

Community Health Needs Assessment

CHI St. Alexius Health – Bismarck, ND
Approved April 2025



NDSU Center for Social Research Report #117
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Acknowledgements

The CHNA process is a significant undertaking resulting from the vision and leadership of numerous individuals and governing bodies. It is important to acknowledge those who have dedicated time and energy to ensure that thoughtful planning and long-range strategic vision serve as the basis for policy and decision-making regarding community health needs.

Researchers with the Center for Social Research at North Dakota State University gratefully acknowledge the support of the individuals and organizations who assisted in the preparation of the Community Health Needs Assessment for CHI St. Alexius Health in Bismarck, ND.

Financial support was provided by CHI Health, a member of CommonSpirit Health.

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Executive Summary

Purpose

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

CommonSpirit Health Commitment and Mission Statement

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

CHNA Collaborators

CHI St. Alexius Health Bismarck contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment. CHI St Alexius Health Bismarck Health collaborated with Sanford Health, Bismarck-Burleigh Public Health and Western Plains Public Health on this CHNA.

Community Definition

CHI St. Alexius Health Bismarck is located in Bismarck, North Dakota. The hospital primarily serves Burleigh County, where Bismarck is located, as well as the adjacent Morton County, North Dakota. CHI St. Alexius Health primarily serves residents in the cities of Bismarck and Mandan, and the surrounding areas. In addition to CHI St. Alexius Health Bismarck, Burleigh County is home to Sanford Bismarck and Morton County is home to Vibra Hospital of the Central Dakotas.

Several communities in Morton County are designated as a Health Professional Shortage Area (HPSA). Both Burleigh and Morton counties are designated as a Medically Underserved Area (MUA). Both designations are per the United States Health Resources & Services Administration.

Assessment Process and Methods

Community health needs were assessed in close collaboration with Sanford Health using secondary data from national and state sources and primary data gathered from a community survey administered by Sanford Health. Sanford Health shared survey findings with CHI Alexius Health Bismarck for the community health needs assessment. CHI St. Alexius Health Bismarck, Bismarck-Burleigh Public Health, Western Plains Public Health, and Sanford Health solicited input from community organizations at community input meetings held June 10, 2024 and January 13, 2025.

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

Community member input was solicited via an online survey administered by Sanford Health. Sanford Health shared survey findings and data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified by identifying the greatest level of consensus among survey respondents. Additional data and findings from the Sanford Health community survey and community health needs assessment process were also used to identify community health needs. The Sanford Health CHNA can be found at <https://www.sanfordhealth.org/-/media/org/files/about/community-health-needs-assessment/2024/bismarck-chna-report-2025-2027.pdf>

CHI St. Alexius Health Bismarck in collaboration with Sanford Health solicited feedback on survey findings at a community input meeting held on June 10, 2024. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results, as well as guide discussion of needs and priorities for community health improvement planning.

There were approximately 70 stakeholders representing various organizations that were present for the community health stakeholders meeting representing the following sectors:

- Healthcare/Hospitals/Public Health
- Law Enforcement
- Government Agencies
- Elected Officials
- Service Organizations/Service
- Providers in the Community

CHI St. Alexius Health Bismarck solicited feedback on survey findings at a second community input meeting on January 13, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results, as well as guide discussion of needs and priorities for community health improvement planning. CHI St. Alexius Health Bismarck solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs. There were 30 attendees representing the following organizations:

- CHI St. Alexius Health Bismarck
- Ministry on the Margins
- Stepping Stone Ministries
- DreamCenter
- Conifer
- Bismarck/Burleigh Public Health
- NDSU Center for Social Research

Prioritized Significant Health Needs

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

- **Availability of affordable housing.** A majority of respondents (70 percent) indicated that the availability of affordable housing in their community was poor (34 percent) or fair (36 percent). Respondents ranked the availability of affordable housing lower than other issues related to access to critical services. While the median household income in both Burleigh and Morton counties is higher than the median in North Dakota overall, the median value of owner-occupied housing is also higher than the statewide average. Median rent is also higher in both Burleigh and Morton counties when compared to the statewide average. In the Bismarck area, 10 percent of households have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9 percent of households spend at least 50 percent of their household income on housing costs (Sanford Health, 2025)
- **Quality of child care services.** More than 1 in 3 (35 percent) respondents rated child care, daycare, and preschool services in their community as poor or fair. Burleigh County has a slightly higher percentage of households with children under age 18 than statewide, 30 percent compared to 28 percent, respectively. Thirty-two percent of households in Morton County have children under the age of 18. In addition to quality care, affordability may also be a concern. The U.S. Department of Health and Human Services has historically considered child care affordable if the total expense consumes less than 10 percent of household income, and more recently proposed an affordability threshold set at 7 percent of household income. Currently, the average household in the Bismarck area spends 26 percent of its income on child care, which is three times the proposed threshold for household affordability (Sanford Health, 2025).
- **Quality of long-term care, nursing homes, and senior housing services.** Nearly one-third (31 percent) of respondents rated the quality of long-term care, nursing homes, and senior housing in their community as poor or fair. When asked what type of health care services should be added or improved in their community, 26 percent of respondents indicated long-term care was needed (Sanford Health, 2025). The percentage of population age 65 and older in Burleigh and Morton counties (17 percent each) is similar to the statewide average of 16 percent.
- **Affordability of health care services.** For the 13 percent of respondents who had not been in for a check-up in the past year, 26 percent said it was due to cost or an inability to pay. When asked if, in the past year, they or someone in their family needed care but did not receive it, 22 percent responded yes. Of these respondents, 39 percent cited cost as the reason. Uninsured rates are slightly lower in Burleigh and Morton counties than statewide, 7 percent and 8 percent, respectively compared to 9 percent statewide.
- **Daily transportation access.** Nearly half of respondents indicated access to daily transportation was poor (21 percent) or fair (28 percent). Of survey respondents who have not had a checkup in the past year and who did not receive needed medical care, 11 percent indicated that transportation was the barrier.
- **Access to health care.** Wait time for appointments was the most frequently cited reason by respondents for not receiving needed medical care. Of those respondents that indicated either they or a family member did not receive needed medical care, 40 percent indicated long wait

times for appointments as the reason. Twenty-one percent indicated distance or lack of local providers as the reason for not receiving needed medical care. Further, 32 percent of respondents said that either they or a family member had to travel for health care services in the past three years; while 57 percent traveled within North Dakota, another 35 percent traveled to Minnesota. The most common reason to travel for health care services was needed specialist care that could not be obtained locally (72 percent).

- **Mental Health.** Of survey respondents who would like to see specific services offered or improved in their community, 70 percent indicated mental and behavioral health services and 44 percent said addiction treatment services. While the ratio of residents to mental health care providers in Burleigh County (300:1) is lower than in North Dakota overall (420:1), the ratio in Morton County (3,080:1) is substantially higher than the statewide average.
- **Healthy Living.** When survey respondents were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues along with diet and exercise were top concerns (along with affordability issues). And the most commonly cited chronic health concerns involved weight loss, obesity, diabetes, and the heart (Sanford Health, 2025). Data indicate similar rates of adult smoking and excessive drinking in Burleigh and Morton counties compared to North Dakota overall; however, the adult obesity rate in Morton County (40 percent) is higher than the statewide average of 36 percent (Burleigh County is lower at 30 percent).

There were approximately 70 stakeholders representing various organizations that were present for the community health stakeholders meeting on June 10, 2024 representing the following sectors:

- Healthcare/Hospitals/Public Health
- Law Enforcement
- Government Agencies
- Elected Officials
- Service Organizations/Service
- Providers in the Community

There were 30 attendees representing the following organizations at the January 13, 2025 meeting:

- CHI St. Alexius Health Bismarck
- Ministry on the Margins
- Stepping Stone Ministries
- DreamCenter
- Conifer
- Bismarck/Burleigh Public Health
- NDSU Center for Social Research

Resources Potentially Available

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

Report Adoption, Availability, and Comments

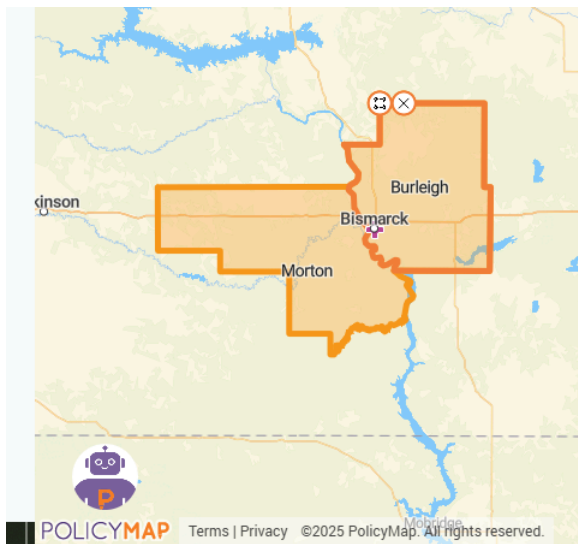
This CHNA report was adopted by the CHI St. Alexius Health Bismarck Board of Directors in April 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI St. Alexius Health Bismarck. Written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

Community Definition

CHI St. Alexius Health Bismarck is located in Bismarck, North Dakota. The hospital primarily serves Burleigh County, North Dakota, as well as Morton County, North Dakota. In addition to CHI St. Alexius Health Bismarck, Burleigh County is home to Sanford Health Bismarck and Morton County is home to Vibra Hospital of the Central Dakotas. The primary service area for this community health needs assessment is Burleigh and Morton counties in central North Dakota.

Several communities in Morton County are designated as a Health Professional Shortage Area (HPSA) and as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Burleigh County is an urban county located in central North Dakota and has an estimated population of 98,443. Morton County is also an urban county located in central North Dakota, and has an estimated population of 33,192.

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



The following zip codes correspond to 80 percent of patient admissions at CHI St. Alexius Health Bismarck: 56623, 58341, 58428, 58430, 58438, 58444, 58451, 58463, 58477, 58482, 58487, 58494, 58495, 58501, 58502, 58503, 58504, 58520, 58521, 58523, 58524, 58528, 58529, 58530, 58532, 58533, 58535, 58538, 58540, 58541, 58544, 58545, 58549, 58552, 58554, 58558, 58559, 58560, 58561, 58562, 58563, 58564, 58566, 58568, 58569, 58570, 58571, 58572, 58573, 58575, 58576, 58577, 58579, 58580, 58631, 58638, 58639, 58646, 58652, 58701, 58703, 58735, 58758, 58763, 58770 and 58775.

Core demographics for Burleigh and Morton counties are summarized in Table 1.

Table 1. Core Demographic Summary, Burleigh County and Morton County, North Dakota		
Item	Burleigh County	Morton County
Community Description	Urban	Urban
Population	98,443	33,192
Racial and Ethnic Distribution		
White, non-Hispanic alone	86.4%	87.8%
American Indian and Alaska Native alone	3.6%	3.4%
Black or African American alone	1.9%	1.3%
Asian or Pacific Islander alone	1.5%	0.6%
Some other race alone	0.8%	2.6%
Two or more races	4.7%	3.6%
Hispanic Origin (of any race)	2.9%	4.2%
Median Household Income	\$82,141	\$79,555
Percent of Persons Below Poverty Rate	7.9%	8.1%
Unemployment Rate	1.9%	2.5%
Percent Population with less than High School Diploma	5.1%	6.4%
Percent of People 5 and Older who are Non-English Speaking	1.5%	1.2%
Percent of People without Health Insurance	7.0%	8.0%
Percent of People with Medicaid	9.8%	10.7%
Health Professional Shortage Area	No	No
Medically Underserved Area	Yes	Yes
Number of Hospitals in the County	2	1

Hospital Description

CHI St. Alexius Health Bismarck, a member of CommonSpirit Health, is a Catholic health care organization with a rich history dating back to 1885. Founded to serve the health needs of the region, it has grown into a comprehensive health care provider offering a wide range of services, including inpatient and outpatient care, primary and specialty physician clinics, home health and hospice services, durable medical equipment, and a fitness center.

The organization's commitment to quality and compassionate care is rooted in its Catholic faith, adhering to the Ethical and Religious Directives for Catholic Health Care Services. This commitment extends to serving all patients.

CHI St. Alexius Health Bismarck also operates facilities in Bismarck, Garrison, Turtle Lake, and Mobridge, serving residents of central and western North Dakota, northern South Dakota, and eastern Montana. Its dedication to serving the community is reflected in its numerous awards for clinical excellence, customer satisfaction, and community service.

The organization's mission is to provide high-quality, affordable health care to all, working towards creating innovative and value-based delivery models. It is proud of its history of serving the region and continues to expand its services and programs to meet the evolving needs of its communities.

CHI St. Alexius Health Bismarck is sponsored by the Sisters of St. Benedict of the Annunciation Monastery, Bismarck, ND, and its commitment to faith-based care is evident in its dedication to providing compassionate and holistic care to all patients.

CHI Alexius Health Bismarck is a 286-bed Tertiary Center, Level 2 Trauma Center and Level 3 NICU Center. Hospital services include Orthopedics, Cardiology, Women's Health, General Surgery, and Rehabilitation. CHI St. Alexius Health Bismarck also operates the Pinehurst Clinic, Urgent Care Clinics, Palliative Care Clinic, and the University of Mary Clinic. CHI St. Alexius Health Bismarck is located at 900 East Broadway, Bismarck, ND 58501.

Assessment Process and Methods

Community health needs were assessed using a two-pronged analytical approach: secondary data from national and state sources; and primary data gathered from community members during a three-month survey period. CHI St. Alexius Health Bismarck representatives solicited input to prioritize identified needs at community meetings held June 10, 2024 and January 13, 2025.

Secondary data: community profiles

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

Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey developed and administered by Sanford Health (Sanford Health, 2025). The survey was distributed to a sample of residents in Burleigh and Morton counties in North Dakota. The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: community aspect ratings, overall personal health and wellness, health care usage, services offered, and reasons for not receiving care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were selected by identifying issues with the greatest level of consensus among survey respondents. Survey findings are detailed later in this assessment. The questionnaire can be found in Appendix B and detailed results in Appendix C.

Community Input

A presentation that summarized the community profile and highlighted key survey findings was used to report priority needs identified in survey results, guide discussion of needs and priorities, and provide the framework for identification of community health needs. During the June 10, 2024 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions

of their community's needs, and the demographics of survey respondents. There were approximately 70 attendees, including representatives from:

AARP North Dakota	Ministry on the Margins
Alzheimer's Association MN/ND	Morton County Council on Aging
American Red Cross	Mosaic Medical Detoxification
Annunciation Monastery	NATIVE, Inc
Bismarck Burleigh Public Health	ND Assistive
Bismarck Police Department	ND Continuum of Care
Burleigh County Housing Authority	NDSU Extension Service - Burleigh
Centre Inc.	County
CHI St. Alexius Health	Northland Community Health Center
City of Bismarck	Sanford Health
City of Mandan	The Banquet
Community Action	UND Center for Family Medicine
Community Options	United Tribes Technical College
Downtown Business Association of Bismarck	United Way Center for Opportunity
	University of Mary
Endeavor	West Central Human Services
First International Bank and Trust	Western Morton County Aging
Heaven's Helpers/Soup Café	YMCA

Efforts to include vulnerable populations, such as individuals experiencing homelessness or those with limited English proficiency, were undertaken through direct outreach. For example, Bismarck-Burleigh Public Health (BBPH) staff completed surveys onsite at Ministry on the Margins during food pantry hours, collecting 40 surveys from underserved populations.

A second community input meeting was held on January 13th. There were approximately 30 attendees representing the following organizations:

- CHI St. Alexius Health Bismarck
- Ministry on the Margins
- Stepping Stone Ministries
- DreamCenter
- Conifer
- Bismarck/Burleigh Public Health
- NDSU Center for Social Research

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

CHI St. Alexius Health Bismarck collaborated with Bismarck- Burleigh Public Health, Western Plains Public Health and Sanford Health on the CHNA. CHI St. Alexius Health Bismarck contracted with North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social

Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment.

Assessment Data and Findings

The following sections provide a detailed community profile and survey results.

Community Profile

Burleigh County, North Dakota and Morton County, North Dakota are urban counties in central North Dakota. Neither county is designated as a Health Professional Shortage Area (HPSA) by the United States Health Resources & Services Administration at the county level, but the cities of New Salem and Glenn Ullin in Morton County are considered an HPSA. The county seat in Burleigh County, and largest city is Bismarck. With 98,443 residents, Burleigh County is North Dakota's second most populous county. The county seat in Morton County, and largest city is Mandan. With 33,192 residents, Morton County is North Dakota's sixth most populous county.

Like most North Dakota counties, both counties' racial composition is largely white. Median household income in both counties is higher than the median statewide and nationally. The median value of owner-occupied housing in Burleigh County is higher than the statewide and national median value, but the median value in Morton County is lower than the national median. Median rent is higher in both counties than it is statewide, but lower than median rent nationally. Both counties have householders aged 65 years or older living alone, roughly on par with statewide and national averages. Both counties have a poverty rate which is lower than the statewide and national average.

The adult smoking rate in both Burleigh and Morton counties is roughly in line with statewide and national smoking averages. The adult obesity rate in Burleigh County is lower than the statewide and national average, but the adult obesity rate in Morton County is higher than the statewide and national average. The adult excessive drinking rate in both counties is slightly lower than North Dakota overall but slightly higher than the national average. The leading causes of death in both counties were malignant neoplasms followed by diseases of the heart. Both counties have a higher annual flu vaccination rate than North Dakota and the nation. Morton County has substantially more residents per primary care physician, mental health care provider, and dentist than North Dakota or the nation.

Both counties face at least Relatively High risk of loss due to cold wave, ice storm, and winter weather. Burleigh County also faces Relatively High risk of loss due to hail. However, both counties' Expected Annual Loss due to natural hazards is rated as Relatively Low. Burleigh County's social vulnerability is rated as Relatively Low, whereas Morton County's is rated as Very Low. Both counties have Very High community resilience ratings; in fact, both counties are rated among the most resilient counties in the nation. These factors combined give both counties a Relatively Low National Risk Index score.

Community Demographics

Burleigh County, North Dakota is an urban county in central North Dakota. It is bordered by Sheridan County to the north, Kidder County to the east, Emmons County to the south, Morton County to the southwest, Oliver County to the west, and McLean County to the northwest. The county seat for Burleigh County, and largest city is Bismarck, which is located in the southwestern part of the county across the Missouri River from the city of Mandan in Morton County.

Morton County, North Dakota is an urban county in central North Dakota. It is bordered by Oliver County to the north, Burleigh County to the northeast, Emmons County to the east, Sioux County to the southeast, Grant County to the south, Stark County to the west, and Mercer County to the northwest.

The county seat in Morton County, and largest city is Mandan, which is located in the northeastern part of the county across the Missouri River from the city of Bismarck in Burleigh County.

The American Community Survey's (ACS) most recent five-year estimate of Burleigh County's population is 98,443, making it North Dakota's second most populous county. Morton County's population is estimated to be 33,192, making it North Dakota's sixth most populous county. Just under 1 in 4 residents of both counties are under the age of 18, and nearly 1 in 5 are aged 65 and older (Table 2). Both counties' racial composition is largely non-Hispanic white (86.4 percent in Burleigh County, 87.8 percent in Morton County). Roughly 2 percent of the population of Burleigh County and 1 percent of the population of Morton County speaks English less than very well (Table 1). The county's gender split is roughly even in both counties (50.5 percent male in Burleigh County, 50.9 percent male in Morton County).

Table 2. Population Estimates, Burleigh County, Morton County, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)

Item	Burleigh County Population	Burleigh County Percentages	North Dakota Percentages	United States Percentages
Age Group				
0-4	6,164	6.3%	6.7%	5.7%
5-17	16,754	17.0%	16.9%	16.4%
18-24	9,160	9.3%	11.3%	9.4%
25-44	26,501	26.9%	27.1%	26.6%
45-64	23,092	23.5%	22.2%	25.3%
65 and older	16,772	17.0%	15.9%	16.5%
<i>Total</i>	98,443	100.0%	100.0%	100.0%
Race and Ethnicity*				
White, non-Hispanic alone	85,008	86.4%	83.0%	58.9%
American Indian and Alaska Native	3,581	3.6%	4.7%	0.8%
Asian alone	819	0.8%	1.6%	5.8%
Black or African American alone	1,912	1.9%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	654	0.7%	0.2%	0.2%
Some other race alone	815	0.8%	1.4%	6.0%
Two or more races	4,635	4.7%	4.4%	8.8%
Hispanic Origin (of any race)	2,826	2.9%	4.3%	18.7%
Sex				
Female	48,777	49.5%	48.6%	50.4%
Male	49,666	50.5%	51.4%	49.6%
<i>Total</i>	98,443	100.0%	100.0%	100.0%

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

Estimates from the ACS indicate that there are 39,885 households in Burleigh County with an average of 2.4 persons per household. Estimates indicate there are 13,177 households in Morton County with an average of 2.5 persons per household. Median household income is \$82,141 in Burleigh County and \$79,555 in Morton County, both of which are higher than the statewide and national median (Table 3). Roughly 7 in 10 households in both counties are owner-occupied, and median owner costs are \$1,841 per month including the mortgage in Burleigh County and \$1,637 per month in Morton County. Median rent in Burleigh County is \$975 per month and median rent in Morton County is \$973 per month. Median owner costs are higher in Burleigh County than they are statewide, and similar to median owner costs nationally. Median owner costs in Morton County are similar to median owner costs statewide, and lower than they are nationally. Median rent in both counties is higher than median rent statewide, but lower than median rent nationally. Nearly 1 in 3 households in Burleigh County and 1 in 4 households in Morton County are occupied by householders living alone, and nearly 1 in 3 households in both counties have children in residence (Table 4). The proportion of householders living alone is slightly higher in Burleigh County than in Morton County.

Table 3. Household Demographics, Burleigh County, Morton County, North Dakota, and United States (2022)

Item	Burleigh County	North Dakota	United States
Total households	39,885	320,038	125,736,353
Owner-occupied housing rate	71.4%	63.2%	64.8%
Average household size (persons per household)	2.4	2.3	2.6
Median value of owned-occupied housing	\$302,300	\$232,500	\$281,900
Median monthly owner costs (with mortgage)	\$1,841	\$1,653	\$1,828
Median monthly owner costs (without mortgage)	\$589	\$551	\$584
Median gross rent	\$975	\$912	\$1,268
Median household income	\$82,141	\$73,959	\$75,149
Item	Morton County	North Dakota	United States
Total households	13,177	320,038	125,736,353
Owner-occupied housing rate	73.4%	63.2%	64.8%
Average household size (persons per household)	2.5	2.3	2.6
Median value of owned-occupied housing	\$247,200	\$232,500	\$281,900
Median monthly owner costs (with mortgage)	\$1,637	\$1,653	\$1,828
Median monthly owner costs (without mortgage)	\$583	\$551	\$584
Median gross rent	\$973	\$912	\$1,268
Median household income	\$79,555	\$73,959	\$75,149

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

Table 4. Household Characteristics, Burleigh County, Morton County, North Dakota, and United States (2022)

Household Characteristics	Burleigh County Households	Percent of Burleigh County Households*	Percent of North Dakota Households*	Percent of United States Households*
Households with children aged 0-17	12,065	30.2%	27.8%	30.2%
Households with adults aged 65+	11,699	29.3%	26.7%	30.8%
Householders living alone	12,437	31.2%	33.2%	28.3%
Householders aged 65+ living alone	4,789	12.0%	11.8%	11.5%
Household Characteristics	Morton County Households	Percent of Morton County Households*	Percent of North Dakota Households*	Percent of United States Households*
Households with children aged 0-17	4,208	31.9%	27.8%	30.2%
Households with adults aged 65+	3,790	28.8%	26.7%	30.8%
Householders living alone	3,328	25.3%	33.2%	28.3%
Householders aged 65+ living alone	1,568	11.9%	11.8%	11.5%

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

Estimates from the ACS indicate that there are 50,965 adults in the workforce in Burleigh County and 18,208 workers in Morton County. The largest industries in Burleigh County by proportion of the workforce are education services, health care, and social assistance; retail; and professional scientific, technical, and administrative services, which account for 25.6 percent, 10.8 percent, and 8.7 percent, respectively (Table 5). The largest industries in Morton County by proportion of the workforce are education services, health care, and social assistance; retail; and arts, entertainment, recreation, accommodation, and food service, which account for 24.6 percent, 12.7 percent, and 9.0 percent, respectively (Table 5). Notably, 8.1 percent of Burleigh County's workforce and 6.4 percent of Morton County's workforce are employed in public administration, as Bismarck is North Dakota's state capitol and seat of government. As of 2023, Sanford Health, Bismarck Public Schools, and Doosan Bobcat were Burleigh County's three largest employers (CHI St. Alexius Health Bismarck was fourth). Morton County's three largest employers were Mandan Public School District, National Information Solutions Cooperative, and Cloverdale Food Company (NDLMI 2024).

Table 5. Employment by Industry, Burleigh and Morton Counties, North Dakota, (2022)

Burleigh County		
Sector	Estimated Workers	Percent of Workforce
Educational services, health care and social assistance	13,032	25.6%
Retail	5,520	10.8%
Professional, scientific, technical, and administrative services	4,421	8.7%
Arts, entertainment, recreation, accommodation & food service	4,186	8.2%
Public administration	4,147	8.1%
Construction	4,073	8.0%
Transportation	3,425	6.7%
Finance, insurance, real estate, rental, and leasing	3,230	6.3%
Other	8,931	17.5%
<i>Total workforce</i>	<i>50,965</i>	<i>100.0%</i>
Morton County		
Sector	Estimated Workers	Percent of Workforce
Educational services, health care and social assistance	4,472	24.6%
Retail	2,319	12.7%
Arts, entertainment, recreation, accommodation & food service	1,633	9.0%
Manufacturing	1,541	8.5%
Construction	1,373	7.5%
Public administration	1,171	6.4%
Other	5,699	31.3%
<i>Total workforce</i>	<i>18,208</i>	<i>100.0%</i>
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

The poverty rate is 7.9 percent in Burleigh County and 8.1 percent in Morton County, which are both lower than the poverty rate statewide (10.8 percent) and nationally (12.5 percent) (Table 6). Nearly 1 in 10 children in Burleigh County (8.7 percent) and Morton County (9.4 percent) live below the poverty line, compared to 11.3 percent statewide and 16.7 percent nationally. About 1 in 5 (21.4 percent) school-aged

children in Burleigh County and 1 in 4 (29.8 percent) school-aged children in Morton County are eligible for free or reduced-price school lunch, compared to 29.6 percent statewide and 53.3 percent nationally.

Table 6. Poverty Characteristics, Burleigh County, Morton County, North Dakota, and United States (2022)

Poverty Characteristics	Burleigh County Estimate	Burleigh County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	7,526	7.9%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	16,782	17.7%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	1,957	8.7%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	1,084	6.8%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	3,051	21.4%	29.6%	53.3%
Poverty Characteristics	Morton County Estimate	Morton County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	2,647	8.1%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	6,813	20.9%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	721	9.4%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	295	5.8%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	1,593	29.8%	29.6%	53.3%

*Differing populations and overlapping categories mean that percentages will not total to 100%.

Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; North Dakota Department of Public Instruction; National Center for Education Statistics, Digest of Education Statistics

Most residents in both counties aged 25 and older (71.7 percent in Burleigh County and 64.8 percent in Morton County) have at least some college experience; 37.3 percent in Burleigh County and 26.7 percent in Morton County having attained a bachelor's degree or higher, compared to 31.4 percent statewide and 34.3 percent nationally. Less than 10 percent of residents ages 25 and older in either county did not complete high school (5.1 percent in Burleigh County, 6.4 percent in Morton County), which is lower than both the statewide average (6.5 percent) and the national average (10.9 percent) (Table 7).

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

Level of Education Attained	Burleigh County Estimate	Burleigh County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	3,364	5.1%	6.5%	10.9%
High school diploma or GED	15,409	23.2%	26.1%	26.4%
Some college or Associate's degree	22,857	34.4%	36.0%	28.5%
Bachelor's degree	17,514	26.4%	22.3%	20.9%
Graduate or professional degree	7,221	10.9%	9.1%	13.4%
<i>Total population aged 25 and older</i>	<i>66,365</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>
Level of Education Attained	Morton County Estimate	Morton County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	1,468	6.4%	6.5%	10.9%
High school diploma or GED	6,533	28.7%	26.1%	26.4%
Some college or Associate's degree	8,678	38.1%	36.0%	28.5%
Bachelor's degree	4,788	21.0%	22.3%	20.9%
Graduate or professional degree	1,297	5.7%	9.1%	13.4%
<i>Total population aged 25 and older</i>	<i>22,764</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>

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

Community Health Factors and Outcomes

Burleigh and Morton counties have an adult smoking prevalence of 15 percent, which is one percent lower than the statewide average and similar to the national prevalence (Table 8). The adult obesity rate in Burleigh County is 30 percent, which is lower than both the statewide obesity rate (36 percent) and the national obesity rate (34 percent). Morton County's obesity rate is 40 percent, which is higher than the statewide and national average. Adults in Burleigh and Morton counties were about equally likely to report a lack of physical activity outside of work (23 percent and 24 percent, respectively), roughly on par with both the statewide and national average (25 percent and 23 percent, respectively). In Burleigh County, 21 percent of adults reported engaging in excessive drinking, and in Morton County 22 percent of adults reported engaging in excessive drinking. These rates are slightly lower than the statewide average (23 percent) but higher than the national average (18 percent). Residents of Burleigh and Morton counties reported 3.9 and 4.1 poor mental health days per month, respectively, which is about on par with North Dakota (4.0 days per month) and lower than the national average (4.8 days per month).

Table 8. Health Behaviors, Burleigh County, ND, North Dakota, and the U.S. (2021)

Health Behavior	Burleigh County	North Dakota	United States
Adult Smoking	15%	16%	15%
Adult Obesity	30%	36%	34%
Adult Excessive Drinking	21%	23%	18%
Alcohol-Impaired Driving Deaths	19%	39%	26%
Physical Inactivity ¹	23%	25%	23%
Access to Exercise Opportunities ²	82%	76%	84%
Poor Mental Health Days ³	3.9	4.0	4.8
Health Behavior	Morton County	North Dakota	United States
Adult Smoking	15%	16%	15%
Adult Obesity	40%	36%	34%
Adult Excessive Drinking	22%	23%	18%
Alcohol-Impaired Driving Deaths	27%	39%	26%
Physical Inactivity ¹	24%	25%	23%
Access to Exercise Opportunities ²	77%	76%	84%
Poor Mental Health Days ³	4.1	4.0	4.8

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

Leading causes of death in 2021 for residents under age 75 in both counties were malignant neoplasms and diseases of the heart (Table 9). COVID-19 was the next leading cause of death in Burleigh County, followed by accidents. In Morton County, accidents were more prevalent than COVID-19 deaths. Life expectancy in Burleigh County is 79.6 years. This is higher than both the statewide life expectancy (78.1 years) and the national life expectancy (77.6 years) (County Health Rankings & Roadmaps 2024). In Morton County, life expectancy is 77.2 years, lower than both the statewide and national life expectancy.

Table 9. Leading Causes of Death for Residents Under Age 75, Burleigh County, Morton County, (2019-2021)

Cause of Death	Deaths	Rate Per 100,000 Population Under 75
Burleigh County		
Malignant Neoplasms	249	92.4
Diseases of the heart	171	63.4
COVID-19	85	31.5
Accidents	82	30.4
Intentional self-harm	45	16.7
Morton County		
Malignant Neoplasms	106	118.5
Diseases of the heart	61	68.2
Accidents	39	43.6
COVID-19	29	32.4
Chronic lower respiratory diseases	20	22.4

Source: CDC Wonder, using data collected from 2019 through 2021.

The rate of people under age 65 without health insurance is lower than the statewide and national uninsured rate in both counties (7 percent in Burleigh County, 8 percent in Morton County, 9 percent statewide, and 10 percent nationally) (Table 10). About 1 in 10 residents of both counties are covered by Medicaid or an equivalent (9.8 percent in Burleigh County and 10.7 percent in Morton County), which is lower than the statewide rate (11.9 percent) and the national rate (20.4 percent).

The annual flu vaccination rate in Burleigh and Morton counties is 59 percent and 53 percent, respectively. These rates are higher than the statewide rate (49 percent) and the national rate (46 percent).

The Food Environment Index (FEI) is a measure of food security and access to healthy foods with a ranking system ranging from 0 (worst) to 10 (best). Both counties had an FEI score of 9.6, which is higher than both the statewide score (9.1) and the national score (7.7)

Table 10. Other Health Factors, Burleigh County, Morton County, North Dakota, and United States

Description of Factor	Burleigh County	North Dakota	United States
Uninsured Rate, 2021	7%	9%	10%
Medicaid Coverage, 2022	9.8%	11.9%	20.4%
Unemployment Rate, 2022	1.9%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	6%	7%	8%
Annual Mammogram Rate, 2021 ¹	57%	53%	43%
Annual Flu Shot Rate, 2021 ²	59%	49%	46%
Food Environment Index, 2019-2021 ³	9.6	9.1	7.7
Description of Factor	Morton County	North Dakota	United States
Uninsured Rate, 2021	8%	9%	10%
Medicaid Coverage, 2022	10.7%	11.9%	20.4%
Unemployment Rate, 2022	2.5%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	7%	7%	8%
Annual Mammogram Rate, 2021 ¹	55%	53%	43%
Annual Flu Shot Rate, 2021 ²	53%	49%	46%
Food Environment Index, 2019-2021 ³	9.6	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021. ¹Percentage of female Medicare enrollees who received an annual mammogram.

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

The ratios of residents to primary care physicians, mental health care providers, and dentists in Burleigh County are all lower than statewide and national ratios, whereas the ratios in Morton County are higher than statewide and national ratios (Table 11). Certain communities in Morton County are designated as a Health Professional Shortage Area (HPSA). Both Burleigh and Morton counties are designated as a Medically Underserved Area (MUA).

Table 11. Number of Residents Per Health Care Provider in Burleigh County, Morton County, North Dakota, and the United States			
Type of Provider	Burleigh County	North Dakota	United States
Primary Care Physicians, 2021	890:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	300:1	420:1	300:1
Dentists, 2022	1,090:1	1,420:1	1,360:1
Type of Provider	Morton County	North Dakota	United States
Primary Care Physicians, 2021	2,590:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	3,080:1	420:1	300:1
Dentists, 2022	3,750:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

National Risk Index

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

Overall, both Burleigh and Morton counties have Relatively Low NRI ratings. This indicates a relatively strong general preparedness for and ability to recover from natural and manmade hazards. Burleigh County has a higher NRI score than 96.2 percent of North Dakota counties and 77.7 percent of counties nationally. Morton County has a higher NRI score than 88.7 percent of North Dakota counties and 70.1 percent of counties nationally (Table 12).

Table 12. National Risk Index Percentiles for Burleigh and Morton Counties when compared to North Dakota Counties and U.S. Counties (2024)		
Burleigh County		
Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	94.3	79.9
Social Vulnerability	62.3	20.2
Community Resilience	100.0	98.0
<i>National Risk Index</i>	96.2	77.7
Morton County		
Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	90.6	73.1
Social Vulnerability	24.5	5.1
Community Resilience	92.5	94.6
<i>National Risk Index</i>	88.7	70.1
Note: The Risk Index can be read as "96.2% of counties in North Dakota have a lower Risk Index than Burleigh County; 77.7% of U.S. counties have a lower Risk Index than Burleigh County."		
Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Expected Annual Loss

Expected Annual Loss (EAL) scores are calculated by combining a community's exposure to natural hazards, annualized frequency of hazards, and the historic loss ratio for various natural hazards. Both Burleigh and Morton counties' overall EAL are rated as Relatively Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). Both counties are at Relatively High or Very High risk of loss due to cold wave, ice storm, and winter weather. Burleigh County is also at Relatively High risk of loss due to hail. Burleigh County's EAL is higher than 94.3 percent of counties statewide and 79.9 percent of counties nationally, and Morton County's EAL is higher than 90.6 percent of North Dakota counties and 73.1 percent of counties nationally.

Social Vulnerability Index

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

Burleigh County's SVI rating is Relatively Low and Morton County's SVI is Very Low. Burleigh County has a higher SVI than 62.3 percent of North Dakota counties but only 20.2 percent of counties nationally, whereas Morton County has a higher SVI than 24.5 percent of North Dakota counties and 5.1 percent of counties nationally. For a more thorough breakdown of SVI for both counties, see Appendix A.

Community Resilience

A community's Community Resilience score is defined as its ability to prepare for, withstand, and recover from hazardous events (Cutter et al. 2014). Categories considered in the compilation of scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Burleigh and Morton counties both have Very High community resilience scores. Burleigh County has the highest community resilience score in North Dakota and a higher community resilience score than 98.0 percent of counties nationally, whereas Morton County has a higher community resilience than 92.5 percent of North Dakota counties and 94.6 percent of counties nationally. Community resilience indicators suggest that both counties are well-prepared to respond to hazardous events.

Community Health Survey Analysis

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

Respondent Demographics

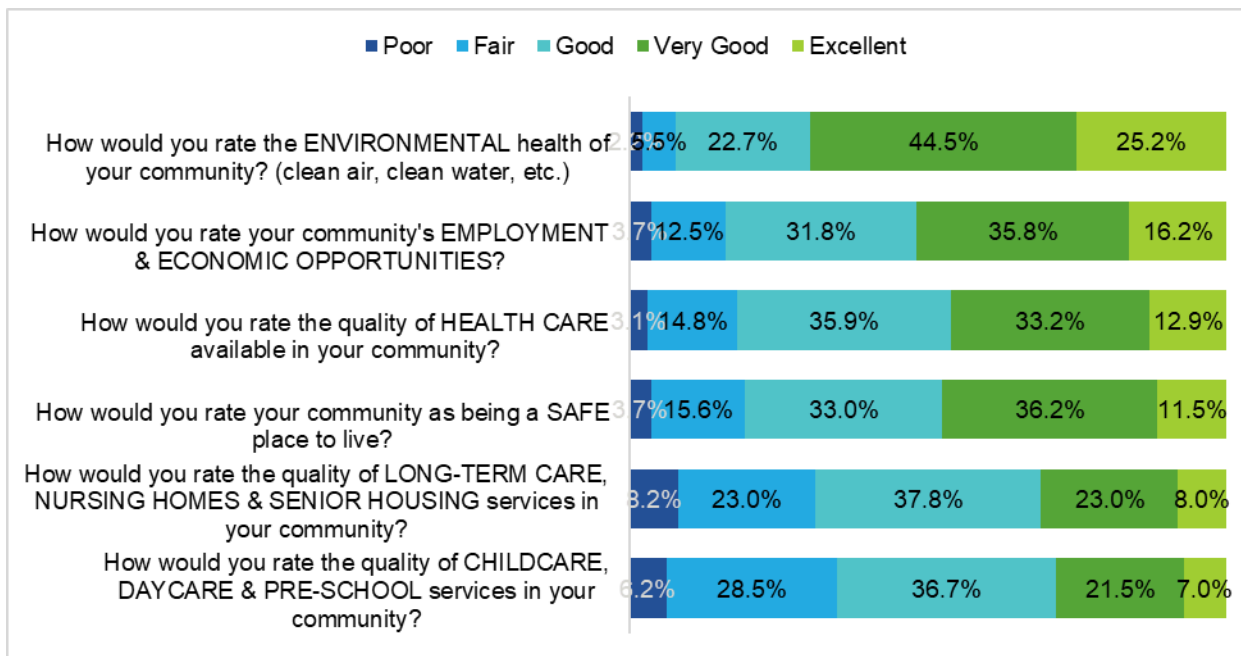
CHI St. Alexius Health Bismarck, Bismarck-Burleigh Public Health, Western Plains Public Health and Sanford Health collaborated to administer a single community health survey. Data were shared for analysis with the NDSU Center for Social Research. One thousand and five people responded to the survey. The mean age of respondents was 45 years. Most respondents (92 percent) identified as Caucasian or white and six percent self-identified as American Indian or Alaska Native. Seventy-five percent of respondents were female and just over one-third (35 percent) had obtained a bachelor's degree.

While 32 percent of respondents had an annual household income of \$100,000 to \$199,999, 29 percent of respondents reported making less than \$50,000 annually. Two-thirds (68 percent) of respondents reported owning their own house and 23 percent were renting an apartment or house. Just over half (57 percent) of respondents were married, 22 percent were single and had never married, and 11 percent were divorced. Seventy-five percent of respondents were employed full-time by someone else (two percent of respondents reported being self-employed) and nine percent were employed part-time. Five percent of respondents were retired.

Findings

Respondents were asked to rate the quality of community elements on a scale of poor, fair, good, very good, and excellent. Respondents were most positive about the environmental quality of their community; 70 percent rated the quality of the environment either very good or excellent. Respondents were less positive about long-term care and child care; nearly one-third (31 percent) of respondents rated the quality of long-term care, nursing homes, and senior housing as poor or fair. A slightly larger proportion (35 percent) rated child care, daycare, and pre-school services as poor or fair.

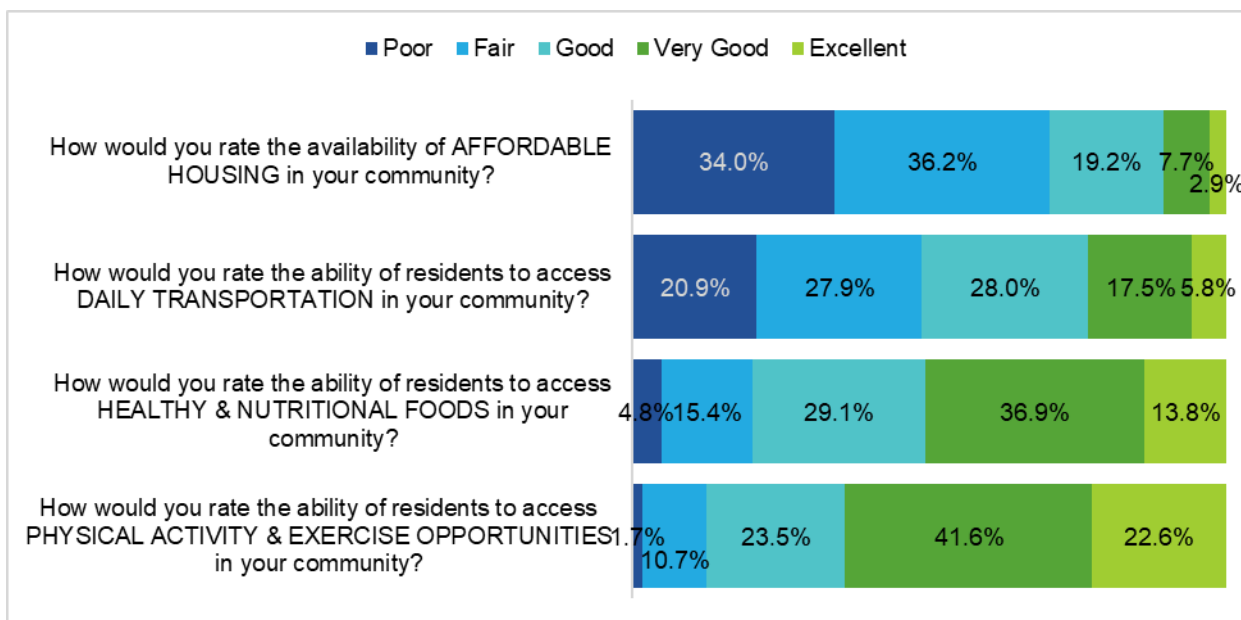
Figure 1. Community Aspects Ratings, Community Health Needs Assessment, 2024



Respondent n: 673-997.

Respondents felt strongly that the availability of affordable housing was poor (34 percent) or fair (36 percent) in their community. The ability of residents to access daily transportation was also rated poor (21 percent) or fair (28 percent) by nearly half of respondents.

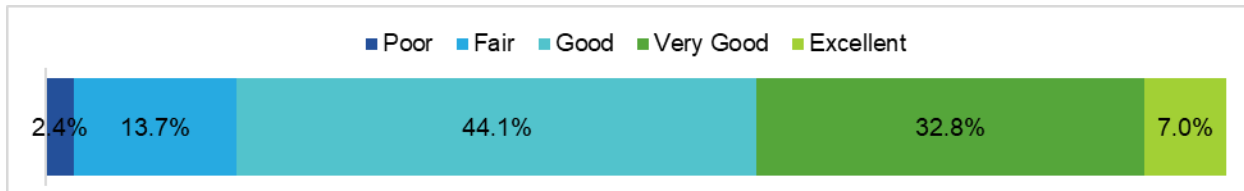
Figure 2. Community Aspects Ratings, Community Health Needs Assessment, 2024



Respondent n: 779-956.

Most respondents indicated their overall state of health and wellness was either very good (33 percent) or good (44 percent); seven percent of respondents indicated their overall state of health and wellness was excellent while 16 percent of respondents indicated their overall state of health and wellness was poor or fair.

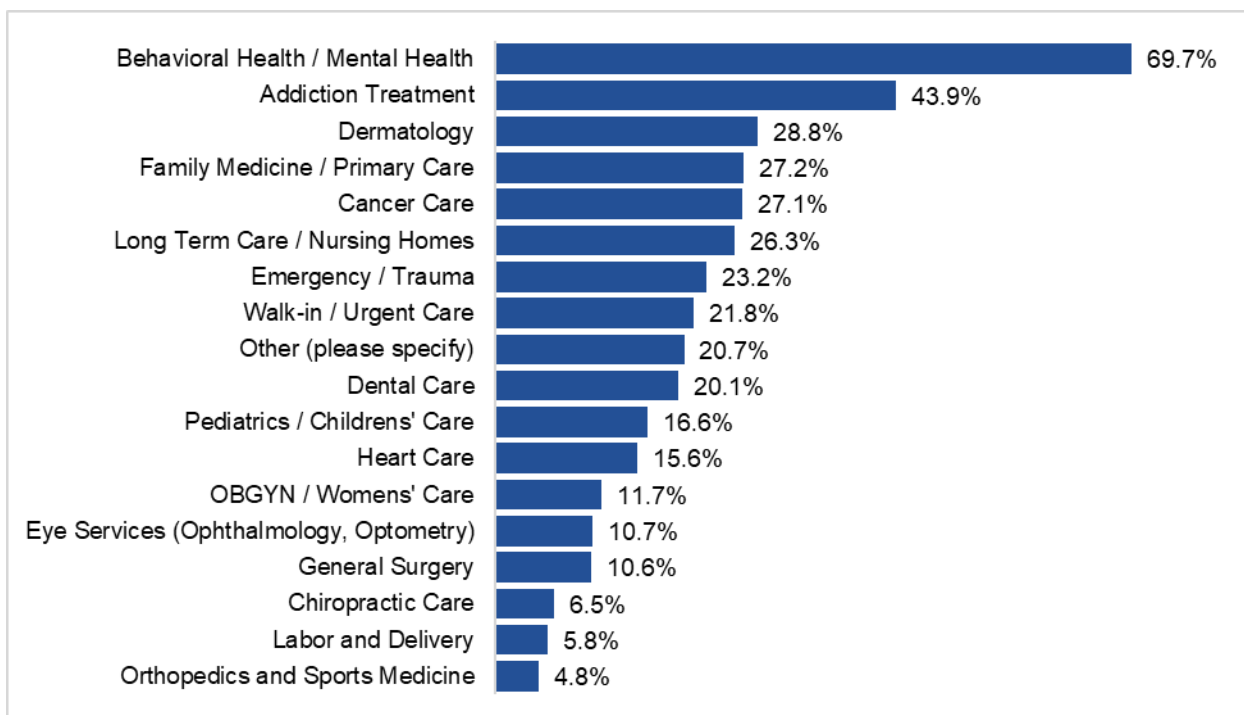
Figure 3. Overall Personal Health and Wellness Rating, Community Health Needs Assessment, 2024



Respondent n: 1,005.

When asked about health care services they would like to see offered or improved in their community, 70 percent of respondents chose behavioral or mental health. Forty-four percent of respondents indicated addiction treatment should be offered or improved.

Figure 4. Services to be Offered or Improved, Community Health Needs Assessment, 2024

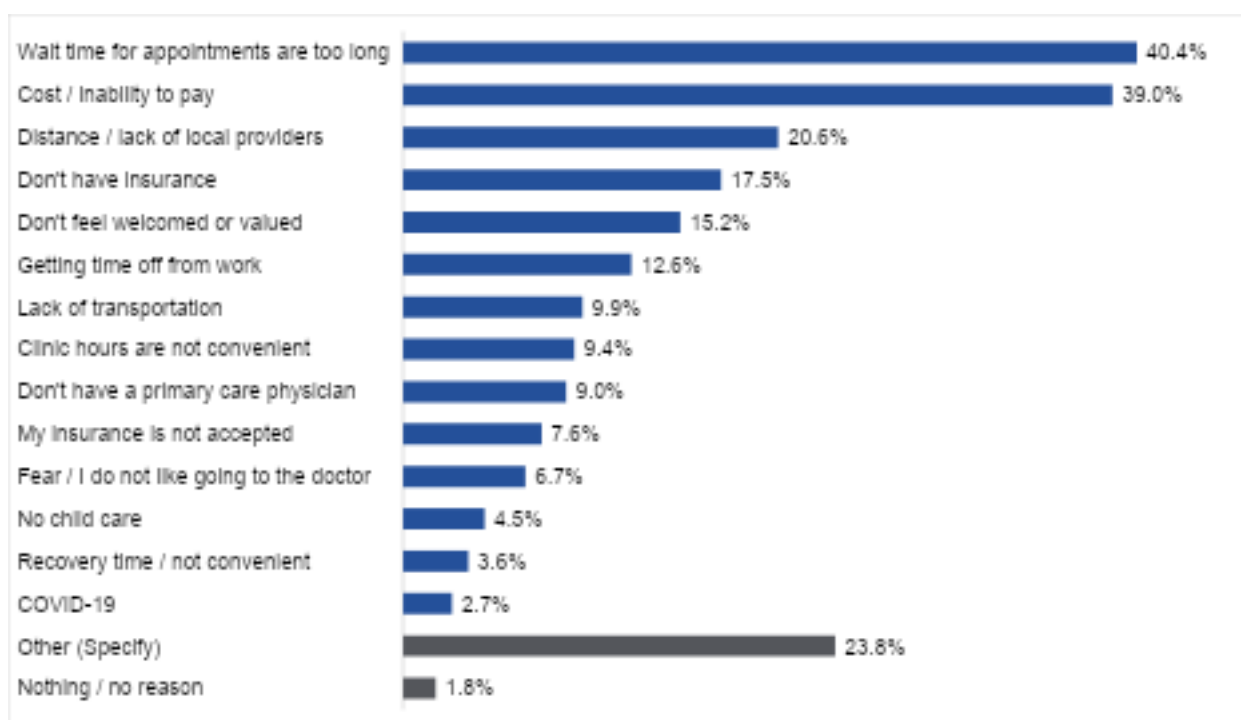


Respondent n: 643.

While more than half (56 percent) of respondents indicated their current ability to access health care services was very good or excellent and 85 percent of respondents have a primary care provider, not all respondents had been in for a check-up in the past year. For the 13 percent of respondents who had not been in for a check-up in the past year, 1 in 4 (26 percent) said it was due to cost or an inability to pay. A similar proportion (27 percent) noted there was no reason; they simply did not need to see a doctor (data not shown).

When asked if, in the past year, they or someone in their family needed care but did not receive it, 22 percent responded yes. The most commonly cited reasons were that wait times for appointments are too long (40 percent) and cost (39 percent). Distance or lack of local providers was also an issue for 21 percent of respondents.

Figure 5. Reasons for Not Receiving Care When Needed, Community Health Needs Assessment, 2024



Respondent n: 223.

One-third (32 percent) of respondents said that either they or a family member had to travel for health care services in the past three years; while 57 percent traveled within North Dakota, another 35 percent traveled to Minnesota. The most common reason to travel for health care services was specialist care that could not be obtained locally (72 percent), though a better or higher quality of care was also cited by 30 percent of respondents. Thirty percent of respondents also said they had a referral for care (data not shown).

Significant Community Health Needs

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

- **Availability of affordable housing.** A majority of respondents (70 percent) indicated that the availability of affordable housing in their community was poor (34 percent) or fair (36 percent). Respondents ranked the availability of affordable housing lower than other issues related to access to critical services. While the median household income in both Burleigh and Morton counties is higher than the median in North Dakota overall, the median value of owner-occupied housing is also higher than the statewide average. Median rent is also higher in both Burleigh and Morton counties when compared to the statewide average. In the Bismarck area, 10 percent of households have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9 percent of households spend at least 50 percent of their household income on housing costs (Sanford Health, 2025)
- **Quality of child care services.** More than 1 in 3 (35 percent) respondents rated child care, daycare, and preschool services in their community as poor or fair. Burleigh County has a slightly higher percentage of households with children under age 18 than statewide, 30 percent compared to 28 percent, respectively. Thirty-two percent of households in Morton County have children under the age of 18. In addition to quality care, affordability may also be a concern. The U.S. Department of Health and Human Services has historically considered child care affordable if the total expense consumes less than 10 percent of household income, and more recently proposed an affordability threshold set at 7 percent of household income. Currently, the average household in the Bismarck area spends 26 percent of its income on child care, which is three times the proposed threshold for household affordability (Sanford Health, 2025).
- **Quality of long-term care, nursing homes, and senior housing services.** Nearly one-third (31 percent) of respondents rated the quality of long-term care, nursing homes, and senior housing in their community as poor or fair. When asked what type of health care services should be added or improved in their community, 26 percent of respondents indicated long-term care was needed (Sanford Health, 2025). The percentage of population age 65 and older in Burleigh and Morton counties (17 percent each) is similar to the statewide average of 16 percent.
- **Affordability of health care services.** For the 13 percent of respondents who had not been in for a check-up in the past year, 26 percent said it was due to cost or an inability to pay. When asked if, in the past year, they or someone in their family needed care but did not receive it, 22 percent responded yes. Of these respondents, 39 percent cited cost as the reason. Uninsured rates are slightly lower in Burleigh and Morton counties than statewide, 7 percent and 8 percent, respectively compared to 9 percent statewide.
- **Daily transportation access.** Nearly half of respondents indicated access to daily transportation was poor (21 percent) or fair (28 percent). Of survey respondents who have not had a checkup in the past year and who did not receive needed medical care, 11 percent indicated that transportation was the barrier.
- **Access to health care.** Wait time for appointments was the most frequently cited reason by respondents for not receiving needed medical care. Of those respondents that indicated either they or a family member did not receive needed medical care, 40 percent indicated long wait

times for appointments as the reason. Twenty-one percent indicated distance or lack of local providers as the reason for not receiving needed medical care. Further, 32 percent of respondents said that either they or a family member had to travel for health care services in the past three years; while 57 percent traveled within North Dakota, another 35 percent traveled to Minnesota. The most common reason to travel for health care services was needed specialist care that could not be obtained locally (72 percent).

- Mental Health.** Of survey respondents who would like to see specific services offered or improved in their community, 70 percent indicated mental and behavioral health services and 44 percent said addiction treatment services. While the ratio of residents to mental health care providers in Burleigh County (300:1) is lower than in North Dakota overall (420:1), the ratio in Morton County (3,080:1) is substantially higher than the statewide average.
- Healthy Living.** When survey respondents were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues along with diet and exercise were top concerns (along with affordability issues). And the most commonly cited chronic health concerns involved weight loss, obesity, diabetes, and the heart (Sanford Health, 2025). Data indicate similar rates of adult smoking and excessive drinking in Burleigh and Morton counties compared to North Dakota overall; however, the adult obesity rate in Morton County (40 percent) is higher than the statewide average of 36 percent (Burleigh County is lower at 30 percent).

Resources Potentially Available to Address Needs

Programs, organizations, and facilities in the community that are potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, the list draws on the experiences and knowledge base of those directly serving our community. The following potential partners may be useful resources as CHI St. Alexius Health Bismarck strives to meet community needs.

Health Care Provider Resources	
Sanford Medical Center	Sanford East Interstate Ave Clinic
CHI St. Alexius Health Bismarck Medical Center	Essentia Health-Mid Dakota Bismarck Kirkwood Clinic
Vibra Hospital of the Central Dakotas	Sanford South Clinic
Sanford Children's Hospital	Hughes J Md- St. Alexius Specialty Clinic
Sanford North Walk-in Clinic	Northland Health Center
Sanford Downtown Walk-in Clinic	Sanford State Street Clinic
Essentia Health-Mid Dakota Clinic	Sanford East Mandan Clinic
Essentia Health-Mid Dakota Clinic Gateway Mall Pediatrics	Sanford Clinic
TODAY Clinic Primecare	Sanford North Mandan Clinic
Essentia Health-Mid Dakota Women's Center	SONTAK Family Clinic PLLC
Sanford Fifth & Broadway Clinic	Dermatologic Surgery/cosmetic
CHI St. Alexius Health Pinehurst Clinic	Sanford North Dermatology Clinic
CHI St. Alexius Health Urgent Care Clinic	

Affordable Insurance Coverage resources	
Sanford Health Plan	Homeless Coalition
ND Department of Insurance	Prime Care Select
Medicaid – Burleigh Co. Social Services	Bridging the Dental Gap
Affordable Prescription Drugs resources	
ND RX Card	Partnership for Prescription Assistance
ND Prescription Drug Repository Program	ND Assn. for the Disabled
Needy Meds	
Affordable Health Care Resources	
Northland Community Health Center	Caring for Children
N.D. Medicaid	Jerene's Wish/Warford Orthodontics
Sanford Patient Navigators	ND Assn. for the Disabled
Custer Family Planning	Experience Health ND (ND Dept. of Health)
Joanne's Clinic	Bismarck-Burleigh Public Health
UND Ctr. for Family Medicine	Western Plains Public Health
Sanford's Medical Home Program	Aid
Mid Dakota Clinic Medical Home Program	Burleigh Co. Senior Adults
Sanford Case Managers/Social Workers/Parish Nurses	Burleigh Veterans Services
CHI St. Alexius Case Management/ Social Workers	Prescription Connection
Bridging the Dental Gap	Salvation Army
Ronald McDonald Mobile Clinic	United Tribes Technical College
Blue Cross Member Advocate Program	The GODS CHILD Project
Drug, Alcohol & Smoking resources	
ACS Crisis Residential	West Central Chemical Dependency Program
ADAPT	Whole Person Recovery Center
Alcoholics Anonymous (many locations to choose from)	Bismarck Burleigh Public Health
Heartview Foundation	Western Plains Public Health
New Freedom Center	First Link
Sanford Health Behavioral Health	Teen Challenge
CHI St. Alexius	Hope Manor
Village Family Services	Bismarck-Mandan Face it Together
Children's Obesity resources	
Bismarck Parks & Recreation	Bismarck Youth Fastpitch Softball
Mandan Parks & Recreation	BLAST Program
Capital Ice Complex	Bobcats Youth Hockey

Cops & Kids Fishing Program	Boy Scouts
MHA Nation	Girl Scouts
Native American Development Center	Charles Hall Youth Services
Aquastorm Swim Team	YMCA
Bis-Man Tennis Association	VFW Sports Center
Bismarck Youth Football	Legion Skating Rink
Dakota United Soccer	Tatley Skating Rink
Wellness Resources	
Sanford Health Dietitians	Lincoln Fitness
CHI St. Alexius Dietitians	Proximal 50 Downtown
Sanford Wellness Center Exercise specialists	Proximal 50 Life Center
Sanford Health Providers	CrossFit Tertiary
CHI ST Alexius Providers	Big Muddy CrossFit
Family Wellness/Sanford Wellness Center	PDW Fitness
Anytime Fitness	BSC Aquatic & Wellness Center
Anytime Fitness	Solidcore
Anytime Fitness	Missouri Valley Family YMCA
Planet Fitness	Ice Dragon Brazilian Jiu-Jitsu and Kickboxing
Verge Fitness	
Hunger/Healthy Food Resources	
Carrie's Kids	Salvation Army
United Way	Hope on the Horizon
Great Plains Food Bank	Love Your Neighbor Food Pantry
The Banquet at Trinity Lutheran Church	River of Hope
Spirit of Life Church Food Pantry	Heaven's Helpers Soup Café
Ministry on the Margins	United Tribes Technical College Community Meal
All Nations Assembly of God	SNAP
Bismarck Emergency Food Pantry	WIC
Community Action Program	Abundance of Grace Food Pantry
Corpus Christi Church	Riverside School
Faith Center	
Grocery Stores	
Family Fare Supermarket	Sam's Club
Asian Market	Cashwise Foods
Walmart	Natural Grocers
Target	Adom African Market

Drug, Alcohol & Smoking resources	
ACS Crisis Residential	Whole Person Recovery Center
ADAPT	Bismarck Burleigh Public Health
Alcoholics Anonymous	Western Plains Public Health
Heartview Foundation	First Link
New Freedom Center	Teen Challenge
Sanford Health Behavioral Health	Hope Manor
CHI St. Alexis	Heritage Recovery Center
Village Family Services	Bismarck-Mandan Face it Together
West Central Chemical Dependency Program	Tobacco Dependence Treatment
Mental Health/Behavioral Health resources	
Burleigh Co. Social Services	Sanford Health providers
Dakota Boys & Girls Ranch	CHI St. Alexis providers
CHI St. Alexis EAP	The Village Family Service Center
Mental Health America of ND	West Central Human Service Center
Partnerships Program (W Central Health Services Center)	Veterans Administration
Pride	Northland Health Center
Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources	
Bismarck Police Dept	Mandan Policy Dept
Resources for the Aging Population	
AARP	Good Samaritan Society
Burleigh Co. Social Services	Maple View East
Good Samaritan Home Care	Maple View North
Gracefully Aging	Marillac Manor
North Dakota Long Term Care	Patterson Place
Sanford Home Care	Primrose Retirement Community
Meals on Wheels	St. Vincent's Care Center
Spectrum Home Care	St. Gabriel's Community
Missouri Slope Care Center	The Terrace
Enable	Touchmark
Volunteer Caregiver Exchange	Valley View Heights
Baptist Health Care Center	BBPH Home Health Program
ND Protection & Advocacy	CHI St Alexis Palliative Care
AID Inc. (transportation)	Custer Health
Capital Area Transit (transport.)	Alzheimer's Assn.
Brandon Hts. Village	Vulnerable Adults Aging Services
Crescent Manor	Vulnerable Adult Protective Service
Edgewood Vista	


Childcare Resources	
Child Care Assistance Program (CCAP)	Super Kids Jr. Academy
Nurse-Family Partnership	Noah's Ark Preschool/Daycare
Wee Folk Childcare	New Song Kids Care
All 4 You Child Care	Door of Hope Freedom Center
Kids First Child Care Center Inc	Early Childhood Learning Center
KinderKidz Bismarck	Just Like Home Family Child Care
First Steps Learning Center	Merry-Go-Round Preschool
Lil' Tots Daycare LLC	YDC North
Little Scholars Learning Center	The Afterschool Place
Little Einsteins	The Enrichment Garden
Services for at-risk youth	
Police Youth Bureau	Catholic Charities
Charles Hall Youth & Family Services	
Activities for Children & Youth (outside of school & sports activities)	
CRFC KidZone	Public Library Programs
Boy Scouts	Various Faith-Based Youth Opportunities
Girl Scouts	
Transportation Resources	
West River Transit	Bismarck Transportation Services
Capital Area Transit	Uber, Mobile application-based service
Standing Rock Public Transit	Lyft, Mobile application-based service
Homelessness resources	
Abused Adult Resource Center	Salvation Army
Welcome House	Youthworks
AID, Inc.	Edwinton Place supportive housing
Community Action Program	
Low Income Housing	
Breton Hts. Apts.	Westgate Apts.
Alberta Hts. Apts.	Century East Apts.
Park Century Apts.	Calgary Apts.
Ithica Heights Apts.	Century East Apts. II & III
Brandon Hts. Apts.	Washington Hts. Apts.

Employment Resources	
Job Service North Dakota – Bismarck Workforce Center	Professional Employment Practices
Job Service North Dakota	National Medical Resources
Veterans Employment Services	People Ready
Spherion	Hirequest Direct of Bismarck
Dakota Staffing Solutions Inc.	Burdick Job Corporation
Major Employers in descending order	
State of North Dakota	Baptist Home
Sanford Health	Scheels Sports
Bismarck Public School	Housing Resources
CHI St. Alexius	Burleigh Co. Housing Authority
U.S. Government	Morton Co. Housing Authority
City of Bismarck	ND Housing Finance Agency
Bismarck State College	Standing Rock Housing Authority
Mandan Public School District	Dakota Foundation
Aetna	Community Action Program
University of Mary	Native American Development Center
Housing Industry Training	ND Housing Finance Agency
MDU Resources Group	Pam's House
Bobcat/Doosan Company	New Awakenings Apts.
Missouri Slope Lutheran Care Center	VA Supportive Housing
Basin Electric Power Cooperative o Mid-Dakota Clinic	Supportive Housing for Veteran Families
Missouri Valley YMCA	AID
Walmart's	Community Works
Burlington Northern Railroad	Money Follows the Person Housing (ND Dept. of Human Services)
Cloverdale Foods	Salvation Army
Burleigh County	Welcome House
Housing Resources	
Burleigh Co. Housing Authority	New Awakenings Apts.
Morton Co. Housing Authority	VA Supportive Housing
ND Housing Finance Agency	Supportive Housing for Veteran Families
Standing Rock Housing Authority	AID, Inc.
Dakota Foundation	Community Works
Community Action Program	Money Follows the Person Housing (ND Dept. of Human Services)
Native American Development Center	Salvation Army
ND Housing Finance Agency	Welcome House
Pam's House	


Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy


Health Need: Access to Affordable Health Care

	Health Need: Access to Affordable Health Care
Strategy or Program	Summary Description
Strategy 1.1	Research and determine feasibility of cooperating in the development of a Medical Respite Care facility
Strategy 1.2	<p>Develop a program that will enable a safe discharge for those who are in precarious living conditions.</p> <p>FY23 Key Activities</p> <ol style="list-style-type: none"> 1. A partnership between Stepping Stone Ministries and the hospital has been developed. 2. An initial business plan has been put in place under the guidance of the National Institute for Medical Respite Care. 3. The Mission Leader from the hospital serves on the board of directors. 4. We continue to work on finalizing a lease agreement for the building that will be used for this purpose. <p>FY23 Measures</p> <ol style="list-style-type: none"> 1. \$100,000 grant has been awarded by the National Institute for Medical Respite Care and National Healthcare for the Homeless Council. 2. \$100,000 Grant awarded for next fiscal year by the hospital through the CommonSpirit Health Community Health Improvement Grants program. 3. Private monetary donations and donations of medical supplies, DME, exam tables and hospital beds, planning have been received. 4. The hospital will lease the building to Stepping Stones Ministries for \$1.00/yr. 5. Development of the program that will enable safe discharge is planned for the coming fiscal year. <p>FY24 Key Activities</p> <ol style="list-style-type: none"> 1. The partnership between Stepping Stone Ministries and St. Alexius continues to be strengthened. 2. A robust business plan has been put in place under the guidance of the National Institute for Medical Respite Care. 3. The Mission Leader from the hospital serves on the board of directors as board chair. <p>FY24 Measures</p> <ol style="list-style-type: none"> 1. A lease agreement was finalized and put into place. This lease is between Stepping Stone Ministries and CHI St. Alexius Health. 2. In addition to previously awarded grants totaling just over \$200,000, Stepping Stone Ministries was also awarded a Mission and Ministry Grant through CommonSpirit for just under \$600,000 for the next three years FY25 - FY27 3. Private monetary donations (\$11,947) and donations of medical supplies, house furnishings and planning have been received. 4. Development of the program that will enable safe discharge is planned for the coming fiscal year. 5. Anticipate facility to be open for clients in mid - late November. 2024


Health Need: Access to Health Care Providers

	Health Needs: Access to Health Care Providers
Strategy or Program	Summary Description
<p>Strategy 2.1.</p> <p>Strategy 2.2.</p>	<p>Provide support groups that are open to the civic community.</p> <p>Increase efforts in preventive screenings.</p> <p>FY23 Key Activities</p> <ol style="list-style-type: none"> 1. Primary care has worked with marketing to send media for Medicare wellness screenings, clinics are looking at well child opportunities and sending letters to applicable patients. 2. Work group was established to put in benchmarks by month to review patient care opportunities such as overdue mammos, colorectal screening, immunizations to review with providers and send applicable patient reminders. 3. Host support groups in the clinic/ hospital (cancer, stroke, Parkinsons, bariatric and COVID) <p>FY23 Measures</p> <ol style="list-style-type: none"> 1. The average percentile ranking for: Diabetes Control (percent of patients whose HgbA1c was poorly controlled (>9%) during the measurement period) AND Hypertension management (percent of patients with an active problem of essential HTN whose BP was in good control (<140/<90 mmHg)) 2. Bariatric Support meets monthly with 2-6 people. 3. Cancer Support met monthly with 2-6 people. 4. Stroke Support met monthly with 2-6 people 5. Each support group meets for 1 hour. <p>FY24 Key Activities</p> <ol style="list-style-type: none"> 1. Primary care continues to work with marketing to send media for Medicare wellness screenings, clinics are looking at well child opportunities and sending letters to applicable patients. 2. Work group was established to put in benchmarks by month to review patient care opportunities such as overdue mammos, colorectal screening, immunizations to review with providers and send applicable patient reminders. 3. Host support groups in the clinic/ hospital (cancer, stroke, Parkinsons, bariatric and COVID). 4. Hired a sales/marketing specialist to promote new and existing providers to the community. <p>FY24 Measures</p> <ol style="list-style-type: none"> 1. The average percentile ranking for: Diabetes Control (percent of patients whose HgbA1c was poorly controlled (>9%) during the measurement period) AND Hypertension management (percent of patients with an active problem of essential HTN whose BP was in good control (<140/<90 mmHg)) 2. Bariatric Support meets every other month with 2-4 people. 3. Cancer Support met monthly with 4 - 12 people. 4. Stroke Support met monthly with 8 people. 5. Each support group meets for 1 hour.

Health Need: Healthy Living/Health-Related Social Needs

	Health Needs: Healthy Living/Health-Related Social Needs
Strategy or Program	Summary Description
Strategy 3.1.	<p>Work to develop an effective way to provide food and personal care items for the homeless people of this area.</p> <p>FY23 Key Activities</p> <ol style="list-style-type: none"> 1. Provide the meal and serve The BANQUET at the Dream Center at least 2 times each year while planning to increase frequency based on available funding. 2. Collect food and personal items and stock two Little Free Pantries. The hospital matches funds that are raised. 3. Cultivated relationships with agencies in the community to partner in providing services to the needy. 4. Improve patient health by addressing social risk factors by screening for health-related social needs and leverage CHW to connect patients with unmet needs to community resources. 5. Participate in the Total Health Roadmap, a framework for identifying/addressing health-related social needs and catalyzing collective action to invent in community resource gaps. Apply for a grant to fund a CHW. <p>FY23 Measures</p> <ol style="list-style-type: none"> 1. Provided and served the BANQUET in July; <ol style="list-style-type: none"> a. Served 175 persons. Cost - \$1,318. Number of volunteers: 22. 2. Provided and served the BANQUET in February; <ol style="list-style-type: none"> a. Served 185 persons. Cost - \$1,950. Number of volunteers: 20. 3. Hospital matching donated funds in stocking the food pantry - \$693.00 4. Partnered with Community Action - filled 1,500 bags for school children; 10 volunteers. 5. A community healthcare worker will be hired in FY 2024 to assist in screening and connecting patients to community resources. <p>FY24 Key Activities</p> <ol style="list-style-type: none"> 1. Provide the meal and serve The BANQUET at the Dream Center at least 2 times each year while planning to increase frequency based on available funding. 2. Collect food and personal items and stock two Little Free Pantries. The hospital matches funds that are raised. 3. Cultivated relationships with agencies in the community to partner in providing services to the needy. 4. Improve patient health by addressing social risk factors by screening for health-related social needs and leverage community health worker (CHW) to connect patients with unmet needs to community resources. 5. Participate in the Total Health Roadmap, a framework for identifying/addressing health-related social needs and catalyzing collective action to invest in community resource gaps. Applied for and received a grant to hire a CHW. <p>FY24 Measures</p> <ol style="list-style-type: none"> 1. Provided and served the BANQUET: <ol style="list-style-type: none"> a. July 18, 2023: Served 210 persons. Cost - \$1,200. Number of volunteers: 17. 2. Provided and served the BANQUET: <ol style="list-style-type: none"> a. March 14, 2024 Served 185 persons. Cost - \$1,200. Number of volunteers: 14. 3. Hospital matching donated funds in stocking the food pantry - \$900.00 4. A CHW was hired in FY 2024 to assist in screening and connecting patients to community resources: 2 CHWs hired, 1 quit, 1 retained.

Health Need: Mental Health

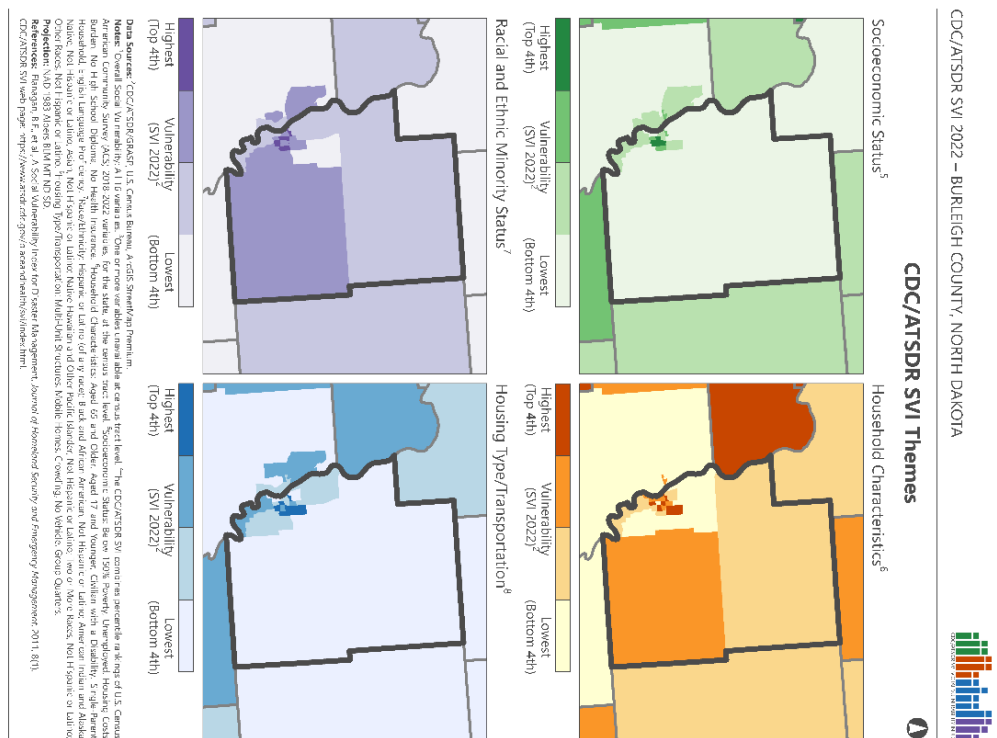
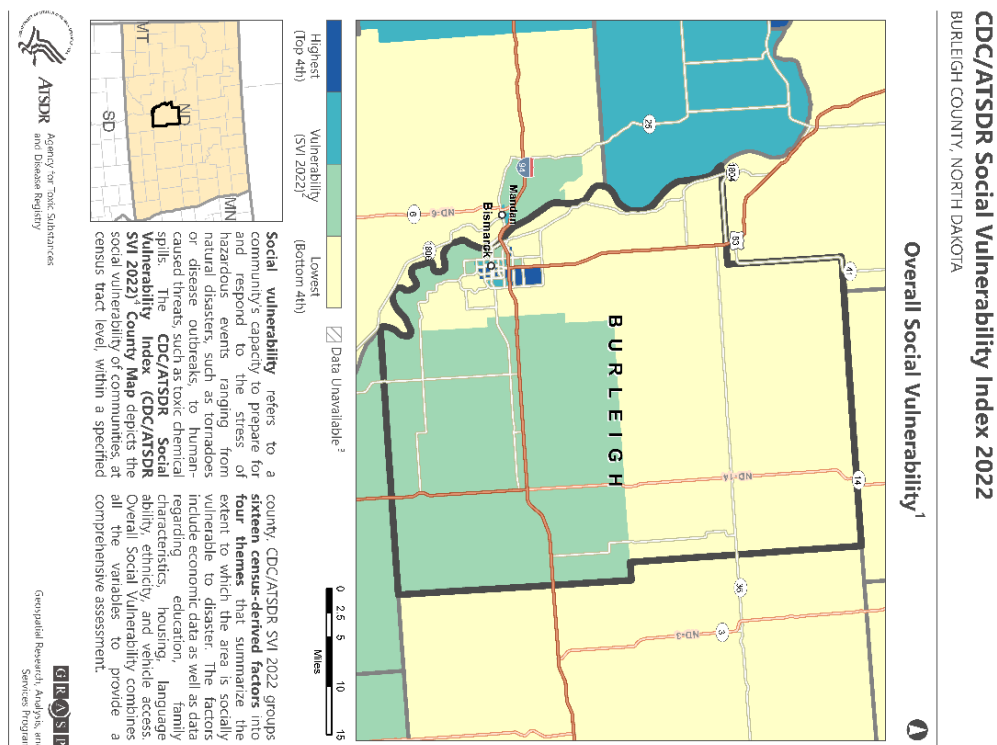
	Health Needs: Mental Health
Strategy or Program	Summary Description
<p>Strategy 4.1.</p> <p>Strategy 4.2.</p>	<p>Address the issue of infants born exposed to substance abuse/addiction.</p> <p>Strengthen relationships with violence prevention efforts in the community.</p> <p>FY23 Key Activities</p> <ol style="list-style-type: none"> 1. The program Eat, Sleep and Console will be implemented in FY2024 to address the issue of infants born exposed to substance abuse/addiction. 2. Creating a targeted HRSN plan to tie together Behavioral Health priority of Eat Sleep Console with TJC Sentinel Event Alert 66. Targeted Population identified as: High risk pregnancies exposed to substance abuse/addiction and maternal postpartum depression. 3. Joined the North and South Dakota Perinatal Quality Collaborative. The focus is maternal substance use disorder. 4. Attended education session on seeing the signs of human trafficking. 5. Attended the Bakken Human Trafficking Summit. 6. Representation on the North Dakota Human Trafficking Taskforce Community Multi-disciplinary team which meets quarterly at a minimum. 7. Identified need for staff education and response protocol for potentially trafficked individuals. <p>FY23 Measures</p> <p>Due to available resources and staff, programming did not occur in FY23 but will resume in FY24.</p> <p>FY24 Key Activities</p> <p>Plans to implement Eat, Sleep, Console did not occur due to lack of resources to support this effort.</p> <p>FY24 Measures</p> <p>Due to available resources and staff, programming did not occur in FY24 but will begin in the early months of FY25.</p>

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Appendices

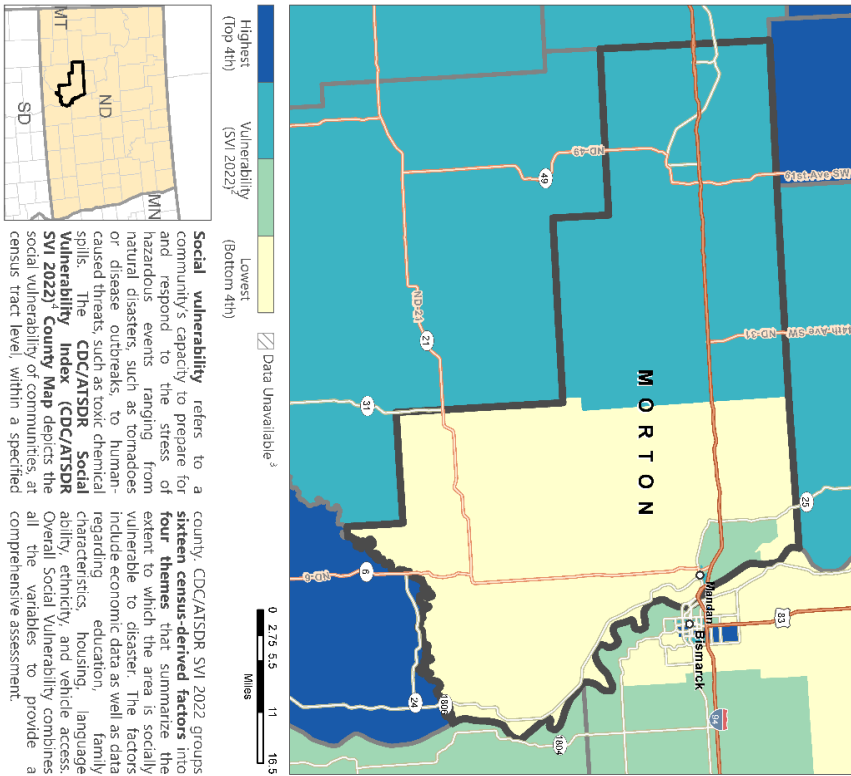
Appendix A: CDC/ATSDR Social Vulnerability Index 2022, Burleigh & Morton Counties



CDC/ATSDR Social Vulnerability Index 2022

MORTON COUNTY, NORTH DAKOTA

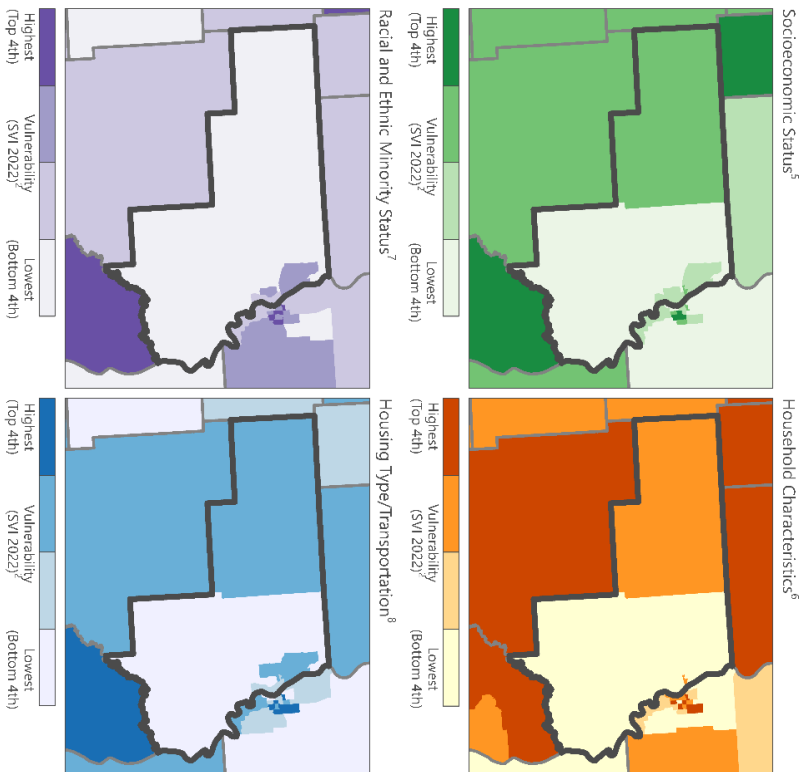
Overall Social Vulnerability¹



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

CDC/ATSDR SVI 2022 – MORTON COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes



¹ CDC/ATSDR SVI 2022 groups community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

² CDC/ATSDR SVI 2022 groups community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

³ Data Unavailable

⁴ CDC/ATSDR SVI 2022 groups community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

⁵ CDC/ATSDR SVI 2022 groups community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

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⁸ CDC/ATSDR SVI 2022 groups community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (SVI 2022)⁴ depicts the social vulnerability of communities, at the census tract level, within a specified comprehensive assessment.

Appendix B: Survey Instrument

Please note: This file was imported from a different format and may not be presented in the same visual format as it was given to respondents.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community? (clean air, clean water, etc.)

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

Poor	Fair	Good	Very Good	Excellent	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

Poor Fair Good Very Good Excellent Don't Know
☐ ☐ ☐ ☐ ☐ ☐

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- ☐ Yes Please answer next question
☐ No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Family Medicine / Primary Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> General Surgery |
| <input type="radio"/> Labor and Delivery | <input type="radio"/> Heart Care |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dermatology | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dental Care | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trauma | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

☐ Yes ☐ No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? (Select all that apply)

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

How would you rate your current ability to ACCESS health care services?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent | Don't Know |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- ☐ Yes ☐ No ☐ Unsure

What are the reasons you or a family member did not receive the care needed?

- | | |
|--|--|
| <input type="radio"/> Cost/Inability to Pay | <input type="radio"/> No child care |
| <input type="radio"/> COVID-19 | <input type="radio"/> Wait time for appointments are too long |
| <input type="radio"/> Don't feel welcomed or valued | <input type="radio"/> Clinic hours are not convenient |
| <input type="radio"/> Don't have insurance | <input type="radio"/> Fear / I do not like going to the doctor |
| <input type="radio"/> My insurance is not accepted | <input type="radio"/> Nothing / I do not need to see a doctor |
| <input type="radio"/> Lack of transportation | <input type="radio"/> Don't have a primary care physician |
| <input type="radio"/> Distance / lack of local providers | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Getting time off from work | |

TRAVELING FOR CARE
Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- ☐ Yes ☐ No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place

you traveled to?)

City _____ State _____

What was the main reason you traveled for care? (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Medical emergency | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Second opinion | |
| <input type="radio"/> Immediate / faster appointment | |

YOUR HEALTH INSURANCE**Do you currently have health insurance?**

- ☐ Yes ☐ No

Please indicate the source of your health insurance coverage.

- ☐ Employer (*Your employer, spouse, parent, or someone else's employer*)
☐ Individual (*Coverage bought by you or your family*)
☐ Federal Marketplace (*Minnesota Care / Obamacare / Affordable Care Act*)
☐ Medicare
☐ Medicaid
☐ Military (*Tricare, Champus, VA*)
☐ Indian Health Service (*IHS*)
☐ Other (*please specify*)

DEMOGRAPHICS**What is your sex?**

- ☐ Male ☐ Female ☐ Prefer not to answer

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- ☐ Yes ☐ No ☐ Prefer not to answer

How many people live in your house, including yourself? _____**How many children under age 18 currently live with you in your household?****Are you Spanish, Hispanic, or Latino in origin or descent?**

- ☐ Yes ☐ No

What is your race? (*Select all that apply*)

- ☐ American Indian or Alaska Native
☐ Caucasian or White
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Black or African American
☐ Other (*please specify*)

How long have you been a US Citizen?

- ☐ I am not a US citizen
☐ 0 – 5 years
☐ 6 – 10 years
☐ More than 10 years

If not a citizen: Are you planning to become a US citizen?

- ☐ Yes ☐ No ☐ Prefer not to answer

What language is spoken most frequently in your home? _____**What is your current marital status?**

- ☐ Married
☐ Single, never married
☐ Unmarried couple living together
☐ Divorced
☐ Widowed
☐ Separated

Which of the following best describes your current living situation?

- ☐ House (*owned*)
- ☐ Apartment or House (*rental*)
- ☐ Homeless
- ☐ Some other arrangement

What is your primary mode of daily transportation?

- ☐ Automobile/Truck (*owned or leased*)
- ☐ Online Ride Service (*Uber / Lyft*)
- ☐ Taxi Service
- ☐ Public Transportation (*bus / subway / rail*)
- ☐ Walk
- ☐ Bicycle
- ☐ Family, Friends or Neighbors
- ☐ I do not have a primary mode of daily transportation
- ☐ Other (*please specify*)

What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school graduate (*high school diploma or equivalent including GED*)
- ☐ Some college but no degree
- ☐ Associate degree in college (*2-year*)
- ☐ Bachelor's degree in college (*4-year*)
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree (*JD, MD*)

Your current employment status is best described as:

- ☐ Employed (*full-time*)
- ☐ Employed (*part-time*)
- ☐ Self-employed
- ☐ Furloughed
- ☐ Not employed, looking for work
- ☐ Not employed, not looking for work
- ☐ Retired
- ☐ Disabled or unable to work

What is your total household income from all sources?

- ☐ Less than \$20,000
- ☐ \$20,000 – \$24,999
- ☐ \$25,000 – \$29,999
- ☐ \$30,000 – \$34,999
- ☐ \$35,000 – \$49,999
- ☐ \$50,000 – \$74,999
- ☐ \$75,000 – \$99,999
- ☐ \$100,000 – \$199,999
- ☐ \$200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.

Appendix C: Survey Frequencies

		Poor	Fair	Good	Very Good	Excellent	Total
YOUR COMMUNITY How would you rate the quality of HEALTH CARE available in your community?	Count	31	148	358	331	129	997
	Row N %	3.1%	14.8%	35.9%	33.2%	12.9%	100.0%
How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?	Count	64	180	296	180	63	783
	Row N %	8.2%	23.0%	37.8%	23.0%	8.0%	100.0%
How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?	Count	42	192	247	145	47	673
	Row N %	6.2%	28.5%	36.7%	21.5%	7.0%	100.0%
How would you rate the availability of AFFORDABLE HOUSING in your community?	Count	286	305	162	65	24	842
	Row N %	34.0 %	36.2%	19.2%	7.7%	2.9%	100.0%
How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?	Count	163	217	218	136	45	779
	Row N %	20.9 %	27.9%	28.0%	17.5%	5.8%	100.0%
How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?	Count	35	119	302	340	154	950
	Row N %	3.7%	12.5%	31.8%	35.8%	16.2%	100.0%
How would you rate your community as being a SAFE place to live?	Count	37	155	327	359	114	992
	Row N %	3.7%	15.6%	33.0%	36.2%	11.5%	100.0%
How would you rate the ENVIRONMENTAL health of your community? (clean air, clean water, etc.)	Count	21	53	217	426	241	958
	Row N %	2.2%	5.5%	22.7%	44.5%	25.2%	100.0%
How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?	Count	46	147	278	353	132	956
	Row N %	4.8%	15.4%	29.1%	36.9%	13.8%	100.0%
How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?	Count	16	102	224	397	216	955
	Row N %	1.7%	10.7%	23.5%	41.6%	22.6%	100.0%
YOUR HEALTH AND WELLNESS Overall, how would you rate YOUR current state of health & wellness?	Count	24	138	443	330	70	1005
	Row N %	2.4%	13.7%	44.1%	32.8%	7.0%	100.0%

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ27 ^a	643	64.0%	362	36.0%	1005	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ27 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ27 ^a	OFFERED or IMPROVED - Addiction Treatment	282	11.2%	43.9%
	OFFERED or IMPROVED - Behavioral Health / Mental Health	448	17.8%	69.7%
	OFFERED or IMPROVED - Cancer Care	174	6.9%	27.1%
	OFFERED or IMPROVED - Chiropractic Care	42	1.7%	6.5%
	OFFERED or IMPROVED - Dental Care	129	5.1%	20.1%
	OFFERED or IMPROVED - Dermatology	185	7.4%	28.8%
	OFFERED or IMPROVED - Emergency / Trauma	149	5.9%	23.2%
	OFFERED or IMPROVED - Eye Services (Ophthalmology, Optometry)	69	2.7%	10.7%
	OFFERED or IMPROVED - Family Medicine / Primary Care	175	7.0%	27.2%
	OFFERED or IMPROVED - General Surgery	68	2.7%	10.6%
	OFFERED or IMPROVED - Heart Care	100	4.0%	15.6%
	OFFERED or IMPROVED - Labor and Delivery	37	1.5%	5.8%
	OFFERED or IMPROVED - Long Term Care / Nursing Homes	169	6.7%	26.3%
	OFFERED or IMPROVED - Orthopedics and Sports Medicine	31	1.2%	4.8%
	OFFERED or IMPROVED - OBGYN / Womens' Care	75	3.0%	11.7%
	OFFERED or IMPROVED - Pediatrics / Childrens' Care	107	4.3%	16.6%
	OFFERED or IMPROVED - Walk-in / Urgent Care	140	5.6%	21.8%
	OFFERED or IMPROVED - Other (please specify)	133	5.3%	20.7%
Total		2513	100.0%	390.8%
a. Dichotomy group tabulated at value 1.				

YOUR HEALTH CARE USAGE - Do you currently have a primary care physician or provider who you go to for general health issues?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	857	85.3%	85.3%	85.3%
	No	148	14.7%	14.7%	100.0%
	Total	1005	100.0%	100.0%	

How long has it been since you last visited a physician / provider for a routine checkup or screening?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Within the past year	745	74.1%	86.9%	86.9%
	Within the past 2 years	80	8.0%	9.3%	96.3%
	Within the past 5 years	18	1.8%	2.1%	98.4%
	More than 5 years ago	12	1.2%	1.4%	99.8%
	Never	2	0.2%	0.2%	100.0%
	Total	857	85.3%	100.0%	
Missing	System	148	14.7%		
Total		1005	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ30 ^a	112	11.1%	893	88.9%	1005	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ30 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ30 ^a	BARRIER FOR CHECK-UP - Cost / inability to pay	29	15.6%	25.9%
	BARRIER FOR CHECK-UP - COVID -19	2	1.1%	1.8%
	BARRIER FOR CHECK-UP - Don't feel welcomed or valued	10	5.4%	8.9%
	BARRIER FOR CHECK-UP - Don't have a primary care physician	3	1.6%	2.7%
	BARRIER FOR CHECK-UP - Don't have insurance	9	4.8%	8.0%
	BARRIER FOR CHECK-UP - My insurance is not accepted	2	1.1%	1.8%
	BARRIER FOR CHECK-UP - Lack of transportation	12	6.5%	10.7%
	BARRIER FOR CHECK-UP - Distance / lack of local providers	3	1.6%	2.7%
	BARRIER FOR CHECK-UP - Getting time off from work	15	8.1%	13.4%
	BARRIER FOR CHECK-UP - No child care	5	2.7%	4.5%
	BARRIER FOR CHECK-UP - Wait time for appointments are too long	18	9.7%	16.1%
	BARRIER FOR CHECK-UP - Clinic hours are not convenient	10	5.4%	8.9%
	BARRIER FOR CHECK-UP - Fear / I do not like going to the doctor	14	7.5%	12.5%
	BARRIER FOR CHECK-UP - Nothing / I do not need to see a doctor	30	16.1%	26.8%
	BARRIER FOR CHECK-UP - Other (Specify)	24	12.9%	21.4%
Total		186	100.0%	166.1%
a. Dichotomy group tabulated at value 1.				

How would you rate your current ability to ACCESS health care services?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	26	2.6%	2.6%	2.6%
	Fair	114	11.3%	11.4%	13.9%
	Good	303	30.1%	30.2%	44.1%
	Very Good	422	42.0%	42.0%	86.2%
	Excellent	139	13.8%	13.8%	100.0%
	Total	1004	99.9%	100.0%	
Missing	System	1	0.1%		
Total		1005	100.0%		

In the past year, did you or someone in your family need medical care, but did not receive the care needed?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	224	22.3%	22.4%	22.4%
	No	673	67.0%	67.3%	89.7%
	Unsure	103	10.2%	10.3%	100.0%
	Total	1000	99.5%	100.0%	
Missing	System	5	0.5%		
Total		1005	100.0%		

Multiple Response						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ34 ^a	223	22.2%	782	77.8%	1005	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ34 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ34 ^a	BARRIER FOR CARE - Cost / inability to pay	87	17.4%	39.0%
	BARRIER FOR CARE - COVID-19	6	1.2%	2.7%
	BARRIER FOR CARE - Don't feel welcomed or valued	34	6.8%	15.2%
	BARRIER FOR CARE - Don't have a primary care physician	20	4.0%	9.0%
	BARRIER FOR CARE - Don't have insurance	39	7.8%	17.5%
	BARRIER FOR CARE - My insurance is not accepted	17	3.4%	7.6%
	BARRIER FOR CARE - Lack of transportation	22	4.4%	9.9%
	BARRIER FOR CARE - Distance / lack of local providers	46	9.2%	20.6%
	BARRIER FOR CARE - Getting time off from work	28	5.6%	12.6%
	BARRIER FOR CARE - No child care	10	2.0%	4.5%
	BARRIER FOR CARE - Wait time for appointments are too long	90	18.0%	40.4%
	BARRIER FOR CARE - Clinic hours are not convenient	21	4.2%	9.4%
	BARRIER FOR CARE - Fear / I do not like going to the doctor	15	3.0%	6.7%
	BARRIER FOR CARE - Recovery time / not convenient	8	1.6%	3.6%
	BARRIER FOR CARE - Nothing / no reason	4	0.8%	1.8%
	BARRIER FOR CARE - Other (Specify)	53	10.6%	23.8%
Total		500	100.0%	224.2%
a. Dichotomy group tabulated at value 1.				

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	321	31.9%	32.2%	32.2%
	No	677	67.4%	67.8%	100.0%
	Total	998	99.3%	100.0%	
Missing	System	7	0.7%		
Total		1005	100.0%		

Where did you travel to? - State:					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AZ	4	0.4%	1.3%	1.3%
	CO	1	0.1%	0.3%	1.6%
	FL	2	0.2%	0.7%	2.3%
	ID	1	0.1%	0.3%	2.6%
	LA	1	0.1%	0.3%	3.0%
	MA	2	0.2%	0.7%	3.6%
	Mexico	1	0.1%	0.3%	3.9%
	MN	108	10.7%	35.4%	39.3%
	ND	173	17.2%	56.7%	96.1%
	NE	1	0.1%	0.3%	96.4%
	NY	1	0.1%	0.3%	96.7%
	OH	1	0.1%	0.3%	97.0%
	SD	7	0.7%	2.3%	99.3%
	WA	1	0.1%	0.3%	99.7%
	WI	1	0.1%	0.3%	100.0%
	Total	305	30.3%	100.0%	
Missing	36	1	0.1%		
	System	699	69.6%		
	Total	700	69.7%		
Total		1005	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ37 ^a	322	32.0%	683	68.0%	1005	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ37 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ37 ^a	REASON FOR TRAVELING - What was the main reason you traveled for care? (select all that apply) - Selected Choice Needed a specialist / service was not available locally	231	40.2%	71.7%
	REASON FOR TRAVELING - Referred by a physician	97	16.9%	30.1%
	REASON FOR TRAVELING - Better / higher quality of care	98	17.1%	30.4%
	REASON FOR TRAVELING - Don't feel welcomed or valued by local providers	8	1.4%	2.5%
	REASON FOR TRAVELING - Second opinion	31	5.4%	9.6%
	REASON FOR TRAVELING - Medical emergency	17	3.0%	5.3%
	REASON FOR TRAVELING - Immediate / faster appointment	42	7.3%	13.0%
	REASON FOR TRAVELING - On vacation / traveling / snowbirds	1	0.2%	0.3%
	REASON FOR TRAVELING - Cost or insurance coverage	8	1.4%	2.5%
	REASON FOR TRAVELING - Choice Military / VA	21	3.7%	6.5%
	REASON FOR TRAVELING - Other (please specify)	20	3.5%	6.2%
Total		574	100.0%	178.3%
a. Dichotomy group tabulated at value 1.				

YOUR HEALTH INSURANCE Do you currently have health insurance?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	939	93.4%	94.2%	94.2%
	No	58	5.8%	5.8%	100.0%
	Total	997	99.2%	100.0%	
Missing	System	8	0.8%		
Total		1005	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ39 ^a	938	93.3%	67	6.7%	1005	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ39 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ39 ^a	SOURCE OF HEALTH INSURANCE - Employer (Your employer, spouse, parent, or someone else's employer)	738	72.0%	78.7%
	SOURCE OF HEALTH INSURANCE - Individual (Coverage bought by you or your family)	43	4.2%	4.6%
	SOURCE OF HEALTH INSURANCE - Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)	11	1.1%	1.2%
	SOURCE OF HEALTH INSURANCE - Medicare	82	8.0%	8.7%
	SOURCE OF HEALTH INSURANCE - Medicaid	100	9.8%	10.7%
	SOURCE OF HEALTH INSURANCE - Military (Tricare, Champus, VA)	29	2.8%	3.1%
	SOURCE OF HEALTH INSURANCE - Indian Health Service (IHS)	9	0.9%	1.0%
	SOURCE OF HEALTH INSURANCE - Other (please specify)	13	1.3%	1.4%
Total		1025	100.0%	109.3%
a. Dichotomy group tabulated at value 1.				

Statistics		
What is your current age? - Current Age		
N	Valid	1005
	Missing	0
Mean		44.96
Median		45.00

RECODE Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 18 years	9	0.9%	0.9%	0.9%
	18 to 34 years	236	23.5%	23.5%	24.4%
	35 to 44 years	257	25.6%	25.6%	50.0%
	45 to 64 years	424	42.2%	42.2%	92.1%
	65 to 84 years	78	7.8%	7.8%	99.9%
	85 years and older	1	0.1%	0.1%	100.0%
	Total	1005	100.0%	100.0%	

What is your sex?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	244	24.3%	24.5%	24.5%
	Female	731	72.7%	73.5%	98.1%
	Prefer not to answer	19	1.9%	1.9%	100.0%
	Total	994	98.9%	100.0%	
Missing	System	11	1.1%		
Total		1005	100.0%		

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	4.3%	4.4%	4.4%
	No	886	88.2%	90.1%	94.5%
	Prefer not to answer	54	5.4%	5.5%	100.0%
	Total	983	97.8%	100.0%	
Missing	System	22	2.2%		
Total		1005	100.0%		

Multiple Response	Valid		Missing		
	N	Percent	N	Percent	N
MRQ50 ^a	989	98.4%	16	1.6%	1005

MRQ50 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ50 ^a	RACE - American Indian or Alaska Native	57	5.6%	5.8%
	RACE - Asian	15	1.5%	1.5%
	RACE - Black or African American	8	0.8%	0.8%
	RACE - Caucasian or White	907	89.9%	91.7%
	RACE - Native Hawaiian or Pacific Islander	4	0.4%	0.4%
	RACE - Other	18	1.8%	1.8%
Total		1009	100.0%	102.0%
a. Dichotomy group tabulated at value 1.				

Are you Spanish, Hispanic, or Latino in origin or decent?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	2.4%	2.4%	2.4%
	No	966	96.1%	97.6%	100.0%
	Total	990	98.5%	100.0%	
Missing	System	15	1.5%		
Total		1005	100.0%		

Which of the following best describes your current living situation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	House (owned)	686	68.3%	71.0%	71.0%
	Apartment or House (rental)	220	21.9%	22.8%	93.8%
	Homeless	22	2.2%	2.3%	96.1%
	Some other arrangement	38	3.8%	3.9%	100.0%
	Total	966	96.1%	100.0%	
Missing	System	39	3.9%		
Total		1005	100.0%		

What is your total household income from all sources?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$20,000	93	9.3%	10.7%	10.7%
	\$20,000 - \$24,999	32	3.2%	3.7%	14.3%
	\$25,000 - \$29,999	31	3.1%	3.6%	17.9%
	\$30,000 - \$34,999	29	2.9%	3.3%	21.2%
	\$35,000 - \$49,999	72	7.2%	8.2%	29.4%
	\$50,000 - \$74,999	129	12.8%	14.8%	44.2%
	\$75,000 - \$99,999	139	13.8%	15.9%	60.1%
	\$100,000 - \$199,999	283	28.2%	32.4%	92.6%
	\$200,000 or more	65	6.5%	7.4%	100.0%
	Total	873	86.9%	100.0%	
Missing	Prefer not to answer	114	11.3%		
	System	18	1.8%		
	Total	132	13.1%		
Total		1005	100.0%		

What is the highest level of school you have completed or the highest degree you have received?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school degree	32	3.2%	3.2%	3.2%
	High school graduate (high school diploma or equivalent including GED)	130	12.9%	13.1%	16.4%
	Some college but no degree	146	14.5%	14.8%	31.1%
	Associate degree in college (2-year)	137	13.6%	13.9%	45.0%
	Bachelor's degree in college (4-year)	344	34.2%	34.8%	79.8%
	Master's degree	157	15.6%	15.9%	95.7%
	Doctoral degree	29	2.9%	2.9%	98.6%
	Professional degree (JD, MD)	14	1.4%	1.4%	100.0%
	Total	989	98.4%	100.0%	
Missing	System	16	1.6%		
Total		1005	100.0%		

Your current employment status is best described as:					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed (full-time)	746	74.2%	75.4%	75.4%
	Employed (part-time)	88	8.8%	8.9%	84.3%
	Self-employed	21	2.1%	2.1%	86.5%
	Furloughed	1	0.1%	0.1%	86.6%
	Not employed, looking for work	46	4.6%	4.7%	91.2%
	Not employed, not looking for work	15	1.5%	1.5%	92.7%
	Retired	45	4.5%	4.6%	97.3%
	Disabled or unable to work	27	2.7%	2.7%	100.0%
	Total	989	98.4%	100.0%	
Missing	System	16	1.6%		
Total		1005	100.0%		

What is your current marital status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	562	55.9%	56.8%	56.8%
	Single, never married	215	21.4%	21.7%	78.5%
	Unmarried couple living together	79	7.9%	8.0%	86.5%
	Divorced	106	10.5%	10.7%	97.2%
	Widowed	13	1.3%	1.3%	98.5%
	Separated	15	1.5%	1.5%	100.0%
	Total	990	98.5%	100.0%	
Missing	System	15	1.5%		
Total		1005	100.0%		

RECODE How many people live in your house?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	158	15.7%	16.0%	16.0%
	2 to 4 people	682	67.9%	69.0%	85.0%
	5 or more people	148	14.7%	15.0%	100.0%
	Total	988	98.3%	100.0%	
Missing	System	17	1.7%		
Total		1005	100.0%		

Statistics		
How many people live in your house, including yourself? - People in household:		
N	Valid	988
	Missing	17
Mean		2.97
Median		3.00

How long have you been a US Citizen?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I am not a US citizen	13	1.3%	1.3%	1.3%
	0 - 5 years	5	0.5%	0.5%	1.8%
	6 - 10 years	2	0.2%	0.2%	2.0%
	More than 10 years	957	95.2%	96.2%	98.2%
	Prefer not to answer	18	1.8%	1.8%	100.0%
	Total	995	99.0%	100.0%	
Missing	System	10	1.0%		
Total		1005	100.0%		

Are you planning to become a US Citizen?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	0.6%	50.0%	50.0%
	No	2	0.2%	16.7%	66.7%
	Prefer not to answer	4	0.4%	33.3%	100.0%
	Total	12	1.2%	100.0%	
Missing	System	993	98.8%		
Total		1005	100.0%		

What language is spoken most frequently in your home?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	980	97.5%	98.9%	98.9%
	Arabic	1	0.1%	0.1%	99.0%
	Chinese	1	0.1%	0.1%	99.1%
	German	1	0.1%	0.1%	99.2%
	Spanish	2	0.2%	0.2%	99.4%
	Other (please specify)	6	0.6%	0.6%	100.0%
	Total	991	98.6%	100.0%	
Missing	System	14	1.4%		
Total		1005	100.0%		

What is your primary mode of daily transportation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Automobile/Truck (owned or leased)	899	89.5%	90.7%	90.7%
	Public Transportation (bus / subway / rail)	14	1.4%	1.4%	92.1%
	Online Ride Service (Uber / Lyft)	3	0.3%	0.3%	92.4%
	Taxi Service	1	0.1%	0.1%	92.5%
	Family, Friends or Neighbors	22	2.2%	2.2%	94.8%
	Bicycle	2	0.2%	0.2%	95.0%
	Walk	39	3.9%	3.9%	98.9%
	I do not have a primary mode of daily transportation	8	0.8%	0.8%	99.7%
	Other (specify)	3	0.3%	0.3%	100.0%
	Total	991	98.6%	100.0%	
Missing	System	14	1.4%		
Total		1005	100.0%		