

Fargo Cass Community Health
Snapshot Report

2010

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Purpose

The purpose of the *Fargo Cass Community Health Snapshot Report 2010* is to provide data that will assist Fargo Cass Public Health and other community leaders with goals for monitoring and improving community health. This report is used for public health and community planning. It is named a “*snapshot report*” because the indicator data provides program planners with a glimpse of the health of our community. Further research is recommended to identify reasons for indicator data results, especially data limitations. Please use the websites provided for each indicator to obtain a clearer picture of the data reported.

Contents of this report will be available on the City of Fargo web site at www.ci.fargo.nd.us/health/Community/index.htm.

Methodology

The report consists of eleven community goals and represents update of the *Fargo Cass Community Health Snapshot Report, May 2009*. Each goal has a number of indicators, including data that will be updated on a regular basis. The data is continuously monitored to identify areas of improvement or concern for Fargo and Cass County. (Note that some of the data in the 2009 report has been revised due to new information that was not available when data was collected in January to May 2009.)

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

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

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

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Goal: Our children will be healthy and start school ready to learn.

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

Indicator 1: Low Birth Weight Infants

Low birth weight is the risk factor most closely associated with neonatal death. Improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate.²

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

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

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

▲Data not available in April 2010

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention^{4 5 6 7 8}

Indicator 2: Immunizations by Age Two

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of vaccine preventable diseases in childhood and to provide the foundation for controlling vaccine preventable diseases among adults.⁹

Children Vaccinated by Age Two							
	2002	2003	2004	2005	2006	2007	2008
Cass County	N.A.	65.8	77.0	70.7	69.7	*70.6	*69.9
North Dakota	78.8	66.9	84.7	86.6	86.0	*77.2	*69.8
United States	78.5	82.2	83.5	83.1	83.2	*77.4	*76.1

Children Vaccinated by Age Two	
Plus 4+ doses of PCV7	2008
Cass County	†64.3
North Dakota	†65.5
United States	†68.4

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

Please Note: In late 2007, the ACIP (Advisory Committee on Immunization Practices) recommended PCV7, pneumococcal conjugate vaccine, to be included in the immunization schedule.¹⁰

***4:3:1:3:3:1 Series Coverage:** Either 4 or more doses of diphtheria and tetanus toxoids and pertussis (DTP) vaccine or diphtheria and tetanus toxoids (DT) vaccine, or diphtheria and tetanus toxoids and acellular pertussis (DtaP) vaccine; 3 or more doses of poliovirus vaccine; and 1 or more doses of measles-containing vaccine and 3 or more doses of hepatitis B vaccine, plus 1 or more dose of varicella vaccine.

†4:3:1:3:3:1 plus 4 or more doses of PCV7 Series Coverage: Either 4 or more doses of diphtheria and tetanus toxoids and pertussis (DTP) vaccine or diphtheria and tetanus toxoids (DT) vaccine, or diphtheria and tetanus toxoids and acellular pertussis (DtaP) vaccine; 3 or more doses of poliovirus vaccine; and 1 or more doses of measles-containing vaccine and 3 or more doses of hepatitis B vaccine, plus 1 or more dose of varicella vaccine, plus 4 or more doses of pneumococcal conjugate vaccine (PCV7)

4:3:1:3 Series Coverage: 4 or more doses of DtaP, diphtheria and tetanus toxoids and pertussis vaccine, 3 or more doses of poliovirus vaccine, 1 or more doses of any measles-mumps-rubella vaccine, MMR, and 3 or more doses of Haemophilus influenzae type b vaccine, Hib.

Data Sources: Fargo Cass Public Health¹¹, Centers for Disease Control and Prevention^{12 13 14 15}

Indicator 3: Tobacco Use During Pregnancy

*Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.*¹⁶

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

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

▲ Data not available as of April 2010.

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention^{4 5 6 7}

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

Indicator 4: Alcohol Use During Pregnancy

*A mother’s alcohol use during pregnancy is one of the top preventable causes of birth defects and developmental disabilities.*¹⁷

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

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

◆ Questions on alcohol use are included on the birth certificates of the District of Columbia and all States except California, Pennsylvania and Washington. However, the CDC has not reported national statistics on the use of Alcohol in Pregnancy since 2003. “Unfortunately, alcohol use is substantially underreported on the birth certificate, compared with data collected in nationally representative surveys of pregnant women. The birth certificate question on alcohol use from the 1989 revision is evidently not sensitive enough to measure this behavior accurately”, Centers for Disease Control and Prevention⁴.

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention⁴

Indicator 5: Prenatal Care in First Trimester

*Prenatal care can contribute to reductions in perinatal illness, disability, and death by identifying and mitigating potential risks and helping women to address behavioral factors, such as smoking and alcohol use, that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.*¹⁸

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

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

▲ Data not available as of April 2010.

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention^{4 5 6 7}

Note: The “Births: Final Data for 2004” report includes prenatal care data collected using two birth certificate versions. The questions on the two versions are not comparable. The *Fargo Cass Community Health Snapshot 2009* includes national data from the 1989 U.S. Standard Certificate (unrevised) used by 40 states, New York City, and the District of Columbia. “While the data based on the revised certificate show markedly less utilization in prenatal care than data from the unrevised certificate...most of the difference can be attributed to changes in reporting and NOT to prenatal care utilization. The wording was modified to ‘Date of first prenatal visit’. North Dakota uses the 2003 version of the certificate. The 2003 revision process resulted in recommendations that the prenatal care information be gathered from the prenatal care or medical records.”⁴

Goal: Families will provide a stable, supportive environment for their children.

Supportive and nurturing relationships promote children’s emotional security, social development and academic achievement. In addition, the economic insecurity of growing up in poverty means that children are more likely to lack adequate food and clothing, live in poor housing, become victims of crime and violence, lack basic health care and be less successful in school.¹

Indicator 6: Child Poverty

Household poverty is the most direct indicator of the economic status of children.¹

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

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

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

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

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

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

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

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

Data Source: U.S. Census Bureau, Census 2000¹⁹ and 2005 American Community Survey²⁰

Poverty Guidelines Department of Health and Human Services 2010 48 Contiguous States and D.C.									
Size of Family Unit	1	2	3	4	5	6	7	8	For each additional person, add:
100% Poverty	\$12,460	\$16,760	\$21,060	\$25,360	\$29,660	\$33,960	\$38,260	\$42,560	\$4,300

Data Source: U.S. Department of Health and Human Services²¹

Indicator 7: Free or Reduced Price Lunch Program

Research shows that when a child's nutritional needs are met, the child is more attentive in class and has better attendance and fewer disciplinary problems.²²

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

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

According to the Food and Research Action Center:

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

Data Source: North Dakota Department of Instruction²³

Indicator 8: Child Abuse and Neglect

Since children are the most vulnerable population, child abuse and neglect is a measure of the community's capacity for protection and support. Beyond the risk for injury and death, children who have been abused or neglected are more likely to perform badly in school, to abuse drugs or alcohol as adolescents, to be arrested for violent crime and to abuse their own children.²⁴

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

North Dakota	2001	2002	2003	2004	2005	2006	2007	2008
Total Assessments	6,965	7,089	6,851	6,900	6,876	6,743	6271	6982
*Estimated percentage of all children & adolescents	4.3%	4.5%	4.4%	4.5%	4.6%	4.5%	4.3%	4.9%

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

Data Source: Population Estimates: North Dakota Kids Count²⁵

Indicator 9: Teen Pregnancy

Teenage mothers, many of whom are single, face difficulties in providing a stable, supportive environment for their children.¹

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

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

▲Data not available as of April 2010.

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention^{4 5 6 7 8}

Indicator 10: Meals with Family

A 2002 review of 32 studies affirms that family routines (such as bedtime and dinner time) and family rituals (such as birthdays and family reunions) are associated with marital satisfaction, adolescents' sense of personal identity, academic achievement, children's health and stronger family relationships. The review does not suggest that any particular routine is crucial, but the presence of family routines and rituals in general is beneficial.²⁶

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

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

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

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

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

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

Data Sources: YRBSS: Fargo Public Schools²⁷, YRBSS: North Dakota Department of Public Instruction^{28 29 30 31 32}

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

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

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

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

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

Data Sources: YRBSS: Fargo Public Schools²⁷, YRBSS: North Dakota Department of Public Instruction^{28 29 30 31 32}

Goal: Cass County residents will be healthy.

This goal encompasses both physical and mental health throughout life. Indicators for the goal deal with both health status and healthy lifestyle choices.¹

Indicator 11: Leading Causes of Death

The leading causes of death in the United States generally result from a mix of behaviors: injury, violence, other factors in the environment and the unavailability or inaccessibility of quality health services.³³

Leading Causes of Death Diseases of the Heart							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	191.2	195.7	171.6	131.8	138.9	132.0	150.9
North Dakota	204.4	204.6	184.4	202.9	189.6	134.1	174.7
United States	241.7	232.3	217.0	211.1	200.2	190.7	▲

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

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

▲ Data not available as of April 2010.

Data Sources: North Dakota Department of Health³, Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Leading Causes of Death All Cancers (Malignant Neoplasms)							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	192.4	218.2	189.2	141.7	150.5	125.9	140.0
North Dakota	176.9	181.3	169.3	179.7	190.9	112.4	118.2
United States	193.2	190.1	185.8	183.8	180.7	177.5	▲

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

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

▲ Data not available as of April 2010.

Data Source: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Leading Causes of Death Cerebrovascular Disease							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	54.2	56.5	59.7	39.03	31.1	22.1	23.7
North Dakota	55.6	57.7	56.5	51.0	45.8	22.9	39.6
United States	56.4	53.5	50.0	46.6	43.6	41.6	▲

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

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

▲ Data not available as of April 2010.

Data Source: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Leading Causes of Death Chronic Lung Disease (Lower Respiratory)							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	19.6	35.7	38.7	21.5	19.3	24.9	25.5
North Dakota	43.1	39.5	35.3	34.6	36.5	17.1	45.5
United States	43.3	43.3	41.1	43.2	40.5	41.2	▲

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

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

▲ Data not available as of April 2010.

Data Source: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Leading Causes of Death Accidents							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	19.6	36.1	25.5	19.5	26.9	29.5	30.7
North Dakota	36.3	36.5	38.8	43.2	41.1	48.4	47.7
United States	37.0	37.3	37.7	39.1	37.8	39.8	▲

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

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

▲ Data not available as of April 2010.

Data Source: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Leading Causes of Death Alzheimer's Disease							
	2002	2003	2004	2005	2006	2007	2008
*Cass County	25.3	43.8	46.1	26.2	25.2	44.0	30.7
North Dakota	27.4	38.2	35.9	35.5	36.3	26.8	42.0
United States	20.4	21.4	21.8	22.9	22.6	22.8	▲

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

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

▲ Data not available as of April 2010.

Data Source: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

Indicator 12: Leading Cancer Deaths

*Cancer is the second leading cause of death in America, exceeded only by heart disease. Every year, cancer is diagnosed in more than a million people.*⁴⁰

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

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

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

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

▲ Data not available as of April 2010.

Data Sources: North Dakota Department of Health³ National Cancer Institute^{41 42 43 44 45}

Indicator 13: Leading New Cancers

*The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Adopting healthier lifestyles, for example, avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition and avoiding sun exposure, can significantly reduce a person's risk for cancer. Making cancer screening, information and referral services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths.*⁴⁰

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

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.

National rate per 100,000 and age-adjusted to the 2000 U. S. standard population by 5-year age groups.

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

Data Sources: North Dakota Department of Health⁴⁶, National Cancer Institute. **Error! Bookmark not defined.**

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

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

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

Data Sources: North Dakota Department of Health⁴⁶, National Cancer InstituteError! Bookmark not defined.

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

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

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

Data Sources: North Dakota Department of Health⁴⁶, National Cancer InstituteError! Bookmark not defined.

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

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.

National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

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

Data Sources: North Dakota Department of Health⁴⁶, National Cancer Institute⁴⁷

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

Cass County and North Dakota rates per 100,000 and age-adjusted to the Invalid Value(s) – User standard.

National rate per 100,000 and age-adjusted to the 2000 U. S. standard population (19 age groups-Census P25-1130).

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

Data Sources: North Dakota Department of Health⁴⁶, US Cancer Statistics Working Group⁴⁷

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

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

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

▲ Data not available as of April 2010.

Data Sources: North Dakota Department of Health⁴⁶, US Cancer Statistics Working Group⁴⁹

Indicator 14: Suicide Plans and Attempts Made by Youth

Approximately 20 percent of the U.S. population is affected by mental illness during a given year; no one is immune. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year.⁴⁸

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

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

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

▲ Data not available as of April 2010.

Data Sources: YRBSS: Fargo Public Schools²⁷, YRBSS: North Dakota Department of Public Instruction^{29 30 31 32} Error! Bookmark not defined. Centers for Disease Control and Prevention⁴⁹

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

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

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

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

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

▲ Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{29 30 31 32} Error! Bookmark not defined. Centers for Disease Control and Prevention⁴⁹

Indicator 15: Incidence of Sexually Transmitted Diseases

*Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. About one-half of all new HIV infections in the United States are among people under age 25 years, and the majority of these individuals are infected through sexual behavior.*⁵⁰

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

Rate per 100,000 population in respective geographic areas.

Data Sources: North Dakota Department of Health^{51 52 53} Centers for Disease Control and Prevention^{54 55 56 57 58 59 60 61 62 63}

ND & Cass 2003 Data, contact representative through website <http://www.ndhealth.gov/STD/Contact/Contact.htm>

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

▲Data not available as of April 2010.

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

Indicator 16: Sexual Behavior - Adolescents

*Abstaining from sexual intercourse offers maximum protection to adolescents who are generally poorly prepared to deal with the physical and psychological consequences of HIV infection, other sexually transmitted diseases and pregnancy.*⁶⁴

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{29 30 31 32} **Error! Bookmark not defined.** Centers for Disease Control and Prevention⁵⁰

Indicator 17: Marijuana Use - Adolescents

*The younger a person becomes a habitual user of illicit drugs, the stronger the addiction becomes and the more difficult it is to stop use.*⁶⁵

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30 31 32} Centers for Disease Control and Prevention⁵⁰

Indicator 18: Cigarette Use

*Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking is a major risk factor for heart disease, stroke, lung cancer and chronic lung diseases. Other health effects of smoking result from injuries and environmental damage caused by fires.*⁶⁶

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30 31 32} Centers for Disease Control and Prevention⁵⁰

Indicator 19: Alcohol Use – Binge Drinking

Alcohol abuse is associated with motor vehicle crashes, homicides, suicides and drowning – leading causes of death among youth. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease and pancreatitis.⁷⁰ Binge drinking is a national problem, especially among males and young adults.⁷¹

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30 31 32} Centers for Disease Control and Prevention⁵⁰

Indicator 20: Obesity and Overweight

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy. There is much concern about the increasing prevalence of obesity in children and adolescents. Overweight and obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life.⁷²

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

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

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

† Previously termed “At Risk for Becoming Overweight” & “Overweight” 2001-2005. “Previous Youth Risk Behavior Survey reports used the term ‘overweight’ to describe youth with a BMI >95th percentile for age and sex [commonly referred to as ‘obese’] and ‘at risk for overweight’ for those with a BMI >85th percentile and <95th percentile [commonly referred to as ‘overweight’]. This report [2007] uses the terms ‘obese’ and ‘overweight’ in accordance with the 2007 recommendations from the Expert Committee on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity convened by the American Medical Association.”⁵⁰ Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

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

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

▲ Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30 31 32} Centers for Disease Control and Prevention⁵⁰

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

Percentage of adult survey participants in respective geographic areas with a BMI 25-29.99

Data was calculated using self-reported height and weight.

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

Data was calculated using self-reported height and weight.

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

Indicator 21: Physical Activity

Increases in daily activity to ensure a weekly expenditure of an additional 1,000 calories would have significant individual and public health benefits for chronic health disease prevention and deaths from all causes, especially for persons who are sedentary. Physical activity among children and adolescents is important because of the related health benefits (cardiorespiratory function, blood pressure control, weight management) and because a physically active lifestyle adopted early in life may continue into adulthood.⁷³

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

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

According to Centers for Disease Control and Prevention:

- Vigorous physical activity: Exercising or participating in physical activities that made students sweat and breathe hard for ≥20 minutes on ≥3 of the 7 days preceding the survey. Moderate physical activity: Physical activities that did not make students sweat or breathe hard for ≥30 minutes on ≥5 of the 7 days preceding the survey.⁷⁴ Region 5 includes the following North Dakota Counties: Cass, Ransom, Richland, Sargent, Steele and Traill.

◦Raw data information listed below for space considerations.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30} Centers for Disease Control and Prevention⁵⁰

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

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{31 32} Centers for Disease Control and Prevention⁵⁰

Indicator 22: Leisure Time Physical Activity

For most persons, the greatest opportunity for physical activity is associated with leisure time, because few occupations today provide sufficient vigorous or moderate physical activity to produce health benefits.⁷³

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

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

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

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

◦Raw data information listed below for space considerations.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30} Centers for Disease Control and Prevention⁴⁹

Indicator 23: Consumption of Fruits and Vegetables

Many dietary components are involved in the relationship between nutrition and health. A primary concern is consuming too much saturated fat and too few vegetables, fruits and grain products that are high in vitamins and minerals, carbohydrates (starch and dietary fiber) and other substances that are important to good health.⁷⁵

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

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

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

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

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

▲Data not available as of April 2010.

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{31 32} Centers for Disease Control and Prevention⁵⁰

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

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

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

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

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

Data Sources: Fargo Public Schools²⁷, North Dakota Department of Public Instruction^{28 29 30} Centers for Disease Control and Prevention⁵⁰

Indicator 24: Incidence of Diabetes

*Diabetes is a serious, costly and increasingly common chronic disease that can cause devastating complications—including heart disease, kidney failure, leg and foot amputations and blindness—that often result in disability and death. Early detection, improved delivery of care and better self-management are key strategies for preventing much of the burden of diabetes.*⁷⁶

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons.⁷⁷

Indicator 25: Regular Source of Primary Care

A usual source of primary care helps people clarify the nature of their health problems and can direct them to appropriate health services, including specialty care.⁷⁷

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

Indicator 26: Dentist Visit

Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage and, in some cases, reverse the problem.⁷⁸

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

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

Indicator 27: Health Insurance

Health insurance coverage is a good indicator of progress toward the goal because it increases the likelihood that people will get the preventive care and treatment they need to stay healthy.¹

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

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

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

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

Data Source: BRFSS: Centers for Disease Control and Prevention^{67 68 69}

Persons Without Health Insurance (US Census Data)		
	2001-2003	2003-2005
North Dakota	10.5	15.7
United States	15.1	11.2

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

Data Source: U.S. Census Bureau^{79 80}

Indicator 28: Health Care Programs for Children

The availability of, and access to quality health care, directly affects the health of the population, especially those at high risk due to chronic medical conditions or low socio-economic status.⁸¹

Medicaid Program Participant (Ages 0 to 20)							
Cass County	2003	2004	2005	2006	2007	2008	2009
Total Medicaid participants	5,972	6,533	6,793	7,489	7,494	8,326	9,604
*Estimated Percentage of Population	20%	23%	24%	24%	23%	*23%	*30%
Estimated population of children aged 0-17	29,211	28,140	28,066	30,083	31,348	*31,348 2007 pop	*31,348 2007 pop

North Dakota	2003	2004	2005	2006	2007	2008	2009
Total Medicaid participants	38,544	41,073	41,794	42,018	40,642	43,607	48,284
*Estimated Percentage of Population	26%	29%	30%	29%	28%	*30%	*33%
Estimated population of children aged 0-17	148,012	140,638	137,998	144,876	142,809	*142,809 2007 pop	*142,809 2007 pop

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

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

*Percentage of population is offered for estimation purposes only. The estimated population used is from North Dakota Kids Count Fact Books and include children and adolescents ages 0 to 17. The last population estimate was published in 2007.

Data Source: North Dakota KIDS COUNT^{82 83 84 85 86 87 88} North Dakota Department of Human Services⁸⁹

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

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

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

*To qualify for Healthy Steps Program, a family's net income must be greater than the Medicaid level, but cannot exceed 140% of the federal poverty level.*⁹⁰

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

Data Source: Children's Health Insurance Program, CHIP, North Dakota Department of Human Services⁸⁹

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

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

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

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

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

Data Source: Caring for Children program⁹¹

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

Local residents want to be comfortable and safe in their surroundings. When people feel safe, they are more likely to be involved in their communities.¹

Indicator 29: Violent Crime

Because of their serious nature, violent crimes are considered a better indicator of the crime situation than is total crime, which includes several minor infractions. Violent crime exacts a substantial social cost in a community and is an indicator of the presence of several determinants of criminal behavior: poverty, drug abuse and the general acceptance of violence within the culture.⁹²

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

*Cass County numbers include Fargo violent crime numbers

Rate per 100,000 population in respective geographic areas.

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

Data Source: 2003-2005, Fargo Police Department ⁹³ 2006-2008, North Dakota Attorney General ^{94 95 96 97}, Federal Bureau of Investigation ^{98 99}

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Indicator 30: Restraint Device Use in Motor Vehicle Crashes

*Safety belts, when worn correctly, are the most effective way for occupants to reduce the risk of death and serious injury in a motor vehicle crash on public roads.*¹⁰⁴

Injuries					
No Restraint Device Used					
	2002	2004	2006	2007	2008
Cass County	70% 737 of the 1,047 occupants injured did not use a restraint device	72% 733 of the 1,010 occupants injured did not use a restraint device	75% 776 of the 1,028 occupants injured did not use a restraint device	72% 782 of the 1078 occupants injured did not use a restraint device	▲
North Dakota	26% 1,135 of the 4,364 occupants injured did not use a restraint device	21% 864 of the 4,098 occupants injured did not use a restraint device	64% 2,644 of the 4,139 occupants injured did not use a restraint device	17% 644 of the 3,629 occupants injured did not use a restraint device	1.6% 611 of the 3,665 occupants injured did not use a restraint device
United States	10.6% 284,000 of the 2,684,000 occupants injured did not use a restraint device	8.1% 206,000 of the 2,543,000 occupants injured did not use a restraint device	7.8% 183,000 of the 2,331,000 occupants injured did not use a restraint device	7.6% 170,000 of the 2,221,000 occupants injured did not use a restraint device	6.8% 141,000 of the 2,072,000 occupants injured did not use a restraint device

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

Data Source: Safe Communities Coalition of the Red River Valley¹⁰⁵, North Dakota Department of Transportation¹⁰⁶, National Highway Traffic Safety Administration¹⁰⁷

▲ Data not available as of April 2010.

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

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

Data Source: Safe Communities Coalition of the Red River Valley¹⁰⁸, North Dakota Department of Transportation¹⁰⁶, National Highway Traffic Safety Administration¹⁰⁷

Indicator 31: Alcohol Related Motor Vehicle Crashes

The 16,694 fatalities in alcohol-related crashes during 2004 represent an average of one alcohol-related fatality every 31 minutes.¹⁰⁹

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

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

▲Data not available as of April 2010.

Data Source: Safe Communities Coalition of the Red River Valley¹⁰⁸, North Dakota Department of Transportation¹⁰⁶, National Highway Traffic Safety Administration¹⁰⁷

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

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

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

Data Source: *Safe Communities Coalition of the Red River Valley¹⁰⁸

Fatalities Alcohol Related					
	2002	2004	2006	2007	2008
Cass County	0% 0 of the 6 total occupant fatalities were in alcohol related crashes	16% 1 of the 6 total occupant fatalities were in alcohol related crashes	33% 2 of the 6 total occupant fatalities were in alcohol related crashes	71% 5 of the 7 total occupant fatalities were in alcohol related crashes	12% 1 of the 8 total occupant fatalities were in alcohol related crashes
North Dakota	50% 48 of the 97 total occupant fatalities were in alcohol related crashes	38% 38 of the 100 total occupant fatalities were in alcohol related crashes	42% 47 of the 111 total occupant fatalities were in alcohol related crashes	56% 63 of the 111 total occupant fatalities were in alcohol related crashes	51% 53 of the 104 total occupant fatalities were in alcohol related crashes
United States	40.0% 17,419 of the 42,815 total occupant fatalities were in alcohol related crashes	39% 16,694 of the 42,636 total occupant fatalities were in alcohol related crashes	41% 17,602 of the 42,642 total occupant fatalities were in alcohol related crashes	37% 15,387 of the 41,059 total occupant fatalities were in alcohol related crashes	35% 11,773 of the 37,261 total occupant fatalities were in alcohol related crashes

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

Data Source: Safe Communities Coalition of the Red River Valley¹⁰⁸, North Dakota Department of Transportation¹⁰⁶, National Highway Traffic Safety Administration¹⁰⁷

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

This goal reflects the value Cass County residents place on independence and personal responsibility but also recognizes that at times, people may need to rely on others for assistance. Progress in providing help (participation in public programs) does not necessarily mean progress in independent living; both must be evaluated to understand the bigger issue.¹

Indicator 32: Food Insecurity

While starvation seldom occurs in this country, children and adults do go hungry, and chronic, mild under-nutrition does occur when financial resources are low. The mental and physical changes that accompany inadequate food intakes can have harmful effects on learning, development, productivity, physical and psychological health and family life.¹¹⁰

Food Insecure Households Low or Very Low Food Security							
	1998	2002	2005	2005	2006	2007	2008
North Dakota	5.5	8.1	6.4	6.4	6.4	6.5	6.9
United States	11.3	10.8	11.4	11.3	10.9	11.1	14.6

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

According to the U.S. Department of Agriculture:

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

Data Source: U.S. Department of Agriculture^{110 111}

Food Shelves Individuals Served													
	2003	2004	Change	2005	Change	2006	Change	2007	Change	2008	Change	2009	Change
Fargo	29,152	30,886	+5.9%	32,132	+4.0%	30,897	-3.8%	31,873	+3.2%	41,653	+23%	47,446	+12%
*Metro	49,474	52,437	+6.0%	54,001	+3.0%	55,706	+3.2%	58,404	+4.8%	66,322	+12%	79,434	+17%

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

*Metro: Fargo, ND – Moorhead, MN **Data Source:** Great Plains Food Bank¹¹²

Indicator 33: Homelessness

This indicator deals with one of the most basic human needs: a safe, stable place to live.¹

Homeless Estimates One Night				
	Oct. 26, 2000	Oct. 23, 2003	Oct 26, 2006	Percent increase
Fargo	411	458	610	+ 48.4%
*Metro	602	821	821	+36.4%

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

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

*Metro: Fargo, ND – Moorhead, MN

Data Source: Wilder Research Center¹¹³

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

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

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

Note: Churches United for the Homeless moved to a new location and increased the number of beds in the shelter in September 2004.

*The YWCA will never turn away a woman or child if they are coming to the YWCA due to violence. Turn away numbers do not include children, only women.

—Did not collect the number of people turned away.

Data Sources: Fargo and Moorhead Homeless Shelters ^{114 115 116 117}

Goal: People will participate in government and politics.

This goal reflects Cass County residents' belief that broad-based and energetic citizen participation in the political process and civic affairs is a sign of a healthy democracy.¹

Indicator 34: Voter Participation

High voter turnout is an indicator that people are interested and believe they can make a difference in government.¹

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

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

▲Data not available as of April 2009.

Data Sources: Cass County Auditor¹¹⁸, North Dakota Secretary of State¹¹⁹ U.S. Census Bureau^{120 121 122}

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

Income that is slightly above the poverty level is not adequate for a reasonable standard of living. The indicators for this goal deal with several aspects of employment, income and a household's ability to live a decent life.¹

Indicator 35: Median Family Income

Income and poverty levels reflect the ability of residents to provide for themselves and their families, their capacity to support neighborhood businesses and their prospects for building assets for the future.¹²³

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

Median income of families in respective geographic areas.

According to the Census Bureau glossary:

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

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

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

Data Source: U.S. Census Bureau¹²⁴

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

Estimated median family income in respective geographic areas.

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

Data Source: U.S. Department of Housing and Urban Development¹²⁵

Indicator 36: Poverty

Measuring the percentage of people who live in poverty gives an indication of how many people are not financially able to maintain a minimum standard of living.¹

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

Percentage of individuals below poverty in respective geographic areas.

Data Source: U.S. Census Bureau¹²⁴

Indicator 37: Unemployment

Unemployment rates are important for individuals and communities. At the individual level, unemployment reduces household income, can limit access to health insurance and contributes to psychological stress. At the community level, increases in unemployment can be a reflection of the inability of the community to provide employment and can place demands on community services.²⁴

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

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

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

SA: Seasonally Adjusted

Data Sources: North Dakota Job Service¹²⁶

Indicator 38: No High School Diploma

The level of education attained is an indirect measure of literacy in a community. Literacy is vital to the development of strong families, which are an essential element in building and maintaining healthy communities.²⁴

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

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

Data Source: U.S. Census Bureau¹²⁷

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

Economic growth creates jobs and may increase opportunities for better jobs and improved living standards. Cass County can be a place with a high quality of life driven by a strong economy. Sustainable, strong economic growth puts Cass County in a better position to achieve other stated goals.¹

Indicator 39: Labor Force Participation

High labor participation rates, as measured by the proportion of the working age population that is in the workforce, contribute to strong and sustainable economic growth.¹

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

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

Data Source: U.S. Census Bureau¹³⁰

Indicator 40: Diversity of Economic Activity

Understanding the kinds of jobs in which its resident's work can help a city tailor education, economic development and career development strategies that enhance economic security for working families.¹²³

Occupations (U.S. Census Data) 2000				
	Fargo	Cass	ND	USA
Management, professional, and related	34.1%	33.4%	33.3%	33.6%
Service	15.2%	14.6%	16.7%	14.9%
Sales and office	31.2%	30.8%	26.1%	26.7%
Farming, fishing and forestry	0.4%	0.6%	1.7%	0.7%
Construction, extraction and maintenance	7.5%	8.2%	9.8%	9.4%
Production, transportation and material moving	11.5%	12.4%	12.4%	14.6%

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

Data Source: U.S. Census Bureau¹²⁷

Industry (U.S. Census Data) 2000				
	Fargo	Cass	ND	USA
Agriculture, forestry, fishing, and hunting and mining	0.9%	1.8%	8.2%	1.9%
Construction	5.9%	6.3%	6.2%	6.8%
Manufacturing	8.3%	9.0%	7.1%	14.1%
Wholesale trade	5.0%	5.2%	3.7%	3.6%
Retail trade	15.3%	14.8%	12.7%	11.7%
Transportation and warehousing, and utilities	4.2%	4.9%	5.7%	5.2%
Information	2.6%	2.3%	2.3%	3.1%
Finance, insurance, real estate and rental and leasing	8.9%	8.9%	5.9%	6.9%
Professional, scientific, management, administrative and waste management services	8.6%	7.9%	6.0%	9.3%
Educational, health and social services	23.6%	22.8%	24.2%	19.9%
Arts, entertainment, recreation, accommodation and food services	9.5%	8.7%	8.2%	7.9%
Other services (except public administration)	4.5%	4.7%	4.9%	4.9%
Public administration	2.7%	2.7%	4.8%	4.8%

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

Data Source: U.S. Census Bureau¹³⁵

Indicator 41: Post Secondary Education

*Higher levels of education are associated with longer and healthier life. In addition, education beyond high school is increasingly necessary for attaining career goals.*²⁴

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

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

Data Source: U.S. Census Bureau¹³⁵

Indicator 42: High School Graduation Rate

*A high school diploma is a sign of basic academic competence. It is generally considered a minimum requirement for entry into the workforce and is an essential prerequisite for additional education and training.*¹

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

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

Data Source: North Dakota Department of Public Instruction¹²⁸

Indicator 43: Age Dependency Ratio

*The total dependency ratio measures the dependency that non-working age people have on working-age people. It indicates the economic responsibility of those economically active in providing for those that are not.*¹²⁹

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

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

Data Source: U.S. Census Bureau¹³⁰

Indicator 44: Household Growth

*The household composition of a city can provide leaders critical intelligence as to the kinds of housing and services they need to provide.*¹²⁴

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

Number of households in respective geographic areas.

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

Data Source: U.S. Census Bureau, Census 1990¹³¹ and Census 2000¹³²

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

An adequate supply of affordable housing is vital to healthy families, communities and local economies. Concern about affordability is mounting in many communities, especially where affordable housing is disappearing and where growing businesses have trouble attracting workers due to shortages of affordable housing.¹

Indicator 45: Housing Cost Burden

The lack of affordable housing is a significant hardship for low-income households, preventing them from meeting their other basic needs, such as nutrition and health care, or saving for their future and that of their families.¹³³

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

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

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

Data Source: U.S. Department of Housing and Urban Development¹³⁴

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

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

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

Data Source: U.S. Department of Housing and Urban Development¹³⁴

Indicator 46: Home Ownership Rate

A high home ownership rate is typically an indication that the housing stock is in at least fair condition and that housing is affordable.¹

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

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

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

Data Source: U.S. Census Bureau, Census 2000¹³⁵ and 2005 American Community Survey¹³⁶

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

Continued prosperity and community well-being depends on conserving and maintaining the natural systems that are the base for economic activity.¹

Indicator 47: Air Pollution

Air pollutants can harm human health and the environment. Air pollution imposes environmental costs through such things as acid rain and toxic exposure for aquatic life and economic costs, mainly in the form of public health expenditures and regulatory costs.¹

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

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

Data Sources: North Dakota Department of Health¹³⁷

Indicator 48: Water Quality

A clean and abundant water supply is essential to economic and human health. Nearly every commercial and biological process requires it; the human body is roughly two-thirds water. The use, quality and availability of water are important indicators of future economic and environmental conditions.¹

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

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

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

Data Source: Fargo Cass Public Health¹³⁸

Indicator 49: Food Safety

*Performance standards define public food safety expectations. Critical violations are a provision of the Food Code that, if in noncompliance, are more likely than other violations to contribute to food contamination, illness or an environmental health hazard.*¹³⁹

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

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

Data Source: Fargo Cass Public Health¹³⁸

Additional Demographics

2000								
(U.S. Census Data)								
	FARGO		CASS COUNTY		NORTH DAKOTA		UNITED STATES	
Total population	90,599	100%	123,138	100%	642,200	100%	281,421,906	100%
Under 5 years	5,763	6.4%	8,130	6.6%	39,400	6.1%	19,175,798	6.8%
5 - 19 years	17,283	19.0%	25,435	20.7%	144,064	22.4%	61,297,467	21.8%
20 - 24 years	13,477	14.9%	14,950	12.1%	50,503	7.9%	18,964,001	6.7%
25 - 44 years	28,195	31.1%	38,568	31.3%	174,891	27.3%	85,040,251	30.2%
45 - 64 years	16,761	18.5%	24,154	19.5%	138,864	21.6%	61,952,636	22.0%
65 - 84 years	7,703	8.5%	10,172	8.2%	79,752	12.4%	30,752,166	10.9%
85 years and over	1,417	1.6%	1,729	1.4%	14,726	2.3%	4,239,587	1.5%
One race	89,284	98.5%	121,551	98.7%	634,802	98.8%	274,595,678	97.6%
White	85,321	94.2%	117,106	95.1%	593,181	92.4%	211,460,626	75.1%
Black or African American	922	1.0%	996	0.8%	3,916	0.6%	34,658,190	12.3%
American Indian and Alaska Native	1,119	1.2%	1,325	1.1%	31,329	4.9%	2,475,956	0.9%
Asian	1,482	1.6%	1,551	1.3%	3,606	0.6%	10,242,998	3.6%
Some other race	440	0.4%	573	0.4%	2,770	0.4%	15,757,908	5.6%
Two or more races	1,315	1.5%	1,587	1.3%	7,398	1.2%	6,826,228	2.4%
Hispanic or Latino	1,167	1.3%	1,518	1.2%	7,786	1.2%	35,305,818	12.5%
Speak a language other than English at home (5 years and over)	5,371	6.3%	6,316	5.5%	37,976	6.3%	46,951,595	17.9%
Households with individuals under 18 years	10,751	27.4%	15,857	30.9%	83,975	32.7%	38,022,115	36.0%
Average household size	2.2		2.3		2.4		2.6	
Median household income	\$35,510		\$38,147		\$34,604		\$41,994	

Data Sources: U.S. Census Bureau¹³⁶

Additional Demographics

Birth Rate				
	Fargo	Cass County	North Dakota	United States
2002 Birth rate per 1,000	14.5	13.9	12.1	13.9
2003 Birth rate per 1,000	15.1	14.9	12.4	14.1
2004 Birth rate per 1,000	14.7	14.5	12.7	14.0
2005 Birth rate per 1,000	10.9	15.7	13.1	14.2
2006 Birth rate per 1,000	11.0	16.3	13.4	14.2
2007 Birth rate per 1,000	15.2	16.7	13.7	14.3
2008 Birth rate per 1,000	16.0	17.7	13.9	▲
Death Rate				
2002 Death rate per 100,000	725.2	653.7	915.3	845.3
2003 Death rate per 100,000	745.0	769.2	942.2	832.7
2004 Death rate per 100,000	679.9	659.7	865.1	816.5
2005 Death rate per 100,000	488.1	602.6	891.2	825.9
2006 Death rate per 100,000	497.0	627.8	910.3	760.3
2007 Death rate per 100,000	699.8	642.4	861.6	776.5
2008 Death rate per 100,000	698.7	677.3	908.7	▲

Data Sources: North Dakota Department of Health³ Centers for Disease Control and Prevention^{34 35 36 37 38 39}

▲Data not available as of April 2010.

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