) the International Peace Gardens (North Dakota Aeronautics Commission, 2009). The closest regional airport is Minot International Airport. Amtrak Train Station in Minot and Rugby are the nearest passenger train stations to Bottineau County (North Dakota Department of Transportation, 2010).

Law enforcement and protection for all of Bottineau County is provided through the Bottineau County Sheriff’s Department (city-data.com, 2013). According to the North Dakota

Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, theft was the most prevalent crime committed in Bottineau County in 2012 with 41 reported cases, followed by burglary with six reported cases. For additional crime statistics refer to [Table 18](#).

Emergency management for the county includes the Bottineau County Emergency Manager, the designated Public Information Officer, and the 911-Coordinator (North Dakota Department of Emergency Services, 2014). Bottineau Ambulance Service and Westhope Ambulance Service provide emergency ambulance services for the county. Both services include basic life support via ground ambulance, and are manned by local volunteers (North Dakota Department of Health, 2014). North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014b). St. Andrew's Health Center, located in the city of Bottineau, provides emergency medical services 24-hours a day for Bottineau County. Severely ill or injured individuals may be taken to Trinity Hospital, the regional Level II trauma center for Northwestern North Dakota (Trinity Health, 2014b). Appendix A offers a complete list of resources for Bottineau County.

There are eight local city fire department and rural fire protection districts that service Bottineau County (North Dakota Attorney General, 2013). For fire station locations and contact information see Appendix A. The fire stations are manned by volunteer fire fighters from the local area. Waste Management and Circle Sanitation manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, 2014). Residential and commercial waste pick-up is a service often provided within the cities and towns. Drop-off recycling and composting are available in the city of Bottineau for residents of the city as well as the surrounding area (North Dakota Solid Waste and Recycling Association, n.d.). The All Seasons Rural Water District supplies water to the majority of Bottineau County (North Dakota Rural Water Systems Association, 2013c). The northwest corner of Bottineau County receives water via the North West Area Water Supply (Northwest Area Water Supply, n.d.). The city of Bottineau receives its water supply from six wells located near the foothills of the Turtle Mountains (Bottineau North Dakota, n.d.)

Bottineau County has three local newspapers that are published within the county: (a) the Bottineau Courant, (b) The Standard Newspaper, and (c) Lake Metigoshe Mirror (Standard, 2010; North Dakota Newspaper Association (NDNA, 2014). Within the county there are nine post offices. For locations and addresses of the post offices refer to Appendix A. The one radio station broadcasting from within Bottineau County is KBTO SUNNY 101.9 FM (Radio Locator, 2014). The local telephone companies are SRT and Turtle Mountain Communications (SRT

Communications, 2014; Turtle Mountain Communications, 2014). The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

Bottineau County has three schools that offer grades K-12, located in Bottineau, Newburg and Westhope; with the Westhope and Newburg schools co-operating their sports teams. A detailed list of these schools is provided in Appendix A. According to the U.S. Census Bureau, the percentage of students estimated to be enrolled in Bottineau County schools in 2012 was 88.4% of children ages five to nine, 99.7% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen (U.S. Census Bureau, 2014a). Extra-curricular activities are available in Bottineau County schools including baseball, boys and girl’s basketball, football, golf, hockey, softball, track, volleyball, band, choir, FCCLA and FFA. Dakota College of Bottineau and Minot State University are the two closest locations for post-secondary education for Bottineau County residents. The Bottineau County Public Library is located in the city of Bottineau (SRT, 2014), as well as the Fossum Foundation Library. The county public health nurse provides nursing services for all of the schools in the county. Services provided within the schools include: (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff (First District Health Unit, n.d.a). Tables 23, 24 and 25 offer additional statistics regarding education for Bottineau County residents.

Bottineau County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	4651	2337	2314
Less than 9 th grade	5.1%	5.8%	4.4%
9 th to 12 th grade	7.2%	7.6%	6.9%
High school graduate (incl. equivalency)	26.7%	29.6%	23.9%
Percent high school graduate or higher	87.7%	86.6%	88.8%
Percent bachelor’s degree or higher	21.7%	22.1%	21.3%

Figure 135: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2000).

Bottineau County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	1258	91.3%	8.7%
Nursery School, Preschool	88	71.6%	28.4%
Kindergarten to 12 th grade	895	91.5%	8.5%
Kindergarten	99	81.8%	18.2%
(Table 2.15 cont.)	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Elementary: grade 1 to grade 4	192	93.8%	6.3%
Elementary: grade 5 to grade 8	240	85.4%	14.6%
High School; grade 9 to grade 12	364	97.0%	3.0%
College, undergraduate	253	96.8%	3.2%
Graduate, professional school	22	100.0%	0.0%

Figure 136: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2000).

Bottineau County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	45.4%	63.8%	36.2%
5 to 9 years	88.4%	90.4%	9.6%
10 to 14 years	99.7%	88.0%	12.0%
15 to 17 years	100.0%	97.9%	2.1%

Figure 137: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

Traveling throughout the county, it was apparent that there are many new people to the area as evidenced by the number of license plates from other states at worksites. Along highway 14, north of Hwy 83, there is a lot of oil activity with several new well sites, some hosting 8 to 10 wells on a single pad. There is evidence of previous man camps or temporary housing hookups in the town of Souris. Roustabout service businesses are noted in Westhope and in Landa. The former school in Landa has been turned into a manufacturing plant for hydraulic implements, welding and oil field repair.

The city of Antler was very intriguing, as it seems very much like a ghost town, but with very interesting buildings. In the center of town is a historic building that was built for US Customs and Immigration and included housing in addition to office space. It was used for a bank in later years. Businesses of the community were built around this center piece with the road traveling in a square around the government building. The Antler Dance Hall, Theatre and Community Center is

still used for community gatherings. Another abandoned, but interesting, building was the Santa Bank, later used as a lawyer's office, a bank and a general store. The only businesses in town currently open are a service station, post office and "The Cabin", a bar. One lady works at all three of these businesses and seems to handle much of the activity of the community. One of the things that make Antler so interesting is that the town seems to basically be dead, however, just outside of town is the Antler Memorial Park, a stunningly beautiful and well maintained campground and community gathering area which is cared for by volunteers of the Antler Outlaws club. This group of men from the surrounding area have built a "shack" on the grounds, which is a rustic log building with a great awning over a concrete patio area, with a bar and kitchen facilities inside. It is open at all times for use by club members and campers alike. They also have a rodeo arena surrounded by trees and complete with a new barn-like building with an office, concessions area, restrooms and storage where they host a ranch rodeo series every summer and a very popular youth rodeo. This park is evidence of the great work that can be done when a few people work together and are committed to a project.

Southern Bottineau County is very agricultural. The farms are quite large and the population is sparse. The town of Maxbass is basically a bedroom community with the exception of Farden Construction, which has become quite a large company in response to the needs of the oil industry. The city of Newburg is the location for two unique businesses to the area. Sund Manufacturing has its roots in both agriculture and oil, building pickups for combine headers as well as welding and fabrication for the oil fields. Ganix Bio-Technologies is a shrimp farm for research and development for growing shrimp for retail consumption. A small mall in Newburg accommodates a bowling alley, restaurant, bank branch, beauty shop, post office and an insurance agency. What was once the city of Russell, is now a very large grain elevator on the prairie. Overly is similar: a grain elevator with only a few houses. Kramer is another elevator community, with only a bar, church and post office open for business. There is a very well organized volunteer fire department which maintains its building for community events as well.

Many of the un-occupied homes in the town are rented to hunters during the fall pheasant, deer and duck seasons. Homes and yards are well maintained, with mowed grass and tidy gardens.

Burke County

Burke County was created and named by a proclamation that Governor John Burke made on July 12, 1910 (NDAoC, n.d.). After a disputed election and extensive legal process that resulted in its separation from Ward County, Burke County became its own county (NDAoC, n.d.). The government was organized on July 15, 1910, and the county seat since 1910 is located in Bowbells (NDAoC, n.d.). According to the U.S. Census Bureau (2014b), the county has an area of 1,104

square miles. Burke County is located in Northwestern North Dakota, and is bordered to the North by Saskatchewan, Canada, Renville and Ward Counties to the east, Mountrail County to the south and Divide County to the west. Ports of Entry to Canada are located at Portal and Northgate. The cities in Burke County are small, quiet, agricultural communities (Burke County, 2014), more recently evolving with oil activity. The overall air quality is clear and clean, with little pollution. The homes within the county vary in age from turn of the century to very modern. Many farms surround the area, most of which raise cattle.

Crops grown in Burke County include corn, wheat and soybeans (City-Data.com, 2013).

The 2013 population estimate is 2306 showing a whopping 17.2% increase in population from April 1, 2010 to July 1, 2013 (US Census Bureau, 2014a). 20.5 percent of the population is 19 or less years of age, 57.9% is between the ages of 20 and 64, and 21.6% greater than age 65 (US Census Bureau, 2014a). Most of Burke County is of one race with 97.4% being white; 2.2% of the population is Hispanic, and 0.4% are African American (U.S. Census Bureau, 2014a).

The county has 60.8% of people living in single-family households U.S. Census Bureau, 2014a).

Most of the population is married, with 63.7% reporting being currently married (U.S. Census Bureau, 2014a). Nineteen percent of females are widowed compare to 3.4% of males (U.S.

Census Bureau, 2014a). The predominant religions in the community are Evangelical Lutheran at 63% and Catholic at 13% (City-Data.com, 2013).

First District Health Unit is located in the county courthouse in Bowbells. Their scheduled office hours are Mondays through Fridays 8:30-5:00 with Tuesdays as the office day. Services that are available through FDHU include immunizations and preventative health services. There is a nutrition division through FDHU that provides WIC (women, infants, and children) services (First District Health, 2014). The WIC program provides referrals to other agencies, food packages for the individuals, and nutritional counseling. The WIC office is open the 3rd Friday of the month from 8:30am to 3:30pm. The Bowbells Clinic is located at 24 Main St. SW #B in Bowbells, a subsidiary of Northland Community Health Center. The clinic has one nurse practitioner available on Mondays (8:30am-5:30pm), Tuesdays (8:30am-8:00pm) and Fridays (8:30am-4:00pm). The Lignite Clinic is located at 115 Main Street in Lignite. Hours are available on Mondays, Wednesdays and Fridays by a midlevel practitioner. There are no dental facilities or home health services available in this area. To obtain these services, travel is required.

Individuals and families in Burke County typically travel via private transportation.

Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks.

According to the U.S. Census Bureau (2014a), in Burke County, 11.7% of the population carpool

for transportation, while 0.4% were reported to use public transportation in 2012. The average commute time for individuals working outside the home is 20.1 minutes (see Table 26). The percentage of workers in Burke County, as reported by the U.S. Census Bureau, to work outside their county of residence is 26.5 percent (U.S. Census Bureau, 2014a).

Souris Basin Transportation, located in Minot, provides public transportation for Burke County to Minot on Thursdays each week. No public transportation is available within the communities in Burke County. Request for services must be made 24-hours in advance, and no later than 2pm the day before the request due to such high demands for services. For individuals whom are hearing impaired, the main branch contact number is equipped with a telecommunications device for the deaf (Souris Basin Transportation, 2013). For hours of operation and contact information see Figure 139.

Burke County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	11.7	0.4	20.1	26.5
State	9.5	0.5	16.5	10.8

Figure 138 Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from (United States Census Bureau, 2008)

Burke County Public Transit Schedule

Souris Basin Transportation Location: 308 1st Ave NE Minot, ND 58703 Telephone: Main Dispatch: (701)-852-8008 or Toll Free (800)-927-8318 Hours: Monday-Thursday 8:00am-4:00pm Scheduling: 24 Hour advance notice			
County	Route	Day	Round-Trip Fee
Burke	Powers Lake to Minot	Thursday	\$11.00
	Kenmare to Minot	Thursday	\$10.00
	Bowbells to Minot	Thursday	\$11.00
	Donnybrook to Minot	Thursday	\$9.00
	Carpio to Minot	Thursday	\$8.00
	Burlington to Minot	Thursday	\$6.00

Figure 139: Adapted from Souris Basin Transportation. (2013). Data: Burke County Routes (Souris Basin Transportation, 2013)

Sidewalks in Burke County are limited within the county, making getting around difficult for individuals with disabilities. Roads within many of the towns in the county are two lane roads. Aside from state and county highways, most rural roads are gravel surfaced. Driveways to rural private residences are often gravel roads. The road systems of Burke County are primarily two-lane paved county highways. U.S. Highway 52 running through Burke County is a two-lane paved

road from Bowbells to Portal, and is a primary route of transportation through the seven county region (North Dakota Department of Transportation, 2013). The Burke County Road Foreman is responsible for the county's roads and bridges. The foreman is responsible for planning and providing for the transportation needs of the county (North Dakota Association of Counties, n.d.). Local municipal airports within the county are located in Bowbells and Columbus. The closest regional airports for Burke County residents are Minot International Airport and Sloulin Field International Airport in Williston (North Dakota Aeronautics Commission, 2009). Amtrak Train Station in Minot and Stanley are the nearest passenger train stations to Burke County (North Dakota Department of Transportation, 2013).

Law enforcement and protection for all of Burke County is provided through the Burke County Sheriff's Department (Burke County, n.d.). According to the North Dakota Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, theft was the most prevalent crime committed in Burke County in 2012 with 14 reported cases, followed by burglary with six reported cases. For additional crime statistics refer to Table 18.

Emergency management for the county includes the Burke County Emergency Manager and the designated Public Information Officer (North Dakota Department of Emergency Services, 2014). Contact information for emergency management is provided in Appendix B. Emergency ambulance services for the county are provided by the (a) Bowbells Ambulance Service, (b) Portal Ambulance Service, and (c) Powers Lake Ambulance Service (see Appendix B). These services include basic life support via ground ambulance, and are manned by local volunteers (North Dakota Department of Health, n.d.). North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). The nearest center for emergency services to Burke is located in Kenmare. Severely ill or injured individuals may be taken to Trinity Hospital, the regional Level II trauma center for northwestern North Dakota.

There are four local city fire department and rural fire protection districts that service Burke County (ND Attorney General, 2013). For fire station locations and contact information see Appendix B. The fire stations are manned by volunteer fire fighters from the local area. Waste Management and Circle Sanitation manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, n.d.). Residential and commercial waste pick-up is a service often provided within the cities and towns. The city of Bowbells receives water from the Upper Souris Water District due to poor water quality of the local city well (Vision West ND, 2012). Much of Burke County receives water through the Upper Souris Water District as well as the Western Area Water Supply Authority (North Dakota Rural Water Systems Association, 2013).

The water supply in many of the rural areas comes from private wells.

Burke County has one local newspaper that is published within the county, which is Burke County Tribune (Burke County ND, 2009). Contact information is available in Appendix B. Within the county there are five post offices (United States Postal Service, 2014). For locations and addresses of the post offices refer to Appendix B. There are no radio stations located within the county; radio broadcasts originate from the surrounding area. The local telephone companies are SRT and Turtle Mountain Communications (SRT Communications, 2014; Turtle Mountain Communications, 2014). The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

Burke County has three schools offering classes for grades K-12. A detailed list of schools for the FDHU area is provided in Appendix B. According to the U.S. Census Bureau, the estimated percentage of students enrolled in Burke County schools in 2012 was 87.6% of children ages five to nine, 100% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen (U.S. Census Bureau, 2014). Extra-curricular activities available in Burke County schools include football, girls and boys basketball, track and field, drama/speech, student council, band, choir and FFA. Minot State University and Williston State College are the closest post-secondary education locations for Burke county residents. The public health nurse provides nursing services for all of the schools in the county. Services provided within the schools include: (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the public health nurse is available (First District health Unit, n.d.). Tables 28, 29 and 30 offer additional statistics about education in Burke County.

Burke County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	1501	762	739
Less than 9 th grade	5.0%	6.4%	3.5%
9 th to 12 th grade	5.7%	4.1%	7.3%
High school graduate (incl. equivalency)	37.6%	38.7%	36.5%
Percent high school graduate or higher	89.3%	89.5%	89.2%
Percent bachelor's degree or higher	15.5%	13.3%	17.7%

Figure 140: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2000)

Burke County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	359	90.3%	9.7%
Nursery School, Preschool	36	88.9%	11.1%
Kindergarten to 12 th grade	375	98.5%	1.5%
Kindergarten	16	100.0%	0.0%
Elementary: grade 1 to grade 4	74	100.0%	0.0%
Elementary: grade 5 to grade 8	75	100.0%	0.0%
High School; grade 9 to grade 12	110	96.4%	3.6%
College, undergraduate	47	42.6%	57.4%
Graduate, professional school	1	100.0%	0.0%

Figure 141: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

Burke County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	56.3%	77.8%	22.2%
5 to 9 years	87.6%	100.0%	0.0%
10 to 14 years	100.0%	96.5%	3.5%
15 to 17 years	100.0%	100.0%	0.0%

Figure 142: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2000)

Outdoor recreational opportunities in Burke County include Northgate Dam Recreation Area and Smishek Lake, which both have campgrounds, fishing docks, boat ramps, playgrounds, benches and picnic areas. Every community has a city park. The Lostwood National Wildlife Refuge is in southern Burke County west of State Highway 8 and extends across Highway 50 to the south into Mountrail County. The world’s only International golf course straddles the border at Portal. The ninth hole and the clubhouse are in the US, while the rest of the course is in Canada. American golfers do need to enter the Canadian Port in order to get to the course, so a passport is required. There are also several rural churches, some of which are no longer serving a congregation. One such historic church is the Tonset Church southwest of Lignite, tucked away in the rolling hills. The church was built in 1916 and stopped holding services in the 1960’s, although a caretaker still maintains the grounds. An opportunity to see the inside of the church revealed a beautiful altar, pump organ and 1920’s hymnals still in the pews. Headstones in the cemetery to the south of the church had dates of death from pre-1900 through 2013, some with

the surname Bakken, which was a common family name in the area, now the name of the oil formation in northwest North Dakota.

Bowbells, the county seat, is maintaining its business and population status. The city is in the process of building a new very large grain elevator and fertilizer plant, has a public pool, an extended stay hotel to house oil field workers and is working to refurbish an old hotel, yet has no grocery store. This is by no means a complete list of business, but those listed were selected to provide the evidence that the community seems to be maintaining or growing. Kenmare or Lignite are the closest locations for groceries. There is oil activity in the area and very large farms surround the community.

Portal is a border town, extremely busy with semi-truck traffic. This is the site of a 24 hour port of entry from Canada, one of only three in the state. A large duty-free shop is an opportunity for travelers to make purchases with the requirement that the products will be taken out of country and are exempt from local and national taxes, and duty. The port of entry is the largest employer in Portal and there is no school.

Lignite appears to a community somewhat revitalized by the oil traffic. A large oil related business, Energy Services, and a new Cenex convenience store have been built along Highway 5 near the exit to Lignite. Another indication of growth is a recently completed large three story apartment complex on the southwest corner of Lignite. One of the counties three schools is located here. Though the 2010 Census reported only 155 people living in the community, they support two banks.

Most of Columbus businesses have closed, though the un-occupied buildings are well maintained and hold much nostalgia of an earlier time. The city park includes a camping area, and a historic site of a coal train with the history of mining depicted around it, adjacent to a golf course. Battleview has only a few businesses open including a Lutheran church, bar and hair salon. Coteau is essentially a ghost town with no businesses open at this time. The rural areas between the communities indicate coal mining was once important to the area before reclamation laws came into effect.

Powers Lake is the largest community in the county. It is known for having seven churches and only one bar. The building of an addition to the school is in progress, as well the addition of new playground equipment in the city park. Powers Lake is nearly famous for the General Store, which has everything from rubber overshoes and outdoor gear for every age and size, to ink cartridges for printers. If they don't have it, it may not exist. Tri Our Electric and Furniture is another prominent business in Powers Lake, occupying two large buildings, one on each side of Main Street. A new housing development can be seen on the northwest side of town. The Shrine of Our Lady of the Prairies is a unique site to Powers Lake. It was established in the 1950's by a priest

who resisted the changes made by the Vatican II council. A grade school and high school were also started on the complex in the 1960s, as well as a retirement home. During that time the site was a popular pilgrimage for traditionalist Catholics, but is now essentially closed. The grounds are still neatly maintained.

McHenry County

McHenry County was named for James McHenry, an early settler of Vermillion, S.D (NDAoC, n.d.). The government was organized on October 15th, 1884 (NDAoC, n.d.). The city of Villard served as the County Seat from 1884-1885, then Scriptown from 1885-1886, both of which are now extinct (NDAoC, n.d.). The first post office in McHenry County was in Villard (NDAoC, n.d.). Villard was located in Township 145 N, Range 78 W, Section 10, according to the 1910 atlas. By 1929, the township was named Falsen (Granville, ND 58741, n.d.). In 1885 an election was ordered by the Territorial Legislature of Dakota to determine the County Seat by vote. Scriptown won the majority of vote (Granville, ND 58741, n.d.). It was located about three miles east of Velva Granville, ND 58741, n.d.). Towner has been the county seat from 1886 to present (NDAoC, n.d.). McHenry County has an area of 1,874 square miles. It is bordered by Bottineau County to the north, Pierce County to the east, McLean and Sheridan Counties to the south and Ward County to the west.

The 2013 population estimate within the county is 5922, with 23.7% being 19 years or younger, 55.8% being between the ages of 20 and 64, and 20.5% of the population greater than 65 years of age. The predominant race of the county is white at 97.2%, while 2.5% of the population is Hispanic (U.S. Census Bureau, 2014a). Several families have come to the area as migrant worker for the large dairy farms in the area and have chosen to stay permanently. The percentage of the population living in single-family households is 62.3% with 58.2% of the population being currently married and 10.3% being divorced. The percentage of females reported as being widowed is 14.4 % compared to 4.1% of males (U.S. Census Bureau, 2014a). The predominant religions in the community are Evangelical Lutheran at 56% and Catholic at 23% (City-Data.com, 2013).

McHenry County is thriving in farming, cattle ranching, and natural resources. Crops in the area include wheat, barley, soybeans, and sunflowers. The communities are very close-knit and the people are very friendly. The majority of housing in the communities are well maintained; however, there are some in need of repair. Winter months are extremely cold, and the blowing winds across the nearly flat landscape make visibility in the area at or near zero at times. Water is clean, and with the open space, the air is fresh and clean. There are five national wildlife refuges,

managed by the J. Clark Salyer National Wildlife Refuge, which are near McHenry County (U.S. Fish and Wildlife Service, 2013). These refuges provide many services to the public such as fishing, hunting, and animal watching and provide educational programs for 4th grade students in the area and other groups by request. The J. Clark Salyer Refuge headquarters and interpretive center is north of Upham, ND.

The FDHU Nurses Office is located in Towner. Services are available five days a week in various locations throughout the county; office hours are available in Towner on Fridays from 8:00am-4:30 pm (First District Health Unit, 2014). WIC services are available in Velva, Towner and Drake. The office hours vary depending on the time and location of the service. Trinity Medical Group has a clinic location in Velva. Velva Dental Center is the only dental service in the county, providing services such as cleanings, crowns, and dental extractions. Chiropractic services are available at Align Chiropractic in Towner; on Thursday afternoons in Granville by McCabe Family Chiropractic out of Rugby, ND; and Mondays and Thursdays from 10am to 3pm in Velva by Klein Chiropractic out of Minot. There are several message therapists in the area available by appointment, generally working out of their homes.

Individuals and families in McHenry County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau, in McHenry County, 9.0% of the population carpool for transportation, while 0.8% were reported to use public transportation in 2012 (Figure 143). The average commute time for individuals working outside the home is 29.2 minutes. The percentage of workers in McHenry County, as reported by the U.S. Census Bureau, to work outside their county of residence is 49.4% (U.S. Census Bureau, 2014a). Souris Basin Transportation, located in Minot, provides public transportation for McHenry County to Minot on Thursdays. Request for services must be made 24-hours in advance, and no later than 2pm the day before the request due to such high demands for services. For individuals who are hearing impaired, the main branch contact number is equipped with a telecommunications device for the deaf (Souris Basin Transportation, 2013). For hours of operation and contact information see Figure 144. No public transportation is available within McHenry County communities.

McHenry County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	9.0	0.8	29.2	49.4
State	9.5	0.5	16.5	10.8

Figure 143: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

McHenry County Public Transit Service

Souris Basin Transportation Location: 308 1st Ave NE Minot, ND 58703 Telephone: Main Dispatch: (701)-852-8008 or Toll Free (800)-927-8318 Hours: Monday-Thursday 8:00am-4:00pm Scheduling: 24 Hour advance notice			
County	Route	Day	Round-Trip Fee
McHenry	Anamoose to Minot	Thursday	\$9.00
	Drake to Minot	Thursday	\$8.00
	Balfour to Minot	Thursday	\$8.00
	Karlsruhe to Minot	Thursday	\$8.00
	Velva to Minot	Thursday	\$7.00
	Sawyer to Minot	Thursday	\$6.00

Figure 144: Adapted from Souris Basin Transportation. (2013). Data: McHenry County Routes (Souris Basin Transportation, 2013).

Sidewalks in McHenry County are limited to the main streets within each of the six major communities within the county: Towner, Upham, Granville, Velva, Drake and Anamoose. Sidewalks are rare in the more residential areas of the communities making getting around difficult for individuals with disabilities. Roads within many of the towns in the county are two lane roads. There are numerous county roads that are gravel surfaced. Driveways to rural private residences are generally gravel faced. The road systems of McHenry County are primarily two-lane roads. U.S. Highway 2 running through McHenry County traveling through Granville and Towner is a 4-lane paved highway. U.S. Highway 52 running through Velva and Anamoose is a two-lane highway (North Dakota Department of Transportation, 2013). U.S. Highways 2 and 52 are primary routes of transportation to the larger city of Minot. The McHenry County Commissioners are responsible for the maintenance of the county’s roads and bridges. The county road supervisor is responsible for ensuring roadwork is being done in a timely fashion and within budget (North Dakota Association of Counties, n.d.). The only municipal airport located within McHenry County is the Towner Municipal Airport (North Dakota Aeronautics Commission, 2009). The closest regional airport for McHenry County residents is Minot International Airport. Amtrak

Train Station in Minot and Rugby are the nearest passenger train stations to McHenry County (North Dakota Department of Transportation, 2013).

Law enforcement and protection for all of McHenry County is provided through the McHenry County Sheriff's Department (McHenry County, n.d.). Within the FDHU service area, crime rates in McHenry County are the lowest among the seven counties according to the 2012 Uniform Crime Report (Weltz, 2013). Theft was the most prevalent crime committed in McHenry County in 2012 with 27 reported cases, followed by burglary with 11 reported cases.

For additional crime statistics see Table 18. The McHenry County Sheriff oversees emergency management for the county (North Dakota Department of Emergency Services, 2014). Contact information for emergency management is provided in Appendix C. Emergency ambulance services for the county are provided by (a) Towner Ambulance Service, (b) Velva Ambulance Service, and (c) Upham Ambulance Service, and (d) Anamoose Substation of Harvey, ND Ambulance and (e) Golden Hearts Ambulance Service in Rugby (North Dakota Department of Health, n.d.) (see Appendix C). These services include basic life support via ground ambulance and are manned by local volunteers. Golden Heart Paramedics, Rugby, ND provides support to the volunteer ambulance services in the surrounding area. North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). Severely ill or injured individuals are taken to Trinity Hospital, the regional Level II trauma center for Northwestern North Dakota (Trinity Health, 2014). There are eleven local city fire department and rural fire protection districts that service McHenry County (North Dakota Attorney General, 2013). For fire station locations and contact information see Appendix C. The fire stations are manned by volunteer chiefs and fire fighters from the local area.

Residential and commercial garbage pick-up is a service often provided by cities and towns for in-town residents. Waste Management and Circle Sanitation manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, n.d.). The North Prairie Rural Water District supplies water to parts of McHenry County (North Dakota Rural Water Systems Association, 2013). The water supply in many of the areas comes from ground water and private wells or sand-points.

The two local newspapers published within McHenry County are the Velva Area Voice and the Mouse River Journal, which is the official county paper (BHG Inc., 2013, Velva; NDNA, 2014). Contact information is found in Appendix C. Within the county, there are seven post offices (United States Postal Service, 2014). For locations and addresses of the post offices refer to Appendix C. McHenry has one radio station, KTZU 94.9 FM, which is a classic rock station,

broadcast from Velva (Radio Locator, 2014). The local telephone company is SRT (SRT Communications, 2014). The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

McHenry County has 4 primary schools and 4 secondary schools. Velva, Towner, and Granville offer classes for grades K-12, though Towner and Granville are consolidated into the TGU school district, and share a Superintendent. The Anamoose and Drake schools have also consolidated, with the Anamoose School housing the elementary students through the sixth grade, and seventh through twelfth grades attending in the Drake School. A complete list of these schools is provided in Appendix C. According to the U.S. Census Bureau (2014a), the percentage of students estimated to be enrolled in McHenry County schools in 2012 was 95% of children ages five to nine, 100% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen. Extra-curricular activities are available including football, volleyball, boys and girls basketball, band, choir and FFA. Velva public schools also offers wrestling, baseball, golf, track and field, and cross country. Minot State University is a close post-secondary education location for McHenry county residents. The public health nurse provides services for all of the schools in the county. Services provided within the schools include: (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the county nurse is available (First District health Unit, n.d.a.). Figure 145, 146, and 147 offer additional statistics regarding education in McHenry County.

McHenry County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	3972	2031	1941
Less than 9 th grade	6.8%	8.1%	5.5%
9 th to 12 th grade	7.3%	7.3%	7.3%
High school graduate (incl. equivalency)	37.1%	38.5%	35.7%
Percent high school graduate or higher	85.9%	84.6%	87.2%
Percent bachelor's degree or higher	15.6%	13.8%	17.5%

Figure 145: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

McHenry County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	066	88.3%	11.7%
Nursery School, Preschool	58	87.9%	12.1%
Kindergarten to 12 th grade	913	89.8%	10.1%
Kindergarten	55	70.9%	29.1%
Elementary: grade 1 to grade 4	253	92.5%	7.5%
Elementary: grade 5 to grade 8	266	89.1%	10.9%
High School; grade 9 to grade 12	339	91.7%	8.3%
College, undergraduate	83	69.6%	30.1%
Graduate, professional school	12	91.7%	8.3%

Figure 146: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

McHenry County Populations 3 years and over Enrolled in School

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	23.6%	100.0%	0.0%
5 to 9 years	95.0%	86.1%	13.9%
10 to 14 years	100.0%	91.0%	9.0%
15 to 17 years	100.0%	88.8%	11.2%

Figure 147: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

Outdoor recreational opportunities in McHenry County include Buffalo Lodge Lake and George Lake recreational areas, for picnicking, swimming and boating. Buffalo Lodge Lake is a popular fishing spot. People are often seen fishing from bridges along the Mouse River. Three National Wildlife Refuges are situated within the county including Cottonwood Lake, Wintering River and the J Clark Salyer, which is the largest of the three and is responsible for management of all three. These refuges provide opportunities for hiking, birding, animal watching, scenic automobile tours and educational opportunities for 4th graders and other groups by appointment. Rodeo and horse related events are common in McHenry County, with many locals participating. The Towner 4th of July Rodeo is a tradition in Towner, celebrating their 55th year in 2014. Velva also holds an annual rodeo in August and the saddle club hosts monthly team roping jackpots, fun nights on Wednesdays throughout the summer, a youth rodeo and a ranch rodeo each year. Additional ranch rodeos are held in Towner and Drake. Golf is a popular pastime and courses are

open in Velva, Towner and Drake. The David Thompson Memorial is a unique historic site near the ghost town of Verendrye, a tribute to the British-Canadian explorer, fur trader and map maker of the late 1700's and early 1800's who traveled through the area. The city of Velva has a public swimming pool and mini golf area. City parks are found in nearly every community.

Towner, the county seat, is a community that is maintaining its population or growing very slightly. It is known as the cattle capital of North Dakota and is surrounded by ranches raising mostly beef cattle. Two large dairy farms have replaced the many small dairies that existed twenty to thirty years ago. It is far enough east that it hasn't been directly affected by the oil boom, yet there are families that have moved to the area who work in the oil patch. There are a few new homes in town, but the biggest indication of population change is the addition of a second kindergarten classroom in the 2013/2014 school year. Average class size in Towner has ranged from 12-14 students over the last several years, but 32 children began kindergarten in the fall of 2013. Businesses in the community offer all of the basic necessities for residents.

Although it is 45 miles from Minot, there are many people who commute that distance for work. Interestingly, although agriculture is the backbone of this community, the grain elevator closed several years ago.

Upham is a community whose businesses have dwindled, particularly since the school closed in 2001 when they consolidated with Granville and Towner schools, splitting Upham students between the other two schools. There is no grocery store or restaurant, but one of the two bars serves food on Friday and Saturday evenings. The 55 Plus Club is the name of the local senior center, which is a community gathering spot. Although they are small in numbers, the Upham Fire and Ambulance squads have been very active and pursue opportunities for training on a regular basis. There was a large settlement of Icelandic settlers in the area, forming the Icelandic Lutheran Church on Main Street, which is now closed. New Hope Lutheran church is the only church in town that is still open. Bethlehem Lutheran Church is in the rural area 7 miles west of Upham and holds regular services.

Granville is a small community, with many of the population working in Minot. Though there is no grocery store, the local café sells bread, milk and other basic food staples. Because of its proximity to Minot and easy access to Highway 2, there are plans to build a new housing development on the west side of Granville. However, there is community skepticism that the current city water and sewer system can handle additional homes. In 1998 the Granville community was awarded a \$100,000 grant from Sazerac Co., the distributor of Dr. McGillicuddy's mint schnapps in exchange for temporarily changing their name to

McGillicuddy City to promote the product. The community used the money to fund a community center that is used for meetings, receptions, and benefit fund raisers, and an insurance agency has office space in the south end. The historic stone bank on Main Street has been refurbished into a beautiful meeting room, business space and a hotel suite-like room for rent on the top floor that is popular with hunters. The Scissor Tricks salon and McCabe Family Chiropractic occupy the business space. The chiropractor is available on Thursdays only, from 1:00 to 5:00 pm. A few other businesses are open on main street including a bar, café and insurance agency.

Velva is the largest community in the county and boasts the most employment opportunities with an Archer Daniels Midland Canola Crushing Plant, CF Industries and a huge new Dakota Midland Grain elevator all situated just east of town and Verendrye Electric Cooperative on the west edge of Velva. There are two new housing developments in Velva, one within the city limits on the west side of town between the school and the rodeo grounds; the second just south of town on the east side of Highway 41. Dot's Pretzel's is a distinctive business to Velva, which started in a kitchen and grew into a successful business. The historic Hotel Berry is just a block off of Main Street to the west and is currently for sale. Although it hasn't been opened for business in over thirty years, there is hope that the building will be refurbished to its former grandeur. A wind farm is spread across the high prairie just north of town.

Drake and Anamoose, only six miles apart, have consolidated their schools, but have otherwise maintained separate identities. Neither community has all of the businesses needed to support the basic needs of a community, but they complement each other well. Drake has a grocery store, salon and boutique, convenience store and grain elevator; Anamoose has a café, hardware store, a new fertilizer plant and there is rumor of plans to build a hotel and truck stop. The city of Anamoose recently completed resurfacing all of the streets with new pavement, a huge undertaking and somewhat controversial due to the cost. One of the highlights of the area is Schmaltz's greenhouse in Anamoose, drawing gardening enthusiasts to town from a large area. A three story country school house, formerly called the White School, has been transformed into Sage Hill Bed and Breakfast northeast of Anamoose. It has become a choice site for meetings, receptions, parties and other special events.

Other communities in the county have become simply residential with an occasional business located there that doesn't require a retail clientele to maintain itself. An example of this is Bulldog Honey located in the otherwise bedroom community of Bantry. While a bar and café remain in Deering, most of the working age residents work in Minot or on the Minot Air Force base. Balfour and Voltaire are situated along Highway 52 between Velva and Drake, each with housing, but no businesses. Karlsruhe is the largest of these residential communities, near the center of the county. A bar, post office, and Catholic Church remain open in town. The homes in

these communities tend to be considered cheap housing and the homes and yards tend to be maintained less tidily.

McLean County

McLean County was created by the 1883 Territorial legislature and named for John A. McLean of Bismarck (1849-1916), a prominent merchant and the city's first mayor (NDAoC, n.d.). The government was organized on November 1, 1883 and Washburn was chosen as the County Seat (NDAoC, n.d.). According to the U.S. Census Bureau (2014b), McLean County has an area of 2,110 square miles. The Fort Berthold Reservation of the Three Affiliated Tribes borders McLean County to the west and is not included in this assessment. McLean County is bordered by Ward and McHenry Counties to the north, Sheridan County to the east, and Mercer and Oliver counties to the south.

The 2013 population estimate for the county is 9517 with 20.7% of the population being 19 years and younger, and 18.4% being between the ages of 65 and 84 (U.S. Census Bureau, 2014b). The predominant race in McLean County is white at 90.7%, while 7.1% are Native American and 2% are Hispanic (U.S. Census Bureau, 2014b). The percentage of the population living in single-family households is 66.7% with 64.3% of the population reported as being currently married and 8.2% being divorced (U.S. Census Bureau, 2014a). The percentage of females in McLean County reported as being widowed is 14.1% compared to 3.6% of males (U.S. Census Bureau, 2014a). The predominant religions in the community are Evangelical Lutheran at 41% and Catholic at 32% (City-Data.com, 2013).

Industrial sites specific to McLean County include Falkirk Mine and Coal Creek Generating Station. The county also has several recreational areas such as Garrison Dam, Lewis & Clark Interpretive Center, Lake Sakakawea, Fort Mandan, Lake Audubon and the Audubon National Wildlife Refuge and Interpretive Center. These areas provide many opportunities for exploring historical landmarks, fishing, hunting, golfing, lodging and resorts, as well as boating and camping. The Coal Creek Station, owned and operated by Great River Energy, has environmental controls in place to protect the land, water and air quality for the surrounding area. The station meets or surpasses North Dakota as well as federal air quality standards (Lignite Energy Council, n.d.)

First District Health Unit Nursing Offices are located in Washburn and Garrison. Services are available five days a week in various locations throughout the county. Regular office hours in Washburn are on Mondays, 8:00 am to 4:30 pm, and in Garrison on Tuesdays, 8:00 am to 4:30 pm (First District Health Unit, 2014c). Trinity Medical Group located in Garrison and is open

Monday through Friday 8:00am-5:00pm (Trinity Health, 2013). Garrison Family Clinic is open Monday through Friday 8:00am-5:00pm., offering a full range of family practice services. Hospitals located in McLean County include Garrison Memorial Hospital and Community Memorial Hospital in Turtle Lake. Northland Community Health Center located in Turtle Lake offers services in dentistry and family medicine. Dental services are also available at Garrison Dental. Washburn has two medical clinics. The Washburn clinic, operated by private local practitioners is open Monday through Friday, 8:00am-5:00pm. The Washburn Family Clinic/Primecare is affiliated with St. Alexius Hospital in Bismarck and is open Monday through Friday, 8:00am-5:00pm. The clinic staffs a full-time family nurse practitioner and nursing staff. Washburn has a chiropractic clinic that is open Mondays and Wednesdays from 9:00am to 5:00pm. There is also a full service optometry clinic located in Washburn open during normal business hours. The McLean Family Resource Center, located in Washburn, offers services such as domestic violence/sexual assault advocacy, a 24-hour crisis line, clothing and food pantry, as well as information and community education (McLean County, 2014).

Individuals and families in McLean County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau (2014a), in McLean County, 11.5 % of the population carpool for transportation, while 0.3% were reported to use public transportation in 2012 (Figure 148). The average commute time for individuals working outside the home is 22.3 minutes. The percentage of workers in McLean County, as reported by the U.S. Census Bureau, to work outside their county of residence is 27.8% (U.S. Census Bureau, 2014a). West River Transit, located in Bismarck, provides public transportation for Mclean County (West River Transit, 2013). For hours of operation and contact information see Table 149.

McLean County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	11.5	0.3	22.3	27.8
State	9.5	0.5	16.5	10.8

Figure 148: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2012)

McLean County Public Transportation

<p>West River Transit Location: Bismarck, ND Schedule: 7:30 am to 5:00 pm Telephone numbers: New Reservations 1-888-682-5826 Underwood: (701) 426-7023</p>
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County	Route	Day	Round Trip Fee
McLean	Underwood Local Service	Mon-Fri	\$2.00
	Route	Day	Round Trip Fee
	Underwood to Bismarck	Tues, Thurs, Sat	\$9.00
	Garrison to Underwood	Tues, Thurs, Sat	\$11.00
	Garrison to Pick City	Tues, Thurs, Sat	\$11.00
	Garrison to Riverdale	Tues, Thurs, Sat	\$11.00
	Garrison to Bismarck	3rd Mon.	\$11.00
	Turtle Lake Local Service	Fri	\$2.00
	Turtle Lake to Bismarck	Tues, Thurs, Sat	\$9.00
	Riverdale to Bismarck	Tues, Thurs, Sat	\$9.00
	Pick City to Bismarck	Tues, Thurs, Sat	\$9.00
	Washburn Local Service	Fri	\$2.00
	Washburn to Bismarck	Tues, Thurs, Sat	\$9.00
	Wilton to Bismarck	Tues, Thurs, Sat	\$7.00
	Garrison Local Service	Daily	\$2.00
	Butte to Minot	3rd Wed.	\$10.00
	Garrison to Minot	1st Tues.	\$9.00
	Garrison to Underwood Van Shuttle	Tues, Thurs, Sat.	\$11.00

Figure 149: Adapted from West River Transit, 2014. McLean County Bus and Shuttle (West River Transits , 2014).

Sidewalks in McLean County are found on main streets and residential areas in the larger communities, but are limited in the very small communities, making getting around more difficult

for individuals with disabilities. Roads within many of the towns in the county are two lane roads. There are numerous gravel surfaced section line roads. Driveways to rural private residences are generally gravel faced. The road systems of McLean County are primarily two- lane paved state and county highways. U.S. Highway 83 running through McLean County from Max to Wilton is a four-lane paved highway, and is a primary route of transportation to Minot and Bismarck (North Dakota Department of Transportation, 2013). The McLean County Road Supervisor is responsible for the maintenance of the county's roads and bridges. The supervisor is responsible for planning and providing for the transportation needs of the county (North Dakota Association of Counties, n.d.). Locations for municipal airports within the county include (a) Garrison, (b) Garrison Dam, (c) Turtle Lake, and (d) Washburn (North Dakota Aeronautics Commission, 2009). The closest regional airports for residents of McLean County are Minot International Airport and Bismarck Municipal Airport. Amtrak Train Station in Minot is the nearest passenger train station to McLean County (North Dakota Department of Transportation, 2013).

Law enforcement and protection for all of McLean County is provided through the McLean County Sheriff's Department (McLean County, n.d.). According to the North Dakota Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, theft was the most prevalent crime committed in McLean County in 2012 with 79 reported cases, followed by burglary with 37 reported cases (see Table 18). The Sheriff's Department is also responsible for staffing the McLean County Jail, a recently completed 35 inmate capacity facility that also houses inmates for 8 other counties and the Federal US Marshall per contract.

Emergency management for the county includes the McLean County Emergency Manager, the designated Public Information Officer, and the 911-Coordinator (North Dakota Department of Emergency Services, n.d.). Contact information for emergency management is provided in Appendix D. McLean County is served by five ambulance services. For a list of ambulance services see Appendix D. These services include basic life support via ground ambulance and are manned by local volunteers (North Dakota Department of Health, n.d.). North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). The Garrison Memorial Hospital, affiliated with St. Alexia in Bismarck, located in the city of Garrison, provides emergency medical services 24-hours a day for McLean County (see Appendix C). Severely ill or injured patients may be taken to Trinity Hospital, the regional Level II trauma center for northwestern North Dakota (Trinity Health, 2014). Residents living in McLean County may also receive emergency medical care at St. Alexia's Medical Center and Sanford Medical Center in Bismarck.

There are five local city fire department and five rural fire protection districts that service

McLean County (North Dakota Attorney General, 2013). For fire station locations and contact information see Appendix D. The fire stations are manned by volunteer fire fighters from the local area. Waste Management and Circle Sanitation manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, n.d.). Residential and commercial waste pick-up is a service often provided within the cities and towns. Composting is available in Garrison for residents of the city as well as the surrounding area (North Dakota Solid Waste and Recycling Association, n.d.). The North Prairie Rural Water District, the Garrison Rural Water District, and McLean Sheridan Rural Water District supply water to McLean County (North Dakota Rural Water Systems Association, 2013c). The water supply in many of the areas comes from ground water and private wells.

McLean County has four local newspapers that are published within the county, which are (a) McLean County Independent, (b) The Underwood News, (c) McLean County Journal, and (d) The Leader-News of Washburn (NDNA, 2014). Contact information is available in Appendix D. Within the county there are eleven post offices (United States Postal Service, 2014). For locations and addresses of the post offices refer to Appendix D. There are no radio stations located within the county; radio broadcasts originate from the surrounding area. The local telephone company is Reservation Telephone Cooperative (Reservation Telephone Cooperative, n.d.). Some parts of McLean County receive channels from Minot while some areas receive channels from Bismarck. The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV; these Bismarck channels include KXMB and KFYZ.

McLean County has seven schools providing grades K-12. A complete list of these schools is provided in Appendix D. According to the U.S. Census Bureau (2014a), the estimated percentage of students enrolled in McLean County schools in 2012 was 98.3% of children ages five to nine, 98.8% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen. Extra-curricular activities are available in McLean County schools including baseball, girls and boys basketball, cheerleading, cross country, football, golf, dance, track, volleyball, band, choir, FCCLA, and FFA. Bismarck State College, University of Mary and Minot State University are common post-secondary education locations for McLean county residents. McLean County is part of the McLean-Mercer Regional Library System. The regional system, located in Riverdale, services (a) the Max Public Library, (b) the Garrison Public Library, (c) The Underwood Public Library, and (d) the Washburn Public Library. Services include (a) books, (b) audiobooks, (c) periodicals, (d) videos, (e) reference materials, (f) public computers, and (g) internet access

(McLean-Mercer Regional Library, n.d.). The two local public health nurses provide services for all of the schools in the county and several schools in southern Ward County. Services provided within the schools include: (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the public health nurse is available (First District Health Unit, n.d.). There are two public health nurses for McLean County due to the large area serviced by these nurses and the county being divided by Lake Sakakawea. Tables 150, 151 and 152 offer additional statistics regarding education in McLean County.

McLean County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	6784	3433	3351
Less than 9 th grade	5.2%	5.7%	4.8%
9 th to 12 th grade	4.8%	4.0%	5.6%
High school graduate (incl. equivalency)	33.4%	36.4%	30.2%
Percent high school graduate or higher	90.0%	90.3%	89.6%
Percent bachelor's degree or higher	17.4%	16.0%	18.8%

Figure 150: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

McLean County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	1700	95.9%	4.1%
Nursery School, Preschool	76	94.7%	5.3%
Kindergarten to 12 th grade	1365	98.2%	1.8%
Kindergarten	142	93.7%	6.3%
Elementary: grade 1 to grade 4	360	99.7%	0.3%
Elementary: grade 5 to grade 8	407	96.6%	3.4%
High School; grade 9 to grade 12	456	99.8%	0.2%
College, undergraduate	214	86.0%	14.0%
Graduate, professional school	45	75.6%	24.4%

Figure 151: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

McLean County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	34.9%	93.1%	6.9%
5 to 9 years	98.3%	98.0%	2.0%
10 to 14 years	98.8%	97.0%	3.0%
15 to 17 years	100.0%	100.0%	0.0%

Figure 152: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

McLean County is highly regarded as a summer camping vacation destination with its beautiful access to Lake Sakakawea, Lake Audubon, Garrison Dam and Spillway and the Missouri River. Each location has a variety of accommodations including picnic shelters, boat ramps, fish cleaning stations, restroom facilities and swimming beaches. There are several hotels and restaurants within easy access to the water. Fort Mandan and the Lewis and Clark Interpretive Center provide a look back into the history of the early exploration of North Dakota and the lives of the Native American populations of the time. Other smaller recreational areas include the Lake Brekken Recreational area which features a baseball complex near the City of Turtle Lake, Brush Lake near Mercer, and Strawberry Lake, all of which are quite substantial with common amenities. Both Brush Lake and Strawberry Lake are nearly surrounded by cabins.

Washburn is the county seat and with close proximity for Falkirk Mine, Great River Energy and the power plant at Coal Creek Station, there are many good jobs in the area. The community businesses provide all of the basic necessities and a variety of novelties. There is evidence of growth such as new housing both in and near the community, a new Methodist church on the east side of Highway 2, and the completion of a new Family Dollar store on the west side of Highway 2. The state 4H camp grounds, complete with equine facilities, is just to the north of town. The highlight of the summer months is Lewis and Clark Riverboat Days, a community celebration each June including a parade, car show, street dance and vendors. There are several churches in the community representing Lutheran, Catholic, Baptist and Methodist denominations. Several other former churches are abandoned or otherwise occupied. The city is situated on a hilly area along the Missouri River and follows the curve of its banks. It is easy to become confused about what direction one is traveling while navigating through the town.

Riverdale is a community that was basically developed by the Corp. of Engineers while building the Garrison Dam. The small population there is generally employed by the Corp to manage the dam or work at the nearby Fish Hatchery. The original homes built by the Corp are red

brick, colonial style structures that are very similar in size and shape and surround the original Garrison Dam Project Building. Misty the Mermaid guards the city park which features rock from every county in the state, identified with a placard from the associated county. The multiple storage units in the community are rented by the many summer lake enthusiasts who store their boats and other outdoor equipment there. The former school has been renovated into a hotel with a bar and grill. The old gymnasium serves as a hall for large gatherings and parties. The Mercer McLean Regional Library is in Riverdale. A bank, a hair salon, and a boat repair shop are the only other noted businesses in town. There is one Lutheran Church.

Underwood is the home of the McLean County Fair during the third weekend in June. Main Street is home to a few businesses are open on Main Street providing the residents with basic supplies. A recently built wholesale agronomy business is located on the north side of town. There is a new housing development on the south side of town. A public swimming pool and park are positioned adjacent to the school. Methodist, Lutheran, and Catholic denominations are represented. The Prairie View Nursing Home was recently closed, which dealt a huge blow to the residents who lived there and the employees who cared for them.

Turtle Lake is located on the east side of the county. While the population is small, it enjoys a small critical access hospital and the Northland Community Health Center (NCHC), which provides medical and dental services for the community. The NCHC Administrative Offices are located on Main Street of Turtle Lake and manage the business of the local clinic and additional clinic sites in Bowbells, McClusky and Minot, all within the FDHU service area, and Rolette and Rolla, which are in Rolette County. One of the interesting historical facts about Turtle Lake revolves around the mystery of the Jacob Wolf family murders which occurred in 1920 on their farm three miles north of Turtle Lake (Keel, 2010). The gravesites of the parents, Jacob and Beatta; five of their six daughters, Bertha, Edna, Maria, Liddia and Martha; and their hired boy, Jacob Hoffer, are prominently marked in the local cemetery. Only the baby, Emma, survived the gruesome event (Keel, 2010).

Garrison is a community with an economy based largely on tourism and lake traffic. Fort Stevenson State Park along Lake Sakakawea begins just miles from town. Wally the Walleye welcomes everyone to town from his location in the city park. There are several signs of growth in and around the community with many new homes being built along the lake, a recent expansion of the grain elevator, and a very large expansion of the emergency room of the hospital. There are sites for a National Guard Training Camp, YMCA Camp and Camp of the Cross Ministries nearby. It seems that Garrison is always planning and hosting events promoting the lake and community businesses from a kite festival at Ft. Stevenson State Park on Memorial Day weekend, to the Governor's Cup Walleye Tournament in July, to the Dickens Village Festival in November and

December annually. In fact, the Dickens Festival never really ends, as several of the downtown businesses have old English style names such as the Ye Olde Malt Shoppe and Fezziwig's Warehouse.

Several other small communities are also within the McLean County borders. Coleharbor is mostly a residential community with a bar that is well known to tourists for its great food. A tornado in July of 2012 destroyed many homes and buildings in the community, some of which are still in disrepair. The town of Falkirk is basically a ghost town, except that it is the site of Great River Energy's Coal Creek Station power plant. The community of Mercer is a sleepy little town, but surprisingly well groomed. There are even a few new homes on the north end of town. The former school has been maintained as a community center. Wilton sits right on the border between McLean and Burleigh counties. Many of the citizens of Wilton work in the Bismarck area. Though the community has few businesses it is able to maintain a K-12 school. Max is situated along the west side of Highway 83. A large expansion of the elevator and fertilizer plant, a new convenience store and an addition to the local restaurant indicate that the community is holding its own. The K-12 school has benefitted from the closing of the Ryder school in 2009 and the potential closing of the Makoti School, as well as the significant distance between the communities, allowing the school district to cover a very large area. One catholic and two Lutheran churches are active in Max.

Renville County

Renville County was originally created by the 1872-73 territorial legislature, but due to lack of settlement, was dissolved in 1891 (NDAoC, n.d.). The name was revived as part of a proposal to partition Ward County at the November 1908 general election (NDAoC, n.d.). Though supposedly defeated at the polls, the matter was litigated to a successful conclusion in July 1910 when a new Renville County was officially declared (NDAoC, n.d.). The government was organized July 23, 1910 choosing Mohall for its county seat (NDAoC, n.d.). According to the U.S. Census Bureau (2014b), the county is roughly 877 square miles, making Renville the smallest county in the FDHU service area. It is bordered by Canada to the north and has one Port of Entry near Sherwood. Renville County is surrounded by Bottineau County to the east, Ward County to the South and Burke County to the west. Renville is a major agricultural county with crops including durum, barley, sunflowers, canola, corn, wheat, and soybeans (Renville County ND, 2014). The county is also the 7th largest oil producing county in North Dakota (Renville County ND, 2014).

The 2013 population estimate is 2,608 with 23.5% being 19 years and younger, and 58.3%

being between the ages of 20 and 64 and 18.1% age 65 and older (U.S. Census Bureau, 2014a). The predominant race of Renville County is white at 97.8%, while 1.4% is Hispanic (U.S. Census Bureau, 2014b). The percentage of the population living in single-family household is 64.6%; 66.6% of the population over 15 years of age is reported as being currently married (U.S. Census Bureau, 2014a). The number of males currently divorced in Renville County is 10.5% compared to only 6.9% of females (U.S. Census Bureau, 2014a). The predominant religions in the county are Evangelical Lutheran at 57% and Catholic at 26% (City- Data.com, 2013).

Mouse River Park is located 15 miles West of Mohall. The park has facilities that include camping and tenting areas, a canopy picnic area, boat launches, playground equipment, horse shoe courts, walking paths, a softball complex, a fishing dock, a bird watching area, and an all faiths chapel. The Upper Souris National Wildlife Refuge is also located within Renville County. The refuge is within the Souris River Valley and runs about 30 miles along the river.

Hunting and fishing are large attractions in Renville County (Renville County ND, 2014). Lake Darling is another popular fishing and boating location. The lake was manmade when the Darling Dam was built in Ward County to control the flow of water in the Mouse River through Minot, by essentially widening the Mouse River into what became known as Lake Darling for the purpose of storing water. There is much controversy since the 2011 Mouse River Flood as to whether or not the Dam is being managed properly. Housing is available within the county and with the influx of people associated with the oil boom it seems Renville County is a great place to live. The air is fresh and clean, and the communities are very friendly.

There are no hospitals that are located within Renville County; the closest is Trinity Hospital in Minot (Trinity Health, 2013). Trinity Community Clinic is located in Mohall and provides services Monday through Friday between 8:00am and 5:00pm. FDHU also has a nurse's office in Mohall that is open Monday through Friday from 8:00am-4:30pm with clinics throughout the county and office hours in Mohall on Tuesdays (First District Health, 2014). Theodore Brown Dentistry is located in Mohall. The hours of this office were not specified but they provide regular dental procedures at the clinic. The Good Samaritan Society Nursing Home is located in Mohall.

Individuals and families in Renville County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau (2014a), in Renville County, 11.2% of the population carpool for transportation, while 0.1% were reported to use public transportation in 2012 (see Table 41). The average commute time for individuals working outside the home is 19.7 minutes. The percentage of workers in Renville County, as reported by the U.S. Census Bureau (2014a), to work outside their county of residence is 41.5%. Souris Basin Transportation, located in Minot, ND, provides public transportation to Minot for Renville County residents. Request for services must

be made 24-hours in advance, and no later than 2pm the day before the request due to such high demands for services. For individuals who are hearing impaired, the main branch contact number is equipped with a telecommunications device for the deaf (Souris Basin Transportation, 2013). For hours of operation and contact information see Figure 154.

Renville County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	11.2	0.1	19.7	41.5
State	9.5	0.5	16.5	10.8

Figure 153: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008).

Renville County Public Transportation

Souris Basin Transportation Location: 308 1st Ave NE Minot, ND 58703 Telephone: Main Dispatch: (701)-852-8008 or Toll Free (800)-927-8318 Hours: Monday-Thursday 8:00am-4:00pm Scheduling: 24 Hour advance notice			
Renville	Route	Day	Round-Trip Fee
	Sherwood to Minot	Thursday	\$10.00
	Mohall to Minot	Thursday	\$9.00
	Renville Corners to Minot	Thursday	\$9.00
	Lansford to Minot	Thursday	\$8.00
	Glenburn to Minot	Thursday	\$8.00

Figure 154: Adapted from Souris Basin Transportation. (2013). Data: Renville County Routes. Retrieved from (Souris Basin Transportation, 2013).

Sidewalks in Renville County are limited within the county, making getting around difficult for individuals with disabilities. Roads within many of the towns in the county are two lane roads. There are numerous section line roads that are gravel surfaced. Driveways to rural private residences are generally gravel faced. The road systems of Renville County are primarily two-lane paved state and county highways. The Renville County Road Supervisor is responsible for the maintenance of the county's roads and bridges. The supervisor is responsible for planning and providing for the transportation needs of the county (NDAoC, n.d.). The only municipal airport within the county is located in Mohall (NDAC, 2009). The closest regional airport is Minot International Airport located in Minot. Amtrak Train Station in Minot and Stanley are the nearest passenger train stations to Renville County (NDDOT, 2013).

Law enforcement and protection for all of Renville County is provided through the Renville County Sheriff's Department (Renville County, n.d.) (see Appendix E). According to the North

Dakota Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, theft was the most prevalent crime committed in Renville County in 2012 with 18 reported cases, followed by burglary with two reported cases. For additional crime statistics refer to Table 18. Emergency management for the county includes the Renville County Emergency Manager, the designated Public Information Officer, and the 911-Coordinator (North Dakota Department of Emergency Services, 2014). Contact information for emergency management is provided in Appendix E. Emergency ambulance services for the county are provided by (a) Glenburn Area Ambulance Service, (b) Mohall Ambulance Service, (c) Lansford Ambulance Service, and (d) Sherwood Ambulance Service (see Appendix E). These services include basic life support via ground ambulance, and are manned by local volunteers (North Dakota Department of Health, n.d.). North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). Renville County residents may travel to Kenmare Community Hospital for emergency medical services (Kenmare, n.d.). Severely ill or injured individuals may be taken to Trinity Hospital, the regional Level II trauma center for Northwestern North Dakota (Trinity Health, 2014).

There are two local city fire department and two rural fire protection districts that service Renville County (North Dakota Attorney General, 2013). For fire station locations and contact information see Appendix E. The fire stations are manned by volunteer fire fighters from the local area. Waste Management and Circle Sanitation manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, n.d.). Residential and commercial waste pick-up is a service often provided within the cities and towns. The Northwest Area Water Supply provides water to Renville County (North Dakota Rural Water Association, 2014c). The water supply in many of the areas comes from ground water and private wells.

Renville County has one local newspaper that is published within the county, which is Renville County Farmer. Within the county there are four post offices (see Appendix E). There are no radio stations located within the county; radio broadcasts originate from the surrounding area. The local telephone company is SRT (SRT Communications, 2014). The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

Renville County has two schools offering classes for grades K-12 located in Mohall and Glenburn; Sherwood School only offers elementary education. According to the U.S. Census Bureau, the estimated percent of students enrolled in Renville County schools in 2012 was 95.2% of children ages five to nine, 100% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen (U.S. Census Bureau, 2014a). Extra-curricular activities are available in Glenburn

and in the Mohall-Lansford-Sherwood School District including baseball, girls and boys basketball, football, golf, track, volleyball, band, choir and FFA. Dakota College of Bottineau and Minot State University are the closest post-secondary education locations for Renville County residents. Public libraries are located in Sherwood and Mohall. The county public health nurse provides services for all of the schools in the county. Services provided within the schools include: (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the public health nurse is available (First District health Unit, n.d.). Tables 155, 156, and 157 provide additional statistics regarding education in Renville County.

Renville County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	1786	950	836
Less than 9 th grade	3.5%	4.6%	2.2%
9 th to 12 th grade	4.0%	2.6%	5.6%
High school graduate (incl. equivalency)	29.5%	31.3%	27.4%
Percent high school graduate or higher	92.5%	92.7%	92.2%
Percent bachelor's degree or higher	17.2%	19.3%	15.0%

Figure 156: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

Renville County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	480	90.2%	9.8%
Nursery School, Preschool	42	85.7%	14.3%
Kindergarten to 12 th grade	378	94.2%	5.8%
Kindergarten	37	100.0%	0.0%
Elementary: grade 1 to grade 4	104	98.1%	1.9%
Elementary: grade 5 to grade 8	76	100.0%	0.0%
High School; grade 9 to grade 12	161	87.6%	12.4%
College, undergraduate	58	67.2%	32.8%
Graduate, professional school	2	100.0%	0.0%

Figure 157: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

Renville County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	53.0%	82.9%	17.1%
5 to 9 years	95.2%	98.3%	1.7%
10 to 14 years	100.0%	100.0%	0.0%
15 to 17 years	100.0%	95.8%	4.2%

Figure 158 Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, 2008)

The city of Mohall, the County Seat, is really the main community within the entire county. It features several businesses associated with agronomy and oil, including an industrial park on the north east side of town and provides all of the basic necessities to its citizens. The community hosts the Renville County Fair, the highlight of the summer. An expansion of the grain elevator, new fertilizer plant and several new homes in and near Mohall indicate a healthy growth in the town. The Millennium Courtyard Community Center is a common location of community gatherings and can be rented for family and business gatherings for a small fee.

Sherwood is a small community just 3 miles from the Canadian border. It maintains an elementary school through the sixth grade, with students traveling to Mohall for high school. There is a large city park with many electrical hookups for campers, grills, picnic shelters and a baseball diamond. Main Street is reminiscent of days gone by with most of the businesses now closed, though very tidy. There is a very active Senior Center in town that provides space and volunteer staffing for a food pantry. There is oil activity in the surrounding area, with six to eight wells visible in every direction. Sherwood has recently made news reports due to the allegation that white supremacist, Craig Cobb, has made efforts to purchase property in town.

Tolley is a near ghost town with a few orderly homes and a large grain elevator. Lansford and Glenburn both have a smattering of businesses to support the oil and agriculture industries. One business that is unique to the area is Schepps Dakota Deli, located in Lansford, which provides catering and many salad type items for retail sale at grocery stores throughout North Dakota. Glenburn is situated in a very narrow leg of Renville county that protrudes east between Bottineau and Ward Counties. It is home to a K-12 school that maintains its population in part due to the proximity to the Minot Air Force Base, attracting students who want the experience of a small rural class B school as opposed to the very large schools in Minot.

Sheridan County

Sheridan was created by popular vote at the general election of November 1908 from the eastern portion of McLean County and named for Civil War General Philip Henry Sheridan (1831-1888) (NDAoC, n.d.). The government was organized December 24, 1908 with McClusky as its county seat (NDAoC, n.d.). According to the U.S. Census Bureau (2014b), the county is roughly 972 square miles. It is bordered on the north by McHenry County, to the east by Wells County, Burleigh County to the South and McLean County to the west.

The 2013 population estimate of Sheridan County is 1304, making it the least populated county in the seven county region (U.S. Census Bureau, 2014b). The percentage of the population 19 years of age and younger is 13.9%; between the 20 and 64 is 56.1%; while 30% are 65 years of age and older (U.S. Census Bureau, 2014a). The predominant race of Sheridan County is white at 96.7%, with 1.1% of the population Native American and 1.6% Hispanic (U.S. Census Bureau, 2014b). The percentage of the population living in a single-family household is reported at 64.7%, with 70% of the population 15 years of age and older reported as being currently married, while 6% are divorced (U.S. Census Bureau, 2014a). According to the U.S. Census Bureau (2014a), 15.9% of females reported being widowed, compared to 1.4% of males. The predominant religions in the community are Evangelical Lutheran at 29% and Baptist at 21% and Seventh Day Adventist at 13.2%, which is a unique denomination to this area within the 7 county service area (City-Data.com, 2013). Seventh Day Adventist churches were noted in both McClusky and Goodrich.

Sheridan County is located in central North Dakota. Housing within the county is relatively in-expensive. The air quality in the region is clean and fresh. Sheridan County relies strongly on agriculture for its economic base. Wheat, soybeans, barley and beef cattle are commonly produced on the farms (city-data.com, 2013).

Northland Community Health Clinic located in McClusky, is open Mondays from 8:00am-6:30pm, Tuesday through Thursday 8:00am-5:00pm, and Friday 8:00am-2:00pm. FDHU has a nurse's office located in McClusky with services throughout the county provided Monday through Friday, 8:00am to 4:30 pm. Specific office hours in McClusky are Mondays from 8:00am-noon (First District Health Unit, 2014). In addition, county residents may use many services located in Bismarck. Mid Dakota Clinic located in Bismarck is open Monday through Friday 7:00am-8:00pm, and Saturday and Sunday 9:00am-1:00pm. Other facilities the county utilizes are (a) Central Dakota Family Clinic located in Harvey, (b) Prairie Rose Family

Dentists in Bismarck, (c) Dental makeover center in Bismarck, (d) Smiles by Design Dental Clinic, (e) Sanford Home Care, and (f) Northland Dental Clinic in Turtle Lake. Northeast Human Service Center Mental Health Crisis line is available 24-hours a day 7 days a week. There is a Goodwill store open in Goodrich.

Individuals and families in Sheridan County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau, in Sheridan County, 12.1% of the population carpool for transportation, while 0.3% were reported to use public transportation in 2012 (see Table 46). The average commute time for individuals working outside the home is 15.9 minutes. The percentage of workers in Sheridan County, as reported by the U.S. Census Bureau, to work outside their county of residence is 4.9% (2014a). Wells Sheridan Transit, located in Harvey, provides public transportation for Renville County to Harvey (American Public Transportation Association, 2014). Hours of operation and contact information were not available.

Table 46.

Sheridan County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	12.1	0.0	20.3	32.5
State	9.5	0.5	16.5	10.8

Figure 159: Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Sidewalks in Sheridan County are limited within the county, making getting around difficult for individuals with disabilities. Roads within many of the towns in the county are two lane roads, some gravel surfaced. There are numerous gravel surfaced section line roads. Driveways to rural private residences are often gravel faced. The road systems of Sheridan County are primarily two-lane paved state and county highways. The Sheridan County Road Supervisor is responsible for the maintenance of the County’s roads and bridges. The supervisor is responsible for planning and providing for the transportation needs of the county (North Dakota Association of Counties, n.d.). The only municipal airport within the county is located in McClusky (North Dakota Aeronautics Commission, 2009). The closest regional airports to

McLean County are Minot International Airport and Bismarck Municipal Airport. Amtrak Train Station in Minot is the nearest passenger train station to Sheridan County (North Dakota Department of Transportation, 2013).

Law enforcement and protection for all of Sheridan County is provided through the Sheridan County Sheriff's Department (Sheridan County, n.d.) (see Appendix F). According to the North Dakota Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, burglary was the most prevalent crime committed in Sheridan County in 2012 with six reported cases, followed by motor vehicle theft with three reported cases. For additional crime statistics see Table 18. Note that the crime rate appears very high due to the small population.

Emergency management for the county includes the Sheridan County Emergency Manager, the designated Public Information Officer, and the 911-Coordinator (North Dakota Department of Emergency Services, 2014). Contact information for emergency management is provided in Appendix F. Sheridan County is serviced by Goodrich Ambulance Service and McClusky Ambulance Service. Both provide basic life support via ground ambulance, and are manned by local volunteers (North Dakota Department of Health, n.d.). For a list of ambulance services see Appendix F. North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). St. Alexia's Garrison Memorial Hospital, located in the city of Garrison, provides emergency medical services 24-hours a day for Sheridan County. Severely ill or injured individuals may be taken to Trinity Hospital, the regional Level II trauma center for Northwestern North Dakota (Trinity Health, 2014). Residents living in Sheridan County may also receive emergency medical care at St. Alexia's Medical Center and Sanford Medical Center in Bismarck.

The McClusky Fire Department and Rural Fire Protection Districts serve as fire protection for Sheridan County (North Dakota Attorney General, 2013). For fire station location and contact information see Appendix F. The fire stations are manned by volunteer fire fighters from the local area. Dakota Sanitation Inc. and Roll-off Service in Bismarck and Waste Management in Underwood manage waste removal for the area (Waste Management, n.d.; Dakota Sanitation Inc., n.d.). Residential and commercial waste pick-up is a service often provided within the cities and towns. Drop-off recycling is available in Anamoose as well as composting in McClusky for residents of the surrounding areas (North Dakota Solid Waste and Recycling Association, n.d.). The McLean-Sheridan Water District supplies water to Sheridan County (North Dakota Rural Water Systems Association, 2013). The water supply in many of

the rural areas comes from ground water and private wells.

Sheridan County has one local newspaper that is published within the county, which is The McClusky Gazette (NDNA, 2014). Contact information is available in Appendix F. Within the county there are two post offices located in Goodrich and McClusky. There are no radio stations located within the county; radio broadcasts originate from the surrounding area. The local telephone companies are (a) Midcontinent Communications, (b) SRT, and (c) West River Telecom (SRT Communications, 2014). The local television stations come from the Minot network. The channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

Sheridan County has 2 schools offering classes K-12, located in McClusky and Goodrich, with co-operating sports teams. According to the U.S. Census Bureau, the estimated percentage of students enrolled in Sheridan County schools in 2012 was 100% of children ages five to nine, 98% ages ten to fourteen, as well as 100% of teenagers ages fifteen to seventeen (U.S. Census Bureau, 2012). Extra-curricular activities that are available in Sheridan County schools include football, volleyball, boys and girls basketball, softball, track, baseball, band, choir and FFA. Bismarck State College, University of Mary and Minot State University are the closest post-secondary education locations for Sheridan county residents. There are no public libraries in Sheridan County. The county public health nurse provides services for both of the schools in the county. Services provided within the schools include (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the public health nurse is available (First District health Unit, n.d.). Tables 47, 48 and 49 provide additional statistics related to education in Sheridan County.

Table 47

Sheridan County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	1069	532	537
Less than 9 th grade	9.4%	8.5%	10.2%
9 th to 12 th grade	5.0%	7.0%	3.0%
High school graduate (incl. equivalency)	40.2%	39.1%	41.3%
Percent high school graduate or higher	85.7%	84.6%	86.8%
Percent bachelor's degree or higher	14.9%	12.6%	17.1%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Table 48

Sheridan County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	190	91.6%	8.4%
Nursery School, Preschool	5	100.0%	0.0%
Kindergarten to 12 th grade	157	99.4%	0.6%
Kindergarten	7	85.7%	14.3%
Elementary: grade 1 to grade 4	40	100.0%	0.0%
Elementary: grade 5 to grade 8	45	100.0%	0.0%
High School; grade 9 to grade 12	65	100.0%	0.0%
College, undergraduate	17	76.5%	23.5%
Graduate, professional school	11	0.0%	100.0%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Table 49

Sheridan County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	0.0%	-	-
5 to 9 years	100.0%	97.9%	2.1%
10 to 14 years	98.0%	100.0%	0.0%
15 to 17 years	100.0%	100.0%	0.0%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Recreational prospects in Sheridan County center around hunting, particularly pheasant season, which attracts sportsman from throughout the state, and out of state as well. The Lonetree Wildlife Management Area covers over 26,000 acres with a small area extending into Wells County, along the Sheyenne and Coalmine Lakes and the McClusky Canal. Coalmine

Lake has a recreational area where fishing, camping, and boating are common activities with picnic areas and a paddock to accommodate horses for trail riders. Hoffer Lake recreational area is the location of a riding arena where an annual National Barrel Horse Association sanctioned event is held as well as 4-H events for the county. The 4-H council has built a steel building as well as a clear span building to accommodate county events and these are available for rent for reunions, events and meetings. Hoffer Lake sits just to the west of the buildings where fishing, boating picnicking and camping are common. The community of Goodrich has an interesting pioneer museum that is open by appointment and on special occasions. The Kathy Davis Memorial Swimming Pool in McClusky is a refreshing hub of activity for young people in the area.

The McClusky Canal is a 73.6 mile long canal constructed from 1970-1976 for the purpose of moving water from Lake Audubon to the west side of the Lonetree Wildlife Management Area in Wells County, where the canal deadheads (Garrison Diversion, n.d.). The canal is authorized to provide water to irrigate up to 23,700 acres of land, but until 2012 was not really used for that intended purpose because farmers were only allowed one year contracts (Gehring, 2012). On May 2, 2012, the Garrison Diversion Conservancy District and the Bureau of Reclamation signed a 40-year contract to provide water from the canal for irrigation to area farms along the canal, affording an incentive for farmers to invest in irrigation equipment (Gehring, 2012).

The city of McClusky is the county seat and is known as the “heart of North Dakota”, as the geographical center of the state is just five miles west of the town. The community depends on agriculture for its economic base and the business support that effort, along with the basic needs of the community. Polar-ware, a manufacturer of commercial grade stainless steel restaurant and medical equipment such as pans and trays is a major employer in the city.

Goodrich is the other main community in the county and has a K-12 school, though the population of the community is very small. There are a handful of businesses in town including a well-drilling company, two bank branch offices, a post office, a Farmer’s Union Co-op Station and the Goodrich Farmers Elevator. Homes in the community appear surprisingly modern, with several that appear to have been built in the 1970s.

The communities of Martin and Denhoff are basically residential communities, although Martin does have an elevator, an auto body shop and a used vehicle dealership. The homes and buildings in Denhoff appear unkempt, with long grass and many dilapidated abandoned structures. On the contrary, Martin homes and buildings are quite neat and orderly. Most of the population of Martin travel to work in Harvey, which is only about twelve miles to the east.

Ward County

Ward County was created by the 1885 territorial legislature and named for Mark Ward (1844 – 1902) of Kimball, Brule County, South Dakota, Chairman of the House Committee on Counties at that session (NDAoC, n.d.). Government was organized on November 23, 1885 with the county seat as Burlington from 1885-1888 (NDAoC, n.d.). Minot became the county seat in 1888 and remains so today (NDAoC, n.d.). According to the U.S. Census Bureau (2014b), Ward County has an area of 2,013 square miles. Ward County is surrounded by Renville County to the North, McHenry County to the East, and McLean County to the South.

The 2013 population estimation is 67,990, making Ward County the most populated county in the FDHU region, 46,321 of whom live in the city of Minot (U.S. Census Bureau, 2014b). Of the population, 27.1% is 19 years and younger and 60.1% are between the ages of 20 and 64, and 12.8% are 65 years of age and older (U.S. Census Bureau, 2014a). The predominant race in Ward County is white at 90.2%, with 2.3% of the population being African American, 3.2% Native American, and 2.7% Hispanic (U.S. Census Bureau, 2014a). The percentage of the population living in single-family households is 62.3%; 30.7% has never been married, 52.8% are currently married, and 8.9% divorced (U.S. Census 2014a). The predominant religions in the county are Catholic at 36% and Evangelical Lutheran at 31% (City-Data.com, 2013).

Nelson Carlson Lake, Old Settlers Park, and Rice Lake are three locations that are utilized for recreational activities. They provide campgrounds as well as lake and river access for fishing and swimming (Ward County, ND, 2014). The Des Lacs National Wildlife Refuge begins in Ward County with its headquarters near Kenmare, and extends northward into Burke County. The North Dakota State Fair and the Norsk Hostfest are major annual festivals that take place in Minot every year.

In 2011, a devastating flood took place destroying many homes and businesses. Minot was not the only city that was affected; the entire county and several others were involved. In Minot, numerous people are still working to get their homes put back together. At the same time, there are many people who have walked away from their homes because they could not afford to rebuild. This tragic event occurred in the midst of an already demanding housing crunch, as the oil fields were drawing people from across the national who were looking for work.

Trinity Health is the predominant medical provider in Ward County. Trinity Hospital is located in the center of town to the south of Burdick Expressway. The hospital provides services such as (a) emergency services, (b) women's health, (c) surgical care, (d) medical care, (e)

orthopedics, (f) pediatrics, and (g) neonatal care. Trinity Hospital-St. Joseph is also located in Minot. Services that are provided at the facility include (a) rehabilitation, (b) chemical dependency, (c) sleep studies, and (d) kidney dialysis. Trinity Kenmare Community Hospital is located in Kenmare and provides primary care. Trinity also has nine other clinics that are located in the city of Minot. Trinity Cancer Clinic is open Monday through Friday 8:00am to 5:00 pm providing services in (a) oncology, (b) radiology, and (c) chemotherapy (Trinity Health, 2013). There is also an eye care institute specializing in surgical eye procedures. Multiple optometrist's offices are scattered across town. Two Sanford Health clinics have recently moved into Minot and one St. Alexius clinic. FDHU has two facilities in Ward County, one in Minot that is open Monday through Friday 8:00am-4:30pm, and one in Kenmare that is open on Mondays through Thursday from 8:00am-4:30 with clinics throughout the area, and office hours in Kenmare on Tuesdays (First District Health Unit, 2014). Trinity also provides Home Health Care within a limited radius of Minot; specifics are not available. They are open Monday through Friday 8:00am-5:00pm, and someone is always on call for afterhours care. In Ward County there are ten dental facilities, three of which provide surgical extractions and oral surgery. Sommers' Orthodontics is located in the Town and Country Center and offer traditional and ceramic braces. Vibeto Orthodontics offers clear and metal braces, invisalign, clear correct, and simpli5. Seven social service clinics are scattered throughout the county. There are seven nursing homes/assisted living in the county, four of which are located in Minot. There are ten mental health clinics that are available throughout Ward County. Most of them provide (a) counseling services, (b) substance abuse programs, (c) psychological services, and (d) marriage counseling services. The facilities work with people of all ages. Sanford Health and Trinity Medical Center each offer an Occupational Health Clinic.

Individuals and families in Ward County typically travel via private transportation. Popular modes of private transportation include cars, sports utility vehicles (SUVs), and trucks. According to the U.S. Census Bureau (2014a), in Ward County, 10.8% of the population carpool for transportation, while 0.3% were reported to use public transportation in 2012 (see Table 50). The average commute time for individuals working outside the home is 15.9 minutes. The percentage of workers in Ward County to work outside their county of residence is 4.9% (U.S. Census Bureau, 2014a). Souris Basin Transportation, located in Minot, provides public transportation for Ward County. Request for services must be made 24-hours in advance, and no later than 2pm the day before the request due to such high demands for services. For individuals who are hearing impaired, the main branch contact number is equipped with a telecommunications device for the deaf (Souris Basin Transportation, 2013). For hours of operation and contact information see Table 51.

Table 50

Ward County Transportation Statistics

Workers 16 years old and above:	% in carpools	% using public transportation	Who did not work at home-mean travel time to work (minutes)	% worked outside county of residence
Community	10.8	0.3	15.9	4.9
State	9.5	0.5	16.5	10.8

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Table 51

Ward County Public Transit Service

Souris Basin Transportation Location: 308 1st Ave NE Minot, ND 58703 Telephone: Main Dispatch: (701)-852-8008 or Toll Free (800)-927-8318 Hours: Monday-Thursday 8:00am-4:00pm Scheduling: 24 Hour advance notice			
County	Route	Day	Round-Trip Fee
Ward	Kenmare to Minot	Thursday	\$10.00
	Donnybrook to Minot	Thursday	\$9.00
	Carpio to Minot	Thursday	\$8.00
	Burlington to Minot	Thursday	\$6.00
	City of Minot	Thursday	\$2.50 Each Way

Adapted from Souris Basin Transportation. (2013). Data: Ward County Routes. Retrieved from <http://webbuilder.nationalrtap.org/sourisbasintransit/AreasServed.aspx>

Sidewalks in Ward County are limited to the major communities within Ward County, making getting around difficult for individuals with disabilities. Roads within the towns in the county are mostly two lane roads. There are gravel surfaced section line roads in the rural areas. Driveways to rural private residences are generally gravel faced. The road systems of Ward County are primarily two-lane paved state and county highways. U.S. Highway 83 running through Ward County is primarily a four-lane paved highway and is the primary route of travel through much of the FDHU region (North Dakota Department of Transportation, 2013). The Ward County Road Supervisor is responsible for the maintenance of the County’s roads and

bridges. The supervisor is responsible for planning and providing for the transportation needs of the county (North Dakota Association of Counties, n.d.). The closest municipal and regional airport for residents is Minot International Airport and a municipal airport at Kenmare. Amtrak Train Station in Minot is the nearest passenger train station for Ward County residents (North Dakota Department of Transportation, 2013).

Law enforcement and protection for Ward County is provided through the Ward County Sheriff's Department and the City of Minot Police Department (Ward County, n.d.) (see Appendix G). According to the North Dakota Attorney General report, *Crime in North Dakota 2012: A Summary of Uniform Crime Report Data*, theft was the most prevalent crime committed in Ward County in 2012 with 717 reported cases, followed by burglary with 127 reported cases. For additional crime statistics see Table 18. Although the report is not available for 2013, there is much concern in the news reports about a rise in prostitution, illegal drug activity and human trafficking. A quick review of www.backpage.com revealed classified ads posted by young women offering a variety of escort services and sexually explicit activity in the Minot and Williston areas, with upwards of forty ads posted per day. Many businesses in the area have made self-defense courses a routine part of their orientation or employee wellness plans.

Emergency management for the county includes the Ward County Emergency Manager, the designated Public Information Officer, and the 911-Coordinator (North Dakota Department of Emergency Services, 2014). Contact information for emergency management is provided in Appendix G. Emergency Ambulance Services are provided by five city and rural ambulance services (see Appendix G). Outside of Minot, these services include basic life support via ground ambulance, and are manned by local volunteers. Within the city of Minot and the surrounding area, the Community Ambulance Service provides advanced life support by trained professionals, including paramedics (North Dakota Department of Health, n.d.). North Star CritiCare Helicopter, based out of Minot, provides advanced life support with hospital-to-hospital transfers and scene response for adult, pediatric, high-risk neonate and high-risk labor and delivery patients within a 150-mile radius of Minot (Trinity Health, 2014). Emergency medical services are also available at Kenmare Community Hospital (Kenmare, n.d.). Trinity Hospital provides 24-hour emergency services for Minot and the surrounding area. Trinity Hospital is the regional Level II trauma center for northwestern North Dakota (Trinity Health, 2014).

There are fourteen local city fire department and rural fire protection districts that service Ward County (North Dakota Attorney General, 2013). For fire station locations and contact information see Appendix G. The rural fire stations are manned by volunteer fire fighters from the local area. Within the city of Minot, fire stations are staffed by trained firefighters.

Waste Management and Circle Sanitation in Minot manage waste removal for the area (Waste Management, n.d.; Circle Sanitation, n.d.). Drop-off recycling and composting are available in the city of Minot for residents of the city as well as the surrounding area (North Dakota Solid Waste and Recycling Association, n.d.). Residential and commercial waste pick-up is a service often provided within the cities and towns. Much of the waste accumulated from Minot and the surrounding communities is taken to the Minot City Landfill, or McDaniels Landfill outside of Sawyer (Waste Management, n.d.). The Northwest Area Water Supply and North Prairie Rural Water District supply water to Ward County residences (North Dakota Rural Water Systems Association, 2013c). The Minot City Water Treatment Plant supplies the area with water.

Ward County has two local newspapers that are published within the county, which are Minot Daily News and Kenmare News (NDNA, 2014). Within the county there are twelve post offices. For locations and addresses of the post offices refer to Appendix G. Ward County has the majority of radio stations broadcasting within the FDHU seven county region. There are ten radio stations that are broadcasted from within the county. Appendix G has information of radio stations in the area. The local telephone company is SRT (SRT Communications, 2014). The local television stations come from the Minot network; these channels include (a) KXMC, (b) KMOT, (c) KMCY, (d) KSRE, (e) KXND, and (f) MeTV.

Ward County has 20 primary schools, 5 middle and 11 secondary schools. A complete list of these schools is provided in Table 52 and additional information in Appendix G. According to the U.S. Census Bureau (2014a), the estimated percentage of students enrolled in Ward County schools in 2012 was 93.8% of children ages five to nine, 97.7% ages ten to fourteen, as well as 93.6% of teenagers ages fifteen to seventeen. Extra-curricular activities available in Ward County schools include cross country, soccer, tennis, cheerleading, dance, football, golf, volleyball, hockey, swimming, gymnastics, boys and girls basketball, wrestling, baseball, track and field, and fast-pitch softball, band, choir, DECA, FBLA, FCCLA and FFA. Several of these are only available on the Minot area, but various combinations exist within the rural schools or in cooperation with the Minot community. Minot State University is the closest post-secondary education location for Ward county residents. Local public health nurses provide school health services. Services provided within the schools include (a) immunizations, (b) hearing and vision screenings, (c) management of communicable disease, and (d) health education for students and staff when the public health nurse is available (First District Health Unit, n.d.). There are three school nurses serving the Minot Public Schools. Table 52 lists all of the schools in Ward County. Tables 53, 54, and 55 provide additional statistics related to education in Ward County.

Table 52

Ward County Schools

Rural Primary Schools	Rural Secondary Schools
Berthold Elementary School	Berthold high School
Des Lacs-Burlington Elementary School	Des Lacs-Burlington High School
Kenmare Elementary School	Kenmare High School
North Shore Elementary School	North Shore High School
Sawyer Elementary School	Sawyer High School
South Prairie Elementary School	
Surrey Elementary School	Surrey High School
Minot Public Schools	
Elementary Schools	Middle Schools
Bel Air Elementary School	Erik Ramstad Middle School
Bell Elementary School	Jim Hill Middle School
Bishop Ryan Catholic School	Memorial Middle School
Dakota Elementary School	Bishop Ryan Catholic School
Edison Elementary School	Our Redeemers Christian School
Head Start	
Jefferson Early Childhood Center	High Schools
Lewis & Clark Elementary School	Our Redeemers Christian School
Longfellow Elementary School	Bishop Ryan Catholic High School
McKinley Elementary School	Minot High School – Central Campus
North Plains Elementary School	Minot High School – Magic City Campus
Our Redeemers Christian School	Souris River Alternative High School
Perkett Elementary School	
Roosevelt Elementary School	Adult Learning Center
Sunnyside Elementary School	
Washington Elementary School	

Adapted from North Dakota Department of Public Instruction. (2013). ND educational directory 2013-2014. Retrieved from <http://www.dpi.state.nd.us/resource/directry/dir1314.pdf>

Table 53

Ward County Educational Attainment

Subject	Total Estimate	Male Estimate	Female Estimate
Population 25 years and over	38432	19055	19377
Less than 9 th grade	3.4%	3.9%	2.8%
9 th to 12 th grade	3.9%	4.3%	3.5%
High school graduate (incl. equivalency)	28.0%	29.6%	26.4%
Percent high school graduate or higher	92.7%	91.7%	93.7%
Percent bachelor's degree or higher	26.3%	24.4%	28.1%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Table 54

Ward County School Enrollment and Type of School

Subject	Total Estimate	Estimated Percent in Public School	Estimated Percent in Private School
Population 3 years and over enrolled in school	15631	91.6%	8.4%
Nursery School, Preschool	1051	76.6%	23.4%
Kindergarten to 12 th grade	9750	93.5%	6.5%
Kindergarten	984	94.7%	5.3%
Elementary: grade 1 to grade 4	2776	94.7%	5.3%
Elementary: grade 5 to grade 8	2960	93.8%	6.3%
High School; grade 9 to grade 12	3030	91.7%	8.3%
College, undergraduate	4066	93.6%	6.4%
Graduate, professional school	764	78.3%	21.7%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey. Retrieved from (United States Census Bureau, n.d.)

Table 55

Ward County Populations 3 years and over enrolled in school

Subject	Total Estimate	Estimated Percent Enrolled in Public School	Estimated Percent Enrolled in Private School
Percent of age group enrolled in school			
3 and 4 years	42.5%	74.7%	25.3%
5 to 9 years	93.8%	93.4%	6.6%
10 to 14 years	97.7%	94.0%	6.0%
15 to 17 years	93.6%	90.4%	9.6%

Adapted from U.S. Department of Commerce, United States Census Bureau: American FactFinder. Data: 2008-2012 American Community Survey (United States Census Bureau, n.d.).

The Ward County Public Library is located in the city of Minot, along with the Minot Public Library (SRT, 2014). Services available include: (a) books, (b) magazines, (c) videos, (d) DVDs, (e) audiobooks, (f) computer access, and (g) wireless internet. A public library is also located in Kenmare and is a branch of the Ward County Public Library. Areas serviced by the Book Mobile, the mobile library service, include: (a) Sawyer, (b) Burlington-Des Lacs, (c) Surrey, (d) Makoti, (e) Ryder, (f) Douglas, (g) Berthold, (g) Carpio, (h) Hoverson’s, (i) South Prairie School, and (j) Kenmare (Ward County, n.d.). The Minot Public Library (2014) also has a resource on it’s website for all area clubs and businesses. Entities may upload information about the services they provide. It is intended to be a resource for both professionals and patrons of the services. The Minot AFB also hosts a public library.

The city of Minot is the county seat and the 4th largest city in the state of North Dakota. It is the shopping and medical center for the entire northwest area of North Dakota. The recent population growth and expansion of businesses to support the oil boom has brought many opportunities for jobs to the area. Nearly every possible kind of business and service are available within the city. The variety and quality of restaurants range from fast food to fine dining with an ever expanding number of ethnic cuisine offered such as Chinese, Japanese, Mexican and Thai. There has been significant effort to support the arts community in Minot, highlighted by the 2013 completion of Artspace Lofts, a 34 unit complex that includes housing and workspace for artists, and is home to the Heart of the Turtle gallery, owned and managed by the Turtle Mountain Band of Chippewa, and the Children’s Music Academy of Minot (Artspace, 2014). There are two theatre groups in Minot, the Mouse River Players and the MSU Summer Theatre, providing live acting entertainment for the community. The Minot Park District (MPD)

operates 15 parks within the city, the largest of which is Roosevelt Park boasting a large public pool and a zoo. The MPD also manages two golf courses, the Souris Valley Golf Course and Jack Hoeven Wee Links, a short course built specifically for kids; walking, biking and cross country ski trails; baseball fields; and the Maysa Arena, a year around ice facility for skating and hockey (Minot Park District, 2014). The Minot Air Force Base is situated about 8 miles north of Minot. The economy of Minot is based on agriculture, business to support the oil patch, medical services and retail to support the population of the region. The 2011 Mouse River Flood, along with the tremendous expansion of the community in response to the oil boom have made construction big business in the area, with many new companies and out of state companies working to rebuild and develop the community.

Kenmare is the second largest community in Ward County and is located in the northwest corner of Ward County in an arm of the county that protrudes north like a fitting of a puzzle piece, 52 miles from Minot on the Des Lacs River. Nearly all the amenities needed by the population are available to the residents. A Danish mill sits in the town square park, with businesses surrounding the square on all sides just across the street. The Des Lacs National Wildlife Refuge Headquarters is just across the river to the west. The refuge encompasses land on both sides of the river and therefore no boating or camping is allowed on the water. The refuge does provide opportunities for hiking, picnicking, and several social and educational events throughout the year. One interesting thing about Kenmare is that there is no grain elevator, even though two sets of railroad tracks run through town. This isn't to say that there isn't a large agricultural presence. Two large farm implement dealers, a large fertilizer plant and several agriculture related businesses are noted within the town. There is new housing being built, both apartments and single family homes, and several new businesses indicating growth. Kenmare does maintain a small hospital, providing emergency room services, skilled nursing, acute and swing bed care, lab, radiology, physical therapy and a wellness center. The town has been saddened to learn of the impending closure of the Maple View Nursing Home, a 44 bed facility and major employer in the community.

Established in 1883, Burlington is the oldest city in Ward County. It is located at the confluence of the Mouse and Des Lacs rivers. Although the population numbers near 1200, it is mainly a residential community for Minot. The Burlington and Des Lacs schools have consolidated, with Burlington hosting elementary students and high school students attending in Des Lacs. The few businesses in town support the operation of the community. Burlington sustained significant damage during the 2011 Mouse River Flood and continues to work to rebuild.

Ryder is a small rural community in south central Ward County. Although it is reported

to have less than 100 people (US Census Bureau, 2014a), there are some indications that it is prospering. There is a new laundromat in town and several new modular homes. The Veteran's Memorial Park is at the center of town and has a large monument dedicated to the memory of local fallen war heroes. The community takes great pride in the Ryder Museum on Main Street. The Ryder school closed after the 2009-10 school year and the building is now used as a community center. The few businesses are oil and agriculture based. A Lutheran and a Presbyterian church remain open and active in Ryder.

The Makoti Threshing Show is the feature event of Makoti. Though very small in numbers, there is a public swimming pool in the city park and an authentic Mexican restaurant that recently opened there. It seems this community is at a crux: while the decision has been made to close the Makoti K-12 school after the 2014-15 school year, the Thunder Butte Oil and Gas Refinery is currently being built just a few miles out of town, which is proposing to employ approximately 250 people. One of the highlights of visiting this small town was purchasing a sno-cone at the Sno Shizzle, a portable concessionaire, which happened to be parked on one of the side streets, operated by two young girls about 6 and 8 years old, and supervised by their parents.

Berthold is a growing community on Highway 2 on the western side of Ward County. Just a few years ago, this little town was struggling to survive, but now there are two new housing developments, several new oil related businesses and an addition being built onto the school, signifying progress and prosperity in Berthold. Burlington Northern Santa Fe railroad has a rail loading facility located in the town, which was key to the nearby expansion of the Enbridge Pipeline storage facility, where approximately 80,000 barrels of oil are loaded on trains each day (Enbridge, 2013). Both of these entities provide good jobs for the community. The businesses in town support the agriculture and oil industries, and basic needs of the community.

Several other small communities are scattered throughout the county: Douglas, Carpio, Foxholm, Donnybrook and Surrey are basically residential communities. Each has a church, some have a bar. In all cases the homes are full and while many are older homes, they appear well kept with several having recent remodels to windows, doors and shingles indicating adequate and steady income in these areas. Surrey is growing exponentially with two large housing developments; one on the west side of town and another to the north. Just east of Surrey is a new Dakota Midland Grain Elevator, complete with a new rail loading facility and a sand elevator where trucks are loaded with sand for fracking in the oil patch. Another tiny community of Niobe is tucked up into the northwest corner of Ward County. It has only a handful of homes, but a very large and important grain elevator, the nearest location for Kenmare area farmers to market their grain, and one Lutheran church.

Survey Report

In the spring of 2013, the FDHU took part in a Strategic Prevention Framework State Incentive Grant focusing on underage drinking and adult binge drinking. One of the requirements of that project was to interview key informants from government, education, medical, and law enforcement fields and those who work with community coalitions to better understand the perceptions of these issues in the community. Seventeen people from across the seven county area were chosen for these interviews. Categorically, four (4) people represented education, four (4) medical, three (3) government, (3) law enforcement, (3) community coalitions. Though people were selected for one category or another, it was recognized that people wear many hats and may actually participate in more than one category. Representation from each county included six (6) from Ward, three (3) from Bottineau, two (2) from each Burke, McHenry and McLean, and one (1) from each Sheridan and Renville.

This seemed like an opportune time to capture the thoughts of this cross section of people on concerns related to public health in general. Therefore, a set of six questions was designed by a committee of First District Health Unit employees to solicit participant opinion on the concerns that they have and prioritization of health issues. A brief description of public health and an explanation of the purpose of the survey was provided to the participants before beginning the questionnaire. A copy of the questionnaire can be found in Appendix I. The interviews were conducted between March 7 and April 2, 2014. The questions were:

- 1) What major concerns do you see in your community? This could include issue from any age group.
- 2) What concerns do you foresee in the next 3-5 years?
- 3) Which concern is the most important? Why?

- 4) What do you think should be done in your community to address these concerns that you have identified?
- 5) Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?
- 6) What do you feel are the priority health issues in your community?

After analyzing the questions, there seems to be some common themes among the participants' answers, although they may have provided a different perspective on the subject. While it seemed that question one (1) and six (6) are significantly different in that question 1 asks about concerns in general, and question six (6) specifically asks about health, the answers to these questions seemed to blur in most cases. For instance, in question one (1), a participant may have cited disease prevention as a major concern for public health, and then later, when answering question six (6), they became more specific about which diseases were perceived as prevalent in their community. Likewise, questions four (4), regarding what can be done to address the issues, and five (5), asking about services needed, also returned similar answers. Regardless of the county or the relative rural-ness of the participant, the same issues seemed to be fleshed out. It is important to note that the survey participants had just completed a 28 question survey specifically on underage drinking and adult binge drinking. It is the opinion of the surveyor that the participants believed these questions were considered "in addition to" or "aside from" underage drinking and adult binge drinking.

While each of the participants in the survey were chosen based on their expertise in each category, the small number of those surveyed from each community is not adequate to establish that all issues were identified, nor all needs for services, or solutions to the problems. The intention of the survey was to a) test the questionnaire and to b) develop a starting point for

future focus group discussions. For the purposes of this assessment, it may be helpful to discuss the survey results by county, as each has unique challenges. In an effort to maintain confidentiality, the category of the survey participant will not be identified. FDHU has been provided with transcribed copies of the complete surveys. . The questions will be analyzed in regard to the entire service area, followed by an analysis of the questions by county.

Overall themes surfaced transcending questions one (1) through three (3). Those included: a) disease or injury prevention/wellness, b) infrastructure, c) access to health care/services, d) housing, e) law enforcement, f) environmental hazards, g) daycare/childcare, h) homelessness, and i) substance abuse, Question one (1) solicited major concerns within the community. Topping the list was disease or injury prevention/wellness issues with 20 responses, infrastructure with 17 responses, access to health care/services with 15 responses, issues related to the influx of population with 13 responses, Law enforcement with 10 responses, followed by housing, substance abuse, environmental hazards, daycare/childcare and homelessness in descending order. Table 56 provides a breakdown of the responses in detail. Attention is drawn to the issue of transportation, particularly in the rural areas, and the emphasis that this is not an issue just for the elderly, but that other groups were identified as well, such as families with only one car which may or may not work, or may be utilized by a parent working in the oil field and gone for a week at a time, leaving the family without a vehicle at a great distance from groceries, medical care or other services. In addition, it is recognized that this is not limited only to transportation from rural to Minot, but rather it includes transportation needs within individual towns and from those towns to the nearest source of care or service, which may or may not be Minot.

Table 56

Question 1: Major Concerns within the Community: Include All Age Groups

What major concerns do you see in your community? This could include issues from any age group.		
Theme	Issue	Responses
Disease or injury Prevention/Wellness (20)	Domestic Violence/sexual assault	4
	Bullying	4
	General	3
	Lifestyle/behavior/wellness	3
	Obesity/Eating Disorders/Body Perception	1
	Farm safety	1
	Sexual Health/STD's	1
	Cancer	1
	Lice - schools need help with checks	1
	Pregnancy	1
	Infrastructure (17)	Traffic issues (road conditions, increased traffic)
Transportation from Rural to medical, services, or tasks (not just elderly, not just to Minot)		4
Schools don't have the resources to deal with special needs kids: ADHD, PTSD, bipolar, etc.		3
Pharmacy services needed in rural area or better mode of delivery		1
Need for foster care		1
Hunger (food pantries only open once/month)		1
Ambulance- short crew		1
Access to food: No grocery store/restaurant/convenience store doesn't take EBT		1

Access to health care/services (15)	<p>General 3</p> <p>Lack of understanding of ACA 2</p> <p>People don't use the resources that are available, Why? 1</p> <p>Use resources inappropriately: don't understand how to use healthcare 1</p> <p>Stability of medical services 1</p> <p>Afraid to access care r/t employment 1</p> <p>Transient population - do not establish a provider 1</p> <p>Loss of local primary care clinic 1</p> <p>Lack of substance abuse treatment 1</p> <p>Affordability of health care 1</p> <p>Access to affordable meds 1</p> <p>Give up health insurance benefits for higher salary 1</p>	
Influx of people (13)	<p>Expectations of community 3</p> <p>Ill-prepared for the climate 3</p> <p>General/Quality of Life 1</p> <p>High risk behavior/families 1</p> <p>Lack of family supports 1</p> <p>Transient Population 1</p> <p>Live in inappropriate space 1</p> <p>misconception of job availability 1</p> <p>Stress 1</p>	
Law Enforcement (10)	<p>Shortage of officers 3</p> <p>Human 3</p> <p>Trafficking/Prostitution 3</p> <p>Increased crime in rural 3</p> <p>Refocus/prioritize 1</p>	

Housing (9)	Shortage/expensive	5
	Cost of living in general	3
	Cheap - no heat, old, rundown	1
	Inappropriate use of buildings for living space	1
Substance Abuse (9)	Illegal drugs - generalized	4
	Marijuana	2
	Prescription Drugs (skittles parties)	1
	Alcohol	2
Environmental Hazards (8)	Compounds, chemicals and Pesticides/air & water quality	3
	Generalized	1
	Oil related (including tourism)	1
	Enforcement of environmental standards	1
	Old Buildings	1
	Educating the public	1
Childcare/Daycare (7)	Lack of access/affordability	6
	Special needs kids	1
Homelessness (2)	General	2

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Next, participants were asked what concerns they foresee in the next three (3) to five (5) years. While many of the same concerns were expressed, emphasis changed. Respondents indicated that issues related to infrastructure is the biggest concern for the near future. Issues related to traffic, development of infrastructure in general, and the need for additional workforce all received more than one response. Issues related to the influx of people and the ability of communities to adapt to newcomers, as well as the ability of the newcomers to adapt to the community were described. While housing appeared to be a separate theme, the greatest number of responses were in regard to the shortage of housing and therefore the cost of housing being very high. For this question, the theme of ‘disease or injury prevention/wellness’ seems to be a subcategory of ‘influx of people’, as the issues brought up seemed to be driven by the population change. Table 57 details the issues under each theme.

Table 57

Question 2: Community Concerns in the Next 3-5 Years

What concerns do you see in the next 3-5 years?		
Theme	Issue	Concerns: Next 3-5 years
Infrastructure (14)	Traffic issues (road conditions, increased traffic)	4
	Development in general	2
	Need for additional workers	2
	Need for foster care	
	Eldercare	1
	Hunger (food pantries only open once/month)	1
	Lack of things to do	1
	Need additional hospital in Minot	1
	Transportation from Rural to medical, services, or tasks (not just elderly, not just to Minot)	1
	Flood Control	1
Influx of people (11)	Community Safety	2
	Lack of family supports	2
	Transient Population	2
	Expectations of community	2
	General/Quality of Life	1
	ill-prepared for the climate	1
	culture clash	1

Housing (10)	Shortage/expensive	7
	Cost of living in general	1
	Cheap - no heat, old, rundown	1
	Inappropriate use of buildings for living space	1
Disease or injury Prevention/Wellness (7)	Domestic Violence/sexual assault	3
	Lifestyle/behavior/wellness	2
	Sexual Health/STD's	2
Environmental Hazards (5)	Compounds, chemicals and Pesticides/air & water quality	2
	Oil related (including tourism)	2
	Generalized	1
Access to health care/services (5)	Mental Health/Suicide treatment	2
	Lack of understanding of ACA	1
	Affordability of health care	1
	General	1
Law Enforcement (3)	Increased crime in rural	2
	Shortage of officers	1
Daycare (2)	Lack of access/affordability	1
	Special needs kids	1
Homelessness (1)	General	1

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Question three (3) asked participants to choose the most important of their concerns in an effort to prioritize these issues, as it is understood that although multiple people may respond that any issue is a concern, it may not be the most important. Participants were not limited to only one response, some chose to list more than one category. Table 58 provides a breakdown of the priority concerns. Note that the third column identifies the county and participant number of the respondent, for example, Ward-2 indicates that the respondent was participant number two (2) from Ward County. Importance was placed on issues related to the influx of people within the counties by six respondents, noting that the counties most effected by the oil patch gave this

response. Disease prevention and infrastructure related issues each received four nods as the most important concern; followed by substance abuse with three votes, and housing with two votes. Law enforcement, environmental hazards, access to health care/services and homelessness each received one response as the most important concern.

Table 58

Question 3: Most Important Concern among Survey Participants

Which concern is the most important and why?		
Theme	Issue	Most Important (3)
Influx of people (6)	General/Quality of Life Community Safety Transient Population	Bottineau-2, Bottineau 3 Renville-1, McLean-1, Ward-2 Burke (1)
Disease or injury Prevention/Wellness (4)	General Sexual Health/STD's Domestic Violence/sexual assault	McHenry-2 Ward-5 Renville-1, Ward 1
Infrastructure (4)	Transportation from Rural to medical, services, or tasks (not just elderly, not just to Minot) Development in general Eldercare	Burke (2), Ward-4, Ward-5 McLean-2
Substance Abuse (3)	Marijuana Alcohol Illegal drugs - generalized	Bottineau-1 (prevalence) Ward-1 McLean-1
Housing (2)	Shortage/expensive	Sheridan County-1, Ward-3
Law Enforcement (1)	Shortage of officers	McLean-1
Environmental Hazards (1)	Compounds, chemicals and Pesticides/air & water quality	McHenry-2

Access to health care/services (1)	Lack of understanding of ACA	McHenry-1
Homelessness (1)	General	Ward-3

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

The fourth question solicited ideas about what can be done about the most important concerns that were cited by the respondents. Three informants replied that law enforcement needs to be addressed, improving patrols, prioritizing what is important to the safety of the community and by increasing the number of law enforcement officers. Three informants also stated that addressing these issues costs money, but that the money is not always available within the communities; so funding is imperative to putting the solutions into action. Informing the public or providing education through multiple social media methods was discussed by three participants, stating that there are many levels of technology now, and not everyone is on the same level. Therefore, the newspaper can no longer be the means of disseminating information, but should consider Twitter, texting, Facebook, email, along with the more traditional methods of newspaper, newsletters, flyers and posters. Two of the responses were naming services that are needed within the communities, which seem to be better answers to question 5. Although not necessarily within the recording, this interviewer noted that several of the interviewees commented that so many of the needs of small towns and rural areas are addressed by volunteers, but those that are willing are already stretched very thin. One respondent offered that their county is now sharing crew between ambulance services, in order to spread the volunteers as effectively as possible and that this is working well for them; and could be of value to other counties as well. Table 59 lists the responses to this question.

Table 59

Question 4: Ideas to Address Concerns

What do you think should be done in your community to address these concerns that you have identified?	
Law enforcement: better patrols, prioritizing what is important to community safety, increase staff	Burke-1, McLean-1, Ward-2
Funding	Burke-2, Ward-4, Ward-6
Messaging through social media, collaboration between entities	McHenry-1, Renville-1, Ward-1
Homeless Shelter	Bottineau-1, Ward-3
Leadership - preparedness	Bottineau-2, Bottineau-3

Educate community about when/what to report to authorities, who to report to	Renville-1
Bring in stakeholders, plan, determine challenges, staff it and resource it	McHenry-2
Detox facility at hospital, including addiction personnel	Bottineau-1
Stewardship of natural resources - smart development	Bottineau-2
Substance Abuse resources	McLean-1
Special needs resources for kids/families	McLean-1
Training professions/public to deal with issues of elderly	McLean-2
Ministerial association within community	Ward-1
Sexual health education in schools taught by non-teacher	Ward-5
Need to get rid of old buildings and abandoned homes, burn/tear down. "A lot of property is owned by people out of state and they really don't care"	Sheridan-1

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Question five (5) sought to identify services that are needed that are not currently available. Transportation and increasing law enforcement staff were identified as the most common services needed. Mental health and dental services followed with three respondents isolating a need for these in their counties. One of the respondents who lived in a very sparsely populated area also stated that having some of the specialty services come to their areas on a weekly or bi-monthly basis may be a more cost effective way to address these issues. This person then recognized that transportation is needed for more than medical services, but for people or families of all ages for non-medical services and other tasks and as well such as shopping for basic necessities. The issue of homelessness and the need for a shelter (s) has been addressed in nearly every question and across several counties, and was even identified as a top priority by one Ward County participant. It is evident to the interviewer that this is a problem that is both a city of Minot issue, as well as a rural issue. Table 60 provides the list of needed services along with respondents so that it is easy to see where these issues are being reported from.

Table 60

Needed Services in the FDHU Service Area

Thinking of the identified concerns, are there any services that you would like to see in your community that are not currently available?	
Needed services:	Respondents
Transportation	Burke-1, Burke 2, Sheridan-1, McLean-2
Law Enforcement staff	Bottineau-1, Bottineau-3, Ward-2, Ward-4
Mental Health	McLean-2, Ward-2, Ward-6
Dental	Burke-2, McHenry 1, McLean-2
Prevention/Wellness activities in school, counseling, parenting education	McHenry-1, Ward-1
Primary care	Ward-2, Ward-4
Homeless Shelter	Ward-2, Ward-6
Primary Care Clinic in Towner	McHenry-2
Environmental practitioners available locally	McHenry-2
Enforcement of environmental standards	McHenry-2
Fast food restaurant - familiarity	Bottineau-1
Sit down restaurant	Bottineau-2
Snow removal	Bottineau-1
Wellness/fitness center	Bottineau-2
School classroom space	Bottineau-2
We have services - just need to increase them	Bottineau-3
Paramedics	McLean-1
Vision care	Burke-2
Foster Care	Burke-2
Programs for youth that are safe, organized and supervised	Ward-2
Alcohol/drug treatment	Ward-4
Can't think of any	Renville-1
Additional hospital	Ward-4
Services for unplanned pregnancy, young mothers	Ward-5
Crisis management	Ward-6
Inpatient psychiatric beds	Ward-6
Access to food	Burke-1
Pharmacy services	Burke-1

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Finally, question six (6) asked that priority health issues be identified, as opposed to concerns in general. Seven (7) participants identified preventive health care/healthy living/disease and injury prevention as the priority health issue. Five participants stated that substance abuse was prime, which seems somewhat related, in that prevention and healthy decision making is a primary preventive intervention for substance abuse issues. Diabetes was identified by three (3) respondents. Other issues with more than one vote included ADHD, autism, obesity, mental health, cancers and access to consistent, timely health care. Table 61 provides a list of the priority issues acknowledged and the respondents who recognized those for the purpose of understanding where these issues are perceived as priority problems.

Table 61

Priority Health Issues in the FDHU Service Area

What do you feel are the priority health issues in your community?	
Priority Health Issues	Respondents
Preventive health care/healthy living/Disease and injury prevention	Burke-1, McHenry-1, McHenry-2, Bottineau-1, Bottineau-2, McLean-2, Ward-4
Substance Abuse	Bottineau-1, Bottineau-2, McLean-1, Ward-2, Ward-6
Diabetes	Burke-1, Burke-2, McHenry-2
ADHD	Burke-2, McHenry-1
Autism	Burke-2, McHenry-1
Obesity	McHenry-2, Ward-3
Mental Health	Bottineau-2, Ward-2
Cancers	Bottineau-3 (solicited?), Ward-1
Access to consistent, timely health care	Ward-2, Ward-6
PTSD in kids	Burke-2
Influx of people: health/safety	Sheridan-1
Head lice	McHenry-1
Asthma	McHenry-1
Allergies	McHenry-1
Dental Health	Ward-5
Hunger	Renville-1
Daycare/childcare	Renville-1
Heart Disease	Renville-1
Increase population bringing in additional problems	Bottineau-3
Community Safety	McLean-1
Eldercare	McLean-2
Tobacco	Ward-3
STD's	Ward-4
Transportation: traffic conditions, roads, infrastructure	Ward-6

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

In the following paragraphs and tables, the same questions will be separated out by county. Again it is acknowledged that the small number of respondents from each county does not attempt to represent a cross section of the populations within these counties. Rather, the interviewees are considered key informants whose answers are considered and utilized as a starting point for further discussion.

Bottineau County: Three community members participated in the six question FDHU questionnaire regarding community concerns. Table 62 provides a summary of the

questions and responses. Interestingly, all three Bottineau County interviewees indicated that substance abuse (including alcohol) is a concern. Two of the respondents cited issues related to influx of people to the area, detailing that newcomers aren't prepared for the climate, that they come with unrealistic expectations of job opportunities and community resources. The population growth puts pressure on the schools and day cares for expansion. Participant 2 pointed out that there is a need for childcare outside of normal business hours, "one could talk about daycare from 6-6; what about communities that are 24/7, what about after hours daycare. In addition, there isn't a feeling of safety in the community like there was just a few years ago when everyone seemed to know everyone. Two respondents indicated that there are environmental concerns and offered examples. Participant 2 defined this, "...an agricultural town and so with our elevators here, we have a fertilizer plan over there....you see a lot of grain dust coming out...what's in the air? Participant 3 added, "...like the spillages that are going on, salt water, oil spills".

In regards to the next three (3) to five (5) years, participants indicated that issues related to oil and the impending population growth as concerning. Participant 2 describes the dilemma, "I've heard everything from Bottineau isn't going to have any growth of population all the way to someone telling me an oil company did a business plan, and Bottineau is going to have a population of 10,000 people. What is the story?" How do you plan for the unknown? Participant 3 is more confident in the growth potential, "It's just going to, everything's going to get bigger...Things are happening."

When asked to identify the most important concern, two participants related it to oil impact, defining quality of life issues and influx of people as top priority. Participant 1 stated that marijuana is the most important, as it is "just so prevalent". To address these concerns two respondents noted that planning and publicizing information will be important to help the community adjust to a quick growth in population. Participant 2 clarified that Bottineau County is a noted tourist destination; and as such, it is important for leaders to be stewards of natural resources. "I'm not against development, I'd just like it to be smart." Participant 1 cited the need for a homeless shelter and a detox facility within the community, preferably at the hospital, along with addiction counseling personnel.

Participants 1 and 2 both felt that a restaurant was needed in Bottineau, but had different ideas of what that should be. Participant 1 noted that newcomers need familiarity, particularly in regard to the hamburger, and suggested a fast food restaurant such as McDonalds. Participant 2 recognized a need for a sit-down family type restaurant. Participants 1 and 3 recognized that law enforcement continues to be short staffed, though VCI and ATF officers have been added recently and the BIA is planning on opening an office in Bottineau. Snow

removal and the need for a wellness center/fitness center were also relayed. In regard to priority health issues, two interviewees discussed the variety of needs for disease and injury prevention activities and the need to address substance abuse issues. Mental health and cancer were also identified as health issues of primary concern in the area.

Table 62

Bottineau County: FDHU Questionnaire

Bottineau County: 3 Interviews	
Question:	Abridged Response:
<p>1. What major concerns do you see in your community? This could include issues from any age group.</p>	<p>Participant 1: Marijuana Daycare Incoming people: climate - new comers are not prepared for ND climate, also misconception about job availability, expectation of newcomers doesn't match community Homeless</p> <p>Participant 2: Substance issues – underlying cause of a lot of problems. “Here in ND we have a climate and a culture that is pretty accepting of alcohol use. We are becoming less accepting of alcohol abuse”. Cost of living: housing/rent, food, fuel Influx of people: need to expand school, daycares Daycare – new facility being built to provide for 51 kids at Dakota College at Bottineau. But need after hours care, “the community runs 24/7”. Community Safety: people need to change habits (locked doors, not leaving keys in car). Health/Wellness – need indoor facility Environmental Issues: air quality r/t new fertilizer plant/elevator – is it safe? Chemicals</p> <p>Participant 3: Cancers – more than normal Environmental concerns: oil related – salt water and oil spills Alcohol abuse: underage drinking/binge drinking Substance abuse</p>

<p>2. What concerns do you see in the next 3-5 years?</p>	<p>Participant 1: None identified</p> <p>Participant 2: Development [of infrastructure] in western Bottineau County Dealing with unknown oil impact: housing? Impact on tourism due to oil boom</p> <p>Participant 3: More oil impact/influx of people: housing, traffic, need for additional law enforcement, need for more workers</p>
<p>3. Which concern is the most important and why?</p>	<p>Participant 1: Marijuana – so prevalent.</p> <p>Participant 2: Quality of life issues related to oil impact.</p> <p>Participant 3: Oil impact/Influx of people</p>
<p>4. What do you think should be done in your community to address these concerns that you have identified?</p>	<p>Participant 1: Homeless shelter Detox facility at hospital, including personnel to help with addictions</p> <p>Participant 2: (note: answers found within answers to other questions) Leadership: get a handle on what is coming and prepare for it. Disseminate info to the public. Stewardship of natural resources – smart development.</p> <p>Participant 3: City/county government needs to stay ahead of it.</p>

<p>5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?</p>	<p>Participant 1: Need a fast food restaurant (found with question 2) Better infrastructure: snow removal Law enforcement – short staffed</p> <p>Participant 2: Need a sit down restaurant Wellness/fitness Center School needs additional classroom space</p> <p>Participant 3: “We have services, we just need to increase those services. Law Enforcement has added VCI officer and ATF officer and BIA will have an office in Bottineau too.”</p>
<p>6. What do you feel are the priority health issues in your community?</p>	<p>Participant 1: Education: Disease prevention [Marijuana], “just because it is so prevalent”.</p> <p>Participant 2: Substance abuse issues Mental health – need local psychiatric services Disease/injury prevention: flu/STD, decision making, alcohol, substance abuse</p> <p>Participant 3: Increased population – bringing in additional problems. Cancers (solicited?)</p>

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Burke County: Two community members participated in the six question FDHU questionnaire regarding community concerns. Table 63 provides a summary of the questions and responses. As Burke County is experiencing oil impact it is not a surprise that it is having an effect on those communities, particularly in terms of population change. Both participants cited a need for transportation, particularly to get to Minot for specialty medical appointments and other services. Both noted that this isn’t just an issue for the elderly, but others as well. “We have a lot of kids with parents that maybe only have one vehicle, and that one vehicle may not work...so to be able to get to a dentist, to get to an eye doctor, those kinds of things”. Other concerns included the need for a daycare and pharmacy services in the rural area, and management of increased traffic on highways and gravel roads that were not made for the heavy trucks that accompany the oil field work. In addition, the need for assistance with head lice checks in the schools was recognized. As stated, “...it’s a confidentiality thing too, I can’t just get anybody to come and help with those kinds of things. And our county health nurse won’t do it. She’ll do it for ten bucks a kid. Sorry, I’ll do it myself then. But those kinds of things would be beneficial for us.”

In regards to the next three to five years, the issues associated with the influx of population emerged: housing, community safety, transient population and lack of opportunities for things to do in the community. Both participants cited transient population as an issue. Participant 2 shared her observation, “from last year to this year our enrollment stayed the same. Pretty much it’s a different group of kids. Some have left, I mean, there’s a lot of in and out and that drives me crazy. The poor kids, they are not a priority to a lot of these families; it’s where they can get their next dollar.”

When asked to identify the most important concern, the respondents answered differently, but their answers are somewhat related. Participant 1 stated the priority issue is the transient population in terms of safety. Participant 2 stated that transportation to medical appointments is priority. However, it seems the transient population is who have the greatest need for transportation, as well as elderly, for medical and support services. Question 4 solicited ideas to address these concerns. Improving law enforcement prioritization and better patrols were identified by Participant 1 stating, “Sometimes I think they focus on the wrong thing...my dog is sitting in the driveway doing nothing, but you’re going to fine me \$500 because she’s not on a leash? Aren’t there more important issues that you should be focusing on than a stupid dog?” Participant 2 thought funding of support services was important to developing solutions.

Transportation was found to be a needed service by both participants. Other services included pharmacy, dental, and vision services to be needed in the community. Participant 1 noted that in some places in the county there are no grocery stores, no cafés or restaurants. “So if you have an elderly person who doesn’t drive, how do they get their groceries? Participant 2 also identified the need for foster care. In regard to priority health issues, diabetes was acknowledged by both participants. Other issues were hypertension, the need for preventive health care, ADHD, Autism and PTSD in kids. Participant 2 stated, “We have more kids with autism, like four in the school, two in [one grade] out of ten kids....that’s 20%...and post-traumatic stress in a couple kids...just childhood, a horrible, horrible first three years of his life”.

Table 63

Burke County: FDHU Questionnaire

Burke County: 2 participants	
Question:	Abridged Response:
1. What major concerns do you see in your community? This could include issues from any age group.	<p>Participant 1: Lack of daycare Lack of transportation for certain populations Need for local pharmacy services</p> <p>Participant 2: Transportation for the elderly and others to get to Minot for medical specialty appointments/ services Traffic: truck traffic, poor roads Need assistance with head lice checks in schools Housing – expensive/people living in inadequate living space. Behavior issues/special needs in school: ADHD, PTSD, autism r/t influx of people Parents uneducated about how to help special needs child succeed in school</p>
2. What concerns do you see in the next 3-5 years?	<p>Participant 1: More of the same, the [problems] are just going to get larger. Housing Community Safety – transient population</p> <p>Participant 2: Transient population Lack of community opportunities (e.g. Bowling alley, things to do)</p>
3. Which concern is the most important and why?	<p>Participant 1: Transient population – safety related</p> <p>Participant 2: Transportation – particularly for medical appointments. Or medical support to come to rural area.</p>

4. What do you think should be done in your community to address these concerns that you have identified?	Participant 1: Law enforcement – better patrols, prioritizing what is important to community safety. Participant 2: Funding
5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?	Participant 1: Transportation services (the bus only goes on Thursdays, no grocery store in town) Access to food Pharmacy services – perhaps in clinic? Participant 2: Dental Vision care Transportation to get to medical specialists Foster care
6. What do you feel are the priority health issues in your community?	Participant 1: Hypertension Diabetes Need for preventive health care – people don't necessarily participate until there is a problem Participant 2: Diabetes ADHD Autism (4 kids of 144 kids in school) PTSD in kids

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

McHenry County: Two community members participated in the six question FDHU questionnaire regarding community concerns. Table 64 provides a summary of the questions and responses. Concerns between the participants were similar in that they both recognized the loss of the primary care clinic in Towner as having a negative impact on the county, and that access to health care is a worry. Participant 2 noted that disease prevention and healthy lifestyles are related, “Maybe public health is the place where they can kind of make that an easier gateway. You start at a young age...as far as dangerous behaviors that we all engage in, the usual amount of substance abuse...seat belts...I think there’s a role there”. Environmental issues were also brought up, citing the need for education of the public on what is a hazard and who to call if it is identified. “So you have a building full of radioactive socks, who do you call?”

In regards to the next three to five years, health care was again a consideration. Participant 1 cited lack of knowledge of the new health system as an issue that is already causing distress.

I think that's harder for people to grasp and understand and I think for very well-educated people that are informed of local policies and things that are happening and stay up on the news, and then we look at our elderly who may not understand, can be taken advantage of in different situations, and when you look at young parents that who are struggling to find their stability...and a lot of them don't have jobs that support them or give them coverage; I think it scares them to how they go about getting it and doing it...it scares them to do investigating on what to do on what their health care needs are or to register for them...and society is changing so much; they are becoming more fearful and more distrusting of different groups and agencies... Participant 2 cited environmental safety, both agriculture and oil related; and elder care, particularly finding services to assist elderly to stay in their home as long as possible as future concerns.

When asked to identify the most important concern, educating the public was addressed by both respondents. Participant 1 acknowledged the need for education on the Affordable Care Act (ACA), explaining, "Lack of knowledge [regarding ACA] concerns me the most because when you are dealing with adults and whether they are parents or poor patients in my community you don't ever want them feeling like you are talking down to them or telling them something that they already know...to know where that fine line is, between I'm helping provide you with something that you really do know versus stay out of my business...because it does affect their kids in school, you don't want to cross that boundary and hinder the relationships..." Participant 2 related the education to preventive health care, stating, "Try and think where you can make the biggest difference, and anytime you can find people at a young age, teach them about buckling up, teach them about tobacco, alcohol, drugs...sexual safety and those kinds of things." Participant 2 also cited environmental challenges as having most importance because "those can be really pervasive and all-encompassing". In an effort to address the concerns Participant 1 believes that a lot of messaging can be done through social media, but that entities need to be willing to collaborate in messaging so that it is consistent and that it gets to everyone. It is also important to message through a variety of media as within the community there is large variation in how people receive messages – newspaper, newsletters, e-mail, Facebook, Twitter and we need to be savvy with all of those. Participant 2 believes that when addressing an issue stakeholders need to be involved, make a plan, determine the challenges, and then staff it and resource it.

Primary care services and wellness services were found to be a needed, including dental screenings in school. Participant 1 appreciates all that is done in the schools by local public health, as many of the children would not have access to screenings, immunizations and health education outside of that service. Participant 2 felt that there is a need for additional

environmental practitioners to address hazards and enforcement, stating, “You shouldn’t have an oil spill and identify something toxic and then they send someone up from Bismarck to go look at it...have someone locally to identify and gather evidence”. In regard to priority health issues, Participant 1 identified issues related to child health such as head lice, ADHD, asthma, allergies and autism spectrum disorders, along with need for preventive health. Participant 2 pinpointed healthy lifestyles, obesity and diabetes as priority health issues.

Table 64

McHenry County: FDHU Questionnaire

McHenry County: 2 participants	
Question:	Abridged Response:
<p>1. What major concerns do you see in your community? This could include issues from any age group.</p>	<p>Participant 1: Access to health care: People don't use the resources that are available...why? (Pride? Lack of knowledge? Affordability?) Loss of primary care clinic in Towner</p> <p>Participant 2: Access to health care Disease prevention: lifestyle/behavior Environmental Issues: Compounds/pesticides – educate. Also educating on who to call in regard to environmental issues</p>
<p>2. What concerns do you see in the next 3-5 years?</p>	<p>Participant 1: Lack of knowledge of the new healthcare system [ACA].</p> <p>Participant 2: Environmental safety: compounds, vapors, both agriculture and oil related. Elder care: home health, helping people stay in their homes.</p>
<p>3. Which concern is the most important and why?</p>	<p>Participant 1: Lack of knowledge [ACA]: don't want them to feel like you are talking down to them, but it's a fine line...don't want to cross that boundary and hinder the relationship....how to message/who should it come from?</p> <p>Participant 2: Environmental challenges because they are pervasive and all-encompassing. Preventive health care: educating the public.</p>
<p>4. What do you think should be done in your community to address these concerns that you have identified?</p>	<p>Participant 1: Messaging through social media: Twitter, texting, Facebook, emails. "We can't just do it one way". Also, collaborating to get messages out: a service has influence on more than one entity, all of the entities send the message. E.g. School including foot care, flu shots, etc. because of the number of people that they reach.</p>

	Participant 2: Bring in stakeholders, plan, determine the challenges, staff it and resource it.
5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?	Participant 1: Appreciates everything done in the schools by county nurses: puberty education, immunizations, and screenings. Dental screenings Prevention/Wellness activities in school Participant 2: Primary care clinic in Towner Environmental practitioners available locally. Enforcement of environmental standards.
6. What do you feel are the priority health issues in your community?	Participant 1: Head lice Preventive health: flu/colds ADHD Asthma Allergies Autism spectrum Participant 2: Stemming destructive decisions/Healthy living Obesity Diabetes

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

McLean County: Two community members participated in the six question FDHU questionnaire regarding community concerns. Table 65 provides a summary of the questions and responses. Concerns ranged greatly between the two participants. Participant 1 cited preventing epidemics and spread of disease, injury prevention, environmental hazards, transportation, healthy behaviors, daycare, lack of resources, issues associated with the influx of people such as high risk lifestyle and the need for resources for special needs kids. Participant 2 identified access to services, access to food, understanding the ACA and the issues for elderly including that the cost of living is becoming greater than their income, as being current concerns. “A lot of these communities don’t have grocery stores, need to have their local gas station that does have cheese and eggs and milk be able to take EBT cards for the SNAP program....Another concern is our elderly population; they are choosing between eating and medications”.

In regards to the next three to five years, both participants noted that the influx of population is a future concern, describing that newcomers have expectations of services for kids that are not available in our rural communities, that this population have different needs than our

long term residents and that the newcomers lack support systems, such as families or close friends. Participant 2 also identified a rise in domestic violence and sexual assault, emphasizing that another need for transportation is to assist victims of domestic violence to safety.

When asked to identify the most important concern, Participant 1 prioritized community safety and substance abuse issues, describing “I think protecting the community safety-wise. I work over in Turtle Lake as well, which is covered by the county, and it takes 45 minutes for an officer to get over there. If you have an emergency, you’re just screwed... and alcohol and drugs...and prescription drugs.” Participant 1 did not directly answer what can be done about these concerns, but indicated the need for additional law enforcement, substance abuse resources, and special needs resources for kids and families throughout the interview. Participant 2 selected taking care of the elderly as the most important concern. Training professionals to deal with issues of elderly and educating the public about resources was suggested as a method to address this problem.

Paramedic, dental, and mental health services as well as transportation were found to be needed services. “Mental health meaning from teenage eating disorders to domestic violence, sexual assault victims, to marriage issues, to depression. It’s kind of the whole gamut of things.” In regard to priority health issues, Participant 2 stated that anything to do with children is a priority; also the elderly, injury prevention, and disaster preparedness related to the energy industries in McLean County are significant health issues. Participant 1 did not directly answer this question, but indicated that answers would be similar to question three, where community safety and substance abuse were cited.

Table 65

McLean County: FDHU Questionnaire

McLean County: 2 Interviews	
Question:	Abridged Response:
<p>1. What major concerns do you see in your community? This could include issues from any age group.</p>	<p>Participant 1: Preventing epidemics and spread of disease Environmental hazards Preventing injuries Encouraging healthy behaviors Transportation – not just for elderly, but everyone – young families Daycare Lack of resources for treatment of substance abuse Influx of people: high risk lifestyle, need resources for special needs kids such as PT, OT, ADHD and bipolar</p> <p>Participant 2: Access to services Access to food – communities without grocery stores, convenience stores aren't approved to take SNAP/EBT cards, transportation to get food. Elderly – cost of living greater than income, “choosing between eating and medications”. Understanding the ACA – how to enroll, what the options are.</p>
<p>2. What concerns do you see in the next 3-5 years?</p>	<p>Participant 1: Influx of people/oil impact: newcomers have expectations of services for kids that are not available.</p> <p>Participant 2: Influx of people: change in needs of population, new comers lack support system Domestic violence/sexual assault Transportation – assist victims of DV to safety</p>
<p>3. Which concern is the most important and why?</p>	<p>Participant 1: Community safety: shortage of law enforcement, particularly with distance between towns Substance abuse, including prescription drugs</p> <p>Participant 2: Taking care of elderly – costs of living outpace income.</p>

<p>4. What do you think should be done in your community to address these concerns that you have identified?</p>	<p>Participant 1: Not answered directly. Indicated need for additional law enforcement, substance abuse resources, special needs resources for kids and families.</p> <p>Participant 2: Training professionals to deal with issues of elderly and educating the public about resources.</p>
<p>5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?</p>	<p>Participant 1: Need paramedics in town (found in answer to question 1)</p> <p>Participant 2: Getting elders to accept help/access resources that are available (pride) Transportation Mental health services: eating disorders, DV, sexual assault, marriage issues, depression Dentists</p>
<p>6. What do you feel are the priority health issues in your community?</p>	<p>Participant 1: Not answered directly. Indicated same as question 3.</p> <p>Participant 2: Anything to do with children is a priority Elderly – may not be homebound, but they are town bound Injury prevention/disaster preparedness r/t energy industries in McLean Co.</p>

Nicole Medalen. (201) Results of survey interviews conducted March 7-April 2, 2014, (n17)

FDHU questionnaire regarding community concerns. Table 66 provides a summary of the questions and responses. Concerns included hunger, influx of people, increased crime, shortage of law enforcement and increase in domestic violence. The participant stated, “I think people don’t realize that there are people in our community that are hungry. Things have come to my attention lately....there are kids going to school hungry. We have a food pantry available, and I think that’s once a month...” She then went on to discuss the influx of people, “We have people that we’ve not had to deal with before. And it’s not that they are a different ethnicity either, they are just from a different part of the country. And I don’t know if their expectations are different from what ours are? And I think part of it is neighbor getting to know the neighbor...crime has increased...”

In regards to the next three to five years, the participant stated that she expects more of the same concerns, including an increase in crime; housing issues such as older people leaving

town due to the rising cost of housing; and safety. “Just for your information, the school has put in cameras, they have them in the hallways and outside and everything, and we’ve been very fortunate, the school has been very proactive, that’s part of it, with security and stuff”. The cameras feed into the Sherriff’s Department, where the officers can conduct constant surveillance.

When asked to identify the most important concern, the participant stated that domestic violence and community safety are foremost. To address these, educating the community about when and what to report to authorities, including messaging through multiple media strategies was suggested.

The participant declined to identify any needed services. In regard to priority health issues hunger was reiterated. Daycare was discussed in terms of the future need and the danger of not having enough daycare in terms of safety for young children. The participant stated that heart disease is a common cause of death in the county.

Table 66

Renville County: FDHU Questionnaire

Renville County: 1 Interview	
Question:	Abridged Response:
1. What major concerns do you see in your community? This could include issues from any age group.	Participant: Hunger Influx of people: expectations different than ours...trying to get to know new people, new comers have no family support Crime increased in the rural setting Law enforcement shortage of manpower Domestic violence increasing
2. What concerns do you see in the next 3-5 years?	Participant: More of the same Increase in crime Housing: older people leaving due to costs. Safety “school recently put in cameras that feed into sheriff’s department
3. Which concern is the most important and why?	Participant: Domestic violence Community safety

4. What do you think should be done in your community to address these concerns that you have identified?	Participant: Educate community about when and what to report to authorities. Messaging through multiple media strategies, collaborate with school. Ambulance co-oping services between communities working well here, could perhaps help others?
5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?	Participant: “can’t think of any”
6. What do you feel are the priority health issues in your community?	Participant: Hunger Daycare Heart Disease

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Sheridan County: One community member was asked to participate in the six question FDHU questionnaire regarding community concerns. Table 67 provides a summary of the questions and responses. Concerns identified were environmental hazards such as old buildings, housing and prevention of disease. In this county, environmental concerns are different than the rest of the counties. Here, there are new people moving in, but they are coming without jobs, for cheap housing, which becomes an environmental issue when they use inappropriate buildings as homes. “In fact, we just had a couple that moved into a house that has no heat, and they have four kids...and there are a lot of old places that people move into.” In regards to the next three to five years, housing is a continuing and future concern, and reiterated in question three as the most important. To address this issue, the respondent stated, “some of these places it would be nice to see burned down, torn down, just to prevent people from moving in...just get rid of them...whoever owns the property too, that’s an issue where a lot of property is owned by people out of state, and they really don’t care...these are hazards and should just be eliminated.”

Transportation was found to be a needed service, noting that it was available at one time, but may not be adequate now. In true North Dakota fashion, the interviewee stated, “for the small population, I guess it’s always nice to have other things available, but people have learned to get along without them.” In regard to priority health issues the influx of people in terms of strangers, dealing with newcomers, HIV, Hep C, and risky behaviors were identified, and cancer noted as a common health problem.

Table 67

Sheridan County: FDHU Questionnaire

Sheridan County: 1 participant	
Question:	Abridged Response:
1. What major concerns do you see in your community? This could include issues from any age group.	Environmental hazards: Old buildings Housing: People using old buildings as houses, substandard housing. Prevent spread of disease (not specific)
2. What concerns do you see in the next 3-5 years?	Housing
3. Which concern is the most important and why?	Housing
4. What do you think should be done in your community to address these concerns that you have identified?	Need to get rid of old buildings and abandoned homes, burn/tear down. "A lot of property is owned by people out of state and they really don't care."
5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?	Transportation – "not sure if they still come here or not...they used to".
6. What do you feel are the priority health issues in your community?	Influx of people: strangers, dealing with people, HIV, Hep C positive, risky behaviors. Cancer

Nicole Medalen. (2014). Results of survey interviews conducted March 7-April 2, 2014, (n17).

Ward County: Six community members participated in the six question FDHU questionnaire regarding community concerns. Table 68 provides a summary of the questions and responses. Concerns raised revolved around the influx of people, access to health care and/or use of the health care system, and substance abuse. In regard to the influx of people, Participant 1 shared, "People are coming in from all over the states and Canada looking for that pot of gold, not knowing what the culture is like, not knowing what the weather is like, what the financial situation in this region is like...they actually have commercials about North Dakota and the money you can make here. But they don't tell you about how bitterly cold, how violent the winds are, how dangerous the work is, and how much the cost of living is here..." Access to health care was noted in the form of the ability to have timely appointments with a consistent provider, consistent treatment that is affordable; understanding the ACA; affording medications; and lack of how to access deliberate health care. Participant 6 stated, "the public has a fundamental lack of basic healthcare knowledge...don't have a good understanding about deliberate healthcare...they want to be able to walk in and get their healthcare...people don't understand that it's not a delivery model that is in their best interest, we see people going to walk in clinics

or urgent care clinics for things that are chronic health needs and it's actually causing an epidemic in poorly coordinated healthcare within our community...it's a nationwide issue". Substance abuse issues were described by Participant 4, "skittles parties...these kids are taking a bowl and dumping a bunch of prescription pills into a bowl, they walk into the house, they grab a handful, they down them and then they start drinking...these are pills they're getting out of their parent's medicine cabinets or from each other at school". Another poignant issue was brought up by Participant 6 in regard to healthcare and traffic. He stated, there are people "with bad chronic disease who don't want to treat because it's going to affect their employment...three horrible diabetics that are supposed to be on insulin, who should be on insulin, but have refused because they will lose their CDL license for it and their jobs driving truck. So you have these people out there on the road who shouldn't be doing that job for two reasons. One, even though they're not on some of the [meds] that prevent them from actually having that, they're still driving and they shouldn't be because their health probably isn't good enough to allow them to do that and quite frankly pass their physicals to get their license." He went on to say, "I wish there would be someone in legislation against this, we have people on the roads driving large trucks who are incentivized to drive fast. If you're getting paid by the load for example they just drive as fast as they can...get there and get paid by what they do and so the incentive is to break the law...you're actually putting the public at risk".

In regards to the next three to five years, issues related to influx of population and infrastructure rose to the top – often blurred together. The cost of housing is a result of this, with one participant noting that it is especially burdensome to the elderly, many of whom are on a fixed income. Participant 3 noted, "The elderly are having to decide between paying rent, paying heat and getting their medications...they might choose to take part of a pill or every other day versus their dosage because they can't afford it." The influx of people has also caused issues with traffic simply with the number of vehicles on the roadways. Participant 2 explained, "Just driving safety, the distance between stoplights. You know sometimes you are at a stoplight backed up into the next intersection; those create safety issues." Participant 4 related that the numbers of people are dictating that an additional hospital is needed and that there is not enough people to provide the services to the expanding population. The sheer numbers of people coming, combined with the shortage of housing also lead to homelessness among a population that is not generally homeless.

When asked to identify the most important concern most of the answers could be categorized into expanding infrastructure. Support systems for domestic violence, alcohol abuse, safety, and housing need to be expanded to meet the needs of the swelling population. Participant 5 also noted sexual issues among priority concerns. "I'm concerned for both males and females,

but females in particular. They are getting into situations that are beyond them...I think the messages they get from the media and stuff, they feel or they sense that they should be having sex and they don't know what comes with it." A variety of solutions were offered to address these priority concerns. Three of the respondents suggested education or messaging to assist the public to understand and deal with the issues. Two of the participants identified the need for funding to develop resources. Participant 2 recommended increasing the presence of law enforcement with additional officers, support systems for officers, and placing officers in key positions such as Wal-Mart, stating, "...not a security person, but a uniformed police officer and a police car sitting right there".

Healthcare services were found to be the most common identified need, but in a variety of disciplines: prevention services, alcohol/drug treatment, hospitals, services for unplanned pregnancy and young mothers, crisis management, mental health services and increased inpatient psychiatric beds. Participants 3 and 6 noted that a homeless shelter is greatly needed in Minot. In regard to priority health issues each person had a different answer: depression/mental health, access to health care, substance abuse, obesity, STD's, healthy lifestyles/wellness, and dental health.

Table 68

Ward County: FDHU Questionnaire

Ward County: 6 interviews	
Question:	Abridged Response:
1. What major concerns do you see in your community? This could include issues from any age group.	<p>Participant 1: Spike in domestic violence Law enforcement shortage: adding new officer Environmental hazards: drinking water quality Farm safety High risk behaviors Influx of people – culture clash, not prepared for climate, cost of living, housing, stress Prescription drug abuse – skittles parties/sales (dumping multiple types of prescription pills into a bowl, stirring, ingest handful with alcohol)</p> <p>Participant 2; Access to health care – timely, consistent provider, consistent treatment, affordable Ambulance – shortage of crew Law Enforcement – shortage</p>

	<p>Alcohol use Bullying – use of social media, can't get away from it. Body perception – eating disorders Marijuana/substance abuse Human trafficking issues/prostitution Transient population – housing, medical needs, crime Childcare – accessible, affordable</p> <p>Participant 3: Housing - affordable Healthcare – understanding ACA Disease prevention Homeless Daycare – affordable</p> <p>Participant 4: Alcohol/Substance abuse: skittles parties Sexual assault Bullying Prostitution – both male and female Road conditions</p> <p>Participant 5: Sexuality – pregnancy prevention, STDs Affordable, accessible medications – “students suffer in school because of the family's lack of ability to have access to the meds.</p> <p>Participant 6: Lack of healthcare knowledge –“people don't know how to access deliberate healthcare....People don't understand that walk-in clinics or urgent care clinics are not for chronic health needs...not a delivery model that is in their best interest”. Availability of healthcare Giving away health insurance benefits for higher salary Afraid to seek healthcare r/t job. Transportation: road conditions, infrastructure, risky driving – incentives to drive fast such as “paid by the load” Substance abuse</p>
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<p>2. What concerns do you see in the next 3-5 years?</p>	<p>Participant 1: Housing</p> <p>Participant 2: Accessible healthcare – affordable Infrastructure – traffic, driving safety, distance between stoplights “backed up into the next intersection...create safety issues”, location of support services – how far from fire department, police, ambulance. Mental health issues/suicide Influx of people: housing, culture, climate, mental health</p> <p>Participant 3: Crime Traffic Flood control – ground saturation/sanitation Elderly – cost of living, “decide between paying rent, heat or meds”</p> <p>Participant 4: Influx of people: traffic, need additional hospital, not enough people to provide services to the expanding population</p> <p>Participant 5: Sexual health Environmental hazards – air and water quality Healthy behaviors Quality and accessibility to health services</p> <p>Participant 6: Population growth outpace infrastructure: law enforcement, health care, public health, psychiatric care Homeless population Environmental issues: disasters, preparedness Violence: sexual assault</p>
<p>3. Which concern is the most important and why?</p>	<p>Participant 1: Need to fix faith based issues – no one coming to church, turnover of clergy – these are major support systems in a community. Alcohol abuse Domestic violence</p>

	<p>Participant 2: Community Safety</p> <p>Participant 3: Housing/homelessness – “go hand in hand” – important because of its immediacy/survival.</p> <p>Participant4: Expand infrastructure to meet demands of growing population</p> <p>Participant 5: Sexual health – “getting into situations that are beyond them”</p> <p>Participant 6: Keeping up with changes in infrastructure to deal with population change</p>
<p>4. What do you think should be done in your community to address these concerns that you have identified?</p>	<p>Participant 1: Need to get ministerial association started again Provide public awareness and resources to deal with issues, including faith based community. “A lot of issues...are spiritual issues, like abuse...drinking...some are mental health issues, but some are more spiritual”. Messaging through website, Facebook, Twitter – collaborating with multiple entities to disseminate information</p> <p>Participant 2: Law enforcement – stretched very thin. Additional officers, support for officers, visibility in different places (e.g. Wal-Mart), and compensation for officers.</p> <p>Participant 3: Need to maintain homeless shelter</p> <p>Participant 4: Funding – spend the money in the communities where there is impact</p>

	<p>Participant 5: Educating kids about sexual health – in schools by non-teacher</p> <p>Participant 6: Resources/Financial resources to increase availability of health care, public health, mental health, alcohol prevention, law</p>
<p>5. Thinking of these identified concerns, are there any services that you would like to see in your community that are not currently available?</p>	<p>Participant 1: Prevention services – [counseling, parenting education]</p> <p>Participant 2: Programs for youth that are safe, organized and supervised (found in answer to question 1) Primary/Mental health care – more of them Additional law enforcement</p> <p>Participant 3: Maintain homeless shelter year around</p> <p>Participant 4: Increase services: alcohol/drug treatment, local law enforcement, hospitals, medical services</p> <p>Participant 5: Services for unplanned pregnancy, young mothers</p> <p>Participant 6: Crisis management – mental health Inpatient psychiatric beds Homeless shelter</p>
<p>6. What do you feel are the priority health issues in your community?</p>	<p>Participant 1: Cancer</p> <p>Participant 2: Depression/mental health/anxiety Access to health care - consistent provider, timely Substance abuse</p>

	<p>Participant 3: Obesity – leads to other health issues such as hypertension and diabetes Tobacco – higher rate of users in military than general population Participant 4: STDs Healthy lifestyles/decision making/wellness</p> <p>Participant 5: Dental health</p> <p>Participant Not asked/answered: See question 1.</p>
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Whether or not the counties are oil producing, the impact of the oil boom is affecting all.

Over and over again housing was discussed, but not always within the same question. Some considered it a current issue, some a future issue; and although it could be a subcategory of “influx of people”, there were many different ways that the issue presented itself and so was kept separate. All of the counties are dealing with the influx of people on a continuum of impact; some near crisis, while others are in the planning process. Effects of population growth include an increase in crime, domestic violence, culture clash and a decreased quality of life. Many newcomers have expectations that the schools and community don’t have the resources to deal with, and they lack strong support networks. Dealing with all of these concerns boils down to building infrastructure: expanding law enforcement, medical services, mental health services, schools, hospitals and a homeless shelter. Of great interest is that nearly all of the participants acknowledged the need for preventive health care and wellness across the questions. While it is not assumed that this is a comprehensive list of concerns and needs within the service area, it is exciting to recognize the tremendous role that public health can play in resolving all of these issues.

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