



Community Health Needs Assessment



Mayo Clinic Hospital System in
Red Wing, Cannon Falls, Lake City
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, hospitals are located in Albert Lea, Austin, Cannon Falls, Lake City and Red Wing and are supported by regional clinics.



Summary of Community Health Needs Assessment

Every three years, MCHS partners with community stakeholders to conduct the Community Health Needs Assessment (CHNA) in each community where MCHS has a hospital. In 2018, MCHS in Southeast Minnesota (SEMN) coordinated efforts with the public health departments in Freeborn, Mower and Goodhue counties to develop and disseminate a mailed survey.

In addition to the random mailed survey, a concerted effort was made to reach underrepresented groups. The survey was given to target populations (convenience sample) and together with other feedback mechanisms, we were able to solicit comments 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 hospitals in Red Wing, Cannon Falls and Lake City (all located in Goodhue County) were identified:

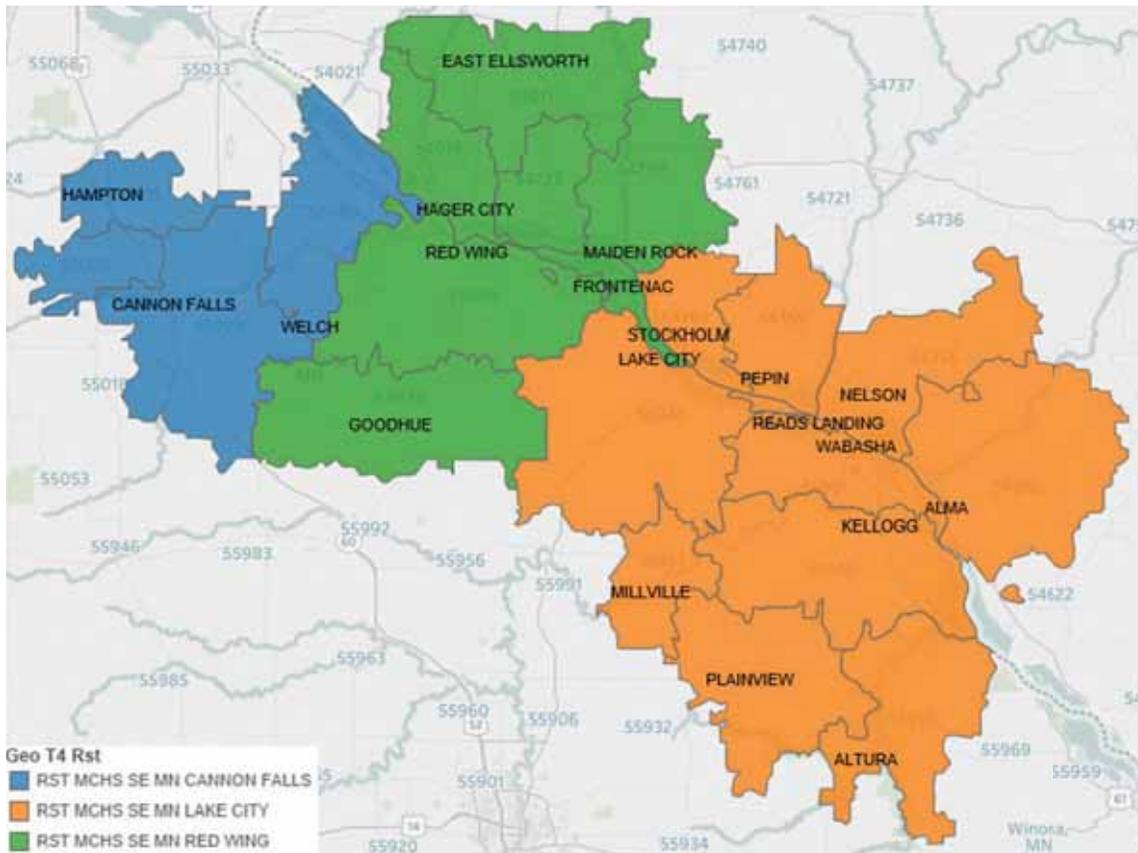
1. Mental well-being
2. Chronic disease prevention
3. Substance misuse

Our Community

Geographic Area

Goodhue County (Red Wing, Cannon Falls, Lake City)

The population estimate of Goodhue County in July 2018 was 46,403. Cannon Falls, Red Wing and part of Lake City are all in Goodhue County. The map shows the service area for the three hospitals.



Cannon Falls

MCHS in Cannon Falls is a 15-bed, critical-access hospital and hospital-based clinic located in Cannon Falls, Minnesota. The medical center employs 12 clinical providers and has an additional 27 specialists who regularly travel to the community to see specialty care patients.

MCHS in Cannon Falls serves Cannon Falls and the surrounding area within Goodhue County. Cannon Falls is a rural community with a population of 4,065 as of July 2019.

The population is 47.3% male and 52.6% female. The median age of residents is 42 years. The estimated median household income for 2013 was \$46,999. According to 2019 data, 13.2% of residents have an income below the poverty level,

Lake City

MCHS in Lake City has locations in Lake City and Plainview. The Lake City campus is comprised of an 18-bed, critical-access hospital, hospital-based clinic and a 90-bed long-term care center. The medical center employs eight providers and has an additional 28 specialists who travel to Lake City to see specialty care patients. The majority of Lake City's service area includes Goodhue and Wabasha counties (Lake City is in both counties). The community is defined as Wabasha and Goodhue County, based on the number of patients served.

According to the U.S. Census Bureau, the 2017 population for Lake City is 5,131; Wabasha County, which makes up most of Lake City's service area, is 21,645. A 2017 estimate reports that 21.8% of the population is under 18 years old; 21.8% is 65 years old or older. The median household income is \$61,973; an estimated 8.54% of individuals are living below poverty level.

Red Wing

MCHS in Red Wing has locations in Red Wing and Zumbrota, Minnesota, and Ellsworth, Wisconsin. MCHS in Red Wing is comprised of a 50-bed hospital, multi-specialty clinic and senior living community. The medical center employs 65 clinical providers and 60 specialists who offer specialty care to community patients.

The majority of Red Wing's service area includes Goodhue County in southeastern Minnesota and Pierce County in west-central Wisconsin. Red Wing's population is 16,334.

According to the U.S. Census Bureau, the July 2018 population estimate for Goodhue County, which makes up most of Red Wing's service area, is 46,403. A 2017 estimate reports that 22.2% of the population is younger than 18 years old; 19.7% is 65 years old or older. The median household income (in 2017dollars) is \$62,413; an estimated 8% of individuals are living below poverty level.

CHNA Demographic Data Summary for Service Area				
10/2/2019				
MCHS Site	Cannon Falls	Lake City	Red Wing	
City pop. estimate as of July 2018	4,063	5,131	16,414	<i>U.S. Census Bureau - https://www.census.gov/quickfacts</i>
Median household income (2013-2017, in 2017 dollars)	\$56,037	\$61,973	\$62,431	<i>U.S. Census Bureau - https://www.census.gov/quickfacts</i>
% persons in poverty	13.3%	7.0%	8.0%	<i>U.S. Census Bureau - https://www.census.gov/quickfacts</i>
Median age	37.1	45	42.9	https://datausa.io/profile/geo
Market area population 2019	13,582	24,471	33,777	<i>Sg2</i>
% female population	49.1%	49.8%	50.0%	<i>Sg2</i>
% male population	50.9%	50.2%	50.0%	<i>Sg2</i>
% under 18 years	21.7%	20.6%	22.0%	<i>Sg2</i>
% 65 years & older	18.2%	23.4%	19.8%	<i>Sg2</i>

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

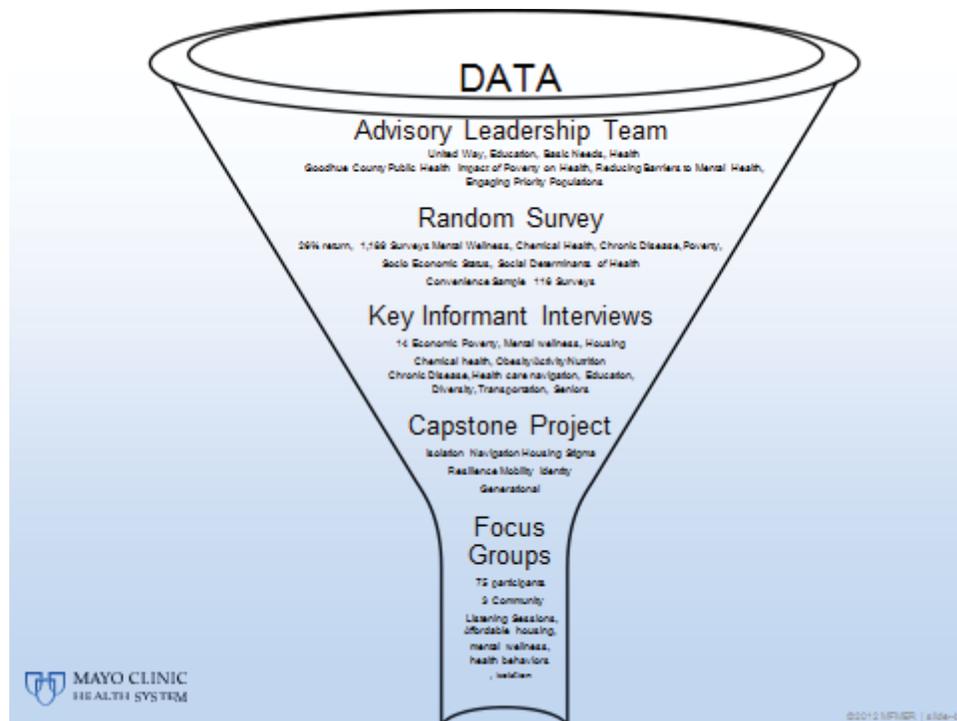
Community input

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 department in Goodhue County and the Minnesota Department of Health, MCHS took a multi-faceted approach to gathering information and identifying local health needs.

Primary input for the assessment included community input through data points, key informant interviews, county-wide mail surveys, convenience sample surveys and local focus groups. MCHS would like to thank our partners in Goodhue County, Public Health and the United Way of Goodhue, Wabasha and Pierce Counties for their assistance on the CHNA committee, and our community residents for their input.



Random survey

The mailed, random survey was conducted in conjunction with all three public health departments. An initial survey packet, which included a cover letter, the survey instrument and a postage-paid return envelope, was mailed to 4,800 sampled households in Goodhue, Mower and Freeborn counties on September 21 and 24, 2018. 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 still had not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for receipt of surveys being November 26, 2018.

See Appendix B: Survey Methodology and Sample Survey

Completed surveys were received from 1,181 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 were:

County	Percent surveys returned	Number of completed surveys received from adult residents of the county
Freeborn	23.4%	372
Goodhue	26.0%	413
Mower	24.9%	396

So few respondents aged 18 to 24 returned completed surveys that results were reported only for adults aged 25 and older.

Minnesota Management and Budget's Management Analysis and Development (MAD) department helped analyze the data by county.

See Appendix C: Summary Report

Convenience sample

In addition, separate surveys and feedback mechanisms were employed within 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.

In Goodhue County, the same survey instrument used for the random-sample mailed survey was used to survey a convenience sample of adults in the Goodhue County Health and Human Services (GCHHS) lobby, C.A.R.E. Clinic and food shelves.

Receptionists at GCHHS lobby and C.A.R.E. Clinic and food shelf volunteers distributed copies of the survey to adults waiting for services. Completed surveys totaled 116.

While only 3% of the mailed survey responses were from people of color, 28% of the convenience sample of adults at GCHHS lobby, C.A.R.E. Clinic and food shelves were people of color. While only 9% of the mailed survey responses were from people with a household income less than \$25,000, 74% of the convenience sample adults who completed a survey had a household income of less than \$25,000. Because the survey respondents weren't randomly selected, it's not appropriate to generalize this convenience sample for the entire low-income population or the entire population of communities of color.



Key informant interviews

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

A total of 14 key informant interviews were conducted in the communities of Goodhue County. Representatives from these community stakeholder groups participated:

- Goodhue County Public Health

- C.A.R.E. Clinic
- Hispanic Outreach
- Goodhue County Sheriff
- United Way of Goodhue, Wabasha and Pierce Counties
- Chamber of Commerce (Cannon Falls, Lake City, Red Wing)
- City Official (Cannon Falls, Lake City, Red Wing)
- Police Department (Cannon Falls, Lake City, Red Wing)
- Cannon Falls EMS
- School District (Cannon Falls, Lake City, Red Wing)
- Lake City Ambulance director
- Lake City Community Center
- Red Wing Community Education
- Local church leaders
- Red Wing Area Seniors
- Red Wing Family YMCA

Key informant surveys

Interviewees in each of the three communities were asked the same questions:

What are the top three 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?

Most frequently mentioned issues included:

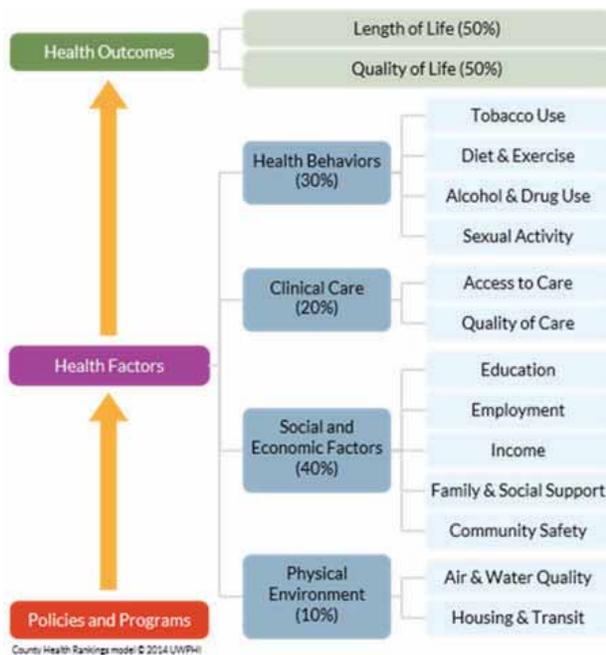
- Mental health — stigma, knowledge and acceptance, lack of providers, anxiety, isolation and self-medication.
- Chemical use — alcohol, illegal drugs, smoking, vaping and their relationship to mental health.
- Obesity and nutrition general concerns — chronic health conditions, costs related to these conditions, lack of overall health
- Economic concerns — poverty, homelessness, health equity were identified in the majority of the interviews and termed “diseases of disparity” by one interviewee.
- Aging health and poverty were concerns in all areas of health.

See Appendix D: Key Informant Questionnaire and Summary

As part of the key informant interviews, 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 published its 2016 CHNA reports for Cannon Falls, Red Wing and Lake City in December of that year and posted links to the reports on the external website. To date, no written public comments have been received about the reports or the corresponding implementation plans.

Insights were also gleaned from other data and assessed needs pertinent to communities in Southeast Minnesota. For example, through a partnership with Minnesota State University at Mankato, a total of 97 measures were identified and compared to state measure to identify potential health programs.

As shown in the graph, health outcomes are influenced by a variety of factors, 80% of which are outside of clinical care.



In Goodhue County, four students from the Humphrey School, University of Minnesota produced a report, “Mental Health in Goodhue County”, as a capstone project. The students identified eight core issues related to mental wellness: Navigation, housing, mobility, identity, stigma, isolation, resilience and generational.

By developing four specific personas (Youth, Rural, LatinX and Senior) the students identified resources and offered recommendations on mental wellness in Goodhue County.

The recommendations include:

- Engage the community in developing solutions
- Use creative tools and techniques to reach new community around mental health and illness
- Strengthen partnerships with community organizations to meet needs
- Evaluate and support transportation
- Evaluate and support affordable housing initiatives
- Implement comprehensive community-based resilience programs and interventions.

See Appendix E: Capstone Project report

The data collection and review process enabled the community to hone in on the issues of top concern.

Top Community Topics presented at Focus groups and community listening sessions

Basic Needs			
Food Insecurity	Safe and Affordable Housing	Transportation	Financial Stability

Causes of Chronic Disease		
Unhealthy Eating	Physical Activity	Personal Behaviors

Chemical Dependency			
Excessive Drinking	Prescription Drug Misuse	Tobacco/Vaping	Illegai Drugs

Did not receive Dental, Medical or Mental Care			
Nervous	Not Serious	\$ no insurance	Not sure where to go

Mental Health Care		
Costs too much	Don't know where to go	Can't get an appointment

Mental Wellness			
Lack of Sleep	Stress	Isolation: lack of Social Support	Lack of Civility

This information allowed for further discussions in focus groups held in the spring of 2019. Topics were generated from initial data reviews with special focus on target groups including seniors, people facing barriers to access health care and young people.

The core committee, United Way of Goodhue Wabasha, Goodhue County Director Maureen Nelson, and Goodhue County Health and Human Services Healthy Communities Supervisor Ruth Greenslade met with a Community Engagement specialist from MCHS and categorized the results from the multiple data sources. The most frequently listed concerns were then put into the categories, and community members were asked to pick the top three issues at Public Health Listening sessions held in Cannon Falls, Lake City and in Red Wing.

The results from these community listening sessions were reviewed with MCHS leadership and the top three assessed needs were selected.

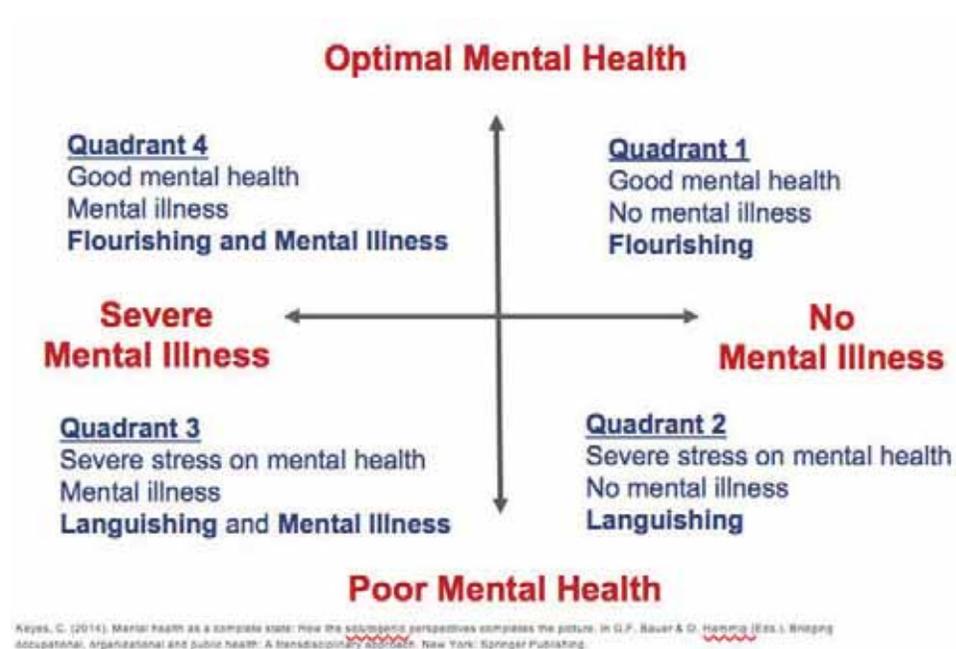
Addressing the Needs of the Community

These health needs were identified and are listed in order of importance:

- Mental well-being
- Chronic disease prevention
- Substance misuse

Mental well-being

The World Health Organization defines well-being as a state in which every individual realizes his or her own potential, can cope with the normal stresses of life, work productively and is able to make a contribution to their community. This graph, developed by C. Keyes, depicts the goal of helping people flourish.



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.

Priority Health Topic	MCHS Resources	Community Resources
Mental Well-being Focus on isolation and resilience projects for youth, seniors, rural and others	<ul style="list-style-type: none"> • MCHS Resiliency program • The Road to Better Health • Women’s Morning of Health • C.A.R.E. Clinic • <i>12 Strategies for Healthy Aging</i> newsletter 	<ul style="list-style-type: none"> • United Way Goodhue County partnership as part of Mental Health Coalition • Service Array • Civility Project – isolation • Directory, 211, Fast Track,

		Telemedicine, Aunt Bertha <ul style="list-style-type: none"> • Make it OK • C.A.R.E. Clinic • Every Hand Joined
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Chronic disease prevention

Chronic disease prevention focuses on keeping people healthy, engaging and empowering individuals and community to choose healthy behaviors and reduce the risk of developing chronic disease. Empowering individuals to manage factors that help prevent chronic disease onset and progression will slow four main types of chronic diseases — diabetes, cardiovascular disease, respiratory disease and cancers.

Data shows there is an increased rate of chronic disease for people living in poverty.

Priority Health Topic	MCHS Resources	Community Resources
Chronic Disease Prevention Focus on nutrition, including food insecurity, obesity/overweight, physical activity	<ul style="list-style-type: none"> • MCHS Screen Time • Sponsor events that include healthy foods and activity • The Road to Better Health • C.A.R.E. Clinic • <i>12 Strategies for Healthy Aging</i> newsletter • Childbirth education- • Diabetes education 	<ul style="list-style-type: none"> • Live Healthy RW • Live Well Goodhue County-SHIP • I CAN Prevent Diabetes • C.A.R.E. Clinic •

Substance misuse

Substance misuse is a serious health challenge. It includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. Drug misuse is defined by the World Health Organization as the use of a substance for a purpose not consistent with legal or medical guidelines. Reducing substance misuse improves overall health and also affects mental well-being and chronic disease prevention.

Data shows that living in poverty increases possible substance misuse.

Priority Health Topic	MCHS Resources	Community Resources
Substance misuse Focus includes prescription drugs, vaping	<ul style="list-style-type: none"> • Serve to Convene or Engage services • Fountain Centers 	<ul style="list-style-type: none"> • T 21 Tobacco is a key focus area for SHIP- Live Well Goodhue County

Health needs not addressed

Through the assessment process, there were identified needs that will not be addressed in this Community Health Needs Assessment.

Access to care

MCHS Red Wing, Cannon Falls and Lake City will continue to evaluate and improve access to care throughout the county. MCHS partners with the C.A.R.E. Clinic to provide medical, mental and dental services at no/reduced costs to community members living in poverty. MCHS provides the facility for the C.A.R.E. Clinic and additional services to assist continuity of care between the clinic and MCHS.

MCHS will continue to work with the Mental Health Coalition Service Array focus group, 211, Fast Track and other community efforts to increase access to care by providing information on where and how to navigate health care options, ensuring those services are accommodating and accessible.

Housing

While this isn't an area of MCHS expertise, it's important to the community and we will play a supporting role. MCHS can support programs and partner with organizations that focus on housing, such as the Affordable Housing Coalition in Goodhue County and the Homeless initiative of Goodhue County. MCHS will also engage in United Way's Poverty Simulation to increase awareness of effects of poverty on health.

Evaluation of Prior CHNA and Implementation Strategy

The 2016 CHNA priorities were obesity, mental health and health behaviors.

Through a variety of programs, activities and partnerships, the Community Engagement team disseminated relevant information on obesity, mental health and health behaviors. 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.

Examples of key implementation actions in each community along with intended impacts and evaluations of those efforts include:

Identified need: Obesity

Goal: Reduce obesity through nutrition and active living, working with families, parenting and direct work with children.

Goodhue County	<ul style="list-style-type: none"> • SHIP- Live Well Goodhue County • Screen-time Challenge • Book Read • I Can Prevent Diabetes • Home Town Health 	State Health Improvement Program “I can Prevent Diabetes” brought best practice programming to low-income community members who were prediabetic to reduce their chance of getting diabetes.
Cannon Falls	<ul style="list-style-type: none"> • Cannon Trail Support • Booster Event Rehab • Baby Cafe 	Baby Café influences new parents and improves rate of breast feeding – a factor known to reduce childhood obesity.
Lake City	<ul style="list-style-type: none"> • Farmers Market POP • Baby Cafe • Schools • Screen Time program • Pickle Ball • Tour de Pepin/Rotary Run • Food for Five 	Lake City Power of Produce (POP) club improves the eating behavior of children. 68% of families report they attend the farmers market more often, children interact with vendors and 82% report that children help choose fruits and vegetables at the market. 67% of the participants have more fruits and vegetables at home.
Red Wing	<ul style="list-style-type: none"> • Farmers Market • Live Healthy Red Wing 	MCHS staff ran booths and conducted food demonstration at the famers market on five weekends over summer 2019. Farmers market coupons were distributed through the POP club and to the Back Pack program and C.A.R.E. Clinic in an effort to reach families with economic needs.

Identified need: Mental health

Goal: Help individuals become able to adapt to change, including life’s misfortunes and challenges. Reduce stigma. Build resiliency. Teach skills for life balance.

Goodhue County	<ul style="list-style-type: none"> • Make it OK • Road to Resilience • Mental Health Coalition 	Make it OK reduces stigma through educational presentations, Facebook posts, community events and programming. Reducing stigma encourages those with mental health issues to seek help and builds understanding across the community.
Cannon Falls	Screening of “Angst” with panel discussion	“Angst”, a movie for young audiences about anxiety, is designed to raise awareness about anxiety. The goal is to help identify and understand the symptoms of anxiety and encourage young people to reach out for help. Showing Angst in schools and communities, bringing community resources to the presentation and opening conversation with mental health professionals provide education, resources, tools and hope. Angst education for teachers and families builds understanding and reduces stigma, encouraging people, especially kids, to ask for help.
Lake City	Screening of “Angst” with panel discussion	
Red Wing	Screening of “Angst” with panel discussion	

Identified need: Health behaviors

Goal: Personal choices influence quality of life and quality of health. Influencing the factors we can control increases our opportunity for maximum health.

Goodhue County	<ul style="list-style-type: none"> • Road to Better Health • Healthy Living Blogs • C.A.R.E. Clinic • Women’s Morning of Well-being • Every Hand Joined Home Visitors program • Good for Me Good for You Book Read 	The MCHS - SEMN Region Women’s Health Event educates women on health and wellness and is designed to align with the CHNA. The symposium is intended for women, who are usually drivers of health-care decisions in their families and are caretakers to children, parents, extended family and friends. The program is multigenerational and creates an actionable experience. The topics in 2019 focus on good nutrition, resiliency and caring for the caregiver.
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		<p>The symposium provides an opportunity for women of all ages to come together to gain important information for their well-being in a relaxed and inviting environment.</p> <p>Good for Me Good for You book read provided 5-2-1-0 information, snack tips, healthy eating for children and a fun book that focused on reducing screen time, being active and eating healthy. The book was read to 51 natural focus groups of four or more children; 644 children in total. Books were distributed to over 40 child care homes or centers.</p>
Cannon Falls	<ul style="list-style-type: none"> • Yoga at Senior Center • First Thursdays, including bike safety events 	<p>Providing patient education materials at the Cannon Falls Chamber First Thursday events offers guidance and tips on living healthier lives to community members. The bike safety event included helmet safety and bike safety for all ages. The staff included fall information for seniors, Needs Assessment Survey opportunities and well-being tips.</p>
Lake City	<ul style="list-style-type: none"> • Yoga in schools • Nutrition education classes • Kids/teen education in Lake City Schools 	<p>Nutrition education classes are held in the library led by Amanda Halls. These classes provide ongoing education, opportunity for questions and skills for healthy eating. The healthy eating education extends to the classroom by providing materials to help middle school students make healthy lifestyle choices.</p>
Red Wing	<ul style="list-style-type: none"> • Live Healthy Red Wing • Educational materials, health fairs, schools, Youth Outreach 	<p>Youth Outreach provides skills for at risk youth, partnership with the organization included cooking classes, healthy behavior discussions, talks on caring for yourself, best use of your health care dollars and mentoring students in the high school.</p>

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

Appendices

- A: List of Topics and Definitions
- B: Sample Methodology and Sample Random Survey (to be added)
- C: Summary Report of Random Survey Data
- D: Key Informant Questions and Summary
- E: Capstone Project
- Other assessed info
 - Mankato State University Report
 - Blandin Report 2019
 - Robert Wood Johnson Report Comparative Data 2019
 - Goodhue County Information

Appendix A

CHNA 2019 Priority Areas
Priority areas and definitions

Priority Area*	Definition
<p>Mental Well-being</p> <ul style="list-style-type: none"> • Anxiety • Coping • Daily stress • Depression • Isolation • Lack of civility • Lack of sleep • Mental Health • Resiliency • Substance misuse • Suicide 	<p>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.</p> <p><i>- adapted from the World Health Organization</i></p>
<p>Chronic Disease Prevention</p> <ul style="list-style-type: none"> • Diabetes • High blood pressure • High cholesterol • Nutrition/food insecurity • Obesity/Overweight • Physical Activity • Substance misuse 	<p>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.</p> <p>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</p>
<p>Access to care</p> <ul style="list-style-type: none"> • Dental care • Health/primary care • Mental care • Transportation 	<p>Where and how to seek care in a timely and affordable way:</p> <p>Navigation: Understanding of the Care Team model</p> <p>Accessible: People can get to the provider and services, including technology and transportation</p> <p>Accommodating: Services are organized to meet the needs and preferences of the people and community</p> <p>Acceptable: People are comfortable with the</p>

	options.
Socio-economic Factors <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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.



MAYO CLINIC
HEALTH SYSTEM

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 Ameson
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



- 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 ever 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... a dental exam or your teeth cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... a hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... an eye exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... your blood sugar checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ... any screening for skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ... any screening for colon cancer? <i>Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ... a prostate exam (men only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ... a Pap test (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ... a mammogram (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. ... a general health exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

		days
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

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 too 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?

		days
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

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 | <input type="radio"/> | <input type="radio"/> |
| b. Health insurance or coverage bought directly by yourself or your family (not through an employer) | <input type="radio"/> | <input type="radio"/> |
| c. Indian or Tribal Health Service | <input type="radio"/> | <input type="radio"/> |
| d. Medicare | <input type="radio"/> | <input type="radio"/> |
| e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP) | <input type="radio"/> | <input type="radio"/> |
| f. MinnesotaCare | <input type="radio"/> | <input type="radio"/> |
| g. Insurance through MNSure or South Country Health Alliance (SCHA) | <input type="radio"/> | <input type="radio"/> |
| h. CHAMPUS, TRICARE, or Veterans' benefits | <input type="radio"/> | <input type="radio"/> |
| i. Other health insurance or coverage (please specify): _____ | <input type="radio"/> | <input type="radio"/> |
| j. NO health insurance coverage | <input type="radio"/> | <input type="radio"/> |

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?

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?

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?

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?

- 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

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- 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

	0	1-2	3-4	5-6	7 or more
a.	<input type="radio"/>				
b.	<input type="radio"/>				
c.	<input type="radio"/>				

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
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- a. The fresh fruits and vegetables where I usually shop are too expensive
- b. Fruits and vegetables are difficult to prepare

	Strongly agree	Agree	Disagree	Strongly disagree
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bicycle paths, shared use paths or bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Public swimming pools or water parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public recreation or community centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parks or sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Schools, colleges or universities that are open for public use for exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A shopping mall or store for physical activity or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

- 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.

Strongly agree	Agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- 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.

Strongly agree	Agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- 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

Every day	Some days	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

FOR MALES:
5 or more drinks
on one occasion

Times

0	0
1	1
2	2
3	3
	4
	5
	6
	7
	8
	9

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...

- 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?

- | Often | Sometimes | Never | Not applicable:
I don't
have a
cell phone |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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?

Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
	8
	9
	10
	11

56. Approximately how much do you weigh?

Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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:

- | | |
|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$50,000 - \$74,999 |
| <input type="radio"/> \$10,000 - \$14,999 | <input type="radio"/> \$75,000 - \$99,999 |
| <input type="radio"/> \$15,000 - \$24,999 | <input type="radio"/> \$100,000 - \$149,999 |
| <input type="radio"/> \$25,000 - \$34,999 | <input type="radio"/> \$150,000 - \$199,999 |
| <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> \$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

Goodhue County 2018 Community Health Needs Assessment Survey Summary

Introduction

The 2018 Goodhue County Community Health Needs Assessment Survey was conducted to learn about the health of Goodhue County adults. A similar survey was previously conducted in 2015. The data presented in this summary offer some key highlights from the survey findings in the areas of obesity, chronic disease, mental health, access to care, healthy eating, food security, physical activity, tobacco and alcohol use, and driving behaviors. Goodhue County Health and Human Services requested analyses from the Minnesota Department of Health to monitor differences based on demographic and health status categories found in the 2015 Survey. There were not enough responses from people of color in 2018 to monitor differences by race/ethnicity. There were also not enough responses from adults aged 18-24 in 2018, so the youngest age group analyzed in 2018 was 25-34, and the 2015 results were reanalyzed for comparison. Exploratory analyses were conducted on some new 2018 survey questions to identify potential differences. This summary includes differences for the following demographic and health status categories on some key questions:

Gender

Age (adults ages 25-34, 35-44, 45-54, 55-64, 65-74 and 75+)

Annual household income (less than \$25,000, \$25,000-\$34,999, \$35,000-\$49,999, \$50,000-\$74,999, and \$75,000 or more)

History of mental illness

Weight status based on self-reported BMI (not overweight or obese, overweight but not obese, and obese)

In addition, survey results were compared to a 2018 convenience sample of 116 adults who completed the same survey in settings where they receive services:

Adults who filled out the survey in the GCHHS lobby, C.A.R.E. Clinic, or a food shelf

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

Interpretation and limitations

In this summary, a threshold of 10 percentage points or more is used to identify potential differences between groups. However, caution should be used when interpreting the findings and reporting differences between population groups, particularly comparisons including respondents aged 25-34, where estimates are based on the perceptions and experiences of relatively few individuals. Community residents, specifically from groups underrepresented in the survey, such as people of color and adults aged 24 and younger, should be engaged in reviewing and interpreting the survey results to ensure the findings align with the lived experience of Goodhue County residents. Additional data collection activities (e.g., interviews, focus groups, and other survey data) should be used to more closely examine the potential differences between groups suggested by these findings and topics of interest to community residents.

A note about health equity

Goodhue County Health and Human Services is interested in understanding health inequities in the county. The Minnesota Department of Health defines health equity as “the opportunity for every person to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities.”¹ Health inequities arise from disparities or differences in health between groups as a result of varying social, economic, environmental, geographic, and political conditions, also known as the social determinants of health. Certain health disparities are the consequence of genetic or biological differences between groups, while health inequities result from social conditions that can be changed through the implementation of policies and practices.

The data referenced in this summary and the full survey results offer a starting point to identify potential health disparities between groups, and consider the need for additional research to better understand and address health inequities. As previously noted, there are limitations to these survey data. Therefore, the discussion focused on health inequities should be informed by other data collection activities, analysis of the factors that influence health in Goodhue County (e.g., geography, employment, and access to resources and services) and feedback from community residents, particularly groups who were not well represented among the survey respondents.

¹ Minnesota Department of Health. (2014). Advancing Health Equity Legislative Report. Retrieved from the Minnesota Department of Health website:
<https://www.health.state.mn.us/communities/equity/reports/index.html>

Overall, potential differences between groups

This section highlights some potential differences between respondent groups that are described in greater detail in the following “key findings” section of the summary.

Overweight/Obesity

Respondents from the convenience sample, who took the survey in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, were more likely than the general adult population to have been **told by a health care professional that they are obese** and more likely to have a self-reported **body mass index (BMI) that puts them in the obese category**.

Chronic conditions

High blood pressure/hypertension was more often reported among respondents who are obese or overweight, aged 55-65+, and from households making less than \$25,000.

Asthma was more often reported by respondents from the convenience sample, who took the survey in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, than the general adult population.

Diabetes was more often reported among respondents with lower household incomes.

Mental health

The reported **number of mentally unhealthy days** was higher among respondents with a history of mental illness and those with a household income under \$25,000.

Depression was more often reported among respondents who are female, those from households that make less than \$25,000, and those who are obese. Respondents who participated in the convenience sample survey in in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, were more likely than the general adult population to report depression.

Anxiety or panic attacks were more often reported by respondents from the convenience sample than the general adult population.

Access to care

Respondents from the convenience sample, who took the survey in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, were more likely than the general adult population to **have delayed or not sought both medical and mental health care**.

While the most common reason for **delaying or not seeking medical care** among the general adult population was respondents not thinking the issue was serious enough, among the convenience sample it was lack of insurance.

While the most common reason for **delaying or not seeking mental health care** among the general adult population was respondents not thinking the issue was serious enough, among the convenience sample it was not knowing where to go.

Food security

Concerns about **running out of food** before having money to buy more were most often reported among respondents from households that make less than \$25,000 and those who are obese.

Eating habits

Eating a home-cooked meal at least seven times a week was most likely to be reported by respondents aged 25-34, followed by those aged 75 or older.

Physical activity

Respondents aged 25-34, those whose household income is between \$50,000 - \$74,999, and those who are not overweight were the most likely to report getting at least 30 minutes of **moderate physical activity** at least five days a week.

Respondents aged 25-34, those whose household income is between \$50,000 - \$74,999, and those who are overweight but not obese were the most likely to report getting at least 20 minutes of **vigorous physical activity** at least three days a week.

Lack of time was identified most often as a big problem preventing respondents from being more physically active. Younger respondents and those with higher household incomes were most likely to say that lack of time is a big problem.

Respondents with lower household incomes and those who are obese were most likely to identify **illness, injury, or disability** as a big problem preventing them from being more physically active.

Respondents from the convenience sample, who took the survey in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, were more likely than the general adult population to say that **cost** is a big problem preventing them from being more physically active.

Respondents from the convenience sample and those whose household income is between \$25,000 - \$49,999 were most likely to identify **not having anyone to exercise with** as a big problem preventing them from being more physically active.

Tobacco use

Respondents with lower household incomes were most likely to report **current tobacco use** of some kind. Respondents who participated in the convenience sample survey in in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf, were more likely than the general adult population to report current tobacco use.

Current cigarette smoking was most likely to be reported among respondents with household incomes between \$25,000 - \$34,999 and those with household incomes between \$50,000 - \$74,999. Respondents who participated in the convenience sample were more likely than those in the general population to report that they currently smoke cigarettes.

Respondents whose household income is less than \$25,000 were the most likely to report **currently using e-cigarettes**. Hardly any respondents in higher income brackets reported e-cigarette use. Respondents who participated in the convenience sample were more likely than those in the general population to report e-cigarette use.

Alcohol use

Heavy drinking was reported at a higher rate among respondents aged 35-44 and overweight respondents.

Binge drinking was reported at a higher rate among males and overweight respondents.

Driving behaviors

Younger respondents were more likely to report that they **read or send texts** while driving.

Key findings

Caution should be used when interpreting any potential differences encompassing adults aged 25-34, as these estimates are based on the responses of a relatively small number of residents. All comparisons to 2015 respondents have been adjusted to include only respondents age 25+ and thus may be slightly higher or lower than 2015 rates previously reported.

Overweight/Obesity

Obesity

Fifteen percent of respondents reported that they have been told by a health care professional that they are obese. That is the same as the rate in 2015.

Thirty-six percent of respondents were categorized as obese based on their body mass index (BMI), which was calculated using respondents' self-reported weight and height. Thirty-eight percent of respondents in 2015 were categorized as obese based on BMI.

Thirty-six percent of respondents were categorized as overweight but not obese, based on BMI, and 28% were categorized as not overweight or obese. These rates are similar to 2015 (35% and 27%, respectively).

Potential differences between population groups

A quarter of respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported that they have been told by a health care professional that they are obese, compared to 33% of the convenience sample in 2015.

Over half of the respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** were categorized as obese (57%), based on their calculated BMI. This rate was 39% for the convenience sample in 2015.

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 professional had diagnosed them as overweight or obese.

Chronic conditions

High Blood Pressure/hypertension

Thirty-two percent of respondents reported that they have been told by a health care professional that they had high blood pressure/hypertension. Similarly, 31% of respondents reported high blood pressure/hypertension in 2015.

Potential differences between population groups

The prevalence of high blood pressure increased with age. **Respondents aged 75+** were most likely to report high blood pressure/hypertension (66%) followed by respondents aged 65-74 (51%), aged 55-64 (46%), and 45-54 or 35-44 (21%-22%), in contrast to those aged 25-34 (0%). These results may indicate a slight increase in rates of high blood pressure/ hypertension in the 35-44 age group (from 8% to 22%) since 2015. In 2015, respondents aged 75+, 65-74, 55-64, and 45-54 were more likely to report high blood pressure/ hypertension (66%, 58%, 41% and 24%, respectively) in contrast to those aged 35-44 and 25-34 (8-10%).

Respondents of color were less likely to report high blood pressure/hypertension compared with white respondents in 2015, but this could not be monitored in 2018 due to the smaller survey sample size.

Respondents from **households that make less than \$25,000** were almost twice as likely to report having high blood pressure/hypertension (46%) than residents from households that make \$75,000 or more (24%). Similarly, in 2015 the rates were 47% and 21%, respectively.

Respondents who are **obese or overweight** were more likely to report high blood pressure/hypertension (47% and 27%, respectively) compared with respondents who are not overweight or obese (16%). This is similar to 2015, when the high blood pressure/hypertension rates were 37% for obese respondents, 31% for overweight respondents, and 20% for respondents who were not overweight or obese.

High cholesterol or triglycerides

Twenty-six percent of respondents reported that they have been told by a health care professional that they had high cholesterol or triglycerides. This is somewhat lower than in 2015, when 32% of respondents reported having high cholesterol/triglycerides.

Potential differences between population groups

Seventeen percent of respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported having high cholesterol/ triglycerides. In 2015, 31% of the convenience sample reported the same.

Asthma

Eight percent of respondents reported that they have been told by a health care professional that they have asthma. This is somewhat lower than 2015, when 13% of respondents reported having asthma.

Potential differences between population groups

Twenty-three percent of respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported that they have been told by a health care professional that they have asthma. Thirty-seven percent of the convenience sample in 2015 reported the same.

Heart trouble or angina

Ten percent of respondents reported that they have been told by a health care professional that they have heart trouble or angina, which is the same as the rate reported in 2015.

Diabetes and pre-diabetes

Eight percent of respondents reported that they have been told by a health care professional that they have diabetes, which is the same as the rate reported in 2015. Twelve percent reported that they have been told they have pre-diabetes, which is slightly higher than the rate in 2015 (9%).

Potential differences between population groups

Adults with **lower household incomes** were more likely to report having diabetes than those with higher incomes. Over twice as many adults whose household income is below \$25,000 reported having diabetes (17%) than the general adult population, while an even larger percent (21%) of those whose household income is between \$25,000 and \$34,999 have diabetes. Five percent of respondents with a household income above \$75,000 reported having diabetes. In 2015, the highest rate of diabetes was reported by those adults whose household income was below \$25,000 (16%), followed by those whose household income was between \$35,000 and \$49,999 (12%).

Goodhue County adults with a **household income less than \$25,000** were more likely to have diabetes than the general adult population of Goodhue County.

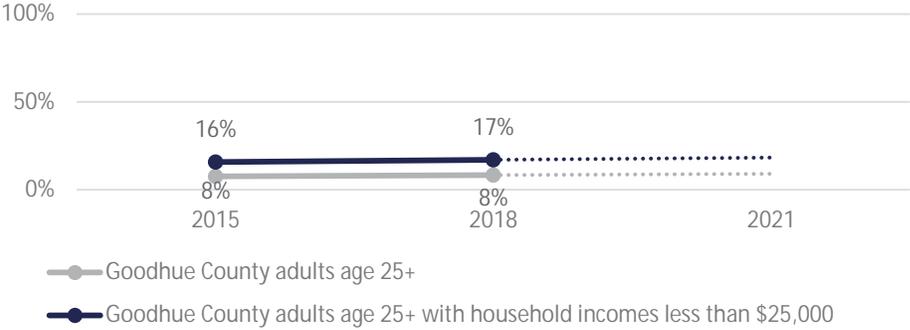


Figure 1. The diabetes rates for adults with a household income of less than \$25,000 is a Community Health Objective in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 3: Engage Priority Populations.

Mental health

Any mental health problem

More than 1 in 4 respondents indicated a history of mental illness² in 2018 (28%), as well as in 2015 (26%).

Potential differences between population groups

More than half of the respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported having a history of mental illness (56%). In 2015, the rate among respondents in the convenience sample was 75%.

Thirty-seven percent of respondents with a **household income of less than \$25,000** reported a history of mental illness, which is similar to the rate reported for that income group in 2015 (39%).

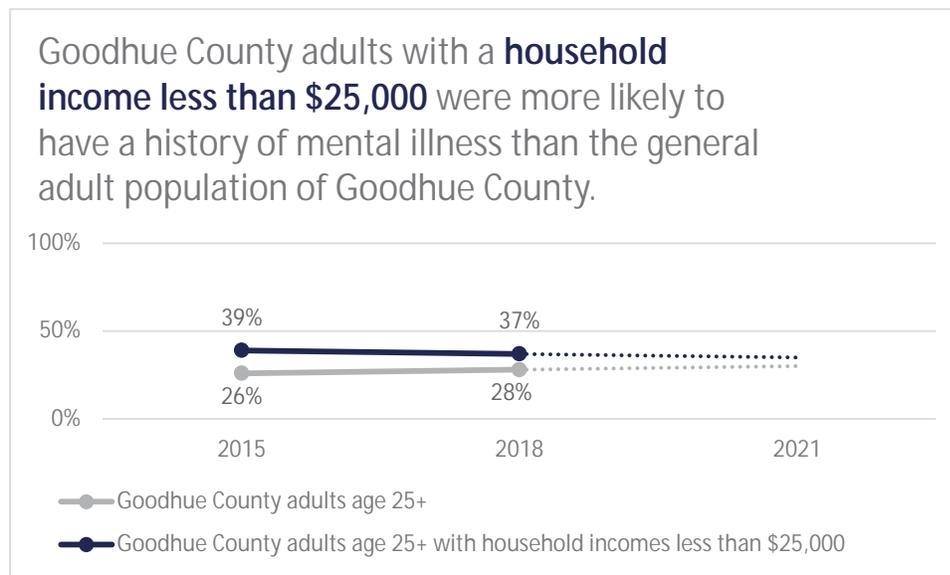


Figure 2. History of mental illness in adults is a Poverty-Related Disparity in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 1: Talk about the Impact of Poverty on Health.

Mentally unhealthy days

Forty percent of respondents reported their mental health was not good on one or more days during the past 30 days, up from 33% in 2015. On average, Goodhue County adults reported 3.7 mentally unhealthy days in the last 30 days, up from 2.5 days in 2015.

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.

Potential differences between population groups

Adults with a **history of mental illness** reported more mentally unhealthy days (7.5) compared with adults with no history of mental illness (2.2). Consistent with the overall trend, this was up from 2015, when those with a history of mental illness reported an average of 5.1 mentally unhealthy days and those with no history reported an average of 1.6 mentally unhealthy days.

Adults with a **household income under \$25,000** reported more mentally unhealthy days (8.6) compared with the general adult population (3.7). This was up from 2015, when those with a household income under \$25,000 reported 4.4 mentally unhealthy days and the general adult population reported 2.5 mentally unhealthy days.

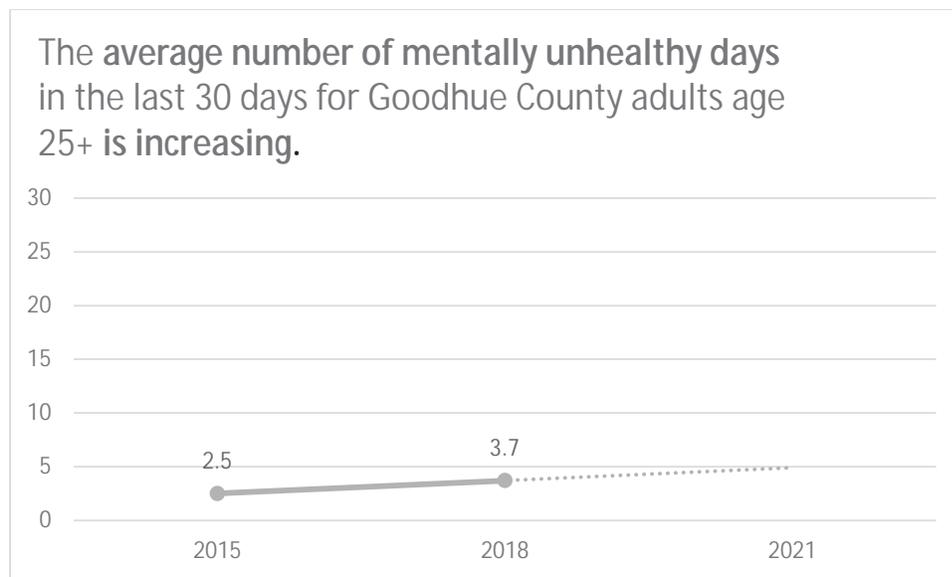


Figure 3. The average number of mentally unhealthy days for adults is a Community Health Objective in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 2: Reduce Barriers to Mental Health Care.

Depression

Twenty percent of respondents reported that they have been told by a health care professional that they had depression. This is similar to 19% of respondents in 2015.

Potential differences between population groups

Female respondents were more likely to report depression (25%) compared with male respondents (14%). This was the same in 2015, when 25% of female respondents and 12% of male respondents reported depression.

The prevalence of depression increased with lower incomes. **Respondents with household incomes less than \$25,000** were most likely to report depression (33%), in contrast to those with household

incomes of \$75,000 or more (15%). Similarly, in 2015, respondents from households that made less than \$25,000 were more likely to report depression (30%) in contrast to those from households that made \$35,000 or more (16-18%).

Respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** were more likely to report depression (46%) compared to the general adult population of Goodhue County (20%). Similarly, in 2015, 67% of the convenience sample but only 19% of the general adult population reported depression.

Respondents who are **obese** were more likely to report depression (25%) compared with those who are overweight (13%) and not overweight or obese (19%). Similarly, in 2015, 25% of respondents who were obese reported depression, but only 15% of those who were either overweight or not overweight or obese.

Anxiety or panic attacks

Seventeen percent of respondents reported that they have been told by a health care professional that they had anxiety or panic attacks. This is slightly higher than 15% of respondents who reported the same in 2015.

Potential differences between population groups

Respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** were more likely to report anxiety or panic attacks (43%) than the general adult population of Goodhue County (17%). In 2015, 62% of respondents in the convenience sample reported having been told they had anxiety or panic attacks.

Attitudes toward mental illness

In both 2015 and 2018, respondents were asked whether they **agreed or disagreed that people are generally caring and sympathetic to people with mental illness**. In 2018, less than half (43%) of respondents agreed or strongly agreed. Similarly, 42% percent of respondents with a history of mental illness agreed in 2018, but none strongly agreed. In comparison, 63% of respondents overall, and 54% of respondents with a history of mental illness, agreed or strongly agreed in 2015.

In 2018, respondents were asked whether they **agreed or disagreed that they are more comfortable helping a person who has a physical illness than a person who has a mental illness**. Sixty percent of all respondents agreed or strongly agreed. Fifty-three percent of respondents with a history of mental illness agreed or strongly agreed.

Also in 2018, respondents were asked whether they **agreed or disagreed that people with mental illness do not try hard enough to get better**. Ten percent of all respondents agreed or strongly agreed. Eight percent of respondents with a history of mental illness agreed or strongly agreed.

Access to care

Seeing a health professional for medical care

Sixty-four percent of respondents reported having a general health exam within the last year, which is the same as in 2015. Six percent of respondents indicated that their last general health exam was five or more years ago, and 2% reported that they have never had a general health exam.

Twenty-eight percent of respondents reported that in the past 12 months they delayed or did not get medical care when they thought they needed it, which is somewhat higher than 2015 (20%). The most commonly reported reason for delaying getting medical care was respondents thinking that the issue was serious not enough (52%), followed by the cost of care (37%). These were also the most common reasons in 2015 (45% each).

Potential differences between population groups

Respondents of color were more likely to delay or not get medical care in contrast to white respondents in 2015; however, because of low sample sizes this could not be analyzed in 2018.

For respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** the most common reason for delaying medical care was lack of insurance (31%), followed by respondents thinking the issue was not serious enough (25%), and transportation problems (22%). In comparison, of respondents in the general adult population, 5% reported lack of insurance and 2% reported transportation issues as reasons for delaying care.

Seeing a health professional for mental health

Nine percent of respondents who wanted to talk with or seek help from a health professional about mental health issues reported delaying or not seeking care in the last 12 months. This was slightly higher than the rate in 2015 (7%). The most commonly reported reason for delaying or not getting mental health care was respondents thinking the issue was not serious enough (49%), followed by respondents feeling too nervous or afraid (32%), and cost (31%). The percent of respondents delaying or not seeking care because they felt too nervous or afraid increased from 16% in 2015 to 32% in 2018. Insurance coverage decreased as an issue from 30% reporting in 2015 that they delayed or did not seek help because it was not covered by insurance to 16% in 2018.

Potential differences between population groups

Twenty-four percent of respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported delaying or not seeking mental health support in the last 12 months, which is similar to 22% who reported the same in the convenience sample in

2015. The most common reason for delaying or not seeking care among convenience sample respondents was not knowing where to go (23%), followed by respondents not being able to get an appointment (19%) and thinking the issue was not serious enough (19%).

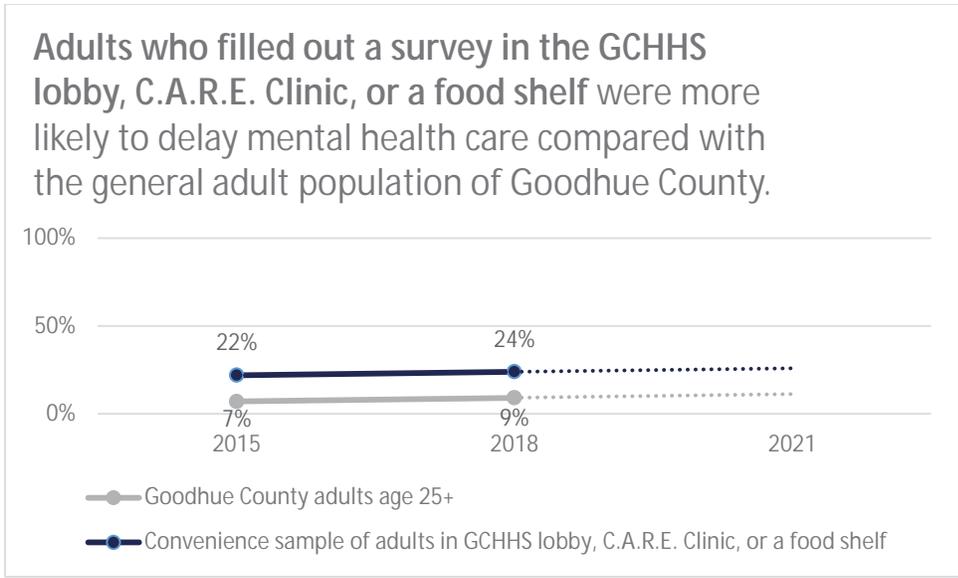


Figure 4. The percent of adults who delayed mental health care is a Community Health Objective in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 2: Reduce Barriers to Mental Health Care

Food security

Concerns about running out of food

Six percent of respondents indicated that during the past 12 months they “often” or “sometimes” worried that their food would run out before they had money to buy more, which is down from 11% in 2015.

Potential differences between population groups

In 2015, **respondents of color** were more likely than white respondents to report that they “often” or “sometimes” worried that their food would run out before they had money to buy more, but this could not be monitored in 2018 due to the smaller survey sample size.

Respondents whose **household income is less than \$25,000** were more likely to report that they “often” or “sometimes” worried that their food would run out before they had money to buy more (25%), followed by those whose household income is between \$35,000 and \$49,999 (15%). For respondents whose household income was between \$25,000 and \$34,999, 29% reported in 2015 that they “often” or “sometimes” worried that their food would run out, but only 1% reported the same in 2018.

Respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** were much more likely than the general adult population to report that they “often” or “sometimes” worried that their food would run out before they had money to buy more in both 2018 (67%) and 2015 (85%).

Respondents who are **obese** were more likely to report that they “often” or “sometimes” worried that their food would run out before they had money to buy more in both 2018 (10%) and 2015 (16%).

Note that in 2018, obesity was more common (36%) than food insecurity (6%), and the vast majority of obese respondents (90%) did not indicate food insecurity. The **obesity rate for those who “never” worried about running out of food** was similar to the general adult population obesity rate in 2018 (36%) and 2015 (35%). However, the small percentage of respondents who did report concerns about running out of food were more likely to be obese.

More than half of respondents who reported food insecurity were obese. In 2018, the **obesity rate for respondents who “often” or “sometimes” worried that their food would run out** was 62%, compared to a general adult population obesity rate of 36%. Similarly, the general adult population obesity rate was 38% in 2015; however, among respondents who reported they “often” or “sometimes” worried that their food would run out, a higher percentage were obese (55%).

Goodhue County adults age 25+ who **often or sometimes worried about food running out** were more likely to be obese than adults who never worried about food running out.

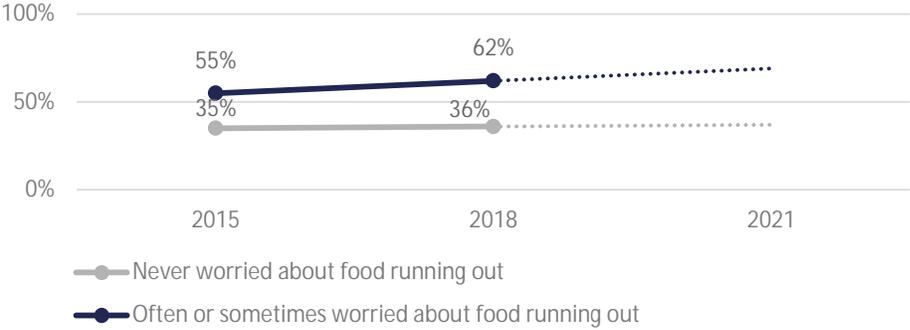


Figure 5. The obesity rate for adults who worry about food running out is a Poverty-Related Disparity in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 1: Talk about the Impact of Poverty on Health.

Eating habits

Fruit and vegetable consumption

Over one-third of respondents (35%) reported eating five or more servings of fruits and vegetables (including juices) the prior day. About the same number (34%) reported eating between three and four servings, and a quarter reported eating between one and two servings. Six percent reported eating zero servings. In 2015, 38% of respondents reported eating five or more servings the prior day and 34% reported eating between three and four.

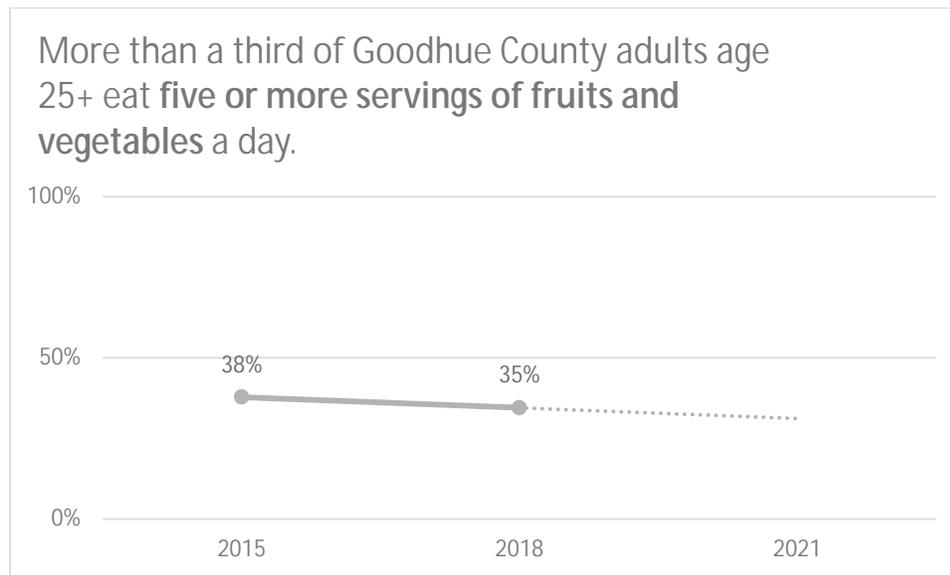


Figure 6. Adult fruit and vegetable consumption is a Community Health Objective in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 3: Engage Priority Populations.

Potential differences between population groups

Respondents who are **overweight or obese** were about as likely as the general population to report eating at least five servings of fruits and vegetables the prior day (both 33%). Respondents who are not overweight were only slightly more likely to report eating at least five servings as the general adult population (38%) and were the most likely to report eating three to four servings (48%).

Respondents who **“often” or “sometimes” worry that their food will run out** before they have money to buy more are less likely to report eating five or more servings of fruits and vegetables the prior day. Eleven percent of respondents who “often” or “sometimes” worry that their food will run out reported eating at least five servings, compared to 37% of respondents who “never” worry. In 2015, these rates were 23% and 42%, respectively.

Respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported higher rates of eating at least five servings of fruits and vegetables the prior day (44%) than the general adult population of Goodhue County.

Eating a home-cooked meal

Over 99% of respondents reported eating a home-cooked meal at least once in a typical week. Almost half reported eating a home-cooked meal seven or more times a week (48%). This was similar to 2015, when 98% of respondents reported eating a home-cooked meal at least once in a typical week, and 45% of respondents reported doing so seven or more times a week.

Potential differences between population groups

In 2015, **respondents of color** were more likely than white respondents to report eating a home-cooked meal seven or more times a week. A comparison to 2018 is not available due to the smaller survey sample size.

Respondents aged **25-34** were the most likely (59%) to report eating a home-cooked meal seven or more times in a typical week, followed by respondents aged 75 or older (53%), respondents aged 65-74 (48%), and respondents aged 55-65 (46%), and respondents aged both 45-54 and 35-44 (42%, each). In 2015, respondents aged 25-34 were also the most likely (58%) to report eating a home-cooked meal seven or more times in a typical week. The rate for those 75 or older increased from 2015 to 2018 (43% to 53%).

Physical activity

Moderate physical activity

Almost 90% of respondents reported that 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 in a typical week. Sixty percent reported getting at least 30 minutes of moderate physical activity between 1 and 4 days a week, and 29% reported getting at least 30 minutes between five and seven days a week. These rates were similar to 2015.

Potential differences between population groups

Respondents aged **25-34** were more likely than other age groups to report getting at least 30 minutes of moderate physical activity five or more days a week (42%). Respondents aged 55-65 were the least likely (20%). This is in contrast to 2015, when respondents aged 25-34 were the least likely to report getting at least 30 minutes of moderate physical activity at least five days a week (20%), and those aged 45-54 were the most likely (37%).

Respondents whose **household income is between \$50,000 and \$74,999** were the most likely to report getting at least 30 minutes of moderate physical activity five or more days a week (40%) compared to those at other income levels, with those making between \$25,000 and \$34,999 the least likely to report the same (20%). In both 2015 and 2018, respondents whose household income was between \$35,000 and \$49,999 were the most likely to report that they do not get at least 30 minutes of moderate physical activity at all—zero days—in a typical week (28% and 20%, respectively).

Respondents who are **not overweight** were the most likely to report getting at least 30 minutes of moderate physical activity five or more days a week (37%), compared to 33% of overweight respondents and 20% of obese respondents. However, respondents who are not overweight were also the most likely to report not getting at least 30 minutes of moderate physical activity at all during a typical week (14%), compared to 10% of overweight respondents and 11% of obese respondents. In 2015, obese respondents were the most likely to report not getting at least 30 minutes of moderate physical activity at all during a typical week (17%).

Vigorous physical activity

Twenty-nine 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 a week, while 34% reported getting one to two days, and 37% reported not getting at least 20 minutes of vigorous activity at all in a typical week. These rates were similar to 2015.

Potential differences between population groups

Respondents aged **25-34** were the most likely to report getting at least 20 minutes of vigorous physical activity three or more days in a typical week (40%), followed closely by those aged 45-54 (38%). In 2015, respondents aged 25-34 were the least likely to report getting at least 20 minutes of vigorous physical activity three or more days in a typical week (15%). Respondents aged **75 or older** were the least likely to report getting at least 20 minutes of vigorous physical activity three or more days in a typical week (17%), and were the most likely to report not getting any vigorous physical activity (58%). In 2015, respondents aged 75 or older were even more likely to report not getting any vigorous activity in a typical week (66%).

Respondents whose **household income is between \$50,000 and \$74,999** were the most likely to report getting at least 20 minutes of vigorous physical activity three or more days a week (36%) compared to those at other income levels, with those making between \$35,000 and \$49,999 the least likely to report the same (20%). Respondents whose household income is less than \$25,000 were the most likely to report that they did not get at least 20 minutes of vigorous physical activity at all during a typical week (47%), which is lower than for the same group in 2015 (55%).

Respondents who are **obese** were the least likely to report getting at least 20 minutes of vigorous physical activity at least three days a week (21%), compared to 32% of respondents who are not overweight and 36% of respondents who are overweight but not obese. Respondents who are obese were also the most likely to report zero days of 20 minutes of vigorous physical activity in a typical week (45%), which is similar to the rate for obese respondents in 2015 (48%).

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-seven percent of respondents said that lack of time is a big problem preventing them from being more active, followed by lack of self-discipline/willpower (22%), and cost of fitness programs, gym memberships, or admission fees (20%). Fear of injury (4%), not knowing where to start (4%), and not having a safe place to exercise (2%), were the factors least likely to be identified as a big problem.

Potential differences between population groups

Cost was most likely to be selected as a big problem preventing them from being more active (35%) by respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf**. The convenience sample was more likely to say cost is a big problem than those in the general adult population (35% v. 20%). Those in the convenience sample (25%) were also more likely than the general adult population (7%) to say that not having anyone to exercise

with is a big problem. Those in the convenience sample were less likely (14%) than the general adult population (27%) to say that lack of time was a big problem.

Younger respondents were more likely to say that lack of time is a big problem preventing them from being more physically active. Forty-four percent of respondents aged 25-34 and 41% of those aged 35-44 said lack of time is a big problem, compared to 2% of respondents aged 65-74 and 3% of those aged 75+.

Respondents with **higher household incomes** were more likely to say that lack of time is a big problem preventing them from being more physically active. Forty-four percent of respondents whose household income is \$75,000 or higher said lack of time is a big problem, followed by 20% of those whose household income is \$50,000 - \$74,999. Less than 10% of all other income brackets said lack of time was a big problem.

Respondents with **lower household incomes** were more likely to say that illness, injury, or disability is a big problem preventing them from being more physically active. A quarter (25%) of respondents whose household income is below \$25,000 said illness, injury, or disability is a big problem, followed by those with incomes between \$25,000 - \$34,999 (16%), and \$35,000 - \$49,999 (15%).

Respondents who are **obese** were the most likely to say that illness, injury, or disability is a big problem preventing them from being more physically active (14%), compared to respondents who are overweight (10%), and those who are not overweight (4%).

While 7% of the general adult population said that not having someone to exercise with is a big problem preventing them from being more physically active, 17% of respondents whose **household income is between \$35,000 - \$49,999** said that not having anyone to exercise with is a big problem, followed by 15% of respondents with a household income between \$25,000 - \$34,999.

Tobacco use

Any tobacco use

Seventeen percent of respondents reported that they are a current user of some sort of tobacco product, which is slightly higher than the rate in 2015 (14%).

Potential differences between population groups

Half of the respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported that they are a current tobacco product user. The rate for the convenience sample in 2015 was 54%.

Respondents whose **household income is less than \$25,000 and between \$25,000 and \$34,999** were most likely to report being a current tobacco product user (30% and 29%, respectively). These rates are higher than in 2015, when only 1% of respondents whose household income is less than \$25,000 reported being a current tobacco product user, and 12% of those whose household income is between \$25,000 and \$34,999 did the same.

Smoking

Seven percent of respondents reported that they are a current cigarette smoker, similar to 8% in 2015. Sixty-two percent reported that they have never been a cigarette smoker.

Among current cigarette smokers, a larger percentage reported having tried to quit smoking within the past 12 months in 2018 than in 2015 (57% v. 43%).

Potential differences between population groups

Forty-eight percent of the respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported that they currently smoke cigarettes, which is similar to the rate for the convenience sample in 2015 (45%). Among those in the convenience sample who reported they currently smoke cigarettes, 71% reported having tried to quit in the last 12 months, compared to only 15% in the 2015 convenience sample.

Respondents whose **household income is between \$25,000 and \$34,999** and those whose household income is between **\$65,000 and \$74,999** were the most likely to report being a current cigarette smoker (16% and 15%, respectively). Respondents whose household income is greater than \$75,000 were the least likely to report being a current cigarette smoker (4% in 2018 and 5% in 2015), and the most likely to report having never been a smoker (67% in both 2015 and 2018).

Adults who filled out a survey in the GCHHS lobby, C.A.R.E. Clinic, or a food shelf were much more likely to be a current cigarette smoker compared with the general adult population of Goodhue County.

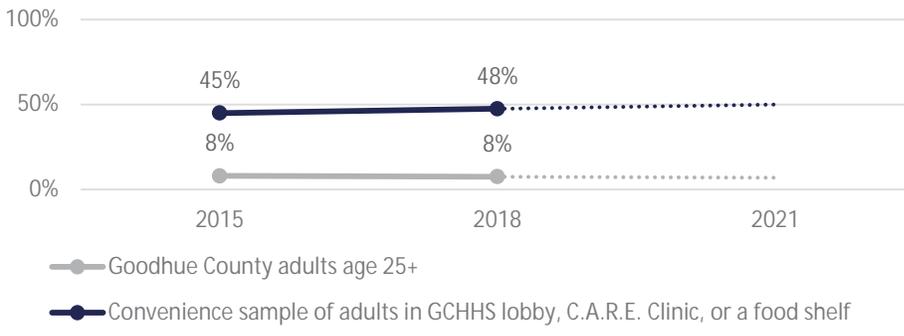


Figure 7. The adult smoking rate is a Poverty-Related Disparity in the 2018-2023 Goodhue County Community Health Improvement Plan, Priority 1: Talk about the Impact of Poverty on Health.

E-cigarettes, vaping, and JUUL

Two percent of respondents reported being a current user of e-cigarettes, including vaping pens, JUUL, or similar. This is the same as in 2015. Note, this survey only had adult respondents age 25 years and older. There were not enough responses from ages 18-24 to monitor rates of e-cigarette, vaping, and JUUL use for young adults.

Potential differences between population groups

Fifteen percent of the respondents in the convenience sample who took the survey **in the GCHHS lobby, or at C.A.R.E. Clinic, or a food shelf** reported that they currently use e-cigarettes, which is similar to the rate for the convenience sample in 2015 (12%).

Respondents whose **household income is less than \$25,000** were the most likely to report being a current e-cigarette user (17%), followed by those whose household income is between \$25,000 and \$34,999 (7%). Hardly any respondents in higher income brackets reported currently using e-cigarettes. In 2015, the highest rates of e-cigarette use was reported by those respondents whose household income was between \$50,000 and \$74,999 (5%).

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). This is similar to the 2015 rate (11%).

Potential differences between population groups

Male and female respondents reported similar rates of heavy drinking in the past 30 days: 10% for men and 11% for women. This is similar to 2015: 12% for men and 11% for women.

Respondents aged **75 or older** and those aged **45-54** were the least likely to report heavy drinking in the past 30 days (4% and 6% respectively). Respondents aged 35-44 were the most likely to report heavy drinking in both 2018 (16%) and 2015 (20%).

Overweight respondents were the most likely to report heavy drinking the last 30 days in 2018 (18%). Respondents who are not overweight were the least likely to report heavy drinking in the past 30 days (3%), but were the most likely to report heavy drinking in 2015 (14%).

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 down somewhat from 32% in 2015.

Potential differences between population groups

Male respondents were more likely to report binge drinking in the past 30 days (32%) than female respondents (20%). The rate of reported binge drinking for male respondents decreased almost ten percentage points from 2015 to 2018 (41% to 32%).

Overweight respondents were the most likely to report binge drinking in the past 30 days (38%). Respondents who are **not overweight** were less likely to report binge drinking in the past 30 days in 2018 (12%) than 2015 (28%).

Driving behaviors

Distracted driving

Among respondents who drive, only 1% of respondents reported that they “often” read or send texts while driving, which is the same rate reported in 2015. Thirty-four percent of respondents reported “sometimes” reading or sending texts while driving, which is somewhat higher than 2015 (29%).

Fifteen percent of respondents reported that they “often” make or answer phone calls while driving, which is the same as the rate reported in 2015. Fifty-eight percent of respondents reported “sometimes” making or answering phone calls, which is slightly lower than 2015 (61%).

Potential differences between population groups

Respondents aged 25-34 were the most likely to report “sometimes” reading or sending texts while driving in both 2018 (61%) and 2015 (64%). All other age brackets reported “sometimes” reading or sending texts while driving at rates below 40%, in both 2018 and 2015. Only 1% of respondents aged 75 or older reported “sometimes” reading or sending texts while driving” and 13% reported having no cell phone.

Impaired driving

Among respondents who drive, 9% reported that they “sometimes” drive after perhaps having too much to drink. None of the respondents indicated they “often” drive after drinking. In 2015, 5% of respondents said that they “sometimes” drive after perhaps drinking too much.

Seatbelt use

Ninety-two percent of respondents indicated that they “always” wear a seatbelt when driving or riding in a vehicle, which is similar to the rate in 2015 (91%). Only 1% of respondents in both 2018 and 2015 reported that they “never” wear a seatbelt when driving or riding in a vehicle.

Survey Methodology

Survey Instrument

The survey instrument used for the project was adapted from surveys conducted in 2015 and 2016 in Goodhue, Freeborn, and Mower 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). There were 413 completed surveys received from adult residents of Goodhue County. 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.

Convenience Sample Methodology

Convenience Sample Survey Instrument

The same survey instrument used for the random-sample mailed survey was used to survey a convenience sample of adults in the GCHHS lobby, C.A.R.E. Clinic, and food shelves.

Convenience Sample

In order to reach adults who have typically been under-represented in mailed survey results, a convenience sample approach was used. Receptionists at GCHHS lobby and C.A.R.E. Clinic and food shelf volunteers distributed copies of the survey to adults waiting for services. This was a slight change from 2015, when the convenience sample only surveyed adults in the GCHHS lobby and not at the C.A.R.E. Clinic or food shelf locations.

While only 3% of the mailed survey responses were from people of color in 2018, 28% of the convenience sample of adults at GCHHS lobby, C.A.R.E. Clinic, and food shelves was people of color. While only 9% of the mailed survey responses were from people with a household income less than \$25,000, 74% of the convenience sample adults who completed a survey at GCHHS lobby, C.A.R.E. Clinic, and food shelves had a household income of less than \$25,000. Because the survey respondents were not randomly selected, it is not appropriate to generalize this convenience sample to the entire low income population or the entire population of communities of color.

Convenience Sample Survey Administration

A total of 125 gift cards for \$5 were purchased as incentives for people to complete the survey. There were 75 gift cards from Walmart and 50 from local grocery stores in Pine Island, Zumbrota, Kenyon, and Cannon Falls. Receptionists at GCHHS lobby and volunteers at C.A.R.E. Clinic and the food shelves initialed for gift cards distributed. GCHHS lobby customers and C.A.R.E. Clinic patients received Walmart

gift cards. Food shelf clients received gift cards for their local grocery store. Surveys were all completed in October 2018.

Completed Convenience Sample Surveys

A total of 116 surveys were completed. C.A.R.E. Clinic returned 19 completed surveys. GCHHS lobby returned 56 completed surveys. Pine Island Sharing Shelves, Zumbrota Food Shelf, All Seasons Food Shelf (Kenyon), and Cannon Falls Food Shelf returned a total of 41 completed surveys. A response rate cannot be calculated because this was a convenience sample; everyone who wished to fill out a survey could do so.

Convenience Sample Data Entry and Weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. The data were not weighted for gender or age when analyzed. As a result, the convenience sample over-represents the responses of females (88% of sample) and under-represent adults under age 25 (8% of sample) or over age 65 (6% of sample).

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?
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 Goodhue County compilation

Demographic Information:

- Fourteen interviews were compiled. Participants indicated they were 35-64, with one interviewee 20-34.
- Seven were male, seven were female.
- Occupations listed included education, government, health care, business and service.
- All interviewees were white with no Hispanic or Latino origin.

Interviewees were asked

What are the top three [topic] concerns facing people in our County?

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

A summary of the answers is as follows:

HEALTH CONCERNS

Mental health was the clear concern including chemicals, access/barriers to treatment. Access/affordability in general was also mentioned. Health issues related to an aging population were cited. Other top concerns included obesity/nutrition, poverty, homelessness, significant health issues/lack of overall good health, diabetes, health equity, prescriptions and insurance. One interviewee called his answers 'diseases of disparity'. Another described them as rural health issues.

The resources are not there to keep patients healthy. More funding and nutrition knowledge were seen as ways to address concerns.

CHEMICAL CONCERNS

Alcohol was the most frequent answer with illegal drugs/meth, prescription drugs, pain meds/narcotics, vaping, marijuana and smoking all mentioned. Chemical dependency, mental health and cost and resources were also mentioned.

CONCERNS FACING DIVERSE POPULATIONS

Economics (poverty, equity), Language barriers and the ability to access resources, Housing, Health care insurance, were top concerns. There are lots of needs, especially among younger people, in addition to basics like transportation, child care and access to health care. Access to affordable healthy food was also mentioned. Addiction, mental health, anxiety and bigotry are also seen as concerns for diverse populations.

ECONOMIC CONCERNS

The top concern was safe and affordable housing followed child care. Poverty (low wages/living wage) and economic insecurity (living pay check to pay check) and a widening gap were also prevalent responses. This included notations of lack of stability due

to foreign owned companies, access to good groceries and food programs, lack of education and jobs, challenges with transportation, cost of health care. Some noted the lack of a workforce of the 'exporting of professional jobs'.

The perception is that it is difficult to afford living in the community. One way to address some of these concerns is family friendly workplaces.

EDUCATIONAL CONCERNS

Life after high school was a persistent theme. There is a gap between skills and jobs available. Students are not ready for post secondary school. Even soft skills are lacking. Many expressed the need for more career options for high school graduates beyond pursuing a 4 year degree. As one person stated, 'drop outs stay in the community.' This was closely followed by behavioral issues stemming from culture/lack of civility, parental support, conflicts. There was also mention of mental health support in education and preschool for all. Lack of opportunity and diverse options at both the secondary and preschool levels was mentioned. ESL and Kindergarten readiness were mentioned specifically.

HEALTH CARE ACCESS CONCERNS

Cost was a top concern. Insurance and access for uninsured were mentioned. Proximity, hours, challenge navigating options and availability of services beyond the norm were all concerns. Resources for mental health therapy, including number of available beds, and chemical dependency treatment were called out as was access to primary care. Challenges with county based purchasing and inadequate reimbursement rates were also raised.

HOUSING CONCERNS

The main concern revolves around cost and limited stock/inventory. Rents are too high for what the units are worth. There is not enough 'middle housing' which is particularly difficult for young families. Real estate 'harvesting' keeps single family homes off the market. Properties are not kept in good condition. Discrimination and price gouging were also mentioned.

MENTAL HEALTH CONCERNS

There continues to be a stigma associated with mental health despite increases in traumatic events and more demand. This means a lack of willingness to use services. As one person noted "knowledge and acceptance." Another concern listed was issues regarding access: lack of providers and a lack of knowledge of resources. For those seeking care, the requirements are complicated and not timely. Addiction and chemicals, depression, homelessness, suicide prevention, anxiety, isolation, self medication and anger management were also noted.

Mental health impacts everyone. Education, healthy ways for social connections, depression screenings and early intervention were all offered as ways to address concerns.

SAFETY CONCERNS

Drug activity leads to safety concerns. Other concerns noted by multiple people include domestic issues including violence against children. Bullying and harassment and violence and physical confrontation were mentioned. Highways, trains, hills and ice, parking ramps, transit, seat belt use, cell phone while driving, seniors driving were all noted. Home security, theft from property and Safe shelter were also listed as a concern. Driving and access to resources like fire departments depend on proximity to Red Wing.

CONCERNS FACING SENIORS

Elder care/quality of health care, scams/being victims/security, cost of living/poverty, housing that support independent living were mentioned. Isolation, lack of transportation (with specific mention of transportation to airport), access to services, navigating change, no place to walk safely (falls), and food security/nutrition are concerns. One person noted that this is a pool of talent being wasted.

Seniors staying in their long time homes impacts the housing market.

TRANSPORTATION CONCERNS

There are limited public transportation options (and limited resources), particularly for travel out of town (to airport) and for getting to and from work. There are no taxis and no buses in some communities. Cost and access/schedule are concerns. Safety implications including construction disruption, uninsured motorists, chemical use while driving were all listed. Lyft and Uber are not regulated by local ordinances. Workers who do not have a license have no way to work. There is limited walkability because of community design and the terrain in Red Wing is not very bike friendly. One person noted that people in poverty buy cheap cars but then get stuck trying to pay for ongoing maintenance.

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

Economics/poverty, Mental wellness, Housing
Chemical health, Obesity/Activity/Nutrition
Chronic Disease, Health care navigation, Education, Diversity, Transportation, Seniors

The community paramedic program was listed as an initiative that is addressing some of these issues.

Other concerns that were not addressed in the questions:

Child care for shift workers
Signage, ease of way finding in the community
Hospice
Trail use
Property taxes are not the answer

Appendix E

Goodhue County Mental Health Needs Assessment 2019

Executive Summary



This report is an addendum to Mayo Clinic Health System's 2019 Community Health Needs Assessment (CHNA) focused on mental health and wellbeing in Goodhue County. Recommendations for improving mental health were developed based on stakeholder interviews, data and demographic analysis, and a social determinants of health framework.



RESEARCH & STATISTICS

Examined past CHNAs, Census Data, Mental Health Literature, and Comprehensive Plans



- 43% of renter and 29% of homeowners spend over 30% of their income on housing
- 190 suicides per 10,000 population for 10- to 19-year-olds
- Teen birth rate is 17% overall, but is 42% for hispanic women
- The population of Goodhue is 3.4% Hispanic, 1.5% Native American
- Nationally, farmers experience suicide TWICE as much as the general population



COMMUNITY ENGAGEMENT

Included conversations with:

- 10 CARE Clinic Patients
- 5 Jordan Towers Residents
- 7 Professionals incl. healthcare providers and city planners



PERSONAS

Information from interviews and research was synthesized into 4 fictional characters whose stories represent the needs of broad populations in Goodhue County



From the persona stories, 8 Core Issues affecting their mental health were identified:



RECOMMENDATIONS

- Engage the community in the development of solutions
- Utilize creative tools and techniques to reach new communities around mental health and illness
- Strengthen partnerships with community organizations that meet residents' needs
- Evaluate and support transportation and mobility options in Goodhue County including transit, walkability improvements, and ADA access
- Evaluate and support affordable housing initiatives in Goodhue County
- Implement comprehensive, community-based resilience programs and interventions

Core Issues Addressed



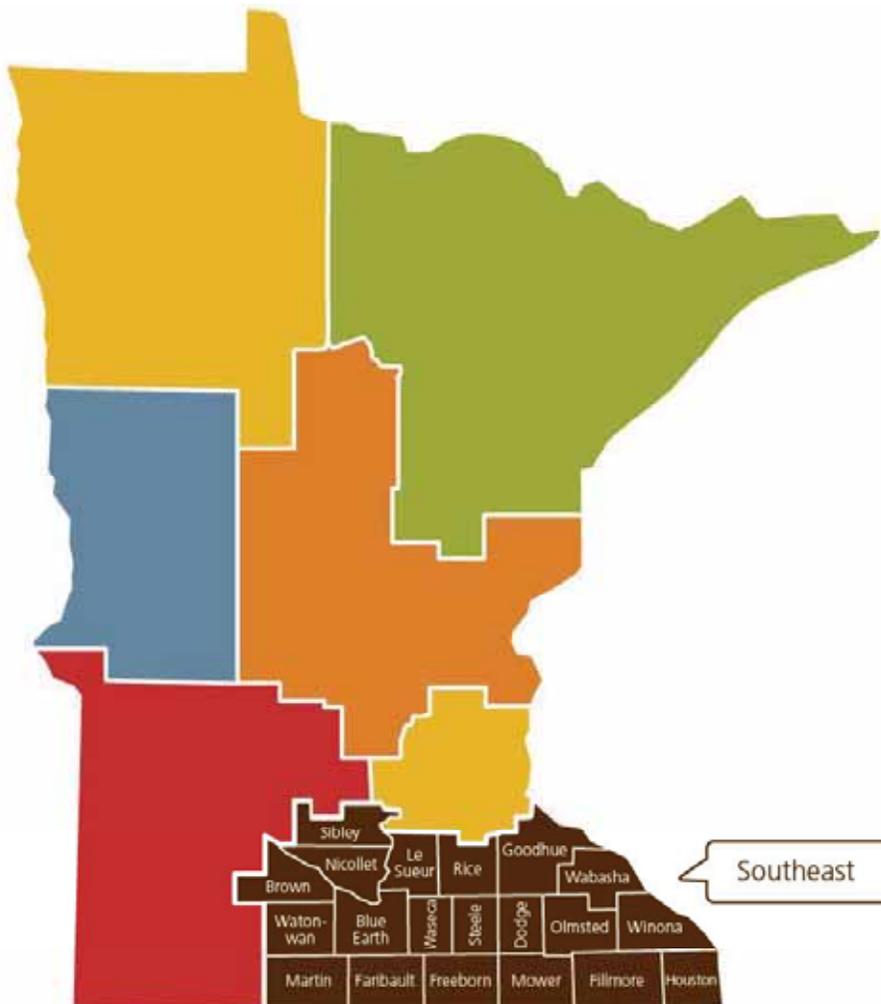
Other Assessed Needs



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.

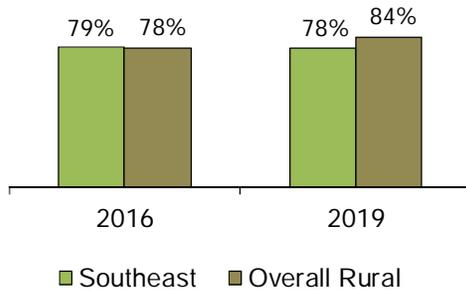
In completing this comprehensive research study, 1,068 telephone interviews were conducted with rural Minnesotans. The full report can be found at www.RuralPulse.org. To provide a localized perspective, study findings for Southeast Minnesota are included in the following pages and contrasted with overall 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.



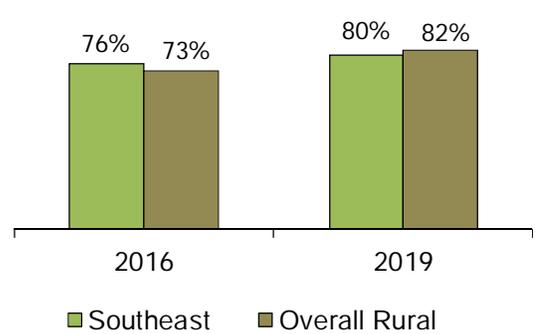
Collaboration and Contribution

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.

Able to Make a Positive Community Impact
Somewhat or strongly agree



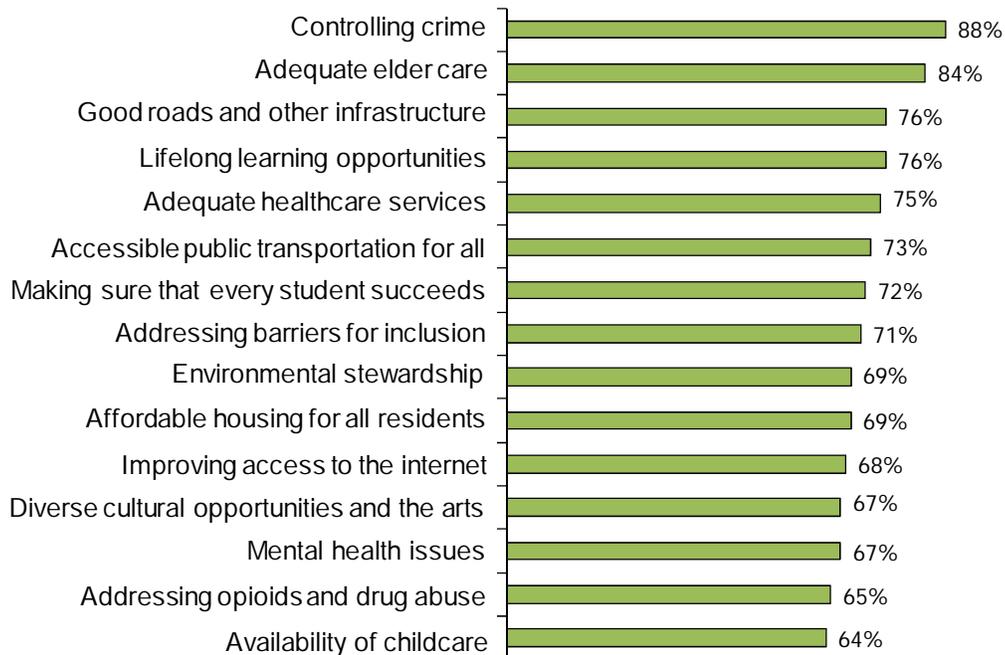
Residents are Able to Work Together Effectively
Somewhat or strongly agree



Community Performance

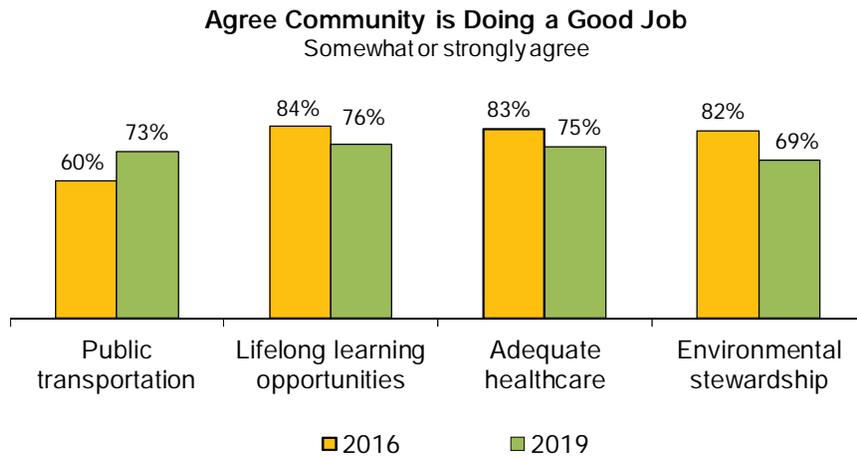
Southeast residents were most likely to agree that their community performed well in crime control, caring for the elderly, infrastructure, lifelong learning opportunities and healthcare. They were less likely to agree that their area did well in providing cultural/arts opportunities, addressing mental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

Agree Community is Performing Well
Somewhat or strongly agree



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

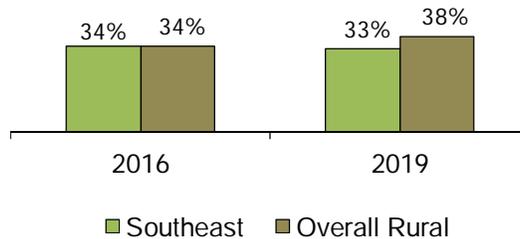
	Importance Mean	Performance Mean
Adequate healthcare services	3.5	3.0
Job opportunities	3.4	2.8
Addressing opioids and drug abuse	3.4	2.9
Availability of childcare	3.4	2.9
Economic development	3.3	2.7
Adequate workforce	3.3	2.8
Affordable housing	3.2	2.8
Addressing mental health issues	3.2	2.8

■ 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

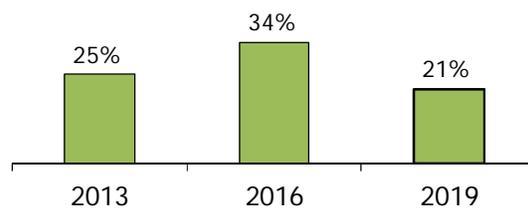
1. Jobs
2. Healthcare
3. Opioids and drug abuse
4. Economic development
5. Mental health issues

Economic Concerns Linger, But Show Improvement

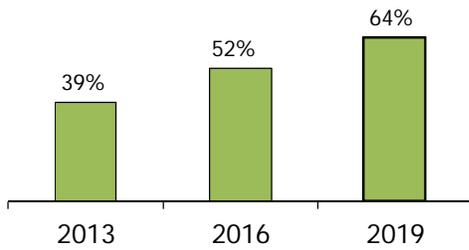
Rural Minnesotans continue to experience an evolving economy. In the Southeast, 21 percent feel the local economy has improved within the past year – a decrease of 13 percent.

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.

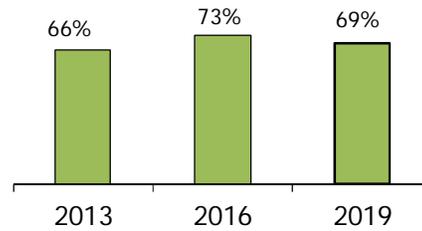
Condition of Community's Economy Has Improved, Compared to a Year Ago
Somewhat or much better now



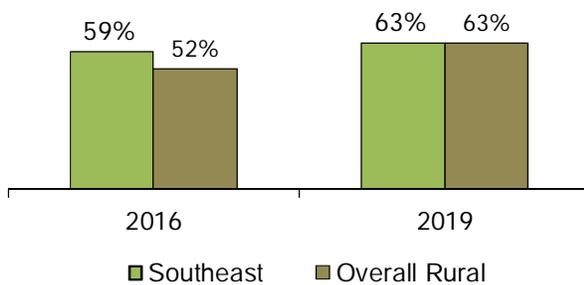
Adequate Number of Jobs that Pay Household-Supporting Wages
Somewhat or strongly agree



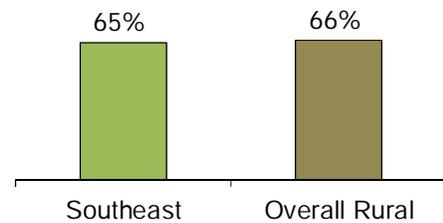
Community Successfully Maintains and Grows Job Opportunities
Somewhat or strongly agree



Community Sufficiently Promotes Economic Development
Somewhat or strongly agree



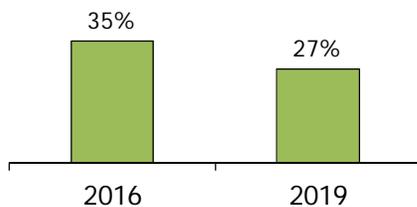
Adequate Workforce for Businesses
Somewhat or strongly agree



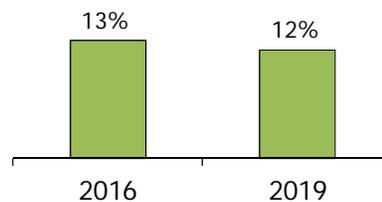
Impact of the Economy

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



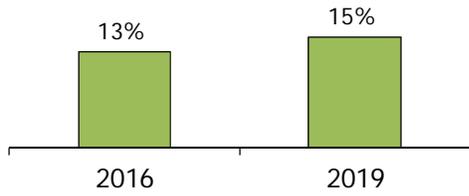
Lost a Job in Past Year



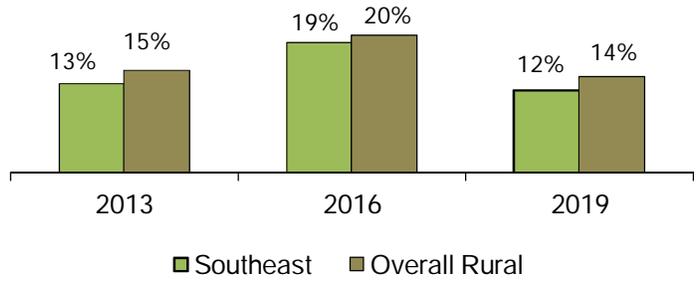
Migration

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



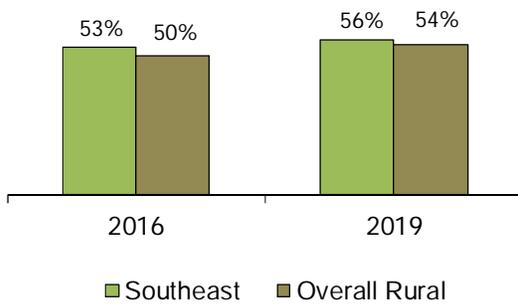
Considered Moving to Metro Area Within Past Two Years



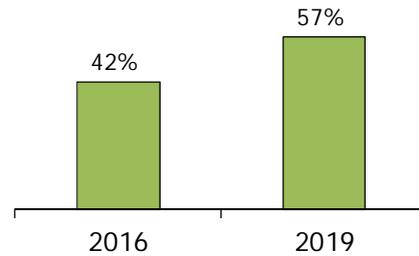
Leadership

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.

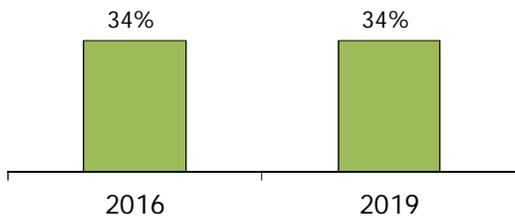
People From Diverse Backgrounds Fill Leadership Roles Within Community
Somewhat or strongly agree



Have Served in a Leadership Role



Would Definitely Consider Serving If Asked
(Of those who have not served in leadership)

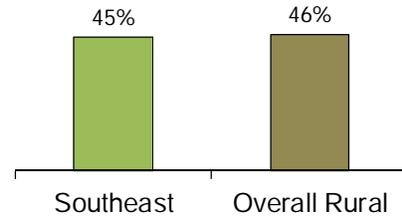


Inclusion

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

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.

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



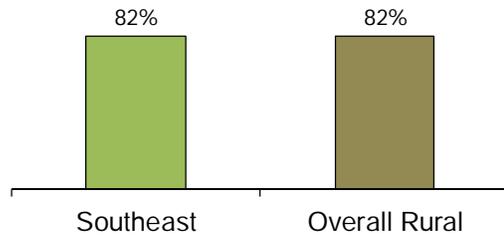
Groups Most Believed to Experience Bias, Discrimination or Harassment Within Their Community

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

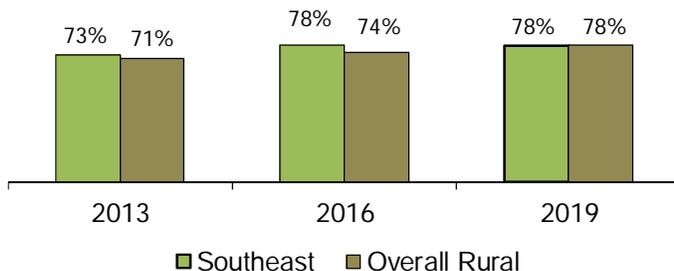


Optimism Exists

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.



GOODHUE COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) COMMITTEE

PROCESS & FRAMEWORK

6/27/19

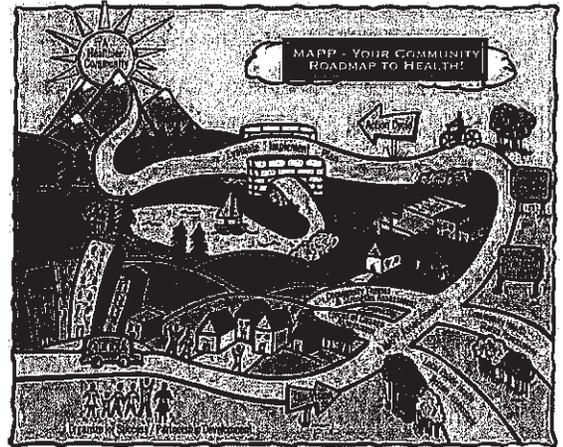
Our committee primarily uses MAPP and also incorporates RBA.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

MAPP is “a community-wide strategic planning process for improving community health”¹ with six phases:

1. Organize for Success/Partnership Development
2. Visioning
3. Four MAPP Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle

What makes MAPP unique is that it is a community-owned process that involves broad representation (public, private, and non-profit entities, individuals, and informal associations that contribute to the public’s health) and uses qualitative and quantitative data from four assessments to inform the development, implementation, and evaluation of strategic **community health improvement plans**.



History of MAPP

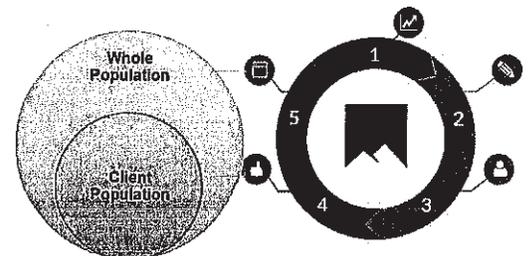
National Association of County & City Health Officials (NACCHO), with support from the Centers for Disease Control & Prevention (CDC), developed MAPP in the 1990s with substantive input from the field and careful attention to research and literature.



RESULTS-BASED-ACCOUNTABILITY (RBA)

RBA is “a simple, common sense framework”² used by *communities* to improve quality of life and by *organizations* to improve program performance.

- **2 Kinds of Accountability:** The population versus performance distinction is what separates RBA from all other frameworks.
- **3 Kinds of Performance Measures:** How Much, How Well, Better Off
- **5 Core Questions to Turn the Curve:** A step-by-step process: Baseline, Story Behind the Curve, Partners, What Works, Action Plan



History of RBA

Developed by Mark Friedman and described in his book *Trying Hard is Not Good Enough* (Trafford 2005), RBA is being used in all 50 United States and in more than a dozen countries around the world to create measurable change in people’s lives, communities and organizations. The company Clear Impact provides RBA software, training, and services.

¹ <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

² <https://clearimpact.com/results-based-accountability/>

GOODHUE COUNTY COMMUNITY HEALTH ASSESSMENT COMMITTEE MISSION, VISION, AND VALUES

Updated 7/13/2018

MISSION

To identify health disparities and top health issues for Goodhue County and implement and evaluate strategies, policies, and programs

VISION

Equitable opportunity for all Goodhue County residents to experience optimal health across the dimensions of wellbeing (physical, social, mental, spiritual, economic, environmental, occupational, intellectual)

- Diverse residents valued for their strengths
- Access to quality healthcare
- Access to healthy foods and places to be active
- Opportunity for academic success
- Strong local economies
- Collaboration to address local needs

VALUES

- Equity
- Adaptability
- Inclusivity
- Respect
- Commitment
- Persistence
- Accountability
- Collaboration
- Innovation

MISSION *defines the group's ongoing role and purpose*

VISION *is our group's outcomes – desired future*

VALUES *guide how group decisions are made - how work is done*

OUR OUTPUTS

CHA (Community Health Assessment) begins a strategic planning process for improving community health. What are the top health issues? How can each organization use this data to set priorities and programs? Where do we need to focus efforts and build partnerships and collaboration? Addressing these issues is a long-term, community-wide effort.

CHIP (Community Health Improvement Plan) is the bridge between the 2017 community health assessment and the 2022 assessment. What is going on in our community that will lead to a measurable change in health, and how are we going to measure that?

CHA-CHIP VISUAL

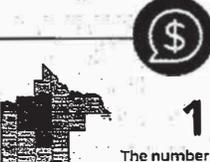
2017 10 Top Health Issues

2018 3 Health Priorities

2023 Vision

TOP HEALTH ISSUES

GOODHUE COUNTY 2017



1,785
The number of children in poverty

#1. Income/Poverty

 <p>#2 Mental Health/ Wellbeing</p>	 <p>#3 Overweight / Obesity</p>	 <p>#4 Substance Abuse/ Prescription Drug Abuse</p>
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 <p>#5 Access to Mental Health Services</p>	 <p>#6 Eating Habits</p>	 <p>#7 Underinsured/ Uninsured</p>
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 <p>#8 Safe and Affordable Housing</p>	 <p>#9 Chronic Conditions</p>	 <p>#10 Food Insecurity</p>
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3

HEALTH
PRIORITIES
GOODHUE COUNTY
2018-2023



TALK ABOUT THE IMPACT OF POVERTY ON HEALTH

What can we do to expand conversations on what's needed to be healthy and increase awareness regarding poverty as a root cause of some substance abuse, obesity, and mental health issues?



REDUCE BARRIERS TO MENTAL HEALTH CARE

How can we reduce barriers to mental health care so people in our county do not live with untreated symptoms of mental illness?

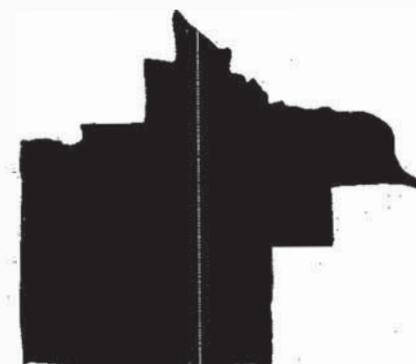


ENGAGE PRIORITY POPULATIONS

How can we authentically engage single moms, people of color, and indigenous people in determining strategies that reduce their barriers to optimal health?

Equitable **opportunity for all Goodhue County residents to experience optimal health** across the dimensions of wellbeing (physical, social, mental, spiritual, economic, environmental, occupational, intellectual)

- Diverse residents valued for their strengths
- Access to quality healthcare
- Access to healthy foods and places to be active
- Opportunity for academic success
- Strong local economies
- Collaboration to address local needs



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

Southern Minnesota Needs Assessment

Data compiled by:
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Email: joseph.visker@mnsu.edu
Phone: 660-988-4488

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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 <i>Selected Health-related Measures Used for Needs Assessment</i>	
Variable	Measures and Data Year
Demographics	<ul style="list-style-type: none"> - 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) - Housing 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Elevated blood lead levels (>5 mcg/dL) (2015)
Suicide	<ul style="list-style-type: none"> - Hospital treated violence including ideation (Fatal and non-fatal) (2016)
Nutrition and Physical Activity	<ul style="list-style-type: none"> - Obese adults (%) (2014) - Limited access to healthy foods (%) (2015) - Food insecurity (%) (2015) - Physically inactive (%) (2014) - Diabetes prevalence (20+ YOA) (%) (2014)

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Tobacco	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Chlamydia rate (2015) (Available in accompanying <i>Microsoft Excel®</i> document) - Chlamydia cases (n) (2015) (Available in accompanying <i>Microsoft Excel®</i> 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	<ul style="list-style-type: none"> - Uninsured (Under 65 YOA) (n and %) (2015) (Available in accompanying <i>Microsoft Excel®</i> 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	<ul style="list-style-type: none"> - Graduate rate (%) (2014-2015) - Unemployment rate (%) (2016) - Children in poverty (%) (overall, white, and Hispanic) (2016)

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Maternal, Infant, and Child Health	<ul style="list-style-type: none"> - 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 <i>Microsoft Excel®</i> document) - Low birth weight - less than 5 lbs. 8 oz (%) (2012-2016) - Premature - less than 37 weeks gestation (%) (2012-2016)
Immigrant Populations	<ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> - Limited LEP (n and %) (2014)
Chronic Conditions	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Years of potential life lost before 75 YOA (2014-2016)
* Data was not available for all counties or at the state level	

Table 2 <i>Sources Used for Needs Assessment</i>
Data Links
http://www.health.state.mn.us/divs/chs/genstats/countyttables/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/countyttables/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/

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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/countyttables/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

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Section 1: Demographics

Population (2016)

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

	Sex	Age Group									Total
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	
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

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Race and Ethnicity (2016)

Source: <http://www.health.state.mn.us/divs/chs/genstats/countyttables/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	

^aBlack/African American; ^bAmerican Indian/Alaska Native; ^cAsian/Native Hawaiian or other Pacific Islander

^dHispanic/Latino can be of any race

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

Source: <http://www.health.state.mn.us/divs/chs/genstats/countyttables/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

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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%
Watsonwan	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
Watsonwan	1,733	304	153	224	2,415

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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

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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

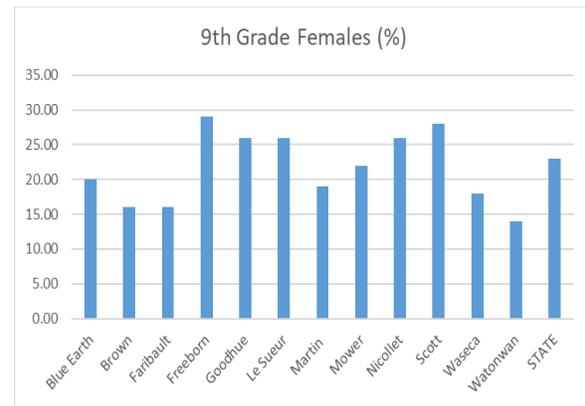
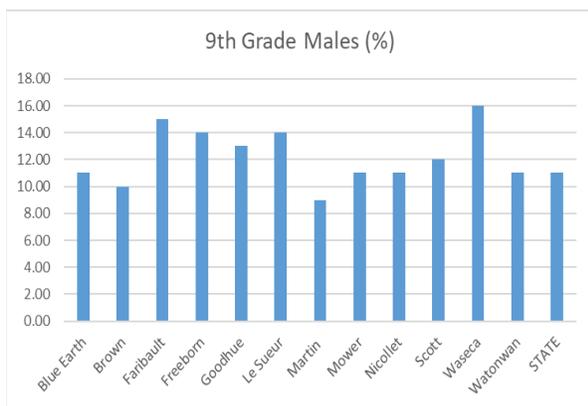
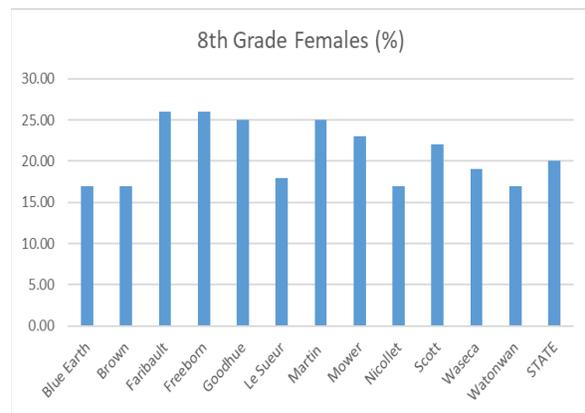
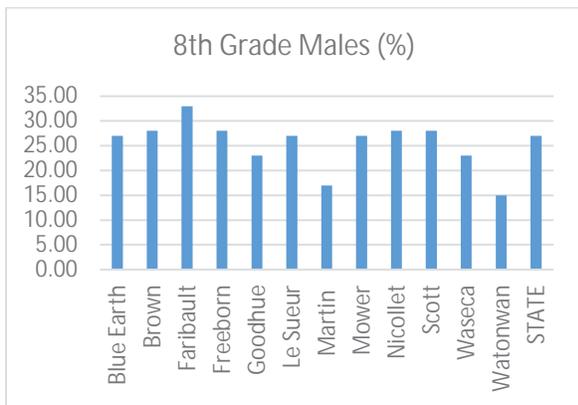
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		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Waseca	No	89.00	83.00	83.00	76.00	91.00	82.00
	Yes, during the last year	8.00	13.00	11.00	14.00	5.00	15.00
	Yes, more than a year ago	6.00	6.00	9.00	13.00	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)

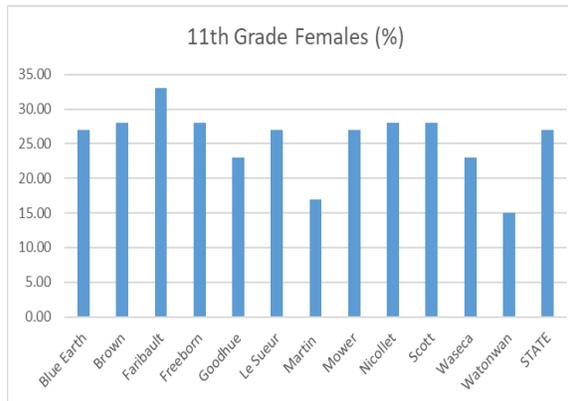
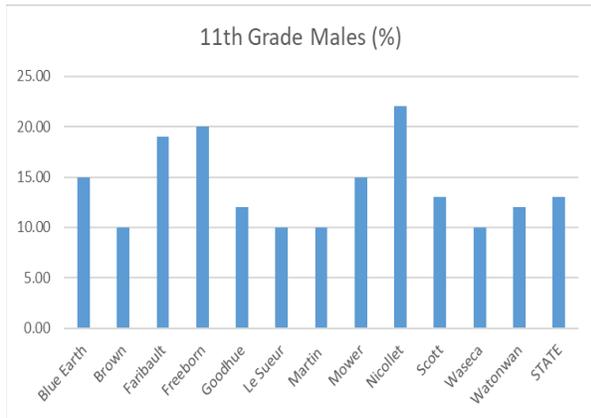
Source: <http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm>



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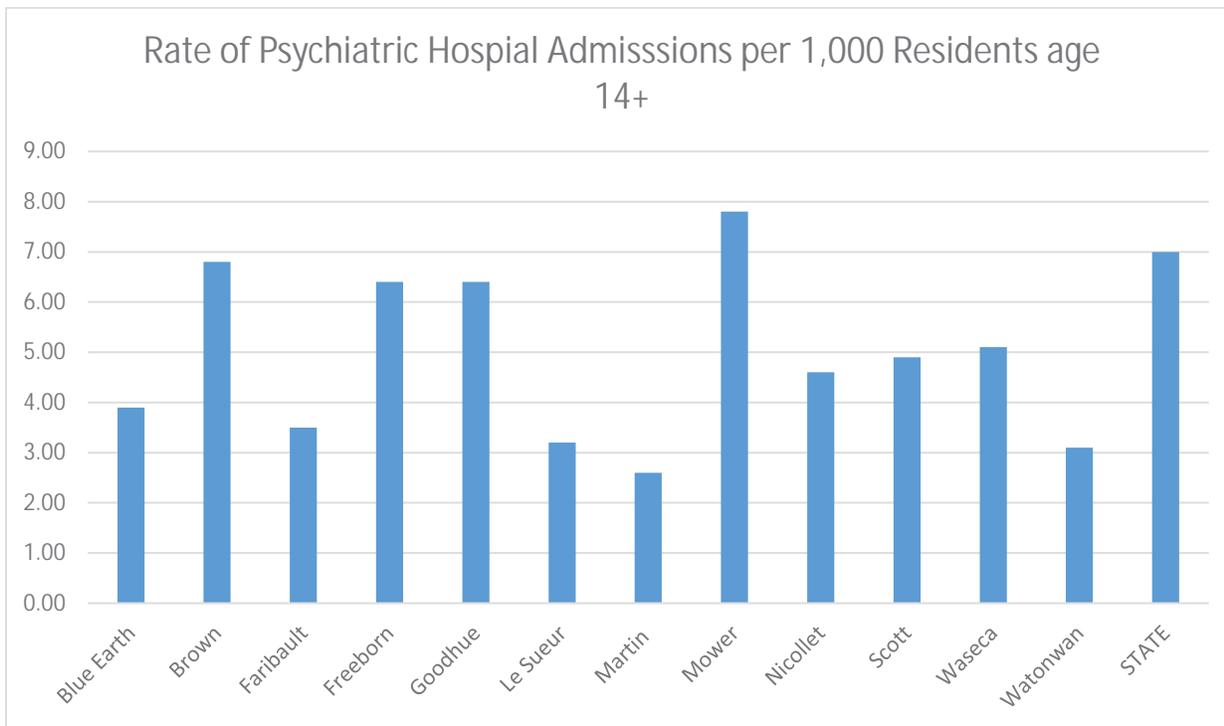
Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

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)

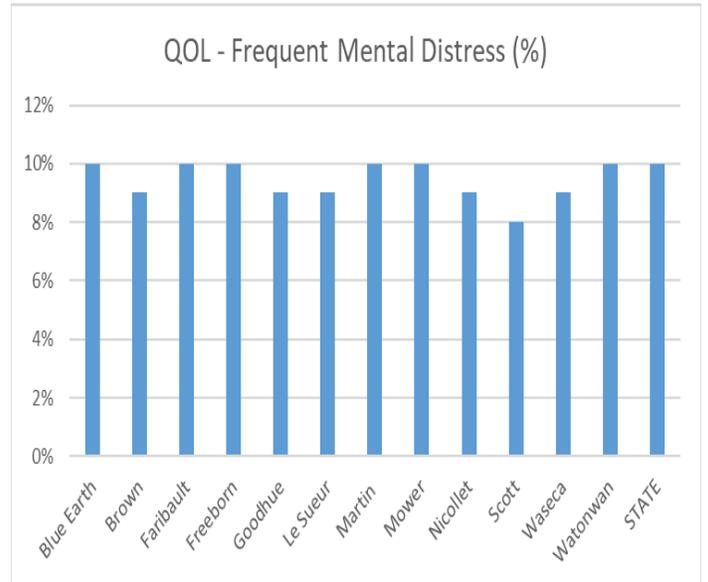
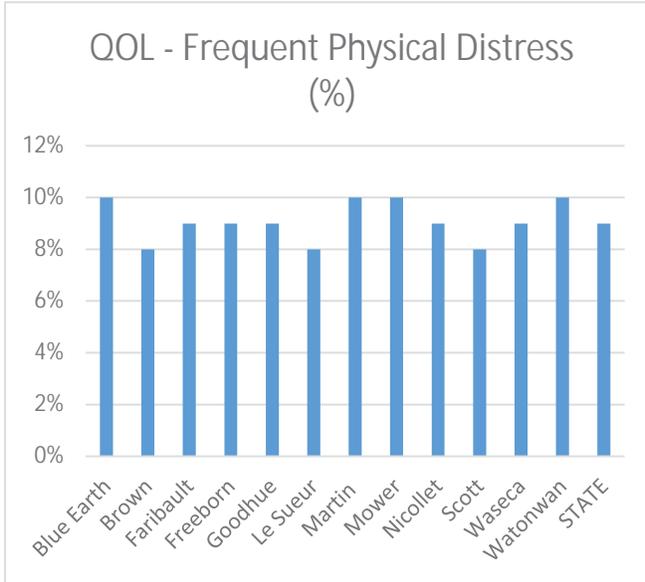
Source: <https://www.mncompass.org/health/mental-health-admissions#1-4470-g>



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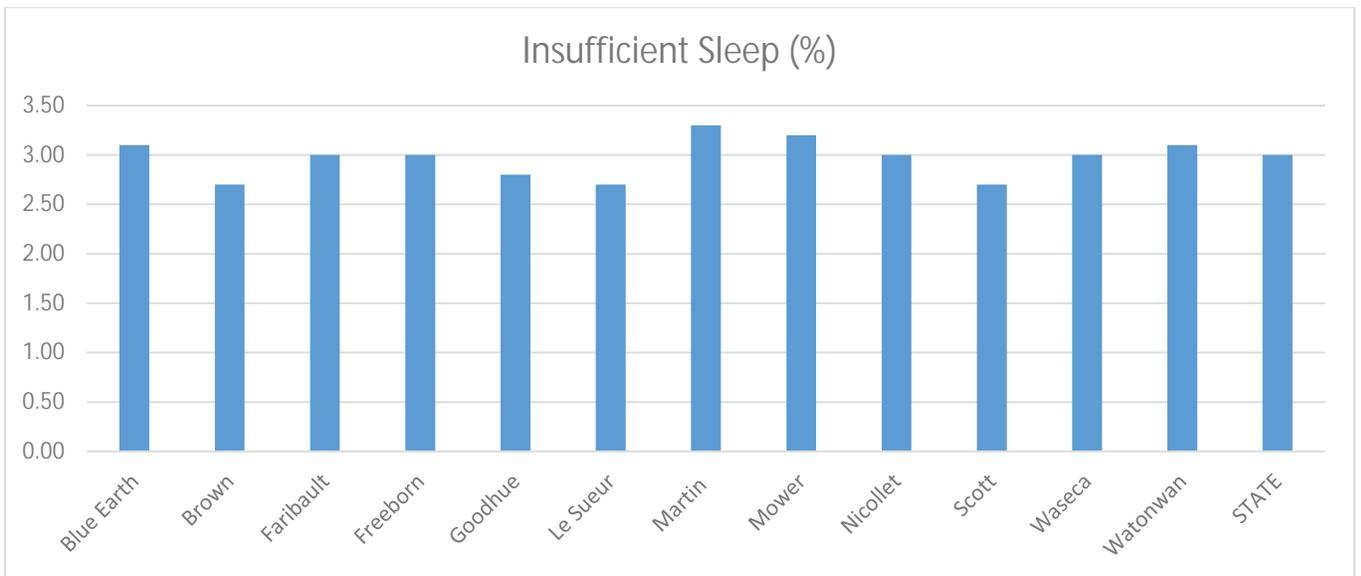
Quality of Life (QOL) – frequent physical distress (2016) & Quality of Life (QOL) – frequent mental distress (2016)

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



Insufficient sleep (2016)

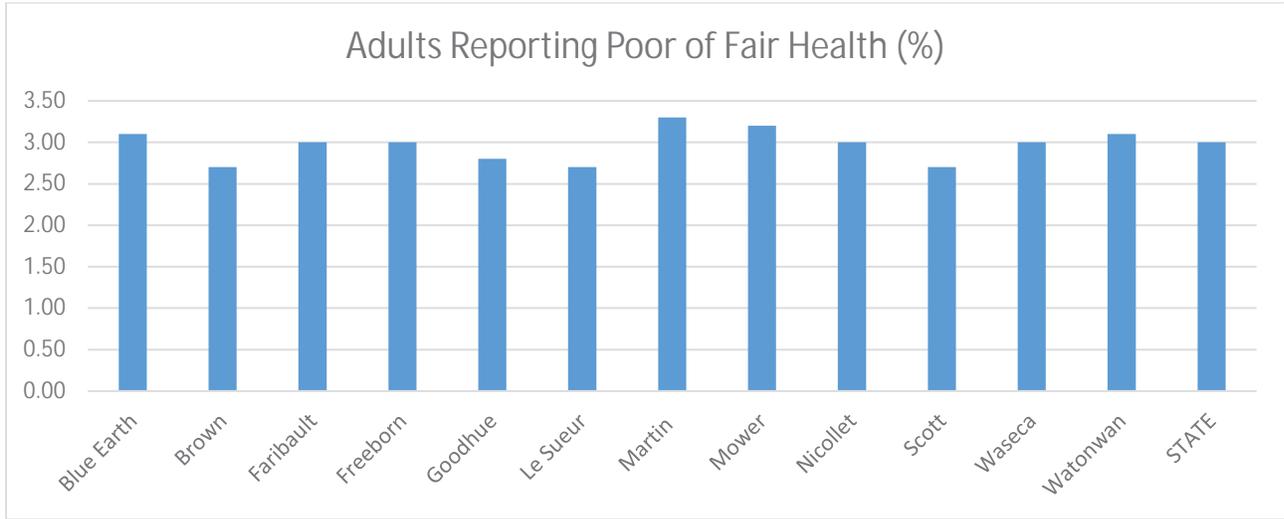
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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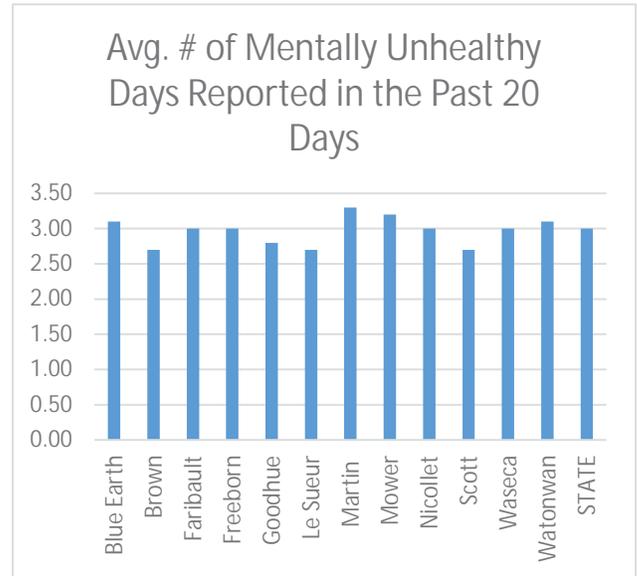
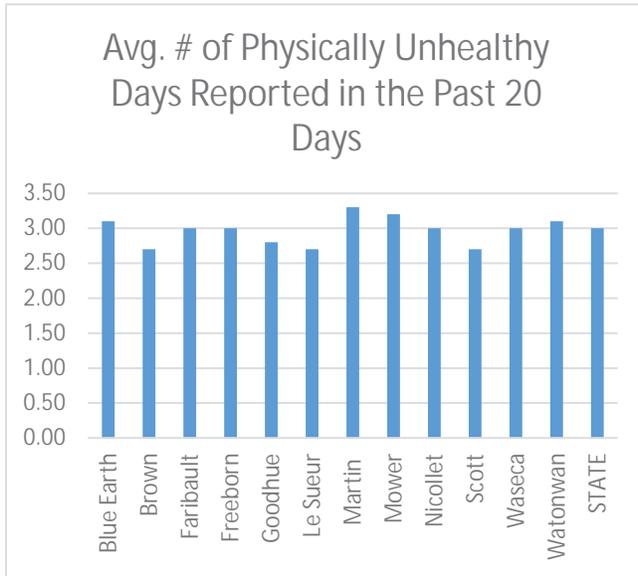
Adults report poor or fair health (2016)

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)

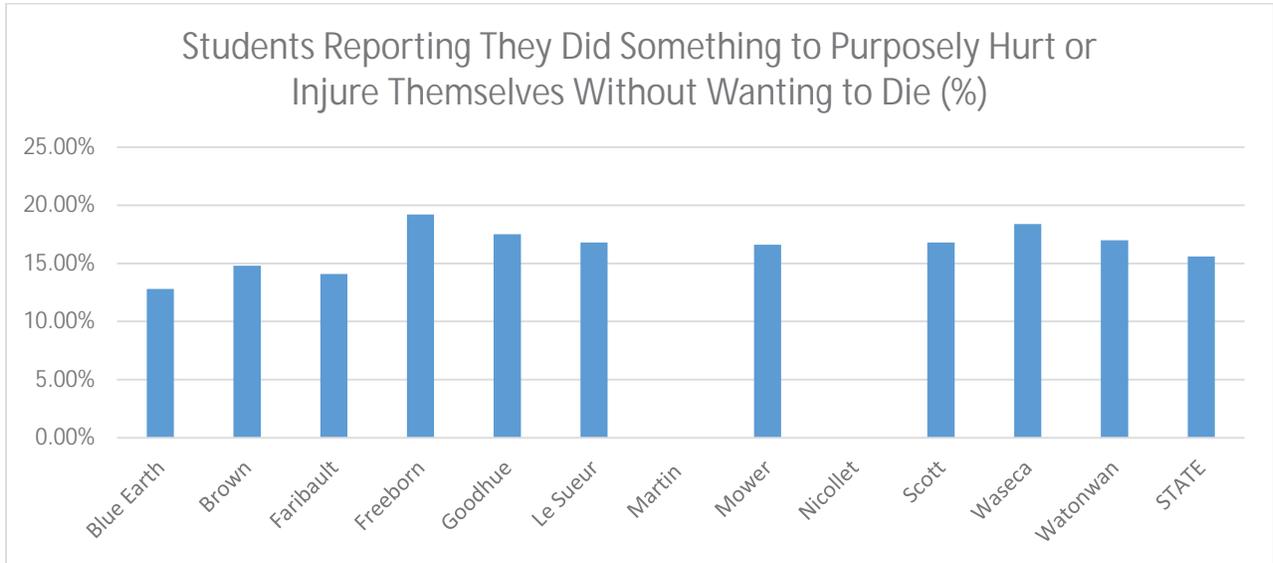
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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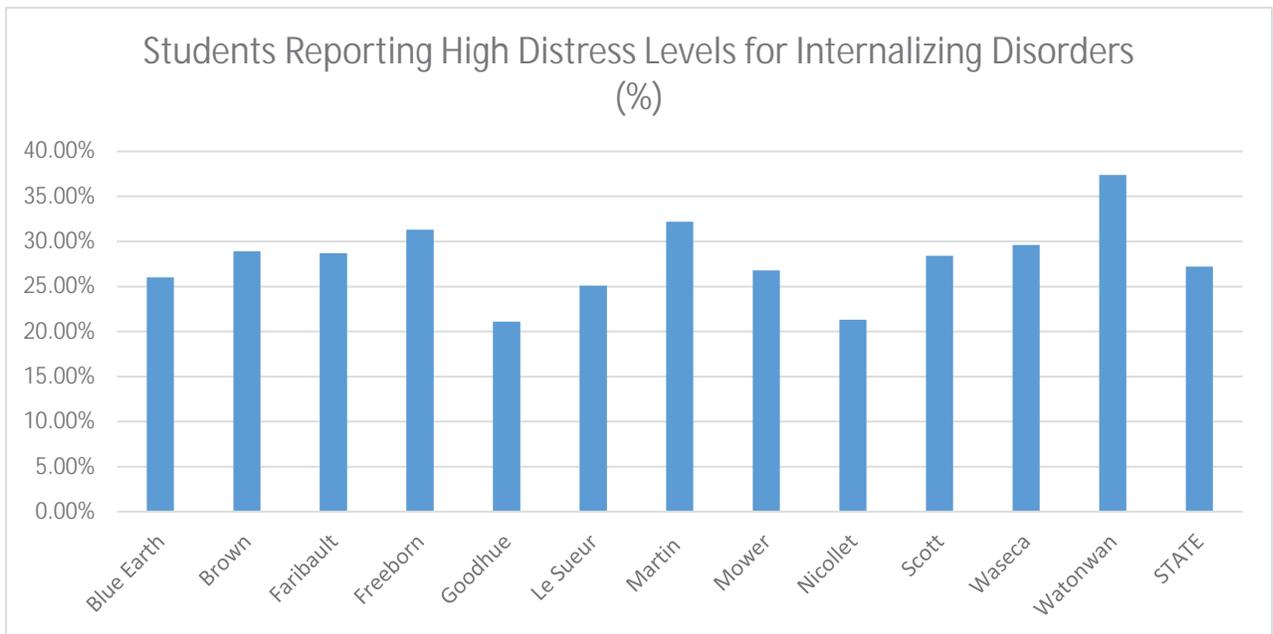
Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (2016)

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



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

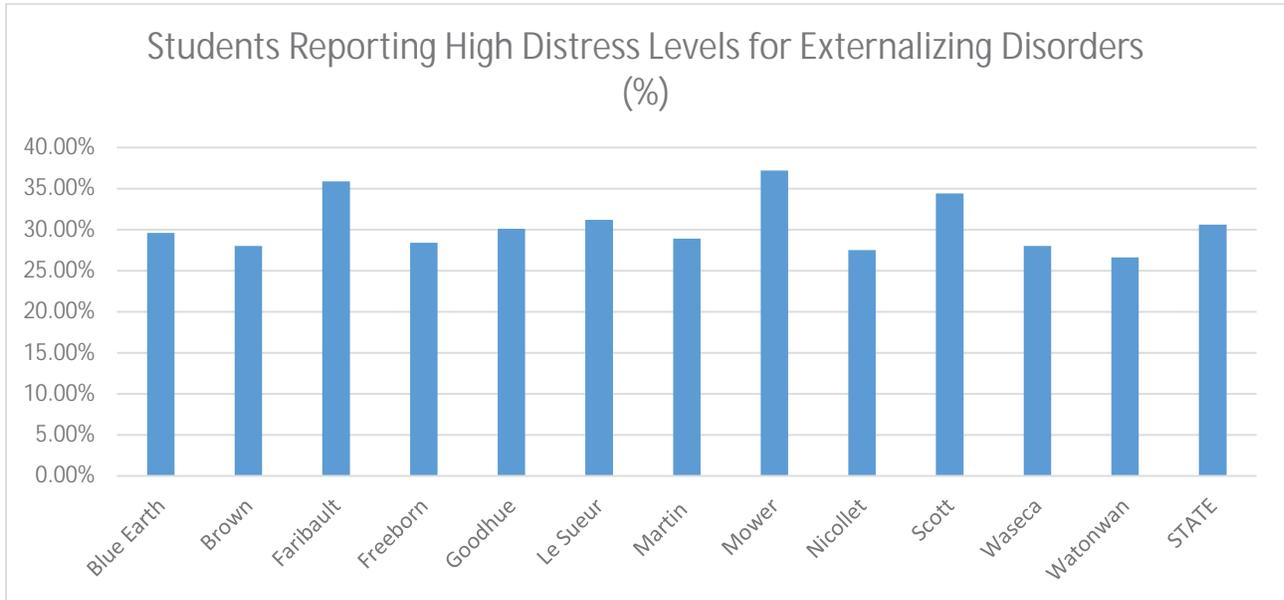
Source: <http://www.sumn.org/data/location/>



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

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



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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			

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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>

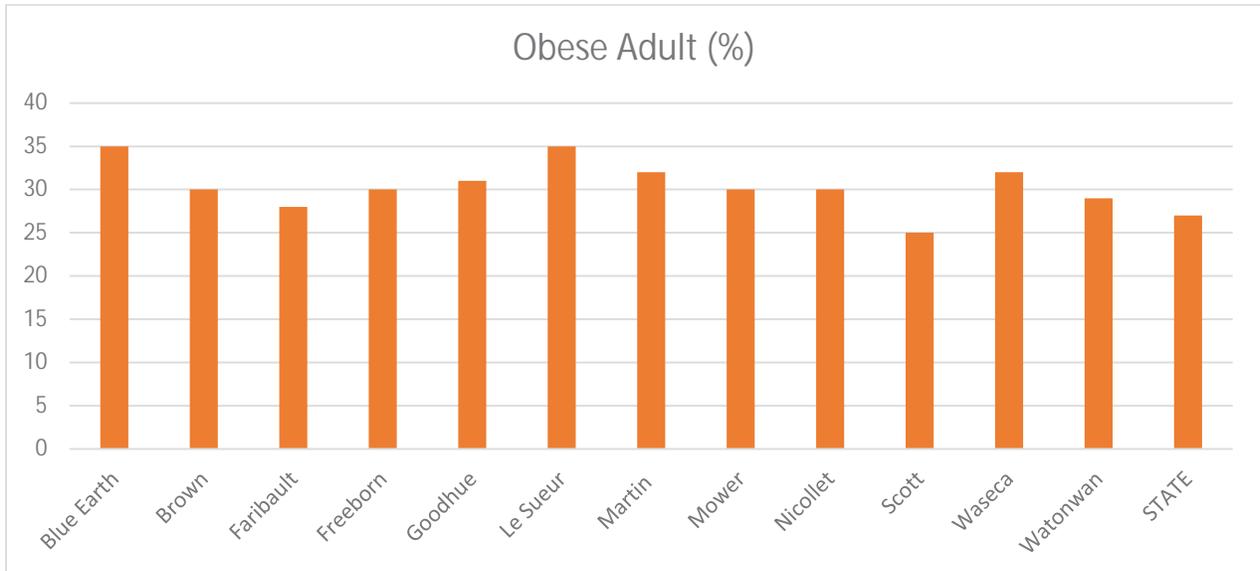
	Fatal (n)	Non-fatal (n)
Blue Earth	0	448
Brown	0	157
Faribault	0	88
Freeborn	0	216
Goodhue	1	319
Le Sueur	0	108
Martin	0	110
Mower	0	289
Nicollet	0	176
Scott	2	668
Waseca	0	122
Watonwan	0	47
STATE	65	32477
* Age-specific results available on the accompanying <i>Microsoft Excel</i> [®] document		

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Section #5: Nutrition and Physical Activity

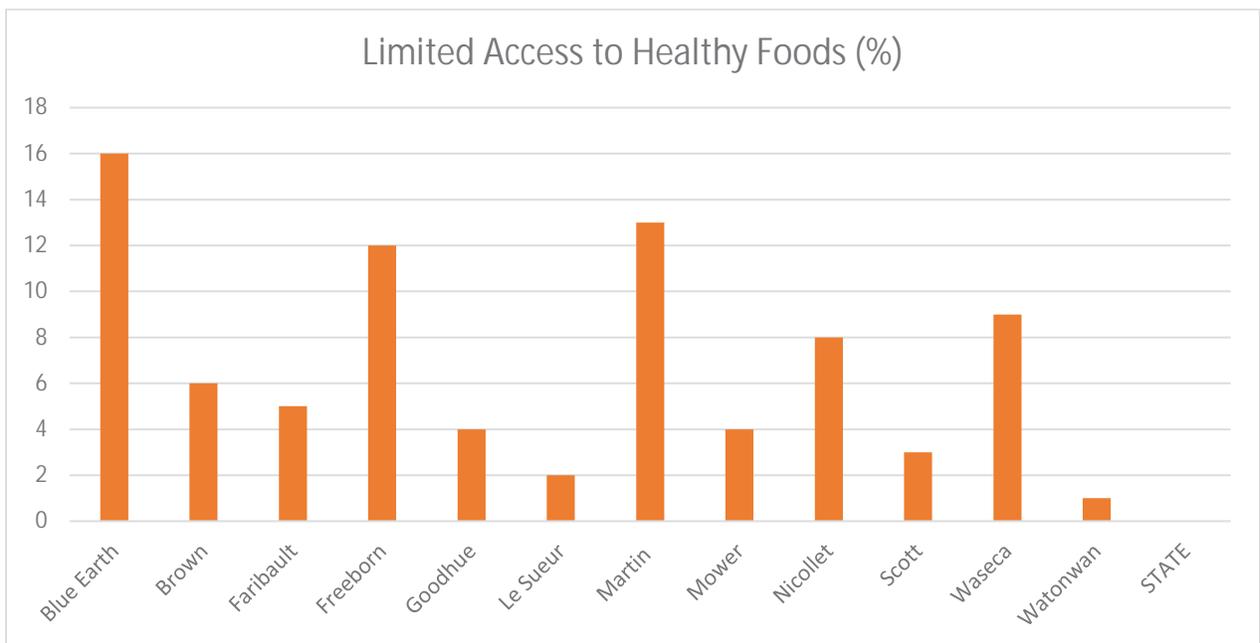
Obese adults (2014)

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



Limited access to healthy foods (2015)

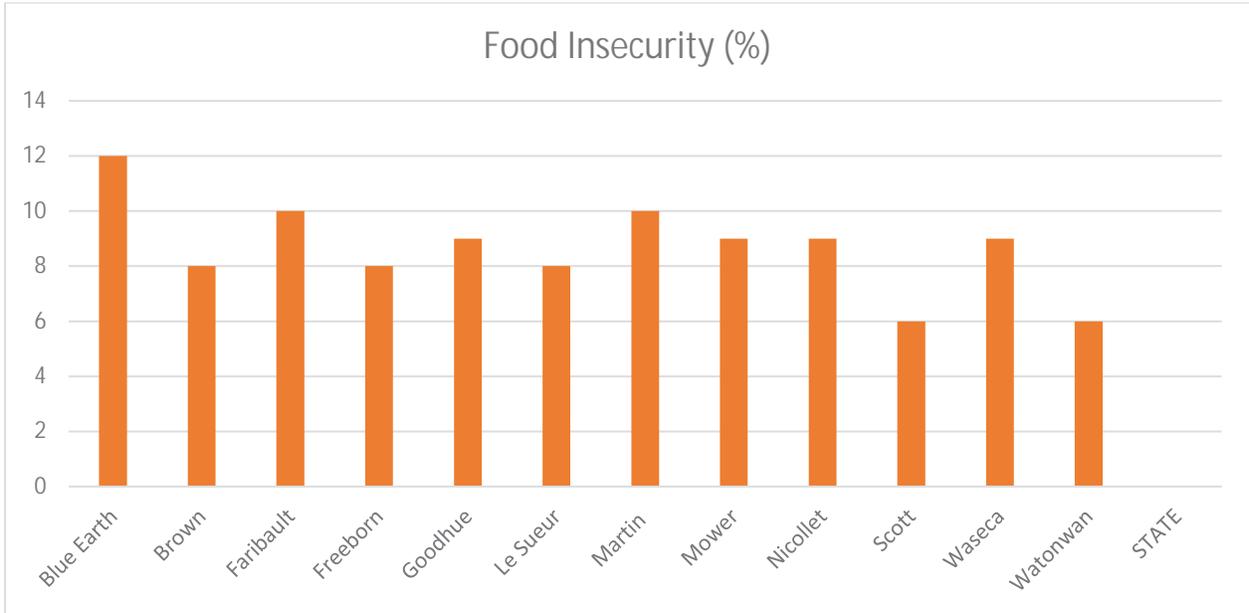
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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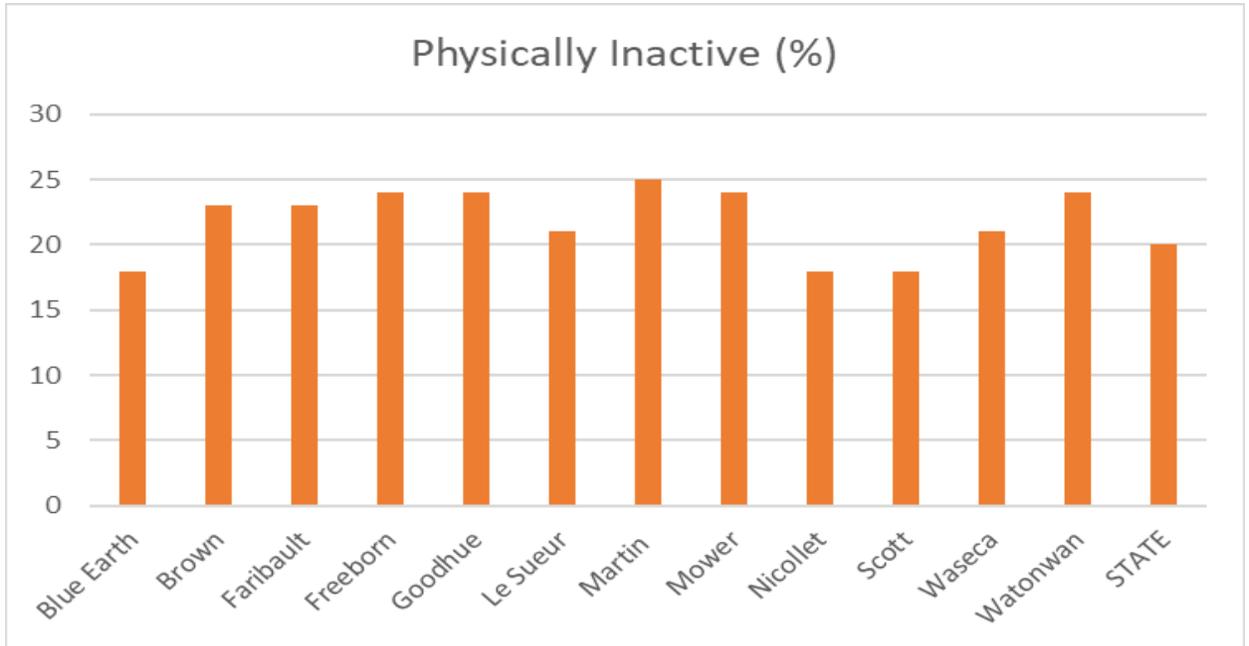
Food insecurity (2015)

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



Physically inactive (2014)

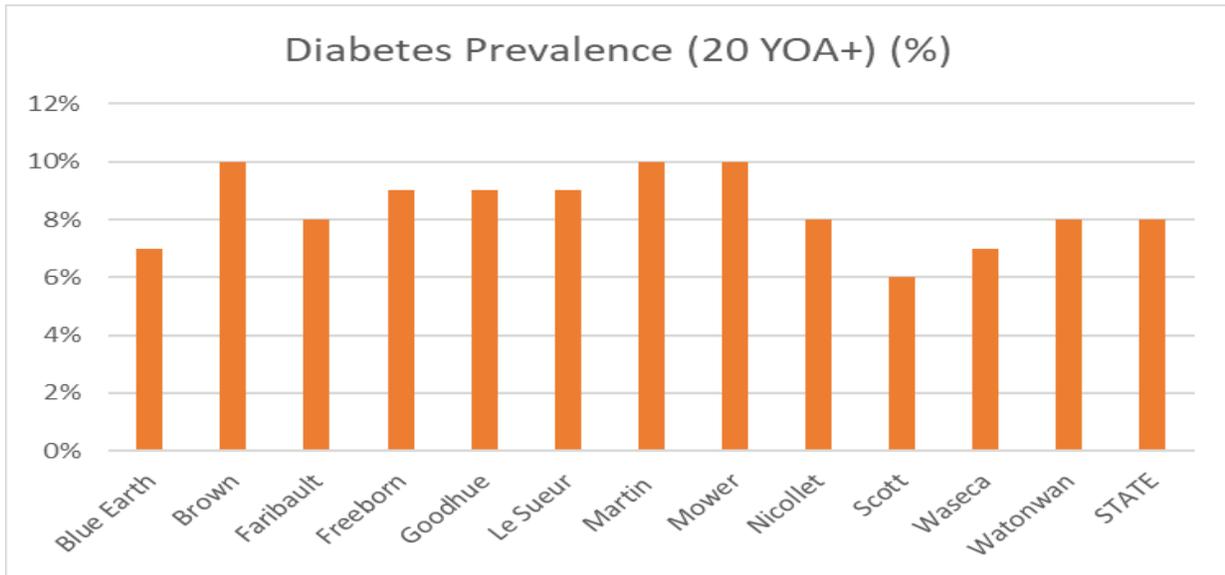
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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Diabetes prevalence (20+ YOA) (2014)

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

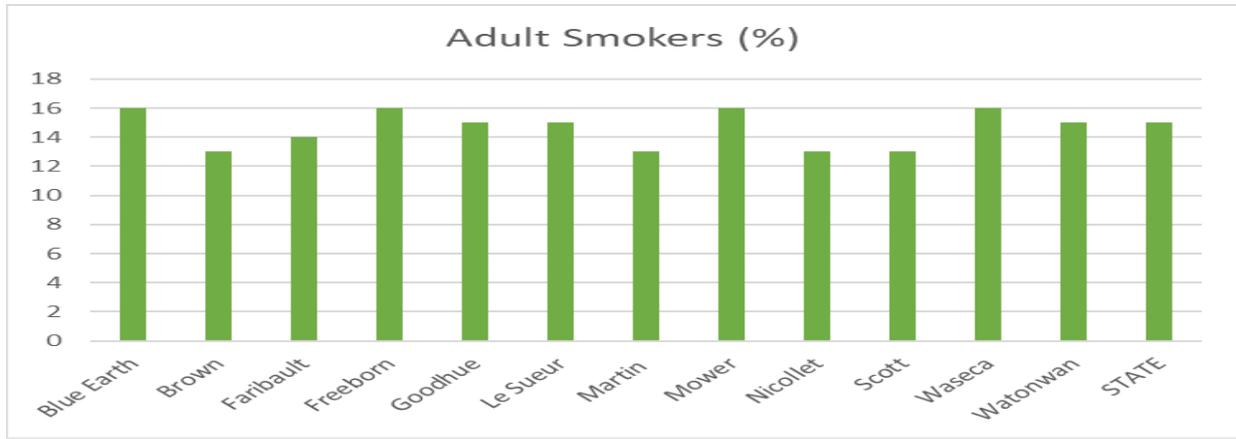


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Section #6: Tobacco

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

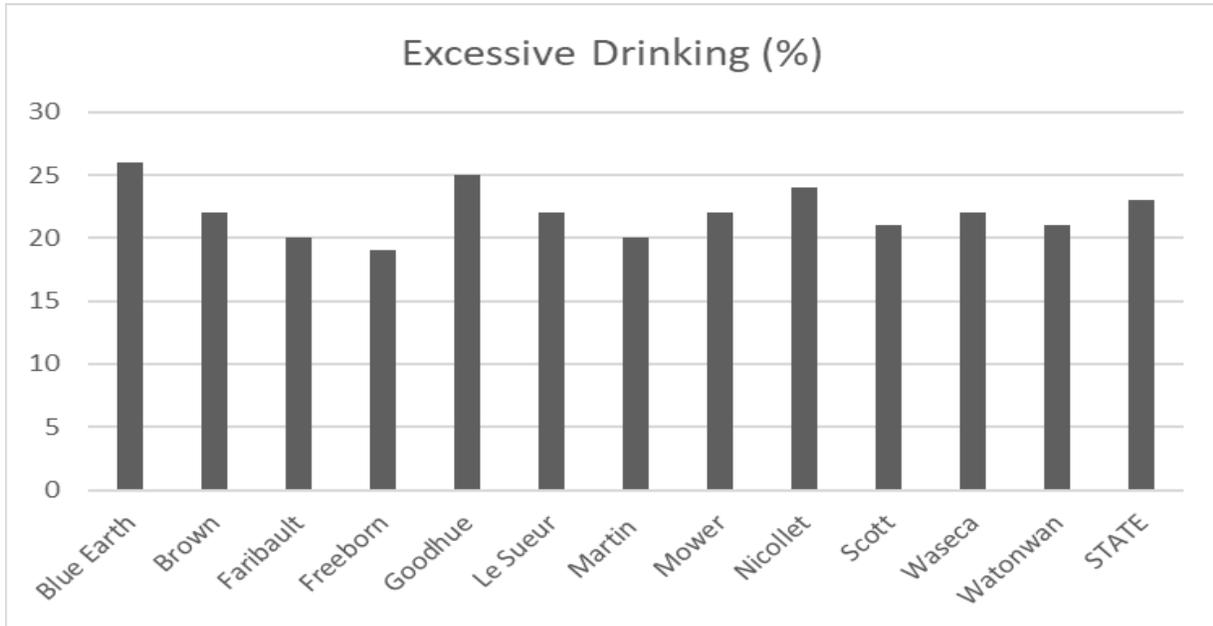
* Highlighted cells indicate percentage is higher than state percentage

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Section #7: Alcohol

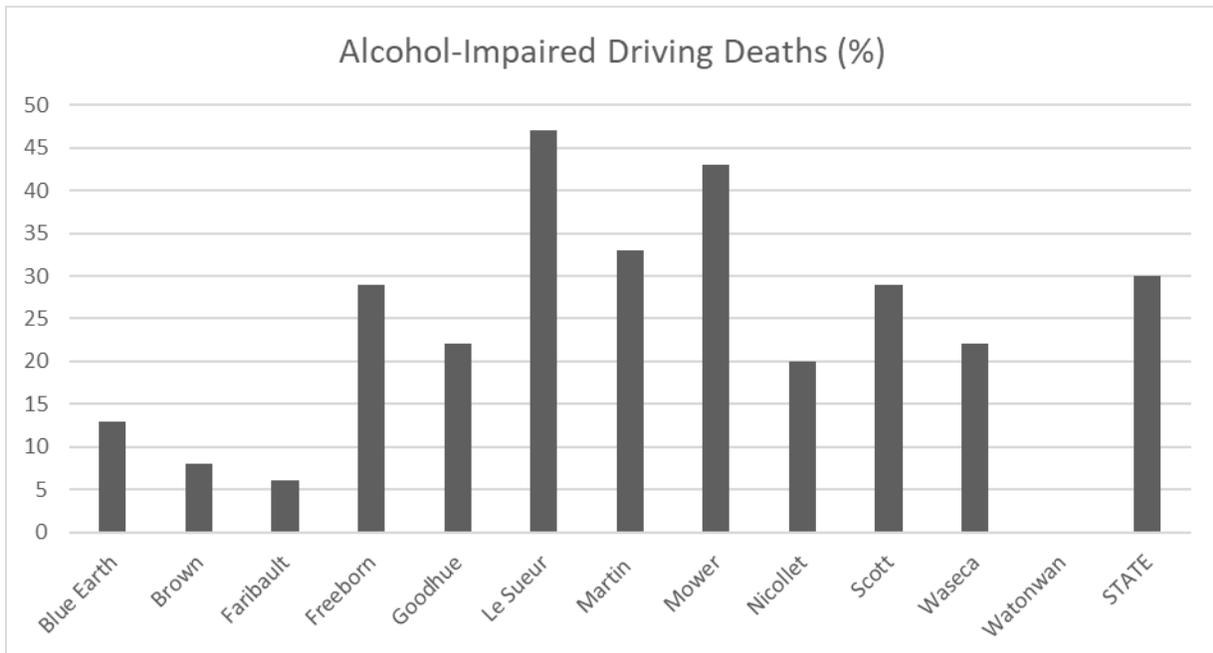
Excessive Drinking (2016)

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>



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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				

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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

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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
Watsonwan	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
Watsonwan	0.60%	2	1.90%	7	6.40%	23
STATE	0.60%	632	1.30%	1423	4.70%	5288

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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		

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

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

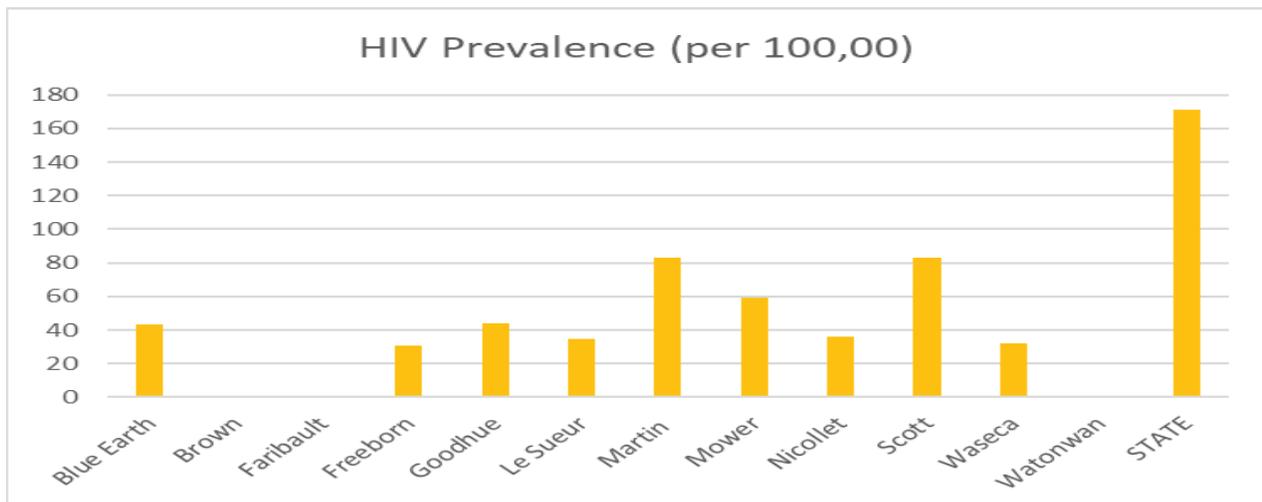
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

	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
Watsonwan	45	69	30
STATE	17	N/A	N/A

* Highlighted cells indicate rate is higher than state rate

HIV prevalence (per 100,000) (2015)

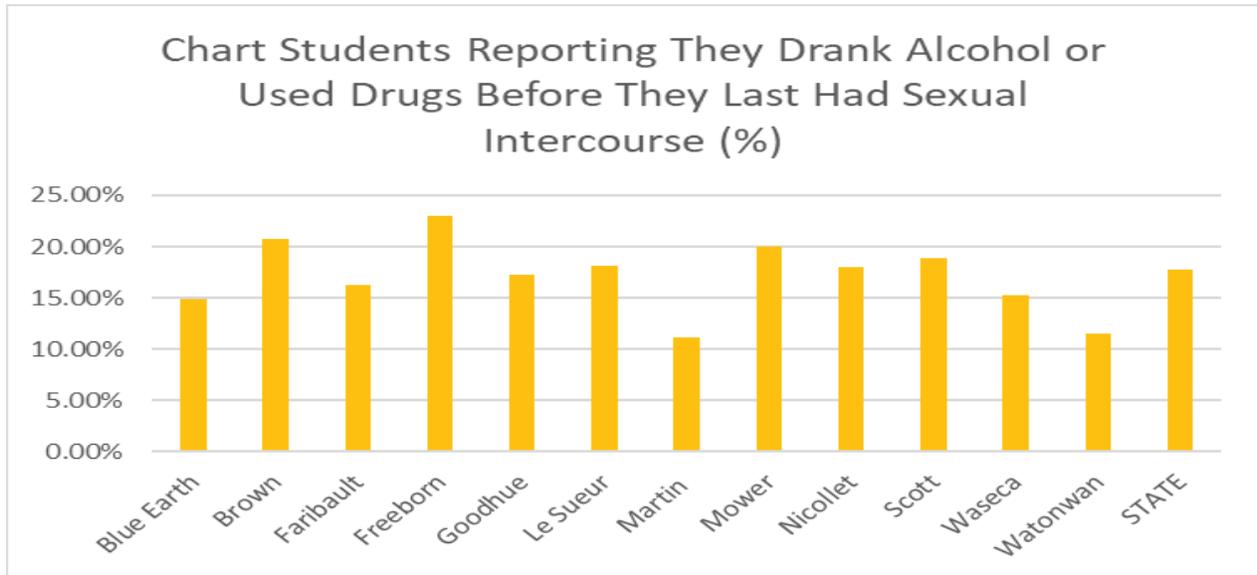
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



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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

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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		

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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				

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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)

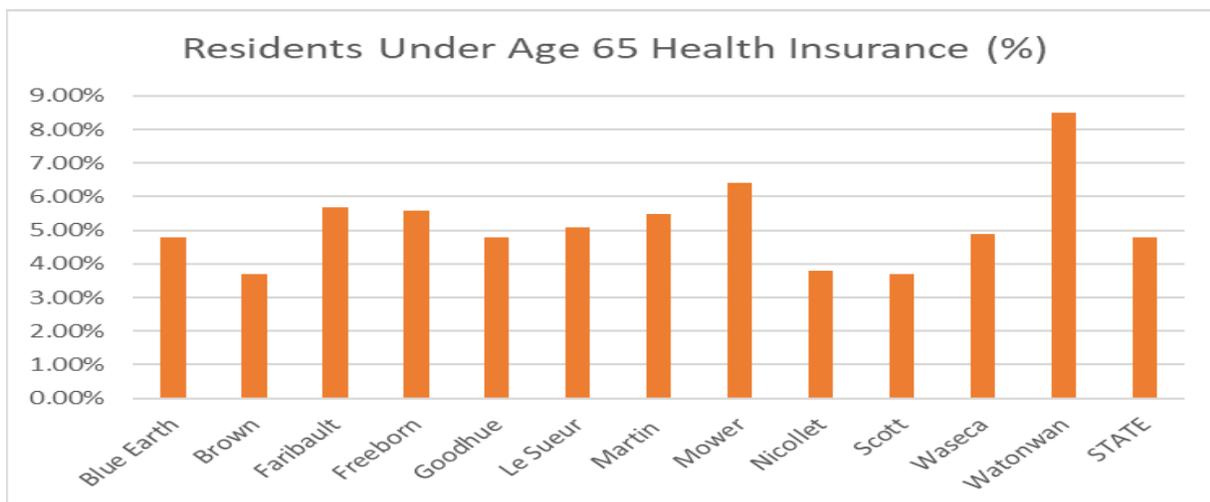
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

	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
Watsonwan	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>

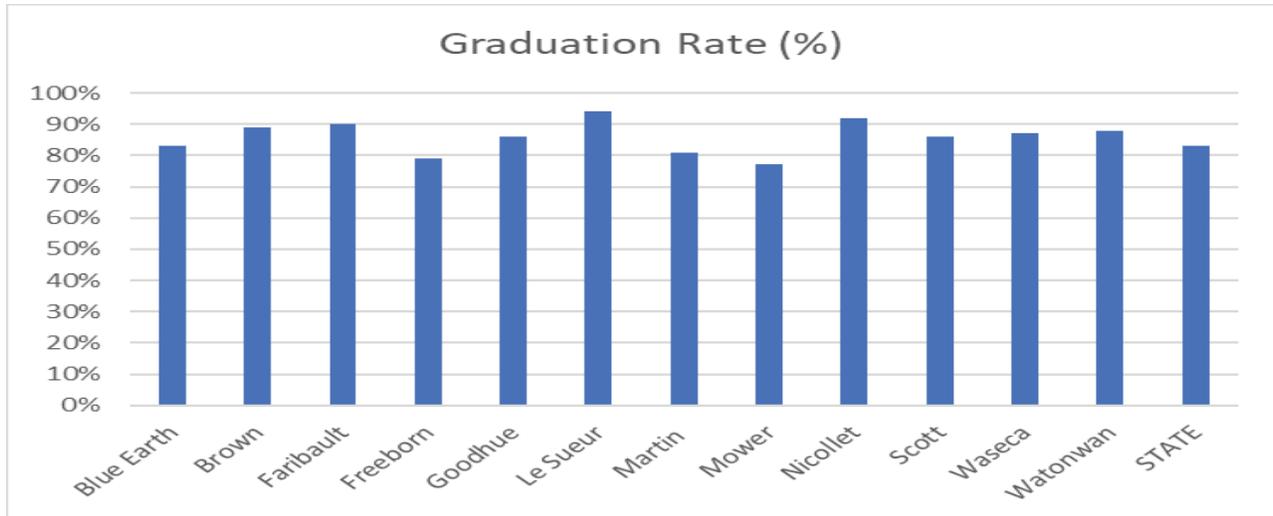


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Section #9: Social and Economic Factors

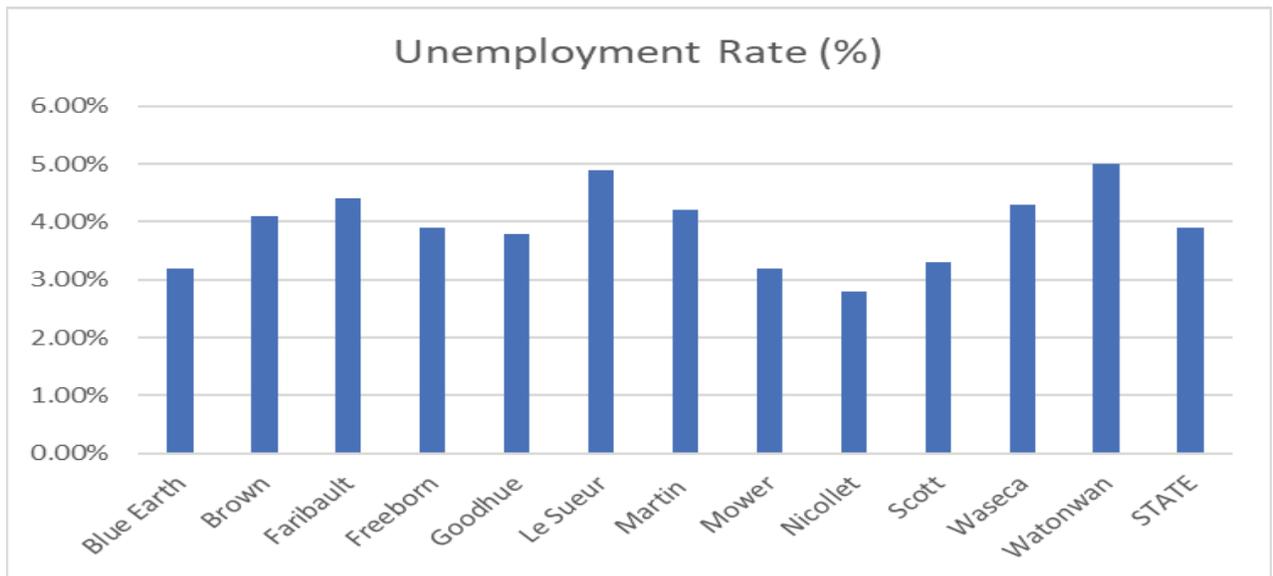
Graduation rate (2014-2015)

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>



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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

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Section #10: Maternal, Infant, and Child Health

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

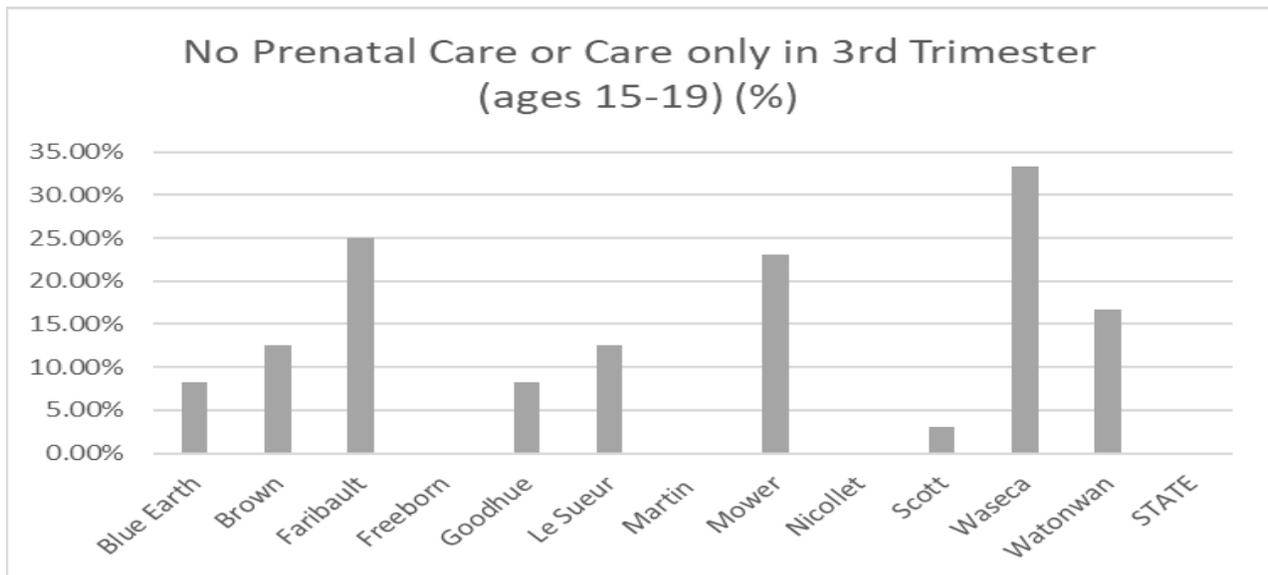
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

	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
Watsonwan	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)

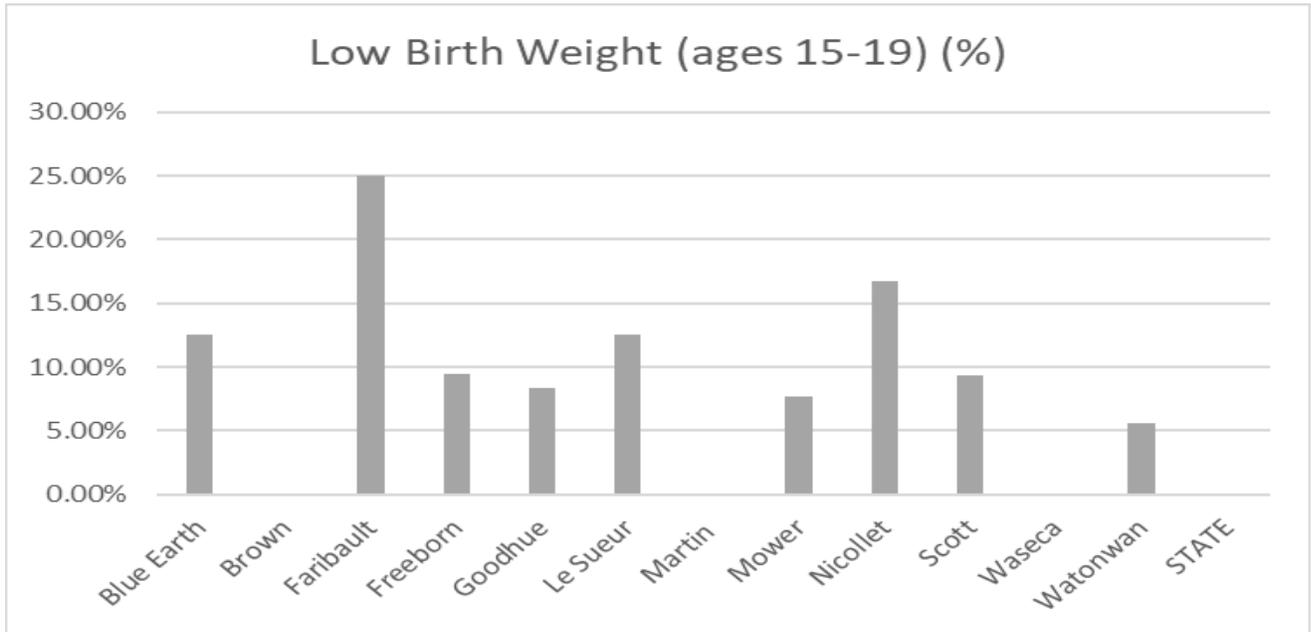
Source: <https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report>



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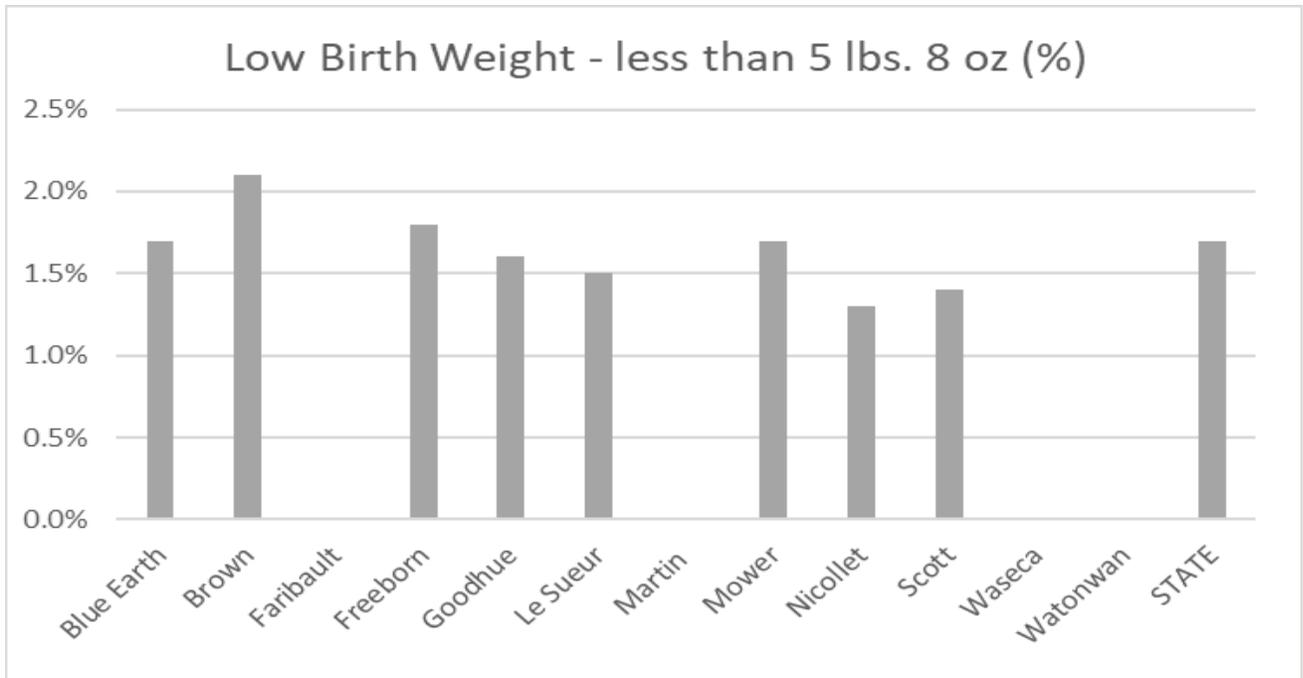
Low birth weight (ages 15-19) (2016)

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)

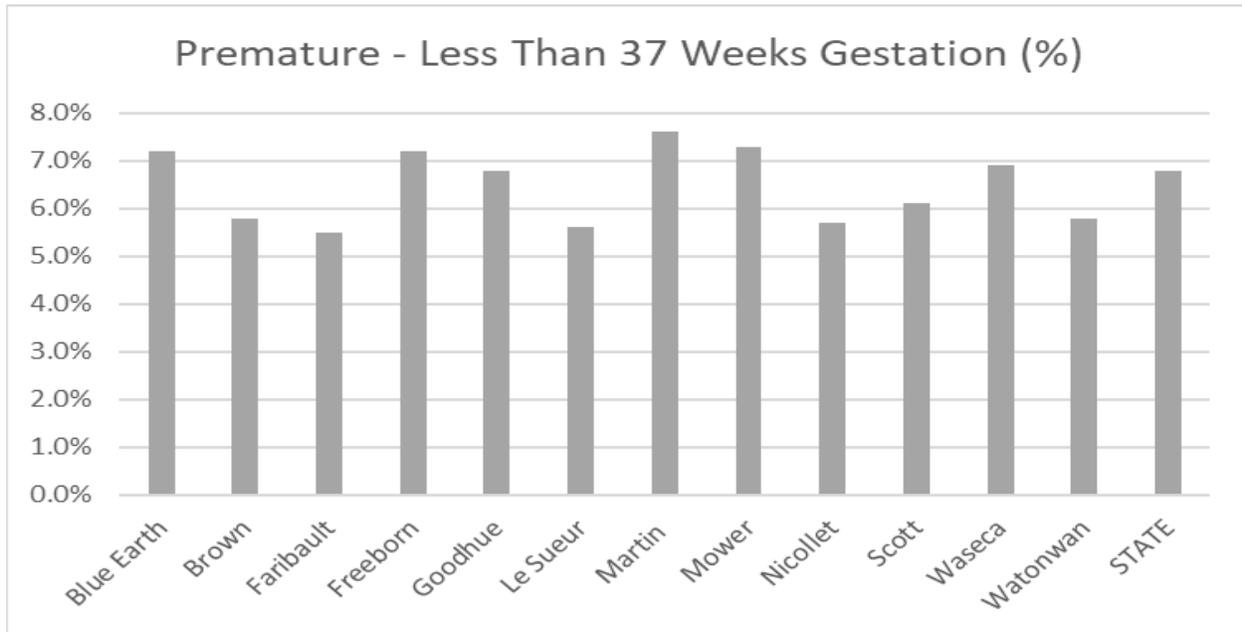
Source: <https://data.web.health.state.mn.us/web/mndata/topics#menu3>



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

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



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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)	Oceania (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

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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		

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Section #13: Chronic Conditions

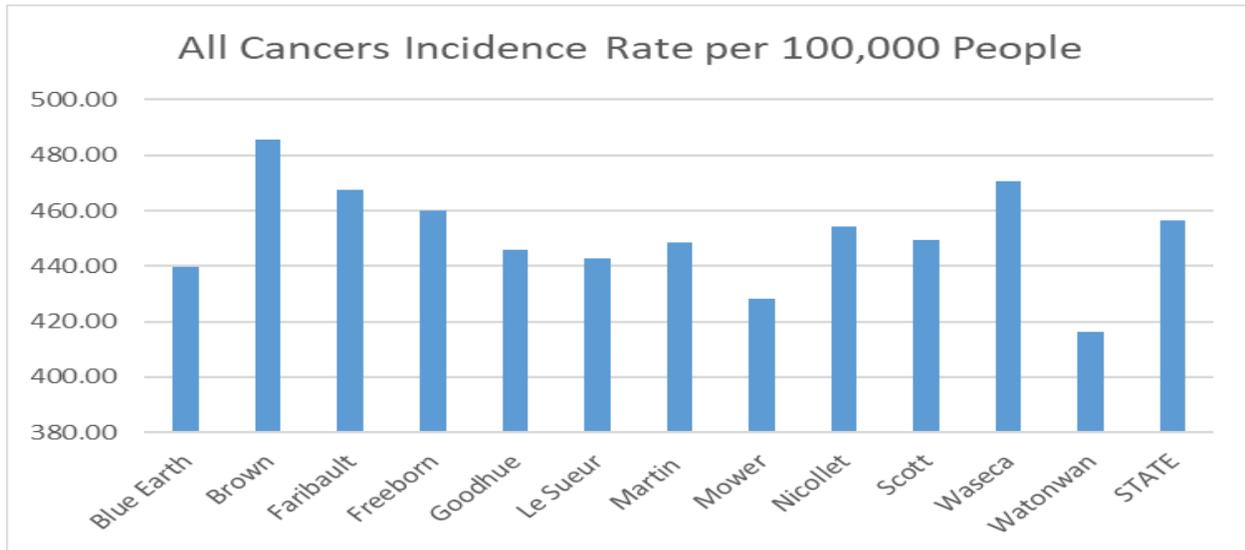
Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer’s disease, diabetes, suicide, Parkinson’s disease, liver disease and cirrhosis (2016)

Source: <http://www.health.state.mn.us/divs/chs/genstats/countyttables/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



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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		

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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>

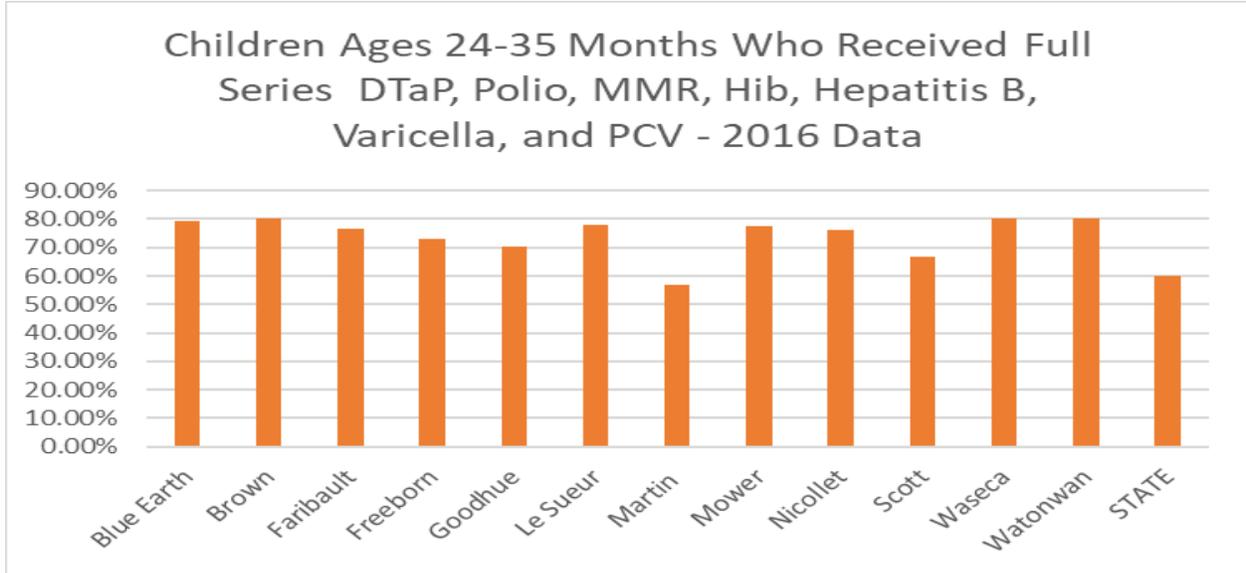
	EPSDT/C&TC Eligible Minnesota Health Care Programs children (age 20 and under) use of dental sealant services)	Dental service use among Minnesota Health Care Programs enrollees	EPSDT/C&TC eligible Minnesota Health Care Programs children (age 20 and under) use of dental services	EPSDT/C&TC eligible Minnesota 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				

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Section #15: Immunizations

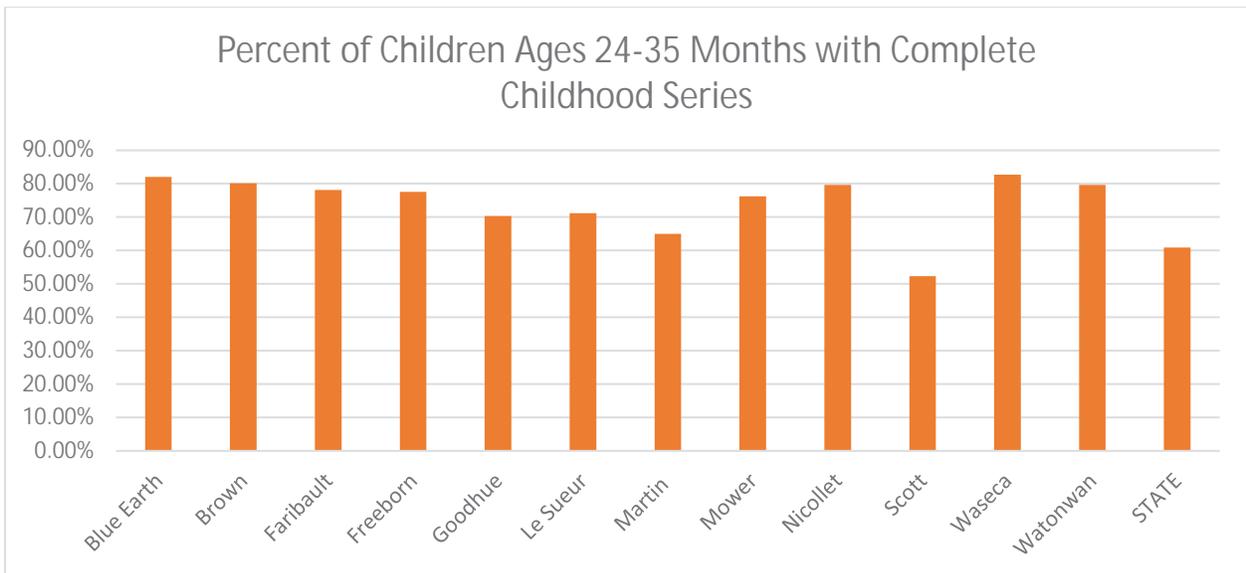
Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV – (2016)

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



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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

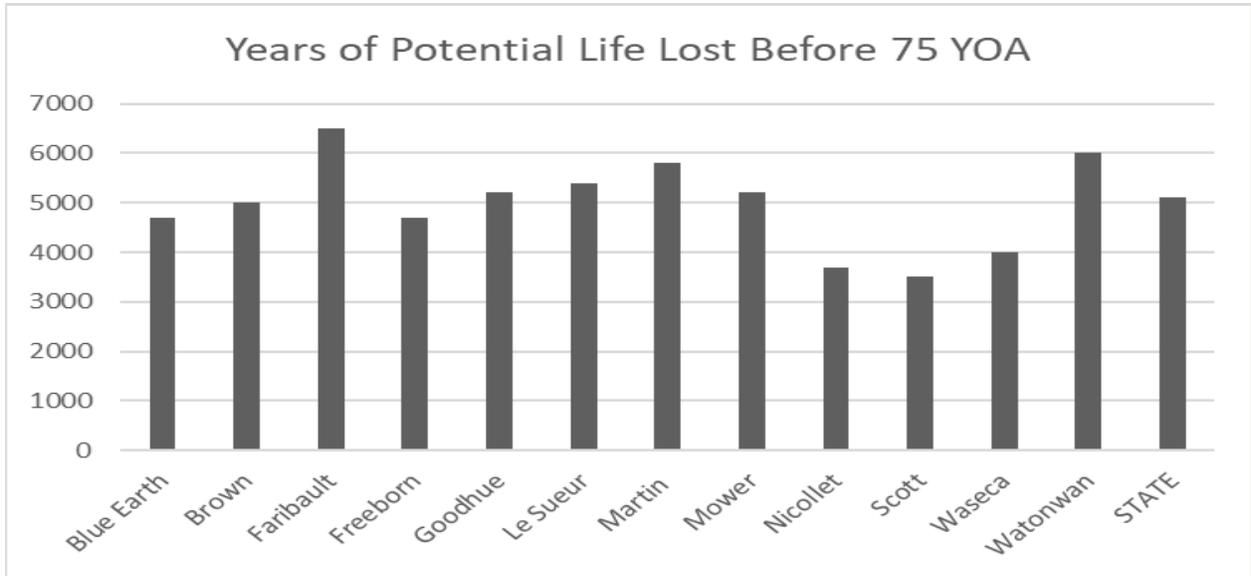
* Highlighted cells indicate rate is higher than state rate

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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>



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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.

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