

# Grand Forks, ND

Ranking Summary (of 306 Local Areas)	2016 Scorecard		2012 Scorecard (Rev.) <sup>a</sup>	
	Quintile	Rank	Quintile	Rank
<b>OVERALL</b>	<b>2</b>	<b>78</b>	<b>1</b>	<b>56</b>
Access & Affordability	1	46	1	57
Prevention & Treatment	1	30	1	15
Avoidable Hospital Use & Cost	3	149	3	141
Healthy Lives	3	166	2	114

Change in Performance <sup>c</sup>	2016 Scorecard	
	count	percent
Indicators with trends	32	100%
Area rate improved	13	41%
Area rate worsened	5	16%
Little or no change in area rate	14	44%

Percentage of Indicators This Area Ranked in the:	2016 Scorecard	
	count	percent
Total indicators	35	100%
Top 10th percentile	8	23%
Top quintile	8	23%
2nd quintile	4	11%
3rd quintile	12	34%
4th quintile	10	29%
Bottom quintile	1	3%
Bottom 10th percentile	4	11%

Demographic Characteristics <sup>b</sup>	Grand Forks, ND	U.S. Average
<b>Total Population</b>	<b>165,359</b>	<b>313,922,028</b>
Median Household Income	\$57,265	\$58,489
Below 200% of Federal Poverty Level (FPL)	31%	34%
200% to 399% of FPL	33%	30%
400% of FPL or higher	36%	36%
% White Race, Non-Hispanic	88%	62%
% Black Race, Non-Hispanic	2%	12%
% Other Race, Non-Hispanic	7%	8%
% Hispanic Ethnicity	4%	17%

Estimated Impact of Local Improvement <sup>d</sup>	
If Grand Forks, ND improved its performance to the level of the best-performing local area for this indicator, then:	
2,008	more adults (ages 19–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
18,830	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
8,312	more adults would receive age and gender appropriate recommended preventive care, such as colon cancer screenings, mammograms, and pap smears
153	fewer Medicare beneficiaries would receive an unsafe medication
48	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
62	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
835	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries
6,219	fewer adults (ages 18–64) would have lost six or more teeth because of tooth decay, infection, or gum disease

## Notes

(a) Ranks from the 2012 edition of the Local Scorecard have been revised to match methodology and measure definitions used in the 2016 edition.

(b) The Local Scorecard reports at the level of the Hospital Referral Region (HRR), an area representing the local market for health care services, defined by health care utilization patterns. HRR boundaries may differ from other commonly used region definitions (e.g., county or Metropolitan Statistical Areas).

(c) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. Little or No change denotes no change in rate or a change of less than one-half of a standard deviation.

(d) The table shows the estimated impact if this HRR's performance improved to the rate of the best-performing HRR for eight Scorecard indicators. Benchmark HRRs, those with the best rate, have an estimated impact of zero (0).

[See the interactive 2016 Local Scorecard report and link to Scorecard methodology at www.CMWF.org.](#)

Table 1. Local Area Health System Performance Indicator Data by Dimension

Dimension and Indicator	Data Year	Grand Forks, ND			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>	
		Performance Quintile	Rank (of 306 )	Area Rate	North Dakota Rate	U.S. Average	Best Area Rate					
ACCESS & AFFORDABILITY								2016 Scorecard			Baseline	
Adults ages 19–64 uninsured	2014	1	20	9%	10%	16%	4%	2012	13%	21%	Improved	
Children ages 0–18 uninsured	2014	*	*	*	7%	6%	2%	2012	*	7%	--	
Adults who went without care because of cost in past year	2013/14	1	13	9%	7%	15%	6%	2011/12	7%	15%	No Change	
At-risk adults without a routine doctor visit in past two years	2013/14	2	122	13%	17%	14%	6%	2011/12	20%	14%	Improved	
Adults without a dental visit in past year	2012 & 2014	3	159	16%	14%	15%	9%	--	--	--	--	
PREVENTION & TREATMENT								2016 Scorecard			Baseline	
Adults with a usual source of care	2013/14	4	223	75%	75%	79%	90%	2011/12	72%	79%	Improved	
Adults with age and gender appropriate cancer screenings	2012 & 2014	3	176	66%	66%	70%	79%	--	--	--	--	
Adults with age appropriate vaccines	2013/14	1	21	43%	39%	35%	49%	2011/12	38%	35%	Improved	
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2013	1	8	11%	12%	17%	9%	2011	13%	20%	No Change	
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2013	1	1	9%	12%	20%	9%	2011	13%	23%	Improved	
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2011 - 06/2014	3	143	12.8%	12.6%	12.8%	11.3%	07/2010 - 06/2013	13.2%	13.2%	Improved	
Hospital safety composite score <sup>2</sup>	07/2012 - 06/2014	4	237	0.9	0.8	0.8	0.6	07/2011 - 06/2013	1.0	0.9	Improved	
Hospitalized patients given information about what to do during their recovery at home	2014	5	304	79%	81%	86%	91%	2013	80%	86%	No Change	
Hospitalized patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2014	4	209	66%	67%	68%	76%	2013	70%	68%	Worsened	
Home health patients who get better at walking or moving around	2014	4	191	60%	61%	63%	70%	2012	53%	59%	Improved	
Home health patients whose wounds improved or healed after an operation	2014	2	91	91%	89%	89%	96%	2012	89%	89%	Improved	
High-risk nursing home residents with pressure sores	1/2015 - 9/2015	1	19	4%	4%	6%	1%	1/2013 - 9/2013	3%	6%	Worsened	
Long-stay nursing home residents with an antipsychotic medication	1/2015 - 9/2015	3	153	18%	19%	18%	7%	1/2013 - 9/2013	18%	21%	No Change	

Table 1. Local Area Health System Performance Indicator Data by Dimension (continued)

Dimension and Indicator	Data Year	Grand Forks, ND			Benchmarks			Data Year	Area Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>
		Performance Quintile	Rank (of 306 )	Area Rate	North Dakota Rate	U.S. Average	Best Area Rate				
2016 Scorecard								Baseline			
AVOIDABLE HOSPITAL USE & COST											
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, ages 65–74, per 1,000 beneficiaries	2014	3	150	27	22	27	9	2012	25	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, age 75 and older, per 1,000 beneficiaries	2014	3	177	70	61	66	33	2012	73	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	3	132	27	28	27	10	2012	33	34	Improved
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2012	1	34	16%	16%	20%	12%	2010	15%	22%	No Change
Long-stay nursing home residents hospitalized within a six-month period	2012	4	241	23%	15%	17%	5%	2010	25%	19%	No Change
Home health patients also enrolled in Medicare with a hospital admission	2014	4	211	17%	18%	16%	12%	2012	18%	17%	Improved
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2013	3	130	179	178	181	122	2011	209	185	Improved
Total reimbursements per enrollee (age 18-64) with employer-sponsored insurance	2014	3	147	\$4,409	\$4,438	\$4,569	\$2,720	2013	\$4,368	\$4,489	No Change
Total Medicare (Parts A & B) reimbursements per enrollee	2014	2	101	\$8,161	\$7,724	\$8,819	\$5,593	2012	\$7,923	\$8,854	No Change
2016 Scorecard								Baseline			
HEALTHY LIVES											
Mortality amenable to health care, deaths per 100,000 population	2012-13	3	133	81	70	84	47	2010-11	77	85	No Change
Breast cancer deaths per 100,000 female population	2012-13	3	163	22.8	18.8	22.8	12.3	2010-11	21.7	23.7	No Change
Colorectal cancer deaths per 100,000 population	2012-13	4	193	16.9	15.6	15.9	9.6	2010-11	21.2	16.7	Improved
Suicide deaths per 100,000 population	2012-13	4	201	15.5	16.2	12.9	6.0	2010-11	13.4	12.5	Worsened
Infant mortality, deaths per 1,000 live births	2012-13	4	232	7.5	6.2	6.0	2.5	2010-11	5.9	6.1	Worsened
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2013/14	1	17	21%	19%	25%	13%	2011/12	20%	25%	No Change
Adults who smoke	2013/14	3	155	20%	20%	19%	7%	2011/12	18%	19%	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2013/14	4	231	35%	29%	28%	14%	2011/12	31%	28%	Worsened
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012 & 2014	2	105	10%	8%	10%	2%	--	--	--	--

Table 1 Notes:

\* Data for this area not available for this indicator.

-- Historical data not available or not comparable over time.

(1) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all Hospital Referral Regions (HRRs) over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation.

(2) Values are the unweighted average of the region's hospitals' safety composite (PSI 90) score.