MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic in Rochester
October 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 Clinic 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 Clinic 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 Hospital - in Rochester, Minn., is one of the largest private, nonprofit hospitals in the world, providing a broad range of services in virtually every medical and surgical specialty. The hospital encompasses two facilities — Saint Marys campus and Methodist campus, which are located within a mile of each other and are part of the wider Mayo Clinic in Rochester campus. Patient care services at Mayo Clinic in Rochester span primary and community care to highly complex specialty care across numerous campus facilities.

Mayo Clinic Hospital is a global, national, state, regional and local resource, serving patients from Olmsted County, southeastern Minnesota counties, every state and 138 countries. Combined, the two hospital campuses have 2,059 licensed beds and 96 operating and procedural rooms. Mayo Clinic Hospital is accredited by the American College of Surgeons as a Level 1 Trauma Center, directly serving patients within a 200-mile radius, while also caring for patients from a much broader geographical area. Mayo Clinic Air Ambulance Service is available for patients within a 50- to 150-mile radius and transports emergently ill patients to Mayo Clinic Hospital in Rochester.

Mayo Clinic Rochester Hospital statistics for 2018	
Inpatient and outpatient surgical procedures	113,377
Admissions of unique patients	46,489
Patient days	329,888
Observation unit stays	13,426
Emergency room visits	75,766
Patients from Olmsted County	53,877
Local patients (close proximity to Rochester)	96,994
Patients (within a 120-mile radius)	49,687
Patients from the U.S. (outside of 120-mile radius)	77,136
International patients	3,700

Mayo Clinic does not discriminate, regardless of race, color, sex, religion or national origin.

Summary of Community Health Needs Assessment

Mayo Clinic is committed to studying and responding to local health needs in Olmsted County through a community-wide, collaborative approach. For many years, Mayo Clinic has partnered with Olmsted County Health Department and Olmsted Medical Center, along with many other community organizations to better understand and respond to community health needs.

The Olmsted County Community Health Needs Assessment (CHNA) process was developed by this community coalition and has continued to evolve over the past nine years through continuous dialogue and collaborative community health improvement efforts. Recent highlights include reaching more diverse perspectives from across the county, engaging with a broader coalition of community health improvement partners to address priorities, and benchmarking health indicator data over time to better understand our collective impact on health.

This work has strengthened existing relationships among local health care providers, community service agencies, organizations and volunteers in Olmsted County and has gained wider recognition as an exemplary collaborative community health improvement planning process.[1]

The results of the 2019 Olmsted County CHNA are being used to inform Mayo Clinic's strategies and partnerships to maximize community health and wellness, population health management and advance our mission.

A full copy of the Olmsted County CHNA report can be found at: (https://www.co.olmsted.mn.us/OCPHS/reports/Needs%20Assessment/Pages/2019-Community-Health-Needs-Assessment.aspx). It describes in detail the process of how health needs were researched and identified. The 2019 Olmsted County CHNA process identified the following priorities (in order of highest significance):

1) Mental health
2) Financial stress
3) Alcohol, tobacco and other drugs

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[1] http://www.healthywilliamsoncounty.org/content/sites/wcchd/resources/Final_Bridging_11_30_18_last.pdf

Our Community

Overview

This CHNA covers the geographic area of Olmsted County, Minn., including the cities of Rochester (pop. 116,961), Byron (pop. 5,523), Chatfield (pop. 2,783), Dover (pop. 755), Eyota (pop. 2,015), Oronoco (pop. 1,496), Pine Island (pop. 3,366), and Stewartville (pop. 6,119) for a county population of 156,277.*

Mayo Clinic Hospital in Rochester provides critical and complex tertiary care to Mayo Clinic Health System (MCHS) patients, as well as those referred from primary care providers from around the U.S. and world. At numerous outpatient facilities, Mayo Clinic provides a complete spectrum of primary care to patients in Olmsted County. For patients living outside of the county, primary care is provided through MCHS. CHNAs from nearby MCHS hospitals within the rural geographic regions of southern Minnesota, western Wisconsin and northern Iowa collectively represent the regional reach and breadth of Mayo Clinic's primary and community health care.

*2018 estimated per U.S Census (https://www.census.gov/quickfacts/olmstedcountyminnesota)

Demographics

The 2015 U.S. Census data estimates that Olmsted County, Minn., has a population of 151,436. Here's how county residents are grouped demographically:

Ethnicity (as of July 1, 2018)	Percentage of population
Asian alone	6.5
Black or African-American	6.5
American Indian and Alaska Native	0.4
Hispanic or Latino	5.0
Native Hawaiian and other Pacific Islander	0.1
White only	84.2
Age (as of July 1, 2015)	**Percentage of population**
Under 5	6.9
Under 18	24.5
Over 65	15.5
Residents living at or below the national poverty level (2010-2014)	8.3
Residents foreign born	10.8
Residences where languages other than English are spoken by persons five and older	13.2
Persons under the age of 65 without health insurance	4.4
Median household income (2010-2014)	$ 72,337

https://www.census.gov/quickfacts/fact/dashboard/olmstedcountyminnesota,byroncityminnesota,rochestercityminnesota/RHI625218#RHI625218

Available Resources
Community health care providers

Additional health resources and providers for health and wellness services in Olmsted County include:
- **Zumbro Valley Health Center** (http://www.zvhc.org/): Provides mental health care, pharmaceutical services, emergency housing services and a dental clinic for underinsured residents of Olmsted County.

- **Community Health Service Inc.** (http://chsiclinics.org/locations/rochester/): Serves patients in the community who are migrant agricultural workers, as well as their families.
- **Olmsted County Public Health Department** (https://www.co.olmsted.mn.us/OCPHS/Pages/default.aspx): Provides a broad spectrum of health and social services to county residents. Mayo Clinic works closely with the county on a number of efforts to improve access to health services and improve community health.
- **Olmsted Medical Center** (http://www.olmmed.org/): Provides full-spectrum health care to residents of Olmsted County. Mayo Clinic and Olmsted Medical Center are frequent collaborators in community-wide efforts to advance health, and health care for community members.
- **Hawthorne Education Center** (http://www.mayo.edu/diversity/resources/community-outreach/hawthorne-health-initiative): Collaborates with Mayo Clinic, Rochester Public Schools and numerous community agencies and volunteers to improve health literacy and health care access to diverse communities in Rochester, especially recent immigrants to Olmsted County.
- **Salvation Army of Olmsted County**: Operates Good Samaritan Health and Dental Clinics (http://salvationarmynorth.org/community-pages/good-samaritan-clinic/. These clinics are primary providers of medical and dental services to un- and underinsured county residents. In 2018 (the most recent service data available), Good Samaritan Health and Dental Clinics cared for more than 2,400 community patients. Mayo Clinic provides staffing assistance and financial support for pharmaceutical aid to Good Samaritan patients. In addition, health professionals gave 7,945 volunteer hours to serve clinic patients in 2018. The majority of volunteers were Mayo Clinic physicians and allied health professionals.
- **Community Dental Care (CDC)** (https://www.cdentc.org/about-cdc: CDC is a nonprofit organization that provides preventive, restorative and emergency dental services to all community members, including those who are un- or underinsured who would not otherwise have access to care. Mayo Clinic helped support construction of their new facility in southeast Rochester and has continued to support outreach to underserved residents.
- **Children's Dental Health Services** (http://www.twentyteeth.org/): Provides restorative and preventive dental services to area children with financial barriers at schools and in rural areas through its portable mobile clinic. Mayo Clinic is a longtime contributor to its outreach programs.
- **Apple Tree Dental** (https://www.appletreedental.org/): Only local provider of dental services for those with special access needs who face barriers to care, including residents of assisted-living facilities and long-term care facilities. Mayo Clinic is a longtime contributor to its equipment needs for serving patients with disabilities.
- **Prairie Care** (https://www.prairie-care.com/locations/rochester/): Provides outpatient behavioral health care to children, adolescents and adults in the greater Rochester community.

Assessing the Needs of the Community

Overview

The Olmsted County CHNA coalition encompasses the core collaborating organizations of Olmsted County Public Health Department, Olmsted Medical Center, Mayo Clinic and more than 30 community organizations throughout the county.

The CHNA team consists of several planning subgroups (See Figure 1) and reports to the Coalition for Community Health Integration (CCHI), which is made up of leaders from area health care, human service and health insurance organizations serving residents in Rochester and Olmsted County. CCHI's mission is to create opportunities for coordinating and integrating efficient and effective services across organizations to improve the health and well-being in greater Olmsted County.

Figure 1: Olmsted County CHNA planning structure
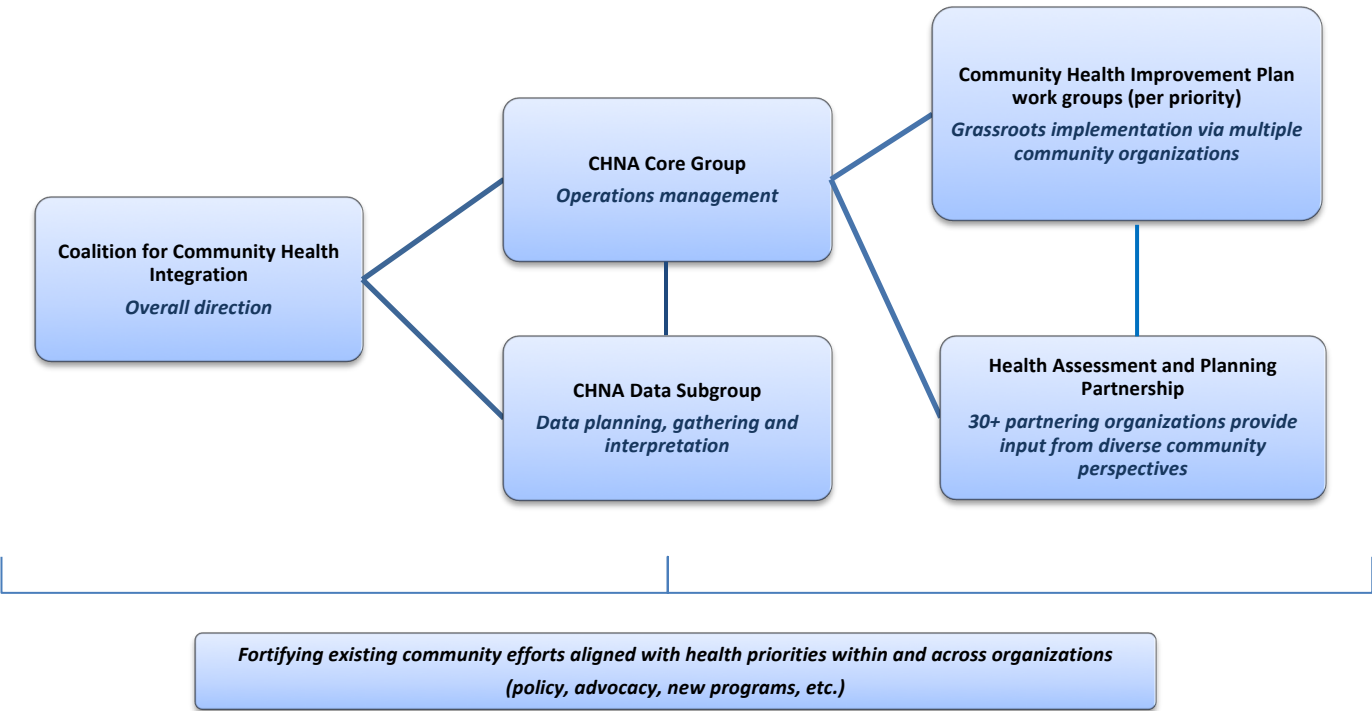
Numerous community organizations are formally and informally engaged in various aspects of assessment and health improvement planning (See Figure 2 and Appendix A for a complete listing of participating organizations).

Figure 2: Significant contributing organizations

The Olmsted County Community Health Assessment Improvement Plan is a collaborative community effort

Agency	CCHI	CHAP Core Group	CHAP Data Subgroup	CHIP Workgroup lead	HAPP	CHI specialist funding agency
Diversity Council				X	X	
Family Services Rochester			X		X	
Mayo Clinic	X	X	X	X	X	X
National Alliance of Mental Illness SE MN				X	X	
Olmsted County Community Services	X		X	X	X	
Olmsted County Public Health Services	X	X	X	X	X	X
Olmsted Medical Center	X	X	X	X	X	X
Rochester Area Foundation	X				X	X
Rochester Epidemiology Project. Mayo Clinic			X		X	
University of Minnesota Extension				X		
United Way of Olmsted County	X		X		X	X

CHAP – Community health Assessment and Plan
CHIP – Community Health Improvement Plan
CCHI – Coalition of Community Health Integration
HAPP – Health Assessment and Planning Partnership
CHI – Community Health Integration

Planning for the 2018-2019 Olmsted County CHNA was informed by participant response from the 2016 process and the 2016-2019 community health improvement planning, which is ongoing. Feedback was assessed by 2016 process participants and resulted in these improvements in 2019:

- More diverse representation of community members who select and define health indicators to be measured.
- More community members participated in the prioritization of health indicators.
- More longitudinal objective data was gathered, especially through local population records (Rochester Epidemiology Project) to show health indicator trends over time.
- More opportunities allowed for public input and discussion through existing and new community events.
- The planning group adopted these values to guide the assessment and health improvement planning process: data driven, community focus, actionable and sustainable, collaboration and health equity.

The current Olmsted County CHNA process builds on relationships nurtured in previous years and encourages community-wide ownership through comprehensive stakeholder participation. This helps

ensure actionable community health improvement priorities and sustainable collaborative community efforts for addressing identified needs through the Community Health Improvement Plan.

Community Input
The 2019 Olmsted County CHNA planning team gathered input from the following:

January 2017 to September 2017	Outreach to organization and program leaders from human service/nonprofit organizations to gather comments/improvement suggestions from 2016 CHNA process
October 2018 to December 2018	Results from a mailed health survey to randomly selected Olmsted County households (2,000 were distributed and 569 were returned for a 28.5% response rate)
February 2019 through May 2019	Listening sessions with local stakeholder groups, including city and county government leaders and prioritizing minority and other underrepresented diverse groups. Ten affinity groups were gathered, reflecting the opinions of 184 individuals. See Attachment B for the CHNA Listening Sessions Report.
May 2019 through July 2019	More than 380 community residents representing broad (private/business, human service/nonprofit, government and private community) perspectives participated in multiple public prioritization sessions. Participating organizations and agencies are listed in Attachment C.

Mayo Clinic maintains a "contact us" portal to receive comments on its website. Since 2016, no comments or questions have been received about the Mayo Clinic 2013 or 2016 CHNA reports. In addition, the Olmsted County planning team did not receive any questions about the 2016 report through its offices or web portal. Additional efforts were made to elicit feedback from 2016 participants.

Process and Methods

Data and methods of collection
In early 2017, the Olmsted County CHNA planning team met with all interested organizations that participated in the 2016 process to gather their ideas for future assessment planning efforts. Key recommendations included:
- Expanding the number of diverse groups involved in community listening sessions for CHNA planning and conducting them more continuously throughout the three-year cycle to increase engagement. Subsequently in early 2018, a Community Engagement Workgroup was formed to guide expanded listening sessions. Membership included the Diversity Council, which helps link to new groups, including ethnic, rural and younger stakeholders.
- Including additional indicators to be measured and considered in the 2019 CHNA (community inclusiveness, substance use, human trafficking, living wage), as well as increasing data from underrepresented groups from the community survey. As a result, a convenience survey was developed to fill in data gaps and administered at 16 sites in Olmsted County.
- Increasing the number of community groups and citizens invited to participate in the prioritization sessions. These captured prioritization recommendations from 384 participants.

- Weighting subjective data more heavily thanks to objective data in the 2019 CHNA; objective data has gaps in terms of publically accessible sources.

Taking these recommendations into consideration, the planning team narrowed down hundreds of potential health indicators to 35 for testing in the 2019 Olmsted County CHNA prioritization process. The data subgroup considered three aspects: number of persons affected, disparities and trend of increasing or decreasing impact. The subgroup used a variety of sources to assess existing metrics for each indicator, including national, state and local information (see a list of data sources used in Attachment D).

The Olmsted County CHNA team used three primary means of data collection:

1. A random mail survey of 2,000 community members was conducted in June 2018 and resulted in 569 responses (see Attachment E for a copy of the survey).
2. A convenience survey (same as the mailed survey with addition of two questions about frequency of moves within past month) to 1,089 individuals representing diverse and under-represented perspectives in the random mail survey.
3. Listening sessions with a broad range of community groups, including youth, elderly, rural, veterans and LGBTQ groups. Listening session groups were selected to broaden input from residents not as likely to participate in the mail survey. Listening sessions were facilitated by the Community Engagement Workgroup (see Attachment B for a summary Listening Session report).

Population health and clinical care experts within the core planning group then researched indicators with benchmark information from existing public data (see Attachment D for a complete list of resources used).

Addressing the Needs of the Community

Overview

Since 2016, a data subgroup of the Olmsted County CHNA) team has met monthly to help plan for the ongoing Olmsted County Community Health Improvement Plan (CHIP), as well as plan for the 2019 CHNA process, using insight and new ideas from the 2016 work. Data subgroup team members consist of experts in population health, epidemiology and clinical community care from across the CHNA member organizations. The goal of the data subgroup is to review the CHNA process, identify the most relevant health indicators and collect data to inform prioritization.

The data subgroup works in coordination with a core planning team that considers overall CHNA and CHIP management, communication and outreach efforts to community stakeholders and participants.

Identified Health Needs

The data team presented the following 35 health indicators for ranking:

Mortality: Leading Causes of Death	
o Heart disease	
o Cancer	

Health Outcomes: Morbidity	
o Senior independence	o Mental health
o Overweight/obesity	o Childhood asthma
o Diabetes	o Hypertension
o Multiple chronic conditions	o Pre-term birth

Health Factors: Health Behaviors	**Health Factors: Clinical Care**
o Tobacco use	
o Substance use	o Immunizations
o Binge drinking	o Insurance coverage
o Fruit and vegetable consumption	o Access to care
o Physical activity	o Youth dental care
o Motor vehicle injury prevention	

Health Factors: Social and Economic	**Health Factors: Physical Environment**
o Education level	o Healthy homes
o Financial stress	o Air quality
o Homelessness	o Water quality
o Living wage	
o Food security	
o Safe from fear and violence	
o Community mobility	
o Early childhood screening	
o Social connectedness	
o Community resiliency	
o Human trafficking	

o Community inclusiveness	

Prioritization Process and Criteria

The 35 health indicators were evaluated individually based on objective (40% weight) and subjective (60% weight) data. Objective criteria included percentage of the population affected, disparities across groups and trend data. Subjective data was collected through CHNA prioritization meetings with community groups (described above) and considered by their ranked perception of priority and sense of urgency for each indicator.

Overall prioritization was established through the compilation of objective and subjective results, which included:
- 18 listening sessions (184 participants)
- 11 prioritization sessions with various community groups (352 participants)
- Mailed survey results (584 participants)
- Convenience survey data (1,089 participants)
- Olmsted County Health and Human Services staff (250 participants)
- University of Minnesota students (190 participants)

Identified Priorities

Based on the prioritization process, the following three health priorities emerged, in order of importance:

1. Mental health

2. Financial stress

3. Alcohol, tobacco and other drugs

CHNA process leaders reduced the number of priorities in 2019 to three to better focus energy and resources to align with community health improvement capacity. Mayo Clinic Hospital will focus on all three priorities for its 2021-2023 implementation plan.

Mental health

Mental health was ranked as the highest health priority in Olmsted County. Mental health refers to a broad array of conditions affecting one's mood, behavior and thinking. The Olmsted County CHNA approached understanding local mental health needs through several factors, including local clinical incidence data through the Rochester Epidemiology Project, a community survey and numerous community listening sessions. For statewide and national comparisons, the CHNA team used publically available data through the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System.

In Olmsted County in 2018, 17% of adults and 8% of adolescents were identified as having been diagnosed with clinical depression. In the random survey of community members conducted in 2018,

29% of respondents reported having had a mental health issue within the past 12 months. Of mental health issues reported, the conditions with the highest prevalence were depression and anxiety.

Adult depression in Olmsted County, as well as statewide and national levels, has steadily increased since 2012. From 2015 to 2018, adolescent depression has increased by 5% in the county. Disparities were also identified among the county's population, including higher incidences for multiple chronic mental health conditions among elderly, lower education level, foreign-born and black community members.

In community listening sessions and convenience surveys among targeted populations, mental health was consistently prioritized as a top health concern. There was also a perception among many residents, as well as health care professionals, that mental health resources are not meeting community needs, in terms of long waiting times for professional care appointments, insurance coverage and residential facilities. It also is widely recognized that the social stigma of mental health disorders continues to discourage many people from seeking help.

Financial stress
The CHNA process considered financial stress in terms of residents' feelings about household income related to expenses and difficulties in meeting basic financial commitments. People who live with high financial stress are more likely to experience health challenges, such as depression, anxiety and substance abuse, as well as worsening of other existing health conditions, including heart disease and hypertension. People living with financial stress also have poorer access to health care, education and other quality of life resources.

The CHNA team used information from the 2018 Olmsted County community survey, U.S. Census Bureau, and Minnesota Housing Partnership, among other sources.

Local survey results showed that 33% of Olmsted County residents feel financially stressed – a 27% increase since 2013. Twenty three percent of Olmsted County residents paid more than 30% of their household income on housing in 2018. More than 50% of non-white residents reported feeling financial stress, indicating significant disparities.

Alcohol, drugs and other substances
The Olmsted County CHNA combined the health indicators of binge drinking, tobacco use and substance abuse into one priority area.

Binge drinking is defined as consuming large quantities of alcohol in a single drinking session. Binge drinking is associated with a number of health impacts, including fetal alcohol syndrome, chronic diseases, and memory and learning challenges. Tobacco use is defined as individuals currently using cigars, cigarettes, e-cigarettes or other tobacco products. Tobacco use is linked to higher incidences of cancer, respiratory illnesses and cardiovascular disease, among others. Substance use is considered as the use of marijuana, opioids, stimulants, hallucinogens, inhalants or others substances for nonmedical reasons. People who use substances are more likely to develop addiction and engage in other unhealthy behaviors, such as unprotected sex, distracted driving, physical violence, crime and experience mental health challenges.

Data was collected via the Olmsted County community survey, Substance Use in Minnesota, Minnesota student surveys and the U.S. Centers for Disease Control.

According to the 2019 Olmsted County Community Survey, 28% of adults and 4% of 9th and 11th grade students reported binge drinking in the prior year. The adult rates of binge drinking are more than 20% higher than those of all U.S. rates and 8% high than the Minnesota average. In addition, data shows that binge drinking has increased by 8% in Olmsted County from 2015 to 2018.

In Olmsted County, tobacco is used by 8% of adults and 7% of 9th and 11th grade youth. Even though this is a lower rate of use than in Minnesota and the U.S. (both at 14 % of adults and youth), in 2019, Olmsted County passed an ordinance to increase the legal age to buy tobacco to 21 years of age. In part, this effort was in response to local concerns of the dangers and increasing popularity of vaping/e-cigarettes. For adolescents in Olmsted County, the use of e-cigarettes among 9th and 11th graders is more than twice the rate of cigarette use. Thirteen percent of 11th graders reported using e-cigarettes.

In Olmsted County in 2018, 14% of adults reported using substances and 7% of 8th, 9th and 11th grade students reported using marijuana. The same survey noted that 1.4%of respondents reported using prescription pain relievers. Drug treatment facilities admissions for methamphetamine addiction in Olmsted County have increased by 73% from 2013 to 2017. Substance use affects diverse groups disproportionately. In adults, single, white and financially stressed individuals report higher rates of use. In adolescents, black and Hispanic youth report higher use of marijuana.

Evaluation of Prior CHNA and Implementation Strategy

Mayo Clinic Hospital - Rochester operations and staffing are integrated with Mayo Clinic's comprehensive outpatient care services and research and education operations on its Rochester campus. Local community health improvement is addressed through all Mayo Clinic operations, including hospital treatment and recovery rooms, classrooms and clinical-training areas (public health, as well as medical education), research labs, outpatient care settings, and community spaces.

Mayo Clinic has addressed the 2016 priorities of the Olmsted County CHNA in the following ways:

Injury prevention: Increased Mayo Clinic's capacity to educate high-risk groups about safe driving practices (teens) and fall prevention (elderly) by:

- Participating in the Olmsted County Fall Prevention Coalition to provide awareness, advocacy and collaboration around fall prevention at the community level.
- Providing staff time, expertise and materials to the Stepping On program — an evidence-based fall prevention program offered at many community locations to help increase confidence and empower older adults to carry out health behaviors that reduce the risk of falls.
- Continuing to offer interactive presentations around teen driver safety with regional high school and driver education classes and expanded reach by loaning the distracted driving simulator to community groups.
- Coordinating monthly car seat inspection clinics at a local fire station to check for correct use of child safety restraints and to educate caregivers on the safe transportation of children in motor vehicles.
- Coordinating local child passenger safety technician certification trainings.
- Actively participating in the Southeast Minnesota Regional Trauma Advisory Council to develop, implement and monitor the regional trauma system with the goal of preventing death and disability resulting from traumatic injuries and mass-casualty events.
- Participating in the Toward Zero Death steering committee, Fatal Review Committee and the Olmsted Safe Roads Coalition to address traffic safety.
- Partnering with the Rochester Police Department to reach underserved communities through the rejuvenated Cops and Kids Community Bike Program providing staff, expertise and $2,500 for helmets.
- Administering an electronic survey to all trauma centers and county health departments in Minnesota to examine the current state of childhood injury-prevention interventions in the state, identify potential partners to collectively address pediatric fall-related injury, and to use survey results to lead future injury-prevention efforts. The feedback will be shared with Minnesota stakeholders in an effort to encourage collective action toward fall prevention intervention for Minnesota children.
- Offering "Stop the Bleed" trainings to encourage community bystanders to become trained, equipped and empowered to help in a bleeding emergency before professional help arrives.

Immunizations: Worked to increase the rate of immunizations among community members for early childhood series, annual influenza and human papillomavirus. Efforts included:

- Participating in and co-leading the Olmsted County Community Health Improvement Plan Vaccine Preventable Diseases workgroup.
- Continuing work with Olmsted County Public Health and Rochester Public Schools to promote and provide immunizations to children in local private and public schools. From 2017 through 2018, the effort expanded the number of participating schools to 50 resulting in approximately 8500 students receiving vaccines at school.
- Continuing to help maintain the Southeast Minnesota Immunization Connection (SEMIC) database to better understand vaccine needs in the local population and respond to underserved groups/citizens. Mayo staff members serve on the board of directors of SEMIC, which is also conducting AFIX (Assessment, Feedback, Incentives and eXchange) visits with practice sites that administer vaccines. This is a CDC-developed program promulgated by the Minnesota Department of Health to help practices use the Minnesota Immunization Information Connection to improve vaccination processes.

Overweight/obesity/physical activity: Provided expertise and support to inspire awareness for healthy habits among community members, including:

- Provided $290,500 (2017-2018) in financial support toward community programs related to physical activity and recreation opportunities.
- Staff participated in the Olmsted County Obesity Community Health Improvement workgroup, which held community conversations about obesity to elevate specific themes and opportunities.
- Continued to provide and expand a Wellness Champion model at Mayo and Mayo Clinic Health System sites with community-inspired messages and resources to more than 35,000 staff, who are also area residents.
- Promoted healthy physical activity and eating messages through Mayo's social media platforms to all local audiences.
- Improved nutrition and healthy food options and encouraged healthy eating choices in all patient and employee cafeterias. This resulted in an overall increase in the consumption of healthier beverages, fruits and vegetables, and whole-grain foods, and reduced consumption of meat and poultry in our campus cafeterias.

Mental health: Worked to increase Mayo Clinic's and the local community's capacity to help patients and citizens with mental health challenges in prevention and treatment, including:

- Collaborating with Olmsted Medical Center, Olmsted County Health Department, the Collaboration for Community Health Integration, and a larger SEMN mental health coalition to advocate for the need for long-term care services for post-acute behavioral patients. In 2019, this resulted in $5 million in Minnesota funding to construct a new behavioral health crisis center to serve adults and youth in the SEMN region. The facility is slated to open in late 2020 or early 2021.
- Participated with the Olmsted County BRIDGE Collaborative, which is working to foster communication, cooperation and long-term vision building among parents and agencies serving the needs of children and families in Olmsted County. Current strategies include:
  - Expansion of access to school-based mental health services

- o Building resilience through education and awareness
- o Building capacity of providers through education and training opportunities (Trauma Informed Schools Conference, DC 0-5 Trainings, School-Based Mental Health Conference)
- o Creating and partnering in service integration models (Cradle to Career, Jeremiah Program, Launching Emerging Adults Program)
- Provided monetary support for Mental Health First Aid educational efforts that prepare citizens who work with the public (teachers, law enforcement, community agencies, etc.) to identify and help respond to mental health needs.
- Provided financial and planning support to present the "Mental Health: Mind Matters" exhibit in downtown Rochester during summer 2019 to improve awareness and access for mental health resources and reduce stigma in the community.
- Granting more than $600,000 in philanthropic funding to area human service organizations to support programs that align with/safeguard mental health.

Financial stress: Provided financial and in-kind support to human service organizations that serve community members with financial hardship, including:
- Granting more than $900,000 to improve services and support financially stressed community members, including education, literacy, job training and basic needs (housing, food, health care).
- Participating in the Rochester Area Housing Alliance and the Rochester Area Housing Coalition, providing $2 million to the coalition in 2018 (the second payment of a $4 million pledge for housing made in 2017).
- Continuing to serve Olmsted County patients with chronic and emergent behavioral health issues, including all those who are turned away from other health providers due to their inability to pay or over-capacity issues. Often these patients also are homeless. Behavioral health patients without homes are not released from the hospital until sufficient housing resources or longer-term care facilities can be secured for them. Subsequently, Mayo Clinic Hospital retains patients within its care facilities until capacity at other long-term care centers is available. This places a significant financial burden on the hospital's operating budget, but also provides a critical safety net for the Rochester community.
- Outpatient care planners of Mayo Clinic Hospital refer homeless patients to area shelters and other support systems. A portion of Mayo Clinic's Community Contributions Program budget supports local shelters and affordable housing initiatives, increasing the capacity of community nonprofits to provide emergency shelter.

Additional support to all CHNA priorities

Mayo Clinic participated in the Olmsted County Community Health Improvement Plan (OCCHIP) from 2017 through 2019; this participation is ongoing. The collaborative effort is led by Olmsted County Public Health and is comprised of representatives and community volunteers from local government and community organizations who are charged with responding to the 2016 CHNA findings, as well as transitioning to newly identified health needs in 2019 and beyond.

Mayo Clinic provides financial and in-kind support to the OCCHIP by paying a portion of a full-time CHIP coordinator position and covering additional administrative needs. Mayo Clinic experts in community engagement, population research, epidemiology and community health participate in all aspects of the

effort, including leadership and planning groups, data analysis and as facilitators at public input and discussion meetings.

OCCHIP workgroups in priority health areas continued their work throughout 2019 to convene wider community discussions, conduct research, advance collaborations, promote awareness and focus resources for each health issue. In addition, CHIP and Health Assessment and Planning Partnership forums through the year further inspired shared programs among community organizations and volunteers, including the Olmsted County Regional Behavioral Health Crisis Center; the "Mental Health: Mind Matters exhibit at the Rochester art Center; a new eviction-prevention program; expanded collaborative childhood immunization access in our public and private schools; and new housing initiatives, among others.

Mayo Clinic in Rochester annually contributes more than $2 million to local community projects that enhance health, well-being and social safety nets in Olmsted County to benefit local residents. Within that budget, Mayo Clinic offers the Shared Value Award, which grants up to $40,000 to innovative and collaborative community efforts that help address local health priorities.

Mayo Clinic chooses projects that are most likely to directly and indirectly address CHNA priorities. Examples of projects funded include the programs mentioned in the preceding paragraph, as well as sports programs for at-risk youth; suicide awareness and prevention programs in area schools; after-school programming for kids that promotes healthy eating and physical fitness; affordable housing efforts; workforce training and development programs; among many others. Mayo Clinic requests that organizations receiving Mayo funding report on the impact of their efforts in the community. Collective impact evaluation on collaborative community efforts is in development among participating organizations.

The Mayo Clinic Center for the Science of Healthcare Delivery works to apply scientific engineering principles to reduce costs and increase quality in the delivery of health care. (http://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/focus-areas/population-health-science-program). From 2014 to the present, the Center has continued to align research themes in its population health sciences program to focus on Mayo Clinic primary care practices and the CHNA priorities for Olmsted County. The impact of this alignment has been to increase the number of active research studies examining best-practice models for these topics with the goal of improving community health outcomes.

Attachment A – Membership of Olmsted County Community Health Assessment Planning Groups

Coalition for Community Health Integration
Mayo Clinic
Olmsted County Health, Housing and Human Service Services Administration
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Area Foundation
Rochester Area School District
United Way of Olmsted County
UCare
Zumbro Valley Health Center

Data subgroup
Cradle to Career
Destination Medical Center EDA
Family Service Rochester
Mayo Clinic
Olmsted County Health, Housing and Human Services
Olmsted Medical Center
Rochester Epidemiology Project

Core group
Mayo Clinic
Olmsted County Health, Housing and Human Services Administration
Olmsted County Public Health Services
Olmsted Medical Center

Health assessment and planning partnership
Augsburg University
Catholic Charities, Diocese of Winona
Channel One Food Bank
Community Health Services, Inc.
Community members
Destination Medical Center EDA
Diversity Council
Elder Network
Families First of Minnesota
Family Services Rochester
Intercultural Mutual Assistance Association
Mayo Clinic

Minnesota Department of Health
National Alliance on Mental Illness of Southeast Minnesota
Olmsted County Health, Housing and Human Services
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Area Family YMCA
Rochester Area Foundation
Rochester Clinic
Rochester Public Library
Rochester Public Schools
Salvation Army
Southeast Minnesota Area on Aging
Seasons Hospice
State Legislators
The Arc of Southeast Minnesota
Three Rivers Community Action
UCare
United Way of Olmsted County
Zumbro Valley Medical Society
Zumbro Valley Health Center

Community health improvement plan work groups
<u>Motor Vehicle Injury Prevention Workgroup</u>
Mayo Clinic
Olmsted County Public Health Services
Olmsted County Sheriff's Office

<u>Vaccine preventable diseases</u>
American Cancer Society
Mayo Clinic
Olmsted County Public Health Service
Olmsted Medical Center
Rochester Public Schools
Southeaster Minnesota Immunization Connection (SEMIC)
Somali Healthcare Advisory Council
Zumbro Valley Medical Society
Zumbro Valley Health Center

<u>Community Engagement Workgroup</u>
Diversity Council
Olmsted County Public Health Services
Olmsted County Health, Housing and Human Services Administration
United Way of Olmsted County

Health Communities Collaborative (Obesity)
Community members
Destination Medical Center
Exerciseabilities
Families First Minnesota
Friendship Place
Mayo Clinic
Olmsted County Public Health Services
Olmsted Medical Center
Parent Teacher Student Association
RNeighbors
Rochester Area Family YMCA
Rochester Clinic
Rochester Parks and Recreation
Rochester Public Library
University of Minnesota-Extension
University of Minnesota-Rochester

Financial Stress Workgroup
Catholic Charities
Center City Housing
Channel One Regional Food Bank
City of Rochester
Community Health Services, Inc.
Community members
Destination Medical Center
Diversity Council
Elder Network
Families First Minnesota
Family Services Rochester
Friendship Place
In the City for Good
Intercultural Mutual Assistance Association
Lutheran Social Service of Minnesota
Mayo Clinic
National Alliance on Mental Illness (NAMI) Southeast Minnesota
Olmsted County Adult and Family Services
Olmsted County Child and Family Services
Olmsted County Commissioners
Olmsted County DFO and Corrections
Olmsted County Family Support and Assistance
Olmsted County Housing and Redevelopment Authority
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Area Foundation
Rochester Public Library

Rochester Public Schools
Salvation Army
Southeastern Minnesota Center for Independent Living
Southern Minnesota Regional Legal Services
St. Francis Church of Assisi
State Legislators
The Arc of Southeast Minnesota
Three Rivers Community Action
United Way of Olmsted County
Workforce Development, Inc.
Zumbro Valley Health Center
Zumbro Valley Medical Society

Attachment B – the 2018-2019 Olmsted County CHNA Listening Sessions Report

DEMOGRAPHICS

Participation by Race/Ethnicity	
Race/Ethnicity	**% of Participants**
Hispanic	7.8%
Non-Hispanic	92.3%
African	2.4%
American Indian	1.8%
Asian	4.8%
Black or African American	11.4%
Native Hawaiian or Other Pacific Islander	0%
White	72.5%
Other	6.6%

Participation by Income	
Income	**% of Participants**
Less than $15k	8.9%
$15k-$34,999	13.3%
$35k-$74,999	22.1%
$75k-$99,999	18.6%
$100k +	37.2%

Participation by Age	
Age	**% of Participants**
18 and Under	47.1%
19-34	13.4%
35-49	8.1%
50-64	15.7%
65+	15.7%

Participation by Zip Codes	
Zip Code	**% of Participants**
Rochester	78.3%

Greater Olmsted County	13.0%
Not Olmsted County	8.7%

Participation by Primary Provider	
Primary Provider	**% of Participants**
Yes, only one	49.7%
Yes, more than one	26.6%
No	23.8%

COMMUNITY HEALTH ASSESSMENT AND PLANNING PROCESS

The Community Health Assessment and Planning (CHAP) Process is a collaborative community effort led by Olmsted County Health, Housing and Human Services, Olmsted Medical Center, Mayo Clinic and partnerships with multiple community organizations. It is a continuous, triennial cycle that assesses our community's health; prioritizes our top community health needs; and plans, implements and monitors/evaluates strategies to improve our community's health.

The Community Health Needs Assessment (CHNA) listening sessions provide deeper insights into the community beyond what is collected through other data sources. The listening sessions are primary qualitative data for the CHNA collected through facilitated conversation with community members. The CHAP process' community engagement (CE) workgroup led the design and implementation of the listening sessions using guiding principles from Designing for Civic Engagement Events from the Minnesota Department of Human Rights and many other resources on engaging the community.

The purpose of the CHNA listening sessions were to:
- Learn from community members we often don't hear from in surveys and other data sources
- Provide an opportunity to learn from the community about pressing health concerns
- Allow the community to share their perspectives

TIMELINE

Sept & Oct 2018	Nov & Dec 2018	Jan 2019	Feb 2019	Mar & Apr 2019	May 2019	June 2019
• Developed core principles	• Question development	• Identification of potential groups • CHAP Core Group presentation	• Trained faciliators and note takers • Hosted pilot • Recrutiment	• Hosted listening sessions	• Analysis	• Report out
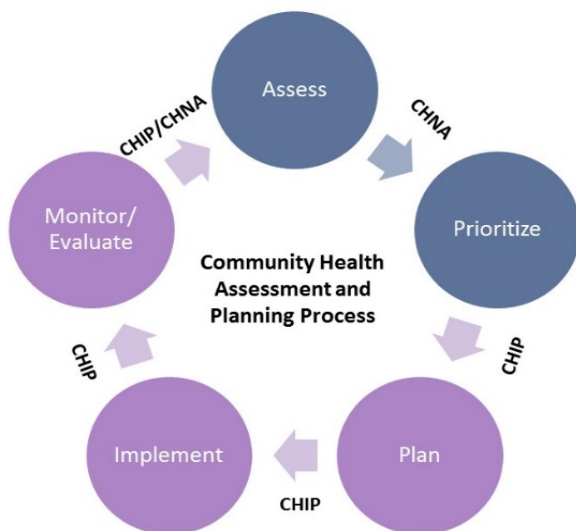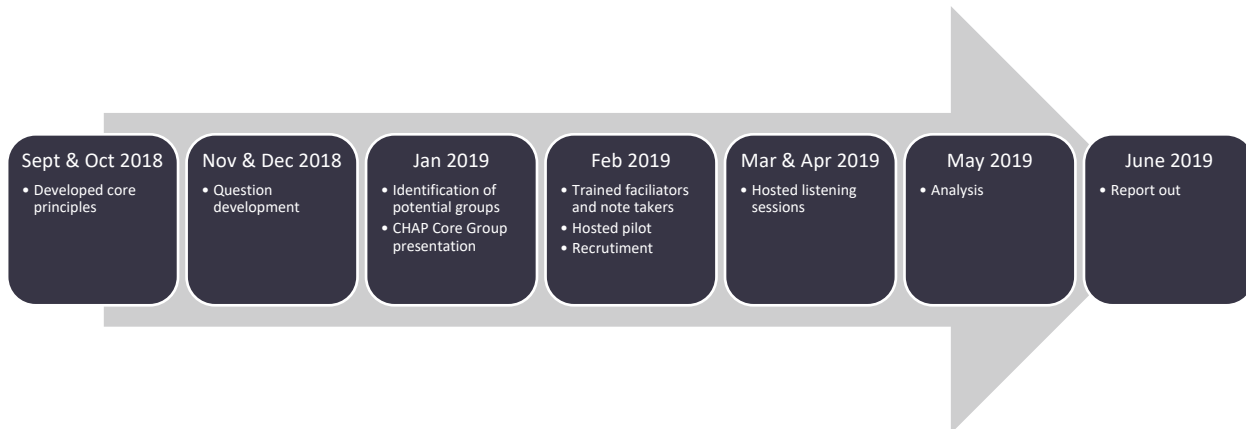
FRAMEWORK

The Community Engagement Workgroup developed a framework for the 2019 CHNA listening sessions using the guidance of Designing for Civic Engagement Events from the Minnesota Department of Human Rights, Art of Hosting, and the Harwood Model for Community Conversations. Over the course of a couple of meetings, the workgroup developed the following framework.

Need	Purpose	Principles	Considerations	People	Concept	Structure	Limiting Beliefs
• Understand state vs perception of community health • Both population health and specific needs • The "why" of health- more than just a status • Talk about what matters • Alignment	• Understand everything under need • Create something actionable • Communicate, awareness • CHNA and priorities reflective of the community • Compliance (expanded) • Equity lens • Understand political and public will	• Inclusive • Equitable • Openness- ability to share freely • Trust building • Hear stories versus issues • People are experts • Factually wrong but true • Transparency- informed • Close the data loop in both directions	• Who are providers • Caution on root causes (structural) • What is health and values around health • Everyone's reality • Implicated values by organizations	• Tap pathways, established groups • You have talked to one group, you have talked to one group • Not putting people in buckets, viewing as people not a group • facing disparities, finding a balance • Be their own voice	• Enrich data • symptom vs cause • SDH lens • Tell the story • buckets of the CHNA • Genuine and authentic • Involve throughout the process • Organic, cater to needs • Meet people where they want/strive to be • excitement, important to be here • 1st question, everyone participated	• 5 identifiers • What is your life expectancy • Aspirational • How and what questions • Language • 5 questions	• Lend creditability it deserves • Pathway- to how to deployed, informing how resources are used • "Experts", who are they, what power do we give them? • A lot of groups are wanting to do this • Partners haven't dedicated resources

QUESTION DEVELOPMENT

Once a framework was in place, the Community Engagement Workgroup:
- Developed questions for the listening sessions
- Researched other listening session questions from different communities, including Louisville, Kentucky, and Clackamas County, Oregon
- Developed key aims (answers/feedback/input) or purposes (grounding/learning) that needed to be answered
- Developed or modified questions and probes that met the aim and purpose

This table describes the aims and purpose of each question. Appendix I is the entire listening session script that was used.

Aim/purpose with corresponding questions

Aim/Purpose	Question	Probes
• Establish a common starting point, grounding • Learn what lens participants are using	• How do you define community?	• Why is community important? • What community/ies do you feel you belong to?
• Identify what healthy is and signs of healthy community	• How do you define health?	• What does health look or feel like in your community? • If you feel part of multiple communities, does health feel or look the same in each one? • How does your community affect your own health?
• Reflective • Health equity • Inventory to support CHNA • Opportunities to build on for the CHIP	• What are some things in the community that help us all be healthy?	• Do you access these? How do they help you? • Does everyone have access to what we mentioned before? Why? Why not?
• Identify gaps • Opportunities to improve	• What gets in the way of our communities being healthy?	• What challenges or frustrations do you have? • Does everyone experience these challenges or frustrations? • What have you noticed other community members experiencing?
• Identify needs	• What more can be done to help our communities be healthy?	• How would you benefit or be impacted by the suggestions shared? • Who else would benefit or be impacted?
• Wrap-up	• If you were to rate Olmsted County on a scale from 1 to 10, would you say this is a healthy community for everyone? With 1 being an extremely unhealthy community to 10 being healthiest community possible for all.	• If time allows ask for reasoning/explanation behind score

IDENTIFICATION OF LISTENING SESSION GROUPS

In 2018, the CHAP process administered the CHNA community survey and convenience surveys. In January 2019, the Community Engagement Workgroup reviewed the demographics from both surveys as a starting point for determining potential listening session groups. From the data review, it was determined the focus should be on hosting listening sessions with:

- The LGBTQI+ community
- Towns outside of Rochester
- Young adults
-

From discussion with the CHAP Core Group, additional groups were identified:

- Youth
- Veterans
- Community partners
- Health care providers
- Overall community
- Olmsted County Health, Housing and Human Services

RECRUITMENT OF PARTICIPANTS, FACILITATORS and NOTE TAKERS

After potential listening session groups were identified, the Community Engagement Workgroup asked for recommendations for potential partners for each listening session. The Community Engagement Workgroup then reached out to potential partners and asked for recommendations on how to recruit, when and where to host each listening session. The table describes the partnering agencies and recruitment tactics uses for each listening session. Appendix III is an example of a recruitment poster.

Facilitators and note takers were recruited through Olmsted County Health, Housing and Human Services, Olmsted County Policy, Analysis and Communications Division, the Diversity Council and the United Way of Olmsted County. Each of these organizations has a trained pool of facilitators and note takers. In total 28 facilitators and note takers helped with the listening sessions. Facilitators and note takers participated in a one-hour training conducted by the community health integration specialist. Once trained, facilitators and note takers could self-select which listening sessions they wanted to help with and what role best suited them.

Listening Session	Partner(s)	Recruitment Tactics
Community partners/stakeholders	• Community Health Forums	• Facebook posts • Community Health Forum's distribution list
Youth	• Rochester Student School Board • Rochester Alternative Learning Center	• Standing meetings

	• Q Club	
Outside of Rochester	• CEDA • City of Eyota • City of Stewartville • Chatfield Public Library	• Flyers • Facebook posts • Church bulletins
LGBTQI+	• Q Club • LGBTQI+ Alliance at RCTC	• Standing meetings
Veterans	• Mayo MERG • Olmsted County Veterans Services • Salute to Service	• Flyers • Distribution lists • Facebook posts
Seniors	• In the City for Good	• Distribution lists • AARP promotion • Facebook posts • Flyer
Health, Housing and Human Services	• Senior Leadership Team	• Distribution list
Community members	• CURE	• Session did not occur
Health care providers	• Zumbro Valley Medical Society	• Session did not occur
Young adults	• None identified	• Session did not occur

RECRUITMENT CHALLENGES

Recruitment challenges were experienced. They ranged from not being able to host a listening session to hosting a listening session that no one attended. From these challenges, however, new ideas emerged on how to engage with specific communities and potentially try for the next cycle.

Listening Session	Challenges	Result
Young adults	Identifying a partner to co-host	No listening session was held
Community	Potential co-host didn't have the capacity due to staffing changes	No listening session was held
Health care providers	Partnering agency was focused on other efforts	No listening session was held
Outside of Rochester-Chatfield	Residents attending the session	No one attended the listening session

ANALYSIS

Individual session analysis was conducted by the CHI specialist using NVivo for theming and to generate a word cloud for each session. Themes were pulled for each question, along with thoughts documented from the listening session.

Overall analysis was conducted via group consensus by members of the CHAP Core Group, CHAP Data Subgroup and Community Engagement Workgroup. Participants were asked to review each question and write down themes across the different sections of the CHNA (Appendix IV is an example of the theming worksheet.). Between two sessions, themes were developed for each question and overall themes for the listening sessions. NVivo also was used to generate word clouds for the listening session overall, for the definitions of community and health.

Results
Overall, 184 people participated in the 2019 listening sessions. The largest listening session was with the RPS Student School board (50 participants). The smallest was with the Q Club (four participants). Reviewing other key demographics, the majority of the participants were White, non-Hispanic (72%) from Rochester (78%) and had a household income of more than $35,000 a year (77.87%).

HOW DO YOU DEFINE COMMUNITY?
Participants provided many different definitions of community, however, common themes included feeling a sense of connectedness or belonging and sharing a common interest. Participants also shared they feel a part of many different communities, ranging from their faith community to where they work.

Words used frequently to define community included support, people, feel and important. The importance of community and the need for a sense of belonging became an overall theme identified for the listening sessions.

HOW DO YOU DEFINE HEALTH?
Participants defined health as multifaceted and did not put a huge emphasis on clinical factors. Social factors and mental health were brought up frequently when defining health. Participants

also shared that health looks different in our community, and it is very personal and relative to each person.

Words used frequently included community, people, mental and physical. Participants also stated aspects in their communities that have negative effects on health, including financial stressors, not feeling accepted or understood, and not having access to needed resources.

OVERALL THEME: MENTAL HEALTH

Mental health was by far the most discussed topic across all of the listening sessions. Participants discussed the need for more mental health services and the need to develop and promote more resiliency skills and tools in Olmsted County. There were accessibility issues mentioned around insurance and the lack of providers. One participant shared they can only see their mental health provider once a month due to their provider's schedule.

Mental health was the primary focus for the RPS Student School Board, Q Club and the LGBTQI+ Alliance. The youth and young adults spoke a lot about the need for more peer support, more understanding of mental health and mental illness, and stigma reduction.

OVERALL THEME: DISPARITIES IN ACCESS

Access or the lack of access to resources was mentioned by many groups. Access issues ranged from food security to barriers to receiving health and mental health care. At the Stewartville and Eyota listening sessions, many participants shared their concerns with the lack of health care options in their cities and what options they do have are not meeting their needs.

There was an acknowledgment by many participants that there are a lot of resources in Olmsted County, but many people either do not know about them or how to access them. Conversations were had on how to promote resources and make them more known or accessible for the entire community.

OVERALL THEME: BELONGING

The sense of belonging or social connectedness was mentioned throughout the listening sessions. Many spoke about the protective factors of social connectedness and health. Others mentioned there needs to be more of a focus on social isolation, especially in the aging population.

In all three youth listening sessions, belonging or having positive relationships were mentioned as crucial aspects of positive mental health and health overall. Students provided examples of how positive relationships help them through stressful times; these relationships can be with friends, family or even teachers. Youth also shared their concerns they see in their schools with bullying, the stigma around mental health and racism.

OVERALL THEME: THE BUILT ENVIRONMENT

In many listening sessions, participants mentioned how the built environment supports communities to be healthy; examples included bike trails, parks and sidewalks. While these were mentioned as positive aspects about Olmsted County, others shared that not everyone has access to them. During the Stewartville listening session, many mentioned the lack of sidewalks as a deterrent to walking or biking to places in town. Others mentioned the cost associated in using facilities was very prohibitive, especially in programming.
Transportation was mentioned in almost listening session. Many shared that there is a huge lack of accessible, affordable, and available transportation options especially those with mobility issues or who live outside of Rochester.

HOW WOULD YOU RATE OLMSTED COUNTY?

The last question of the listening session asked participants to rate Olmsted County on being a healthy community for all on a scale from 1 (not a healthy community) to 10 (the healthiest community). Overall, participants gave Olmsted County a 5.14. There was wide variety across listening sessions and even within them. The LGBTQI+ Alliance rated Olmsted County the lowest with an average rating of 3. HHH Staff and Stewartville rated Olmsted County the highest with an average rating of 7. Many comments focused on Olmsted County being a healthy community, but not for everyone and the need to recognize that. Participants also mentioned that when comparing Olmsted County to other communities, Olmsted County is much healthier.

Healthy Community For All Rating

Bar chart titled "Healthy Community For All Rating" showing Average Rating (x-axis 1–10) for each group:
- LGBTQI+ Alliance: ~3
- Community Partnerns: ~4.8
- Q Club: ~4.7
- In the City for Good: ~5.9
- RPS Student School Board: ~6.3
- ALC Students: ~6.4
- Eyota: ~6.6
- HHH Staff: ~7
- Stewartville: ~7
- Overall: ~5.1
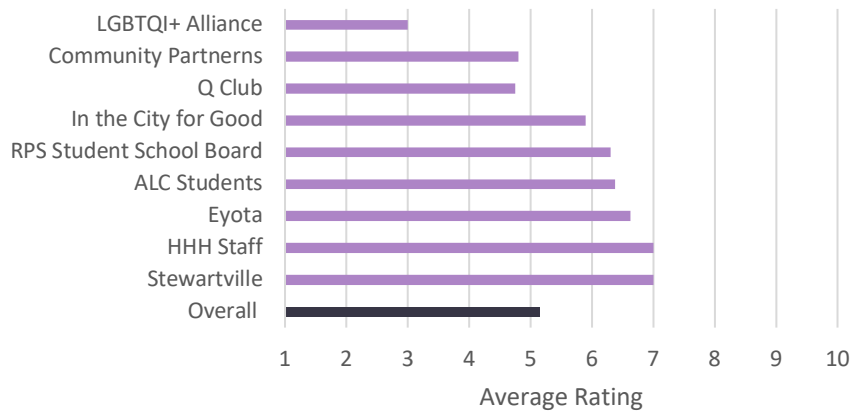
TOP COMMUNITY HEALTH ISSUES

In the post-listening session survey, participants were asked their top community health issues. This provided an additional opportunity to hear the community's top concerns and an opportunity to learn about emerging issues.

Top Health Issues

- Mental Health
- Transportation
- Access to Resources
- Access to Healthcare
- Affordable Housing

REPORT OUTS AND SHARING RESULTS

An overall report out was conducted for the June 2019 Health Assessment and Planning Partnership meeting. Facilitators, note takers, and listening session partners were all invited to attend. The CHI specialist also offered to meet with each listening session partner to share session-specific results. An overall summary and session-specific summaries were developed.

INTEGRATION INTO THE 2019 CHNA

In the 2019 CHNA, each indicator has a specific section called "Community Thoughts". Any relevant thoughts from the listening sessions are included in this section. The summary report is also included in the supplemental document.

LESSONS LEARNED

There are many opportunities to reflect on and improve. The community health assessment and planning process is always looking for ways to improve. There were two separate debriefing sessions for the workgroup and the facilitators and note takers. With the addition of the CHI specialist's thoughts, an after-action report was created to help improve future community engagement efforts.

COMMUNITY ENGAGEMENT WORKGROUP PERSPECTIVE

The Community Engagement Workgroup felt the listening sessions were a success and provided many opportunities to learn from the community. The members thought including demographics and an evaluation question should be standard moving forward. Potential improvements include having participants write down their score and explanation (question six) instead of just saying it out loud to reduce bias and looking for more partnerships. The workgroup also discussed how to gather qualitative data from other organizations to support CHAP process efforts.

FACILITATOR AND NOTE TAKER PERSPECTIVE

Overall, the facilitators and note takers felt the 2019 listening sessions went well from the training to overall sessions. Feedback from the facilitators and note takers specific to the training included adding more information on how to deal with participants who are taking over the conversation and ensuring facilitators are comfortable with handling any dysfunctional behaviors. It also was suggested to increase participation in hosting listening sessions with established groups and try to have two note takers per conversation.

COMMUNITY HEALTH INTREGRATION SPECIALIST PERSPECTIVE

The 2019 listening sessions were a great opportunity to develop new partnerships and hear great feedback from our community. Recruitment challenges at times were disappointing; they also provided opportunities to think about new ways to recruit and engage. There is also a need to develop more community-based facilitators and note takers so less of the burden is on Olmsted County. The creation of the community engagement work group and the support they brought to this process is immeasurable. This group should be used always for any engagement work of the CHAP process.

APPENDIX
I: LISTENING SESSON SCRIPT

Introduction
Welcome and thank you for joining us for a Listening Session event. We are delighted to have you join us today as we work collectively to gather information for our 2019 Community Health Needs Assessment.

A little background on how we got here. In 2012, leaders from Mayo Clinic, Olmsted Medical Center and public health departments came together to figure out how to better collaborate to

produce an Olmsted County Community Health Needs Assessment. Now in our third cycle, the collaborative has published two county assessments of the health of our communities. In order to complete these assessments, we have looked at what the numbers tell us and what the community tells us.

We appreciate your willingness to participate and answer questions about your community experience

The information from the CHNAs helps to develop and implement improvement plans. For example, the 2016 CHNA information from the last cycle established mental health, motor vehicle injury prevention, financial stress, overweight and obesity, and vaccine preventable diseases as top community health priorities.

We are excited to hear from each of you about your experiences. By being here today and sharing your experiences, you are helping to improve the health of your community. We are committed to sharing what we learn. Please note that this session is being recorded by note takers and the information gathered will be used in the upcoming 2019 Community Health Needs Assessment. We may capture direct quotes but those won't be tied to you personally.

Before we begin, I'd like to talk to you about a few guidelines for our discussion.
- There are no right or wrong answers.
- Every opinion counts. We will respect other's opinions. It is perfectly fine to have a different opinion than others in the group, and you are encouraged to share your opinion, even if it is different.
- Everyone should have an equal chance to speak. Please speak one at a time and do not interrupt anyone else.
- Do not hesitate to ask questions if you are not sure what we mean by something.
- Because we have a limited amount of time and a lot to discuss, I may need to interrupt you to give everyone a chance to speak or to get to all the questions.

How do these guidelines sound to everyone? What questions do you have before we begin?

Let's begin, let's go around and have everybody introduce themselves and answer the first question!

QUESTION ONE

There's the idea of **COMMUNITY**. What do we mean by community? Are we talking about each one of you, individually? Are we talking about your friends and family? Your neighborhood? Your faith community? Your racial or ethnic group? Your city or town? Maybe you feel part of multiple communities, or maybe you identify primarily with one community.

To start our conversation today, we are going to go around the table and ask everyone to answer the following question…
- How do you define community?
  a. **PROBE:** Why is community important?
  b. **PROBE:** What community/ies do you feel you belong to?

QUESTION TWO

Now take a minute to think about your community or communities.
- How do you define health?   a. **PROBE:** What does health look or feel like in your community?   b. **PROBE:** If you feel part of multiple communities, does health feel or look the same in each one?   c. **PROBE:** How does your community affect your own health?

QUESTION THREE

So, you've told us what a healthy community looks like. Let's explore this idea a little more.
- What are some things in the community that help us all be healthy?   a. **PROBE:** How do they help you? Do you access these?   b. **PROBE:** Does everyone has access to what we mentioned before? Why or why not?

QUESTION FOUR

We've talked about what a healthy community looks like. Now let's talk about what's not there to support community health.
- What gets in the way of our communities being healthy?   a. **PROBE:** What challenges or frustrations do you have?   b. **PROBE:** Does everyone experience these challenges or frustrations? In what ways? Why or why not?   c. **PROBE:** What have you noticed other community members experiencing?

QUESTION FIVE

So, you've now shared with us what a healthy community looks like, as well as what the strengths and challenges are in your community. Now let's talk about how we can improve our communities.
- What more can be done to help our communities be healthy?   a. **PROBE:** How would you benefit or be impacted by the suggestions shared?   b. **PROBE:** Who else would benefit or be impacted?

QUESTION SIX

Thinking about our conversation today…
If you were to rate Olmsted County on a scale from 1 to 10, would you say this is a healthy

community for everyone? With 1 being an extremely unhealthy community to 10 being healthiest community possible for all.
   a. If time allows ask for reasoning/explanation behind score

CLOSING

We've come to the end of our time together today. We greatly appreciate your contributions and sharing your thoughts, thank you again for participating in the session. As we mentioned at the beginning, we will be compiling this information with other information to create a Community Health Needs Assessment which will be released in October 2019. We are committed to sharing that report with participants through our organization. If you have any questions after this session, please let us know and we will connect with Meaghan Sherden to get them answered.

II: POST LISTENING SESSION SURVEY

2019 CHNA Listening Session Post Survey

Thank you for participating in the listening session! We are committed to involving the diversity of our community in our conversations. We'd also like to lean what you think about this experience. Please help us see how we are doing by filling out this brief survey. This survey is completely confidential, and you will NOT be asked for your name. If you do not wish to answer the questions about yourself, please feel free to skip to Question 10 about the listening session.

About You

1. What is your age in years? _____

2. Are you of Hispanic or Latino origin? ___Yes __No

3. Which of the following best describes you? (Mark ALL that apply?)
   _ African   _ Native Hawaiian or Other Pacific Islander
   _ American Indian or Alaskan Native   _ White
   _ Asian   _ Other (specify): _____
   _ Black or African American

4. What is the highest level of education you have completed? (Mark ONLY ONE)
   _ Did not complete 8th grade   _ Some college
   _ Did not complete high school   _ Associate degree
   _ High school diploma/GED   _ Bachelor's degree
   _ Trade/vocational school   _ Graduate or professional degree

5. What is your annual household income from all sources?
   _ Less than $15,000   _ $75,000-$99,999
   _ $15,000-$24,999   _ $100,00-$149,999
   _ $25,000-$34,999   _ $150,000-$199,999
   _ $35,000-$49,999   _ $200,000 or more
   _ $50,000-$74,999

6. What is your home zip code? _____

7. Do you have one person you think of as your personal doctor or health care provider?
   __ Yes, only one   __ Yes, more than one   __No

8. Do you currently have insurance (employer provided, MA, MNSure, etc.) that pays for all or part of your health care?
   __ Yes   __No   __Don't Know

9. What do you believe are the top community health issues?

10. How would you rate the quality of the discussion?
    _ Excellent
    _ Good
    _ Fair
    _ Poor

Please use the rest of the space to write any additional comments about the discussion. Thank you for your participation and feedback

III: OVERALL SUMMARY

Olmsted County Community Health Needs Assessment
Listening Sessions, 2019

The Purpose of Listening Sessions:

➢ Learn from community members we often do not hear from in surveys and other data sources
➢ Provide an opportunity to learn from the community about pressing health concerns
➢ Allow the community to share their perspectives

WHO WE HEARD FROM

Session	# of Participants
Community Partners	28
Rochester Alternative Learning Center	25
Eyota	8
Olmsted County Health, Housing, and Human Services Staff	16
Rochester Public Schools Student School Board	50
LGBTQI+ Alliance	12
Veterans	12
In the City for Good	19
Stewartville	10
Q Club	4
Chatfield	0
TOTAL	184

HOW DO YOU DEFINE COMMUNITY?

➢ Overlapping circles
➢ Different across viewpoints, groups, and priorities
➢ Connectedness

"Wherever you feel accepted, part of something."
 - LGBTQI+ Alliance Listening Session

"What happens to one of us, affects all of us."
 - In the City for Good Listening Session

HOW DO YOU DEFINE HEALTH?

➢ Multifaceted
➢ Focus on social and economic factors more than clinical factors or health behaviors

"Physical, social, mental, and how it interworks for well-being."
 – OC Health, Housing, and Human Services Staff Listening Session

"Health and well-being similar concepts. Stable housing, food insecurity, all needs can be taken care of."
 - LGBTQI+ Alliance Listening Session

WOULD YOU SAY THIS IS A HEALTHY COMMUNITY FOR EVERYONE?

Average Rating:
5.14

Extremely unhealthy community | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Healthiest community possible

"Socioeconomic inequality – not well distributed. Problem for a lot of communities – not good transportation resources."
 - Rochester Public Schools Student School Board Listening Session

"Where you are at in the community. Doctors might give it 10 but homeless might give it 1."
 - In the City for Good Listening Session

"Compared to others (ours) is better based on what I have heard, don't hear about drugs and violence as often here."
 - Rochester Alternative Learning Center Listening session

REFERENCES

Overall information

ACHIEVE Evaluation Focus Group Guide Prepared by NACCHO
Focus Groups: A Practical Guide for Applied Research
Hardwood Institute: Community Conversation Workbook
Harwood Institute: Public Innovators Tool Kit
Minnesota Department of Human Rights Designing Civic Engagement Events
United Way of Olmsted County Community Conversations Guide
Question development
Louisville Metro Department of Public Health and Wellness Focus Group Protocol
Healthy Columbia Willamette Collaborative Listening Session Facilitation Guide

Attachment C – Process and Participants in the Olmsted County Prioritization Process

OVERVIEW

Prioritization took place between May and July of 2019 through prioritization sessions and by using online tools. Each indicator was scored on objective (what the data says) and subjective (perception of the issue) factors. Objective scores were predetermined and approved through the CHAP Data Subgroup. The results from each of the subjective prioritization sessions were combined with the objective scores to determine an overall numerical ranking of the health indicators.

At the end of each subjective session, participants also were asked to provide their individual ranking of the current indicators, as well as suggest missing or emerging indicators. For this cycle, additional data was available to consider in selecting the top community health priorities: CHNA Community Survey, listening sessions, Olmsted County Health, Housing and Human services staff, and the UMR CHNA survey. The ultimate goal of the prioritization sessions was to identify the community's top health priorities.

METHODOLOGY

The prioritization process included two sets of processes — objective and subjective, which were developed and approved by the CHAP Data Subgroup and Community Engagement Workgroup. Objective and subjective scores were combined for an overall score for each indicator. The overall score was determined by combining the objective (40%) and subjective (60%) scores. All CHNA indicators, except for mortality indicators, were prioritized.

Objective

The objective scoring was approved by the CHAP Data Subgroup in June 2019. Each indicator was rated on the following factors:
1. **Affected.** What portion of the at-risk population is actually affected by the problem?
1 = Minimal amount of the population is affected (0-9%)
2 = Sporadic amount of the population is affected (10-29%)
3 = Moderate amount of the population is affected (30-69%)
4 = Most of the population is affected (70-89%)

5 = Nearly all or all of the population is affected (90-100%)

0 = Not known
1 = Any Right Direction Movement
3 = No Movement & Low Investment
4 = No Movement & High Investment
5 = Any Wrong Direction Movement

2. **Disparities.** Reviewing local data, does this indicator disproportionately affect certain demographic groups in our community (race/ethnicity, gender, education, income and birthplace)?

0 = Not Known or None
1 = 1 Disparity
2 = 2 Disparities
3 = 3 Disparities
4 = 4 Disparities
5 = 5 Disparities

Affected and trend data were weighted so each contributed 25% to the objective score. Disparities were weighted to contribute 50% to the score. They were added together to produce an overall objective score for each indicator.

Process Improvement
The initial objective framework had one additional factor to rate each indicator on:
- **Premature death.** What are the years of potential life lost (YPLL) from this problem?

0 = Not Known
1 = Minimal YPLL
2 = Sporadic YPLL
3 = Moderate YPLL
4 = Significant YPLL
5 = Extreme/Severe YPLL

During the objective prioritization session, the CHAP Data Subgroup decided not to rate the indicators on the "premature death" factor due to different interpretations of the question and confusion among members.
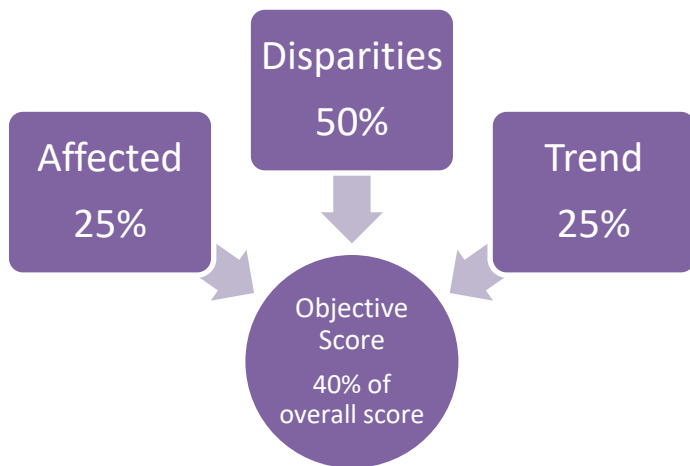
Subjective

The goal of the subjective prioritization process was to get community members, partners and organizations to provide their perception of each of the indicators. Prioritization data was collected in real-time using iClickers or through SurveyMonkey. Participants were provided the opportunity to review definitions and provide framing before the session started. In total, 384 community members participated.

Participants in each of the sessions were asked their opinion on two subjective factors:

Community Perception. (*Indicator*) is an issue our community.
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree
5 = I Don't Know

Urgency. Our community needs to start now (one to three years) to address (*Indicator*).
1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree
5 = I Don't Know
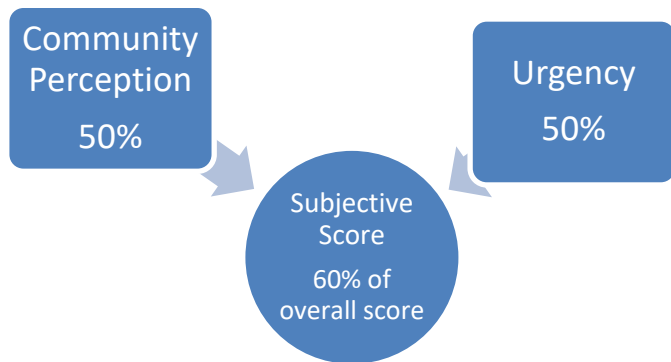
After each subjective factor, the voting results were displayed. Scores for each subjective factor (community's perception and urgency) were weighted equally (50%) and added together to produce an overall subjective score for each indicator. Those that indicated "I Don't Know" were not in included in the scoring.

At the end of each session, participants were asked to provide their individual input regarding CHNA indicators. They were given a ballot with all the indicators and asked to circle their top five CHNA indicators. The ballot also provided space to list any new, emerging or missing indicators for the CHAP Data Subgroup to consider for future assessment process.

Additional data for consideration
This cycle allowed for the opportunity to look at all the data that had been collected over the last year in regard to prioritization. While this data was not meant to replace the prioritization process, it provided more insight when considering the top health priorities.

With the administration of the 2018 CHNA Community survey, there was an opportunity to include a prioritization question: "To what extent do you feel each concern is a threat or issue in Olmsted County?" for both the random mailed survey (n=584) and the convenience survey (n=1089).

As part of the prioritization process, instead of participating in a prioritization session or completing the prioritization survey, Olmsted County Health, Housing and Human Services staff (n=250) participated in a dot activity. Staff were given three dots and asked to vote for what they believed were the top three health issues.

In the spring of 2019, listening sessions (n=184) were conducted, and the top themes that emerged were considered during prioritization.

Olmsted County Public Health Services has partnered with UMR Co-Lab students to complete its own assessment process focused on 18 to24 year olds. Their top priorities identified from their efforts were included in overall results.

Identifying the top priorities

The CHAP Core Group, CHAP Data Subgroup and Community Engagement Workgroup met in July 2019 to review all prioritization data and consider the following questions to identify the top 10 priorities:

- Should all prioritization data be used?
- Are all prioritization data equal?
- What limitations does the prioritization data have?

Top 10 community priorities:

- Access to care
- Substance use
- Community inclusiveness
- Community mobility
- Diabetes
- Financial stress
- Homelessness
- Mental health
- Physical activity
- Social Connectedness

With the top 10 priorities identified, CCHI was able to provide input in August 2019. Each CCHI organization was asked to rank the top 10 for each of the following statements with 1 being the most agreement to 10 the least agreement:

- Our community has the collective ability to impact this health issue.
- My organization is willing to prioritize this health issue to make change happen.
- My organization is willing to commit resources to address this health issue collaboratively.

All of this feedback was brought to the CHAP Core Group to consider. The CHAP Core Group in agreement with the Community Health Improvement Plan (CHIP) will focus on three priorities: Mental health, financial stress and substance use.

PRIORITZATION DEMOGRAPHICS

Organization/Group	Number of Participants
Community Health Forum	36
Public Health Services Advisory Board	11
Community Service Advisory Board	23
Youth Commission	6
Olmsted County Public Health Services Strategic Management Committee	11

Olmsted Medical Center	112
Mayo Clinic	38
IMAA	23
Crenlo	10
Online Link	114
Total	384

Age	% of Participants
18 and under	1.7%
19-34	17.8%
35-49	30.7%
50-64	39.9%
65+	9.8%

Residence	% of Participants
Rochester	85%
Olmsted County	15%

Race/ethnicity	% of Participants
Hispanic/Latino	3%
White	70.5%
Not White	29.5%

Attachment D – Data Sources

Primary data sources

Olmsted County Community Listening Sessions

Olmsted County Community Health Needs Assessment Survey

Secondary data sources

Agency for Healthcare Research and Quality

Alzheimer's Association

American Medical Association

American Physical Therapy Association

American Public Health Association

Center for Compassion and Altruism Research and Education, Stanford Medicine

Center on Budget and Policy Priorities

Centers for Disease Control & Prevention

Behavioral Risk Factor Surveillance System

FluVax View

National Center for Environmental Health

Mortality Data Report

National Center for Health Statistics

National Vital Statistics System

WONDER

Youth Risk Behavior Surveillance System

Centers for Medicare & Medicaid Services

City of Rochester Minnesota

Comprehensive Housing Needs Assessment for Olmsted County, Minnesota

County Health Rankings & Roadmaps

Feeding America

Governor's Highway Safety Association

Health Policy Institute, Georgetown University

Healthy People 2020

Human Trafficking Institute

Institute on Aging

International Labour Organization

Kentucky University

Massachusetts Institute of Technology Living Wage Calculator

Mayo Clinic.org

Minnesota Adult Tobacco Survey, ClearWay Minnesota

Minnesota Department of Agriculture

Minnesota Department of Education

Minnesota Department of Health

Center for Health Statistics

Data Access

Electronic Data Surveillance System

Minnesota Student Survey

Minnesota Homeless Study (http://mnhomeless.org/)

Minnesota Housing Partnership

Minnesota Pollution Control Agency

National Academics of Sciences, Engineering, and Medicine

National Alliance to End Homelessness

National Cancer Institute

National Center for Healthy Housing, Milken Institute School of Public Health, the George Washington University

National Healthcare for the Homeless Council

National Human Trafficking Hotline

National Institute of Health

National Research Council and Institute of Medicine

Olmsted County Environmental Resources

Olmsted County Planning Department

Olmsted County Public Health Services Water Lab

RAND Corporation

Robert Wood Foundation

Rochester Community Education

Rochester Epidemiology Project

Rochester Epidemiology Project

Rochester Minnesota Salvation Army

Rochester Police Department

RNeighbors

SE Minnesota Safe Harbor

SE Minnesota Immunization Information Connection

Social Connectedness and Health, Wilder Research, 2012

Substance Use in Minnesota (SUMN.org)

University of California, Merced

United States Bureau of Labor Statistics

United Nations Office on Drugs and Crime

United States Census Bureau

American Fact Finder

United States Department of Education

Center for Education Statistics

United States Department of Health & Human Services

United States Department of Housing and Urban Development

Wilder Homeless Needs Assessment

World Health Organization

Attachment E – Community Survey and Convenience Survey

COMMUNITY SURVEY METHODOLOGY

Survey instrument: The CHAP Data Subgroup developed the questions for the survey instrument with technical assistance from the Minnesota Department of Health (MDH), Center for Health Statistics. Existing questions from previous community surveys; the Behavioral Risk Factor Surveillance System (BRFSS) survey; other national, validated health surveys; and recent county-level surveys in Minnesota were used to design the questions on the instrument. The survey was formatted by the survey vendor, Survey Systems, Inc. (SSI), as a scannable, self-administered, English questionnaire.

Sample: A two-stage sampling strategy was used for obtaining a probability sample of adults living in Olmsted County. For the first stage, a random sample of Olmsted County residential addresses was purchased from a national sampling vendor – Marketing Systems Group (MSG). An address-based sampling was used so that all households would have an equal chance of being sampled for the survey. MSG obtained the list of addresses from the United States Postal Service. For the second stage, 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 2,000 sampled households in Olmsted County in October 2018. This packet included a cover letter, the survey instrument and a postage-paid return envelope. Ten days after the first survey packets were mailed, 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, 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 four weeks; the final date for receipt of surveys was in December 2018.

Completed surveys and response rate: Completed surveys were received from 569 adult residents of Olmsted County for an overall response rate of 28.45% (569/2,000).

Data entry: The responses from the completed surveys were scanned into an electronic file by SSI.

Data weighting and analysis: To ensure that county level survey results are representative of the adult population in Olmsted County, the data was weighted when analyzed. The weighting accounted for the sample design by adjusting for the number of adults living in each sampled household. The weighting also included a post-stratification adjustment so that gender and age distribution of the respondents mirrored the gender and age distribution of the adult population in Olmsted County, according to the U.S. Census Bureau 2010 estimates. All descriptive and associative data analysis was completed using Statistical Package for the Social Sciences (SPSS).

Olmsted County 2018					
Demographic Characteristic		**Unweighted Data**		**Weighted Data**	
n=569		Count	Percent	Count	Percent
Gender	Male	227	39.9	272	47.7
	Female	342	60.1	297	52.3
Sexual Orientation	Heterosexual/straight	543	97.1	545	96.6
	Gay, lesbian or homosexual	8	1.4	9	1.6
	Bisexual	4	0.7	9	1.5
	Other	4	0.7	2	0.3
Age Group	18-34	69	12.1	167	29.4
	35-44	56	9.8	98	17.2
	45-54	74	13.0	92	16.2
	55-64	124	21.8	100	17.5
	65-74	130	22.8	61	10.7
	75+	116	20.4	52	9.1
Race/Ethnicity	White	545	95.8	537	94.3
	Not white	24	4.2	32	5.7
	Hispanic				
	American Indian	6			
	Asian	2			
	Black, African American or African	17			
	Native Hawaiian or other Pacific Islander	2			
	Other	4			
Birthplace	Born in U.S.	538	94.9	532	93.7
	Born outside U.S.	29	5.1	36	6.3
Marital Status	Married	354	62.7	420	74.1
	Divorced	67	11.9	35	6.1
	Widowed	62	11.0	21	3.6
	Separated	3	0.5	2	0.3
	Never married	55	9.7	51	9.1
	Member of an unmarried couple	24	4.2	39	6.8

Olmsted County 2018					
Demographic Characteristic		**Unweighted Data**		**Weighted Data**	
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	Separated	3	0.5	2	0.3
	Never married	55	9.7	51	9.1
	Member of an unmarried couple	24	4.2	39	6.8

Dear Olmsted County Resident:

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

Your household has been randomly selected to participate in the Olmsted County Community Health Needs Assessment Survey. Information gathered will help us complete the community's collaborative effort in assessing, identifying and prioritizing Olmsted County's health needs. Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic continue to lead this collaborative process, which began in early 2012. Beyond the three lead agencies are numerous community organizations that contribute to the overall process and are committed to keeping our community healthy.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will ever be linked to any of the responses. The number on this survey is used only to record that the survey was returned so that you won't be bothered with reminder letters.

This survey is designed for adults age 18 and older. 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.** Since a limited number of people will be receiving this mailing, it is <u>very important</u> that someone in every household receiving a survey completes it and mails it back. Please take a few minutes to 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 our community. If you have any questions about the survey, please contact Vicky Kramer within the Health Assessment and Planning Unit of Public Health Services at (507) 328 – 7460.

Thank you very much for your participation.

Sincerely,

Graham Briggs, M.S.
Director
Olmsted County Public Health Services

Kathryn D. Lombardo, M.D.
President
Olmsted Medical Center

John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

Olmsted County Community Health Needs Assessment

SURVEY INSTRUCTIONS

● ● ● ✓ ✗ ◉
Correct marks   **Incorrect marks**

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

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

Health Status and Health Care

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

○ Excellent   ○ Very good   ○ Good   ○ Fair   ○ Poor

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

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

3. Do you have one person you think of as your personal doctor or health care provider?

○ Yes, only one   ○ Yes, more than one   ○ No

4. Do you currently have insurance that pays for all or part of your <u>prescription medications</u>?

○ Yes   ○ No   ○ Don't know

5. During the <u>past 12 months</u>, was there a time that you needed <u>medical care</u> but did not get it or delayed getting it?

○ Yes   ○ No ⟶ **GO TO QUESTION 7**

6. Why did you not get or delay getting the <u>medical care</u> you thought you needed? *(Mark ALL that apply)*

○ I could not get an appointment   ○ It cost too much   ○ My insurance did not cover it
○ I did not know where to go   ○ I did not have insurance   ○ I had work, family or other obligations
○ I had transportation problems   ○ My insurance was not accepted   ○ Other reason _____

7. Has a health care provider recommended a preventive health screening that you chose <u>not</u> to receive?

○ Yes   ○ No ⟶ **GO TO QUESTION 9**

DO NOT WRITE IN THIS BOX
○○○○○○○○○○○○○○○○○○○○○○○○○○○○○

8. Why did you not receive the recommended preventive health screening(s)? *(Mark ALL that apply)*
- ○ I could not get an appointment
- ○ I did not know where to go
- ○ I had transportation problems
- ○ It cost too much
- ○ I did not have insurance
- ○ My insurance was not accepted
- ○ My insurance did not cover it
- ○ I had work, family or other obligations
- ○ Other reason _____

9. Do you currently have insurance that pays for all or part of your <u>dental care</u>?
- ○ Yes   ○ No   ○ Don't know

10. About how long has it been since you last visited a dentist for a routine checkup?
- ○ Within the past year
- ○ Within the past 2 years
- ○ Within the past 5 years
- ○ 5 or more years ago
- ○ Never

11. During the <u>past 12 months</u>, was there a time that you needed <u>dental care</u> but did not get it or delayed getting it?
- ○ Yes   ○ No ⟶ **GO TO QUESTION 13**

12. Why did you not get or delay getting the <u>dental care</u> you thought you needed? *(Mark ALL that apply)*
- ○ I could not get an appointment
- ○ I did not know where to go
- ○ I had transportation problems
- ○ It cost too much
- ○ I do not have insurance
- ○ My insurance was not accepted
- ○ My insurance did not cover it
- ○ I had work, family or other obligations
- ○ Other reason _____

13. During the <u>past 12 months</u>, have you seen a counselor, therapist, psychologist, psychiatrist or other <u>mental health provider</u> about your own health?
- ○ Yes   ○ No

14. Was there a time in the <u>past 12 months</u> that you needed <u>mental health care</u> but did not get it or delayed getting it?
- ○ Yes   ○ No ⟶ **GO TO QUESTION 16**

15. Why did you not get or delay getting the <u>mental health care</u> you thought you needed? *(Mark ALL that apply)*
- ○ I could not get an appointment
- ○ I did not know where to go
- ○ I had transportation problems
- ○ It cost too much
- ○ I do not have insurance
- ○ My insurance was not accepted
- ○ My insurance did not cover expenses
- ○ I had work, family or other obligations
- ○ I was afraid what others might think
- ○ Other reason _____

16. Thinking of any family members, friends, coworkers or others to whom this may apply, what do <u>you</u> think are the most common reasons that people don't seek help for mental health problems? *(Mark ALL that apply)*
- ○ They could not get an appointment
- ○ They did not know where to go
- ○ They had transportation problems
- ○ It cost too much
- ○ They do not have insurance
- ○ Their insurance was not accepted
- ○ Their insurance did not cover expenses
- ○ They had work, family or other obligations
- ○ They were afraid of what others might think
- ○ Other reason _____

17. For each of the following statements, please mark which is the closest to how <u>you</u> have been feeling over the <u>past 2 weeks</u>.

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
a. I have felt cheerful and in good spirits	①	②	③	④	⑤	⑥
b. I have felt calm and relaxed	①	②	③	④	⑤	⑥
c. I have felt active and vigorous	①	②	③	④	⑤	⑥
d. I woke up feeling fresh and rested	①	②	③	④	⑤	⑥
e. My daily life has been filled with things that interest me	①	②	③	④	⑤	⑥

18. Do any members of your household, _including yourself_, currently have any _mental health problems_ (such as stress, depression or problems with emotions)?

    ○ Yes   ○ No ──────▶ *GO TO QUESTION 20*

19. During the _past 30 days_, how often did caring for someone with mental health concerns (either yourself or a household member) keep you from doing your usual activities, such as self-care, work or recreation?

    ○ All of the time   ○ Less than half of the time
    ○ Most of the time   ○ Some of the time
    ○ More than half of the time ○ None of the time

Health Behaviors

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

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

Servings: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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

Servings: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

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

Servings: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

23. During the _past 30 days_, on how many days did you worry that your food would run out before you had money to buy more?

Days: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

24. How often did you drink the following beverages in the _past week_?

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

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

    ○ Yes   ○ No

26. During an <u>average week</u>, whether at work, at home, or anywhere else, how many days do you get at least 30 minutes of <u>moderate</u> physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

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

27. During an <u>average week</u>, whether at work, at home, or anywhere else, how many days do you get at least 20 minutes of <u>vigorous</u> physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

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

28. Do you consider yourself:

○ Overweight   ○ Underweight   ○ About the right weight

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

○ Yes   ○ No ⟶ **GO TO QUESTION 33**

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

○ Every day   ○ Some days   ○ Not at all

31. During the <u>past 12 months</u> have you stopped smoking for one day or longer because you were trying to quit?

○ Yes   ○ No

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

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

33. During the <u>past 30 days</u>, have you had at least one drink of any alcoholic beverage such as beer, wine or liquor?

○ Yes   ○ No ⟶ **GO TO QUESTION 37**

34. During the <u>past 30 days</u>, on how many days did you have at least one drink of any alcoholic beverage? ⟶

Days
⓪⓪
①①
②②
③③
④
⑤
⑥
⑦
⑧
⑨

35. During the <u>past 30 days</u>, 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.)*

⓪①②③④⑤⑥⑦⑧⑨⑩ or more drinks

36. Considering all types of alcoholic beverages, how many times <u>during the past 30 days</u> did you have...?

FOR FEMALES:
4 or more drinks on an occasion

Times
⓪⓪
①①
②②
③③
④
⑤
⑥
⑦
⑧
⑨

FOR MALES:
5 or more drinks on an occasion

Times
⓪⓪
①①
②②
③③
④
⑤
⑥
⑦
⑧
⑨

37. During the <u>past 30 days</u>, have you used any mood-altering drugs for <u>non-medical purposes</u>?
   ○ Yes   ○ No ———▶ **GO TO QUESTION 40**

38. Which of the following substances have you used <u>at least once</u> during the past 30 days for non-medical purposes? *(Select all that apply)*
- ○ Marijuana
- ○ Pain Relievers (Oxycodone, Vicodin, Acetaminophen with Codeine, etc.)
- ○ Tranquilizers or sedatives (Xanax, Ativan, Valium, etc.)
- ○ Stimulants (methamphetamine or other amphetamines)
- ○ Cocaine or crack
- ○ Heroin
- ○ Hallucinogens (Ecstasy, MDMA, PCP, etc.)
- ○ Inhalents

39. Have you ever experienced any negative consequences because of using any substance for non-medical purposes?
   ○ Yes   ○ No

40. How do you get around for things like shopping, visiting the doctor, running errands or going other places? *(Please mark yes or no for each)*

	Yes	No
a. Drive yourself	○	○
b. Have others drive you	○	○
c. Walk	○	○
d. Ride a bike	○	○
e. Use public transportation	○	○
f. Take a taxi/cab	○	○
g. Use special transportation service, such as one for seniors or persons with disabilities	○	○
h. Other _____	○	○

41. When <u>driving</u> a motor vehicle, how often do you...

	Often	Sometimes	Rarely	Never	N/A: I don't have a cell phone	N/A: I don't drive
a. Wear a seatbelt	○	○	○	○	○	○
b. Make or answer a phone call	○	○	○	○	○	○
c. Read texts or emails	○	○	○	○	○	○
d. Send texts or emails	○	○	○	○	○	○
e. Use other applications on mobile devices (not including navigation)	○	○	○	○	○	○

	Always	Most of the time	Sometimes	Seldom	Never
41a. How often do you wear a seat belt when driving or riding in a car?	○	○	○	○	○

Housing and Environmental Health

42. How is <u>drinking water</u> supplied to your home?
   ○ City water   ○ Private well

43. How much do you agree or disagree with the following statements about your current housing?

	Strongly agree	Agree	Disagree	Strongly disagree
a. My current housing is safe	○	○	○	○
b. There are things about my current housing that negatively impact me, my family, or visitors' physical health	○	○	○	○
d. The air inside my home is healthy	○	○	○	○

44. Think about your home over the past 12 months. Have any of the following happened over the past 12 months? *(Mark yes or no for each)*

	Yes	No
a. Extremely or uncomfortably cold inside the home	○	○
b. Extremely or uncomfortably hot inside the home	○	○
c. Water from the outside leaking in from roof, windows, basement, etc.	○	○
d. Water leaking from plumbing inside the home	○	○
e. Mold that you can see	○	○
f. Rodents	○	○
g. Cockroaches	○	○

45. Now think about your home today, Do you currently... *(Mark yes or no for each)*

	Yes	No
a. Have a working smoke detector	○	○
b. Have a working carbon monoxide detector	○	○
c. Have a working bathroom exhaust fan	○	○
d. Have a working kitchen exhaust fan	○	○
e. Need any structural repairs to your home	○	○
f. Have to use a lot of extension cords because you don't have enough electrical outlets	○	○

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

○ Yes   ○ No ——▶ *GO TO QUESTION 49*   ○ Don't know ——▶ *GO TO QUESTION 49*

47. Has your current household air ever tested positive for radon?

○ Yes   ○ No ——▶ *GO TO QUESTION 49*   ○ Don't know ——▶ *GO TO QUESTION 49*

48. Were any actions taken to reduce levels of radon in your home?

○ Yes   ○ No   ○ Don't know

49. People sometimes make modifications to their home so all household members can stay there as they age. Do you think your household will need to make the following types of modifications or improvements to your home to enable all members to stay as they age?

	Yes	No
a. Easier access into or within your home (ramp, wider doorways)	○	○
b. Bathroom modifications (grab bars, higher toilet, etc.)	○	○
c. Putting a bedroom, bathroom, or kitchen on the first floor	○	○
d. Improving lighting	○	○
e. Installing a medical emergency response system that notifies others in case of emergency	○	○
f. Other:_____	○	○

50. Do you own or rent your home?

○ Own   ○ Rent   ○ Other arrangement

Social and Financial Stress

51. Has there been any time in the past 12 months that you were worried or stressed about having enough money to pay your bills?

○ Yes   ○ No ——▶ *GO TO QUESTION 56*

52. How often in the past 12 months were you worried or stressed about having enough money to pay your bills?

○ Every month   ○ Almost every month   ○ About half the months   ○ Only a few months

53. Which of the following <u>major life events</u> have contributed to your financial stress?
(Mark ALL that apply)

- ○ New illness or disability in the family
- ○ Increase in family size
- ○ Loss of a job (unemployment)
- ○ Loss of hours at a job
- ○ Under employed (?)
- ○ Loss of a family member
- ○ Loss of insurance
- ○ Other: _____
- ○ No events

54 . Which of the following were you worried or stressed about not being able to pay for? *(Mark ALL that apply)*

- ○ Rent or mortgage
- ○ Groceries (excluding tobacco and alcohol)
- ○ Child care
- ○ Utilities
- ○ Medical bills
- ○ Credit cards
- ○ Health or auto insurance
- ○ Taxes
- ○ Other: _____

55 . How many months of the <u>past year</u> have your household wages not been enough to cover the needs listed above?

○ 1　○ 2　○ 3　○ 4　○ 5　○ 6　○ 7　○ 8　○ 9　○ 10　○ 11　○ 12

56 . In the past 12 months, how often were you or any othe adult members of your household unable to work due to illness or injury?

Always	Often	Sometimes	Rarely	Never
○	○	○	○	○

57. How much do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. People in my neighborhood know each other.	○	○	○	○
b. People in my neighborhood are willing to help one another.	○	○	○	○
c. People in my neighborhood can be trusted.	○	○	○	○
d. People in my neighborhood are not afraid to go out at night due to violence.	○	○	○	○
e. Community violence is not an issue in my neighborhood.	○	○	○	○
f. Domestic violence is not an issue in my neighborhood.	○	○	○	○
g. Children are safe in my neighborhood.	○	○	○	○
h. I feel safe in my home.	○	○	○	○
i. I feel safe at my job or place of work.	○	○	○	○
j. There are housing opportunities for people with limited or fixed incomes.	○	○	○	○
k. There are housing opportunities for people with limited physicial abilities.	○	○	○	○
l. There is access to services to help people live independently.	○	○	○	○

58. If something unpredictable were to happen tomorrow, such as a tornado, flood or community disaster...

	Strongly agree	Agree	Disagree	Strongly disagree
a. I have access to resources that I can use to help my family	○	○	○	○
b. I have skills that I can use to help others	○	○	○	○
c. I can count on my community to respond	○	○	○	○
d. I can count on my community to fully recover	○	○	○	○

59 . How often does lack of transportation prevent you from accessing the following...

	Always	Often	Sometimes	Rarely	Never
a. Work	○	○	○	○	○
b. Errands (groceries)	○	○	○	○	○
c. Medical Appointments	○	○	○	○	○
d. Child care	○	○	○	○	○
e. Social Functions	○	○	○	○	○
f. Other: _____	○	○	○	○	○

60 . How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care?

○ None　○ One　○ Two　○ Three or Four　○ Four or More　○ Not Sure

61. Do you feel accepted, valued, and welcomed in Olmstead County?

○ Yes ⟶ *GO TO QUESTION 64*　　○ No

62. Why do you feel unaccepted, unvalued or unwelcomed? *(Select ALL that apply)*

○　　　　　　　○ Racial differences　　○ Not friendly　　○ Social-economic difference
○ Other:_____

63. How often are you in situations where you feel unaccepted, unvalued or unwelcomed?

○ Daily　　　　　　　　○ Once or twice a month　　○ Once a year or less often
○ At least once a week　○ A few times a year

Community Health Priorities

64. The following list identifies the current community health indicators that will be assessed and prioritized during the 2019 Olmsted County Community Health Needs Assessment process. Based on your opinion, please rank the following health indicators on the level of community severity. To what extent do you feel/perceive each indicator to be a threat and/or issue within Olmsted? If you believe there is an additional health issue that is affecting Olmsted County, please write this issue in 'Other' and rank it accordingly.

	No Threat/Issue	Slight Threat/Issue	Moderate Threat/Issue	Significant Threat/Issue	Severe Threat/Issue
Air Quality	○	○	○	○	○
Asthma	○	○	○	○	○
Binge Drinking	○	○	○	○	○
Community Mobility	○	○	○	○	○
Community Resiliency	○	○	○	○	○
Diabetes	○	○	○	○	○
Early Childhood Screening	○	○	○	○	○
Education Level	○	○	○	○	○
Financial Stress	○	○	○	○	○
Food Insecurity	○	○	○	○	○
Fruit and Vegetable Consumption	○	○	○	○	○
Health Homes	○	○	○	○	○
Homelessness	○	○	○	○	○
Human Trafficking	○	○	○	○	○
Hypertension	○	○	○	○	○
Immunizations	○	○	○	○	○
Insurance Coverage	○	○	○	○	○
Living Wage	○	○	○	○	○
Mental Health	○	○	○	○	○
Motor Vehicle Injury Prevention	○	○	○	○	○
Multiple Chronic Conditions	○	○	○	○	○
Overweight and Obesity	○	○	○	○	○
Physical Activity	○	○	○	○	○
Preterm Births	○	○	○	○	○
Preventive Health Screenings	○	○	○	○	○
Safe from Fear and Violence	○	○	○	○	○
Senior Independence	○	○	○	○	○
Social Connectedness	○	○	○	○	○
Substance Abuse	○	○	○	○	○
Tobacco Use	○	○	○	○	○
Water Quality	○	○	○	○	○

Other (specify): _____
Other (specify): _____
Other (specify): _____

65. What is your age? _____ **Age in Years**

66. Are you of Hispanic or Latino origin?
- ○ Yes   ○ No

67. Which of the following best describes you?
(Mark ALL that apply)
- ○ African
- ○ American Indian or Alaskan Native
- ○ Asian
- ○ Black or African American or African
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other (specify): _____

68. What is you gender identity?
- ○ Female
- ○ Male
- ○ Transgender
- ○ Not sure
- ○ Other (specify): _____

69. What is your sexual orientation?
- ○ Heterosexual or straight
- ○ Gay, lesbian, or homosexual
- ○ Bisexual
- ○ Other (specify): _____

70. Including yourself, how many adults live in your household?
Number of adults age 18 and over:
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

71. How many children (under age 18) live in your household?
Number of children under age 18:
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

72. Were you born in the United States?
- ○ Yes
- ○ No ⟶ *GO TO QUESTION 68*

73. How long have you lived in the United States?

_____ **Number of years**

74. Are you currently...?
- ○ Married   ○ Separated
- ○ Divorced   ○ Never married
- ○ Widowed   ○ A member of an unmarried couple

75. How tall are you without shoes?

_____ **Feet**   _____ **Inches**

76. Approximately how much do you weigh?

_____ **Pounds**

77. What is the highest level of education you have completed? *(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 degree
- ○ Graduate or professional degree

78. Are you currently...? *(Mark ALL that apply)*
- ○ Employed full-time
- ○ Employed part-time, including seasonal work
- ○ Self-employed
- ○ Out of work for less than 1 year
- ○ Out of work for more than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work due to disability

79. What is your annual household income from all sources?
- ○ Less than $15,000   ○ $75,000 - $99,999
- ○ $15,000 - $24,999   ○ $100,000 - $149,999
- ○ $25,000 - $34,999   ○ $150,000 - $199,999
- ○ $35,000 - $49,999   ○ $200,000 or more
- ○ $50,000 - $74,999

Thank you for completing this survey!

Dear Olmsted County Resident:

<u>**THIS IS A REMINDER!**</u>

A few weeks ago, we sent you a copy of the Olmsted County Community Health Needs Assessment Survey. We are sending out a second survey to make sure that anyone who has not yet returned the survey will take this opportunity to complete it and mail it back.

We are contacting you again to emphasize how important the survey information is to our community. **Information gathered will help us complete the community's collaborative effort in assessing, identifying and prioritizing Olmsted County's health needs.** It is very important that someone in every household receiving the survey completes and returns it.

If you have already returned your survey, thank you very much! If you have yet to do so, please take a few minutes to complete the enclosed survey. The instructions are as follows:
1. Give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday
2. Have that person complete the survey
3. Mail the survey back in the postage-paid envelope provided

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential, and no names or other information will ever be linked to any of the responses.

By completing this survey, your household will make a valuable contribution to improving the health of people living in our community. If you have any questions about the survey, please contact Vicky Kramer within the Health Assessment and Planning Unit of Public Health Services at (507) 328 – 7460.

Thank you very much for your participation.

Sincerely,

Graham Briggs, M.S.
Director
Olmsted County Public Health Services

Kathryn D. Lombardo, M.D.
President
Olmsted Medical Center

John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

CONVENIENCE SURVEY

Survey instrument: The 2019 convenience surveys used the same instrument as the random-mailed survey, but with the addition of two questions. These questions asked, "How many times have you moved in the past two years?" and identification of their current survey site.

Survey administration: In the fourth quarter of 2018, the CHAP process partnered with 16 survey sites in Olmsted County to administer convenience surveys. Many of these sites were service providers and developed their own method for administering the survey at their site. In addition to the survey sites, a survey link was shared with community partners to include in their newsletters, on Facebook and websites. Some survey sites determined a small incentive would increase the likelihood of completion. Each incentive was customized to the survey site.

Completed surveys and response rate: In total, 1,024 surveys were completed; of these, 904 were Olmsted County residents (88%).

Data entry: The responses from the completed surveys were scanned into an electronic file by SSI.

Data analysis: All descriptive and associated data analysis was completed using Statistical Package for the Social Sciences (SPSS). For the overall summary, only Olmsted County residents were included. Each participating survey site also received a customized report with its results.

CONVENIENCE SURVEY DEMOGRAPHICS

Olmsted County 2018			
Demographic Characteristic			
n=906		**Count**	**Percent**
Gender	Male	277	32.0
	Female	611	68.0
Sexual Orientation	Heterosexual/straight	811	92.8
	Gay, lesbian or homosexual	20	2.3
	Bisexual	25	2.9
	Other	18	2.1
Age Group	18-34	252	30.6
	35-44	161	19.6
	45-54	123	14.9
	55-64	127	15.4
	65-74	83	10.1
	75+	77	9.4
Race/Ethnicity	White	543	60.1
	Not white	356	39.4
	Hispanic		
	American Indian		
	Asian		
	Black, African American or African		
	Native Hawaiian or other Pacific Islander		
	Other		
Birthplace	Born in U.S.	653	73.3
	Born outside U.S.	238	26.7
Marital Status	Married	413	47.9
	Divorced	99	11.5
	Widowed	57	6.6
	Separated	33	3.8
	Never married	210	24.4
	Member of an unmarried couple	50	5.8

Olmsted County 2018			
Demographic Characteristic			
		Count	Percent
Education	Less than HS	82	9.2
	High school/GED	181	20.4
	Trade/vocational school, some college, Associate degree	253	28.5
	Bachelor's degree	230	25.9
	Graduate/professional degree	142	16.0
Income	<$15,000	212	24.6
	$15,000-$24,999	135	15.7
	$25,000-$34,999	88	10.2
	$35,000-$49,999	100	11.6
	$50,000-$74,999	128	14.8
	$75,000-$99,999	71	8.2
	$100,000-$149,999	80	9.3
	$150,000-$199,999	30	3.5
	$200,000 or more	18	2.1
(These do not add up to 100% because respondents could choose more than one status.)	Employed fulltime	371	41.6
	Employed part-time	172	19.3
	Self-employed	31	3.5
	Out of work less than 1 year	30	3.4
	Out of work more than 1 year	31	3.5
	Homemaker	45	5.0
	Student	102	11.4
	Retired	138	15.5
	Unable to work	103	11.5

2018 CONVENIENCE SURVEY RESULTS

Top Health Issues/Threats
1. Financial Stress
2. Mental Health
3. Substance Abuse