

**SPIRIT LAKE NATION  
COMPREHENSIVE  
COMMUNITY  
ASSESSMENT  
2015**



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CANKDESKA CIKANA  
COMMUNITY COLLEGE

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2015**

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**SPIRIT LAKE NATION  
COMPREHENSIVE COMMUNITY ASSESSMENT  
2015**

**EXECUTIVE SUMMARY**

Cankdeska Cikana Community College (CCCC) conducted the Spirit Lake Comprehensive Community Assessment (CCA) in the summer 2015. Several CCCC programs joined in 2014 to plan the assessment and to coordinate the work: the CCCC Head Start Program, required to conduct a community assessment, partnered with the CCCC Behavioral Health Research Development Project, the CCCC Collaborative Research Center for American Indian Health Project, Wiconi Ohitika (Strong Life, a suicide intervention education program), and ND/INBRE to conduct the study. The project, guided by community based participatory research (CBPR) principles, was advised by a workgroup.

The purpose of the CCA was to identify community health and wellness needs (social, health, mental health, substance use, employment, housing, education) and to provide support for health, educational, employment, and other program development and implementation. The project had two aims:

**Aim 1. To describe community characteristics using existing data.**

**Aim 2. To describe current health, education, economic, and housing status and needs of community members through individual interviews.**

Research questions guiding the assessment were:

1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?
2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?
3. What are the most important issues at Spirit Lake Nation?

The CCA sample included 285 people representing their household. Their average age was 40, ranging from 16 to 89; 70% were female. Ninety-two percent were enrolled members of Spirit Lake Tribe; 80% had lived in the community for 18 or more years. Forty-six percent were never-married, 34% married or an unmarried couple living together. Fifty-one percent had a high school degree; 28% had less than a high school degree; and 22% had an Associate's Degree, Bachelor's Degree, or Graduate or Professional degree. Thirty-eight percent of the participants reported an individual income of under \$5,000.00; 73% under \$20,000.00. The most common number of adults in a household was 2 (range 1 to 10 adults per household; the average number of people per family was 4.86 (range 0-19 people in a family).



## 1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?

The status of health covers quality of life (general health, days that physical and mental health are not good and their impact of level of functioning, feeling full of energy, pain, and life satisfaction); chronic diseases; and mental health. The level of general health of tribal members was average; 2.99, based on a range from 1=Poor to 5=Excellent. The number of days in the past 30 days that one's physical health and mental health were not good averaged 4.97 and 4.44 days respectively. The average number of days that poor physical and mental health kept people from their usual activities, 3.40 days, was slightly lower than the number of poor physical and mental health days. The average number of days in the past 30 days impacted by pain was 4.48. The number of days where usual activities were impacted by pain also varied by age ( $R=.178$ ,  $p=.003$ ). As age increased, people were more likely to report more days impacted by pain. When asked, "During the past 30 days, for about how many days have you felt very healthy and full of energy," 87 people said they had 30 days where they felt very healthy and full of energy. Men reported more days that they were full of energy in the past 30 days than women ( $t=3.61$ ,  $df=172.69$ ,  $p=.000$ ).

People completing the survey were asked whether they had any of 11 chronic diseases. The two most common were arthritis and diabetes; 82 people said they had some form of arthritis. Sixty-four percent reported at least some joint pain. Sixty people had diabetes or were prediabetic. People with mental health issues included:

- 7% were currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem.
- 16% said that a doctor had told them they had an anxiety disorder.
- 12% had been diagnosed with depression in the past.
- 49% screened positive for further testing for depression on the PHQ2.
- 3% scored above 55 on the PHQ8, an indication that they had a major depressive disorder.
- During the past 12 months, 11 people said they had considered suicide and 7 had a plan about how they would attempt suicide.

People completing the survey rated their life satisfaction highly ( $M=1.71$ , scale range from 1=Very Satisfied to 4=Very Dissatisfied); 94% said they were satisfied or very satisfied. Number of poor mental health days and general health predicted level of life satisfaction. The fewer poor health days, the higher the life satisfaction.



## **2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

Factors influencing wellness and life satisfaction include education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care; transportation; and communications. Lack of childcare prevented or interfered with the ability to work outside the home; 25% said they needed child care and 32% said that relatives provided child care. Child care at times other than 8 to 5, when child care is closed for holidays, and weekends was most needed. Individual and family incomes were low. The most common sources of income were Food Stamps and Employment. Only 20% of respondents owned their own home; a small number said they changed their living situation often. Four were currently homeless and 41% had been homeless at some time.

**Childhood Adverse Events.** To identify early childhood events that might influence health outcomes in adulthood, participants were asked whether they had experienced any of 10 adverse events prior to the age of 18. The most common childhood adverse event was having parents who were never married, separated, or divorced. The next most common childhood adverse event was living with someone who was a problem drinker or alcoholic. Almost everyone had experienced at least 1 adverse event; 82% had five or more adverse events.

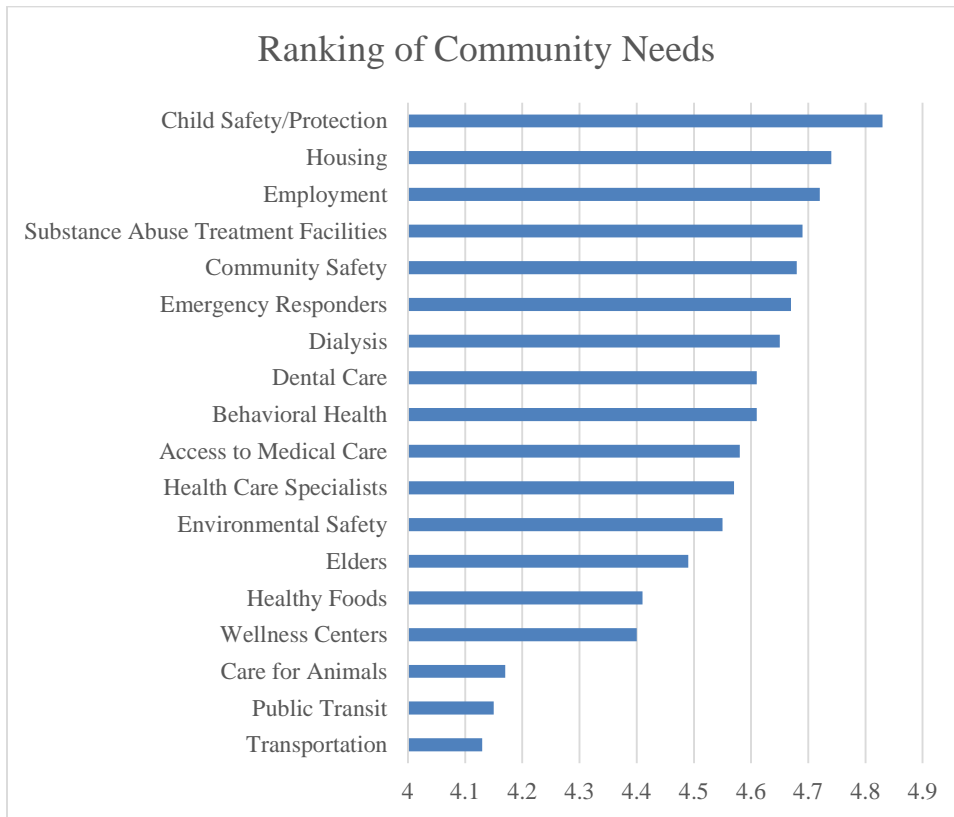
**Individual factors.** Individual behaviors that may influence health outcomes include obesity, smoking, substance use. The average BMI was 29.87 (Minimum=2.65, Maximum=70.41). Forty-one percent of the respondents were obese. Eighty percent of the respondents had smoked more than 100 cigarettes at some point in their life; 55% were currently smoking. When asked “how many days in the past 30 days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor,” 162 (57%) said they had had **no** drinks in the past 30 days. When asked “how many times during the past 30 days did you have 5 or more drinks if you are male, 4 or more drinks if you are female on an occasion,” 188 participants said they had **not** engaged in binge drinking in the past 30 days; 97 (34%) had engaged in binge drinking at least one time. Thirty-one of the 36 people who made a comment about drinking said they were sober: Eighty-one percent nearly always or always wear a seat belt.

**Access to health care, transportation, and communications.** All but six participants reported having some sort of health care coverage; the most common types of health care were Medicaid (58%) and Indian Health Service (56%). Fifty-six percent of the participants had a personal doctor or health care provider. The most common mode of transportation was one’s own car (54%). The next most common mode of transportation was riding with relatives (37%). Seventy-four percent (211 people) had access to a working phone. People completing the survey were more likely to access the internet at home or through their phone (36% and 34% respectively).



### 3. What are the most important issues at Spirit Lake Nation?

When people completing the survey were asked to rate needs in the community using 18 items, on a scale of “1= Not at All Important” to “5=Very Important”, all of the items were rated above 4. The highest rated item was Child Safety and Protection, closely followed by two items, Housing and Employment. The next five most highly-rated items were health needs.



When asked what they thought the most important health needs at Spirit Lake Nation were, people completing the survey said that behavioral health issues were most critical; 166 comments were about substance use and 15 mental health issues. Chronic diseases (N=119), especially diabetes (N=73) and cancer (21), were also identified as critical health issues. Participants identified health care access and quality as the most important factors influencing health outcomes. Fifteen people thought that more community activities, especially for children, were needed to reduce risk factors such as drug and alcohol use. When asked the final question, what the most important community needs were, people reiterated the need for community activities (N=32), especially for children (N=24). Behavioral health issues were the second most frequently mentioned needs.



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# **SPIRIT LAKE NATION COMPREHENSIVE COMMUNITY ASSESSMENT 2015**

## **Introduction**

Cankdeska Cikana Community College (CCCC) conducted the Spirit Lake Comprehensive Community Assessment (CCA) Summer 2015. Several CCCC programs joined in 2014 to plan the Spirit Lake CCA; the CCCC Head Start Program, required to conduct a community assessment, partnered with the CCCC Behavioral Health Research Development Project, the CCCC Collaborative Research Center for American Indian Health Project, Wiconi Ohitaka, and NDINBRE to conduct the study. The project, guided by community based participatory research (CBPR) principles, was advised by a community workgroup.<sup>1, 2, 3</sup> (See Attachment A for list of Workgroup members.) The survey was conducted Spring and Summer 2015. Entities partnering to conduct the CCA were Cankdeska Cikana Community College programs (Headstart, Wiconi Ohitika, the CCCC Behavioral Health Research Development Project, the Sanford Grant, Talent Search), Tribal organizations (TERO, Employment and Training, Tribal Health), the BIA, and Sanford Health. The purpose of the CCA was to identify community health and wellness needs (social, health, mental health, substance use, employment, housing, education) and to provide support for health, educational, employment, and other program development and implementation. The project has two aims:

Aim 1. To describe Spirit Lake community characteristics using already collected data:

- demographics;
- health, wellness, and life satisfaction; and
- factors that influence outcomes: (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications).

The tribal geographic area and Benson, Eddy, Ramsey, and Nelson Counties have been summarized, based on county profiles created by the North Dakota Behavioral Health Network and other already existing data<sup>4</sup> (see Attachment B).

Aim 2. To describe the current health, education, economic, and housing status and needs of community members and Head Start families, through interviews.

Research questions guiding the Comprehensive Community Assessment are:

1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?
2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications)



influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?

3. What are the most important issues at Spirit Lake Nation?

The report concludes with a summary that compares the results of this study with others and recommendations.



## **Section I**

### **Aim 1. To Describe Spirit Lake Community Characteristics Using Already Collected Data**

The purpose of AIM 1 is to describe the Spirit Lake community; demographics of members of Spirit Lake Nation living on the reservation; health, wellness, and life satisfaction outcomes; and factors that influence those outcomes. Data for each of these categories was first obtained from tribal partners via reports and links to similar data, primarily from the Spirit Lake Nation and Cankdeska Cikana Community College (CCCC) websites. Additional information about issues addressed in the community survey was obtained from other key sources, including: The U.S. Census Bureau, County Health Rankings, North Dakota Department of Health, Public School Review, University of Wisconsin Population Health Institute, North Dakota Statewide Cancer Registry, North Dakota Early Care and Early Education Study, Job Service of North Dakota, North Dakota Homeless Coalition, University of North Dakota Center for Rural Health, UGPTI Department Publication, Federal Communications Commission, ChildWelfare.gov, The National Child Traumatic Stress Network, and the North Dakota Department of Public Instruction. The information from AIM 1 will be used to compare the data collected for AIM 2 for contextual purposes.

#### **Spirit Lake Nation**

The Spirit Lake Reservation was established by Treaty between the United States Government and the Sisseton Wahpeton Sioux Bands in 1867. The reservation, located in East Central North Dakota, covers 405 square miles (see Figure 1). SLN is located primary in Benson County, a small part of the reservation overlaps Ramsey, Eddy and Nelson Counties. The reservation has four districts: Mission District (St. Michaels), Woodlake District (Tokio), Fort Totten District, and Crowhill District. Fort Totten is the seat of government for the Spirit Lake Reservation.<sup>5</sup>

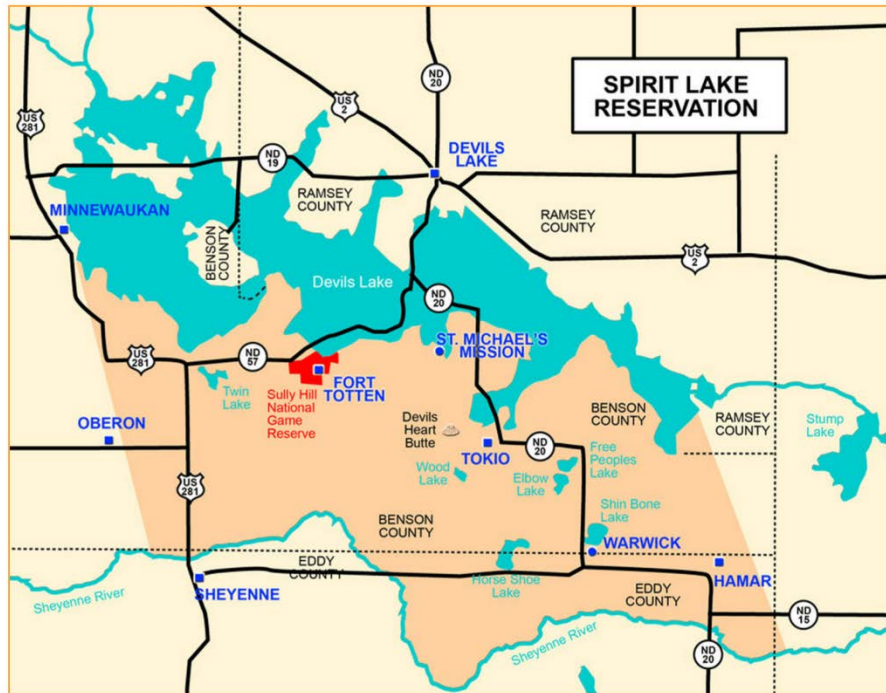


Figure 1.1. Map of Spirit Lake Reservation. Retrieved from <http://ndstudies.gov/gr8/content/unit-iii-waves-development-1861-1920/lesson-1-changing-landscapes/topic-4-reservation-boundaries/section-10-spirit-lake-reservation>

## Demographics

The demographic section begins with a population profile of Spirit Lake Nation examining gender, age and marital status; level of education; income and poverty; family; and race. The population profile for each demographic category is also provided for North Dakota and the United States to show comparison data. A population profile of Benson County concludes the demographics section. Information from Spirit Lake Nation was obtained from the Tribe's website, publications by Spirit Lake Tribe, and other tribal organizations. The majority of information obtained from the United States Census Bureau was retrieved under the American Fact Finder's guided search within the American Fact Finder. Data from the United State Department of Interior, Public School Review, and the University of Wisconsin Population Health Institute was obtained from respective websites.

**Spirit Lake Nation Population Profile.** Spirit Lake Nation has 7,256 enrolled members; 2,069 enrolled members live on the Spirit Lake reservation.<sup>6</sup> The total population living on the reservation is 4,238.<sup>7</sup> The Department of Interior lists 5,002 American Indian and Alaskan Natives (AIAN) alone or in Combination living in Counties in the Area of Spirit Lake Tribe.<sup>8</sup> This number includes people who are AIAN living in counties in which Spirit Lake is located and those counties adjacent to the county in which Spirit Lake is located.

**Gender, Age and Marital Status.** Virtually the same number of males and females live on the reservation. The median age for all of Spirit Lake Reservation is 23.4<sup>9</sup>, younger than the state's median age of 37<sup>10</sup> and the nation's median age of 37.2<sup>11</sup> (see Table 1.1; Figure 1.2).



Women have a higher median age (23.5) than men (23.3).<sup>12</sup> The reservation's *65 or older* population comprises 7.1% of the total population<sup>13</sup>, lower than the state (14.5%)<sup>14</sup> and national (13%) percentages (see Table 1.1)<sup>15</sup>. Twenty-nine percent of Spirit Lake Reservation residents are married,<sup>16</sup> lower than the state (53.5%)<sup>17</sup> and U.S. (50.2%)<sup>18</sup> (see Table 1.2).

Table 1.1. *Spirit Lake Reservation Age Distribution*

Age	Spirit Lake Reservation		North Dakota		United States	
	N	%	N	%	N	%
Under 5 years	563	13.3	44,595	6.6	20,201,362	6.5
5-9 years	531	12.5	40,076	6.0	20,348,657	6.6
10-14 years	426	9.9	39,790	5.9	20,677,194	6.7
15-19 years	374	8.7	47,474	7.1	22,040,343	7.1
20-24 years	326	7.8	58,956	8.8	21,585,999	7.0
25-29 years	300	6.2	49,596	7.4	21,101,849	6.8
30-34 years	249	6.1	40,889	6.1	19,962,099	6.5
35-39 years	217	5.2	37,065	5.5	20,179,642	6.5
40-44 years	213	5.0	38,197	5.7	20,890,964	6.8
45-49 years	226	5.5	46,380	6.9	22,708,591	7.4
50-54 years	202	5.1	50,277	7.5	22,298,125	7.2
55-59 years	180	4.6	45,946	6.8	19,664,805	6.4
60-64 years	131	3.5	35,873	5.3	16,817,924	5.4
65-69 years	127	2.8	26,028	3.9	12,435,263	4.0
70-74 years	75	1.6	20,845	3.1	9,278,166	3.0
75-79 years	44	0.9	18,368	2.7	7,317,795	2.4
80-84 years	29	0.8	15,548	2.3	5,743,327	1.9
85 years and over	25	0.6	16,688	2.5	5,493,433	1.8
Total Population	4,238	100	672,591	100	308,745,538	100

*Note.* Spirit Lake Reservation information was taken from the U.S. Census Bureau, 2010 Census Summary File 1.<sup>19</sup> North Dakota information was taken from the U.S. Census Bureau.<sup>20</sup> United States information was taken from the U.S. Census Bureau.<sup>21</sup>



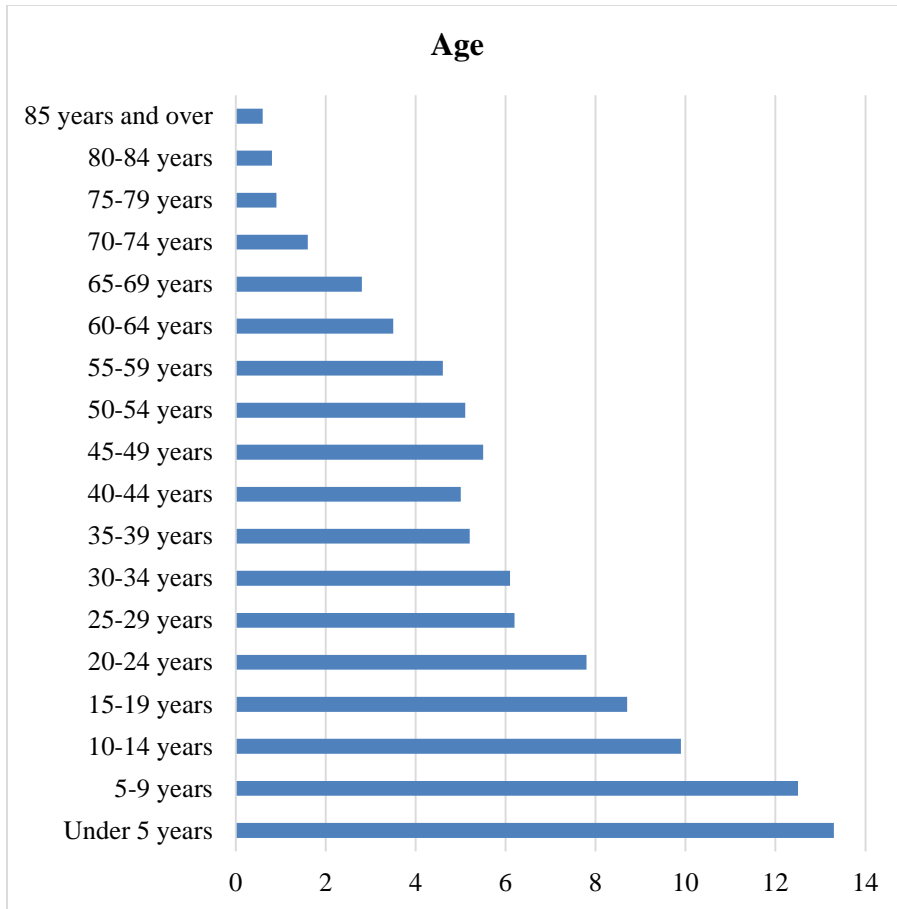


Figure 1.2. Age

Table 1.2. Spirit Lake Reservation Marital Status

Marital Status	Spirit Lake Reservation %	North Dakota %	United States %
Now married (except separated)	29.2	53.5	50.2
Widowed	5.7	6.7	6.1
Divorced	11.2	8.7	10.5
Separated	1.3	0.8	2.2
Never Married	52.6	30.3	31

Note. Spirit Lake Reservation information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey 5-year Estimates.

North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>22</sup>

United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>23</sup>

**Level of Education.** According to the 2010 U.S. Census Bureau, 72%<sup>24</sup> of Spirit Lake Reservation’s residents’ age 18 and older graduated from high school and 7%<sup>25</sup> had earned a bachelor’s degree or higher (see Table 1.3). Both are lower than state and national averages.



Table 1.3. *Spirit Lake Reservation Education*

	Spirit Lake Reservation	North Dakota	United States
High school graduates, % of persons age 18+, 2006-2010	72.3%	89.4%	85%
Bachelor's degree or higher, % of persons age 18+, 2006-2010	7.4%	26.3%	27.9%

*Note.* Spirit Lake Reservation information was taken from the U.S. Census Bureau.<sup>26</sup>  
 North Dakota information was taken from the U.S. Census Bureau.<sup>27</sup>  
 United States information was taken from the U.S. Census Bureau.<sup>28</sup>

**Employment.** According to the 2010 U.S. Census Bureau, 65%<sup>29</sup> of the Spirit Lake Reservation population between 20 and 64 years of age are in the labor force (labor force includes unemployed who were actively searching for employment); 55%<sup>30</sup> of the labor force population is employed. This is lower than the state and national levels see Table 1.4).

Table 1.4. *Spirit Lake Reservation Employment Status*

Percent employed by age group	Spirit Lake%	North Dakota%	United States%
16 to 19 years	19.0	45.7	31.7
20 to 24 years	33.8	73.9	63.5
25 to 44 years	55.9	84.2	76.0
45 to 54 years	64.6	85.6	76.1
55 to 64 years	56.1	71.1	60.2
65 to 74 years	26.1	30.0	23.0
75 years and over	6.0	6.7	5.4
Population 20 to 64 years of age	54.6	80.4	71.6
Percent in labor force by age group			
16 to 19 years	27.5	52.5	42.2
20 to 24 years	48.7	82.8	74.9
25 to 44 years	68.2	88.7	82.6
45 to 54 years	72.9	87.8	81.0
55 to 64 years	57.8	72.5	63.7
65 to 74 years	26.1	30.6	24.3
75 years and over	6.0	6.8	5.7
Population 20 to 64 years of age	64.8	84.5	77.7

*Note:* Spirit Lake Reservation, North Dakota, and United States information taken from U.S. Census Data<sup>31</sup>

**Income and Poverty.** The median household income on Spirit Lake Reservation in 2006-2010 was \$26,118<sup>32</sup>, lower than the state and national level (see Table 1.5); 47.8%<sup>33</sup> of the reservation's residents lived *below the poverty level*, higher than the state (12.3%)<sup>34</sup>, and national levels (13.8%).<sup>35</sup> The U.S. Census Bureau reports that 57%<sup>36</sup> of Spirit Lake Reservation *children live in poverty* (see Table 1.6). Minnewaukan, Oberon, Four Winds, and Warwick Schools all have a higher rate of students who qualify for reduced and free lunches than the state rate, with more than 50% of students qualifying (see Table 1.6).<sup>37</sup>



Table 1.5. *Spirit Lake Reservation Income*

	Spirit Lake	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$9,475.00	\$25,803.00	\$27,334.00
Median household income, 2006-2010	\$26,118.00	\$46,781.00	\$51,914.00
Persons below poverty level, %, 2006-2010	47.8%	12.3%	13.8%

Note. Spirit Lake Reservation per capita income taken from the U.S. Census Bureau.<sup>38</sup>

Spirit Lake Reservation median income information taken from the U.S. Census Bureau.<sup>39</sup>

Spirit Lake Reservation persons below poverty information taken from the U.S. Census Bureau.<sup>40</sup>

North Dakota information was taken from the U.S. Census Bureau.<sup>41</sup>

United States information was taken from the U.S. Census Bureau.<sup>42</sup>

Table 1.6. *Children in Poverty and Single Parent Households 2010*

	Spirit Lake	North Dakota
Children in poverty	57%	14%
Children eligible for free lunch	78%	25%
Children in single-parent households	51%	26%

Note. Spirit Lake Reservation and North Dakota information was taken from the U.S. Census Bureau.<sup>43</sup>

Spirit Lake Reservation single-parent household information was taken from the U.S. Census Bureau.<sup>44</sup>

Spirit Lake Reservation children eligible for free lunch information was taken from Public School Review.<sup>45</sup>

**Family and Households.** Family Household is described as “at least one member of the household related to the householder by birth, marriage, or adoption” and “Families” as a “householder and one or more other people related to the householder by birth, marriage, or adoption”.<sup>46</sup> In 2010 the U.S. Census reports that Spirit Lake Reservation had 1,117 total households with 83% of those being family households. (see Table 1.7).<sup>47</sup> There are more family households compared to the state and nation and less nonfamily households. Spirit Lake Reservation has more 2-person households (23%)<sup>48</sup> than any other number person households, lower than the state (37%)<sup>49</sup> and nation (33%) (see Table 1.8).<sup>50</sup> Spirit Lake Reservation also had a much higher percentage of households with 5 or more persons (33%)<sup>51</sup> compared to the state (8%)<sup>52</sup> and the nation (11%)<sup>53</sup>. The average household size on Spirit Lake is 3.78; the average family size is 4.01; both higher than the state and nation (see Table 1.8).<sup>54</sup> The U.S. Census Bureau reports that 72% of Spirit Lake *families have related children under 18 years* (72%)<sup>55</sup>, higher than the state (45%)<sup>56</sup> and national (50%) rates.<sup>57</sup> Households with a *female householder, no husband present with related children under 18 years* (86%)<sup>58</sup> is higher than the state (70%)<sup>59</sup> and national (65%) levels.<sup>60</sup> *Husband and Wife families with related children under 18 years* (54%)<sup>61</sup> is higher than the state (40%)<sup>62</sup> and national level (45%)<sup>63</sup> (see Table 1.9).



Table 1.7. *Spirit Lake Reservation Household Type*

	Spirit Lake	Spirit Lake %	North Dakota	North Dakota %	United States	United States %
Total Households	1,117		281,192		116,716,292	
Family Households	926	82.9	170,916	60.8	77,538,296	66.4
Male householder	404	36.2	130,839	46.5	52,964,517	45.4
Female householder	522	46.7	40,077	14.3	24,573,779	21.1
Nonfamily households	191	17.1	110,276	39.2	39,177,996	33.6

Note. Spirit Lake Reservation, North Dakota and United States information taken from the U.S. Census Bureau.<sup>64</sup>

Table 1.8. *Spirit Lake Reservation Household Size*

	Spirit Lake	Spirit Lake %	North Dakota	North Dakota %	United States	United States%
1-person household	152	13.6	88,563	31.5	31,204,909	26.7
2-person household	251	22.5	102,531	36.5	38,242,628	32.8
3-person household	167	15.0	38,513	13.7	18,757,985	16.1
4-person household	174	15.6	30,558	10.9	15,625,246	13.4
5-person household	159	14.2	13,982	5.0	7,538,631	6.5
6-person household	87	7.8	4,700	1.7	3,074,699	2.6
7-or-more-person household	127	11.4	2,345	0.8	2,272,194	1.9
Average household size	3.78		2.30		2.58	
Average family size	4.01		2.91		3.14	

Note. Spirit Lake Reservation, North Dakota and United States information taken from the U.S. Census Bureau.<sup>65</sup>

Table 1.9. *Spirit Lake Reservation Families*

	Spirit Lake%	North Dakota%	United States%
Female householder, no husband present with related children under 18 years	85.7	70.2	65.0
Female householder, no husband present with own children under 18 years	57.9	64.1	54.9
Husband/Wife families with related children under 18 years	53.5	39.7	44.7
Husband/Wife families with own children under 18 years	38.7	38.4	41.7
Families with related children under 18 years	71.6	45.2	49.6
Families with own children under 18 years	50.1	43.0	44.8

Note: Spirit Lake Reservation, North Dakota, United States information taken from the U.S. Census.<sup>66</sup>

**Race.** In the United States in 2010, the AIAN alone or in combination with one or more other races was 5,220,579, a 26.7% increase since the 2000 Census.<sup>67</sup> Of this total, 2,932,248 were AIAN alone, an 18.4% increase since the 2000 Census.<sup>68</sup> In North Dakota in 2010, the total population of AIAN population alone or in combination was 42,996, a 22.1% increase since the 2000 Census.<sup>69</sup> During the same period in ND, the total number of AIAN alone, a 16.8% increase since the 2000 Census.<sup>70</sup>

On the Spirit Lake Reservation in 2010, the AIAN alone or in combination with one or more other races was 3,642, a 7.5% increase since the 2000 Census.<sup>71</sup> Of this total, 3,587 were AIAN alone, also a 7.5% increase since the 2000 Census<sup>72</sup> (see Table 1.10).

Table 1.10. *Race Distribution on Spirit Lake Reservation*

Race	Spirit Lake Reservation	North Dakota	United States
White	13.7%	90.0%	72.4%
White not Hispanic	13.6%	88.9%	63.7%
Reporting two or more races	1.3%	1.8%	2.9%
Hispanic or Latino origin	1.1%	2.0%	16.3%
Black	0.0%	1.2%	12.6%
American Indian and Alaska Native	84.6%	5.4%	.9%
Asian	0.0%	1.0%	4.8%
Native Hawaiian and Other Pacific Islander	0.0%	Z	.2%

*Note.* Z= Value greater than zero but less than half unit of measure shown.

Spirit Lake Reservation information taken from the U.S. Census Bureau.<sup>73</sup>

North Dakota information was taken from the U.S. Census Bureau.<sup>74</sup>

United States information was taken from the U.S. Census Bureau.<sup>75</sup>

**Benson County Population Profile.** Benson County, where much of the Spirit Lake Reservation is located, has 9 towns: Brinsmade, Esmond, Knox, Leeds, Maddock, Minnewaukan (County Seat), Oberon, Warwick and York.<sup>76</sup> It has a population of 6,660, a 4.4% decrease since the 2000 Census.<sup>77</sup> Fifty-five percent (3,663) of the residents of Benson County are Native American, a 9% increase in AIAN population in Benson County since the 2000 census. The number of AIAN population 0-18 in Benson County had grown to 73.1%, as compared to a state wide increase of 9.5%.

In 2010, Benson County was the 19<sup>th</sup> most populous county of the 53 North Dakota counties. The state was ranked 48<sup>th</sup> nationally, with more residents than only two other states, Vermont and Wyoming.<sup>78</sup> In 2010, the population density of Benson County was 4.8 persons per square mile<sup>79</sup>; the county is considered a frontier area (less than 6 people per square mile and distance from an urban area of 50,000 people).<sup>80</sup> North Dakota is ranked 49<sup>th</sup> nationally in population density at 9.7 people per square mile.<sup>81</sup>

**Gender, Age and Marital Status.** The county has slightly more *males* (50.7%) than females; women have a higher median age (32.3) than men (30.9).<sup>82</sup> The median age for all of Benson County is 31.6<sup>83</sup>, younger than the state's median age of 37<sup>84</sup> and the nation's median age of 37.2.<sup>85</sup> The county's *65 or older* population is 12.8%,<sup>86</sup> higher than the state (14.5%)<sup>87</sup> and national median ages (13%)<sup>88</sup> (see Table 1.11). Forty-three percent of Benson County residents are married,<sup>89</sup> lower than the state (53.5%)<sup>90</sup> and U.S. (50.2%)<sup>91</sup> (see Table 1.12).



Table 1.11. *Benson County Age Distribution*

Age	Benson County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	6,660	100	672,591	100	308,745,538	100
Under 5 years	656	9.8	44,595	6.6	20,201,362	6.5
5-9 years	657	9.9	40,076	6.0	20,348,657	6.6
10-14 years	584	8.8	39,790	5.9	20,677,194	6.7
15-19 years	533	8.0	47,474	7.1	22,040,343	7.1
20-24 years	391	5.9	58,956	8.8	21,585,999	7.0
25-29 years	390	5.9	49,596	7.4	21,101,849	6.8
30-34 years	334	5.0	40,889	6.1	19,962,099	6.5
35-39 years	318	4.8	37,065	5.5	20,179,642	6.5
40-44 years	381	5.7	38,197	5.7	20,890,964	6.8
45-49 years	390	5.9	46,380	6.9	22,708,591	7.4
50-54 years	440	6.6	50,277	7.5	22,298,125	7.2
55-59 years	398	6.0	45,946	6.8	19,664,805	6.4
60-64 years	335	5.0	35,873	5.3	16,817,924	5.4
65-69 years	257	3.9	26,028	3.9	12,435,263	4.0
70-74 years	205	3.1	20,845	3.1	9,278,166	3.0
75-79 years	168	2.5	18,368	2.7	7,317,795	2.4
80-84 years	123	1.8	15,548	2.3	5,743,327	1.9
85 years and over	100	1.5	16,688	2.5	5,493,433	1.8

Note. Benson County information was taken from the U.S. Census Bureau.<sup>92</sup>

North Dakota information was taken from the U.S. Census Bureau.<sup>93</sup>

United States information was taken from the U.S. Census Bureau.<sup>94</sup>

Table 1.12. *Benson County Marital Status*

Marital Status	Benson County %	North Dakota %	United States %
Now married (except separated)	43.2	53.5	50.2
Widowed	7.3	6.7	6.1
Divorced	9.5	8.7	10.5
Separated	1.3	0.8	2.2
Never Married	38.8	30.3	31

Note. Benson County information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>95</sup>

North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>96</sup>

United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>97</sup>

**Level of Education.** The U.S. Census Bureau indicates that 80% of Benson County residents' age 25 and older graduated from high school and 10% had earned a bachelor's degree or higher (see Table 1.13).<sup>98</sup> Both are lower than the state and national averages. The University of Wisconsin County Health rankings report 8.5% of Benson County residents who are 16 years of age and older are illiterate.<sup>99</sup>

Table 1.13. *Benson County Education*

	Benson County	North Dakota	United States
High school graduates, % of persons age 18+, 2006-2010	80.2%	89.4%	85%
Bachelor's degree or higher, % of persons age 18+, 2006-2010	9.8%	26.3%	27.9%

Note. Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>100</sup>

United States information was taken from the U.S. Census Bureau.<sup>101</sup>



**Employment.** According to the 2010 U.S. Census Bureau, 73%<sup>102</sup> of the Benson County population between 20 and 64 years of age are in the labor force (included unemployed who are actively searching for employment), while 66%<sup>103</sup> of that population is employed. This is below the state's percent of people between ages 20 and 64 in labor force at 85%<sup>104</sup> and employed at 80%<sup>105</sup> as well as the national average at 78%<sup>106</sup> and 72%<sup>107</sup> respectively (see Table 1.14).

Table 1.14. *Benson County Employment Status*

<u>Percent employed by age group</u>	<u>Benson County%</u>	<u>North Dakota%</u>	<u>United States%</u>
16 to 19 years	21.9	45.7	31.7
20 to 24 years	46.0	73.9	63.5
25 to 44 years	66.0	84.2	76.0
45 to 54 years	74.2	85.6	76.1
55 to 64 years	64.9	71.1	60.2
65 to 74 years	33.7	30.0	23.0
75 years and over	7.1	6.7	5.4
Population 20 to 64 years of age	65.6	80.4	71.6
<u>Percent in labor force by age group</u>			
16 to 19 years	27.9	52.5	42.2
20 to 24 years	61.4	82.8	74.9
25 to 44 years	75.1	88.7	82.6
45 to 54 years	79.1	87.8	81.0
55 to 64 years	67.3	72.5	63.7
65 to 74 years	34.4	30.6	24.3
75 years and over	7.1	6.8	5.7
Population 20 to 64 years of age	72.9	84.5	77.7

Note: Benson County, North Dakota, and United States information taken from U.S. Census Data.<sup>108</sup>

**Income and Poverty.** The *median household income* in Benson County in 2006-2010 was \$30,479, which is lower than the state and national level; 35.6% of county residents were *below the poverty level*, which is higher than the state and nation (see Table 1.15).<sup>109</sup> The University of Wisconsin 2012 County Health Rankings report that 44% of Benson County *children live in poverty* (see Table 1.16).<sup>110</sup> Fifty-nine percent of the county's *children are eligible for free lunches* in the public school system provided by the National School Lunch Program.<sup>111</sup> Fifty-seven percent live in *single-parent households*.<sup>112</sup>

Table 1.15. *Benson County Income*

	Benson County	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$14,545	\$25,803	\$27,334
Median household income, 2006-2010	\$30,479	\$46,781	\$51,914
Persons below poverty level, %, 2006-2010	35.6%	12.3%	13.8%

*Note.* Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>113</sup> United States information was taken from the U.S. Census Bureau.<sup>114</sup>

Table 1.16. *Economic Factors 2012*

	Benson County	North Dakota
Children in poverty	44%	16%
Children eligible for free lunch	59%	31%
Children in single-parent households	57%	25%

*Note.* Information was taken from the University of Wisconsin Population Health Institute.<sup>115</sup>

*Eligibility for free or reduced priced lunch.* Minnewaukan, Oberon, Four Winds, Warwick, and Devils Lake Middle School all have a higher rate of students who qualify for reduced and free lunches than the ND rate of 28%. In 5 of the schools, more than 50% of students qualify (see Table 1.17). Three of the five schools, Four Winds, Minnewaukan, and Warwick, are Schoolwide Title 1 Schools.

Table 1.17

School	Reduced and Free Lunch
Devils Lake High School	26
Devils Lake Middle School	43%
Four Winds High School	76%
Tate Topa Middle School	Not Available
Warwick Middle and High School 7-12	51%
Minnewaukan High School (9-12)	92%
Minnewaukan Middle School (1-8)	91%
Oberon (pk-8)	78%

*Note:* Information was taken from Public School Review.

**Family and Households.** The U.S. Census Bureau describes Family Household as “at least one member of the household related to the householder by birth, marriage, or adoption” and Families as a “householder and one or more other people related to the householder by birth, marriage, or adoption”.<sup>116</sup> In 2010 the U.S. Census reports that Benson County had 2,233 total households with 73% of those family households and 27% nonfamily households (see Table 1.18).<sup>117</sup> There are more family households compared to the state and nation and less nonfamily households. Benson County has more 2-person households (32%) than any other number person households and this is in line with the state (37%) and nation (33%) (see Table 1.19).<sup>118</sup> The average household size is 2.98 and average size is 3.46 in Benson County and this is higher than the state and national average household and family size (see Table 1.18).<sup>119</sup> Benson County has more *families with related children under 18 years* (56%)<sup>120</sup> than the state (45%)<sup>121</sup> and the nation (50%).<sup>122</sup> *Female householder, no husband present with related children under 18 years* (81%)<sup>123</sup> is also higher than the state (70%)<sup>124</sup> and nation (65%).<sup>125</sup> *Husband and Wife families with related children under 18 years* is slightly lower than the state and 5%<sup>126</sup> lower than the nation (see Table 1.20).





Table 1.18. *Benson County Reservation Household Type*

	Benson County	Benson County %	North Dakota	North Dakota %	United States	United States %
Total Households	2,233		281,192		116,716,292	
Family Households	1,628	72.9	170,916	60.8	77,538,296	66.4
Male householder	992	44.4	130,839	46.5	52,964,517	45.4
Female householder	636	28.5	40,077	14.3	24,573,779	21.1
Nonfamily households	605	27.1	110,276	39.2	39,177,996	33.6

Note. Benson County, North Dakota and United States information taken from the U.S. Census Bureau.<sup>127</sup>

Table 1.19. *Benson County Household Size*

	Benson County	Benson County %	North Dakota	North Dakota %	United States	United States%
1-person household	517	23.2	88,563	31.5	31,204,909	26.7
2-person household	713	31.9	102,531	36.5	38,242,628	32.8
3-person household	298	13.3	38,513	13.7	18,757,985	16.1
4-person household	250	11.2	30,558	10.9	15,625,246	13.4
5-person household	224	10.0	13,982	5.0	7,538,631	6.5
6-person household	101	4.5	4,700	1.7	3,074,699	2.6
7-or-more-person household	130	5.8	2,345	0.8	2,272,194	1.9
Average household size	2.98		2.30		2.58	
Average family size	3.46		2.91		3.14	

Note. Benson County, North Dakota and United States information taken from the U.S. Census Bureau.<sup>128</sup>

Table 1.20. *Benson County Families*

	Benson County%	North Dakota%	United States%
Families with related children under 18 years	55.7	45.2	49.6
Families with own children under 18 years	42.7	43.0	44.8
Husband/Wife families with related children under 18 years	39.6	39.7	44.7
Husband/Wife families with own children under 18 years	33.6	38.4	41.7
Female householder, no husband present with related children under 18 years	80.7	70.2	65.0
Female householder, no husband present with own children under 18 years	55.9	64.1	54.9

Note: Benson County, North Dakota and United States information taken from the U.S. Census.<sup>129</sup>

**Race.** In Benson County the population has more *American Indian and Alaska Native* residents (55%),<sup>130</sup> which is considerably higher than the state (5.4%)<sup>131</sup> and nation (.9%).<sup>132</sup> Forty-three percent of Benson County residents are *white*,<sup>133</sup> which is lower than the state (90%)<sup>134</sup> and the national averages (72.4%)<sup>135</sup> (see Table 1.21).

Table 1.21. *Race Distribution in Benson County*

Race	Benson County	North Dakota	United States
White	43.4%	90.0%	72.4%
White not Hispanic	43.0%	88.9%	63.7%
Reporting two or more races	1.4%	1.8%	2.9%
Hispanic or Latino origin	1.2%	2.0%	16.3%
Black	0.0%	1.2%	12.6%
American Indian and Alaska Native	55.0%	5.4%	.9%
Asian	Z	1.0%	4.8%
Native Hawaiian and Other Pacific Islander	Z	Z	.2%

Note. Z= Value greater than zero but less than half unit of measure shown.

Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>136</sup>



United States information was taken from the U.S. Census Bureau.<sup>137</sup>

**What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

This section describes the status of health (1) general health (physical health; behavioral health; maternal and child health; level of functioning; and chronic disease); and 2) wellness and life satisfaction of people who are American Indian and other groups, to provide a context for the results of the Comprehensive Community Assessment Survey conducted at Spirit Lake Summer 2015. The information in this section was compiled using data from the Census, County Health Rankings, the Center for Health Promotion and Prevention Research (CHPPR) project at the University of North Dakota, the Northwest Portland Area Indian Health Board, the Centers for Disease Control (CDC),<sup>138</sup> and the North Dakota Department of Health.<sup>139</sup> The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors.<sup>140</sup> The Center for Health Promotion and Prevention Research (CHPPR) project at the University of North Dakota, School of Medicine, examined health issues in North Dakota tribal communities using the Behavioral Risk Factor Surveillance System (BRFSS).<sup>141</sup> CHPPR conducted face to face interviews at the four reservations in North Dakota.<sup>142</sup> The Northwest Portland Area Indian Health Board created a toolkit for administering the BRFSS to tribal communities and conducted studies in communities in Idaho, Oregon and Washington<sup>143</sup>.

Information regarding youth behaviors, results of the Youth Risk Behavioral Surveillance System (YRBSS) was employed. It monitors 6 types of health-risk behaviors that contribute to death or disability in youth and young adults. This report includes information from the 2013 YRBSS administered to students at Four Winds, Warwick Middle School and Warwick High School. Of the 141 surveys that were completed, 47% were female (see Table 1.22). Twenty-six percent were in the 9<sup>th</sup> grade (see Table 1.23).

Table 1.22 *Total Number of Students by School and Gender*

	Total Students	Complete Surveys	Percent of Surveys Completed	Females	Males
Four Winds Community High School	141	74	52%	34	40
Warwick High School	69	38	55%	20	18
Warwick Middle School	26	29	90%	12	14

Table 1.23. *Total Number of Students by School and Grade*

	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Four Winds Community High School	-	-	25	22	22	5
Warwick High School	-	-	12	11	9	6
Warwick Middle School	17	9	-	-	-	-
Total	17	9	37	33	31	11

**General Health.** The question, *How would you describe your general health? Poor, Fair, Good, Very Good, or Excellent*, used by the BRFSS since 1993, has been used across many studies. The results may be reported by the mean level of health or by two categories 1) poor or Fair, and 2) Good, Very Good, or Excellent. The CHPPR found that Native Americans from the



4 reservations in North Dakota reported good health (Mean=2.93; see Table 1.24).<sup>144</sup> The Respondents with poorer overall health were female, older, had lower education and household income, had an increased BMI and reported illness were more likely to report poorer overall health.<sup>145</sup>

Table 1.24. *General Health, Physical Health, and Mental Health*

Status of Health		CHPPR BRFSS 2004	Northwest Tribal BRFSS 2001	County Health Rankings 2015: North Dakota <sup>146</sup>	County Health Rankings Data: United States <sup>147</sup>
<i>How would you describe your general health? 1=Poor, 2=Fair, 3=Good, 4=Very Good, or 5=Excellent</i>	Mean (SE, CI 95%)	2.93 (.06, (2.82, 3.03))	-	-	-
<i>Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</i>	% days fair or poor health status	“good”	27.7% CI 95% (25.0, 30.5)	12%	17%
<i>Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</i>	Mean (SE, CI 95%)	4.70 (.44, (3.83, 5.57))	-	M = 2.7 State Minimum = 1.2 State Maximum = 4.5	Median =3.7
	Mean (SE, CI 95%)	4.92 (.47, (4.00, 5.84))	-	M = 2.4 State Minimum = 1.3 State Maximum = 3.8	Median =3.5

Note: Information was taken from the CHPPR BRFSS<sup>148</sup>, Northwest Tribal BRFSS<sup>149</sup>, and the County Health Rankings.<sup>150</sup>

The Northwest Portland Area Indian Health Board conducted a similar BRFSS study with tribal members in Washington, Oregon, and Idaho and reported that 27.5% American Indian respondents reported having fair or poor health.<sup>151</sup> Those with poor or fair health were most likely to be 60 years or older, unmarried, with some high school or were high school graduates, unemployed, and with a household income below the poverty level.<sup>152</sup>

County Health Rankings reports, using the same measure, showed that 12% percent of adults in North Dakota reported having poor or fair health days, while 17% of adults in the United States reported having fair or poor health.<sup>153</sup>

**Physical Health.** The CHPPR BRFSS study asked respondents to reflect back over the past 30 days and respond to the question, *Now thinking about your physical health, which*



*includes physical illness and injury, for how many days during the past 30 days was your physical health not good?*<sup>154</sup> Native Americans who were interviewed reported having on average 5 days in the past 30 days that their physical health was not good (see Table 1.24).<sup>155</sup> Those respondents who indicated having a disease condition or a health risk were more likely to report have a greater number of days in the past 30 days in which their health was not good.<sup>156</sup> Respondents who reported having a personal doctor or health care provider reported a greater number of day in the past 30 days in which their health was not good.<sup>157</sup>

The average number of physically unhealthy days reported in the past 30 days for North Dakota adults according to County Health Rankings was 2.7 days.<sup>158</sup> The median for the United States was 3.7 days.<sup>159</sup>

**Behavioral Health.** The CHPPR BRFSS study asked Native American respondents to reflect back over the past 30 days and respond to the question, *Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*<sup>160</sup> Native Americans who were interviewed reported having on average 5 days in the past 30 days that their mental health was not good (see Table 1.24).<sup>161</sup> Those respondent who were female and those who had a personal doctor or health care provider were more likely to report having a greater number of mentally unhealthy days in that past 30 days.<sup>162</sup> Having greater income and regular physical activity was associated with fewer mental health days.<sup>163</sup>

The average number of mentally unhealthy days reported in the past 30 days for North Dakota adults according to County Health Rankings was 2.4 days.<sup>164</sup> The median for the United States was 3.5 days.<sup>165</sup>

**Level of Functioning.** In order to better understand level of functioning of American Indians at Spirit Lake Nation, this section describes the results of studies that used similar BRFSS questions: CHPPR study, and the CDC's 2011 BRFSS study.

**Days poor physical or mental health impacted usual activities.** The BRFSS study asked respondents to reflect back over the past 30 days and respond to the question, *During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?*<sup>166</sup> Native Americans reported that poor physical or mental health impacted on average 4 days in the past 30 days (see Table 1.25).<sup>167</sup> Presence of a health condition, low annual household income, and having a primary care doctor was related to the number of days usual activities were impacted.<sup>168</sup> However, those Native Americans who had regular physical activity were less likely to have a greater number of days poor physical or mental health impacted their usual activities.

The 2011 BRFSS reported that the estimated prevalence of limited activities among adults aged  $\geq 18$  years was 21.1% of North Dakotans and 23.6% of people in the United States (see Table 1.25).<sup>169</sup>



Table 1.25. *Poor Physical and Mental Health*

Level of functioning	CHPPR BRFSS 2004	BRFSS 2011 North Dakota	BRFSS 2011 National
<i>During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?</i>	M = 3.66 SE = .41 CI 95.0% (2.86, 4.46)	21.1% SE = 0.7 CI 95%(19.7–22.5)	Median 23.6 Range 16.7-31.4

Note: Information was taken from the CHPPR BRFSS<sup>170</sup>, and the Center for Disease Control.<sup>171</sup>

**Chronic Disease.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Health Outcomes rank the overall health of a county (mortality and morbidity). Benson County ranks 44<sup>th</sup> of 46 counties ranked in North Dakota on Health Outcomes, outperforming only 2 other counties.<sup>172</sup> Health Factors are comprised of multiple measures in four areas: including health behaviors, clinical care, social and economic factors, and environment. Benson County is ranked 44<sup>th</sup> of 46 ranked in the state on Health Factors, outperforming only 2 other counties.<sup>173</sup>

Chronic disease is the leading cause of death for American Indians in the North Plains.<sup>174</sup> Cancer, heart disease, and diabetes explain half of all deaths in Northern Plains American Indians (see Figure 1.3).<sup>175</sup>

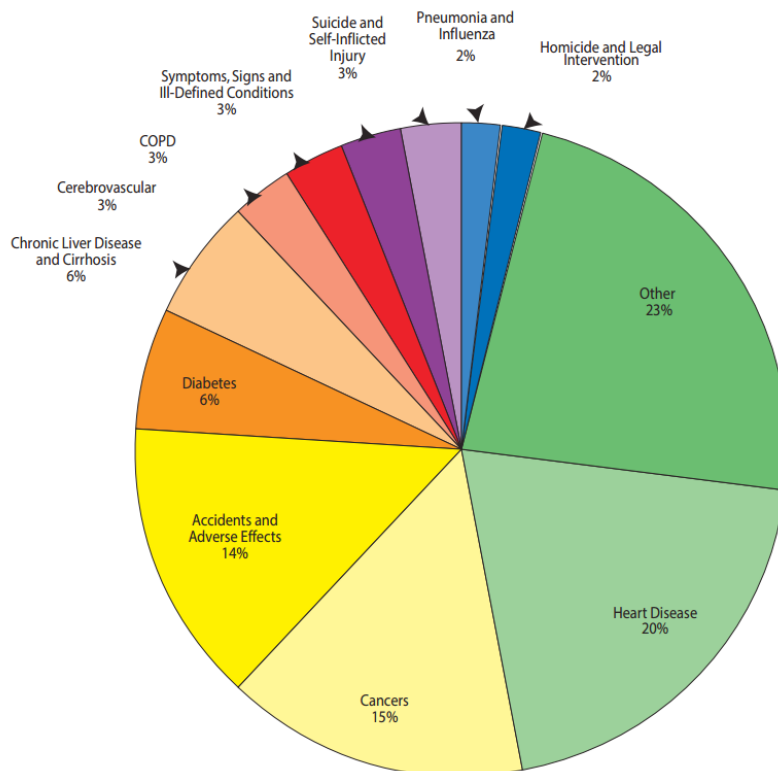




Figure 13. *Leading Causes of Death Among Northern Plains American Indians (2001-2003).*  
Retrieved from [http://ccplanet.cancer.gov/state\\_plans/Northern\\_Plains\\_Native\\_American\\_Cancer\\_Control\\_Plan.pdf](http://ccplanet.cancer.gov/state_plans/Northern_Plains_Native_American_Cancer_Control_Plan.pdf)

Chronic disease data in this section was gathered from the Center for Disease Control and Prevention Minority Health website; the North Dakota Department of Health, the CHPPR study, and the Northwest Tribal BRFSS study.

**Cancer.** According to the North Dakota Department of Health cancer is the leading cause of death in the state.<sup>176</sup> Compared to the overall population of North Dakota, American Indians have higher rates of certain types of cancer including breast, cervical, colorectal, lung and oral cavity and pharynx cancer (see Figure 1.4). Northern Plains American Indians have a higher rate of cancer incidence and mortality.<sup>177</sup>

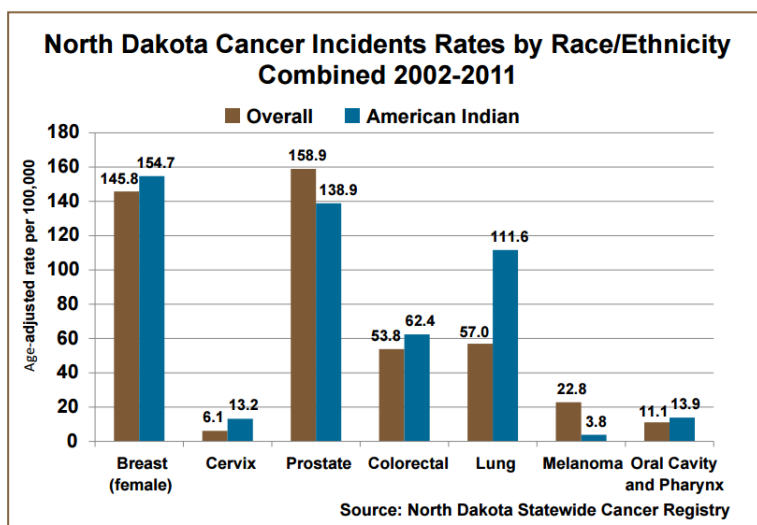


Figure 1.4. *North Dakota Cancer Incidents Rates by Race/Ethnicity*  
Note. Taken from the North Dakota Statewide Cancer Registry.

**Diabetes.** According to the North Dakota Department of Health, American Indians are twice as likely to get diabetes as compared to other North Dakotans.<sup>178</sup> American Indians in North Dakota are five times more likely than their counterparts to die from diabetes.<sup>179</sup>

Table 1.26. *Chronic Health Diseases*

	CHPPR BRFSS 2004	Northwest Tribal BRFSS 2001	Chronic Disease in North Dakota 2014	National Diabetes Statistics Report, 2014
Diabetes	13.8%	11.2%	8.9%	9.3%
Coronary Heart Disease	6.6% <sup>d</sup>	4.6%	4.1%	4.1%
Heart Attack <sup>c</sup>	7.4% <sup>d</sup>	6.3%	4.1%	4.3%
Stroke	2.9% <sup>e</sup>	3.8%	2.5%	2.8%
High Cholesterol	28.0% <sup>d</sup>	26.6%	78.1%	38.4%
Hypertension	21.5% <sup>e</sup>	29.0%	29.7%	31.4%
Arthritis or Other Joint Pain	26.4%	22.3%	26.1%	25.3%

Note: Information was taken from the Northern Plains BRFSS<sup>180</sup>, Northwest Tribal BRFSS<sup>181</sup>, North Dakota Department of Health<sup>182</sup>, and the Center for Disease Control.<sup>183</sup>



**Heart disease and stroke.** Heart disease is the leading cause of death among American Indians and Alaska Natives nationally.<sup>184</sup> American Indians who live in North Dakota are twice as likely to experience death due to cardiovascular disease compared to whites.<sup>185</sup>

**High Cholesterol and Hypertension.** In the CRPPH study, high cholesterol was found to be significantly different for American Indians as compared to their counterparts in North Dakota.<sup>186</sup> American Indians reported lower rates of high cholesterol as compared to North Dakota and the United States.<sup>187</sup> Rates for hypertension were equivalent for American Indians as compared to North Dakota and the United States.<sup>188</sup>

**Arthritis or Other Joint Pain.** In the CRPPH study arthritis and other joint pain was not found to be significantly different for American Indians as compared to other North Dakotans and the United States.<sup>189</sup>

**Depression and Suicide.** More than 1 out of 20 Americans 12 years of age or older reported having depression in the 2011 BRFSS.<sup>190</sup> The 2011 BRFSS reported that 17.3% of North Dakotans and 17.5% of the nation had ever been told by a doctor or health professional that they have a depressive disorder (see Table 1.27).

Suicide was the tenth leading cause of death for all ages in the United States in 2013.<sup>191</sup> Suicide is the eight leading cause of death among American Indians and Alaskan Natives across all age groups.<sup>192</sup> However, for American Indians and Alaskan Natives ages 10 to 34, suicide is the second leading cause of death.<sup>193</sup>

Table 1.27. *Depression*

	CHPPR BRFSS 2004	Northwest Tribal BRFSS 2001	BRFSS 2011 North Dakota	BRFSS 2011 National
Have you ever been told by a health professional that the participants have a depressive disorder, which includes depression, major depression, dysthymia, or minor depression?	-	-	17.3% SE = 0.7 CI 95% =(15.9– 18.7)	Median 17.5 Range 7.6– 24.4

Note: Information was taken from the CHPPR BRFSS<sup>194</sup>, Northwest Tribal BRFSS<sup>195</sup>, and the BRFSS 2011.<sup>196</sup>

The YRBSS data, with one exception, reports that students at Four Winds and Warwick reported higher levels of feeling sad or hopeless, suicidal ideation, and suicidal behaviors than the state rate (see Table 1.28).



Table 1.28. *Rates of Depression and Suicide*

YRBS Items	High School			Middle School	
	Four Winds	Warwick	State	Warwick	State
Felt sad or hopeless	29.2	34.2	25.4	-	-
Seriously considered attempting suicide	28.2	15.8	16.1	23.1	17.8
Made a plan about how they would attempt suicide	22.2	26.3	13.5	-	-
Attempted suicide	23.6	23.7	11.5	24.0	5.1

**What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

This section describes factors that influence health, wellness, and life satisfaction, based on information from: the North Dakota of Public Instruction, Cankdeska Cikana Community College, The US Census Bureau, the CHPPR study, Indian Health Services, the North Dakota Department of Transportation, and the Federal Communication Commission.

**Education.** This section describes education resources at Spirit Lake including: early care and early education, primary and secondary education, and higher education.

**Early care and early education.** Early childhood is defined as the period of life that starts at birth and ends when a child enters kindergarten.<sup>197</sup> Early care and education programs (ECE) provide early care and education to children ages birth to kindergarten, and are licensed or regulated by a state program or provider.<sup>198</sup> ECE include child care centers and family child care homes; preschool programs funded by the federal government, state or local education agencies; Head Start and Early Head Start programs; and any non-relative child care not otherwise regulated by the state<sup>199</sup>.

*Spirit Lake Nation early care and early education.* Spirit Lake Nation has several forms of early care and education which includes pre-kindergarten, preschool, and Head Start.

Early care and education within the school system. Three school systems serve prekindergarten children at Spirit Lake Nation: Tate Topa Tribal School, Minnewaukan, and Warwick; each has a pre-kindergarten classroom (see Table 1.29). Warwick Public School began the pre-kindergarten program in the 2007-2008 academic year<sup>200</sup>.

Table 1.29. *Number of Children Served in Pre-Kindergarten by School*

Schools	N of Children Served in Pre-Kindergarten		
	2013-2014	2014-2015	2015-2016
Tate Topa Tribal School	0	0	22
Minnewaukan Public School	19	19	17
Warwick Public School	17	10	12

*Early care and education at Cankdeska Cikana Community College.* Cankdeska Cikana Community College has a preschool and day care center Wakanzaheza oti, or Sacred Children’s





Place. The center serves the community, the tribe, the casino, CCCC staff and students<sup>201</sup>. Not only is Wakanzaheza oti a day care center but it is serves as a training facility for CCCC students who are enrolled in the Early Childhood Discipline<sup>202</sup>. Children in the center are cared for in a safe and culturally relative environment<sup>203</sup>. The center averages 50-52 children during the academic year, and in the summer numbers decrease by 10-15 children<sup>204</sup>. Cost ranges monthly from \$565.00 to \$663.00, parents and caregivers are billed monthly based on the age of the child<sup>205</sup>. Subsidy payments are accepted by the center<sup>206</sup>. Currently, the center serves 44 children full-time (see Table 1.30)<sup>207</sup>.

Table 1.30. *Number of Children Served at Wakanzahe oti by Age*

Age of child	September 2015
Infants	10
Toddlers	8
2 Year Olds	7
2.5 Year Olds	9
3-5 Year Olds	10
<b>Total</b>	<b>44</b>

*Head Start.* Head Start is a federal program that serves low income children ages 0 to 5 and pregnant woman and their families. Head start provides comprehensive services including health, nutrition, and social and other services determined to be necessary by family needs assessments. The three Head Start or Early Head Start centers in Benson County are located in Ft. Totten, Tokio, and St. Michael (see Table 1.30). Total population served at CCCC Head Start for the year 2015-2016 is 102<sup>208</sup>.

Table 1.30. *Number of Children Served at Head Start*

	N of Children Served September 2014		N of Children Served January 2015		N of Children Served September 2015	
	Early Head Start	Head Start	Early Head Start	Head Start	Early Head Start	Head Start
Fort Totten	8	20	14	16	12	30
St. Michael	16	20	23	16	8	30
Tokio	10		12		13	
Prenatal Program	8		10		9	
<b>Total</b>	<b>42</b>	<b>40</b>	<b>59</b>	<b>32</b>	<b>42</b>	<b>60</b>

*Unlicensed child care providers.* Unlicensed child care are those providers who provide child care but are not licensed by a licensing agency. Unlicensed childcare providers can still choose to register with the state. In Benson County 67% of all child care providers are unlicensed child care<sup>209</sup>. These numbers represent only those unlicensed child care providers who register themselves with ND DHS.

*Surrounding Community and State Early Care and Early Education.* This section will describe early care and early education in the surrounding counties including Eddy County, Nelson County, and Ramsey County.



*State-licensed or state-regulated programs.* Eddy, Nelson, and Ramsey Counties surround Spirit Lake Nation. Licensed child care programs in Eddy County care for 80% of the population of children ages 0-5 within the county<sup>210</sup>. Nelson County can care for 78% of the population of children age 0-5 within the county, and Ramsey County can care for 100% of the population of children age 0-5 within the county<sup>211</sup>.

Eight percent (53,829) of North Dakota’s population is age 0 to 5.<sup>212</sup> In 2014, the ND DHS reported 1,437 licensed child care programs with the capacity to care for 30,465 children ages 0 to 12.<sup>213</sup> More children in ND are in need of care than the capacity of licensed care programs.

*Head Start.* Head Start and Early Head Start program enrollment for the state was 4,192 or 7 % of the total population ages 0-5.<sup>214</sup> Devils Lake is the program site for Head Start and Early Head Start in Ramsey County, McVile is the program site for Nelson County, and New Rockford is the program site for Eddy County.

*Unlicensed child care providers.* In Eddy County it was reported that 0% of all child care providers are not licensed<sup>215</sup>. Thirty-three percent of all child care providers are unlicensed in Nelson County, and 28% of all child care providers are unlicensed in Ramsey County. The ND DHS reported that there were 774 registered unlicensed child care providers, allowing for 2,692 North Dakota children to be cared for ages 0-5<sup>216</sup>.

*Barriers to Child Care.* Access to quality child care and education has been linked to reduced work absenteeism and turnover among parents, income earning potential,, and overall parent quality of life according to the most recent North Dakota Early Care and Early Education Study<sup>217</sup>. The study found that shifting and unpredictable work schedules and nonstandard hours limited parents’ child care and education options. Of the parents who responded to the study, 236, 83%, reported needing care for 5 days per week, and 222 parents, 78%, reported needing care for 8 hours a day.<sup>218</sup> Other limitations to child care include wait lists to get into early care and educational programs, need to expand early care and early education programs, and cost of care.

*Wait Lists.* It was estimated that 1,777 children ages 0 to 5 may be on a wait list according to administrators and parents.<sup>219</sup> It is noted that wait lists under estimate needs, as many parents do not put their children on a wait list if they feel there is no chance of getting a placement in a program. Wait list is a list of children and families who are requesting care, this list is kept by early care and education programs. In Benson County, there are 12 children currently reported to be on a wait list, these lists however are kept by each individual early care and education programs (see Table 1.31)<sup>220</sup>

Table 1.31. *Children on Waitlist for Childcare*

County	Number of Children on the Wait List
Benson	12
Ramsey	42
Nelson	1
Eddy	2



Note: County information was taken from the North Dakota Early Care and Early Education Study.<sup>221</sup>

**Cost of Early Care and Education.** In Benson County parents are paying 20% more than the median income for infant and toddler care in a licensed setting as compared to North Dakota (see Table 1.32)<sup>222</sup>. According to the ND ECEE study, 88% of parents will pay for child care entirely out of pocket. The average cost of infant care in North Dakota as of 2013, was \$8,300 annually. Parents in the ND ECEE study ranked cost of child care as their top barrier in access to child care.

Table 1.32. *Percent of Licensed Child Care Cost Compared to Median County Income*

County	% of income for infant licensed family/group setting	% of income for toddler licensed family/group setting	% of income infant licensed child care center	% of income toddler licensed child care center	% of income preschool licensed child care center
Benson	20%	20%			
Ramsey	10%	10%	12%	11%	11%
Nelson	8%	8%			
Eddy	13%	12%	7%	7%	7%

Note: Blank cells indicate no data available on costs or specific setting is not an option in that county. Red cells indicate child care costs are greater than 10% median income.

County information was taken from the North Dakota Early Care and Early Education Study.<sup>223</sup>

**Need to Create and Expand Facilities.** The need to expand or create facilities has been indicated in the ND ECEE study by 40% of directors and administrators representing 30 different ND counties, including Benson, Ramsey, Nelson and Eddy counties.<sup>224</sup> Across the state, North Dakota, is in need of high quality early education and learning opportunities for children. Of the children in North Dakota entering the 4<sup>th</sup> grade, only 34% are reading at grade level.<sup>225</sup> This is significant because those children who are proficient readers by the end of 3<sup>rd</sup> grade are more likely to graduate high school and find success in the work force.<sup>226</sup> The foundation for success is built in early education, in 2012, 64% of all North Dakota 3 and 4 year olds were not enrolled in a formal early care or education program<sup>227</sup>.

**Primary and Secondary Education.** On Spirit Lake Nation there are three school systems. Tate Topa Elementary School, Tate Topa Middle School are tribal schools located in Fort Totten, ND. Four Winds High School is a public high school with grades 9<sup>th</sup> – 12<sup>th</sup> and serves Ft. Totten, ND. Minnewauken Public School serves students kindergarten through 12<sup>th</sup> grade, and is located in the southwestern sections of the reservation. Warwick Public School serves students kindergarten through 12<sup>th</sup> grade, and is located in the southeastern section of the reservation. Graduation rates for the 2013-2014 academic year for the three school systems range from 70.21% - 88.24%<sup>228</sup> (see Table 1.33). Graduation rates by gender were reported only for Ft. Totten (see Table 1.28), females were more likely to graduate than males<sup>229</sup>.



Table 1.33. *Graduation Rates by Race*

	All Students			White Students			Native American Students		
	N	Graduation Rates	Drop-Out Rates	N	Graduation Rates	Drop-Out Rates	N	Graduation Rates	Drop-Out Rates
Minnewaukan	17	88.24%	11.76%	4	-	-	13	92.31%	7.69%
Warwick	15	73.33%	20.00%	0	-	-	15	73.33%	20.00%
Ft. Totten	47	70.21%	25.53%	1	-	-	46	69.57%	26.09%

Note: School information was taken from the North Dakota Department of Public Instruction.<sup>230</sup>

Table 1.28. *Graduation Rates by Gender*

	Male Students			Female Students		
	N	Graduation Rates	Drop-Out Rates	N	Graduation Rates	Drop-Out Rates
Minnewaukan	9			8		
Warwick	8			7		
Ft. Totten	21	66.67%	28.57%	26	73.08%	23.08%

Note: School information was taken from the North Dakota Department of Public Instruction.<sup>231</sup>

**Cankdeska Cikana Community College.** Cankdeska Cikana Community College (CCCC), or Little Hoop, was chartered in 1974 by the Spirit Lake Dakota Tribe.<sup>232</sup> The mission of the college is to provide opportunity to students which foster independence and self-sufficiency<sup>233</sup>. Students learn these skills through academic achievement, but also through the teaching of Spirit Lake Dakota language and culture<sup>234</sup>. The college offers several undergraduate academic degrees and certificates (see Table 1.34).

Table 1.34. *Undergraduate Academic Degrees and Certificates Offered at CCCC*

Associate of Arts	Associate of Applied Science	Associate of Science	Certificate
Accounting/Business Administration	Automotive Technology	Natural Resources Management	Carpentry
Early Childhood Education	Computer Applications	Pre-Engineering	Finish Carpentry
Dakota Studies	Fine Art	Pre-Nursing	HVAC
Liberal Arts	Graphic Design	Health, Physical Education & Recreation	Entrepreneurship
Social Work	HVAC	Science	Office Technology
Elementary Education	Office Technology	Environmental Science	Early Childhood
	Construction Management		
	Professional Truck Driver		

Note: Information was taken from Cankdeska Cikana Community College.<sup>235</sup>

The college serves approximately 240 students a year.<sup>236</sup> The average student attending CCCC is female, and is between 25-29 years of age.<sup>237</sup> The average student is working full-time and has dependent children.<sup>238</sup> CCCC has a graduation rate of 13%.<sup>239</sup>

**Economic Issues.** In 2009, 104 private nonfarm establishments produced employment for 1,071 residents (see Table 1.30)<sup>240</sup> in Benson County. The county has 413 veterans.<sup>241</sup> The



University of Wisconsin 2012 county health rankings report Benson County *unemployment level* at 5.4%,<sup>242</sup> which is higher than the state 3.9%<sup>243</sup> and lower than the national level 9.6%<sup>244</sup>. On March 31, 2015 there were ten places of employment with job openings in Benson County, four of them on Spirit Lake Reservation (see Figure 1.5).

Table 1.35. *Business*

	Benson County	North Dakota	United States
Private nonfarm establishments, 2009	104	21,445	7,433,465
Private nonfarm employment, 2009	1,071	296,083	114,509,626
Private nonfarm employment, % change 2000-2009	-5.6%	16%	0.4%
Veterans, 2006-2010	413	55,739	22,652,496

Note. Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>245</sup> United States information was taken from the U.S. Census Bureau.<sup>246</sup>

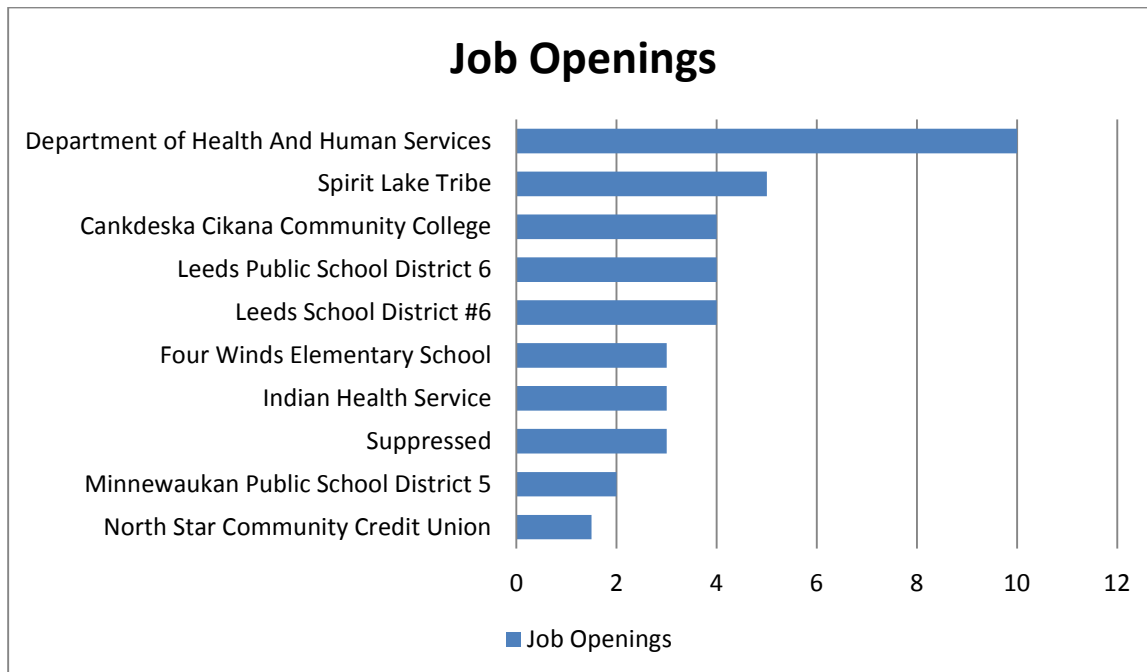


Figure 1.5. *Job Openings in Benson County*

Note: Job Openings information taken from Online advertised jobs data downloaded: 3/31/2015.

There are several opportunities for employment on Spirit Lake Reservation (see Table 1.36). Three of the largest employers are Sioux Manufacturing Corporation, Cankdeska Cikana Community College (CCCC) and Spirit Lake Casino and Resort. Sioux Manufacturing is 100% owned by Spirit Lake Nation and AIAN make up 75% of the workforce from management on down<sup>247</sup>. CCCC was established in 1974 and opened for its first classes in January 1975<sup>248</sup> and has an employment range of 50-99 employees<sup>249</sup>. Spirit Lake Casino and Resort was built in the mid 1990's and employees approximately 150 individuals<sup>250</sup>.



**Table 1.36. Spirit Lake Opportunities for Employment**

Opportunities for Employment
Sioux Manufacturing Corporation
Spirit Lake Head Start
Sioux Utilities
Spirit lake Housing Corporation
Cankdeska Cikana Community College
Four Winds Community School
Spirit Lake Casino & Resort
Tokio General Store
Paul's Grocery
Luis Café
KABU 90.7
Spirit Lake Tribe
Indian Health Services
Aggregate Industries Management Inc.
Department of Health and Human Services
Tate Topa Tribal School

Note. Employment information taken from North Dakota Job Service and Spirit Lake Reservation Website.

**Housing and Current Living Situation.** In 2010 the U.S. Census Bureau reported 1,418 total housing units<sup>251</sup> on Spirit Lake Reservation, 79%<sup>252</sup> of those units were owner/renter occupied and 21%<sup>253</sup> were vacant (see Table 1.37). There are a number of resources to assist with housing on the reservation and they range from providing low income, quality housing in a safe and healthy environment to rehabilitating homes for the Elders (see Table 1.38).

**Table 1.37. Housing Types**

Housing Types	Spirit Lake Reservation	North Dakota	United States
Total Housing Units	1,418	317,498	131,704,730
Occupied Housing Units	78.8%	88.6%	88.6%
Owner occupied	56.4%	65.4%	65.1%
Renter occupied	43.6%	34.6%	34.9%
Vacant Housing Units	21.2%	11.4	11.4%

Note. Spirit Lake Reservation, North Dakota and Unites States Data taken from the U.S. Census Bureau.

**Table 1.38. Spirit Lake Reservation Housing Resources**

Housing Resource	Description
Spirit Lake Housing Management	Every year Spirit Lake Housing Management rehabs 3 homes for eligible Elders.
Spirit Lake Housing Corporation	Provides low income, quality housing in a safe and healthy environment to the people of the Mni Wakan Oyate.

Note. Spirit Lake Reservation Housing information taken from Spirit Lake Reservation Website.

**Homelessness.** According to the National Center on Family Homelessness at American Institutes for Research there are six major causes for homelessness for children in the United States: 1) the nation's high poverty rate; 2) lack of affordable housing across the nation; 3) continuing impacts of the Great Recession; 4) racial disparities; 5) the challenges of single parenting; and 6) the ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for children and families<sup>254</sup>.



Once a year in accordance with the U.S. Department of Housing and Urban Development (HUD), the North Dakota Homeless Coalition for Homeless People (NDCHP) provides Point In Time Counts, which count the number of sheltered and unsheltered individuals in the state<sup>255</sup>. On January 28, 2015 the total number of AIAN who were homeless in North Dakota was 184 or 14% of the total homeless population in North Dakota (see Table 1.39). The NDCHP states that this number is likely low due to a shortage of volunteers who are willing to participate in homeless counts due to weather conditions at the end of January.<sup>256</sup>

In September 2014 the Cankdeska Cikana Community College Head Start/Early Head Start Program released a Community Assessment report. According to this report, based on the number of people who were signed up for housing, the number of homeless people residing on and around the reservation was over 300 people.<sup>257</sup> It is also noted in the report that this number is likely conservative estimate due to many of the reservations members not signing up for housing. The total number of applicants on the waiting list was 174 (see Table 1.40).<sup>258</sup>

Table 1.39. *Point in Time Count January 28, 2015*

Homeless Subpopulations	Total AIAN population in North Dakota	Total population in North Dakota
Total Number of Persons	184	1305
Persons without Children	102	843
One Adult and at least one child	3	21
Two Adults and at least one Child	79	441

Note. Point in Time Count Information taken from North Dakota Homeless Coalition.<sup>259</sup>

Table 1.40. *Number of Applicants on Housing Waiting List by District*

Spirit Lake District	Number of Housing Applicants
Fort Totten	88
Crow Hill	30
St. Michael	47
Wood Lake	9
Total	174

Note: Waiting List information taken from CCCC Head Start/Early Head Start Community Assessment Report.<sup>260</sup>

**Individual Factors.** Native Americans from four reservations in North Dakota were surveyed on health status and behavioral health risks.<sup>261</sup> It was found that Native Americans in these communities had greater prevalence of obesity, smoking, and drinking.<sup>262</sup> However Native Americans were more likely to engage in preventative health care and screenings.<sup>263</sup>

**Obesity.** Obesity is a predictor of other chronic illnesses including cancer, diabetes, heart disease and stroke, and other diseases.<sup>264</sup> More than half of all adults in North Dakota are considered overweight or obese (see Table 1.41).<sup>265</sup> Native Americans were less likely to be overweight as compared to North Dakota.<sup>266</sup> However, they were more likely to be obese as compared to North Dakota and the United States.<sup>267</sup> Native Americans were less likely to eat 5 or more daily servings of fruit and vegetables as compared to the United States.<sup>268</sup> There was no difference by gender for Native Americans.<sup>269</sup>



Table 1.41. *Individual Factors*

	CHPPR BRFSS 2004	Northwest Tribal BRFSS 2003	BRFSS 2011 North Dakota	BRFSS 2011 National
Overweight	31.5%	-	36%	-
Obese	49.4%	47.4%	27.8%	Median 27.7% Range 20.7-34.9
Overweight or Obese	-	80.8% CI 95% (78.0, 82.9)	-	-
Current Smoker	56.7%	41.8%	21.9%	20.9%
Former Smoker	17.3%	69.0%	25.3%	25.5%
Binge use in past month	24.2%	34.2%	23.8%	Median 18.3% Range 10.0-25.0
Heavy use in past month	16.0%	5.7%	6.5%	Median 6.6% Range 3.4-9.8

Note: Information was taken from the CHPPR BRFSS<sup>270</sup>, Northwest Tribal BRFSS<sup>271</sup>, and the BRFSS 2011.<sup>272, 273</sup>

**Smoking.** Native Americans in CHPPR study were more likely to currently smoke as compared to the North Dakota and United States population.<sup>274</sup> Native Americans in the CHPPR study were less likely to have been former smokers as compared to North Dakota and the United States.<sup>275</sup> Smoking rates did not differ by gender for Native Americans in the CHPPR study.<sup>276</sup>

**Alcohol and drug use.** The Spirit Lake Tribe has declared a state of emergency regarding drugs August 2015.

**Alcohol.** In the CHPPR study, compared to North Dakota and the United States Native Americans residing in North Dakota are less likely to use alcohol (see Table 1.42).<sup>277</sup> However, those Native Americans that do use alcohol were more likely to be heavy drinkers.<sup>278</sup> Heavy drinking is defined as at least three drinks a day for men and at least two drinks a day for woman.<sup>279</sup> Native American men were more likely to engage in heavy drinking and binge drinking as compared to women.<sup>280</sup>

Alcohol use among high school students is reported from the Youth Risk Behavior Surveillance System (YRBS).<sup>281</sup> In almost every case, students at Four Winds and Warwick had higher rates of substance use than students statewide (see Table 1.42).

Table 1.42. *Rates of Substance Use*

YRBS Items	High School		
	Four Winds	Warwick	State
Binge Drinking	26.9	25.0	21.9
Under-age drinking	37.5	40.6	35.3
Smoking Cigarettes	31.8	57.1	19.0
Marijuana Use	54.2	57.9	15.9
Prescription Drug Use	25.0	15.8	17.6
Taken Over the Counter Drugs to get High	21.9	-	10.9
Offered, Sold, or Given Illegal Drugs by Someone at School	30.1	-	14.1
Attended School Under the influence of Alcohol or Drugs	30.1	23.7	9.9





**Maternal and Child Health.** Birthweight is an important factor impacting infant health and is impacted by maternal exposure to health risks. Low birthweight indicates maternal exposure to risk. Health behaviors, access to health care, social and economic environment, and living environment are all places where a mother may be exposed to risk.<sup>282</sup> Ramsey County (7%) and Benson County (7%) have slightly higher low birthweight percentages than North Dakota (7%) and the United States (6%).<sup>283</sup>

**Teen births.** Ramsey and Benson Counties have higher birth rates as compared to North Dakota and the United States<sup>284</sup>. Benson County has a teen pregnancy rate that is four times higher than the nation, or 93 out of 1,000 for females ages 15-19.<sup>285</sup> Ramsey County has a teen pregnancy rate that is twice that national average, or 45 out of 1,000 females ages 15-19.<sup>286</sup> The National average is 21 out of 1,000 females ages 15-19, and the averages for North Dakota is 28 out of 1,000 females ages 15-19<sup>287</sup>.

**Access to Health Care, Transportation, and Communications.** Data on access to health care, transportation, and communication in this section was gathered from Indian Health Service, North Dakota Department of Health, North Dakota Department of Transportation, Federal Communications Commission, and the Great Plains Area Indian Health Service.

**Health Care.** The majority of North Dakota counties are considered medically underserved areas/populations (MUAs/MUPs), due to the rural nature of the state and the difficulty recruiting and retaining medical personal in these areas (see Figure 1.6). AIAN people experience lower health status when compared with other Americans.<sup>288</sup>

Benson County offers two health care facilities and one of those is an Indian Health Service (IHS) facility located on Spirit Lake Reservation in Fort Totten. IHS is an agency within the Department of Health and Human Services and offers health services to members of the 566 federally recognized AIAN Tribes and their descendants.<sup>289</sup> The Spirit Lake Health Center operates a dental clinic and diabetes program. Complex outpatient services or inpatient care are referred to a contract facility.<sup>290</sup> Devils Lake, which is located in adjacent Ramsey County, is the closest city that has a full service hospital (see Table 1.43).

Table 1.43. *Health Care Facilities in Benson and Ramsey Counties*

Health Care Facility	City in Benson County & Ramsey County
Maddock Clinic	Maddock, ND
Spirit Lake Health Center (IHS)	Fort Totten, ND
Altru Clinic	Devils Lake, ND
Mercy Hospital	Devils Lake, ND

*Note:* Health Care Facilities in Benson County information taken from University of North Dakota Center for Rural Health North Dakota Health Professional Shortage Areas Rural Hospitals, Clinics, CHCs and RHCs Map.<sup>291</sup>



### North Dakota Medically Underserved Areas/Populations (MUAs/MUPs)

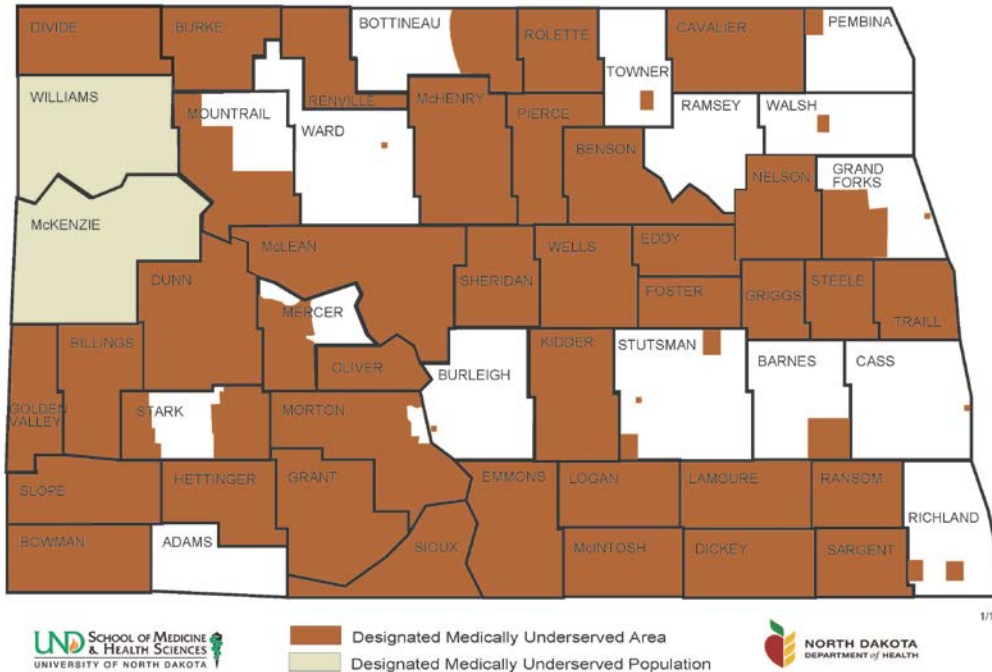
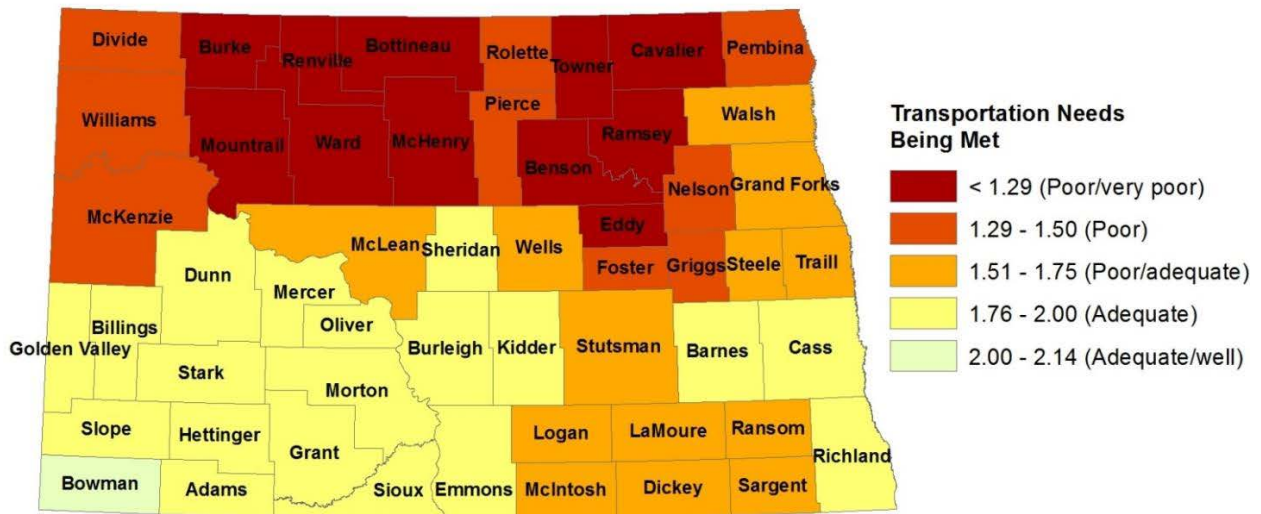


Figure 1.6. North Dakota Medically Underserved Areas/Populations (MUAs/MUPs). Note: Image taken from University of North Dakota Center for Rural Health Maps.

**Transportation.** According to the Bureau of Transportation Statistics, in 2012 North Dakota was ranked 48<sup>th</sup> in the number of registered automobiles and had 502,807 registered drivers.<sup>292</sup> According to a report written for the North Dakota Department of Transportation, transportation needs in Benson County are not being sufficiently met (see Figure 1.7). Benson County also rates one of the lowest, on number of vehicles per 1,000 people (see Figure 1.8).







the U.S. Department of Health & Human Services Children’s Bureau, Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center, Center for Disease Control and Prevention was used to inform this discussion.

**Child Safety.** In 2013, 678,932 (9.1 victims per 1,000 children were victims of child abuse and neglect, 1517 in North Dakota.<sup>300</sup> The November 2014 Attorney General’s Advisory Committee on American Indian/Alaska Native Children Exposed to Violence Report stated that “AIAN children suffer exposure to violence at rates higher than any other race in the United States” (see Table 1.45).<sup>301</sup> Nineteen percent of reported child maltreatment victims in North Dakota in 2013 were AIAN children,<sup>302</sup> higher than the percent of American Indian children ages 0 to 18 in the population of all children in North Dakota (9.6%). (American Indian children are 73.6% of all children in this age group in Benson County.<sup>303</sup>)

Table 1.45. *AIAN Youth and Exposure to Trauma*

Mental Health and Trauma	<ul style="list-style-type: none"> <li>• AIANs more likely have exposure to trauma than members of more economically advantaged groups</li> <li>• Impact of high suicide rates on siblings, peers, family members, community</li> <li>• Violent deaths (unintentional injuries, homicide, and suicide) account for 75% of all mortality in the second decade of life for AIANs</li> <li>• Youth with a history of any type of maltreatment were 3 times more likely to become depressed or suicidal than those with no maltreatment history.</li> <li>• AIAN population is especially susceptible to mental health difficulties</li> </ul>
Violence and Trauma	<ul style="list-style-type: none"> <li>• Violent crime rate among AIAN 12 years and older is 2.5 times the national rate</li> <li>• AIANs experience approximately one violent crime for every eight (residents age 12 or older) compared to one violent victimization for every 16 black residents, one for every 20 white residents, or one for every 34 Asian residents</li> </ul>
Mental Health Disorders and Trauma	<ul style="list-style-type: none"> <li>• Higher rates of exposure to traumatic events coupled with the overarching cultural, historical, and intergenerational traumas make this population more vulnerable to PTSD</li> <li>• Rates of substance abuse disorders and other mental health disorders, particularly depression, are also elevated.</li> </ul>
Child Maltreatment and Trauma	<ul style="list-style-type: none"> <li>• AIAN families had the highest re-referral rates for sexual abuse, physical abuse, and neglect relative to other ethnic categories.</li> <li>• AIAN children make up less than 1% of the total child populations, but represent 2% of the children in foster care</li> <li>• One substantiated report of child abuse or neglect occurs for every 30 AIAN children</li> </ul>

Note. AIAN Youth and Exposure to Trauma information taken from The National Child Traumatic Stress Network.<sup>304</sup>

Child abuse and neglect may impact all areas of a child’s life. In 2008 Dolores Subia BigFoot, PhD, from the Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center, addressed the effect exposure to trauma has on AIAN youth, stating that AIAN youth with a history of any type of maltreatment were 3 times more likely to become depressed or suicidal than those with no maltreatment history.<sup>305</sup>



To address concern about child safety at Spirit Lake, the Spirit Lake Nation’s Spirit Lake Child Welfare Improvement Plan was developed. The report from the Department of Health and Human Services’ Administration for Children and Families (ACF) and the Bureau of Indian Affairs created a detailed report with recommendations to address the delivery of child welfare services.<sup>306</sup> Development of operation manuals, policies and procedures for child welfare cases was identified as a priority.<sup>307</sup> Creation and implementation of a data tracking and information system in order to easily track data on children, placements, and investigations was recommended.<sup>308</sup> Training for Tribal Court was also noted as a need.<sup>309</sup> Finally a plan for community engagement and recruitment of kinship and foster homes is to be developed.<sup>310</sup>

***Intimate Partner and Sexual Violence.*** Sexual violence, stalking, and intimate partner violence are considered major public health problems in the United States.<sup>311</sup> Survivors of this type of violence often experience consequences such as physical injury, depression, anxiety, low-self-esteem, attempts of suicide, sexually transmitted diseases, gynecological problems, and pregnancy complications.<sup>312</sup>

One in four American Indian and Alaskan Native women (22.7%; see Table 1.46) report being stalked in their lifetime.<sup>313</sup> More than one-quarter (26.9%) of AIAN women reported rape victimization in their lifetime.<sup>314</sup> Forty-nine percent of AIAN women and 20.1% of AIAN males reported sexual violence other than rape.<sup>315</sup> Forty-six percent AIAN women and 45.3% of AIAN men report having experienced violence by and intimate partner that includes rape, physical violence, or stalking.<sup>316</sup> According to the National Network to End Domestic Violence, American Indian women living on reservations experience domestic violence at higher rates than women of any other ethnicity or location.<sup>317</sup> It is estimated that assault rates are 50% higher for American Indian woman than the next most victimized group.<sup>318</sup>

Table 1.46. *Lifetime Prevalence of Violence*

Lifetime Prevalence of Violence	Female	Male
Stalking	22.7%	-
Rape	26.9%	-
Other Sexual Violence	49.0%	20.1%
Physical Violence	45.9%	45.3%
Intimate Partner Violence	46.0%	45.3%

Note: Information taken from The National Intimate Partner Violence and Sexual Violence Survey.<sup>319</sup>

***Childhood Adverse Events.*** Events that occur between the prenatal period and age 18 impact adult health, including behavioral health, outcomes.<sup>320</sup> American Indians experience high rates of adverse events, which may increase vulnerability to adult chronic disease and behavioral health disorders.<sup>321, 322, 323</sup> One common method for measuring adults’ childhood trauma is the Adverse Childhood Events items included in the BRFSS. An expert panel of American and Alaskan Natives (AIAN) in Alaska came together in 2012 to review the ACE scale and its applicability to AIANs.<sup>324</sup> The panel concluded that little research existed that determined the utility of this tool and the level of ACEs among AIAN. They also recommended that revisions to the tool include the addition of other traumas experienced by AIAN, such as environmental and historical traumas, and resiliency factors.

The CDC described the level of adverse events reported by adults who participated in the BRFSS between 1995 and 1997 (n=17,337; see Table 1.47).<sup>325</sup> The CDC conducted a second



study summarizing ACES in 5 states (Arkansas, Louisiana, New Mexico, Tennessee, and Washington; see Table 1.48).<sup>326</sup> The number AIAN was not identified in either study. Although few studies have included representative samples of AIANs, one study found high rates of ACE among American Indian women incarcerated in one state.<sup>327</sup> A study of ACEs was also conducted in Snohomish County, Washington, where the Tulalip Tribes Reservation is located.<sup>328</sup>

Table 1.47. *ACE Reported in the CDC 1995-97 Study*

ACE Category	CDC 1995-97 Study		
	Women (9,367)	Men (7,970)	Total (17,337)
<b>Abuse</b>	%	%	%
Emotional Abuse	13.1	7.6	10.6
Physical Abuse	27.0	29.9	28.3
Sexual Abuse	24.7	16.0	20.7
<b>Neglect</b>			
Emotional Neglect	16.7	12.4	14.8
Physical Neglect	9.2	10.7	9.9
<b>Household Dysfunction</b>			
Mother Treated Violently	13.7	11.5	12.7
Household Substance Abuse	29.5	23.8	26.9
Household Mental Illness	23.3	14.8	19.4
Parental Separation or Divorce	24.5	21.8	23.3
Incarcerated Household Member	5.2	4.1	4.7

Table 1.48. *Number of ACE Reported in CDC and Snohomish County Studies*

Number of ACE	CDC ACE 5 States			Snohomish County
	Women (16,755)	Men (9,474)	Total (26,229)	Total
0	39.2	42.0	40.6	35.3
1	21.6	23.3	22.4	22.9
2	12.8	13.4	13.1	12.6
3	9.7	7.8	8.8	9.2
4	6.4	6.6	6.5	7.5
≥5	10.3	6.9	8.7	12.6



## Section II

### **Aim 2. To Describe the Current Health, Education, Economic, And Housing Status and Needs of Community Members and Head Start Families, Through Interviews**

#### **Purpose of Comprehensive Community Assessment Survey**

The purpose of the Comprehensive Community Assessment survey was to gather Spirit Lake community members' opinions about:

- 1) the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members,
- 2) factors (education, housing, safety, individual behaviors, and access to health care) that influence health, and
3. the most important issues at Spirit Lake Nation?

To accomplish Aim 2, we collected information from community members and families participating in Head Start regarding their health status, factors that might influence their health and their opinions about important issues at Spirit Lake Nation. This section of the report describes the method for data collection for the individual survey and the results of the interviews.

#### **Method**

The cross sectional survey was conducted May 2015 through July 2015 to obtain information to answer the three research questions. This section describes the method, including the instrument that was used for the interviews, how the interviews were completed, and the way the data from the interviews was analyzed.

**Instrument.** The instrument for the 2015 Head Start Community Health Survey was based on the first CCCC health survey in 2005, and subsequent surveys in 2009 and 2010. The first health survey in 2005, created by CCCC staff, focused on prevalence of diabetes and diabetes risk factors. Items were drawn from the Behavioral Risk Factors Surveillance System (BRFSS), an annual survey administered by the CDC to a random national sample, measuring health factors such as individual behaviors like smoking and health outcomes (such as chronic disease). In 2009 and 2010 additional BRFSS questions regarding behavioral health issues were added. The 2013 survey was updated, based on the 2012 BRFSS. The Spirit Lake Comprehensive Community Assessment revised the 2013 survey in Spring 2015, adding questions about housing and child care (see Attachment C for survey, Attachment D for items and source).

**Data Collection.** Head start parents were invited to complete the Survey Monkey based survey during the last day of their child's Head Start program, May 28 and June 4, 2015. Households received a notice in the mail inviting one person representing each family to



participate; flyers were distributed throughout the community; and an announcement was made on the local radio station. Surveys were then administered at each of the four districts. Surveys were conducted from 10 am -1 pm and 4 pm -7 pm daily, Monday July 20 through Thursday July 23, 2015. Participants received an incentive after completing the survey (\$25.00 Wal-Mart gift card).

**Sample.** Two hundred and eighty-five people representing their household completed the survey, 89% through interviews in each district. This section describes the characteristics of people completing the survey, including their gender, age, marital status, education, income, family (children under 18, number of people living in the home) and current living situation. Seventy percent of respondents were female (see Table 2.1). The average age was 39.94 (SD=14.86; see Figure 2.1). Ninety-two percent were enrolled members of Spirit Lake Tribe; 80% had lived in the community for 18 or more years.

Table 2.1. Gender

Gender	N	%
Male	85	29.8
Female	200	70.2

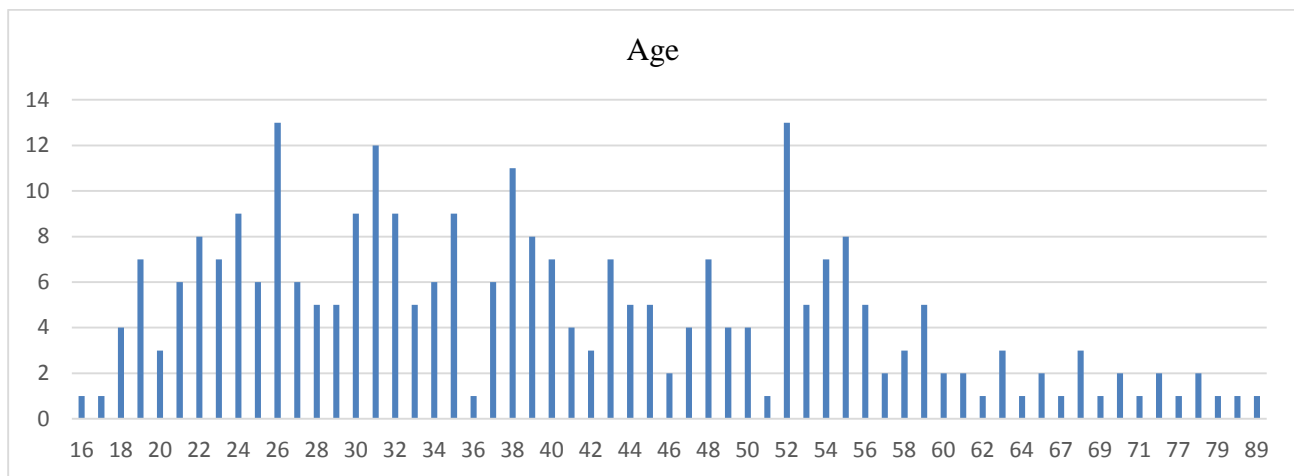


Figure 2.1. Age

**Marital Status.** More participants were never married (46%) (see Table 2.2).

Table 2.2. Marital Status

Marital Status	N	%
Never married	131	46.0
A member of an unmarried couple living together	50	17.5
Married	46	16.1
Divorced	37	13.0
Widowed	12	4.2
Separated	9	3.2

N=285





**Level of education.** More people (28%) reported less than a high school degree (see Table 2.3). Slightly less, 27% had completed high school as their highest degree. Eighteen percent had an Associate's degree and 3.6% a bachelors or higher.

Table 2.3. *Level of Education*

School Completed	N	%
Less than high school graduate	80	28.1
High school graduate or GED	76	26.7
Some college	69	24.2
Associates/Technical Degree	50	17.5
Bachelor's Degree	9	3.2
Graduate or Professional Degree	1	.4

N=285

**Income.** Thirty-eight percent of the participants reported an individual income of under \$5,000.00; 73% under \$20,000.00 (see Table 2.4).

Table 2.4. *Individual Income*

Income	N	%
Under \$5,000	109	38.2
\$5,000 to \$9,999	55	19.3
\$10,000 to \$14,999	28	9.8
\$15,000 to \$19,999	17	6.0
\$20,000 to \$24,999	15	5.3
\$25,000 to \$29,999	15	5.3
\$30,000 to \$34,999	10	3.5
\$35,000 to \$39,999	7	2.5
\$40,000 to \$44,999	7	2.5
\$45,000 to \$49,999	3	1.1
\$50,000 to \$54,999	1	.4
\$55,000 to \$59,000	1	.4
\$60,000 to \$64,999	1	.4
\$65,000 to \$69,999	0	.0
\$70,000 to \$74,999	1	.4
\$75,000 or more	3	1.1

N=273

Twenty-four percent reported a household income under \$5,000; 56% under \$20,000 (see Table 2.5). This category had more missing data (N=37); many people said they did not know the overall household income.

Table 2.5. *Household Income*

Income	N	%
sUnder \$5,000	67	23.5
\$5,000 to \$9,999	48	16.8
\$10,000 to \$14,999	25	8.8
\$15,000 to \$19,999	20	7.0
\$20,000 to \$24,999	17	6.0
\$25,000 to \$29,999	11	3.9
\$30,000 to \$34,999	21	7.4
\$35,000 to \$39,999	8	2.8
\$40,000 to \$44,999	7	2.5
\$45,000 to \$49,999	3	1.1
\$50,000 to \$54,999	6	2.1
\$55,000 to \$59,000	4	1.4
\$60,000 to \$64,999	4	1.4



\$65,000 to \$69,999	1	.4
\$70,000 to \$74,999	3	1.1
\$75,000 or more	3	1.1
Missing	37	11
<hr/>		
N=285		

**Family.** People completing the survey were asked how many adults and children lived in their home. The most common number of adults in a household was 2, although the number of adults in the home ranged from 1 to 10 adults per household (see Table 2.6). The number of children in the two younger age groups was very similar; families were less likely to have teenage children. The average number of people per family was 4.86 (SD=-2.78), ranging from 0-19 people in a family (see Figure 2.2).

Table 2.6. *Number of People in Each Household, by Age Group*

Number of people living in the home	Adults		Children 13 to 17		Children 6-12		Children 0-5	
	N	%	N	%	N	%	N	%
1	81	28.4%	52	18.2%	62	21.8%	68	23.9%
2	120	42.1%	25	8.8%	51	17.9%	49	17.2%
3	52	18.2%	13	4.6%	24	8.4%	25	8.8%
4	21	7.4%	6	2.1%	13	4.6%	7	2.5%
5	6	2.1%	0	0.0%	4	1.4%	3	1.1%
6	2	0.7%	0	0.0%	1	0.4%	0	0.0%
7	0	0.00%	0	0.0%	0	0.00%	0	0.0%
8	0	0.00%	0	0.0%	1	0.4%	0	0.0%
10	1	0.4%	0	0.0%	0	0.0%	0	0.0%
Missing	2	0.8%	189	66.3	129	45.3	133	46.7%
Total	283	100.0%	96	100.0%	156	100.0%	152	100.0%

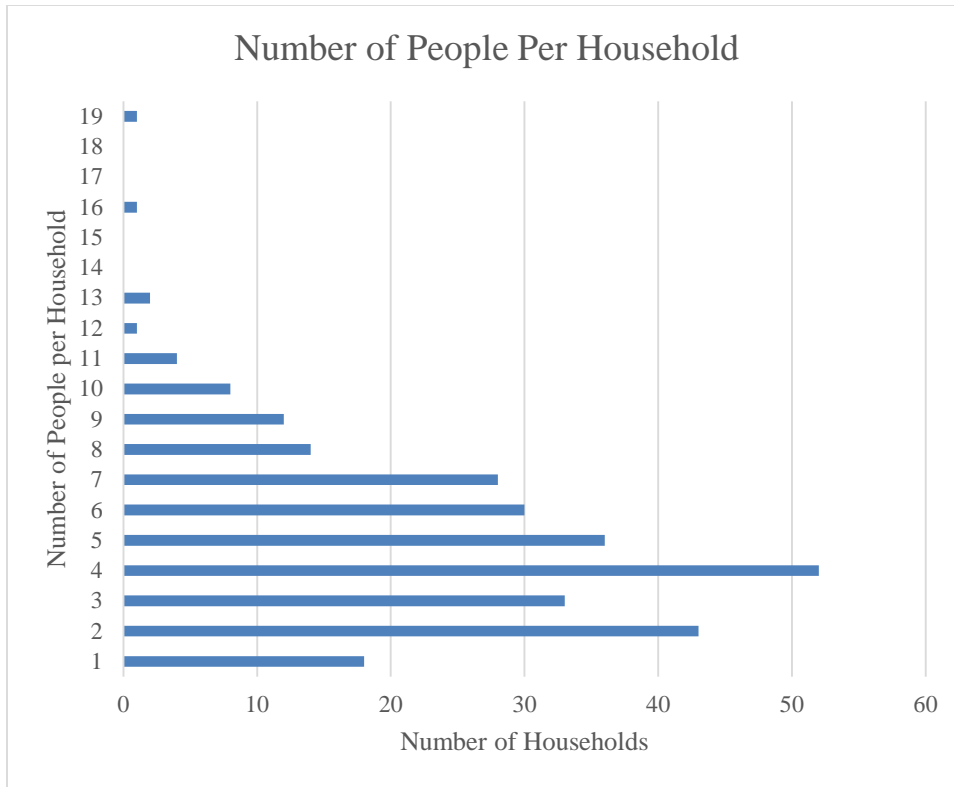


Figure 2.2. Number of People per Household

**Summary of Sample.** The sample for the Comprehensive Community Survey included 285 people representing their household. Their average age was 40, ranging from 16 to 89; 70% were female. Ninety-two percent were enrolled members of Spirit Lake Tribe; 80% had lived in the community for 18 or more years. Forty-six percent were never-married, 34% married or an unmarried couple living together.

Fifty-one percent had a high school degree; 28% had less than a high school degree; and 22% had an Associate’s Degree, Bachelor’s Degree, or Graduate or Professional degree. Thirty-eight percent of the participants reported an individual income of under \$5,000; 73% under \$20,000. The most common number of adults in a household was 2 (range 1 to 10 adults per household; the average number of people per family was 4.86 (range 0-19 people in a family).

### Analysis

The analysis of the survey was organized by demographics and the three research questions. Frequencies and percents were calculated for categorical demographics (gender, individual and household income, sources of income, race, tribal affiliation, length of time in the community, and living situation). Age was computed from date of birth and mean age and standard deviation calculated. Body mass index (BMI) was calculated from height and weight and categorized into underweight, normal weight, overweight, and obese.

Frequencies and percents of items with yes/no answers were reported. Questions with answers reported in days (0 to 14 days, 0 to 30 days) were analyzed by frequencies and percents



and displayed as bar charts. Mean number of days and standard deviations were calculated and whether the questions varied by gender and age. The two PHQ2 items were added together and anyone who answered positively to either item was considered as positive for potential depression. The total PHQ8 score was computed by adding together the eight items; means and standard deviations were then calculated. Adverse childhood events were coded as positive for the event if it occurred one or more times; frequencies and percents for each event were calculated.

Comments for the two open ended questions, the most important health issues and the most important issues overall at Spirit Lake, were reviewed and initial categories created. The workgroup reviewed the initial coding and the categories and coding were revised.



Categories for Most Important Health Issues	Subcategories 1	Subcategories 2
<b>Behavioral Health</b>	<b>Mental Health</b>	Suicide
		Depression
		Children
		Males
		Education
	<b>Residential Care and Treatment</b>	
	<b>Substance Use</b>	Drugs (Illegal drugs, Prescription drugs)
Alcohol		
General		
<b>Chronic Disease</b>	<b>Cancer</b>	
	<b>Diabetes</b>	
	<b>High blood pressure</b>	
	<b>Kidney/Dialysis</b>	
	<b>Liver</b>	
	<b>Asthma</b>	
	<b>Arthritis</b>	
	<b>Heart Disease</b>	
	<b>HIV/AIDS</b>	
	<b>Hepatitis C</b>	
	<b>Autism</b>	
	<b>Stroke</b>	
<b>Prevention</b>	<b>Reproductive Health</b>	
	<b>Health Education</b>	
<b>Other</b>		

Most Important Community Issues: General

Category	Subcategories 1	Subcategories 2
<b>Health Care</b>	<b>Access</b>	Health Care Professionals
		Dental
		Scheduling
		Transportation
		Medication
		Payors
	Home Health Care	
<b>Quality</b>		
<b>General</b>		
<b>Community Activities</b>		
<b>Criminal Justice</b>		
<b>Child Care And Education</b>		
<b>Environment</b>		
<b>Family</b>	<b>Dissolution</b>	
	<b>Parenting</b>	
	<b>Support</b>	
<b>Employment</b>		
<b>Elderly</b>		
<b>Gambling</b>		



**Results**

The results of the Comprehensive Community Assessment survey were organized by the three research questions, the status of health and wellness at Spirit Lake Nation, factors that influence health and wellness, and need.

**1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?** In this section, health and wellness of Spirit Lake Nation tribal members is described, including general health, physical health, chronic disease, behavioral health, level of functioning, and life satisfaction.

**General health.** General health was measured using an overall item: *How would you describe your general health? Please click the response that best reflects your general health*, participants reported their level of health on a scale of 1=Poor, 2=Fair, 3=Good, 4= Very good, and 5=Excellent). More participants were in good health (see Figure 2.3, Table 2.7). The mean level of health was 2.99 (SD=0.971). The level of general health varied by age ( $R=.291, p=.000$ ). As age increased, people rated their general health higher. General health ratings did NOT vary by gender.

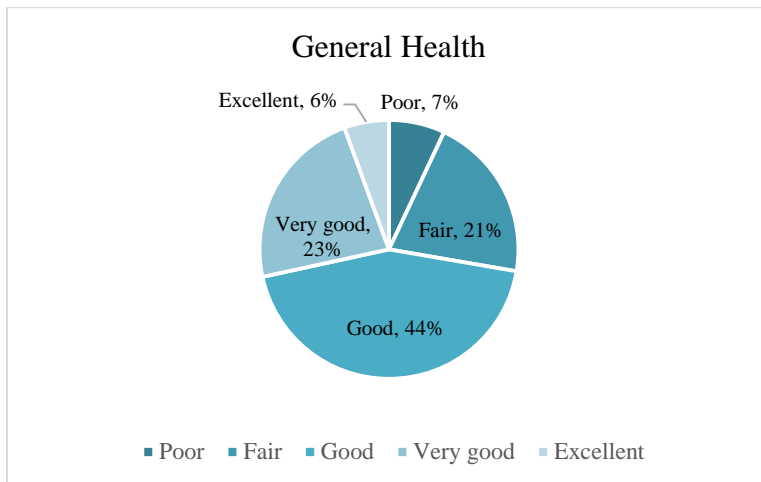


Figure 2.3. General Health

Table 2.7. Level of Health

Health	Mean	SD
General Health	2.99	0.971
Days Physical Health Not Good	4.97	8.86
Days Mental Health Not Good	4.44	7.489
Days Poor Health Keep from Usual Activities	3.40	7.392

**Physical health.** Physical health was measured using the survey item: *Now, thinking about your PHYSICAL health, for how many days in the last 30 days was your physical health not good*. The number of poor physical health days ranged between 0 to 30 days; 54% (N=153) said they had NO poor physical health days in the last 30 days (see Figure 2.4). Of the 128 people who said they had at least 1 poor health day, the most common number of poor physical health days was 2



days (21 people) and 30 days (23 people; see Figure 2.4). The average number of poor physical health days was 4.97 (SD=8.86; see Table 2.8). The number of poor health days varied by age ( $R=.165$ ,  $p=.005$ ). As age increased, people were more likely to report poor physical health days. The number of poor physical health days did NOT vary by gender.

Table 2.8. *Number of Poor Physical Health Days*

Poor Health Days	N	%
0	153	53.7
1	10	3.5
2	21	7.4
3	14	4.9
4	5	1.8
5	9	3.2
6	5	1.8
7	8	2.8
8	1	.4
9	2	.7
10	9	3.2
14	8	2.8
15	8	2.8
20	3	1.1
21	1	.4
25	1	.4
28	1	.4
30	23	8.1

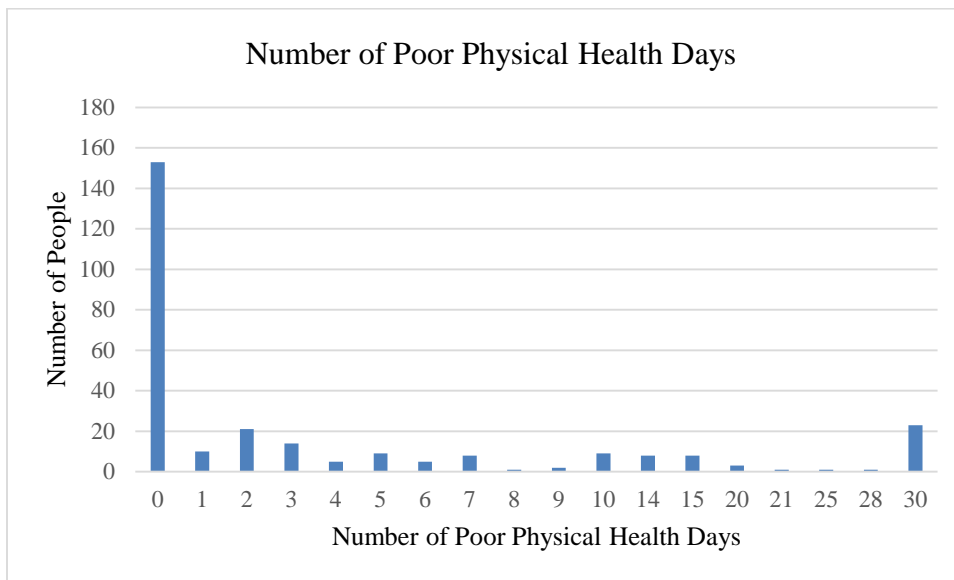


Figure 2.4. Number of Poor Physical Health Days

*Behavioral health.* Behavioral health includes both mental health and substance abuse issues; this section describes the number of poor mental health days; additional mental health and substance abuse content is presented later in the report. Respondents were asked to indicate the number of poor mental health days (*Now, thinking about your MENTAL health, for how many*



days in the last 30 days was your mental health not good?); 48% (N=138) had no poor mental health days (see Table 2.9; see Figure 2.5). Of the 147 who had at least one poor mental health day, the most common number of poor mental health days was 2, followed by 7, 5, and 30 poor mental health days. The average number of poor mental health days was 4.44 (SD=7.49). The number of poor mental health days did NOT vary by gender or age.

Table 2.9. *Number of Poor Mental Health Days*

Poor Mental Health Days	N	%
0	138	48.4
1	14	4.9
2	22	7.7
3	13	4.6
4	12	4.2
5	17	6.0
6	2	.7
7	19	6.7
8	1	.4
9	3	1.1
10	8	2.8
12	1	.4
14	5	1.8
15	11	3.9
17	1	.4
20	3	1.1
30	15	5.3

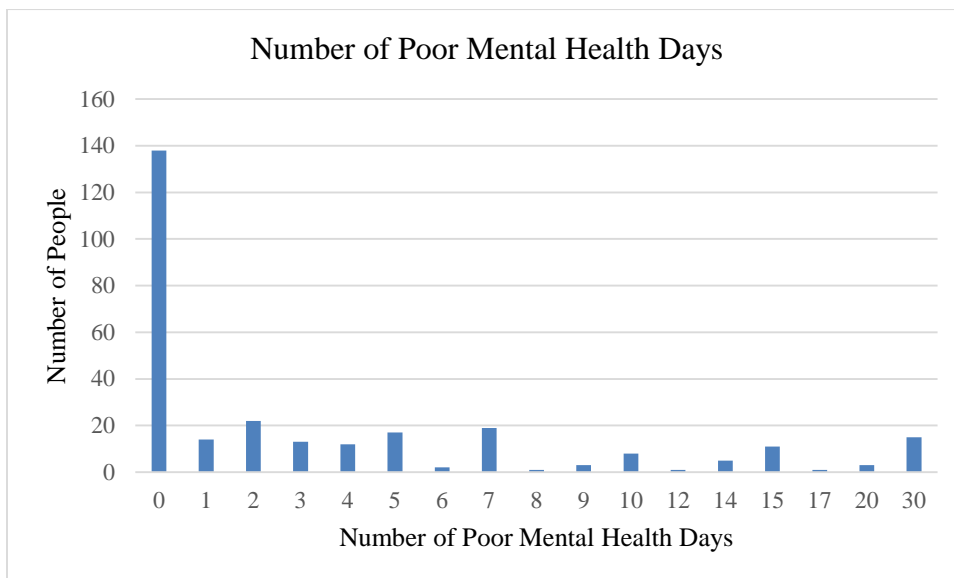


Figure 2.5. Poor Mental Health Days

**Level of functioning.** Level of functioning is addressed by looking at 1) the number of days that poor physical or mental health impacted usual activities, 2) the number of days that





pain impacted level of activity, and 3) feeling healthy and being full of energy. The relationship between each of the measures of level of functioning is presented.

*Days poor physical or mental health impacted usual activities.* When asked about their level of functioning (*During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?*), participants reported an average of 3.40 days that their level of functioning was impaired in the past 30 days (SD=7.392). Sixty-seven percent (N=192) reported no impairment (see Table 2.10). Of the 93 people that had at least 1 day that poor physical or mental health impacted usual activities, the most common number of days impacted were 30, 2, 5 and 10 (see Figure 2.6). The days that poor physical and mental health impacted usual activities did not vary by gender or age.

Table 2.10. *Number of Days Poor Physical or Mental Health Kept from Doing Usual Activities*

<b>Number of Days</b>	<b>N</b>	<b>%</b>
0	192	67.4
1	7	2.5
2	13	4.6
3	8	2.8
4	6	2.1
5	10	3.5
6	2	.7
7	2	.7
8	4	1.4
9	2	.7
10	10	3.5
13	1	.4
14	4	1.4
15	7	2.5
20	1	.4
21	1	.4
28	1	.4
30	14	4.9

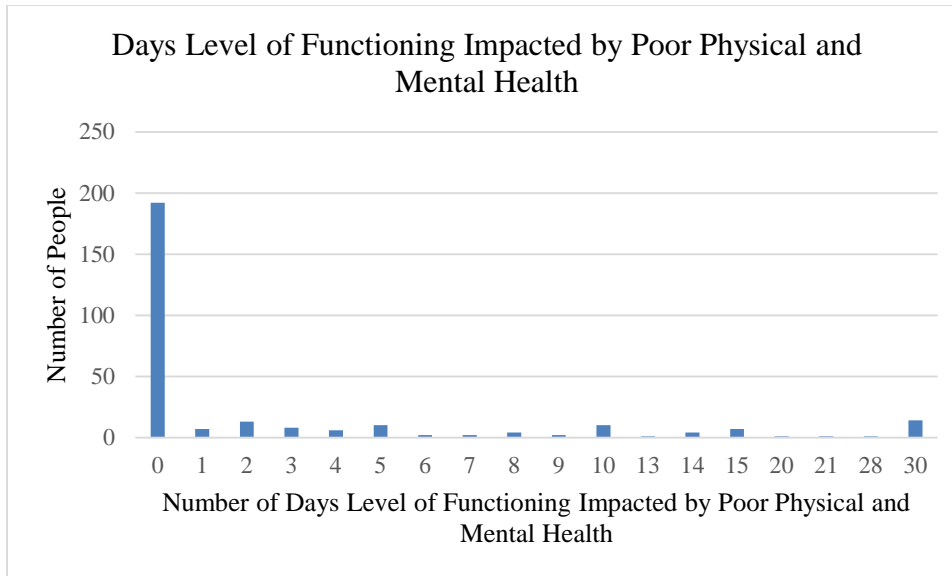


Figure 2.6. *Number of Days That Poor Physical and Mental Health Impacted Usual Activities in the Past 30 Days*

*Days pain impacted usual activities.* Pain was measured using the item: *During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?* The number of days that pain made it hard to do usual activities in the past 30 days ranged between 0 to 30 days; 55% (157) reported NO days that pain make it hard for them to do their usual activities. Of the 128 people who reported at least one day that pain impacted usual days, the most commonly reported number of days impacted by pain were 30, 3, and 2 (see Figure 2.7). The average number of days impacted by pain was 4.48 (SD=8.22; see Table 2.11). The number of days where usual activities were impacted by pain varied by age ( $R=.178$ ,  $p=.003$ ). As age increased, people were more likely to report more days where usual activities were impacted by pain. The number of days impacted by pain did NOT vary by gender.



Table 2.11. *Days Pain Impacted Usual Activities*

Number of Days Pain	N	%
0	157	55.1
1	12	4.2
2	17	6.0
3	18	6.3
4	11	3.9
5	5	1.8
6	2	.7
7	12	4.2
8	2	.7
9	2	.7
10	6	2.1
11	1	.4
14	8	2.8
15	8	2.8
20	2	.7
21	2	.7
25	1	.4
29	1	.4
30	18	6.3

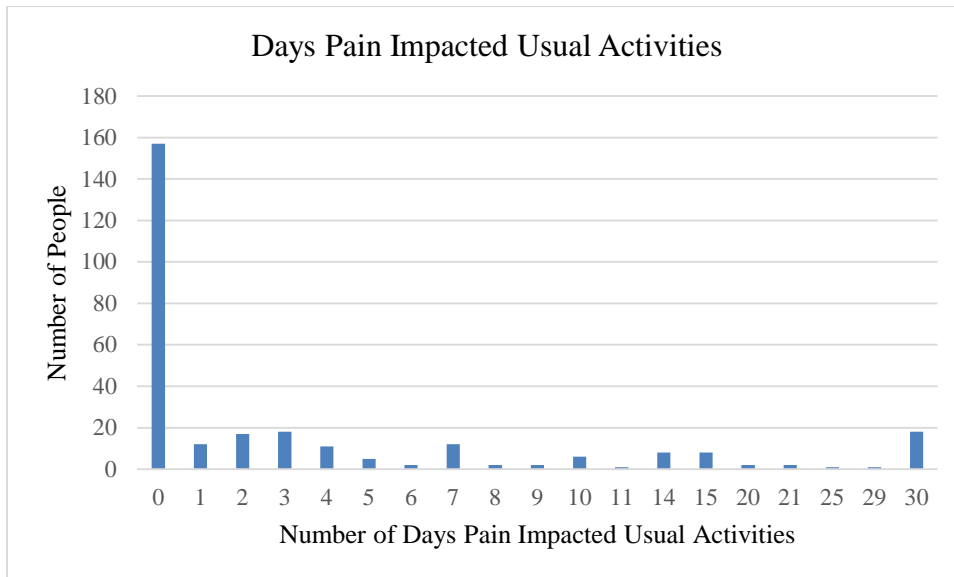


Figure 2.7. *Number of Days Pain Impacted Usual Activities*

*Level of functioning and feeling healthy and full of energy.* When asked, *During the past 30 days, for about how many days have you felt very healthy and full of energy*, 87 people said they had 30 days where they felt very healthy and full of energy (see Figure 2.8). Men reported more days that they were full of energy in the past 30 days than women ( $t=3.61$ ,  $df=172.69$ ,  $p=.000$ ; see Table 2.12). Days full of energy did not vary by age.

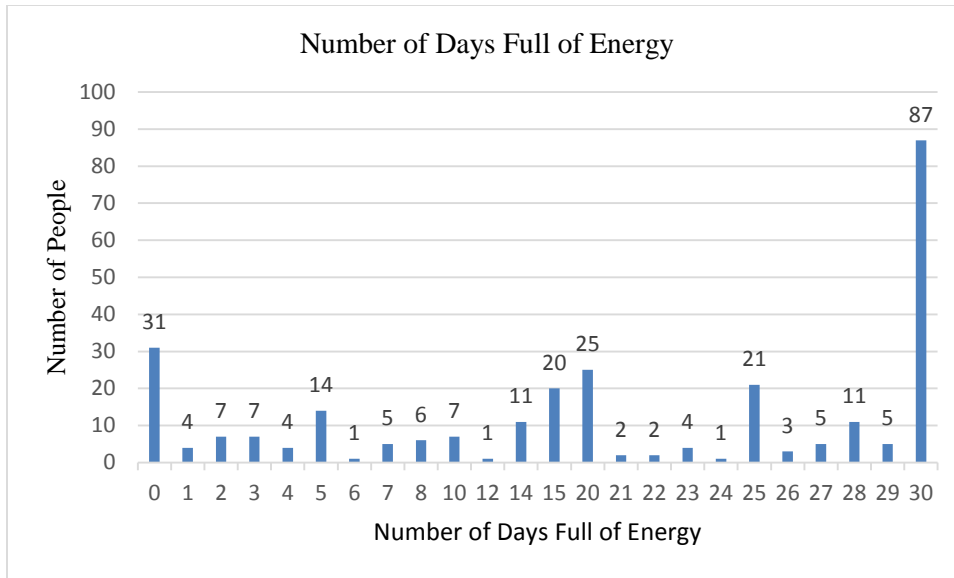


Figure 2.8. Number of Days Full of Energy

Table 2.12. Days Full of Energy by Gender

Gender	N	Mean	SD
Male	85	21.94	10.38
Female	200	16.94	11.38

**Relationship between level of functioning and health status.** General health, the number of poor physical health days, the number of poor mental health days, and the number of days poor health kept one from usual activities were correlated (see Table 2.13; see Figure 2.9). The higher a person rated his or her general health, the fewer poor physical health days, poor mental health days, and number of days poor health kept one from usual activities were reported. The highest correlation was between the number of poor physical health days and the number of days that poor health kept one from usual activities. When general health, the number of poor physical health days, and the number of poor mental health days were regressed against the number of days poor health kept one from usual activities, physical health was the most important factor influencing the number of poor mental health days. Understanding someone’s physical health status was the best way to know their level of functioning, as measured by the number of days the person was not able to complete their regular activities.

Table 2.13. Impact of Poor Physical and Mental Health Days on Ability to Complete Usual Activities

		Number of Poor Physical Health Days	Number of Poor Mental Health Days	Number of Days Poor Health Keep from Usual Activities
<b>General Health</b>	Pearson Correlation	-.305**	-.214**	-.169**
	Sig. (2-tailed)	.000	.000	.004
<b>Number of Poor Physical Health Days</b>	Pearson Correlation		.445**	.582**
	Sig. (2-tailed)		.000	.000
<b>Number of Poor Mental Health Days</b>	Pearson Correlation			.371**
	Sig. (2-tailed)			.000

\*\* Correlation is significant at the 0.01 level (2-tailed). N=285



**Chronic Disease.** Twenty-nine percent (N=83) of the people participating in the survey had been told that they had high blood pressure; two percent had been told they were borderline high or pre-hypertensive. The most common chronic disease was arthritis; 29% (N=82) reported having some sort of arthritis (see Table 2.14, see Figure 2.9). Eighteen percent (N=50) had been told they had diabetes; 10 others were pre-diabetic. Of the 59 who reported the age when they were diagnosed with diabetes or prediabetes, the average age of onset was 37.97 (SD=15.11), with a range from 6 to 75. Twenty-three of the 59 were taking insulin; 15 had been told that the diabetes had affected their eyes.

Table 2.14. *Chronic Diseases*

Disease	N	%
Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	82	28.8
Diabetes or Prediabetes	60	21.0
Vision impairment in one or both eyes, even when wearing glasses.	50	17.5
Asthma	37	13.0
High Blood Cholesterol	30	10.5
Hearing Loss	23	8.1
Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	17	6.0
Kidney disease	15	5.3
Heart attack/Myocardial infarction	9	3.2
Angina/Coronary heart disease	8	2.8
Other types of cancer than skin cancer	6	2.1
Stroke	4	1.4
Skin cancer	2	.7

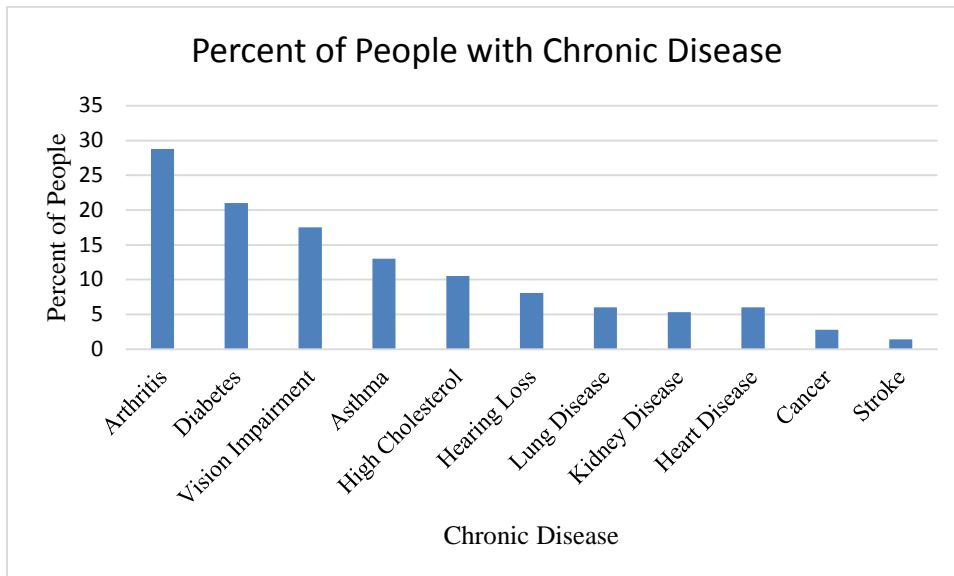


Figure 2.9. Percent of People with Chronic Disease

When asked about average level of joint pain in the past 30 days based on a scale of 0=no pain to 10=pain or aching as bad as it can be, 64% reported at least some joint pain (see Table



2.15, see Figure 2.10). The average level of joint pain of all respondents was 3.35 (3.22), with 10 being the highest average level of pain. The average level of pain for the 183 people who reported any joint pain was 5.21 (SD=2.53); 73% of the people who reported some joint pain also said they had some form of arthritis. The average level of joint pain did not differ by gender or age.

Table 2.15. *Average Level of Joint Pain in the Past 30 Days*

Level of Pain	Frequency	%
0	102	35.8
1	7	2.5
2	29	10.2
3	14	4.9
4	32	11.2
5	18	6.3
6	28	9.8
7	9	3.2
8	28	9.8
9	6	2.1
10	12	4.2

N=285

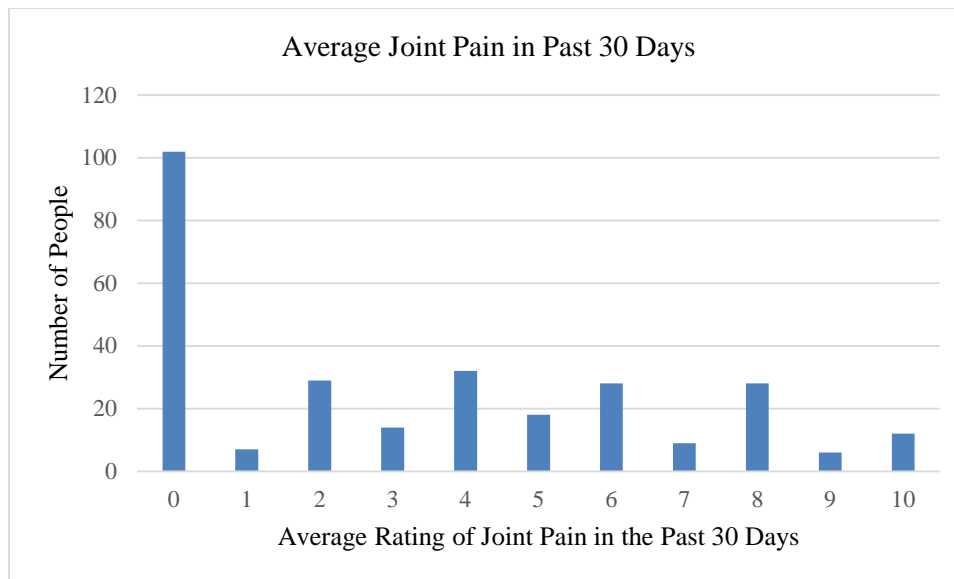


Figure 2.10. Average Rating of Joint Pain the Past 30 Days

**Mental health.** When asked, *Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem*, 19 people (7%) said yes. Forty-five (16%) said that “a doctor or other healthcare provider EVER told [them] that [they had] an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)”. Thirty-five (12%) said they had been diagnosed with depression (depression, major depression, dysthymia, or minor depression).

People who participated in the assessment completed the PHQ2 and PHQ8 as part of the survey. The PHQ2 is a commonly used depression screening tool; the PHQ8 is administered if



the PHQ2 indicates possible depressive symptoms. Sixty-four percent of the respondents said, in response to the first PHQ2 question, that they had no days in the past two weeks that they had “little interest or pleasure in doing things” (see Table 2.16, see Figure 2.11). The average number of days with little interest or pleasure in doing things was 1.70 (SD=3.54).

Table 2.16. *Number of Days in Past Two Weeks with Little Interest or Pleasure in Doing Things*

Number of Days	N	%
0	182	63.9
1	17	6.0
2	29	10.2
3	11	3.9
4	9	3.2
5	10	3.5
6	3	1.1
7	7	2.5
8	1	.4
9	1	.4
10	5	1.8
14	10	3.6

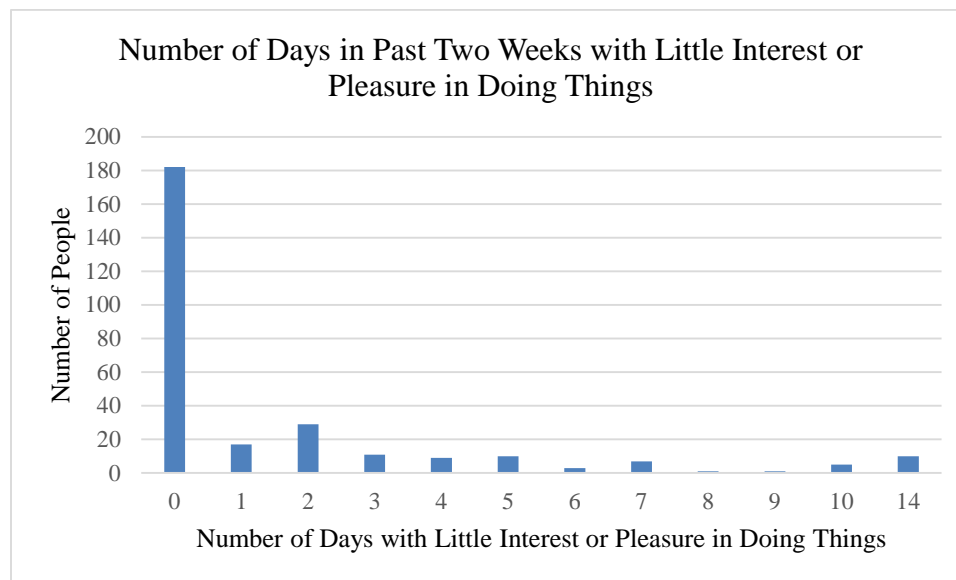


Figure 2.11. Number of Days in Past Two Weeks with Little Interest or Pleasure in Doing Things

In response to the second PHQ2 question, “over the last 2 weeks, how many days have you felt down, depressed or hopeless,” 65% (N=185) said they had no days of feeling depressed (see Table 2.17; see Figure 2.12). The average number of days feeling down, depressed or hopeless was 1.54 (SD=3.07). When, on the PHQ2, a person reports that they had any days with little interest or feeling depressed, the person is then referred for further screening. Forty-nine percent (N=145) were positive for at least one of the two items. For the people who screened positive, the mean number of days having little interest or feeling depressed was 3.24 days (SD=5.65).



Table 2.17. *Number of Days in the Past Two Weeks You Felt Down, Depressed or Hopeless*

Number of Days Depressed	N	%
0	185	64.9
1	17	6.0
2	29	10.2
3	13	4.6
4	9	3.2
5	4	1.4
6	2	.7
7	12	4.2
9	1	.4
10	4	1.4
12	1	.4
14	8	2.8

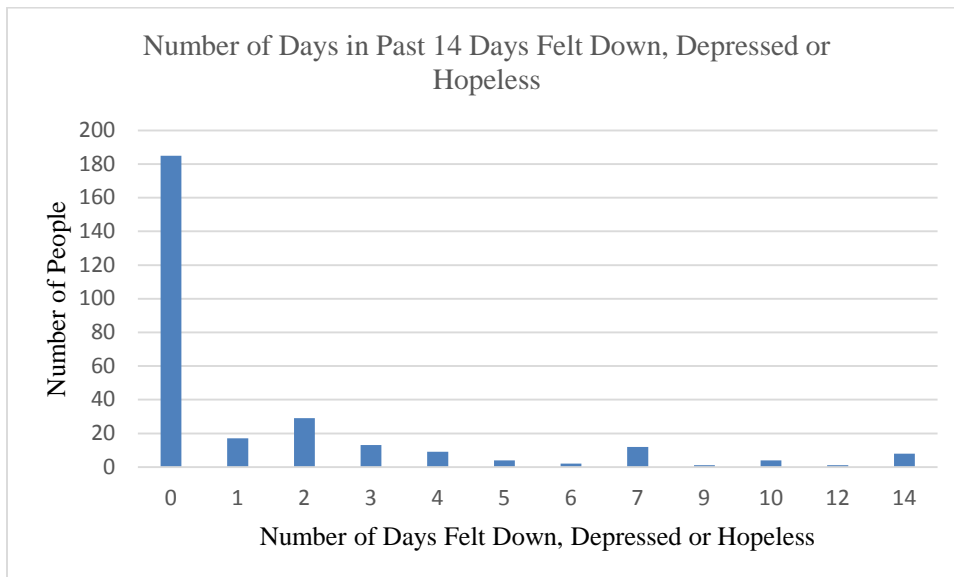


Figure 2.12. Number of Days in Past 14 Days Felt Down, Depressed or Hopeless

A PHQ8 score was computed for each person; the average score (average number of days feeling depressed) was 14.90 days (SD=17.29, range 0 to 112 days). Thirteen people (4%) scored above 55, indicating that they had major depressive disorder. PHQ2 and PHQ8 scores did not vary by gender or age. During the past 12 months, 11 people said they had considered suicide and 7 had a plan about how they would attempt suicide.

**Life satisfaction.** People completing the survey rated their life satisfaction highly (M=1.71, SD=.651, scale range from 1=Very Satisfied to 4=Very Dissatisfied); 57% (N=162) rated their satisfaction as satisfied (see Figure 2.13). Life satisfaction did not vary by age or gender. Number of poor mental health days and rating of general health predicted level of life satisfaction (R=.29, p=.000). As the number of poor mental health days decrease and the rating of general health is lower, ratings of life satisfaction increase.



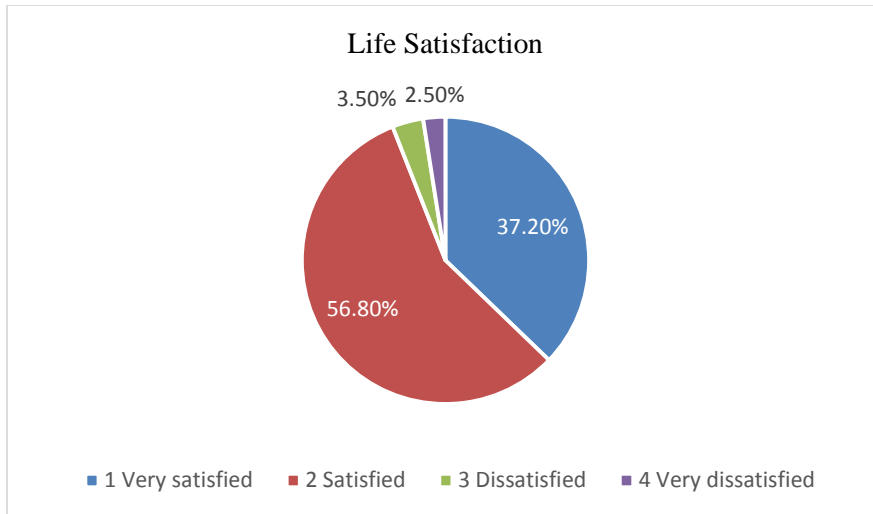


Figure 2.13. Life Satisfaction

**2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

**Education. Child care and education.** Relatives are the most common source of child care (see Table 2.18). Several respondents said that they did not work in order to care for their children. Twenty-three percent (N=65) said they had missed work because of lack of child care. Nine percent (N=25) said they pay for child care.

Table 2.18. *Source of Child Care*

Sources of Child Care	N	%
Relatives	90	32
Daycare in the Community	38	13
Friends	12	4
Daycare Outside the Community	1	.4
Other	21	7

Most families have one child in child care (see Table 2.19); these children are more likely to be toddlers and preschoolers. Families with more than 1 child in child care are more likely to have school age children in child care.



Table 2.19. *Number of Children in Child Care by Age Group*

Age Group	Number of Families with Children in Child Care								Total Number of Children in Care by Age Group
	1 child		2 Children		3 Children		4 Children		
	N	%	N	%	N	N%	N	%	
Infants	10	4	-	-	-	-	-	-	10
Toddlers	22	8	2	.7	-	-	-	-	26
Preschoolers	21	8	4	1	4	1	-	-	41
School Age	5	2	10	4	2	.7	1	.4	35
Total Number of Families with Children in Child Care for each Age Group	58		16		6		1		

Fifteen people offered further explanation about child care regarding the following issues:

- Need early child care beginning at 6 am;
- Not working due to lack of child care;
- Others in home provide child care;
- Work schedule varies so need flexible child care; and
- When current child care is closed, such as holidays.

Of the 113 people who answered the question, “have you missed work because of lack of child care,” 58% said they had. When asked how many days they had missed, 52 people responded; the number of days missed ranged from 1 to 90 days (see Table 2.20). Two people said they had quit working because they did not have child care; a third said anytime that Head Start was closed.

Table 2.20. *Number of Days Missed Because of Lack of Child Care*

N of Days	# of people
.5	1
1	3
2	9
3	10
3.5	1
4	8
4.5	1
5	6
6	1
7	3
12	1
14	2
30	4
36	1
90	1
Total	52

**Resources.** Families access relatively few resources. Eight use Spirit Lake Child Care Assistance; five each use Benson County Social Services, the 0-3 program, and the FACE Program (see Table 2.21). One person uses Lake Region Special Education.



Table 2.21. *Resources Accessed*

Resource	N	%
Spirit Lake Child care Assistance	8	3%
Child care Resource and Referral	0	0%
Benson County	5	2%
Ramsey County	0	0%
0-3 Program	5	2%
FACE Program	5	2%
Young Families & Children	0	0%

**Economic Issues.** The most common sources of income were Food Stamps and Employment (see Table 2.22).

Table 2.22. *Source of Income*

Sources of Income	N	%
Food Stamps	142	50
Employment	137	48
General Assistance	61	21
Other Family Members' Income	40	14
TANF	37	13
Social Security	34	12
Tribal Payments	30	11
Supplemental Security Income	22	8
Disability Income	16	6
Student Financial Aid	14	5
Unemployment	3	1
Pension and/or Retirement	2	1
Other	19	7

N=285. Note. Because each person could select all sources of income that applied to them, the total N is greater than the number of participants. No one was receiving Workers Compensation.

**Housing. Current Living Situation.** Forty-five percent of participants reported renting a home, and 26% of respondents reported owning their own home (see Table 2.23; see Figure 2.14). Five people commented that their living situation changed often.

Table 2.23. *Current Living Situation*

Current Living Situation	N	%
Own your own home	75	26
Rent your home	127	45
Living with Family Members	64	23
Living with Significant Other	12	4
Homeless	4	3.3

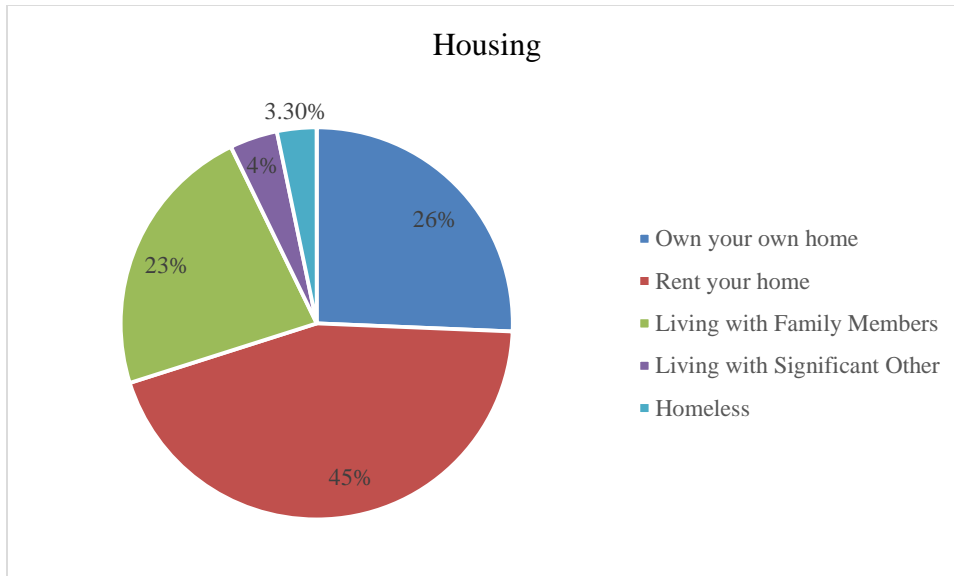


Figure 2.14. Housing

**Homelessness.** Four people said they currently were homeless. Forty-one percent (N=116) of the respondents reported having a time in their life when they considered themselves to be homeless. While homeless, people were more likely to sleep with a friend (see Figure 2.15). The most common length of time that people had been homeless was “more than a month but less than a year” (see Table 2.24).

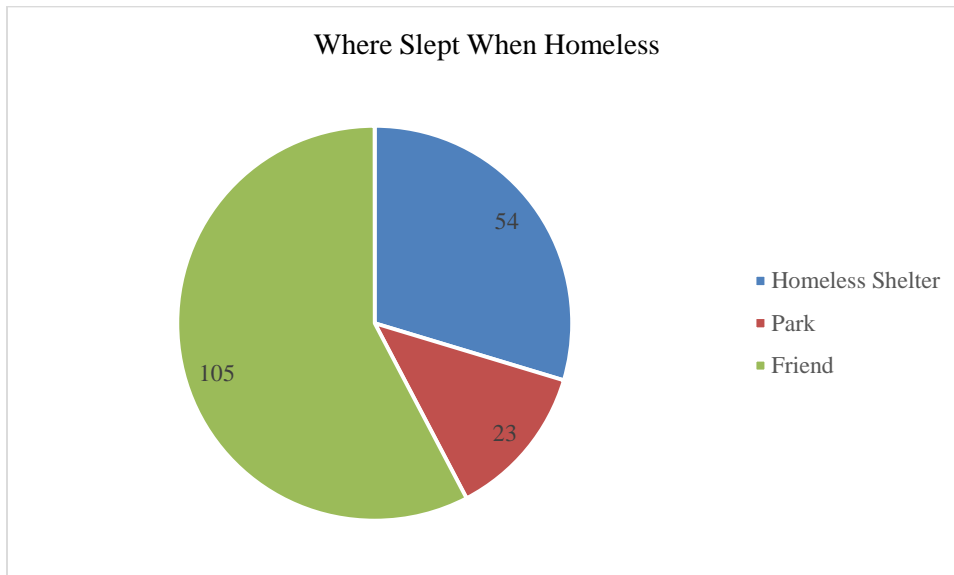


Figure 2.15. Where People Slept When Homeless



Table 2.24. *Number of Years Homeless*

<b>Number of Years Homeless</b>	<b>N</b>	<b>%</b>
5 years +	6	2.1
more than a year but less than 5 years	21	7.4
more than a month but less than a year	48	16.8
more than a week but less than a month	25	8.8
less than a week	16	5.6
Missing	169	59.3
<b>Total</b>	<b>285</b>	<b>100.0</b>

**Safety. Childhood Adverse Events.** To identify early childhood events that might influence health outcomes in adulthood, participants were asked whether they had experienced any of 10 adverse events prior to the age of 18. To simplify the data, any adverse event was coded as a “yes.”; then, all adverse events in each category were counted. Participants in the study were most likely to have parents who were never married, separated, or divorced (see Table 2.25). The next most common childhood adverse event was living with someone who was a problem drinker or alcoholic.

Table 2.25. *Adverse Childhood Events*

<b>Adverse Childhood Event</b>	<b>N</b>	<b>%</b>
Did you live with anyone who was a problem drinker or alcoholic?	154	54
Did you live with anyone who used illegal street drugs or who abused prescription medications?	82	29
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	83	29
Were your parents separated or divorced (or never married)?	168	59
Did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	108	38
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	90	32
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	122	43
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	45	16
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	33	12
How often did anyone at least 5 years older than you or an adult, force you to have sex?	28	10

**Individual behaviors.** Individual behaviors that may influence health outcomes include obesity, smoking, substance use.

**Obesity.** The body mass index (BMI) for each participant was calculated. The average BMI was 29.8684 (SD=7.01861; Minimum=2.65, Maximum=70.41). Forty-one percent of the respondents were obese; .7% underweight (see Table 26).



Table 2.26. *Body Mass Index*

BMI	Frequency	%
Underweight	2	.7
Healthy	59	20.9
Overweight	106	37.6
Obese	115	40.8

N=282

**Smoking and substance use.** Eighty percent of the respondents had smoked more than 100 cigarettes at some point in their life; 55% were currently smoking (see Table 2.27).

Table 2.27. *Tobacco Use*

Tobacco Use	N	%
Ever Smoke More Than 100 Cigarettes	225	78.9
Smoke Now	157	55.1
Chewing Tobacco	18	6.3

When asked “how many days in the past 30 days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor,” 162 (57%) said they had had no drinks in the past 30 days (see Table 2.28, see Figure 2.16). Of those who had had a drink, 35 had had at least one; one had a drink each of the past 30 days.

Table 2.28. *Number of Days had at least One Drink in Past 30 Days*

Number of Days	N	%
0	162	56.8
1	35	12.3
2	27	9.5
3	17	6.0
4	13	4.6
5	9	3.2
6	5	1.8
7	3	1.1
8	3	1.1
10	5	1.8
13	2	.7
14	2	.7
18	1	.4
30	1	.4

N=285

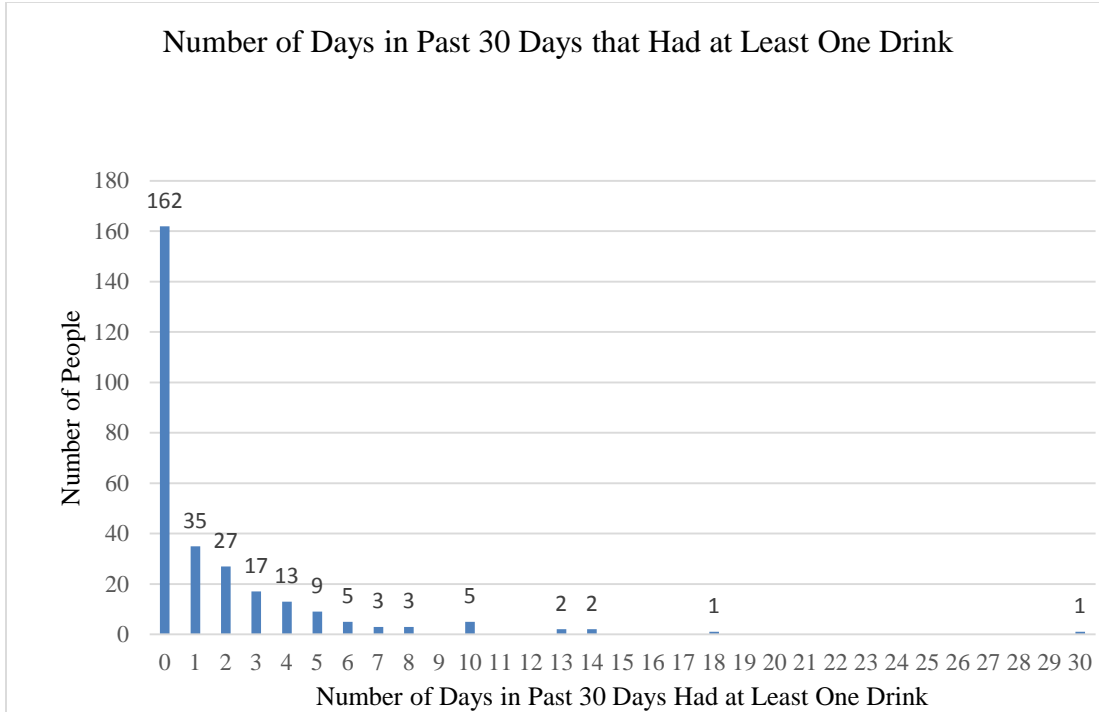


Figure 2.16. Number of Days in the Past 30 Days That One had at least One Drink

When asked “During the past 30 days, on the days when you drank, about how many drinks did you drink on the average,” 161 participants said they had had no drinks in the past 30 days (see Table 2.29; see Figure 2.17~~5~~).

Table 2.29. Average Number of Drinks when Drank in Past 30 days

Average Number of Drinks	N	%
0	161	56.5
1	7	2.5
2	12	4.2
3	13	4.6
4	17	6.0
5	10	3.5
6	38	13.3
7	1	.4
8	5	1.8
9	1	.4
10	3	1.1
11	1	.4
12	9	3.2
18	2	.7
20	1	.4
24	1	.4
41	1	.4
48	1	.4

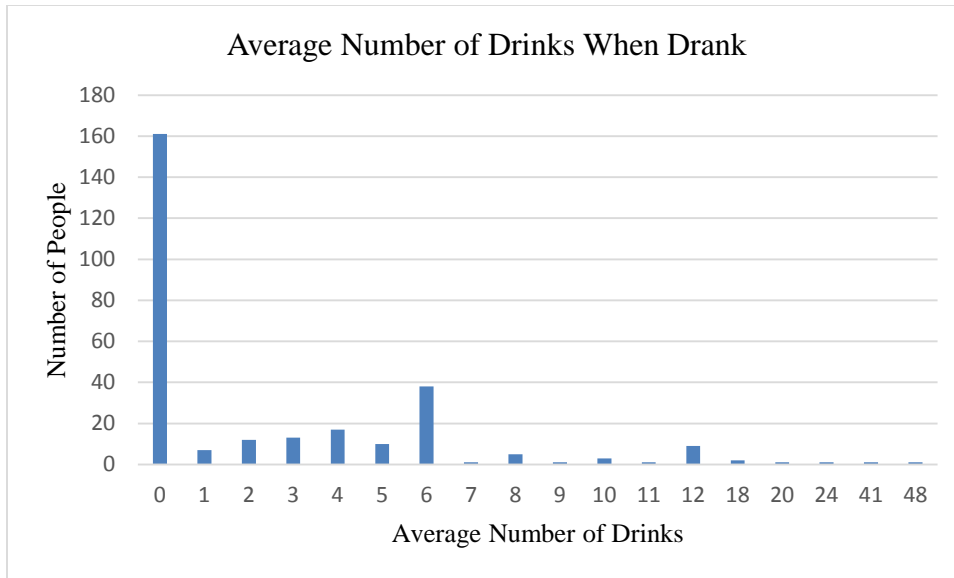


Figure 2.17. Average Number of Drinks When Drank in Past 30 Days

When asked “how many times during the past 30 days did you have 5 or more drinks if you are male, 4 or more drinks if you are female on an occasion,” 188 (66%) of the participants said they had not engaged in binge drinking in the past 30 days (see Table 2.30; see Figure 2.18). Ninety-seven (34%) had engaged in binge drinking at least one time.

Table 2.30. *Binge Drinking*

Number of Drinks	N	%
0	188	66.0
1	29	10.2
2	20	7.0
3	13	4.6
4	12	4.2
5	7	2.5
6	6	2.1
7	1	.4
8	4	1.4
10	2	.7
12	2	.7
13	1	.4

N=285



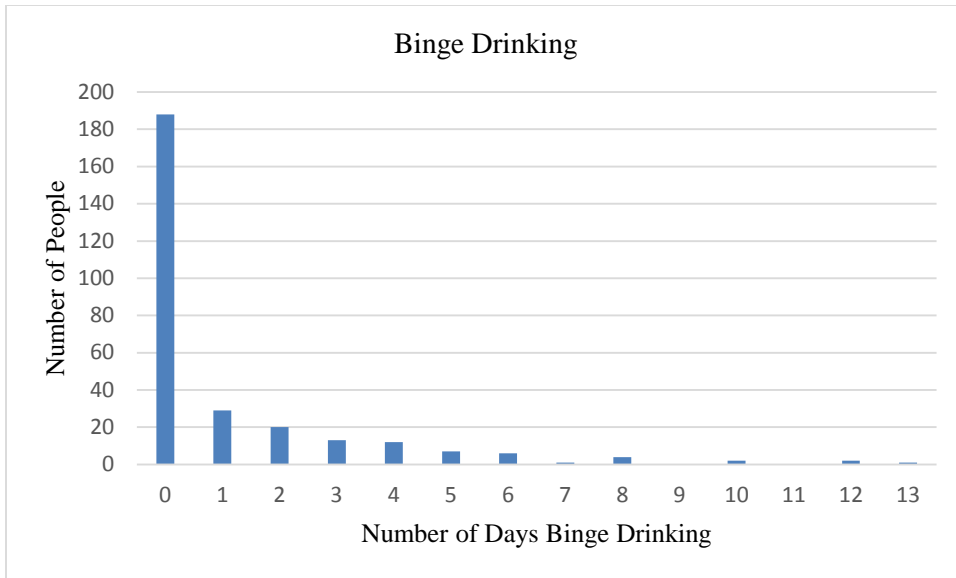


Figure 2.18. *Binge Drinking*

When asked the final question measuring drinking behaviors, “what is the largest number of drinks you had on any occasion,” 166 (58%) responded zero (see Table 2.31; see Figure 2.19). The most common number of drinks was six.

Table 2.31. *Largest Number of Drinks on One Occasion*

Highest Number of Drinks	N	%
0	166	58.2
1	5	1.8
2	9	3.2
3	8	2.8
4	11	3.9
5	12	4.2
6	30	10.5
7	1	0.4
8	8	2.8
9	2	0.7
10	7	2.5
12	14	4.9
13	1	0.4
15	1	0.4
18	3	1.1
20	3	1.1
24	3	1.1

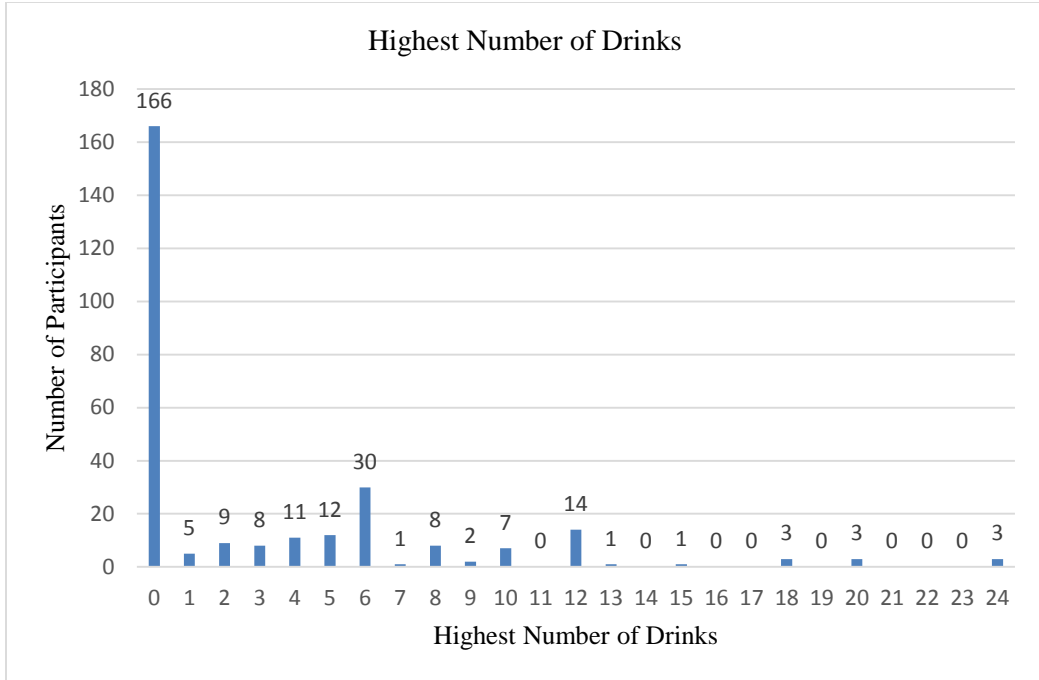


Figure 2.19. Highest Number of Drinks on One Occasion

Thirty-one of the 36 people who made a comment about drinking said they were sober:

- Hasn't drank in eight years almost nine years;
- Haven't had any alcohol for about eight months; and
- Sober for 34 years.

**Prevention activities.** Eighty-one percent nearly always or always wear a seat beat (see Table 2.32). Seventy-three percent (N=208) get an annual flu shot; 35% get a pneumonia shot.

Table 2.32. *Wear Seat Belts*

How Often Wear Seat Belts	N	%
Always	165	57.9
Nearly always	65	22.8
Sometimes	38	13.3
Seldom	12	4.2
Never	5	1.8

N=285

**Access to health care, transportation, and communications.** *Access to health care.* All but six participants reported having some sort of health care coverage (see Table 2.33; see Figure 2.20). More had Medicaid (58%) and Indian Health Service (56%).



Table 2.33. *Health Care Coverage*

Coverage	N	% of Cases
Health Insurance	83	29.3%
Medicaid	163	57.6%
Medicare	28	9.9%
Indian Health Service	158	55.8%
Veterans Affairs	4	1.4%
No Health Coverage	6	2.1%

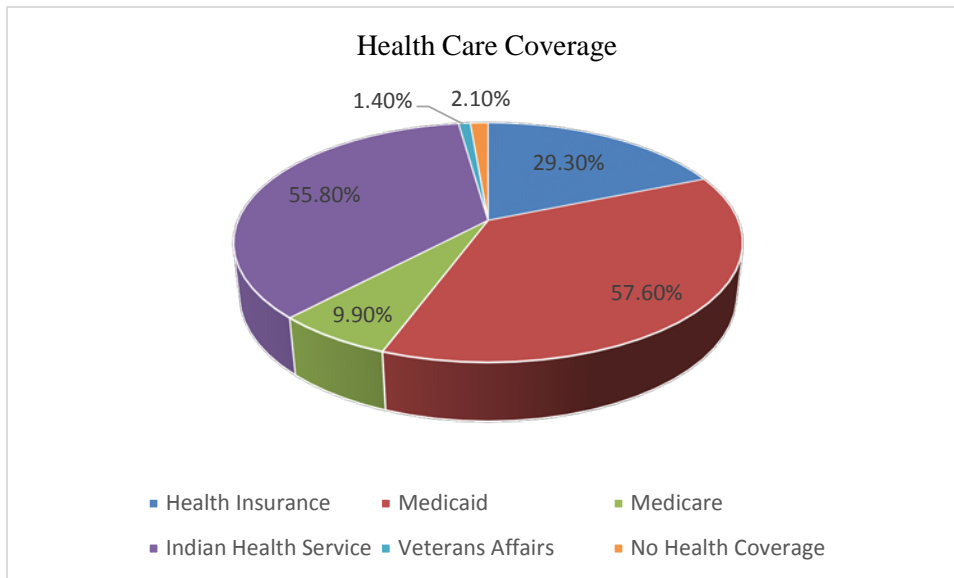


Figure 2.20. Health Care Coverage

Fifty-six percent of the participants had a personal doctor or health care provider (see Table 2.34).

Table 2.34. *Do You Have a Personal Doctor?*

Personal Doctor	N	%
Yes	160	56.1
No, I DON'T HAVE ANYONE I think of as my personal doctor or health care provider.	104	36.5
No, I HAVE MORE THAN ONE PERSON I think of as my personal doctor or health care provider.	19	6.7
Missing	2	.7
Total	285	100.0

**Transportation.** The most common mode of transportation was one's own car (54%; see Table 2.35). The next most common mode of transportation was riding with relatives (37%). Other methods of transportation mentioned were rides provided by community health representatives, public transportation, and walking.

Table 2.35. *Transportation*

<b>Mode of Transportation</b>	<b>N</b>	<b>%</b>
Relatives	106	37.2%
Hire a taxi	9	3.2%
Walk/hitchhike	46	16.1%
Hire a relative with a car	65	22.8%
Hire a non-relative with a car	30	10.5%
Drive my own car	154	54.0%
Drive someone else's car	53	18.6%

Note. The number of responses is greater than the number of participants because one person could select more than one method of Transportation

**Communications.** Seventy-four percent (N=211) had access to a working phone. People completing the survey were more likely to access the internet at home or through their phone (36% and 34% respectively; see Table 2.36). Twenty-four percent did not access the internet.

Table 2.36. *Internet Access*

<b>Internet Access</b>	<b>N</b>	<b>%</b>
Home	103	36.1
Someone else's home	24	8.4
Library	48	16.8
School	17	6.0
Phone at Any Location	98	34.4
Work	41	14.4
I do not access the Internet	69	24.2

### 3. What are the most important issues at Spirit Lake Nation?

**Critical Needs.** Participants completing the community survey were asked what they thought the most important health needs were, to rate a list of needs that were created by the CCA workgroup, and finally to say what they thought were the most important needs overall.

**Most important health issues.** When asked what the most important health issues were at Spirit Lake, participants talked more about behavioral health issues (N=185); 166 comments were about substance use and 15 mental health (see Table 2.37). Drugs was the most common substance use issue mentioned. Illegal drugs was mentioned by 81 people, prescription drugs by 18. Fifty-eight people said that alcohol was one of the most important health problems at Spirit Lake. Chronic diseases (N=119), especially diabetes (N=73) and cancer (21), were identified as critical health issues.



Table 2.37. *Most Important Health Issues*

Category	N	Subcategories 1	N	Subcategories 2	N	Comments
Behavioral Health	185	Mental Health	15	Suicide	8	<ul style="list-style-type: none"> <li>suicide prevention in the homes and out in the field instead of corresponding through the mail</li> </ul>
				Depression	5	
				Children	2	<ul style="list-style-type: none"> <li>some sort of support system for kids</li> </ul>
				Males	1	<ul style="list-style-type: none"> <li>Resources for males' mental and emotional health.</li> </ul>
				Education	1	<ul style="list-style-type: none"> <li>Needs to know about the mental health issues, like FAS.</li> </ul>
		Residential Care and Treatment	10		<ul style="list-style-type: none"> <li>Need treatment centers Group homes for kids, Foster homes more of. Half way home, Drop in center. Shelter for kids when they need emergency help. Tribe needs to think about building treatment centers, having local people coming in and helping youth. Treatment resources to get help, correctional program to help people with drug problems while incarcerated, meth treatment isn't. The same as for alcohol treatment. The needs for counselors is high,</li> </ul>	
		Substance Use	166	Drugs Illegal drugs (81)	99	<ul style="list-style-type: none"> <li>Drug issue is crazy out here.</li> <li>Something to help get drugs off reservation.</li> <li>Abuse of drugs, it use to be ETOH but now its drugs and it's the harder stuff. There are things the kids are doing now, these young kids do it daily and it don't bother them.</li> <li>Using and dealing</li> <li>concerned about meth problems getting progressively worse</li> <li>Have authorities truly address it. For example there's a dealer who brings from MN and there's no one stopping them</li> <li>harder drugs, meth and heroin,</li> </ul>
						Prescription drugs: 18
				Alcohol	58	
				General	1	<ul style="list-style-type: none"> <li>addiction</li> </ul>
Chronic Disease	119	Cancer	21		<ul style="list-style-type: none"> <li>Cancer, Cancer Treatment Center</li> <li>Need education on cancer bug upraise in the community-</li> <li>There seems to be a lot of death around cancer, unsure what it is related to.</li> </ul>	
		Diabetes	73		<ul style="list-style-type: none"> <li>Diabetes: need more treatment, more information.</li> <li>Diabetes has always been a factor here for years</li> </ul>	
		High blood pressure	6			
		Kidney/Dialysis	4			
		Liver	3		<ul style="list-style-type: none"> <li>Cirrhosis, liver disease</li> </ul>	
		Asthma	3			
		Arthritis	2			
		Heart Disease	2			



		HIV/AIDS	2			
		Hepatitis C	1			• Hepatitis C using bad needles
		Autism	1			
		Stroke	1			
Prevention	4	Reproductive Health	3			<ul style="list-style-type: none"> <li>• unsafe sex no use of condoms</li> <li>• birth control</li> <li>• Safe sex, abstinence</li> </ul>
		Health Education	1			• education of healthcare or healthier lifestyles
Other						• See a lot of kids with head lice, untreated sores
						• Flu

In addition to identifying critical health conditions as health needs, people identified factors that either contribute to health problems or ameliorate them (see Table 2.38). Thirty-two people said that health care in general and access to health care were critical issues. Twenty-seven of the 32 comments addressed access to health care, including insufficient numbers of health care professionals, scheduling complications, and transportation. Fifteen people thought that more community activities, especially for children, were needed to reduce risk factors such as drug and alcohol use.

Table 2.38. *Factors Influencing Health Outcomes*

Category	N	Subcategories 1	N	Subcategories 2	N	Comments
Health Care	32	Access	27	Health Care Professionals	12	<ul style="list-style-type: none"> <li>• More professional employees</li> <li>• More professional doctors</li> <li>• Nurses</li> <li>• technicians</li> <li>• Being able to see a doctor other than waiting all day or going to the emergency room</li> <li>• more professional care specialists here</li> </ul>
				Dental	5	• better dentists for children have it available on the reservation
				Scheduling	4	<ul style="list-style-type: none"> <li>• No health care after 4:30 would like to see on call</li> <li>• too long of a wait to get in clinic to be seen</li> <li>• waiting in line at clinic</li> </ul>
				Transportation	3	<ul style="list-style-type: none"> <li>• no transportation for elders for doctor appointments</li> <li>• out of town appointments are hard to get to</li> </ul>
				Medication	1	• Getting pain relievers from I for individuals that really need it, I see people that will rather be in pain than go to I, individuals I be spoken to have the same feeling that the Drs at I seem to think that everyone is a drug user and it ruins it for the people that really need pain relievers
				Payors	1	• Being on Medicaid, dental: referrals are hard to get, not enough services, can't get treatment, Eyes, test, but no treatment, no referrals out, don't say what can be done Level of care depends on who you are or what family you come from
				Home Health Care	1	• Home health care, providers have to get own supplies, like gloves, Not enough nursing



						<p>staff, can't see patients sometimes more than once a month, Lots of family neglect Simple care items for hygiene for elders need a nursing home</p>
		<b>Quality</b>	3			<ul style="list-style-type: none"> <li>• Clinic doctors are not helpful, only look at record</li> <li>• Health care inconsistent</li> </ul>
		<b>General</b>	2			<ul style="list-style-type: none"> <li>• Proper Healthcare</li> </ul>
<b>Community Activities</b>	15					<ul style="list-style-type: none"> <li>• Alcoholism and drug abuse. Caused by lack of housing and lack of jobs, no mobility to get to gyms, etc.... Nothing else to do</li> <li>• lack of, activities for kids and adults to do</li> <li>• Parks, basketball court, making the location better</li> <li>• need activities for children, and teenagers, positive things</li> <li>• Better wellness center for kids, keep them busy, more activities Library for kids</li> <li>• Kids, like to do a lot of damage. Give them activities to make them less destructive, they have nothing to do</li> <li>• Every rec center should have a lockdown, nothing but music and activities all night</li> <li>• Summer camp, etc., NYC, learn how to manage money, etc.</li> <li>• Sports for youth</li> <li>• Supervised activities</li> <li>• more family oriented activities where parents can be with children, feel good about themselves</li> </ul>
<b>Criminal Justice</b>	6					<ul style="list-style-type: none"> <li>• Crime...</li> <li>• Law enforcement</li> <li>• More law enforcement with knowledge about drugs and alcohol</li> <li>• more police patrolling, more hiring, see police out in community more, too short handed,</li> </ul>
<b>Child Care And Education</b>	6					<ul style="list-style-type: none"> <li>• child care (like at casino)</li> <li>• Daycare activities for evenings, many don't have responsible babysitters, child care is very needed Can't leave kids with adults who have been drinking, etc. not a safe environment</li> <li>• More affordable and accessible child care</li> </ul>
<b>Environment</b>	6					<ul style="list-style-type: none"> <li>• Environment</li> <li>• Trash, lots of litter, waste</li> <li>• Maintenance of lawns, trash clean up, especially around public buildings, pull broken down cars out, old appliances</li> </ul>
<b>Family:</b>	6	<b>Dissolution</b>	2			<ul style="list-style-type: none"> <li>• A lot of children not in their own homes. bring them [children] home</li> </ul>
		<b>Parenting</b>	3			<ul style="list-style-type: none"> <li>• Not many educated people in regards to parenting need to learn to parent better &amp; morally.</li> </ul>
		<b>Support</b>	1			<ul style="list-style-type: none"> <li>• more support to help families</li> </ul>
<b>Employment</b>	4					<ul style="list-style-type: none"> <li>• More employment opportunities</li> <li>• more jobs, more training to get a good job</li> </ul>
<b>Elderly</b>	2					<ul style="list-style-type: none"> <li>• Elderly care, checking on them, help them get around</li> </ul>
<b>Gambling</b>	1					



**What are the most critical needs at Spirit Lake?** Participants were given a list of 18 items and asked to rate how high need was for each item. Each item was rated on a scale of “1= Not at All Important” to “5=Very Important”. The 18 items were developed by the Community Workgroup and/or identified in the 2013-14 CCCC Health Survey. Participants rated all of the items above 4 (very important; see Table 2.39). The highest rated item was Child Safety and Protection, closely followed by two items, Housing and Employment. The next five most highly-rated items were health needs.

Table 2.39. *Community Needs*

What are the most critical needs at Spirit Lake?	Mean	SD	N
Child Safety/Protection	4.83	.565	280
Housing	4.74	.742	280
Employment	4.72	.709	280
Substance Abuse Treatment Facilities	4.69	.795	280
Community Safety	4.68	.805	276
Emergency Responders	4.67	.810	278
Dialysis	4.65	.813	274
Behavioral Health	4.61	.799	276
Dental Care	4.61	.784	278
Access to Medical Care	4.58	.881	279
Health Care Specialists	4.57	.821	277
Environmental Safety	4.55	.926	277
Elders	4.49	.906	277
Healthy Foods	4.41	.940	276
Wellness Centers	4.40	.982	277
Care for Animals	4.17	1.096	273
Public Transit	4.15	1.046	273
Transportation	4.13	1.046	279

**Critical community needs.** Participants were asked a final open-ended question about community needs. When asked what the most important community needs were, people responded that need for community activities (N=32), especially for children (N=24), were important (see Table 2.40). The second most frequently mentioned needs were behavioral health issues (N=23).

Table 2.40. *Community Needs*

Critical Needs	N		N	Comments Regarding Needs
Community Activities	32	General	2	<ul style="list-style-type: none"> <li>Wellness centers</li> <li>more community awareness of gyms, or exercises centers, sport center, the casino the use of the pool etc., with no fee,</li> </ul>
		Adults	1	<ul style="list-style-type: none"> <li>Recreation for the middle age and younger people. Keep them out of trouble.</li> </ul>
		Children	24	<ul style="list-style-type: none"> <li>Some activities for children.</li> <li>Playgrounds are not enough.</li> <li>More activities for the youth, swimming area/ pool, water parks BMX track baseball teams, amusement park for kids, activity areas, pizza making, game room</li> </ul>





				<ul style="list-style-type: none"> <li>• Safety bike classes for children</li> <li>• Keep teenagers busy</li> <li>• More programs for children to do</li> <li>• Something for small children</li> <li>• Need resources for our young people. Need internet access &amp; to catch up with time. Like to have more things for the youth, more family oriented stuff, more leadership, more caring for people, &amp; more culture and language.</li> </ul>
		Elderly	5	<ul style="list-style-type: none"> <li>• the casino access for the elderly the use of the pool etc., with no fee, free haircuts and hair styles for elderly</li> </ul>
<b>Behavioral Health Substance Abuse</b>	22	drugs	12	<ul style="list-style-type: none"> <li>• Maybe if they had something to do they wouldn't be on drugs</li> <li>• Meth</li> <li>• Prescription drugs should be monitored</li> <li>• Drug use that kids are seeing and the effects on kids from seeing their parents doing drugs. Classes for everyone to show what drugs are doing to them.</li> <li>• Selling drugs all over</li> </ul>
		treatment	7	<ul style="list-style-type: none"> <li>• Drug treatment.</li> <li>• Treatment center on reservation</li> <li>• support groups</li> <li>• I know we have a tribal health program that does prevention for drugs and ETOH but we need more community involvement.</li> </ul>
		Alcohol	3	<ul style="list-style-type: none"> <li>• Alcoholism is hitting little kids with nothing to do</li> <li>• Less drunk people driving around</li> </ul>
<b>Behavioral Health Mental Health</b>	1	Suicide	1	<ul style="list-style-type: none"> <li>• And kids and suicide and not sure if they are in a condition to know what they are doing.</li> </ul>
<b>Safety</b>	21	General	12	<ul style="list-style-type: none"> <li>• Vandalism</li> <li>• Try to hire people to secure facilities (so many get broken into)</li> <li>• Security</li> <li>• More security in housing units. Especially evenings.</li> <li>• More law enforcement and security around the community of St. Michaels</li> <li>• Police response to calls. Do not show up for hours or do not show up at all.</li> <li>• Wish the cops took the drugs and drinking serious.</li> <li>• Quick responders</li> <li>• Dog catchers doing a better job contain the dog population</li> </ul>
		children	7	<ul style="list-style-type: none"> <li>• Child neglect</li> <li>• Foster care</li> <li>• Sexual abuse</li> <li>• Young women that are drug users and fail to go to prenatal appointments, the law at spirit lake should be enforced upon pregnant women to get help immediately and for the family members at home especially the young children</li> </ul>



				<ul style="list-style-type: none"> <li>• Speed bumps located by Ambrose, east on paved roads, more safety for children enforce speed limit</li> <li>• More caution signs</li> </ul>
		Elderly services	2	<ul style="list-style-type: none"> <li>• Care for elderly abuse</li> </ul>
<b>Infrastructure and Resources</b>	<b>19</b>		15	<ul style="list-style-type: none"> <li>• Mixed feelings about this list [Needs list in survey] because some are too dependent on the tribe to do stuff for them</li> <li>• Local phone help listed publicly</li> <li>• better social services</li> <li>• General assistance program needs to be abolished, because tribe is supporting drug, alcohol and child abusers. They get help when those who have jobs are being drug tested, those on GA are not subject to testing whatsoever. Should be temporary, but many are on year after year, should be cut off and money used for children and elders.</li> <li>• Food pantry has outdated food</li> <li>• truck needs to go to all churches to distribute food, only go to 1 church now</li> <li>• improvement in CHR program</li> <li>• housing program</li> <li>• More stable social services for children. The program needs to be stronger when representing and taking care of the children of our Rez</li> <li>• Need more people to be trained to take care of people at home (comfort, hygiene, cleanliness, healthy food), able to have people who can care for elders in their homes</li> <li>• Veteran care</li> <li>• Domestic abuse centers</li> </ul>
		Governance	4	<ul style="list-style-type: none"> <li>• Want to know where the money is being spent.</li> <li>• Tribal council needs improvement</li> <li>• Needs to focus on community, elders, children</li> <li>• more leadership, more caring for people</li> </ul>
<b>Criminal Justice</b>	<b>16</b>			<ul style="list-style-type: none"> <li>• Prevention of things like arson, lots of wildfires</li> <li>• More enforcement, domestic abuse, law enforcement more police officer on duty, court needs follow through with complaints</li> <li>• camera Ito secure area, law enforcement</li> <li>• They should have a 10 o'clock siren and children have been getting picked up not knowing that it's already 10pm.</li> <li>• Justice/law More punishment</li> <li>• Police not doing the protection and serve here.</li> <li>• Police response, determined by who it is being called on, how fast the response is</li> <li>• Law enforcement needs to response quicker when called,</li> <li>• More police protection. Not receiving police support, Police favoritism and/or job favoritism.</li> <li>• Drug task force unit on the reservation. The law at spirit lake should be enforced upon pregnant women to get help immediately and for the family members at home especially the young children</li> </ul>



				<ul style="list-style-type: none"> <li>• better family orientation court system</li> <li>• More knowledgeable, experienced law enforcement</li> </ul>
<b>Education</b>	<b>10</b>	General	1	<ul style="list-style-type: none"> <li>• Education</li> </ul>
		Higher Education	3	<ul style="list-style-type: none"> <li>• College join up with a four year study</li> <li>• more sport activities for students</li> <li>• ROTC</li> </ul>
		Child care and education	6	<ul style="list-style-type: none"> <li>• More daycare services</li> <li>• Daycare at night/weekend</li> <li>• Day care flexible hours</li> </ul>
<b>Housing</b>	<b>10</b>	safety	1	<ul style="list-style-type: none"> <li>• EPA inspections housing inspections grass is very tall and nobody is thinking about ticks and Lyme disease</li> </ul>
		Homes	6	<ul style="list-style-type: none"> <li>• new homes too</li> <li>• Housing for students and single families</li> <li>• Old homes are falling apart, many have to do repairs even though housing should take care of it.</li> <li>• Fix homes that need repairs inside the home</li> </ul>
		Homeless	3	<ul style="list-style-type: none"> <li>• I think we should have more places in each district for the homeless to stay</li> </ul>
<b>Health Care</b>	<b>9</b>	Access	5	<ul style="list-style-type: none"> <li>• Clinic on reservation have a schedule</li> <li>• Faster at IHS</li> <li>• Health care come to patient because they are not mobile</li> <li>• Nursing visits more often</li> <li>• learn more about insurance to improve Access to care</li> </ul>
		Quality	2	<ul style="list-style-type: none"> <li>• Health system can be better,</li> <li>• Medical personnel don't know enough or don't care</li> </ul>
		Substance use and pregnancy	1	<ul style="list-style-type: none"> <li>• Young women that are drug users and fail to go to prenatal appts</li> </ul>
		Workforce	1	<ul style="list-style-type: none"> <li>• professional doctors who will stay more than a few months</li> </ul>
<b>Family</b>	<b>7</b>	Parenting	4	<ul style="list-style-type: none"> <li>• Teaching adults to care for their children</li> <li>• We need the parents to engage and be more involved in any community activity or be involved in the day to day lives of the young children. Many young children do not have father figures. We need our young men to take responsibility.</li> </ul>
		Treatment	3	<ul style="list-style-type: none"> <li>• Family bonding</li> <li>• Counseling for families</li> <li>• Still think that we should have family development center here on our reservation. It does not benefit the family from separating the children from their parents</li> </ul>
<b>Economy and Employment</b>	<b>6</b>			<ul style="list-style-type: none"> <li>• More stores and markets.</li> <li>• Casino takes in millions, no businesses being built, no employment for kids, NYC program have cut employment from 8 to 4 weeks over time.</li> <li>• More employees for fish and wild life-</li> <li>• More employment opportunities, develop them professionally</li> <li>• More Native American in professional fields</li> </ul>



<b>Cultural Strengthening</b>	<b>4</b>			<ul style="list-style-type: none"> <li>• More culture and language.</li> <li>• more traditional teachings, languages More organizations, need to feel like we belong</li> <li>• Spiritual needs</li> </ul>
<b>Environmental</b>	<b>3</b>			<ul style="list-style-type: none"> <li>• Fly traps ☺</li> <li>• environmental safety</li> <li>• Taking care of garbage, more people to haul. more times besides spring to clean up</li> </ul>
<b>Individual Change</b>	<b>3</b>			<ul style="list-style-type: none"> <li>• There's a need to show people how to be responsible adults, development and training</li> <li>• Need instruction on budgeting and assistance help</li> <li>• Treatment for people, make people accountable for their time. Seems like GA people don't have to do hours or anything just getting free money. Make parents suffer as bad as their kids if they get taken a way &amp; I put in foster homes. Spirit Lake needs to make the GA people do more for their checks &amp; maybe drug test them!!!!!! Have them help their community</li> </ul>
<b>Transportation</b>	<b>3</b>			<ul style="list-style-type: none"> <li>• Transportation- need extra drivers, currently drives to dialysis M,W,F, only available for other appointments T,TH</li> <li>• Public transportation</li> </ul>
<b>Nutrition</b>	<b>2</b>			<ul style="list-style-type: none"> <li>• Access to food- healthy food is a luxury.</li> <li>• kids having nothing to eat</li> </ul>
<b>Communications Access</b>	<b>1</b>			<ul style="list-style-type: none"> <li>• Need internet access &amp; to catch up with time.</li> </ul>
<b>Other</b>	<b>3</b>			<ul style="list-style-type: none"> <li>• We have meetings and talk about stuff but nothing is ever done about it.</li> <li>• Hope something comes from doing the survey. That something comes from this for the kids.</li> <li>• Send money</li> </ul>



## Section 3. Comprehensive Community Assessment Summary and Discussion

### Sample

The sample for the Comprehensive Community Survey included 285 people representing their household. The participants' average age was 40, ranging from 16 to 89; 70% were female. Ninety-two percent were enrolled members of Spirit Lake Tribe; 80% had lived in the community for 18 or more years. Forty-six percent were never-married, 34% married or an unmarried couple living together. Fifty-one percent had a high school degree; 28% had less than a high school degree; and 22% had an Associate's Degree, Bachelor's Degree, or Graduate or Professional degree. Thirty-eight percent of the participants reported an individual income of under \$5,000.00; 73% under \$20,000.00. The most common number of adults in a household was 2 (range 1 to 10 adults per household; the average number of people per family was 4.86 (range 0-19 people in a family).

**Comparison of sample with Spirit Lake Reservation adult population.** This sample was more likely to be female and lower income than the general Spirit Lake adult population. Women completing the survey outnumbered men; 70% of the 285 people who completed the survey were women. The number of men and women living on the reservation is almost equal. The household income of people completing the survey was lower than the general population (\$14,999 vs. \$26,118).

The sample was similar to the general population at Spirit Lake in terms of age, marital status, and high school graduation rates. The average age of the sample was 39.94 (SD=14.86; Median=38, Range 16 to 89); the sample was similar to the general population in terms of age (see Table 3.1). The percent of the sample who were never married (46%) was similar to the general population (53%); fewer were married (16% compared with 29%). Seventy-two percent of both the sample and population had a high school degree or GED.

**Comparison of Sample with other Similar Studies at Spirit Lake.** This sample was more likely to be female, older, lower income, never married, with lower educational attainment than the CCCC 2013 Health Survey. Women comprised 70% of the 285 people completing this survey, 59% in the CCCC 2013 Health Survey. This study has a smaller percent of people in the 15-24 age categories and more in the older age categories (see Table 3.1). The household income of people completing the survey was lower than the sample in the CCCC 2013 Health Survey (\$14,999 vs. \$20,000). The percent of the sample who were never married (46%) was higher than in the CCCC 2013 Health Survey (36%); fewer were married (16% compared with 27%). Seventy-two percent of this sample had a high school degree or GED versus 58% of the CCCC 2013 Health Survey sample.



Table 3.1. *Comparison of Age of Sample with Spirit Lake Reservation Adult Population and Other Similar Studies*

Age	Sample in this Study		Spirit Lake Reservation		CCCC 2013 Health Survey	
	N	%	N	%	N	%
15-19 years	13	4.6	374	13.8%	8	6.5
20-24 years	33	11.6	326	12.0%	23	18.5
25-29 years	35	12.3	300	11.0%	14	11.3
30-34 years	41	14.4	249	9.2%	15	12.1
35-39 years	35	12.3	217	8.0%	11	8.9
40-44 years	26	9.1	213	7.8%	11	8.9
45-49 years	22	7.7	226	8.3%	7	5.6
50-54 years	30	10.5	202	7.4%	13	10.5
55-59 years	23	8.1	180	6.6%	7	5.6
60-64 years	9	3.2	131	4.8%	8	6.5
65-69 years	7	2.5	127	4.7%	4	3.2
70-74 years	5	1.8	75	2.8%	2	1.6
75-79 years	4	1.4	44	1.6%	0	0
80-84 years	1	.4	29	1.1%	0	0
85 years and over	1	.4	25	0.9%	0	0
Total Population	285	100	2,718	100	123	99.2

**1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

The average level of general health of tribal members was average; 2.99, based on a range from 1=Poor to 5=Excellent; 27% rated their level of general health as poor or fair, similar to the rates of the Northwest Tribal BRFSS in 2011 and higher than the same item in the 2011 BRFSS state and national rate (see Table 3.2). The number of days in the past 30 days that one’s physical health and mental health were not good averaged 4.97 and 4.44 days respectively, similar to the number of poor physical and days in the CHPRR Study and higher than the North Dakota and National BRFSS rates in 2011.

The average number of days that poor physical and mental health kept people from their usual activities, 3.40 days, was slightly lower than the number of poor physical and mental health days and slightly lower than the CHPRR study. The average number of days in the past 30 days impacted by pain was 4.48. The number of days where usual activities were impacted by pain also varied by age; as age increased, people were more likely to report more days impacted by pain. When asked, “During the past 30 days, for about how many days have you felt very healthy and full of energy,” 87 people said they had 30 days where they felt very healthy and full of energy. Men reported more days that they were full of energy in the past 30 days than women.



Table 3.2. *Comparison of Health with Spirit Lake Reservation Adult Population and Other Similar Studies*

Status of Health		This Study	CHPPR Study (2004)	Northwest Tribal BRFSS 2001	BRFSS 2011 North Dakota	BRFSS 2011 Nationally
<i>General health</i>	Mean (SE, CI 95%)	2.99	2.93 (.06, (2.82, 3.03))	-	-	-
	% rating health as poor or fair	27.0%	-	27.7% CI 95% (25.0, 30.5)	14.7%	Median 17.2%
<i>Days poor physical health</i>	Mean (SE, CI 95%)	4.97	4.70 (.44, (3.83, 5.57))	-	2.7 State Minimum = 1.2 State Maximum = 4.5	Median =3.7
<i>Days poor mental health</i>	Mean (SE, CI 95%)	4.44	4.92 (.47, (4.00, 5.84))	-	2.4 State Minimum = 1.3 State Maximum = 3.8	Median =3.5
<i>Days poor physical and mental health impact activities</i>	Mean	3.40	3.66		21.1%	Median 23.6

**Chronic Disease.** People completing the survey were asked whether they had any of 11 chronic diseases; 82 people said they had some form of arthritis; 64% reported at least some joint pain (see Table 3.3). Sixty people had diabetes or were prediabetic. Rates of diabetes and arthritis were higher than in other studies.



Table 3.3. *Comparison of Rate of Chronic Disease with Spirit Lake Reservation Adult Population and Other Similar Studies*

	This Study	CHPPR BRFSS 2004	Northwest Tribal BRFSS 2001	Chronic Disease in North Dakota 2014	National Diabetes Statistics Report, 2014
Cancer	2.8%				
Diabetes	21%	13.8%	11.2%	8.9%	9.3%
Coronary Heart Disease	2.8%	6.6% <sup>d</sup>	4.6%	4.1%	4.1%
Heart Attack <sup>c</sup>	3.2%	7.4% <sup>d</sup>	6.3%	4.1%	4.3%
Stroke	1.4%	2.9% <sup>e</sup>	3.8%	2.5%	2.8%
High Cholesterol	10.5%	28.0% <sup>d</sup>	26.6%	78.1%	38.4%
Hypertension		21.5% <sup>e</sup>	29.0%	29.7%	31.4%
Arthritis or Other Joint Pain	28.8%	26.4%	22.3%	26.1%	25.3%
Vision impairment in one or both eyes, even when wearing glasses.	17.5%				
Asthma	13.0%				
Hearing Loss	8.1				
Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	6.0				
Kidney disease	5.3				

**Mental health.** Seven percent (19 people) said they were currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem. Sixteen percent (45 people) said that a doctor had told them they had an anxiety disorder, the same as the national rate. Twelve percent (35 people) said they had been diagnosed with depression in the past; lower than the North Dakota (17.3%) and national rate (17.5).

People participating in the community assessment were asked to complete two screening tools for depression. The PHQ2 is a short screening tool for depression; 49% (145 people) screened positive for further testing for depression on the PHQ2. People who screened positive had 3.24 days in the past 30 days when they had little interest in things around them and/or were feeling down, depressed, or hopeless. Participants also completed the PHQ8, a more precise screening tool for depression; 13 people (3%) scored above 55 on the PHQ8, an indication that they had a major depressive disorder, slightly lower than the national rate of 4.2%. During the past 12 months, 11 people said they had considered suicide and 7 had a plan about how they would attempt suicide.

**Life satisfaction.** People completing the survey rated their life satisfaction highly (M=1.71, scale range from 1=Very Satisfied to 4=Very Dissatisfied); 94% said they were satisfied or very satisfied (see Figure 3.1). Number of poor mental health days and general health predicted level of life satisfaction.



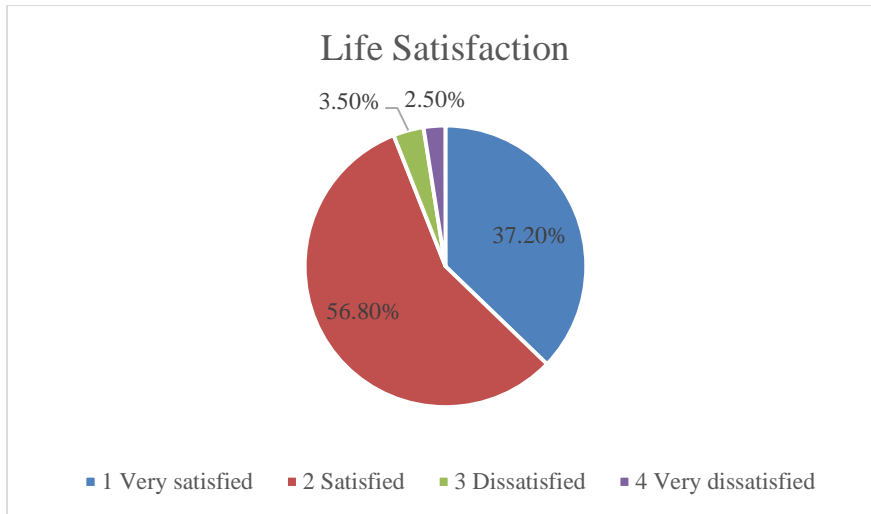


Figure 3.1. Life Satisfaction

**2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

When asked if they needed child care, 70 people said yes. When asked who provided child care, 90 people said that relatives provided child care. Several respondents said that they did not work in order to care for their children. Twenty-three percent said they had missed work because of lack of child care; 2 said they had quit working because they did not have child care. Fifteen people offered further explanation about child care regarding:

- Need early child care beginning at 6 am;
- Not working due to lack of child care;
- Others in home provide child care;
- Work schedule varies so need flexible child care; and
- When current child care is closed, such as holidays.
- 

Children have access to prekindergarten education through the three schools serving the reservation, childcare at CCCC, Headstart and Early HeadStart, and unlicensed child care. Graduation rates at the 3 schools serving Spirit Lake range between 70 to 88%. People living at Spirit Lake have access to the local community college.

The most common sources of income were Food Stamps and Employment (see Table 3.4).

Table 3.4. *Sources of Income*

<b>Sources of Income</b>	<b>N</b>	<b>%</b>
Food Stamps	142	50
Employment	137	48
General Assistance	61	21
Other Family Members' Income	40	14
TANF	37	13
Social Security	34	12
Tribal Payments	30	11
Supplemental Security Income	22	8
Disability Income	16	6
Student Financial Aid	14	5
Unemployment	3	1
Pension and/or Retirement	2	1
Other	19	7

Fifty-three percent of people completing the survey rented their home; 20% of owned their own home. Five people said that their living situation changed often; 4 people were currently homeless; 41% reported being homeless in the past. The most common length of time that people had been homeless was “more than a month but less than a year.

**Safety. *Childhood Adverse Events.*** To identify early childhood events that might influence health outcomes in adulthood, participants were asked whether they had experienced any of 10 adverse events prior to the age of 18. The most common childhood adverse event was having parents who were never married, separated, or divorced (see Table 3.5, 3.6). The next most childhood adverse event was living with someone who was a problem drinker or alcoholic. When compared with other studies, people in this study reported higher rates of childhood adverse events.



Table 3.5. Comparison of ACES with Spirit Lake Reservation Adult Population and Other Similar Studies

ACE Category	CDC 1995-97 Study			This Study
	Women (9,367)	Men (7,970)	Total (17,337)	Total
<b>Abuse</b>	%	%	%	%
Emotional Abuse	13.1	7.6	10.6	43
Physical Abuse	27.0	29.9	28.3	32
Sexual Abuse (all items combined)	24.7	16.0	20.7	
Sexual Abuse (touch you)	-	-	-	16
Sexual abuse (make touch)	-	-	-	12
Forced Sex	-	-	-	10
<b>Neglect</b>				
Emotional Neglect1	16.7	12.4	14.8	-
Physical Neglect1	9.2	10.7	9.9	-
<b>Household Dysfunction</b>				
Mother Treated Violently	13.7	11.5	12.7	
Parents violent	-	-	-	38
Substance Abuse	29.5	23.8	26.9	54
Illegal and Prescription drugs				29
Alcohol				54
Household Mental Illness	23.3	14.8	19.4	-
Parental Separation or Divorce	24.5	21.8	23.3	59
Incarcerated Household Member	5.2	4.1	4.7	29

Note. Slightly different versions of items result in some items that are not comparable.

Table 3.6. Comparison of ACES with Spirit Lake Reservation Adult Population and Other Similar Studies

Number of ACE	CDC ACE 5 States			Snohomish County	This Study
	Women (16,755)	Men (9,474)	Total (26,229)	Total	Total
0	39.2	42.0	40.6	35.3	.4
1	21.6	23.3	22.4	22.9	1.4
2	12.8	13.4	13.1	12.6	1.4
3	9.7	7.8	8.8	9.2	3.5
4	6.4	6.6	6.5	7.5	7.0
≥5	10.3	6.9	8.7	12.6	81.9

**Individual behaviors.** Individual behaviors that may influence health outcomes include obesity, smoking, substance use. Forty-one percent of the respondents in this study were obese, similar to the Northwest Tribal BRFSS rates and higher than state and national rates. Eighty percent of the respondents had smoked more than 100 cigarettes at some point in their life, greater than any other study. Fifty-five percent were currently smoking, comparable to the CHPPR 2014 study and higher than state and national levels. When asked “how many days in the past 30 days did you have at least one drink of any alcoholic beverage such as beer, wine, a



malt beverage or liquor,” 162 (57%) said they had had **no** drinks in the past 30 days (see Figure 3.2). When asked “how many times during the past 30 days did you have 5 or more drinks if you are male, 4 or more drinks if you are female on an occasion,” 188 participants said they had **not** engaged in binge drinking in the past 30 days; 97 (34%) had engaged in binge drinking at least one time (see Figure 3.3). Binge drinking rates were similar to those in the Northwest Tribal BRFSS study and higher than all other groups. When asked to comment, 31 people commented that they were sober.

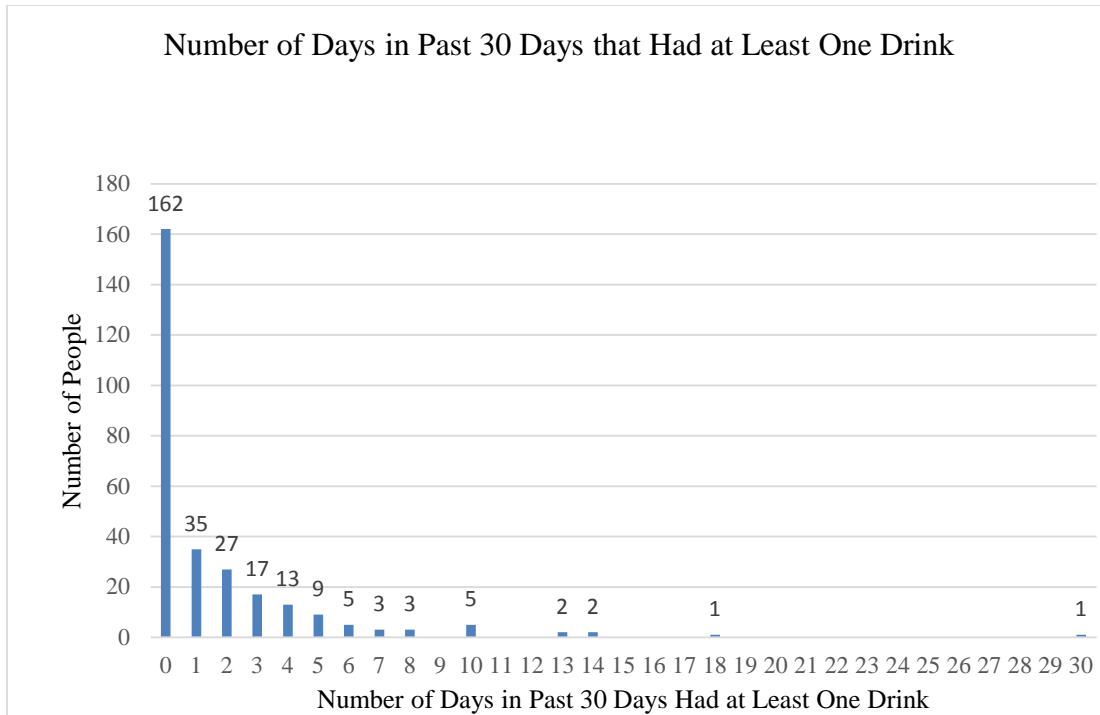


Figure 3.2. Number of Days in the Past 30 Days That One had at least One Drink

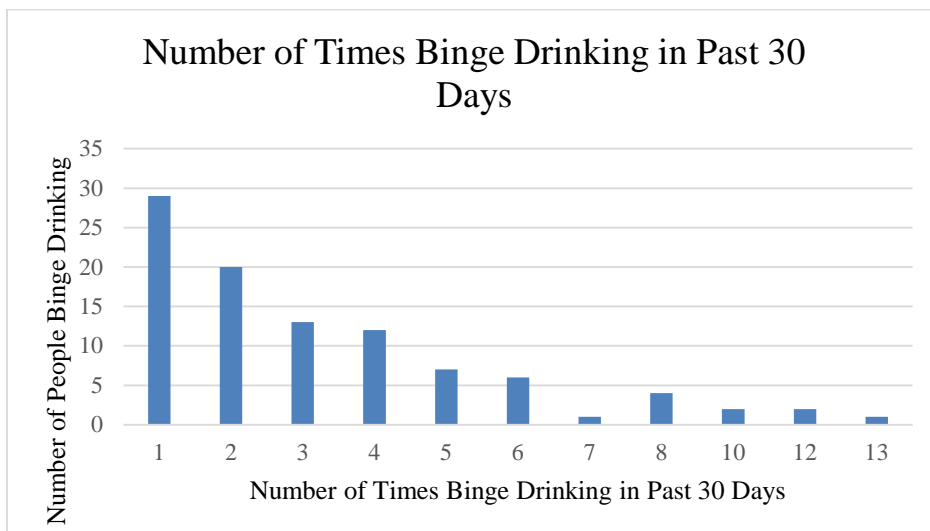


Figure 3.3. Number of Times Binge Drinking



**Access to health care, transportation, and communications.** All but six participants reported having some sort of health care coverage, the most common were Medicaid (58%) and Indian Health Service (56%). Fifty-six percent of the participants had a personal doctor or health care provider. The most common mode of transportation was one's own car (54%). The next most common mode of transportation was riding with relatives (37%). Seventy-four percent (211 people) had access to a working phone. People completing the survey were more likely to access the internet at home or through their phone (36% and 34% respectively).



### 3. What are the most important issues at Spirit Lake Nation?

When asked what the most important issues were, children’s issues (safety, activities) were consistently rated highly (see Figure 3.4). Health needs, especially drug use, diabetes, and access to care were also considered critical. People who completed the survey rated Child Safety and Protection, Housing and Employment. The next five most highly-rated items were health needs; all were rated over 4, on a scale of “1= Not at All Important” to “5=Very Important.”

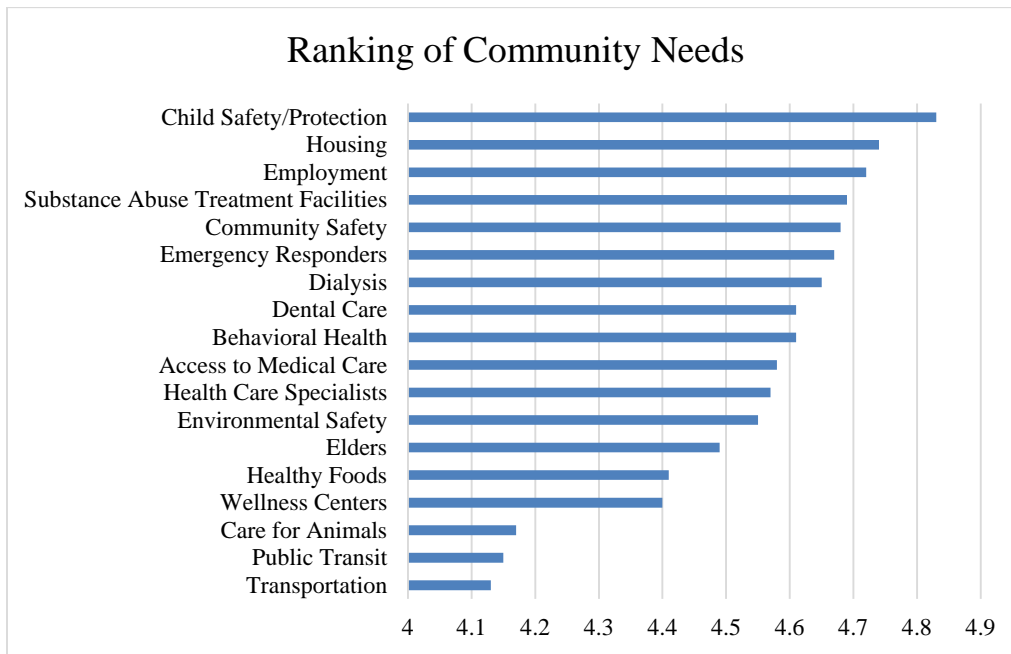


Figure 3.4. Ranking of Community Needs

When asked to comment on the important health needs at Spirit Lake Nation, 185 people identified behavioral health issues as most important, followed by chronic diseases, especially diabetes (see Table 3.7).



Table 3.7. *Health Needs*

Category	N	Subcategories	N
Behavioral Health	185	Mental Health	15
		Residential Care and Treatment	10
		Substance Use	166
Chronic Disease	119	Cancer	21
		Diabetes	73
		High blood pressure	6
		Kidney/ Dialysis	4
		Liver	3
		Asthma	3
		Arthritis	2
		Heart Disease	2
		HIV/AIDS	2
		Hepatitis C	1
		Autism	1
		Stroke	1
		Prevention	4
Health Education	1		

Participants also identified factors that influence health outcomes, the most important being health care access and quality.

Table 3.8. *Factors that Influence Health Outcomes*

Category	N	Subcategories	N
Health Care	32	Access	27
		Quality	3
		General	2
Community Activities	15		
Criminal Justice	6		
Child Care And Education	6		
Environment	6		
Family	6	Dissolution	2
		Parenting	3
		Support	1
Employment	4		
Elderly	2		
Gambling	1		

The final question was “what are the most important needs at Spirit Lake?” Again community activities, especially for children, were mentioned (see Table 3.9). Behavioral health and safety were the next most commonly mentioned issues.



Table 3.9 *Important Needs at Spirit Lake*

Critical Needs: Major Categories	N	Subcategory	N
Community Activities	32	General	2
		Adults	1
		Children	24
		Elderly	5
Behavioral Health Substance Abuse	22	drugs	12
		treatment	7
		Alcohol	3
Behavioral Health Mental Health	1	Suicide	1
Safety	21	General	12
		children	7
		Elderly	2
Infrastructure and Resources	19	services	15
		Governance	4
Criminal Justice	16		
Education	10	General	1
		Higher Education	3
		Child care and education	6
Housing	10	safety	1
		Homes	6
		Homeless	3
Health Care	9	Access	5
		Quality	2
		Substance use and pregnancy	1
		Workforce	1
Family	7	Parenting	4
		Treatment	3
Economy and Employment	6		
Cultural Strengthening	4		
Environmental	3		
Individual Change	3		
Transportation	3		
Nutrition	2		
Communications Access	1		
Other	3		

## Recommendations

Recommendations from previous community assessments and the results of this study are summarized to facilitate development of recommendations for this study (see Table 3.10). Recommendations for revisions to the community health survey include the addition of items regarding reproductive health and illegal and prescription drug use.





Table 3.10. *Recommendations from Previous Studies and Results from This Study*

	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
<i>Current Living Situation</i>	<p>Develop tools to assess environment issues resulting from the flooding; Encourage home ownership.</p> <p>Develop tools to assess the relationship between environmental issues (flooding, mold, and dampness), air quality, and asthma.</p> <p>A commission or panel should be assembled with the express goal of evaluating the issue of housing values on the Spirit Lake Reservation.</p> <p>Establish and implement home ownership and financial literacy educational programs.</p>	<p>Comprehensive housing plan.</p> <p>Unit Revitalization.</p> <p>Student housing.</p> <p>Transitional housing.</p> <p>Veterans Cabin.</p> <p>Mold remediation; asbestos and lead abatement projects.</p>	<p>New housing development.</p> <p>Rehabilitation of existing housing;</p> <p>Elderly housing.</p> <p>Build CCCC student and faculty housing.</p> <p>Accountability by residents.</p>			<p>The second highest rated need in the community, housing was rated 4.47 on a scale where 1 is not at all important and 5 is very important need.</p> <p>45% of participants rented a home.</p> <p>26% owned their home. 23% reported living with family members.</p> <p>5 people’s living situation changed often.</p>
<i>General Health</i>	<p>Develop wellness programs focused on healthy eating choices and increased physical activity to address the high rates of hypertension and diabetes.</p> <p>Implement a multigenerational approach to health promotion that all age groups are impacted and future generations realize the importance of healthy lifestyles.</p> <p>Coordinate tribal health organizations and Indian Health Service community</p>	<p>Development of Spirit lake Medical Center.</p> <p>Development of an Elder Care Center</p>	<p>Increase access to healthy foods.</p> <p>Increase physical activity.</p> <p>Increase access to holistic health care.</p>	<p>Evaluate the need for after hours accessibility for the patient to health care services other than emergency services.</p> <p>Reduce the health care expense to the patient by possibly offering after hours health care services; which could support the continuation of primary care services.</p> <p>Provide community education on the requirements and guidelines needed for eligibility for financial</p>		<p>27% of participants reported their health as fair or poor health, compared with 15% statewide and 17% nationally.</p> <p>The average number of poor physical health days was 4.97, compared with 2.7 poor health days statewide.</p> <p>Chronic diseases, especially diabetes, were the second most critical health needs.</p> <p>29% of participants had high blood pressure; 2%</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
	<p>cancer screenings to ensure early diagnosis.</p> <p>Seek funding to develop a disease management demonstration program targeting disease of most prevalence such as asthma, diabetes, and hypertension.</p> <p>Increase efforts to decrease smoking in the home to address the high rates of asthma and cancer</p> <p>Determine if array of IHS health care services are meeting the health care needs of children, working-age adults and elders, disabled, veterans, low-income persons, and pregnant women.</p> <p>Conduct a survey of IHS patients regarding satisfaction with services and assessment of health needs and services.</p> <p>Assess IHS clinic health personnel recruitment, retention, and work satisfaction.</p>			<p>assistance, government and charity programs. Provide patients with support during the application process.</p> <p>Increase access to insurance coverage and cost saving programs to community members while reducing out-of-pocket costs.</p> <p>Increase the educational awareness to community on obesity and diabetes management therapy.</p> <p>Develop a diabetes education center.</p>		<p>were borderline high or pre-hypertensive.</p> <p>29% of people reported having some sort of arthritis.</p> <p>21% had diabetes or were pre-diabetic. Average age of onset was 37.97.</p> <p>3% had had some sort of cancer.</p> <p>Medicaid (58%) and Indian Health Service (56%) were the most common types of health care coverage. 29% had private insurance.</p> <p>People described problems with Medicaid coverage: “Being on Medicaid, dental: referrals are hard to get, not enough services, can’t get treatment, Eyes, test, but no treatment, no referrals out, don’t say what can be done Level of care depends on who you are or what family you come from.”</p>
<i>Behavioral Health: Mental Health</i>		Development of Otonwe Clistinna Yuasni Healing Center to treat individuals and families with mental health issues.		<p>Increase the education and awareness within the community on preventive and supportive services in the management of behavioral health.</p> <p>Evaluate the need and financial impact of implementing telemedicine</p>		<p>Behavioral health needs were identified as the most important health needs.</p> <p>Participants had an average of 4.44 poor mental health days in the past 30 days, compared with 2.4 statewide.</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
				resources for the prevention, treatment and management of behavioral health.		<p>7% were taking medicine or receiving treatment for a mental health condition or emotional problem.</p> <p>16% had been diagnosed with an anxiety disorder.</p> <p>12% had been diagnosed with depression.</p> <p>49% answered yes to at least 1 of the 2 PHQ-2 items measuring depression. 4% scored above 55 on the PHQ8, indicating that they had major depressive disorder.</p> <p>11 people had considered suicide and 7 had made a plan in the past year.</p>
<i>Behavioral Health: Substance Abuse</i>	<p>Increase public education efforts.</p> <p>Focus efforts on elementary, high school and tribal college students.</p> <p>Infuse tribal cultural values in all aspects of tribal life.</p> <p>Increase collaboration among tribal agencies to address low self-esteem.</p> <p>Support and reward educational achievement in all tribal schools.</p> <p>Increased efforts to identify possible state,</p>	Development of a Otonwe Clistinna Yuasni Healing Center to treat individuals and families with substance abuse issues.		Alcohol and substance abuse was rated 3 on severity of a problem and a 5 on urgency/importance to the community, were 1 was low and 5 was high. No further recommendations were made.		<p>Substance Abuse was noted as the most critical health need.</p> <p>57% had had no drinks in the past month.</p> <p>34% had engaged in binge drinking at least one time in the past 30 days, compared with 30% statewide. North Dakota has the highest binge drinking rates in the nation.</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
	<p>federal and private funding streams.</p> <p>Increased collaboration among substance related tribal agencies to promote improved communication and seamless service provision.</p> <p>Increased funding for culturally appropriate treatment and counseling.</p>					
<i>Childcare</i>	<p>Involvement of CCCC in educating a new generation of experts in early childhood education.</p> <p>A system with both centrally located and local care.</p> <p>Campus based child care (a care center and learning site).</p> <p>Subsidies from Tribe and major employers.</p> <p>Progress monitors to track child growth.</p> <p>Further study is needed to determine whether not working or missing work is due to the illness of the child or the unavailability of consistent child care.</p>	<p>Development of a children’s center to expand Head Start Program and other complimentary programs.</p>				<p>Relatives are the most common source of child care.</p> <p>Several respondents said that they did not work in order to care for their children. 23% said they had missed work because of lack of child care. 2 people said they had quit working because they did not have child care.</p>
<i>Social Services/Tribal Court/Child Welfare</i>		<p>Social Services staffing increase.</p> <p>Development of a Otonwe Clistinna Yuasni Healing Center.</p>			<p>Develop a comprehensive strategy to support the development of a short and long term workforce.</p>	<p>When asked to rate community needs the highest rated item was Child Safety and Protection,</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
		<p>Strengthen Tribal Courts role in the community; Address additional social service needs including staffing and programming;</p> <p>Development of Wiconi Wast' Yuhapikta (You will have a good life) center that can provide safe and secure residence for women and children who have been affect by domestic violence.</p>			<p>Create a uniform and documented process for conducting and documenting investigations.</p> <p>Develop a basic operations manual outlining policies and procedures for child welfare services.</p> <p>Develop and implement a data tracking/information system.</p> <p>Develop and implement a plan for recruitment of foster/kinship homes.</p> <p>Provide training for the Tribal Court on requirements of title IV-E.</p> <p>Increase community engagement and increase communication.</p>	<p>Adults in this study had higher rates of early childhood traumatic events than adults nationally.</p> <p>People commented on the need for</p>
<i>Transportation</i>	<p>Network with other tribes that have had success in securing federal, state or private funding for implementing transit improvements.</p> <p>Conduct an in-depth survey of Spirit Lake residents regarding more specific issues on transportation access, barriers and attitudes toward proposed solutions.</p> <p>Develop a tribal task force to plan and conduct a</p>	Spirit Lake Nation Transportation Plan.	<p>Develop safe roads throughout reservation (ie: roundabouts, cross walks).</p> <p>Multi-use trail system connecting the district.</p> <p>Access to public transportation.</p>	Transportation		<p>54% of people used their own car for transportation; 37% rode with relatives, the next most common mode of transportation.</p> <p>Other methods of transportation mentioned were rides provided by community health representatives, public transportation, and walking.</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
	financial feasibility study for providing additional transportation services on the Reservation.					
<i>Recreation</i>	<p>Form a committee to coordinate activities with recreation centers.</p> <p>Provide professional development opportunities for recreation related programs.</p> <p>Increase efforts to disseminate information about current recreational opportunities to reservation residents.</p> <p>Increase the number of bike paths and walking trails.</p> <p>Provide a mix of both team- and individual-oriented recreation and leisure activities.</p> <p>Increase efforts to develop programs and activities for all age levels and address known barriers to participation.</p>	<p>Increase recreation and wellness opportunities to contribute to health and resilience in the community; Wellness center to encourage family activities and cross-generation communication; Important that Tribal recreation centers serve all segments of the populations and address recreational and practical education</p>	<p>Outdoor recreational areas including picnic spots, parks, walking trails; Indoor recreation centers in all districts.</p>			<p>Community activities, especially for children, was identified as a community need.</p> <p>“More community awareness of gyms, or exercises centers, sport center, the casino the use of the pool etc., with no fee.”</p> <p>“Need resources for our young people. Need internet access &amp; to catch up with time. Like to have more things for the youth, more family oriented stuff, more leadership, more caring for people, &amp; more culture and language.”</p>
<i>Retail &amp; Commercial Services</i>		<p>Training and Certification Programs.</p> <p>Tribal banking and financial services.</p> <p>Retail and commercial development: Establish; Sand and Gravel Quarry Pit Company.</p>	<p>Support entrepreneurship:</p> <p>Upgraded laundromat and car wash.</p> <p>Gift Shop and Visitor/Cultural Center.</p> <p>Coffee shop</p> <p>Farmer’s market.</p>			<p>When asked about community needs, more stores and markets were noted.</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
		<p>Tribal economic development director and business development council.</p> <p>Business Development Incubator and Cultural Artwork Cooperative.</p> <p>Tourism Strategy and Action Plan</p>	<p>Towing service.</p> <p>Office supply Store;</p> <p>Lumber yard; Hardware store; Home building store.</p>			
<i>Education</i>	<p>Support educational achievement in all tribal school; Enhance educational opportunities for the young and find ways to retain them in education; Implement home ownership and financial literacy programs; Develop programs for resume development, help with job applications, and interviewing practice.</p> <p>Efforts should be enhanced in providing the support needed to complete high school and college programs.</p>		<p>Traditional local knowledge and education opportunities.</p> <p>Develop the workforce through education and training.</p>			<p>28% of participants had less than a high school degree. 27% had completed high school. 18% had an Associate’s degree, 3.6% a bachelors or higher.</p> <p>High school graduation rates in Benson County are 80.2%, North Dakota 89.4%, and US 85%. 9.8% of people in Benson County have a Bachelor’s Degree or higher, 26% in North Dakota and 28% in the US.</p>
<i>Emergency Services</i>	<p>Collaborate with the North Dakota State Epidemiological Outcomes Workgroup to improve the collection, storage and analysis of motor vehicle crash and citation data to improve local understanding of prevalence, patterns/trends, geographic location and contributing factors (i.e.,</p>	<p>Improvement of emergency services, facilities and equipment to help emergency responders.</p> <p>Need for centralized operations and enhanced services to improve effectiveness of emergency response and meet the need of outside emergency response.</p>	<p>Need for an emergency operations center, increase communication, and enhance emergency services.</p> <p>Volunteer fire station.</p>			<p>“Quick response by officers” was mentioned as a critical need.</p> <p>“Do not show up for hours or do not show up at all.”</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
	<p>alcohol and other drugs, speeding) of these crashes.</p> <p>Assess the type and extent of efforts for recruiting and retaining local ambulance personnel.</p> <p>Assess the type and extent of efforts for recruiting and retaining local firefighter personnel.</p> <p>Among local ambulance, firefighter and first responder personnel, assess the following: current level of training; access to training and continuing education; compensation/benefits; and, managerial issues.</p> <p>Conduct further studies regarding response and transport time of the local ambulance unit.</p> <p>Increase efforts to search for state, federal and private sources for funding for emergency response services,</p> <p>Increase collaborative efforts with Devils Lake for EMS-related care provision and training of emergency response personnel.</p> <p>Develop a comprehensive, coordinated emergency response plan for the reservation.</p>					





	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
	Create an up-to-date resource directory for emergency providers.					
<i>Employment</i>	<p>Programs designed to assist unemployed individuals prepare resumes and job applications and practice interviewing would assist the large percentage of unemployed particularly in the younger age brackets (ages 18-24 and 25-34).</p> <p>Determine the type of occupations available and develop appropriate training to fill available openings.</p> <p>Strategies for increasing opportunities in sales or the semi-skilled workforce should be examined.</p> <p>Informational sessions and assistance are needed to ensure that individuals know about the availability of programs and are able to complete the required paperwork.</p>		<p>Workforce development</p> <p>Financial literacy</p>			<p>Employment was the third most critical need identified.</p> <p>The most common sources of income were Food Stamps (50%) and Employment (48%). 66% of people ages 18 to 64 in Benson County were employed in 2010, 850 statewide, and 72% nationally.</p> <p>38% of the participants reported an individual income of under \$5,000.00; 73% under \$20,000.00.</p> <p>24% reported a household income under \$5,000; 56% under \$20,000.</p>
<i>Reservation</i>		<p>Septic/sewer issues; solid waste dumping, storm water, water wells.</p> <p>Wind energy, electrical distribution, auxiliary power.</p>	<p>Land acquisition and transfer.</p> <p>Explore land use options for housing.</p> <p>Environmental Stewardship.</p>			<p>Participants commented on the need for internet access concern about garbage, a need for cultural strengthening, family support,</p>



	<i>A. Mni Wakan Oyate survey 2009</i>	<i>B. SLT Recovery Plan 2010</i>	<i>C. Sustainable development framework SLT 2012</i>	<i>D. Mercy Hospital Community Health Assessment 2013</i>	<i>E. SLT social services: ACF 2014</i>	<i>F. SL Comprehensive Community Assessment 2015</i>
			Align economic development with existing infrastructure.			





# **SECTION IV ATTACHMENTS**





# **Attachment A Partners List**



## Partners List

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# **Attachment B**

## **County Profiles Benson, Eddy, Nelson, and Ramsey**





**Benson County**

County	Popula- tion	Density per square mile	Median Age	American Indian	Median Household Income	Health Out- comes Ranking	Health Factors		
							Health Behaviors	Mental Health Providers	Children in Poverty
Benson	6,660	4.8	31.6	55%	\$30,479	*44 <sup>th</sup>	*41 <sup>st</sup>	6,864 to 0	44%

Note. Population numbers may differ because different sources were used, including different years.  
\*2012 data was used, 46 out of 53 counties were ranked.

**Population.** In 2010, Benson County’s population was 6,660, a 4.4% decrease since the 2000 Census.<sup>1</sup> Benson County is the 19<sup>th</sup> most populated county (of 53) in North Dakota, the state whose population is ranked 48<sup>th</sup> nationally.<sup>2</sup> One hundred percent of the county’s population lives in a rural area.<sup>3</sup> In 2010, the population density of Benson County was 4.8 persons per square mile.<sup>4</sup> North Dakota is ranked 49<sup>th</sup> nationally in population density at 9.7 people per square mile.<sup>5</sup> The cities within Benson County are: Brinsmade, Esmond, Knox, Leeds, Maddock, Minnewaukan (County Seat), Oberon, Warwick and York.<sup>6</sup>

**Gender, age and marital status.** The county has more *males* (50.7%) than females; women have a higher median age (32.3) than men (30.9).<sup>7</sup> The median age for all of Benson County is 31.6<sup>8</sup> which is younger than the state’s median age of 37<sup>9</sup> and the nation’s median age of 37.2<sup>10</sup>. The county’s *65 or older* population is 12.8%,<sup>11</sup> higher than the state (14.5%)<sup>12</sup> and nation (13%)<sup>13</sup> (see Table 1.). Forty-three percent of Benson County residents are married,<sup>14</sup> lower than the state (53.5%)<sup>15</sup> and U.S. (50.2%)<sup>16</sup> (see Table 2).

Table 1. *Benson County Age Distribution*

Age	Benson County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	6,660	100	672,591	100	308,745,538	100
Under 5 years	656	9.8	44,595	6.6	20,201,362	6.5
5-9 years	657	9.9	40,076	6.0	20,348,657	6.6
10-14 years	584	8.8	39,790	5.9	20,677,194	6.7
15-19 years	533	8.0	47,474	7.1	22,040,343	7.1
20-24 years	391	5.9	58,956	8.8	21,585,999	7.0
25-29 years	390	5.9	49,596	7.4	21,101,849	6.8
30-34 years	334	5.0	40,889	6.1	19,962,099	6.5
35-39 years	318	4.8	37,065	5.5	20,179,642	6.5
40-44 years	381	5.7	38,197	5.7	20,890,964	6.8
45-49 years	390	5.9	46,380	6.9	22,708,591	7.4
50-54 years	440	6.6	50,277	7.5	22,298,125	7.2
55-59 years	398	6.0	45,946	6.8	19,664,805	6.4
60-64 years	335	5.0	35,873	5.3	16,817,924	5.4
65-69 years	257	3.9	26,028	3.9	12,435,263	4.0
70-74 years	205	3.1	20,845	3.1	9,278,166	3.0
75-79 years	168	2.5	18,368	2.7	7,317,795	2.4
80-84 years	123	1.8	15,548	2.3	5,743,327	1.9
85 years and over	100	1.5	16,688	2.5	5,493,433	1.8

Note. Benson County information was taken from the U.S. Census Bureau.<sup>17</sup>  
North Dakota information was taken from the U.S. Census Bureau.<sup>18</sup>  
United States information was taken from the U.S. Census Bureau.<sup>19</sup>



**Table 2. Marital Status**

Marital Status	Benson County %	North Dakota %	United States %
Now married (except separated)	43.2	53.5	50.2
Widowed	7.3	6.7	6.1
Divorced	9.5	8.7	10.5
Separated	1.3	0.8	2.2
Never Married	38.8	30.3	31

*Note.* Benson County information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>20</sup>

North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>21</sup>

United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>22</sup>

**Race.** In the United States in 2010, the American Indian and Alaska Native alone or in combination was 5,220,579, a 26.7% increase since the 2000 Census.<sup>23</sup> Out of this total, 2,932,248 were American Indian and Alaska Native alone, an 18.4% increase since the 2000 Census.<sup>24</sup> In North Dakota, in 2010 the total population of American Indian and Alaska Native Population alone or in combination was 42,996, a 22.1% increase since the 2000 Census.<sup>25</sup> In 2010, for the American Indian and Alaska native alone, the population total in North Dakota was 36,591, a 16.8% increase since the 2000 Census.<sup>26</sup> In Benson County the population has more *American Indian and Alaska Native* residents (55%),<sup>27</sup> which is considerably higher than the state (5.4%)<sup>28</sup> and nation (.9%)<sup>29</sup>. Forty-three percent of Benson County residents are *white*,<sup>30</sup> which is lower than the state (90%)<sup>31</sup> and the national averages (72.4%)<sup>32</sup> (see Table 3).

**Table 3. Race Distribution in Benson County**

Race	Benson County	North Dakota	United States
White	43.4%	90.0%	72.4%
White not Hispanic	43.0%	88.9%	63.7%
Reporting two or more races	1.4%	1.8%	2.9%
Hispanic or Latino origin	1.2%	2.0%	16.3%
Black	0.0%	1.2%	12.6%
American Indian and Alaska Native	55.0%	5.4%	.9%
Asian	Z	1.0%	4.8%
Native Hawaiian and Other Pacific Islander	Z	Z	.2%

*Note.* Z= Value greater than zero but less than half unit of measure shown.

Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>33</sup>

United States information was taken from the U.S. Census Bureau.<sup>34</sup>

**County Health Rankings: Benson County**

**Health Outcomes.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Health Outcomes rank the overall health of a county (mortality and morbidity). Benson County ranks 44<sup>th</sup> of 46 counties ranked in North Dakota on Health Outcomes, outperforming only 2 other counties.<sup>35</sup>

**Health Factors.** Health Factors are comprised of multiple measures in four areas: including health behaviors, clinical care, social and economic factors, and environment. Benson County is ranked 44<sup>th</sup> of 46 ranked in the state on Health Factors, outperforming only 2 other counties.<sup>36</sup>



**Health behaviors.** Benson County’s ranking on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate, is 41<sup>st</sup> of the 46 counties ranked in North Dakota, outperforming only 5 other counties.<sup>37</sup> The University of Wisconsin reports that 29% of Benson County adult residents are *smoking*; 33% of adults are considered *obese* (see Table 4).<sup>38</sup> Twenty-one percent engage in *excessive drinking*, categorized as *binge plus heavy drinking*.<sup>39</sup> Regarding *physical inactivity*, 34% of adults reported no leisure time physical activity.<sup>40</sup>

Table 4. *Health Behaviors in Benson County*

	Benson County	North Dakota	United States
Adult smoking	29% <sup>42,h</sup>	19% <sup>42,h</sup>	
Adult obesity	33% <sup>42,g</sup>	30% <sup>41,a,c</sup>	27.5% <sup>41,b,c</sup>
Adult overweight		36.8% <sup>41,a,d</sup>	36.2% <sup>41,b,d</sup>
Excessive drinking	21% <sup>42,i</sup>	22% <sup>42,j</sup>	
Heavy drinking		4.1% <sup>41,a,k</sup>	5% <sup>41,b,k</sup>
Binge drinking	20% <sup>42,e</sup>	18.7% <sup>41,a,f</sup>	15.1% <sup>41,b,f</sup>
Physical inactivity	34% <sup>42,j</sup>	26% <sup>42,j</sup>	

*Note.*

Information was taken from the Centers for Disease Control and Prevention.<sup>41</sup>

Information was taken from the University of Wisconsin Population Health Institute.<sup>42</sup>

<sup>a</sup>%=Percentage, CI=Confidence Interval, n=Cell Size Percentages are weighted to population characteristics

<sup>b</sup>Median % used

<sup>c</sup>Defined by BRFSS=OBESE (bmi 30.0-99.8)

<sup>d</sup>Defined by BRFSS=OVERWEIGHT (bmi 25.0-29.9)

<sup>e</sup>Binge defined by Wis= consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. (2011 data)

<sup>f</sup>Binge defined by BRFSS= Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

<sup>g</sup>Defined by Wisconsin=the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m2

<sup>h</sup>Adult Smoking defined by Wisconsin=estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime (county data is 2010)

<sup>i</sup>Excessive Drinking defined by Wisconsin=reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average

<sup>j</sup>Physical inactivity defined by Wisconsin=estimated percent of adults aged 20 and over reporting no leisure time physical activity

<sup>k</sup>Heavy drinkers defined by BRFSS=adult men having more than two drinks per day and adult women having more than one drink per day

**Health care.** Regarding *mental health care access*, the ratio of population to mental health providers is 6,864 to 0 in Benson County and 2,555 to 1 in North Dakota.<sup>43</sup> Health care cost, which is price adjusted Medicare spending per enrollee, in Benson County is \$5,954<sup>44</sup> which is lower than the state \$7,958<sup>45</sup> and nation \$10,365<sup>46</sup>. Eight percent reported in 2011 not being able to see a doctor at some point due to health care cost.<sup>47</sup>

**Social and Economic Factors.**

**Education.** The U.S. Census Bureau indicates, that 80% of Benson County residents’ age 25 and older graduated from high school and 10% had earned a *bachelor’s degree or higher* (see Table 5).<sup>48</sup> Both are lower than the state and national average. The University of Wisconsin



County Health rankings report 8.5% of Benson County residents who are 16 years of age and older are illiterate.<sup>49</sup>

Table 5. *Education*

	Benson County	North Dakota	United States
High school graduates, % of persons age 25+, 2006-2010	80.2%	89.4%	85%
Bachelor's degree or higher, % of persons age 25+, 2006-2010	9.8%	26.3%	27.9%

Note. Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>50</sup> United States information was taken from the U.S. Census Bureau.<sup>51</sup>

*Employment.* In 2009, 104 private nonfarm establishments produced employment for 1,071 residents (see Table 6).<sup>52</sup> The county has 413 veterans.<sup>53</sup> The University of Wisconsin 2012 county health rankings report Benson County unemployment level at 5.4%,<sup>54</sup> which is higher than the state 3.9%<sup>55</sup> and lower than the national level 9.6%<sup>56</sup>.

Table 6. *Business*

	Benson County	North Dakota	United States
Private nonfarm establishments, 2009	104	21,445	7,433,465
Private nonfarm employment, 2009	1,071	296,083	114,509,626
Private nonfarm employment, % change 2000-2009	-5.6%	16%	0.4%
Veterans, 2006-2010	413	55,739	22,652,496

Note. Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>57</sup> United States information was taken from the U.S. Census Bureau.<sup>58</sup>

*Income.* The median household income in 2006-2010 was \$30,479, which is lower than the state and national level; 35.6% of county residents were below the poverty level which is higher than the state and nation (see Table 7).<sup>59</sup> The University of Wisconsin 2012 County Health Rankings report that 44% of Benson County children live in poverty (see Table 8).<sup>60</sup> Fifty-nine percent of the county's children are eligible for free lunches in the public school system provided by the National School Lunch Program.<sup>61</sup> Fifty-seven percent live in single-parent households.<sup>62</sup> Twenty-three percent of households in Benson County pay 30% or more of their income on housing costs.<sup>63</sup>

Table 7. *Income*

	Benson County	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$14,545	\$25,803	\$27,334
Median household income, 2006-2010	\$30,479	\$46,781	\$51,914
Persons below poverty level, %, 2006-2010	35.6%	12.3%	13.8%

Note. Benson County and North Dakota information was taken from the U.S. Census Bureau.<sup>64</sup> United States information was taken from the U.S. Census Bureau.<sup>65</sup>

Table 8. *Economic Factors*

	Benson County	North Dakota
Children in poverty	44%	16%
Children eligible for free lunch	59%	31%
Children in single-parent households	57%	25%

Note. Information was taken from the University of Wisconsin Population Health Institute.<sup>66</sup>



- <sup>1</sup>U.S. Census Bureau. (2010a). *State and county quick facts: Benson County, North Dakota*. Retrieved from <http://quickfacts.census.gov/qfd/states/38/38005.html>
- <sup>2</sup>North Dakota State Data Center. (2011). *Total population for North Dakota: Census 2010 population bulletin*, 27(4).
- <sup>3</sup>University of Wisconsin Population Health Institute. (2012). *County health rankings 2012 Benson, North Dakota*. Retrieved from <http://www.countyhealthrankings.org/app/north-dakota/2012/benson/county/1/overall>
- <sup>4</sup>U.S. Census Bureau. (2010a). *State and county quick facts: Benson County*
- <sup>5</sup>U.S. Census Bureau. (2010b). *Resident population data: Population density*. Retrieved from <http://2010.census.gov/2010census/data/apportionment-dens-text.php>
- <sup>6</sup>National Association of Counties. (2011). *City-county search*. Washington D.C. Retrieved from <http://www.naco.org/Counties/Pages/CitySearch.aspx>
- <sup>7</sup>U.S. Census Bureau. (2010f). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: Benson County, North Dakota*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_DP\\_DPDP1&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table)
- <sup>8</sup>Ibid
- <sup>9</sup>U.S. Census Bureau. (2010e). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: North Dakota*. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- <sup>10</sup>U.S. Census Bureau. (2010c). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: United States*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_DP\\_DPDP1&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table)
- <sup>11</sup>U.S. Census Bureau. (2010a). *State and county quick facts: Benson County*
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**Eddy County**

County	Popula- tion	Density per square mile	Median Age	American Indian	Median Household Income	Health Out- comes Ranking	Health Factors		
							Health Behaviors	Mental Health Providers	Children in Poverty
Eddy	2,385	3.8	49.2	2.4%	\$38,404	*40 <sup>th</sup>	*27 <sup>th</sup>	2,375 to 0	17%

Note. Population numbers may differ because different sources were used, including different years.  
\*2012 data was used, 46 out of 53 counties were ranked.

**Population.** In 2010, Eddy County’s population was 2,385, a 13.5% decrease since the 2000 Census.<sup>1</sup> Eddy County is the 42<sup>nd</sup> most populated county (of 53) in North Dakota, the state whose population is ranked 48<sup>th</sup> nationally.<sup>2</sup> One hundred percent of the county’s population lives in a rural area.<sup>3</sup> In 2010, the population density of Eddy County was 3.8 persons per square mile.<sup>4</sup> North Dakota is ranked 49<sup>th</sup> nationally in population density at 9.7 people per square mile.<sup>5</sup> The cities within Eddy County are: New Rockford (County Seat) and Sheyenne.<sup>6</sup>

**Gender, age, race and marital status.** The county has more *females* (51.1%) than males; women have a higher median age (50.9) than men (47.6).<sup>7</sup> The median age for all of Eddy County is 49.2<sup>8</sup> which is older than the state’s median age of 37<sup>9</sup> and the nation’s median age of 37.2<sup>10</sup>. The county’s *65 or older* population is 24.6%,<sup>11</sup> higher than the state (14.5%)<sup>12</sup> and nation (13%)<sup>13</sup> (see Table 1). The population is primarily *white* (95.2%),<sup>14</sup> higher than the state (90%)<sup>15</sup> and nation (72.4%)<sup>16</sup> (see Table 2). Fifty-eight percent of Eddy County residents are married,<sup>17</sup> higher than the state (53.5%)<sup>18</sup> and U.S. (50.2%)<sup>19</sup> (see Table 3).

Table 1. *Eddy County Age Distribution*

Age	Eddy County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	2,385	100	672,591	100	308,745,538	100
Under 5 years	126	5.3	44,595	6.6	20,201,362	6.5
5-9 years	146	6.1	40,076	6.0	20,348,657	6.6
10-14 years	132	5.5	39,790	5.9	20,677,194	6.7
15-19 years	139	5.8	47,474	7.1	22,040,343	7.1
20-24 years	79	3.3	58,956	8.8	21,585,999	7.0
25-29 years	89	3.7	49,596	7.4	21,101,849	6.8
30-34 years	111	4.7	40,889	6.1	19,962,099	6.5
35-39 years	103	4.3	37,065	5.5	20,179,642	6.5
40-44 years	122	5.1	38,197	5.7	20,890,964	6.8
45-49 years	170	7.1	46,380	6.9	22,708,591	7.4
50-54 years	214	9.0	50,277	7.5	22,298,125	7.2
55-59 years	219	9.2	45,946	6.8	19,664,805	6.4
60-64 years	149	6.2	35,873	5.3	16,817,924	5.4
65-69 years	132	5.5	26,028	3.9	12,435,263	4.0
70-74 years	108	4.5	20,845	3.1	9,278,166	3.0
75-79 years	114	4.8	18,368	2.7	7,317,795	2.4
80-84 years	108	4.5	15,548	2.3	5,743,327	1.9
85 years and over	124	5.2	16,688	2.5	5,493,433	1.8

Note. Eddy County information was taken from the U.S. Census Bureau.<sup>20</sup>

North Dakota information was taken from the U.S. Census Bureau.<sup>21</sup>

United States information was taken from the U.S. Census Bureau.<sup>22</sup>

Table 2. *Race Distribution in Eddy County*

Race	Eddy County %	North Dakota %	United States %
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White	95.2	90.0	72.4
White not Hispanic	94.0	88.9	63.7
Reporting two or more races	1.0	1.8	2.9
Hispanic or Latino origin	2.2	2.0	16.3
Black	0.2	1.2	12.6
American Indian and Alaska Native	2.4	5.4	.9
Asian	0.3	1.0	4.8
Native Hawaiian and Other Pacific Islander	0.1	Z	.2

*Note.* Z= Value greater than zero but less than half unit of measure shown.  
 Eddy County and North Dakota information was taken from the U.S. Census Bureau.<sup>23</sup>  
 United States information was taken from the U.S. Census Bureau.<sup>24</sup>

**Table 3. Marital Status**

Marital Status	Eddy County %	North Dakota %	United States %
Now married (except separated)	57.7	53.5	50.2
Widowed	11.7	6.7	6.1
Divorced	7.3	8.7	10.5
Separated	0.8	0.8	2.2
Never Married	22.5	30.3	31

*Note.* Eddy County information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>25</sup>  
 North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>26</sup>  
 United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>27</sup>

**County Health Rankings: Eddy County**

**Health Outcomes.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Health Outcomes rank the overall health of a county (mortality and morbidity). Eddy County ranks 40<sup>th</sup> of 46 counties ranked in North Dakota on Health Outcomes, outperforming only 6 other counties.<sup>28</sup>

**Health Factors.** Health Factors are comprised of multiple measures in four areas: including health behaviors, clinical care, social and economic factors, and environment. Eddy County is ranked 30<sup>th</sup> of 46 ranked in the state on Health Factors, outperforming 16 other counties.<sup>29</sup>

**Health behaviors.** Eddy County’s ranking on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate, is 27<sup>th</sup> of the 46 counties ranked in North Dakota, outperforming 19 other counties.<sup>30</sup> The University of Wisconsin reports that 21% of Eddy County adult residents are smoking; 27% of adults are considered obese.<sup>31</sup> Regarding physical inactivity, 33% of adults reported no leisure time physical activity.<sup>32</sup>

**Table 4. Health Behaviors in Eddy County**

	Eddy County %	North Dakota %	United States %
Adult smoking	21 <sup>34,h</sup>	19 <sup>34,h</sup>	
Adult obesity	27 <sup>34,g</sup>	30 <sup>33,a,e</sup>	27.5 <sup>33,b,c</sup>
Adult overweight		36.8 <sup>33,a,d</sup>	36.2 <sup>33,b,d</sup>
Excessive drinking		22 <sup>34,i</sup>	
Heavy drinking		4.1 <sup>33,a,k</sup>	5 <sup>33,b,k</sup>





Binge drinking	**	18.7 <sup>33,a,f</sup>	15.1 <sup>33,b,f</sup>
Physical inactivity	33 <sup>34,j</sup>	26 <sup>34,j</sup>	

*Note.*

Information was taken from the Centers for Disease Control and Prevention.<sup>33</sup>

Information was taken from the University of Wisconsin Population Health Institute.<sup>34</sup>

<sup>a</sup>%=Percentage, CI=Confidence Interval, n=Cell Size Percentages are weighted to population characteristics.

<sup>b</sup>Median % used

<sup>c</sup>Defined by BRFSS=OBESE (bmi 30.0-99.8)

<sup>d</sup>Defined by BRFSS=OVERWEIGHT (bmi 25.0-29.9)

<sup>e</sup>Binge defined by Wis= consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. (2011 data)

<sup>f</sup>Binge defined by BRFSS= Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

<sup>g</sup>Defined by Wisconsin=the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m2

<sup>h</sup>Adult Smoking defined by Wisconsin=estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime (county data is 2010)

<sup>i</sup>Excessive Drinking defined by Wisconsin=reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average

<sup>j</sup>Physical inactivity defined by Wisconsin=estimated percent of adults aged 20 and over reporting no leisure time physical activity

<sup>k</sup>Heavy drinkers defined by BRFSS=adult men having more than two drinks per day and adult women having more than one drink per day.

**Health care.** Regarding *mental health care access*, the ratio of population to mental health providers is 2,375 to 0 in Eddy County and 2,555 to 1 in North Dakota.<sup>35</sup> Health care cost, which is price adjusted Medicare spending per enrollee, in Eddy County is \$7,399<sup>36</sup> which is lower than the state \$7,958<sup>37</sup> and nation \$10,365<sup>38</sup>. Seven percent reported in 2011 not being able to see a doctor at some point due to health care cost.<sup>39</sup>

**Social and Economic Factors.**

**Education.** The U.S. Census Bureau indicates, that 82.3% of Eddy County residents' age 25 and older graduated from high school and 17.8% had earned a bachelor's degree or higher (see Table 5).<sup>40</sup> Both are lower than the state and national average. The University of Wisconsin County Health rankings report 7.1% of Eddy County residents who are 16 years of age and older are illiterate.<sup>41</sup>

Table 5. Education

	Eddy County	North Dakota	United States
High school graduates, % of persons age 25+, 2006-2010	82.3%	89.4%	85%
Bachelor's degree or higher, % of persons age 25+, 2006-2010	17.8%	26.3%	27.9%

*Note.* Eddy County and North Dakota information was taken from the U.S. Census Bureau.<sup>42</sup>

United States information was taken from the U.S. Census Bureau.<sup>43</sup>

**Employment.** In 2009, 79 private nonfarm establishments produced employment for 571 residents (see Table 6).<sup>44</sup> The county has 218 veterans.<sup>45</sup> The University of Wisconsin 2012 county health rankings report Eddy County's unemployment level at 5.1%,<sup>46</sup> which is higher than the state 3.9%<sup>47</sup> and lower than the national level 9.6%<sup>48</sup>.

Table 6. Business



	Eddy County	North Dakota	United States
Private nonfarm establishments, 2009	79	21,445	7,433,465
Private nonfarm employment, 2009	571	296, 083	114,509,626
Private nonfarm employment, % change 2000-2009	3.1%	16%	0.4%
Veterans, 2006-2010	218	55,739	22,652,496

Note. Eddy County and North Dakota information was taken from the U.S. Census Bureau.<sup>49</sup> United States information was taken from the U.S. Census Bureau.<sup>50</sup>

*Income.* The median household income in 2006-2010 was \$38,404,<sup>51</sup> lower than the state and national level; 15.4% of county residents were below the poverty level which is higher than the state and nation (see Table 7).<sup>52</sup> The University of Wisconsin 2012 County Health Rankings reports that 17% of Eddy County children live in poverty (see Table 8).<sup>53</sup> Twenty-three percent of Eddy County children are eligible for free lunches in the public school system provided by the National School Lunch Program.<sup>54</sup> Nineteen percent live in single-parent households.<sup>55</sup> Eighteen percent of households in Eddy County pay 30% or more of their income on housing costs.<sup>56</sup>

Table 7. *Income*

	Eddy County	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$20,302	\$25,803	\$27,334
Median household income, 2006-2010	\$38,404	\$46,781	\$51,914
Persons below poverty level, %, 2006-2010	15.4%	12.3%	13.8%

Note. Eddy County and North Dakota information was taken from the U.S. Census Bureau.<sup>57</sup> United States information was taken from the U.S. Census Bureau.<sup>58</sup>

Table 8. *Economic Factors*

	Eddy County	North Dakota
Children in poverty	17%	16%
Children eligible for free lunch	23%	31%
Children in single-parent households	19%	25%

Note. Information was taken from the University of Wisconsin Population Health Institute.<sup>59</sup>

**Physical Environment.**

*Access to healthy foods.* The University of Wisconsin 2012 County Health Rankings report that 12% of Eddy residents have limited access to healthy foods, 11% in the state.<sup>60</sup> Limited access is defined as “the proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store ... in non-metro counties, is living less than 10 miles from a grocery store.”

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**Nelson County**

County	Popula- tion	Density per square mile	Median Age	American Indian	Median Household Income	Health Out- comes Ranking	Health Factors		
							Health Behaviors	Mental Health Providers	Children in Poverty
Nelson	3,126	3.2	51.5	1.0%	\$39,071	*17 <sup>th</sup>	*28 <sup>th</sup>	3,171 to 0	14%

Note. Population numbers may differ because different sources were used, including different years.

\*2012 data was used, 46 out of 53 counties were ranked.

**Population.** In 2010, Nelson County’s population was 3,126, a 15.9% decrease since the 2000 Census.<sup>1</sup> Nelson County is the 35<sup>th</sup> most populated county (of 53) in North Dakota, the state whose population is ranked 48<sup>th</sup> nationally.<sup>2</sup> One hundred percent of the county’s population lives in a rural area.<sup>3</sup> In 2010, the population density of Nelson County was 3.2 persons per square mile.<sup>4</sup> North Dakota is ranked 49<sup>th</sup> nationally in population density at 9.7 people per square mile.<sup>5</sup> The cities within Nelson County are: Aneta, Lakota (County Seat), McVille, Michigan City, Pekin, Petersburg and Tolna.<sup>6</sup>

**Gender, age, race and marital status.** The county has more *males* (51.0%) than females; women have a higher median age (52.8) than men (50.6).<sup>7</sup> The median age for all of Nelson County is 51.5<sup>8</sup> which is older than the state’s median age of 37<sup>9</sup> and the nation’s median age of 37.2<sup>10</sup>. The county’s *65 or older* population is 27.4%,<sup>11</sup> higher than the state (14.5%)<sup>12</sup> and nation (13%)<sup>13</sup> (see Table 1.). The population is primarily *white* (97.2%),<sup>14</sup> higher than the state (90%)<sup>15</sup> and nation (72.4%)<sup>16</sup> (see Table 2.). Fifty-four percent of Nelson County residents are married,<sup>17</sup> higher than the state (53.5%)<sup>18</sup> and U.S. (50.2%)<sup>19</sup> (see Table 3.).

Table 1. *Nelson County Age Distribution*

Age	Nelson County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	3,126	100	672,591	100	308,745,538	100
Under 5 years	134	4.3	44,595	6.6	20,201,362	6.5
5-9 years	156	5.0	40,076	6.0	20,348,657	6.6
10-14 years	152	4.9	39,790	5.9	20,677,194	6.7
15-19 years	166	5.3	47,474	7.1	22,040,343	7.1
20-24 years	113	3.6	58,956	8.8	21,585,999	7.0
25-29 years	122	3.9	49,596	7.4	21,101,849	6.8
30-34 years	124	4.0	40,889	6.1	19,962,099	6.5
35-39 years	119	3.8	37,065	5.5	20,179,642	6.5
40-44 years	148	4.7	38,197	5.7	20,890,964	6.8
45-49 years	239	7.6	46,380	6.9	22,708,591	7.4
50-54 years	281	9.0	50,277	7.5	22,298,125	7.2
55-59 years	262	8.4	45,946	6.8	19,664,805	6.4
60-64 years	252	8.1	35,873	5.3	16,817,924	5.4
65-69 years	193	6.2	26,028	3.9	12,435,263	4.0
70-74 years	202	6.5	20,845	3.1	9,278,166	3.0
75-79 years	159	5.1	18,368	2.7	7,317,795	2.4
80-84 years	147	4.7	15,548	2.3	5,743,327	1.9
85 years and over	157	5.0	16,688	2.5	5,493,433	1.8

Note. Nelson County information was taken from the U.S. Census Bureau.<sup>20</sup>

North Dakota information was taken from the U.S. Census Bureau.<sup>21</sup>

United States information was taken from the U.S. Census Bureau.<sup>22</sup>



**Table 2. Race Distribution in Nelson County**

Race	Nelson County %	North Dakota %	United States %
White	97.2	90.0	72.4
White not Hispanic	96.5	88.9	63.7
Reporting two or more races	1.5	1.8	2.9
Hispanic or Latino origin	1.1	2.0	16.3
Black	0.3	1.2	12.6
American Indian and Alaska Native	1.0	5.4	.9
Asian	0.1	1.0	4.8
Native Hawaiian and Other Pacific Islander	0.0	Z	.2

*Note.* Z= Value greater than zero but less than half unit of measure shown.  
 Nelson County and North Dakota information was taken from the U.S. Census Bureau.<sup>23</sup>  
 United States information was taken from the U.S. Census Bureau.<sup>24</sup>

**Table 3. Marital Status**

Marital Status	Nelson County %	North Dakota %	United States %
Now married (except separated)	54.3	53.5	50.2
Widowed	15.4	6.7	6.1
Divorced	10.0	8.7	10.5
Separated	0.6	0.8	2.2
Never Married	19.7	30.3	31

*Note.* Nelson County information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>25</sup>  
 North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>26</sup>  
 United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>27</sup>

**County Health Rankings: Nelson County**

**Health Outcomes.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Health Outcomes rank the overall health of a county (mortality and morbidity). Nelson County ranks 17<sup>th</sup> of 46 counties ranked in North Dakota on Health Outcomes, outperforming 29 other counties.<sup>28</sup>

**Health Factors.** Health Factors are comprised of multiple measures in four areas: including health behaviors, clinical care, social and economic factors, and environment. Nelson County is ranked 26<sup>th</sup> of 46 ranked in the state on Health Factors, outperforming 20 other counties.<sup>29</sup>

**Health behaviors.** Nelson County’s ranking on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate, is 28<sup>th</sup> of the 46 counties ranked in North Dakota, outperforming 18 other counties.<sup>30</sup> The University of Wisconsin reports that 17% of Nelson County adult residents are *smoking*; 30% of adults are considered *obese* (see Table 4).<sup>31</sup> Twenty-five percent engage in *excessive drinking*, categorized as *binge plus heavy drinking*.<sup>32</sup> Regarding *physical inactivity*, 31% of adults reported no leisure time physical activity.<sup>33</sup>

**Table 4. Health Behaviors in Nelson County**

	Nelson County %	North Dakota %	United States %
Adult smoking	17 <sup>35,h</sup>	19 <sup>35,h</sup>	



Adult obesity	30 <sup>35,g</sup>	30 <sup>34,a,e</sup>	27.5 <sup>34,b,c</sup>
Adult overweight		36.8 <sup>34,a,d</sup>	36.2 <sup>34,b,d</sup>
Excessive drinking	25 <sup>35,i</sup>	22 <sup>35,i</sup>	
Heavy drinking		4.1 <sup>34,a,k</sup>	5 <sup>34,b,k</sup>
Binge drinking	26 <sup>35,c</sup>	18.7 <sup>34,a,f</sup>	15.1 <sup>34,b,f</sup>
Physical inactivity	31 <sup>35,j</sup>	26 <sup>35,j</sup>	

*Note.*

Information was taken from the Centers for Disease Control and Prevention.<sup>34</sup>

Information was taken from the University of Wisconsin Population Health Institute.<sup>35</sup>

<sup>a</sup>%=Percentage, CI=Confidence Interval, n=Cell Size Percentages are weighted to population characteristics.

<sup>b</sup>Median % used

<sup>c</sup>Defined by BRFSS=OBESE (bmi 30.0-99.8)

<sup>d</sup>Defined by BRFSS=OVERWEIGHT (bmi 25.0-29.9)

<sup>e</sup>Binge defined by Wis= consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. (2011 data)

<sup>f</sup>Binge defined by BRFSS= Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

<sup>g</sup>Defined by Wisconsin=the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m2

<sup>h</sup>Adult Smoking defined by Wisconsin=estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime (county data is 2010)

<sup>i</sup>Excessive Drinking defined by Wisconsin=reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average

<sup>j</sup>Physical inactivity defined by Wisconsin=estimated percent of adults aged 20 and over reporting no leisure time physical activity

<sup>k</sup>Heavy drinkers defined by BRFSS=adult men having more than two drinks per day and adult women having more than one drink per day.

**Health care.** Regarding *mental health care access*, the ratio of population to mental health providers is 3,171 to 0 in Nelson County and 2,555 to 1 in North Dakota.<sup>36</sup> Health care cost, which is price adjusted Medicare spending per enrollee, in Nelson County is \$6,257<sup>37</sup> which is lower than the state \$7,958<sup>38</sup> and nation \$10,365<sup>39</sup>. Nine percent reported in 2011 not being able to see a doctor at some point due to health care cost.<sup>40</sup>

**Social and Economic Factors.**

**Education.** The U.S. Census Bureau indicates, that 88.8% of Nelson County residents<sup>7</sup> age 25 and older *graduated from high school* and 21.4% had earned a *bachelor's degree or higher* (see Table 5).<sup>41</sup> The county's high school graduates had a higher percentage than the national level. Nelson County residents with a bachelor's degree or higher had a lower percentage than the state and national level. The University of Wisconsin County Health rankings report 6.8% of Nelson County residents who are 16 years of age and older are illiterate.<sup>42</sup>

**Table 5. Education**

	Nelson County	North Dakota	United States
High school graduates, % of persons age 25+, 2006-2010	88.8%	89.4%	85%
Bachelor's degree or higher, % of persons age 25+, 2006-2010	21.4%	26.3%	27.9%

*Note.* Nelson County and North Dakota information was taken from the U.S. Census Bureau.<sup>43</sup>

United States information was taken from the U.S. Census Bureau.<sup>44</sup>



*Employment.* In 2009, 115 private nonfarm establishments produced employment for 702 residents (see Table 6).<sup>45</sup> The county has 502 veterans.<sup>46</sup> The University of Wisconsin 2012 county health rankings report Nelson County unemployment level at 4.1%,<sup>47</sup> which is higher than the state 3.9%<sup>48</sup> and lower than the national level 9.6%<sup>49</sup>.

Table 6. *Business*

	Nelson County	North Dakota	United States
Private nonfarm establishments, 2009	115	21,445	7,433,465
Private nonfarm employment, 2009	702	296,083	114,509,626
Private nonfarm employment, % change 2000-2009	-11.7%	16%	0.4%
Veterans, 2006-2010	502	55,739	22,652,496

Note. Nelson County and North Dakota information was taken from the U.S. Census Bureau.<sup>50</sup> United States information was taken from the U.S. Census Bureau.<sup>51</sup>

*Income.* The median household income in 2006-2010 was \$39,071, lower than the state and nation; 9.9% of county residents were below the poverty level which is lower than the state and national level (see Table 7).<sup>52</sup> The University of Wisconsin 2012 County Health Rankings report that 14% of Nelson County children live in poverty (see Table 8).<sup>53</sup> Twenty-four percent of Nelson County children are eligible for free lunches in the public school system provided by the National School Lunch Program.<sup>54</sup> Twenty percent live in single-parent households.<sup>55</sup> Seventeen percent of households in Nelson County pay 30% or more of their income on housing costs.<sup>56</sup>

Table 7. *Income*

	Nelson County	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$22,838	\$25,803	\$27,334
Median household income, 2006-2010	\$39,071	\$46,781	\$51,914
Persons below poverty level, %, 2006-2010	9.9%	12.3%	13.8%

Note. Nelson County and North Dakota information was taken from the U.S. Census Bureau.<sup>57</sup> United States information was taken from the U.S. Census Bureau.<sup>58</sup>

Table 8. *Economic Factors*

	Nelson County	North Dakota
Children in poverty	14%	16%
Children eligible for free lunch	24%	31%
Children in single-parent households	20%	25%

Note. Information was taken from the University of Wisconsin Population Health Institute.<sup>59</sup>

**Physical Environment.**

*Access to healthy foods.* The University of Wisconsin 2012 County Health Rankings report that 34% of Nelson residents have limited access to healthy foods, 11% in the state.<sup>60</sup> Limited access is defined as “the proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store ... in non-metro counties, is living less than 10 miles from a grocery store.”





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- <sup>1</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County, North Dakota*. Retrieved from <http://quickfacts.census.gov/qfd/states/38/38063.html>
- <sup>2</sup> North Dakota State Data Center. (2011). *Total population for North Dakota: Census 2010 population bulletin*, 27(4).
- <sup>3</sup> University of Wisconsin Population Health Institute. (2012). *County Health Rankings 2012 Nelson, North Dakota*. Retrieved from <http://www.countyhealthrankings.org/app/north-dakota/2012/nelson/county/1/overall>
- <sup>4</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>5</sup> U.S. Census Bureau. (2010b). *Resident population data: Population density*. Retrieved from <http://2010.census.gov/2010census/data/apportionment-dens-text.php>
- <sup>6</sup> National Association of Counties. (2011). *City-county search*. Washington D.C. <http://www.naco.org/Counties/Pages/CitySearch.aspx>
- <sup>7</sup> U.S. Census Bureau. (2010f). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: Nelson County, North Dakota*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_DP\\_DPDP1](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1)
- <sup>8</sup> Ibid
- <sup>9</sup> U.S. Census Bureau. (2010e). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: North Dakota*. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- <sup>10</sup> U.S. Census Bureau. (2010c). *Profile of general population and housing characteristics: 2010 2010 Demographic profile data geography: United States*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_DP\\_DPDP1&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table)
- <sup>11</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>12</sup> Ibid
- <sup>13</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*. Retrieved from <http://quickfacts.census.gov/qfd/states/00000.html>
- <sup>14</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>15</sup> Ibid
- <sup>16</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*
- <sup>17</sup> U.S. Census Bureau, 2006-2010 American Community Survey a. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, Nelson County*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_5YR\\_S1201&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1201&prodType=table)
- <sup>18</sup> U.S. Census Bureau, 2006-2010 American Community Survey b. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, North Dakota*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_5YR\\_S1201&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1201&prodType=table)
- <sup>19</sup> U.S. Census Bureau, 2006-2010 American Community Survey c. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, United States*. Retrieved from [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_5YR\\_S1201&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1201&prodType=table)
- <sup>20</sup> U.S. Census Bureau. (2010f). *Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data Geography: Nelson County*
- <sup>21</sup> U.S. Census Bureau. (2010e). *Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data Geography: North Dakota*
- <sup>22</sup> U.S. Census Bureau. (2010c). *Profile of General Population and Housing Characteristics: 2010 2010 Demographic Profile Data Geography: United States*
- <sup>23</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>24</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*
- <sup>25</sup> U.S. Census Bureau, 2006-2010 American Community Survey a. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, Nelson County*
- <sup>26</sup> U.S. Census Bureau, 2006-2010 American Community Survey b. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, North Dakota*
- <sup>27</sup> U.S. Census Bureau, 2006-2010 American Community Survey c. *Marital Status: 2006-2010 American Community Survey 5-Year Estimates, United States*



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- <sup>28</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>29</sup> Ibid
- <sup>30</sup> Ibid
- <sup>31</sup> Ibid
- <sup>32</sup> Ibid
- <sup>33</sup> Ibid
- <sup>34</sup> Centers for Disease Control and Prevention. (2010). *Behavioral risk factor surveillance system survey data*. Atlanta, GA. Retrieved from <http://apps.nccd.cdc.gov/brfss/index.asp>
- <sup>35</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>36</sup> Ibid
- <sup>37</sup> Ibid
- <sup>38</sup> The Henry J. Kaiser Family Foundation. (2009). *North Dakota: Medicare spending per enrollee by state of residence, 2009*. Retrieved from <http://www.statehealthfacts.org/profileind.jsp?ind=624&cat=6&rgn=36#>
- <sup>39</sup> Ibid
- <sup>40</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>41</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>42</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>43</sup> Ibid
- <sup>44</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*
- <sup>45</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>46</sup> Ibid
- <sup>47</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>48</sup> Ibid
- <sup>49</sup> United Health Foundation. (2011). *America's health rankings*. Retrieved from <http://www.americashealthrankings.org/ALL/Unemployed/2011>
- <sup>50</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>51</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*
- <sup>52</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>53</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>54</sup> Ibid
- <sup>55</sup> Ibid
- <sup>56</sup> Ibid
- <sup>57</sup> U.S. Census Bureau. (2010a). *State and county quick facts: Nelson County*
- <sup>58</sup> U.S. Census Bureau. (2010d). *State and county quick facts: United States*
- <sup>59</sup> University of Wisconsin Population Health Institute. (2012)
- <sup>60</sup> Ibid



**Ramsey County**

County	Popula- tion	Density per square mile	Median Age	American Indian	Median Household Income	Health Outcomes Ranking	Health Factors		
							Health Behaviors	Mental Health Providers	Children in Poverty
Ramsey	11,451	9.6	43	8.7%	\$41,792	*39 <sup>th</sup>	*40 <sup>th</sup>	2,822 to 1	20%

Note. Population numbers may differ because different sources were used, including different years  
\*2012 data was used, 46 out of 53 counties were ranked.

**Population.** In 2010, Ramsey County’s population was 11,451, a 5.1% decrease since the 2000 Census.<sup>1</sup> Ramsey County is the 11<sup>th</sup> most populated county (of 53) in North Dakota, the state whose population is ranked 48<sup>th</sup> nationally.<sup>2</sup> Thirty-eight percent of the county’s population lives in a rural area.<sup>3</sup> In 2010, the population density of Ramsey County was 9.6 persons per square mile.<sup>4</sup> North Dakota is ranked 49<sup>th</sup> nationally in population density at 9.7 people per square mile.<sup>5</sup> The cities within Ramsey County are: Bocket, Churchs Ferry, Crary, Devils Lake (County Seat), Edmore, Hampden, Lawton and Starkweather.<sup>6</sup>

**Gender, age, race and marital status.** The county has more *females* (50.3%) than males; women have a higher median age (44.5) than men (41.1).<sup>7</sup> The median age for all of Ramsey County is 43<sup>8</sup> which is older than the state’s median age of 37<sup>9</sup> and the nation’s median age of 37.2<sup>10</sup>. The county’s *65 or older* population is 18.1%,<sup>11</sup> higher than the state (14.5%)<sup>12</sup> and nation (13%)<sup>13</sup> (see Table 1.). The population is primarily *white* (87.7%),<sup>14</sup> lower than the state (90%)<sup>15</sup> and higher than the nation (72.4%)<sup>16</sup> (see Table 2). Fifty-four percent of Ramsey County residents are married,<sup>17</sup> higher than the state (53.5%)<sup>18</sup> and U.S. (50.2%)<sup>19</sup> (see Table 3).

Table 1. *Ramsey County Age Distribution*

Age	Ramsey County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	11,451	100	672,591	100	308,745,538	100
Under 5 years	733	6.4	44,595	6.6	20,201,362	6.5
5-9 years	654	5.7	40,076	6.0	20,348,657	6.6
10-14 years	637	5.6	39,790	5.9	20,677,194	6.7
15-19 years	843	7.4	47,474	7.1	22,040,343	7.1
20-24 years	668	5.8	58,956	8.8	21,585,999	7.0
25-29 years	683	6.0	49,596	7.4	21,101,849	6.8
30-34 years	586	5.1	40,889	6.1	19,962,099	6.5
35-39 years	568	5.0	37,065	5.5	20,179,642	6.5
40-44 years	623	5.4	38,197	5.7	20,890,964	6.8
45-49 years	878	7.7	46,380	6.9	22,708,591	7.4
50-54 years	969	8.5	50,277	7.5	22,298,125	7.2
55-59 years	837	7.3	45,946	6.8	19,664,805	6.4
60-64 years	700	6.1	35,873	5.3	16,817,924	5.4
65-69 years	537	4.7	26,028	3.9	12,435,263	4.0
70-74 years	430	3.8	20,845	3.1	9,278,166	3.0
75-79 years	375	3.3	18,368	2.7	7,317,795	2.4
80-84 years	341	3.0	15,548	2.3	5,743,327	1.9
85 years and over	389	3.4	16,688	2.5	5,493,433	1.8

Note. Ramsey County information was taken from the U.S. Census Bureau.<sup>20</sup>  
North Dakota information was taken from the U.S. Census Bureau.<sup>21</sup>  
United States information was taken from the U.S. Census Bureau.<sup>22</sup>

Table 2. *Race Distribution in Ramsey County*

Race	Ramsey County	North Dakota	United States
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White	87.7%	90.0%	72.4%
White not Hispanic	87.2%	88.9%	63.7%
Reporting two or more races	2.6%	1.8%	2.9%
Hispanic or Latino origin	1.2%	2.0%	16.3%
Black	0.4%	1.2%	12.6%
American Indian and Alaska Native	8.7%	5.4%	.9%
Asian	0.4%	1.0%	4.8%
Native Hawaiian and Other Pacific Islander	Z	Z	.2%

Note. Z= Value greater than zero but less than half unit of measure shown.  
 Ramsey County and North Dakota information was taken from the U.S. Census Bureau.<sup>23</sup>  
 United States information was taken from the U.S. Census Bureau.<sup>24</sup>

**Table 3. Marital Status**

Marital Status	Ramsey County %	North Dakota %	United States %
Now married (except separated)	54.4	53.5	50.2
Widowed	8.1	6.7	6.1
Divorced	6.9	8.7	10.5
Separated	0.4	0.8	2.2
Never Married	30.2	30.3	31

Note. Ramsey County information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>25</sup>  
 North Dakota information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>26</sup>  
 United States information was taken from the U.S. Census Bureau, 2006-2010 American Community Survey.<sup>27</sup>

**County Health Rankings: Ramsey County**

**Health Outcomes.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Health Outcomes rank the overall health of a county (mortality and morbidity). Ramsey County ranks 39<sup>th</sup> of 46 counties ranked in North Dakota on Health Outcomes, outperforming only 7 other counties.<sup>28</sup>

**Health Factors.** Health Factors are comprised of multiple measures in four areas: including health behaviors, clinical care, social and economic factors, and environment. Ramsey County is ranked 38<sup>th</sup>, of 46 ranked, in the state on Health Factors, outperforming only 8 other counties.<sup>29</sup>

**Health behaviors.** Ramsey County’s ranking on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate, is 40<sup>th</sup> of the 46 counties ranked in North Dakota, outperforming only 6 other counties.<sup>30</sup> The University of Wisconsin reports that 26% of Ramsey County adult residents are *smoking*; 32% of adults are considered *obese* (see Table 4).<sup>31</sup> Twenty-seven percent engage in *excessive drinking*, categorized as *binge plus heavy drinking*.<sup>32</sup> Regarding *physical inactivity*, 26% of adults reported no leisure time physical activity.<sup>33</sup>

**Table 4. Health Behaviors in Ramsey County**

	Ramsey County	North Dakota	United States
Adult smoking	26% <sup>35,h</sup>	19% <sup>35,h</sup>	
Adult obesity	32% <sup>35,g</sup>	30% <sup>34,a,c</sup>	27.5% <sup>34,b,c</sup>
Adult overweight		36.8% <sup>34,a,d</sup>	36.2% <sup>34,b,d</sup>
Excessive drinking	27% <sup>35,i</sup>	22% <sup>35,j</sup>	
Heavy drinking		4.1% <sup>34,a,k</sup>	5% <sup>34,b,k</sup>



Binge drinking	27% <sup>35,e</sup>	18.7% <sup>34a,f</sup>	15.1% <sup>34b,f</sup>
Physical inactivity	26% <sup>33j</sup>	26% <sup>33j</sup>	

*Note.*

Information was taken from the Centers for Disease Control and Prevention.<sup>34</sup>

Information was taken from the University of Wisconsin Population Health Institute.<sup>35</sup>

<sup>a</sup>%=Percentage, CI=Confidence Interval, n=Cell Size Percentages are weighted to population characteristics.

<sup>b</sup>Median % used

<sup>c</sup>Defined by BRFSS=OBESSE (bmi 30.0-99.8)

<sup>d</sup>Defined by BRFSS=OVERWEIGHT (bmi 25.0-29.9)

<sup>e</sup>Binge defined by Wis= consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. (2011 data)

<sup>f</sup>Binge defined by BRFSS= Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)

<sup>g</sup>Defined by Wisconsin=the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m2

<sup>h</sup>Adult Smoking defined by Wisconsin=estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime

<sup>i</sup>Excessive Drinking defined by Wisconsin=reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average

<sup>j</sup>Physical inactivity defined by Wisconsin=estimated percent of adults aged 20 and over reporting no leisure time physical activity

<sup>k</sup>Heavy drinkers defined by BRFSS=adult men having more than two drinks per day and adult women having more than one drink per day.

**Health care.** Regarding *mental health care access*, the ratio of population to mental health providers is 2,822 to 1 in Ramsey County and 2,555 to 1 in North Dakota.<sup>36</sup> Health care cost, which is price adjusted Medicare spending per enrollee, in Ramsey County is \$6,313<sup>37</sup> which is lower than the state \$7,958<sup>38</sup> and nation \$10,365<sup>39</sup>. Seven percent reported in 2011 not being able to see a doctor at some point due to health care cost.<sup>40</sup>

**Social and Economic Factors.**

**Education.** The U.S. Census Bureau indicates that 86.4% of Ramsey County residents age 25 and older graduated from high school and 20.9% had earned a *bachelor's degree or higher* (see Table 5).<sup>41</sup> The county's high school graduates had a lower percentage than the state and a higher percentage than the national level. Ramsey County residents with a bachelor's degree or higher had a lower percentage than the state and national level. The University of Wisconsin County Health rankings report 6.3% of Ramsey County residents who are 16 years of age and older are illiterate.<sup>42</sup>

Table 5. Education

	Ramsey County	North Dakota	United States
High school graduates, % of persons age 25+, 2006-2010	86.4%	89.4%	85%
Bachelor's degree or higher, % of persons age 25+, 2006-2010	20.9%	26.3%	27.9%

*Note.* Ramsey County and North Dakota information was taken from the U.S. Census Bureau.<sup>43</sup>

United States information was taken from the U.S. Census Bureau.<sup>44</sup>

**Employment.** In 2009, 384 private nonfarm establishments produced employment for 3,974 residents (see Table 6).<sup>45</sup> The county has 810 veterans.<sup>46</sup> The University of Wisconsin 2012 county health rankings report Ramsey County's unemployment level at 4%,<sup>47</sup> which is slightly higher than the state 3.9%<sup>48</sup> and lower than the national level 9.6%<sup>49</sup>.



**Table 6. Business**

	Ramsey County	North Dakota	United States
Private nonfarm establishments, 2009	384	21,445	7,433,465
Private nonfarm employment, 2009	3,974	296,083	114,509,626
Private nonfarm employment, % change 2000-2009	-8.3%	16%	0.4%
Veterans, 2006-2010	810	55,739	22,652,496

*Note.* Ramsey County and North Dakota information was taken from the U.S. Census Bureau.<sup>50</sup> United States information was taken from the U.S. Census Bureau.<sup>51</sup>

*Income.* The median household income in 2006-2010 was \$41,792, which is lower than the state and national level; 11.5% of county residents were below the poverty level which is lower than the state and national level (see Table 7).<sup>52</sup> The University of Wisconsin 2012 County Health Rankings reports that 20% of Ramsey County children live in poverty (see Table 8).<sup>53</sup> Thirty-three percent of Ramsey County children are eligible for free lunches in the public school system provided by the National School Lunch Program.<sup>54</sup> Thirty percent live in single-parent households.<sup>55</sup> Seventeen percent of households in Ramsey County pay 30% or more of their income on housing costs.<sup>56</sup>

**Table 7. Income**

	Ramsey County	North Dakota	United States
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$26,277	\$25,803	\$27,334
Median household income, 2006-2010	\$41,792	\$46,781	\$51,914
Persons below poverty level, %, 2006-2010	11.5%	12.3%	13.8%

*Note.* Ramsey County and North Dakota information was taken from the U.S. Census Bureau.<sup>57</sup> United States information was taken from the U.S. Census Bureau.<sup>58</sup>

**Table 8. Economic Factors**

	Ramsey County	North Dakota
Children in poverty	20%	16%
Children eligible for free lunch	33%	31%
Children in single-parent households	30%	25%

*Note.* Information was taken from the University of Wisconsin Population Health Institute.<sup>59</sup>

**Physical Environment.**

*Access to healthy foods.* The University of Wisconsin 2012 County Health Rankings report that 20% of Ramsey residents have limited access to healthy foods, 11% in the state.<sup>60</sup> Limited access is defined as “the proportion of the population who are both living in poverty and do not live close to a grocery store. Living close to a grocery store ... in non-metro counties, is living less than 10 miles from a grocery store.”

Ramsey County Profile Bibliography

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# **Attachment C**

## **Comprehensive Community Assessment Survey**



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

### 1. Comprehensive Community Survey

Thank you for taking the time to complete this interview for the Spirit Lake Comprehensive Community Assessment. Your information is critical for program planning at Spirit Lake, including Headstart programming. We value your participation. The survey will take about 15 minutes. Please answer each question to the best of your ability. Your responses are anonymous. Your completion of this survey indicates your consent to participate in the survey. You will receive a gift card when you complete the survey.

NOTE: Questions with an asterisk must be answered, in order to move forward in the survey. If a question does not pertain to you, you may leave it blank, unless it has an asterisk.

If you have any questions, please contact Pat Conway, 701-740-1789 and patriciacconway@gmail.com.

**\*1. How would you describe your general health? Please click the response that best reflects your general health.**

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

**2. Thinking about your physical health, which includes PHYSICAL ILLNESS AND INJURY, for how many days during the past 30 days was your PHYSICAL HEALTH not good?**

**Please write in the number of days.**

**3. Thinking about YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, for how many days during the past 30 days was your MENTAL HEALTH not good? Please select number of days.**

**4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Please write in the number of days.**

**5. Interviewer comments**

### 2. HEATH CARE ACCESS



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

### 6. What kind of health care coverage do you have? (Check all that apply.)

- 1 Health Insurance
- 2 Medicaid
- 3 Medicare
- 4 Indian Health Service
- 5 Veterans Affairs
- 6 I don't have health insurance.
- 7 Other

Please specify

### 7. Do you have ONE PERSON you think of as your personal doctor or health care provider?

- 1 Yes
- 2 No, I DON'T HAVE ANYONE I think of as my personal doctor or health care provider.
- 3 No, I HAVE MORE THAN ONE PERSON I think of as my personal doctor or health care provider.

### 8. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No

### 9. About how long has it been since you last visited a doctor for a routine checkup?

**A routine checkup is a general physical exam, NOT an exam for a specific injury, illness, or condition.**

- Within past year (anytime less than 12 months ago)
- Within past 2 years (1 year but less than 2 years ago)
- Within past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Never



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

### 10. What is your method of transportation? Please check all that apply.

- Relatives
- Hire a taxi
- Walk/hitchhike
- Hire a relative with a car
- Hire a non-relative with a car
- Drive my own car
- Drive someone else's car

Please specify

### 11. Do you have a working phone?

#### PROMPT: A PERSONAL LAND LINE OR CELL

- Yes
- No

### 12. Where do you access the Internet for personal use? (Please check all that apply.)

- Home
- Someone else's home
- Library
- School
- Phone at Any Location
- Work
- I do not access the Internet
- Other

Please specify.

### 13. Interviewer comments

**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15****3. Health Status**

**14. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?**

**PROMPT: Other health professionals are nurse practitioners, a physician's assistant, or some other licensed health professional.**

- 1 Yes, I was told I have high blood pressure.
- 2 Yes, but I am female and I was told during a pregnancy.
- 3 No.
- 4 Told borderline high or pre-hypertensive

**15. Have you EVER had your blood cholesterol checked?**

**PROMPT: Blood cholesterol is a fatty substance found in the blood.**

- 1 Yes
- 2 No

**16. Has a doctor, nurse, or other health professional EVER told you that you had any of the following illnesses? Check all that apply.**

- 1 High Blood Cholesterol
- 2 Heart attack/Myocardial infarction
- 3 Angina/Coronary heart disease
- 4 Stroke
- 5 Asthma
- 6 Skin cancer
- 7 Other types of cancer than skin cancer
- 8 Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis
- 9 Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
- 10 A depressive disorder including depression, major depression, dysthymia, or minor depression
- 11 Kidney disease (but not kidney stones, bladder infection or incontinence)
- 12 Vision impairment in one or both eyes, even when wearing glasses.
- 13 Hearing loss



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

### 17. Interviewer comments

## 4. Demographics

### \*18. What is your date of birth?

**PROMPT: 04/16/2015**

Please write in your date of birth..  MM /  DD /  YYYY

### 19. What is your gender?

- 1 Male
- 2 Female
- 3 Other

### 20. What is your current marital status?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple living together

### 21. How much school have you completed?

- Less than high school graduate
- High school graduate or GED
- Some college
- Associates/Technical Degree
- Bachelors Degree
- Graduate or Professional Degree



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**22. FOR WOMEN ONLY. To your knowledge, are you now pregnant?**

- 1 Yes
- 2 No

**23. INCLUDING YOURSELF, how many people including children and adults live in your household?**

	None	1	2	3	4	5	6	7	8	9	10	More than 10
Adults (18 and older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children ages 13-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children ages 6-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children ages 0-5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. Do you need childcare while you are at work or school?**

- Yes
- No

**25. What are your current sources of child care? Please check all that apply.**

- Relatives
- Daycare in community
- Friends
- Daycare outside community
- Other

Please specify

**26. Has childcare ever been a reason for you missing work or school?**

- Yes
- No

**27. If yes, how many times in the last six months have you missed because you lacked childcare?**

**28. Are you currently paying for child care services?**

- Yes
- No





### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

**29. How many of your children are in childcare each month? Please answer for each age group.**

	Number of Children
Infants (12 months or younger)	<input type="text"/>
Toddlers (ages 13 months to 2 years and 11 months)	<input type="text"/>
Preschool (ages 3 (36 months) to 5 years)	<input type="text"/>
Children ages 5 years to 17 years	<input type="text"/>

**30. How many hours are your children in childcare each month? Please answer for each age group.**

Infants (12 months or younger)	<input type="text"/>
Toddlers (ages 13 months to 2 years and 11 months)	<input type="text"/>
Preschool (ages 3 (36 months) to 5 years)	<input type="text"/>
Children ages 5 years to 17 years	<input type="text"/>

**31. How much money are you spending on childcare each month? Please answers for each age group.**

Infants (12 months or younger)	<input type="text"/>
Toddlers (ages 13 months to 2 years and 11 months)	<input type="text"/>
Preschool (ages 3 (36 months) to 5 years)	<input type="text"/>
Children ages 5 years to 17 years	<input type="text"/>

**32. What hours do you need childcare? Check all that apply.**

- 7:30am - 5:00pm Monday - Friday
- 5:00pm - 10:00pm Monday - Friday
- 10:00pm - 7:30am Monday - Friday (Nighttime Care)
- Weekend Care
- Other

Other (please specify)



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### 33. Do you receive any childcare assistance?

- Spirit Lake Childcare Assistance
- Childcare Resource and Referral
- Benson County
- Ramsey County
- 0-3 Program
- FACE Program
- Young Families & Children
- Other

Please specify.

#### 5. Demographics continued

**34. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**

- 1 Yes
- 2 No



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### 35. INDIVIDUAL INCOME: What was your individual income in 2014?

- Under \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$49,999
- \$50,000 to \$54,999
- \$55,000 to \$59,000
- \$60,000 to \$64,999
- \$65,000 to \$69,999
- \$70,000 to \$74,999
- \$75,000 or more
- Other

Please specify.



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**36. HOUSEHOLD INCOME: What is your annual household income from all sources?**

- \$0 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,000
- \$35,000 to \$39,999
- \$40,000 to \$44,999
- \$45,000 to \$49,999
- \$50,000 to \$54,999
- \$55,000 to \$59,000
- \$60,000 to \$64,999
- \$65,000 to \$69,999
- \$70,000 to \$74,999
- \$75,000 or more
- Other

Please specify



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### 37. What are your sources of income? (Check all that apply.)

- Employment
- Other Family member's Income
- TANF (Temporary Assistance for Needy Families)
- Tribal Payments (Per Capita)
- Child Support
- Supplemental Security Income (SSI)
- Disability Income
- Social Security
- General Assistance
- Pension/Retirement
- Insurance Benefits/Workman's Compensation
- Unemployment
- Student Financial Aid
- Food Stamp Program (EBT)
- Other

Please specify

#### 38. About how tall are you without shoes?

**PROMPT: Each box below has a drop down list of feet and inches. When you click on the downward facing arrow in each box, you will be able to select feet in box 1 and inches in box 2.**

Feet                      Inches

Please select feet in the first box and inches in the second box, i.e. if you are 5 feet 11 inches tall, select 5 in the first box and 11 inches in the second box.

#### 39. About how much do you weigh without shoes?

Please enter weight in pounds.

#### 40. Are you Hispanic or Latino?

- 1 Yes
- 2 No



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

**\*41. Which of the following would you say is your race?**

**(Check all that apply)**

- 1 White
- 2 American Indian or Alaska Native
- 3 Black or African American
- 4 Other

Please specify

**42. In which tribe are you enrolled?**

- 1 Spirit Lake Tribe
- 2 Not enrolled in a tribe
- 3 Other

Please specify

**43. Are you affiliated with any other tribes?**

- 1 Yes
- 2 No

If yes, please specify.

**44. How long have you lived in this community?**

- Under a year
- 1-5 years
- 6 to 11 years
- 12-17 years
- 18+ years

Other (please specify)



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### 45. Please identify the statement that best describes your current living situation.

- Own your home
- Rent your home
- Living with Family Members
- Living with Significant Other
- Homeless
- My Living Changes Often
- Other

Please specify.

#### 46. Interviewer comments

#### \*47. Have you ever had a time in your life when you considered yourself homeless?

- Yes
- No

### 6. Homeless

#### 48. While you were homeless did you ever sleep

	Yes	No
in a shelter for homeless persons or in another temporary residence because you did not have a place to stay?	<input type="radio"/>	<input type="radio"/>
in a park, in an abandoned building, in the street, or in a train or bus station?	<input type="radio"/>	<input type="radio"/>
in a friend's or relative's home because you were homeless?	<input type="radio"/>	<input type="radio"/>



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

### 49. Altogether, how much of your life have you been homeless—would you say...?

- less than a week
- more than a week but less than a month
- more than a month but less than a year
- more than a year but less than 5 years
- 5 years +

### 50. Interviewer comments

## 7. Health Status

### 51. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No

### 52. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**PROMPT: Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment. Include occasional use or use in certain circumstances.**

- 1 Yes
- 2 No





### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### FPS

Wong-Baker FACES Pain Rating Scale



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

**53. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?**

**Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.**

0    1    2    3    4    5    6    7    8    9    10

**54. Interviewer comments**

### 8. Health Behaviors

**55. Have you smoked at least 100 cigarettes (5 packs) in your entire life?**

1 Yes  
 2 No

**56. Do you now smoke cigarettes?**

1 Yes  
 2 No



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**57. Do you currently use chewing tobacco, snuff, or snus. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

- 1 Yes
- 2 No

**58. How often do you use seat belts when you drive or ride in a car? Would you say—**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6. I never drive or ride in a car

**59. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?**

- 1 Yes
- 2 No

**60. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?**

- 1 Yes
- 2 No
- 3 Unsure

**61. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? Please enter the number of days.**



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

**62. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?**

**PROMPT: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.**

**A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

Please enter number of drinks.

**63. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks if you are male; 4 or more drinks if you are female on an occasion?**

Please enter number of times.

**64. During the past 30 days, what is the largest number of drinks you had on any occasion?**

**PROMPT: THE MOST DRINKS YOU HAD IN ONE SETTING.**

Please enter largest number of drinks.

**65. Interviewer comments**

## 9. Diabetes

**66. Have you had a test for high blood sugar or diabetes within the past three years?**

1 Yes

2 No



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**\*67. Has a doctor, nurse, or other health professional EVER told you that you had have diabetes?**

- 1 Yes
- 2 Yes, but I am a female and was told this only during pregnancy
- 3 No
- 4 No, I was told I have pre-diabetes or borderline diabetes

**10.**

**68. How old were you when you were told you have diabetes?**

Please enter age in years.

**69. Are you now taking insulin?**

- 1 Yes
- 2 No

**70. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.**

**71. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.**

**72. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?**

**73. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C."**

**74. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?**

Please enter number of times.



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**75. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.**

- 0-30 days ago
- 2 to 12 months ago
- 13-24 months ago
- 25 or more months ago
- Never

**76. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?**

- 1 Yes
- 2 No

**77. Have you ever taken a course or class in how to manage your diabetes yourself?**

- 1 Yes
- 2 No

**78. Interviewer comments**

**11. Health Status III**

**79. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? Please enter number of days.**

**80. During the past 30 days, for about how many days have you felt sad, blue, or depressed? Please enter number of days.**

**81. During the past 30 days, for about how many days have you felt worried, tense, or anxious? Please enter number of days.**



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**82. During the past 30 days, for about how many days have you felt very healthy and full of energy? Please enter number of days.**

**83. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? Please enter number of days.**

**84. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? Please enter number of days.**

**85. Over the last 2 weeks, how many days have you had trouble sleeping, either falling asleep, staying asleep, or sleeping too much? Please enter number of days.**

**86. Over the last 2 weeks, how many days have you felt tired or had little energy?**

**PROMPT: Without energy drinks. Please enter number of days.**

**87. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? Please enter number of days.**

**88. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? Please enter number of days.**

**89. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? Please enter number of days.**

**90. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? Please enter number of days.**



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

**91. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?**

- 1 Yes
- 2 No

**92. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?**

- 1 Yes
- 2 No

**93. During the past 12 months,**

	yes	no
did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>

**\*94. In general, how satisfied are you with your life?**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**95. Interviewer comments**

### 12. Trauma: Adverse Childhood Events

All questions in this section refer to the time period BEFORE YOU WERE 18 YEARS OF AGE. Now, looking back before you were 18 years of age—

**96. Did you live with anyone who was a problem drinker or alcoholic?**

- 1 Yes
- 2 No



**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**97. Did you live with anyone who used illegal street drugs or who abused prescription medications?**

- 1 Yes
- 2 No

**98. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?**

- 1 Yes
- 2 No

**99. Were your parents separated or divorced?**

- 1 Yes
- 2 No
- 3 Parents not married

**100. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?**

- 1 Never
- 2 Once
- 3 More than once

**101. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.**

- 1 Never
- 2 Once
- 3 More than once

**102. How often did a parent or adult in your home ever swear at you, insult you, or put you down?**

- 1 Never
- 2 Once
- 3 More than once





**Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15**

**103. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?**

- 1 Never
- 2 Once
- 3 More than once

**104. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?**

- 1 Never
- 2 Once
- 3 More than once

**105. How often did anyone at least 5 years older than you or an adult, force you to have sex?**

- 1 Never
- 2 Once
- 3 More than once

**106. Interviewer comments**

**13. Needs within Spirit Lake Community**

**107. What do you think are the most important health issues at Spirit Lake?**



### Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

#### 108. What are the most critical needs at Spirit Lake?

	1 Not at all important	2	3	4	5 Very important
Child safety/protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to behavioral health care (mental health, substance abuse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment facilities for substance use and abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Centers open	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity opportunities for elders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for Animals (shelter, veterinary clinic, spaying services, food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quick response from emergency responders, police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Safety, i.e. waste such used needles on walking path	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community safety – more patrolling/more trained officers/1 or 2 patrolling per shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialysis unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 109. What other needs are critical?

#### 110. Other Comments



## Spirit Lake Comprehensive Community Assessment Survey 7-20to23-15

You will be given a gift card and asked to sign that you received it.

Thank you for completing this survey. Your information is very important. If you have any questions, contact Pat Conway, [patriciagconway@gmail.com](mailto:patriciagconway@gmail.com).

PLEASE HAND THE IPAD TO THE INTERVIEWER.

### 111. Interviewer comments



# **Attachment D**

## **Codebook**



Codebook: Variables, Values, and Source

Variable	Values	Source
How would you describe your general health?	1 poor 2 3 4 5 excellent	BRFSS
Thinking about your physical health, which includes PHYSICAL ILLNESS AND INJURY, for how many days during the past 30 days was your PHYSICAL HEALTH not good?.	1, 2, ... 30	BRFSS
Thinking about YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, for how many days during the past 30 days was your MENTAL HEALTH not good?	1, 2, ... 30	BRFSS
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?.	1, 2, ... 30	BRFSS
What kind of health care coverage do you have? (Check all that apply.)	1 Health Insurance	
	2 Medicaid	
	3 Medicare	
	4 Indian Health Service	
	5 Veterans Affairs	
	6 I don't have health insurance.	
	7 Other	
Do you have ONE PERSON you think of as your personal doctor or health care provider?	1 Yes 2 No, I DON'T HAVE ANYONE I think of as my personal doctor or health care provider. 3 No, I HAVE MORE THAN ONE PERSON I think of as my personal doctor or health care provider.	BRFSS
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	1Yes 2No	BRFSS
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, NOT an exam for a specific injury, illness, or condition.	Within past year (anytime less than 12 months ago) Within past 2 years (1 year but less than 2 years ago) Within past 5 years (2 years but less than 5 years ago) 5 or more years ago Never	BRFSS
What is your method of transportation? Please check all that apply.	Relatives	
	Hire a taxi	
	Walk/hitchhike	
	Hire a relative with a car	
	Hire a non-relative with a car	
	Drive my own car	
	Drive someone else's car	
Please specify		
Do you have a working phone? PROMPT: A PERSONAL LAND LINE OR CELL	Yes No	
Where do you access the Internet for personal use? (Please check all that apply.)	Home	
	Someone else's home	
	Library	



Variable	Values	Source
	School	
	Phone at Any Location	
	Work	
	I do not access the Internet	
	Other	
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? PROMPT: Other health professionals are nurse practitioners, a physician's assistant, or some other licensed health professional.	1 Yes, I was told I have high blood pressure. 2 Yes, but I am female and I was told during a pregnancy. 3 No. 4 Told borderline high or prehypertensive	BRFSS
Have you EVER had your blood cholesterol checked? PROMPT: Blood cholesterol is a fatty substance found in the blood.	1 Yes 2 No	BRFSS
Has a doctor, nurse, or other health professional EVER told you that you had any of the following illnesses? Check all that apply.	1 High Blood Cholesterol 2 Heart attack/Myocardial infarction 3 Angina/Coronary heart disease 4 Stroke 5 Asthma 6 Skin cancer 7 Other types of cancer than skin cancer 8 Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis 9 Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia 10 A depressive disorder including depression, major depression, dysthymia, or minor depression 11 Kidney disease (but not kidney stones, bladder infection or incontinence) 12 Vision impairment in one or both eyes, even when wearing glasses. 13 Hearing loss	BRFSS
What is your date of birth?		
What is your gender?	1 Male 2 Female 3 Other	
What is your current marital status?	Married Divorced Widowed Separated Never married A member of an unmarried couple living together	
How much school have you completed?	Less than high school graduate High school graduate or GED Some college Associates/Technical Degree Bachelors Degree Graduate or Professional Degree	
FOR WOMEN ONLY. To your knowledge, are you now pregnant?	1 Yes 2 No	BRFSS
INCLUDING YOURSELF, how many people including children and adults live in your household?	Adults (18 and older) None 1...10 >10	
	Children ages 13-17 None 1...10 >10	
	Children ages 6-12 None	



Variable	Values	Source
	1...10 >10	
	Children ages 0-5 None 1...10 >10	
Do you need child care while you are at work or school?		
What are your current sources of child care? Please check all that apply.	Relatives	
	Daycare in community	
	Friends	
	Daycare outside community	
	Other	
Has child care ever been a reason for you missing work or school?	Yes No	
If yes, how many times in the last six months have you missed because you lacked child care?	1,2,3,...	
Are you currently paying for child care services?	Yes No	
How many of your children are in child care each month? Please answer for each age group.	Infants (12 months or younger) - Number of Children	
	Toddlers (ages 13 months to 2 years and 11 months) - Number of Children	
	Preschool (ages 3 (36 months) to 5 years) - Number of Children	
	Children ages 5 years to 17 years - Number of Children	
How many hours are your children in child care each month? Please answer for each age group.	Infants (12 months or younger) - Number of Children	
	Toddlers (ages 13 months to 2 years and 11 months) - Number of Children	
	Preschool (ages 3 (36 months) to 5 years) - Number of Children	
	Children ages 5 years to 17 years - Number of Children	
How much money are you spending on child care each month? Please answers for each age group.	Infants (12 months or younger) - Number of Children	
	Toddlers (ages 13 months to 2 years and 11 months) - Number of Children	
	Preschool (ages 3 (36 months) to 5 years) - Number of Children	
	Children ages 5 years to 17 years - Number of Children	
What hours do you need child care? Check all that apply.	7:30am - 5:00pm Monday - Friday	
	5:00pm - 10:00pm Monday - Friday	
	10:00pm - 7:30am Monday - Friday (Nighttime Care)	
	Weekend Care	
	Other	
Do you receive any child care assistance?	Spirit Lake Child Care Assistance	
	Child Care Resource and Referral	
	Benson County	
	Ramsey County	
	0-3 Program	
	FACE Program	



Variable	Values	Source
	Young Families & Children	
	Other	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	1 Yes 2 No	
INDIVIDUAL INCOME: What was your individual income in 2014?	Under \$5,000 \$5,000 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$44,999 \$45,000 to \$49,999 \$50,000 to \$54,999 \$55,000 to \$59,000 \$60,000 to \$64,999 \$65,000 to \$69,999 \$70,000 to \$74,999 \$75,000 or more Other	
HOUSEHOLD INCOME: What is your annual household income from all sources?	Under \$5,000 \$5,000 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$44,999 \$45,000 to \$49,999 \$50,000 to \$54,999 \$55,000 to \$59,000 \$60,000 to \$64,999 \$65,000 to \$69,999 \$70,000 to \$74,999 \$75,000 or more Other	
What are your sources of income? (Check all that apply.)	Employment Other Family member's Income TANF (Temporary Assistance for Needy Families) Tribal Payments (Per Capita) Child Support Supplemental Security Income (SSI) Disability Income Social Security General Assistance Pension/Retirement Insurance Benefits/Workman's Compensation Unemployment Student Financial Aid Food Stamp Program (EBT) Other	





Variable	Values	Source
About how tall are you without shoes? PROMPT: Each box below has a drop down list of feet and inches. When you click on the downward facing arrow in each box, you will be able to select feet in box 1 and inches in box 2.		BRFSS
About how much do you weigh without shoes?		BRFSS
Are you Hispanic or Latino?	1 Yes 2 No	
Which of the following would you say is your race? (Check all that apply)	1 White	
	2 American Indian or Alaska Native	
	3 Black or African American	
	4 Other	
In which tribe are you enrolled?	1 Spirit Lake Tribe 2 Not enrolled in a tribe 3 Other	
Are you affiliated with any other tribes?		
How long have you lived in this community?		
Please identify the statement that best describes your current living situation.	Own your home	
	Rent your home	
	Living with Family Members	
	Living with Significant Other	
	Homeless	
	My Living Changes Often	
Other		
Have you ever had a time in your life when you considered yourself homeless?	Yes No	Link, B. G., Susser, E., Stueve, A., Moore, R. E., & Struening, E. (1994). Lifetime and five-year prevalence of homelessness in the United States. <i>American Journal of Public Health</i> , 84(12), 1907–1912.
While you were homeless did you ever sleep	Sleep in a shelter for homeless persons or in another temporary residence because you did not have a place to stay?	Link, B., Phelan, J., Bresnahan, M., Stueve, A., Moore, R., & Susser, E. (1995). Lifetime and five-year prevalence of homelessness in the United States: New evidence on an old debate. <i>American Journal of Orthopsychiatry</i> , 65(3), 347–354
	Sleep in a park, in an abandoned building, in the street, or in a train or bus station?	
	Sleep in a friend's or relative's home because you were homeless?	
Altogether, how much of your life have you been homeless—would you say...?		
Are you limited in any way in any activities because of physical, mental, or emotional problems?		BRFSS
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? PROMPT: Please answer the question based on your current experience, regardless of whether you are		BRFSS



Variable	Values	Source
taking any medication or treatment. Include occasional use or use in certain circumstances.		
Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.		BRFSS
Have you smoked at least 100 cigarettes (5 packs) in your entire life?		BRFSS
Do you now smoke cigarettes?		BRFSS
Do you currently use chewing tobacco, snuff, or snus. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.		BRFSS
How often do you use seat belts when you drive or ride in a car? Would you say—		BRFSS
During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?		BRFSS
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?		BRFSS
During the past 30 days, how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? Please enter the number of days.		BRFSS
During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? PROMPT: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.		BRFSS
Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks if you are male; 4 or more drinks if you are female on an occasion?		BRFSS
During the past 30 days, what is the largest number of drinks you had on any occasion? PROMPT: THE MOST DRINKS YOU HAD IN ONE SETTING.		BRFSS
Have you had a test for high blood sugar or diabetes within the past three years?		BRFSS
Has a doctor, nurse, or other health professional EVER told you that you had have diabetes?		BRFSS
How old were you when you were told you have diabetes?		BRFSS
Are you now taking insulin?		BRFSS
About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		BRFSS
About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		BRFSS



Variable	Values	Source
About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?		BRFSS
A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C."		BRFSS
About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?		BRFSS
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.		BRFSS
Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?		BRFSS
Have you ever taken a course or class in how to manage your diabetes yourself?		BRFSS
During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? Please enter number of days.		BRFSS Healthy Days Symptom Module
During the past 30 days, for about how many days have you felt sad, blue, or depressed? Please enter number of days.		BRFSS
During the past 30 days, for about how many days have you felt worried, tense, or anxious? Please enter number of days.		BRFSS
During the past 30 days, for about how many days have you felt very healthy and full of energy? Please enter number of days.		BRFSS
Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? Please enter number of days. PHQ2 PHQ8		BRFSS 2010 PHQ2
Over the last 2 weeks, how many days have you felt down, depressed or hopeless? Please enter number of days. PHQ2 PHQ8		
Over the last 2 weeks, how many days have you had trouble sleeping, either falling asleep, staying asleep, or sleeping too much? Please enter number of days. PHQ8		
Over the last 2 weeks, how many days have you felt tired or had little energy? PROMPT: Without energy drinks. Please enter number of days. PHQ8		
Over the last 2 weeks, how many days have you had a poor appetite or eaten too much? Please enter number of days. PHQ8		
Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down? Please enter number of days. PHQ8		
Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV? Please enter number of days. PHQ8		
Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or		



Variable	Values	Source
restless that you were moving around a lot more than usual? Please enter number of days. PHQ8		
Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?		BRFSS 2013
Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?		BRFSS 2010
During the past 12 months,	did you ever seriously consider attempting suicide?	
	did you make a plan about how you would attempt suicide?	
In general, how satisfied are you with your life?		BRFSS
Did you live with anyone who was a problem drinker or alcoholic?		BRFSS
Did you live with anyone who used illegal street drugs or who abused prescription medications?		BRFSS 2012
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?		BRFSS
Were your parents separated or divorced?		BRFSS
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?		BRFSS
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.		BRFSS
How often did a parent or adult in your home ever swear at you, insult you, or put you down?		BRFSS
How often did anyone at least 5 years older than you or an adult, ever touch you sexually?		BRFSS
How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?		BRFSS
How often did anyone at least 5 years older than you or an adult, force you to have sex?		BRFSS
What do you think are the most important health issues at Spirit Lake?		
What are the most critical needs at Spirit Lake?	Child safety/protection	
	Transportation	
	Public transit	
	Housing	
	Employment	
	Access to healthy foods	
	Access to medical care	
	Access to behavioral health care (mental health, substance abuse)	
	Dental care	
	Treatment facilities for substance use and abuse	
	Health care specialists	
	Wellness Centers open	
	Physical activity opportunities for elders.	
	Care for Animals (shelter, veterinary clinic, spaying services, food)	
Quick response from emergency responders, police		



<b>Variable</b>	<b>Values</b>	<b>Source</b>
	Environmental Safety, i.e. waste such used needles on walking path	
	Community safety – more patrolling/more trained officers/1 or 2 patrolling per shift	
	Dialysis unit	
What other needs are critical?		
Other Comments		



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