“Individual health is closely linked to community health – the health of the community in which people live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community.”

~ Healthy People 2010: Understanding and Improving Health
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Sources and Data Sources (includes but not limited to)  
1. North Dakota Department of Health  
2. John Goodman and Associates  
3. Centers for Disease Control and Prevention (CDC)  
4. University of Mary Study (Defining Future Health Needs; (2010-2020) and Garrison/Turtle Lake Memorial Hospital Study  
5. Minot Study  
7. ND Leading Causes of Death 2006-2008  
8. 2005-2008 Burleigh and Morton Counties, ND Residents Deaths to selected cancers with rates per 10,000.  
10. ND Burleigh County Behavioral Risk Factors Reports: 1999-2004  
13. Chronic Disease Indicators: State/Area Profile, CDC  
14. ND Department of Health Healthy People 2010  
15. Other - various resources listed in depth in the studies.
There are many definitions of a healthy community. The Healthy People 2010 strategy describes a healthy community as one that includes those elements that enable people to maintain a high quality of life and productivity. Some of the elements described in Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010 include: access to health care services that focus on both treatment and prevention for all members of the community; a safe community; the presence of roads, schools, playgrounds, and other services to meet the needs of the people in that community; and a healthy and safe environment.

In 1885, seven Benedictine Sisters from St. Joseph, Minnesota, embarked on a journey of healing by tending to the sick and the underserved in the western part of North Dakota. Today, that journey continues. With guidance from the Ethical and Religious Directives of Catholic Health Care and the emphasis of mission from our sponsors, the Sisters of St. Benedict of Annunciation Monastery, St. Alexius Medical Center continues to respond to the needs of the people we serve.

In 2010, St. Alexius Medical Center conducted a Community Health Needs Assessment. This assessment enables us to focus our resources on the opportunities of greatest need that exist within the communities we serve.

We greatly appreciate everyone who helped make this Community Needs Assessment report possible.

Sincerely,

John Castleberry
Board Chair

Sister Nancy Miller, O.S.B.
Board President

Gary P. Miller
President and CEO
A Journey to Improve Health

The vision of St. Alexius Medical Center is to use our presence to extend Christ’s healing ministry through excellence of service, collaborative relationships and a commitment to quality for those we serve.

In 2010, we embarked on a journey to fully appreciate the health needs of our community. In order to do this, we worked in partnership with University of Mary to design and implement a comprehensive study. Together, we analyzed data from a number of reliable data sources including North Dakota Department of Health, Centers for Disease Control and Prevention (CDC), John Goodman & Associates and Minot Feasibility Study for Minot Health.

Health is influenced by many diverse factors, such as social and economic circumstances. All of these factors play a role in the overall health status of a community. In 2007, it was reported 13 percent of North Dakota residents were 65 years of age or older. By 2020, it is estimated that 22 percent of residents in 45 of North Dakota’s 53 counties will be 65 years or older. In addition, from 2000 to 2006 there was a 13.8 percent increase in minority population; primarily on the Native American reservations. Currently, 12 percent of North Dakota’s population lives in poverty.

The purpose of this study was to address strategies regarding future health needs within Burleigh, Morton and Ward County. In addition, a community health assessment was conducted for Garrison Memorial Hospital and Turtle Lake Community Memorial Hospital to determine whether or not these hospitals were meeting the needs of the communities they serve.

This report includes an analysis of this data and the plan we developed to bridge gaps that exist.
Health expenditures in the United States neared $2.6 trillion in 2010, more than ten times the $256 billion spent in 1980. The rate of growth in recent years has slowed relative to the late 1990s and early 2000s, but is still expected to grow faster than national income over the foreseeable future.

In Burleigh and Morton counties, the leading causes of death include (ranked in order):

1. Cardiovascular Disease
2. Alzheimer's
3. Cancer - Respiratory
4. Accidental
5. Cerebrovascular Disease
6. Chronic Obstructive Pulmonary Disease COPD
7. Diabetes
8. Cancer - Breast
9. Cancer - Colorectal

Nationally, approximately 75 cents of every healthcare dollar is spent on chronic diseases, such as heart disease, cancer, diabetes and asthma. These diseases often are preventable and frequently manageable through early detection, improved diet, exercise and treatment.

Our Community Health Needs Assessment identified six prevalent disease groups. As a result of the study, these groups will serve as the focus of our community health improvement initiatives.

The groups include:

- Cardiovascular Disease
- Alzheimer’s
- Cancer
- Respiratory Disease
- Diabetes
- Obesity
A Journey to Improve Health

Cardiovascular Disease

Cardiovascular disease is one of the top six causes of disease in North Dakota. Currently in our state, residents who are 65 years of age and older account for 95 percent of deaths by stroke and 87 percent of deaths by heart disease.

Health related behaviors influence cardiovascular disease such as smoking, physical inactivity, poor nutrition and unhealthy weight status.

Hypertension is a chronic disease associated with aging that is a high risk factor for heart disease and stroke. Data shows 26 percent of North Dakota adults have high blood pressure. Other contributors include high cholesterol, diabetes, age and high stress.

Alzheimer’s Disease

From 2000 to 2006, Alzheimer’s disease deaths increased nationally by 46.1 percent. This increase in Alzheimer’s deaths can be attributed to longer life spans with an increasing number of people living in their 80’s and 90’s. In 2031, the baby boomer generation will begin turning 85 years old. At that time it is predicted 3.5 million people will be diagnosed with Alzheimer’s.

North Dakota had the second highest per capita in the nation for deaths related to Alzheimer’s. This fact can be attributed to our state’s aging population.
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Cancer

According to the National Cancer Institute from 2002-2006, women’s cancer deaths were primarily due to lung and breast cancer, while men’s cancer deaths were primarily lung or prostate.

While breast cancer and prostate cancer deaths have fallen in North Dakota, lung cancer deaths for both men and women is rising in our state. Ward and Burleigh County are seeing increased trends in deaths and incidences of lung cancer; however, these counties remain in line with the nation’s average. Morton County remains stable. Mclean County cancer rates are relatively low according to the study conducted in Garrison and Turtle Lake.

More than one-fifth, or 20.5 percent, of North Dakota’s population smoke. According to our Youth Risk Behavior Study, 28 percent of students in Burleigh and Morton County smoked or chewed tobacco in the past 30 days. This number was slightly higher (25.6 percent) in Ward County. Since 1999, North Dakota teen smoking has been steadily declining.

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**Leading Health Issues**

North Dakota Youth Grades 9 Through 12

<table>
<thead>
<tr>
<th>Year</th>
<th>Smoking</th>
<th>Binge Drinking</th>
<th>Overweight or Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>70%</td>
<td>50%</td>
<td>30%</td>
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<td>2001</td>
<td>65%</td>
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</tr>
<tr>
<td>2009</td>
<td>45%</td>
<td>25%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Respiratory Disease

Asthma is a disorder that causes the airways of the lungs to swell and narrow, leading to wheezing, shortness of breath, chest tightness, and coughing. In 2008, the prevalence of asthma nationally was 7.4 percent. For North Dakota the rate is slightly higher at 7.7 percent. However, the prevalence of asthma in Burleigh, Morton and McLean Counties are higher than the state and national averages coming in at 9.9, 7.2 and 8.7 percent respectively. The prevalence of asthma in Garrison and Turtle Lake was 7.9 percent. North Dakota is largely agricultural, which could be a factor in high level of respiratory diseases.

According to the American Lung Association, COPD is the fourth leading preventable cause of death. In Burleigh and Morton Counties, COPD was the sixth leading cause of death.

The most significant risk factor for COPD is long term cigarette smoking. The number of people who smoke in North Dakota is slightly higher but close to the national average of 18.3 percent. While smoking is banned in most public places, some North Dakota cities still allow smoking in bars. In Bismarck, deaths caused by COPD, influenza and pneumonia were lower than the state average. North Dakota’s overall quality of air, and minimal environmental exposures could attribute to this fact.

![Leading Health Issues North Dakota Adults](chart.png)
Diabetes

According to the Centers for Disease Control and Prevention, diabetes continues to be the leading cause of kidney failure, nontraumatic lower-extremity amputations, and blindness among adults, aged 20-74. In 2008, six percent of adults in North Dakota were diabetic; 6.4 percent of adults living in Burleigh County, 7.2 percent of adults in Morton and 6.5 percent of adults in Ward County suffered with diabetes. All four counties were slightly higher than the state average. St. Alexius’ 2010 Garrison and Turtle Lake study revealed 6.3 percent of adults living in that area were diabetic.

While the rate of North Dakota adults with diabetes is alarming, it is even more of a concern for our younger population, as the percentage of children in North Dakota who have diabetes is 4.5 per 1,000.

Native Americans in North Dakota have a 12.6 percent chance of developing diabetes. Our Community Health Assessment Study showed 604 Native Americans live in Morton County while 2,276 reside in Burleigh County.

Risk factors leading to adults having diabetes include: high blood pressure, high cholesterol, being overweight/obese, decreased exercise, smoking, and not eating enough fruits and/or vegetables.
Obesity Trends

Obesity Trends* Among U.S. Adults

BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’4” person)

Obesity Trends* Among U.S. Adults

BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’4” person)
Obesity

Obesity is a growing health concern for our country and is linked to many chronic health conditions such as, heart disease and stroke, diabetes, and cancer.

Adults in North Dakota are part of the National trend toward becoming more overweight/obese. In 2004, 25 percent of North Dakota adults were considered obese. Obesity prevalence in Morton County was 26 percent, 22.5 percent for Ward County and 20 percent Burleigh County. At the same time only 37 percent of North Dakota adults were at a healthy weight with a BMI (body mass index) between 18.5 and 24.9. The 2010 Health People target is 15 percent.
Increasing Access to Health Screenings

St. Alexius’ Community Health Needs Assessment enabled us to better understand the health needs of our community members. As a result of the study, we have embarked upon a journey to conduct free or low cost health screenings and education throughout our service area. These screens are designed to address the prevalent disease groups identified in our study and alert participants of potential health risks which might otherwise go undetected.

They include:
- Vascular Screening
- Wellness/Metabolic Syndrome Screening
- Memory Screening
- Prostate Screening
- Obstructive Sleep Apnea
- COPD

In order to engage participants and encourage them to be proactive with their health, pertinent health information is given to each participant relevant to his or her individual screening. We also provide “Health Trackers” to some participants, which are an educational tool meant to promote healthy lifestyles. It allows participants to record their results and to keep track of important tests, medications, and lab values.

In summary, St. Alexius is responding to identified community health needs through early recognition of treatment options and a education of health care costs through prevention. St. Alexius as a part of Catholic health care responds to community need through the various programs that benefit the community we serve.