MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Health System - Albert Lea and Austin

November 2019

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Executive Summary

Enterprise Overview

Mayo Clinic is a not-for-profit organization committed to inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated practice, research and education. Mayo serves more than 1.3 million patients annually from communities around the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services at many campuses and facilities, including 20 hospitals located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local and global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease and quickly brings this new knowledge to patient care. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively. Mayo Clinic's Center for the Science of Health Care Delivery works to innovate and validate effective, affordable and accessible health care delivery models to improve health care for people everywhere.

This Community Health Needs Assessment (CHNA) allows Mayo Clinic to better understand local health needs, informing its strategies and partnerships to benefit community health and advance its mission.

Entity Overview

Mayo Clinic Health System (MCHS) was created to fulfill Mayo Clinic's commitment to bring quality health care to local communities. MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Minnesota and Wisconsin. It includes more than 900 providers serving more than half a million patients each year. As part of Mayo Clinic, MCHS provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, we've opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before.

The system also provides patients with access to cutting-edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

In Southeast Minnesota (SEMN), hospitals are located in Albert Lea, Austin, Cannon Falls, Lake City and Red Wing, supported by regional clinics throughout the region. MCHS partners with community stakeholders in Freeborn, Mower and Goodhue counties to conduct the Community Health Needs Assessment (CHNA).

Mayo Clinic Health System (MCHS) in Albert Lea and Austin is one hospital with two campuses. The hospital has 159 licensed beds and offers a broad range of inpatient, outpatient and specialty services in southern Minnesota and northern Iowa, including a convenience care clinic, cancer center, physical medicine and rehabilitation center, and inpatient and outpatient drug and alcohol treatment facilities.

In 2018, MCHS in Albert Lea and Austin had 302,249 outpatient visits. Hospital inpatient days totaled 14,830, with an additional 1,289 days for newborn care. The majority of those patients live in Freeborn and Mower counties.

Summary of Community Health Needs Assessment

The main population centers of Albert Lea and Austin are approximately 23 miles apart. The demographics of the Freeborn and Mower counties are similar, but specific community needs in Albert Lea and Austin and the two counties vary. Health needs prioritization reflects this and ensures that each community's unique health issues are addressed and that local support for CHNA plans is achieved.

MCHS in Albert Lea and Austin has a long history of reaching out to its communities for feedback, collectively identifying local health care needs, and building partnerships to meet those needs. Valuable partnerships with community organizations work to improve the quality of life for those who live in the communities served by MCHS. Leadership and staff from both sites serve on local boards and initiatives, including economic development and Chamber of Commerce committees, family services collaborative, community college foundation, historical societies, United Way and others.

MCHS in SEMN coordinated efforts with the public health departments in Freeborn and Mower counties to develop and disseminate a mailed survey.
In addition to the random mailed survey, MCHS, in conjunction with the county public health department and other community stakeholders, used separate surveys and feedback mechanisms to supplement the community survey, solicit input from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

Key informant interviews were conducted in each community, as well as focus groups and community listening sessions.

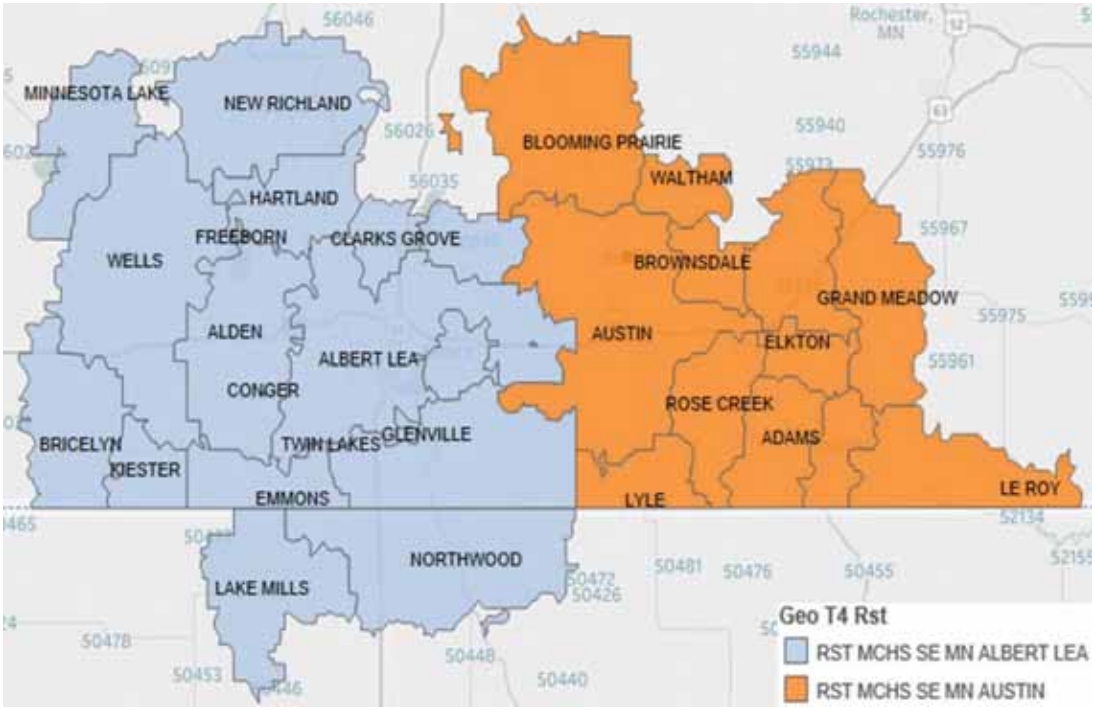
Through this process, the following priorities for MCHS in Albert Lea and Austin were identified:

1. Mental well-being
2. Chronic disease prevention
3. Access to health care

Our Community

Geographic area

Albert Lea and Austin are each home to a campus of Mayo Clinic Health System - Albert Lea and Austin. The map outlines the market area served by the hospitals. The majority of patients at each facility come from the cities of Albert Lea and Austin and smaller communities in Freeborn and Mower counties. Demographics of the two counties are similar.



Freeborn County has a total area of 722 square miles, of which 15 square miles is water. Albert Lea, the county seat, is at the intersection of I-35 and I-90. Freeborn County lies on Minnesota's border with Iowa.The city boasts numerous lakes including Fountain and Albert Lea Lakes which gives it the nickname “The Land Between the Lakes.” Myre-Big Island State Park is nearby. The city’s early growth was fueled by agriculture, farming support services, and manufacturing. Much of the manufacturing base has declined.

Austin is in Mower County, which is a relatively small county geographically at 720 square miles. Other features include:

- No natural lakes, but several streams and tributaries. The high water table has accounted for historic flooding over the years.
- Agriculture is the county’s big industry (53% taxable value).
- Of the county’s population, 64% live in Austin.

- Mower County has a higher-than-average percentage of people over age 65.
- The county also has a higher-than-average diverse population.
- It's number one in wind-energy production and generation of wind-production tax
- Austin ranks high as a good place to live, according to chamberofcommerce.org "Best Places to Live in Minnesota – 2019"
- The county has a high percentage of paved roads (90% of 400 miles), as well as a high number of bridges, all maintained by the county.

Demographics

MCHS site	**Albert Lea**	**Austin**	
Primary county	Freeborn County	Mower County	*Info Source*
City pop. estimate as of July 2018	17,647	25,190	*U.S. Census Bureau - https://www.census.gov/quickfacts*
Primary county pop. estimate as of July 2018	30,444	40,011	*U.S. Census Bureau - https://www.census.gov/quickfacts*
Median household income (2013-2017, in 2017 dollars)	$51,174	$53,700	*U.S. Census Bureau - https://www.census.gov/quickfacts*
% persons in poverty	11.8%	10.6%	*U.S. Census Bureau - https://www.census.gov/quickfacts*
Median age	44.3	39.3	https://datausa.io/profile/geo
Market area population 2019	42,285	42,209	*Sg2*
% female population	50.1%	49.9%	*Sg2*
% male population	49.9%	50.1%	*Sg2*
% under 18 years	21.4%	24.6%	*Sg2*
% 65 years & older	23.1%	19.2%	*Sg2*

County	**Freeborn**	**Mower**
2019 population estimates		
Total population	30,444	39,566
Persons under 5 years	5%	2,552
Persons under age 18	21.9%	8,139
Persons 65 and older	22.1%	7,316
Total female	50.2%	19,737
Ethnicity/Race		
White alone, not Hispanic or Latino	93.7%	31,723
Black or African American	1.5%	1,577

American Indian/Alaska Native/Hawaiian Native/Other Pacific Islander	0.6%	1,749
Asian alone	0.2%	964
Hispanic or Latino origin	2.6%	4,517
Two or more races reported	9.9%	805
Foreign born	1.4%	8.75% of population
% living below poverty level	4.9%	31.1%
Language other than English at home, 5+ years	11.8%	Spanish, German, languages of various African countries

Assessing the Needs of the Community

Overview

The MCHS community assessment process was led by the Southeast Minnesota Community Engagement staff. The team followed a systematic process to evaluate the health needs of our communities and determine health priorities.

One notable difference in the approach used in 2019 is an attempt to standardize language around top issues that emerged in the communities across the MCHS Southeast Minnesota region.

See Appendix A: List of Topics and Definitions

Community input
MCHS has long history of engaging the community to identify local health care needs and build partnerships. Our leadership and staff serve on local boards, including economic development and Chamber of Commerce committees, service organizations, community college foundation and other initiatives important to the community.

Process and Methods

Working in conjunction with the public health departments in Freeborn, Goodhue and Mower counties and the Minnesota Department of Health, MCHS took a multi-faceted approach to gathering information and identifying local health needs.

Random survey
The random mailed survey (see appendix for survey methodology) was conducted in conjunction with all three (Mower, Freeborn and Goodhue) public health departments.

An initial survey packet was mailed to 4,800 sampled households in Goodhue, Mower and Freeborn counties on September 21 and 24, 2018, which included a cover letter, the survey instrument and a postage-paid return envelope. One week after the first survey packets were mailed (October 1), a postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (October 15), another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being November 26, 2018.

See Appendix B: Survey methodology and sample survey

Completed surveys were received from 1,189 adult residents of Goodhue, Mower and Freeborn counties for an overall response rate of 24.8% (1,189/4,800). The county level response rates are as follows:

County	%	Completed surveys received from adult residents
Freeborn	23.4%	372
Goodhue	26.0%	413
Mower	24.9%	396

Few respondents age 18-24 returned completed surveys, so results are reported only for adults age 25 and over. The Minnesota Department of Health and its data analyst assisted in compiling the data by county.

See Appendix C: Summary reports

Convenience sample
In addition, separate surveys and feedback mechanisms were used in each county to supplement the community survey, solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

Freeborn County. The 2018 survey was also used to poll a convenience sample of 32 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample were Freeborn County Public Health clients or students from Albert Lea School District's Adult Basic Education program.

While 5% of the weighted respondents for the survey of the general adult population were people of color, 75% of the convenience sample respondents were people of color. Thirty-four percent of respondents identified themselves as Karen (from Burma/Myanmar).

The convenience sample was also younger than the weighted respondents for the general adult population. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however the convenience sample is quite small, and differences aren't necessarily statistically significant. Also, adults age 18-24 are included in the convenience sample results. Caution should be exercised when interpreting the comparisons to the general adult population.

Mower County. The 2018 survey was also used to poll a convenience sample of 95 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample completed the survey in the lobby of Mower County Health and Human Services and the Women, Infants & Children (WIC) clinic.

While 5% of the weighted respondents for the survey of the general adult population were people of color, 44% of the convenience sample respondents were people of color. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however differences aren't necessarily statistically significant and adults age 18-24 are included in the convenience sample results, so caution should be exercised when interpreting the comparisons.

Convenience sample interviews were conducted in the Mower County Public Health lobby.

Key informant interviews

Key informant interviews were conducted in late winter 2018/early spring 2019 by members of the MCHS administrative leadership at each site. These one-on-one interviews followed the same format, but allowed individuals to report their perceptions of community needs and share insights into current strategies currently being used.

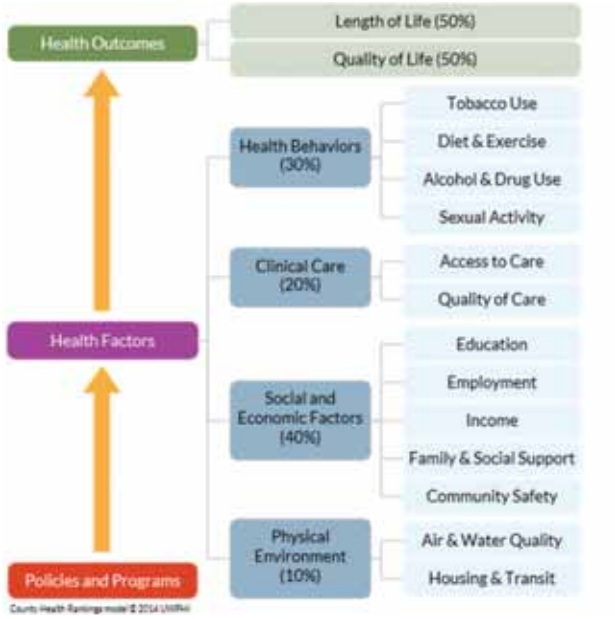
A total of 19 key informant interviews were conducted in Freeborn and Mower Counties (seven in Albert Lea, 12 in Austin). Those interviewed included representatives from these community stakeholder groups:

- Public health (Freeborn and Mower counties)
- City official (Albert Lea, Austin)
- St. Mark's Lutheran Home
- Police department (Albert Lea, Austin)
- Sheriff (Freeborn, Mower)
- School district (Albert Lea, Austin)
- Chamber of Commerce (Albert Lea-Freeborn County, Austin)
- United Way (Freeborn, Mower)
- City of Austin Port Authority
- Austin YMCA
- Little Cedar Lutheran
- Catholic Charities of Southern Minnesota
- Freeborn County Senior Resources
- Albert Lea Family YMCA
- Parks and Recreation, City of Albert Lea

As part of the interview, participants were asked if they were aware of programs to address community needs. Limited input was provided on MCHS programs to address priority needs as identified in the 2016 CHNA. MCHS in Albert Lea and Austin published its 2016 CHNA report in December of that year and posted a link to the report on the external website. To date, no written public comments have been received about the report or its corresponding implementation plan.

See Appendix: Key informant interview questions, summary

Insights were also gleaned from other data and assessed needs pertinent to communities in Southeast Minnesota. As shown in the graph, health outcomes are influenced by a variety of factors, 80% of which are outside of clinical care. The data collection and review process enabled the community to hone in on the issues of top concern.



The Community Engagement team also regularly surveys participants in community engagement programs, including those that are part of the 2016 CHNA Implementation Plan. The feedback provides important feedback how to improve programs going forward. This information allowed for further discussions in focus groups held in the spring of 2019. Topics were generated from initial reviews of data, with special focus on target groups, including seniors, people facing barriers to access health care, and young people. Community listening sessions were held in late spring 2019 and open to the public.

Focus groups: Freeborn County

Freeborn County conducted six focus groups with community groups in March and April 2019, including:

- Community Health Care Collaborative: A diverse group of community partners collaborating to improve the health and well-being of the community through awareness, education and resources.
- Senior Collaborative sub-group: Collaboration among organizations providing services to area seniors for the purpose of making resources available to help improve physical and mental health, well-being and safety of area seniors.
- Families and Children Collaborative sub-group: Community partners focused on increasing awareness of family services available to Freeborn County residents.
- Mental Well-Being Collaborative sub-group: Collaboration with various mental health groups with expertise in the field of mental well-being. The group reviews and focuses on key issues, including topics like stigma of mental health and the importance of self-care.

- Freeborn County Chamber Worksite Wellness Committee: Employees representing their employers share resources in the area of health care and safety. The group works together to recommend solutions to worksite challenges and support communication of those solutions.

Listening sessions: Freeborn County

MCHS, together with Freeborn County Public Health and Minnesota Department of Health (MDH), hosted two community listening sessions in May 2019. The sessions were held to elicit perspectives from community members and representatives of local services agencies and organizations. News releases were sent to local media to encourage the entire community to attend.

Mower County

Mower County conducted five focus groups with community groups from April-August 2018. These included:

- Mower Refreshed Steering Committee: A diverse group of community leaders representing various sectors in the community committed to improving the health of Mower County.
- Riverland Community College Student Council: Riverland students age 18-23 offered perspectives from the millennial generation.
- Mower County Southern Minnesota Education Consortium school social workers: Social workers represented all Mower County schools.
- Mower County Public Health staff: Nurses who do home visits to patients in the county who represent a diverse background.
- Austin Community Education/Adult Learners/English as a Second Language: Students represented languages and cultures from several different countries.

Each county is home to a campus of the Mayo Clinic Health System – Albert Lea and Austin hospital. The process to gather data was similar in each county. The following sections – Addressing the Community Needs and Evaluating the Prior CHNA and impact – are grouped by county with Freeborn County first followed by Mower County. While the needs are similar and some implementation plans will overlap, there are unique resources in each community that will be part of the implementation plan.

Addressing the Needs of the Community

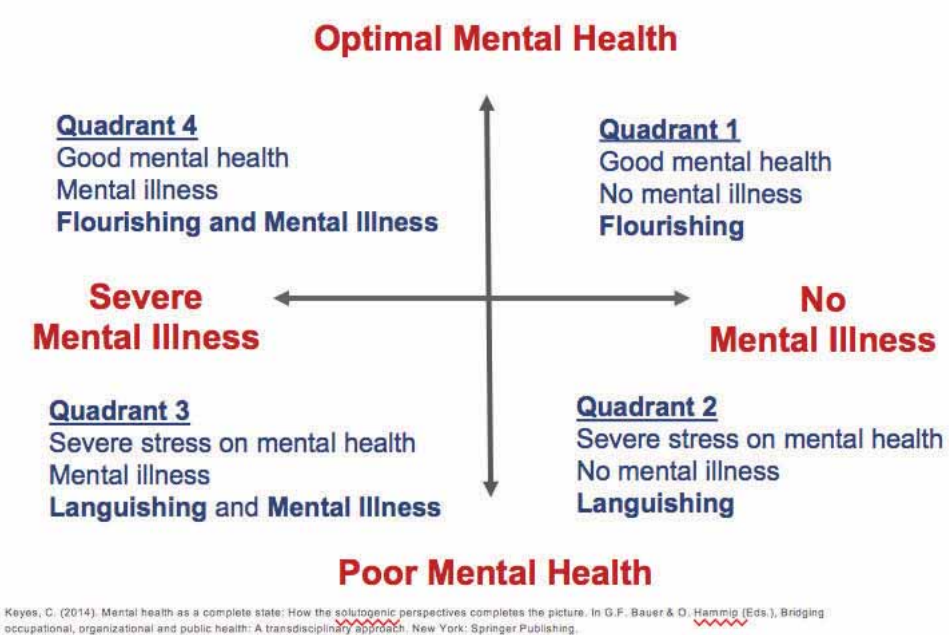
Freeborn County

Identified health needs

1. Mental well-being
2. Access to care
3. Chronic disease prevention

Mental well-being

The World Health Organization defines well-being as a state in which every individual realizes their own potential, can cope with the normal stresses of life, work productively and is able to make a contribution to their community. Based on input from the community, a priority will be placed on promoting strategies to enhance mental well-being with a particular focus on reducing isolation, building resilience and improving mental health for all.



Keyes, C. (2014). Mental health as a complete state: How the salutogenic perspectives completes the picture. In G.F. Bauer & O. Hammig (Eds.), Bridging occupational, organizational and public health: A transdisciplinary approach. New York: Springer Publishing.

Mental well-being continues to be reported as a top community health issue in Freeborn County. Multiple mental health concerns were mentioned, including but not limited to, anxiety, panic attacks, depression, suicide, drug abuse, addiction and drugs (opioids/vaping), PTSD and abuse. Access to mental health providers and primary care, affordability and the lack of mental health education (how to access care and what level of care) were mentioned.

Overcoming stigma and access to care were the most frequently mentioned concerns. Lack of resources, particularly for adolescents, and general lack of understanding were noted. Specific mental health issues were called out, among them PTSD, stress, bullying, drugs, maintaining mental wellness, crisis services and support services for cancer patients.

Access to care

Access to care was cited as a health care need in Freeborn County. Feedback from focus groups varied from fear of losing local services, affordability, availability, confusion on where to seek care for various conditions, and the lack of mental health resources.

The primary concerns expressed by most interviewees were:

- Education about what services are available
- Being able to be seen in a reasonable time
- Navigating the system
- Distance to travel for services
- Availability of specialty providers in the community, in particular OB delivery and behavioral health

One person indicated that there is a perception of access problems for people who believe they need something they may not indeed require. Interviewees spoke of not seeking care because of costs, difficulties getting appointments/delays to be seen and poor customer service.

Concerns mentioned by diverse populations included awareness of available resources, communication barriers and accessing resources (transportation). Some interviewees spoke of bias against poor people and a lack of inclusion. Cultural differences, fewer opportunities and a fear of the federal government were also listed.

Chronic disease prevention

Chronic disease prevention focuses on keeping people healthy, engaging and empowering individuals and communities to choose healthy behaviors and reduce the risk of developing disease. Empowering individuals to manage lifestyle factors can help prevent the onset and progression of chronic disease.

Obesity was the top concern when talking about chronic disease prevention. Alcohol, meth, and vaping also received much mention. Most of the concern was directed at young people. High cholesterol, high blood pressure, diabetes, mental health and immunization were also discussed.

Health needs not addressed

Understanding that all individual health and wellness efforts are interconnected with the environment, culture, people, policies, systems and programs, it's key to continue weaving in the lesser-referenced issues with the priority areas. Identifying the top three areas will help our community partners serving specific groups when seeking funding, determining relevancy of programming, and future direction for their organizations.

Through the assessment process, the following needs were mentioned, but not addressed directly in this CHNA:

Socio-economic factors

While not an area of MCHS expertise, the following socio-economic factors are important to the community. MCHS in Albert Lea and Austin will engage in addressing these factors in a supporting, rather than directing role. MCHS can support programs and partner with organizations that focus on these issues:

- Education

- Employment
- Family and social support
- Housing
- Income
- Neighborhood
- Poverty
- Safety
- Transportation
- Violence

Prevention

Prevention efforts are ongoing through a number of other programs throughout the county. While these are certainly important areas, they won't be a main focus of the CHNA. MCHS in Albert Lea and Austin will take a supporting role in the following prevention areas:

- Car seats
- Fall prevention
- Immunizations
- Prevention education
- Texting while driving

Available community resources to address identified needs

Priority health topic	MCHS resources	Community resources
Mental well-being	MCHS Psychiatric Services Unit Fountain Centers	Freeborn County Public Health Freeborn County CHIP Freeborn County Senior Resources Freeborn County Family Services Collaborative United Way Albert Lea Public Schools Salvation Army Community Health Care Collaborative Albert Lea Senior Center NAMI Albert Lea Family YMCA Community Education Faith communities South Central Mobile Crisis Team Community Action Agency Cedar House, Inc. Support groups
Access to health care	Collateral mailed to homes Signage within clinic MCHS website Collateral shared at community events	Freeborn County Public Health IMAA Mayo Clinic Express Care MCHS

	MCHS Language Services	Freeborn County Family Services Collaborative
Chronic disease prevention	Well-child visits Immunization clinics School flu shot clinics Community health care Collaborative Fountain Centers MCHS dieticians	Freeborn County Public Health Freeborn County SHIP Albert Lea Family YMCA City of Albert Lea Parks & Recreation Community education

Evaluation of Prior CHNA and Implementation Strategy

Freeborn County

Through a variety of programs, activities and partnerships, the Community Engagement team disseminated relevant information on mental wellness and healthy eating. This brought awareness to resources available in the community, as well as provided recipients with actionable information they could use to manage their own health. This table demonstrates the range of activities and the impact they had in the community.

Priority health issue	Tactics	Impact
Mental Health		
	Recovery Fest	Fountains Centers Community event to support mental wellness while in chemical dependency treatment and recovery
	8th Grade Pathways presentations	Fountain Centers offered information on how choices and paths you take at an early age can affect the mental and health wellness in adult years
	Lifeline newsletter	MCHS quarterly publication for alumni of Fountain Centers to support this recovering population with mental resiliency tools
	The Amazing Race	Participants moved through the city of Albert Lea by foot, bike, kayak or vehicle competing in challenges and overcoming obstacles that brought awareness to mental illness and promote mental health, helping to reduce stigma surrounding mental illness
	SEMCAC – monetary donation	Supports initiatives of the Outreach & Emergency Services and Senior Services department in the county. All services have mental health/wellness benefits.
	Health Talk Series for Seniors – three separate series at area senior	MCHS experts present on health topics, which promotes mental/health wellness

	communities	
	Wind Down Wednesdays	Promotes mental wellness
	Women's Health and Well-Being Symposium	Promotes how resiliency can affect your mental and physical health
	Tunes, Trikes & Bikes event – MCHS donates bike helmets	Promotes mental/health wellness
	Freeborn County Fair	Benefits of Walking. Promotes mental/health wellness
	Lloyd and Ardis Peterson Cancer Symposium	Focus on dealing with stressors along the cancer journey. Promotes mental well-being
	Community Connect	Hosted a community information table and clinical resources
	Freeborn County Relay for Life	Offered attendees information on "Where to Seek Care" in Freeborn County and health literature. Promotes mental/health wellness
	The Ripple Effect	Fountain Center staff participated in two showings on suicide. Promotes mental well-being
	Wander the Water – held in honor of local families experiencing physical and emotional challenges on their personal journey of cancer	Promotes mental/health wellness
	Rock N Roll the Lake – biking event	Promotes mental well-being by being active
	Albert Lea Select Foods Health and Safety Fair	Promotes mental/health wellness
	Edward Manufacturing Health Fair	Promotes mental/health wellness
Healthy Eating		
	Road to Better Health presentations	Promotes healthy lifestyle
	Blue Zones Vitality Project — Partnership with National Vitality Center – Sustain Blue Zone Destination	Advances the work of our CHNA to improve the health of our community members both directly and indirectly
	United Way of Freeborn County Partnership – monetary donation	Provides essential services in the area of education, income and health
	Albert Lea Family YMCA – Fit Forever Initiative Collaborative – monetary donation	Provides area students a free membership to promote physical and mental health, obesity prevention, healthy eating
	Governor's Fishing Opener	Provided healthy fish recipes and dietician expertise to promote healthy eating

	Healthy Eating Presentation at St. John's – MCHS dietician	Demonstration to area seniors to create a healthy meal – promotes healthy eating/lifestyle
	The A-Z Basics of Eating with Diabetes Seminar – MCHS dietician	How to self-manage diabetes and create balanced healthy meals – Promotes healthy eating/lifestyle

Despite these efforts and investments, some of the priorities from the 2016 CHNA continue to be a concern for the community and can overlap with some of the priority health needs identified in the 2019 CHNA. MCHS in Albert Lea and Austin will continue to devote resources and collaborate with other organizations and agencies to address these ongoing health needs.

Addressing the Needs of the Community

Mower County

Identified health needs

1. Access to care
2. Mental well-being
3. Chronic disease prevention

Woven throughout the priority health areas was an overall concern about the language barriers and culturally sensitive communications. These include: Lack of knowledge, understanding access, connecting to the community on the part of the diverse populations and lack of cultural understanding and the need for information on different cultures.

Other issues cited include: Affordable resources, housing, transportation, meaningful employment, access to health care, legal status, underage drivers, younger family members serving as interpreters, being able to live independently, family, food choices, physical and mental health, and adult disability. One person explained that diverse populations were caught between two cultures.

Access to care

Access to care was overwhelmingly cited as a health care need in Mower County. Feedback from focus groups ranged from confusion about where to go for what, lack of mental health resources, needing more dental care and having interpreters for health care issues.

As the graphic illustrates, several other socio-economic issues affect access to care, including transportation, cultural attitudes toward health, navigating those resources that are available and having enough providers. Each one connects/overlaps with others, emphasizing the importance of communication specific to various cultures.

Many interviewees mentioned the need for more providers. Affordability was mentioned a few times. Understanding resources, the need for more mental health resources and the appropriate use of options (urgent care/overuse of Emergency Department) were cited. Vaccinations, nutrition education and technology were also voiced. Some expressed frustration and feelings that the health care system is overly complicated. Lack of immunizations in the immigrant community, poverty, occupational health and aging in place were also referenced.

Mental well-being

The World Health Organization defines well-being as a state in which every individual realizes their own potential, can cope with the normal stresses of life, work productively and is able to make a contribution to their community. Community input stressed the importance of mental well-being education and stress management/coping skills, both in school and with parents, in addition to seniors living alone and possibly facing isolation issues.

Mental health concerns were mentioned multiple times, including suicide and stress. Other topics referenced included: Parenting, students, families, drug abuse, addiction, drugs (opioids and vaping), access (especially to primary care), affordability, provider availability, understanding medical conditions and health education.

The top concern revolved around access and providers. Stigma and lack of education/resources rose to the top of issues that need addressing. A host of issues were listed, including depression/seasonal depression, PTSD, addiction, drugs, suicide, anxiety, loneliness (seniors), broken families, abuse and schizophrenia. Crisis help, long-term housing and county support were also identified as concerns.

Chronic disease prevention

Chronic disease prevention focuses on keeping people healthy, engaging and empowering individuals and community to choose healthy behaviors and reducing the risk of developing disease. Empowering individuals to manage lifestyle factors can help prevent the onset and progression of chronic disease. Areas of emphasis include substance misuse and obesity/overweight, especially as it relates to the multicultural population in Mower County.

Alcohol, with emphasis on underage drinking, was the top concern when talking about chronic disease prevention. Marijuana and vaping were also high among responses. Meth, opioids, pain pills, heroin, illegal drugs and prescription drugs were mentioned, but not as prevalent. One person stated that four out of five child protection cases involves drugs. Again, cultural issues play a role in substance misuse. Mental health was also mentioned under chemical concerns.

Health needs not addressed

Understanding that all individual health and wellness efforts are interconnected with the environment, culture, people, policies, systems and programs, it's key to continue weaving in the lesser-referenced issues with the priority areas. Identifying the top three areas to address

will help our community partners serving specific groups when seeking funding, determining relevancy of programming, and future direction for their organizations.

Through the assessment process, these needs were mentioned, but not addressed directly in this CHNA:

Socio-economic factors
While not an area of MCHS expertise, the following socio-economic factors are important to the community. MCHS in Albert Lea and Austin will engage in addressing these factors in a supporting, rather than directing role. MCHS can support programs and partner with organizations that focus on these issues:

- Education
- Employment
- Family and social support
- Housing
- Income
- Neighborhood
- Poverty
- Safety
- Transportation
- Violence

Prevention
Prevention efforts are ongoing through a number of other programs throughout the county. While these are certainly important areas, they won't be a main focus of the CHNA. MCHS in Albert Lea and Austin will take a supporting role in these prevention areas:

- Car seats
- Fall prevention
- Immunizations
- Prevention Education
- Texting while driving

Available community resources to address identified needs

Priority Health Topic	MCHS resources	Community resources
Access to health care	Collateral mailed to homes Signage within clinic MCHS website Material shared at community events	Mower County Public Health IMAA Mayo Clinic Express Care MCHS Open Door Health Care Children's Dental Health Services

		Communidades Latinas Unidas En Servicio
Mental well-being	Fountain Centers Mower Refreshed	United Way Austin Public Schools Austin Aspires School social workers Salvation Army Fernbrook Services Independent Management Services Mower County Senior Center Seibel Center Gerard Academy Parenting Resource Center Austin YMCA Community Education Mower County SHIP Crime Victim Resource Center Welcome Center Cedar River Counseling Service Beyond the Yellow Ribbon Quality Case Management and Adult Rehab Services Austin Manor Catholic Charities Faith communities LIFE Mower County
Chronic disease prevention	Well-child visits Immunization clinics School flu shot clinics Mower Refreshed	Mower County Health and Human Services Mower County SHIP Austin Positive Action Coalition Austin YMCA City of Austin Parks & Rec Community Education Growing Acres Help Me Grow (helpmegrowmn.org) Alcoholics Anonymous

Evaluation of Prior CHNA and Implementation Strategy

Mower County

The Community Engagement team organized a variety of programs and activities that focused on priority issues. This brought awareness to resources available in the community, as well as provided recipients with actionable information they could use to manage their own health. The table shows the range activities and the impact they had in the community.

Priority health issue	Tactics	Impact
Illegal chemical use	Mower Refreshed newsletter	Electronically distributed to a list of approximately 500 Topics address CHNA priority areas Contributors from within the community Invitation to engage
	Lunch & Learn Seminars: • Vaping (Oct 2018) • Eye movement desensitization & reprocessing (March 2017) • Student report (Sept. 2017)	Promoted countywide to the community and key audiences Community partners: SHIP Mower County, APAC, Austin Public School
	APAC electronic signage	In partnership with the local Austin Positive Action Coalition to educate on tobacco and vaping hazards
	APAC Board membership (monthly)	Community board focused on teen tobacco use
	Mower Refreshed newspaper column	Monthly topics feature CHNA priority areas Distributed by the *Austin Daily Herald* Reached a diverse population on wellness topics
	Austin Chamber article	Monthly topics feature CHNA priority areas
	Mower Refreshed website	A comprehensive platform on well-being resources in Mower County

		Website: 383 average monthly views Impact: Helps raise awareness of health topics and connects with the community
	Wellness Wednesday e-mail	Sent electronically to approximately 243 subscribers
	Mower Refreshed Facebook page	Promotes well-being initiatives in Mower County; about 750 followers
Family dynamics	Harvest Fest (2016, 2017, 2018, 2019)	A family-friendly fall event held annually to promote healthy food donations and food shelves in Mower County. The event features a 5K fun run/walk, a healthy living expo and a countywide bike ride. More than 300 community members attend.
	Community workshop: Keeping Kids Safe in a Digital Age (April 2019)	Held in conjunction with Safe Harbors and the Mower County Sherriff's office
	Community workshop: Raising Kids in a Digital Age (May 2019)	Featured a Mayo Clinic pediatrician with expertise in children and screen time
	Lunch & Learn: Finding Your "Why" (Feb 2019)	Featured the director of Healthy Living at the YMCA
	Speaker on resiliency for Austin Public School (Aug. 2019)	Mayo Clinic clinician presented on stress management at a staff in-service for about 300 educators.
	Community Connect (2017, 2018)	Hosted a community information table and clinical resource at the United Way annual event
	Mower Refreshed newspaper column	
	Austin Chamber article	
	Mower Refreshed website	
	Wellness Wednesday e-mail	
	Mower Refreshed Facebook page	
	Resiliency Event with Judge Daily (April 2017)	Explored intentionally fostering personal and professional resilience with Judge Christa Daily. Free event at Ruby Rupner Auditorium. Of interest to a variety of professionals, including community members, social service workers, teachers

		and medical professionals.
	Refreshed Reads (2017)	Designed to share books related to health and wellness topics that inspired community members. Hosted on website, print versions available in local libraries and bookstores.
	"Speak Life" video	Compilation of community members and Mower Refreshed volunteers, produced by a local videographer
	"Mower County Health Care Options" booklet	Compilation of health and wellness resources available in Mower County and where to get or access health care. Distribution throughout Mower County. Big impact.
	Family Kitchen Connection Pilot (2016)	Brought diverse families together for mealtime and discovering ways to connect over food
	Resiliency Event – Thriving in the Trenches (Dec. 2016)	Kristen Lewis, M.Ed. provided insight on trauma and how to respond. Geared to human service professionals.
	Lunch & Learn: A Glimpse at Teens: Building a Stronger Future Workforce (Feb. 2017)	Gave insight into what teens face and how to foster resiliency that will equip them in future employment.
	Lunch & Learn: Well-living from the Inside Out (Nov. 2017)	Participants identify a comfort habit and learn strategies for cueing a ritual or routine to cope with stress.
Nutrition and exercise	Harvest 5K 2016, 2017, 2018, 2019)	Annual 5K walk/run to promote active living and raise healthy food donations for local food shelves
	Mower Refreshed newsletter (bi-monthly)	
	Women's Morning of Well-Being (April 2019)	Hosted about 160 women from the area. Presented topics related to women and well-being.
	Lunch & Learn: Worksite Wellness (Jan. 2019)	Featured a Mayo Clinic Occupational Medicine physician
	Know Your Numbers event (2017, Apr 2018)	Offered to the community to encourage knowing basic numbers such as weight, blood pressure, lipids, etc. Goal: Educate participants on current numbers and what they mean; equip participants with material and strategies to maintain or improve numbers; empower participants to own

		personal health and partner with health care providers.
	Mower Refreshed newspaper column	
	Austin Chamber article	
	Mower Refreshed website	
	Wellness Wednesday e-mail	
	Mower Refreshed Facebook page	
	Austin Rec Center contribution	Financial contribution to fund an indoor playground accessible to all community members.
	Refreshed Dining (2016, 2017)	Positive community promotion of local restaurants and caterers that served healthy food options and alternatives and also were using or planning on implementing local food sources and environmentally friendly products. About six local establishments participated.
	Gardening Basics Workshop (May 2017)	Workshop on how to plant your garden for healthy eating. Partnered with local Master Gardeners; about 25 attended.
	Why Markets Matter (2017)	A community exploration and survey of local foods and farmers markets. Surveyed 300+ Mower County residents.

Despite these efforts and investments, some of the priorities from the 2016 CHNA continue to be a concern for the community and can overlap with some of the priority health needs identified in the 2019 CHNA. The hospital will continue to devote resources and collaborate with other organizations and agencies to address these health needs.

Appendices

A: List of Topics and Definitions
B: Sample Methodology and Sample Random Survey
C: Summary Report of Random Survey Data
D: Key Informant Questions and Summary
E: Other assessed info

- Mankato State University Report
- Blandin Report 2019
- Robert Wood Johnson Report Comparative Data 2019

Appendix A

CHNA 2019 Priority Areas
Priority areas and definitions

Priority Area*	Definition
Mental Well-being • Anxiety • Coping • Daily stress • Depression • Isolation • Lack of civility • Lack of sleep • Mental Health • Resiliency • Substance misuse • Suicide	A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to her or his community. - *adapted from the World Health Organization*
Chronic Disease Prevention • Diabetes • High blood pressure • High cholesterol • Nutrition/food insecurity • Obesity/Overweight • Physical Activity • Substance misuse	Chronic disease programs focus on keeping people healthy, engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. Chronic diseases are not passed from person to person. They are of long duration and generally slow progression. The four main types … are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes
Access to care • Dental care • Health/primary care • Mental care • Transportation	Where and how to seek care in a timely and affordable way: Navigation: Understanding of the Care Team model Accessible: People can get to the provider and services, including technology and transportation Accommodating: Services are organized to meet the needs and preferences of the people

	and community Acceptable: People are comfortable with the options.
Socio-economic Factors • Education • Employment • Family and social support • Housing • Income • Neighborhood • Poverty • Safety • Transportation • Violence	Conditions in the places where people live, learn, work and play.
Prevention • Car seats • Fall prevention • Immunizations • Prevention Education • Texting while driving	Actions aimed at avoiding the manifestation of a disease or condition.

*These are not intended as exhaustive lists, but topics that presented as priority from key informant interviews and community focus groups.

**When designing implementation plans, consideration will be given to specific audiences that include employees, employers, patients, community (youth, aging and diverse populations).

Appendix B

Survey Methodology

Survey Instrument

The survey instrument used for the project was adapted from surveys conducted in 2015 and 2016 in these three counties. The county public health agencies and Mayo Clinic Health System worked together to select the survey content from the three previous surveys with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the vendor, Survey Systems, Inc. of Shoreview, MN, as a scannable, self-administered English-language questionnaire.

Sample

A two-stage sampling strategy was used for obtaining probability samples of adults living in Goodhue, Mower or Freeborn counties. For the first stage of sampling, a random sample of residential addresses for each county was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey Administration

An initial survey packet was mailed to 4,800 sampled households in Goodhue, Mower and Freeborn counties on September 21 and 24, 2018, that included a cover letter, the survey instrument, and a postage-paid return envelope. One week after the first survey packets were mailed (October 1), a postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (October 15), another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being November 26, 2018.

Completed Surveys and Response Rate

Completed surveys were received from 1,189 adult residents of Goodhue, Mower and Freeborn counties for an overall response rate of 24.8% (1189/4800). The county level response rates are as follows: Goodhue County: 26.0%; Mower County: 24.9%; Freeborn County: 23.4%. So few respondents aged 18-24 returned completed surveys that results are reported only for adults aged 25 and over.

Data Entry and Weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc.

To ensure that the county level survey results are representative of the adult population of each county, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult population aged 25 and over in each county according to U.S. Census Bureau American Community Survey 2013-17 estimates.

Fall 2018

Dear Southeastern Minnesota Resident:

This is your opportunity to help improve the health of your community!

Freeborn, Mower and Goodhue Counties, in partnership with Mayo Clinic Health System, are conducting the 2018 Community Health Needs Assessment Survey. Your household has been randomly selected to participate.

This survey helps us gather information to complete an in-depth assessment of our community's health and determine how to direct resources in the future. This information is used by many organizations including local counties and Mayo Clinic Health System to design programs to support community health and wellness.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will be linked to any of the responses. We do track which surveys have been completed through the identifying number on each survey. This allows us to remove addresses from the mailing list for reminder notices once we receive the completed survey.

Only a limited number of randomly selected addresses are receiving this mailing. The study will be more meaningful if someone from your household completes the survey and mails it back. In order to get a mix of the population, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday.** Please complete the enclosed survey form and return it in the postage-paid envelope provided.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions, please contact: Sue Yost – Freeborn County (507-377-5273), David Anderson – Goodhue County (651-385-6148) or Chris Weis – Mower County (507-437-9701).

Thank you very much for your participation.

Sincerely,

Sue Yost
Public Health Director
Freeborn County Public Health

Nina Arneson
Director
Goodhue County
Health and Human Services

Lisa Kocer
Director
Mower County
Health and Human Services

Annie T. Sadosty M.D.
Regional Vice President
Mayo Clinic Health System
South East Minnesota

DO NOT WRITE IN THIS BOX

2018 Community Health Needs Assessment Survey

SURVEY INSTRUCTIONS

Correct marks | Incorrect marks

- **Please use #2 pencil or blue or black pen to complete this survey.**
- **Do not use red pencil or ink.**
- **Do not use X's or check marks to indicate your responses.**
- **Fill response ovals completely with heavy, dark marks.**

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

2. Have you <u>ever</u> been told by a doctor or other health care professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension	○	○	○
b. Pre-hypertension	○	○	○
c. Diabetes	○	○	○
d. Pre-diabetes	○	○	○
e. Overweight	○	○	
f. Cancer	○	○	
g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
h. Heart trouble or angina	○	○	
i. Stroke or stroke-related health problems	○	○	
j. High cholesterol or triglycerides	○	○	
k. Arthritis	○	○	
l. Depression	○	○	
m. Anxiety or panic attacks	○	○	
n. Other mental health problems	○	○	
o. Obesity	○	○	
p. Asthma	○	○	

3. What kind of place do you usually go to when you are sick or need advice about your health?

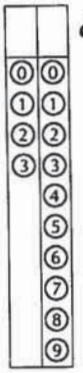
○ A doctor's office ○ A tribal clinic ○ An urgent care clinic
○ A clinic ○ Some other health center ○ No usual place
○ A free clinic ○ An emergency room ○ Some other place _____

4. When was the last time you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ... a flu shot?	○	○	○	○	○
b. ... a dental exam or your teeth cleaned?	○	○	○	○	○
c. ... a hearing test?	○	○	○	○	○
d. ... an eye exam?	○	○	○	○	○
e. ... your blood pressure checked?	○	○	○	○	○
f. ... your blood cholesterol checked?	○	○	○	○	○
g. ... your blood sugar checked?	○	○	○	○	○
h. ... any screening for skin cancer?	○	○	○	○	○
i. ... any screening for colon cancer? *Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema*	○	○	○	○	○
j. ... a prostate exam (men only)?	○	○	○	○	○
k. ... a Pap test (women only)?	○	○	○	○	○
l. ... a mammogram (women only)?	○	○	○	○	○
m. ... a general health exam?	○	○	○	○	○

5. **Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶



6. **During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?**

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 8**

7. **Why did you not get or delay getting the medical care you thought you needed?** *(Mark ALL that apply)*

- ○ I could not get an appointment
- ○ I had transportation problems
- ○ I was too nervous or afraid
- ○ I did not think it was serious enough
- ○ It cost too much
- ○ I did not have insurance
- ○ My insurance did not cover it
- ○ I did not know where to go
- ○ Other reason _____

8. **During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?**

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 10**

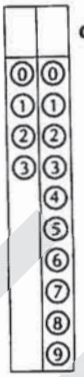
9. **Why did you not get or delay getting the dental care you thought you needed?** *(Mark ALL that apply)*

- ○ I could not get an appointment
- ○ I had transportation problems
- ○ I was too nervous or afraid
- ○ It cost to much
- ○ I did not have insurance
- ○ The dentist wouldn't accept my insurance
- ○ I did not know where to go
- ○ Other _____

10. **In the past 12 months, have you experienced feelings of hopelessness, anxiety or loss of interest in things you used to enjoy?**

○ Yes ○ No

11. **Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**



12. **During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?**

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 14**

13. **Why did you not get or delay getting the mental health care you thought you needed?** *(Mark ALL that apply)*

- ○ I could not get an appointment
- ○ I had transportation problems
- ○ I was too nervous or afraid
- ○ I did not think it was serious enough
- ○ It cost too much
- ○ I did not have insurance
- ○ My insurance did not cover it
- ○ I did not know where to go
- ○ Other reason _____

14. **Do you currently have any of the following types of health insurance?** *(Please mark yes or no for each.)*

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	○	○
b. Health insurance or coverage bought directly by yourself or your family (not through an employer)	○	○
c. Indian or Tribal Health Service	○	○
d. Medicare	○	○
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	○	○
f. MinnesotaCare	○	○
g. Insurance through MNSure or South Country Health Alliance (SCHA)	○	○
h. CHAMPUS, TRICARE, or Veterans' benefits	○	○
i. Other health insurance or coverage *(please specify)*: _____	○	○
j. NO health insurance coverage	○	○

15. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

16. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

17. A serving of vegetables–not including French fries–is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

18. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	○	○	○	○	○	○	○
b. Sports drinks (such as Gatorade; PowerAde); these drinks usually do not have caffeine.	○	○	○	○	○	○	○
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	○	○	○	○	○	○	○
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	○	○	○	○	○	○	○

19. In an average week, how many times do you do the following?

	0	1-2	3-4	5-6	7 or more
a. Eat out or order out a meal from a fast food place (McDonald's, KFC, Taco Bell, pizza places, etc.)	○	○	○	○	○
b. Eat a meal out at a restaurant that is not a fast food place	○	○	○	○	○
c. Eat a home-cooked meal	○	○	○	○	○

20. During the growing season, how often do you or others in your household buy or get food from a Farmer's market or a fruit/vegetable stand?

Never or less than one time per month	About one time per month	About two or three times per month	About one time per week	Two or more times per week
○	○	○	○	○

21. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

○ Often ○ Rarely
○ Sometimes ○ Never

22. During the past 12 months, have you used a community food shelf program?

○ Yes ○ No

23. How much do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The fresh fruits and vegetables where I usually shop are too expensive	○	○	○	○
b. Fruits and vegetables are difficult to prepare	○	○	○	○

24. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

○ Yes ○ No

25. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

○ 0 days ○ 2 days ○ 4 days ○ 6 days
○ 1 day ○ 3 days ○ 5 days ○ 7 days

26. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

○ 0 days ○ 2 days ○ 4 days ○ 6 days
○ 1 day ○ 3 days ○ 5 days ○ 7 days

27. Please indicate whether you use the following resources and facilities in your community.

	I use this	I do not use this	My community does not have this
a. Walking paths or trails	○	○	○
b. Bicycle paths, shared use paths or bike lanes	○	○	○
c. Public swimming pools or water parks	○	○	○
d. Public recreation or community centers	○	○	○
e. Parks or sports fields	○	○	○
f. Schools, colleges or universities that are open for public use for exercise or physical activity	○	○	○
g. A shopping mall or store for physical activity or walking	○	○	○
h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)	○	○	○
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)	○	○	○

28. How much of a problem are the following factors for you in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	○	○	○
b. Lack of programs, leaders or facilities	○	○	○
c. Lack of support from family or friends	○	○	○
d. No one to exercise with	○	○	○
e. The cost of fitness programs, gym memberships or admission fees	○	○	○
f. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	○	○	○
g. Not having sidewalks	○	○	○
h. Traffic problems (excessive speed, too much traffic)	○	○	○
i. Long-term illness, injury or disability	○	○	○
j. Fear of injury	○	○	○
k. Distance I have to travel to fitness, community center, parks or walking trails	○	○	○
l. No safe place to exercise	○	○	○
m. The weather	○	○	○
n. I don't like to exercise	○	○	○
o. Lack of self-discipline or willpower	○	○	○
p. I don't know how to get started	○	○	○
q. Other reasons	○	○	○

29. How much do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am comfortable when mothers breastfeed their babies near me in a public place, such as a mall, bus station, etc.	○	○	○	○
b. Public buildings need to have a room where mothers can breastfeed and pump milk for their babies.	○	○	○	○

30. How much do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	○	○	○	○
b. People are generally caring and sympathetic to people with mental illness.	○	○	○	○
c. People with mental illness do not try hard enough to get better.	○	○	○	○

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

○ Yes ○ No ▶ **GO TO QUESTION 34**

32. Do you now smoke cigarettes every day, some days, or not at all?

○ Every day ○ Some days ○ Not at all ▶ **GO TO QUESTION 34**

33. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

○ Yes ○ No

34. How often do you use any of the following products?

	Every day	Some days	Not at all
a. Cigars, cigarillos, or little cigars	○	○	○
b. Pipes	○	○	○
c. Snuff, snus or chewing tobacco	○	○	○
d. E-cigarettes (vaping pen, JUUL, etc.)	○	○	○
e. Any other type of tobacco product	○	○	○
f. Marijuana	○	○	○

35. Does anyone, including yourself, smoke tobacco (not including e-cigarettes) regularly inside your home? ○ Yes ○ No

36. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 40**

▼

37. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? → Days

⓪	⓪
①	①
②	②
③	③
	④
	⑤
	⑥
	⑦
	⑧
	⑨

38. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?
(A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.)

○ 1 drink	○ 6 drinks
○ 2 drinks	○ 7 drinks
○ 3 drinks	○ 8 drinks
○ 4 drinks	○ 9 drinks
○ 5 drinks	○ 10 drinks or more

39. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES: 4 or more drinks on one occasion — Times

FOR MALES: 5 or more drinks on one occasion — Times

⓪	⓪
①	①
②	②
③	③
	④
	⑤
	⑥
	⑦
	⑧
	⑨

40. Has your household air ever been tested for the presence of radon?

○ Yes ○ No ▶ **GO TO QUESTION 42**

▼

41. Has your household air ever tested positive for radon?

○ Yes ○ No

---

42. Do you ever drive a car or other vehicle?

○ Yes ○ No ▶ **GO TO QUESTION 44**

▼

43. When DRIVING a car or other vehicle, how often do you...	**Often**	**Sometimes**	**Never**	**Not applicable: I don't have a cell phone**
a. ...read or send text messages?	○	○	○	○
b. ...make or answer a phone call?	○	○	○	○
c. ...do other activities such as eat, read, apply makeup or shave?	○	○	○	
d. ...drive when you have perhaps had too much to drink?	○	○	○	

44. How often do you wear a seat belt when you drive or ride in a car?

○ Always ○ Most of the time ○ Sometimes ○ Seldom ○ Never

45. Do you ever use public transportation such as *Hiawathaland Transit, SMART* or any other kind of bus transit?

○ Yes ▶ **IF YES, GO TO QUESTION 47**

○ No

▼

46. If no, why don't you use public transportation?

(Write in) _____

47. What is the main way you usually get around for things like work, shopping, medical visits, etc.? (Mark ONLY ONE answer)

○ My own vehicle (car, truck, van, motorcycle)
○ Get rides from family/friends
○ Public transportation such as Hiawathaland Transit or SMART (or any other kind of bus transit)
○ Carpool or vanpool
○ Bicycle
○ Walk
○ I don't have any regular transportation
○ Other transportation method _____

48. Do you have access to at least one *working* car or other vehicle to use when you need to?

○ Yes ○ No

---

49. In the past 12 months, has someone living in your home made you fearful through action, tone of voice, threats, or destroying your property?

○ Yes ○ No

50. During the past 12 months, did you seriously think about killing yourself?

○ Yes ○ No

51. Are you:

○ Male ○ Female ○ Transgender

52. Your age group:

○ 18-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65-74 ○ 75 or older

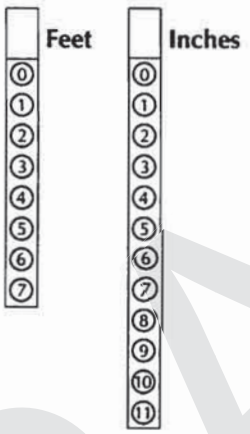
53. Are you a member of any of the following ethnic or cultural groups?

○ Hispanic or Latino/Latina
○ Somali
○ Sudanese
○ Burmese
○ Karen
○ Other _____

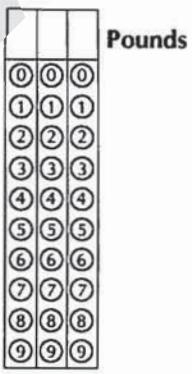
54. Which of the following best describes you? *(Mark ALL that apply)*

○ American Indian
○ Asian or Pacific Islander
○ Black, African or African American
○ White
○ Other _____

55. How tall are you without shoes?



56. Approximately how much do you weigh? →



57. Including yourself, how many adults (age 18 or older) live in your household?

Number of adults:
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

58. How many children (under age 18) live in your household?

Number of children:
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

59. What is the highest level of education you have completed? *(Please mark only ONE)*

○ Did not complete 8th grade
○ Did not complete high school
○ High school diploma/GED
○ Trade/Vocational school
○ Some college
○ Associate degree
○ Bachelor's degree
○ Graduate/Professional degree

60. Household income per year:

○ Less than $10,000
○ $10,000 - $14,999
○ $15,000 - $24,999
○ $25,000 - $34,999
○ $35,000 - $49,999
○ $50,000 - $74,999
○ $75,000 - $99,999
○ $100,000 - $149,999
○ $150,000 - $199,999
○ $200,000 or more

61. Are you currently... *(Mark ALL that apply)*

○ Employed
○ Self-employed or farmer
○ Serving in the Armed Forces
○ Unemployed or out of work
○ A homemaker or stay-at-home parent
○ A student
○ Retired
○ Unable to work because of a disability

Thank you for completing this survey!

Appendix C

2018 Community Health Needs Assessment Survey Summary – Freeborn County

Introduction

This report summarizes results from the 2018 Freeborn County Community Health Needs Assessment Survey. This summary includes comparisons, where relevant, to the last Community Health Needs Assessment, which was conducted in 2016. The 2018 survey sample did not include enough responses from adults aged 18-24, so the survey results are only reflective of the adult population aged 25 and older. The results from 2016 were re-analyzed to only include respondents aged 25 and older, therefore some of the results below for 2016 may differ from previous reports.

A total of 372 respondents in Freeborn County completed the survey, with a 23% response rate. The data were weighted so that the overall results can be said to be representative of the adult population of Freeborn County (aged 25 and older). In the summary below, some differences across gender, income, age, and weight are highlighted. However, there may be too few respondents in certain categories to extrapolate the results to all Freeborn residents in that category, so caution should be exercised when interpreting differences within and across groups.

The 2018 survey was also used to survey a convenience sample of 32 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample were Freeborn County Public Health clients or students from Albert Lea School District's Adult Basic Education program. While 5% of the weighted respondents for the survey of the general adult population were people of color, 75% of the convenience sample were people of color. Thirty-four percent of respondents identified themselves as Karen.[1] The convenience sample was also younger than the weighted respondents for the general adult population. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however the convenience sample is quite small, and differences are not necessarily statistically significant. Also, adults aged 18-24 are included in the convenience sample results. Caution should be exercised when interpreting the comparisons to the general adult population.

[1] The Karen people are an ethnic minority from Burma (Myanmar) who began immigrating to Minnesota as refugees in the early 2000s. (http://www.culturecareconnection.org/matters/diversity/karen.html)

The percentages referenced in this summary are rounded to the nearest whole number.

Summary Findings

This summary section briefly highlights some of the findings that are explored more in the following sections of the report.

Overweight/Obesity

- **Rates of respondents being diagnosed by a health care provider as obese increased slightly from 2016 to 2018.** In 2018, 18% of respondents reported being told by a health care professional that they are obese, compared to 16% in 2016.

- **Using self-reported height and weight, 45% of respondents were categorized as obese, which is much higher than the percent who reported being diagnosed by a health care professional as obese.** This is a small increase from 2016, when 41% of respondents were categorized as obese using self-reported height and weight. There was also a small increase in the percent categorized as overweight but not obese, based on height and weight, from 2016 to 2018 (32% to 34%).

- **Respondents who make $15,000-$24,999 were most likely to have been told by a health care professional they were obese, while those making $100,000 or more were the most likely to be categorized as obese based on self-reported height and weight.**

- **Lower income respondents were most likely to not be overweight or obese.** Respondents whose household income was less than $15,000 were the most likely to be categorized as not overweight or obese based on self-reported height and weight (46%).

- **The convenience sample had lower rates of reported obesity and lower rates of respondents being categorized as obese, based on height and weight, than the general adult population.** Thirteen percent of the convenience sample reported that they have been told by a health care professional that they are obese, and 25% were categorized as obese based on self-reported height and weight.

Chronic conditions

- **Rates of reported high blood pressure/hypertension and diabetes were about the same from 2016 to 2018.** In 2018, 41% of respondents reported high blood pressure/ hypertension, which is the same as 2016. In 2018, 10% of respondents reported diabetes, compared to 11% in 2016.

- **Rates of reported high cholesterol/triglycerides, heart trouble/angina, and asthma all increased, at least a small amount, from 2016 to 2018.** In 2018, 40% of respondents reported high cholesterol/triglycerides, compared to 34% in 2016. In 2018, 12% of respondents reported heart trouble/angina, compared to 9% in 2016. Finally, in 2018, 11% of respondents reported asthma, compared to 9% in 2016.

- **Lower income respondents were more likely to report having been diagnosed with some chronic conditions.** Among respondents making between $15,000-$24,999, 62% reported having high cholesterol/triglycerides, 59% percent reported having high blood pressure/hypertension, 26% reported having diabetes, and 23% percent reported having heart trouble/angina. Among respondents making less than $15,000, 55% reported having high blood pression/hypertension, 51% reported having high cholesterol/triglycerides, 25% reported having diabetes, and 16% reported having asthma.

- **Respondents who reported chronic conditions were more likely to be older.** Seventy-two percent of respondents with high blood pression/hypertension were 65+, 65% of those with high cholesterol/triglycerides were 65+, and 60% of those with diabetes were 65+.

- **High blood pressure or hypertension during pregnancy may be associated with mental health issues, like depression and anxiety**. Respondents who had high blood pressure/hypertension during pregnancy, although a small number, were much more likely than the general adult population to report having had depression, anxiety, or another mental health issue at some point in their life.

- **Other than diabetes, respondents in the convenience sample reported lower rates of most chronic conditions compared to the general adult population.** Thirteen percent of respondents in the convenience sample reported having diabetes, 13% reported high cholesterol/triglycerides, 12% reported high blood pressure/hypertension, 6% reported asthma, and 6% reported heart trouble/angina.

Mental health

- **Reporting of anxiety or panic attacks increased slightly from 2016 to 2018 (18% in 2016 to 20% in 2018), while the overall percent of respondents reporting a history of mental illness[2] remained unchanged (30%).**

[2] Respondents were categorized as having a history of mental illness if they reported that they had ever been told by a health care provider that they had depression, anxiety or panic attacks, or another mental health problem.

- **Lower income respondents were the most likely to report a history of mental illness.** Among respondents whose household income is less than $15,000, 44% reported having depression and 43% reported anxiety or panic attacks. Among respondents whose household income is between $15,000-$24,999, 35% reported depression and 35% reported anxiety or panic attacks.

- **Respondents with some chronic health conditions were more likely to report a history of mental illness.** Respondents who have been diagnosed with diabetes, pre-diabetes, cancer, chronic lung disease, arthritis, obesity, and asthma also reported higher rates of mental health issues than the general adult population.

- **Respondents in the convenience sample had similar rates of reported mental health issues as the general adult population.** Among the convenience sample, 28% reported a history of mental illness, with 25% reporting having been diagnosed with depression and 19% reporting having been diagnosed with anxiety or panic attacks.

Access to care

- **The majority of respondents usually go to a doctor's office (46%) or a clinic (40%) when they are sick or need advice about their health.** Twenty-three percent said they usually go to urgent care.

- **There were small increases from 2016 to 2018 in the percent of respondents who reported having a recent general health exam or other regular exam or vaccine.** In 2018, 69% of respondents reported having a general health exam within the last year, compared to 67% in 2016. The percent of respondents reporting they had a flu shot or a dental exam within the last year both increased, and the percent reporting they had an eye exam or a hearing test within the past two years both increased.

- **Respondents who delayed or did not seek medical care did so most often because of cost.** Cost was also the most selected reason in 2016.

- **Respondents most often delayed or did not seek mental health care because they did not think the issue was serious enough.** This was also the most selected reason in 2016. Cost was less likely to be identified as a reason for delaying or not seeking mental health care in 2018 (14%) than 2016 (20%).

- **Convenience sample respondents most often reported usually going to a clinic for health care.** Respondents in the convenience sample were less likely than the general adult population to report getting regular exams and vaccines. Almost a quarter (23%) reported

having never had a general health exam. The convenience sample was about as likely as the general adult population to report delaying or not seeking medical and mental health care.

Food security

- **The majority of respondents said they never worry about running out of food before they have money to buy more.** In 2018, 80% said they never worry, which is about the same as 2016 (81%).

- **Lower income respondents were most likely to report that they worry about running out of food and to report using a community food shelf within the last year.** Half of respondents whose household income is less than $15,000 said they often or sometimes worry about running out of food before they have money to buy more. Almost 40% of respondents in this income bracket reported using a community food shelf in the last 12 months, compared to 5% of the general adult population.

- **Respondents in the convenience sample were more likely than the general adult population to report that they worry about running out of food and to report using a community food shelf.** Fifty-three percent of respondents in the convenience sample reported that they often or sometimes worry about running out of food before having money to buy more, and 14% reported using a community food shelf in the past year.

Eating habits

- **Reporting of eating recommended amounts of fruits and vegetables increased from 2016 to 2018.** In 2018, 35% of respondents reported eating five or more servings of fruits and vegetables the prior day, compared to 17% in 2016.

- **Respondents with the highest household incomes were the most likely to report eating at least five servings of fruits and vegetables.** Over half of respondents whose household income is $100,000 or greater reported eating five or more servings of fruits and vegetables the previous day. Twenty percent of those making between $25,000-$34,999 reported eating at least five servings, which was the lowest among all income brackets.

- **Over half of respondents said that fruits and vegetables are too expensive**. Just 6% said fruits and vegetables are hard to prepare.

- **The convenience sample had a higher rate than the general adult population of respondents reporting that they ate five or more servings of fruits and vegetables the previous day.** Fifty-nine percent of the convenience sample reported eating five or more servings. Eighty-three percent agreed that fruits and vegetables are too expensive.

Physical activity

- **Reporting of getting recommended amounts of moderate and vigorous physical activity decreased from 2016 to 2018.** In an average week, 26% of respondents said they get at least 30 minutes of moderate physical activity five or more days, which is a slight decrease from 29% in 2016. In an average week, 23% of respondents said they get at least 20 minutes of vigorous physical activity three or more days, which is down from 33% in 2016.

- **Younger respondents, respondents whose household income is between $35,000-$49,999, and respondents who are not overweight were most likely to report getting recommended amounts of moderate and vigorous physical activity.**

- **Obese respondents were the most likely to report that in an average week they get zero days with recommended amounts of moderate or vigorous physical activity.**

- **The factor most often identified as a big problem preventing respondents from getting more physical activity was cost of fitness programs, gym memberships, or admission fees.** There was an increase in respondents saying cost is a big problem from, 13% in 2016 to 28% in 2018. There was a decrease in respondents saying lack of time is a big problem from 41% in 2016 to 19% in 2018.

- **The convenience sample reported lower rates of physical activity than the general adult population.** Less than half of respondents in the convenience sample (45%) said they participated in physical activity in the previous month, and 13% percent reported getting at least 30 minutes of moderate physical activity at least five days in an average week. Among the convenience sample, cost was also the factor most often identified as a big problem preventing respondents from getting more physical activity.

Tobacco use

- **Reporting of tobacco use increased from 2016 to 2018**. In 2018, 21% of respondents reported using some type of tobacco product, compared to 14% in 2016. Current cigarette smokers were also less likely to report having tried to quit in the last year (36% in 2018 v. 52% in 2016). Reported e-cigarette use is still close to zero, but the survey analysis did not include respondents under 25.

- **Current cigarette smokers have higher rates of chronic lung disease than the general adult population.**

- **The convenience sample reported lower rates of tobacco use than the general adult population.** Ten percent of respondents in the convenience sample reported currently using some type of tobacco product, and 10% reported being a current cigarette smoker.

Alcohol use

- **Reporting of heavy drinking and binge drinking increased somewhat from 2016 to 2018.** Respondents were more likely to report heavy drinking in the past 30 days (14% in 2018 v. 8% in 2016), and slightly more likely to report binge drinking in the past 30 days (26% in 2018 v. 24% in 2016).

- **Male respondents and younger respondents were most likely to report binge drinking.** Thirty-three percent of men, compared to 19% of women, reported binge drinking in the last 30 days. Fifty-three percent of respondents aged 25-34 and 35% aged 35-44 reported binge drinking in the last 30 days.

- **Respondents in the convenience sample reported lower rates of heavy and binge drinking than the general adult population.** Among the convenience sample, 3% reported heavy drinking and 4% reported binge drinking within the last 30 days.

Driving behaviors

- **Reporting of both texting and talking on the phone while driving increased from 2016 to 2018.** Respondents were more likely to say they often read or send texts while driving (8% in 2018 v. 2% in 2016), and were more likely to say they often make or receive phone calls while driving (20% in 2018 v. 16% in 2016).

- **Respondents in the convenience sample reported lower rates of texting while driving.** Twenty-five percent of respondents in the convenience sample reported that they sometimes read or send texts while driving, and zero percent reported often doing so. While over 95% of the general adult population reported driving a car, only 57% of respondents in the convenience sample reported that they drive a car.

Overweight/Obesity

Obesity

Eighteen percent of respondents reported that they have been told by a health care professional that they are obese. This is just slightly higher than the rate in 2016 (16%).

Forty-five percent of respondents were categorized as obese based on their body mass index (BMI), which was calculated using respondents' self-reported height and weight. Forty-one percent of respondents in 2016 were categorized as obese based on BMI.

Thirty-four percent of respondents were categorized as overweight but not obese, based on BMI, which is a small increase from 2016 (32%). Twenty-one percent were categorized as not overweight or obese, which is a decrease from 2016 (27%).

Potential differences between population groups

- Respondents whose **household income is between $15,000 - $24,999** were the most likely to report being told by a health care professional that they are obese (32%).
- Respondents whose **household income is $100,000 or greater** were the most likely to have a calculated BMI that put them in the obese category (58%). Seventeen percent said they'd been told by a health care professional that they are obese.
- Respondents whose **household income is less than $15,000** were the most likely to be categorized as not overweight or obese based on calculated BMI (46%).
- Among **respondents in the convenience sample**, 13% reported that they have been told by a health care professional that they are obese, and 25% reported being told that they are overweight. Using self-reported height and weight, 25% of respondents in the convenience sample were categorized as obese, based on BMI, and 50% were categorized as overweight but not obese.

Note: Throughout the rest of the report, results are sometimes disaggregated by whether respondents are obese, overweight but not obese, or not overweight or obese. This disaggregation for analysis is based on BMI calculations, using self-reported height and weight, and not based on whether respondents indicated that a health care professional has diagnosed them as overweight or obese.

Chronic conditions

High Blood Pressure/hypertension

Forty-one percent of respondents reported that they have been told by a health care professional that they have high blood pressure or hypertension. This is the same as the rate in 2016.

Potential differences between population groups

- Respondents whose **household income is between $15,000 - $24,999** were the most likely to report high blood pressure/hypertension (59%), followed by those making less than $15,000 (55%). Respondents whose household income is between $35,000 - $49,999 were the least likely (28%).
- Among **respondents who reported having high blood pressure/hypertension**, the majority (72%) were 65 or older, with 43% being 75 or older.
- Twelve percent of **respondents in the convenience sample** reported having high blood pressure/hypertension.
- Although the rate of respondents who reported having high blood pressure/hypertension **only during pregnancy** was quite low (less than 2%), among them, 73% reported being diagnosed at some point with depression, anxiety or panic attacks, or another mental health issue. The rate of having a mental health issue among those who had high blood pressure/ hypertension not associated with pregnancy was 25%, which was lower than for the general population (30%).

High cholesterol or triglycerides

Forty percent of respondents reported that they have been told by a health care professional that they have high cholesterol or triglycerides. This is higher than the rate in 2016, which was 34%.

Potential differences between population groups

- Respondents whose **household income is between $15,000 - $24,999** were the most likely to report high cholesterol/triglycerides (62%), followed by those making between $25,000 - $34,999 (59%). Respondents whose household income is $100,000 or greater were the least likely (22%).

- Among **respondents who reported having high cholesterol/triglycerides**, 65% were at least 65 years old, with 37% being 75 or older. Among respondents with high cholesterol/triglycerides, 87% were at least 55 years old.

- Thirteen percent of **respondents in the convenience sample** reported having high cholesterol/triglycerides.

Asthma

Eleven percent of respondents reported that they have been told by a health care professional that they have asthma. This is slightly higher than 9% who reported the same in 2016.

Potential differences between population groups

- Sixteen percent of both respondents whose **household income is less than $15,000** and respondents whose **household income is between $75,000 - $99,999** reported having asthma, which is the highest among all income groups. Four percent of respondents whose household income is between $34,000 - $49,999 reported having asthma, which is the lowest rate among income groups.

- Six percent of **respondents in the convenience sample** reported having asthma.

Heart trouble or angina

Twelve percent of respondents reported that a health care professional has told them that they have heart trouble or angina. This is slightly higher than 9% who reported the same in 2016.

Potential differences between population groups

- Twenty-three percent of both respondents whose **household income is between $15,000 - $24,999** and those whose **household income is between $25,000 - $34,999** reported having heart trouble/angina. The lowest and highest income groups were the least likely to report heart trouble/angina (4% for respondents whose household income is less than $15,000 and 5% for respondents whose household income is $100,000 or greater).

- Six percent of **respondents in the convenience sample** reported having heart trouble/angina.

Diabetes

Ten percent of respondents reported that a health care professional has told them that they have diabetes, which is similar to the rate in 2016 (11%).

Potential differences between population groups

- The highest rates of diabetes were reported by respondents whose **household income is between $15,000 - $24,999** (26%) and those whose household income is less than $15,000 (25%).
- Among **respondents who reported being diagnosed with diabetes**, the majority (60%) were 65 or older, with 40% being 75 or older. Among respondents with diabetes, 85% were at least 55 years old.
- Fifty-three percent of **respondents who reported being diagnosed with diabetes** also reported being diagnosed with depression, anxiety or panic attacks, or another mental health issue. This is higher than the rate for the general adult population (30%).
- Thirteen percent of **respondents in the convenience** sample reported having diabetes.

Mental health

Mentally unhealthy days

Sixty-four percent of respondents reported that they had zero mentally unhealthy days in the past 30 days. Twenty-two percent reported having between one and nine mentally unhealthy days, 7% reported having between 10 and 19, 3% reported between 20 and 29, and 3% reported that all 30 of the past 30 days were mentally unhealthy.

Any mental health problem

Thirty percent of respondents reported that they have a history of mental illness. [3] This is unchanged from 2016.

[3] Respondents were categorized as having a history of mental illness if they reported that they had ever been told by a health care provider that they had depression, anxiety or panic attacks, or another mental health problem.

Potential differences between population groups

- Over half of respondents whose **household income is less than $15,000** reported having a history of mental illness (51%), which was the highest rate among income groups, followed by those making between $15,000 - $24,999 (39%).
- Respondents **with some chronic health conditions** were more likely to report a history of mental illness. While 30% of the general adult population reported being told by a health care professional that they had depression, anxiety, or another mental health problem, this rate was 58% among those with chronic lung disease, 57% among respondents with asthma, 54% among respondents who have had cancer, 54% among respondents who are obese, 53% among respondents with diabetes, 45% among those with arthritis, and 43% among those with pre-diabetes. Meanwhile, respondents with chronic health conditions of high blood pressure/hypertension (not during pregnancy), stroke or stroke-related problems, heart trouble/angina, and high cholesterol/triglycerides had rates of mental illness lower than or within 10 percentage points of the general population.
- Twenty-eight percent of **respondents in the convenience sample** reported a history of mental illness.

Depression

Twenty-three percent of respondents reported that they have been told by a health care professional that they have depression. That is similar to the rate in 2016, which was 24%.

Potential differences between population groups

- Respondents whose **household income is less than $15,000** were the mostly likely to report depression (44%), followed by those making between $15,000 - $24,999 (35%).
- Among **respondents who have depression**, 45% were between 45-64 years old.
- A quarter of **respondents in the convenience sample** reported depression.

Anxiety or panic attacks

Twenty percent of respondents reported that they have been told by a health care professional that they have anxiety or panic attacks. That is slightly higher than the rate in 2016 (18%).

Potential differences between population groups

- Respondents whose **household income is less than $15,000** were the most likely to report anxiety/panic attacks (43%), followed by those making between $15,000 - $24,999 (35%).
- Among **respondents with anxiety or panic attacks**, 47% were between 45-64 years old.
- Nineteen percent of **respondents in the convenience sample** reported having anxiety or panic attacks.

Attitudes toward mental illness

Sixty-six percent of respondents agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than a person who has a mental illness.

Forty-seven percent agreed or strongly agreed that people are generally caring and sympathetic toward people with a mental illness.

Sixteen percent agreed or strongly agreed that people with a mental illness do not try hard enough to get better.

Access to care

Usual location for care

The majority of respondents reported that they usually go to a doctor's office (46%) or a clinic (40%) when they are sick or need advice about their health. Twenty-three percent reported that they usually go to urgent care. Six percent reported having no usual place that they go. From 2016 to 2018 there was an increase in respondents reporting they usually go to a clinic and a small decrease in those saying they usually go to urgent care. In 2016, 45% reported usually going a doctor's office, 33% reported usually going to a clinic, 26% to urgent care, and 7% having no usual place.

Among respondents in the convenience sample, the majority (62%) said they go to a clinic when they are sick or need advice about their health. The next-most selected locations for usual care among the convenience sample was the doctor's office (31%), urgent care (17%), and the emergency room (14%).

Regular exams and vaccines

Sixty-nine percent of respondents reported having a general health exam within the past year, which is a slight increase since 2016 (67%).

Sixty-five percent of respondents reported having a flu shot within the past year, and 76% reported having a dental exam. These are both increases from 2016 (61% and 64%, respectively).

Eighty-one percent of respondents reported having an eye exam and 34% reported having a hearing test within the past two years. These are also higher than 2016 (77% and 31%, respectively).

Thirty-five percent of respondents in the convenience sample reported that they had a general health exam within the last year, with just under a quarter (23%) reporting having never had a general health exam. Just over half (56%) reported having a flu shot, and a quarter reported having a dental exam, within the last year. Sixty percent reported having an eye exam and 40% reported having a hearing test, within the past two years.

Delaying or not seeking medical care

Thirty-one percent of respondents reported that they delayed or did not seek medical care when they thought they needed it within the past 12 months. This is the same as the rate reported in 2016.

The reason most often given for delaying or not seeking medical care was cost (49%), followed by not being able to get an appointment (29%), and the respondent not thinking the issue was serious enough (28%). Only 1% of respondents reported that not having insurance was a reason for not seeking or delaying care. There was an increase from 2016 to 2018 in the percent who said cost was a factor (43% in 2016 to 49% in 2018), and a decrease in the percent who thought the issue wasn't serious enough (41% in 2016 to 28% in 2018).

Among respondents in the convenience sample, just over a quarter (27%) reported that they delayed or did not seek medical care within the last year. The top three reasons for delaying or not seeking care among the convenience sample were the respondent not thinking the issue was serious enough (38%), cost (38%), and insurance not covering the care (38%).

Delaying or not seeking mental health care

Ten percent of respondents reported that they delayed or did not seek mental health care when they thought they needed it within the last 12 months. That is lower than 14% who reported the same in 2016.

The reason most often cited for delaying or not seeking mental health care was the respondent not thinking the issue was serious enough (33%), followed by an "other" reason (31%), the respondent being too nervous or afraid to seek care (28%), and not being able to get an appointment (27%). Cost decreased as an issue for delaying or not seeking mental health care from 2016 to 2018 (20% in 2016 to 14% in 2018). Being too nervous or afraid increased (18% in 2016 to 28% in 2018), as did not being able to get an appointment (20% to 27%).

Among respondent in the convenience sample, just 10% reported delaying or not seeking mental health care within the last year. Among the very small number of convenience sample respondents who said they delayed or did not seek mental health care, reasons indicated included not being able to get an appointment (33%), being too nervous or afraid (33%), cost (33%), and an "other" reason (33%).

Food security

Concerns about running out of food

Eighty percent of respondents reported that they "never" worried with the last year about running out of food before having money to buy more. Ten percent of respondents reported that they "often" or "sometimes" worried, which was similar to 2016 (9%).

Potential differences between population groups

- Half of respondents whose **household income is less than $15,000** reported "often" or "sometimes" worrying that their food would run out before having money to buy more. This is over twice as high as the next-most likely group to report the same (19% of respondents whose household income is between $15,000 - $24,999). Ninety-one percent of respondents whose household income is $100,000 or higher reported "never" worrying about running out of food.

- Over half of **respondents in the convenience sample** (53%) reported "often" or "sometimes" worrying that their food would run out before having money to buy more. Just 10% of the convenience sample reported "never" worrying.

Community food shelf use

Five percent of respondents reported that they've used a community food shelf in the past 12 months. This is similar to 4% who reported the same in 2016.

Potential differences between population groups

- Respondents whose **household income in less than $15,000** were the most likely to report having using a community food shelf in the last year (39%), followed by those whose household income is between $15,000 - $24,999 (13%).
- Fourteen percent of **respondents in the convenience sample** reported using a community food shelf in the last year.

Eating habits

Fruit and vegetable consumption

Thirty-five percent of respondents reported eating five or more servings of fruits and vegetables (including juices) the prior day, which is more than double the same rate in 2016 (17%). Twelve percent reported eating zero servings.

The percent who reported eating one to two servings decreased from 44% in 2016 to 22% in 2018, while the percent who reported eating at least three servings increased from 45% to 66%.

Only 6% of respondents agreed or strongly agreed that fruits and vegetables are hard to prepare, while over half (52%) agreed or strongly agreed that fruits and vegetables are too expensive where they usually shop.

Potential differences between population groups

- Over half of respondents whose **household income is $100,000 or greater** reported eating five or more servings of fruits and vegetables the previous day (52%), which is the highest rate among income groups. Respondents whose household income is between $25,000 - $34,999 were the least likely to eat five or more servings (20%).
- **Obese** (35%), **overweight** (36%), and **not overweight** (34%) respondents were all about as likely to report eating five or more servings of fruits and vegetables the previous day.
- Over half of **respondents in the convenience sample** (59%) reported eating at least five servings of fruits and vegetables the prior day. Eighty-three percent of the convenience

sample agreed or strongly agreed that fruits and vegetables are too expensive where they shop.

Eating a home-cooked meal

Forty-five percent of respondents reported eating a home-cooked meal at least seven times a week, and 32% reported eating a home-cooked meal five to six times a week. All respondents reported eating a home-cooked meal at least once in an average week.

Physical activity

Seventy-five percent of respondents said that they participated in physical activity or exercise, outside of their regular job, in the previous 30 days. This is down somewhat from 2016 (81%).

Less than half of respondents in the convenience sample (45%) reported participating in physical activity or exercise in the last 30 days.

Moderate physical activity

The majority of respondents (61%) reported that in an average week, they get at least 30 minutes of moderate physical activity (i.e., activities that cause only light sweating and a small increase in breathing or heart rate) between one and four days a week. Twenty-six percent reported getting at least 30 minutes of moderate physical activity five or more days in an average week, which is down slightly from 29% in 2016.

Potential differences between population groups

- Respondents aged **25-34** were the most likely to report getting at least 30 minutes of moderate physical activity five or more days in an average week (41%), followed by those aged 75+ (33%). Respondents aged 45-54 were the least likely (11%).
- Respondents whose **household income is between $35,000 - $49,999** were the most likely to report getting at least 30 minutes of moderate physical activity five or more days in an average week (34%). Respondents whose household income is $100,000 or greater were the least likely (20%).
- Respondents who are **not overweight or obese** were the most likely to report getting at least 30 minutes of moderate physical activity five or more days in an average week (39%), followed by those who are overweight (35%), and those respondents who are obese (14%).

Respondents who are obese were the most likely to report that in an average week they get zero days with at least 30 minutes of moderate physical activity (17%).

- The majority of **respondents in the convenience sample** (58%) reported getting at least 30 minutes of moderate physical activity between one and four days in the average week. Thirteen percent reported getting at least five days.

Vigorous physical activity

Twenty-three percent of respondents reported that they get at least 20 minutes of vigorous physical activity (i.e., activities that cause heavy sweating and a large increase in breathing or heart rate) at least three days in an average week. That is down from 33% in 2016. The percent of respondents who reported not getting any vigorous physical activity – zero days with at least 20 minutes – in an average week increased from 35% in 2016 to 43% in 2018.

Potential differences between population groups

- Respondents aged **35-44** were the most likely to report that in an average week they get at least 20 minutes of vigorous physical activity three or more days (33%), followed by respondents aged 25-35 (26%). Respondents aged 75+ were the least likely (13%).

- Respondents whose **household income is between $35,000 - $49,999** were the most likely to report that in an average week they get at least 20 minutes of vigorous physical activity three or more days (31%), followed by those whose income is $100,000 or more (25%). Respondents whose household income is between $25,000 - $34,999 were the most likely to say that in an average week they get zero days with at least 20 minutes of vigorous physical activity (70%).

- Respondents who are **not overweight or obese** were the most likely to report getting at least 20 minutes of vigorous activity three or more days in an average week (34%). Respondents who are obese were the most likely to report that in an average week they get zero days with at least 20 minutes of vigorous physical activity (48%).

- The majority of **respondents in the convenience sample** (55%) reported that in an average week they do not get any – zero days – with at least 20 minutes of vigorous physical activity. Less than a quarter (24%) reported getting at least three days.

Factors preventing physical activity

Respondents were asked whether different factors prevented them from being more physically active. Respondents rated the different factors as a “big problem,” a “small problem,” or “not a problem.”

Twenty-eight percent of respondents said that cost of fitness programs, gym memberships, or admission fees is a big problem preventing them from being more physically active, an increase since 2016, when 13% of respondents said cost was a big problem.

In 2018, the other factors most often selected as a big problem were lack of self-discipline or willpower (17%), public facilities not being available when respondents want (15%), and illness, injury, or disability (12%).

In 2016, lack of time was the factor most often identified as a big problem preventing respondents from being more physically active (41%), but that dropped to the second-most identified in 2018 (19%).

Fewer respondents identified not liking physical activity as a big problem in 2018 (11%) than in 2016 (18%).

Among respondents in the convenience sample, cost of fitness programs, gym memberships, or admission fees was most often identified as a big problem preventing them from being more physically active (23%). Other reasons that were identified as a big problem by the convenience sample included illness, injury, or disability (14%), lack of time (13%), and lack of programs, leaders, or facilities (13%).

Tobacco use

Any tobacco use

Twenty-one percent of respondents reported that they are a current user of some sort of tobacco product, which is higher than 14% who reported using tobacco products in 2016.

Just 10% of respondents in the convenience sample reported that they currently use some sort of tobacco product.

Cigarette smoking

Twelve percent of respondents reported that they are a current cigarette smoker, which is slightly higher than 8% in 2016. Sixty percent reported that they have never been a cigarette smoker, which is slightly down from 2016 (63%).

Among current cigarette smokers, 36% reported having tried to quit smoking within the past 12 months. That is lower than 52% of cigarette smokers in 2016 who reported having tried to quit.

Potential differences between population groups

- Among current cigarette smokers, 19% reported that they have been diagnosed by a health care professional with **chronic lung disease**. That is higher than among the general adult population, whose rate of reported chronic lung disease was 6%. Eighteen percent of current smokers reported having chronic lung disease in 2016.

E-cigarettes, vaping, and JUUL

Only 1% of respondents reported that they are a current user current user of e-cigarettes, including vaping pens, JUUL, or similar. Zero percent reported being a current e-cigarette product user in 2016. Note, these results do not include e-cigarette use among adults under 25, as there were not enough responses from ages 18-24 to include them in the analysis.

Alcohol use

Heavy drinking

Fourteen percent of respondents reported heavy drinking in the past 30 days (i.e., 60 or more drinks for males and 30 or more drinks for females). This is an increase from 8% in 2016.

Binge drinking

Twenty-six percent of respondents reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females). This is up slightly from 24% in 2016.

Potential differences between population groups

- **Male** respondents were more likely to report binge drinking in the past 30 days (33%) than female respondents (19%). These rates are slightly higher than in 2016 (30% for males and 17% for females).
- Over half of respondents aged **25-34** reported binge drinking in the past 30 days (53%), followed by 35% of those aged 35-44. Older respondents, aged 65-74 and 75+, were the least likely (7-10%).

Among **respondents in the convenience sample**, just 3% reported heavy drinking and 4% reported binge drinking within the last 30 days.

Driving behaviors

Distracted driving

Among respondents who drive, 8% reported that they "often" read or send texts while driving, which is up from 2% in 2016. Twenty-six percent reported that they "sometimes" read or send texts while driving, which is a decrease from 31% in 2016.

Twenty percent of respondents reported that they "often" make or answer phone calls while driving, which is an increase from 16% in 2016. Fifty-five percent of respondents reported that they "sometimes" make or answer phone calls, which is about the same as 2016 (56%).

Three percent of respondents reported that they "often" engage in other activities while driving (such as eating or personal grooming), and 32% reported that they "sometimes" do. In 2016, 4% said "often" and 36% said "sometimes."

Just over half of respondents in the convenience sample reported that they drive a car (57%). Among those, 69% reported that the "never" text while driving. Three quarters (75%) reported that they sometimes make or answer phone calls.

Seatbelt use

Ninety-four percent of respondents indicated that they "always" wear a seatbelt when driving or riding in a vehicle, which is up from 89% in 2016. Six percent reported that they wear a seatbelt "most of the time." No respondents in 2018 reported "never" wearing a seatbelt, while 1% of respondents did in 2016.

2018 Community Health Needs Assessment Survey Summary – Mower County

Introduction

This report summarizes results from the 2018 Mower County Community Health Needs Assessment Survey. The summary includes comparisons, where relevant, to the last Community Health Needs Assessment, conducted in 2015.

The 2018 survey sample did not include enough respondents aged 18-24, so the survey results are only reflective of the adult population aged 25 and older.

The 2015 survey did not ask all of the same questions as the 2018 survey, and the analysis included respondents aged 18-24. Therefore, while results from 2015 are referenced in this report, they may not be directly comparable to 2018. Caution should be exercised when interpreting differences across the two years.

A total of 396 respondents in Mower County participated in the 2018 survey, with a 25% response rate. The data were weighted so that the overall results can be said to be representative of the adult population of Mower County (aged 25 and older).

The 2018 survey was also used to survey a convenience sample of 95 additional adults. This convenience sample was done to include more people of color and under-represented groups. Respondents in the convenience sample completed the survey in the lobby of Mower County Health and Human Services and the Women, Infants & Children (WIC) clinic. While 5% of the weighted respondents for the survey of the general adult population were people of color, 44% of the convenience sample were people of color. In the summary report, results from the convenience sample are compared to the general adult population to identify potential areas of difference in health outcomes, however differences are not necessarily statistically significant and adults aged 18-24 are included in the convenience sample results, so caution should be exercised when interpreting the comparisons.

The percentages referenced in this summary are rounded to the nearest whole number.

Summary Findings

This summary section briefly highlights some of the findings that are explored more in the following sections of the report.

General Health

- The majority of people reported that their health is generally good to excellent. Respondents in the convenience sample were more likely than the general adult population to say their general health is just fair or poor.

Overweight/Obesity

- Just over half of people reported that they've been told by a health care professional that they are obese or overweight, but using respondents' self-reported height and weight, about three quarters were categorized as overweight or obese.

Chronic conditions

- When asked whether they have been diagnosed with a chronic condition, people were most likely to report having high blood pressure/hypertension, high cholesterol/triglycerides, and arthritis. Respondents in the convenience sample were more likely than the general adult population to report being diagnosed with asthma and heart trouble/angina.

Mental health

- Just over a quarter of people reported that they have been diagnosed with a mental health issue, such as depression or anxiety. Respondents in the convenience sample were more likely than the general adult population to report mental health issues.

Access to care

- People were most likely to report that they go to a doctor's office, a clinic, or to urgent care, when they are sick or need health advice. Respondents in the convenience sample reported usually going to similar places for care, but were also much more likely than the general adult population to report using an emergency room for their usual care.

- Over a quarter of people said that in the last year they have delayed or not sought out medical care when they thought they needed it. Respondents were most often identified not thinking the issue was serious enough, cost, and not being able to get an appointment

as reasons for delaying or not seeking care. Respondents in the convenience sample were more likely than the general adult population to delay or not seek medical care, and they were much more likely to say that transportation problems got in the way.

- Twelve-percent of respondents said that in the last year they have delayed or not sought out mental health care when they thought they needed it. Respondents were most likely to identify not thinking the issue was serious enough, cost, and not knowing were to go, as reasons for delaying or not seeking care. Respondents in the convenience sample were more likely than the general adult population to delay or not seek mental health care, and they were more likely to report that it was because they were too nervous or afraid, they did not have insurance or coverage, and that transportation problems got in the way.

Food security

- The majority of people in the general adult population said they never worry about running out of food before having money to buy more, while the majority of respondents in the convenience sample said they sometimes or often worry. Half of respondents in the convenience sample reported using a community food shelf within the last year, while less than 5% of the general adult population reported using a food shelf.

Eating habits

- Over one third of people reported that they consumed at least five servings of fruits and vegetables the previous day. About half of respondents in the convenience sample reported they ate at least five servings.

- Almost half of those in the general adult population agreed that fruits and vegetables are too expensive, while over three quarters in the convenience sample agreed they are too expensive.

Physical activity

- Over 80% of people reported getting some physical activity in the previous 30 days. Less than a third said they got at least 30 minutes of moderate physical activity at least five days in an average week, and a quarter said they got at least 20 minutes of vigorous physical activity at least three days a week. Respondents in the convenience sample were less likely than the general adult population to say they got at least five days of moderate physical activity in an average week, but were more likely to say they got at least three days of vigorous physical activity.

Tobacco use

- Fewer than one in five people reported that they currently use some sort of tobacco product, and less than 10% reported being a current cigarette smoker. Over one in three respondents in the convenience sample said they currently use some sort of tobacco product, and were also more likely than the general adult population to smoke cigarettes.

Alcohol use

- One in ten people said that they engaged in heavy drinking and just over a quarter said they engaged in binge drinking within the last 30 days. Respondents in the convenience sample were slightly less likely than the general adult population to report heavy drinking or binge drinking.

Driving behaviors

- Over one third of people reported reading or sending text messages while driving, and almost three in four reported making or answering phone calls while driving. Respondents in the convenience sample were less likely than the general adult population to report texting or talking on the phone while driving.

General Health

Respondents were asked to identify the state of their general health. Eighty-eight percent said their health is generally "good," "very good," or "excellent," with 13% saying "excellent." Two percent of respondents reported that their general health is "poor."

A lower percentage of respondents in the convenience sample reported that their health is generally "good," "very good," or "excellent" (68%) than the general adult population (88%). More respondents in the convenience sample said their general health is fair (29%) or poor (3%).

This same question was asked in 2015, when the results included 18 to 24-year-olds, and 89% of respondents said their health is generally "good," "very good," or "excellent." The percent who reported that their health is "excellent" in 2015 was 9%, and less than 1% of respondents said their health was generally "poor."

Overweight/Obesity

Sixteen percent of respondents reported that they have been told by a health care professional that they are obese. However, using respondents' self-reported height and weight, 34% of respondents were categorized as obese based on calculating their body mass index (BMI).

Thirty-nine percent of respondents said they have been told by a health care professional that they are overweight, while 41% were categorized as overweight but not obese based on their BMI.

Among respondents in the convenience sample, 21% reported being told by a health care professional that they are obese, while almost half (49%) were categorized as obese based on their calculated BMI. Thirty-six percent of respondents in the convenience sample said they have been told by a health care professional that they are overweight, while a lower percentage (28%) were categorized as overweight but not obese based on BMI.

In 2015, when 18 to 24-year-olds were included in the results, 31% of respondents were categorized as obese, based on their self-reported height and weight and 39% were categorized as overweight but not obese. Respondents were not asked in 2015 whether they had been diagnosed by a health care professional as overweight or obese.

Chronic conditions

Respondents were asked to identify whether a health care professional had ever told them they had one or more of the following chronic conditions. Self-reported rates for the general adult population (25 and older) compared to respondents in the convenience sample are included in the table below.

Table 1. Reported rates of chronic conditions among the general adult population compared to respondents in the convenience sample

Condition	General Adult Population	Convenience Sample
High blood pressure or hypertension	36%	23%
High cholesterol or triglycerides	34%	14%
Arthritis	26%	19%
Pre-hypertension	14%	11%
Cancer	12%	4%
Asthma	12%	20%
Heart trouble or angina	10%	12%
Pre-diabetes	9%	10%
Diabetes	9%	6%

Stroke or stroke-related health problems	5%	4%
Chronic lung disease	5%	5%

High blood pressure/hypertension, high cholesterol/triglycerides, and arthritis were among the most reported chronic conditions. Respondents in the convenience sample reported higher rates of asthma and heart trouble/angina than the general adult population.

Comparisons to 2015 are not available, as respondents on the previous survey were not asked these questions.

Mental health

Mentally unhealthy days

The majority of respondents (62%) reported that in the past 30 days, they had zero days where their mental health was not good. A quarter (25%) said that they had one to nine days that were mentally unhealthy, 6% reported having 10-19 mentally unhealthy days, 3% reported having 20-29 mentally unhealthy days, and 4% reported that all 30 of the last 30 days were mentally unhealthy.

Compared to the general adult population, fewer respondents in the convenience sample reported having zero days where their mental health was not good (43%). Fewer said they had one to nine days that were mentally unhealthy (19%), but a higher percentage reported having 10-19 mentally unhealthy days (22%), more reported that 20-29 days were mentally unhealthy (7%), and more reported that all 30 days were mentally unhealthy (9%).

The 2015 survey did not ask comparable questions about mentally unhealthy days.

Mental health issues

Twenty-seven percent of respondents reported that they have been told by a health care professional that they have depression, anxiety or panic attacks, or another mental health issue. This rate was higher among respondents in the convenience sample (55%).

Twenty percent of respondents reported that they have been told by a health care professional that they have depression, 17% reported being told they have anxiety or panic attacks, and 5% reported having another mental health issue. Among respondents in the convenience sample, the rate of reported depression was 48%, anxiety or panic attacks was 38%, and another mental health issue was 24%.

The 2015 survey did not ask comparable questions about mental health issues.

Attitudes toward mental illness

Sixty-two percent of respondents agreed or strongly agreed that they are more comfortable helping a person who has a physical illness than helping a person who has a mental illness.

Fewer than half of respondents (47%) agreed or strongly agreed that people are generally caring and sympathetic to people with mental illness.

Sixteen percent of respondents agreed or strongly agreed that people with mental illness do not try hard enough to get better.

The 2015 survey did not ask comparable questions about attitudes toward mental illness.

Access to care

Usual location for care

The majority of respondents reported that they usually go to a doctor's office (38%) when they are sick or need advice about their health, followed by a clinic (34%), and urgent care (32%). Seven percent of respondents said that they don't have a usual place they go when they are sick or need health advice.

The majority of respondents in the convenience sample also reported usually going to a doctor's office (55%), followed by a clinic (37%), and urgent care (32%). More respondents in the convenience sample said they usually go to the emergency room for health care (20%) than those in the general adult population (7%).

The 2015 survey did not ask respondents about where they usually go for health care.

Regular exams and vaccinations

Sixty-one percent of respondents reported that they've had a general health exam within the last year. Fifty-nine percent reported having a flu shot within the last year, and 73% reported having a dental exam or cleaning. Seventy-four percent of respondents reported having an eye exam within the last two years and 29% reported having a hearing test within that time.

More respondents in the convenience sample reported having a general health exam in the last year (65%) than the general adult population, and about the same rate reported having a flu shot (60%). Rates were also higher among the convenience sample for having an eye exam (84%) and a hearing test (43%) within the last two years, compared to the general adult

population. However, respondents in the convenience sample were less likely to repot having a dental exam or cleaning within the last year (47%).

The 2015 survey did not ask respondents about recent exams or vaccinations.

Delaying or not seeking medical care

Twenty-nine percent of respondents reported that in the last 12 months they delayed or did not seek medical care when they thought they needed it. More respondents in the convenience sample reported delaying or not seeking medical care (38%).

Respondents were asked to identify the reasons that they delayed or did not seek medical care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 2. Reasons why respondents delayed or did not seek medical care when they thought they needed it

Reason for not getting medical care	General Adult Population	Convenience Sample
I did not think it was serious enough	46%	29%
It cost too much	30%	37%
I could not get an appointment	29%	14%
My insurance did not cover it	12%	17%
I was too nervous or afraid	12%	17%
I did not have insurance	8%	20%
"Other" reason	7%	20%
I did not know where to go	2%	9%
I had transportation problems	2%	31%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was cost among respondents in the convenience sample. While transportation problems was one of the least selected reasons for the general adult population, it was the second-most selected reason among respondents in the convenience sample.

The 2015 survey did not ask questions about delaying or not seeking medical care.

Delaying or not seeking mental health care

Twelve percent of respondents reported that in the last 12 months they delayed or did not seek mental health care when they thought they needed it. More respondents in the convenience sample reported delaying or not seeking mental health care (18%).

Respondents were asked to identify the reasons that they delayed or did not seek mental health care. They could select any that applied. A comparison of selected reasons for the general adult population and the convenience sample, among those who reported delaying or not seeking care, is included in the table below.

Table 3. Reasons why respondents delayed or did not seek mental health care when they thought they needed it

Reason for not getting mental health care	General Adult Population	Convenience Sample
I did not think it was serious enough	33%	18%
It cost too much	24%	18%
I did not know where to go	23%	35%
"Other" reason	20%	29%
I was too nervous or afraid	18%	35%
I did not have insurance	13%	24%
I could not get an appointment	13%	18%
I had transportation problems	6%	24%
My insurance did not cover it	1%	12%

While the most often cited reason for delaying or not seeking care among the general adult population was the respondent not thinking the issue was serious enough, it was not knowing where to go and being too nervous or afraid among respondents in the convenience sample. While transportation problems and not having insurance coverage were some of the least selected reasons for the general adult population, they were more likely to be cited as reasons among respondents in the convenience sample.

The 2015 survey did not ask questions about delaying or not seeking mental health care.

Food security

Concerns about running out of food

The majority of respondents (77%) said that in the last 12 months they "never" worried about running out of food before having money to buy more. Eight percent said they "sometimes" worried and 3% "often" worried.

Respondents in the convenience sample were more likely than the general adult population to worry about running out of food before having money to buy more, with less than a quarter (24%) saying that in the last year they "never" worried, 31% saying they "sometimes" worried, and 30% saying they "often" worried.

Community food shelf use

Three percent of respondents in the general adult population said that they've used a community food shelf in the past 12 months, while half of respondents in the convenience sample reported using a food shelf.

The 2015 survey did not ask questions about food security issues.

Eating habits

Fruit and vegetable consumption

Thirty-eight percent of respondents reported eating five or more servings of fruits and vegetables (including juices) during the previous day. Less than a quarter (23%) said they only got one to two servings of fruits and vegetables, and 6% said they did not have any servings.

Respondents in the convenience sample were more likely to report eating five or more servings of fruits and vegetables. Over half (51%) said they ate at least five servings the previous day. They were also more likely to report not eating any servings (15%).

In 2015, when 18 to 24-year-olds were included in the results, 40% of respondents reported eating at least five servings of fruits and vegetables the previous day, and 5% reported not eating any servings.

In 2018, almost half of respondents (47%) agreed or strongly agreed that fruits and vegetables are too expensive where they shop. Eighty-one percent of respondents in the convenience sample agreed or strongly agreed. This question was not asked in the 2015 survey.

Eating a home-cooked meal

Almost half of respondents (49%) reported that in an average week they eat a home-cooked meal seven or more times. Just 1% reported not eating a home-cooked meal at all in an average week. Forty-four percent of respondents in the convenience sample reported eating a home-cooked meal at least seven times in an average week, and 6% reported eating a home-cooked meal zero times.

The 2015 survey did not ask questions about eating home-cooked meals.

Physical activity

Eighty-one percent of respondents said that they participated in physical activity outside of their job in the previous 30 days. Fewer respondents in the convenience sample reported participating in physical activity in the past 30 days (47%).

In 2015, when respondents aged 18-24 were included in the analysis, 82% said they participated in physical activity during the previous 30 days.

Moderate physical activity

Most respondents (87%) said that in an average week, they get at least 30 minutes of moderate physical activity (i.e., activities that cause only light sweating and a small increase in breathing or heart rate) at least once. Fifty-seven percent said they get at least 30 minutes of moderate exercise between one and four days during an average week, and 30% said they get at least five days. Thirteen percent said they don't get any – zero days – in an average week.

Over a quarter (26%) of respondents in the convenience sample said that in an average week they don't get any – zero days – of at least 30 minutes of moderate physical activity. Seventeen percent said they get at least five days.

In 2015, when respondents aged 18-24 were included in the analysis, 90% said they get at least one day a week with 30 or more minutes of moderate exercise. Sixty-five percent said they get at least 30 minutes of moderate exercise between one and four days, and 24% said they get at least five days.

Vigorous physical activity

A quarter of respondents reported that they get at least 20 minutes of vigorous physical activity (i.e., activities that cause heavy sweating and a large increase in breathing or heart rate) at least three days in an average week. The largest percent (43%) said that they don't get any – zero days of at least 20 minutes of vigorous activity in an average week.

More respondents in the convenience sample (34%) reported getting at least 20 minutes of vigorous physical activity three or more days in an average week, and fewer (33%) reported getting zero days, than the general adult population.

In 2015, when respondents aged 18-24 were included in the analysis, 22% reported getting at least 20 minutes of vigorous physical exercise at least three days in an average week, and 38% reported getting zero days.

Factors preventing physical activity

Respondents were asked whether different factors prevented them from being more physically active. Respondents rated the different factors as a "big problem," a "small problem," or "not a problem."

Respondents were most likely to identify cost of fitness programs, gym memberships, or admission fees as a big problem (30%) preventing them from being more physically active. This was followed by lack of time (28%), lack of self-discipline or willpower (20%), and not liking to exercise (14%).

Cost was also the factor most often identified as a big problem by respondents in the convenience sample (33%), but the next two most often identified by the convenience sample were lack of self-discipline or willpower (22%), and weather (20%). Respondents in the convenience sample were less likely than the general adult population to identify lack of time as a big problem (14%).

The 2015 survey did not ask about factors that prevent people from being more physically active.

Tobacco use

Any tobacco use

Seventeen percent of respondents identified themselves as current users of some sort of tobacco product, including e-cigarettes or similar. The convenience sample had a higher percentage of respondents who said they are a tobacco product user (38%).

Smoking

Nine percent of respondents said they are a current cigarette smoker, and 64% said they have never smoked cigarettes. Among those who said they currently smoke cigarettes, 47% said they've tried to stop smoking at some point in the last 12 months.

Thirty percent of respondents in the convenience sample said they currently smoke cigarettes, and among those, 64% said they have tried to stop smoking in the last year.

In 2015, when respondents aged 18-24 were included in the analysis, 11% of respondents said they smoked cigarettes. Among those who smoked cigarettes, 68% said they'd tried to quit in the previous year.

E-cigarettes, vaping, and JUUL

Two percent of respondents said they currently use e-cigarettes, which includes vaping pens, JUUL, or similar. Note, these results do not include e-cigarette use among adults under 25, as there were not enough responses from ages 18-24 to include them in the analysis.

Among respondents in the convenience sample, which did include respondents aged 18-24, 7% said they use e-cigarettes or similar products.

The 2015 survey did not ask about e-cigarette or other tobacco product use.

Alcohol use

Heavy drinking

Ten percent of respondents reported heavy drinking in the past 30 days (i.e., 60 or more drinks for males and 30 or more drinks for females). Four percent of respondents in the convenience sample reported heavy drinking.

In 2015, which included 18 to 24-year-old respondents in the analysis, 8% reported heavy drinking.

Binge drinking

Twenty-nine percent of respondents reported binge drinking in the past 30 days (i.e., five or more drinks in a day for males and four or more drinks in a day for females). Twenty-seven percent of respondents in the convenience sample reported binge drinking.

In 2015, when 18 to 24-year-olds were included in the analysis, 31% reported binge drinking.

Driving behaviors

Distracted driving

Among respondents who drive, 36% reported "sometimes" reading or sending texts while driving. Less than 1% reported "often" doing so. Among respondents in the convenience sample,

24% reported “sometimes” reading or sending texts while driving, and 2% reported “often” doing so.

Sixty-two percent of respondents reported “sometimes” making or answering phone calls while driving, and 12% reported “often” making or answering calls. Among the convenience sample, 40% reported “sometimes” making or asking phone calls while driving, and 11% reported “often” doing so.

Forty-six percent of respondents reported “sometimes” or “often” doing other activities while driving, like eating or personal grooming. Among the convenience sample, this rate was 20%, with zero respondents in the convenience sample reporting “often” doing other activities.

The 2015 survey did not include questions about distracted driving behaviors.

Seatbelt use

Ninety percent of respondents reported always wearing a seatbelt when driving or riding in a car. Eighty-seven percent of respondents in the convenience sample said they always wear a seatbelt. None of the respondents in the general population said they never wear a seatbelt, while 3% in the convenience sample said they never do. The 2015 survey did not include questions about seatbelt use.

Appendix D
Key Informant Interview

Demographic Information: Age: ☐19 and below ☐ 20-34 ☐ 35-54 ☐ 55-64 ☐ 65-75 ☐ 75 and up

☐ Male ☐ Female

Occupation: ☐ Education ☐ Health Care ☐ Religion ☐ Industry ☐ Retail ☐ Government ☐ Agriculture ☐ Business ☐ Homemaker ☐ Not employed ☐ Service ☐ Retired Other _____

Racial (Mark all that Apply): ☐ American Indian ☐ Asian/Pacific Islander ☐ Black, African American or African ☐ White ☐ Other_____

Ethnicity: Are you of Hispanic or Latino Origin ☐ Yes ☐ No Zip Code: _____

Date Interviewed_____ **Interviewer**: _____

1. **What are the top three health concerns facing people in our County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
2. **What are the top three chemical health concerns in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
3. **What are the top three concerns facing the diverse populations in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
4. **What are the top three economic concerns facing people in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
5. **What are the top three educational concerns facing people in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
6. **What are the top three health care access concerns facing people in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
7. **What are the top three housing concerns facing people in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?
8. **What are the top three mental health concerns facing people in Goodhue County?**
    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?

Key Informant Interview Feb 2019
Freeborn County compilation

Demographic Information:

- Seven interviews were compiled. Participants indicated they were 35-64.
- Five were male, two were female.
- Occupations listed included education, government and child care.
- All interviewees were white with no Hispanic or Latino origin.

Interviewees were asked
What are the top three xxx concerns facing people in our County?

a. What makes you believe these are concerns and who is affected by them?
b. What do you think could be done to address these concerns?

A summary of the answers is as follows:

HEALTH CONCERNS
A majority of the interviewees (4) mentioned transition of services, with specific reference to ob and specialty services for seniors. Cost of care, affordable care and access, including resources and barriers for non English speakers, were also mentioned. Other issues that were mentioned include: mental health (anxiety and depression), chronic disease, obesity, poverty, chemical issues, lifestyles, dental, and transportation.

Many of the comments were based on personal experience and the social environment. Turn over of providers was also mentioned as a reason for the concerns.

CHEMICAL CONCERNS
Alcohol, meth, and vaping all received the most mention. Smoking, drugs, opioids, prescription drugs were also listed. Legalizing marijuana was mentioned once.

Much of the concern was directed at young people – increased problems, harder to catch them, minimal consequences. Chemical issues impact employers, families, students, communities.

Increased awareness and more education is needed.

CONCERNS FACING DIVERSE POPULATIONS
Awareness of available resources, communication barriers and accessing resources (transportation) were all raised. Some interviewees spoke of bias against poor people and a lack of inclusion. Cultural differences, fewer opportunities and a fear of the federal government were also listed.

Past experiences of all community members sometimes color their openness.

To address these concerns, suggestions included identify and meet needs and provide a welcoming environment to the community (including success coaches to facilitate integration) and offering information in multiple languages.

ECONOMIC CONCERNS
The need to retain existing business (prevent further closings) and also attract new businesses was the main theme expressed. This includes the workforce and the fact that there are not enough good paying

jobs. Wages do not support a quality of life. This creates problems for affordable housing. With a declining population, the tax base cannot support the needs of the community.

Some people expressed the need for a strategic plan for economic growth.

EDUCATIONAL CONCERNS
The most consistent answer was the need to match educational requirements and opportunities (internships/job shadowing/apprenticeship) with post secondary options and to increase those options beyond a 4 year degree. Educational concerns spanned all ages from preschool/early childhood education, to accessing GED to helping the adult workforce keep up with skills. Support for students dealing with mental health issues and the affordability of higher education were also mentioned.

HEALTH CARE ACCESS CONCERNS
The primary concern expressed by most involves access to care – education about what is available, being able to be seen in a reasonable time, navigating the system, distance to travel for services. Having specialty providers in the community, in particular OB delivery and behavioral health. One person indicated that there is a perception of access problems for people who believe they need something that they may not indeed require.

When asked why they believe these are concerns, interviewees spoke of not seeking care because of costs, difficulties getting appointments/delays to be seen, poor customer service.

These issues can be addressed, according to interviewees, by recruiting more providers, increased education about care teams, health partners in schools and phone appointments/telemedicine.

HOUSING CONCERNS
The main theme expressed by most is the need for more housing that is affordable, including quality rental. There are not enough people willing to be landlords. There is a lack of builders and a financial gap for builders both with regard to new construction and rehab of current stock.

The community and employer are impacted and can be part of the solution.

MENTAL HEALTH CONCERNS
Over coming stigma and access to care were the most frequently mentioned concerns. Lack of resources, particularly adolescent resources, and general lack of understanding were noted. Specific mental health issues were called out among them PTSD, stress, bullying, drugs, maintaining mental wellness, crisis services and support services for cancer patients.

These are issues that impact all ages. There are tougher and tougher family situations and it is particularly hard for people with low income without insurance.

Ongoing education, teaching students coping mechanisms and providing more school counselors were all offered as things to be done.

SAFETY CONCERNS
Drug use is seen as safety issue which leads to theft of prescription drugs, break ins and accidents. Scams were also mentioned as was rundown property and decline in neighborhood safety. Bullying on social media was also mentioned. Some people noted that their community is relatively safe.

To address this, respondents suggested that families need to be willing to help and take responsibility before it is too late, residents needs to take pride in their property, the community needs to be involved.

CONCERNS FACING SENIORS

There are a number of concerns that were mentioned by multiple people including cost of living (with particular emphasis on cost of health care), transportation, and housing (next phase housing). There is an increasing population of seniors who are dealing with chronic disease, trying to adapt to technology, being victims of scams and mobility (falls).

TRANSPORTATION CONCERNS

Limited options was the prevailing theme. People also do not feel comfortable using public transportation or have a difficult time navigating the system. It is needed for young people, elderly, and workers. Sidewalks and trail infrastructure were noted.

The rank order of a list of the most important issues is presented below:

Economics/Poverty, Obesity Activity/Nutrition
Housing, Mental Wellness, Transportation
Chemical health, Chronic Disease, Education, Health Care Navigation, Public Safety/Violence, Seniors Diversity

Using existing structures (like Service Clubs) to continue to educate the community about resources available was a consistent theme when asked for further suggestions.

9. **What are the top three safety concerns facing people in Goodhue County?**

    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?

10. **What are the top three concerns facing seniors in Goodhue County?**

    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?

11. **What are the top three transportation concerns facing people in Goodhue County?**

    a. What makes you believe these are concerns and who is affected by them?
    b. What do you think could be done to address these concerns?

12. **Of the issues listed above, what are the top three that are the most important?**

    a. Chemical health
    b. Chronic Disease
    c. Diversity
    d. Economics/Poverty
    e. Education
    f. Health Care Navigation
    g. Housing
    h. Mental Wellness
    i. Obesity Activity/Nutrition
    j. Public Safety/Violence
    k. Seniors
    l. Transportation

13. **Are you aware of any activities or initiatives taking place in your community to address any of these problems/issues/concerns?**

14. **What resources are you aware of in your communities that are available to assist with any of these problems/issues/concerns?**

15. **Please share any suggestions you may have concerning how current community resources might be redesigned or redirected to be more effective.**

16. **Are there any other issues or concerns that are not being met in Goodhue County?**

    a. ☐ Yes ☐ No If yes, what are those issues or concerns?

Thank you for assisting Mayo Clinic Health System on this Community Health Needs Assessment

Key Informant Interview Feb 2019

Mower County compilation

Demographic Information:

A total of 12 interviews were conducted. The ages of the interviewees ranged from 35-64. Seven interviewees were male, 5 were female. They represented a range of occupations from government, health care, religion, service, non profit, education and business.

One interviewee indicated he was a black, African American or African, the others were white.

Interviewees were asked

What are the top three xxx concerns facing people in our County?

a. What makes you believe these are concerns and who is affected by them?
b. What do you think could be done to address these concerns?

A summary of the answers is as follows:

HEALTH CONCERNS

Mental health concerns were mentioned multiple times, including suicide and stress. Parenting, students and families were all cited. Drug abuse, addiction, drugs (opioids and vaping) were mentioned. General physical health, including diet, lack of physical activity, dental care and obesity were mentioned. Access (especially to primary care), affordability, provider availability, understanding medical conditions and health education were mentioned. Lack of immunizations in the immigrant community, poverty, occupational health and aging in place were also listed. Spiritual health was mentioned.

CHEMICAL CONCERNS

Alcohol - with emphasis on underage drinking - was the top concern. Marijuana and vaping were also high among responses. Meth, opioids, pain pills, heroin, illegal drugs and prescription drugs were all mentioned. Tobacco was mentioned. One person stated that four out of five child protection cases involves drugs. There is also a cultural approach to drugs. Mental health was also mentioned under chemical concerns.

CONCERNS FACING DIVERSE POPULATIONS

Language barriers and culturally sensitive communications were the top concern. Lack of knowledge, understanding access, connecting to the community on the part of the diverse populations and lack of cultural understanding and the need for information on different cultures was mentioned. Affordable resources, housing, transportation, meaningful employment, access to health care were listed. Legal status, underage drivers, younger family members serving as interpreters and being able to live independently were cited. Family, food choices, physical and mental health and adult disability were listed. One person explained that diverse populations were caught between two cultures.

ECONOMIC CONCERNS

Work force and hourly wage were the top concerns cited by multiple people. There is a need for good paying jobs and a broader variety of jobs, including those that do not require a 4 year degree. Poverty, larger families with lower pay, access to capital, immigrants sending money back home were seen as concerns. There is a need for more recreation opportunities, more diverse food. Transportation, housing, child care, drugs and safety were all mentioned.

EDUCATIONAL CONCERNS

The education concerns listed ran the gamut. Language barrier and affordability/student debt were the top concerns. Finding quality educators, the achievement gap and meeting basic needs of students was mentioned. There was also concern mentioned for adult learners in the workforce and the need for more flexible schedules and support to navigate the system. Early education, third grade reading, high school graduation and education for immigrants and women were called out. Time and transportation were also cited.

HEALTH CARE ACCESS CONCERNS

Many interviewees mentioned the need for more providers, ever changing faces and more primary care physicians. Affordability was mentioned a few times. Understanding resources, the need for more mental health resources and the appropriate use of options (urgent care/overuse of emergency department) was cited. Vaccinations, nutrition education, and technology were listed. Consolidation was mentioned by one person. Another spoke of a system that does not work.

HOUSING CONCERNS

Safe, affordable, and quality housing were cited by multiple people. There is not enough housing and not enough variety in terms of price points and sizes. There are land lord issues, rental ordinances, many people sofa surfing and a lack of money.

MENTAL HEALTH CONCERNS

The top concern listed revolved around access and providers. Stigma and lack of education/resources were mentioned. A whole host of issues were listed including depression/seasonal depression, PTSD, addiction, drugs, suicide, anxiety, loneliness (seniors), broken families, abuse, and schizophrenia. Crisis help, long term housing, and county support were also listed as concerns.

SAFETY CONCERNS

Drugs and gang activity topped the list of concerns. Distracted, impaired driving was also cited frequently. Domestic violence was also cited a few times. Scams, isolation, lack of transportation were listed. Trust and understanding of police support as well as a general understanding of laws was seen as a concern. For some, feeling too safe and letting youth be unsupervised led to safety concerns.

CONCERNS FACING SENIORS

The challenges of living on fixed incomes and managing the cost of living (heat/food/meds) was the most frequently cited concern. Systems for aging in place/lack of support/living independently/housing were listed. Isolation/mental health, transportation, adequate medical providers, lack of jobs were listed. Grandparents raising grandchildren and the struggle to understand the younger generation were also listed.

TRANSPORTATION CONCERNS

Knowing what is available, getting access when you need it and being able to afford transportation were the top concerns. Lack of a car is a concern as is driving when you shouldn't and having trouble getting driver's licenses (understanding the system). SMART Transit is limited. There is no Uber. Need out of town transportation options.

The rank order of a list of the most important issues is presented below:

Housing, Mental Wellness
Economic/poverty, Education, Chemical Health
Transportation, Obesity/Activity/Nutrition, Diversity
Chronic Disease, public Safety/Violence, Seniors, Primary Care Access

Appendix E

Southern Minnesota Needs Assessment

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Project Overview

The following needs assessment information was collected at the request of representatives from *Mayo Health System, Minnesota SHIP*, and various county *Health Departments* from Southern Minnesota. Faculty members from Minnesota State University, Mankato met with representatives on two occasions to discuss health-related variables to be collected during the needs assessment process. A total of 97 measures (Table 1) were identified from existing web resources (Table 2). Data was identified for 12 counties including *Blue Earth, Brown, Faribault, Freeborn, Goodhue, Le Sueur, Martin, Mower, Nicollet, Scott, Waseca, and Watonwan.* Data was compared to state-level measures to identify potential health problems. Sources for all measures are available on the accompanying *Microsoft Excel®* document.

Table 1
Selected Health-related Measures Used for Needs Assessment

Variable	Measures and Data Year
Demographics	- Population by Age and Gender (n) (2016) - Population by Race and Ethnicity (n) (2016) - Population 65+ YOA (n and %) (2016) - Population 25+ YOA <= high school education or equivalent (%) (2012-2016) - People of all ages living at or below 200% of poverty (%) (2012-2016) - Hosing occupied by owner (%) (2012-2016) - Children <18 YOA living in single parent headed household (%) (2012-2016) - Housing units built before 1980 (%) (2012-2016) - Minnesota Medical Assistance – Average Monthly Eligible by all families and children, adults with no kids, elderly, and disabled (%) (2016) - Median household income ($) (2016)
Mental Health	- Ever been treated for mental health, emotional, or behavior problem (8th, 9th, and 11th grade) (2016) - Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016) - Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015) - Quality of Life (QOL) – frequent physical distress (%) (2016) - Quality of Life (QOL) – frequent mental distress (%) (2016) - Insufficient sleep (%) (2016) - Adults report poor or fair health (%) (2016) - Average number of physically unhealthy days reported in the last 20 days (2016) - Average number of mentally unhealthy days reported in the last 20 days (2016) - Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (n and %) (2013) - Students reporting high distress levels for externalizing disorders (8th, 9th, and 11th grade) (n and %) (2013)
Lead	- Elevated blood lead levels (>5 mcg/dL) (2015)
Suicide	- Hospital treated violence including ideation (Fatal and non-fatal) (2016)
Nutrition and Physical Activity	- Obese adults (%) (2014) - Limited access to healthy foods (%) (2015) - Food insecurity (%) (2015) - Physically inactive (%) (2014) - Diabetes prevalence (20+ YOA) (%) (2014)

Tobacco	- Adult Smokers (%) (2016) - Students reporting smoking a cigarette on one or more days within the Past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting any tobacco or nicotine use on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting using an E-Cigarette on one or more days within the past 30 days (8th, 9th, and 11th grade) (n and %) (2016)
Alcohol	- Excessive drinking (%) (2016) - Alcohol impaired driving deaths (n and %) (2012-2016) - Students reporting any use of alcohol in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students having 5 or more drinks in a row on at least one occasion in the Past 30 days (Grades 8, 9, and 11) (n and %) (2016)
Drugs	- Students reporting any use of marijuana in the past 30 days (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of inhalants within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting methamphetamine use within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of MDMA/ecstasy within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of crack/cocaine within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of LSD, PCP or other psychedelics within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of heroin within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting use of synthetic drugs within the past 12 months (8th, 9th, and 11th grade) (n and %) (2016) - Students reporting any past 30 day use of prescription drugs not prescribed for them (8th, 9th, and 11th grade) (n and %) (2016) - Rate per 1,000 pop. of adults on probation in Minnesota for drug offense as governing sentence (2016) - Rate per 1,000 Pop of juveniles on probation in Minnesota for drug offense as governing sentence (2016)
Sexual Activity, Sexually Transmitted Infections, and Contraceptive Practices	- Chlamydia rate (2015) (Available in accompanying *Microsoft Excel*® document) - Chlamydia cases (n) (2015) (Available in accompanying *Microsoft Excel*® document) - Teen birth rate (overall, white, and Hispanic) (2010-2016) - HIV prevalence (per 100,000) (2015) - Students reporting they drank alcohol or used drugs before they last had sexual intercourse (9th and 11th grade (n and %) (2013) - Pregnancy rates per 1,000 (ages 15-19) (2016) - Birth rates per 1,000 (ages 15-19) (2016) - Chlamydia rate (ages 15-19 per 100,00 population) (2017) - Gonorrhea rate (ages 15-19 per 100,00 population) (2017) - Rates (per 100,000 persons) of Chlamydia (Total pop.) (2016) - Rates (per 100,000 persons) of Gonorrhea (Total pop.) (2016) - Students who have ever had sexual intercourse (%) (9th and 11th grade) (2016) - Among sexually active students: percent who used a condom during last intercourse (%) (9th and 11th grade) (2016)
Healthcare System	- Uninsured (Under 65 YOA) (n and %) (2015) (Available in accompanying *Microsoft Excel*® document) - Primary care physician ratio (n:1) (2015) - Number of primary care physicians (2015) - Dentists ratio (n:1) (2016) - Number of dentists (2016) - Mental health provider ratio (n:1) (2017) - Number of mental providers (2017) - Residents under age 65 without health insurance (2016)
Social and Economic Factors	- Graduate rate (%) (2014-2015) - Unemployment rate (%) (2016) - Children in poverty (%) (overall, white, and Hispanic) (2016)

Maternal, Infant, and Child Health	- Low birth weight (overall, white, and Hispanic) (%) (2010-2016) - No prenatal care or care only in 3rd trimester (ages 15-19) (%) (2016) - Low birth weight (ages 15-19) (%) (2016) - Infant mortality per 1000 live births (2012-2016) (Available in accompanying *Microsoft Excel®* document) - Low birth weight - less than 5 lbs. 8 oz (%) (2012-2016) - Premature - less than 37 weeks gestation (%) (2012-2016)
Immigrant Populations	- Place of birth for the foreign-born population in the United States (n) (2016) - Primary refugee arrival to Minnesota by initial county of resettlement (n) (2016) - Secondary refugee arrival to Minnesota by initial county of resettlement) (n) (2016)
Limited English Proficiency (LEP)	- Limited LEP (n and %) (2014)
Chronic Conditions	- Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer's disease, diabetes, suicide, Parkinson's disease, liver disease and cirrhosis (n) (2016) - All Cancers Incidence Rate per 100,00 People (2010-2014) - County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)
Dental	- EPSDT/C&TC Eligible Minnesota health care programs children (age 20 and under) use of dental sealant services (%) (2015) - Dental service use among Minnesota health care programs enrollees (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of dental services (%) (2014) - EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of preventive dental services (%) (2014)
Immunizations	- Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV –(%) (2016) - Percent of children ages 24-35 months with complete childhood series (%) (2017)
Hospitalizations and Emergency Department (ED) Visits	- Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) - Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015) - Heat illness ED (per 100,000 age-adjusted) (2011-2015) - Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)
General/Other	- Years of potential life lost before 75 YOA (2014-2016)
* Data was not available for all counties or at the state level	

Table 2

Sources Used for Needs Assessment

Data Links
http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm
https://data.web.health.state.mn.us/web/mndata/lead_query#_
https://midas.web.health.state.mn.us/violence/index.cfm
https://www.mncompass.org/health/mental-health-admissions#1-4470-g
http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map
https://www.mncompass.org/health/health-care-coverage#1-7468-g
http://www.sumn.org/data/location/show.aspx?tf=31%2c32&loc=7&sn=false&cat=1%2c10%2c118%2c71%2c19%2c28%2c73%2c30%2c430%2c57%2c74%2c136%2c120%2c121%2c398%2c404%2c745%2c709%2c710%2c719&ds=a
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf
https://www.lep.gov/maps/lma2014/Final_508/

https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table3std2016.pdf
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table1std2016.pdf
http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/cmort16pdf.pdf
https://data.web.health.state.mn.us/web/mndata/cancer_query
https://data.web.health.state.mn.us/copd_query
https://data.web.health.state.mn.us/oral-health
https://data.web.health.state.mn.us/web/mndata/topics#menu3
https://data.web.health.state.mn.us/web/mndata/immunization_basic
https://data.web.health.state.mn.us/web/mndata/topics#menu3
http://www.health.state.mn.us/divs/chs/surveys/mss/singleyr/index.html

Section 1: Demographics

Population (2016)

(Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf)

		Age Group									
	Sex	**0-9**	**10-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80+**	**Total**
State	F	348,080	351,164	357,497	366,445	328,404	390,152	317,958	176,707	135,915	2,772,322
	M	363,883	365,774	374,830	376,507	335,232	386,721	306,201	153,936	84,546	2,747,630
Blue Earth	F	3,541	4,681	7,423	3,824	3,078	3,587	3,239	1,820	1,687	32,880
	M	3,894	4,549	8,363	4,206	3,200	3,529	3,244	1,618	958	33,561
Brown	F	1,427	1,535	1,490	1,396	1,245	1,887	1,596	1,089	1,112	12,777
	M	1,607	1,680	1,504	1,452	1,302	1,821	1,616	937	635	12,554
Faribault	F	775	839	621	782	661	1,050	931	672	674	7,005
	M	827	915	682	768	731	1,022	1,014	585	386	6,930
Freeborn	F	1,721	1,775	1,504	1,663	1,567	2,257	2,041	1,504	1,215	15,247
	M	1,855	1,846	1,615	1,771	1,702	2,304	2,038	1,270	798	15,199
Goodhue	F	2,752	2,780	2,260	2,732	2,646	3,618	3,079	1,929	1,600	23,396
	M	2,861	3,085	2,487	2,747	2,723	3,593	3,051	1,734	999	23,280
Le Sueur	F	1,645	1,877	1,423	1,663	1,680	2,020	1,683	1,001	681	13,673
	M	1,815	1,898	1,399	1,721	1,784	2,206	1,739	944	412	13,918
Martin	F	1,130	1,196	980	1,019	1,041	1,487	1,372	876	934	10,035
	M	1,184	1,198	1,024	1,099	1,012	1,476	1,463	768	570	9,794
Mower	F	2,667	2,461	2,220	2,300	2,156	2,588	2,230	1,387	1,500	19,509
	M	2,714	2,800	2,347	2,434	2,324	2,669	2,320	1,180	866	19,654
Nicollet	F	1,977	2,446	2,402	2,229	1,737	2,125	1,877	1,046	830	16,669
	M	2,124	2,310	2,608	2,346	1,951	2,207	1,920	915	525	16,906
Scott	F	10,642	10,776	7,557	10,586	10,890	10,167	6,210	3,173	2,013	72,014
	M	10,915	11,281	7,709	10,279	10,958	10,499	6,009	2,749	1,267	71,666
Waseca	F	1,116	1,281	1,156	1,420	1,188	1,347	1,141	652	580	9,881
	M	1,216	1,263	1,002	1,072	1,068	1,285	1,163	592	369	9,030
Watonwan	F	773	690	568	595	592	729	651	433	444	5,475
	M	720	711	636	641	556	768	691	422	288	5,433

Race and Ethnicity (2016)

Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf

	One Race						Ethnicity
	Total	White	African American[a]	AIAN[b]	API[c]	Two+ Races	Hispanic/ Latino[d]
State	5,519,952	4,691,265	344,322	73,970	275,931	134,464	289,422
Blue Earth	66,441	60,849	2,540	240	1,574	1,238	2,258
Brown	25,331	24,764	122	65	180	200	1,075
Faribault	13,935	13,549	88	102	53	143	921
Freeborn	30,446	28,840	448	135	615	408	2,885
Goodhue	46,676	44,289	589	674	355	769	1,525
Le Sueur	27,591	26,742	194	128	204	323	1,579
Martin	19,829	19,247	138	90	140	214	834
Mower	39,163	35,413	1,435	234	1,473	608	4,384
Nicollet	33,575	31,283	1,062	171	510	549	1,428
Scott	143,680	123,847	5,818	1,523	9,201	3,291	7,147
Waseca	18,911	17,878	443	154	165	271	1,111
Watonwan	10,908	10,367	132	143	136	130	2,628

[a]Black/African American; [b]American Indian/Alaska Native; [b]American Indian/Alaska Native; [c]Asian/Native Hawaiian or other Pacific Islander
[d]Hispanic/Latino can be of any race

Population 65+ Years of Age (YOA) (2016)

Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf

	Number	Percent
State	832,228	15.1
Blue Earth	8,997	13.5
Brown	5,236	20.7
Faribault	3,175	22.8
Freeborn	6,675	21.9
Goodhue	9,051	19.4
Le Sueur	4,616	16.7
Martin	4,429	22.3
Mower	7,083	18.1
Nicollet	5,067	15.1
Scott	14,518	10.1
Waseca	3,257	17.2
Watonwan	2,162	19.8

Socioeconomic Data (2012-2016)

Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf

	Percent of:				
	Population 25+ years with <= high school education or equivalent	People of all ages living at or below 200% of poverty	Housing occupied by owner	Children < 18 living in single parent headed households	Housing units built before 1980
State	33.1%	25.9%	74.6%	26.2%	56.7%
Blue Earth	34.3%	34.9%	65.4%	26.8%	58.7%
Brown	46.7%	25.3%	83.1%	24.9%	74.8%
Faribault	50.3%	31.3%	78.8%	31.5%	84.9%
Freeborn	47.2%	32.5%	78.4%	36.0%	80.6%
Goodhue	39.9%	25.2%	79.9%	27.7%	59.8%
Le Sueur	45.2%	24.5%	84.6%	24.8%	61.0%
Martin	48.7%	30.6%	78.6%	33.8%	79.7%
Mower	44.7%	32.2%	73.7%	35.3%	77.9%
Nicollet	33.5%	24.1%	76.8%	21.4%	57.3%
Scott	28.1%	14.7%	85.1%	16.3%	26.2%
Waseca	44.3%	27.4%	81.6%	21.0%	69.0%
Watonwan	55.8%	33.3%	73.6%	40.3%	78.9%

Minnesota Medical Assistance – Average Monthly Eligibles (2016)

Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/ademog16pdfupdate.pdf

	All Families and Children	Adults with No Kids	Elderly	Disabled	Total
State	705,686	198,765	60,011	117,372	1,081,834
Blue Earth	7,373	2,375	614	1,352	11,713
Brown	2,840	645	329	524	4,337
Faribault	2,238	579	245	372	3,434
Freeborn	4,760	1,130	444	732	7,066
Goodhue	4,509	1,252	449	768	6,977
Le Sueur	3,240	665	238	473	4,616
Martin	3,017	695	301	553	4,566
Mower	6,608	1,368	574	1,025	9,576
Nicollet	3,696	894	262	544	5,396
Scott	12,948	2,929	814	1,582	18,273
Waseca	1,443	470	4	5	1,922
Watonwan	1,733	304	153	224	2,415

Median Income (2016)

Source: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

	Median Income
Minnesota	63217
Blue Earth	52119
Brown	53319
Faribault	49101
Freeborn	48827
Goodhue	60452
Le Sueur	62462
Martin	51984
Mower	51778
Nicollet	61501
Scott	90198
Waseca	53199
Watonwan	50068

Section #2: Mental Health

Ever been treated for mental health, emotional, or behavior problem (8th, 9th, and 11th grade) (2016)

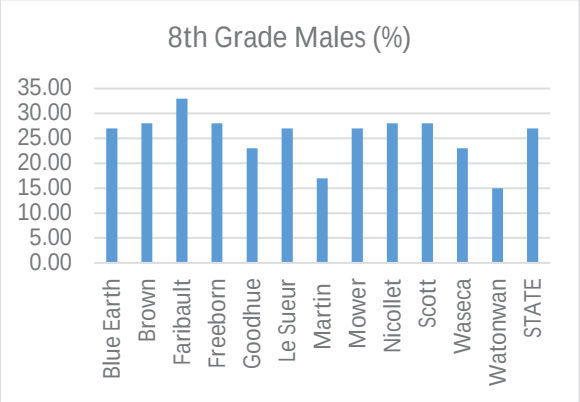
Source: http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm

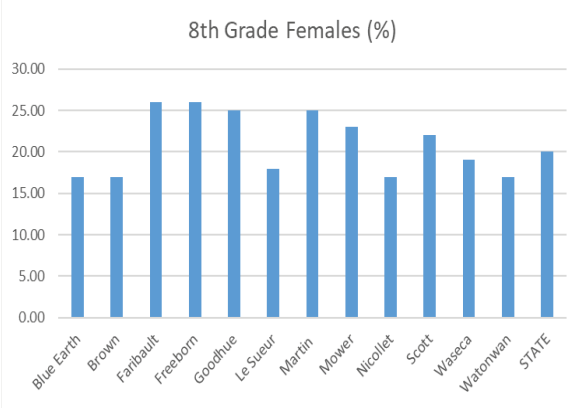
		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Blue Earth	No	86.00	85.00	85.00	80.00	84.00	74.00
	Yes, during the last year	6.00	10.00	8.00	13.00	9.00	17.00
	Yes, more than a year ago	8.00	7.00	9.00	9.00	11.00	13.00
Brown	No	84.00	83.00	87.00	80.00	86.00	75.00
	Yes, during the last year	7.00	7.00	6.00	12.00	5.00	17.00
	Yes, more than a year ago	10.00	12.00	9.00	13.00	10.00	13.00
Faribault	No	88.00	79.00	79.00	73.00	90.00	78.00
	Yes, during the last year	7.00	13.00	11.00	13.00	5.00	17.00
	Yes, more than a year ago	9.00	13.00	13.00	18.00	5.00	11.00
Freeborn	No	89.00	84.00	92.00	79.00	80.00	68.00
	Yes, during the last year	7.00	11.00	3.00	17.00	7.00	16.00
	Yes, more than a year ago	5.00	7.00	4.00	5.00	16.00	18.00
Goodhue	No	89.00	81.00	86.00	78.00	87.00	73.00
	Yes, during the last year	6.00	15.00	10.00	15.00	9.00	18.00
	Yes, more than a year ago	5.00	7.00	6.00	12.00	5.00	15.00
Le Sueur	No	89.00	80.00	87.00	77.00	95.00	73.00
	Yes, during the last year	5.00	13.00	5.00	20.00	3.00	12.00
	Yes, more than a year ago	6.00	13.00	8.00	8.00	3.00	19.00
Martin	No	88.00	78.00	87.00	94.00	85.00	69.00
	Yes, during the last year	7.00	14.00	10.00	4.00	7.00	13.00
	Yes, more than a year ago	10.00	13.00	5.00	2.00	12.00	21.00
Mower	No	83.00	77.00	86.00	77.00	84.00	70.00
	Yes, during the last year	11.00	16.00	9.00	13.00	7.00	19.00
	Yes, more than a year ago	9.00	10.00	8.00	14.00	13.00	15.00
Nicollet	No	85.00	88.00	90.00	80.00	73.00	65.00
	Yes, during the last year	12.00	8.00	7.00	15.00	17.00	24.00
	Yes, more than a year ago	8.00	6.00	7.00	10.00	17.00	13.00
Scott	No	88.00	81.00	85.00	76.00	85.00	74.00
	Yes, during the last year	6.00	14.00	8.00	18.00	9.00	18.00
	Yes, more than a year ago	7.00	8.00	9.00	10.00	8.00	13.00

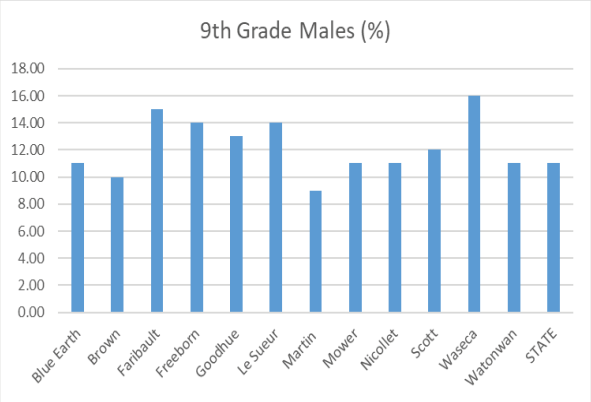
		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Waseca	**No**	89.00	83.00	83.00	76.00	91.00	82.00
	Yes, during the last year	8.00	13.00	11.00	14.00	5.00	15.00
	Yes, more than a year ago	6.00	6.00	9.00	13.00	4.00	10.00
Watonwan	**No**	87.00	84.00	91.00	88.00	80.00	80.00
	Yes, during the last year	9.00	8.00	3.00	1.00	10.00	11.00
	Yes, more than a year ago	4.00	12.00	7.00	10.00	10.00	11.00
STATE	**No**	85.00	82.00	86.00	79.00	84.00	74.00
	Yes, during the last year	8.00	12.00	7.00	14.00	9.00	18.00
	Yes, more than a year ago	8.00	9.00	8.00	10.00	10.00	14.00
* Highlighted cells indicate data is higher than state percentage							

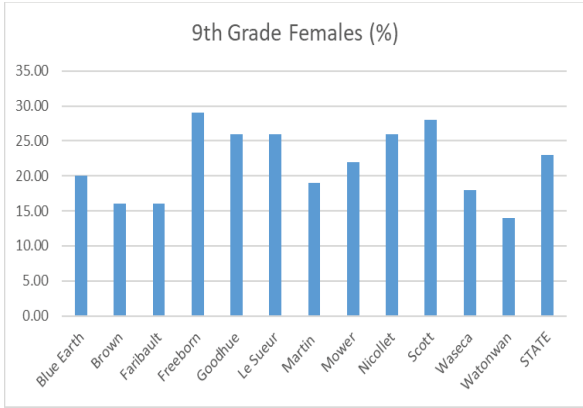
Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

Source: http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm



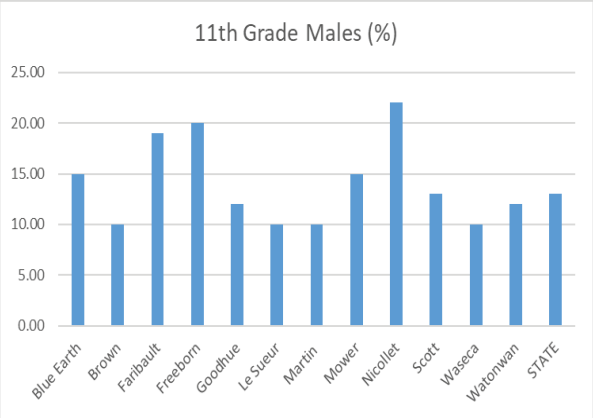


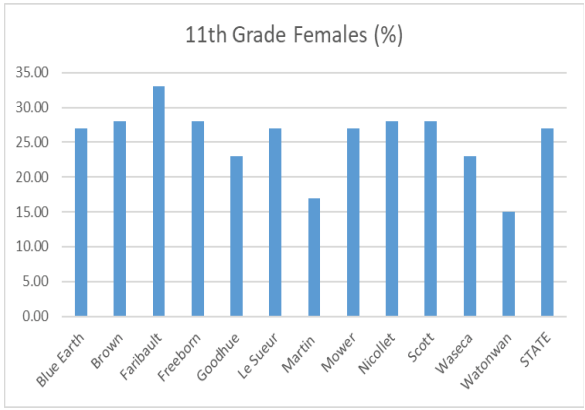




Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

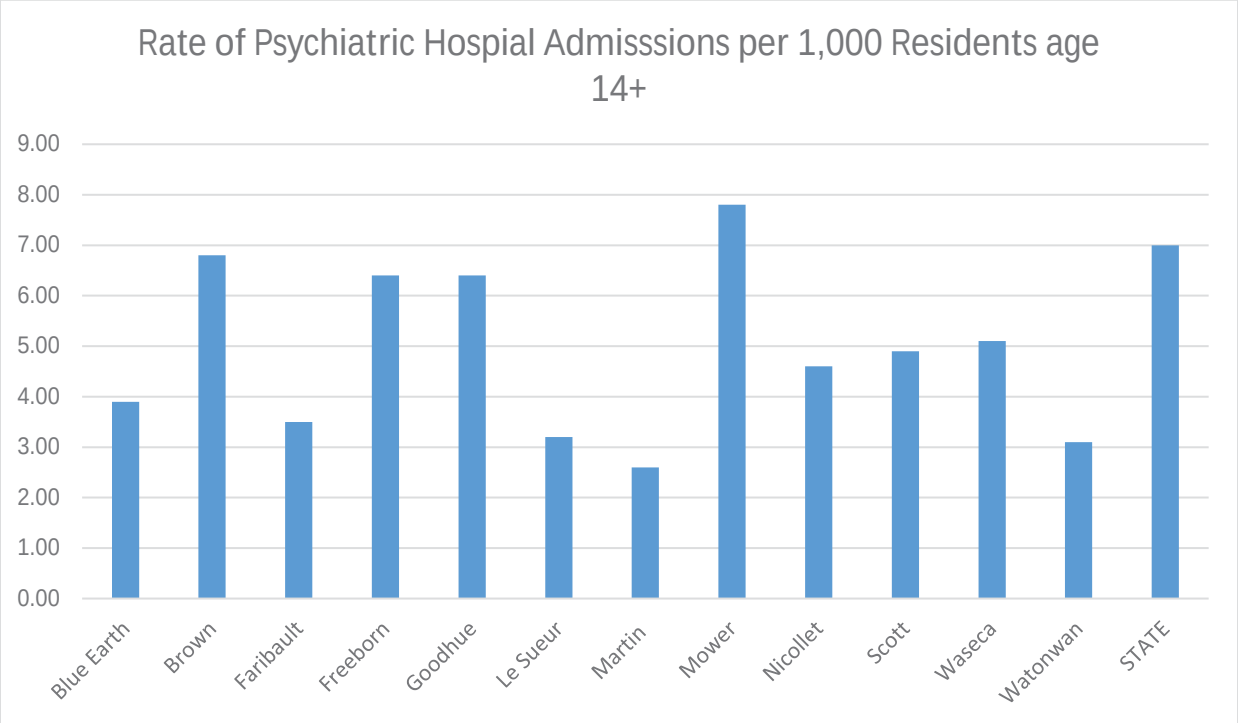
Source: http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm





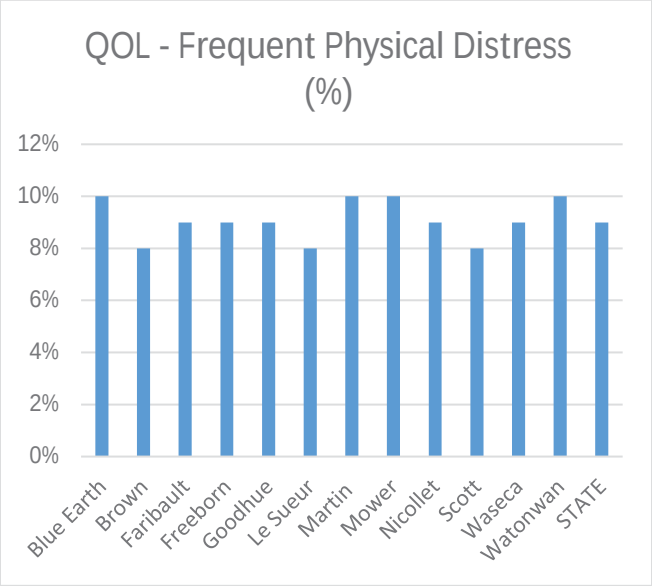
Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015)

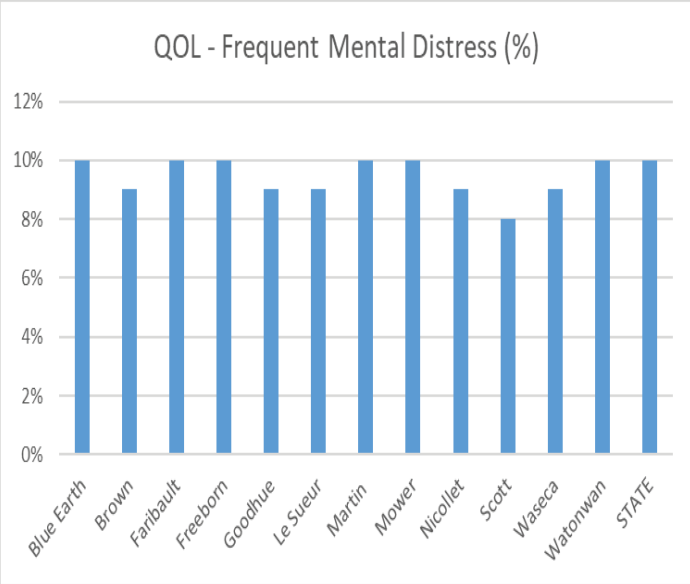
Source: https://www.mncompass.org/health/mental-health-admissions#1-4470-g



Quality of Life (QOL) – frequent physical distress (2016) & Quality of Life (QOL) – frequent mental distress (2016)

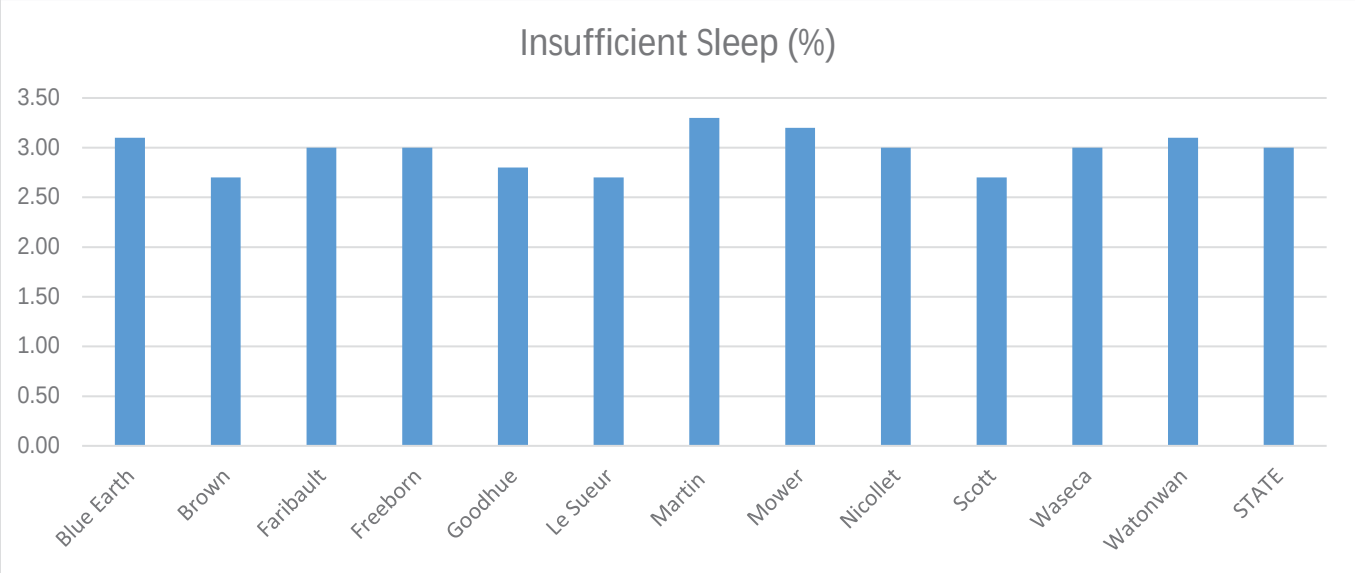
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



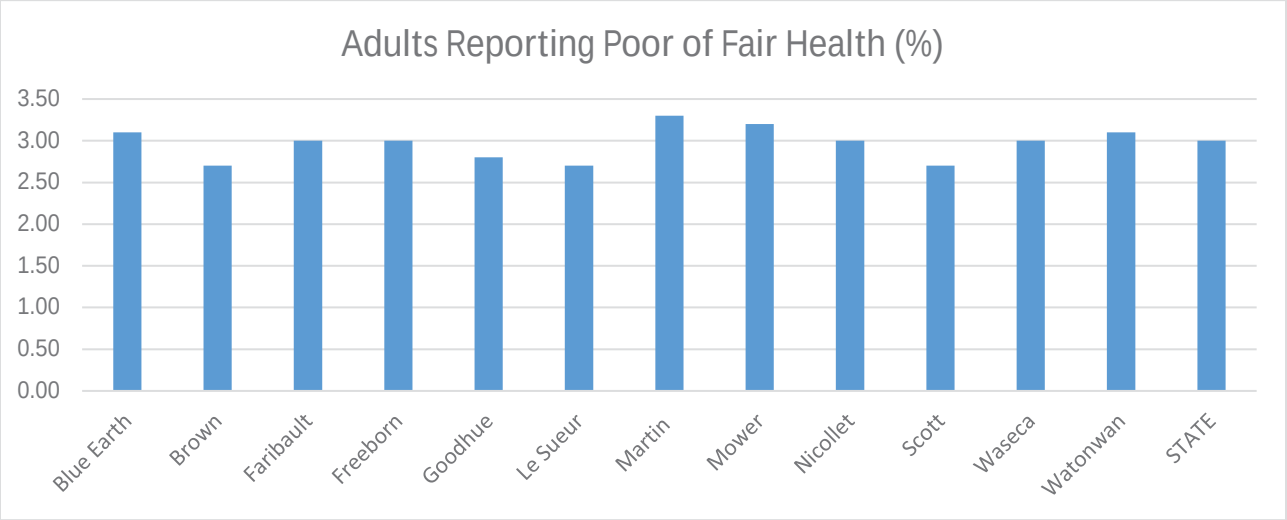


Insufficient sleep (2016)

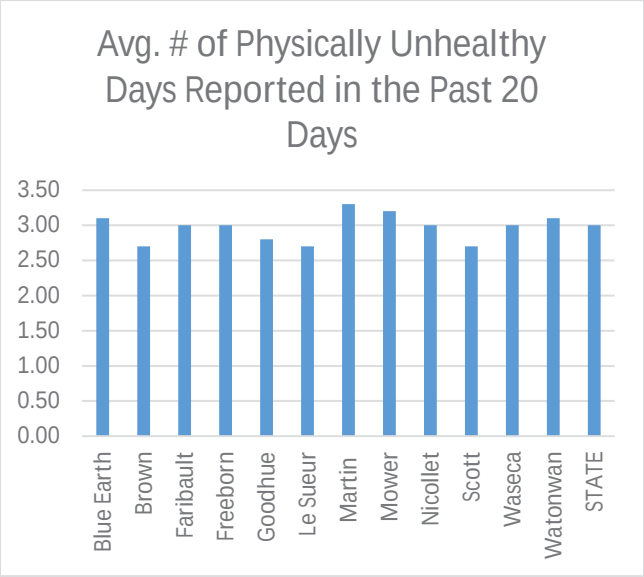
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

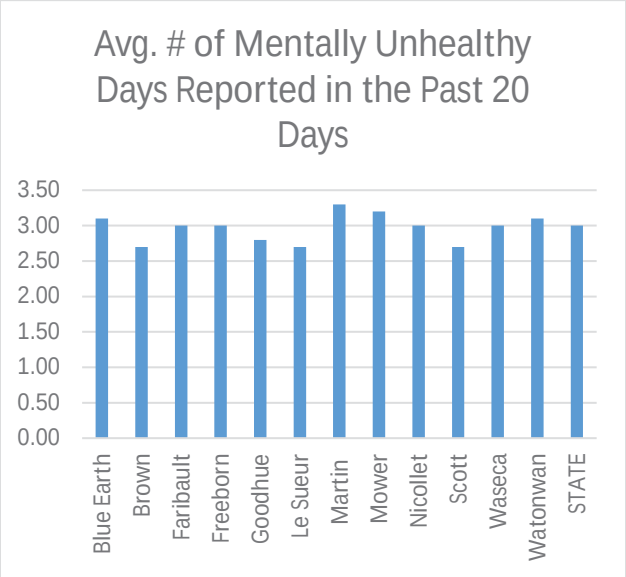


Adults report poor or fair health (2016)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



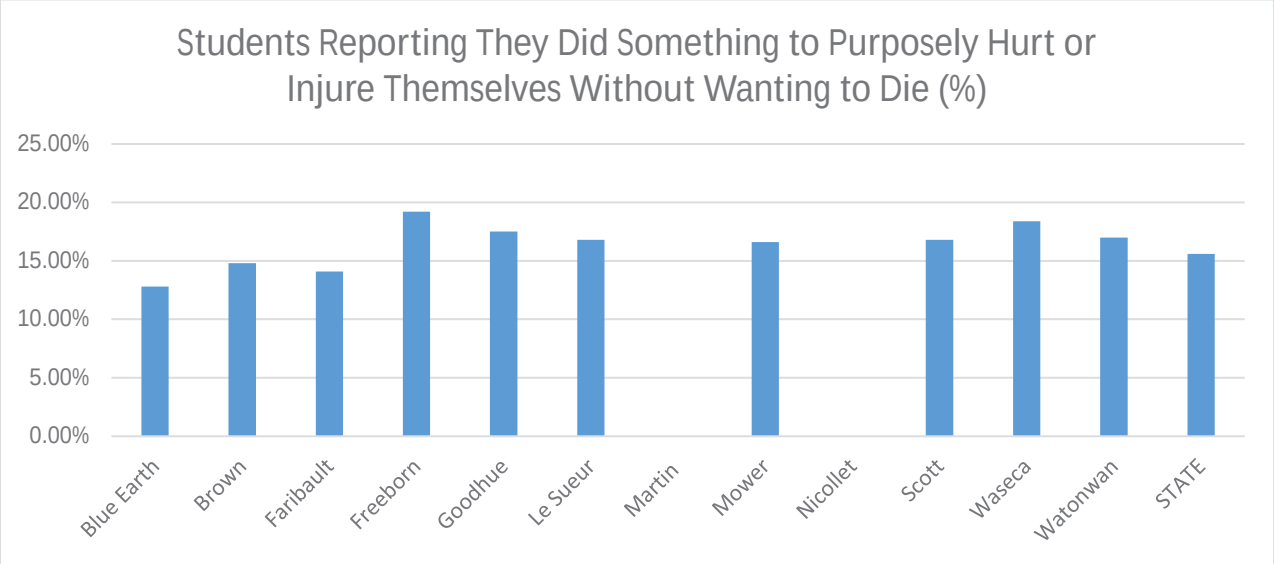
Average number of physically unhealthy days reported in the last 20 days (2016) & Average number of mentally unhealthy days reported in the last 20 days (2016)
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map





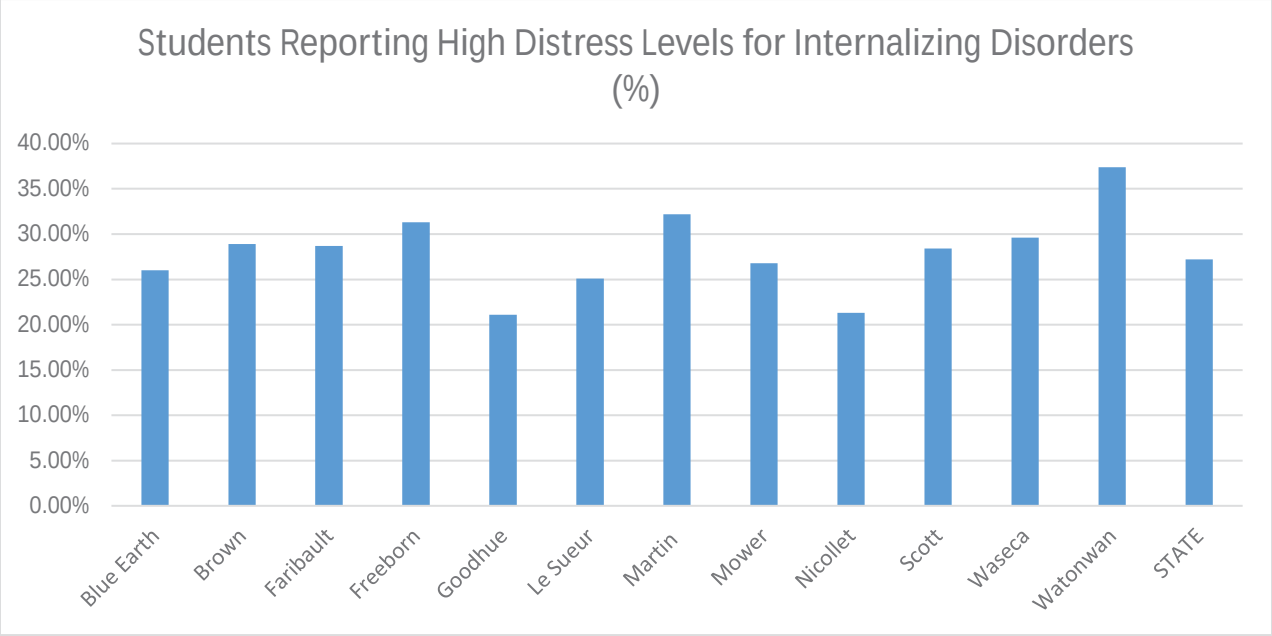
Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (2016)

Source: http://www.sumn.org/data/location/



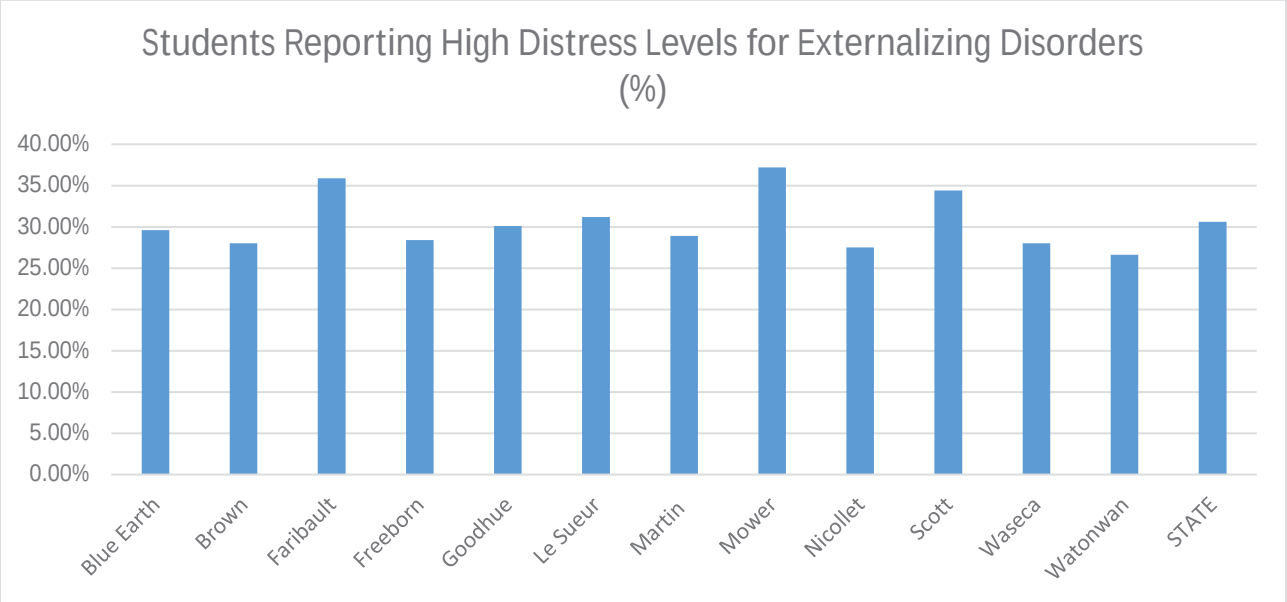
Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (2013)

Source: http://www.sumn.org/data/location/



Students reporting high distress levels for externalizing disorders (8th, 9th, and 11th grade) (2013)

Source: http://www.sumn.org/data/location/



Section #3: Lead

Elevated blood lead levels (>5 mcg/dL) (2015)

Source: https://data.web.health.state.mn.us/web/mndata/lead_query#_

	>5 mcg/dL (<3 YOA)	>5 mcg/dL (3-<6 YOA)	>5 mcg/dL (<6 YOA)
	n(%)	n(%)	n(%)
Blue Earth	11(1.4)	1(1.9)	12(1.4)
Brown	6(1.6)	1(2.2)	7(1.7)
Faribault	2(1.4)	3(9.7)	5(2.8)
Freeborn	11(2.8)	4(8.7)	15(3.4)
Goodhue	7(1.4)	0(0.0)	7(1.3)
Le Sueur	3(1.0)	1(3.1)	4(1.2)
Martin	2(1.0)	1(1.7)	3(1.2)
Mower	14(3.3)	1(1.5)	15(3.0)
Nicollet	2(0.5)	0(0.0)	2(0.4)
Scott	3(0.1)	0(0.0)	3(0.1)
Waseca	6(2.1)	0(0.0)	6(2.0)
Watonwan	0(0.0)	1(3.0)	1(0.5)
STATE	611(0.8)	154(1.8)	765(0.9)
* Highlighted cells indicate percentage is higher than state percentage			

Section #4: Suicide

Hospital treated violence including ideation (fatal and non-fatal) (all ages) (2016)

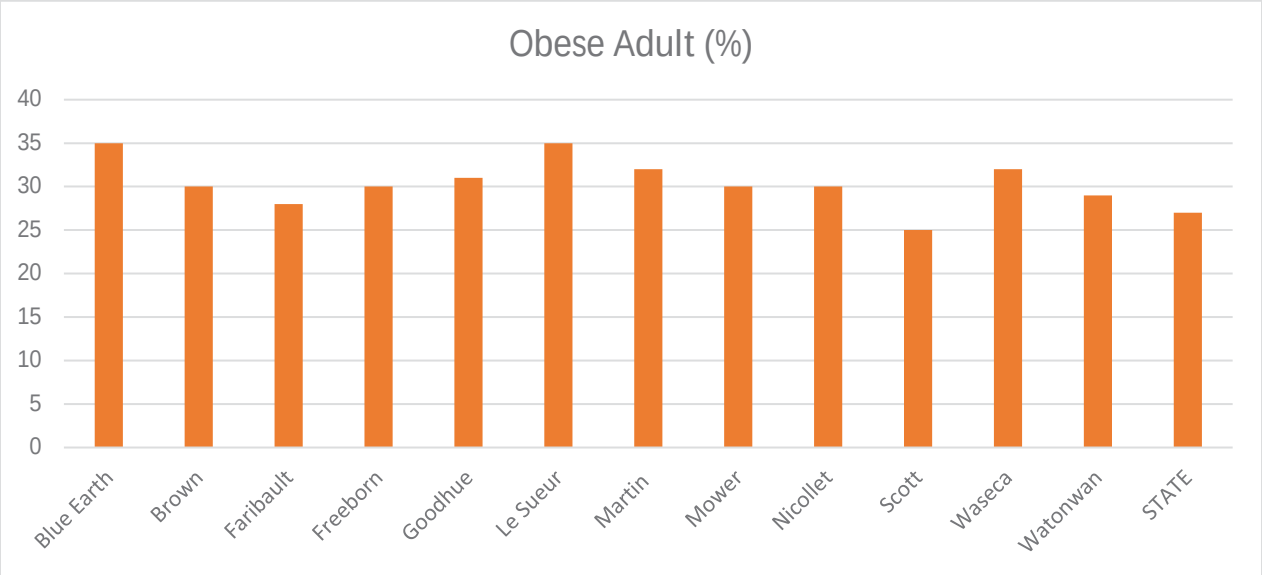
Source: https://midas.web.health.state.mn.us/violence/index.cfm

	Fatal (n)	Non-fatal (n)
Blue Earth	0	448
Brown	0	157
Faribault	0	88
Freeborn	0	216
Goodhue	1	319
Le Sueur	0	108
Martin	0	110
Mower	0	289
Nicollet	0	176
Scott	2	668
Waseca	0	122
Watonwan	0	47
STATE	65	32477
* Age-specific results available on the accompanying *Microsoft Excel*® document		

Section #5: Nutrition and Physical Activity

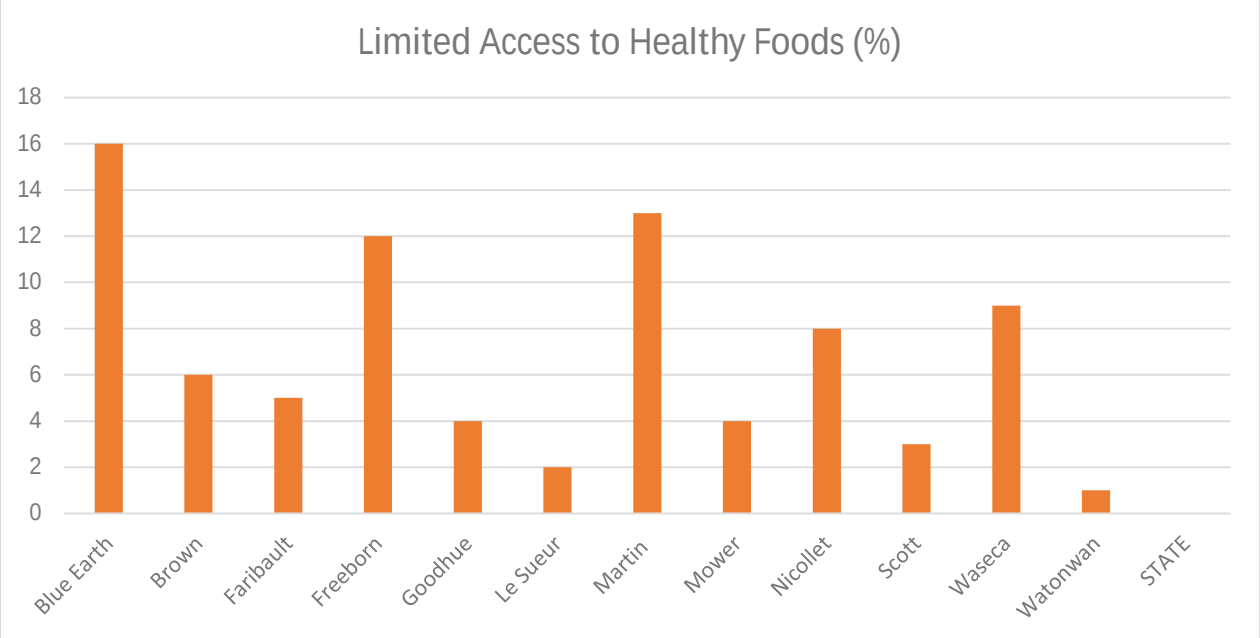
Obese adults (2014)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



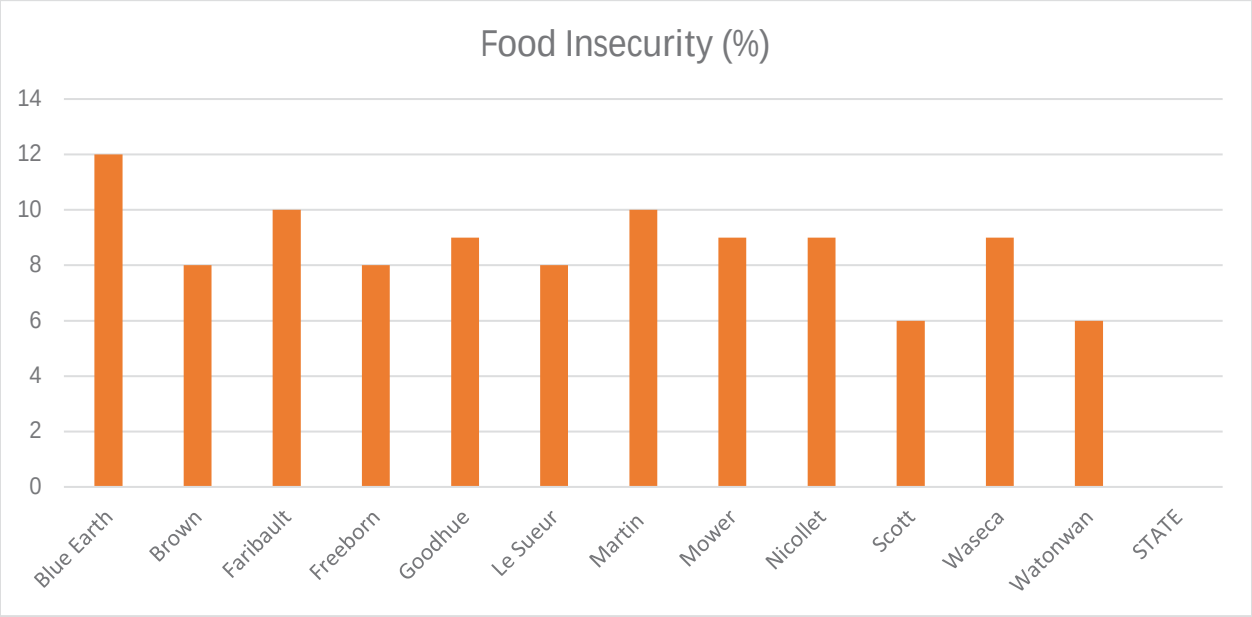
Limited access to healthy foods (2015)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



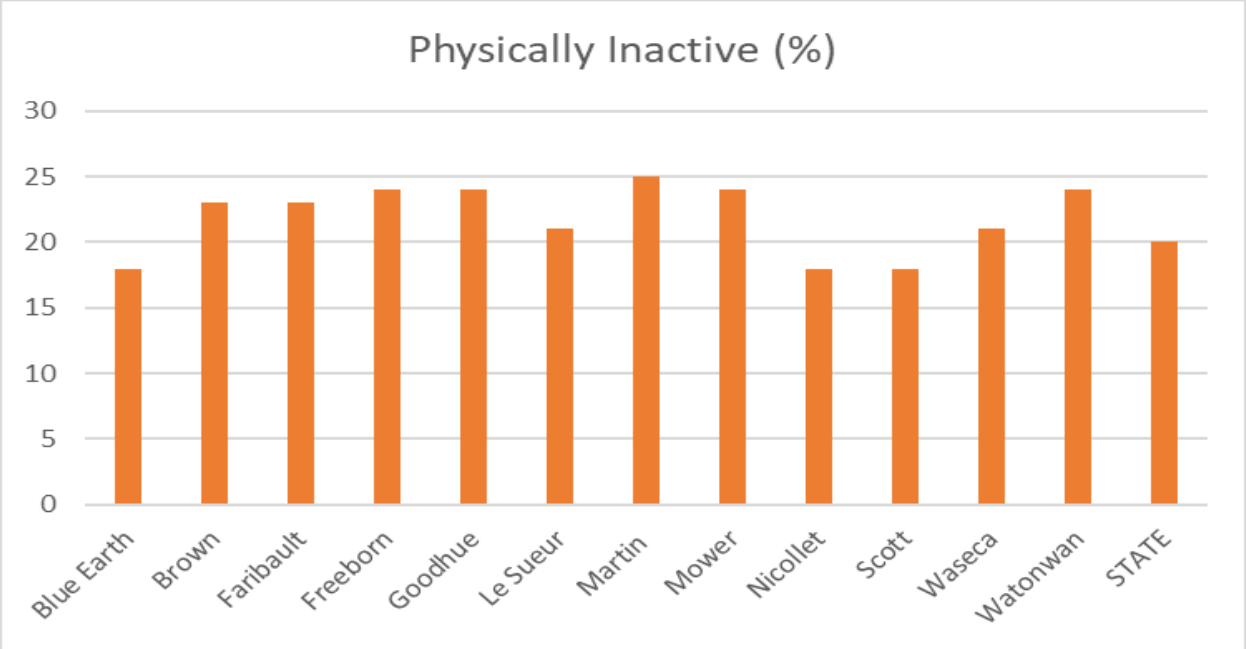
Food insecurity (2015)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



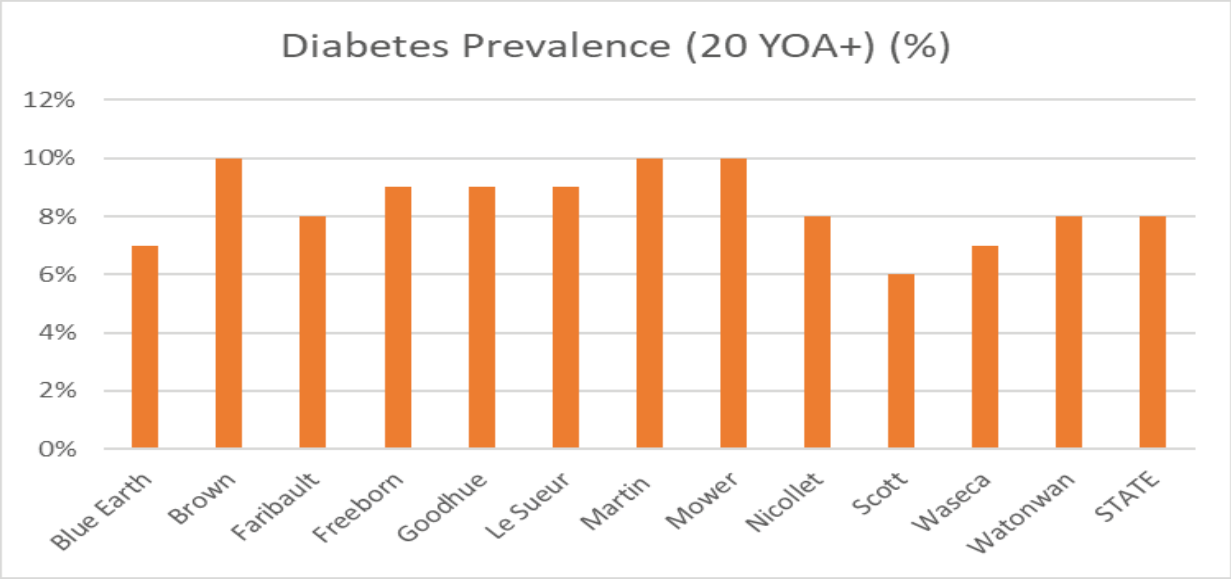
Physically inactive (2014)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Diabetes prevalence (20+ YOA) (2014)

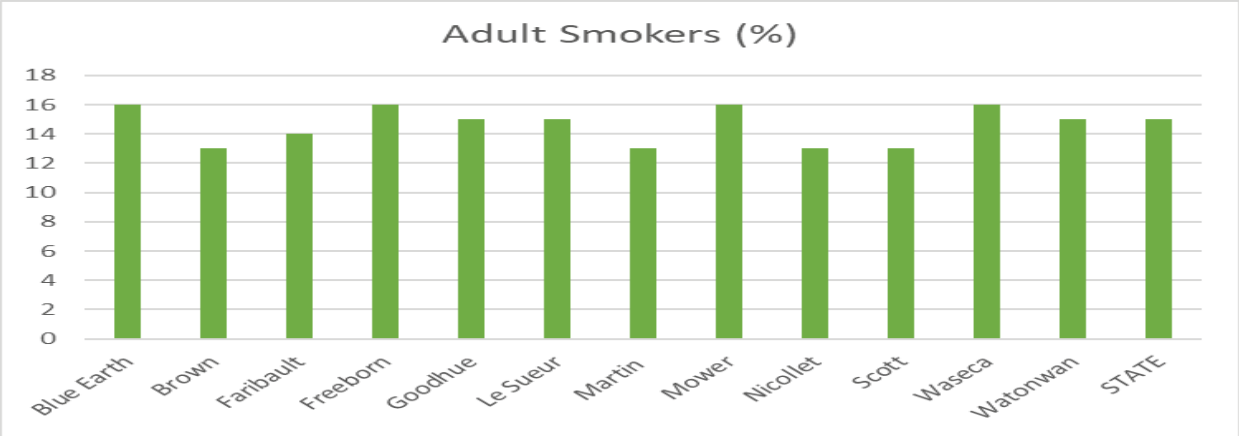
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Section #6: Tobacco

Adult Smokers (2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Students reporting smoking a cigarette on one or more days within the Past 30 days (8th, 9th, and 11th grade) (2016); Students reporting any tobacco or nicotine use on one or more days within the past 30 days (8th, 9th, and 11th grade) (2016); Students reporting using an E-Cigarette on one or more days within the past 30 days (8th, 9th, and 11th grade) (2016)

Source: http://www.sumn.org/data/location

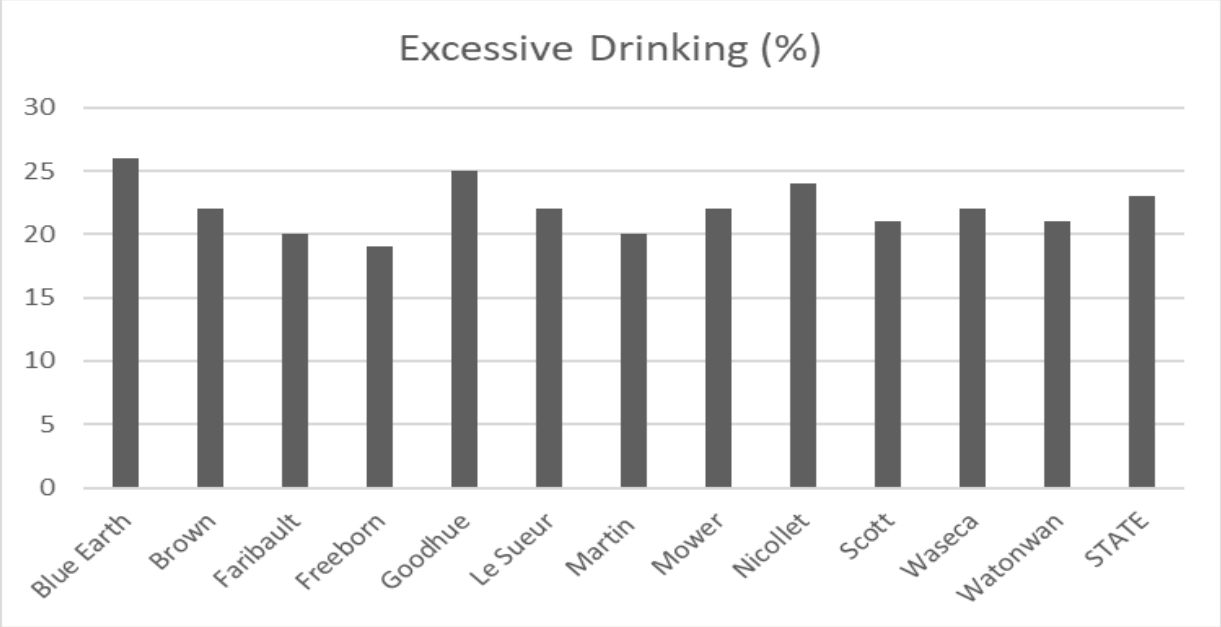
	Students Reporting Smoking a Cigarette on One or More Days within the Past 30 Days		Students Reporting Any Tobacco or Nicotine Use on One or More Days within the Past 30 Days		Students reporting Using an E-Cigarette on One or More Days within the Past 30 Days	
	%	n	%	n	%	n
Blue Earth	3.80%	71	10.10%	189	7.10%	134
Brown	6.00%	37	10.90%	67	5.50%	34
Faribault	6.30%	20	12.30%	39	8.50%	27
Freeborn	5.50%	33	15.00%	89	13.30%	79
Goodhue	9.30%	62	17.40%	115	13.10%	87
Le Sueur	7.10%	52	12.70%	92	9.30%	68
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	4.60%	40	11.30%	98	8.50%	74
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	4.90%	209	12.50%	532	10.30%	438
Waseca	4.60%	25	13.00%	71	6.60%	36
Watonwan	5.20%	19	13.10%	47	11.00%	40
STATE	4.90%	5802	12.80%	14379	10.30%	11604

* Highlighted cells indicate percentage is higher than state percentage

Section #7: Alcohol

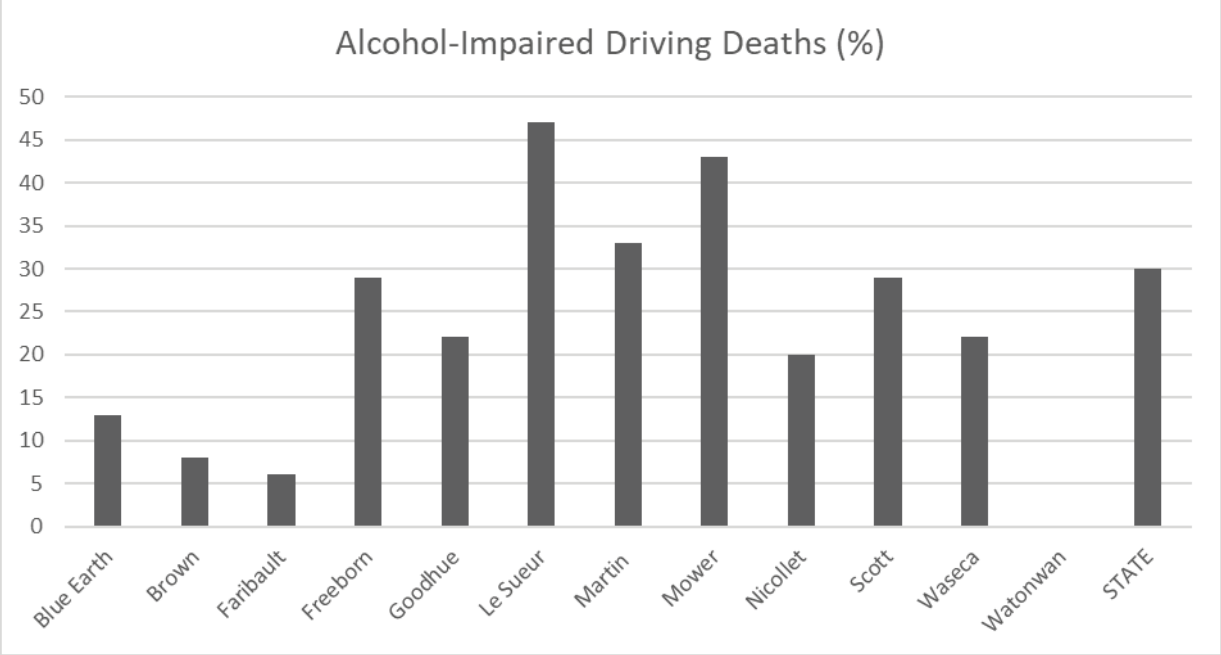
Excessive Drinking (2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Alcohol impaired driving deaths (2012-2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Students reporting any use of alcohol in the past 30 days (8th, 9th, and 11th grade) (2016) & Students having 5 or more drinks in a row on at least one occasion in the Past 30 days (Grades 8, 9, and 11) (2016)

Source: http://www.sumn.org/data/location

	Students Reporting Any Use of Alcohol in the Past 30 Days		Students Reporting Having 5 or More Drinks in a Row on at Least One Occasion in the Past 30 Days	
	%	n	%	n
Blue Earth	13.70%	258	4.90%	92
Brown	15.60%	97	6.60%	41
Faribault	19.70%	62	7.90%	25
Freeborn	16.90%	101	6.50%	39
Goodhue	18.00%	121	9.70%	65
Le Sueur	16.80%	123	8.40%	61
Martin	N/A	N/A	N/A	N/A
Mower	12.40%	107	4.90%	42
Nicollet	N/A	N/A	N/A	N/A
Scott	14.20%	605	6.60%	282
Waseca	15.80%	86	7.30%	40
Watonwan	13.50%	49	5.50%	20
STATE	13.90%	16368	6.20%	6950

* Highlighted cells indicate percentage is higher than state percentage

Section #7: Drugs

Students reporting any use of marijuana in the past 30 days (8th, 9th, and 11th grade) (2016); Students reporting use of inhalants within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting methamphetamine use within the past 12 months (8th, 9th, and 11th grade) (2016)

Source: http://www.sumn.org/data/location

	Students Reporting Any Use of Marijuana in the Past 30 Days		Students Reporting Use of Inhalants within the Past 12 Months		Students Reporting Methamphetamine Use within the Past 12 Months	
	%	n	%	n	%	n
Blue Earth	7.60%	143	1.10%	20	0.50%	9
Brown	6.90%	43	3.40%	21	0.80%	5
Faribault	8.90%	28	2.50%	8	1.00%	3
Freeborn	10.80%	64	1.70%	10	1.00%	6
Goodhue	9.80%	66	2.30%	15	0.90%	6
Le Sueur	8.20%	60	1.20%	9	0.60%	4
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	9.90%	85	1.10%	9	1.10%	9
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	7.70%	328	1.50%	64	0.50%	21
Waseca	2.90%	16	1.30%	7	0.20%	1
Watonwan	10.20%	37	2.50%	9	0.60%	2
STATE	8.60%	9658	1.60%	1820	0.70%	763

* Highlighted cells indicate percentage is higher than state percentage

Students reporting use of MDMA/ecstasy within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting use of crack/cocaine within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting use of LSD, PCP or other psychedelics within the past 12 months (8th, 9th, and 11th grade) (2016)

Source: http://www.sumn.org/data/location

	Students Reporting Use of MDMA/Ecstasy within the Past 12 Months		Students Reporting Use of Crack/Cocaine within the Past 12 Months		Students Reporting Use of LSD, PCP or Other Psychedelics within the Past 12 Months	
	%	n	%	n	%	n
Blue Earth	1.10%	21	0.80%	15	1.30%	24
Brown	1.00%	6	1.50%	9	1.90%	12
Faribault	1.30%	4	1.30%	4	2.50%	8
Freeborn	1.00%	6	1.50%	9	2.00%	12
Goodhue	0.90%	6	1.20%	8	1.20%	8
Le Sueur	0.40%	3	0.80%	6	1.10%	8
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	0.90%	8	1.10%	9	1.60%	14
Nicollet	N/a	N/A	N/A	N/A	N/A	N/A
Scott	1.00%	41	0.90%	38	1.60%	66
Waseca	0.70%	4	0.70%	4	0.90%	5
Watonwan	1.10%	4	1.70%	6	1.10%	4
STATE	1.00%	1142	1.10%	1250	1.80%	1986

* Highlighted cells indicate percentage is higher than state percentage

Students reporting use of heroin within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting use of synthetic drugs within the past 12 months (8th, 9th, and 11th grade) (2016); Students reporting any past 30 day use of prescription drugs not prescribed for them (8th, 9th, and 11th grade) (2016)

Source: http://www.sumn.org/data/location

	Students Reporting Use of Heroin within the Past 12 Months		Students Reporting Use of Synthetic Drugs within the Past 12 Months		Students Reporting Any Past 30 Day Use of Prescription Drugs Not Prescribed for Them	
	%	n	%	n	%	n
Blue Earth	0.30%	5	1.40%	27	4.10%	78
Brown	0.20%	1	1.10%	7	4.40%	27
Faribault	1.00%	3	2.90%	9	6.30%	20
Freeborn	0.90%	5	2.20%	13	5.30%	31
Goodhue	0.60%	4	1.20%	8	4.20%	28
Le Sueur	0.80%	6	1.20%	9	3.90%	28
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	1.10%	9	1.50%	13	4.60%	39
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	0.40%	17	1.00%	44	4.30%	180
Waseca	0.20%	1	0.20%	1	4.10%	22
Watonwan	0.60%	2	1.90%	7	6.40%	23
STATE	0.60%	632	1.30%	1423	4.70%	5288

* Highlighted cells indicate percentage is higher than state percentage

Rate per 1,000 pop. of adults on probation in Minnesota for drug offense as governing sentence (2016) & Rate per 1,000 Pop of juveniles on probation in Minnesota for drug offense as governing sentence (2016)

Source: http://www.sumn.org/data/location

	Rate Per 1,000 Pop of Adults on Probation in Minnesota for Drug Offense as Governing Sentence	Rate Per 1,000 Pop of Juveniles on Probation in Minnesota for Drug Offense as Governing Sentence
Blue Earth	7.40	1.00
Brown	3.40	0.40
Faribault	4.90	1.00
Freeborn	5.00	0.70
Goodhue	6.50	1.00
Le Sueur	2.60	0.50
Martin	6.40	0.90
Mower	3.90	0.40
Nicollet	3.40	0.50
Scott	6.70	0.50
Waseca	3.40	0.50
Watonwan	4.00	1.90
STATE	4.00	0.50

* Highlighted cells indicate rate is higher than state rate

Section #7: Sexual Activity, Sexually Transmitted Infections, and Contraceptive Practices

Teen birth rate (overall, white, and Hispanic) (2010-2016)

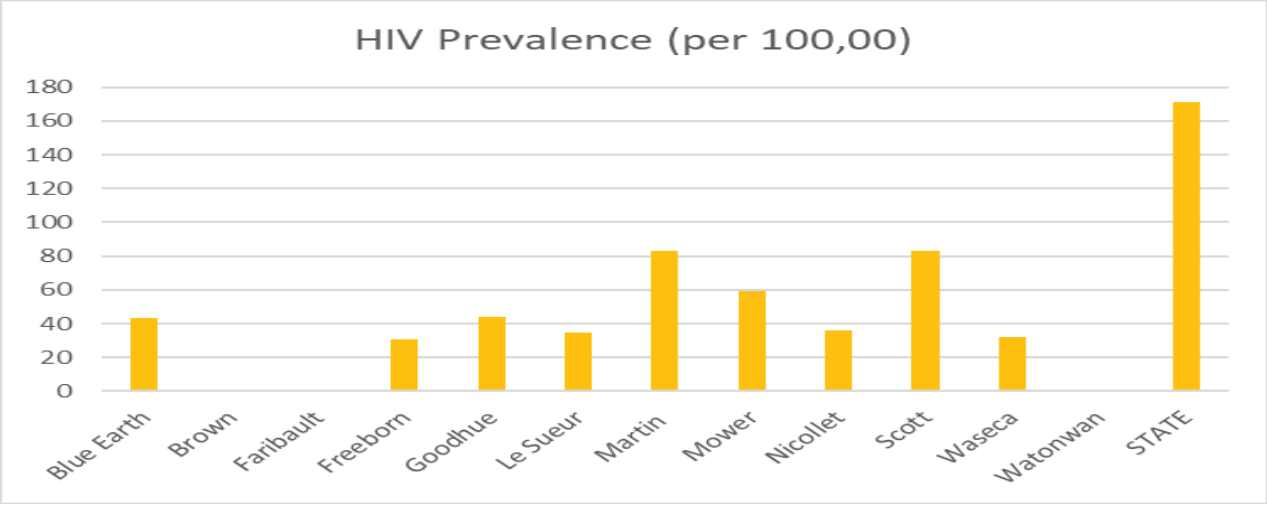
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

	Teen Birth Rate (Overall)	Teen Birth Rate (Hispanic)	Teen Birth Rate (White)
Blue Earth	9	20	8
Brown	18	56	16
Faribault	22	59	18
Freeborn	28	59	22
Goodhue	17	42	14
Le Sueur	15	48	12
Martin	22	52	21
Mower	29	68	20
Nicollet	10	39	8
Scott	9	30	7
Waseca	17	69	14
Watonwan	45	69	30
STATE	17	N/A	N/A

* Highlighted cells indicate rate is higher than state rate

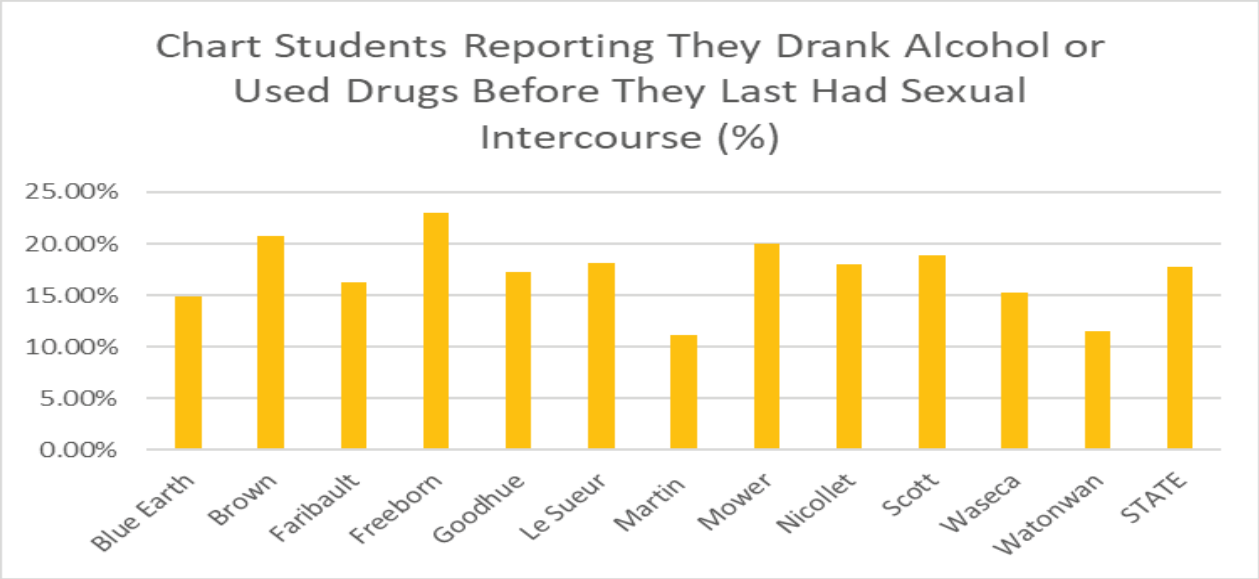
HIV prevalence (per 100,000) (2015)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Students reporting they drank alcohol or used drugs before they last had sexual intercourse (9th and 11th grade (2013)

Source: http://www.sumn.org/data/location



Pregnancy rates per 1,000 (ages 15-19) (2016) & Birth rates per 1,000 (ages 15-19) (2016)

Source: https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report

	Pregnancy Rates per 1,000 (ages 15-19)	Birth Rates per 1,000 (ages 15-19)
Blue Earth	14.70	8.00
Brown	12.30	11.10
Faribault	26.80	19.50
Freeborn	30.30	25.50
Goodhue	24.00	19.30
Le Sueur	11.10	8.90
Martin	12.40	10.60
Mower	24.80	22.30
Nicollet	9.40	8.70
Scott	10.20	6.50
Waseca	6.60	4.90
Watonwan	48.90	48.90
STATE	17.20	12.60
* Highlighted cells indicate rate is higher than state rate		

Chlamydia rate (ages 15-19 per 100,000 population) (2017) & Gonorrhea rate (ages 15-19 per 100,00 population) (2017)

Source: https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report

	Chlamydia Rate (ages 15-19 per 100,00 population)	Gonorrhea Rate (ages 15-19 per 100,00 population)
Blue Earth	1706.70	101.40
Brown	731.20	0.00
Faribault	536.50	0.00
Freeborn	2199.00	366.50
Goodhue	1536.40	239.00
Le Sueur	798.60	0.00
Martin	0.00	0.00
Mower	1124.90	225.00
Nicollet	810.00	0.00
Scott	1234.10	92.30
Waseca	1283.20	0.00
Watonwan	885.00	0.00
STATE	1606.00	316.00
* Highlighted cells indicate rate is higher than state rate		

Rates (per 100,000 persons) of Chlamydia (Total pop.) (2016) & Rates (per 100,000 persons) of Gonorrhea (Total pop.) (2016)

Source: http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table3std2016.pdf & http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table1std2016.pdf

	Chlamydia Rate (per 100,00 population)	Gonorrhea Rate (per 100,00 population)
Blue Earth	555	53
Brown	263	N/A
Faribault	179	N/A
Freeborn	259	26
Goodhue	249	28
Le Sueur	162	25
Martin	202	N/A
Mower	388	87
Nicollet	309	34
Scott	295	50
Waseca	256	31
Watonwan	232	N/A
STATE	428	96
* Highlighted cells indicate rate is higher than state rate		

Students who have ever had sexual intercourse (9th and 11th grade) (2016) & Among sexually active students: percent who used a condom during last intercourse (%) (9th and 11th grade) (2016)

Source: http://www.health.state.mn.us/divs/chs/surveys/mss/singleyr/index.html - 2016 Data

	Percent who have ever had sexual intercourse		Among sexually active students: percent who used a condom during last intercourse	
	Grade 9*	Grade 11*	Grade 9**	Grade 11**
Blue Earth	8.0%	31.0%	62.0%	64.0%
Brown	12.0%	39.0%	46.0%	55.0%
Faribault	11.0%	36.0%	45.0%	67.0%
Freeborn	16.0%	33.0%	61.0%	55.0%
Goodhue	8.0%	42.0%	76.0%	64.0%
Le Sueur	14.0%	40.0%	65.0%	63.0%
Martin	15.0%	30.0%	59.0%	52.0%
Mower	11.0%	35.0%	52.0%	53.0%
Nicollet	10.0%	35.0%	55.0%	48.0%
Scott	10.0%	33.0%	58.0%	69.0%
Waseca	10.0%	41.0%	53.0%	63.0%
Watonwan	18.0%	42.0%	50.0%	58.0%
STATE	11.0%	35.0%	62.0%	61.0%

* Highlighted cells indicate percent is higher than state percent
** Highlighted cells indicate percent is lower than state percent

Section #8: Healthcare System

Primary care physician ratio (n:1) (2015); Number of primary care physicians (2015); Dentists ratio (n:1) (2016); Number of dentists (2016); Mental health provider ratio (n:1) (2017); Number of mental providers (2017)

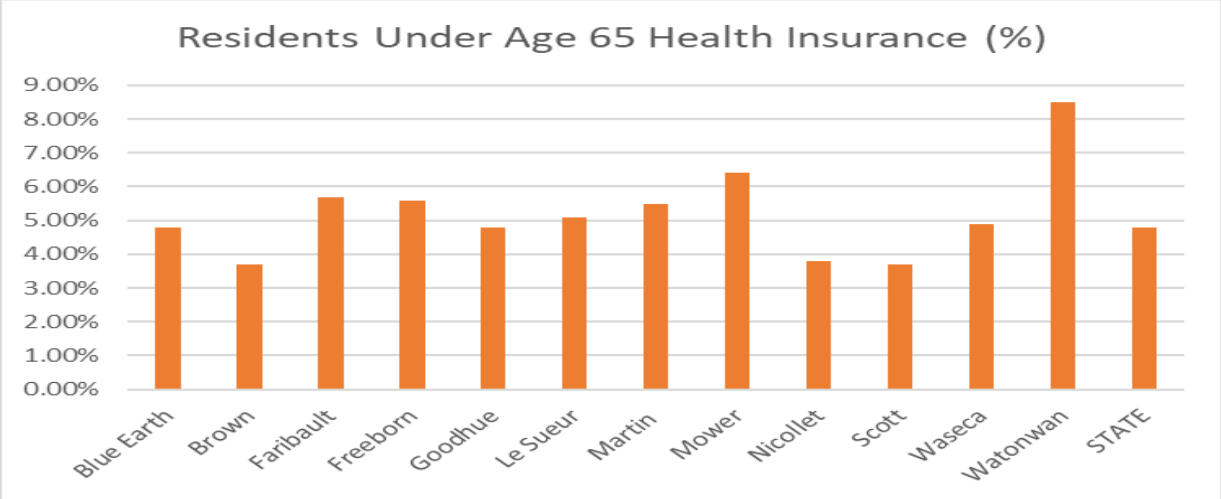
Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

	Primary Care Physician Ratio #:1	# of Primary Care Physicians	Dentists Ratio #:1	# of Dentists	Mental Health Provider Ratio #:1	# of Mental Health Providers
Blue Earth	1040	63	1210	55	410	163
Brown	820	31	1950	13	510	50
Faribault	2810	5	2320	6	2790	5
Freeborn	1530	20	2340	13	1050	29
Goodhue	1080	43	2330	20	1040	45
Le Sueur	9220	3	3070	9	3940	7
Martin	1250	16	1650	12	1040	19
Mower	2060	19	2060	19	1000	39
Nicollet	1010	33	1460	23	560	60
Scott	1670	85	2480	58	1090	132
Waseca	2710	7	2360	8	6300	3
Watonwan	3650	3	2180	5	1820	6
STATE	1110	N/A	1440	N/A	470	N/A

* Highlighted cells indicate ratio is higher than state ratio

Residents under age 65 without health insurance (2016)

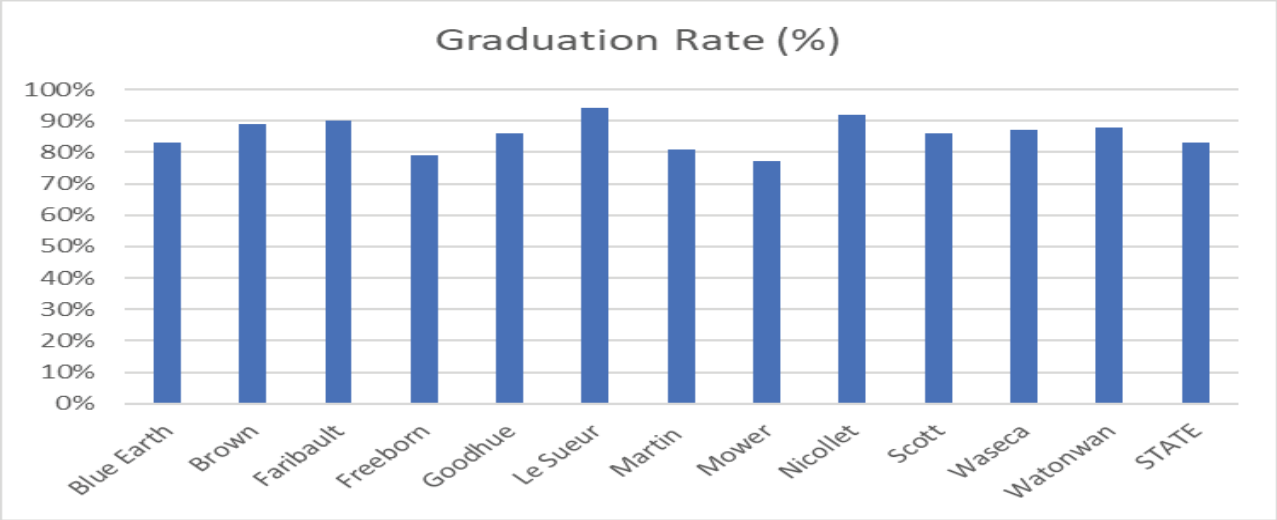
Source: https://www.mncompass.org/health/health-care-coverage#1-7468-g



Section #9: Social and Economic Factors

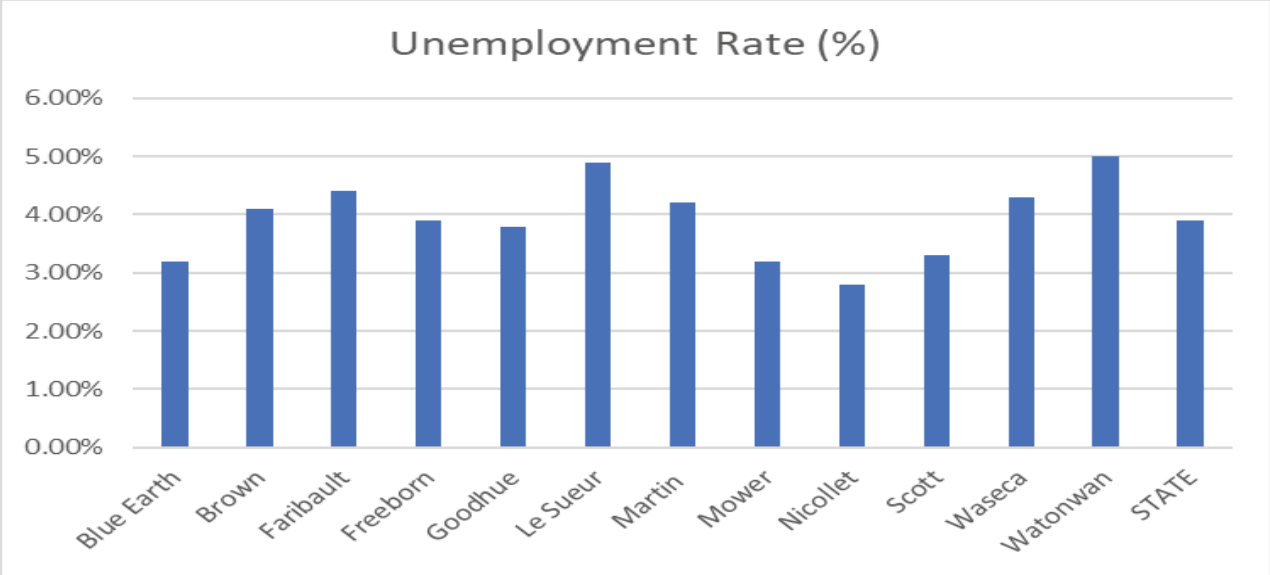
Graduation rate (2014-2015)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Unemployment rate (2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Children in poverty (overall, white, and Hispanic) (2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

	Children in Poverty (Hispanic)	Children in Poverty (White)
Blue Earth	44%	7%
Brown	14%	9%
Faribault	54%	15%
Freeborn	21%	12%
Goodhue	10%	14%
Le Sueur	29%	8%
Martin	42%	15%
Mower	39%	10%
Nicollet	12%	7%
Scott	19%	5%
Waseca	13%	6%
Watonwan	33%	10%
STATE	N/A	N/A

Section #10: Maternal, Infant, and Child Health

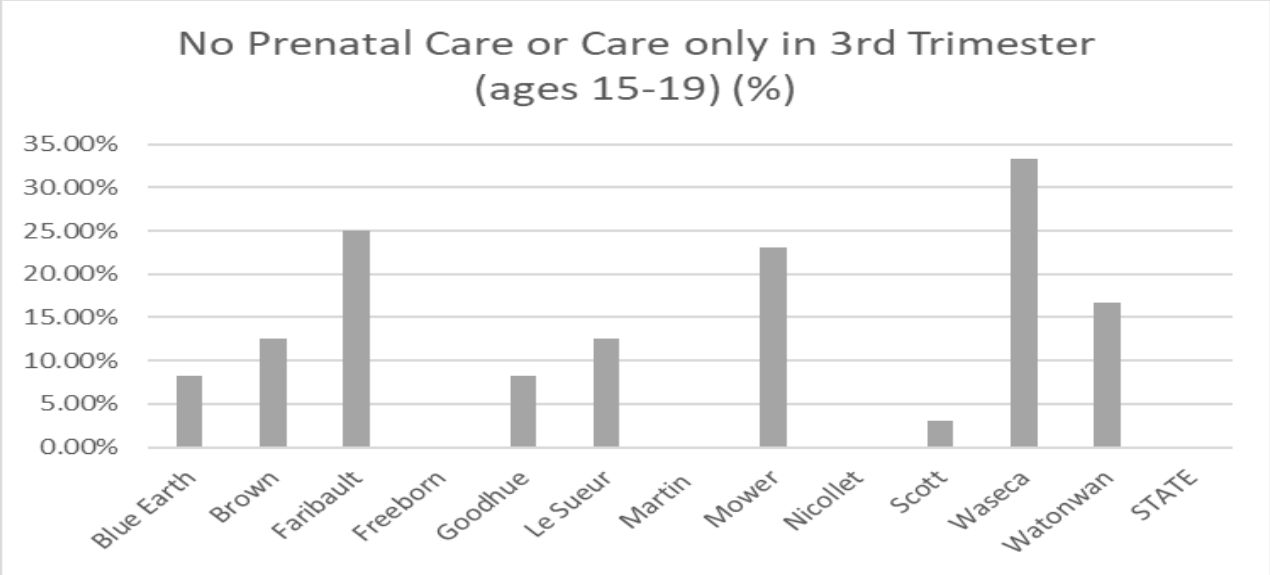
Low birth weight (overall, white, and Hispanic) (2010-2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map

	Low Birth Weight (%)	Low Birth Weight (Hispanic) (%)	Low Birth Weight (White) (%)
Blue Earth	7%	9%	6%
Brown	5%	N/A	N/A
Faribault	5%	N/A	N/A
Freeborn	7%	6%	7%
Goodhue	6%	8%	5%
Le Sueur	6%	N/A	N/A
Martin	5%	N/A	N/A
Mower	6%	6%	6%
Nicollet	6%	N/A	6%
Scott	6%	5%	6%
Waseca	6%	N/A	N/A
Watonwan	4%	5%	6%
STATE	6%	N/A	N/A
*Highlighted cells indicate percent is higher than state percent			

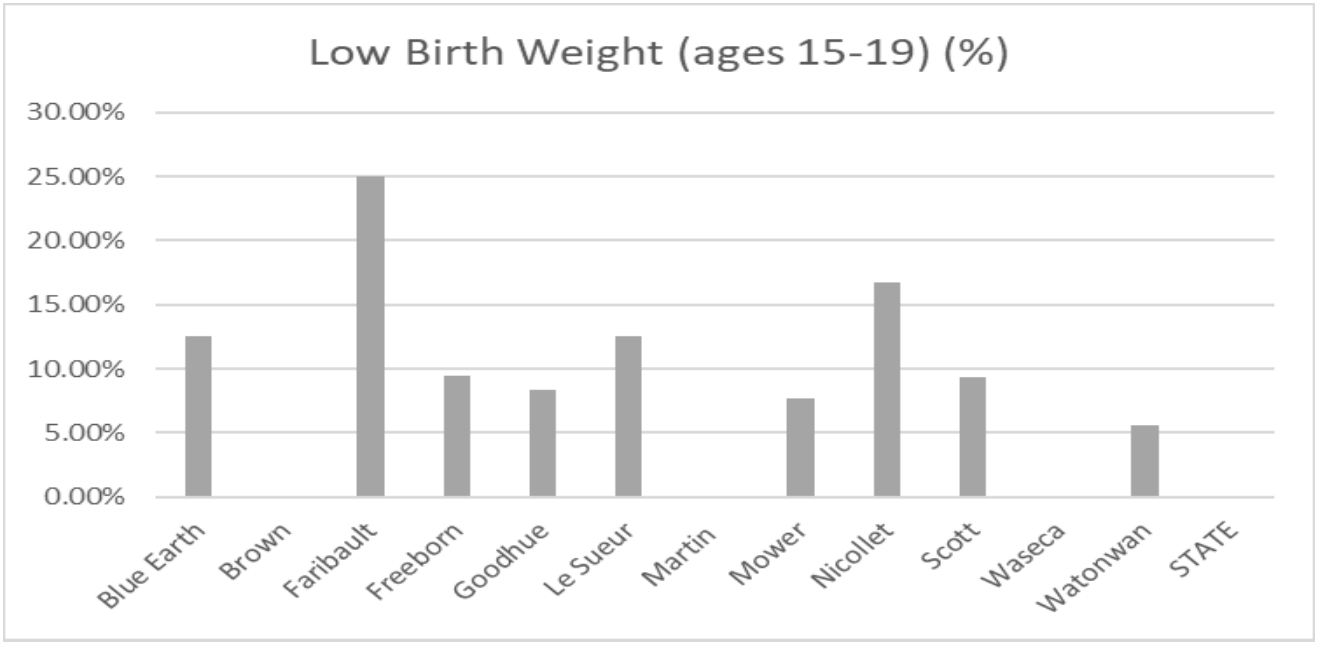
No prenatal care or care only in 3rd trimester (ages 15-19) (2016)

Source: https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report



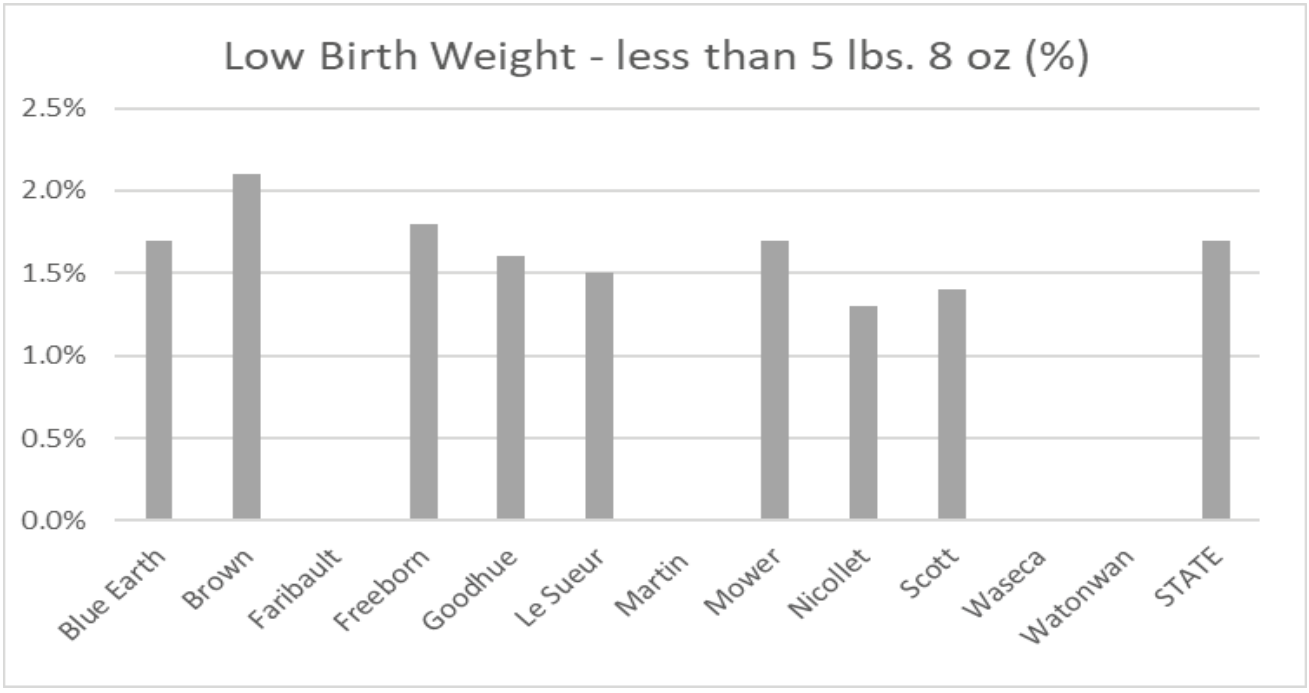
Low birth weight (ages 15-19) (2016)

Source: https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report



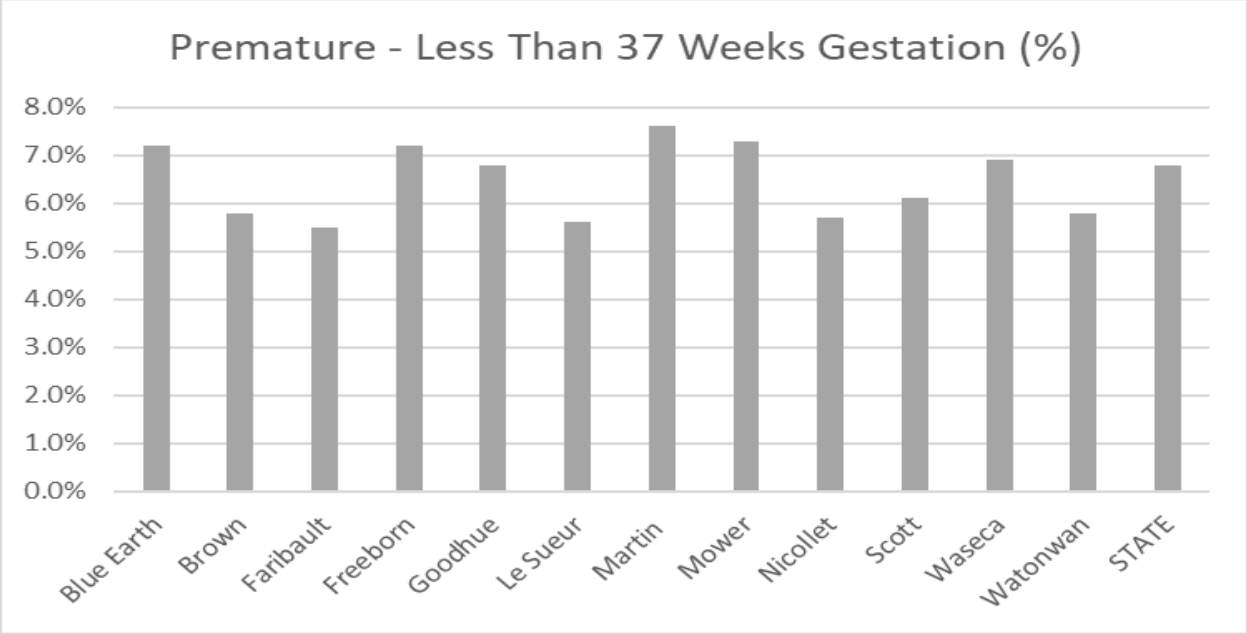
Low birth weight - less than 5 lbs. 8 oz (2012-2016)

Source: https://data.web.health.state.mn.us/web/mndata/topics#menu3



Premature - less than 37 weeks gestation (2012-2016)

Source: https://data.web.health.state.mn.us/web/mndata/topics#menu3



Section #11: Immigrant Populations

Place of birth for the foreign-born population in the United States (2016)

Source: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

	Total (n)	Europe (n)	Asia (n)	Africa (n)	Oceana (n)	Americas (n)
Blue Earth	2707	406	1121	731	11	438
Brown	533	145	109	4	0	275
Faribault	316	19	27	1	0	269
Freeborn	1202	88	242	120	11	741
Goodhue	1431	272	301	66	54	738
Le Sueur	779	72	81	37	0	589
Martin	480	52	107	14	1	306
Mower	3159	81	673	243	144	2018
Nicollet	1357	146	521	286	0	404
Scott	11159	1254	5326	1420	12	3147
Waseca	643	58	87	146	9	343
Watonwan	1225	20	76	8	0	1121
STATE	426691	45735	163447	92742	2107	122660

Primary refugee arrival to Minnesota by initial county of resettlement (n) (2016) & Secondary refugee arrival to Minnesota by initial county of resettlement) (n) (2016)

Source: http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf & http://www.health.state.mn.us/divs/idepc/refugee/stats/16secorigin.pdf

	Primary Refugee Arrival to Minnesota by Initial County of Resettlement (n)	Secondary Refugee Arrivals to Minnesota by County of Resettlement (n)
Blue Earth	27	33
Brown	0	0
Faribault	0	0
Freeborn	21	6
Goodhue	0	0
Le Sueur	0	0
Martin	0	0
Mower	44	0
Nicollet	14	36
Scott	43	1
Waseca	0	0
Watonwan	0	0
STATE	3186	977

Section #12: Limited English Proficiency (LEP)

Source: https://www.lep.gov/maps/lma2014/Final_508/

	Total LEP (n)	Total LEP %
Blue Earth	1039	1.70%
Brown	336	1.40%
Faribault	252	1.86%
Freeborn	722	2.48%
Goodhue	545	1.25%
Le Sueur	547	2.10%
Martin	301	1.55%
Mower	2111	5.76%
Nicollet	527	1.70%
Scott	5492	4.40%
Waseca	421	2.35%
Watonwan	947	9.13%
STATE	217737	4.33%

*Highlighted cells indicate percent is higher than state percent

Section #13: Chronic Conditions

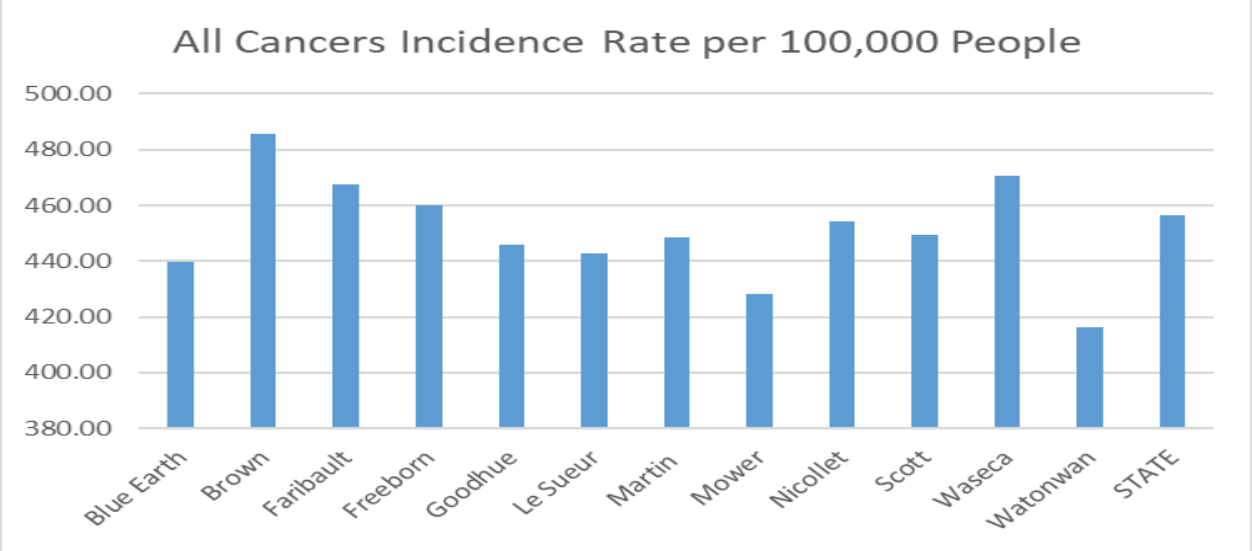
Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer's disease, diabetes, suicide, Parkinson's disease, liver disease and cirrhosis (2016)

Source: http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/cmort16pdf.pdf

	Cancer (n)	Heart Disease (n)	Unintentional Injury (n)	CLRD (n)	Alzheimers Disease (n)	Stroke (n)	Diabetes (n)	Suicide (n)	Parkinson's Disease (n)	Liver Disease & Cirrhosis (n)
Blue Earth	111	91	32	19	35	31	15	16	11	6
Brown	63	47	11	13	7	18	8	3	6	0
Faribault	35	48	6	16	2	10	7	2	8	2
Freeborn	79	82	29	19	16	17	7	3	4	1
Goodhue	103	108	28	25	26	23	9	6	6	5
Le Sueur	57	47	14	11	14	12	9	2	3	3
Martin	58	61	9	16	6	7	7	2	4	3
Mower	105	97	25	27	31	13	10	3	4	5
Nicollet	50	48	6	8	9	11	5	5	4	1
Scott	192	122	58	27	29	30	23	12	17	12
Waseca	39	38	7	10	7	8	6	7	4	1
Watonwan	18	28	5	10	1	7	3	3	0	0
STATE	9845	7823	2661	2368	2220	2197	1269	745	656	595

All Cancers Incidence Rate per 100,000 People (2010-2014)

Source: https://data.web.health.state.mn.us/web/mndata/cancer_query



County COPD Hospitalizations (n and age-adjusted rate) (2013-2015)

Source: https://data.web.health.state.mn.us/copd_query

	Count (n)	Age-adjusted Rate
Blue Earth	196	15.6
Brown	87	11.2
Faribault	83	16.7
Freeborn	128	12.4
Goodhue	189	14.2
Le Sueur	65	9.3
Martin	60	20.3
Mower	248	23.3
Nicollet	113	15.5
Scott	836	15.9
Waseca	69	14
Watonwan	39	11.7
STATE	17965	14.6

* Highlighted cells indicate rate is higher than state rate

Section #14: Dental

EPSDT/C&TC Eligible Minnesota health care programs children (age 20 and under) use of dental sealant services (2015); Dental service use among Minnesota health care programs enrollees (%) (2014); EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of dental services (2014); EPSDT/C&TC eligible Minnesota health care programs children (age 20 and under) use of preventive dental services (2014)

Source: https://data.web.health.state.mn.us/oral-health

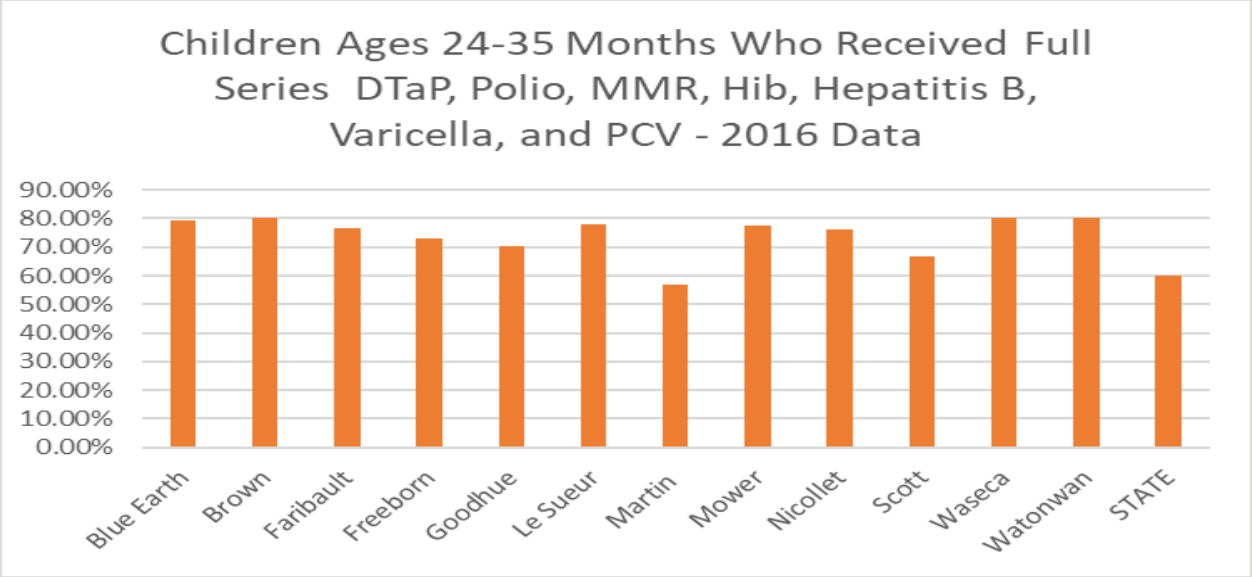
	EPSDT/C&TC Eligible Minnesota Health Care Programs children (age 20 and under) use of dental sealant services)	Dental service use among Minnesota Health Care Programs enrollees	EPSDT/C&TC eligible Minnesota Health Care Programs children (age 20 and under) use of dental services	EPSDT/C&TC eligible Minnesota Health Care Programs children (age 20 and under) use of preventive dental services
Blue Earth	5.10%	30.60%	37.80%	31.80%
Brown	7.10%	34.20%	44.70%	41.50%
Faribault	4.90%	28.20%	33.80%	30.30%
Freeborn	5.00%	28.60%	33.90%	30.70%
Goodhue	5.80%	28.00%	33.40%	29.10%
Le Sueur	5.60%	28.90%	39.60%	34.20%
Martin	6.40%	28.90%	35.10%	32.10%
Mower	8.00%	28.00%	35.40%	32.50%
Nicollet	5.50%	29.80%	38.00%	32.00%
Scott	5.90%	33.30%	43.00%	35.40%
Waseca	5.60%	33.80%	34.80%	31.00%
Watonwan	6.00%	27.30%	35.60%	30.90%
STATE	6.50%	32.40%	42.40%	35.20%

*Highlighted cells indicate percent is lower than the state percent

Section #15: Immunizations

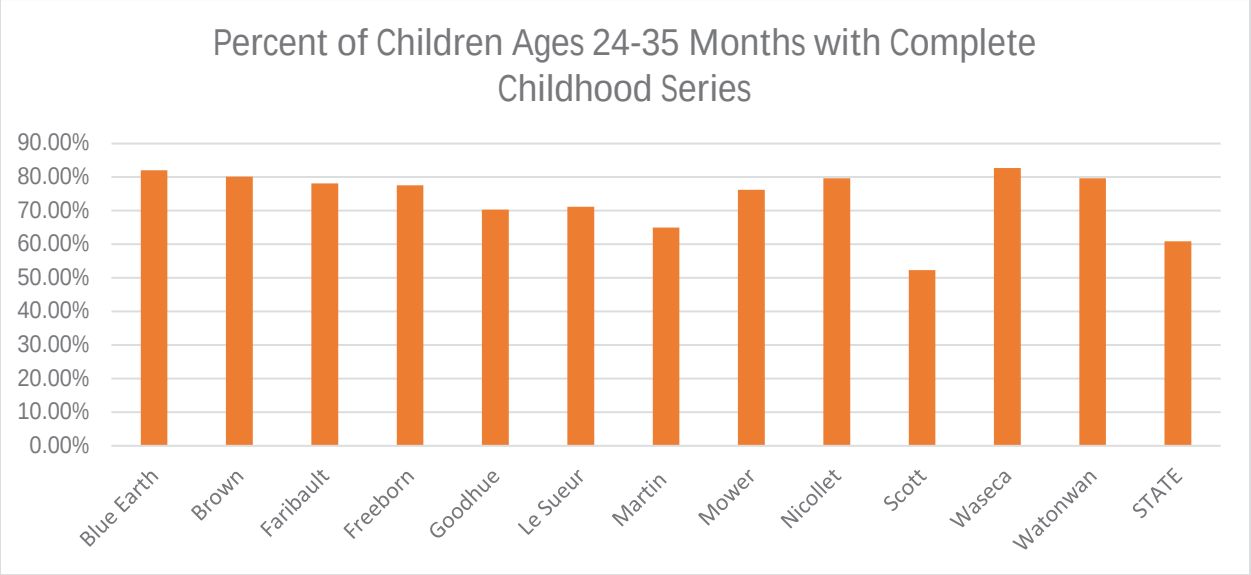
Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV – (2016)

Source: https://data.web.health.state.mn.us/web/mndata/topics#menu3



Percent of children ages 24-35 months with complete childhood series (2017)

Source: https://data.web.health.state.mn.us/web/mndata/immunization_basic



Section #16: Hospitalizations and Emergency Department (ED) Visits

Asthma ER and hospitalization (per 10,000 age-adjusted) (2013-2015) ; Heart attack hospitalizations (per 10,000 age-adjusted) (2013-2015); Heat illness ED (per 100,000 age-adjusted) (2011-2015); Heat illness hospitalizations (per 100,000 age-adjusted) (2006-2015)

Source: https://data.web.health.state.mn.us/web/mndata/topics#menu3

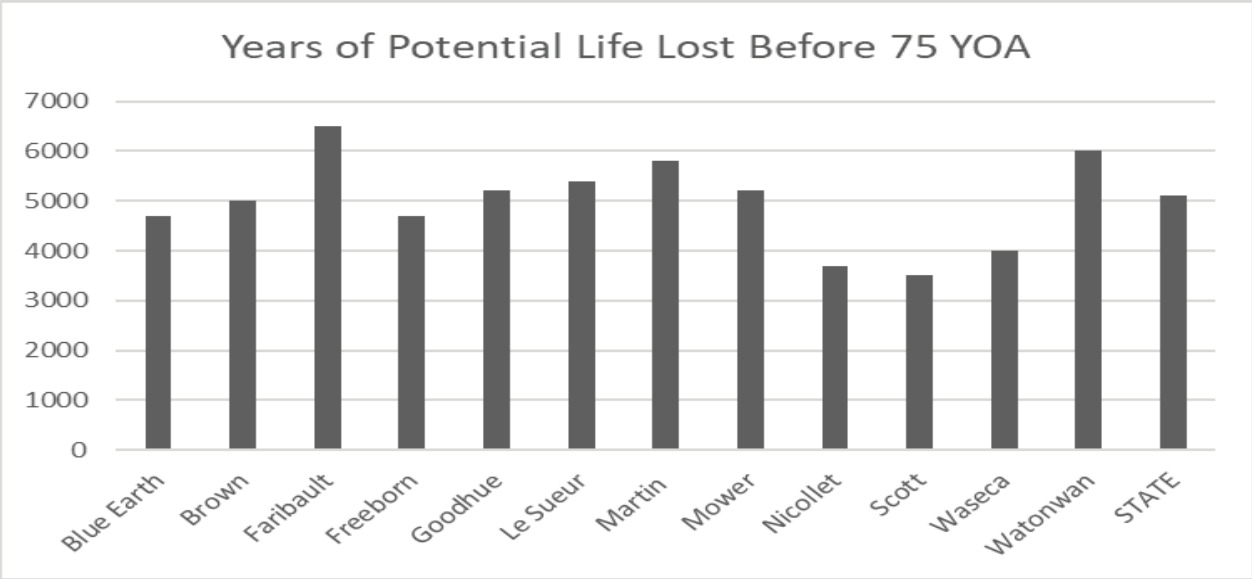
	Asthma – ER	Asthma - Hosp.	Heart Attack – Hosp.	Heat-illness - ED	Heat-illness Hosp.
	Per 10,000 age-adjusted	Per 10,000 age-adjusted	Per 10,000 age-adjusted, 35+ YOA	Per 100,000 age-adjusted	Per 100,000 age-adjusted
Blue Earth	26.4	3.9	28.1	21.1	2.0
Brown	26.1	4.4	38.3	40.5	2.5
Faribault	40.1	4.1	33.4	19.7	1.0
Freeborn	43.8	2.6	29.2	31.8	0.4
Goodhue	53.1	4.6	28.8	26.1	1.3
Le Sueur	33.0	3.3	28.2	39.5	1.9
Martin	41.6	6.1	27.2	48.3	1.6
Mower	41.0	3.1	28.1	28.7	1.5
Nicollet	28.8	3.9	27.6	29.5	1.6
Scott	30.4	4.6	34.4	22.3	0.8
Waseca	40.9	2.9	38.1	40.2	2.1
Watonwan	38.9	5.2	27.9	34.0	2.4
STATE	39.1	5.6	26.1	16.7	1.5

* Highlighted cells indicate rate is higher than state rate

Section #17: General/Other

Years of potential life lost before 75 YOA (2014-2016)

Source: http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map



Recommendations

The data presented herein can be used to identify multiple health-related problems. Selection and prioritization of health-related problems will be left to the individual stakeholders involved in the project. Prioritization processes may include, but are not limited to:

1) Ability to identify and address factors contributing to the problem
2) Existing resources
3) Severity of the problem
4) Pervasiveness of the problem
5) Time to devote to programing
6) Selectin of problems related to the mission, vision, and organizational goals of stakeholder organizations

Limitations

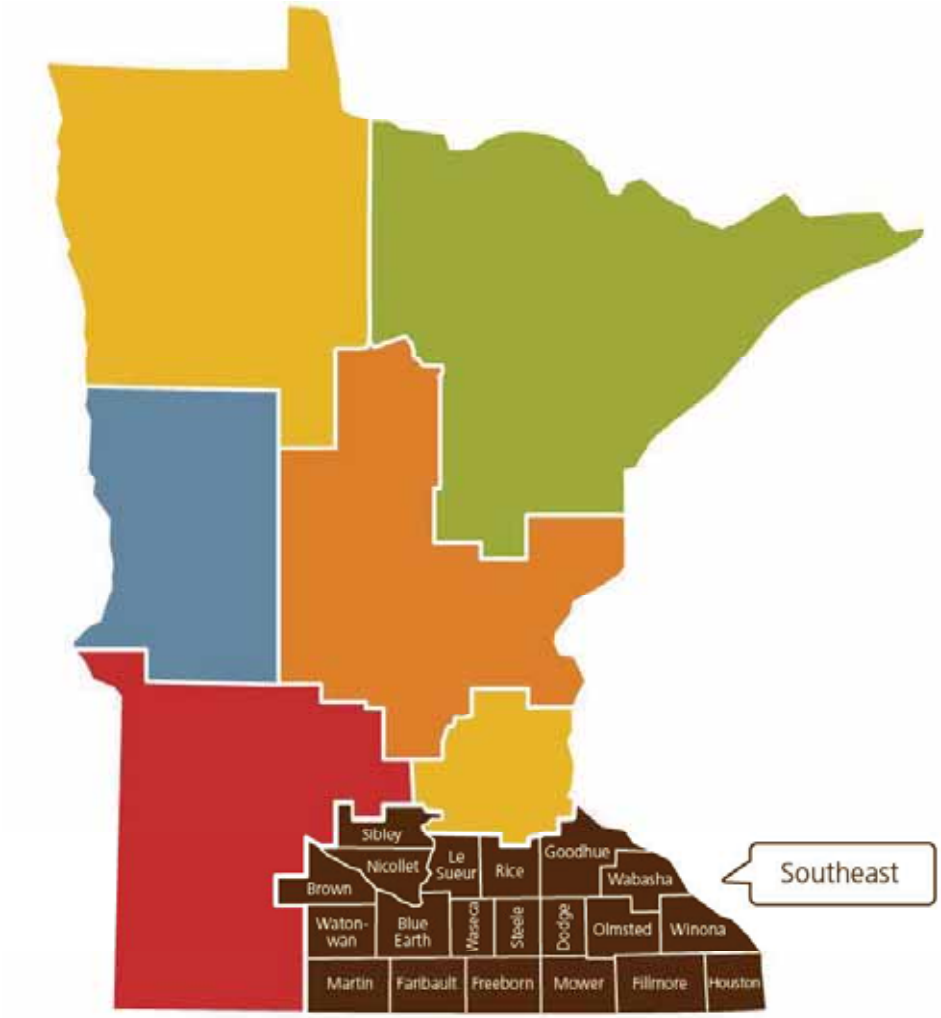
While secondary (existing) data can be useful for identifying health problems, several limitations should be noted. First, as is the case with most secondary data, the information is outdated. While efforts were made to use the most recent data available, the information from these sources may too have been several years old. Thus, the information may not show the current extent of existing problems. Second, while the data may show the extent of various health problems, the data does not identify factors contributing to the problem. Primary studies should be conducted to identify factors that may contribute to existing problems. Third, the data presented was based on numbers reported from secondary data sources and limitations that may have occurred during data collection may impact the true extent of the respective health problem. Fourth, the identification of existing health problems using secondary data is subjective in nature. There are multiple methods for establishing the existence of problems including comparing local data to state-level data, examining trends over time, comparing local data to similar or surrounding areas, and examining how measures compare among various demographic variables. For the purposes of this needs assessment, local data was compared to state-level data. Other methods may be utilized in the future to assess the potential breadth and depth of existing problems.

Blandin Foundation™
STRENGTHENING RURAL MINNESOTA

RURAL PULSE™ SNAPSHOT: SOUTHEAST MINNESOTA

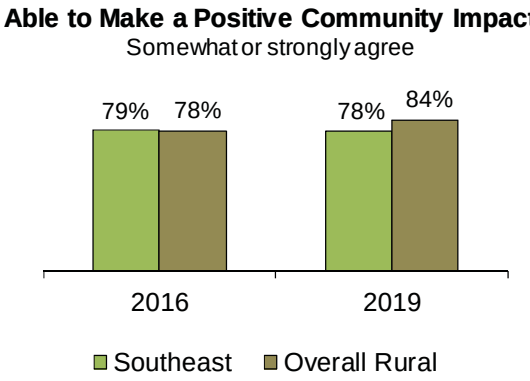
Rural Pulse™ is a research study commissioned by the Grand Rapids-based Blandin Foundation to gain a real-time snapshot of the concerns, perceptions and priorities of rural Minnesota residents. This initiative was last conducted in 2016 and has served to identify trends within significant, complex subject areas including the economy, education, employment and quality of life.

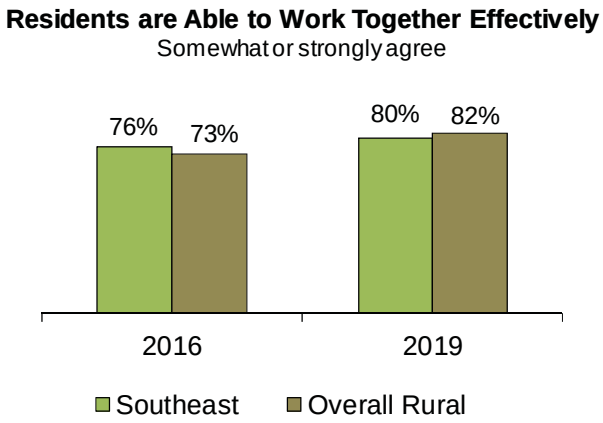
In completing this comprehensive research study, 1,068 telephone interviews were conducted with rural Minnesotans. The full report can be found at www.RuralPulse.org. To provide a localized perspective, study findings for Southeast Minnesota are included in the following pages and contrasted with overall rural Minnesota responses. Intended to serve as a regional snapshot against full study observations, data reflects a statistical reliability of +/- 6 percent at the 95 percent confidence level. Also, please note that results within regional reports do not include communities of 35,000+; these cities are grouped within metro Minnesota findings – see full report for more information.



Collaboration and Contribution

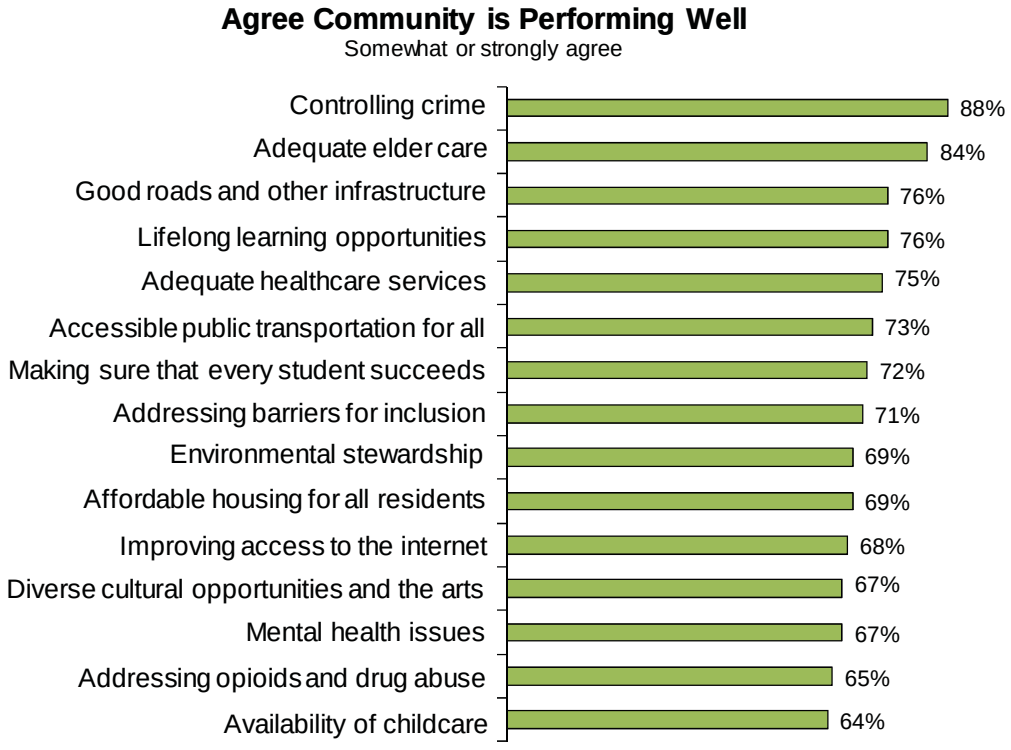
Some four in five residents (78%) in Southeast Minnesota feel they can make a positive impact on their local community, and feel residents work together effectively.





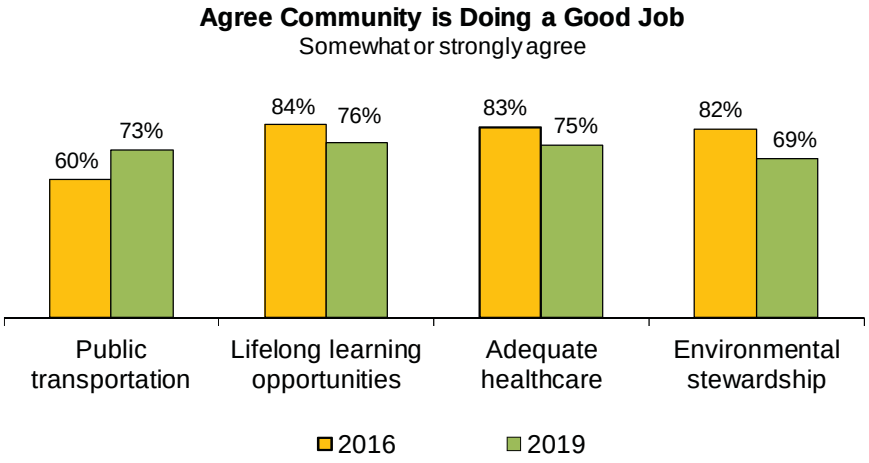
Community Performance

Southeast residents were most likely to agree that their community performed well in crime control, caring for the elderly, infrastructure, lifelong learning opportunities and healthcare. They were less likely to agree that their area did well in providing cultural/arts opportunities, addressing mental health, drugs and availability of childcare.



Southeast residents' perceptions of community performance has improved since 2016 study findings regarding providing public transportation for all, including the disabled. Areas that saw a decline in

perceived performance included lifelong learning opportunities, healthcare and environmental stewardship.



When comparing issue significance and satisfaction, Southeast Minnesotans felt their communities are underperforming in several key areas, most specifically: providing adequate healthcare, job opportunities, addressing drug abuse, availability of childcare, economic development and offering an adequate workforce for businesses.

Issue Importance vs. Community Performance

	Importance Mean	Performance Mean
Adequate healthcare services	3.5	3.0
Job opportunities	3.4	2.8
Addressing opioids and drug abuse	3.4	2.9
Availability of childcare	3.4	2.9
Economic development	3.3	2.7
Adequate workforce	3.3	2.8
Affordable housing	3.2	2.8
Addressing mental health issues	3.2	2.8

Significantly Below Expectations

Below Expectations

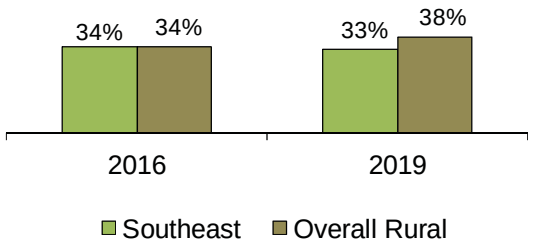
4 = High, 1 = Low

Rural Voice

A third of residents in Southeast Minnesota did not believe the needs of rural communities are important to policymakers, as compared to metro areas - similar to 2016.

Believe the Needs of Rural Communities are as Important to Legislators, Policymakers as Metropolitan Areas

Disagree



Critical Issues

The most critical issues to address in the Southeast region were said to be jobs, healthcare, economic development, crime, infrastructure and workforce adequacy.

Most Critical Issues

Southeast

1. Jobs
2. Healthcare
3. Economic development
4. Crime
5. (tie) Good infrastructure, Workforce

Overall Rural

1. Jobs
2. Healthcare
3. Opioids and drug abuse
4. Economic development
5. Mental health issues

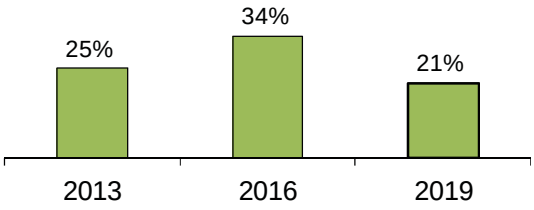
Economic Concerns Linger, But Show Improvement

Rural Minnesotans continue to experience an evolving economy. In the Southeast, 21 percent feel the local economy has improved within the past year – a decrease of 13 percent.

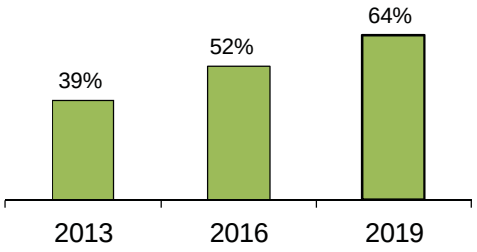
Confidence that there are adequate jobs that pay living wages has increased. There is a slight growth in confidence that economic development is being promoted well. Only 65 percent feel there is an adequate workforce available for local businesses.

Condition of Community's Economy Has Improved, Compared to a Year Ago

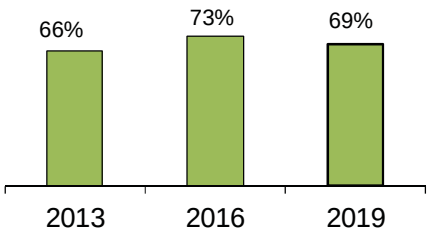
Somewhat or much better now



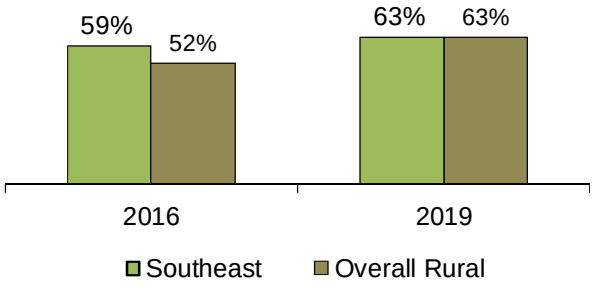
Adequate Number of Jobs that Pay Household-Supporting Wages
Somewhat or strongly agree



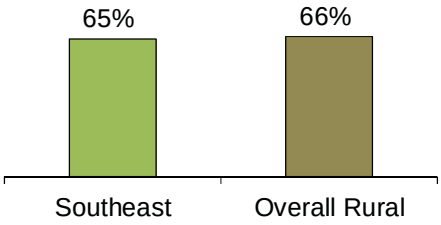
Community Successfully Maintains and Grows Job Opportunities
Somewhat or strongly agree



Community Sufficiently Promotes Economic Development
Somewhat or strongly agree



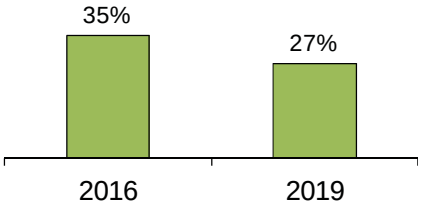
Adequate Workforce for Businesses
Somewhat or strongly agree



Impact of the Economy

More than one in four said that their household income has increased over the past year – down from 2016; about one in 10 experienced a job loss within the household.

Household Income Has Increased Over Past Year

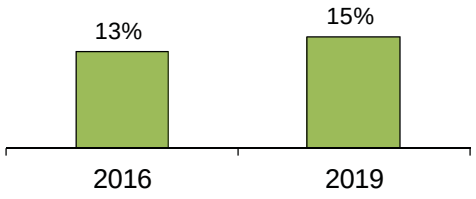


Lost a Job in Past Year

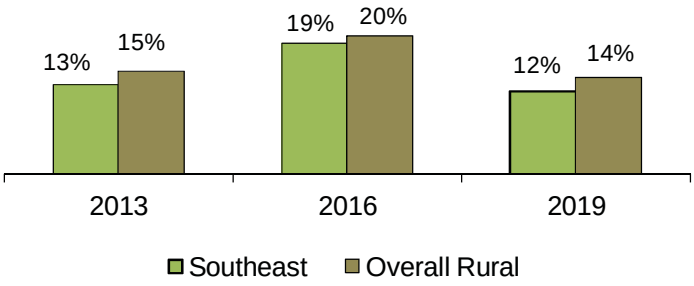
Migration

Fifteen percent said that they did not expect to live in their same community five years from now. Twelve percent have considered moving to a metropolitan area – a decrease from 2016 study findings. Those who have considered a move said that the search for job opportunities was a motivating factor for considering relocation.

Do Not Expect to Live in Their Community Five Years From Now



Considered Moving to Metro Area Within Past Two Years

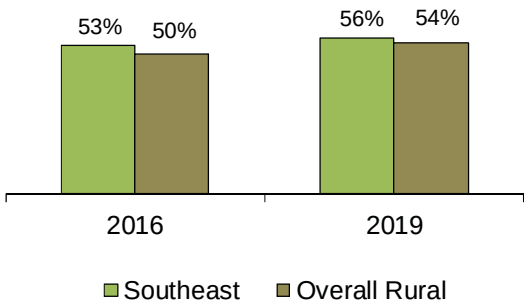


Leadership

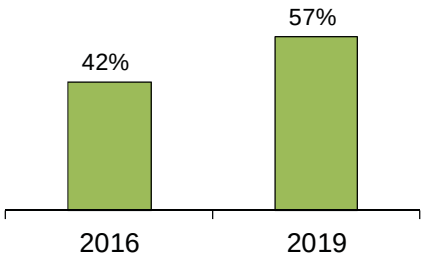
Nearly six in 10 said they have served in a leadership capacity. A third who have not said that they would definitely consider serving in leadership if asked. There was a belief by 56 percent that people from diverse backgrounds fill leadership roles.

People From Diverse Backgrounds Fill Leadership Roles Within Community

Somewhat or strongly agree

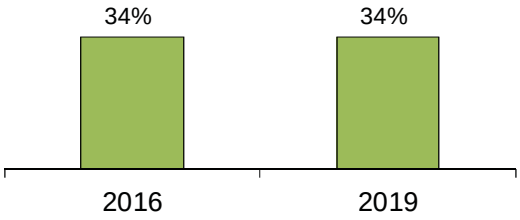


Have Served in a Leadership Role



Would Definitely Consider Serving If Asked

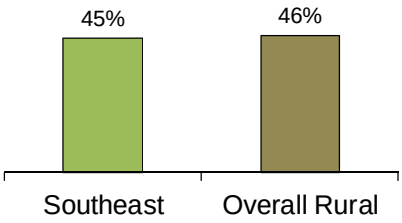
(Of those who have not served in leadership)



Inclusion

Forty-five percent of residents in Southeast Minnesota said that they have at least some close friends of a different race or culture.

Have At Least Some Close Friends of Different Race or Culture
Some, most or all



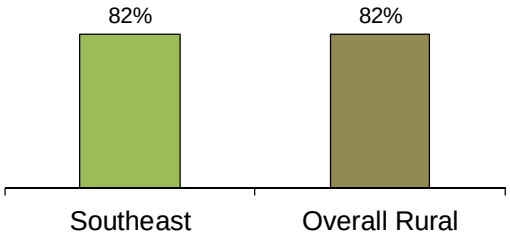
Southeast residents were most likely to feel the groups that experience bias, discrimination or harassment within their community include those with drug or mental health issues, transgender individuals, recent immigrants, African Americans and gays and lesbians.

Groups Most Believed to Experience Bias, Discrimination or Harassment Within Their Community
Multiple Responses Allowed

1. Those with drug or mental health issues
2. Transgender people
3. Recent immigrants
4. African Americans
5. Gays and lesbians

Eight in 10 (82%) Southeast Minnesotans believed people in their community are able to stand up to hatred and discrimination.

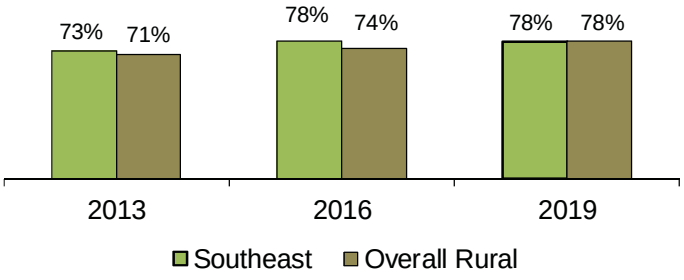
Believe People in Community are Able to Stand Up to Hatred and Discrimination



Optimism Exists

Overall, 78 percent of Southeast region residents were optimistic about their community's future.

Optimistic About Future of Their Community
Somewhat or very optimistic



For more information on Rural Pulse™ and to review the comprehensive, statewide report, visit www.RuralPulse.org. For more on Blandin Foundation visit www.BlandinFoundation.org.

County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

	Minnesota	Freeborn (FR), MN X	Mower (MW), MN X	Goodhue (GO), MN X
Health Outcomes		61	53	19
Length of Life		64	30	27
Premature death	5,300	6,500	5,200	5,100
Quality of Life		60	71	15
Poor or fair health	12%	13%	14%	10%
Poor physical health days	3.0	3.0	3.2	2.8
Poor mental health days	3.2	2.9	3.1	3.0
Low birthweight	7%	6%	7%	5%
Health Factors		68	62	33
Health Behaviors		65	56	50
Adult smoking	15%	16%	16%	15%
Adult obesity**	28%	34%	31%	31%
Food environment index**	9.0	8.2	8.7	8.7
Physical inactivity**	19%	22%	22%	22%
Access to exercise opportunities	87%	70%	73%	91%
Excessive drinking	23%	19%	22%	25%
Alcohol-impaired driving deaths	29%	21%	11%	24%
Sexually transmitted infections**	413.2	264.6	388.6	247.7
Teen births	16	26	26	15
Clinical Care		54	42	29
Uninsured	5%	6%	6%	5%
Primary care physicians	1,120:1	1,520:1	1,960:1	1,200:1
Dentists	1,410:1	2,350:1	2,080:1	2,320:1
Mental health providers	430:1	950:1	920:1	1,030:1
Preventable hospital stays	5,703	5,782	5,318	5,704
Mammography screening	46%	43%	51%	47%
Flu vaccinations	49%	44%	53%	49%
Social & Economic Factors		63	66	28
High school graduation	83%	82%	76%	87%
Some college	75%	62%	62%	70%
Unemployment	3.5%	3.7%	2.8%	3.2%
Children in poverty	12%	16%	14%	9%
Income inequality	4.3	3.9	4.6	4.3
Children in single-parent households	28%	35%	34%	27%
Social associations	13.0	20.0	15.8	20.4
Violent crime**	236	93	208	130
Injury deaths	64	74	77	84
Physical Environment		56	65	72
Air pollution - particulate matter	6.9	8.1	8.1	8.2
Drinking water violations		No	No	No
Severe housing problems	14%	10%	13%	12%

	Minnesota	Freeborn (FR), MN X	Mower (MW), MN X	Goodhue (GO), MN X
Driving alone to work	78%	82%	79%	81%
Long commute - driving alone	31%	18%	20%	35%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2019