

Fargo Cass Community Health
Snapshot Report
2011

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Purpose

The purpose of the *Fargo Cass Community Health Snapshot Report 2011* is to provide data that will assist Fargo Cass Public Health and other community leaders with goals for monitoring and improving community health. This report is used for public health and community planning. It is named a “*snapshot report*” because the indicator data provides program planners with a glimpse of the health of our community. Further research is recommended to identify reasons for indicator data results, especially data limitations. Please use the websites provided for each indicator to obtain a clearer picture of the data reported.

Contents of this report will be available on the City of Fargo web site at <http://www.cityoffargo.com/CityInfo/Departments/Health/Reports/CommunityHealthSnapshotReport/>

Methodology

The report consists of eleven community goals and represents an update of the *Fargo Cass Community Health Snapshot Report, 2010*. Each goal has a number of indicators, including data that will be updated on a regular basis. The data is continuously monitored to identify areas of improvement or concern for Fargo and Cass County. (Note that some of the data in the 2010 report has been revised due to new information that was not available when data was collected in January to April 2010.)

It is important to note that indicator descriptions and statistical data were collected from existing research by government and not-for-profit agencies; therefore, data may not be available for all geographical areas requested. Most of the national, state, and metro data has been weighted by age and gender and can be used to show trends.

In addition, raw data was often used for Fargo, Cass County, and Region 5 indicators for the YRBSS. Be aware that raw data (data not weighted for age or gender) makes it difficult to identify trends, so caution should be used in all interpretations. The raw data, however, gives a snapshot for that geographical area and year. Raw data is identified in italics when used for an indicator in this report.

Finally, U.S. Census data is from the 2010 Census and the 2000 Census. In addition, this report contains information from the 2005 *American Community Survey* (ACS) data for Metro and Cass County, in addition to North Dakota and National data. The 2005 data does not include individuals living in “group quarters” (e.g., nursing homes); therefore we focused exclusively on household and family data only.

Goals and Indicators

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GOAL: OUR CHILDREN WILL BE HEALTHY & READY TO LEARN

“The early childhood years, birth to age five, are a critical period of growth and development. Learning begins with a healthy, nurturing start in life. This goal reflects the growing scientific understanding that a healthy pregnancy and early nurturing contribute to a child’s brain development and later success in school.”¹

Indicator 1: Low Birth Weight Infants

“A considerable body of evidence shows low birth weight puts children at risk for health problems and developmental delays. The reasons for low birth weight are not clearly understood, but include factors such as poor prenatal care, smoking and older or younger age of mother.”¹

Low Birth Weight Infants								
	2002	2003	2004	2005	2006	2007	2008	2009
Fargo	5.6	7.6	7.2	5.5	4.4	6.3	6.8	6.3
Cass County	5.8	6.9	7.5	6.1	6.8	6.5	6.7	5.8
North Dakota	6.4	6.6	6.6	6.4	6.6	6.3	6.8	6.3
United States	7.8	7.9	8.1	8.2	8.3	8.2	8.2	⑦

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

“Low Birth Weight”: The number of babies who weigh less than 5lbs 5oz at birth (2,500 grams)

⑦Data not available in April 2011

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention^{3 4 5 6 7 8 9}

Indicator 2: Immunizations by Age Two

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of vaccine preventable diseases in childhood and throughout adulthood. In fact, the increase in life expectancy in the 20th century is due largely to the cost effective and core health service of childhood immunization.¹⁰

Children Vaccinated by Age Two							
	2002	2003	2004	2005	2006	2007	2008
	4:3:1:3:3	4:3:1:3:3	4:3:1:3:3	4:3:1:3:3	4:3:1:3:3	4:3:1:3:3	4:3:1:3:3
Cass County	62.5	62.6	65.6	67.4	70.7	69.5	62.3
North Dakota	77.7	82.5	82.0	85.0	84.3	81.7	74.2
United States	74.8	79.4	80.9	80.8	80.5	80.1	78.2

Children Vaccinated by Age Two		
Plus 4+ doses of PCV7	2008	2009
	†4:3:1:3:3:1:4	*4:3:1:0:3:1:4
Cass County	†64.2	*71.8
North Dakota	†65.5	*77.0
United States	†68.4	*70.5

Note: In late 2007, the ACIP (Advisory Committee on Immunization Practices) recommended PCV7, pneumococcal conjugate vaccine, to be included in the immunization schedule.¹¹

In addition, because of changes in measurement of the Hib vaccine and the vaccine shortage that occurred from December 2007 to September 2009¹², state coverage estimates included in this report were based on the series that excludes Hib. The modified seven-vaccine series (minus Hib) is reported for 2009.

Estimated Percentage of Vaccination Coverage with Selected Vaccine Series among children ages 19 to 35 months in respective geographic areas.

4:3:1:3:3 Series Coverage: Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MMR, three or more doses of Hib, and three or more doses of HepB

†4:3:1:3:3:1:4 Series Coverage: 4:3:1:3:3 plus 1 or more doses of varicella vaccine

*** 4:3:1:0:3:1:4 Series Coverage,** 4:3:1 plus 3 or more doses of HepB vaccine, 1 or more doses of varicella vaccine, and 4 or more doses of PCV. Hib vaccine is excluded.

Data Sources: Fargo Cass Public Health¹³ Centers for Disease Control and Prevention^{14 15 16 17 18 19 20 21}

Indicator 3: Tobacco Use During Pregnancy

“Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.”²²

Used Tobacco During Pregnancy								
	2002	2003	2004	2005	2006	2007	2008	2009
Fargo	14.9	14.9	16.5	15.1	14.1	17.1	15.5	14.1
Cass County	14.8	13.9	15.2	13.5	13.8	15.4	14.2	12.6
North Dakota	17.2	15.9	16.0	17.0	18.6	18.6	18.4	17.04
United States	11.4	10.7	10.4	10.7	*13.2	10.4*	⑦	⑦

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

⑦Data not available as of April 2011.

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention

*The “Births: Final Data for 2004” report includes tobacco use data collected using two birth certificate versions. The questions on the two versions are not comparable. This unrevised Standard Certificate asked a simple “yes/no” question on tobacco use during pregnancy, while the 2003 revision asks for tobacco use during each trimester of pregnancy (as well as the 3-month period prior to pregnancy).^{23 24 25 26 27 28 29}

Indicator 4: Alcohol Use During Pregnancy

“Drinking alcohol during pregnancy can cause miscarriage, stillbirth and a range of lifelong disorders and developmental disabilities.”³⁰

Used Alcohol During Pregnancy								
	2002	2003	2004	2005	2006	2007	2008	2009
Fargo	0.4	0.4	0.9	0.4	1.1	0.4	1.0	0.7
Cass County	0.4	0.4	0.7	0.4	1.1	0.3	0.8	0.6
North Dakota	1.1	0.8	0.7	0.3	1.4	0.6	1.2	1.6
United States	0.8	0.7	❖	❖	❖	❖	❖	❖

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

❖ Questions on alcohol use are included on the birth certificates of the District of Columbia and all States except California, Pennsylvania and Washington. However, the CDC has not reported national statistics on the use of Alcohol in Pregnancy since 2003. “Unfortunately, alcohol use is substantially underreported on the birth certificate, compared with data collected in nationally representative surveys of pregnant women. The birth certificate question on alcohol use from the 1989 revision is evidently not sensitive enough to measure this behavior accurately”, Centers for Disease Control and Prevention³¹.

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention^{32 33}

Indicator 5: Prenatal Care in First Trimester

“The risk of pregnancy-related complications can be reduced by increased access to healthcare during and before pregnancy. In addition, identifying and treating of health conditions can prevent death or disability and enable children to reach their full potential. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.”³⁴

Had Prenatal Care in First Trimester								
	2002	2003	2004	2005	2006	2007	2008	2009
Fargo	89.4	88.5	84.0	85.2	86.6	87.0	88.1	89.1
Cass County	90.1	88.6	85.6	86.9	87.6	88.2	88.7	90.5
North Dakota	85.5	86.4	84.8	85.1	83.2	82.3	82.8	84.1
United States	83.0	84.1	84.2	83.9	69.0	70.8	⑦	⑦

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

⑦ Data not available as of April 2010.

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention^{35 36 37 38 39 40}

Note: The “Births: Final Data for 2004” report includes prenatal care data collected using two birth certificate versions. The questions on the two versions are not comparable. The *Fargo Cass Community Health Snapshot 2009* includes national data from the 1989 U.S. Standard Certificate (unrevised) used by 40 states, New York City, and the District of Columbia. “While the data based on the revised certificate show markedly less utilization in prenatal care than data from the unrevised certificate....most of the difference can be attributed to changes in reporting and NOT to prenatal care utilization. The wording was modified to ‘Date of first prenatal visit’. North Dakota uses the 2003 version of the certificate. The 2003 revision process resulted in recommendations that the prenatal care information be gathered from the prenatal care or medical records.”⁴¹

GOAL: FAMILIES WILL PROVIDE A SAFE SUPPORTIVE ENVIRONMENT FOR THEIR CHILDREN

“Poverty can do immediate and lasting harm to children. The economic insecurity of growing up in poverty means that children are more likely to lack adequate food and clothing, live in poor housing, become victims of crime and violence, lack basic health care and be less successful in school.”⁴²

Indicator 6: Child Poverty

“Household poverty is the most direct indicator of the economic status of children.”⁴²

All Families Income Below Poverty Level (U.S. Census Data)			
	2000	2005 (estimate)	2009 (estimate)
Fargo	6.6	N/A	5.3
*Metro	N/A	10.8	5.3
Cass County	5.7	7.9	4.8
North Dakota	8.3	7.5	6.6
United States	9.2	10.2	10.5

Percentage of all families whose income is below the poverty level in respective geographic areas.

Under Age 5 Income Below Poverty Level (U.S. Census Data)			
	2000	2005 (estimate)	2009 (estimate)
Fargo	14.5	N/A	N/A
*Metro	N/A	31.2	N/A
Cass County	12.2	20.1	N/A
North Dakota	16.6	18.3	N/A
United States	17.0	17.1	N/A

Percentage of families with related children less than 5 years old in respective geographic areas.

Under Age 18 Income Below Poverty Level (U.S. Census Data)			
	2000	2005 (estimate)	2009 (estimate)
Fargo	9.9	N/A	9.1
*Metro	N/A	16.1	11.1
Cass County	8.3	11.6	7.8
North Dakota	12.0	11.8	11.8
United States	13.6	15.6	16.6

Percentage of families with related children under 18 years old in respective geographic areas.

“N/A” means “Not Applicable” because either the question was not asked or the results cannot be generated.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: U.S. Census Bureau, Census 2000⁴³ 2005 American Community Survey⁴⁴ American Community Survey 2009⁴⁵

2011 Poverty Guidelines									
Size of Family Unit	1	2	3	4	5	6	7	8	Each additional person, add:
100% Poverty	\$10,890	\$14,710	\$18,530	\$22,350	\$26,170	\$29,990	\$33,810	\$37,630	\$3,820

Department of Health and Human Services 2011, 48 Contiguous States and D.C.

Data Source: U.S. Department of Health and Human Services⁴⁶

Indicator 7: Free or Reduced Price Lunch Program

“Research shows that when a child’s nutritional needs are met, the child is more attentive in class and has better attendance and fewer disciplinary problems.”⁴⁷

Students Receiving Free or Reduced Price Lunch									
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Cass County	17.6	18.0	18.5	20.7	21.3	22.0	25.9	25.8	26.1
North Dakota	28.8	29.6	30.4	30.4	31.2	32.0	32.0	34.0	33.3

Percentage of children eligible to receive free or reduced price lunch as a percent of total enrollment in respective geographic areas. October data.

According to the Food and Research Action Center:

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

Data Source: North Dakota Department of Instruction⁴⁸

Indicator 8: Child Abuse and Neglect

“Since children are the most vulnerable population, child abuse and neglect is a measure of the community’s capacity for protection and support. Beyond the risk for injury and death, children who have been abused or neglected are more likely to perform badly in school, to abuse drugs or alcohol as adolescents, to be arrested for violent crime and to abuse their own children.”⁴⁹

Child Abuse & Neglect Total Assessments									
Cass County	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Assessments	1,607	1,565	1,502	1,547	1,685	1,723	1,491	1698	1573
*Estimated percentage of all children & adolescents	5.6%	5.3%	5.1%	5.3%	5.6%	5.7%	5.0%	5.4%	4.9%

North Dakota	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Assessments	6,965	7,089	6,851	6,900	6,876	6,743	6271	6982	6944
Percentage Of children	4.3%	4.5%	4.4%	4.5%	4.6%	4.5%	4.3%	4.9%	4.9

Total number of assessments made to the North Dakota Department of Human Services where there is suspicion of child abuse or neglect as a percentage of all children ages 0 – 17 in respective geographic areas.

Data Source: North Dakota KIDS COUNT^{50 51 52 53 54 55 56 57}

Indicator 9: Teen Pregnancy

“Teenage mothers, many of whom are single, face difficulties in providing a stable, supportive environment for their children.”⁵⁸

Teenage Birth Rate								
	2002	2003	2004	2005	2006	2007	2008	2009
Fargo	22.6	17.1	16.5	15.9	15.3	20.8	19.9	16.9
Cass County	19.7	16.7	16.3	19.7	21.4	21.3	19.5	25.4
North Dakota	30.1	28.9	28.7	25.8	24.6	27.3	25.9	25.6
United States	43.0	41.6	41.1	40.5	41.9	42.5	41.5	⑦

Rate of live births per 1,000 females ages 15 to 19 by residence in respective geographic areas.

⑦Data not available as of April 2011.

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention^{59 60 61 62 63 64 65}

Indicator 10: Meals with Family

A 2002 review of 32 studies affirms that family routines (such as bedtime and dinner time) and family rituals (such as birthdays and family reunions) are associated with marital satisfaction, adolescents’ sense of personal identity, academic achievement, children’s health and stronger family relationships. The review does not suggest that any particular routine is crucial, but the presence of family routines and rituals in general is beneficial.⁶⁶

Ate Meal with Their Family Yesterday (Grades 9 through 12)				
	2001	2003	2005	2007
◦Fargo	51.1	56.3	58.4	54.0
◦Region 5	N/A	56.4	56.0	56.0
North Dakota	57.5	53.3	57.1	56.5

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they ate a meal with their family in the last 7 days.

Ate Meal with Their Family Last 7 Days (Grades 9 through 12)	
	2009
◦Fargo	69.1
◦Region 5	69.7
North Dakota	70.4

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they ate a meal with their family yesterday.

Note: New wording used for questions regarding physical activity in 2009 Youth Risk Behavior Survey. Please see: Item Rationale for the 2009 core questionnaire <http://www.cdc.gov/HealthyYouth/yrbss/index.htm>.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

“N/A.” means “Not Applicable” because either the question was not asked or the results cannot be generated.

Data Sources: YRBS: Fargo Public Schools⁶⁷, YRBS: North Dakota Department of Public Instruction^{68 69 70 71 72}

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

GOAL: CASS COUNTY RESIDENTS WILL BE HEALTHY

“This goal encompasses a multidimensional concept physical, mental, social, and emotional wellbeing throughout life. Indicators for the goal deal with both health status and healthy lifestyle choices.”⁷³

Indicator 11: Leading Causes of Death

“Measures of the health include life expectancy.”⁷⁴ “The leading causes of death in the US generally results from a mix of behaviors: injury, violence, other factors and the unavailability or inaccessibility of quality health services.”

Leading Causes of Death Diseases of the Heart								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	191.2	195.7	171.6	131.8	138.9	132.0	150.9	180.1
North Dakota	204.4	204.6	184.4	202.9	189.6	134.1	174.7	167.5
United States	241.7	232.3	217.0	211.1	200.2	190.9	186.7	⑦

Leading Causes of Death All Cancers (Malignant Neoplasms)								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	192.4	218.2	189.2	141.7	150.5	125.9	140.0	137.6
North Dakota	176.9	181.3	169.3	179.7	190.9	112.4	188.2	157.9
United States	193.2	190.1	185.8	183.8	180.7	178.4	175.5	⑦

Leading Causes of Death Cerebrovascular Disease								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	54.2	56.5	59.7	39.03	31.1	22.1	23.7	32.2
North Dakota	55.6	57.7	56.5	51.0	45.8	22.9	39.6	35.4
United States	56.4	53.5	50.0	46.6	43.6	42.2	40.6	⑦

Leading Causes of Death Chronic Lung Disease (Lower Respiratory)								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	19.6	35.7	38.7	21.5	19.3	24.9	25.5	18.2
North Dakota	43.1	39.5	35.3	34.6	36.5	17.1	45.5	41.1
United States	43.3	43.3	41.1	43.2	40.5	40.8	44.0	⑦

Leading Causes of Death Accidents								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	19.6	36.1	25.5	19.5	26.9	29.5	30.7	23.3
North Dakota	36.3	36.5	38.8	43.2	41.1	48.4	47.7	45.9
United States	37.0	37.3	37.7	39.1	37.8	40.0	38.6	⑦

Age-adjusted death rate per 100,000 population in respective geographic areas.

* Age-adjusted death rates will fluctuate more than crude rates when the number of deaths in the county rise or fall. ⑦Data not available as of April 2011. **Data Sources:** North Dakota Department of Health², Centers for Disease Control and Prevention^{75 76 77 78 79 80 81}

Leading Causes of Death Alzheimer's Disease								
	2002	2003	2004	2005	2006	2007	2008	2009
*Cass County	25.3	43.8	46.1	26.2	25.2	44.0	30.7	44.7
North Dakota	27.4	38.2	35.9	35.5	36.3	26.8	42.0	45.9
United States	20.4	21.4	21.8	22.9	22.6	22.7	24.4	⑦

Age-adjusted death rate per 100,000 population in respective geographic areas.

* Age-adjusted death rates will fluctuate more than crude rates when the number of deaths in the county rise or fall.

⑦Data not available as of April 2011.

Data Sources: North Dakota Department of Health², Centers for Disease Control and Prevention^{77 78 79 80 81 80 81}

Indicator 12: Leading Cancer Deaths

“Cancer is the leading cause of death in America, exceeded only by heart disease. Every year, cancer claims the lives of more than half a million people.”⁸²

	2002	2003	2004	2005	2006	2007	2008	2009
Lung & Bronchus Cancer Deaths								
Cass County	42.1	52.1	59.3	55.4	57.2	49.6	49.8	44.2
North Dakota	41.9	44.9	50.7	46.6	52.2	43.9	48.9	44.4
United States	55.0	54.2	53.3	52.8	54.1	50.7	⑦	⑦
Prostate Cancer Deaths♦								
Cass County	29.2	31.8	22.9	25.8	14.5	14.3	19.5	10.9
North Dakota	28.2	30.8	36.5	28.2	14.5	23.2	29.1	9.9
United States	28.2	26.6	25.5	24.7	26.7	23.5	⑦	⑦
Female Breast Cancer Deaths▪								
Cass County	25.2	23.6	26.7	30.6	13.6	22.5	15.2	13.7
North Dakota	25.2	23.7	27.3	23.5	21.3	24.2	23.3	11.8
United States	27.0	25.2	24.4	24.0	25.0	22.8	⑦	⑦
Colon & Rectal Cancer Deaths								
Cass County	14.6	19.1	18.4	20.5	20.8	13.2	21.1	13.8
North Dakota	21.4	19.1	17.2	19.3	18.6	17.4	19.3	18.6
United States	19.6	19.0	17.9	17.4	18.8	16.7	⑦	⑦
Leukemia Cancer Deaths								
Cass County	11.8	6.3	5.4	3.6	7.2	13.5	10.0	11.9
North Dakota	9.3	6.2	4.3	7.4	8.9	9.3	8.2	7.8
United States	7.5	7.4	7.2	7.2	7.4	7.0	⑦	⑦
Pancreas Cancer Deaths								
Cass County	4.9	9.8	11.9	12.4	13.3	7.2	22.1	10.2
North Dakota	10.4	10.4	10.0	10.3	12.7	10.8	13.3	9.8
United States	10.5	10.5	10.7	10.8	10.6	10.7	⑦	⑦

Cass and North Dakota: Age-adjusted rate per 100,000 population in respective geographic areas.

United States: Rate per 100,000 and age-adjusted to the 2000 U. S. standard population by 5-year age groups.

♦ Figured using male population only. ▪ Figured using female population only.

⑦Data not available as of April 2011.

Data Sources: North Dakota Department of Health² National Cancer Institute^{83 84 85 86 87 88}

Indicator 13: Leading New Cancers

Cancer is caused by both internal and external factors. The number of new cancer cases can be reduced and many cancer deaths can be prevented by avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition and avoiding sun exposure. In addition, the number of cancer deaths can be reduced by regular screening examinations by health care providers. Such screenings are essential for increasing detection and treatment of cancer in the earliest most treatable stages.”⁸⁹

1997–2001 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	◆216.6	◆185.1	◆172.3
■Female Breast	■142.5	■123.8	■135.2
Lung and Bronchus	61.0	54.0	61.7
Colorectal	51.8	55.2	53.7
Urinary Bladder	25.5	21.4	20.4

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard. National rate per 100,000 and age-adjusted to the 2000 U. S. standard population by 5-year age groups.

◆ Figured using male population only. ■ Figured using female population only.
 Data Sources: North Dakota Department of Health⁹⁰, National Cancer Institute.⁹¹

1998–2002 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	◆223.7	◆187	◆173.8
■Female Breast	■167.3	■141.7	■134.4
Lung and Bronchus	59.2	53.7	61.0
Colorectal	64.7	58.9	52.9
Urinary Bladder	26.8	21.2	20.3

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard. National rate per 100,000 and age-adjusted to the 2000 U. S. standard population by 5-year age groups.

◆ Figured using male population only. ■ Figured using female population only.
 Data Sources: North Dakota Department of Health⁹⁰, National Cancer Institute⁹¹

2002–2006 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	◆ 197.1	◆166.0	◆159.3
■Female Breast	■ 168.3	■ 138.8	■123.8
Lung and Bronchus	66.6	56.9	63.1
Colorectal	59.0	55.9	49.1
Urinary Bladder	28.2	21.0	21.0

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard. National rate per 100,000 and age-adjusted to the 2000 U. S. standard population by 5-year age groups.

◆ Figured using male population only. ■ Figured using female population only.
 Data Sources: North Dakota Department of Health⁹⁰, National Cancer Institute⁹¹

2005 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	184.7	154.1	◆142.4
■Female Breast	166.7	146.9	■117.7
Lung and Bronchus	54.7	56.6	67.7
Colorectal	54.4	56.8	48.3
■Corpus & Uterus, NOS	29.4	27.9	23.4
Urinary Bladder	35.7	20.9	21.1

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.
National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

◆ Figured using male population only. ■ Figured using female population only.

Data Sources: North Dakota Department of Health⁹⁰, National Cancer Institute⁹¹

2006 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	200.6	179.2	142.4
■Female Breast	146.8	141.9	117.7
Lung and Bronchus	62.1	54.8	67.7
Colorectal	46.03	52.4	48.3
Leukemia	25.0	15.7	11.6
Pancreas	13.2	12.0	11.3

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.
National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

◆ Figured using male population only. ■ Figured using female population only.

Data Sources: North Dakota Department of Health⁹⁰, US Cancer Statistics Working Group⁹²

2007 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	179.1	164.7	156.9
■Female Breast	177.0	146.8	120.4
Colorectal	60.8	58.5	45.5
Lung and Bronchus	53.7	54.6	56.6
Lymphoma	28.8	21.9	18.8
Urinary Bladder	28.2	24.3	20.5

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.
National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

◆ Figured using male population only. ■ Figured using female population only.

⑦Data not available as of April 2010.

Data Sources: North Dakota Department of Health⁹⁰, US Cancer Statistics Working Group⁹²

2008 Leading New Cancers			
	Cass County	North Dakota	United States
◆Prostate	195.0	166.4	⑦
■Female Breast	130.4	144.1	⑦
Colorectal	43.0	54.2	⑦
Lung and Bronchus	49.3	53.5	⑦
Lymphoma	21.9	23.2	⑦
Urinary Bladder	21.1	20.1	⑦

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.
National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

◆ Figured using male population only. ■ Figured using female population only.

⑦Data not available as of April 2010.

Data Sources: North Dakota Department of Health⁹⁰, US Cancer Statistics Working Group⁹²

Indicator 14: Suicide Plans and Attempts Made by Youth

“Mental illness, such as depression and anxiety, affect a person’s ability to participate in healthy behaviors. In fact, mental disorders are the leading cause of disability in the US. Moreover, suicide is the 11th leading cause of death in the United States.”⁹³

Made a Plan to Attempt Suicide (Grades 9 through 12)					
	2001	2003	2005	2007	2009
◦Fargo	14.0	13.5	14.8	8.8	11.0
◦Region 5	13.8	12.2	12.3	8.2	11.0
North Dakota	13.9	11.3	12.2	8.1	10.5
United States	14.8	16.5	13.0	11.3	13.8

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they made a plan about how they would attempt suicide during the past 12 months.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports. Consider having the Fargo and Region 5 data weighted before investing significant resources in new programs.

Data Sources: YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Attempted Suicide (Grades 9 through 12)					
	2001	2003	2005	2007	2009
◦Fargo	12.3	14.7	16.7	8.8	6.8
◦Region 5	N.A.	N.A.	13.7	8.7	6.2
North Dakota	7.5	7.2	6.4	8.8	5.7
United States	8.8	8.5	8.4	6.9	6.3

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they actually attempted suicide one or more times during the past 12 months.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. Consider having the Fargo and Region 5 data weighted before investing significant resources in new programs. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

“N.A.” means “Not Applicable” because either the question was not asked or the results cannot be generated.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 15: Incidence of Sexually Transmitted Diseases

“Sexually transmitted diseases are common in the United States, with an estimated 19 million new cases of STDs reported each year. STDs have significant long-term health consequences.”⁹⁵ “Specifically, the HIV epidemic continues to be a public health crisis. Over one million Americans are currently living with HIV, and it continues to spread, as 1 in 5 individuals with HIV do not know they have it.”⁹⁶

	2003	2004	2005	2006	2007	2008	2009
Chlamydia							
Cass County	209.2	258.3	276.9	289.9	297.2	372.7	339.4
North Dakota	26.1	285.7	260.0	285.0	281.3	292.6	305.1
United States	304.3	316.7	332.5	347.8	370.2	401.3	409.2
Gonorrhea (Estimated Rate)							
Cass County	10.2	6.5	30.1	55.2	19.5	25.9	50.3
North Dakota	16.3	17.4	19.9	23.9	18.2	22.1	23.5
United States	116.2	112.1	115.6	120.9	118.9	111.6	99.1
AIDS (Estimated Rate)							
Cass County	*N/A	*N/A	*N/A	*N/A	*N/A	*N/A	*N/A
North Dakota	13.6	15.0	13.8	16.2	16.2	13.8	⑦
United States	127.8	136.7	136.5	143.7	154.2	184.4	⑦
HIV							
Cass County	*N/A	*N/A	*N/A	*N/A	*N/A	*N/A	*N/A
North Dakota	10.5	12.1	12.7	13.6	14.5	**29.8	⑦
United States	167.3	168.8	176.2	178.6	185.1	**332.5	⑦

Rate per 100,000 population in respective geographic areas.

Data Sources: North Dakota Department of Health^{97 98 99} Centers for Disease Control and Prevention^{100 101 102 103 104 105 106 107 108 109 110 111}
 ND & Cass 2003 Data, contact representative through website <http://www.ndhealth.gov/STD/Contact/Contact.htm>

*Due to minimal number of cases of HIV and AIDS in Cass County, rate per 100,000 is not calculated.

⑦Data not available as of April 2010.

**Note: In August 2008, CDC published the first national HIV incidence (new infections) estimates using new technology and methodology that more directly measure the number of new HIV infections in the United States. The new incidence estimate does not represent an actual increase in the numbers of HIV infections, but reflects a more accurate way of measuring new infections. A separate CDC historical trend analysis published as part of this first analysis suggests that the annual number of new infections was never as low as 40,000 and that it has been roughly stable since the late 1990s.¹¹²

Indicator 16: Sexual Behavior - Adolescents

“The CDC estimates there are over 19 million new cases of STD infections each year. Almost half of them are among young people ages 15-24.”¹¹³ “Abstaining from sexual intercourse offers maximum protection to adolescents who are generally poorly prepared to deal with the physical and psychological consequences of HIV infection, other sexually transmitted diseases and pregnancy.”¹¹⁴

Ever Had Sexual Intercourse (Grades 9 through 12)					
	2001	2003	2005	2007	2009
◊Fargo	37.2	38.4	31.8	39.9	38.2
◊Region 5	39.7	N.A.	36.5	38.3	39.6
North Dakota	42.0	42.8	41.2	42.6	44.6
United States	45.6	46.7	46.8	47.8	46.0

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they ever had sexual intercourse.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◊Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. “N.A.” means “Not Applicable” because either the question was not asked or the results cannot be generated. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 17: Marijuana Use - Adolescents

“Substance abuse has a major impact on individuals, families and communities.”¹¹⁵ “Multiple studies have indicated that alcohol and marijuana use in adolescence are strong predictors for substance abuse in adulthood.”¹¹⁶

Use Marijuana (Grades 9 through 12)					
	2001	2003	2005	2007	2009
◊Fargo	28.6	25.5	17.4	17.5	20.3
◊Region 5	23.8	23.5	16.1	13.2	16.0
North Dakota	22.0	20.6	15.5	14.8	16.9
United States	23.9	22.4	20.2	19.7	20.8

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

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◊Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 18: Cigarette Use

“Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking is a major risk factor for heart disease, stroke, lung cancer and chronic lung diseases. Smoking also results in other health related injuries and environmental damage caused by fires.”¹¹⁷

Use Cigarettes (Adults)								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	21.1	18.3	21.7	17.8	20.2	20.5	15.6	13.3
*Metro	22.1	17.5	21.6	16.2	23.3	22.1	15.0	13.3
North Dakota	21.5	20.5	19.8	20.1	19.5	20.9	18.1	18.6
United States	23.0	22.0	20.8	20.6	20.1	19.7	18.3	17.9

Percentages of adult survey participants in respective geographic areas reporting they smoked at least 100 cigarettes in their lifetime and currently smoke.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Use Cigarettes (Grades 9 through 12)					
	2001	2003	2005	2007	2009
oFargo	29.4	29.0	18.9	19.2	20.3
oRegion 5	35.1	31.3	22.1	17.4	18.4
North Dakota	35.3	30.2	22.1	21.1	22.4
United States	28.5	21.9	23.0	20.0	19.4

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they smoked cigarettes 1+ days in the past 30 days.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

oRaw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 19: Alcohol Use – Binge Drinking

“The physical consequences of alcohol abuse range from medical problems to death from alcohol poisoning. Alcohol plays a significant role in risky sexual behavior, physical and sexual assaults and various types of injuries and suicide.”¹²¹ “Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease and pancreatitis.”¹²² Binge drinking is a major problematic issue, especially for US males and young adults.^{123 124}

Binge Drinking (Adults)								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	25.0	25.2	26.5	18.8	24.5	24.1	22.2	21.7
*Metro	26.1	24.9	24.2	16.5	24.8	21.2	22.3	21.8
North Dakota	22.0	21.4	20.4	18.9	21.2	23.2	21.6	21.4
United States	16.1	16.4	14.9	14.4	15.4	15.7	15.5	15.8

Percentage of adult survey participants in respective geographic areas reporting they had five or more drinks on an occasion, one or more times in the past month.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Binge Drinking (Grades 9 through 12)					
	2001	2003	2005	2007	2009
◦Fargo	36.1	30.9	22.3	29.5	23.9
◦Region 5	41.2	36.4	29.2	28.8	23.8
North Dakota	41.5	39.5	33.8	32.5	30.7
United States	29.9	28.3	25.5	26.0	24.2

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they had 5+ drinks of alcohol in a row, that is within a couple of hours, on one or more of the past 30 days.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill. ©Data not available as of April 2011.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 20: Obesity and Overweight

“More than one third of adults and 17% of children are obese and overweight. Obesity has physical, psychological and social consequences including coronary heart disease, diabetes, cancer, stroke, liver and gall bladder disease, sleep apnea and reproductive problems. In addition, obesity has major economic and societal costs.”¹²⁵

Maintaining a healthy weight will significantly reduce these illnesses and in turn, increase both quality of life and life expectancy.^{126 127}

† Overweight Adolescents > 85 th percentile and <95 th percentile of BMI Grades 9 through 12					
	2001	2003	2005	2007	2009
◦Fargo	N/A	N/A	N/A	N/A	11.1
◦Region 5	N/A	N/A	N/A	N/A	14.1
North Dakota	12.3	11.0	12.8	13.7	13.5
United States	13.6	14.8	15.7	15.8	15.8

† Obese Adolescents ≥ 95 th percentile of BMI Grades 9 through 12					
	2001	2003	2005	2007	2009
◦Fargo	N/A	8.1	7.7	7.3	10.0
◦Region 5	N/A	9.8	10.3	9.8	9.7
North Dakota	9.0	9.3	11.2	10.0	11.0
United States	10.5	12.1	13.1	13.0	12.0

Percentage of survey participants in grades 9 through 12 in respective geographic areas who were overweight, (i.e., > 85th percentile and <95th percentile of BMI) & obese, (≥ 95th percentile of BMI). Data calculated using self-reported height and weight.

† Previously termed “At Risk for Becoming Overweight” & “Overweight” 2001-2005. “Previous Youth Risk Behavior Survey reports used the term ‘overweight’ to describe youth with a BMI >95th percentile for age and sex [commonly referred to as ‘obese’] and ‘at risk for overweight’ for those with a BMI >85th percentile and <95th percentile [commonly referred to as ‘overweight’]. This report [2007] uses the terms ‘obese’ and ‘overweight’ in accordance with the 2007 recommendations from the Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity convened by the American Medical Association.”⁹⁵ Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

N/A means “Not Applicable” because either the question was not asked or the results cannot be generated.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71} Centers for Disease Control and Prevention⁹⁴

Overweight Adults BMI 25-29.9								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	35.5	33.4	30.5	36.0	39.2	33.4	39.7	36.7
*Metro	35.9	36.2	30.6	39.0	38.4	36.9	39.4	36.9
North Dakota	38.2	39.2	38.3	38.8	39.1	37.9	39.6	37.8
United States	37.0	36.7	36.9	36.7	36.5	36.7	36.6	36.2

Percentage of adult survey participants in respective geographic areas with a BMI 25-29.9

Data was calculated using self-reported height and weight. *Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Obese Adults BMI ≥ 30.0								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	25.9	19.6	24.3	24.0	23.0	24.7	25.8	25.7
*Metro	21.9	22.0	24.2	22.5	21.6	25.7	25.6	27.4
North Dakota	23.4	23.7	24.5	25.4	25.5	27.0	27.8	28.4
United States	22.2	22.7	23.1	24.4	25.1	26.3	26.6	26.9

Percentage of adult survey participants in respective geographic areas with a BMI ≥ 30.0

Data was calculated using self-reported height and weight.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Indicator 21: Physical Activity

“More than 80% of adults do not do enough aerobic physical activity.”¹²⁸ “Increases in daily activity to ensure a weekly expenditure of an additional 1,000 calories would have significant individual and public health benefits for chronic health disease prevention and deaths from all causes, especially for persons who are sedentary. Physical activity among children and adolescents is important because of the related health benefits (cardiorespiratory function, blood pressure control, weight management) and because a physically active lifestyle adopted early in life may continue into adulthood.”¹²⁹

During Past Month, Participated in Any Physical Activity (Adult)								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass	80.5	80.3	84.0	84.1	81.0	82.5	76.5	83.3
*Metro	79.2	83.5	84.4	85.3	76.1	85.8	77.6	83.7
North Dakota	78.3	76.3	78.7	76.9	78.0	77.0	74.4	73.2
United States	75.9	76.9	77.2	76.1	77.2	77.5	75.2	76.2

Percentage of adult survey participants in respective geographic areas reporting participating in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Did NOT Participate in Sufficient Amount of Vigorous or Moderate Physical Activity (Grades 9 through 12)			
	2001	2003	2005
oFargo	40.4	29.7	31.2
oRegion 5	N/A	29.5	29.6
North Dakota	34.1	31.4	32.8
United States	31.2	33.4	N/A

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

Physically Active for 60 Minutes on Five or More of Past Seven Days (Grades 9 through 12)		
	2007	2009
oFargo	45.9	39.4
oRegion 5	48.5	43.5
North Dakota	47.8	43.7
United States	34.7	37.0

Percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days (ND QN79, CDC QN80)

Note: New wording used for questions regarding physical activity in 2009 Youth Risk Behavior Survey. Please see: Item Rationale for the 2009 core questionnaire <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

oRaw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives us a snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> 2009 YRBS ND Regional Reports.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 22: Leisure Time Physical Activity

Regular physical activity can improve the quality of life and health for Americans of all ages.¹³⁰ For most persons, the greatest opportunity for physical activity is associated with leisure time, because few occupations today provide sufficient vigorous or moderate physical activity to produce health benefits.¹³¹

No Leisure Time Physical Activity (Adult)				
	2002	2003	2004	2005
Cass County	19.5	19.7	16.0	15.7
*Metro	20.8	16.5	15.0	14.5
North Dakota	21.7	23.7	21.3	23.1
United States	24.4	23.1	22.8	23.8

Please note: question eliminated from BRFSS 2006 survey. Please see Historical Questions for more information:
<http://apps.nccd.cdc.gov/brfssQuest/>

Percentage of adult survey participants in respective geographic area reporting doing no leisure time exercise or physical activity in the past 30 days.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

No Leisure Time Physical Activity (Grades 9 through 12)			
	2001	2003	2005
o Fargo	17.8	6.9	8.8
o Region 5	N.A.	7.1	7.5
North Dakota	8.3	7.3	8.1
United States	9.5	11.5	9.6

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

Note: This question was not used in 2007 & 2009 YRBS surveys. Please see: Item Rational for the 2009 core questionnaire
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

o Raw data information listed below for space considerations.

Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 23: Consumption of Fruits and Vegetables

“Many dietary components are involved in the relationship between nutrition and health. A primary concern is consuming too much saturated fat and too few vegetables, fruits and grain products that are high in vitamins and minerals, carbohydrates (starch and dietary fiber) and other substances that are important to good health.”¹³²

Consume Five Fruits and Vegetables Past 7 Days (Grades 9 through 12)		
	2007	2009
◦Fargo	18.3	17.2
◦Region 5	17.7	15.6
North Dakota	16.6	13.7
United States	21.4	22.3

Percentage of students who ate fruits and vegetables five or more times per day during the past seven days (CDC QNFRVG)

Consume Five Fruits and Vegetables EACH DAY, Past 7 Days (Grades 9 through 12)			
	2001	2003	2005
◦Fargo	16.1	19.5	17.4
◦Region 5	N.A.	17.0	14.7
North Dakota	18.1	17.3	13.8
United States	21.4	22.0	20.1

Percentage of survey participants in grades 9 through 12 in respective geographic areas reporting they ate 5 or more fruits and vegetables EACH DAY in the past 7 days.

Note: New wording used for questions regarding dietary behaviors in 2007 Youth Risk Behavior Survey. Please see: Item Rational for the 2009 core questionnaire <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◦Raw data is not weighted by age or gender for Fargo and Region 5 and is not recommended for trend analysis. The raw data gives snapshot for that geographical area and year. See data limitations at <http://www.dpi.state.nd.us/health/YRBS/index.shtm> YRBS ND Regional Reports. Data Sources YRBSS: Fargo Public Schools⁶⁷ YRBSS: North Dakota Department of Public Instruction^{68 69 70 71 72} Centers for Disease Control and Prevention⁹⁴

Indicator 24: Incidence of Diabetes

“Diabetes is a serious, costly and increasingly common chronic disease that can cause devastating complications, including heart disease, kidney failure, leg and foot amputations and blindness. These complications often result in disability and death. Early detection, improved delivery of care and better self-management are key strategies for preventing much of the burden of diabetes.”¹³³

Have Diabetes (Adult)								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	5.7	5.0	4.0	4.8	5.8	6.7	4.7	5.0
*Metro	5.0	5.8	6.2	4.2	4.9	7.0	5.9	4.4
North Dakota	6.1	6.2	5.8	6.7	6.7	6.3	7.6	7.5
United States	6.8	7.2	7.0	7.3	7.5	8.0	8.3	8.3

Percentage of adult survey participants in reporting they were told by a doctor they have diabetes.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Goal: Cass County residents will have access to quality health care.

“Access to comprehensive quality care is important to achieve health equity and increasing the quality of a healthy life for everyone.”¹³⁴

Indicator 25: Regular Source of Primary Care

“Having a primary health care provider as the primary source of health care is especially important. Primary care providers are associated with Increased likelihood that patients will receive appropriate care, illness prevention, disease detection, and appropriate health service referral, including specialty care.”¹³⁴

No Regular Source of Primary Care		
Cass County 1999-2004	North Dakota 2003 or 2004 Prevalence %	United States 2002 or 2003 Median (range)
28.2%	23.6%	19.1

Percentage of adult survey participants in respective geographic areas who reported that they did not have one person that they considered to be their personal health care provider.

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Note: question eliminated from BRFSS survey. Please see Historical Questions for more information: <http://apps.nccd.cdc.gov/brfssQuest/>

Unable to See Doctor Due to Cost		
Cass County 1999-2004	North Dakota 2003 or 2004 Prevalence %	United States 2002 or 2003 Median (range)
5.5%	6.8%	11.9

Percentage of adult survey participants in respective geographic areas who reported being unable to see a doctor due to cost one or more times during the past 12 months.

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Note: question eliminated from BRFSS survey. Please see Historical Questions for more information: <http://apps.nccd.cdc.gov/brfssQuest/>

Indicator 26: Dentist Visit

“Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage and, in some cases, reverse the problem.”¹³⁵

More Than a Year Since Dentist Visit (Adult)		
	2002	2004
Cass County	25.9	23.6
*Metro	28.4	20.8
North Dakota	29.7	30.4
United States	29.2	29.7

Percentage of adult survey participants in respective geographic areas reporting they did not visit a dentist or dental clinic within the past year for any reason.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Note: question eliminated from BRFSS survey. Please see Historical Questions for more information: <http://apps.nccd.cdc.gov/brfssQuest/>

Indicator 27: Health Insurance

“Health insurance coverage is a good indicator of progress toward the goal because it increases the likelihood that people will get the preventive care and treatment they need to stay healthy.”¹³⁶

Persons Without Health Insurance (BRFSS Data: Adult)								
	2002	2003	2004	2005	2006	2007	2008	2009
Cass County	7.3	10.4	10.5	9.0	7.8	10.0	7.7	6.6
*Metro	8.9	6.5	9.5	11.3	9.6	8.2	7.7	7.2
North Dakota	9.3	11.5	13.4	11.5	11.6	11.8	11.6	10.7
United States	14.1	14.5	14.8	14.5	14.5	14.5	14.6	14.4

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

Note: Question Change for 2006 Survey, “Do you have any kind of health care coverage?”

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: BRFSS: Centers for Disease Control and Prevention^{118 119 120}

Persons Without Health Insurance (US Census Data) 2 year average				
	2002-2003	2003-2004	2004-2005	2006-2007
North Dakota	10.9	11.2	11.4	11.1
United States	15.4	15.6	15.7	15.5

Percentage of persons without health insurance coverage using 3-year average. Data is from the Current Population Survey.

Data Source: U.S. Census Bureau^{137 138 139}

Indicator 28: Health Care Programs for Children

“The availability of, and access to quality health care, directly affects the health of the population, especially those at high risk due to chronic medical conditions or low socio-economic status.”¹⁴⁰

Medicaid Program Participant (Ages 0 to *20)				
Cass County	2003	2004	2005	2006
Total Medicaid participants	5,972	6,533	6,793	7,489
*Estimated Percentage of Population	*20%	*23%	*24%	*24%
Estimated population of children aged 0-17	*29,211	*28,140	*28,066	*30,083

Medicaid Program Participant (Ages 0-20)		
Cass County	FY 2007	FY 2008
Total Medicaid participants	7,331	8,380
Estimated Population of Children 0-20	18%	21%

Number of children & adolescents ages 0 to 20 who participated in the Medicaid Program in respective geographic areas. Percentage of people ages 0 to 20 who participated in the Medicaid Program out of the total population of people ages 0 to 20 in respective geographic areas.

- Persons ages 0 through 5 are eligible if the household income is 133% of the poverty level.
- Persons ages 6 through 19 are eligible if the household income is 100% of the poverty level.

*Percentage of population is offered for estimation purposes only. The estimated population used is from North Dakota Kids Count Fact Books and include children and adolescents ages 0 to 17. In 2007 Kids Count Fact Books began publishing the number of Medicaid Program Participants, this report includes the Kids Count values as a more accurate population estimate of individuals aged 0-20

Data Source: North Dakota Department of Human Services¹⁴¹ Kids Count Fact Book¹⁴²

Medicaid Program Participant (Ages 0 to *20)				
North Dakota	2003	2004	2005	2006
Total Medicaid participants	38,544	41,073	41,794	42,018
*Estimated Percentage of Population	26%	29%	30%	29%
Estimated population of children aged 0-17	148,012	140,638	137,998	144,876

Medicaid Program Participant (Ages 0 to *20)		
North Dakota	FY 2007	FY 2008
Total Medicaid participants	41,376	44,333
Estimated Population of Children 0-20	23%	24.9%

Number of children & adolescents ages 0 to 20 who participated in the Medicaid Program in respective geographic areas. Percentage of people ages 0 to 20 who participated in the Medicaid Program out of the total population of people ages 0 to 20 in respective geographic areas.

- Persons ages 0 through 5 are eligible if the household income is 133% of the poverty level.
- Persons ages 6 through 19 are eligible if the household income is 100% of the poverty level.

*Percentage of population is offered for estimation purposes only. The estimated population used is from North Dakota Kids Count Fact Books and include children and adolescents ages 0 to 17. In 2007 Kids Count Fact Books began publishing the number of Medicaid Program Participants, this report includes the Kids Count values as a more accurate population estimate of individuals aged 0-20

Data Source: North Dakota Department of Human Services¹⁴³ Kids Count Fact Book¹⁴⁴

Average Monthly Participants in Healthy Steps Program (Ages 0 to 19)								
	2003 Monthly Average	2004 Monthly Average	† 2005 Monthly Average	† 2006 Monthly Average	† 2007 Monthly Average	† 2008 Monthly Average	† 2009 Monthly Average	† 2010 Monthly Average
Cass County	171	239	317	542	571	613	510	⑦
North Dakota	2,163	2,297	2,565	3,613	3,848	3,925	3,258	⑦

Average monthly number of people ages 0 to 19 participating in the Healthy Steps Program.

Healthy Steps is a benefit program for eligible North Dakota children up to 19 years old who do not qualify for Medicaid. The program offers comprehensive medical, dental and vision coverage administered by the State of North Dakota.

To qualify for Healthy Steps Program, a family's net income must be greater than the Medicaid level, but cannot exceed 160% of the federal poverty level.¹⁴⁵

† Beginning in the fall of 2005, applicants started using one enrollment form for Medicaid, Healthy Steps / Caring for Children program. One electronic eligibility system is used for the State and County offices, and children are assigned to the program based on their eligibility.

Data Source: Children's Health Insurance Program, CHIP, North Dakota Department of Human Services¹⁴³

⑦Data not available as of April 2011.

Number of Caring for Children Program Participants (Ages 0 up to 19)								
	2003	2004	*2005	*2006	*2007	*2008	*2009	*2010
Cass County	154	255	234	223	226	220	186	167
North Dakota	677	1,082	1,159	1,329	1,289	1,213	1,093	925

Unduplicated number of persons ages 0 up to 19 participating in the Caring for Children program in respective geographic areas.

Caring for Children is a benefit program for eligible North Dakota children up to age 19 who do not qualify for Medicaid or Healthy Steps and have no other insurance. The program provides access to primary and preventive medical and dental care services funded by the non-profit North Dakota Caring Foundation.

- Children ages 0 up to 19 are eligible if the household income is between 161% and 200% of the federal poverty level.
- Children in this program cannot be eligible for Medicaid, Healthy Steps/SCHIP or other health insurance.
- Website: www.ndcaring.org

* Beginning in the fall of 2005, applicants started using one enrollment form for Medicaid, Healthy Steps and Caring for Children program. One electronic eligibility system is used for the State and County offices, and children are assigned to the program based on their eligibility.

Data Source: Caring for Children program¹⁴⁶ North Dakota Department of Human Services¹⁴³

Goal: Our communities will be safe, friendly and caring.

“Local residents want to be comfortable and safe in their surroundings. When people feel safe, they are more likely to be involved in their communities.”¹⁴⁷

Indicator 29: Violent Crime

“Because of their serious nature, violent crimes are considered a better indicator of the crime situation than is total crime, which includes several minor infractions. Violent crime exacts a substantial social cost in a community and is an indicator of the presence of several determinants of criminal behavior: poverty, drug abuse and the general acceptance of violence within the culture.”¹⁴⁸

Violent Crime Rate							
	2003	2004	2005	2006	2007	2008	2009
Fargo	158.7	167.9	160.3	253.9	269.1	290.6	323.4
*Cass County	146.1	202.5	142.1	204.6	210.3	223.9	259.9
North Dakota	78.7	83.2	94.1	127.0	138.3	166.5	200.7
United States	475.8	463.2	469.0	473.6	466.9	454.5	429.9

*Cass County numbers include Fargo violent crime numbers

Rate per 100,000 population in respective geographic areas.

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

Data Source: 2003-2005, Fargo Police Department¹⁴⁹ 2006-2009, North Dakota Attorney General^{150 151 152 153 154}, Federal Bureau of Investigation^{155 156 157 158 159 160 161}

Indicator 30: Restraint Device Use in Motor Vehicle Crashes

“Injuries are the leading cause of death for Americans age 0 to 44 and the leading cause of disability for individuals of all ages.”¹⁶² “Safety belts, when worn correctly, are the most effective way for occupants to reduce the risk of death and serious injury in a motor vehicle crash on public roads”.¹⁶³

Injuries No Restraint Device Used						
	2002	2004	2006	2007	2008	2009
Cass County	29% 310 of the 1,047 occupants injured did not use a restraint device	27% 277 of the 1,010 occupants injured did not use a restraint device	24% 252 of the 1,028 occupants injured did not use a restraint device	27% 296 of the 1078 occupants injured did not use a restraint device	21% 229 of the 1080 occupants injured did not use a restraint device	14% 152 of the 1067 occupants injured did not use a restraint device
North Dakota	26% 1,135 of the 4,364 occupants injured did not use a restraint device	21% 864 of the 4,098 occupants injured did not use a restraint device	64% 2,644 of the 4,139 occupants injured did not use a restraint device	17% 644 of the 3,629 occupants injured did not use a restraint device	16% 611 of the 3,665 occupants injured did not use a restraint device	19% 768 of the 4,016 occupants injured did not use a restraint device
United States	10.6% 284,000 of the 2,684,000 occupants injured did not use a restraint device	8.1% 206,000 of the 2,543,000 occupants injured did not use a restraint device	7.8% 183,000 of the 2,331,000 occupants injured did not use a restraint device	7.6% 170,000 of the 2,221,000 occupants injured did not use a restraint device	6.8% 141,000 of the 2,072,000 occupants injured did not use a restraint device	11% 347 of the 3062 total occupants injured were in alcohol related crashes

Raw percentage of occupant fatalities when no restraint device used in passenger car and light truck crashes out of the total number of passenger car and light truck crash fatalities in respective geographic areas.

Data Source: Safe Communities Coalition of the Red River Valley¹⁶⁴, North Dakota Department of Transportation¹⁶⁵ National Highway Traffic Safety Administration¹⁶⁶

Fatalities						
No Restraint Device Used						
	2002	2004	2006	2007	2008	2009
Cass County	80% 4 of the 5 occupants killed did not use a restraint device	33% 2 of the 6 occupants killed did not use a restraint device	50% 3 of the 6 occupants killed did not use a restraint device	60% 3 of the 5 occupants killed did not use a restraint device	50% 1 of the 2 occupants killed did not use a restraint device	33% 2 of the 6 occupants killed did not use a restraint device
North Dakota	73% 63 of the 86 occupants killed did not use a restraint device	61% 53 of the 86 occupants killed did not use a restraint device	65% 62 of the 95 occupants killed did not use a restraint device	62% 57 of the 91 occupants killed did not use a restraint device	55% 58 of the 104 occupants killed did not use a restraint device	33% 37 of the 112 occupants killed did not use a restraint device
United States	51.6% 16,432 of the 31,866 occupants killed did not use a restraint device	51.5% 16,247 of the 31,549 occupants killed did not use a restraint device	51% 15,635 of the 30,686 occupants killed did not use a restraint device	49.7% 14,446 of the 29,072 occupants killed did not use a restraint device	50.7% 12,865 of the 25,351 occupants killed did not use a restraint device	49.2% 11,512 of the 23,382 occupants killed did not use a restraint device

Raw percentage of occupant fatalities when no restraint device used in passenger car and light truck crashes out of the total number of passenger car and light truck crash fatalities in respective geographic areas.

Data Source: Safe Communities Coalition of the Red River Valley¹⁶⁴ North Dakota Department of Transportation¹⁶⁵, National Highway Traffic Safety Administration¹⁶⁶

Indicator 31: Alcohol Related Motor Vehicle Crashes

The 16,694 fatalities in alcohol-related crashes during 2004 represent an average of one alcohol-related fatality every 31 minutes.¹⁶⁷

Injuries						
Alcohol Related						
	2002	2004	2006	2007	2008	2009
Cass County	11% 117 of the 1,047 total occupants injured were in alcohol related crashes	9% 94 of the 1,010 total occupants injured were in alcohol related crashes	10% 98 of the 1,028 total occupants injured were in alcohol related crashes	11% 120 of the 1,078 total occupants injured were in alcohol related crashes	8% 90 of the 1,080 total occupants injured were in alcohol related crashes	5% 56 of the 1,067 total occupants injured were in alcohol related crashes
North Dakota	16% 524 of the 3,252 total occupants injured were in alcohol related crashes	13% 554 of the 2,701 total occupants injured were in alcohol related crashes	14% 397 of the 2,701 total occupants injured were in alcohol related crashes	12% 370 of the 3,001 total occupants injured were in alcohol related crashes	11% 347 of the 3062 total occupants injured were in alcohol related crashes	12% 558 of the 4462 total occupants injured were in alcohol related crashes

Raw percentage of alcohol related motor vehicle crash injuries out of the total number of motor vehicle crash injuries in respective geographic areas.

⑦Data not available as of April 2011.

Data Source: Safe Communities Coalition of the Red River Valley¹⁶⁴ North Dakota Department of Transportation¹⁶⁵, National Highway Traffic Safety Administration¹⁶⁶

Injuries Alcohol Related			
	2002	2004	2006
United States	8% 258,000 of the 2,926,000 total occupants injured were in alcohol related crashes	9% 248,000 of the 2,788,000 total occupants injured were in alcohol related crashes	9% 231,750 of the 2,575,000 total occupants injured were in alcohol related crashes

Raw percentage of alcohol related motor vehicle crash injuries out of the total number of motor vehicle crash injuries in respective geographic areas.

Note: National alcohol related injury data was available from the National Highway Traffic & Safety Administration through 2006. This data is no longer published as part of annual Safety Facts."

Data Source: *Safe Communities Coalition of the Red River Valley¹⁶⁴

Fatalities Alcohol Related						
	2002	2004	2006	2007	2008	2009
Cass County	0% 0 of the 6 total occupant fatalities were in alcohol related crashes	16% 1 of the 6 total occupant fatalities were in alcohol related crashes	33% 2 of the 6 total occupant fatalities were in alcohol related crashes	71% 5 of the 7 total occupant fatalities were in alcohol related crashes	12% 1 of the 8 total occupant fatalities were in alcohol related crashes	50% 3 of the 6 total occupant fatalities were in alcohol related crashes
North Dakota	50% 48 of the 97 total occupant fatalities were in alcohol related crashes	38% 38 of the 100 total occupant fatalities were in alcohol related crashes	42% 47 of the 111 total occupant fatalities were in alcohol related crashes	56% 63 of the 111 total occupant fatalities were in alcohol related crashes	51% 53 of the 104 total occupant fatalities were in alcohol related crashes	40% 56 of the 140 total occupant fatalities were in alcohol related crashes
United States	40% 17,419 of the 42,815 total occupant fatalities were in alcohol related crashes	39% 16,694 of the 42,636 total occupant fatalities were in alcohol related crashes	41% 17,602 of the 42,642 total occupant fatalities were in alcohol related crashes	37% 15,387 of the 41,059 total occupant fatalities were in alcohol related crashes	35% 11,773 of the 37,261 total occupant fatalities were in alcohol related crashes	38% 10,839 of the 33,808 total occupant fatalities were in alcohol related crashes

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

Data Source: Safe Communities Coalition of the Red River Valley¹⁶⁴ North Dakota Department of Transportation¹⁶⁵, National Highway Traffic Safety Administration¹⁶⁶

Goal: People in need will receive support that helps them live as independently as possible.

“This goal reflects the value Cass County residents place on independence and personal responsibility but also recognizes that at times, people may need to rely on others for assistance. Progress in providing help (participation in public programs) does not necessarily mean progress in independent living; both must be evaluated to understand the bigger issue.”¹⁶⁸

Indicator 32: Food Insecurity

“While starvation seldom occurs in this country, children and adults do go hungry, and chronic, mild under-nutrition does occur when financial resources are low. The mental and physical changes that accompany inadequate food intakes can have harmful effects on learning, development, productivity, physical and psychological health and family life.”¹⁶⁹

Food Insecure Households Low or Very Low Food Security									
	2001	2002	2003	2004	2005	2006	2007	2008	2009
North Dakota	8.5	8.1	6.4	6.3	6.4	6.4	6.5	6.9	6.9
United States	10.4	10.8	11.4	11.4	11.3	10.9	11.1	14.6	13.5

Average percentage of households in the U.S. Census Community Population Survey reporting food insecurity.

According to the U.S. Department of Agriculture:

- *Low food security means obtaining enough food to avoid hunger, using a variety of coping strategies, such as eating less varied diets, participating in Federal food assistance programs or getting emergency food from community food pantries or emergency kitchens.*
- *Very low food security means the food intake of some household members was reduced and their normal eating patterns were disrupted because of lack of money and other resources.*

Data Source: U.S. Department of Agriculture^{170 171 172 173 174 175 176 177 178}

Food Shelves				
	Individuals Served Fargo	Percent Change	Individuals Served Metro	Percent Change
2003	29,152	n/a	49,474	n/a
2004	30,886	+5.9%	52,437	+6.0%
2005	32,132	+4.0%	54,001	+3.0%
2006	30,897	+3.8%	55,706	+3.2%
2007	31,873	+3.2%	58,404	+4.8%
2008	41,653	+23.0%	66,322	+12.0%
2009	47,446	+12.0%	79,434	+17.0%
2010	51,213	+7.8%	90,299	+12.0%

Duplicated number of individuals served by shelter and non-shelter food shelves in respective geographic areas.

*Metro: Fargo, ND – Moorhead, MN **Data Source:** Great Plains Food Bank¹⁷⁹

Indicator 33: Homelessness

“This indicator deals with one of the most basic human needs: a safe, stable place to live.”¹⁸⁰

Homeless Estimates One Night							
	Oct. 26, 2000	Oct. 23, 2003	Increase	Oct 26, 2006	Increase	Oct 22, 2009	Increase
Fargo	411	458	+11.5	610	+33.2	1020	+67.2
*Metro	602	821	+36.4	1066	+29.8	1522	+42.8

Estimates of homeless and precariously housed persons in the Fargo-Moorhead area on an October night in 2000 and 2003 and 2006

▪ Includes persons in shelters or transitional housing programs, non-sheltered locations, and estimated “doubled-up” children, youth and adults. “Doubled-up” indicates a person doubled-up with other individuals or families on the night of the survey.

*Metro: Fargo, ND – Moorhead, MN

Data Source: Wilder Research Center¹⁸¹

Homeless Shelter Usage Fargo and Moorhead									
		2003	2004	2005	2006	2007	2008	2009	2010
Dorothy Day House of Hospitality	Sheltered	397	344	343	362	310	312	311	303
	Turned Away	932	1,222	1,092	778	1,382	4,751	1,042	1,196
Churches United for the Homeless	Sheltered	720	768	844	907	770	839	726	756
	Turned Away	–	1,161	587	329	1335	3,306	4,268	–
New Life Center	Sheltered	1,101	1,176	1,056	1,109	1,068	863	940	919
	Turned Away	0	0	0	0	0	0	0	0
YWCA	Sheltered	914	1,328	1,265	1,433	1,457	1,409	1,414	*1,353
	Turned Away	–	–	126	189	169	435	776	979

Unduplicated number of people provided shelter per year. Unduplicated for each shelter, not all shelters combined.

Number of people turned away due to shelter capacity per year. This does not include people turned away for other reasons.

Notes:

Churches United for the Homeless moved to a new location and increased the number of beds in the shelter in September 2004. In addition, 2010 numbers of “individuals turned-away” decreased because they opened overflow on an almost daily basis.

*The YWCA will never turn away a woman or child if they are coming to the YWCA due to violence. Turn away numbers do not include children, only women. Please note, that while 2009 number of sheltered is down, the average length of stay is up five days to 39. In addition, 2009 had most nights of shelter ever provided.

–Unable to collect the number of people turned away.

Data Sources: Fargo and Moorhead Homeless Shelters^{182 183 184 185}

Goal: People will participate in government and politics.

“This goal reflects Cass County residents’ belief that broad-based and energetic citizen participation in the political process and civic affairs is a sign of a healthy democracy.”¹⁸⁶

Indicator 34: Voter Participation

“High voter turnout is an indicator that people are interested and believe they can make a difference in government.”¹⁸⁶

Voter Participation				
	2004 Presidential	2006 Congressional	2008 Presidential	2010 Congressional
Fargo	66%	39%	71%	45%
Cass County	71%	39%	71%	50%
North Dakota	65%	44%	64%	45%
United States	45%	48%	58%	⑦

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

⑦Data not available as of April 2011.

Data Sources: Cass County Auditor¹⁸⁷, North Dakota Secretary of State¹⁸⁸ U.S. Census Bureau^{189 190 191}

Goal: Cass County residents will have the economic means to maintain a reasonable standard of living.

“Income that is slightly above the poverty level is not adequate for a reasonable standard of living. The indicators for this goal deal with several aspects of employment, income and a household’s ability to live a decent life.”¹⁹²

Indicator 35: Median Family Income

“Income and poverty levels reflect the ability of residents to provide for themselves and their families, their capacity to support neighborhood businesses and their prospects for building assets for the future.”¹⁹³

Median Income (U.S. Census Data)	
	2000
Fargo	\$50,486
*Metro	N/A
Cass County	\$51,469
North Dakota	\$43,654
United States	\$50,046

Median income of families in respective geographic areas.

According to the Census Bureau glossary:

- A family is a group of two or more people who reside together and who are related by birth, marriage or adoption.
- A household includes all the people who occupy a housing unit as their usual place of residence.

“N/A” means “Not Applicable” because either the question was not asked or the results cannot be generated.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: U.S. Census Bureau¹⁹⁴

⑦ US Census 2010 Median Family Income Data not available as of April 2011.

Median Family Income								
	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
*Metro	\$60,100	\$60,700	\$62,250	\$65,100	\$64,100	\$66,400	\$69,300	\$68,100
North Dakota	\$51,800	\$52,700	\$54,100	\$57,000	\$56,100	\$58,200	\$60,700	\$61,500
United States	\$56,500	\$57,500	\$58,000	\$59,600	59,000	\$61,500	\$64,000	\$64,400

Estimated median family income in respective geographic areas.

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area (MSA)

Data Source: U.S. Department of Housing and Urban Development¹⁹⁵

Indicator 36: Poverty

“Measuring the percentage of people who live in poverty gives an indication of how many people are not financially able to maintain a minimum standard of living.”¹⁹⁶

Poverty (U.S. Census Data)	
	2000
Fargo	11.8%
Cass County	10.1%
North Dakota	11.9%
United States	12.4%

Percentage of individuals below poverty in respective geographic areas.

Data Source: U.S. Census Bureau¹⁹⁴

CASS COUNTY RESIDENTS WILL HAVE THE ECONOMIC MEANS TO MAINTAIN A REASONABLE STANDARD OF LIVING

Ⓢ US Census 2010 Poverty Data not available as of April 2011.

Indicator 37: Unemployment

“Unemployment rates are important for individuals and communities. At the individual level, unemployment reduces household income, can limit access to health insurance and contributes to psychological stress. At the community level, increases in unemployment can be a reflection of the inability of the community to provide employment and can place demands on community services.”¹⁹⁷

Unemployment								
	2003	2004	2005	2006	2007	2008	2009	2010
Fargo	2.7%	2.7%	2.7%	2.5%	2.8%	2.7%	4.3%	3.9%
Cass County	2.6%	2.6%	2.7%	2.6%	3.0%	2.7%	4.2%	3.9%
*Metro	2.8%	2.9%	2.8%	2.7%	3.3%	2.9%	4.4%	4.1%
North Dakota (SA)	3.6%	3.5%	3.4%	3.2%	3.2%	3.2%	4.3%	3.9%
United States (SA)	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%

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

*Metro: Fargo, ND – Moorhead, MN Metropolitan Statistical Area

SA: Seasonally Adjusted

Data Sources: North Dakota Job Service¹⁹⁸

Indicator 38: No High School Diploma

The level of education attained has been correlated directly to income and earnings. In addition, it is an indirect measure of literacy in a community. Literacy is vital to the development of strong families, which are an essential element in building and maintaining healthy communities.¹⁹⁹

Adults Without High School Diploma (U.S. Census Data) 2000	
Fargo	9.0%
Cass County	9.1%
North Dakota	16.1%
United States	19.6%

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

Data Source: U.S. Census Bureau²⁰⁰

Ⓢ US Census 2010 High School Diploma Data not available as of April 2011

Goal: Cass County will have sustainable, strong economic growth.

“Economic growth creates jobs and may increase opportunities for better jobs and improved living standards. Cass County can be a place with a high quality of life driven by a strong economy. Sustainable, strong economic growth puts Cass County in a better position to achieve other stated goals.”²⁰¹

Indicator 39: Labor Force Participation

“High labor participation rates, as measured by the proportion of the working age population that is in the workforce, contribute to strong and sustainable economic growth.”²⁰²

Percentage of Population in Labor Force (U.S. Census Data) 2000	
Fargo	75.1%
Cass County	75.5%
North Dakota	67.5%
United States	63.9%

Percentage of population 16 years and older in the labor force in respective geographic areas.

Data Source: U.S. Census Bureau²⁰⁰

⑦ US Census 2010 High School Diploma Data not available as of April 2011.

Indicator 40: Diversity of Economic Activity

“Understanding the kinds of jobs in which its resident’s work can help a city tailor education, economic development and career development strategies that enhance economic security for working families.”²⁰³

Occupations (U.S. Census Data) 2000				
	Fargo	Cass	ND	USA
Management, professional, and related: 2000	34.1%	33.4%	33.3%	33.6%
Service: 2000	15.2%	14.6%	16.7%	14.9%
Sales and office: 2000	31.2%	30.8%	26.1%	26.7%
Farming, fishing and forestry: 2000	0.4%	0.6%	1.7%	0.7%
Construction, extraction and maintenance: 2000	7.5%	8.2%	9.8%	9.4%
Production, transportation and material moving: 2000	11.5%	12.4%	12.4%	14.6%
Agriculture, forestry, fishing, and hunting and mining: 2000	0.9%	1.8%	8.2%	1.9%
Construction: 2000	5.9%	6.3%	6.2%	6.8%
Manufacturing: 2000	8.3%	9.0%	7.1%	14.1%
Wholesale trade: 2000	5.0%	5.2%	3.7%	3.6%
Retail trade: 2000	15.3%	14.8%	12.7%	11.7%
Transportation and warehousing, and utilities: 2000	4.2%	4.9%	5.7%	5.2%
Information: 2000	2.6%	2.3%	2.3%	3.1%
Finance, insurance, real estate and rental and leasing: 2000	8.9%	8.9%	5.9%	6.9%
Professional, scientific, management, administrative & waste management services: 2000	8.6%	7.9%	6.0%	9.3%
Educational, health and social services: 2000	23.6%	22.8%	24.2%	19.9%
Arts, entertainment, recreation, accommodation & food services: 2000	9.5%	8.7%	8.2%	7.9%
Other services (except public administration): 2000	4.5%	4.7%	4.9%	4.9%
Public administration: 2000	2.7%	2.7%	4.8%	4.8%
Agriculture, forestry, fishing, and hunting and mining: 2000	0.9%	1.8%	8.2%	1.9%
Construction: 2000	5.9%	6.3%	6.2%	6.8%
Manufacturing: 2000	8.3%	9.0%	7.1%	14.1%
Wholesale trade: 2000	5.0%	5.2%	3.7%	3.6%
Retail trade: 2000	15.3%	14.8%	12.7%	11.7%
Transportation and warehousing, and utilities: 2000	4.2%	4.9%	5.7%	5.2%
Information: 2000	2.6%	2.3%	2.3%	3.1%
Finance, insurance, real estate and rental and leasing: 2000	8.9%	8.9%	5.9%	6.9%
Professional, scientific, management, administrative & waste management services: 2000	8.6%	7.9%	6.0%	9.3%
Educational, health and social services: 2000	23.6%	22.8%	24.2%	19.9%
Arts, entertainment, recreation, accommodation & food services: 2000	9.5%	8.7%	8.2%	7.9%
Other services (except public administration): 2000	4.5%	4.7%	4.9%	4.9%
Public administration: 2000	2.7%	2.7%	4.8%	4.8%

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

Data Source: U.S. Census Bureau²⁰⁰

⑦ US Census 2010 Occupation Data not available as of April 2011.

Indicator 41: Post Secondary Education

“Higher levels of education are associated with longer and healthier life. In addition, education beyond high school is increasingly necessary for attaining career goals.”²⁰⁴

Bachelor’s Degree or Higher (U.S. Census Data) 2000	
Fargo	34.4%
Cass County	31.3%
North Dakota	22.0%
United States	24.4%

Percentage of the population over age 25 with a bachelor’s degree or higher in respective geographic areas.

Data Source: U.S. Census Bureau²⁰⁵

⑦ US Census 2010 Education Data not available as of April 2011.

Indicator 42: High School Graduation Rate

“A high school diploma is a sign of basic academic competence. It is generally considered a minimum requirement for entry into the workforce and is an essential prerequisite for additional education and training.”²⁰⁶

Public High School Graduation Rate								
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Fargo	82.0%	84.2%	81.4%	86.3%	90.7%	89.2%	87.0%	83.1%
North Dakota	88.2%	91.5%	91.6%	86.7%	86.2%	87.7%	86.9%	85.4%

Cohort rate: Cohort rate is estimated from the number of graduates and the number of dropouts in the cohort during their four years in high school in respective geographic areas.

Data Source: North Dakota Department of Public Instruction²⁰⁷

Indicator 43: Age Dependency Ratio

“The total dependency ratio measures the dependency that non-working age people have on working-age people. It indicates the economic responsibility of those economically active in providing for those that are not.”²⁰⁸

Age Dependency Ratio U.S. Census Data 2000	
Fargo	45
Cass County	49
North Dakota	66
United States	61

Ratio of youth (ages 0 – 17) and elderly (65+) to 100 working-age (ages 18 – 64) residents in respective geographic areas.

Data Source: U.S. Census Bureau²⁰⁹

⑦ US Census 2010 Age Dependency Ratio Data not available as of April 2011.

Indicator 44: Household Growth

“The household composition of a city can provide leaders critical intelligence as to the kinds of housing and services they need to provide”.²¹⁰

Household Growth			
U.S. Census Data			
	1990	2000	Increase
Fargo	30,340	39,268	29.4%
*Metro	N/A	N/A	N/A
Cass County	40,478	51,315	26.8%
North Dakota	241,802	257,152	6.3%
United States	91,993,582	105,480,101	14.7%

Number of households in respective geographic areas.

“N/A” means “Not Applicable” because either the question was not asked or the results cannot be generated.

Data Source: U.S. Census Bureau, Census 1990²¹¹ and Census 2000²¹²

Ⓢ US Census 2010 Household Growth Data not available as of April 2011

Goal: Cass County residents will have decent, safe and affordable housing.

“An adequate supply of affordable housing is vital to healthy families, communities and local economies. Concern about affordability is mounting in many communities, especially where affordable housing is disappearing and where growing businesses have trouble attracting workers due to shortages of affordable housing”.²¹³

Indicator 45: Housing Cost Burden

“The lack of affordable housing is a significant hardship for low-income households, preventing them from meeting their other basic needs, such as nutrition and health care, or saving for their future and that of their families.”²¹⁴

Homeowner Cost Burden Over 50% (U.S. Census Data) 2000	
Fargo	4%
Cass County	4%
North Dakota	5%

Percentage of homeowners with a cost burden over 50% in respective geographic areas.

Cost burden is the fraction of a household's total gross income spent on housing costs. For owners, housing costs include mortgage payment, taxes, insurance and utilities.

Data Source: U.S. Department of Housing and Urban Development²¹⁴

⑦ US Census 2010 Cost of Burden Homeowner Data not available as of April 2011.

Renter Cost Burden Over 50% (U.S. Census Data) 2000	
Fargo	14%
Cass County	13%
North Dakota	12%

Percentage of renters with a cost burden over 50% in respective geographic areas.

Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid plus utilities.

Data Source: U.S. Department of Housing and Urban Development²¹⁵

⑦ US Census 2010 Cost of Burden Renter Data not available as of April 2011.

Indicator 46: Home Ownership Rate

“A high home ownership rate is typically an indication that the housing stock is in at least fair condition and that housing is affordable”.²¹³

Home Ownership		
	2000	2005 Estimate
Fargo	47%	N/A
*Metro	N/A	50%
Cass County	54%	57%
North Dakota	66%	67%
United States	66%	67%

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

“N/A” means “Not Applicable” because either the question was not asked or the results cannot be generated.

Data Source: U.S Census Bureau, Census 2000²¹⁶ and 2005 American Community Survey²¹⁷

Goal: Cass County residents will improve the quality of the environment.

“Continued prosperity and community well-being depends on conserving and maintaining the natural systems that are the base for economic activity”.²¹⁸

Indicator 47: Air Pollution

Air pollutants can harm human health and the environment. Air pollution imposes environmental costs through such things as acid rain and toxic exposure for aquatic life and economic costs, mainly in the form of public health expenditures and regulatory costs.²¹⁹

Air Quality Standard Violations							
	2003	2004	2005	2006	2007	2008	2009
Fargo	0% 116 samples 0 violations	0% 117 samples 0 violations	0% 117 samples 0 violations	0% 122 sample 0 violations	0% 110 samples 0 violations	0% 115 samples 0 violations	0% 115 samples 0 violations
Cass County	0% 116 samples 0 violations	0% 117 samples 0 violations	0% 117 samples 0 violations	0% 122 samples 0 violations	0% 110 samples 0 violations	0% 115 samples 0 violations	0% 110 samples 0 violations
North Dakota	0% 415 samples 0 violations	0% 423 samples 0 violations	0.2% 420 samples 1 violation	0% 424 samples 0 violations	0% 339 samples 0 violations	0% 357 samples 0 violations	0% 8765 samples 0 violations

Percentage of samples that did not exceed federal standards for inhalable PM (2.5) particulates in respective geographic areas.

Data Sources: North Dakota Department of Health²²⁰

Indicator 48: Water Quality

“A clean and abundant water supply is essential to economic and human health. Nearly every commercial and biological process requires it; the human body is roughly two-thirds water. The use, quality and availability of water are important indicators of future economic and environmental conditions”.²²¹

Fargo Water Quality						
2004	2005	2006	2007	2008	2009	2010
0.3% 1086 samples 3 positives	0.5% 1098 samples 6 positives	0.4% 1095 samples 5 positives	0.2% 1086 samples 2 positives	0.2% 1086 samples 2 positives	0% 1080 0 positives	0.09% 1083 1 positive

Cass County Communities' Water Quality						
2004	2005	2006	2007	2008	2009	2010
2.9% 733 samples 21 positives	0.8% 775 samples 6 positives	0.8% 847 samples 10 positives	1.1% 868 samples 12 positives	1.2% 1252 samples 15 positives	< 1% 1259 samples 12 positives	0.3% 1247 4 positive

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

Data Source: Fargo Cass Public Health²²²

Indicator 49: Food Safety

Performance standards define public food safety expectations. Critical violations are a provision of the Food Code that, if in noncompliance, are more likely than other violations to contribute to food contamination, illness or an environmental health hazard.²²³

Food Safety Critical Violations							
	2004	2005	2006	2007	2008	2009	2010
Fargo	16.0%	11.1%	10.0%	9.0%	7.0%	4.6%	5%

Percentage of inspections with 2 or more critical violations as defined by the FDA Food Code.

Data Source: Fargo Cass Public Health²²²

Additional Demographics
US Census Data

	FARGO		CASS COUNTY		NORTH DAKOTA		UNITED STATES	
Total population 2000	90,599		123,138		642,200		281,421,906	
Total population 2010	105,549		149,778		672,591		308,735,538	
Under 5 years 2000	5,763	6.4%	8,130	6.6%	39,400	6.1%	19,175,798	6.8%
5 – 19 years 2000	17,283	19.0%	25,435	20.7%	144,064	22.4%	61,297,467	21.8%
20 - 24 years 2000	13,477	14.9%	14,950	12.1%	50,503	7.9%	18,964,001	6.7%
25 – 44 years 2000	28,195	31.1%	38,568	31.3%	174,891	27.3%	85,040,251	30.2%
45 - 64 years	16,761	18.5%	24,154	19.5%	138,864	21.6%	61,952,636	22.0%
65 – 84 years	7,703	8.5%	10,172	8.2%	79,752	12.4%	30,752,166	10.9%
85 years and over	1,417	1.6%	1,729	1.4%	14,726	2.3%	4,239,587	1.5%

⌚ US Census 2010 Age Data not available as of April 2011.²²⁴

	FARGO		CASS COUNTY		NORTH DAKOTA		UNITED STATES	
One race 2000	89,284	98.5%	121,551	98.7%	634,802	98.8%	274,595,678	97.6%
2010	103,343	97.9%	146,794	98.0%	660,738	98.2%	⌚	⌚
White 2000	85,321	94.2%	117,106	95.1%	593,181	92.4%	211,460,626	75.1%
2010	95,205	90.2%	137,308	91.6%	605,449	90.0%	⌚	⌚
Black/African Amer. 2000	922	1.0%	996	0.8%	3,916	0.6%	34,658,190	12.3%
2010	2,852	2.7%	3,424	2.3%	7,960	1.2%	⌚	⌚
American Indian 2000	1,119	1.2%	1,325	1.1%	31,329	4.9%	2,475,956	0.9%
2010	1,452	1.4%	1,827	1.2%	36,591	5.4%	⌚	⌚
Asian 2000	1,482	1.6%	1,551	1.3%	3,606	0.6%	10,242,998	3.6%
2010	1,452	1.4%	3,523	2.4%	6,909	1.0%	⌚	⌚
Some other race 2000	440	0.4%	573	0.4%	2,770	0.4%	15,757,908	5.6%
2010	653	0.6%	798	0.5%	3,509	0.5%	⌚	⌚
Two or more races 2000	1,315	1.5%	1,587	1.3%	7,398	1.2%	6,826,228	2.4%
2010	2,206	2.1%	2,833	1.8%	11,853	1.8%	⌚	⌚
Hispanic or Latino 2000	1,167	1.3%	1,518	1.2%	7,786	1.2%	35,305,818	12.5%
2010	2,308	2.2%	3,015	2.0%	⌚	n/a	⌚	⌚

⌚ US Census 2010 National Race Data not available as of April 2011.²²⁴



	FARGO		CASS COUNTY		FARGO		UNITED STATES	
Speak a language other than English at home 2000 (5 years and over)	5,371	6.3%	6,316	5.5%	37,976	6.3%	46,951,595	17.9%
Average Household Size 2000	2.2		2.3		2.4		2.6	
Median household income 2000	\$35,510		\$38,147		\$34,604		\$41,994	

Data Sources: U.S. Census Bureau^{215 216}
 ⑦US Census 2010 Data not available as of April 2011

Birth Rate				
	Fargo	Cass County	North Dakota	United States
2002 Birth rate per 1,000	14.5	13.9	12.1	13.9
2003 Birth rate per 1,000	15.1	14.9	12.4	14.1
2004 Birth rate per 1,000	14.7	14.5	12.7	14.0
2005 Birth rate per 1,000	10.9	15.7	13.1	14.2
2006 Birth rate per 1,000	11.0	16.3	13.4	14.2
2007 Birth rate per 1,000	15.2	16.7	13.7	14.3
2008 Birth rate per 1,000	16.0	17.7	13.9	14.0
2009 Birth rate per 1,000	16.4	17.6	17.0	⑦

Death Rate				
	Fargo	Cass County	North Dakota	United States
2002 Death rate per 100,000	725.2	653.7	915.3	845.3
2003 Death rate per 100,000	745.0	769.2	942.2	832.7
2004 Death rate per 100,000	679.9	659.7	865.1	816.5
2005 Death rate per 100,000	488.1	602.6	891.2	825.9
2006 Death rate per 100,000	497.0	627.8	910.3	760.3
2007 Death rate per 100,000	699.8	642.4	861.6	776.5
2008 Death rate per 100,000	698.7	677.3	908.7	813.3
2009 Death rate per 100,000	730.7	696.8	912.5	⑦

Data Sources: North Dakota Department of Health² Centers for Disease Control and Prevention^{3 4 5 6 7 8 9 24 25 26 27 28 29}
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