**Cass County** 

2011 County Health Profile

An adaptation of the County Health Rankings Project for the Fargo-Moorhead Community Health Needs Assessment Collaborative

North Dakota

HEALTH OUTCOMES		Cass	*National Benchmark	North Dakota
Mortality				
Premature death	Years of potential life lost before age 75 per 100,000 population (ageadjusted), 2005-2007	5,129	5,564	6,330
Morbidity				
Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted), 2003- 2009	9%	10%	12%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted), 2003-2009	2.5	2.6	2.7
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted), 2003-2009	2.3	2.3	2.5
Low birthweight	Percent of live births with low birthweight (<2,500 grams), 2001-2007	6.6%	6.0%	6.4%
HEALTH FACTORS				
Health Behaviors				
Adult smoking	Percent of adults that currently smoke and have smoked at least 100 cigarettes in their lifetime, 2003-2009	18%	15%	20%
Adult obesity	Percent of adults that report a body mass index (BMI) of at least 30 kg/m2, 2008	28%	25%	28%
Physical inactivity	Percent of adults reporting no leisure time physical activity, 2008	21%	20%	25%
Excessive drinking	Percent of adults reporting binge drinking and heavy drinking**, 2003-2009	24%	8%	22%
Motor vehicle crash death rate	Motor vehicle crash deaths per 100,000 population, 2001-2007	8.9	12.0	18.5
Sexually transmitted infections	Number of chlamydia cases (new cases reported) per 100,000 population, 2008	330.9	83.0	300.3
Teen birth rate	Number of teen births per 1,000 females ages 15-19, 2001-2007	19.9	22.0	26.6
Clinical Care				
Uninsured adults	Percent of adult population ages 18-64 without health insurance, 2007	15%	13%	15%
Uninsured youth	Percent of youth ages 0-18 without health insurance, 2007	7%	7%	8%
Primary care physicians	Ratio of total population to primary care physicians, 2008	487:1	631:1	665:1
Mental health providers	Ratio of total population to mental health providers, 2008	1,361:1	2,242:1	2,555:1
Dentist rate	Number of professionally active dentists per 100,000 population, 2007	65.8	69.0	51.0
Preventable hospital stays	Hospitalization discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees, 2006-2007	48.8	52.0	71.3
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening, 2006-2007	91%	89%	85%
Mammography screening	Percent of female Medicare enrollees that receive mammography screening, 2006-2007	79%	74%	72%

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HEALTH FACTORS (co	ntinued)	Cass	*National Benchmark	North Dakota
Social and Economic Fac	tors			
High school graduation	Percent of ninth-grade cohort in public schools that graduates from high school in four years, 2006-2007	90%	92%	83%
Some college	Percent of adults ages 25-44 with some post-secondary education, 2005-2009	77%	68%	72%
Unemployment	Percent of population ages 16 and older that is unemployed but seeking work, 2009	4.2%	5.3%	4.39
Child poverty	Percent of children ages 0-17 living below the Federal Poverty Line, 2008	10%	11%	149
Inadequate social support	Percent of adults that never, rarely, or sometimes get the social and emotional support they need, 2003-2009	14%	14%	179
Children in single- parent households	Percent of children in families that live in a household headed by a parent with no spouse present, 2005-2009	25%	20%	24%
Homicide rate	Number of deaths due to murder or non-negligent manslaughter per 100,000 population, 2001-2007	-	1.0	1.
Physical Environment				
Air pollution- particulate matter	Number of days air quality was unhealthy for sensitive populations due to fine particulate matter, 2006	0	0	
Air pollution-ozone	Number of days air quality was unhealthy for sensitive populations due to ozone levels, 2006	0	0	
Access to healthy foods	Percent of zip codes with a healthy food outlet (i.e., grocery store or produce stand/farmers' market), 2008	29%	92%	359
Access to recreational facilities	Number of recreational facilities per 100,000 population, 2008	9.0	17.0	12.
Demographics		Cass	United States	North Dakota
Youth	Percent of total population ages 0-17, 2009	22%	24%	229
Elderly	Percent of total population ages 65 and older, 2009	10%	13%	159
Rural	Percent of total population living in a rural area, 2000	13%	21%	449
Not English proficient	Percent of total population that speaks English less than "very well," 2005-2009	2%	9%	29
Illiteracy	Percent of population ages 16 and older that lacks basic prose literacy skills, 2003	5%	15%	69

<sup>\*</sup>The national benchmark is the 90th percentile (i.e., 10% of counties nationwide ranked better). \*\*Binge drinking is defined as consuming more than 4 (for women) or 5 (for men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than 1 (for women) or 2 (for men) alcoholic beverages per day on average. - Blank values reflect unreliable or missing data.

Source: The overall format and content of the County Health Profiles is based largely on County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project - a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, http://www.countyhealthrankings.org/. Additional data sources include the U.S. Census Bureau, Small Area Health Insurance Estimates, http://www.census.gov/sahie/ and the Centers for Disease Control and Prevention's National Center for Health Statistics - the Health Indicators Warehouse, http://healthindicators.gov and "Health, United States, 2010," Table 109, http://www.cdc.gov/nchs/hus.htm.

Disclaimer: The data displayed are from the source indicated; we do not vouch for the accuracy of the data or ensure they are the most recent available. The information is intended for personal, non-commercial use. It can be shared freely if it is not used for profit and appropriate acknowledgments are given. The 2011 County Health Profile was prepared by researchers at North Dakota State University in Fargo for the 2011-2013 Fargo-Moorhead Community Health Needs Assessment Collaborative. December 2011