

2012 Greater Fargo-Moorhead Community Health Needs Assessment of Residents

Results of an April 2012 generalizable survey of residents in
Cass County, North Dakota and Clay County, Minnesota

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Fargo-Moorhead Community Health Needs Assessment Collaborative

PREFACE

This report, entitled *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Residents*, presents the results of an April 2012 generalizable survey of residents in Cass County, North Dakota and Clay County, Minnesota.

The study was conducted by the Center for Social Research at North Dakota State University on behalf of the Fargo-Moorhead Community Health Needs Assessment Collaborative. Funding for the study was provided by Collaborative member organizations.

Fargo-Moorhead Community Health Needs Assessment Collaborative Members

Sanford Health

Essentia Health

United Way of Cass-Clay

Dakota Medical Foundation

North Dakota State University

Fargo Cass Public Health

Clay County Public Health

Family HealthCare Center

Urban Indian Health and Wellness Center of Fargo-Moorhead

Center for Rural Health at the University of North Dakota

Southeast Human Services Center

The *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Residents* is a companion report to the *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Community Leaders*.

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EXECUTIVE SUMMARY

Introduction

The purpose of this generalizable survey of residents in the greater Fargo-Moorhead (F-M) area (i.e., Cass County, North Dakota and Clay County, Minnesota) was to learn about the perceptions of area residents regarding the prevalence of disease and health issues in their community.

Study Design and Methodology

A generalizable survey was conducted of residents in the greater F-M area. The survey instrument was developed in collaboration with the F-M Community Health Needs Assessment Collaborative and contained 27 questions.

The survey was designed as a scannable mail survey and was sent to 1,500 randomly selected households in Cass and Clay counties. The sampling frame was obtained from a qualified vendor. A total of 236 completed surveys were returned which provides a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 6 percent. Approval from the Institutional Review Board (IRB) at North Dakota State University was obtained to ensure proper protocol was used and the rights of human subjects maintained. The survey consisted of questions that focused on community assets, general concerns about communities, a variety of community health and wellness concerns, some personal health care information, and demographic information.

Key Findings

Respondents had high levels of agreement that their community has quality educational opportunities and programs, the community is a good place to raise kids and is a healthy place to live, and there is quality health care. However, respondents agreed the least that there is tolerance, inclusion, and open-mindedness in their community.

Respondents were most concerned about the aging population (i.e., availability/cost of long-term care, availability of resources to help elderly stay in their homes, and availability of resources for family and friends caring for elders). Respondents had similar levels of concern with safety issues (i.e., presence and influence of drug dealers, domestic violence, property crimes, and child abuse and neglect) as they did with economic issues (i.e., employment opportunities, economic disparities between higher and lower classes, and cost of living). Respondents were also concerned with issues relating to children (i.e., bullying and availability/cost of quality child care). Respondents were least concerned about the availability and cost of public transportation as well as traffic congestion. Environmental issues regarding garbage and litter, water quality, air quality, and noise levels were also not a large concern.

With respect to health and wellness concerns, respondents were most concerned with issues relating to cost and access (i.e., cost of health insurance, cost of health care, cost of prescription drugs, and adequacy of health insurance). Respondents were also concerned about access to health insurance coverage and the availability and cost of dental or vision insurance and dental or vision care. Physical and mental health issues (i.e., cancer, chronic disease, and obesity) were also a concern. Respondents were least concerned about distance to health care services, availability of bilingual providers or translators, patient confidentiality, and availability or access to transportation.

Summary of Survey Results

Community Assets/Best Things About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of agreement with various statements about their community regarding people, services and resources, and quality of life.

Respondents indicated the top five community assets or best things about the community were: there are quality higher education opportunities and institutions, the community is a good place to raise kids, there are quality school systems and programs for youth, there is quality health care, and the community is a healthy place to live.

Services and resources

Respondents had high levels of agreement that there are quality higher education opportunities and institutions, as well as quality school systems and programs for youth in their community (mean=4.51 and mean=4.26, respectively). Respondents generally agreed there is effective transportation in their community (mean=3.69).

Quality of life

Respondents had high levels of agreement that their community is a good place to raise kids and that it is a healthy place to live (mean=4.35 and mean=4.23, respectively). Although still well above average, among quality of life issues, respondents agreed the least that their community is a safe place to live and has little or no crime (mean=3.86).

People

Respondents had fairly high levels of agreement that people are friendly, helpful, and supportive in their community and that there is a sense of community or feeling connected to people who live here (mean=4.06 and mean=3.87, respectively). Respondents were moderate in their agreement regarding tolerance, inclusion, and open-mindedness in their community (mean=3.29).

General Concerns About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements about their community regarding economic issues, transportation, environment, children and youth, the aging population, and safety.

Respondents indicated the top six general concerns about the community were: the availability and/or cost of long-term care, the availability of resources to help the elderly stay in their homes, the availability of resources for family and friends caring for elders, the presence and influence of drug dealers in the community, the availability of employment opportunities, and domestic violence.

The aging population

With respect to the aging population in their community, respondents had above average concerns with the availability and cost of long-term care (mean=3.66). Respondents were least concerned about the availability or cost of activities for seniors and the availability of resources for grandparents caring for grandchildren (mean=3.16 and mean=3.15, respectively).

Safety

Regarding safety issues in their community, respondents were most concerned with the presence and influence of drug dealers (mean=3.51). Respondents were least concerned with elder abuse and violent crimes (mean=3.08 and mean=3.06, respectively).

Economic issues

Respondents had moderate levels of concern with respect to the availability of employment opportunities (mean=3.49), economic disparities between higher and lower classes (mean=3.44), and the cost of living in their community (mean=3.43). Respondents were least concerned with homelessness and hunger in their community (mean=3.01 and mean=3.00, respectively).

Children and youth

Regarding children and youth, respondents were most concerned with bullying and the availability and/or cost of quality child care in their community (mean=3.44 and mean=3.42, respectively). Respondents were least concerned with school dropout rates and truancy (mean=2.82).

Transportation

Respondents were moderately concerned with issues of transportation in their community. The cost of automobile ownership was the largest concern (mean=3.42) followed by the availability of good walking or biking options (mean=3.25). Among transportation issues, respondents were least concerned with traffic congestion (mean=2.85).

Environment

There was little concern among respondents with environmental issues in their community. Garbage and litter issues (mean=2.70) were more of a concern than water (mean=2.63), noise (mean=2.56), and air quality concerns (mean=2.37).

Health and Wellness Concerns About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various health and wellness issues with respect to access to health care, physical and mental health, and substance use and abuse.

The top five health and wellness concerns among respondents were: the cost of health insurance, the cost of health care, the cost of prescription drugs, the adequacy of health insurance coverage, and access to health insurance coverage.

Access to health care

Respondents had high levels of concern with respect to costs associated with health and wellness in their community. Among all the health care issues, cost of health insurance (mean=4.32), cost of health care (mean=4.25), and cost of prescription drugs (mean=4.06) were the top three concerns.

Respondents also had concerns with respect to access and the availability of health and wellness services and providers in their community. Access to health insurance coverage (mean=3.79), availability and cost of dental and/or vision coverage (mean=3.76), and availability of and cost of dental and vision care (mean=3.76) were all above average in level of concern.

Respondents had below average levels of concern with availability of or access to transportation (mean=2.63), patient confidentiality (mean=2.57), availability of bilingual providers and translators (mean=2.40), and distance to health care services (mean=2.33).

Physical and mental health

Respondents had moderately high levels of concern with respect to physical and mental health issues in their community. Respondents were most concerned about cancer (mean=3.76), followed by chronic disease (mean=3.70), obesity (mean=3.69), and stress (mean=3.66). Respondents were least concerned about suicide and communicable disease (mean=3.04 and mean=2.83, respectively).

Substance use and abuse

The levels of concern among respondents regarding substance use and abuse issues in their community were slightly higher than average. Respondents were most concerned about drug use and abuse and alcohol use and abuse (mean=3.55 and mean=3.52, respectively). Respondents were least concerned about exposure to second-hand smoke (mean=3.35).

Personal Health Care Information

The top three reasons respondents gave for their choice of a primary health care provider were quality of services (38.6 percent), location (35.6 percent), and availability of services (34.7 percent).

When asked whether they had a cancer screening or cancer care in the past year, 35.4 percent of respondents said they had not. The most common reasons for not having a cancer screening or cancer care in the past year was that it was not necessary (35.4 percent) and their doctor hadn't suggested it (29.1 percent).

Most respondents paid for their health care costs over the last 12 months by health insurance through an employer (60.2 percent). Other methods of payment include Medicare (26.3 percent), private health insurance (21.6 percent), and personal income (21.6 percent).

Demographic Information

Most respondents are 45 to 64 years of age (47.9 percent); 29.1 percent are 65 years or older and 6.0 percent are younger than age 30.

A majority of respondents have a Bachelor's degree or higher (53.0 percent), including 25.0 percent who have a graduate or professional degree.

The gender distribution among respondents is evenly split among males and females.

Three in four respondents said they work or volunteer outside the home (76.6 percent).

Half of respondents said their annual household income is \$40,000 to \$69,999 (25.2 percent) and \$70,000 to \$119,999 (24.8 percent). Five percent earned less than \$20,000 annually (5.3 percent).

A majority of respondents own their home (83.3 percent).

The vast majority of respondents are white (95.3 percent).

One-fourth of respondents said they are the parent or primary caregiver of children 18 years of age or younger (25.9 percent).

Companion Report Comparisons

The *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Residents* is a companion report to the *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Community Leaders*. Caution should be used when interpreting the comparisons as findings from the community leaders' survey are not generalizable to the community.

Overall, community leaders had higher levels of agreement and higher levels of concern than did the residents.

Among community assets, both residents and community leaders agreed the most that there are quality higher education opportunities, institutions, school systems, and programs for youth; there is quality health care, and that it is a good place to raise kids. Compared to community leaders, residents agreed less that there is an engaged government and a sense that you can make a difference. Residents agreed the least that there is tolerance, inclusion, and open-mindedness, whereas community leaders agreed the least that there is effective transportation.

Among general concerns, both residents' and community leaders' top concerns were directed at the aging population (i.e., availability and cost of long-term care, availability of resources to help the elderly stay in their homes, availability of resources for family and friends caring for elders). However, community leaders were most concerned about domestic violence. Availability of quality child care and bullying were also among the top concerns among community leaders, whereas availability of employment opportunities and the presence and influence of drug dealers in the community were top concerns among residents. Both residents and community leaders were least concerned about environmental issues (i.e., garbage and litter, water quality, air quality, and noise levels).

Among health and wellness concerns, both residents' and community leaders' top concerns were access-related issues (i.e., the cost of health insurance, the cost of health care, and the cost of prescription drugs). With respect to physical and mental health, residents were more concerned about cancer, chronic disease, and obesity. Community leaders, on the other hand, were most concerned about obesity, poor nutrition and eating habits, and inactivity or lack of exercise. Both residents and community leaders were least concerned about communicable disease and suicide.

With respect to demographic characteristics, community leaders tended to be more highly educated and have higher incomes than residents overall. While the gender distribution among residents was evenly split, a larger proportion of community leaders who completed the survey were female.

SURVEY RESULTS

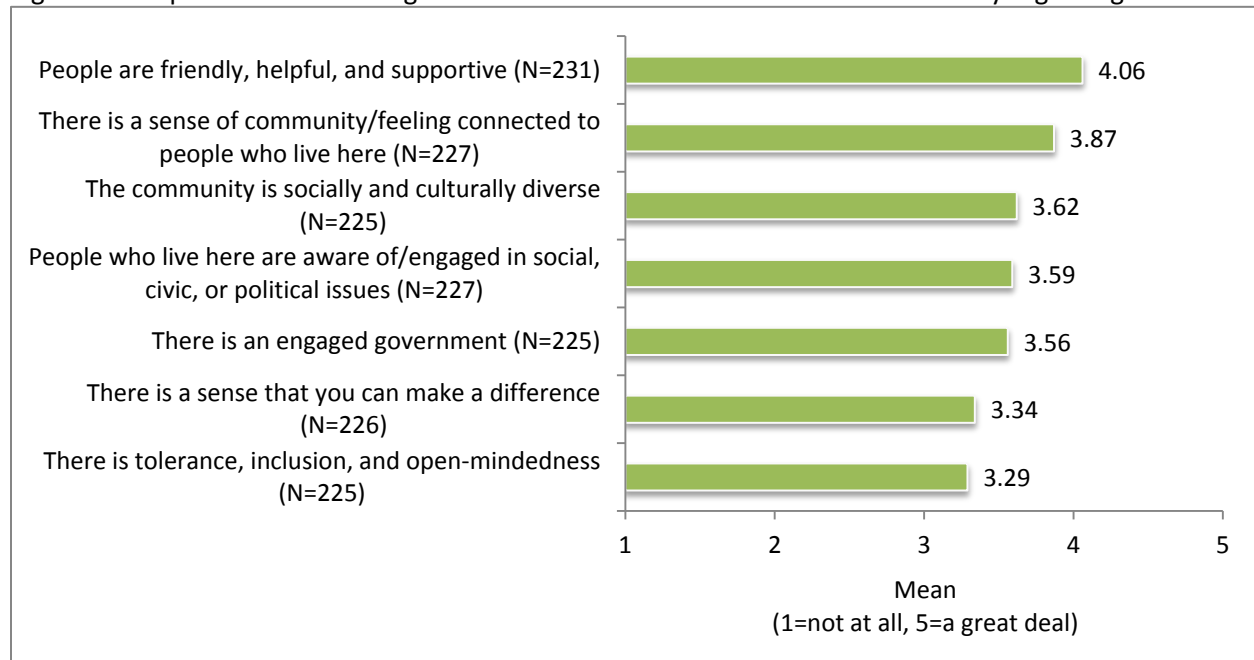
Community Assets/Best Things About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of agreement with various statements regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE in their community.

Overall, respondents had moderately high levels of agreement regarding positive statements that reflect the people in their community (*Figure 1, Appendix Table 1*).

- On average, respondents agreed the most that people in their community are friendly, helpful, and supportive (mean=4.06); 26.4 percent agreed a great deal.
- Respondents also had a fairly high level of agreement that there is a sense of community or feeling connected to people who live here (mean=3.87).
- Although still a moderate level of agreement, respondents agreed the least that there is tolerance, inclusion, and open-mindedness in their community (mean=3.29); 8.4 percent of respondents agreed a great deal.

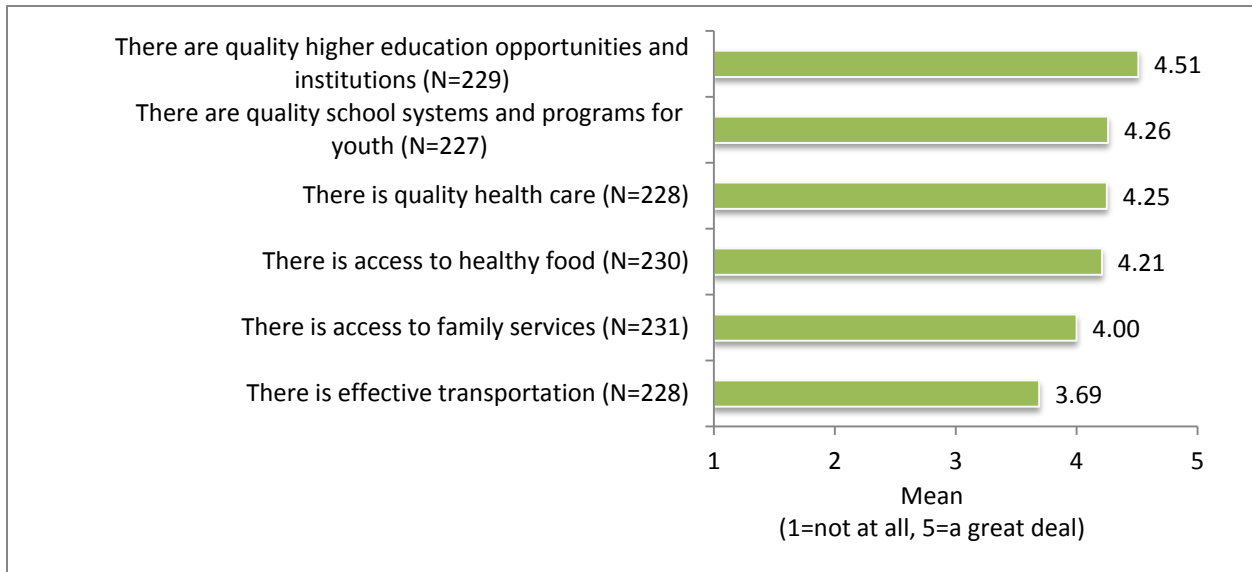
Figure 1. Respondents’ level of agreement with statements about their community regarding PEOPLE



Overall, respondents had a high level of agreement with positive statements regarding services and resources issues in their community (Figure 2, Appendix Table 2).

- On average, respondents agreed the most that there are quality higher education opportunities and institutions in their community (mean=4.51); 61.6 percent agreed a great deal. Respondents also had a high level of agreement that there are quality school systems and programs for youth (mean=4.26) and that there is quality health care (mean=4.25).
- Although still above average in their level of agreement, respondents agreed the least that there is effective transportation in their community (mean=3.69).

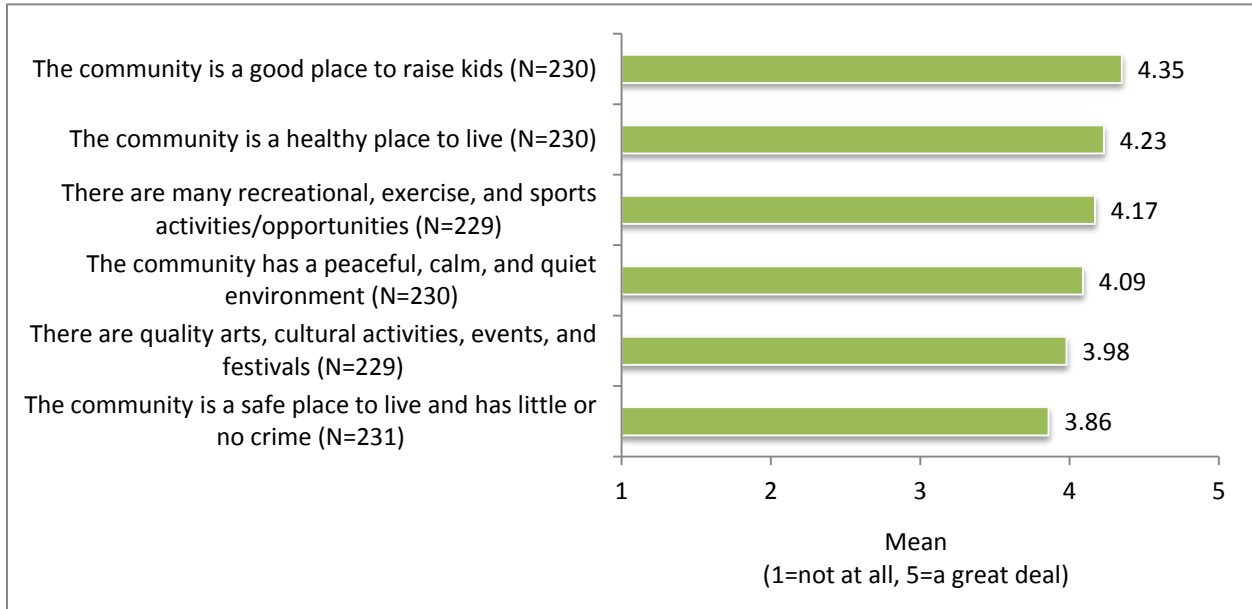
Figure 2. Respondents' level of agreement with statements about their community regarding SERVICES AND RESOURCES



Overall, respondents had a high level of agreement with positive statements regarding quality of life issues in their community (Figure 3, Appendix Table 3).

- On average, respondents agreed the most that their community is a good place to raise kids and that it is a healthy place to live (mean=4.35 and mean=4.23, respectively).
- Although still well above average in their level of agreement, respondents agreed the least that their community is a safe place to live and has little or no crime (mean=3.86).

Figure 3. Respondents’ level of agreement with statements about their community regarding QUALITY OF LIFE



Respondents were asked to describe other best things about their community (see Appendix Table 4 for a list of themes).

- Respondents mentioned the faith and religious organizations and their wonderful contributions to the community.
- Respondents also mentioned their satisfaction with city services (i.e., quick response, great recycling and garbage program, and snow removal).

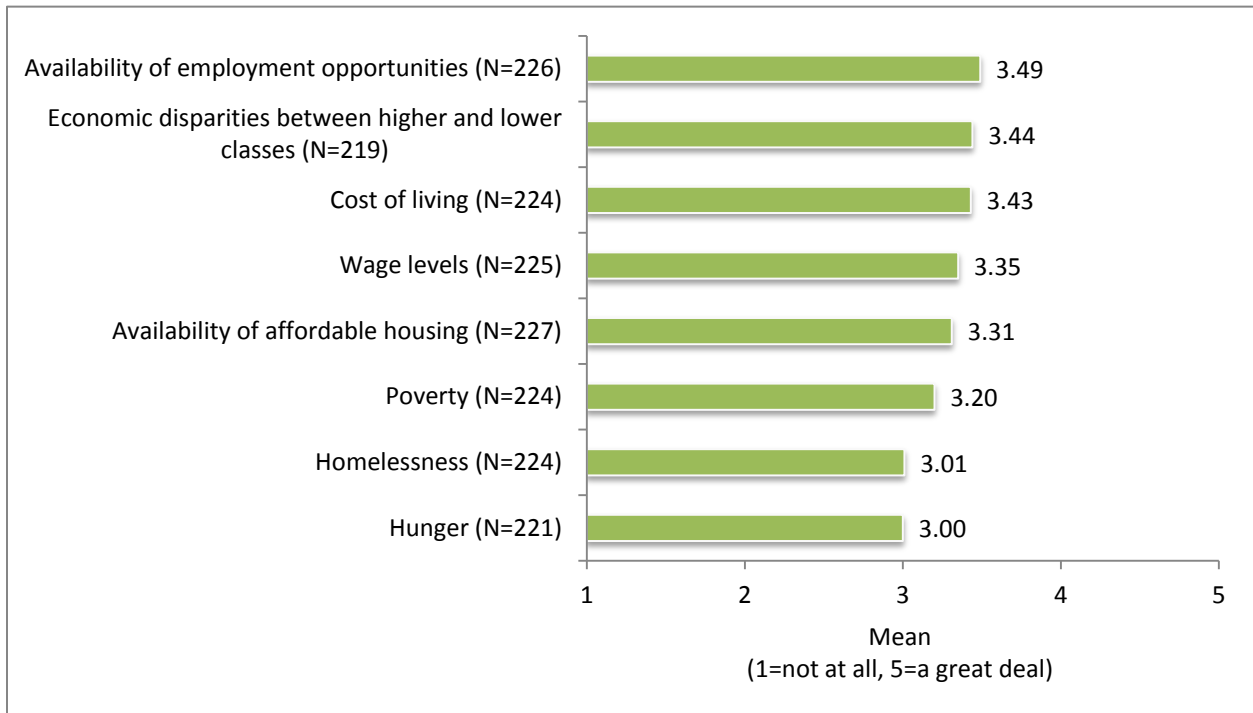
General Concerns About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY in their community.

Overall, respondents had a moderate level of concern with economic issues in their community (Figure 4, Appendix Table 5).

- On average, respondents were most concerned with the availability of employment opportunities (mean=3.49), economic disparities between higher and lower classes (mean=3.44), and the cost of living (mean=3.43).
- Although still moderately concerned, on average, respondents were least concerned with homelessness and hunger in their community (mean=3.01 and mean=3.00, respectively).

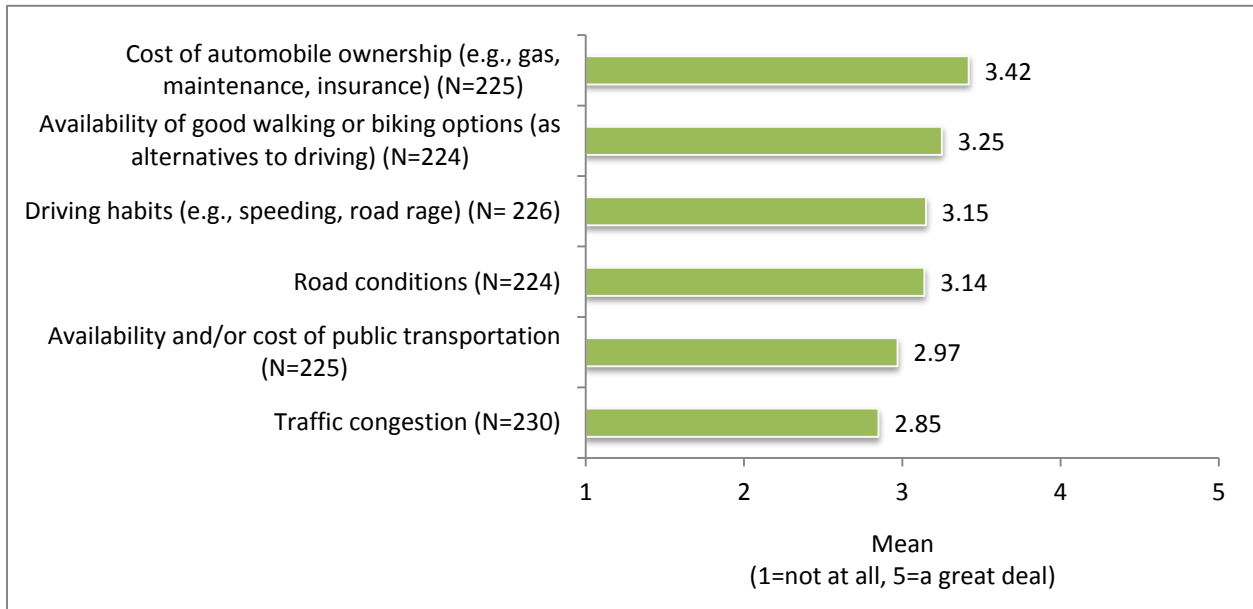
Figure 4. Respondents' level of concern with statements about their community regarding ECONOMIC ISSUES



Overall, respondents had a moderate level of concern with transportation issues in their community (Figure 5, Appendix Table 6).

- On average, respondents were most concerned with the cost of automobile ownership followed by the availability of good walking or biking options (mean=3.42 and mean=3.25, respectively).
- Although still moderately concerned, on average, respondents were least concerned with traffic congestion (mean=2.85).

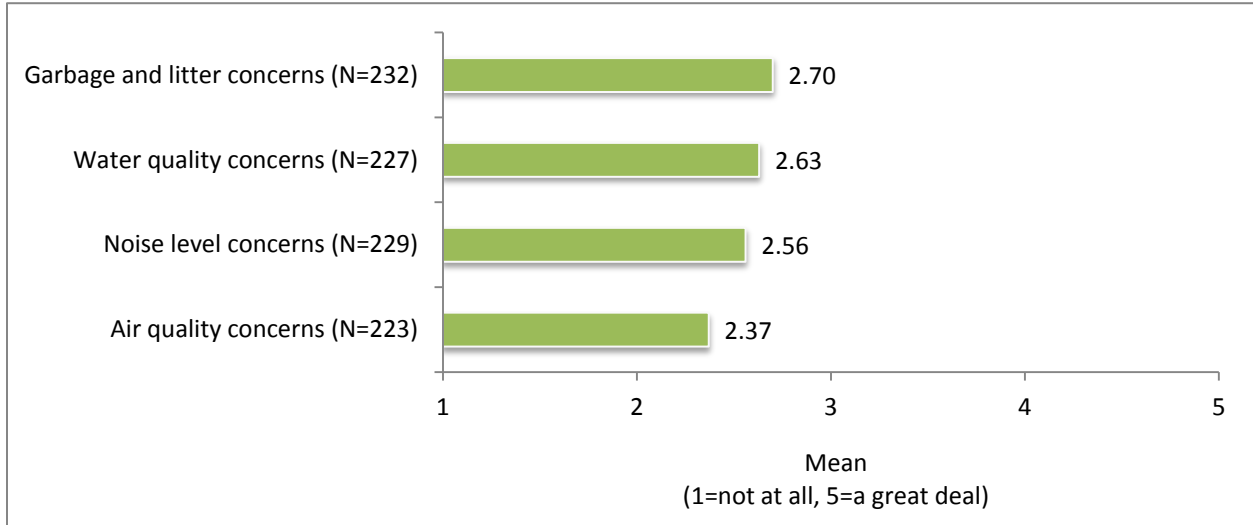
Figure 5. Respondents' level of concern with statements about their community regarding TRANSPORTATION



Overall, respondents were not that concerned with environmental issues in their community (*Figure 6, Appendix Table 7*).

- On average, respondents had a higher level of concern with garbage and litter (mean=2.70) than with water quality (mean=2.63), noise level (mean=2.56) and air quality (mean=2.37).

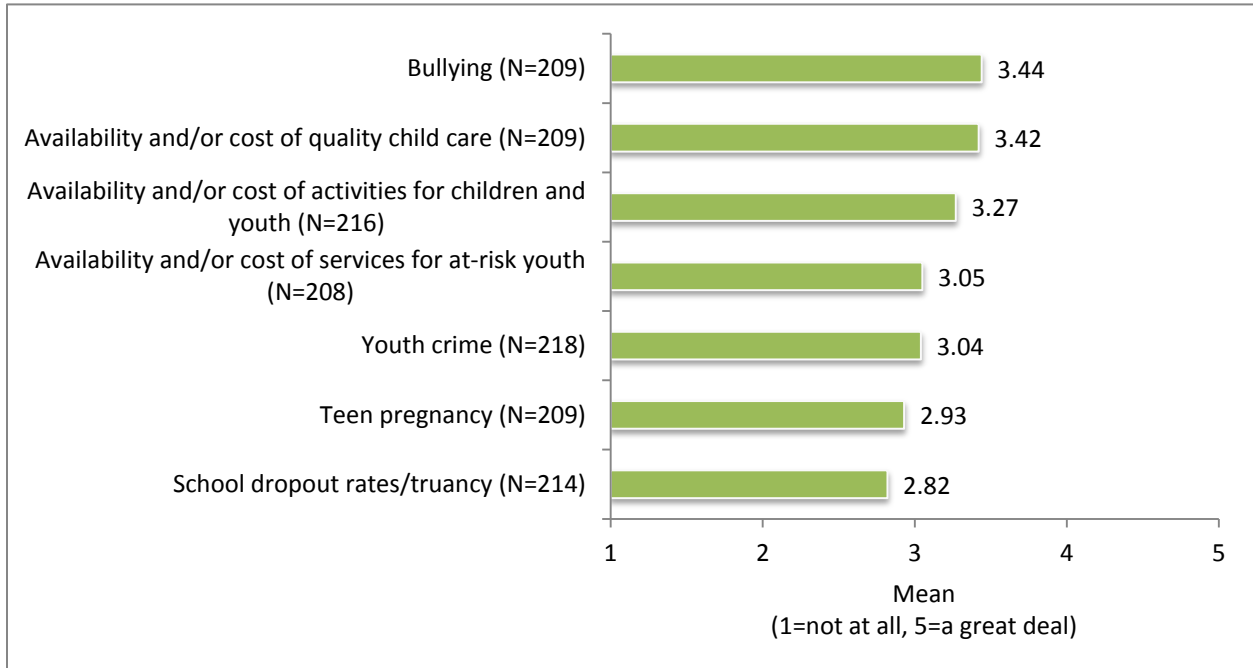
Figure 6. Respondents' level of concern with statements about their community regarding ENVIRONMENT



Overall, respondents had a moderate level of concern with issues relating to children and youth in their community (*Figure 7, Appendix Table 8*).

- On average, respondents were most concerned about bullying and the availability or cost of quality child care (mean=3.44 and mean=3.42, respectively).
- Although still moderately concerned, on average, respondents were least concerned with school dropout rates and truancy (mean=2.82).

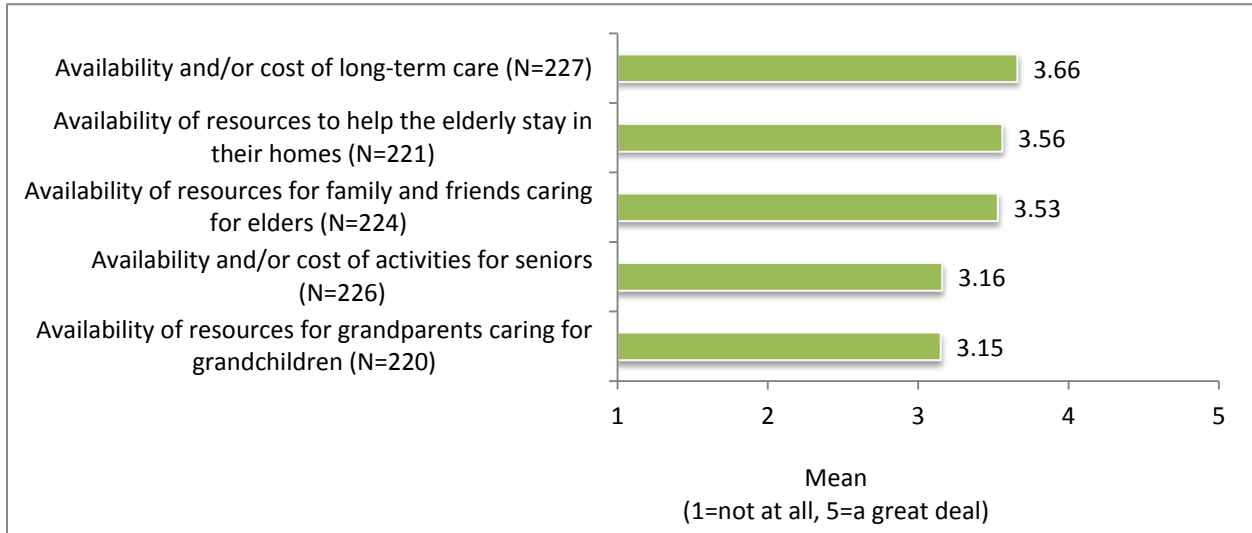
Figure 7. Respondents' level of concern with statements about their community regarding CHILDREN AND YOUTH



Overall, respondents had moderately high average levels of concern with issues relating to the aging population in their community (Figure 8, Appendix Table 9).

- On average, respondents were most concerned about the availability and cost of long-term care (mean=3.66); 30.0 percent said they had a great deal of concern.
- Although still moderately concerned, on average, respondents were least concerned about the availability or cost of activities for seniors and the availability of resources for grandparents caring for grandchildren (mean=3.16 and mean=3.15, respectively).

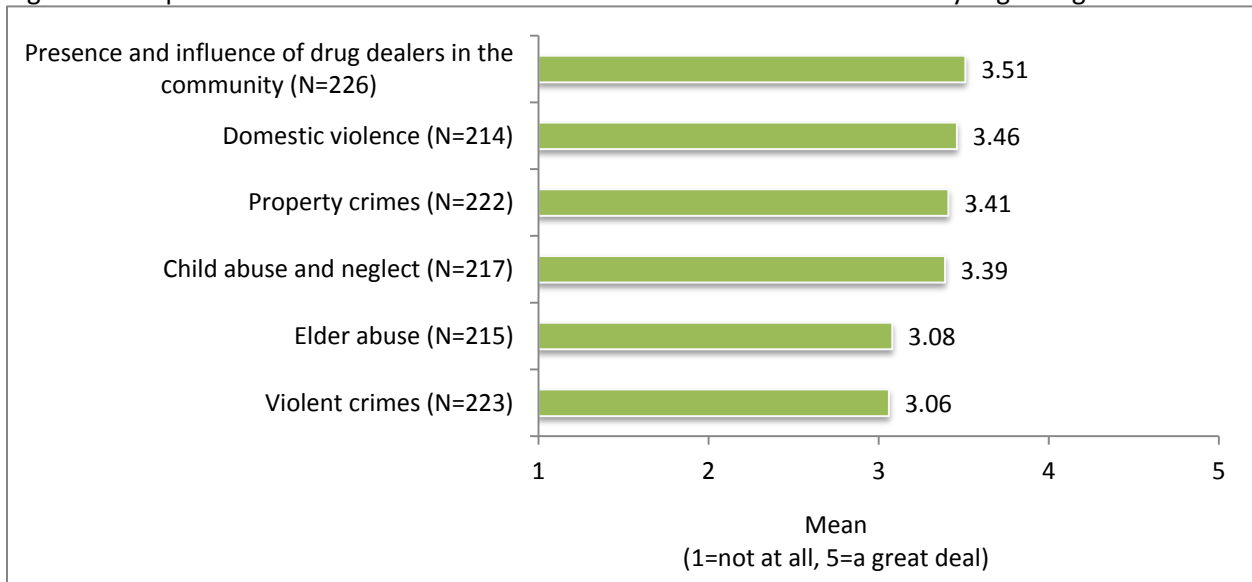
Figure 8. Respondents' level of concern with statements about their community regarding THE AGING POPULATION



Overall, respondents had a slightly higher than average level of concern with safety issues in their community (Figure 9, Appendix Table 10).

- On average, respondents were most concerned with the presence and influence of drug dealers in the community (mean=3.51), domestic violence (mean=3.46), property crimes (mean=3.41), and child abuse and neglect (mean=3.39).
- Although still moderately concerned, on average, respondents were least concerned with elder abuse and violent crimes (mean=3.08 and mean=3.06, respectively).

Figure 9. Respondents' level of concern with statements about their community regarding SAFETY



Respondents were asked their opinion of other community concerns (see *Appendix Table 11 for a list of themes*).

- Some respondents had concerns regarding vandalism of cars (e.g., broken windows, flat tires) and nuisance issues relating to loud cars and stereos, and people not picking up after their dogs.
- Some respondents also wrote about how it was not easy to get socially connected to people if you were not from the area.

Health and Wellness Concerns About Their Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern about health and wellness issues in their community regarding ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Overall, respondents had high levels of concern regarding several issues associated with access to health care in their community (*Figure 10, Appendix Table 12*).

- Respondents were most concerned about cost issues:
 - Cost of health insurance (mean=4.32); 55.8 percent were concerned a great deal.
 - Cost of health care (mean=4.25); 50.2 percent were concerned a great deal.
 - Cost of prescription drugs (mean=4.06); 40.6 percent were concerned a great deal.
 - Adequacy of health insurance (e.g., amount of copays, deductibles) (mean=3.97); 39.5 percent were concerned a great deal.
- Respondents also had moderately high levels of concern regarding access and availability of health and wellness, coverage, providers, costs, and services:
 - Access to health insurance coverage (e.g., preexisting conditions) (mean=3.79); 33.3 percent were concerned a great deal.
 - Availability and/or cost of dental and/or vision insurance coverage (mean=3.76); 30.8 percent were concerned a great deal.
 - Availability and/or cost of dental and/or vision care (mean=3.76); 29.7 percent were concerned a great deal.
- Among health care access issues, respondents had the least concern for transportation and distance issues, patient confidentiality, and availability of bilingual providers/translators:
 - Availability of/access to transportation (mean=2.63).
 - Patient confidentiality (mean=2.57).
 - Availability of bilingual providers and/or translators (mean=2.40).
 - Distance to health care services (mean=2.33).

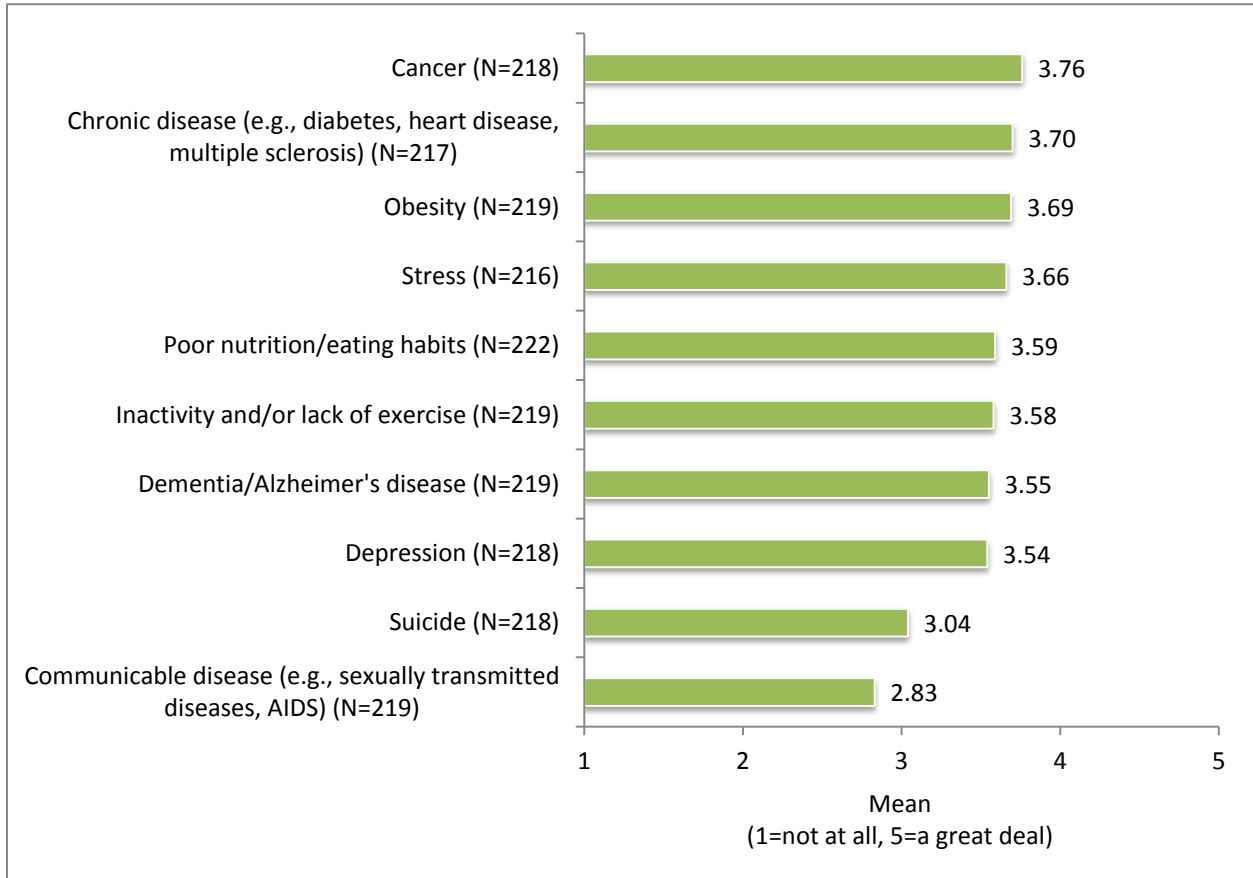
Figure 10. Respondents' level of concern with statements about their community regarding ACCESS TO HEALTH CARE



Overall, respondents had moderately high levels of concern regarding physical and mental health issues in their community (Figure 11, Appendix Table 13).

- On average, respondents indicated the physical and mental health issues they were most concerned about in their community were cancer, chronic disease, obesity, and stress (mean=3.76, mean=3.70, mean=3.69, and mean=3.66, respectively).
- Although still a moderate level of concern, on average, respondents were least concerned about suicide and communicable disease (mean=3.04 and mean=2.83, respectively).

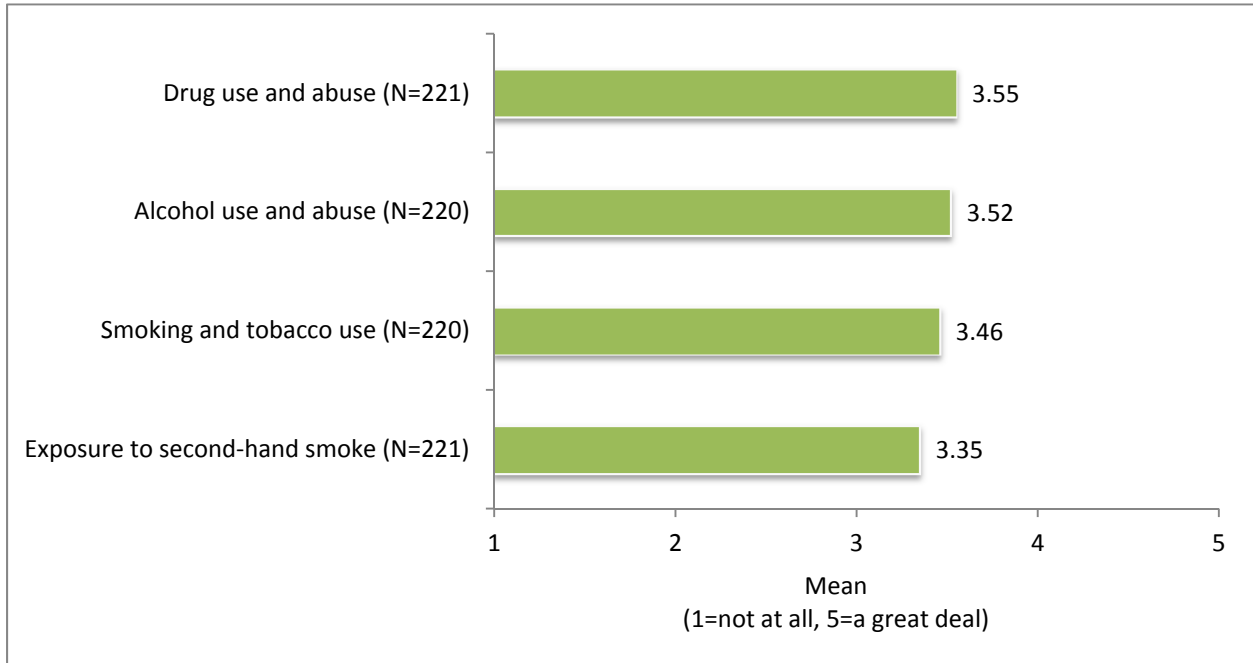
Figure 11. Respondents' level of concern with statements about their community regarding PHYSICAL AND MENTAL HEALTH



Overall, respondents' levels of concern regarding substance use and abuse in their community were very similar and moderately high (Figure 12, Appendix Table 14).

- On average, respondents were most concerned about drug use and abuse and alcohol use and abuse (mean=3.55 and mean=3.52, respectively).
- On average, respondents were least concerned with exposure to second-hand smoke (mean=3.35).

Figure 12. Respondents' level of concern with statements about their community regarding SUBSTANCE USE AND ABUSE



Respondents were asked to describe other health and wellness concerns in their community (see Appendix Table 15 for a list of themes).

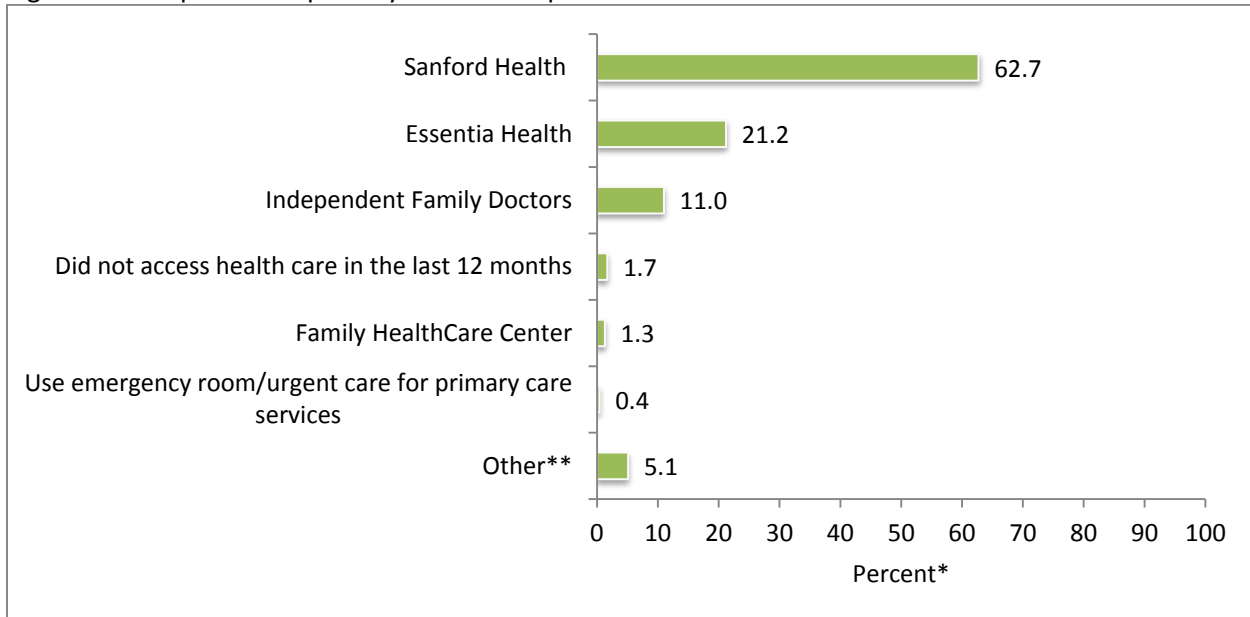
- Most of the respondents' comments were about the costs associated with health care, insurance, medical devices, and medications.
- Some respondents said there was a lack of mental health and dental services.

Personal Health Care Information

Respondents were asked which provider they used for their primary health care and why they chose that provider.

- Three in five respondents said they use Sanford Health as their primary health care provider (62.7 percent); one in five said they use Essentia Health (21.2 percent) (*Figure 13, Appendix Table 16*).

Figure 13. Respondents' primary health care provider



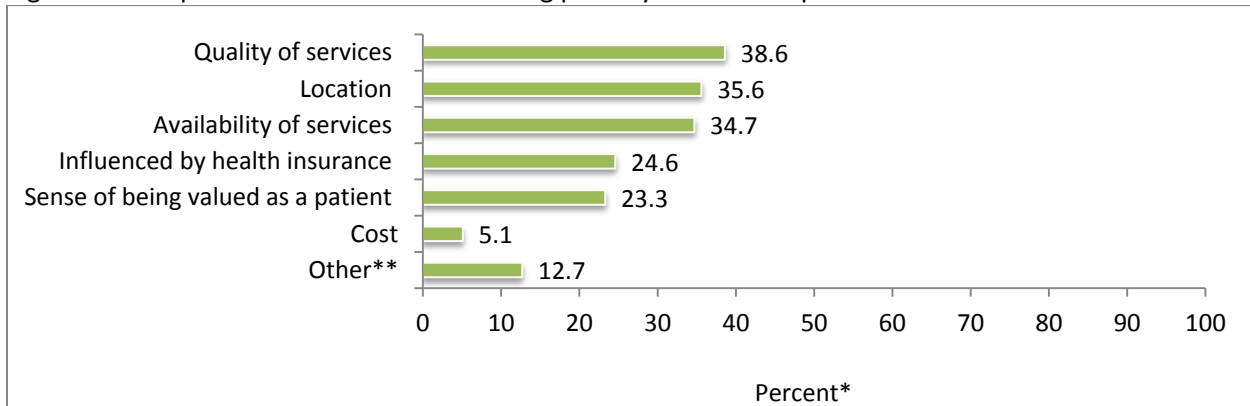
N=236

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 16 for a list of other responses.

- The top three reasons respondents gave for their choice of primary health care provider were quality of services, location, and availability of services (38.6 percent, 35.6 percent, and 34.7 percent, respectively) (*Figure 14, Appendix Table 17*).
- One in four respondents said choosing their primary health care provider was influenced by their health insurance as well as being valued as a patient (24.6 percent and 23.3 percent, respectively). Cost was not an issue in choosing a provider for most respondents (5.1 percent).

Figure 14. Respondents' reasons for choosing primary health care provider



N=236

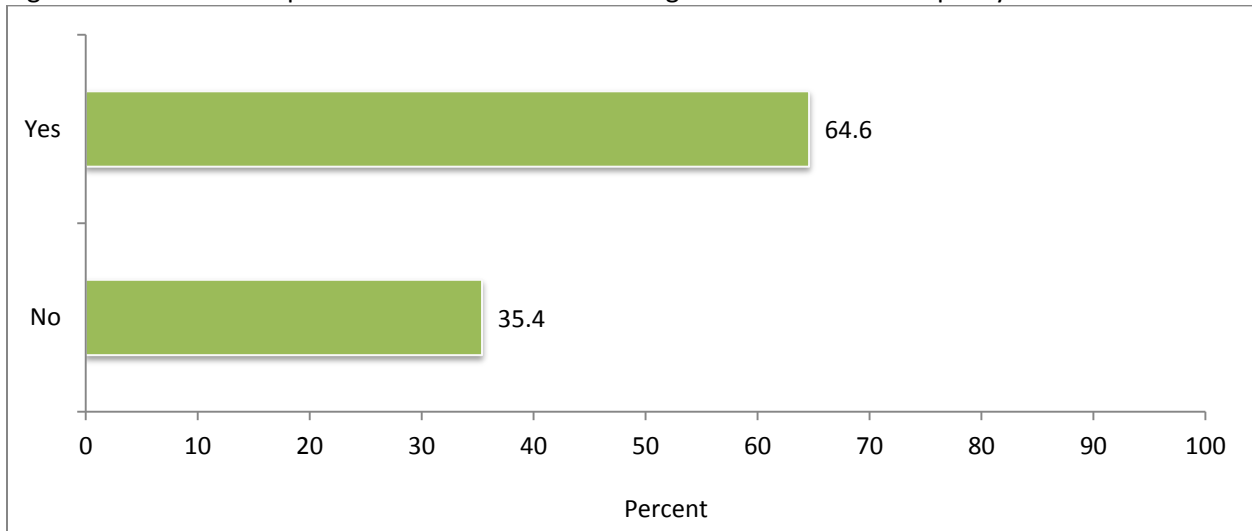
*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 17 for a list of other responses.

Respondents were asked whether they had a cancer screening or cancer care in the past year, and if they had not, reasons for not having done so.

- One in three respondents said they had not had a cancer screening or cancer care in the past year (35.4 percent) (Figure 15, Appendix Table 18).

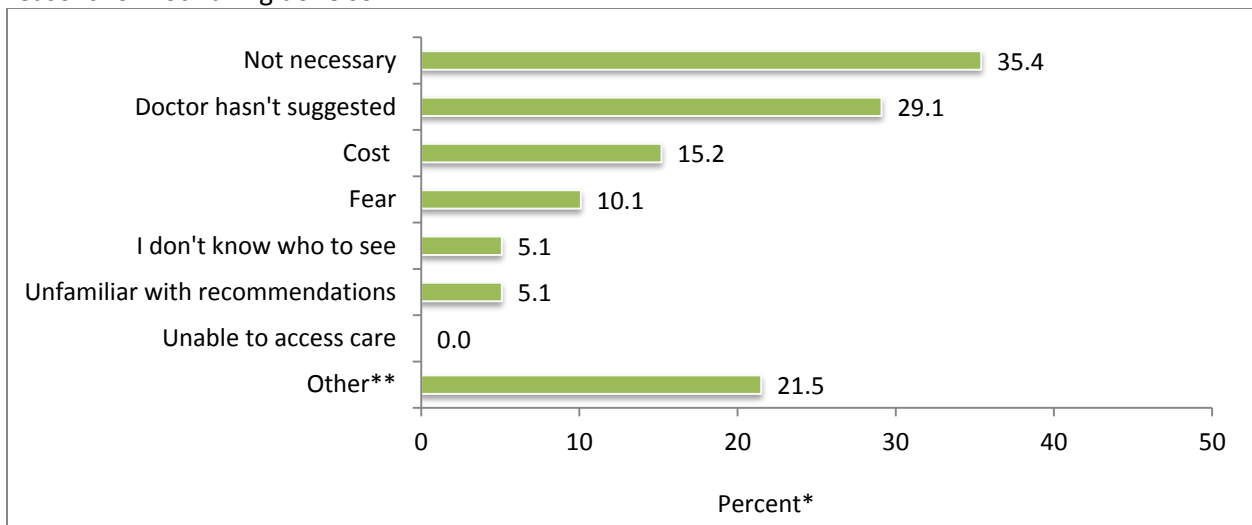
Figure 15. Whether respondents had a cancer screening or cancer care in the past year



N=223

- Among respondents who had not had a cancer screening or cancer care in the past year, one in three said they had not done so because it was not necessary (35.4 percent); 29.1 percent said their doctor had not suggested it. Cost and fear were also reasons for some respondents (15.2 percent and 10.1 percent, respectively) (Figure 16, Appendix Table 19).
- One in five respondents gave “other” reasons for not having a cancer screening or cancer care. The most common reason was that they were not due to have a screening. Some respondents had chosen not to screen and others said that time was a barrier (see Appendix Table 19 for a list of themes).

Figure 16. Among respondents who have not had a cancer screening or cancer care in the past year, reasons for not having done so



N=79

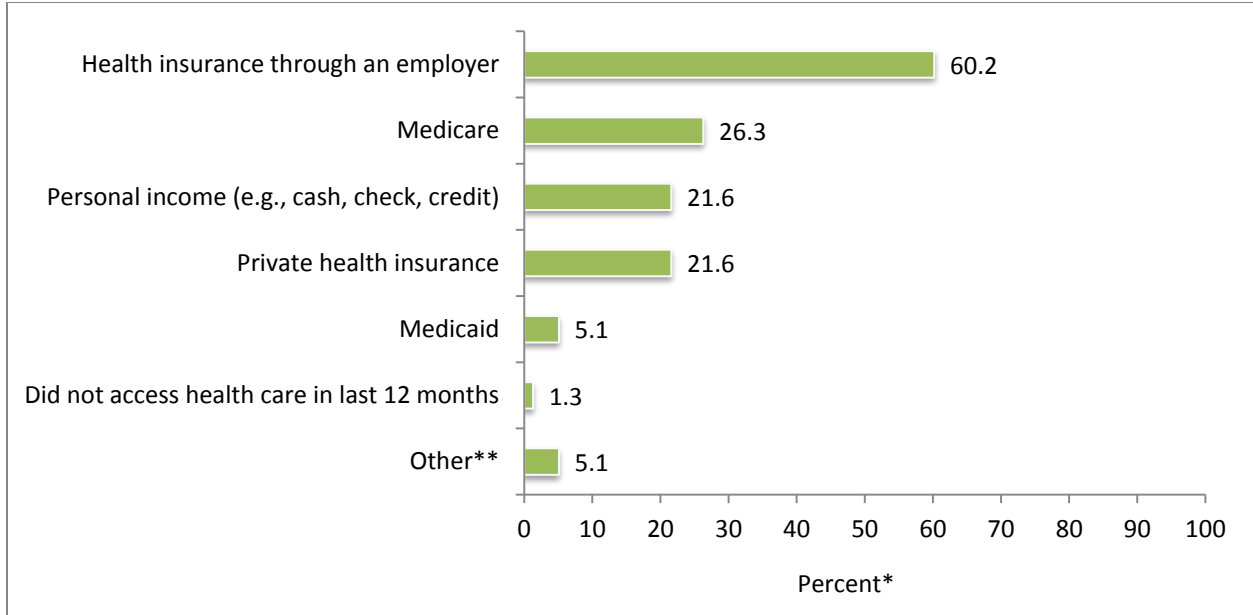
*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 19 for a list of other responses.

Respondents were asked how they had paid for health care costs, for themselves or family members, over the last 12 months.

- A majority of respondents said they had paid for health care costs over the last 12 months by health insurance through an employer (60.2 percent); 26.3 percent of respondents used Medicare to pay for health care costs. Personal income and private health insurance were also used (21.6 percent each) (Figure 17, Appendix Table 20).

Figure 17. Methods respondents have used to pay for health care costs over the last 12 months



N=236

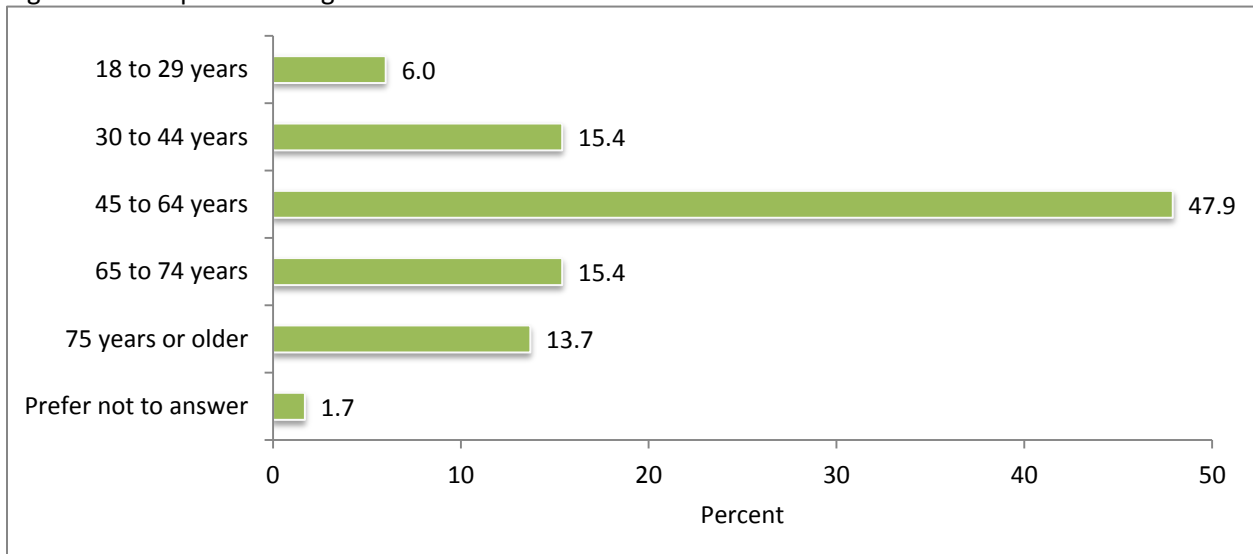
*Percentages do not equal 100.0 percent due to multiple responses.

**See Appendix Table 20 for a list of other responses.

Demographic Information

Most respondents indicated they were 45 to 64 years of age (47.9 percent); 29.1 percent of respondents were 65 years or older (Figure 18, Appendix Table 21).

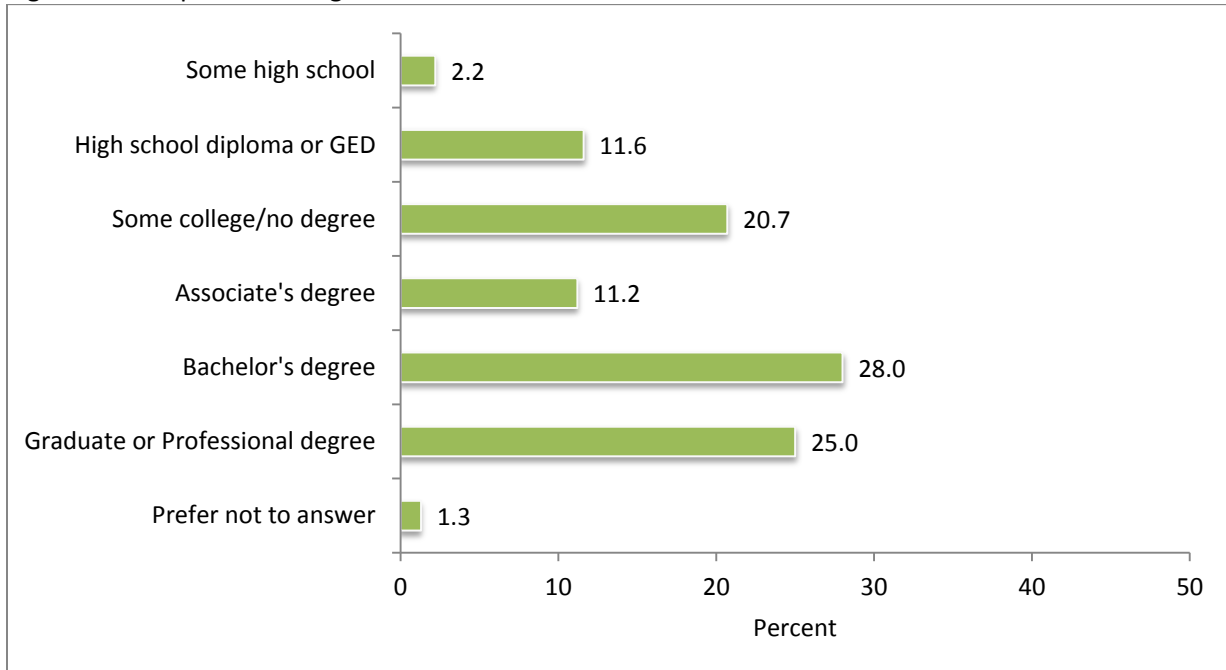
Figure 18. Respondents' age



N=234

- A majority of respondents said they had a Bachelor’s degree or higher (53.0 percent), including 25.0 percent who had a Graduate or Professional degree (*Figure 19, Appendix Table 22*).
- Approximately one in 10 respondents had, at most, a high school diploma or GED (13.8 percent).

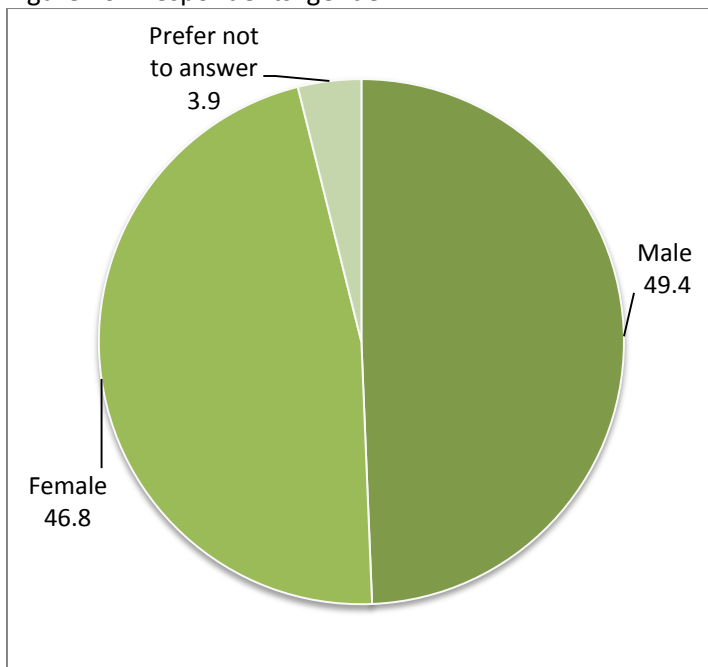
Figure 19. Respondents’ highest level of education



N=232

- The gender distribution among respondents was evenly split between males and females (49.4 percent and 46.8 percent, respectively) (*Figure 20, Appendix Table 23*).

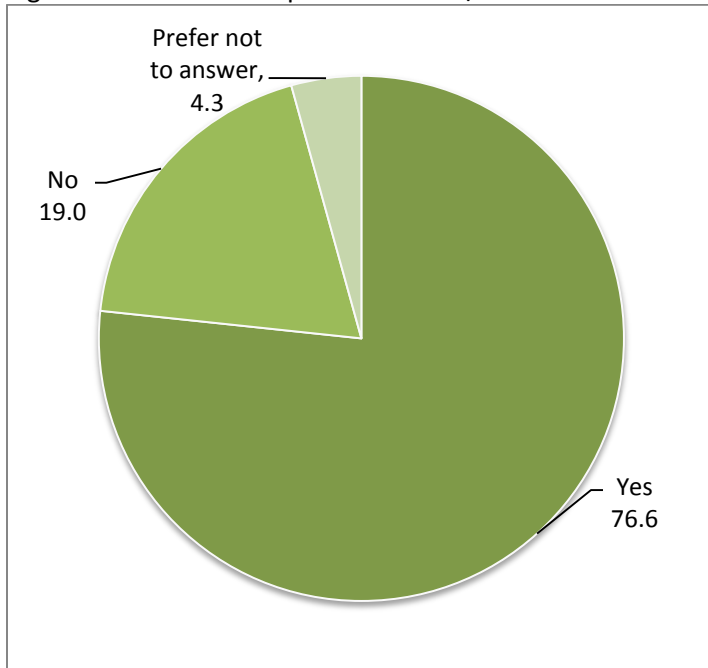
Figure 20. Respondents’ gender



N=233

- Three in four respondents said they work or volunteer outside their home (76.6 percent) (Figure 21, Appendix Table 24).

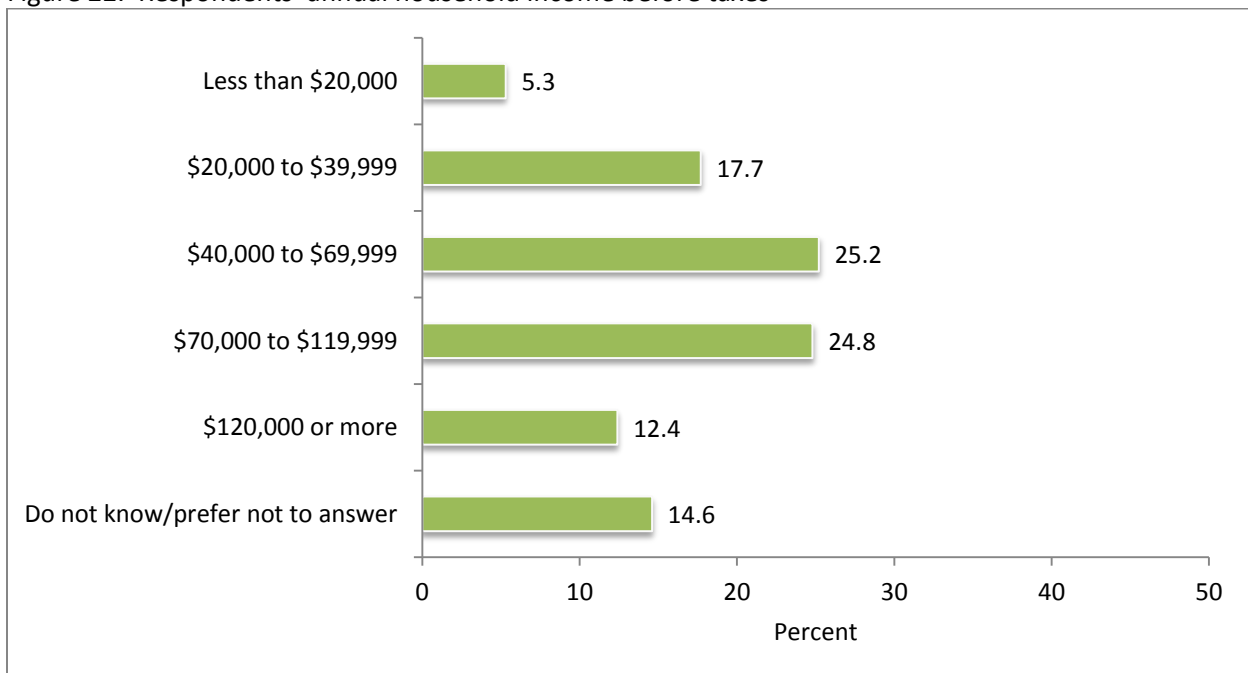
Figure 21. Whether respondents work/volunteer outside the home



N=231

- Half of respondents said their annual household income was \$40,000 to \$69,999 (25.2 percent) and \$70,000 to \$119,999 (24.8 percent). Five percent earned less than \$20,000 annually (5.3 percent) (Figure 22, Appendix Table 25).

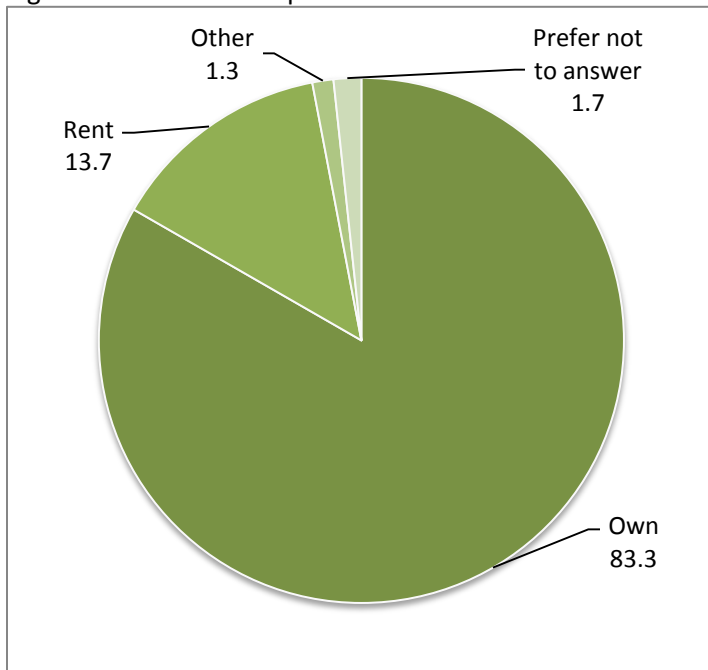
Figure 22. Respondents' annual household income before taxes



N=226

- The vast majority of respondents said they own their home (83.3 percent) (Figure 23, Appendix Table 26).

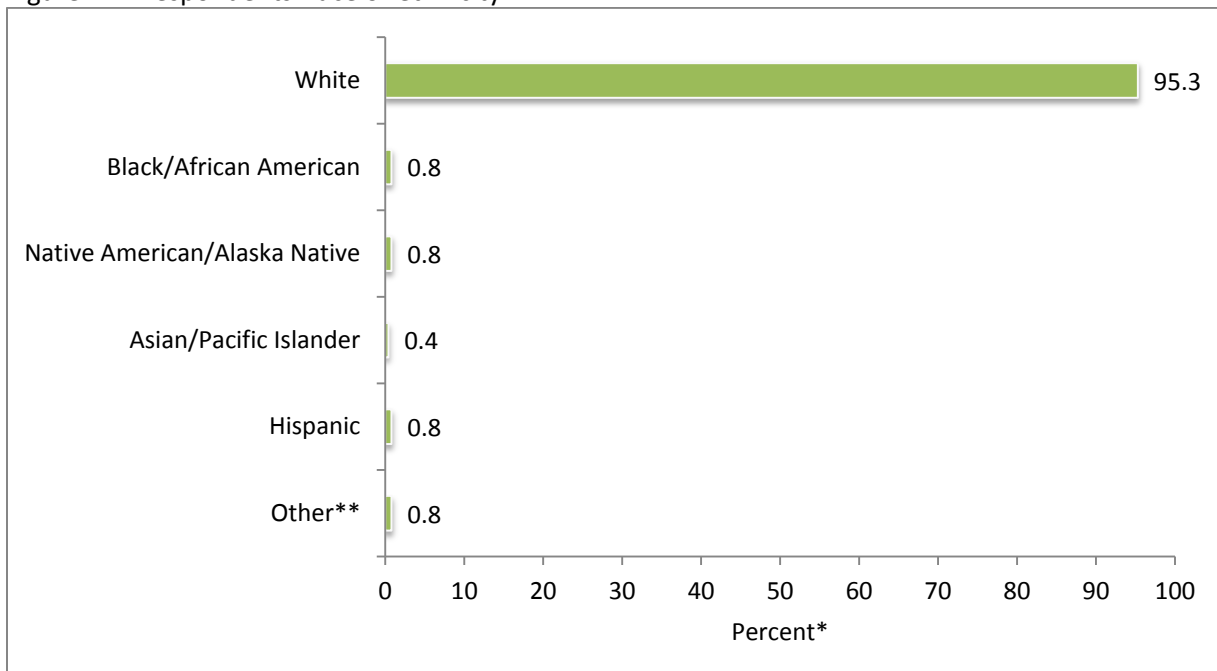
Figure 23. Whether respondents own or rent their home



N=234

- The vast majority of respondents were white (95.3 percent) (Figure 24, Appendix Table 27)

Figure 24. Respondents' race or ethnicity



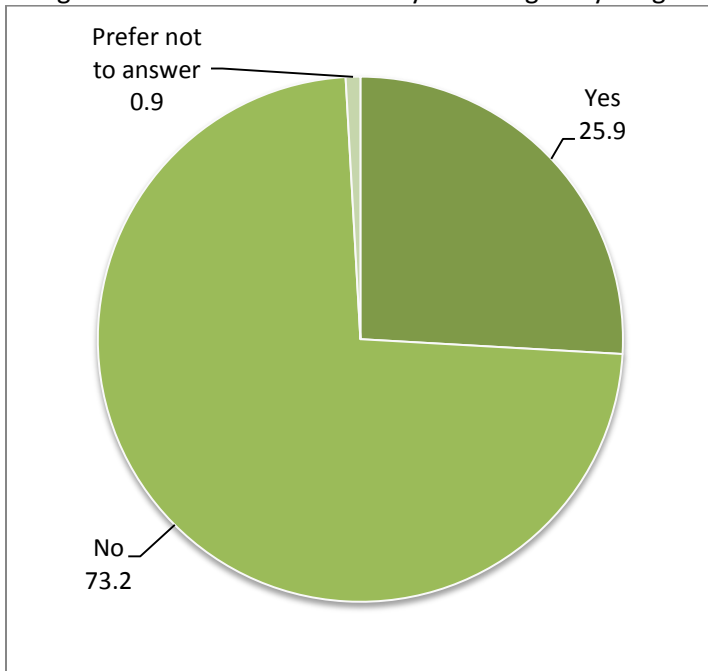
N=236

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 27 for a complete list of other responses.

- One in four respondents said they are the parent or primary caregiver of a child or children 18 years of age or younger (25.9 percent) (Figure 25, Appendix Table 28)

Figure 25. Whether respondents are the parent or primary caregiver of a child or children 18 years of age or younger



N=228

Respondents were asked to share any additional concerns or suggestions they had. Table 1 displays respondents' comments.

Table 1. Additional concerns and suggestions

Comments
More services/assistance and better options for residents who have worked their whole life and get displaced from their job. When you support the system, it would be nice to receive the same support when you really need it.
We need more women primary care providers and internal medicine physicians.
Despite its alleged "friendliness," Fargo has been the least welcoming community I have ever moved to.
Need national court reform to reduce health care costs. Cap on malpractice lawsuits per type of case is overdue. (Too [many] bad lawyers run this country).
My health care is good. Some people have problems. Don't wreck my health care with "Obama-care" which will lead to complete government control – I ought to know as I worked for the Feds.
Insurance is "far" too high!
I feel health care these days is somewhat like Russian roulette. Too many mistakes! Hospital, workers (nurses, aides, etc.) not sought for advice and treated primarily like slaves! Experience can't be denied!
I know a lot of people who have been at [organizational name] and have not had very good care. Four people I know have died and I will not go there. All they do is give you pills and send you home. This needs to change.
I am upset over high cost of health insurance of [insurer]. It is now \$490.00 a month. Considering I need gas for my job, my 2nd job doesn't rely on raises but how many customers. It [wage] never raises.
I am worried about insurance costs for our community as a whole, as well as medical/dental/vision costs for the larger community.
Adequate health insurance must be made available to all people.
I work in a call center and have read a good deal about the health impacts of such work. No physical activity, high stress, and the associated health care costs. I think employers should be under more pressure to allow physical activity during the work day – we are simply not allowed to. The costs are significant.
The cost of COBRA is outrageous. I have kids that are grown who are too old to be on my insurance but don't have their own and pray every day they stay healthy because of medical costs.
There are big differences between North Fargo and South Fargo, i.e., availability of senior citizen housing (rental), library facilities (North Fargo library has limited holdings), traffic congestion on North side is much less than South side, threat of loss of housing due to flooding is a huge problem on South side.
Taking into account only the F-M community (and no others), the crime rate in this community has risen to an alarming rate within the past decade, or so. This community is not the safe-haven it was prior. Its quality of life has been slowly (and steadily) eroding.
The only reason that I decided to live here after college is that my family (parents, grandparents) live here. I don't feel like the job positions available in this city reflect the level of pay that may be available elsewhere. I feel opportunities are limited here.
More workshops on exercise and healthy living. Free personal trainer – someone to help hold you accountable.
Thank you for doing this survey! Looking forward to seeing the results!
Would be great to have a Whole Foods grocery store or Trader Joes. More options for organic/healthy food.
I appreciate your survey, but you need to do all you can and make sure the elderlies receive good assistance or treatment.

APPENDICES

Community Assets/Best Things About Their Community

Appendix Table 1. Respondents' level of agreement with statements about their community regarding PEOPLE

Statements regarding people	Mean	Percent of respondents					
		Level of agreement (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
People are friendly, helpful, and supportive (N=231)	4.06	0.0	2.2	15.6	55.8	26.4	100.0
There is a sense of community/feeling connected to people who live here (N=227)	3.87	0.9	4.8	22.9	48.9	22.5	100.0
People who live here are aware of/engaged in social, civic, or political issues (N=227)	3.59	0.9	7.0	38.3	40.1	13.7	100.0
The community is socially and culturally diverse (N=225)	3.62	3.6	10.2	27.6	37.8	20.9	100.1
There is an engaged government (N=225)	3.56	2.2	7.6	33.8	44.9	11.6	100.1
There is tolerance, inclusion, and open-mindedness (N=225)	3.29	3.1	16.4	36.9	35.1	8.4	99.9
There is a sense that you can make a difference (N=226)	3.34	4.4	11.9	40.3	31.9	11.5	100.0

Appendix Table 2. Respondents' level of agreement with statements about their community regarding SERVICES AND RESOURCES

Statements regarding services and resources	Mean	Percent of respondents					
		Level of agreement (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
There are quality school systems and programs for youth (N=227)	4.26	0.0	2.2	9.7	47.6	40.5	100.0
There are quality higher education opportunities and institutions (N=229)	4.51	1.7	0.9	3.5	32.3	61.6	100.0
There is quality health care (N=228)	4.25	1.3	1.8	10.5	43.0	43.4	100.0
There is effective transportation (N=228)	3.69	3.1	11.8	22.4	38.2	24.6	100.1
There is access to healthy food (N=230)	4.21	0.4	4.3	11.3	41.3	42.6	99.9
There is access to family services (N=231)	4.00	1.3	3.5	22.1	39.8	33.3	100.0

Appendix Table 3. Respondents' level of agreement with statements about their community regarding QUALITY OF LIFE

Statements regarding quality of life	Mean	Percent of respondents					Total
		Level of agreement (1=not at all, 5=a great deal)					
		1	2	3	4	5	
The community is a safe place to live and has little or no crime (N=231)	3.86	0.4	4.8	23.4	51.1	20.3	100.0
The community is a good place to raise kids (N=230)	4.35	0.4	0.4	10.0	41.7	47.4	99.9
The community has a peaceful, calm, and quiet environment (N=230)	4.09	0.0	1.3	17.0	53.0	28.7	100.0
The community is a healthy place to live (N=230)	4.23	0.0	0.9	10.4	53.5	35.2	100.0
There are quality arts, cultural activities, events, and festivals (N=229)	3.98	0.9	6.6	17.9	43.2	31.4	100.0
There are many recreational, exercise, and sports activities/opportunities (N=229)	4.17	0.4	3.9	16.2	37.6	41.9	100.0

Appendix Table 4. Responses to other best things about their community

Best things about the community	Responses
Faith/religious community: their contributions and outreach	4
City services: quick response, great recycling and garbage program, snow removal	4
Parks and recreation: good programs and activities for kids and adults, well-maintained parks	3
Volunteer outreach unites community: emergencies and day-to-day	3
Economically sound, low unemployment, employment opportunities	3
Safe place to live, sense of well-being, little traffic congestion	3
Becoming a more walkable, pedestrian friendly community	2
Proximity to lakes	2
Fairly good media	1
Lived all over – likes it here best.	1
None/NA	3

N=27

General Concerns About Their Community

Appendix Table 5. Respondents' level of concern with statements about their community regarding ECONOMIC ISSUES

Statements regarding economic issues	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability of affordable housing (N=227)	3.31	5.3	17.6	32.6	29.5	15.0	100.0
Availability of employment opportunities (N=226)	3.49	3.1	14.2	31.0	34.1	17.7	100.1
Wage levels (N=225)	3.35	3.1	16.9	37.8	26.2	16.0	100.0
Poverty (N=224)	3.20	4.5	17.0	41.5	28.6	8.5	100.1
Homelessness (N=224)	3.01	7.1	25.9	36.2	20.5	10.3	100.0
Cost of living (N=224)	3.43	3.1	8.5	41.5	36.2	10.7	100.0
Economic disparities between higher and lower classes (N=219)	3.44	4.1	9.6	41.1	28.3	16.9	100.0
Hunger (N=221)	3.00	5.0	27.6	37.6	21.7	8.1	100.0

Appendix Table 6. Respondents' level of concern with statements about their community regarding TRANSPORTATION

Statements regarding transportation	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Traffic congestion (N=230)	2.85	10.0	28.7	34.8	19.1	7.4	100.0
Availability and/or cost of public transportation (N=225)	2.97	9.3	24.9	36.0	19.1	10.7	100.0
Road conditions (N=224)	3.14	5.8	19.2	39.7	25.9	9.4	100.0
Driving habits (e.g., speeding, road rage) (N=226)	3.15	4.9	22.6	37.6	22.6	12.4	100.1
Availability of good walking or biking options (as alternatives to driving) (N=224)	3.25	8.5	16.1	35.7	21.9	17.9	100.1
Cost of automobile ownership (e.g., gas, maintenance, insurance) (N=225)	3.42	3.6	13.3	36.0	31.6	15.6	100.1

Appendix Table 7. Respondents' level of concern with statements about their community regarding ENVIRONMENT

Statements regarding environment	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Water quality concerns (N=227)	2.63	26.9	23.8	19.8	18.1	11.5	100.1
Noise level concerns (N=229)	2.56	21.4	28.8	28.4	14.8	6.6	100.0
Air quality concerns (N=223)	2.37	30.9	26.5	23.3	13.5	5.8	100.0
Garbage and litter concerns (N=232)	2.70	16.4	33.6	21.1	21.1	7.8	100.0

Appendix Table 8. Respondents' level of concern with statements about their community regarding CHILDREN AND YOUTH

Statements regarding children and youth	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability and/or cost of services for at-risk youth (N=208)	3.05	8.7	19.7	37.0	27.4	7.2	100.0
Youth crime (N=218)	3.04	6.4	21.1	41.7	23.9	6.9	100.0
School dropout rates/truancy (N=214)	2.82	7.5	33.2	36.0	16.8	6.5	100.0
Teen pregnancy (N=209)	2.93	7.2	30.6	32.1	22.5	7.7	100.1
Bullying (N=209)	3.44	3.3	18.7	26.8	33.0	18.2	100.0
Availability and/or cost of activities for children and youth (N=216)	3.27	3.7	19.9	33.3	31.9	11.1	99.9
Availability and/or cost of quality child care (N=209)	3.42	3.8	18.2	27.3	34.0	16.7	100.0

Appendix Table 9. Respondents' level of concern with statements about their community regarding THE AGING POPULATION

Statements regarding the aging population	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability and/or cost of activities for seniors (N=226)	3.16	5.8	21.7	32.3	31.4	8.8	100.0
Availability and/or cost of long-term care (N=227)	3.66	4.0	12.8	26.4	26.9	30.0	100.1
Availability of resources to help the elderly stay in their homes (N=221)	3.56	2.3	14.5	30.8	30.3	22.2	100.1
Availability of resources for family and friends caring for elders (N=224)	3.53	2.7	12.9	31.3	34.8	18.3	100.0
Availability of resources for grandparents caring for grandchildren (N=220)	3.15	6.8	15.9	43.6	22.7	10.9	99.9

Appendix Table 10. Respondents' level of concern with statements about their community regarding SAFETY

Statements regarding safety	Mean	Percent of respondents					Total
		Level of concern (1=not at all, 5=a great deal)					
		1	2	3	4	5	
Child abuse and neglect (N=217)	3.39	3.2	21.2	27.6	29.0	18.9	99.9
Elder abuse (N=215)	3.08	8.4	23.3	33.5	21.4	13.5	100.1
Domestic violence (N=214)	3.46	3.3	16.4	30.8	30.4	19.2	100.1
Presence and influence of drug dealers in the community (N=226)	3.51	4.4	15.5	24.8	35.4	19.9	100.0
Property crimes (N=222)	3.41	1.8	19.4	33.3	27.5	18.0	100.0
Violent crimes (N=223)	3.06	9.4	25.1	30.0	21.1	14.3	99.9

Appendix Table 11. Responses to other community concerns

Other community concerns	Responses
Vandalism/nuisance issues (broken windows, flat tires/people not picking up after their dogs/loud cars and stereos)	6
Foreigners brought here without the ability to function in society/"new" people coming here and bringing crime	3
Classism/strong sense that privilege impacts the individual experience/not easy to get socially connected if not from the area	3
Need better public transportation/longer hours, to rural areas	3
High property taxes/programs and activities are cost prohibitive/too much welfare	3
Natural disasters, flooding, water quality/contamination	2
Lack of access to affordable mental health services	2
Slow response to multiple reports of child abuse	1
Prescription drug abuse	1
Need more medical translators	1
Corrupt politics in public schools	1
Lack of diversity	1
Lack of tolerance of LGBTQ	1
Slow snow removal	1
Need community action goals	1
None	2

N=30

Health and Wellness Concerns About Their Community

Appendix Table 12. Respondents' level of concern with statements about their community regarding ACCESS TO HEALTH CARE

Statements regarding access to health care	Mean	Percent of respondents						Total
		Level of concern (1=not at all, 5=a great deal)						
		1	2	3	4	5		
Cost of health care (N=231)	4.25	1.3	3.0	15.2	30.3	50.2	100.0	
Cost of prescription drugs (N=229)	4.06	1.7	4.8	19.7	33.2	40.6	100.0	
Cost of health insurance (N=226)	4.32	1.3	3.1	13.3	26.5	55.8	100.0	
Adequacy of health insurance (e.g., amount of co-pays, deductibles) (N=220)	3.97	1.8	9.1	19.1	30.5	39.5	100.0	
Access to health insurance coverage (e.g., preexisting conditions) (N=225)	3.79	4.4	8.9	23.6	29.8	33.3	100.0	
Availability and/or cost of dental and/or vision insurance coverage (N=221)	3.76	5.4	6.3	26.2	31.2	30.8	99.9	
Availability and/or cost of dental and/or vision care (N=222)	3.76	4.5	7.2	26.1	32.4	29.7	99.9	
Availability of prevention programs or services (N=216)	3.37	6.0	13.9	32.9	31.5	15.7	100.0	
Availability of doctors, nurses, and/or specialists (N=218)	3.24	9.6	17.4	28.4	28.4	16.1	99.9	
Availability of bilingual providers and/or translators (N=215)	2.40	28.8	28.4	22.8	14.0	6.0	100.0	
Distance to health care services (N=226)	2.33	28.8	32.7	21.2	11.5	5.8	100.0	
Availability of/access to transportation (N=221)	2.63	24.4	23.1	25.3	19.0	8.1	99.9	
Providers not taking new patients (N=223)	2.92	17.0	22.9	24.7	22.0	13.5	100.1	
Time it takes to get an appointment (N=223)	3.06	12.6	21.1	27.8	25.1	13.5	100.1	
Availability of non-traditional hours (e.g., evenings, weekends) (N=221)	3.00	10.9	20.4	37.6	20.8	10.4	100.1	
Patient confidentiality (N=220)	2.57	30.5	23.6	18.2	13.6	14.1	100.0	
Use of emergency room services for primary health care (N=221)	3.28	10.4	16.3	27.1	27.6	18.6	100.0	
Availability of mental health services and providers (N=216)	2.96	11.6	22.7	34.7	20.4	10.6	100.0	
Coordination of care (N=218)	3.05	10.1	19.3	39.0	19.3	12.4	100.1	

Appendix Table 13. Respondents' level of concern with statements about their community regarding PHYSICAL AND MENTAL HEALTH

Statements regarding physical and mental health	Mean	Percent of respondents					Total
		Level of concern (1=not at all, 5=a great deal)					
		1	2	3	4	5	
Obesity (N=219)	3.69	5.5	8.2	23.3	37.4	25.6	100.0
Poor nutrition/eating habits (N=222)	3.59	3.6	11.3	26.1	40.1	18.9	100.0
Inactivity and/or lack of exercise (N=219)	3.58	4.6	9.6	28.3	37.9	19.6	100.0
Cancer (N=218)	3.76	2.8	9.2	23.9	37.6	26.6	100.1
Chronic disease (e.g., diabetes, heart disease, multiple sclerosis) (N=217)	3.70	3.7	9.2	24.9	38.2	24.0	100.0
Communicable disease (e.g., sexually transmitted diseases, AIDS) (N=219)	2.83	13.7	23.7	36.5	17.8	8.2	99.9
Dementia/Alzheimer's disease (N=219)	3.55	4.6	8.7	33.3	34.2	19.2	100.0
Depression (N=218)	3.54	4.1	9.6	34.4	31.7	20.2	100.0
Stress (N=216)	3.66	3.7	7.9	29.2	37.0	22.2	100.0
Suicide (N=218)	3.04	14.7	17.9	31.7	20.2	15.6	100.1

Appendix Table 14. Respondents' level of concern with statements about their community regarding SUBSTANCE USE AND ABUSE

Statements regarding substance use and abuse	Mean	Percent of respondents					Total
		Level of concern (1=not at all, 5=a great deal)					
		1	2	3	4	5	
Alcohol use and abuse (N=220)	3.52	8.6	11.4	23.2	33.2	23.6	100.0
Drug use and abuse (N=221)	3.55	8.1	11.8	20.8	35.7	23.5	99.9
Smoking and tobacco use (N=220)	3.46	9.5	12.7	26.4	24.5	26.8	99.9
Exposure to second-hand smoke (N=221)	3.35	11.8	18.6	19.9	22.6	27.1	100.0

Appendix Table 15. Responses to other health and wellness concerns

Other health and wellness concerns	Responses
Costs: health care/insurance/medical devices/medications	5
Lack of mental health services/dental services	2
Problems accessing female doctors	2
Lack of coordination/multi-disciplinary approach to providing health care to patients	2
More aggressive approach to obesity, school lunches criticized for too much salt/sugar	2
Concerns regarding the Affordable Care Act	2
More health care provider choices/wish Family Health [Care] in Moorhead was still open	2
Ecological systems: air quality, water quality in lakes and rivers	1
Fragrance-free policies for people with asthma/chemical sensitivities	1
The city should do more Streets Alive events and lower the bike/pedestrian bridges sooner	1
Smoking is still allowed in the bar/restaurant of small community	1
How religion and music influence a person's life and health issues	1
Proper screening of foreigners for disease, parasites/instruction for proper hygiene	1
None/NA	7

N=28

Personal Health Care Information

Appendix Table 16. Respondents' primary health care provider

Primary health care provider	Percent of respondents*
Essentia Health	21.2
Family HealthCare Center	1.3
Independent Family Doctors	11.0
Sanford Health	62.7
Use emergency room/urgent care for primary care services	0.4
Did not access health care in last 12 months	1.7
Other:	5.1
<i>VA/Military (4)</i>	
<i>Internal Medicine Associates (2)</i>	
<i>Mayo (1)</i>	
<i>Prairie Medical (1)</i>	
<i>Tri-Care (1)</i>	
<i>None-not by choice (1)</i>	

N=236

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 17. Respondents' reasons for choosing their primary health care provider

Reasons for choice of primary health care provider	Percent of respondents*
Location	35.6
Cost	5.1
Quality of services	38.6
Availability of services	34.7
Sense of being valued as a patient	23.3
Influenced by health insurance	24.6
Other:	12.7
<i>Have been there many years (8)</i>	
<i>Employer/former employer (7)</i>	
<i>Choice of doctors (5)</i>	
<i>Recommended/referred (4)</i>	
<i>Veteran (2)</i>	
<i>Respect for patient confidentiality (1)</i>	
<i>Smaller in size (1)</i>	
<i>Switched provider due to inappropriate behavior by physician (1)</i>	
<i>Also houses cancer center (1)</i>	
<i>It's county – can't turn you away (1)</i>	
<i>Insurance (1)</i>	
<i>Used predecessor.org website (1)</i>	

N=236

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 18. Whether respondents had a cancer screening or cancer care in the past year

Cancer screening/cancer care	Percent of respondents (N=223)
Yes	64.6
No	35.4
Total	100.0

Appendix Table 19. Among respondents who have not had a cancer screening or cancer care in the past year, reasons for not having done so

Reason for not screening	Percent of respondents*
Not necessary	35.4
Fear	10.1
Cost	15.2
Unfamiliar with recommendations	5.1
Doctor hasn't suggested	29.1
Unable to access care	0.0
I don't know who to see	5.1
Other:	21.5
<i>Not due to have screening (5)</i>	
<i>Have chosen not to screen (3)</i>	
<i>Time is a barrier (3)</i>	
<i>No access to female physician/can't find a doctor (2)</i>	
<i>Had cancer surgery (2)</i>	
<i>Cancer treatment in the USA kills people (1)</i>	
<i>Inconvenience (1)</i>	
<i>So far, no symptoms (1)</i>	

N=79

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 20. Methods used by respondents to pay for health care costs for themselves or family members over the past 12 months

Methods of payment	Percent of respondents*
Health insurance through an employer	60.2
Medicare	26.3
Private health insurance	21.6
Personal income (e.g., cash, check, credit)	21.6
Medicaid	5.1
Did not access health care in last 12 months	1.3
Other	5.1
<i>Military/TriCare (5)</i>	
<i>Medical Assistance/MN Care (4)</i>	
<i>Employer and out of pocket (2)</i>	
<i>Medicare supplements (2)</i>	
<i>Blue Cross and Blue Shield (1)</i>	
<i>Help from parents (1)</i>	

N=236

*Percentages do not equal 100.0 due to multiple responses.

Demographic Information

Appendix Table 21. Respondents' age

Age	Percent of respondents (N=234)
18 to 29 years	6.0
30 to 44 years	15.4
45 to 64 years	47.9
65 to 74 years	15.4
75 years or older	13.7
Prefer not to answer	1.7
Total	100.1

Appendix Table 22. Respondents' highest level of education

Highest level of education	Percent of respondents (N=232)
Some high school	2.2
High school diploma or GED	11.6
Some college/no degree	20.7
Associate's degree	11.2
Bachelor's degree	28.0
Graduate or professional degree	25.0
Prefer not to answer	1.3
Total	100.0

Appendix Table 23. Respondents' gender

Gender	Percent of respondents (N=233)
Male	49.4
Female	46.8
Prefer not to answer	3.9
Total	100.1

Appendix Table 24. Whether respondents work/volunteer outside the home

Response	Percent of respondents (N=231)
Yes	76.6
No	19.0
Prefer not to answer	4.3
Total	99.9

Appendix Table 25. Respondents' annual household income before taxes

Annual household income before taxes	Percent of respondents (N=226)
Less than \$20,000	5.3
\$20,000 to \$39,999	17.7
\$40,000 to \$69,999	25.2
\$70,000 to \$119,999	24.8
\$120,000 or more	12.4
Do not know/prefer not to answer	14.6
Total	100.0

Appendix Table 26. Whether respondents own or rent their home

Tenure	Percent of respondents (N=234)
Own	83.3
Rent	13.7
Prefer not to answer	1.7
Other:	1.3
<i>Parsonage (1)</i>	
<i>Provided by employer (1)</i>	
<i>Rent apartment (1)</i>	
Total	100.0

Appendix Table 27. Respondents' race or ethnicity

Race/ethnicity	Percent of respondents*
White	95.3
Black/African American	0.8
Native American/Alaska Native	0.8
Asian/Pacific Islander	0.4
Hispanic	0.8
Other:	0.8
<i>Euro-American (1)</i>	
<i>Native-born American of German royalty (1)</i>	

N=236

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 28. Whether respondents are the parent or primary caregiver of a child or children 18 years of age or younger

Response	Percent of respondents (N=228)
Yes	25.9
No	73.2
Prefer not to answer	0.9
Total	100.0

*Center for Social Research
NDSU Dept. 8000
PO BOX 6050
Fargo, ND 58108-6050*

Dear Resident,

The F-M Community Health Needs Assessment Collaborative is partnering with the Center for Social Research at North Dakota State University to conduct a survey. The survey is about community assets and health and wellness concerns of residents in Cass County, North Dakota and Clay County, Minnesota. Information gathered from the survey will help us identify unmet needs in the community. Survey results will also assist in the development of plans to address the gaps in services.

We invite you to participate in this research study. Your household was chosen at random for the study from a list of all residential addresses in Cass and Clay counties. The survey is voluntary. You may skip any question you do not want to answer or quit the survey at any time.

The survey should take about 15 minutes to complete. Your responses are anonymous. Please do not leave any marks on the survey that would identify you. For your convenience, we have enclosed a postage-paid return envelope. In order to be included in the results, it is important that you return your survey by **Friday, April 20, 2012**.

If you have any questions about the survey, contact Dr. Richard Rathge at (701) 231-8621 or richard.rathge@ndsu.edu. If you have questions about your rights as a research participant, or to report a complaint, contact NDSU's Human Protection Program at (701) 231-8908.

Thank you for your participation.

Sincerely,



Richard Rathge, Director
Center for Social Research
North Dakota State University
PO Box 6050, Dept. 8000
Fargo, North Dakota 58108-6050







2012 Community Health Needs Assessment

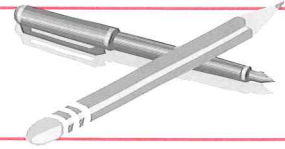
The Fargo-Moorhead Community Health Needs Assessment Collaborative invites you to participate in the 2012 Community Health Needs Assessment. The information that we gather from you will be important for the development of an action plan to address the identified unmet needs in the community. Your participation in this work is important to improving the health of our community.

Please take a moment to complete the survey. You may skip any questions that you do not wish to answer. Your answers will be combined with other responses and reported in aggregate form. If you have any questions about the survey, you may contact Dr. Richard Rathge at 701-231-8621 or by email at richard.rathge@ndsu.edu.

- Use a pencil or blue or black pen.
- Fill bubbles completely.
- Do not mark answers with Xs or ✓s.

Correct Mark: 

Incorrect Marks:   



Community Assets/Best Things about Your Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE.

Considering your community, what is your level of agreement with...

Level of agreement
(1=not at all; 5= a great deal)

Q1. PEOPLE

Not at All ← → A Great Deal

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| a. People are friendly, helpful, and supportive. | (1) | (2) | (3) | (4) | (5) |
| b. There is a sense of community/feeling connected to people who live here. | (1) | (2) | (3) | (4) | (5) |
| c. People who live here are aware of/engaged in social, civic, or political issues. | (1) | (2) | (3) | (4) | (5) |
| d. The community is socially and culturally diverse. | (1) | (2) | (3) | (4) | (5) |
| e. There is an engaged government. | (1) | (2) | (3) | (4) | (5) |
| f. There is tolerance, inclusion, and open-mindedness. | (1) | (2) | (3) | (4) | (5) |
| g. There is a sense that you can make a difference. | (1) | (2) | (3) | (4) | (5) |

Q2. SERVICES AND RESOURCES

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| a. There are quality school systems and programs for youth. | (1) | (2) | (3) | (4) | (5) |
| b. There are quality higher education opportunities and institutions. | (1) | (2) | (3) | (4) | (5) |
| c. There is quality health care. | (1) | (2) | (3) | (4) | (5) |
| d. There is effective transportation. | (1) | (2) | (3) | (4) | (5) |
| e. There is access to healthy food. | (1) | (2) | (3) | (4) | (5) |
| f. There is access to family services. | (1) | (2) | (3) | (4) | (5) |

Q3. QUALITY OF LIFE

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| a. The community is a safe place to live and has little or no crime. | (1) | (2) | (3) | (4) | (5) |
| b. The community is a good place to raise kids. | (1) | (2) | (3) | (4) | (5) |
| c. The community has a peaceful, calm, and quiet environment. | (1) | (2) | (3) | (4) | (5) |
| d. The community is a healthy place to live. | (1) | (2) | (3) | (4) | (5) |
| e. There are quality arts, cultural activities, events, and festivals. | (1) | (2) | (3) | (4) | (5) |
| f. There are many recreational, exercise, and sports activities/opportunities. | (1) | (2) | (3) | (4) | (5) |

Q4. What are other "best things" about your community that are not reflected in the questions above?

General Concerns about Your Community

Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas: ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY.

Considering your community, what is your level of concern with...	Level of concern (1=not at all; 5= a great deal)				
	Not at All	←-----→			A Great Deal
Q5. ECONOMIC ISSUES					
a. Availability of affordable housing	(1)	(2)	(3)	(4)	(5)
b. Availability of employment opportunities	(1)	(2)	(3)	(4)	(5)
c. Wage levels	(1)	(2)	(3)	(4)	(5)
d. Poverty	(1)	(2)	(3)	(4)	(5)
e. Homelessness	(1)	(2)	(3)	(4)	(5)
f. Cost of living	(1)	(2)	(3)	(4)	(5)
g. Economic disparities between higher and lower classes	(1)	(2)	(3)	(4)	(5)
h. Hunger	(1)	(2)	(3)	(4)	(5)
Q6. TRANSPORTATION					
a. Traffic congestion	(1)	(2)	(3)	(4)	(5)
b. Availability and/or cost of public transportation	(1)	(2)	(3)	(4)	(5)
c. Road conditions	(1)	(2)	(3)	(4)	(5)
d. Driving habits (e.g., speeding, road rage)	(1)	(2)	(3)	(4)	(5)
e. Availability of good walking or biking options (as alternatives to driving)	(1)	(2)	(3)	(4)	(5)
f. Cost of automobile ownership (e.g., gas, maintenance, insurance)	(1)	(2)	(3)	(4)	(5)
Q7. ENVIRONMENT					
a. Water quality concerns	(1)	(2)	(3)	(4)	(5)
b. Noise level concerns	(1)	(2)	(3)	(4)	(5)
c. Air quality concerns	(1)	(2)	(3)	(4)	(5)
d. Garbage and litter concerns	(1)	(2)	(3)	(4)	(5)
Q8. CHILDREN AND YOUTH					
a. Availability and/or cost of services for at-risk youth	(1)	(2)	(3)	(4)	(5)
b. Youth crime	(1)	(2)	(3)	(4)	(5)
c. School dropout rates/truancy	(1)	(2)	(3)	(4)	(5)
d. Teen pregnancy	(1)	(2)	(3)	(4)	(5)
e. Bullying	(1)	(2)	(3)	(4)	(5)
f. Availability and/or cost of activities for children and youth	(1)	(2)	(3)	(4)	(5)
g. Availability and/or cost of quality child care	(1)	(2)	(3)	(4)	(5)
Q9. THE AGING POPULATION					
a. Availability and/or cost of activities for seniors	(1)	(2)	(3)	(4)	(5)
b. Availability and/or cost of long-term care	(1)	(2)	(3)	(4)	(5)
c. Availability of resources to help the elderly stay in their homes	(1)	(2)	(3)	(4)	(5)
d. Availability of resources for family and friends caring for elders	(1)	(2)	(3)	(4)	(5)
e. Availability of resources for grandparents caring for grandchildren	(1)	(2)	(3)	(4)	(5)
Q10. SAFETY					
a. Child abuse and neglect	(1)	(2)	(3)	(4)	(5)
b. Elder abuse	(1)	(2)	(3)	(4)	(5)
c. Domestic violence	(1)	(2)	(3)	(4)	(5)
d. Presence and influence of drug dealers in the community	(1)	(2)	(3)	(4)	(5)
e. Property crimes	(1)	(2)	(3)	(4)	(5)
f. Violent crimes	(1)	(2)	(3)	(4)	(5)

Q11. What other COMMUNITY CONCERNS do you have that are not reflected in the previous questions?

Health and Wellness Concerns about Your Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories: ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Considering your community, how concerned are you about...

Level of concern
(1=not at all; 5= a great deal)

Q12. ACCESS TO HEALTH CARE

Not at All ←————→ A Great Deal
1 2 3 4 5

- | | | | | | |
|--|---|---|---|---|---|
| a. Cost of health care | 1 | 2 | 3 | 4 | 5 |
| b. Cost of prescription drugs | 1 | 2 | 3 | 4 | 5 |
| c. Cost of health insurance | 1 | 2 | 3 | 4 | 5 |
| d. Adequacy of health insurance (e.g., amount of co-pays, deductibles) | 1 | 2 | 3 | 4 | 5 |
| e. Access to health insurance coverage (e.g., preexisting conditions) | 1 | 2 | 3 | 4 | 5 |
| f. Availability and/or cost of dental and/or vision insurance coverage | 1 | 2 | 3 | 4 | 5 |
| g. Availability and/or cost of dental and/or vision care | 1 | 2 | 3 | 4 | 5 |
| h. Availability of prevention programs or services | 1 | 2 | 3 | 4 | 5 |
| i. Availability of doctors, nurses, and/or specialists | 1 | 2 | 3 | 4 | 5 |
| j. Availability of bilingual providers and/or translators | 1 | 2 | 3 | 4 | 5 |
| k. Distance to health care services | 1 | 2 | 3 | 4 | 5 |
| l. Availability of/access to transportation | 1 | 2 | 3 | 4 | 5 |
| m. Providers not taking new patients | 1 | 2 | 3 | 4 | 5 |
| n. Time it takes to get an appointment | 1 | 2 | 3 | 4 | 5 |
| o. Availability of non-traditional hours (e.g., evenings, weekends) | 1 | 2 | 3 | 4 | 5 |
| p. Patient confidentiality | 1 | 2 | 3 | 4 | 5 |
| q. Use of emergency room services for primary health care | 1 | 2 | 3 | 4 | 5 |
| r. Availability of mental health services and providers | 1 | 2 | 3 | 4 | 5 |
| s. Coordination of care | 1 | 2 | 3 | 4 | 5 |

Q13. PHYSICAL AND MENTAL HEALTH

- | | | | | | |
|--|---|---|---|---|---|
| a. Obesity | 1 | 2 | 3 | 4 | 5 |
| b. Poor nutrition/eating habits | 1 | 2 | 3 | 4 | 5 |
| c. Inactivity and/or lack of exercise | 1 | 2 | 3 | 4 | 5 |
| d. Cancer | 1 | 2 | 3 | 4 | 5 |
| e. Chronic disease (e.g., diabetes, heart disease, multiple sclerosis) | 1 | 2 | 3 | 4 | 5 |
| f. Communicable disease (e.g., sexually transmitted diseases, AIDS) | 1 | 2 | 3 | 4 | 5 |
| g. Dementia/Alzheimer's disease | 1 | 2 | 3 | 4 | 5 |
| h. Depression | 1 | 2 | 3 | 4 | 5 |
| i. Stress | 1 | 2 | 3 | 4 | 5 |
| j. Suicide | 1 | 2 | 3 | 4 | 5 |

Q14. SUBSTANCE USE AND ABUSE

- | | | | | | |
|----------------------------------|---|---|---|---|---|
| a. Alcohol use and abuse | 1 | 2 | 3 | 4 | 5 |
| b. Drug use and abuse | 1 | 2 | 3 | 4 | 5 |
| c. Smoking and tobacco use | 1 | 2 | 3 | 4 | 5 |
| d. Exposure to second-hand smoke | 1 | 2 | 3 | 4 | 5 |

Q15. What other HEALTH AND WELLNESS CONCERNS do you have about your community that are not reflected in the previous questions?

Demographic Information – Please tell us about yourself.

Q16. What is your age?

- 18 to 29 years
- 30 to 44 years
- 45 to 64 years
- 65 to 74 years
- 75 years or older
- Prefer not to answer

Q17. What is your highest level of education?

- Some high school
- High school diploma or GED
- Some college/no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree
- Prefer not to answer

Q18. What is your gender?

- Male
- Female
- Prefer not to answer

Q19. Do you work/volunteer outside the home?

- Yes
- No
- Prefer not to answer

Q20. What is your approximate annual household income before taxes?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$69,999
- \$70,000 to \$119,999
- \$120,000 or more
- Do not know/prefer not to answer

Q21. Do you own or rent your home?

- Own
- Rent
- Other (please specify) _____
- Prefer not to answer

Q22. What best describes your race/ethnicity? (choose all that apply)

- White
- Black/African American
- Native American/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Other (please specify) _____

Q23. Are you the parent or primary caregiver of a child/children 18 years of age or younger?

- Yes
- No
- Prefer not to answer

Q24. What provider do you use for your primary health care?

- Essentia Health
- Family HealthCare Center
- Independent Family Doctors
- Sanford Health
- Use emergency room/urgent care for primary care services
- Did not access health care in last 12 months (skip to Q25)
- Other (please specify) _____

Q24a. Why did you choose this provider? (choose all that apply)

- Location
- Cost
- Quality of services
- Availability of services
- Sense of being valued as a patient
- Influenced by health insurance
- Other (please specify) _____

Q25. Have you personally had a cancer screening (mammogram, Pap smear, breast exam, testicular exam, rectal exam, prostate blood test, colonoscopy, etc.) or cancer care in the past year?

- Yes (skip to Q26)
- No

Q25a. Why not? (choose all that apply)

- Not necessary
- Fear
- Cost
- Unfamiliar with recommendations
- Other (please specify) _____
- Doctor hasn't suggested
- Unable to access care
- I don't know who to see

Q26. Over the past 12 months, how have you paid for health care costs (for you or family members)?

- Health insurance through an employer
- Private health insurance
- Personal income (e.g., cash, check, credit)
- Medicaid
- Medicare
- Did not access health care in last 12 months
- Other (please specify) _____

Q27. Please share any additional concerns and suggestions you may have.

Thank you for assisting us with this important survey!