Community Health Needs Assessment

Mayo Clinic in Rochester
December 2022

Contents

Executive Summary

Enterprise Overview

Mayo Clinic is a not-for-profit organization with a mission to inspire hope and promote health through integrated clinical practice, education and research. Mayo Clinic serves more than 1.3 million patients annually from every U.S. state and 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 hospitals in Arizona, Florida, Minnesota and Wisconsin.

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 to advance breakthroughs in treatments and cures for all varieties and complexity of human disease and quickly translates this new knowledge to advance the practice of medicine. Mayo Clinic's response to the COVID-19 pandemic illuminates its ability to quickly respond to emergent public health needs evidenced by its rapid development and delivery of treatments that have improved outcomes for patients and significantly reduced mortality rates among patients treated at Mayo Clinic hospitals. Mayo Clinic Laboratories also developed and performed highly accurate diagnostic COVID-19 antibody tests for more than 3.1 million patients nationwide. Mayo Clinic cofounded the national COVID-19 Health Care Coalition, was the lead institution for the U.S. Expanded Access Program for convalescent plasma to treat critically ill patients with COVID-19, and administered more monoclonal antibody treatments than any other healthcare organization, demonstrating a significant decrease in overall hospitalization rates and mortality. This is one area of community need to which Mayo Clinic has responded with significant dedication and with a positive impact on local to global communities.

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. Mayo Clinic Hospital in Rochester has been ranked as the highest-rated hospital in the U.S. for seven consecutive years by U.S. News and World Report as well as received top ranking by many other hospital quality ranking organizations.

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 2021	
Inpatient and outpatient surgical procedures	2021: Inpatient = 24,247 / Hospital-based Outpatient = 75,681
Admissions of unique patients	43,734
Patient days	338,742 (excludes newborns)
Observation unit stays	13,210
Emergency room visits	74,341
Patients from Olmsted County	Inpatient = 9,635/Hospital-based outpatient = 46,447
Local patients (close proximity to Rochester)	Inpatient = 20,387/Hospital-based outpatient 84,191
Patients (within a 120-mile radius)	Inpatient = 11,629/Hospital-based outpatient = 42,697
Patients from the U.S. (outside of a 120-mile radius)	Inpatient = 11,442/Hospital-based outpatient = 61,915
International patients	Inpatient = 359/Hospital-based outpatient = 1,681

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. Throughout its history, Mayo Clinic has worked with Olmsted County Health Department, other local health care providers and many other local human service organizations to better understand and respond to community health needs.

The Olmsted County Community Health Needs Assessment (CHNA) process was developed collaboratively among community stakeholders in 2012 and has improved with each consecutive 3-year reporting cycle. Recent advancements include gaining more diverse perspectives around health definitions and experiences, including more community partners to help prioritize as well as address priorities, and benchmarking health indicator data over time to understand trends and long-term collective impact on community health improvement efforts.

This work has strengthened existing relationships among local healthcare providers, community service agencies, organizations and volunteers in Olmsted County and continues to serve as a core network to provide health information and outreach related to the 2020-2022 COVID-19 pandemic.

Olmsted County's CHNA process is frequently looked to as a leading process for conducting CHNA's in Minnesota. This is enabled through strong organizational relationships, resource investment, and robust health-related local population data sources through the [Rochester Epidemiology Project](#).

A full copy of the Olmsted County CHNA report can be found at: (https://storymaps.arcgis.com/collections/7651105f080c418891d71862b91ed210). It describes in detail the process of how health needs were researched and identified. The 2022 Olmsted County CHNA process identified the following priorities (in order of highest significance):

1. Mental Health (includes emotional, psychological, and social well-being)

2. Substance Use (use of drugs including marijuana, opioids and more)

3. Access to care (timely use of health services to achieve the best health outcomes, including medical, dental and mental health care)

The results of the 2022 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.

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

Our Community

Overview

This CHNA report covers the geographic area of Olmsted County, Minn., including the cities of Rochester, Byron, Chatfield, Dover, Eyota, Oronoco, Pine Island, and Stewartville for a county population of 64,098.*

Mayo Clinic Hospital in Rochester provides critical and complex tertiary care to Mayo Clinic Health System (MCHS) patients, as well as those referred by primary care providers from around the U.S. and the 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.

*2022 estimated per U.S Census

Demographics

The 2021 U.S. Census data estimates that Olmsted County, Minn., has a population of 163,436. Here's how county residents are grouped demographically:

Ethnicity (as of July 1, 2021)	Percentage of population
Asian alone	6.6
Black or African-American alone	6.9
American Indian and Alaska Native alone	0.4
Hispanic or Latino	5.2
Native Hawaiian and other Pacific Islander alone	0.1
White alone	79.1
Age (as of July 1, 2021)	**Percentage of population**
Under 5	6.8
Under 18	24.4
Over 65	15.9
Residents living at or below the national poverty level (2016-2020)	6.4 (a reduction from 8.4 in 2019)
Residents foreign-born	10.8
Residences where languages other than English are spoken by persons five and older	14.3
Persons under the age of 65 without health insurance	5.4
Median household income (2010-2014)	$80,403

https://www.census.gov/quickfacts/olmstedcountyminnesota

Available Resources

Additional key 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 several 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.
- **Planned Parenthood**: (https://www.plannedparenthood.org/health-center/minnesota/rochester/55901/rochester-health-center-2799-90720) provides sexual and reproductive healthcare.
- **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 the construction of its 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.
- **Southeast Regional Crisis Center** (https://www.crisisresponsesoutheastmn.com/SERCC) offers 24/7 walk-in mental health crisis services to residents in a 10-county region regardless of their financial and/or insurance status. Mayo Clinic is a key financial supporter of SERCC.

- **NAMI of Southeast Minnesota** (https://namisemn.org/welcome.html) provides peer counseling and therapy education to people dealing with mental health issues as well as their families and caregivers.
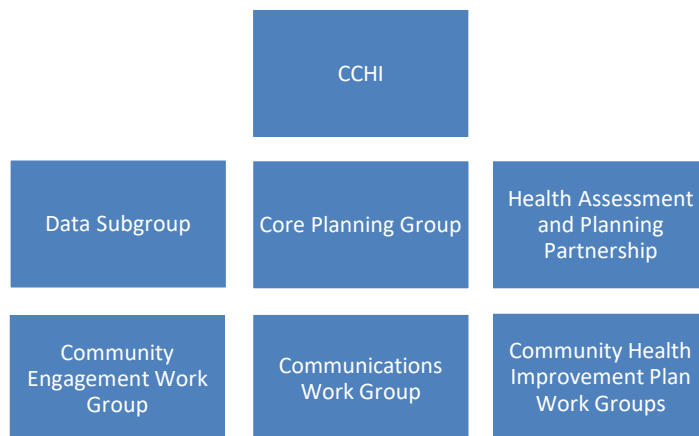
Assessing the Needs of the Community

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 Olmsted County.

The coalition structure includes 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 health and well-being in greater Olmsted County.

Figure 1: Olmsted County CHNA planning structure

Planning component	Purpose
Coalition for Community Health Improvement (CCHI)	Ultimate reporting body for all Olmsted County CHNA-related work. Ensures community health assessment and improvement planning mission advances. Members are either leaders or responsible for ensuring their organizational leaders are informed and supportive.
Core Planning Group	Day-to-day operations and integration of wider planning groups.
Health Assessment and Planning Partnership (HAPP)	Quarterly meetings are open to all community members and organizational representatives. Providing accountability and an open forum to the public throughout the continuous process.
Data Subgroup	Provides objective data collection and analysis of health indicators, their prevalence, trends and disparities among community groups.
Community Engagement Workgroup	Plans and helps implement ideal community engagement practices to obtain the best possible community engagement and representation of perspectives in the planning process and health improvement efforts.
Community Health Improvement Work Groups (CHIPs)	Identify strategies and plan and implement efforts to improve community health by addressing identified priorities.
Communications Workgroup	Analyze and improve communications strategies to achieve the highest levels of community engagement possible.

Numerous community organizations are formally and informally engaged in various aspects of assessment and health improvement planning.

Figure 2: Participating organizations

Agency	CCHI	Core Group	Data Subgroup	CHIP workgroup	Communications Workgroup	Community Engagement workgroup	HAPP	Funder
Blue Cross Blue Shield	X						X	
Cradle 2 Career			X					
Destination Medical Center EDA			X				X	
Diversity Council					X	X	X	
Family Service Rochester			X		X		X	
Mayo Clinic	X	X	X	X	X	X	X	X
Medica	X							
Olmsted County Health and Human Services	X		X	X	X	X	X	X
Olmsted County Public Health Services	X	X	X	X	X	X	X	X
Olmsted Medical Center	X	X	X	X	X		X	X
Rochester Area Foundation	X						X	X
Rochester Nonprofit Consortium					X			
Rochester Public Schools	X						X	
UCare	X						X	
United Way of Olmsted County	X		X			X	X	X
Zumbro Valley Health Center	X						X	X

Planning for the 2022 Olmsted County CHNA was informed by participant responses from the

2019 process and 2020-2022 community health improvement planning dialogues. Mayo Clinic maintains a "contact us" portal to receive comments on its website. Since 2019, no comments or questions have been received about the Mayo Clinic 2016 or 2019 CHNA reports. In addition, the Olmsted County planning team did not receive any questions about the 2019 report through its offices or web portal.

Additional efforts were made to elicit feedback from 2019 participants at early 2020 public health planning and partnership meetings.

As a result, the following enhancements were made to the 2022 CHNA process:

- More community members representing diverse ethnic and socioeconomic lived experiences helped select and define health indicators to be measured in the 2022 CHNA.
- More community members participated in the overall 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.
- The 2021 CHNA community survey was updated to include more questions about social determinants of health.
- Increasing the 2021 mail survey sample outreach to more rural, black, indigenous and people of color (BIPOC) residents.
- Formed a communications work group to improve awareness and engagement for the Olmsted County Community Health Assessment and Planning Partnership.

January to February 2020	Outreach to organization and program leaders from human service/nonprofit organizations to gather comments/improvement suggestions from the 2019 CHNA process and explore key health improvement themes and ideas for health priorities.
Fall 2020	The data subgroup reviewed priority improvement areas from the 2019 process and identified data enhancements for several existing indicators and added new indicators based on community interest. These included STIs/STDs and youth sexual behavior for the 2022 CHNA
February to March 2021	Results from a random and convenience sampled COVID-19 impact survey modeled after the 2019 Olmsted County Community Health Needs Assessment Survey. This survey helped to inform residents' changing health needs about the COVID-19 pandemic and helped inform health improvement strategies for top health priorities COVID-19 Impact Study | Olmsted County, MN
2020 through 2021	Health Assessment and Planning Partnership (HAPP) partners shared feedback on the CHNA planning, which led to the creation of a new Web-based information platform/dashboard for future public reporting, including ideas to improve information delivery and navigation for audiences.

November and December 2021	Results from a 4,600-count random sample of addresses in Olmsted County, including 2250 random sample of addresses in eight block groups estimated to be 50% or more persons of color and 350 random sample addresses outside of Rochester city limits. The response rate was 23.6%.
March 2022 to present	The CHAP quality improvement/communications workgroup, consisting of community members and CHAP partners was created to identify strategies to improve communication efforts around the CHNA and community health improvement process.
June 2022 through July 2022	More than 500 residents representing broad (private/business, human service/nonprofit, government and private community) completed prioritization surveys. This included translating the prioritization survey into the languages of 52 immigrants/refugees who took the survey.
August 2022	All official planning groups for the CHNA were gathered to discuss and finalize the top ten priorities from the 35 indicators base on previous results. The Core group finalized the top three priorities.

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 2022 Olmsted County CHNA planning team gathered input from the following:

Process and Methods

Data and methods of collection
In 2020 the Olmsted County CHNA data subgroup met to review the 2019 process and explore opportunities to improve data quality, consider additional indicators meaningful from community dialogue, review indicator trends over time and consider improvements to the 2022 CHNA cycle. Key recommendations included:

- Adding additional indicators for sexually transmitted diseases and infections and teen sexual behaviors
- Adding additional data sources where possible to track trends
- Expanding the random mail survey to capture more responses from underserved residents.

In early 2021, Data Subgroup developed the 2021 COVID Impact Study to re-survey the

community to assess changes in health needs due to the COVID-19 pandemic. Results from this study found that overall, more residents reported worsening mental health issues, as well as more delay in seeking care for other health needs. The survey also showed that existing health disparities identified in the 2019 CHNA had intensified during the onset of the COVID-19 pandemic. The information from the survey was used to improve community intervention efforts during 2021 – present as well as validate their importance for continued measurement in the 2022 CHNA process. Taking these recommendations into consideration, the planning team narrowed down hundreds of potential health indicators to 35 for testing in the 2022 Olmsted County CHNA prioritization process.

For each indicator, the Data Subgroup considered the number of persons affected, disparities across various demographics, the trend of increasing or decreasing impact, and comparison data. The subgroup used a variety of sources to assess existing metrics for each indicator, including national, state, and local information.

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

1. A random mail survey of 4,600 community members was conducted in November and December of 2021 and included a special focus on rural and BIPOC geographic regions for the mailing. The response rate was 23.6%. See Attachment D for a copy of the survey.
2. Additional online convenience surveys were translated into Spanish and Somali and distributed to Spanish and Somali-speaking residents through 16 community partners/sites. 350 people responded.

The planning team decided against gathering community groups for in-person dialogue and listening sessions as in past CHNA efforts due to restrictions from the COVID-19 pandemic.

Population health and clinical care experts within the core planning group also researched indicators with benchmark information from existing public data.

Addressing the Needs of the Community

Health indicators

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

Mortality: Leading Causes of Death Years of Potential Life Lost	
Health Outcomes: Morbidity Senior Independence Mental health Overweight/obesity Childhood asthma Multiple chronic conditions Pre-term birth Diabetes Hypertension STIs/STDs	
Health Factors: Health Behaviors Tobacco use Drug use Binge drinking Fruit and vegetable consumption Physical activity Motor vehicle injury prevention Youth sexual behavior	**Health Factors: Clinical Care** Immunizations Insurance coverage Access to healthcare Youth dental care
Health Factors: Social and Economic Education level Financial stress Homelessness Living wage Food security Safe from fear and violence Community Mobility Early childhood screening Social connectedness Community resiliency Human trafficking Community inclusiveness Sexual exploitation/human trafficking	**Health Factors: Physical Environment** Healthy homes Air quality Water quality

Prioritization Process and Criteria

The 35 health indicators were evaluated individually based on objective (40% weight) and subjective (60% weight) data. Objective criteria included the 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:
- Prioritization sessions with various community groups
- Mailed survey results
- Convenience survey responses
- Olmsted County Health and Human Services staff input

Final prioritization among the top ten priorities was determined by considerations of community perception, organizational priority to address among the key funding partners, and organizational willingness to invest among key community partners.

Identified Priorities

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

1. Mental health

2. Substance use

3. Access to care

Mental health

The Olmsted County CHNA process defines mental health as emotional, psychological and social well-being. Mental health challenges limit an individual's ability to participate fully in interpersonal, family, community and work life and result in higher health risk behaviors as well influence the onset, progression and outcome of other illnesses.

The Olmsted County CHNA Data Subgroup used data sources from the Minnesota Student Survey, Minnesota Department of Health, Olmsted County Community Health Needs Assessment community survey and the Rochester Epidemiology Project to assess its importance.

According to respondents of the 2021 Olmsted County CHNA survey, 34% reported having any mental health issues in 2021. Mental health challenges were disproportionately reported among residents with disabilities, residents with non-heterosexual orientation, women and

girls. Olmsted County adolescents experiencing anxiety and depression have increased slightly since 2019. More Olmsted County adults self-report depression in 2021 (25%) than adults in Minnesota or the U.S. in 2020 (both 20%).

Substance use
The Olmsted County CHNA process defines substance as among individuals self-reporting or experiencing consequences of using a substance for non-medical purposes. Substance use causes many challenges, including teenage pregnancy, sexually transmitted diseases, domestic violence, crime, suicide, and motor vehicle crashes, among others that burden communities with interpersonal, social and economic costs.

The Olmsted County CHNA Data Subgroup used data sources from the Minnesota Department of Health, the Minnesota Student Survey, and the Olmsted County Community Health Needs Assessment Survey to analyze substance use as a health indicator. Seventeen percent of Olmsted County adults reported using drugs within the past 30 days in 2021, according to the 2021 community health survey. This is an increase from 2018 when 14.5% of Olmsted County adults self-report drug use within the past 30 days.

Admission to Minnesota treatment facilities remained consistent in Olmsted County between 2013-2020. Olmsted County adults who are unmarried adults, rent their home, and are non-heterosexual report higher rates report using drugs within the last 30 days.

Access to care
The Olmsted County CHNA process defines access to care as "the timely use of personal health services to achieve the best health outcomes" and includes access to medical, dental and mental health care services. People to regularly see a primary care provider have better health outcomes, fewer health disparities, lower health care costs, reduced disability, reduced premature death and reduced hospitalizations.

The Olmsted County CHNA Data Subgroup used data sources from the Behavioral Risk Factor Surveillance System, the Centers for Disease Control and Prevention, and the Olmsted County Community Health Needs Assessment 2021 survey to assess access to care as a health indicator.

According to the 2021 Olmsted County Community Health Needs Assessment survey, 15 percent of adults reported not having a primary care provider. Thirty-two percent of Olmsted County adults reported delaying care any health care in the same survey. Among the 16 percent of Olmsted County adults who reported delaying medical care in the 2021 community survey, high costs were the number one reason given. The inability to get an appointment and other competing time commitments were the second and third reasons for delaying medical care.

Adults with disabilities, adults with non-heterosexual identity and adults with fair or poor health reported more frequency in delaying health care.

Evaluation of Prior CHNA and Implementation Strategy

Mayo Clinic Hospital - Rochester operations and staffing are integrated with Mayo Clinic's comprehensive outpatient care services, 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 2019 priorities of the Olmsted County CHNA in the following ways:

<u>COVID-19 response became the leading health priority in 2021</u>
Beginning in 2020 and continuing through 2022, the COVID-19 virus remained a pandemic in Olmsted County, slowing Mayo Clinic and the surrounding community's ability to address pre-existing CHNA priorities to focus on emergent pandemic prevention and care needs.

In the summer of 2021, Mayo Clinic and Olmsted County Public Health re-surveyed the local community to assess the pandemic's impact on pre-existing health priorities and learned that the pandemic had significantly intensified these issues. This data validated Mayo Clinic and other local health planning entities to continue to focus their combined efforts on the COVID-19 response to help address health priority areas; financial stress, mental health and substance use.

Mayo Clinic's response to COVID-19 has significantly contributed to the health of local and regional communities as well as contributing to national and global health. 2021 highlights include:
- Conducting COVID-19-related research and sharing findings broadly to advance prevention, diagnosis, and therapies to treat the COVID-19 virus.
- Expanding virtual care capabilities for home care and treatment to safely improve inpatient access for community and rural patients.
- Rapidly developing and disseminating public and consumer information about the COVID-19 virus to help the public understand the risks and take actions to prevent and/or care for the infection.
- Working with local county public health, community health and other community-based organizations to provide COVID-19 education and vaccine clinics. In 2021 these efforts vaccinated more than 1,000 residents with limited English proficiency (LEP) and other barriers to COVID-19 awareness and vaccine access.
- Partnering with organizations to inform diverse community members about COVID-19 vaccines, myths, realities, and resources. This included *Voces y Visiones*, a platform dedicated to Hispanic/Latinx perspectives and The Healthy Body, Healthy Minds series in partnership with The Center Clinic in Dodge Center. These discussions reached 5,500 community members.

- Rochester Healthy Community Partnership is a 16-year partnership co-led by Mayo Clinic and community leaders of diverse populations to address community needs. During the 2020-2021 pandemic they lead a COVID-19 task force to discuss the concerns leaders heard from their communities. This task force led to accurate COVID-19 information being disseminated in communities with language and other access barriers. It also led to improved overall practices to address the needs of community members with limited English proficiency.
- In response to the financial challenges that COVID-19 has had on local non-profit stability, Mayo Clinic awarded additional year-end grants totaling $100,000 to 12 organizations that serve local human service needs in Olmsted County.

MENTAL HEALTH
- Provided financial and in-kind support to open and run the new Southeast Regional Crisis Center (SERCC) to serve regional residents. IN 2021 Mayo Clinic contributed more than $700,000 in operating funding to SERCC.
- Provided salary and administrative support to Olmsted County Community Services psychiatrist to serve local qualifying residents.
- Mayo Clinic provided more than $194,000 in support to local non-profit organizations to strengthen their ability to serve mental health needs among residents. Contributions included the National Association on Mental Illness (NAMI) in Rochester to expand peer support services for residents, and capital support to PossAbilities of SE Minnesota to renovate facilities to improve and safeguard daytime enrichment programming for adults with disabilities.
- Mayo Clinic Hospital's emergency department paid for five police officers to help de-escalate conflict with patients presenting with behavioral health and addiction conditions to safeguard the service environment for all community patients seeking care.
- Mayo Clinic partnered with community leaders and clinics to engage residents in conversations on mental health. *Voces y Visiones* discussed trauma and recovery. The Healthy Body, Healthy Minds series featured a discussion on sex, gender, and mental health.
- Mayo Clinic also collaborated with The Village Community Garden to hold open-air discussions on mental health, resiliency, and research on mood disorders. These efforts reached more than 1,700 community members.

FINANCIAL STRESS
- Provided more than $350,000 to community-based organizations for outreach programs assisting people living with financial stress. These contributions strengthened local resources for shelter and affordable housing, tutoring/mentoring, job training, and food insecurity. In 2021 Mayo Clinic provided additional financial support to organizations specifically to promote COVID-19 safety awareness and vaccination clinics to underserved populations otherwise limited to access by financial stress.
- Served as a co-founder of Area Housing Alliance and Rochester Area Housing Coalition. 2021 Mayo Clinic recommitted to the alliance with an additional contribution of $5 million.
- Provided medical direction and staffing to Salvation Army Good Samaritan Health and Dental Clinics that serve under and uninsured patients in Olmsted County. These community programs also produce many patient referrals to Mayo Clinic for specialty care for which Mayo provides

charitable care.

- Provided medical direction and nursing liaison services for student health services at Rochester Alternative Learning Center to assure healthcare access to under and uninsured public-school students. Provided funding (>$350K), mentorship, and staff planning time to local education programs such as Bridges to Healthcare and Mayo Clinic Invest for Success Scholars Program for students from diverse backgrounds to attain education and training for Careers in health care.
- In 2021, as part of its pediatric and adult refugee programs, provided free healthcare services for refugees. Implemented a new electronic "social determinants of health" patient referral system and paid for additional community health care workers to counsel patients identified with social barriers to health and refer them to appropriate community resources.
- Dedicated service hours of ambulance/paramedic personnel to assist homeless adults in receiving health care counseling and referral assistance. In 2021 this program was expanded to help respond to COVID-19 community outreach.
- Mayo Clinic Hospital provides free transportation vouchers to emergency department outpatients who have financial needs.

SUBSTANCE USE

- Expanded local substance use services through the establishment of the Southeast Regional Crisis Center (see above under mental health).
- Mayo Clinic Hospital supports a full-time peer support specialist from a local substance use counseling service within its emergency department to assist patients with addiction-related health needs. This specialist provides 1:1 counseling and referral support to help stabilize patients to enable long-term recovery.
- Mayo Clinic distributed health information about substance use across its Websites and social media platforms to promote public awareness and help direct audiences to available resources.
- Mayo Clinic hosted a media conference with local experts to bring public attention to the rise in opioid abuse during the COVID-19 pandemic, drawing considerable media coverage. This effort also encouraged the public to drop off unused prescriptions at the Sherriff's secure location for safe disposal.
- Through its School of Continuous Medical Professional Development, Mayo Clinic expanded its educational offerings to medical professionals across the U.S. on the topic of opioids and how to identify, prevent and respond to opioid abuse.
- Mayo Clinic partnered with community leaders and clinics to inform audiences about addiction. *Voces y Visiones* discussed addiction and those affected by it. In collaboration with The Village Community Garden, Mayo Clinic held conversations on addiction and community resources. These efforts reached over 1,450 community members.

ALL OF THE ABOVE

Mayo Clinic participated in and financially supported the staffing of the Olmsted County Community Health Improvement process. This process engages numerous volunteers and organizations in collaborative community health efforts to address local health priorities.

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

Core Planning Group

Mayo Clinic
Olmsted County Public Health Services
Olmsted Medical Center

Additional CHAP funders

Rochester Area Foundation
United Way of Olmsted County
Zumbro Valley Health Center

Coalition for Community Health Integration (CCHI)

Blue Cross Blue Shield	Mayo Clinic	Olmsted County Health, Housing, and Human Services*
Olmsted County Public Health Services	Olmsted Medical Center	Rochester Area Foundation
Rochester Public Schools	UCare	United Way of Olmsted County
Zumbro Valley Health Center		

CHAP Data Subgroup

Cradle 2 Career	Olmsted County Health, Housing, and Human Services
Destination Medical Center	Olmsted County Public Health Services

Family Service Rochester	Olmsted Medical Center
Mayo Clinic	United Way of Olmsted County

CHAP Community Engagement Workgroup

Diversity Council	Olmsted County Public Health Services
Mayo Clinic	Olmsted Medical Center
Olmsted County Health, Housing, and Human Services	United Way of Olmsted County

Health Assessment and Planning Partnership (HAPP)

Augsburg University	Blue Cross Blue Shield	Catholic Charities, Diocese of Winona
Channel One Regional Food Bank	Community Health Service, Inc.	Community Members
Destination Medical Center EDA	Diversity Council	Elder Network
Families First of Minnesota	Family Service Rochester	Greater Minnesota Housing Fund
Intercultural Mutual Assistance Association (IMAA)	Mayo Clinic	Minnesota Department of Health
National Alliance on Mental Illness (NAMI) of Southeast MN	Olmsted County Health, Housing, and Human Services Administration (HHHS)	Olmsted County Public Health Services (OCPHS)
Olmsted Medical Center	Rochester Area Foundation	Rochester Clinic

2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITIZATION PROCESS

OVERVIEW

To identify the top health needs in Olmsted County, the CHNA includes a comprehensive community-focused prioritization process. The prioritization process took place between May and August 2022. Each of the 36 health indicators were scored on objective (what the data says) and subjective (perception of the issue) factors. Objective scoring criteria was determined by the CHAP Data Subgroup, approved by the CHAP Core Group, and scored by a cross-section of Olmsted County Public Health Services staff. Subjective scoring was conducted using an online survey distributed to organizations and residents throughout Olmsted County. Subjective scores were combined with the objective scores to determine an overall numerical ranking of the health indicators. All indicators, except for mortality indicators, were prioritized.

In August 2022, CHAP Core Group, CHAP Data Subgroup, and Community Engagement Workgroup met to review all prioritization data and collaboratively identified the top ten priorities. After gathering input from Coalition for Community Health Integration (CCHI), the CHAP Core Group identified Mental Health, Drug Use, and Access to Care as Olmsted County's 2023 – 2025 Community Health Improvement Plan priorities.

OBJECTIVE AND SUBJECTIVE SCORING

Objective scoring criteria was developed by the CHAP Data Subgroup in June 2022. Each indicator was rated on three factors:

- Those 'Affected:' this factor represented the prevalence of the health issue or condition. It accounted for 25% of the objective score and was completed as follows:
  - What portion of the population is 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%).
- The 'Trend:' this factor looked at data over time. It accounted for 25% of the objective score and was completed as follows:
  - Has the problem changed over time and what is expected in the future?

- - 0 = Not known.
  - 1= Right Direction Movement (95% Confidence Interval).
  - 2= Right Direction Movement (90% Confidence Interval).
  - 3= No Significant Movement.
  - 4= Wrong Direction Movement (90% Confidence Interval).
  - 5= Wrong Direction Movement (95% Confidence Interval.
- The 'Disparities:' this factor looked at inequities faced by various populations in Olmsted County. It accounted for 50% of the objective score and was completed as follows:
  - Does this indicator disproportionally affect certain demographic groups in our community?
    - The number of disparities divided by the number of measurable statistically significant disparities, multiplied by five.
      - For example, if an indicator has two disparities of five measurable statistically significant disparities, the score would be 2/5 = 0.4*5 = 2.

Subjective Factors

The goal of the subjective prioritization process was to get additional perspective from community members and to provide their perception on each of the different health issues. Participants completed an online survey to share their opinions. Subjective scoring criteria was developed by the CHAP Data Subgroup in June 2022.

- The 'Community Perception' factor asked residents to rate their level of agreement or disagreement as to whether or not each indicator is an issue in our community.
  - *(Indicator) is an issue in our community.*
    - 1 = Strongly Disagree.
    - 2 = Disagree.
    - 3 = Agree.
    - 4 = Strongly Agree.
- The 'Urgency' factor asked residents to rate their level of agreement or disagreement regarding whether or not our community needs to work on each indicator starting now (in the next 1 – 3 years).
  - *Our community needs to start now (1-3 years) to address (Indicator).*
    - 1 = Strongly Disagree.
    - 2 = Disagree.
    - 3 = Agree.
    - 4 = Strongly Agree.

COVID-19 Considerations

The CHAP Data Subgroup decided that incorporating a COVID-19 factor into the subjective score would be the best option to understand the pandemic's impact on each of these issues. Therefore, the following question was incorporated into the subjective survey:

"What do you believe are the top community health issues *impacted by the COVID-19 pandemic*? Please **SELECT five indicators** that you believe are most impacted by the pandemic."

Residents could identify up to five issues most impacted by the pandemic.

SUBJECTIVE PRIORITIZATION PARTICIPANTS AND DEMOGRAPHICS

The online subjective community prioritization survey was shared with an extensive list of organizations and partners, as identified by the Community Engagement Workgroup. The prioritization surveys were translated into Spanish and Somali by the Intercultural Mutual Assistance Association (IMAA). The following groups received the prioritization survey in late May and shared it with their clients, employees, and members throughout the month of June:

- Alliance of Chicanos, Hispanics, and Latin Americans (ACHLA).
- Community Mobilization Resource Coalition (CMRC).
- Cradle 2 Career.
- CuidaTuMente Mental Health Support Group.
- Elder Network.
- Ethiopian Community Group: ECRM.
- Family Service Rochester.
- Gage East.
- General Community Link
- Good Shepherd Church.
- Health Access Minnesota.
- Health Assessment Planning Partnership (HAPP).
- In the City for Good.
- Indian Cultural Association of Minnesota (ICAM).
- Intercultural Mutual Assistance Association (IMAA).
- Jeremiah Program.
- Mayo Clinic.
- Mount Olive Church.
- Nonprofit Consortium.
- Olmsted County Health, Housing, and Human Services.
- Olmsted County Human Services Advisory Board (HSAB).
- Olmsted County Public Health Services Advisory Board (PHSAB).
- Olmsted County Public Health Services.
- Olmsted County Youth Commission.
- Olmsted Medical Center.
- Planned Parenthood.
- Serve Minnesota.
- Somali Community Resettlement Services.
- Southeastern Minnesota Center for Independent Living (SEMCIL).
- United Way African American Research Group.
- University of Minnesota Rochester (UMR).
- Zumbro Valley Health Center.

537 community members participated in the survey. The following table shows the demographic breakdown of the subjective surveys by age, gender identity, race/ethnicity, sexual orientation, ability, education level, and annual income.

Demographic Breakdown of the 2022 CHNA Subjective Survey

Age	Gender Identity	Race/Ethnicity	Sexual Orientation	Ability	Education Level	Annual Income
Average: 46.4	Male: 18.5%	African: 8.3%	Straight: 91.4%	Disability: 39%	High School/GED or less: 19.8%	Less than $35,000: 25.9%
	Female: 78.4%	American Indian or Alaskan Native: 1.4%	All other sexual orientations: 8.5%	No Disability: 61%	Trade School or Associates: 16.2%	$35,000 to $75,000: 21.0%
	Other: 3.2%	Asian: 2.9%			Bachelor's: 38.1%	$75,000 to $150,000: 34.3%
		Black/African American: 4.5%			Graduate: 25.9%	$150,000+: 18.8%
		Native Hawaiian or Other Pacific Islander: 1.0%				
		White: 78.5%				
		Other: 3.3%				

The CHAP Core Group, CHAP Data Subgroup, and Community Engagement Workgroup met on August 10, 2022, to review all prioritization data and identify the top ten priorities.

Top 10 Community Health Priorities
Financial Stress
Mental Health
Homelessness

Drug Use
Access to Care
Safe from Fear and Violence
Social Connectedness
Living Wage
Food Security
Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs)

With the top 10 priorities identified, the Coalition for Community Health Integration (CCHI) provided input on the priorities on August 24, 2022. Each organization attending the meeting was asked to rank the top 10 health indicators based on the following statements, with 1 reflecting the most agreement to 10 reflecting 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.*

For example, the organizations would review the list of 10 priorities and rank each (such as mental health, homelessness, etc.) based on the statement "our community has the collective ability to impact [mental health, homelessness, etc.]." They did this for each of the three statements separately.

All of this feedback was brought to the CHAP Core Group to consider. The CHAP Core Group agreed that the Community Health Improvement Plan (CHIP) will focus on three priorities: **Mental Health, Drug Use, and Access to Care**.

2022 Community Health Needs Assessment (CHNA) Community Survey Methodology

2022 Mailed Survey

During the spring of 2021, preparation for the next cycle of the CHNA began. Due to a staffing change within the Minnesota Department of Health (the agency that implemented the CHNA Mailed Survey on behalf of Olmsted County in past cycles), they were unable to assist Olmsted County with the 2022 survey. Thus, the CHAP process selected Wilder Foundation as the vendor for the 2022 CHNA Mailed Survey. In this role, Wilder Foundation purchased survey samples, mailed out the surveys, received returned surveys, completed data entry for the surveys, and created a data file of residents' responses.

The CHAP Data Subgroup reviewed questions from the 2019 CHNA and developed new questions for the 2022 CHNA. 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 new questions. The survey was formatted by the survey vendor, Wilder Foundation, as a scannable, self-administered, English questionnaire. The survey instrument is found within the "Supplemental Documents" section of the CHNA dashboard.

The CHAP Core Group is continuously identifying ways to improve the CHAP process. Therefore, in addition to the random sample of Olmsted County residents typically used, two supplemental samples were included to increase representation of those typically underrepresented in a random sample of Olmsted County residents.

In total, 4,600 addresses were selected at random from a U.S. postal service list of valid residential addresses by Marketing Systems Group (MSG), a company specializing in sampling services. Vacant, seasonal, traditional P.O. boxes, and drop points (single addresses that are for multiple residences) were excluded from the sample. There were three components to the sample:
- 2,000 addresses in the sample were a random sample from all of Olmsted County (see "Random sample" below).
- 2,250 addresses in the sample were a random sample of addresses in eight block groups that are estimated to be 50% or more persons of color (See "BIPOC sample" below).
- 350 addresses were a random sample of addresses in Olmsted County, but outside of the Rochester city limits (see "Rural sample" below).

In November 2021, all addresses in the sample were mailed a survey packet, which included an invitation letter, a paper survey, and an addressed, postage-paid return envelope. Approximately one week later, a reminder postcard was sent to the full sample. Addresses for materials returned completed, with a refusal message, or as undeliverable were then removed from the sample and the remaining addresses were sent a final full survey

packet in early December 2021. To randomize which member of the household received the survey, the invitation letter asked for the adult (18 years of age or older) with the most recent birthday to complete the survey. Completed surveys were received through the end of December 2021.

The chart below shows the response rate for each sample, along with the overall sample (23.6%). In 2018, the response rate was similar at 28.5%.

Description of Returned Surveys

	Random Sample	Black, Indigenous, People of Color (BIPOC) Sample	Rural Sample	Total
Number of addresses in sample	2,000	2,250	350	4,600
Number returned as undeliverable	76	91	7	174
Number of refusals	10	3	1	14
Total completed	542	394	109	1,045
Response rate	28.0%	18.2%	31.8%	23.6%

Responses were then keyed into the statistical software package (SPSS) and the open-ended responses were entered verbatim into an Excel spreadsheet. To ensure data quality, manually entered data from the paper surveys were verified. An additional review of the data set was completed to ensure data validity and to discard any unusable surveys. Discarded surveys included those with duplicate entries and those returned blank. Once the data were checked and quality ensured, the resulting total survey sample was 1,045 responses.
Data were tabulated by SNG Research, which produced banners of crosstabs for each health indicator in WinCross.

In addition to this new sampling approach, weighting the CHNA Mailed Survey data was strengthened to increase the reliability of the data. It should be noted that some comparisons in the data between periods may be affected by these improvements.

2022 Convenience Survey

The 2022 convenience survey used the same instrument as the random mailed survey with the addition of one question: "What is your zip code?" The convenience survey was administered online through *SurveyMonkey*.

The following table shows the demographic breakdown of the subjective surveys by age, gender identity, race/ethnicity, sexual orientation, ability, education level, and annual income.

Demographic Breakdown of the 2022 CHNA Convenience Survey

Age	Gender Identity	Race/Ethnicity	Sexual Orientation	Ability	Education Level	Annual Income
Average: 50.2	Female: 75.2%	White: 68.5%	Straight: 89.2%	Disability: 37.7%	High School/GED or less: 36.1%	Less than $35,000: 53.6%
	Male: 22.2%	African: 16.4%	Bisexual: 5.0%	No Disability: 62.3%	Trade School or Associates: 12.3%	$35,000 to $75,000: 22.0%
	Non-binary: 3.0%	Asian: 8.9%	Gay, Lesbian, or Homosexual: 3.5%		Bachelor's: 26.0%	$75,000 to $150,000: 24.7%
	Gender nonconforming: 2.6%	Black or African American: 8.2%	Pansexual: 1.9%		Graduate: 25.7%	$150,000+: 12.0%
	Other: 1.5%	Hispanic/Latino: 3.4%	Asexual: 0.4%			
	Transgender: 0.8%	Other: 1.9%				

In December 2021 and January 2022, the CHAP process partnered with sixteen agencies in Olmsted County to administer the Convenience Survey. Many of these were service providers who developed their method for administering the survey at their site, based on what worked best for them and their clientele. Convenience survey responses were received through January 24, 2022.

In total, 350 responses were received. Data were tabulated by SNG Research.

Olmsted County Community Health Needs Assessment

Please have the adult (age 18 and over) in the household who has most recently had a birthday complete this survey.

HEALTH STATUS AND HEALTHCARE

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?

	Yes	No	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 someone you think of as your personal doctor or health care provider?
   - ☐ Yes, only one
   - ☐ Yes, more than one
   - ☐ No

4. What is your current health insurance status?
   - ☐ Employer provided
   - ☐ Public (Medical Assistance, MNSURE, etc.)
   - ☐ No insurance

5. Do you currently have insurance that pays for all or part of your prescription medications?
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

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 ➡ **CONTINUE TO QUESTION 7**

☐ No ➡ **GO TO QUESTION 8**

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

☐ I did not know where to go

☐ I had transportation problems

☐ It costs too much

☐ The procedure was too expensive

☐ 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 (please specify) _____

7. Do you currently have insurance that pays for all or part of your <u>dental care</u>?

☐ Yes ➡ **CONTINUE TO QUESTION 9**

☐ No ➡ **GO TO QUESTION 10**

8. What is your current dental insurance status?

☐ Employer provided

☐ Public (MA, MNSURE, etc.)

9. 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 ➡ **CONTINUE TO QUESTION 11**

☐ No ➡ **GO TO QUESTION 12**

10. 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 costs too much

☐ The procedure was too expensive

☐ 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 (please specify) _____

11. During the <u>past 12 months</u>, have you seen a counselor, therapist, psychologist, psychiatrist, or other <u>mental health professional</u> about your health?

☐ Yes

☐ No

12. 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 ➡ **CONTINUE TO QUESTION 14**
☐ No ➡ **GO TO QUESTION 15**

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

☐ I could not get an appointment
☐ I did not know where to go
☐ I had transportation problems
☐ It costs too much
☐ The procedure/treatment was too expensive
☐ I do not have insurance
☐ My insurance was not accepted
☐ My insurance did not cover it
☐ I had work, family, or other obligations
☐ I don't believe it will help
☐ I am afraid of what others might think
☐ Other reason (please specify) _____

14. Thinking of anyone you know, what do you think are the most common reasons that people don't seek help for mental health concerns? **(Mark ALL that apply)**

☐ They could not get an appointment
☐ They did not know where to go
☐ They had transportation problems
☐ It costs too much
☐ The procedure/treatment was too expensive
☐ They do not have insurance
☐ Their insurance was not accepted
☐ Their insurance does not cover expenses
☐ They had work, family, or other obligations
☐ They don't believe it will help
☐ They are afraid of what others might think
☐ Other reason (please specify) _____

15. For each of the following statements, please mark which is the closest to how <u>you</u> have been feeling over the <u>past two 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	☐	☐	☐	☐	☐	☐
b. I have felt calm and relaxed	☐	☐	☐	☐	☐	☐
c. I have felt active and vigorous	☐	☐	☐	☐	☐	☐
d. I woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐
e. My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐

16. During the <u>past 30 days</u>, how often did you or someone you care for have mental health concerns (such as stress, depression, or problems with emotions) that kept you from doing your usual activities, such as self-care, work, or recreation?

☐ 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

HEALTH BEHAVIORS

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

_____ *Write in number*

18. A serving of fruit juice is 6 ounces. How many servings of fruit juice did you have <u>yesterday</u>?

_____ *Write in number*

19. A serving of vegetables - not including french fries - is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have <u>yesterday</u>?

_____ *Write in number*

20. 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?

_____ *Write in number of days*

21. 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.*

Number of days   ☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7

22. 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>vigorous</u> physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

Number of days   ☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ 6   ☐ 7

23. Do you consider yourself:

☐ Overweight
☐ Underweight
☐ About the right weight

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

☐ Yes   ➡ **CONTINUE TO QUESTION 26**
☐ No   ➡ **GO TO QUESTION 27**

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

☐ Yes
☐ No

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

	Every day	Some days	Not at all
a. Cigarettes	☐	☐	☐
b. Cigars, cigarillos, or little cigars	☐	☐	☐
c. E-cigarettes (including vaping, electronic nicotine delivery systems or ENDs, or E-juice)	☐	☐	☐
d. Pipes	☐	☐	☐
e. Snuff, snus, dip, or chewing tobacco	☐	☐	☐
f. Any other type of tobacco product	☐	☐	☐

For questions 28 through 31, consider a drink of alcohol as one can of beer, one glass of wine, or a drink with one shot of liquor.

27. 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 ➡ **CONTINUE TO QUESTION 29**
    ☐ No ➡ **GO TO QUESTION 32**

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

    _____ *Write in number of days*

29. During the <u>past 30 days</u>, on the days when you drank, about how many drinks did you drink on average?
    ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

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

    FEMALES: **Males:**
    <u>4 or more drinks</u> on an occasion   <u>5 or more drinks</u> on an occasion

    _____ *Write in number of times*   _____ *Write in number of times*

31. Which of the following substances have you used <u>at least once</u> during the past 30 days for non-medical purposes? **(Mark ALL that apply)**
    ☐ Marijuana (including using via an e-cigarette cartridge, smoking, hashish, wax, edibles, etc.)
    ☐ Pain relievers (Oxycodone, Vicodin, Acetaminophen with Codeine, etc.)
    ☐ Tranquilizers or sedatives (Xanax, Ativan, Valium, benzos, etc.)
    ☐ Stimulants (methamphetamine or other amphetamines, Adderall, Ritalin, and speed)
    ☐ Cocaine or crack
    ☐ Heroin
    ☐ Fentanyl
    ☐ Hallucinogens (Ecstasy, MDMA, PCP, etc.)
    ☐ Inhalants (Whip-its, glue, spray paint, etc.)
    ☐ Synthetics (K2, spice, bath salts, etc.)
    ☐ Other (please specify) _____
    ☐ None of these

32. How do you get around for things like shopping, visiting the doctor, running errands, or going other places? **(Mark ALL that apply)**
   - ☐ Drive yourself
   - ☐ Have others drive you
   - ☐ Walk
   - ☐ Ride a bike, scooter, etc.
   - ☐ Use public transportation
   - ☐ Take a taxi/cab or ride sharing service (like Uber and Lyft)
   - ☐ Use a special transportation service, such as one for seniors or persons with disabilities

33. When driving a motor vehicle, how often do you use your cell phone to:

		Often	Sometimes	Rarely	Never	N/A: I don't have a cell phone	N/A: I don't drive
a.	Make or answer calls while holding your phone	☐	☐	☐	☐	☐	☐
b.	Read text messages or emails	☐	☐	☐	☐	☐	☐
c.	Type text messages or emails	☐	☐	☐	☐	☐	☐
d.	Surf the internet or use apps such as social media	☐	☐	☐	☐	☐	☐

34. How often do you wear a seat belt when driving or riding in a car?
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Never
   - ☐ Not applicable: I don't drive or ride in a car

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

		Always	Often	Sometimes	Rarely	Never
a.	Work	☐	☐	☐	☐	☐
b.	Errands (such as getting groceries)	☐	☐	☐	☐	☐
c.	Medical appointments	☐	☐	☐	☐	☐
d.	Child care	☐	☐	☐	☐	☐
e.	Social functions	☐	☐	☐	☐	☐

HOUSING AND ENVIRONMENTAL HEALTH

36. How is drinking water supplied to your home?
   - ☐ City water ➡ **GO TO QUESTION 39**
   - ☐ Private well ➡ **CONTINUE TO QUESTION 38**

37. In the past three years, have you had a private well tested?
   - ☐ Yes
   - ☐ No

38. In the past 12 months, have you accidently fallen in your current home?

☐ Yes

☐ No

39. 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 my physical health, my family's physical health, or visitors' physical health	☐	☐	☐	☐
c. The air inside my home is healthy	☐	☐	☐	☐

40. Think about your home over the past 12 months. How often have the following occurred?

	Always	Often	Sometimes	Rarely	Never
a. Extremely or uncomfortably cold inside the home	☐	☐	☐	☐	☐
b. Extremely or uncomfortably hot inside the home	☐	☐	☐	☐	☐
c. Water from the outside leaking in from the roof, windows, basement, etc.	☐	☐	☐	☐	☐
d. Water leaking from plumbing inside the home	☐	☐	☐	☐	☐
e. Mold that you can see	☐	☐	☐	☐	☐
f. Rodents	☐	☐	☐	☐	☐
g. Cockroaches	☐	☐	☐	☐	☐

41. Now think about your home today. Do you currently…

	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. Use extension cords because you don't have enough electrical outlets	☐	☐

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

☐ Yes ➡ **CONTINUE TO QUESTION 44**

☐ No ➡ **GO TO QUESTION 46**

☐ Don't know ➡ **GO TO QUESTION 46**

43. Has your current household ever tested positive for radon?

☐ Yes ➡ **CONTINUE TO QUESTION 45**

☐ No ➡ **GO TO QUESTION 46**

☐ Don't know ➡ **GO TO QUESTION 46**

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

    ☐ Yes
    ☐ No
    ☐ Don't know

45. Do you own or rent your home?

    ☐ Own ➡ **GO TO QUESTION 47**
    ☐ Rent ➡ **GO TO QUESTION 48**
    ☐ Other arrangement ➡ **GO TO QUESTION 49**

46. HOMEOWNERS ONLY: I have the resources (including money and personal resources, such as family and friends) to address any concerns about my home.

    ☐ Strongly agree
    ☐ Agree
    ☐ Disagree
    ☐ Strongly disagree
    ☐ Not applicable: I don't have any concerns about my home.

47. RENTERS ONLY: As a renter, I feel comfortable addressing any concerns about my home with my landlord.

    ☐ Strongly agree
    ☐ Agree
    ☐ Disagree
    ☐ Strongly disagree

SOCIAL AND FINANCIAL STRESS

48. How well does this statement describe you or your situation?

		Completely	Very well	Somewhat	Very little	Not at all
a.	Because of my money situation, I feel like I will never have the things I want in life	☐	☐	☐	☐	☐
b.	I am just getting by financially	☐	☐	☐	☐	☐
c.	I am concerned that the money I have or will save won't last	☐	☐	☐	☐	☐

49. How often does this statement apply to you?

		Always	Often	Sometimes	Rarely	Never
a.	I have money left over at the end of the month	☐	☐	☐	☐	☐
b.	My finances control my life	☐	☐	☐	☐	☐

50. 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
    ☐ Never ➡ **GO TO QUESTION 54**

51. Which of the following major life events 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
    - ☐ Underemployed
    - ☐ Loss of a family member
    - ☐ Loss of insurance
    - ☐ Other (please specify) _____
    - ☐ No events

52. 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)
    - ☐ Childcare
    - ☐ Utilities
    - ☐ Medical bills
    - ☐ Credit cards
    - ☐ Health insurance
    - ☐ Transportation (car payment, insurance, gas, vehicle repair, parking, bus fare, etc.)
    - ☐ Pay day loans
    - ☐ Student loans
    - ☐ Other (please specify) _____

53. How often do these statements apply to you?
    - ☐ I use my credit card because there is not enough money in my bank account.
    - ☐ Always
    - ☐ Sometimes
    - ☐ Often
    - ☐ Rarely
    - ☐ Does not apply/ I do not have a credit card

54. In the past 6 months, has your confidence in being able to continue to live in your current home:
    - ☐ Increased
    - ☐ Remained the same
    - ☐ Decreased

55. How much do you agree/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. Children are safe in my neighborhood	☐	☐	☐	☐
g. I feel safe in my home	☐	☐	☐	☐
h. I feel safe at my job or place of work	☐	☐	☐	☐

56. 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	☐	☐	☐	☐

57. Below is a list of activities that are difficult for some people. Please check which answer best describes how difficult each activity is for you.

	No difficulty	Minor difficulty	Serious difficulty	Completely unable to do
a. Activities of daily living (such as eating, bathing, dressing/undressing, and moving around the house)	☐	☐	☐	☐
b. Preparing meals	☐	☐	☐	☐
c. Shopping for personal items	☐	☐	☐	☐
d. Managing medications	☐	☐	☐	☐
e. Managing money	☐	☐	☐	☐
f. Doing housework	☐	☐	☐	☐

58. How many people could you count on to 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 ➡ **GO TO QUESTION 61**
☐ 1 or 2
☐ 3 or 4
☐ 5 or more
☐ Not sure

59. Who could you count on for practical help? **(Mark ALL that apply)**

- ☐ Partner/spouse
- ☐ Immediate family (parents, siblings, spouses, children)
- ☐ Extended family (grandparents, uncles, aunts, and other relatives)
- ☐ Best/closest friend(s)
- ☐ Extended friends
- ☐ Religious community
- ☐ Civic groups
- ☐ Coworkers
- ☐ Other (please specify)

_____

60. How often are you in situations where you feel unaccepted, unvalued, or unwelcomed in Olmsted County?

- ☐ Daily
- ☐ At least once a week
- ☐ Once or twice a month
- ☐ A few times a year
- ☐ Once a year or less often
- ☐ Never ➡ **GO TO QUESTION 63**

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

- ☐ Others are not friendly
- ☐ My race/ethnicity
- ☐ My income
- ☐ My job
- ☐ My employment status
- ☐ My gender identity
- ☐ My age
- ☐ My religion
- ☐ My sexual orientation
- ☐ My disability
- ☐ My physical appearance (for example, your height or weight)
- ☐ My ancestry/national origin
- ☐ My political affiliation
- ☐ Other (please specify) _____

ABOUT YOU

62. What is your age?

_____ *Age in years*

63. Are you of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

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

- ☐ African
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (please specify) _____

65. Do you think of yourself as: **(Mark ALL that apply)**

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Intersex
- ☐ Gender nonconforming
- ☐ Other (please specify) _____
- ☐ Don't know/questioning

66. What is your sexual orientation?

- ☐ Heterosexual or straight
- ☐ Gay, lesbian, or homosexual
- ☐ Bisexual
- ☐ Asexual
- ☐ Pansexual
- ☐ Other (please specify) _____
- ☐ Don't know/questioning

67. Including yourself, how many adults live in your household?

_____ Number of adults age 18 and over

68. Of the adults that live in your household…

How many work full-time? _____

How many work part-time? _____

69. How many children (under age 18) live in your household by age group?

_____ Number of children age 4 years old and under

_____ Number of children age 5 to 10 years old

_____ Number of children age 11 to 14 years old

_____ Number of children age 15 to 17 years old

70. Were you born in the United States?
☐ Yes
☐ No

71. Are you currently…?
☐ Married
☐ Divorced
☐ Widowed
☐ Separated
☐ Never married

72. How tall are you without shoes?

_____ Height in feet _____ inches

73. Approximately how much do you weigh?

_____ Weight in pounds

74. Do you have a physical, mental, or other health condition that has lasted 6 or more months that reduces your overall quality of life?
☐ Yes
☐ No

75. 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 certificate
☐ Associate degree
☐ Bachelor's degree
☐ Graduate or professional degree

76. 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 1 year or more
☐ A homemaker
☐ A student
☐ Retired
☐ Unable to work due to disability

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

78. How many people contribute to your household's income?
☐ One person earns all income for the household
☐ Two people contribute to the household's total income
☐ Three or more people contribute to the household's total income

79. How did you take the survey?
☐ I read the questions
☐ Someone read the questions for me

Thank you for taking our survey!