



Community Health Needs Assessment



**Mayo Clinic Health System in Waseca
2020-2022**

September 2019

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Executive Summary

Enterprise Overview

Mayo Clinic is a nonprofit, worldwide leader in patient care, research and medical education, with nearly 150 years of expertise. Each year, Mayo Clinic serves more than 1 million patients from communities throughout 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 24 hospitals in communities in the United States, including Arizona, Florida, Iowa, Minnesota and Wisconsin.

A significant benefit that Mayo Clinic provides to all communities, local and global, is the results of its education and research endeavors. Mayo Clinic reinvests its net operating income 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 Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively.

In addition, through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Mayo Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients, and it's how we transform hope into healing.

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.

MCHS in Waseca is a 25-bed, critical-access hospital located in Waseca, Minnesota. Waseca is part of the Southwest Minnesota region of MCHS, which includes family medicine clinics in Janesville and Waterville, as well as hospitals in New Prague, Mankato, Springfield, Fairmont and St. James.

Dedicated to putting the needs of our patients first, MCHS in Waseca promotes health and wellness in the community through inpatient and outpatient services, education through blog postings, articles and presentations, staff volunteerism and community giving.

In 2018, MCHS in Waseca provided \$800,000 in charity care, providing local access to care to all. In addition, the hospital supported health and wellness in the community by partnering with high schools and higher-education institutions to introduce students to careers in rural health care, and invested in health and wellness programs, including the Waseca Area Neighborhood Service Center Food Shelf, Relay for Life, Discover Waseca Careers, Waseca Early Childhood Fair and others.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to health and wellness activities by focusing on high-priority needs — in our clinics and in our community.

Summary of Community Health Needs Assessment:

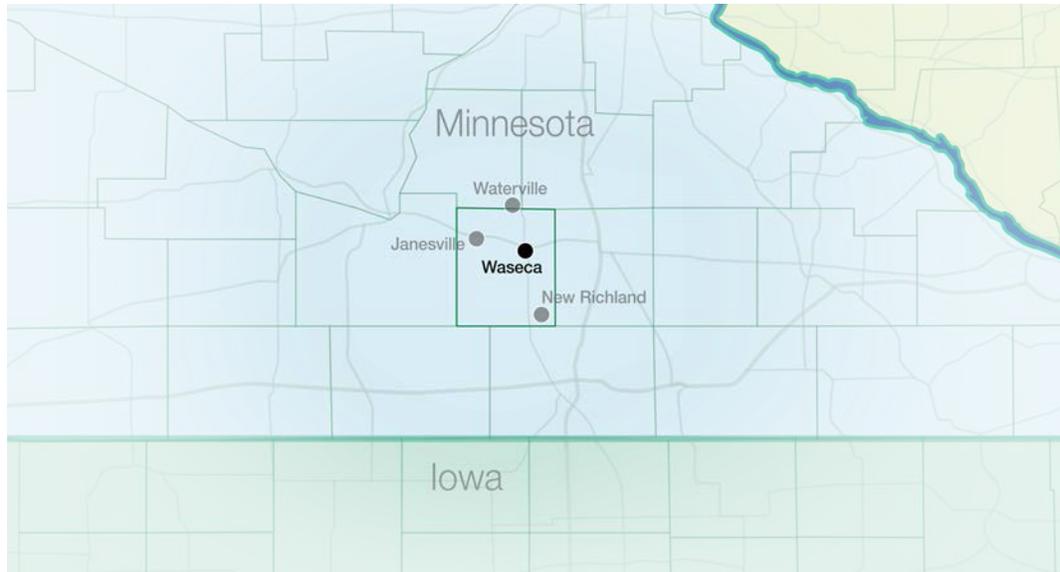
The Mayo Clinic Health System in Southwest Minnesota CHNA process was performed in partnership with regional county public health organizations. A systematic process was followed to evaluate the health needs of our communities and determine health priorities.

The primary quantitative input into the assessment and prioritization process was the Southern Minnesota Needs Assessment report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato in partnership with the regional departments of public health and MCHS. This report includes analysis of existing data gathered from a variety of sources, such as census data, government reports, health department statistics and school surveys.

The primary qualitative input into the assessment and prioritization process was the collection of community input at community events and activities, as well as a variety of community stakeholder conversation sessions. Community event/activity input was gathered at 35 events in the region where participants could select the top-two health concerns impacting themselves and/or their families. Events/activities with typically underserved populations were targeted. Over 2,800 participants shared their input as part of the community input gathering. In addition, community conversations were held with stakeholders from local government and nonprofit leaders.

Our Community

Mayo Clinic Health System in Waseca serves communities in Waseca County and portions of Blue Earth, Le Sueur and Steele counties in southern Minnesota. The main medical campus is in Waseca and consists of a multi-specialty clinic and critical access hospital, which is the only hospital in Waseca County. Although MCHS in Waseca serves patients from other counties, the majority (62%) are from Waseca County. For the purposes of the CHNA, the community is defined as Waseca County.



Demographics

Population (2016)

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

		Age Group									
	S e x	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Total
State	F	348,080	351,164	357,497	366,445	328,404	390,152	317,958	176,707	135,915	2,772,322
	M	363,883	365,774	374,830	376,507	335,232	386,721	306,201	153,936	84,546	2,747,630
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

Race and Ethnicity (2016)

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

	One Race					Two+ Races	Ethnicity
	Total	White	African American ^a	AIAN ^b	API ^c		Hispanic/Latino ^d
State	5,519,952	4,691,265	344,322	73,970	275,931	134,464	289,422
Waseca	18,911	17,878	443	154	165	271	1,111

Socioeconomic Data (2012-2016)

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

Location	Percent				
	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%
Waseca	44.3%	27.4%	81.6%	21.0%	69.0%

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
Waseca	1,443	470	4	5	1,922

Median Income (2016)

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

	Median Income
Minnesota	\$63,217
Waseca	\$53,199

Assessing the Needs of the Community

Overview

In 2016, Mayo Clinic Health System in Waseca identified and prioritized community health needs in Waseca County through a comprehensive process that included input from local community and organization leaders, public health officials and hospital leadership. The 2016 Community Health Needs Assessment final report has been posted on the MCHS in Waseca “About Us” internet page for public review and comment. A link for questions and comments was clearly identified on the CHNA report page; no comments have been submitted.

In 2019, the MCHS in Waseca CHNA process was led by an internal MCHS work group with members from community relations and site leadership with input from regional health system leadership, public affairs, social work and practice operations. This MCHS interdisciplinary work group viewed the CHNA as an opportunity to better understand known health care needs and, if possible, identify emerging needs within each of the six MCHS communities in the Southwest Minnesota region — Fairmont, Mankato, New Prague, Springfield, St. James and Waseca.

Community Input

Community input was received at numerous stages and from a variety of levels of leadership throughout the CHNA process. MCHS and Waseca County Public Health participated in gathering and analyzing local health data, as well as planning and facilitating the community input boards at events/activities in 2018. Input was also received during community conversations and stakeholder gatherings.

Process and Methods

The assessment process began in October 2017 with the gathering of a regional coalition with representatives from regional public health counties (Blue Earth, Brown, Waseca, Le Sueur, Nicollet, Faribault, Martin and Watonwan counties), Statewide Health Improvement Program (SHIP) staff (Brown, Nicollet, Le Sueur, Waseca, Blue Earth, Faribault and Martin counties), Minnesota Department of Health, Allina Health, United District Hospital and MCHS. This coalition came together to identify ways to collaborate during the assessment process and on future initiatives.

This group reached out to the Minnesota State University-Mankato Health Science department for help collecting and analyzing data. Joseph Visker, PhD, from the university led the data collection and analysis for our 12 regional counties. Data was pulled from a variety of publicly available sources. The full data report and all sources are available in the Southern Minnesota Needs Assessment (Appendix A) prepared by Dr. Visker.

Community input boards were used at events to get a pulse on the communities we serve. They included 10 areas of health concern: health care access; chronic disease; safety; environment; stress, anxiety and depression; sleep; physical exercise; healthy foods (access or cost); tobacco,

alcohol or drugs; and lack of a support system. Each participant was given two sticky flags and asked to put the flags on the top-two health concerns affecting them and/or their families.

The community input boards were targeted at events that serve traditionally underrepresented, medically underserved, low-income and minority populations or have representation from those groups. These events were the Waseca Stakeholder Breakfast, Waseca County Fair and Waseca Intermediate School Open House. At these three events in 2018, 240 people provided their input for the community board activities.

The top health concerns based on this community input was as follows:

1. Stress, anxiety, depression
2. Physical exercise
3. Access to healthy foods
4. Tobacco, alcohol and drugs
5. Sleep
6. Chronic disease
7. Access to health care
8. Environment
9. Lack of support system
10. Safety



Input also was received during community conversations and stakeholder gatherings where representatives from traditionally underserved populations were invited to attend multiple events between June 25, 2018 and May 15, 2019. This included annual community stakeholder gatherings and a Le Sueur and Waseca county data review and visioning session on January 23.

Prioritization Process and Criteria

The MCHS interdisciplinary team used a matrix called the CHNA Process to Identify and Prioritize Needs to identify and prioritize the health concerns that would be addressed moving forward. It measured each need on the following criteria: Strategies identified; resources that

will be available (time, talent and treasure); influence to make community change/impact; and community acceptability (based on gathered community input). Each need was given a numerical ranking with five being the highest rating. These are the matrix results:

MCHS in Waseca CHNA Prioritization of Health Issues

Health Issue (0-5 Rating; 5 being highest rating)	Strategies Identified	Resources Available (Time, Talent & Treasure)	Influence to Make Community Change/Impact	Community Acceptability (based on gathered community input)	Total
Stress, anxiety, depression	4	4	4	5	17
Tobacco, alcohol & drugs	4	3	4	4	15
Chronic disease	5	5	4	3	17
Physical exercise	4	5	4	5	18
Access to healthy foods	4	4	3	4	15
Sleep	2	3	2	3	10
Access to health care	4	4	4	2	14
Environment	2	1	1	2	6
Safety	2	1	1	1	5
Lack of support system	3	2	3	1	9

Overview

After completing an extensive analysis of the data available and community input, the top community health needs were identified by MCHS in Waseca. Each of these focus areas are equally important, however, they have been ranked by priority:

1. Mental health
2. Substance abuse

3. Chronic disease and obesity

Identified Health Needs

Mental Health

This focus area refers to the services and support needed to address how we think, act and feel as we cope with life. Mental health is essential for personal well-being, caring for family, interpersonal relationships, and meaningful contributions to society. Mental health conditions may include, but are not limited to, depression, anxiety and post-traumatic stress disorder.

Data Highlights:

Percent of Adults Experiencing Frequent Mental Distress (2016)



9.00% - Waseca County
10.00% - Minnesota

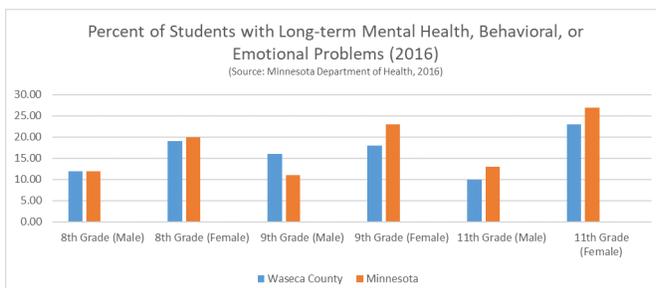
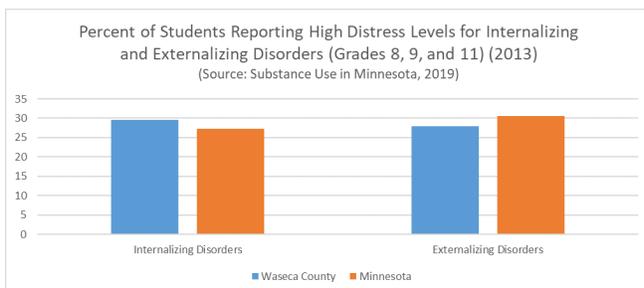
Source: County Health Rankings, 2019

Students Reporting They Did Something to Purposely Hurt or Injure Themselves Without Wanting to Die (Grades 8, 9, and 11) (2016)



18.40% - Waseca County
15.60% - Minnesota

Source: Substance Use in Minnesota, 2019



Substance abuse

This focus area refers to the misuse, overindulgence in or dependence on an addictive substance including tobacco, alcohol or other drugs. Across the county and in Minnesota there has been a recent surge in vaping, especially among youth in our schools.

Data Highlights:

Students Reporting Any Tobacco or Nicotine Use on One or More Days within the Past 30 Days (Grades 8, 9, and 11) (2016)



13.00% - Waseca County
12.80% - Minnesota

Source: Substance Use in Minnesota, 2019

Students Reporting Smoking a Cigarette on One or More Days within the Past 30 Days (Grades 8, 9, and 11) (2016)



4.60% - Waseca County
4.90% - Minnesota

Source: Substance Use in Minnesota, 2019

Students Reporting Using an E-Cigarette on One or More Days within the Past 30 Days (Grades 8, 9, and 11) (2016)



13.00% - Waseca County
12.80% - Minnesota

Source: Substance Use in Minnesota, 2019

Chronic disease including obesity

Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis, are among the most common and costly of all health problems in the U.S. Currently, chronic diseases account for approximately two out of three deaths nationwide. In many cases, obesity is a contributing factor for preventing and maintaining chronic diseases, especially heart disease and diabetes. Maintaining a healthy weight is important for reducing the risk of developing chronic conditions that may have a major impact on quality of life.

Data Highlights:

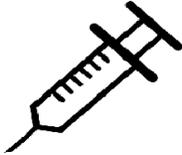
Percent of Adults Reporting as Obese (via BMI) (2014)



32.00% - Waseca County
27.00% - Minnesota

Source: County Health Rankings, 2019

Percentage of Adults with Diabetes (2014)



7.00% - Waseca County
8.00% - Minnesota

Source: County Health Rankings, 2019

Average Number of Physically Unhealthy Days (2014)



3.00 - Waseca County
3.00 - Minnesota

Source: County Health Rankings, 2019

Available Resources within the Community to Address the Identified Needs

As a member of MCHS, the hospital has seamless access to the care offered at the world-renowned Mayo Clinic in Rochester, Minnesota. In addition, within the service area of MCHS in Waseca, there are other resources available to meet the identified community health needs.

Highlights include:

Mental health:

- Compassionate Counseling Services
- Lutheran Social Services
- Minnesota Prairie County Alliance
- South Central Human Relations Center

Substance abuse:

- Alcoholics Anonymous
- Waseca County Public Health
- Brown, Nicollet, Le Sueur and Waseca Counties SHIP
- Fountain Center, Owatonna

Chronic Disease:

- Fitness/Exercise/Wellness including Anytime Fitness and Snap Fitness

- Health care organizations, including, but not limited to, Orthopedic and Fracture Clinic and South Country Health Alliance in Owatonna
- Chiropractic, including, but not limited to, Precision Chiropractic & Wellness and Waseca Family Chiropractic Center
- Food assistance, including, but not limited to, Waseca Neighborhood Service Center and Janesville Community Food Shelf
- Dental services, including, but not limited to, Waseca Dental Care and Waseca Family Dentistry

Evaluation of Prior CHNA and Implementation Strategy

Prioritized health needs:

- Obesity
- Hypertension

Updates on strategy impact:

Obesity

- Partnered with all nine area libraries and summer community education kids program on the Slim Your Screen Time program promoting less technology screen time and more physical activity and exercise.
- Clinical nutrition dietician presented annually at the “how-to” event at the local library on making healthy meals and snacks
- Disseminated health education through the media including TV segments, print media, social media, online blogs and the MCHS *Hometown Health* publication

Hypertension

- Clinical nutrition dietitian did a presentation on how to reduce hypertension in children through dietary intervention at the annual ECFE Family Education Fair
- Dietitian provided education on the DASH diet at Taste of the Farm
- Disseminated health education through the media including TV segments, print media, social media, online blogs and the MCHS *Hometown Health* publication

All focus areas

- Committed approximately \$2,000 annually to local programs in the community aligning with health and wellness
- Participated annually in events and expos including ECFE Family Education Fair, Waseca County Fair, Taste of the Farm and more to promote a healthy lifestyle
- Disseminated health education through the media including TV segments, print media, social media, online blogs and the MCHS *Hometown Health* publication

Despite the actions taken since 2016 to address obesity and hypertension, their impact has not been able to reduce the prevalence of obesity and hypertension. These remain community health needs that MCHS in Waseca will continue to address through our focus area of chronic disease.

Southern Minnesota Needs Assessment

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Project Overview

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

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)
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)

	<ul style="list-style-type: none"> - 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)
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)

	<ul style="list-style-type: none"> - 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/countytables/profiles2017/ademog16pdfupdate.pdf
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm
https://data.web.health.state.mn.us/web/mndata/lead_query#_
https://midas.web.health.state.mn.us/violence/index.cfm
https://www.mncompass.org/health/mental-health-admissions#1-4470-g
http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map
https://www.mncompass.org/health/health-care-coverage#1-7468-g
http://www.sumn.org/data/location/show.aspx?tf=31%2c32&loc=7&sn=false&cat=1%2c10%2c118%2c71%2c19%2c28%2c73%2c30%2c430%2c57%2c74%2c136%2c120%2c121%2c398%2c404%2c745%2c709%2c710%2c719&ds=a
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk
http://www.health.state.mn.us/divs/idepc/refugee/stats/16yrsum.pdf
https://www.lep.gov/maps/lma2014/Final_508/
https://www.pediatrics.umn.edu/divisions/general-pediatrics-and-adolescent-health/programs-centers/healthy-youth-development-prevention-research-center/minnesota-adolescent-sexual-health-report
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table3std2016.pdf
http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/2016/table1std2016.pdf
http://www.health.state.mn.us/divs/chs/genstats/countytables/profiles2017/cmort16pdf.pdf
https://data.web.health.state.mn.us/web/mndata/cancer_query
https://data.web.health.state.mn.us/copd_query
https://data.web.health.state.mn.us/oral-health
https://data.web.health.state.mn.us/web/mndata/topics#menu3
https://data.web.health.state.mn.us/web/mndata/immunization_basic

<https://data.web.health.state.mn.us/web/mndata/topics#menu3>
<http://www.health.state.mn.us/divs/chs/surveys/mss/singleyr/index.html>

Section 1: Demographics

Population (2016)

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

	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

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

Socioeconomic Data (2012-2016)

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

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

Minnesota Medical Assistance – Average Monthly Eligibles (2016)

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

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

Median Income (2016)

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

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

Section #2: Mental Health

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

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

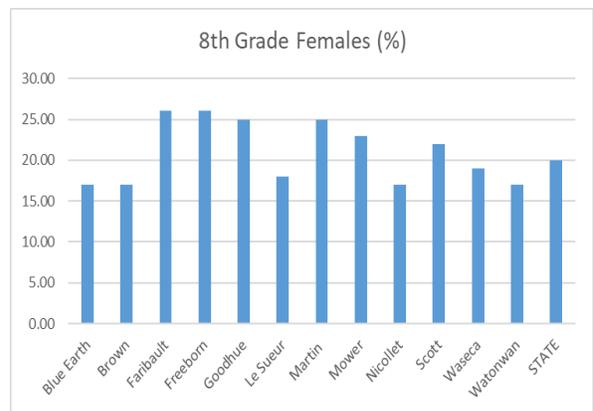
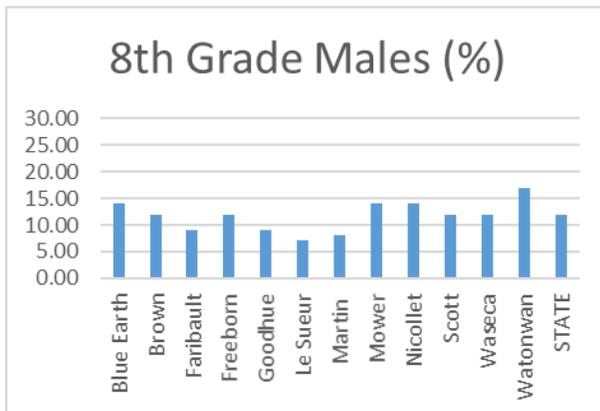
		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Blue Earth	No	86.00	85.00	85.00	80.00	84.00	74.00
	Yes, during the last year	6.00	10.00	8.00	13.00	9.00	17.00
	Yes, more than a year ago	8.00	7.00	9.00	9.00	11.00	13.00
Brown	No	84.00	83.00	87.00	80.00	86.00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

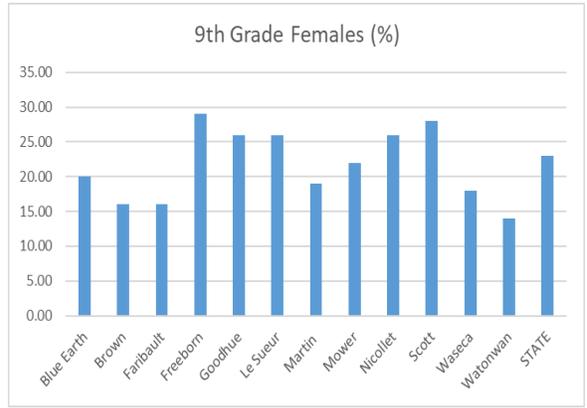
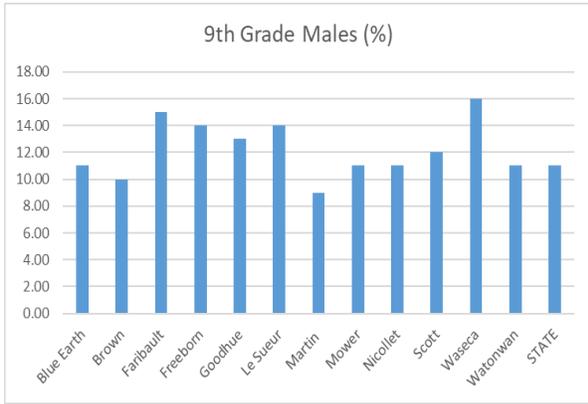
	Yes, during the last year	7.00	14.00	10.00	4.00	7.00	13.00
	Yes, more than a year ago	10.00	13.00	5.00	2.00	12.00	21.00
Mower	No	83.00	77.00	86.00	77.00	84.00	70.00
	Yes, during the last year	11.00	16.00	9.00	13.00	7.00	19.00
	Yes, more than a year ago	9.00	10.00	8.00	14.00	13.00	15.00
Nicollet	No	85.00	88.00	90.00	80.00	73.00	65.00
	Yes, during the last year	12.00	8.00	7.00	15.00	17.00	24.00
	Yes, more than a year ago	8.00	6.00	7.00	10.00	17.00	13.00
Scott	No	88.00	81.00	85.00	76.00	85.00	74.00
	Yes, during the last year	6.00	14.00	8.00	18.00	9.00	18.00
	Yes, more than a year ago	7.00	8.00	9.00	10.00	8.00	13.00
		8th Grade		9th Grade		11th Grade	
		Male (%)	Female (%)	Male (%)	Female (%)	Male (%)	Female (%)
Waseca	No	89.00	83.00	83.00	76.00	91.00	82.00
	Yes, during the last year	8.00	13.00	11.00	14.00	5.00	15.00
	Yes, more than a year ago	6.00	6.00	9.00	13.00	4.00	10.00
Watonwan	No	87.00	84.00	91.00	88.00	80.00	80.00
	Yes, during the last year	9.00	8.00	3.00	1.00	10.00	11.00
	Yes, more than a year ago	4.00	12.00	7.00	10.00	10.00	11.00
STATE	No	85.00	82.00	86.00	79.00	84.00	74.00
	Yes, during the last year	8.00	12.00	7.00	14.00	9.00	18.00
	Yes, more than a year ago	8.00	9.00	8.00	10.00	10.00	14.00

* Highlighted cells indicate data is higher than state percentage

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

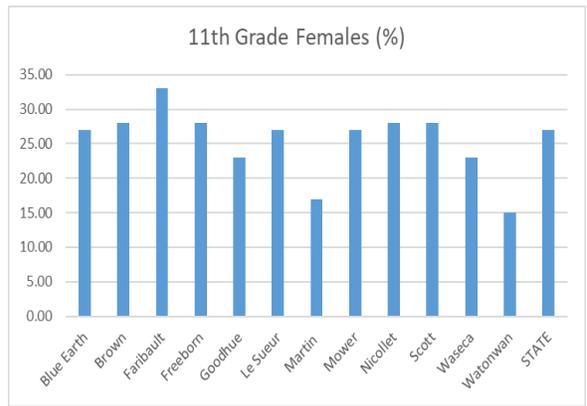
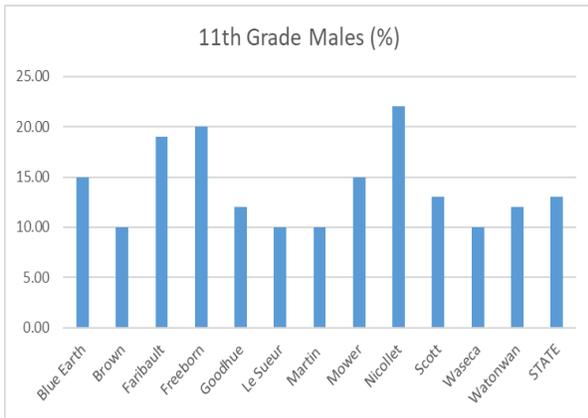
Source: <http://www.health.state.mn.us/divs/chs/surveys/mss/countytables/index.cfm>





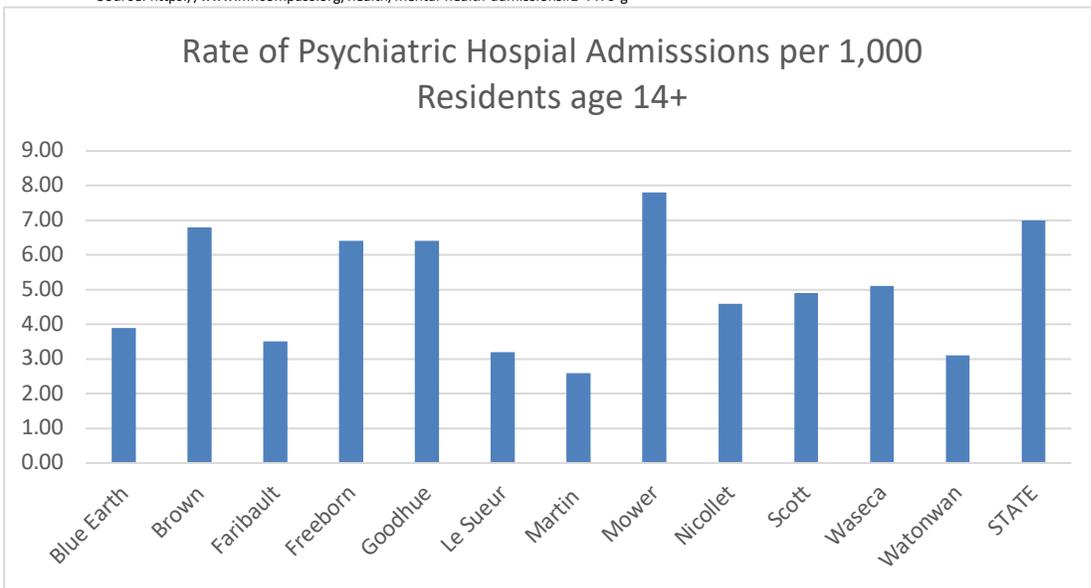
Do you have any long-term mental health, behavioral, or emotional problems (8th, 9th, and 11th grade) (2016)

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



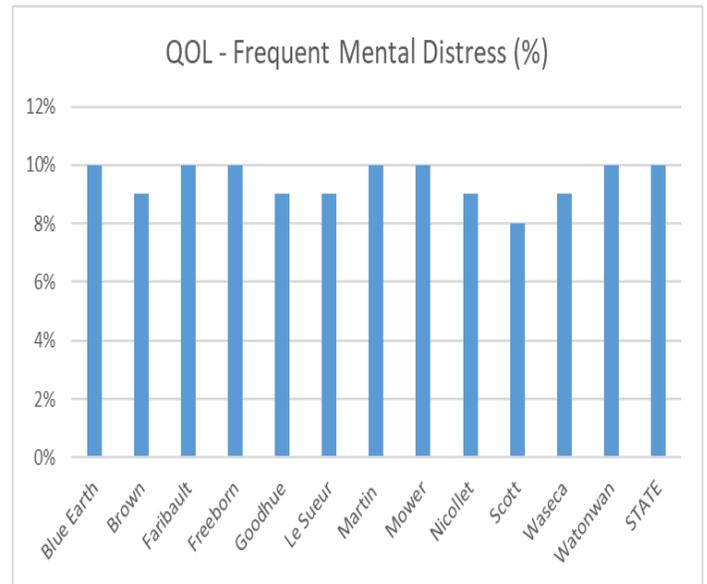
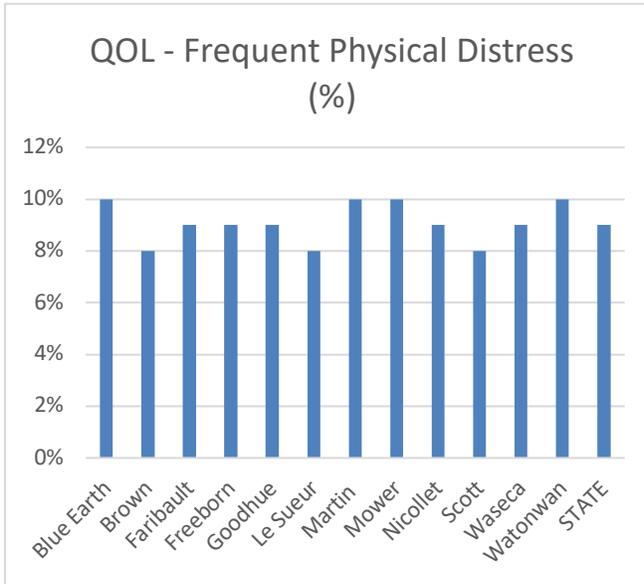
Rate of psychiatric hospital admissions per 1,000 residents age 14+ (2015)

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



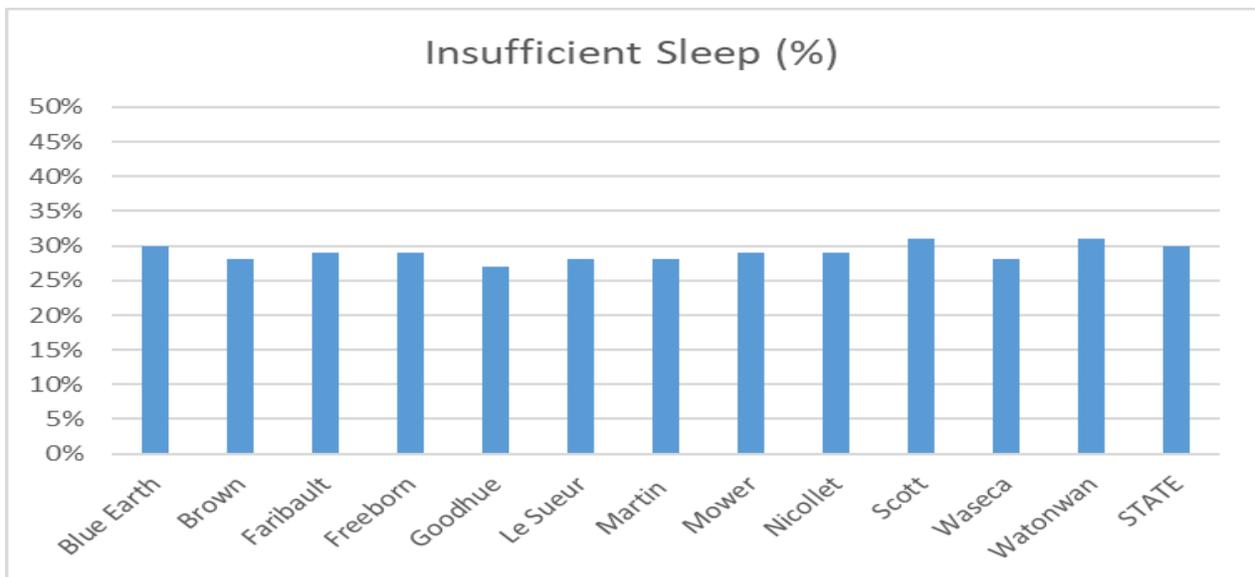
Quality of Life (QOL) – frequent physical distress (2016) & Quality of Life (QOL) – frequent mental distress (2016)

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



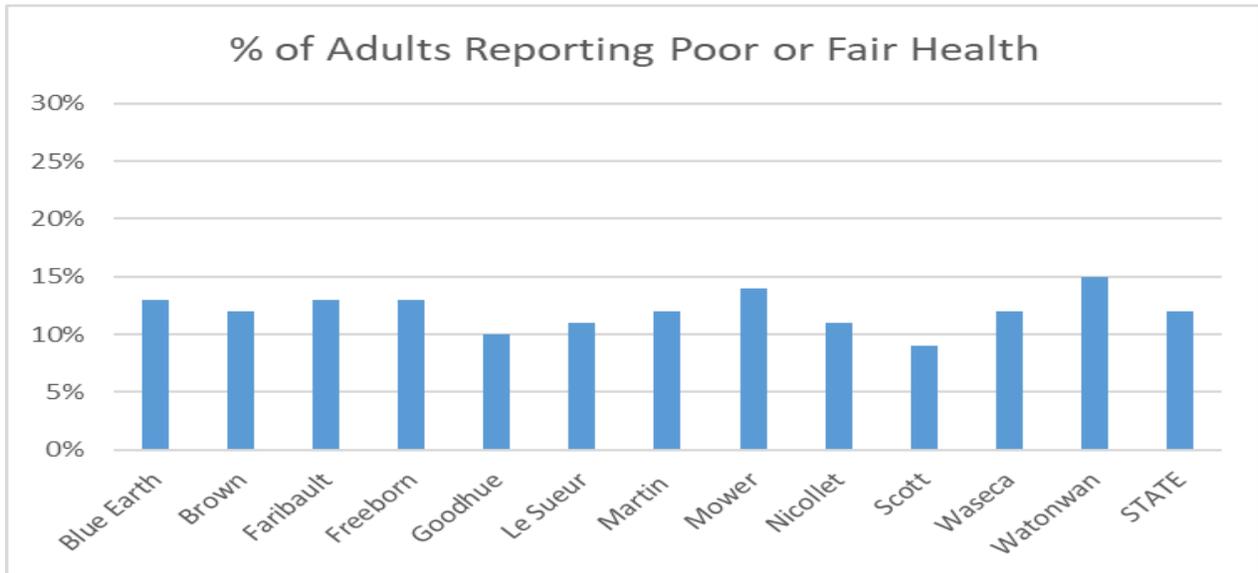
Insufficient sleep (2016)

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



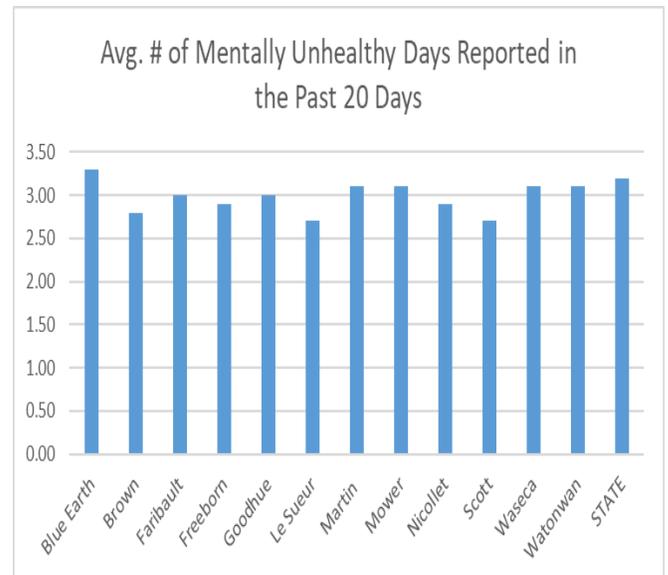
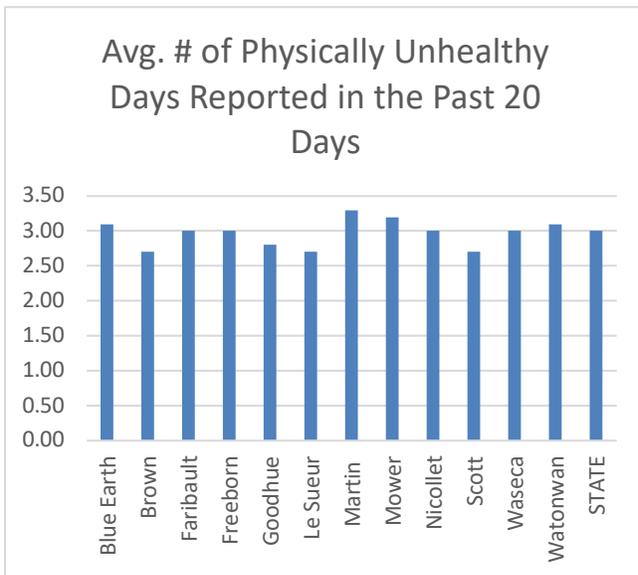
Adults report poor or fair health (2016)

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



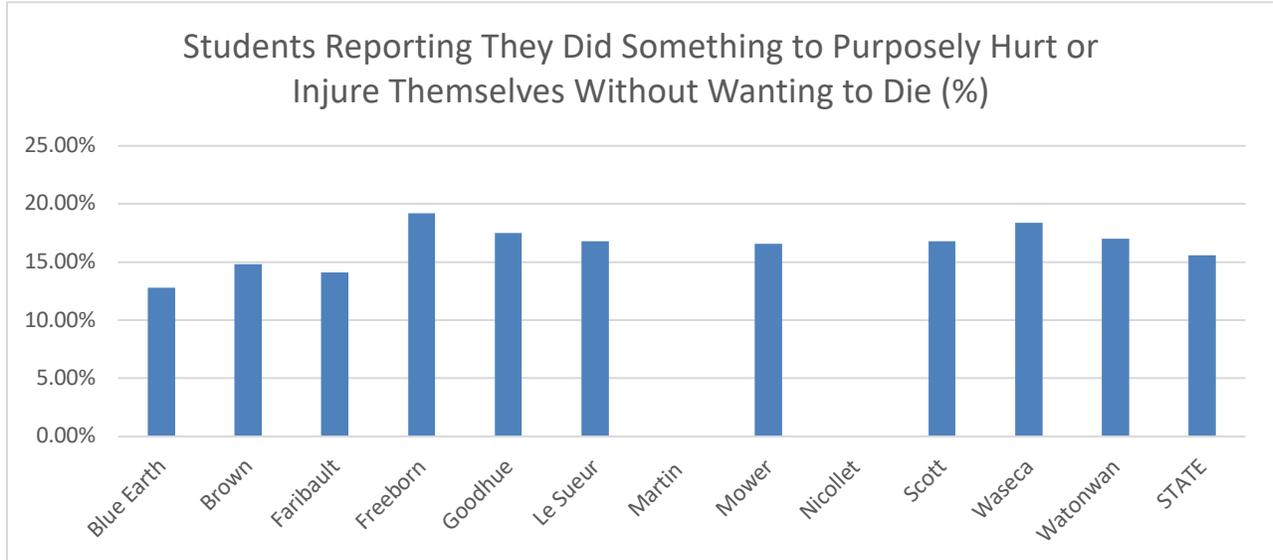
Average number of physically unhealthy days reported in the last 20 days (2016) & Average number of mentally unhealthy days reported in the last 20 days (2016)

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



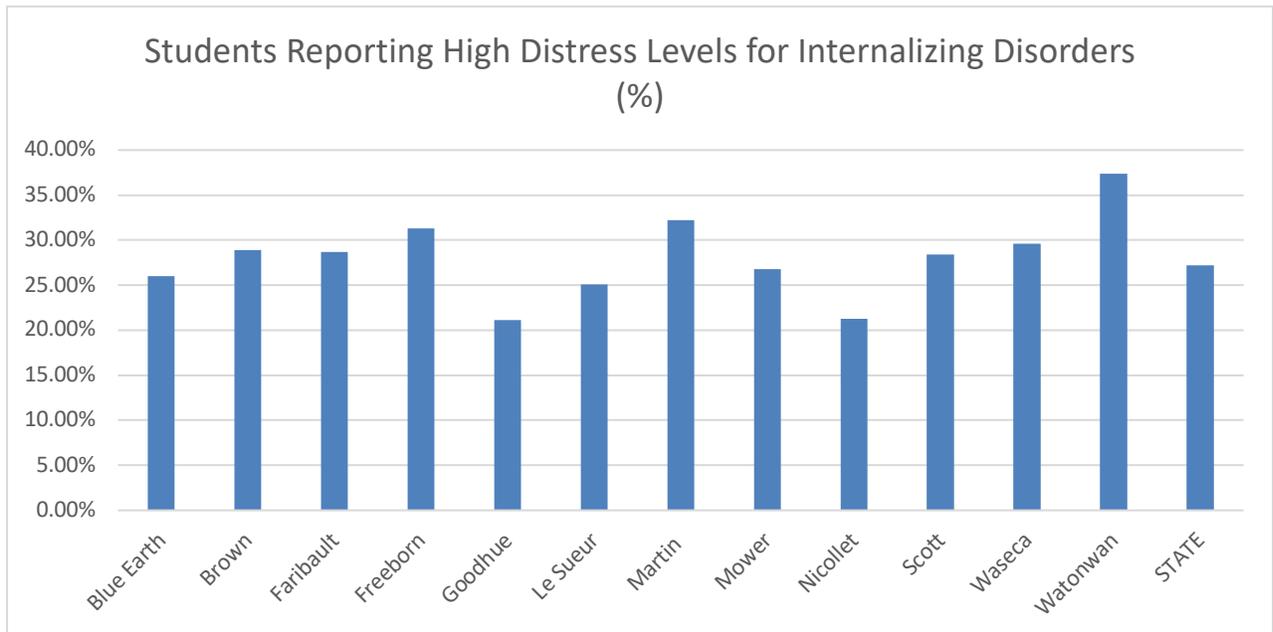
Students reporting they did something to purposely hurt or injure themselves without wanting to die (such as cutting, burning, or bruising (8th, 9th, and 11th grade) (2016)

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



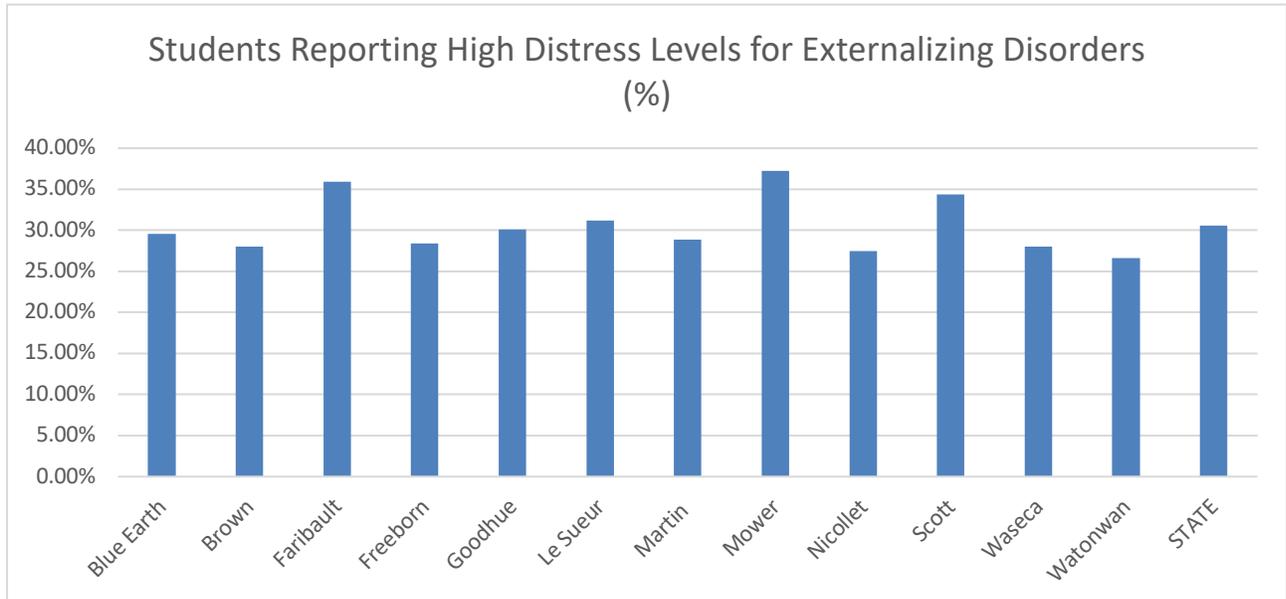
Students reporting high distress levels for internalizing disorders (8th, 9th, and 11th grade) (2013)

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



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

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



Section #3: Lead

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

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

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

* Highlighted cells indicate percentage is higher than state percentage

Section #4: Suicide

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

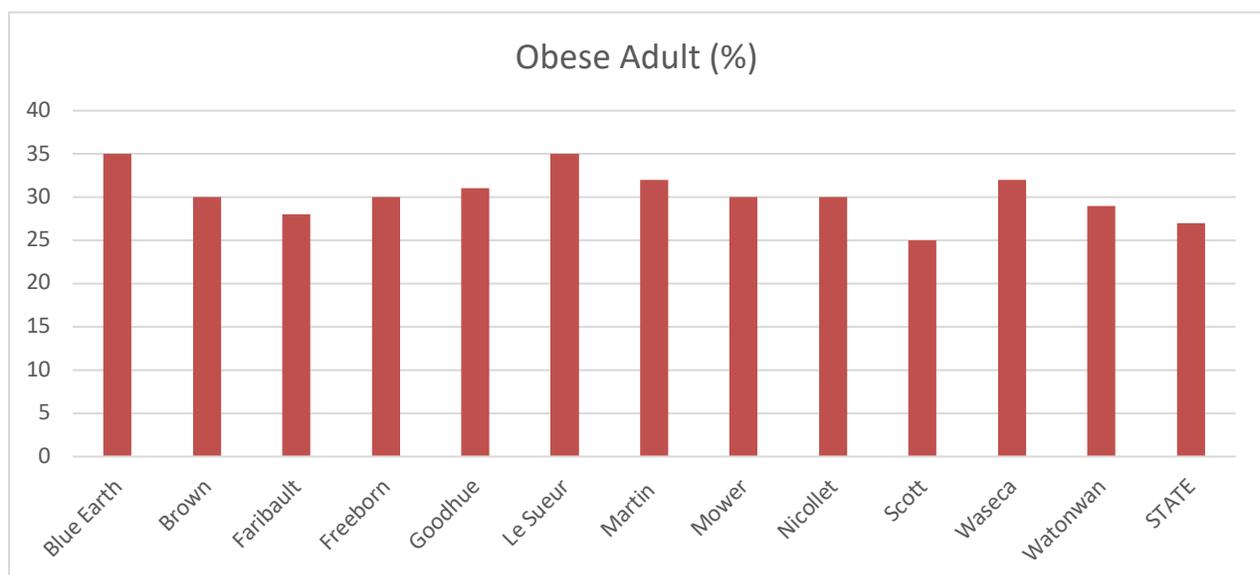
Source: <https://midas.web.health.state.mn.us/violence/index.cfm>

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

Section #5: Nutrition and Physical Activity

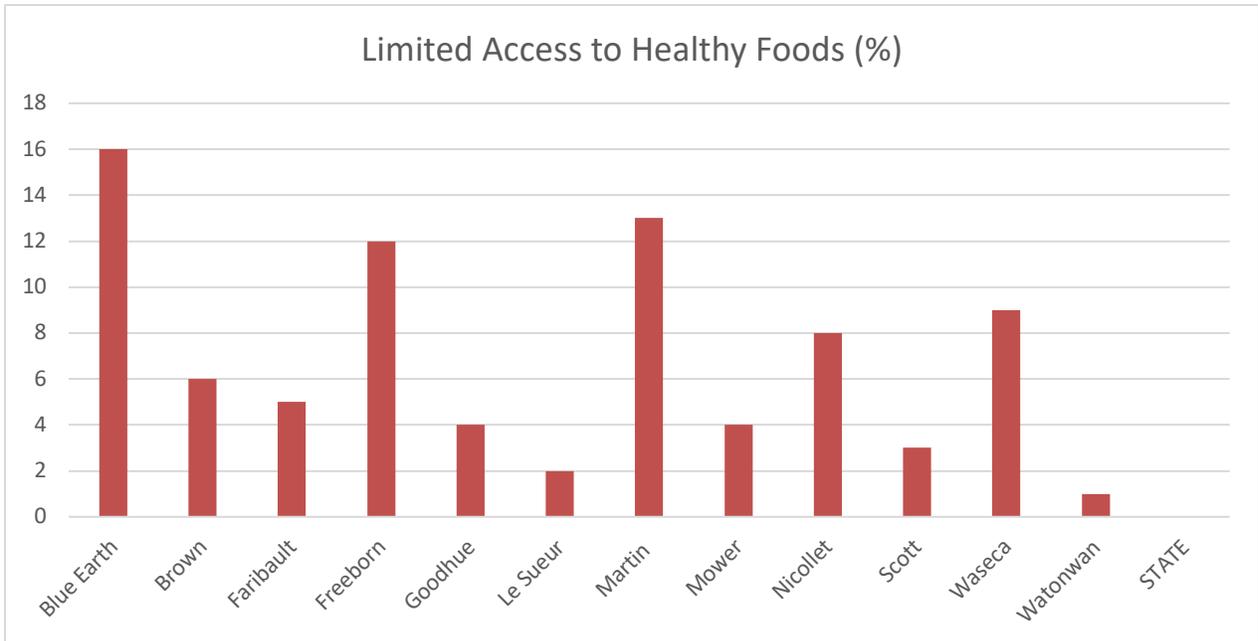
Obese adults (2014)

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



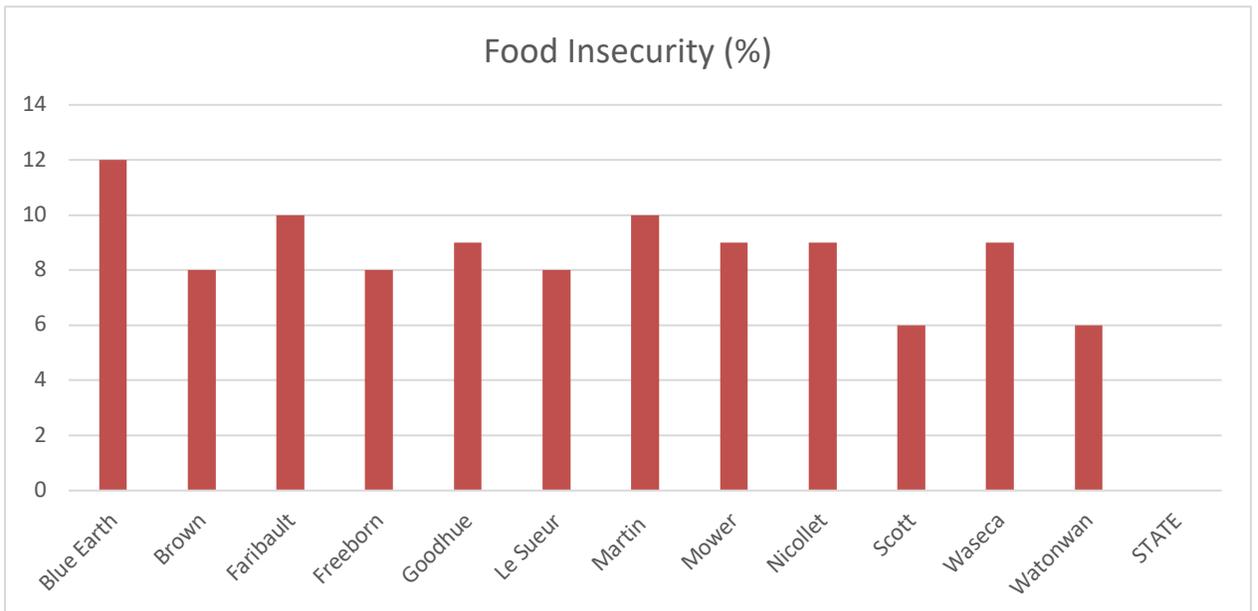
Limited access to healthy foods (2015)

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



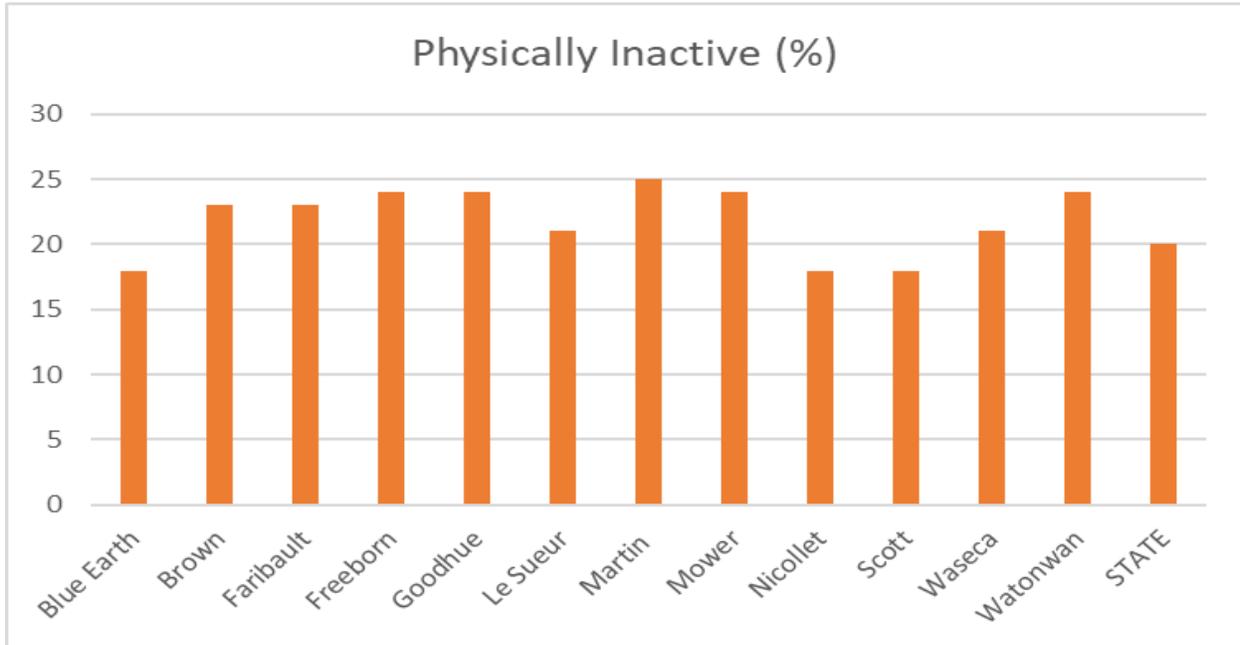
Food insecurity (2015)

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



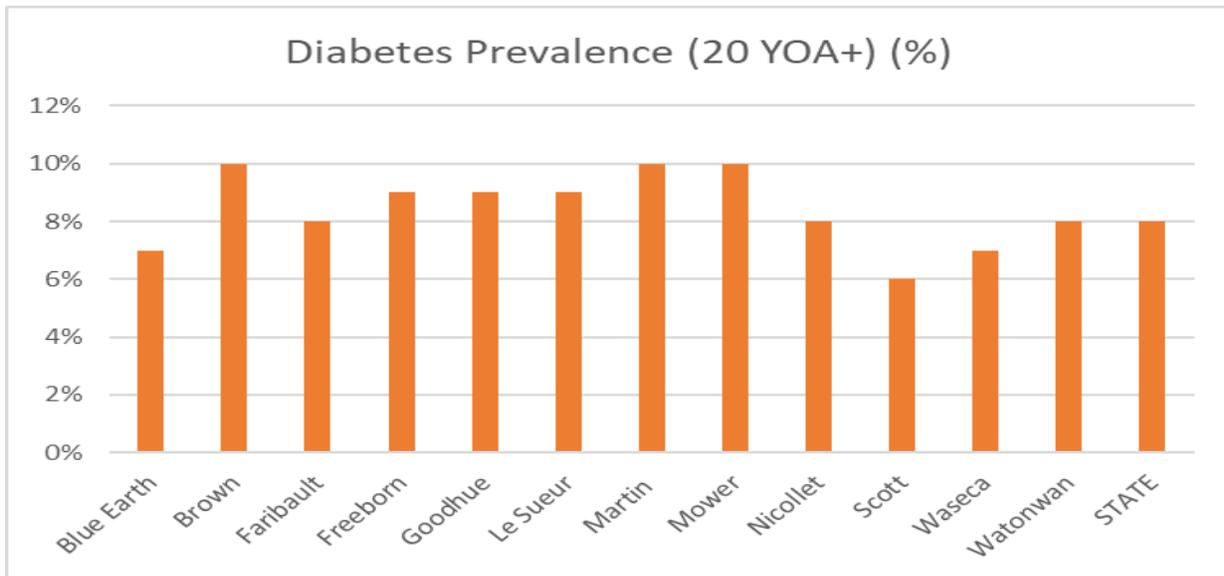
Physically inactive (2014)

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



Diabetes prevalence (20+ YOA) (2014)

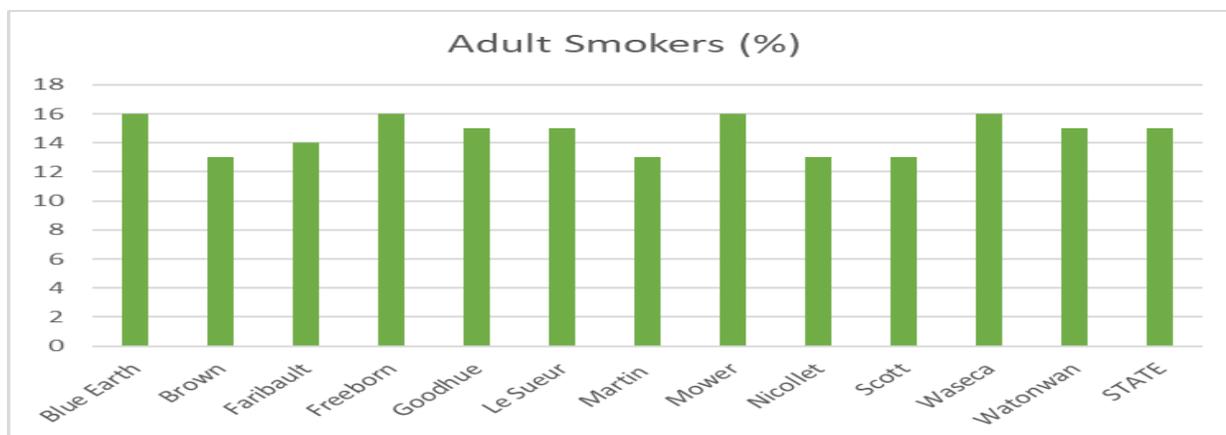
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>



Section #6: Tobacco

Adult Smokers (2016)

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



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

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

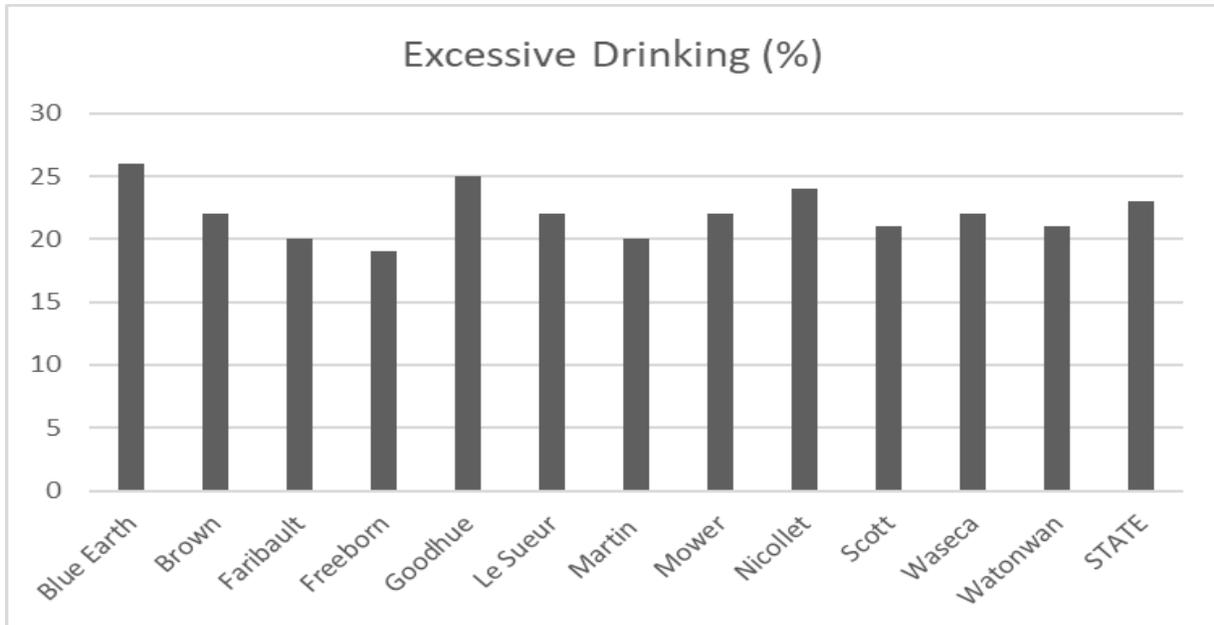
	Students Reporting Smoking a Cigarette on One or More Days within the Past 30 Days		Students Reporting Any Tobacco or Nicotine Use on One or More Days within the Past 30 Days		Students reporting Using an E-Cigarette on One or More Days within the Past 30 Days	
	%	n	%	n	%	n
Blue Earth	3.80%	71	10.10%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

* Highlighted cells indicate percentage is higher than state percentage

Section #7: Alcohol

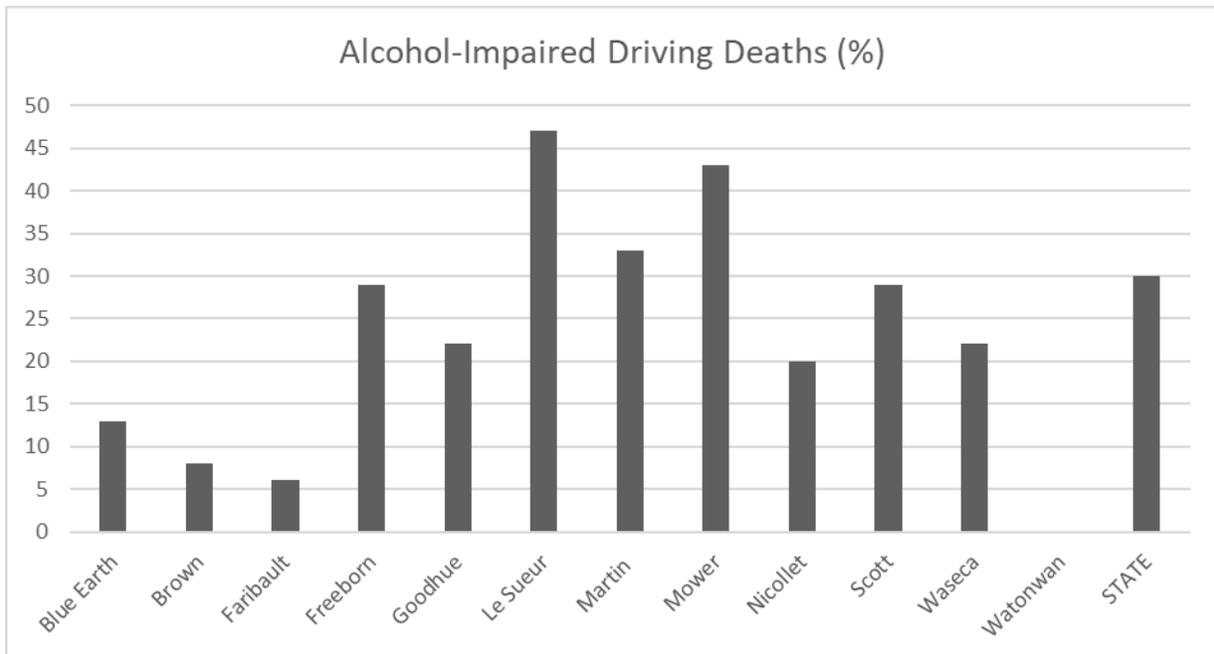
Excessive Drinking (2016)

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



Alcohol impaired driving deaths (2012-2016)

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



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

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

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

* Highlighted cells indicate percentage is higher than state percentage

Section #7: Drugs

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

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

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

* Highlighted cells indicate percentage is higher than state percentage

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

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

	Students Reporting Use of MDMA/Ecstasy within the Past 12 Months		Students Reporting Use of Crack/Cocaine within the Past 12 Months		Students Reporting Use of LSD, PCP or Other Psychedelics within the Past 12 Months	
	%	n	%	n	%	n
Blue Earth	1.10%	21	0.80%	15	1.30%	24
Brown	1.00%	6	1.50%	9	1.90%	12
Faribault	1.30%	4	1.30%	4	2.50%	8
Freeborn	1.00%	6	1.50%	9	2.00%	12
Goodhue	0.90%	6	1.20%	8	1.20%	8
Le Sueur	0.40%	3	0.80%	6	1.10%	8
Martin	N/A	N/A	N/A	N/A	N/A	N/A
Mower	0.90%	8	1.10%	9	1.60%	14
Nicollet	N/A	N/A	N/A	N/A	N/A	N/A
Scott	1.00%	41	0.90%	38	1.60%	66
Waseca	0.70%	4	0.70%	4	0.90%	5
Watowan	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
Watowan	0.60%	2	1.90%	7	6.40%	23
STATE	0.60%	632	1.30%	1423	4.70%	5288

* Highlighted cells indicate percentage is higher than state percentage

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

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

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

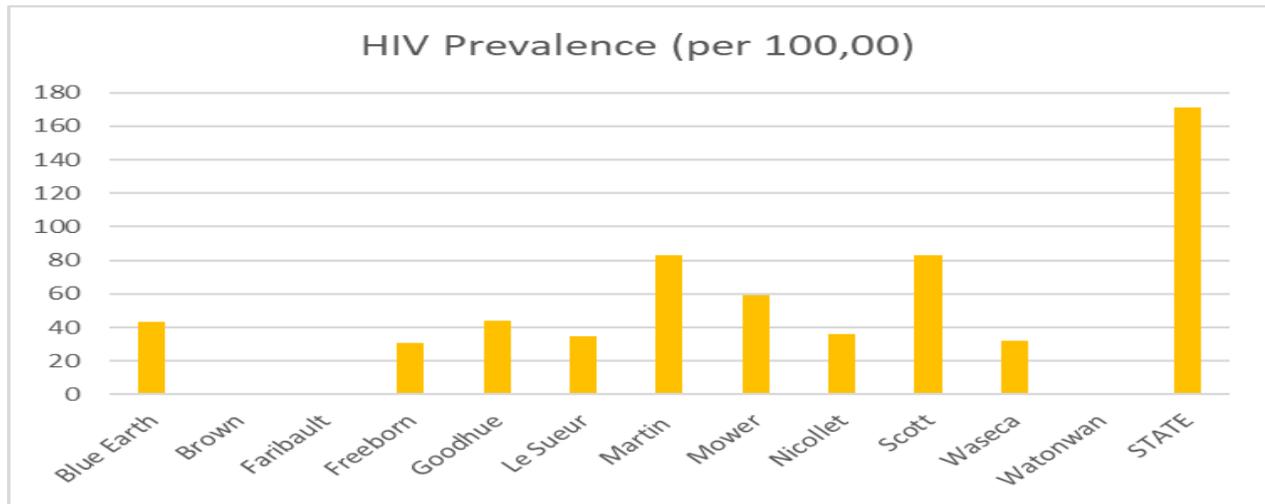
Section #7: Sexual Activity, Sexually Transmitted Infections, and Contraceptive Practices
Teen birth rate (overall, white, and Hispanic) (2010-2016)

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

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

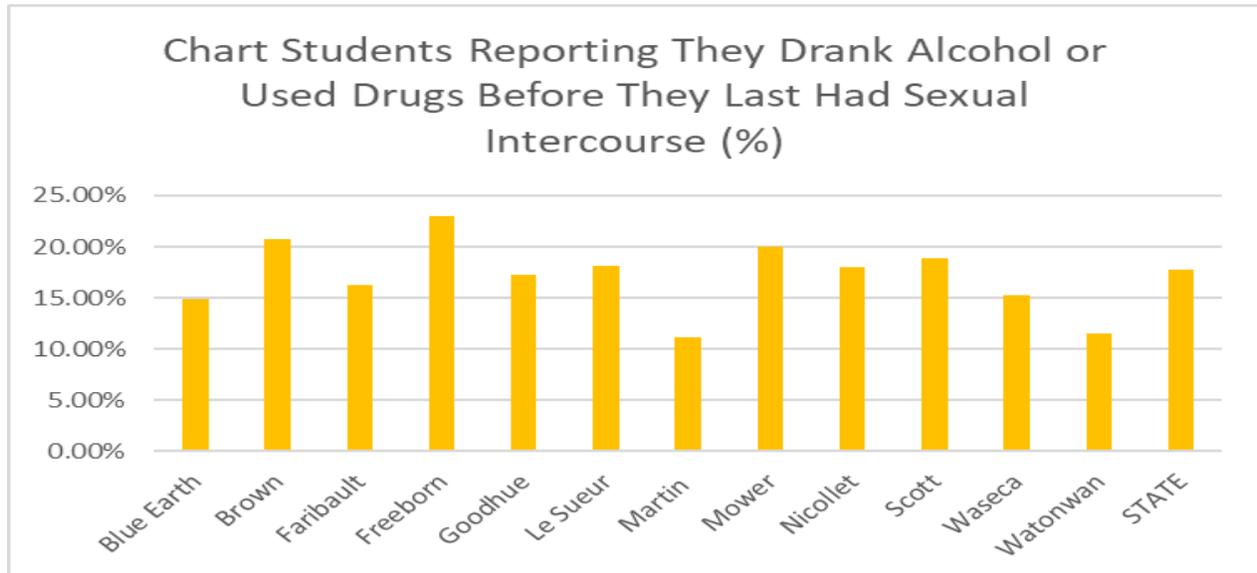
HIV prevalence (per 100,000) (2015)

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



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

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



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

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

	Pregnancy Rates per 1,000 (ages 15-19)	Birth Rates per 1,000 (ages 15-19)
Blue Earth	14.70	8.00
Brown	12.30	11.10
Faribault	26.80	19.50

Freeborn	30.30	25.50
Goodhue	24.00	19.30
Le Sueur	11.10	8.90
Martin	12.40	10.60
Mower	24.80	22.30
Nicollet	9.40	8.70
Scott	10.20	6.50
Waseca	6.60	4.90
Watonwan	48.90	48.90
STATE	17.20	12.60
* Highlighted cells indicate rate is higher than state rate		

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

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

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

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

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

	Chlamydia Rate (per 100,000 population)	Gonorrhea Rate (per 100,000 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
Watsonwan	232	N/A
STATE	428	96

* Highlighted cells indicate rate is higher than state rate

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

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

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

* Highlighted cells indicate percent is higher than state percent

** Highlighted cells indicate percent is lower than state percent

Section #8: Healthcare System

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

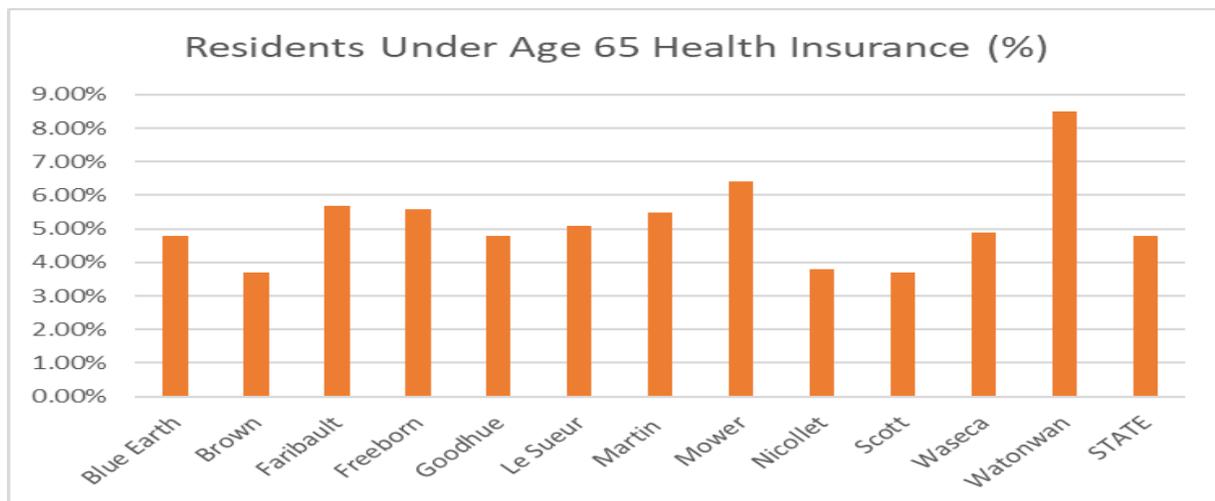
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

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

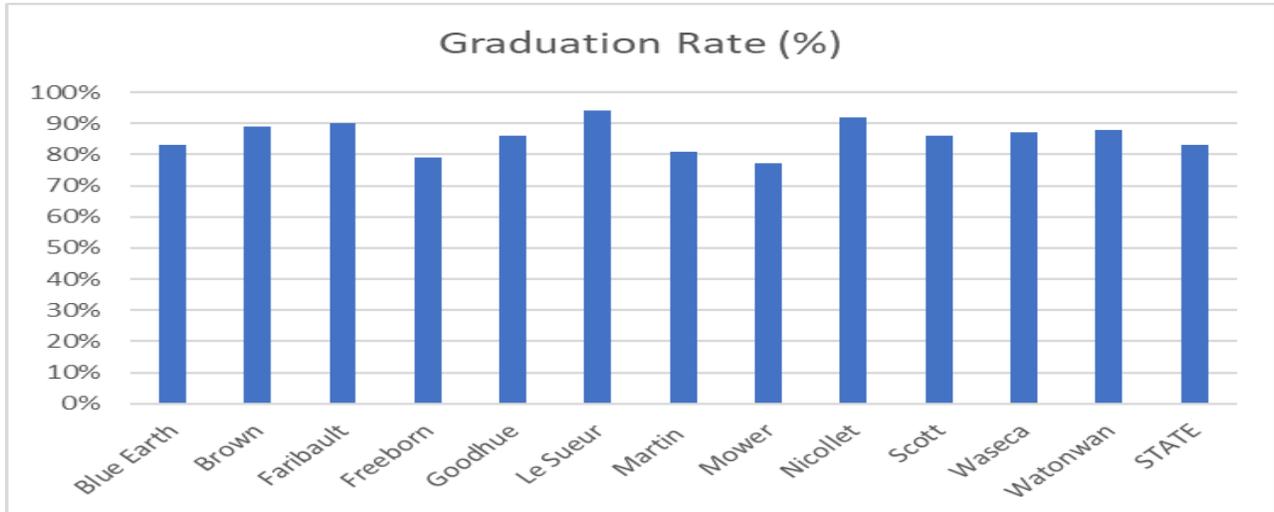
Source: <https://www.mncompass.org/health/health-care-coverage#1-7468-g>



Section #9: Social and Economic Factors

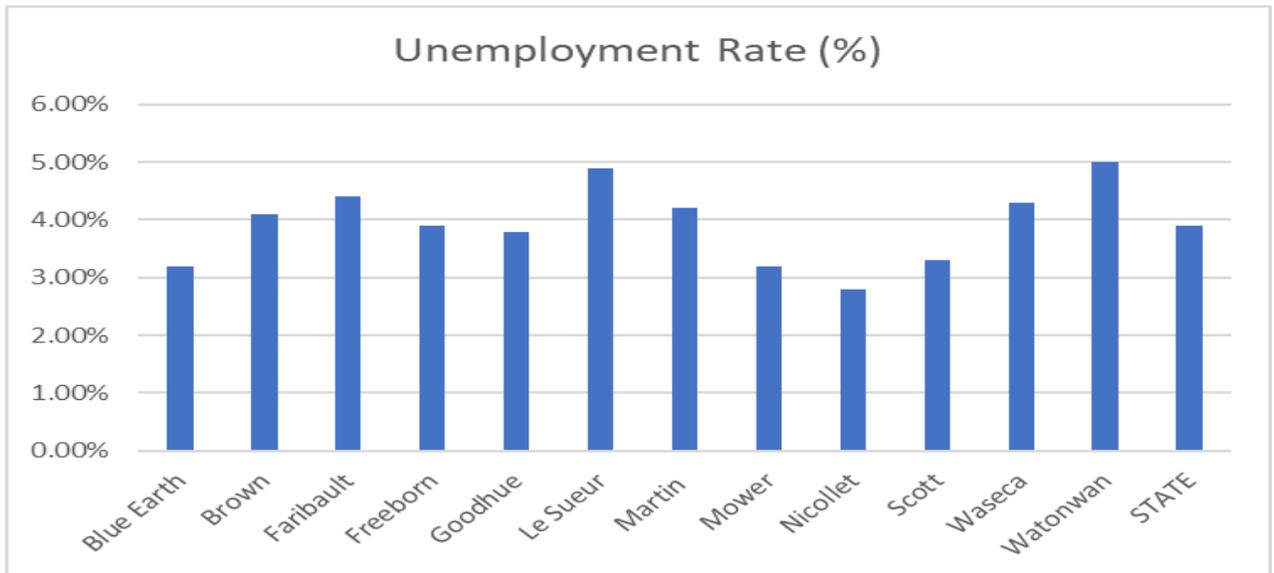
Graduation rate (2014-2015)

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



Unemployment rate (2016)

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



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

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

	Children in Poverty (Hispanic)	Children in Poverty (White)
Blue Earth	44%	7%
Brown	14%	9%

Faribault	54%	15%
Freeborn	21%	12%
Goodhue	10%	14%
Le Sueur	29%	8%
Martin	42%	15%
Mower	39%	10%
Nicollet	12%	7%
Scott	19%	5%
Waseca	13%	6%
Watonwan	33%	10%
STATE	N/A	N/A

Section #10: Maternal, Infant, and Child Health

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

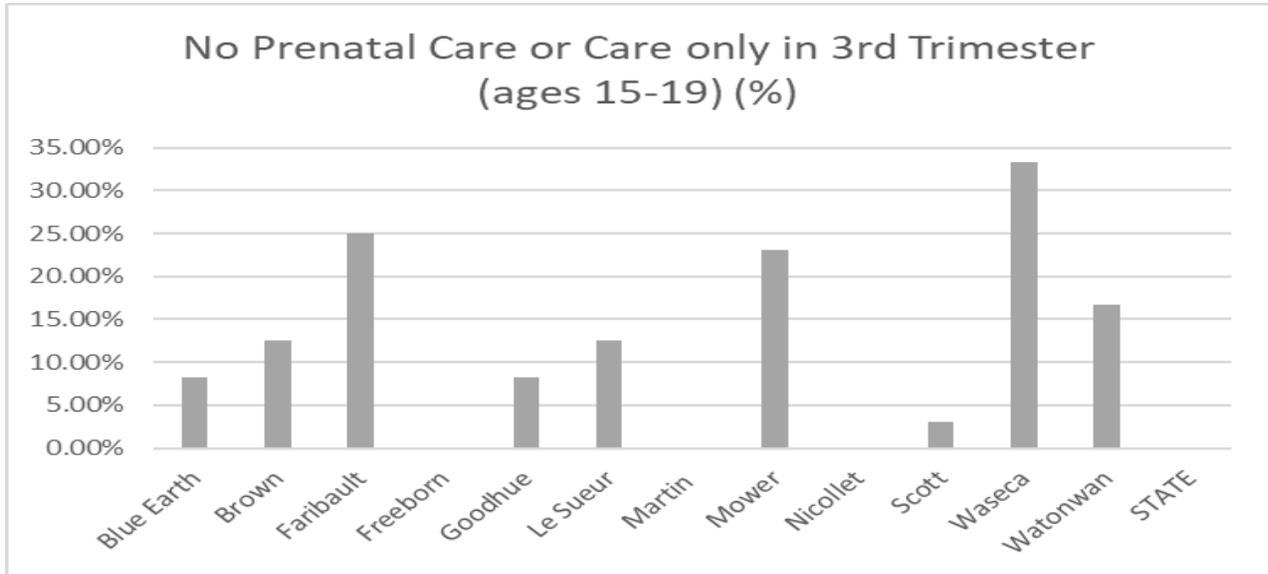
Source: <http://www.countyhealthrankings.org/app/minnesota/2018/measure/factors/11/map>

	Low Birth Weight (%)	Low Birth Weight (Hispanic) (%)	Low Birth Weight (White) (%)
Blue Earth	7%	9%	6%
Brown	5%	N/A	N/A
Faribault	5%	N/A	N/A
Freeborn	7%	6%	7%
Goodhue	6%	8%	5%
Le Sueur	6%	N/A	N/A
Martin	5%	N/A	N/A
Mower	6%	6%	6%
Nicollet	6%	N/A	6%
Scott	6%	5%	6%
Waseca	6%	N/A	N/A
Watonwan	4%	5%	6%
STATE	6%	N/A	N/A

*Highlighted cells indicate percent is higher than state percent

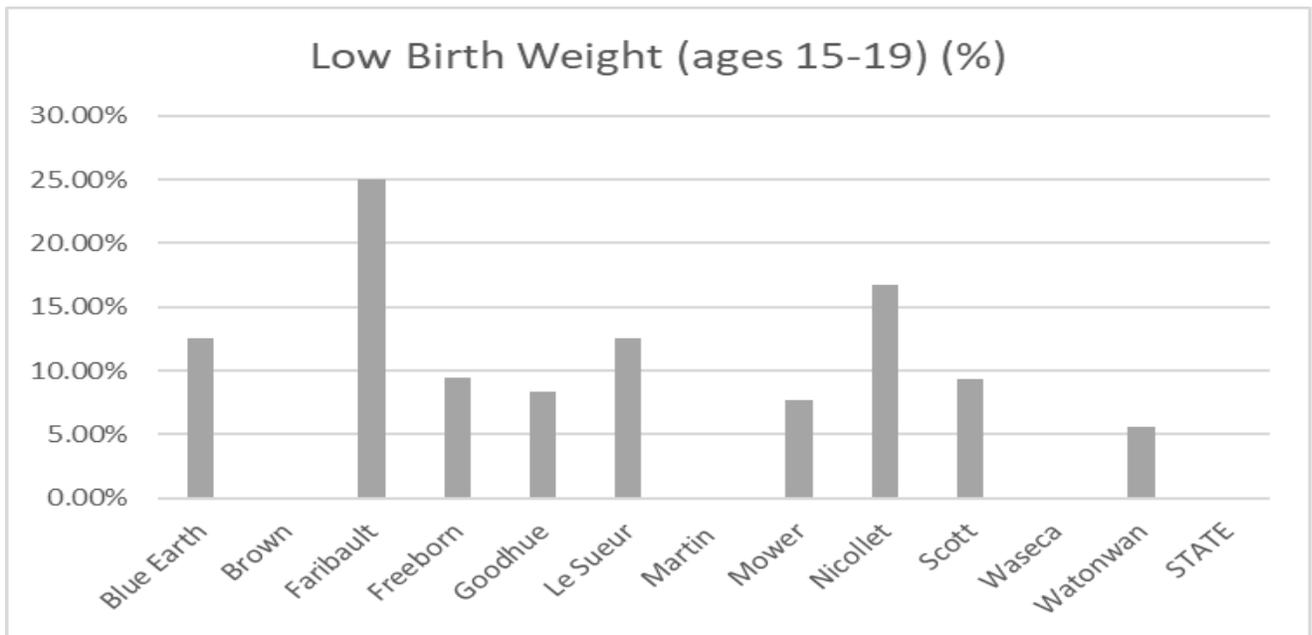
No prenatal care or care only in 3rd trimester (ages 15-19) (2016)

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



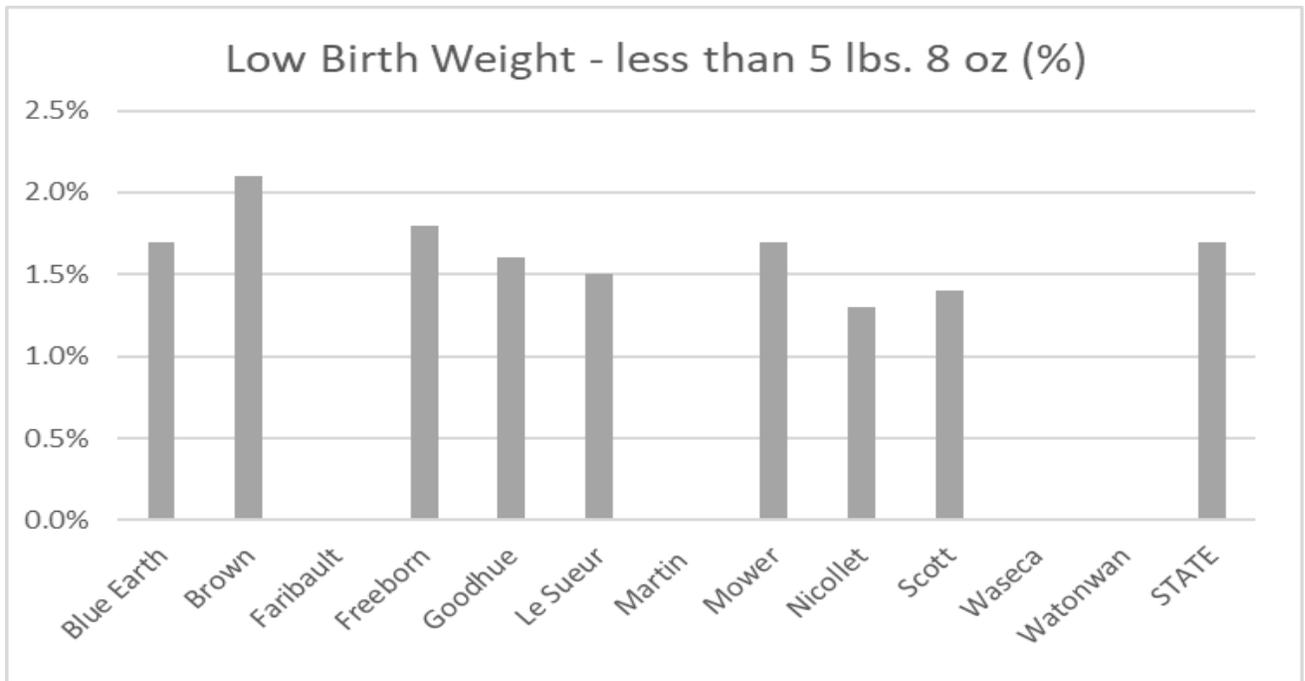
Low birth weight (ages 15-19) (2016)

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



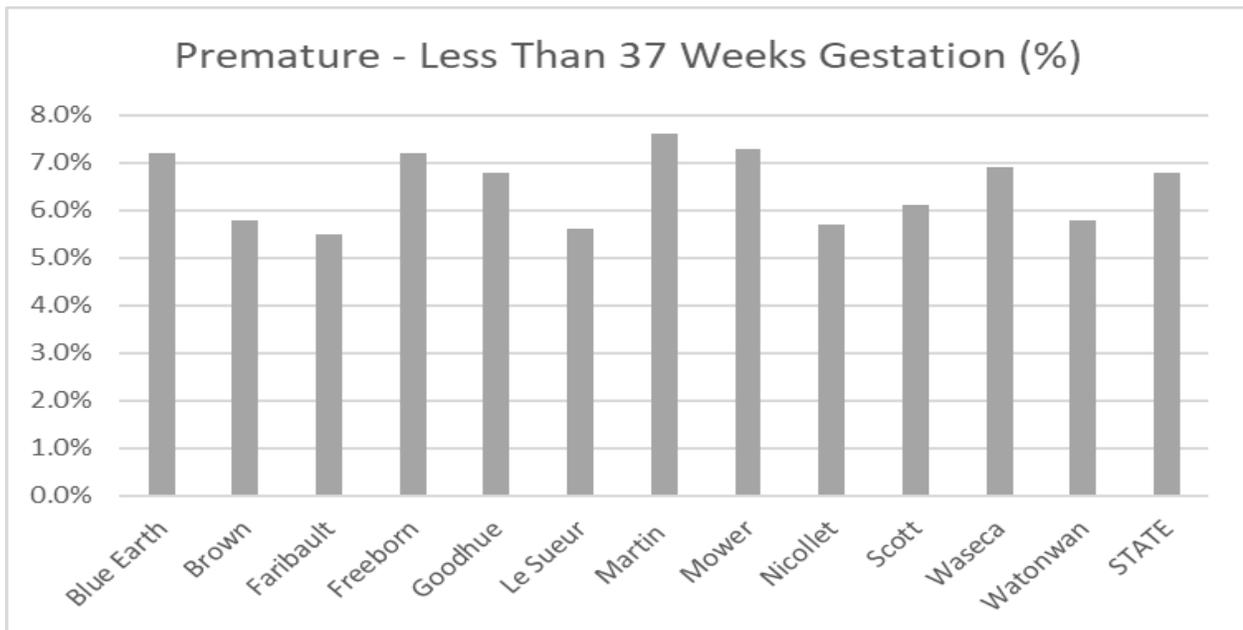
Low birth weight - less than 5 lbs. 8 oz (2012-2016)

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



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

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



Section #11: Immigrant Populations

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

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

	Total (n)	Europe (n)	Asia (n)	Africa (n)	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
Watsonwan	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
Watsonwan	0	0
STATE	3186	977

Section #12: Limited English Proficiency (LEP)

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

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

Section #13: Chronic Conditions

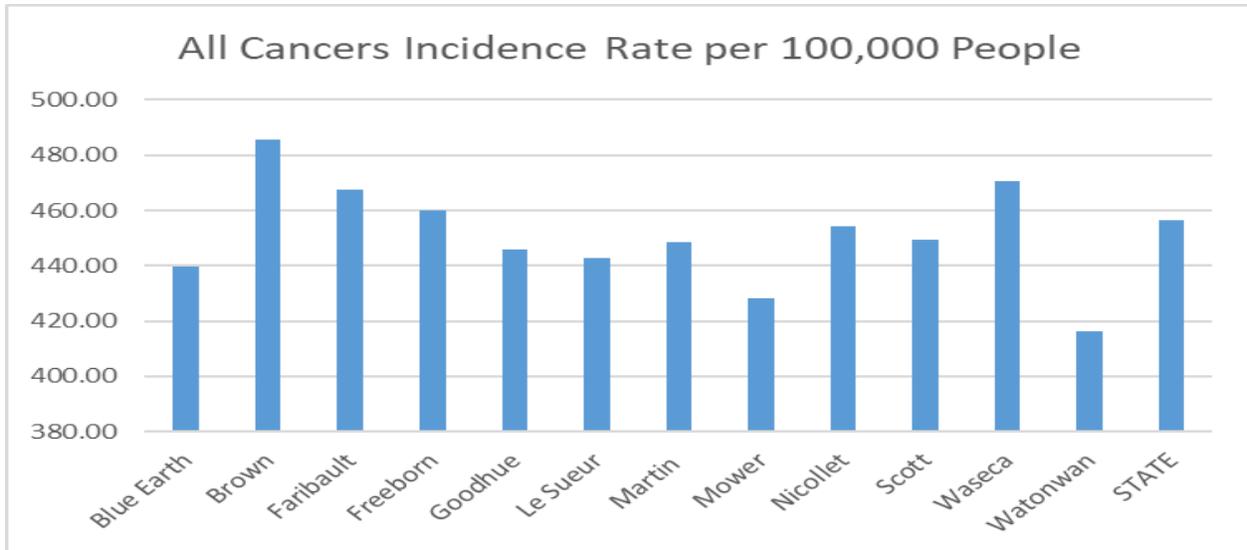
Top 10 leading causes of death – Cancer, heart disease, unintentional injury, Alzheimer’s disease, diabetes, suicide, Parkinson’s disease, liver disease and cirrhosis (2016)

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

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

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

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



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

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

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

* Highlighted cells indicate rate is higher than state rate

Section #14: Dental

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

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

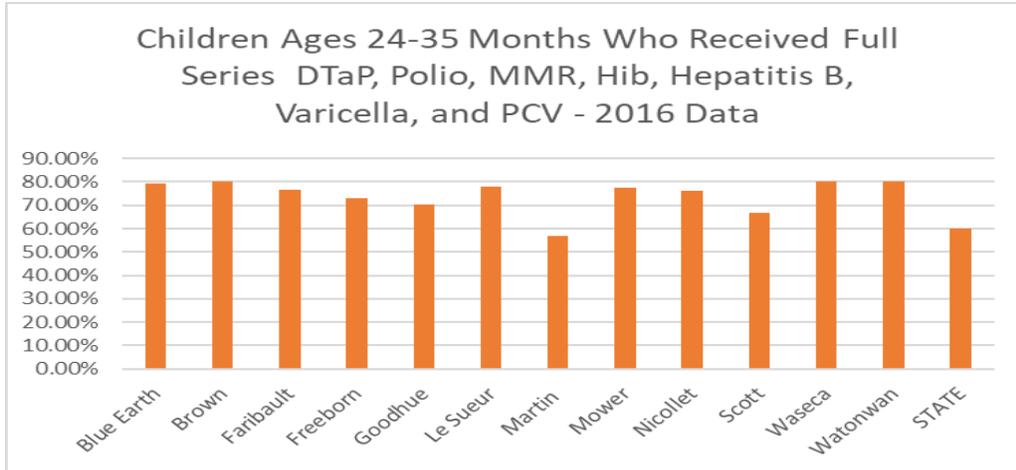
	EPSDT/C&TC Eligible Minnesota Health Care Programs children (age 20 and under) use of dental sealant services)	Dental service use among Minnesota Health Care Programs enrollees	EPSDT/C&TC eligible Minnesota Health Care Programs children (age 20 and under) use of dental services	EPSDT/C&TC eligible Minnesota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

*Highlighted cells indicate percent is lower than the state percent

Section #15: Immunizations

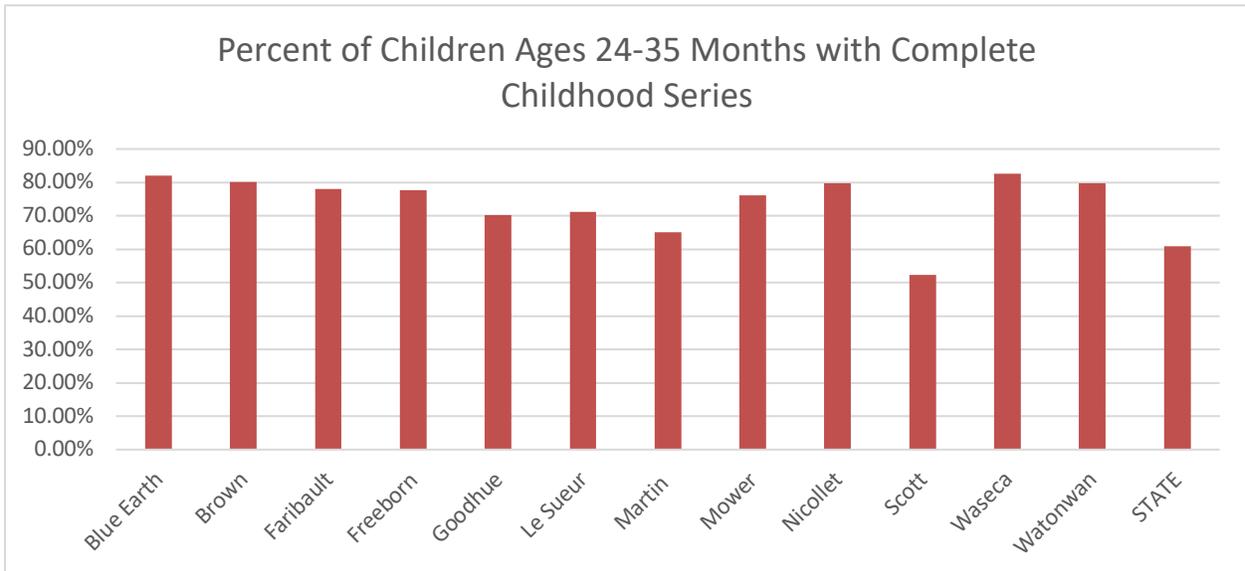
Children ages 24-35 months who received full series DTaP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV – (2016)

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



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

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



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

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

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

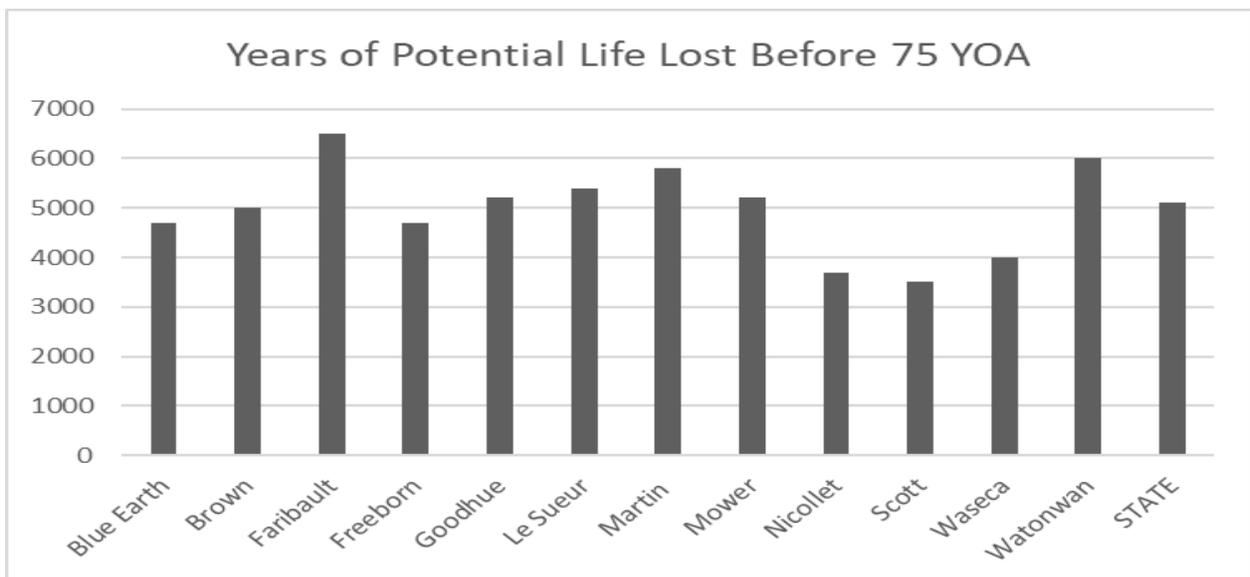
	Asthma – ER	Asthma - Hosp.	Heart Attack – Hosp.	Heat-illness - ED	Heat-illness Hosp.
	Per 10,000 age-adjusted	Per 10,000 age-adjusted	Per 10,000 age-adjusted, 35+ YOA	Per 100,000 age-adjusted	Per 100,000 age-adjusted
Blue Earth	26.4	3.9	28.1	21.1	2.0
Brown	26.1	4.4	38.3	40.5	2.5
Faribault	40.1	4.1	33.4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

* Highlighted cells indicate rate is higher than state rate

Section #17: General/Other

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

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



Recommendations

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

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

Limitations

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