Chapter 1: The Population of North Dakota and Attendant Healthcare Needs
Figure 1.1. Population densities of metropolitan, micropolitan, and rural counties in North Dakota.\textsuperscript{4,9}
Figure 1.2. Age of people in North Dakota compared with U.S. in 2019.4
There are more North Dakotans 85 and older compared with the U.S. population. There are fewer North Dakotans between the ages of 40 to 64 and 65 to 84 relative to the U.S. population.
Figure 1.3. Average age of North Dakota residents from 1980 to 2010 by metropolitan, micropolitan, and rural counties.\textsuperscript{5-9}

The average age has increased from 33 years in 1980 to over 37 years in 2010. This trend is projected to increase as the baby boomer population ages. Rural North Dakotans are older than both micropolitan and metropolitan North Dakotans.
Figure 1.4. Average age of North Dakota farmers from 1964 to 2017.

The increase in average age has been especially pronounced in North Dakota farmers, whose average age rose from 47.3 to 56.0 years from 1982 to 2017.
In 2018, the federal Office of Management and Budget (OMB) considered the poverty level for a family of two to be $16,460 and for a family of four it was $25,100. In 2018, 10.6% of North Dakota residents were in poverty (the U.S. had 13.1% in poverty) and lived in all regions of North Dakota. Poverty rose from 8.5% to 9.9% in metropolitan areas since 2000, and in rural areas it remained roughly the same, from 12.0% to 12.7%. The poverty rate from 2000 to 2018 was higher in rural North Dakota than in other areas.
Figure 1.6. Percentage of population in poverty in North Dakota, by county, 2018.\textsuperscript{16}

In 2018, five counties had more than 20% of their population in poverty. These five counties are designated as rural and 3 have significant American Indian populations. Eleven counties in North Dakota have poverty rates less than or equal to 10% compared to 25 counties within this poverty rate range in 2016.
Figure 1.7. Population of North Dakota from 1910 to 2019.

N.D. population increased from 577,056 in 1910 to 680,845 in 1930, decreased to 617,761 in 1970, and then increased to 674,518 in 2010. North Dakota’s highest population was in 1930. In 2019, the U.S. Census Bureau estimated projected population was 762,062. North Dakota has gained more than 100,000 residents since 2000, when the population was 642,200.
Figure 1.8. Percentage change in county population from 2000 to 2019.⁴
Six counties have increased their population by greater than 30% from 2000 to 2019. These six counties are Burleigh, Cass, McKenzie, Mountrail, Stark, and Williams. From 2000 to 2019, 39 counties have lost population.
Figure 1.9. Percent of population aged 65 and over in 1990, 2000, 2010, and 2019.
Figure 1.10. Population in North Dakota from 1900 to 2019 by metropolitan, micropolitan and rural counties.\(^{4,7,9,18}\)

Rural population decreased from 1930 to 2010, but has remained stable since then. Since 1990, metropolitan population has been higher than rural population. Population in rural North Dakota counties was up to three times as high as metropolitan or micropolitan populations into the 1930s. Then a sharp increase in metropolitan populations and decrease in rural populations caused the rural counties’ populations to become less than the metropolitan counties by the 1980s.
Figure 1.11. Number of births and deaths in North Dakota from 2000 to 2019 by metropolitan, micropolitan, and rural counties.\textsuperscript{4,9,21,22}

Metropolitan births have been rapidly increasing. Rural births have been increasing slightly. Rural and micropolitan deaths have slightly decreased.
Chapter 2: Social Determinants of Health in North Dakota
Figure 2.1. Social determinants of health. The inner circle represents the individual, the middle ring represents an individual’s immediate environment, and the outer ring represents other outside influences on an individual’s immediate environment.
Figure 2.2. North Dakota unemployment rate by month. North Dakota had an increase in the unemployment rate in the spring of 2020 after a period of having a stable unemployment rate.
Figure 2.3. Economic sector contributions to North Dakota GDP in 2019. The ‘All Others’ category includes: entertainment, recreation, accommodation, and food services; professional and business services; retail trade; transportation and warehousing; information; construction; manufacturing; agriculture, forestry, fishing, and hunting; and utilities.
Figure 2.4. Median annual household income for North Dakota and the United States, 2018.
Figure 2.5. High school graduation rate by year for North Dakota and the United States, 2015-2019.11 North Dakota has had a consistently higher graduation rate compared to the U.S. for the past 5 years.
Figure 2.6. Number of K-12 students enrolled in North Dakota public schools, by school year. North Dakota has had a steady increase in public school enrollment between the 2010-2011 school year and the 2019-2020 school year.
Figure 2.7. Number of grocery stores per North Dakota county, 2016. The USDA definition of a grocery store does not include convenience stores with or without gasoline, or large general merchandise stores that also sell food.
Figure 2.8. Low food access and food desert designated census tracts in North Dakota, 2015. Low food access is defined as 500 people and/or 33% of the population of a census tract living more the 1 mile from a grocery store in urban areas and more than 10 miles from a grocery store in rural areas. Food deserts are census tracts designated as low access and low income.
Figure 2.9. Primary care health professional shortage areas (HPSAs) and facilities in North Dakota, 2020.39
**Figure 2.10.** Dental health professional shortage areas (HPSAs) and facilities in North Dakota, 2020.³⁹
Figure 2.11. Mental health professional shortage areas (HPSAs) and facilities in North Dakota, 2020. The majority of counties in North Dakota are designated as mental health professional shortage areas. The ones that are not designated contain or are adjacent to the cities of Grand Forks, Fargo, Bismarck, and Minot.
Figure 2.12. Percent of population with no health insurance coverage in North Dakota from 2009-2018.42 Between 2013 and 2016 North Dakota had a notable drop in the uninsured rate, and since 2013 the uninsured rate has not gone above 10%.
Chapter 3: The Health of North Dakota
Figure 3.1. Incidence rates of colorectal cancer among North Dakota counties (White non-Hispanics).
Figure 3.2. Rates of cancer per 100,000 people in North Dakota by age.\textsuperscript{33}
Figure 3.3. Incidence of most common types of cancers in North Dakota.\textsuperscript{33}
Figure 3.4. Rates of cancer incidence in North Dakota and the United States by gender.\textsuperscript{33,34,35}
Figure 3.5. Rates of all cancer incidence in North Dakota by cancer type.\textsuperscript{31,33,34}
Figure 3.6. Expected number of deaths in North Dakota per age group after adjusting for demographic factors specific to each region.\textsuperscript{19,36}
Figure 3.7. Changes in North Dakota mortality rates from 2000 to 2019 compared with the United States.\textsuperscript{37,46}
Figure 3.8. Changes in North Dakota mortality rates from 2000 to 2019 for metropolitan, micropolitan, and rural areas.\textsuperscript{19,36,46}
Chapter 4: Physician Workforce in North Dakota
Figure 4.1. County population per patient-care physician for all specialties in North Dakota.\textsuperscript{1,2}
Figure 4.2. Number of physicians per 10,000 population for North Dakota, the Upper Midwest, and the United States (excludes resident physicians), 2017.\textsuperscript{1,3}
Figure 4.3. Physicians per 10,000 population for North Dakota with comparisons, 2017.\textsuperscript{1,3,6}
Figure 4.4. Physician percent by age category with comparisons.
Figure 4.5. Select physician characteristics with comparisons, 2017.
Figure 4.6. Number of residents per year in North Dakota by location and type of residency.
Figure 4.7. Projection of rate of physicians per 10,000 population.\textsuperscript{1,2,5,10,12}
Chapter 5: Primary Care and Specialty Provider Workforce in North Dakota
Figure 5.2. Primary care physicians per 10,000 population in North Dakota, the Upper Midwest, and the United States, 2017.$^{2,3}$
Figure 5.3. Primary care physicians per 10,000 population in North Dakota, with comparisons, 2017.2,3,4
Figure 5.4. Percent of primary care physicians by age for North Dakota, with comparisons, 2017.3,4
Figure 5.5. Locations where North Dakota primary care physicians graduated from medical school, 2019.¹

North Dakota’s primary care physicians graduated from medical schools from all over the United States and the world. UND SMHS graduates account for 43.7% of practicing primary care physicians in North Dakota. IMGs account for 23.9% and Canadian medical school graduates account for 2.8% (combined 26.7%) of North Dakota’s practicing primary care physicians. The rest of the Upper Midwest states account for 17.9% while the rest of the United States accounts for 10.1% (combined 28%) of North Dakota’s primary care physicians.
Figure 5.6. Locations where North Dakota primary care physicians completed their residency, 2019.¹

More than half (53.1%) of North Dakota’s currently practicing primary care physicians completed their residency training in North Dakota. Primary care physicians who graduated from residency programs outside of North Dakota came from the Midwest (23.6%), other United States (16.4%), and Canada and other foreign (6.9%).
Figure 5.7. Location of specialty physicians in North Dakota, 2019.
Figure 5.8. Surgeons, psychiatrists, general pediatricians, and OB-GYNs per 10,000 population in North Dakota with comparisons.²³⁴
Chapter 6: Nursing Workforce in North Dakota
Figure 6.1. Total number of licensed nurses in North Dakota by role.¹
Figure 6.2. Employment status totals for all nursing roles.¹
Figure 6.3. Nursing employer location by rural designation.¹
Figure 6.4. Nurses licensed in ND and their state of educational preparation (Other = states with n<185).
Figure 6.5. CAH and PPS hospital workforce FTE internal and contract employees by nursing position type.³
Figure 6.6. Statewide CAH and PPS hospital nursing workforce vacancy rates.\(^3\)
**Figure 6.7.** Number of months vacant positions existed in CAHs and PPS hospitals.³
Figure 6.8. CAH and PPS hospital CEO ratings of difficulty recruiting by nurse position type.\(^3\)
Figure 6.9. Statewide nursing facility workforce vacancy rates.\textsuperscript{4}
Figure 6.10. Statewide nursing facility workforce FTE vacancies by nursing position type.\(^4\)
Figure 6.11. Nursing facility workforce FTE internal and contract employees by nursing position type.\(^4\)
Figure 6.12. Nursing facility workforce FTE internal/contract employees/vacancies to nursing position type.4
Figure 6.13. Statewide nursing facility workforce FTE contract employees by nursing position type.⁴
Figure 6.14. Statewide number of nurse FTEs employed by type.\textsuperscript{4}
Figure 6.15. Statewide number of nurse FTE vacancies by type.⁴
Figure 6.16. Statewide nurse FTE vacancy rates by type.\textsuperscript{4}
Figure 6.17. Statewide nurse FTE vacancy rates by type.\(^4\)
**Figure 6.18.** FTE internal employee and external contract employee RNs by nursing facilities.⁴
Figure 6.19. Nursing facility CEO ratings of difficulty recruiting by nurse position type.⁴
Figure 6.20. Location where LPNs received their initial education (Other = n<17).
Figure 6.21. LPNs’ current practice area.¹
Figure 6.22. LPNs’ employment settings.¹

- Self-employed, temp agency, volunteer: 20
- Insurance claims/benefits: 11
- Government: Correctional facility, government, military, policy/planning/licensing: 92
- Academics: Academic, nursing education: 4
- Community Setting: Church, home health, occ. health, public/comm. health, school, social services: 169
- Inpatient: Hospital: 352
- Inpatient: Nursing home/extd care: 808
- Outpatient: Amb care, physician’s office: 969

¹ Source: [Provided data or citation]
Figure 6.23. LPNs’ employment status.¹
Figure 6.24. LPNs’ employment based on RUCA code.¹
Figure 6.25. Age ranges for LPNs.\textsuperscript{1}
Figure 6.26. Locations where RNs received their initial education (Other = n<250 each).
Figure 6.27. RNs’ current practice area.¹
Figure 6.28. RNs’ employment settings.¹
Figure 6.29. RNs’ employment status.¹
Figure 6.30. RNs’ employment based on RUCA code.¹
Figure 6.31. Age ranges for RNs.\textsuperscript{1}
Figure 6.32. States where NPs were educated (Other = n<16).
Figure 6.33. NPs’ employer practice area.¹
Figure 6.34. NPs’ employment settings.¹
Figure 6.35. NPs’ employment status.¹
Figure 6.36. NPs’ employer location by RUCA.¹
Figure 6.37. Age ranges for NPs.¹
Figure 6.39. States where CNRAs were educated (Other = n<5).
Figure 6.40. CRNAs’ employment status.¹
Figure 6.41. CRNAs’ employer by RUCA.
Figure 6.42. Age ranges for CRNAs.¹
Chapter 7: Behavioral Health and Non-Physician Healthcare Workforce
Figure 7.1. Locations of schools attended by psychiatrists in North Dakota, 2019.²
Figure 7.2. Rate of psychiatrists per 10,000 North Dakota residents, by county, 2019.²
Figure 7.3. Rate of psychologists per 10,000 North Dakota residents, by county, 2019.
Figure 7.4. Rural-urban designation for counselors in North Dakota, 2019.
Figure 7.5. Rate of counselors per 10,000 North Dakota residents, by county, 2019.
Figure 7.6. Rate of licensed addiction counselors per 10,000 North Dakota residents, by county, 2019.⁵
Figure 7.7. DHS region of primary workplace for social workers in North Dakota, 2019. The titles for the social work licenses changed in 2019. The license titles are now Licensed Clinical Social Worker, Licensed Master Social Worker, and Licensed Baccalaureate Social Worker.
Figure 7.8. Rural-urban designation for social workers in North Dakota, 2019. The titles for the social work licenses changed in 2019. The license titles are now Licensed Clinical Social Worker, Licensed Master Social Worker, and Licensed Baccalaureate Social Worker.
Figure 7.9. Rate of social workers per 10,000 North Dakota residents, by county, 2019.
Figure 7.10. Rural-urban designation for occupational therapy professionals in North Dakota, 2019.
Figure 7.11. Rural-urban designation for physician assistants in North Dakota, 2019.
Figure 7.12. Rate of physician assistants per 10,000 North Dakota residents, by county, 2019.11
Figure 7.13. Employment status of 2020 physician assistant graduates.¹²
Figure 7.14. Primary injuries or conditions treated by North Dakota physical therapists and physical therapist assistants, 2019. 

- Cardiovascular or Pulmonary: 27.7% (Physical Therapists), 49.3% (Total)
- Chronic Infectious Metabolic Disorders: 18.0% (Physical Therapists), 31.1% (Total)
- Industrial or Work Related: 22.1% (Physical Therapists), 18.9% (Total)
- Neurological: 59.8% (Physical Therapists), 65.5% (Total)
- Oncology: 14.4% (Physical Therapists), 15.5% (Total)
- Orthopedic/Sports: 44.6% (Physical Therapists), 65.3% (Total)
- Other: 16.2% (Physical Therapists), 18.2% (Total)
- Wellness, Prevention, or Health: 27.3% (Physical Therapists), 33.8% (Total)
- Women’s Health: 7.2% (Physical Therapists), 2.0% (Total)
Figure 7.15. Primary patient ages for North Dakota physical therapists and physical therapist assistants, 2019.¹³
Figure 7.16. Rural-urban designation for physical therapy professionals in North Dakota, 2019.13
Figure 7.17. Rate of physical therapists per 10,000 North Dakota residents, by county, 2019.¹³
Figure 7.18. Rate of physical therapist assistants per 10,000 North Dakota residents, by county, 2019.\textsuperscript{13}
Figure 7.19. Rate of pharmacy technicians per 10,000 North Dakota residents, by county, 2019.
Figure 7.20. Rate of pharmacists per 10,000 North Dakota residents, by county, 2019.\textsuperscript{16}
Figure 7.21. Rural-urban designation for pharmacy professionals in North Dakota, 2019.
Figure 7.22. Rate of pharmacies per 10,000 North Dakota residents, by county, 2019.
Figure 7.23. Pharmacy classifications per North Dakota county.
Figure 7.24. Rural-urban designation for medical laboratory scientists in North Dakota.
Figure 7.25. Rate of dental hygienists per 10,000 North Dakota residents, by county, 2019.
Figure 7.26. Rate of dentists per 10,000 North Dakota residents, by county, 2019.18
Figure 7.27. Rural-urban designation for dental professionals in North Dakota, 2019.
Chapter 8: Healthcare Facility Workforce in North Dakota
Figure 8.1. Number of days responding BH facilities spent at full capacity, 2020.
Figure 8.2. Number of internal, external, and vacant FTE for each position type, 2020.¹
Figure 8.3. Average rated difficulty filing each position type, 2020.¹
Figure 8.4. Average influence rating for workforce recruiting, 2020.
Figure 8.5. Average influence rating for workforce retention, 2020.
Figure 8.6. Aggregate statewide nursing facility workforce FTE vacancy rates, 2016.5
Figure 8.7. Aggregate statewide nursing facility workforce FTE vacancy rates by rural and urban, 2016.
Figure 8.8. Nursing facility workforce FTEs for internal, contract, and vacancy positions in rural areas, 2016.

Registered Nurses (RNs) 411.2
Nurse Practitioners (NPs) 23.8
Licensed Practical Nurses (LPNs) 399.2
Certified Nurse Assistants (CNAs) 1,666.2
Nurse Managers 139.5
Physician Assistants (PAs) 15.9
Physical Therapists 51.3
Occupational Therapists 39.8
Speech Therapists 16.6
Dietitians 32.7
Dietary Staff 501.5
Feeding Assistants 31.1
Social Service Staff 79.4
Activity Staff 181.6
Other Clinical & Service Managers 30.0
Chaplain Staff 17.1
Medical Records and Ward Clerk Staff 85.8
Human Resources Staff 40.3
Business Office Staff 129.8
Housekeeping Staff 241.9
Laundry Staff 116.2
Maintenance Staff 141.7
Grounds Keeping Staff 13.2
Administration 71.5
Other 118.8

Number of FTEs
Figure 8.9. Nursing facility workforce FTEs for internal, contract, and vacancy positions in urban areas, 2016.
Figure 8.10. Nursing facility CEO ratings of difficulty recruiting by provider type, 2016.⁵
Figure 8.11. Statewide aggregate hospital workforce vacancy rates, 2018.
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<th>Profession</th>
<th>PPS Hospital Employee</th>
<th>CAH Employee</th>
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<td></td>
</tr>
<tr>
<td>NPs</td>
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<tr>
<td>LPNs</td>
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<tr>
<td>CNAs</td>
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</tr>
<tr>
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<td></td>
</tr>
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<td>6.7</td>
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Figure 8.12. Statewide hospital workforce vacancy rates by CAH and PPS hospitals, 2018.
Figure 8.13. Employed and vacant FTEs among CAH and PPS hospitals, 2018.
Figure 8.14. Rating of factors that contribute to problems recruiting physicians to CAHs/PPS hospitals, 2018.
Chapter 9: Healthcare Organization and Infrastructure in North Dakota
Figure 9.1. Hospitals in North Dakota compared to primary care health professional shortage areas.¹
Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers
North Dakota, 2020

Referral Centers
- Altru Health Systems Grand Forks
- CHI St. Alexius Bismarck
- Sanford Health and CHI St. Alexius Bismarck
- Sanford Health Fargo
- Sanford Health and Essentia Health Fargo
- Trinity Hospital Minot

Referral Center
- Critical Access Hospital
- Federally Qualified Health Center
- Rural Health Clinic

Sources: data.HRSA.gov, March 2020
Created by the North Dakota Healthcare Workforce Group on 3/2020

Figure 9.2. Critical access hospital and tertiary care network service areas.¹
Figure 9.3. Ambulance service locations and service areas in North Dakota.
Figure 9.4. Trauma centers and designated levels in North Dakota.\textsuperscript{34} There is a Level 3 trauma center designation however, North Dakota does not have any trauma centers that are designated as Level 3.
Figure 9.5. Locations of long-term care facilities in North Dakota.\textsuperscript{42}
Figure 9.6. Pharmacy locations in North Dakota.⁴⁶
Figure 9.7. Telepharmacy locations in North Dakota.⁴⁶
Figure 9.8. Local public health units in North Dakota.\textsuperscript{53}
Chapter 10: Quality and Value of Healthcare
Figure 10.1. AHQR quality measures.⁹
APPENDIX D
Figure D8.1. Number of internal, external, and vacant FTE for Direct Care Staff positions, 2020.
Figure D8.2. Average difficulty to fill rating for Direct Care Staff positions, 2020.
Figure D8.3. Average Influence Rating for Recruiting Workforce, 2020.
Figure D8.4. Average Influence Rating for Retaining Workforce, 2020.
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<th>Micropolitan</th>
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<th>Rural</th>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<td>Total - 2018</td>
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<td>50</td>
<td>182,600</td>
<td>24</td>
<td>199,139</td>
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<td>Gender - 2018</td>
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<tr>
<td>Male</td>
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<td>51</td>
<td>95,561</td>
<td>52</td>
<td>102,246</td>
<td>51</td>
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<td>49</td>
<td>87,039</td>
<td>48</td>
<td>96,893</td>
<td>49</td>
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<td>Age - 2018</td>
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<td>Under 20</td>
<td>97,339</td>
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<td>50,003</td>
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<td>53,435</td>
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<td>40-64</td>
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<td>49,711</td>
<td>27</td>
<td>60,601</td>
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<td>65-84</td>
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<td>12</td>
<td>21,503</td>
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<td>2</td>
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<td>Yes</td>
<td>37,590</td>
<td>10</td>
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<td>No</td>
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<td>90</td>
<td>162,882</td>
<td>90</td>
<td>173,579</td>
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Nationally, rural residents tend to be poorer, older, and have less insurance coverage than those residing in non-rural regions. North Dakota data reflects the national data.
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<td>Smokes</td>
<td>20.7</td>
<td>18.8</td>
<td>17.9</td>
<td>18.9</td>
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<tr>
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<td>57.9</td>
<td>60.2</td>
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<td>57.6</td>
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<td>22.3</td>
<td>22.6</td>
<td>23.3</td>
<td>NA</td>
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<td>NA</td>
<td>3.8</td>
<td>NA</td>
<td>2.7</td>
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<td>28.4</td>
<td>25.6</td>
<td>26.2</td>
<td>NA</td>
<td>27.5</td>
</tr>
<tr>
<td>No Physical Activity/Exercise Other Than Job</td>
<td>25.8</td>
<td>21.3</td>
<td>24.6</td>
<td>22.1</td>
<td>25.6</td>
<td>22.2</td>
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Table 3.2  
Percent of adults reporting general health conditions.\(^{18}\)

<table>
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<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>16.5</td>
<td>15.4</td>
<td>16.6</td>
<td>17.0</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>64.3</td>
<td>63.7</td>
<td>61.5</td>
<td>62.8</td>
<td>NA</td>
<td>65.8</td>
</tr>
<tr>
<td>General Health Fair/Poor</td>
<td>14.7</td>
<td>14.0</td>
<td>13.9</td>
<td>14.8</td>
<td>15.3</td>
<td>13.9</td>
</tr>
<tr>
<td>1+ Days Poor Health</td>
<td>18.1</td>
<td>16.4</td>
<td>19.4</td>
<td>19.0</td>
<td>21.0</td>
<td>20.7</td>
</tr>
<tr>
<td>1+ Days Poor Phys. Health</td>
<td>34.1</td>
<td>31.2</td>
<td>34.8</td>
<td>33.1</td>
<td>34.6</td>
<td>33.1</td>
</tr>
<tr>
<td>1+ Days Poor Mental Health</td>
<td>30.4</td>
<td>30.5</td>
<td>33.0</td>
<td>32.5</td>
<td>34.3</td>
<td>36.2</td>
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<td>Condition</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
</tr>
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<td>---------------------------</td>
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<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>36.1</td>
<td>NA</td>
<td>34.8</td>
<td>NA</td>
<td>26.0</td>
<td>NA</td>
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<tr>
<td>High Blood Pressure</td>
<td>29.6</td>
<td>NA</td>
<td>30.3</td>
<td>NA</td>
<td>29.5</td>
<td>NA</td>
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<td>Arthritis</td>
<td>25.9</td>
<td>NA</td>
<td>22.7</td>
<td>23.2</td>
<td>24.1</td>
<td>25.9</td>
</tr>
<tr>
<td>Asthma</td>
<td>12.3</td>
<td>12.1</td>
<td>12.7</td>
<td>12.8</td>
<td>12.9</td>
<td>13.0</td>
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<tr>
<td>Cardiovascular Disease</td>
<td>4.0</td>
<td>4.0</td>
<td>3.6</td>
<td>4.1</td>
<td>3.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.9</td>
<td>8.6</td>
<td>8.7</td>
<td>8.6</td>
<td>9.0</td>
<td>9.4</td>
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Table 3.4  
Percent of youth risk behaviors.\textsuperscript{27}

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Total (43,385)</th>
<th>Female (21,335)</th>
<th>Male (22,050)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokes</td>
<td>15.2</td>
<td>14.4</td>
<td>15.8</td>
</tr>
<tr>
<td>Drinks</td>
<td>29.1</td>
<td>31.9</td>
<td>26.4</td>
</tr>
<tr>
<td>Drinks &amp; Drives</td>
<td>6.5</td>
<td>4.9</td>
<td>8.1</td>
</tr>
<tr>
<td>Doesn't Always Wear a Seat Belt</td>
<td>7.0</td>
<td>2.9</td>
<td>10.6</td>
</tr>
<tr>
<td>Doesn't Always Exercise Moderately</td>
<td>48.7</td>
<td>57.1</td>
<td>40.7</td>
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<tr>
<td>Overweight/Obese</td>
<td>28.6</td>
<td>25.2</td>
<td>31.8</td>
</tr>
<tr>
<td>Has Long-Term Health Problems</td>
<td>17.1</td>
<td>19.5</td>
<td>14.4</td>
</tr>
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<td>Age</td>
<td>All North Dakota</td>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>--------</td>
<td>------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>Rate</td>
<td>Cases Per Year</td>
<td>Rate</td>
</tr>
<tr>
<td>0-4</td>
<td>22.1</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>5-9</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10-14</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>15-19</td>
<td>29.3</td>
<td>14.0</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>32.7</td>
<td>20.0</td>
<td>36.7</td>
</tr>
<tr>
<td>25-29</td>
<td>68.2</td>
<td>35.0</td>
<td>54.6</td>
</tr>
<tr>
<td>30-34</td>
<td>115.1</td>
<td>50.0</td>
<td>113.1</td>
</tr>
<tr>
<td>35-39</td>
<td>140.9</td>
<td>52.0</td>
<td>83.0</td>
</tr>
<tr>
<td>40-44</td>
<td>224.1</td>
<td>86.0</td>
<td>101.3</td>
</tr>
<tr>
<td>45-49</td>
<td>362.0</td>
<td>160.0</td>
<td>268.9</td>
</tr>
<tr>
<td>50-54</td>
<td>638.3</td>
<td>322.0</td>
<td>566.1</td>
</tr>
<tr>
<td>55-59</td>
<td>911.8</td>
<td>435.0</td>
<td>950.6</td>
</tr>
<tr>
<td>60-64</td>
<td>1,323.1</td>
<td>507.0</td>
<td>1,512.8</td>
</tr>
<tr>
<td>65-69</td>
<td>2,026.2</td>
<td>545.0</td>
<td>2,289.8</td>
</tr>
<tr>
<td>70-74</td>
<td>2,007.0</td>
<td>421.0</td>
<td>2,572.5</td>
</tr>
<tr>
<td>75-79</td>
<td>2,497.5</td>
<td>456.0</td>
<td>3,223.4</td>
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<tr>
<td>80-84</td>
<td>2,521.5</td>
<td>387.0</td>
<td>3,386.3</td>
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<tr>
<td>85+</td>
<td>2,039.4</td>
<td>350.0</td>
<td>2,577.1</td>
</tr>
<tr>
<td>All ND</td>
<td>488.2</td>
<td>3,857.0</td>
<td>543.0</td>
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</table>
Table 3.6
Most common cancer rates.\textsuperscript{33}

<table>
<thead>
<tr>
<th>Type</th>
<th>All North Dakota</th>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Cases</td>
<td>Rate</td>
<td>Cases</td>
<td>Rate</td>
<td>Cases</td>
</tr>
<tr>
<td>Digestive System</td>
<td>80.2</td>
<td>652</td>
<td>93.4</td>
<td>347</td>
<td>67.6</td>
<td>305</td>
</tr>
<tr>
<td>Breast</td>
<td>75.8</td>
<td>579</td>
<td>0.0</td>
<td>0</td>
<td>145.1</td>
<td>571</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>69.6</td>
<td>566</td>
<td>146.0</td>
<td>566</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Prostate</td>
<td>66.7</td>
<td>544</td>
<td>140.2</td>
<td>544</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>63.8</td>
<td>506</td>
<td>80.8</td>
<td>292</td>
<td>50.8</td>
<td>214</td>
</tr>
<tr>
<td>Lung Bronchus</td>
<td>58.6</td>
<td>466</td>
<td>73.4</td>
<td>264</td>
<td>47.8</td>
<td>202</td>
</tr>
<tr>
<td>Colon Rectum</td>
<td>46.1</td>
<td>371</td>
<td>53.0</td>
<td>196</td>
<td>39.4</td>
<td>175</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
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</tr>
<tr>
<td>Cholesterol</td>
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<td>NA</td>
<td>69.2</td>
<td>NA</td>
<td>77.7</td>
<td>NA</td>
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<td>PSA</td>
<td>NA</td>
<td>52.4</td>
<td>NA</td>
<td>52.1</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Blood Stool</td>
<td>NA</td>
<td>32.3</td>
<td>NA</td>
<td>29.3</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sigmoid/Colonoscopy</td>
<td>NA</td>
<td>64.6</td>
<td>NA</td>
<td>68.4</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Mammogram</td>
<td>NA</td>
<td>62.3</td>
<td>NA</td>
<td>60.7</td>
<td>NA</td>
<td>59.2</td>
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<tr>
<td>Pap</td>
<td>NA</td>
<td>90.3</td>
<td>NA</td>
<td>89.6</td>
<td>NA</td>
<td>84.2</td>
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<tr>
<td>Flu</td>
<td>41.3</td>
<td>40.2</td>
<td>43.6</td>
<td>41.9</td>
<td>NA</td>
<td>38.6</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>28.2</td>
<td>27.5</td>
<td>31.5</td>
<td>32.5</td>
<td>32.3</td>
<td>NA</td>
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Table 3.7
Screenings.\textsuperscript{18,22}
<table>
<thead>
<tr>
<th>Year</th>
<th>N.D.</th>
<th>U.S.</th>
<th>% ND of U.S.</th>
</tr>
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<tbody>
<tr>
<td>1985</td>
<td>17.6</td>
<td>22.8</td>
<td>77.2</td>
</tr>
<tr>
<td>1990</td>
<td>19.5</td>
<td>24.2</td>
<td>80.6</td>
</tr>
<tr>
<td>1995</td>
<td>23.0</td>
<td>27.0</td>
<td>85.2</td>
</tr>
<tr>
<td>2000</td>
<td>25.0</td>
<td>28.4</td>
<td>88.0</td>
</tr>
<tr>
<td>2012</td>
<td>28.4</td>
<td>32.3</td>
<td>87.9</td>
</tr>
<tr>
<td>2017</td>
<td>23.9</td>
<td>28.1</td>
<td>85.1</td>
</tr>
</tbody>
</table>
Table 4.2
Gender of physicians per 10,000 population in North Dakota with comparisons, 2017.¹ ³ ⁶

<table>
<thead>
<tr>
<th></th>
<th>N.D.</th>
<th>Upper Midwest</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>7.5</td>
<td>9.1</td>
<td>10.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Metropolitan</td>
<td>11.5</td>
<td>11.9</td>
</tr>
<tr>
<td></td>
<td>Micropolitan</td>
<td>5.2</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Men</td>
<td>16.5</td>
<td>16.9</td>
<td>17.9</td>
</tr>
<tr>
<td></td>
<td>Metropolitan</td>
<td>25.4</td>
<td>21.0</td>
</tr>
<tr>
<td></td>
<td>Micropolitan</td>
<td>11.2</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>4.1</td>
<td>5.6</td>
</tr>
</tbody>
</table>
Table 4.3  
**Physician primary practice per 10,000 population in North Dakota with comparisons, 2017.**

<table>
<thead>
<tr>
<th>Category</th>
<th>N.D.</th>
<th>Upper Midwest</th>
<th>% diff</th>
<th>U.S.</th>
<th>% diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>15.8</td>
<td>17.2</td>
<td>-8.9</td>
<td>18.5</td>
<td>-17.1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>23.8</td>
<td>21.0</td>
<td>11.8</td>
<td>20.1</td>
<td>15.5</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>10.7</td>
<td>12.4</td>
<td>-15.9</td>
<td>10.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Rural</td>
<td>4.3</td>
<td>6.3</td>
<td>-46.5</td>
<td>5.4</td>
<td>-25.6</td>
</tr>
<tr>
<td>Hospital</td>
<td>6.9</td>
<td>6.6</td>
<td>4.3</td>
<td>6.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>10.6</td>
<td>8.7</td>
<td>17.9</td>
<td>7.5</td>
<td>29.2</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>4.7</td>
<td>2.8</td>
<td>40.4</td>
<td>2.5</td>
<td>46.8</td>
</tr>
<tr>
<td>Rural</td>
<td>1.4</td>
<td>1.5</td>
<td>-7.1</td>
<td>1.2</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Negative numbers indicate that the N.D. rate is below that of the Midwest or U.S. rate. Positive numbers indicate that the N.D. rate is above the Midwest or U.S. rate.
**Table 4.4**

*Physician age groups per 10,000 population with comparisons, 2017.¹ ³ ⁶*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N.D.</th>
<th>Upper Midwest</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35</td>
<td>3.8</td>
<td>4.3</td>
<td>4.9</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>6.2</td>
<td>6.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>2.5</td>
<td>1.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Rural</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>35-44</td>
<td>6.7</td>
<td>6.6</td>
<td>6.8</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>11.2</td>
<td>8.6</td>
<td>7.6</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>3.9</td>
<td>3.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Rural</td>
<td>0.8</td>
<td>1.5</td>
<td>1.2</td>
</tr>
<tr>
<td>45-54</td>
<td>5.2</td>
<td>6.2</td>
<td>6.4</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>8.2</td>
<td>7.8</td>
<td>7.1</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>3.4</td>
<td>4.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Rural</td>
<td>1.2</td>
<td>2.0</td>
<td>1.6</td>
</tr>
<tr>
<td>55-64</td>
<td>5.5</td>
<td>6.5</td>
<td>6.4</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>8.0</td>
<td>7.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>4.4</td>
<td>5.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Rural</td>
<td>1.7</td>
<td>2.7</td>
<td>2.3</td>
</tr>
<tr>
<td>65-74</td>
<td>4.1</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>5.5</td>
<td>5.0</td>
<td>5.2</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>3.6</td>
<td>4.0</td>
<td>3.6</td>
</tr>
<tr>
<td>Rural</td>
<td>1.9</td>
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<tr>
<td>75+</td>
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<td>3.3</td>
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</tr>
<tr>
<td>Metropolitan</td>
<td>3.2</td>
<td>3.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>2.2</td>
<td>2.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Rural</td>
<td>1.8</td>
<td>1.9</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Table 4.5
Percent of ND physicians who graduated from medical school in different states and where physicians who graduated medical school in ND currently practice, 2019.²

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Medical Schools that ND DPC Physicians Graduated From</th>
<th>Where UND SMHS Graduates are Currently Practicing</th>
<th>Net ND Migration Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND</td>
<td>680</td>
<td>679</td>
<td>--</td>
</tr>
<tr>
<td>MN</td>
<td>106</td>
<td>436</td>
<td>-330</td>
</tr>
<tr>
<td>WI</td>
<td>22</td>
<td>102</td>
<td>-80</td>
</tr>
<tr>
<td>IA</td>
<td>49</td>
<td>47</td>
<td>+2</td>
</tr>
<tr>
<td>MO</td>
<td>67</td>
<td>25</td>
<td>+42</td>
</tr>
<tr>
<td>CA</td>
<td>33</td>
<td>54</td>
<td>-21</td>
</tr>
<tr>
<td>SD</td>
<td>38</td>
<td>54</td>
<td>-16</td>
</tr>
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<td>+13</td>
</tr>
<tr>
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<td>30</td>
<td>+14</td>
</tr>
<tr>
<td>Other</td>
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<td><strong>2122</strong></td>
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Table 4.6
Percent of ND physicians who graduated from residencies in different states and where physicians who completed a residency in ND currently practice, 2019.²

<table>
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<tr>
<th>Region/State</th>
<th>Where ND Practicing Physicians Completed Their Most Recent Residency</th>
<th>Where Physicians Who Completed At Least One Residency in ND Currently Practice</th>
<th>Migration into ND</th>
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<td>%</td>
<td>N</td>
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<td>511</td>
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<td>TX</td>
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<td>45</td>
</tr>
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<td>4</td>
<td>21</td>
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<tr>
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<td>19</td>
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<tr>
<td>NE</td>
<td>43</td>
<td>2</td>
<td>17</td>
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<tr>
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Table 4.7
Percent of North Dakota specialty physicians who graduated from the UND SMHS and/or completed at least one residency in North Dakota as of 2019.²

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<tr>
<th>Residency</th>
<th>Percent</th>
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<tr>
<td>Family Medicine</td>
<td>74</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>41</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>66</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>41</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>41</td>
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</table>
Table 4.8  
Number of current North Dakota residency slots by type of residency program as of 2019.7

<table>
<thead>
<tr>
<th>Residency</th>
<th>Number in Residency 2019 - 2020</th>
<th>Duration in Years</th>
<th>Completed Training in 2019 - 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>64</td>
<td>3 Years</td>
<td>23</td>
</tr>
<tr>
<td>Geriatrics Fellowship</td>
<td>1</td>
<td>1 Year</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>25</td>
<td>3 Years</td>
<td>9</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>6</td>
<td>5 Years</td>
<td>N/A</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>23</td>
<td>4 Years</td>
<td>6</td>
</tr>
<tr>
<td>Preliminary Surgery</td>
<td>3</td>
<td>1 or 2 Years</td>
<td>2</td>
</tr>
<tr>
<td>Categorical Surgery</td>
<td>26</td>
<td>5 Years</td>
<td>6</td>
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### Table 4.9
Rate of IMGs and USMGs with comparisons, 2019\(^1,3,6\)

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<th>U.S.</th>
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<td>4.2</td>
<td>6.4</td>
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<tr>
<td>Micropolitan</td>
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<td>5.4</td>
<td>7.3</td>
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<tr>
<td>Rural</td>
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<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>USMG</strong></td>
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<td>16.7</td>
<td>21.3</td>
<td>20.4</td>
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<tr>
<td>Micropolitan</td>
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<td>26.3</td>
<td>22.4</td>
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<td>14.5</td>
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</tr>
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<td></td>
<td>4.9</td>
<td>8.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Region</td>
<td>Country</td>
<td>Total Number</td>
<td>Per Country</td>
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<td>----------------------------------</td>
<td>--------------</td>
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<tr>
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<td>India</td>
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<td>Pakistan</td>
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<tr>
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<td>Iran</td>
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<tr>
<td>Caribbean</td>
<td>Dominica (West Indies)</td>
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</tr>
<tr>
<td></td>
<td>Grenada (West Indies)</td>
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</tr>
<tr>
<td></td>
<td>Montserrat (West Indies)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Netherlands Antilles</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nevis</td>
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<tr>
<td></td>
<td>Jamaica</td>
<td>2</td>
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<td></td>
<td>Antigua and Barbuda</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Aruba</td>
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</tr>
<tr>
<td></td>
<td>Dominican Republic</td>
<td>1</td>
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</tr>
<tr>
<td>Southeastern Asia</td>
<td>Thailand</td>
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<td>Myanmar</td>
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<tr>
<td></td>
<td>Vietnam</td>
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<tr>
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<tr>
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### Table 5.1

Percent of primary care physicians in North Dakota who are female, have hospital-based practices, and are IMGs, 2019.\(^1,4\)

<table>
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<tr>
<th></th>
<th>N</th>
<th>Area (%)</th>
<th>Female (%)</th>
<th>Hospital-Based (%)</th>
<th>IMG (%)</th>
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<td>57.8</td>
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<td>76</td>
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<td>10.8</td>
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<td>38.8</td>
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<tr>
<td>Total</td>
<td>625</td>
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<td>41.1</td>
<td>40.5</td>
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Table 5.2
Percent of primary care physicians in North Dakota by age and area, 2019.1,4

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<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
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<tr>
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<td>76</td>
<td>7.9</td>
<td>27.6</td>
<td>15.8</td>
<td>26.3</td>
<td>21.0</td>
<td>1.3</td>
</tr>
<tr>
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<td>12.2</td>
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<td>20.7</td>
<td>21.8</td>
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<tr>
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<td>626</td>
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<td>19.3</td>
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<td>2.0</td>
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<td>0.5</td>
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<td>1.5</td>
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<td>2.1</td>
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<td>1.3</td>
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<td>0.9</td>
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<td>0.1</td>
<td>0.2</td>
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<td>0.1</td>
<td>0.1</td>
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<td></td>
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</tr>
<tr>
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</table>
### Table 5.4
Practice base and area of primary care physicians per 10,000 population in North Dakota with comparisons, 2017.\(^2,3,4\)

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<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office</strong></td>
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<td>Metropolitan</td>
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<td>12.1</td>
<td>10.4</td>
</tr>
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<td>Micropolitan</td>
<td>9.2</td>
<td>9.2</td>
<td>7.3</td>
</tr>
<tr>
<td>Rural</td>
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<td>8.1</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
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<td>1.6</td>
<td>1.2</td>
</tr>
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<td>1.2</td>
<td>1.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Rural</td>
<td>1.3</td>
<td>1.2</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Table 5.5
Percent of ND primary care physicians who graduated from medical school in different states and where primary care physicians who graduated medical school in ND currently practice, 2019.¹

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Medical Schools that ND Primary Care Physicians Graduated From</th>
<th>Where Primary Care UND SMHS Graduates are Currently Practicing</th>
<th>Net ND Migration Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND</td>
<td>251</td>
<td>250</td>
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</tr>
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<tr>
<td>WI</td>
<td>5</td>
<td>26</td>
<td>-21</td>
</tr>
<tr>
<td>SD</td>
<td>5</td>
<td>18</td>
<td>-13</td>
</tr>
<tr>
<td>IA</td>
<td>17</td>
<td>8</td>
<td>+9</td>
</tr>
<tr>
<td>MT</td>
<td>0</td>
<td>20</td>
<td>-3</td>
</tr>
<tr>
<td>CA</td>
<td>6</td>
<td>20</td>
<td>-14</td>
</tr>
<tr>
<td>MO</td>
<td>13</td>
<td>3</td>
<td>+10</td>
</tr>
<tr>
<td>NE</td>
<td>8</td>
<td>6</td>
<td>+2</td>
</tr>
<tr>
<td>MI</td>
<td>7</td>
<td>3</td>
<td>-4</td>
</tr>
<tr>
<td>AZ</td>
<td>6</td>
<td>15</td>
<td>-9</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
<td>117</td>
<td>-55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>414</strong></td>
<td><strong>607</strong></td>
<td><strong>-193</strong></td>
</tr>
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</table>
Table 5.6
Residency locations for ND primary care physicians and current practice state for physicians who completed a ND residency, 2019.

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Where ND Practicing Physicians Completed Their Most Recent Residency</th>
<th>Where Physicians Who Completed At Least One Residency in ND Currently Practice</th>
<th>Migration into ND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>ND</td>
<td>304</td>
<td>53</td>
<td>267</td>
</tr>
<tr>
<td>MN</td>
<td>41</td>
<td>7</td>
<td>101</td>
</tr>
<tr>
<td>WI</td>
<td>18</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>CA</td>
<td>8</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>NY</td>
<td>11</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SD</td>
<td>6</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>MI</td>
<td>19</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>TX</td>
<td>6</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>NE</td>
<td>12</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>MO</td>
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<td>2</td>
<td>5</td>
</tr>
<tr>
<td>IA</td>
<td>10</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
<td>16</td>
<td>160</td>
</tr>
<tr>
<td>Missing</td>
<td>40</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>574</td>
<td>100</td>
<td>625</td>
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Table 5.7
Percent of specialist physicians in North Dakota who are female, have hospital-based practices, and are IMGs, 2019.\textsuperscript{1,4}

<table>
<thead>
<tr>
<th>Speciality</th>
<th>N</th>
<th>Female (%)</th>
<th>Hospital-Based (%)</th>
<th>IMG (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>121</td>
<td>9.9</td>
<td>33.9</td>
<td>12.4</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>94</td>
<td>10.6</td>
<td>33.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>17</td>
<td>5.9</td>
<td>35.3</td>
<td>11.8</td>
</tr>
<tr>
<td>Rural</td>
<td>10</td>
<td>10.0</td>
<td>40.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>62</td>
<td>43.5</td>
<td>25.8</td>
<td>35.5</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>50</td>
<td>44.0</td>
<td>24.0</td>
<td>34.0</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>11</td>
<td>36.4</td>
<td>27.3</td>
<td>45.5</td>
</tr>
<tr>
<td>Rural</td>
<td>2</td>
<td>50.0</td>
<td>50.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Gen Peds</td>
<td>82</td>
<td>61.0</td>
<td>22.0</td>
<td>17.1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>61</td>
<td>63.9</td>
<td>23.0</td>
<td>13.1</td>
</tr>
<tr>
<td>Micropolitan</td>
<td>18</td>
<td>50.0</td>
<td>11.1</td>
<td>33.3</td>
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<tr>
<td>Rural</td>
<td>3</td>
<td>66.7</td>
<td>66.7</td>
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</tr>
<tr>
<td>OB-GYN</td>
<td>71</td>
<td>62.0</td>
<td>19.7</td>
<td>8.5</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>51</td>
<td>64.7</td>
<td>23.5</td>
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</tr>
<tr>
<td>Micropolitan</td>
<td>18</td>
<td>61.1</td>
<td>11.1</td>
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<tr>
<td><strong>General Surgery</strong></td>
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<tr>
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<tr>
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<td>35.3</td>
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<td>50.0</td>
</tr>
<tr>
<td><strong>Gen Peds</strong></td>
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<td></td>
</tr>
<tr>
<td>N</td>
<td>82</td>
<td>4.9</td>
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</tr>
<tr>
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<td>61</td>
<td>4.9</td>
<td>37.7</td>
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</tr>
<tr>
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<td>18</td>
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<td>5.6</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>71</td>
<td>1.4</td>
<td>42.3</td>
<td>15.5</td>
</tr>
<tr>
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<td>2.0</td>
<td>43.1</td>
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<tr>
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<td>44.4</td>
<td>16.7</td>
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<td>U.S.</td>
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<td>------</td>
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</tr>
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<td>1.1</td>
<td>1.3</td>
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<td>0.5</td>
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<td>0.2</td>
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<td>0.2</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>OB-GYN</td>
<td>0.9</td>
<td>1.0</td>
<td>1.5</td>
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<tr>
<td>Metropolitan</td>
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<td>1.2</td>
<td>1.3</td>
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<tr>
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<td>0.8</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
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<td>0.2</td>
<td>0.3</td>
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</tbody>
</table>

Table 5.9: Specialty physicians per 10,000 population in North Dakota by area with comparisons, 2019.³,⁴
Table 6.1
North Dakota’s practical nurse program 5 year trends.\textsuperscript{8}

<table>
<thead>
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<th></th>
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<td>Program Admissions</td>
<td>223</td>
<td>267</td>
<td>275</td>
<td>300</td>
<td>305</td>
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<tr>
<td>Total Enrollment</td>
<td>348</td>
<td>358</td>
<td>379</td>
<td>419</td>
<td>417</td>
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<tr>
<td>Graduate Certificate Program Graduates</td>
<td>97</td>
<td>91</td>
<td>92</td>
<td>132</td>
<td>138</td>
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<tr>
<td>Associate Degree Program Graduates</td>
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<td>79</td>
<td>55</td>
<td>93</td>
<td>61</td>
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<tr>
<td>Total Graduates</td>
<td>175</td>
<td>170</td>
<td>147</td>
<td>225</td>
<td>199</td>
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</table>

Information provided is from the 2018-2019 NDBON Nursing Education Annual Report
Table 6.2
Number of states in which LPNs are licensed.\(^1\)

<table>
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<tr>
<th>Number of States Licensed</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
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<td>1</td>
<td>3,027</td>
<td>94.4</td>
</tr>
<tr>
<td>2</td>
<td>159</td>
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<tr>
<td>3</td>
<td>13</td>
<td>0.4</td>
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<td>4</td>
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<tr>
<td>5 or more</td>
<td>5</td>
<td>0.2</td>
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<tr>
<td>---------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Associate Degree Program Admissions</td>
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<td>114</td>
</tr>
<tr>
<td>Baccalaureate Degree Program Admissions</td>
<td>587</td>
<td>590</td>
</tr>
<tr>
<td>Total Enrollment</td>
<td>1628</td>
<td>1564</td>
</tr>
<tr>
<td>Associate Degree Program Graduates</td>
<td>106</td>
<td>100</td>
</tr>
<tr>
<td>Baccalaureate (BSN) Program Graduates</td>
<td>471*</td>
<td>489*</td>
</tr>
<tr>
<td>Total Graduates</td>
<td>577</td>
<td>589</td>
</tr>
</tbody>
</table>

Information provided is from the 2018-2019 NDBON Nursing Education Annual Report

*Note total includes Basic BSN, LPN to BSN, Diploma to BSN, and ADN to BSN.
Table 6.4

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<thead>
<tr>
<th>Number of States Licensed</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
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<tr>
<td>1</td>
<td>11,816</td>
<td>85.7</td>
</tr>
<tr>
<td>2</td>
<td>1,074</td>
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<td>3</td>
<td>203</td>
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</tr>
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<td>4</td>
<td>62</td>
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<td>5 or more</td>
<td>631</td>
<td>4.5</td>
</tr>
<tr>
<td>University</td>
<td>Degree</td>
<td>Program</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>North Dakota State University</td>
<td>Doctor of Nursing Practice</td>
<td>Family Nurse Practitioner</td>
</tr>
<tr>
<td>University of Mary</td>
<td>Doctor of Nursing Practice</td>
<td>Family Nurse Practitioner</td>
</tr>
<tr>
<td>University of North Dakota</td>
<td>Master of Science</td>
<td>Family Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult-Geriatric Primary Care Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychiatric &amp; Mental Health Nurse Practitioner</td>
</tr>
<tr>
<td>Total</td>
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<td></td>
</tr>
<tr>
<td>Degree Program</td>
<td>North Dakota Academic Institutions</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
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<tr>
<td>Doctor of Medicine (MD)</td>
<td>UND (ACCME, ACGME, &amp; LCME accredited)</td>
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<tr>
<td>PhD Clinical Psychology</td>
<td>UND (APA accredited)</td>
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</tr>
<tr>
<td>PhD Counseling Psychology</td>
<td>UND (APA accredited)</td>
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</tr>
<tr>
<td>Doctor of Occupational Therapy</td>
<td>UND (granted candidacy status by ACOTE) &amp; Uni. of Mary (granted candidacy status by ACOTE)</td>
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</tr>
<tr>
<td>Master of Occupational Therapy</td>
<td>UND (ACOTE accredited)</td>
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</tr>
<tr>
<td>MA/MS Counseling</td>
<td>UND, Uni. of Mary, &amp; Uni. of Jamestown (not accredited)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NDSU (CACREP accredited)</td>
<td></td>
</tr>
<tr>
<td>MS Social Work</td>
<td>UND (CSEW accredited)</td>
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</tr>
<tr>
<td>Behavior Analysis</td>
<td>UND (track within MS in Special Ed. degree)</td>
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<tr>
<td>MA/MS School Psychology</td>
<td>Minot State University (NASP accredited)</td>
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</tr>
<tr>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>UND (ANCC, NACNS, NONPF accredited)</td>
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</tr>
<tr>
<td>Addiction Studies</td>
<td>UND, Uni. of Mary, &amp; Uni. of Jamestown (track within degree programs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minot State University (NASAC accredited)</td>
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</tr>
<tr>
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<td>UND, Uni. of Mary, &amp; Minot State University (CSWE accredited)</td>
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<tr>
<td></td>
<td>Sitting Bull College (candidacy status by CSWE)</td>
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</tr>
<tr>
<td></td>
<td>NDSU (dual degree with Minot State)</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Human Services Associate</td>
<td>Bismarck State College, Dakota College at Bottineau, Nueta Hidatsa Sahnish College, United Tribes Technical College, &amp; Sitting Bull College</td>
<td></td>
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<tr>
<td>North Dakota Academic Institution</td>
<td>Degree Programs</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td></td>
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</table>
| University of North Dakota (UND)                                      | Medical school & psychiatry residency program  
  *Doctorate*: clinical and counseling psy., OT  
  *Masters*: counseling, OT, psychiatric NP, social work, special ed. w/ behavior analysis  
  *Bachelors*: psychology, social work |
| North Dakota State University (NDSU)                                  | *Masters*: clinical mental health counseling, school counseling  
  *Bachelors*: human development, psychology                                    |
| University of Mary                                                    | *Doctorate*: OT  
  *Masters*: clinical and addiction counseling  
  *Bachelors*: social work, psychology                                           |
| Minot State University                                                | *Masters*: education specialist in school psy.  
  *Bachelors*: addiction studies, social work, psychology                         |
| University of Jamestown                                               | *Masters*: clinical counseling  
  *Bachelors*: psychology w/ addiction studies                                        |
| Bismarck State College                                                | *Associates*: human services, social work, psychology                             |
| Dickinson State University                                           | *Bachelors*: psychology                                                            |
| Cankdeska Cikana Community College                                    | *Associates*: social work                                                            |
| Dakota College at Bottineau                                          | *Associates*: human services, psychology                                            |
| Nueta Hidatsa Sahnish College                                         | *Associates*: human services (addiction and social work concentrations)             |
| North Dakota State College of Science (NDSCS)                        | *Associates*: social work, psychology, occupational therapy assistant               |
| Valley City State University                                         | *Bachelors*: human services, psychology                                             |
| United Tribes Technical College                                       | *Associate*: human & social services                                               |
| Sitting Bull College                                                 | *Bachelors*: social work  
  *Associates*: human services                                                  |
Table 7.3  
*Educational attainment for North Dakota physical therapists and physical therapist assistants.*

<table>
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<th>Degree</th>
<th>PT</th>
<th></th>
<th>PTA</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
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<td>145</td>
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<td>148</td>
<td>100.0</td>
<td>1,026</td>
<td>100.0</td>
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Table 7.4
*Primary workplace for North Dakota physical therapists and physical therapist assistants.*

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<th>PT N</th>
<th>PT %</th>
<th>PTA N</th>
<th>PTA %</th>
<th>Total N</th>
<th>Total %</th>
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<tbody>
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<td>Academic Institution (post secondary)</td>
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<td>9</td>
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<td>72</td>
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<td>5</td>
<td>3.4</td>
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<td>2.5</td>
</tr>
<tr>
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<td>0</td>
<td>0.0</td>
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<td>0.1</td>
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<tr>
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<td>1.3</td>
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<td>0.0</td>
<td>11</td>
<td>1.1</td>
</tr>
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<td>27</td>
<td>18.2</td>
<td>334</td>
<td>32.6</td>
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<td>18</td>
<td>12.2</td>
<td>220</td>
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<td>Skilled Nursing Facility, Long Term Care Facility, Assistive Living Facility or Group Home</td>
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<td>9.1</td>
<td>65</td>
<td>43.9</td>
<td>145</td>
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<td>5.4</td>
<td>38</td>
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<td>5.1</td>
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<tr>
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<td>1,026</td>
<td>100.0</td>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease my hours in the field of physical therapy</td>
<td>24</td>
<td>2.8</td>
<td>4</td>
<td>2.8</td>
<td>28</td>
<td>2.8</td>
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<tr>
<td>Decrease my hours of direct patient care</td>
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<td>2.0</td>
<td>1</td>
<td>0.7</td>
<td>18</td>
<td>1.8</td>
</tr>
<tr>
<td>Increase my hours in the field of physical therapy</td>
<td>27</td>
<td>3.1</td>
<td>11</td>
<td>7.7</td>
<td>38</td>
<td>3.8</td>
</tr>
<tr>
<td>Increase my hours of direct patient care</td>
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<td>1.4</td>
<td>3</td>
<td>2.1</td>
<td>15</td>
<td>1.5</td>
</tr>
<tr>
<td>No planned change</td>
<td>779</td>
<td>90.3</td>
<td>124</td>
<td>86.7</td>
<td>903</td>
<td>89.8</td>
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<td>Stop working in the field of physical therapy</td>
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<td>0.0</td>
<td>4</td>
<td>0.4</td>
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<td>ADA Specialty</td>
<td>Frequency</td>
<td>Percent</td>
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<tr>
<td>-------------------------------</td>
<td>-----------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>16.7</td>
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<td></td>
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<td></td>
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<td>22</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics</td>
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<td>23.1</td>
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<td></td>
<td></td>
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<tr>
<td>Pediatric Dentistry</td>
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</table>

Frequency Missing = 332
<table>
<thead>
<tr>
<th>Tertiary Hospital</th>
<th>Square Miles</th>
<th>People per Sq. Mi.</th>
<th>Number of CAHs</th>
<th>Average Distance</th>
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<tbody>
<tr>
<td>Bismarck</td>
<td>26,815</td>
<td>7.3</td>
<td>10</td>
<td>110.5</td>
</tr>
<tr>
<td>Fargo</td>
<td>12,492</td>
<td>18.2</td>
<td>5</td>
<td>95.8</td>
</tr>
<tr>
<td>Grand Forks</td>
<td>10,955</td>
<td>11.1</td>
<td>10</td>
<td>66.6</td>
</tr>
<tr>
<td>Minot</td>
<td>20,419</td>
<td>7.5</td>
<td>11</td>
<td>84.5</td>
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</table>

Minot and Bismarck hospitals serve the largest areas, although Grand Forks and Fargo have the highest concentrations of people. The Fargo region has the fewest CAHs. The distances between the CAHs and the teriaries are greatest for Bismarck. The CAH closest to a tertiary hospital is only 36 miles away, while the CAH farthest from a tertiary hospital is 182 miles away.
<table>
<thead>
<tr>
<th>Tertiary Hospital</th>
<th>Tertiary Beds</th>
<th>CAH Beds</th>
<th>Tertiary Average Age</th>
<th>CAH Average Age</th>
<th>Tertiary % Male</th>
<th>CAH % Male</th>
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</thead>
<tbody>
<tr>
<td>Bismarck</td>
<td>510</td>
<td>230</td>
<td>38.2</td>
<td>42.1</td>
<td>49.4</td>
<td>50.5</td>
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<tr>
<td>Fargo</td>
<td>687</td>
<td>120</td>
<td>35.5</td>
<td>38.5</td>
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<td>50.6</td>
</tr>
<tr>
<td>Grand Forks</td>
<td>277</td>
<td>187</td>
<td>34.7</td>
<td>41.9</td>
<td>41.4</td>
<td>50.4</td>
</tr>
<tr>
<td>Minot</td>
<td>416</td>
<td>233</td>
<td>36.4</td>
<td>50.5</td>
<td>50.7</td>
<td>51.3</td>
</tr>
</tbody>
</table>

Hospitals in the Fargo region have the most beds (807 total); Bismarck has 740, Minot has 649, and Grand Forks has 464. For all regions, the average age of people in the CAH territories is older than those in the four main cities. This places a greater burden on the CAHs for certain types of care. These numbers relate to hospital bed numbers before the current COVID-19 public crisis.
<table>
<thead>
<tr>
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<td>Basic Life Support</td>
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<td>Critical Care</td>
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Table 9.4

*Public health units by type and number of counties.*[^53]

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<td>City/County Health District</td>
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<tr>
<td>Multicounty Health District</td>
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<tr>
<td>Single County Health Department</td>
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<td>Single County Health District</td>
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[^53]: Reference or note number
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<td>25&lt;sup&gt;th&lt;/sup&gt;</td>
<td>24&lt;sup&gt;th&lt;/sup&gt;</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Prevention and Treatment</td>
<td>17&lt;sup&gt;th&lt;/sup&gt;</td>
<td>19&lt;sup&gt;th&lt;/sup&gt;</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>20&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Avoidable Hospital Use and Costs</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>22&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>11&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
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<td>36&lt;sup&gt;th&lt;/sup&gt;</td>
<td>27&lt;sup&gt;th&lt;/sup&gt;</td>
<td>-</td>
</tr>
<tr>
<td>Health Lives</td>
<td>29&lt;sup&gt;th&lt;/sup&gt;</td>
<td>27&lt;sup&gt;th&lt;/sup&gt;</td>
<td>26&lt;sup&gt;th&lt;/sup&gt;</td>
<td>15&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>Position</td>
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<td>External</td>
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<td>Total</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------</td>
<td>----------</td>
<td>--------</td>
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<td>External</td>
<td>Vacant</td>
<td>Total</td>
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<td>External</td>
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<td>Vacant</td>
<td>Total</td>
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