Supplemental Document
October 2019

A collaborative community effort led by: Olmsted County Health, Housing and Human Services; Olmsted Medical Center; and Mayo Clinic

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APPENDIX A

Olmsted County Community Health Assessment and Planning Process (CHAP) Membership Lists

Coalition of Community Health Integration (CCHI)	
Blue Cross and Blue Shield Minnesota	Rochester Area Foundation
Mayo Clinic	Rochester Public Schools
Olmsted County Health, Housing and Human Services Administration	UCare
Olmsted County Public Health Services	United Way of Olmsted County
Olmsted Medical Center	Zumbro Valley Health Center

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

CHAP Data Subgroup	
Cradle to Career	Olmsted County Health, Housing, and Human Services Administration
Destination Medical Center EDA	Olmsted Medical Center
Family Service Rochester	United Way of Olmsted County
Mayo Clinic	

Olmsted County Community Health Needs Assessment (CHNA) Membership Lists

Health Assessment & Planning Partnership (HAPP)		
Augsburg University	Mayo Clinic	Salvation Army
Catholic Charities, Diocese of Winona	Minnesota Department of Health	Seasons Hospice
Channel One Regional Food Bank	National Alliance on Mental Illness (NAMI) SE MN	SE Minnesota Area on Aging
Community Health Service, Inc.	Olmsted County Health Housing & Human Services Administration (HHH)	State Legislators
Community Members	Olmsted County Public Health Services (OCPHS)	The Arc of Southeastern Minnesota
Destination Medical Center EDA	Olmsted Medical Center	Three Rivers Community Action
Diversity Council	Rochester Area Family YMCA	UCare
Elder Network	Rochester Area Foundation	United Way of Olmsted County
Families First of Minnesota	Rochester Clinic	Zumbro Valley Health Center
Family Service Rochester	Rochester Public Library	Zumbro Valley Medical Society
Intercultural Mutual Assistance Association (IMAA)	Rochester Public Schools	

Motor Vehicle Injury Prevention Workgroup		
Mayo Clinic	*Olmsted County Public Health Services	Olmsted County Sheriff's Office

Healthy Communities Collaborative		
Community Members	Mayo Clinic	Rochester Clinic
Destination Medical Center	*Olmsted County Public Health Services	Rochester Park and Recreation
Excerciseabilities	Olmsted Medical Center	University of Minnesota Extension
Families First Minnesota	Parent Teacher Student Association	University of Minnesota Rochester
Friendship Place	Rochester Area Family YMCA	

*Workgroup Leads

Olmsted County Community Health Needs Assessment (CHNA) Membership Lists

Financial Stress Workgroup		
Catholic Charities	Intercultural Mutual Assistance Association (IMAA)	Rochester Public Library
Center City Housing	Lutheran Social Services of Minnesota	Rochester Public Schools
Channel One Regional Food Bank	Mayo Clinic	Salvation Army
City of Rochester	National Alliance on Mental Illness (NAMI) SE MN	Southeastern Minnesota Center for Independent Living
Community Health Service, Inc.	Olmsted County Adult and Family Services	Southern Minnesota Regional Legal Services
Community Members	Olmsted County Child and Family Services	St. Francis Church of Assisi
Destination Medical Center EDA	Olmsted County Commissioners	State Legislators
*Diversity Council	Olmsted County DFO and Corrections	The ARC of Southeast Minnesota
Elder Network	Olmsted County Family Support and Assistance	Three Rivers Community Action
Families First of Minnesota	Olmsted County Housing and Redevelopment Authority	United Way of Olmsted County
Family Service Rochester	Olmsted County Public Health Services	Workforce Development, Inc.
Friendship Place	Olmsted Medical Center	Zumbro Valley Health Center
In the City of Good	Rochester Area Foundation	Zumbro Valley Medical Society

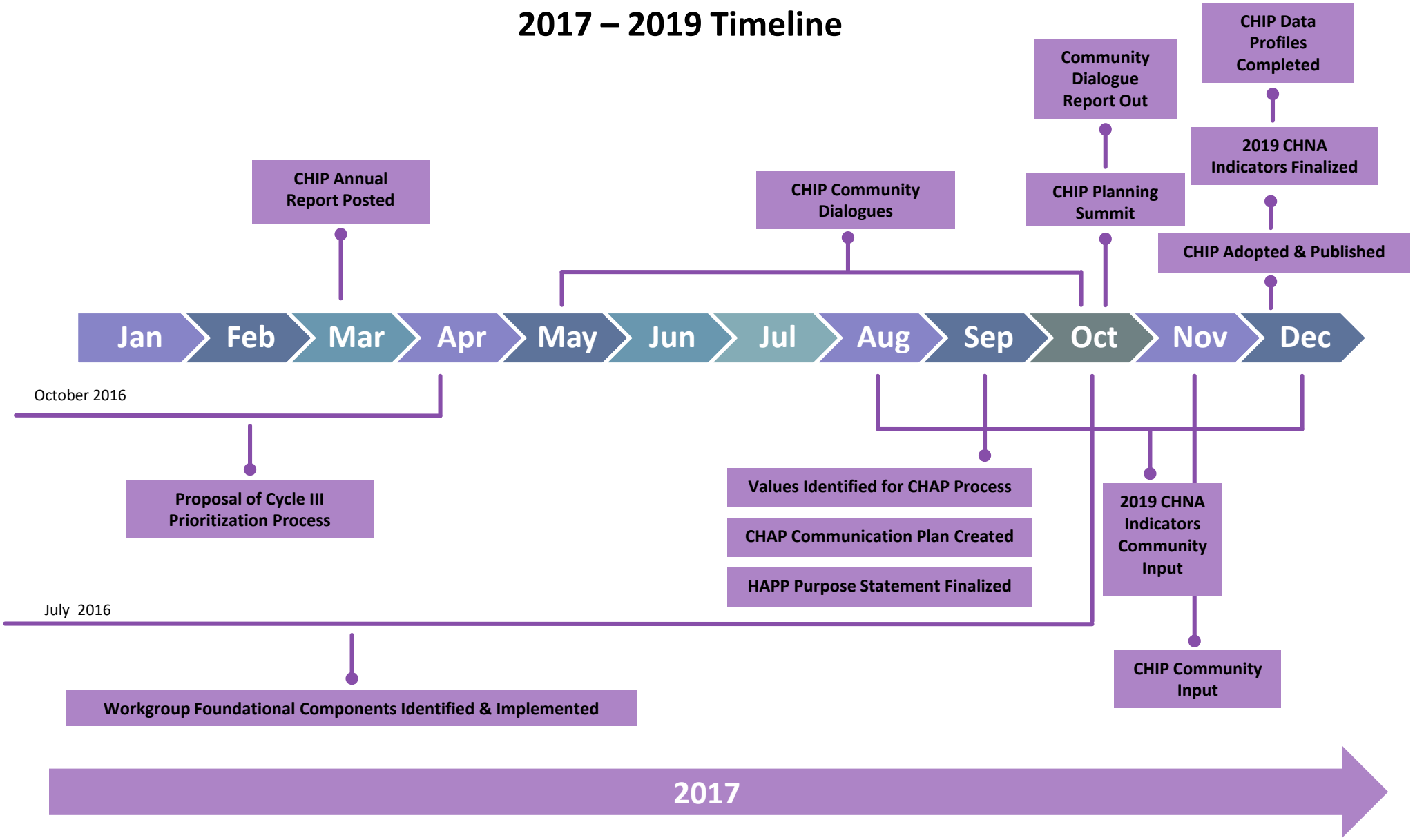
Vaccine Preventable Diseases Workgroup		
American Cancer Society	*Olmsted County Public Health Services	Somali Healthcare Advisory Council
Mayo Clinic	Rochester Public Schools	Zumbro Valley Medical Society
Olmsted Medical Center	Southeastern Minnesota Immunization Connection (SEMIC)	Zumbro Valley Health Center

Community Engagement Workgroup		
Diversity Council	*Olmsted County Public Health Services	Olmsted County Health, Housing, and Human Services Administration
United Way of Olmsted County		

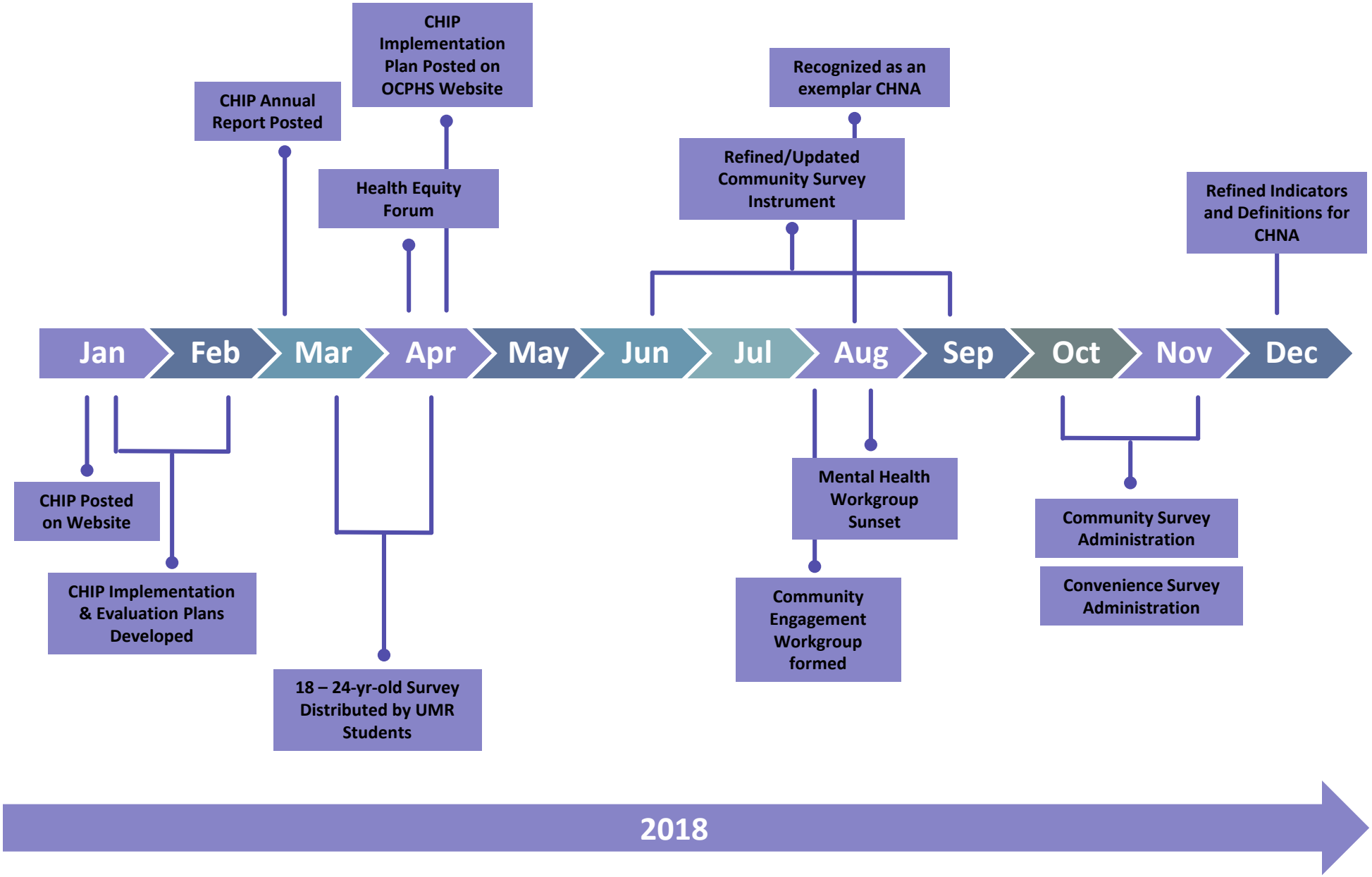
*Workgroup Leads

APPENDIX B

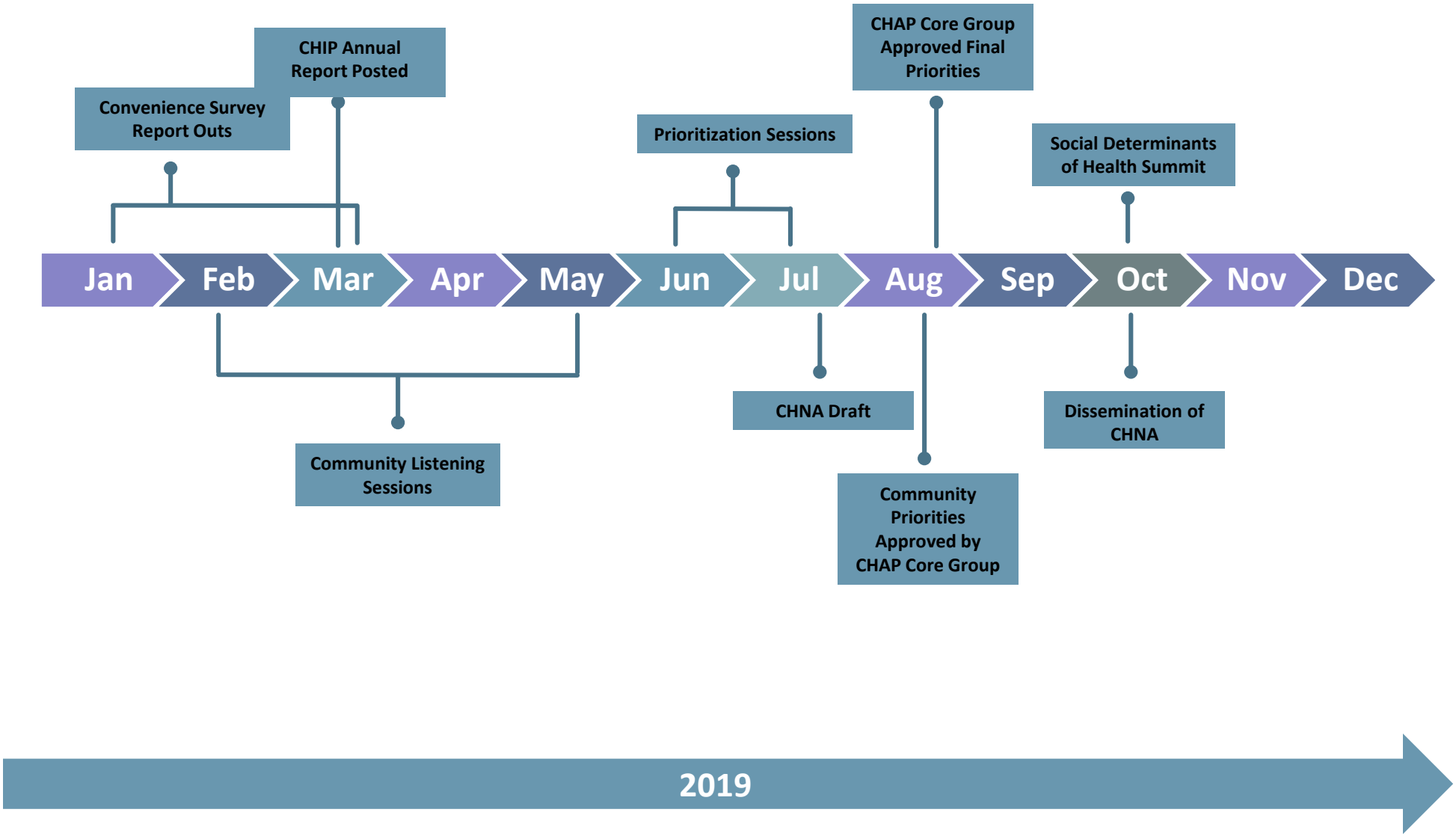
Olmsted County Community Health Assessment and Planning Process
2017 – 2019 Timeline



Olmsted County Community Health Assessment and Planning Process
2017 – 2019 Timeline



Olmsted County Community Health Assessment and Planning Process
2017 – 2019 Timeline



Olmsted County Community Health Assessment and Planning Process
2017 – 2019 Timeline

Recurring Meetings

Biweekly	Quarterly
University of Minnesota Rochester Community Collaboratory	Health Assessment & Planning Partnership
Monthly	Community Health Forums
Coalition of Community Health Integration (CCHI)	CHIP Leads Meeting
CHAP Core Group	Financial Stress Workgroup
CHAP Data Subgroup	**Meet 3 Times a Year**
Community Engagement Workgroup	Vaccine Preventable Diseases Workgroup
Healthy Communities Collaborative	
Public Health Services Advisory Board	

APPENDIX C

Olmsted County Community Health Needs Assessment Methodology

Background

In January 2012, discussions began between Olmsted County Public Health Services (OCPHS), Olmsted Medical Center (OMC) and Mayo Clinic (Mayo) on the opportunity to work together on a joint health assessment and planning process to develop two community documents: (1) a Community Health Needs Assessment (CHNA) and (2) a Community Health Improvement Plan (CHIP).

OCPHS has conducted community health assessments and developed health improvement plans since the enactment of the Local Public Health Act, Minnesota Statute 145A in 1976. However, new requirements for local public health agencies in Minnesota and all non-profit hospitals provided a unique opportunity to conduct one assessment and one plan for Olmsted County. Local public health agencies are now required to develop a plan with, and for, the community for the issues identified in the CHNA (i.e. a community-based plan vs. a plan for the public health agency). Also, a new requirement in the Patient Protection and Affordable Care Act (PPACA) requires all non-profit hospitals to conduct a community health needs assessment. *Refer to the Supplemental Document, Appendix M for a description of the organizational requirements.*

Because of the numerous past collaborations between OCPHS, OMC and Mayo, one joint assessment and planning process was identified as the best strategy for all three organizations and ultimately, the entire community. The recurring, five-year cycle for OCPHS was aligned with the three-year cycle for OMC and Mayo, and the development of the assessment and planning process was initiated.

Health Assessment and Planning Process

The health assessment and planning process is a collaborative, community effort led by Olmsted County, OMC and Mayo. Within the process there are many partnerships and additional collaboration with multiple community organizations. The health assessment and planning process is a continuous, triennial cycle where the community's health is assessed, the top community health needs are prioritized, and the plan to improve the community's health is developed, implemented, monitored and evaluated.

Health Assessment and Planning Process: Cycle I, CHNA Focus: 2012-2013

Within the first two quarters of 2012, formation of two working groups was initiated. The CHNA/CHIP Core Planning Group (Core Group) was initially established with membership and participation from all three organizations with state or federal CHNA requirements: OCPHS, OMC and Mayo. The Core Group met monthly to determine and define the assessment and planning process, ultimately providing overall direction to the CHNA development. The CHNA Data Subgroup was also formed early on to create and develop a proposed framework for the CHNA document which included data indicators and data sources. *Refer to the Supplemental Document, Appendix A for the CHNA group membership lists.*

A systematic, yet informal process led to the creation of the 2013 CHNA document and the initial creation of the cyclic assessment and planning process. This was the result of an 18-month long effort that included specific focus on assessment activities: identifying potential data indicators and data sources; defining the overall process, community engagement; data collection, analysis and presentation; and indicator prioritization. *Refer to the 2013 CHNA Document and Supplemental Document for a complete description of the process and methodology that occurred during Cycle I.*

Health Assessment and Planning Process: Cycle II, CHNA Focus: 2014-2016

Immediately after the creation of the 2013 CHNA, all parties involved in the assessment process participated in a debriefing session to identify what worked well, what didn't work well and areas for future/further suggestions. *Refer to the 2016 CHNA Document and Supplemental Document for a complete description of the process and methodology that occurred during Cycle II.*

A direct observation and suggestion revolved around the CHNA Data Subgroup - that this group needed to have further defined purpose, scope and deliverables and the group needed to meet regularly versus ad hoc. As the facilitator of the CHNA Data Subgroup, OCPHS made the suggestion a reality. Beginning in 2014, the CHNA Data Subgroup began to meet monthly to spearhead the assessment process.

Health Assessment and Planning Process: Cycle III, CHNA Focus: 2017-2019

After the release of the 2016 CHNA a series of debriefs were held with the CHAP Data Subgroup, CHAP Core Group, and prioritization participants. Taking the information from the debriefs, the data subgroup spent the first part of 2017 refining the prioritization process and began discussing other improvements to the process including updating the survey, enhancing indicators, and revamping the community listening sessions.

In addition, the CHAP Core Group sought input on how to improve the CHNA document. Much of 2018, was spent seeking feedback from the health assessment and planning partnership on how to improve the document. The CHAP Core Group also determined a greater focus was needed on community engagement efforts and tasked the CHI specialist with the creation of the Community Engagement Workgroup.

Data Indicators: Considerable time was spent reviewing the 2016 CHNA indicators as well as planning and soliciting input regarding additional indicators to consider for Cycle III. These efforts including reviewing feedback from the 2016 individual ballot results, attending community meetings, and identifying current trends in Olmsted County. Throughout a two-year process, CHAP Data Subgroup members reviewed, edited and enhanced indicator definitions, metrics and data sources. Once the CHAP Data Subgroup had a working list of potential 2019 CHNA indicators, input was sought from community members on new, missing or emerging indicators that should be considered for future community assessments.

Community Listening Sessions: Learning from the first two cycles and wanting to strive for improvement, proactive planning for the community listening sessions was a priority. Those involved in the assessment process knew we had to hear from the largest segment of the population as possible, which meant proactively reaching out population that are not well represented in the data.

The planning and design of the community listening sessions was done by the Community Engagement Workgroup. Specific planning included: question development; identification of participants and locations; data analysis; and incorporation into the overall assessment process. *Refer to the Supplemental Document, Appendix D for further Community Listening Sessions methodology and results.*

Community Survey: The community survey is one of numerous data sources used to help populate the CHNA. Knowing the need to reach community members regarding behavioral responses and overall perception, planning for a community survey was held over a six-month period. The CHAP Data Subgroup planned and designed a postal mail survey. Survey administration occurred in late Fall 2018 with data analysis in 2019. *Refer to the Supplemental Document, Appendix F or further methodology regarding the community survey.*

Prioritization Process: Considerable time was spent reviewing the previous prioritization methods. Once all CHAP Data Subgroup members understood the previous prioritization process, work began to develop and further refine the prioritization process and methodology, which included: objective and subjective factors; mathematical weights; and prioritization participants. Prioritization sessions occurred in June and July of 2019, with final community priorities identified and approved in late August, 2019. *Refer to the Supplemental Document, Appendix E for a complete description of the prioritization process.*

CHNA Document: Building upon the work completed in Cycle I and II and the establishment of a consistent CHNA framework, Cycle III placed emphasis on improvements and enhancements for the CHNA layout. The current CHNA framework is still based upon the University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings where indicators are categorized into health outcomes and health factors.

In 2018, the health assessment and planning partnership provided feedback on how to improve the layout for the upcoming 2019 CHNA. Feedback included using bullets instead of narrative and infographics.

Community Engagement: Broad community and organizational engagement was identified as a critical component for a successful assessment and planning process during Cycle I. Building upon this knowledge, the creation of the Health Assessment and Planning Partnership (HAPP) was officially formed in 2014 to assist with the assessment and planning process. HAPP - comprised of over 30 community organizations - now meets monthly to: provide feedback on the community's health assessment and planning process; hear updates on CHNA and CHIP progress; and network for further community asset inventories.

In 2018, the Community Engagement Workgroup was created to enhance engagement efforts throughout the entire CHAP process. This group was first tasked with designing the community listening sessions and prioritization process. This group will be vital for future efforts including identifying CHIP strategies.

APPENDIX D

Olmsted County Community Health Needs Assessment
Listening Sessions Summary 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 Education	
Education	**% of Participants**
Still in High School or Completed High School (including GED)	51.5%
Some College	5.3%
Associate Degree or Trade/Vocational	5.8%
Bachelor's Degree	20.5%
Graduate or Professional Degree	17.0%

Participation by Insurance	
Insurance	**% of Participants**
Yes	90.4%
No	6.2%
Don't Know	3.4%

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%

BACKGROUND

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.

ABOUT THE LISTENING SESSIONS AND DEVELOPMENT

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
- Developed core principles

Nov & Dec 2018
- Question development

Jan 2019
- Identification of potential groups
- CHAP Core Group presentation

Feb 2019
- Trained faciliators and note takers
- Hosted pilot
- Recrutiment

Mar & Apr 2019
- Hosted listening sessions

May 2019
- Analysis

June 2019
- Report out

METHODS

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 framework below.

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

The table below describes the aims and purpose of each question. Appendix I is the entire listening session script 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 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 convivence 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
- Healthcare providers
- Overall community
- Olmsted County Health, Housing, and Human Services

RECRUITMENT OF PARTICPANTS, FACILITATORS, AND NOTE TAKERS

PARTICIPANT RECRUITMENT

After potential listening session groups were identified, the Community Engagement Work Group asked for recommendations of potential partners for each listening session. The Community Engagement Workgroup then reached out to potential partners and asked 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.

PARTICIPANT RECRUITMENT TACTICS

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 • Q Club	• Standing meetings
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
Healthcare Providers	• Zumbro Valley Medical Society	• Session did not occur
Young Adults	• None identified	• Session did not occur

FACILITATORS AND NOTE TAKER RECRUITMENT

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 twenty-eight facilitators and note takers assisted 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 assist with and what role best suited them.

RECRUITMENT CHALLENGES

Recruitment challenges were experienced. They included 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 to potentially try for the next cycle.

RECRUITMENT CHALLENGES

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
Healthcare 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

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

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. Additionally, NVivo was used to generate word clouds for the listening session overall, 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 listening session was with the Q Club (4 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%).

PARTICIPATION BY SESSION

Session	# of Participants
Community Partners	28
ALC	25
Eyota	8
HHHS Staff	16
RPS 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?

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 by far was 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.

[In reference to summer break] "3-month break. No access to school counselor. Lose all those resources during the summer."

Rochester Public Schools Student School Board Participant

"Mental health alienates you from everything."

In the City for Good Participant

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 receive health and mental health care. At the Stewartville and Eyota listening sessions, many participants shared their concerns with the lack of healthcare options in their cities and what options they do have are not meeting their need.

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.

"Smaller towns don't necessarily have the same resources but then again, some resources that are there are underutilized"

Eyota Participant

"Resources have to be available to everyone – not just who can afford it."

Rochester Public Schools Student School Participant

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 and 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.

"If someone is ill, the whole town will help in a small community. Community comes together to help – they care."

Stewartville Participant

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 these. During the Stewartville listening session, many mentioned the lack of sidewalks is 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.

"Cost prohibits people from participation."

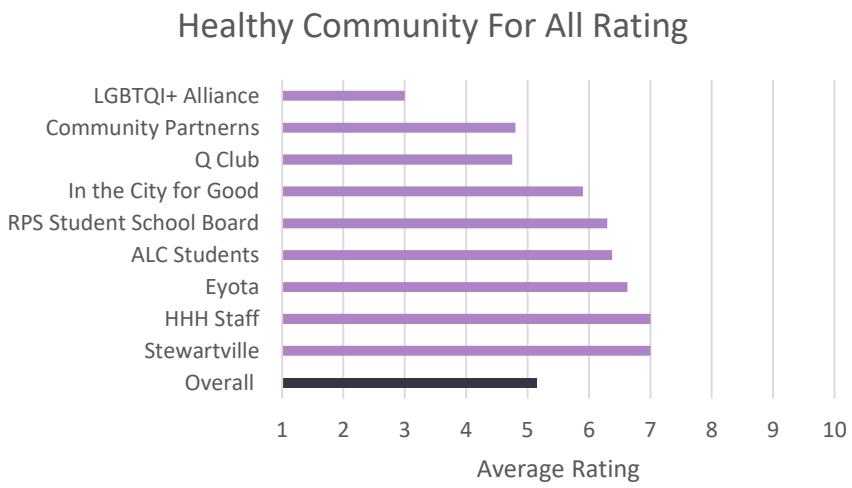
Community Partner Participant

HOW WOULD YOU RATE OLMSTED COUNTY?

The last question of the listening asked 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 a 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 that Olmsted County is a healthy community but not for everyone and the need to recognize that. Additionally, participants mentioned when comparing Olmsted County to other communities, Olmsted County is much healthier.

"Compared to state and nation, Olmsted is doing really well. We are friendly and connected. Those barriers listed exist everywhere regardless. Obviously, there's work to do but it's not just us."

Community Partner Participant



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 to the June 2019 Health Assessment and Planning Partnership meeting. Facilitators, note takers, and listening session partners were all invited to attend. Additionally, the CHI specialist 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 Community Health Needs Assessment (CHNA), each indicator has a specific section called "Community Thoughts". Any relevant thoughts from the listening sessions is included in this section. Additionally, the summary report will be 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 debrief sessions for the workgroup and the facilitators and note takers. With the addition of the CHI specialist thoughts, an after-action report was created to help improve future community engagement efforts.

COMMUNITY ENGAGEMENT WORKGROUP PERSPECTIVE

The Community Engagement Workgroup felt that 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 6) 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 that are taking over the conversation and ensuring facilitators are comfortable with handling any dysfunctional behaviors. Additionally, it was suggested to increase participation in hosting listening sessions with established groups and try to have two note takers per conversation.

COMMUNITY HEALTH INTEGRATION 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 the brought to this process is immeasurable. This group should be used always for any engagement work of the CHAP process.

APPENDIX

I: LISTENING SESSION SCRIPT

2019 Listening Session 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 3rd 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 CHNA's 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 & 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. 9.6

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

4. 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's degree
   - _ Graduate or professional degree

5. 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
   - _ $100,00-$149,999
   - _ $150,000-$199,999
   - _ $200,000 or more

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

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

IV: 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

APPENDIX E

2019 Prioritization Process

OVERVIEW

Prioritization took place between May and July of 2019, through prioritization sessions and utilizing 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. Additionally, at the end of each subjective session, participants were asked to provide their individual ranking of the current indicators, as well as suggesting missing or emerging indicators. This cycle, additional data was available to consider in selecting the top community health priorities from the 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, that 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 two 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%)

2. Trend Data - Has this problem changed over time and what is expected in the future?
    0 = Not known
    1 = Any Right Direction Movement
    3 = No Movement & Low Investment
    4 = No Movement & High Investment
    5 = Any Wrong Direction Movement
3. 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

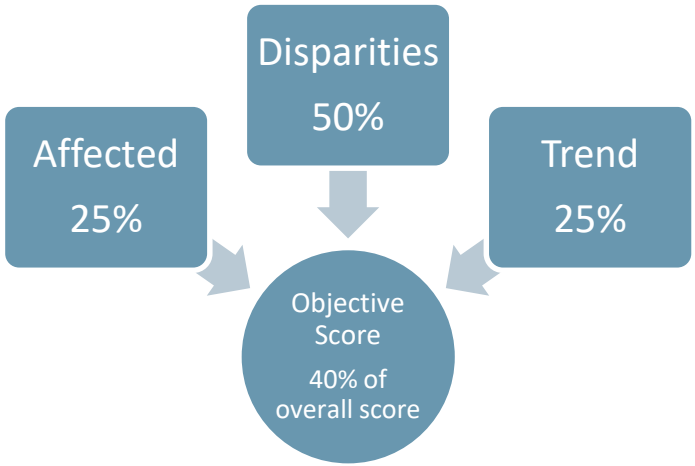
Affected and trend data were weighted so each contributed 25% to the objective score. Disparities were weighted to contribute 50% to the score. They were added together to produce an overall objective score for each indicator.

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.

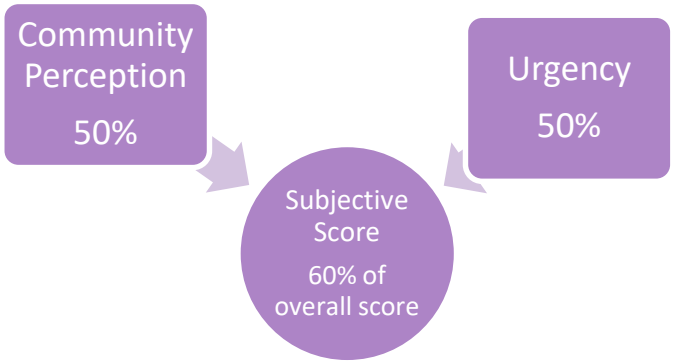


SUBJECTIVE

The goal of the subjective prioritization process was to get community members, partners, and organizations to provide their perception on 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 (1-3 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 has been collected over the last year in regards 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 emerged were considered during prioritization.

Olmsted County Public Health Services has partnered with UMR Co-Lab students to complete their own assessment process focused on 18-24 years. The top priorities identified from their efforts were shared. *For more information about UMR Co-Lab please see appendix H.*

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 ten priorities:

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

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 questions with 1 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 that the Community Health Improvement Plan (CHIP) will focus on three priorities: Mental Health, Financial Stress, and Substance Use.

PRIORITIZATION SESSIONS 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%

APPENDIX F

Olmsted County Community Health Needs Assessment Survey

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 of sampling, 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 Services. For the second stage of sampling, the 'most recent birthday' method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey Administration: An initial survey packet was mailed to 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, with the final date for the receipt of surveys being 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 the county level survey results are representative of the adult population in Olmsted County, the data was weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult population in Olmsted County according to the US Census Bureau 2010 estimates. All descriptive and associative data analysis was completed using SPSS – Statistical Package for the Social Sciences.

Survey Demographics

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 the US	538	94.9	532	93.7
	Born outside the US	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
	A member of an unmarried couple	24	4.2	39	6.8

Olmsted County 2018					
Demographic Characteristic		Unweighted Data		Weighted Data	
		Count	Percent	Count	Percent
Education	Less than HS	9	1.6	7	1.3
	High school/GED	71	12.5	43	7.5
	Trade/vocational school, some college, Associate degree	160	28.3	141	24.9
	Bachelor's degree	194	34.3	225	39.7
	Graduate/professional degree	132	23.3	151	26.5
Income	<$15,000	22	4.2	15	2.8
	$15,000-$24,999	32	6.1	20	3.6
	$25,000-$34,999	39	7.4	25	4.6
	$35,000-$49,999	59	11.2	52	9.6
	$50,000-$74,999	117	22.3	104	19.2
	$75,000-$99,999	78	14.9	88	16.1
	$100,000-$149,999	88	16.8	133	24.5
	$150,000-$199,999	40	7.6	49	9.0
	$200,000 or more	50	9.5	58	10.6
(These do not add up to 100% because respondents could choose more than one status)	Employed fulltime	256	45.1	354	62.3
	Employed part-time	62	10.9	66	11.5
	Self-employed	30	5.3	28	4.9
	Out of work less than 1 year	6	1.1	9	1.6
	Out of work more than 1 year	7	1.2	6	1.1
	Homemaker	34	6.0	36	6.4
	Student	14	2.5	30	5.3
	Retired	214	37.7	101	17.8
	Unable to work	12	2.1	8	1.4

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 **very important** 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

- 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 ever 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 prescription medications?

○ Yes ○ No ○ Don't know

5. During the past 12 months, was there a time that you needed medical care 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 medical 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 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 _____

7. Has a health care provider recommended a preventive health screening that you chose not 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 dental care?**

○ 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 past 12 months, was there a time that you needed dental care 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 dental 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 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 past 12 months, have you seen a counselor, therapist, psychologist, psychiatrist or other mental health provider about your own health?**

○ Yes ○ No

14. **Was there a time in the past 12 months that you needed mental health care 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 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 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 you 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 you have been feeling over the past 2 weeks.**

	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
- ○ Most of the time
- ○ More than half of the time
- ○ Less than half of the time
- ○ Some 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

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

Servings

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

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

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

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

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

○ 0 days ○ 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 past 12 months 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 past 30 days, 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 past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

Days
00 01 02 03 04 05 06 07 08 09

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

00 01 02 03 04 05 06 07 08 09 10 or more drinks

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

FOR FEMALES: 4 or more drinks on an occasion	FOR MALES: 5 or more drinks on an occasion
Times	Times
00 01 02 03 04 05 06 07 08 09	00 01 02 03 04 05 06 07 08 09

37. During the past 30 days, have you used any mood-altering drugs for non-medical purposes?

○ Yes ○ No → ***GO TO QUESTION 40***

38. Which of the following substances have you used at least once 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 driving 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)	○	○	○	○	○	○

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

Housing and Environmental Health

42. How is drinking water 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 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
- ○ 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 past year 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): _____					

About You

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
- ○ Divorced
- ○ Widowed
- ○ Separated
- ○ Never married
- ○ 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
- ○ $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

Thank you for completing this survey!

Survey Reminder Letter

Dear Olmsted County Resident:

THIS IS A REMINDER!

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

APPENDIX G

Convenience Survey

Survey Methodology

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

Survey Administration: In the forth quarter of 2018, the CHAP process partnered with sixteen survey sites in Olmsted County to administer convenience surveys. Many of these survey sites were service providers and developed their 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, 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, 1024 surveys were completed of the 1024, 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 associative data analysis was completed using SPSS – Statistical Package for the Social Sciences. For the overall summary, only Olmsted County residents were included. Each participating survey site also received a customized report with their 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 the US	653	73.3
	Born outside the US	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
	A member of an unmarried couple	50	5.8

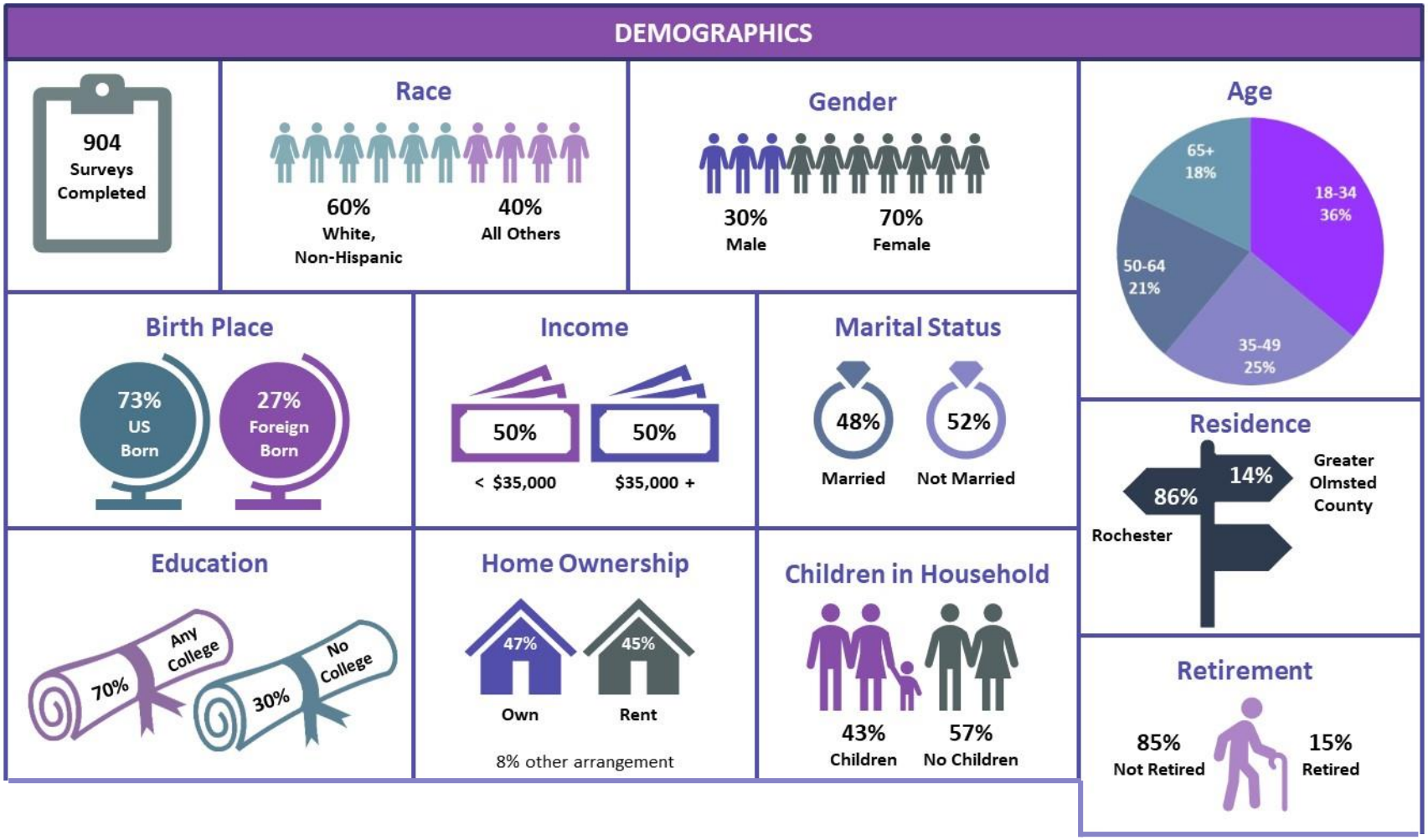
Olmsted County 2018			
Demographic Characteristic			
		Count	**Percent**
Education	Less than HS	82	9.2
	High school/GED	181	20.4
	Trade/vocational school, some college, Associate degree	253	28.5
	Bachelor's degree	230	25.9
	Graduate/professional degree	142	16.0
Income	<$15,000	212	24.6
	$15,000-$24,999	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

Olmsted County, Minnesota
Community Health Needs Assessment
All Surveys
2018 Convenience Survey Results

TOP HEALTH ISSUES/THREATS

1. **Financial Stress**
2. **Mental Health**
3. **Substance Abuse**

Prepared by Olmsted County Health, Housing and Human Services Administration, March 2019
Questions regarding this document can be directed to:
Health Assessment and Planning Unit
507-328-7500


DEMOGRAPHICS
904
Surveys
Completed
Race
60%
White,
Non-Hispanic
40%
All Others
Gender
30%
Male
70%
Female
Age
65+
18%
18-34
36%
50-64
21%
35-49
25%
Birth Place
73%
US
Born
27%
Foreign
Born
Income
50%
< $35,000
50%
$35,000 +
Marital Status
48%
Married
52%
Not Married
Residence
14%
Greater
Olmsted
County
86%
Rochester
Education
70%
Any
College
30%
No
College
Home Ownership
47%
Own
45%
Rent
8% other arrangement
Children in Household
43%
Children
57%
No Children
Retirement
85%
Not Retired
15%
Retired

HEALTH STATUS & HEALTH CARE

Health Care

81% have a primary care provider

84% have prescription insurance

23% have delayed needed medical care

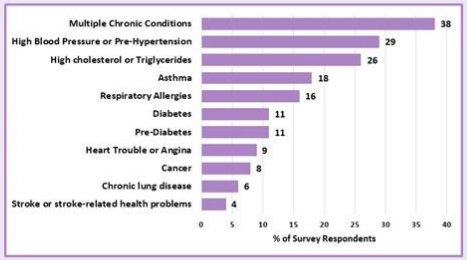
Top reasons for delaying
1. Cost too much
2. No insurance
3. Work/family obligations

General Health Perception

Health Conditions

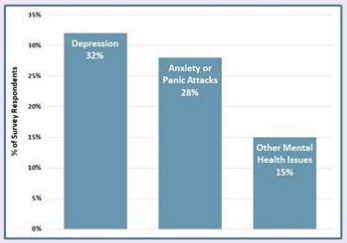
30% Overweight

33% Obese



Mental Health

38% have any mental health issues



25% have seen a mental health care provider in past 12 months

8% have delayed needed mental health care

Top reasons they/others delay care
1. Afraid of what others might think
2. Cost too much
3. No insurance

Dental Health

71% have dental insurance

25% have delayed needed dental care

Top reasons for delaying
1. Cost too much
2. No insurance
3. Not covered by insurance

HEALTH BEHAVIORS

Motor Vehicle Injury Prevention

94% always wear a seat belt

73% have distracted driving behaviors

Substance Use

5% heavy drinkers

21% binge drinkers

13% current smokers

33% current smokers who stopped smoking 1 or more days in past 12 months

7% use prescription pain relievers for recreational purposes

4% use marijuana

Physical Activity

64% participate in physical activities in previous 30 days

Fruit & Vegetable Consumption

48% get 5 or more servings of fruits and vegetables

SOCIAL & FINANCIAL STRESS

Financial Stress

19%
worry about food running out before they have money to buy more

50%
worry about money

Top reasons for worrying:
1. Rent or mortgage
2. Groceries
3. Utilities

Transient

14%

moved 2 or more times in past 12 months

Resiliency

to respond to and recover from unexpected events

66% feel they are resilient

72% feel their community is resilient

Independence

68%
feel there is access to services to help people live independently

Community Inclusiveness

44%
have been in situations where they felt unaccepted/unvalued/unwelcomed in Olmsted County

Top reasons
1. Not friendly
2. Social-economic differences
3. Discrimination

Social Connectedness

58%
feel socially connected

77%
have 2 or more people they can count on

Safe from Fear & Violence

65%
feel safe from fear & violence

HOUSING & ENVIRONMENTAL HEALTH

Transportation

Top modes of transportation:

- Drive
- Others drive
- Walk

Lack of transportation prevents getting to:

- Errands
- Medical appointments
- Social functions

Housing Opportunities

50%
feel there are housing opportunities for people with limited/fixed incomes

54%
feel there are housing opportunities for people with limited physical activities

Healthy Homes

21%
feel there are things about their current housing that negatively impact physical health

96% feel their current housing is safe

7% of homes meet Healthy Homes criteria

Olmsted County, Minnesota
Community Health Needs Assessment
Olmsted County
2018 Overall Survey Results

TOP HEALTH ISSUES/THREATS

1. **Overweight and Obesity**
2. **Mental Health**
3. **Substance Abuse**

Prepared by Olmsted County Health, Housing and Human Services Administration, March 2019
Questions regarding this document can be directed to:
Health Assessment and Planning Unit
507-328-7500

SOCIAL & FINANCIAL STRESS

Financial Stress

6%
worry about food running out before they have money to buy more

33%
worry about money

Top reasons for worrying:
1. Rent or mortgage
2. Medical bills
3. Credit cards

Independence

80%
feel there is access to services to help people live independently

Safe from Fear & Violence

80%
feel safe from fear & violence

Social Connectedness

68%
feel socially connected

91%
have 2 or more people they can count on

Resiliency

to respond to and recover from unexpected events

83% feel they are resilient

89% feel their community is resilient

Community Inclusiveness

33%
have been in situations where they felt unaccepted/unvalued/unwelcomed in Olmsted County

Top reasons
1. Discrimination
2. Not friendly
3. Social-economic differences

HOUSING & ENVIRONMENTAL HEALTH

Transportation

Top modes of transportation:
- Drive
- Others drive
- Walk

Lack of transportation prevents getting to:
- Work
- Errands
- Social functions

Housing Opportunities

52%
feel there are housing opportunities for people with limited/fixed incomes

62%
feel there are housing opportunities for people with limited physical activities

Healthy Homes

13%
feel there are things about their current housing that negatively impact physical health

98% feel their current housing is safe

14% of homes meet Healthy Homes criteria

DEMOGRAPHICS

569
Surveys Completed

Race

93% White, Non-Hispanic

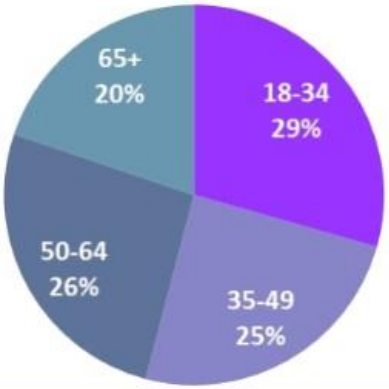
7% All Others

Gender

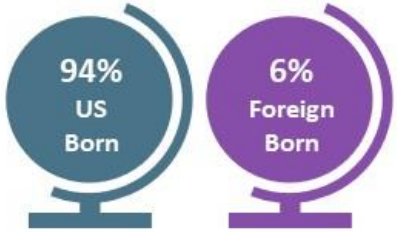
53% Male

47% Female

Age



Birth Place



Income

< $35,000

$35,000 +

Marital Status

Married

Not Married

Residence

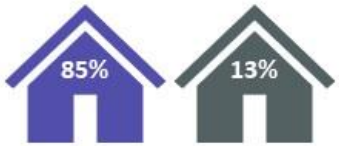
Greater Olmsted County

Rochester

Other MN County

Education

Home Ownership



Own

Rent

2% other arrangement

Children in Household

37% Children

63% No Children

Retirement

85% Not Retired

15% Retired

HEALTH STATUS & HEALTH CARE

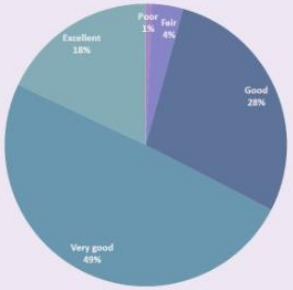
Health Care

78% have a primary care provider

94% have prescription insurance

18% have delayed needed medical care	
Top reasons for delaying	
1.	Could not get appointment
2.	Cost too much
3.	Work/family obligations

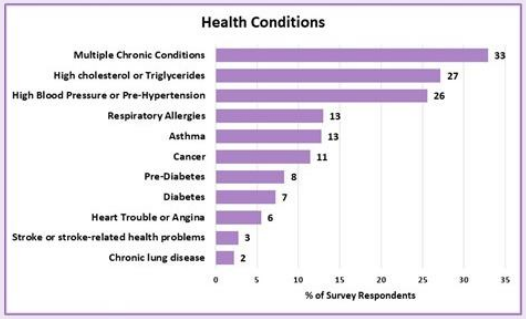
General Health Perception



Health Conditions

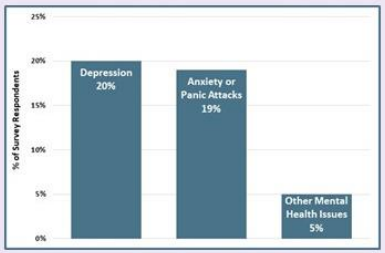
35% Overweight

26% Obese



Mental Health

29% have any mental health issues



12% have seen a mental health care provider in past 12 months

7% have delayed needed mental health care	
Top reasons they/others delay care	
1.	Did not know where to go
2.	Cost too much
3.	Afraid of what others might think

Dental Health

78% have dental insurance

15% have delayed needed dental care	
Top reasons for delaying	
1.	Cost too much
2.	Not covered by insurance
3.	Work/family obligations

HEALTH BEHAVIORS

Motor Vehicle Injury Prevention

98% always wear a seat belt

82% have distracted driving behaviors

Substance Use

11% heavy drinkers

28% binge drinkers

4% current smokers

32% current smokers who stopped smoking 1 or more days in past 12 months

9% Use prescription pain relievers for recreational purposes

7% use marijuana

Physical Activity

78% participate in physical activities in previous 30 days

Fruit & Vegetable Consumption

47% get 5 or more servings of fruits and vegetables

APPENDIX H

University of Minnesota Rochester Community Collaboratory

University of Minnesota Rochester (UMR) Community Collaboratory (Co-Lab)

CLI 2522 Community Collaboratory is a course offered at the University of Minnesota Rochester (UMR). The goal of this course is to expand the learning experience for UMR students into the local community. As part of Community Collaboratory, students from UMR have the opportunity to increase the scope of the next Olmsted County Community Health Needs Assessment (CHNA) in 2016. After analyzing the results of the 2013 assessment, Olmsted County Public Health Services (OCPHS) noticed an under-representation of expressed needs from eighteen to twenty-four year-olds in Olmsted County. Through multiple semesters at UMR, students have been responsible for determining the best methods to use in order to reach this population, designing and administering a tool, analyzing results, and then drawing conclusions about their health needs.

Spring 2013

The first CLI 2522 Community Collaboratory (Co-Lab) group from UMR became involved with OCPHS. During this year, the CHNA was distributed to the community. The results of the CHNA were then analyzed. From these results, the Co-Lab group found that there was a low participatory rate from eighteen to twenty-four year-olds in the community.

Fall 2014

This group identified optimal locations to reach 18-24 year-olds in the community. Hy-Vee, Hawthorne Education Center, The People's Co-Op, University of Minnesota Rochester (UMR), and Rochester Community and Technical College (RCTC) were found to have the most concentrated locations of the age cohort. Along with determining the locations of outreach, this semester also determined the optimal method of health assessment would be through an online survey.

Spring 2015

This group participated in creating a survey by collaborating closely with OCPHS and by analyzing the full CHNA 2013 survey. OCPHS took the compiled group of survey questions proposed by the Co-Lab group and formulated a finalized Survey Monkey.

Summer of 2015

This group determined the best methods to promote the survey would be posters and informational emails. The drafted poster contained all of the relevant information regarding the survey that would be distributed to these locations once a relationship was established.

Fall 2015

A Facebook page, titled 'Olmsted Health Survey,' was created for easy access to the Survey Monkey URL survey link. The Co-Lab group finalized the CHNA poster by making it more linear, reader-friendly, and added tear-offs containing a link to the Facebook page. This group was also responsible for reaching out to the community locations once again, with the addition of a new community location, Project Legacy. To do this, an email address was created to serve as a centralized and de-identified method of communication with the community locations. Once the relationships with these locations were re-established, the Co-Lab group distributed the requested number of posters to all locations. Additionally, the outreach emails were provided to specific locations that requested it. The survey was open for response mid-October through December 2015 and obtained 90 responses during that time.

Spring 2016

The group looked at the data from the survey. The information from the online survey was compiled and analyzed in order to gauge the prevalence of health issues within the 18-24 year old community. From this data, a focus group document was created in order to gauge public opinion on these issues from 18-24 year-olds in order to determine the top health priorities. The focus group was held at the UMR campus on March 29th, 2016. Seventeen UMR students and staff, with a mean age of 20.7 years old, attended the focus group. A PowerPoint presentation was displayed in the front of the room that showed frequencies from the online survey compiled into graphs. A student from the group worked as a narrator to talk through each slide to provide students with context for each question. Students were asked to go page by page through a Google form and answer questions after the data regarding each specific question was presented. The data collected from the focus group was then analyzed in order to determine the top health priorities for 18-24 year-olds in Olmsted County. The top health needs identified were mental health, financial stress (with an emphasis on affordable housing), obesity, and distracted driving.

Fall 2016

This group had three main objectives: 1. hold a meeting with their community partners to discuss the 2016 Community Health Needs Assessment for 18-24 year-olds; 2. create a 3 year cycle timeline for future Co-Lab groups, forming a GANNT chart; and 3. attend different OCPHS meetings to understand and pass on information about the CNHA survey.

Spring 2017

This group researched methods to disperse the assessment in order to recommend the best format. This included how many questions, approximate length of time, and the platform concerning the survey. They were also tasked with compiling a spreadsheet of possible businesses and organizations to partner with to better distribute the survey.

Fall 2017

This group was tasked with creating the survey that was used in data collection. They also created a supplemental marketing tool to help advertise the survey in an effort to increase the number of responses.

Spring 2018

This group was responsible for the finalization of the survey as well as the administration to the community. The majority of the surveys were dispersed through email. However, they also handed out paper surveys to community members walking through the space where booth was set up. They distributed flyers, containing the link to the survey online, with a description of what the survey was about and the target audience. The top three issues found from the CHNA survey were academic stress, mental health, and financial stress. Of the general 18-24 year old population, 84% experienced academic stress, 52% experienced mental health issues, and 68% experienced financial stress.

Academic stress was the most common response for both believed and experienced questions. 79% of our total population believed it was an issue and 84% responded that they had experienced it. Despite this being our most common response it did have some variation between different groups of people as 84% of 18-20 year-olds believed it to be an issue and 71% of 21-24 years believed it was an issue. We also found that individuals who made less than $15,000 annually reported believing academic stress to be an issue 17% more often than those who made more than $15,000 annually. All other differences for this response were less than 10% and therefore not considered a disparity.

Mental Health was the second topic that the general 18-24 year old population decided was an issue. An interesting point to note is that 32% more individuals believe that mental health is an issue than those who are experiencing mental health as an issue. Another important fact to note is that 17% more women experience mental health issues compared to men. Additionally, 32% more white people believe mental health is an issue than those of different ethnicities believed mental health is an issue. It was also found that 36% more people between the ages of 21 and 24 believed mental health is an issue than those that experienced mental health issues. There was no significant differences between individuals with different level incomes, meaning that both the less than $15,000 incomes and greater than $15,000 incomes both believed that mental health was an issue.

Financial stress was the third most common response to the CHNA survey. 70% of respondents believed it was an issue and 68% reported having experienced it. Our fiscal groups that were analyzed and compared were individuals making more than $15,000 annually, and individuals making less than that amount. 36% more individuals that make less than $15,000 per year experience financial stress than those that make more than $15,000 per year. Among the more than $15,000 group 25% less reported having experienced financial stress than reported believing it was an issue.

Fall 2018

This group was tasked with analyzing the data gathered from the previous semester's survey. The community was asked to determine the issues within the community. There were two key components, if the individual had believed that the issue is an issue within the community, and if they had experienced the issue themselves. Based on analysis using Excel, the top three issues within the community were mental health, financial stress, and academic stress. The total population, as well as each subgroup by disparity, also had these as their top three issues in both believed and experienced categories. The top three issues were then broken down into subgroups of disparities. These disparities included age, income, race, gender, and sexual orientation. This group also recommended a prioritization process for the next cycle.

Spring 2019

This group was tasked with prioritizing the CHNA indicators. They developed an on-line survey as well as a paper survey. They determined the best methods to promote the survey would be posters, unique survey boxes, and emails. They identified optimal locations to reach 18-24 year olds in the community. University of Minnesota Rochester (UMR), Cafe Steam, and Rochester Community and Technical College (RCTC) were found to have the most concentrated locations of the cohort. Along with determining the locations of outreach, this semester also decided to use survey collection boxes at UMR and Cafe Steam as well as an online survey for RCTC and UMR.

The surveys asked individuals to rank what they thought the health needs of individuals ages 18 to 24 years were using a Likert scale. The paper and online surveys had different questions and used different variations of the Likert scale so it was decided to determine what the topic three health priorities for our target population were for each type of survey. The top three health priorities from the paper surveys were having access to safe and/or affordable housing, experiencing academic stress and experiencing financial stress. The top three health priorities from the on-line survey were experiencing academic stress, experiencing financial stress, and distracted driving.

Contributors by Semester

Spring 2019: Michaela Pletsch, Kreisten Lee, Jerod Davis, Sirrey Tassah
Fall 2018: Rhianna Chelstrom, Halley Davison, Jay Kapsner, Ken Hauer
Spring 2018: Brandon Cool, Klarissa Dankers, Cami Roby
Fall 2017: Bethany O'Bryan, Shane Colburn, Conrad Cruz
Spring 2016: Cassie Bongers, Neary Men, Phillip Kersten, Anne Carey
Fall 2015: Kelly Dano, Rachel Pille, Brittany Garcia, Corinna Fox
Summer 2015: Samantha Schutz, Kailee Barnes, Celine Durgin, Abigail Grobove, Melissa Reynolds
Spring 2015: Katie Eberhardt, Ryan Fish, Melissa Folstad, Rachelle Johnson, Alyson Kraft, Ashley Lambert, Nate Lucey, Rachel Rask
Fall 2014: Karissa Hansen, Sara Then, Maddie Thomson, Kayla Van Der Weerd, Chelsea Carlson, Sam Deutsch, Kadie Ketchum, Aracely Montecinos, Kaylin Hibbing
Spring 2014: Kayla Saari, Kelli Wilson, Rachael Stark, Ashlee Lundberg, Amanda Klaassen, Gavin Mark, Nasro Isaq
Fall 2013: Korinne Petersson, Zachary Domeier, Chelsea Nelson, Monica Halbur, Akhil Nehra, Megan Zimmerman
Spring 2013: Zachary Albrecht, Luke Bennett, Carissa Bamlet, Caitlyn Bower, Kara Cutshall, Samantha Calvin

APPENDIX I

Health Disparities Tables

Senior Independence	
Age Group	%
18-34	51.50
35-49	48.20
50-64	45.07
65+	35.35
Race	
White, NH	44.97
All Others	57.89
Gender	
Male	50.00
Female	42.50
Children HH	
Children	53.66
No	41.47
US	
US Born	45.53
Foreign Born	54.55
Marital Status	
Married	48.16
Not Married	40.58
Education	
No College	55.81
Any College	45.42
Residence	
Rochester	44.74
Non-Roch (County)	53.26
HH Income	
<35K	39.62
35K+	48.14
Health Status	
Poor-Fair	40.91
Good-Excellent	46.06
Home Ownership	
Rent	47.95
Own	46.74
Fin Stressed	
Financially Stressed	44.44
Not	46.99
Retirement	
Not Retired	48.25
Retired	35.23

Overweight/Obesity	
Age Group	%
18-34	59.38
35-49	65.35
50-64	62.58
65+	65.24
Race	
White, NH	64.01
All Others	61.54
Gender	
Male	74.34
Female	56.53
Children HH	
Children	53.85
No	66.98
US	
US Born	63.53
Foreign Born	72.73
Marital Status	
Married	66.06
Not Married	61.71
Education	
No College	64.37
Any College	64.43
Residence	
Rochester	62.77
Non-Roch (County)	69.15
HH Income	
<35K	69.49
35K+	62.42
Health Status	
Poor-Fair	65.22
Good-Excellent	62.82
Home Ownership	
Rent	49.33
Own	66.09
Fin Stressed	
Financially Stressed	64.54
Not	64.13
Retirement	
Not Retired	66.67
Retired	63.38

Diabetes	
Age Group	%
18-34	2.24
35-49	6.80
50-64	7.43
65+	15.04
Race	
White, NH	6.08
All Others	20.00
Gender	
Male	8.12
Female	6.40
Children HH	
Children	8.99
No	3.83
US	
US Born	6.95
Foreign Born	15.38
Marital Status	
Married	6.67
Not Married	8.84
Education	
No College	16.00
Any College	6.38
Residence	
Rochester	7.17
Non-Roch (County)	7.37
HH Income	
<35K	11.67
35K+	6.22
Health Status	
Poor-Fair	25.00
Good-Excellent	6.30
Home Ownership	
Rent	4.00
Own	7.79
Fin Stressed	
Financially Stressed	9.24
Not	6.28
Retirement	
Not Retired	5.36
Retired	15.84

Multiple Chronic Conditions	
Age Group	%
18-34	31.88
35-49	35.88
50-64	43.62
65+	65.49
Race	
White, NH	40.00
All Others	47.50
Gender	
Male	36.90
Female	43.43
Children HH	
Children	29.19
No	46.78
US	
US Born	40.98
Foreign Born	31.43
Marital Status	
Married	38.24
Not Married	46.94
Education	
No College	52.00
Any College	39.26
Residence	
Rochester	40.30
Non-Roch (County)	41.05
HH Income	
<35K	58.33
35K+	37.47
Health Status	
Poor-Fair	82.61
Good-Excellent	38.17
Home Ownership	
Rent	48.00
Own	38.32
Fin Stressed	
Financially Stressed	41.85
Not	39.37
Retirement	
Not Retired	34.69
Retired	66.34

Mental Health	
Age Group	%
18-34	34.71
35-49	34.78
50-64	29.13
65+	19.64
Race	
White, NH	29.90
All Others	25.00
Gender	
Male	28.31
Female	30.30
Children HH	
Children	37.32
No	24.93
US	
US Born	30.64
Foreign Born	11.11
Marital Status	
Married	27.08
Not Married	36.30
Education	
No College	24.00
Any College	29.98
Residence	
Rochester	31.01
Non-Roch (County)	21.05
HH Income	
<35K	43.33
35K+	28.22
Health Status	
Poor-Fair	39.13
Good-Excellent	28.63
Home Ownership	
Rent	44.00
Own	26.89
Fin Stressed	
Financially Stressed	37.50
Not	24.93
Retirement	
Not Retired	31.91
Retired	17.82

Hypertension	
Age Group	%
18-34	13.74
35-49	20.29
50-64	26.17
65+	54.46
Race	
White, NH	25.10
All Others	32.50
Gender	
Male	29.78
Female	21.89
Children HH	
Children	15.79
No	31.09
US	
US Born	25.75
Foreign Born	25.34
Marital Status	
Married	25.71
Not Married	25.34
Education	
No College	40.00
Any College	24.18
Residence	
Rochester	24.05
Non-Roch (County)	33.68
HH Income	
<35K	40.00
35K+	23.65
Health Status	
Poor-Fair	69.57
Good-Excellent	23.43
Home Ownership	
Rent	21.33
Own	25.84
Fin Stressed	
Financially Stressed	18.48
Not	28.35
Retirement	
Not Retired	18.63
Retired	57.43

Tobacco Use	
Age Group	%
18-34	10.43
35-49	9.93
50-64	6.12
65+	4.50
Race	
White, NH	8.46
All Others	0.00
Gender	
Male	12.36
Female	3.74
Children HH	
Children	4.88
No	9.89
US	
US Born	8.38
Foreign Born	0.00
Marital Status	
Married	6.28
Not Married	12.41
Education	
No College	16.00
Any College	7.24
Residence	
Rochester	7.69
Non-Roch (County)	9.47
HH Income	
<35K	8.33
35K+	8.40
Health Status	
Poor-Fair	21.74
Good-Excellent	7.71
Home Ownership	
Rent	4.05
Own	8.70
Fin Stressed	
Financially Stressed	14.13
Not	4.79
Retirement	
Not Retired	9.11
Retired	7.50

Substance Use	
Age Group	%
18-34	19.33
35-49	12.67
50-64	12.08
65+	14.16
Race	
White, NH	15.21
All Others	2.50
Gender	
Male	16.91
Female	12.12
Children HH	
Children	14.35
No	14.57
US	
US Born	14.47
Foreign Born	11.43
Marital Status	
Married	12.35
Not Married	20.41
Education	
No College	18.00
Any College	14.12
Residence	
Rochester	14.14
Non-Roch (County)	14.74
HH Income	
<35K	18.64
35K+	13.87
Health Status	
Poor-Fair	17.39
Good-Excellent	14.29
Home Ownership	
Rent	18.67
Own	13.24
Fin Stressed	
Financially Stressed	20.65
Not	11.29
Retirement	
Not Retired	15.84
Retired	14.13

Health Disparities Tables

Binge Drinking	
Age Group	%
18-34	44.32
35-49	25.47
50-64	19.46
65+	8.11
Race	
White, NH	28.49
All Others	15.38
Gender	
Male	31.00
Female	24.41
Children HH	
Children	27.54
No	27.61
US	
US Born	27.74
Foreign Born	25.00
Marital Status	
Married	25.60
Not Married	32.88
Education	
No College	16.00
Any College	28.74
Residence	
Rochester	27.18
Non-Roch (County)	29.79
HH Income	
<35K	13.56
35K+	29.79
Health Status	
Poor-Fair	17.39
Good-Excellent	27.83
Home Ownership	
Rent	33.33
Own	26.53
Fin Stressed	
Financially Stressed	33.15
Not	25.07
Retirement	
Not Retired	31.40
Retired	10.00

Fruit & Vegetable Consumption	
Age Group	%
18-34	58.11
35-49	51.70
50-64	51.03
65+	53.21
Race	
White, NH	45.23
All Others	55.56
Gender	
Male	46.79
Female	47.26
Children HH	
Children	47.85
No	45.63
US	
US Born	45.59
Foreign Born	69.70
Marital Status	
Married	48.41
Not Married	43.06
Education	
No College	34.04
Any College	48.13
Residence	
Rochester	49.78
Non-Roch (County)	33.68
HH Income	
<35K	41.38
35K+	48.09
Health Status	
Poor-Fair	43.48
Good-Excellent	47.56
Home Ownership	
Rent	52.11
Own	46.58
Fin Stressed	
Financially Stressed	41.30
Not	50.00
Retirement	
Not Retired	46.83
Retired	46.94

Physical Activity	
Age Group	%
18-34	51.11
35-49	47.44
50-64	44.22
65+	44.86
Race	
White, NH	45.91
All Others	47.37
Gender	
Male	52.08
Female	40.69
Children HH	
Children	36.32
No	51.85
US	
US Born	45.86
Foreign Born	51.43
Marital Status	
Married	45.61
Not Married	48.61
Education	
No College	35.42
Any College	47.13
Residence	
Rochester	46.64
Non-Roch (County)	44.09
HH Income	
<35K	49.15
35K+	53.62
Health Status	
Poor-Fair	45.45
Good-Excellent	46.20
Home Ownership	
Rent	58.90
Own	44.73
Fin Stressed	
Financially Stressed	40.22
Not	49.19
Retirement	
Not Retired	46.61
Retired	43.30

Motor Vehicle Injury Prevention	
Age Group	%
18-34	88.51
35-49	84.06
50-64	84.40
65+	52.13
Race	
White, NH	81.69
All Others	82.86
Gender	
Male	84.11
Female	80.07
Children HH	
Children	92.61
No	75.08
US	
US Born	82.74
Foreign Born	66.67
Marital Status	
Married	83.04
Not Married	77.86
Education	
No College	70.27
Any College	82.70
Residence	
Rochester	80.71
Non-Roch (County)	81.32
HH Income	
<35K	63.64
35K+	84.55
Health Status	
Poor-Fair	55.56
Good-Excellent	82.90
Home Ownership	
Rent	83.33
Own	82.71
Fin Stressed	
Financially Stressed	84.02
Not	80.94
Retirement	
Not Retired	87.95
Retired	50.00

Insurance Coverage	
Age Group	%
18-34	97.02
35-49	96.45
50-64	95.97
65+	95.54
Race	
White, NH	96.39
All Others	97.44
Gender	
Male	94.49
Female	98.31
Children HH	
Children	98.09
No	95.52
US	
US Born	97.18
Foreign Born	80.00
Marital Status	
Married	98.33
Not Married	100.00
Education	
No College	87.76
Any College	97.29
Residence	
Rochester	95.93
Non-Roch (County)	94.23
HH Income	
<35K	81.36
35K+	98.34
Health Status	
Poor-Fair	91.30
Good-Excellent	96.94
Home Ownership	
Rent	90.67
Own	97.48
Fin Stressed	
Financially Stressed	95.11
Not	97.11
Retirement	
Not Retired	96.57
Retired	96.00

Access to Care	
Age Group	%
18-34	33.95
35-49	29.41
50-64	30.28
65+	16.98
Race	
White, NH	27.27
All Others	41.67
Gender	
Male	24.42
Female	32.17
Children HH	
Children	32.02
No	26.18
US	
US Born	28.15
Foreign Born	33.33
Marital Status	
Married	25.37
Not Married	37.50
Education	
No College	32.65
Any College	27.88
Residence	
Rochester	29.45
Non-Roch (County)	23.60
HH Income	
<35K	43.10
35K+	26.57
Health Status	
Poor-Fair	40.00
Good-Excellent	28.01
Home Ownership	
Rent	45.83
Own	25.27
Fin Stressed	
Financially Stressed	44.20
Not	20.66
Retirement	
Not Retired	30.51
Retired	17.89

Financial Stress	
Age Group	%
18-34	45.51
35-49	31.91
50-64	33.33
65+	13.51
Race	
White, NH	31.30
All Others	53.85
Gender	
Male	35.42
Female	30.17
Children HH	
Children	39.23
No	28.81
US	
US Born	31.57
Foreign Born	47.22
Marital Status	
Married	29.67
Not Married	40.69
Education	
No College	42.86
Any College	31.65
Residence	
Rochester	32.42
Non-Roch (County)	34.04
HH Income	
<35K	48.33
35K+	30.83
Health Status	
Poor-Fair	45.83
Good-Excellent	32.06
Home Ownership	
Rent	45.33
Own	30.23
Fin Stressed	
Financially Stressed	
Not	
Retirement	37.20
Not Retired	12.00
Retired	

Food Security	
Age Group	%
18-34	93.25
35-49	93.13
50-64	95.80
65+	95.19
Race	
White, NH	95.06
All Others	81.82
Gender	
Male	93.73
Female	94.76
Children HH	
Children	93.40
No	94.74
US	
US Born	95.66
Foreign Born	72.73
Marital Status	
Married	97.07
Not Married	86.23
Education	
No College	87.80
Any College	94.78
Residence	
Rochester	93.64
Non-Roch (County)	97.83
HH Income	
<35K	77.78
35K+	96.33
Health Status	
Poor-Fair	76.00
Good-Excellent	94.83
Home Ownership	
Rent	83.33
Own	96.91
Fin Stressed	
Financially Stressed	84.53
Not	99.16
Retirement	
Not Retired	93.72
Retired	97.84

Health Disparities Tables

Safe from Fear & Violence	
Age Group	%
18-34	75.00
35-49	84.44
50-64	80.58
65+	78.48
Race	
White, NH	81.65
All Others	51.43
Gender	
Male	78.95
Female	80.38
Children HH	
Children	83.25
No	77.27
US	
US Born	81.63
Foreign Born	48.48
Marital Status	
Married	84.16
Not Married	66.40
Education	
No College	62.50
Any College	81.28
Residence	
Rochester	77.93
Non-Roch (County)	88.24
HH Income	
<35K	52.17
35K+	82.55
Health Status	
Poor-Fair	55.56
Good-Excellent	80.29
Home Ownership	
Rent	64.18
Own	82.07
Fin Stressed	
Financially Stressed	68.21
Not	85.50
Retirement	
Not Retired	79.73
Retired	79.10

Community Mobility	
Age Group	%
18-34	89.82
35-49	94.93
50-64	94.48
65+	89.11
Race	
White, NH	92.72
All Others	87.18
Gender	
Male	95.83
Female	89.16
Children HH	
Children	97.09
No	89.77
US	
US Born	92.44
Foreign Born	91.18
Marital Status	
Married	95.83
Not Married	82.14
Education	
No College	88.89
Any College	92.64
Residence	
Rochester	91.74
Non-Roch (County)	94.44
HH Income	
<35K	78.95
35K+	94.23
Health Status	
Poor-Fair	77.27
Good-Excellent	93.29
Home Ownership	
Rent	72.60
Own	95.70
Fin Stressed	
Financially Stressed	85.79
Not	95.60
Retirement	
Not Retired	92.79
Retired	90.00

Social Connectedness	
Age Group	%
18-34	56.97
35-49	75.00
50-64	70.14
65+	73.58
Race	
White, NH	69.71
All Others	42.11
Gender	
Male	66.29
Female	69.44
Children HH	
Children	67.96
No	68.01
US	
US Born	69.42
Foreign Born	48.57
Marital Status	
Married	72.51
Not Married	54.44
Education	
No College	68.75
Any College	67.92
Residence	
Rochester	65.44
Non-Roch (County)	80.65
HH Income	
<35K	53.45
35K+	70.04
Health Status	
Poor-Fair	43.48
Good-Excellent	68.93
Home Ownership	
Rent	41.10
Own	73.02
Fin Stressed	
Financially Stressed	54.95
Not	74.39
Retirement	
Not Retired	70.53
Retired	67.54

Community Resiliency	
Age Group	%
18-34	86.83
35-49	95.74
50-64	86.99
65+	87.62
Race	
White, NH	89.75
All Others	81.58
Gender	
Male	85.45
Female	92.76
Children HH	
Children	90.87
No	88.51
US	
US Born	90.61
Foreign Born	69.44
Marital Status	
Married	92.51
Not Married	79.72
Education	
No College	77.08
Any College	90.37
Residence	
Rochester	88.39
Non-Roch (County)	92.55
HH Income	
<35K	64.41
35K+	92.26
Health Status	
Poor-Fair	61.90
Good-Excellent	90.37
Home Ownership	
Rent	67.57
Own	92.54
Fin Stressed	
Financially Stressed	75.96
Not	95.47
Retirement	
Not Retired	90.43
Retired	89.01

Community Inclusiveness	
Age Group	%
18-34	45.40
35-49	32.14
50-64	27.03
65+	19.27
Race	
White, NH	29.89
All Others	71.79
Gender	
Male	37.27
Female	28.08
Children HH	
Children	35.10
No	31.16
US	
US Born	30.11
Foreign Born	74.43
Marital Status	
Married	28.54
Not Married	44.44
Education	
No College	40.82
Any College	31.77
Residence	
Rochester	35.61
Non-Roch (County)	17.02
HH Income	
<35K	50.00
35K+	30.15
Health Status	
Poor-Fair	47.62
Good-Excellent	32.50
Home Ownership	
Rent	56.00
Own	28.12
Fin Stressed	
Financially Stressed	54.89
Not	21.90
Retirement	
Not Retired	35.48
Retired	18.37

Healthy Homes	
Age Group	%
18-34	13.17
35-49	15.83
50-64	14.09
65+	10.00
Race	
White, NH	13.79
All Others	10.00
Gender	
Male	12.96
Female	13.95
Children HH	
Children	12.50
No	14.12
US	
US Born	14.02
Foreign Born	5.71
Marital Status	
Married	16.07
Not Married	6.16
Education	
No College	10.20
Any College	13.81
Residence	
Rochester	12.34
Non-Roch (County)	18.95
HH Income	
<35K	3.39
35K+	15.38
Health Status	
Poor-Fair	4.35
Good-Excellent	14.40
Home Ownership	
Rent	2.67
Own	15.58
Fin Stressed	
Financially Stressed	8.15
Not	16.18
Retirement	
Not Retired	14.01
Retired	11.11

APPENDIX J

POTENTIAL INDICATORS TO CONSIDER FOR THE NEXT CHNA PROCESS*		
Adult dental care	Elder abuse	Rural health
Breastfeeding	Electronic health	Safe routes to school
Cancer and cancer prevention	Family relationships	Screen time
Child abuse and neglect	Gun control and violence	Sexual health
Childcare	Home safety	Seizures
Climate change	Incarceration rates	Stress
Communicable diseases	Language barriers	Toxic stress/childhood trauma
COPD	Navigation of resources	Use of cell phone technology and social networks
Cultural competency	Organ donation	Vision care
Dementia/Alzheimer's	Pain management	Water safety
Disability awareness and issues	Prenatal care	Workforce development
Eating disorders	Prescription drug costs	Work stress
Economic vitality	Preventive care	

*Identified via subjective prioritization sessions

APPENDIX K

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 mnhomless.org

Minnesota Housing Partnership

Minnesota Pollution Control Agency

National Academics of Sciences, Engineering, & 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

Data Sources (cont.)

Secondary Data Sources (cont.)

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

APPENDIX L

Rochester Epidemiology Project Definitions

Table 1. Demographics by year

	2015	2016	2017
	N, %	N, %	N, %
Age			
< 20	37,137, 24.99%	36,814, 24.74%	36,417, 24.58%
20-34	32,510, 21.88%	32,471, 21.82%	31,768, 21.44%
35-59	27,407, 18.44%	27,507, 18.48%	27,533, 18.58%
60-64	29,301, 19.72%	29,118, 19.57%	28,613, 19.31%
65+	22,239, 14.97%	22,904, 15.39%	23,846, 16.09%
Sex			
Male	70,990, 47.77%	70,827, 47.59%	69,741, 47.07%
Female	77,604, 52.23%	77,987, 52.41%	78,436, 52.93%
Race		1	
White	119,687, 80.55%	19,382, 80.22%	118,555, 80.01%
Black	9,892, 6.66%	10,203, 6.86%	10,343, 6.98%
Asian	8,392, 5.65%	8,511, 5.72%	8,574, 5.79%
Other/Mixed	8,267, 5.56%	8,091, 5.44%	7,914, 5.34%
Refused/Unknown	2,356, 1.59%	2,627, 1.77%	2,791, 1.88%
Ethnicity			
Hispanic	9,641, 6.49%	9,670, 6.50%	9,600, 6.48%
Non-Hispanic	138,953, 93.51%	139,144, 93.50%	138,577, 93.52%

Table 2. Comparison of Age/Sex distribution by race (2015)

		White	Black	Asian	Other/Mixed	Unknown
		N, %	N, %	N, %	N, %	N, %
Age	< 20	26,280, 21.96%	4,096, 41.41%	2,589, 30.85%	3,510, 42.46%	662, 28.10%
	20-34	25,074, 20.95%	2,681, 27.10%	2,083, 24.82%	1,862, 22.52%	810, 34.38%
	35-49	21,701, 18.13%	1,785, 18.04%	1,943, 23.15%	1,495, 18.08%	483, 20.50%
	50-64	26,059, 21.77%	939, 9.49%	1,104, 13.16%	920, 11.13%	279, 11.84%
	65+	20,573, 17.19%	391, 3.95%	673, 8.02%	480, 5.81%	122, 5.18%
Sex	Male	56,716, 47.39%	5,016, 50.71%	3,880, 46.23%	4,034 ,48.80%	1,344, 57.05%
	Female	62,971, 52.61%	4,876, 49.29%	4,512, 53.77%	4,233, 51.20%	1,012, 42.95%

Table 3. Prevalence of Chronic Conditions

	2015	2016	2017
	Rate/100 (95%CI)	Rate/100 (95%CI)	Rate/100 (95%CI)
Diabetes			
All	13.32(13.13,13.51)	13.30(13.11,13.49)	13.53(13.34,13.72)
0-19	0.35(0.30,0.42)	0.38(0.33,0.45)	0.36(0.31,0.43)
20-34	2.76(2.58,2.95)	2.85(2.67,3.04)	2.56(2.64,2.93)
35-49	8.05(7.73,8.39)	7.92(7.61,8.25)	8.16(7.84,8.49)
50-64	23.71(23.14,24.29)	23.34(22.78,23.92)	23.29(22.73,23.86)
65+	49.85(48.84,50.88)	50.22(49.21,51.24)	51.91(50.89,52.95)
Female	12.49(12.24,12.73)	12.47(12.22,12.72)	12.75(12.50,13.00)
Male	14.38(14.09,14.67)	14.36(14.08,14.65)	14.56(14.27,14.85)
White	11.80(11.61,11.97)	11.60(11.42,11.78)	11.61(11.43,11.79)
Black	16.58(15.36,17.81)	17.13(15.90,18.36)	17.64(16.41,18.88)
Asian	13.97(13.01,14.92)	14.26(13.31,15.21)	14.97(14.00,15.94)
Other	14.57(13.46,15.68)	14.70(13.60,15.80)	14.90(13.80,15.99)
Unknown	5.75(4.36,7.14)	6.18(4.77,7.60)	7.71(6.19,9.24)
Hispanic	12.93(12.02,13.83)	13.42(12.50,14.33)	13.96(13.04,14.88)
Diabetes [1]			
All	13.40(13.22,13.59)	13.40(13.21,13.59)	13.62(13.43,13.81)
0-19	0.37(0.31,0.43)	0.39(0.33,0.45)	0.37(0.32,0.44)
20-34	2.82(2.63,3.01)	2.90(2.71,3.09)	2.79(2.61,2.98)
35-49	8.13(7.81,8.46)	8.06(7.74,8.38)	8.26(7.94,8.59)
50-64	23.85(23.28,24.43)	23.54(22.98,24.11)	23.45(22.89,24.02)
65+	50.02(49.00,51.05)	50.38(49.37,51.40)	52.11(51.09,53.15)
Female	12.55(12.30,12.80)	12.55(12.31,12.80)	12.83(12.58,13.08)
Male	14.48(14.19,14.77)	14.48(14.19,14.77)	14.67(14.38,14.96)
White	11.84(11.66,12.03)	11.67(11.49,11.85)	11.68(11.50,11.85)
Black	16.82(15.59,18.05)	17.33(16.09,18.57)	17.87(16.62,19.11)
Asian	14.19(13.23,15.15)	14.50(13.54,15.46)	15.19(14.22,16.17)
Other	14.83(13.71,15.96)	14.91(13.80,16.01)	15.14(14.03,16.24)
Unknown	5.91(4.50,7.31)	6.75(5.28,8.21)	7.94(6.40,9.49)
Hispanic	13.08(12.17,13.99)	13.60(12.68,14.52)	14.16(13.24,15.09)

Table 3. Prevalence of Chronic Conditions (cont.)

	2015	2016	2017
Hypertension			
All	17.63(17.41,17.84)	17.29(17.07,17.50)	17.42(17.21,17.63)
0-19	0.14(0.10,0.18)	0.14(0.10,0.18)	0.13(0.10,0.17)
20-34	1.72(1.57,1.87)	1.49(1.36,1.64)	1.43(1.30,1.57)
35-49	8.80(8.46,9.14)	8.42(8.09,8.75)	8.46(8.13,8.79)
50-64	30.07(29.42,30.72)	28.98(28.36,29.62)	28.59(27.97,29.22)
65+	74.37(73.13,75.62)	74.30(73.07,75.54)	75.95(74.72,77.21)
Female	16.72(16.44,17.01)	16.32(16.04,16.61)	16.42(16.13,16.70)
Male	18.63(18.30,18.96)	18.37(18.04,18.69)	18.56(18.24,18.89)
White	15.98(15.77,16.19)	15.45(15.24,15.65)	15.32(15.12,15.52)
Black	18.85(17.51,20.19)	19.31(17.96,20.66)	19.56(18.21,20.90)
Asian	14.60(13.60,15.60)	14.55(13.56,15.54)	14.83(13.84,15.81)
Other	15.65(14.47,16.83)	14.80(13.66,15.93)	15.05(13.92,16.18)
Unknown	6.17(4.73,7.60)	6.45(5.00,7.90)	7.71(6.15,9.28)
Hispanic	14.28(13.30,15.26)	14.33(13.36,15.31)	14.46(13.50,15.43)
Depression			
All	13.58(13.39,13.77)	13.81(13.62,14.00)	14.21(14.02,14.40)
0-19	3.59(3.41,3.78)	3.88(3.69,4.08)	4.24(4.04,4.44)
20-34	16.40(15.95,16.85)	16.80(16.35,17.26)	17.27(16.82,17.74)
35-49	16.46(16.00,16.93)	16.53(16.08,17.00)	16.89(16.43,17.36)
50-64	18.25(17.75,18.76)	18.08(17.58,18.58)	17.90(17.41,18.40)
65+	18.74(18.12,19.37)	19.40(18.77,20.04)	20.68(20.03,21.34)
Female	17.53(17.23,17.83)	17.70(17.41,18.00)	18.22(17.92,18.52)
Male	9.44(9.22,9.67)	9.72(9.49,9.95)	10.01(9.77,10.24)
White	13.53(13.33,13.74)	13.81(13.61,14.01)	14.16(13.95,14.36)
Black	10.97(10.11,11.82)	11.16(10.32,12.01)	11.54(10.70,12.39)
Asian	6.51(5.91,7.10)	6.72(6.12,7.31)	7.29(6.68,7.90)
Other	13.02(12.12,13.92)	12.74(11.86,13.61)	13.55(12.64,14.45)
Unknown	3.51(2.54,4.49)	3.86(2.86,4.86)	4.17(3.16,5.18)
Hispanic	12.49(11.71,13.27)	13.00(12.20,13.79)	13.42(12.62,14.22)

Table 3. Prevalence of Chronic Conditions (cont.)

	2015	2016	2017
Asthma			
All	6.31(6.18,6.44)	6.23(6.17,6.42)	6.37(6.24,6.50)
0-19	6.55(6.30,6.81)	6.20(5.96,6.45)	5.98(5.75,6.22)
20-34	6.09(5.82,6.38)	6.14(5.87,6.42)	6.26(5.99,6.54)
35-49	5.45(5.18,5.72)	5.54(5.28,5.81)	5.79(5.52,6.06)
50-64	6.35(6.06,6.65)	6.35(6.06,6.65)	6.38(6.09,6.68)
65+	7.55(7.16,7.96)	7.90(7.05,8.31)	8.35(7.94,8.77)
Female	7.36(7.17,7.55)	7.31(7.12,7.51)	7.50(7.31,7.70)
Male	5.18(5.01,5.34)	5.18(5.01,5.34)	5.14(4.98,5.31)
White	6.04(5.90,6.18)	5.98(5.84,6.12)	6.07(5.93,6.20)
Black	7.38(6.72,8.03)	7.68(7.01,8.34)	7.78(7.11,8.45)
Asian	4.17(3.72,4.63)	4.37(3.91,4.83)	4.34(3.88,4.80)
Other	5.66(5.11,6.21)	5.76(5.21,6.31)	5.79(5.24,6.35)
Unknown	2.36(1.60,3.13)	3.02(2.19,3.86)	3.26(2.42,4.10)
Hispanic	5.05(4.58,5.52)	5.26(4.78,5.73)	5.38(4.90,5.86)
Asthma [2]			
All	0.25(0.22,0.27)	0.16(0.14,0.18)	0.18(0.16,0.20)
0-19	0.34(0.28,0.40)	0.27(0.22,0.32)	0.27(0.22,0.32)
20-34	0.25(0.19,0.31)	0.17(0.12,0.22)	0.21(0.16,0.26)
35-49	0.22(0.17,0.27)	0.08(0.05,0.12)	0.15(0.11,0.20)
50-64	0.16(0.12,0.22)	0.11(0.07,0.16)	0.08(0.05,0.12)
65+	0.23(0.16,0.31)	0.09(0.05,0.15)	0.15(0.10,0.23)
Female	0.26(0.22,0.29)	0.15(0.12,0.18)	0.17(0.14,0.22)
Male	0.23(0.20,0.26)	0.16(0.13,0.19)	0.19(0.16,0.23)
White	0.17(0.15,0.20)	0.12(0.10,0.14)	0.16(0.14,0.19)
Black	0.98(0.74,1.22)	0.52(0.37,0.68)	0.39(0.27,0.51)
Asian	0.30(0.17,0.42)	0.14(0.05,0.23)	0.15(0.06,0.23)
Other	0.31(0.19,0.43)	0.16(0.09,0.24)	0.25(0.14,0.35)
Unknown	0.13(0.002,0.26)	0.20(0.04,0.36)	0.10(0.00,0.22)
Hispanic	0.21(0.12,0.30)	0.22(0.12,0.32)	0.17(0.09,0.25)

Table 3. Prevalence of Chronic Conditions (cont.)

	2015	2016	2017
Multimorbidity All	27.92(27.65,28.20)	28.15(27.87,28.42)	287.96(28.68,29.23)
0-19	1.94(1.81,2.08)	2.00(1.87,2.14)	2.08(1.94,2.22)
20-34	10.22(9.87,10.59)	10.77(10.41,11.14)	11.41(11.04,11.79)
35-49	18.66(18.18,19.17)	19.01(18.52,19.51)	19.80(19.31,20.31)
50-64	47.75(46.94,48.57)	47.05(46.25,47.86)	47.25(46.45,48.05)
65+	95.03(93.63,96.45)	96.23(94.83,97.65)	99.76(98.34,101.20)
Female	28.40(28.03,28.78)	28.59(28.21,28.96)	29.42(29.05,29.80)
Male	27.52(27.12,27.92)	27.80(27.40,28.20)	28.60(28.20,29.00)
White	25.92(25.65,26.19)	25.88(25.61,26.15)	26.30(26.03,26.57)
Black	26.83(25.30,28.37)	28.21(26.65,29.77)	29.44(27.88,31.01)
Asian	21.30(20.11,22.48)	21.67(20.50,22.85)	22.96(21.76,24.15)
Other	24.73(23.31,26.15)	24.74(23.35,26.14)	25.83(24.41,27.24)
Unknown	10.45(8.57,12.33)	11.29(9.38,13.21)	13.10(11.08,15.11)
Hispanic	23.10(21.90,24.30)	24.17(22.96,25.39)	25.44(24.21,26.67)
Falls all	5.18(4.87,5.48)	5.46(5.16,5.77)	3.23(3.00,3.47)
65-75	3.14(2.84,3.46)	3.26(2.96,3.59)	1.72(1.51,1.96)
76-85	5.49(4.94,6.10)	5.97(5.39,6.58)	3.66(3.22,4.15)
86+	14.63(13.20,16.19)	15.17(13.72,16.74)	9.60(8.47,10.85)
Female	5.58(5.17,6.00)	5.88(5.47,6.30)	3.54(3.22,3.86)
Male	4.60(4.15,5.04)	4.84 (4.39,5.28)	2.75(2.42,3.08)
White	5.32(5.00,5.64)	5.58(5.26,5.90)	3.24(3.00,3.49)
Black	4.25(2.17,6.34)	6.62(4.07,9.16)	5.45(3.17,7.74)
Asian	2.41(1.23,3.59)	2.43(1.24,3.62)	2.04(0.97,3.11)
Other	4.54(2.60,6.48)	4.71(2.78,6.64)	3.64(1.96,5.32)
Unknown	2.78(0.00,5.93)	1.71(0.00,4.12)	3.24(3.00,3.49)
Hispanic	3.71(2.15,5.27)	4.74(3.03,6.45)	2.86(1.53,4.19)

Table 3. Prevalence of Chronic Conditions (cont.)

	2015	2016	2017
Polypharmacy			
All	58.93(57.91,59.96)	60.06(59.04,61.08)	61.74(60.72,62.76)
65-75	51.53(50.28,52.80)	52.49(51.25,53.74)	54.77(53.53,56.03)
76-85	65.88(63.91,67.99)	66.67(64.72,68.67)	66.88(64.95,68.85)
86+	78.05(74.68,81.53)	81.25(77.85,84.77)	83.59(80.17,87.13)
Female	59.06(57.70,60.43)	59.84(58.49,61.20)	61.26(59.91,62.61)
Male	58.85(57.29,60.42)	60.56 (59.00,62.11)	62.43(60.88,63.99)
White	59.42(58.35,60.49)	60.47(59.40,61.53)	62.01(60.95,63.07)
Black	59.38(51.61,67.14)	63.26(55.37,71.14)	66.10(58.17,74.06)
Asian	51.10(45.61,56.60)	54.71(48.99,60.15)	57.42(51.78,63.06)
Other	55.47(48.69,62.24)	54.04(47.47,60.62)	57.84(51.14,64.54)
Unknown	32.18(21.87,42.48)	35.43(24.88,45.97)	41.97(30.58,53.36)
Hispanic	49.85(44.21,55.49)	57.49(51.54,63.44)	59.89(53.91,65.87)
Overweight			
All	45.27(44.93,45.60)	44.96(44.63,45.30)	42.98(42.66,43.31)
0-19	17.41(17.01,17.81)	17.47(17.07,17.87)	16.59(16.20,16.98)
20-34	37.59(36.95,38.25)	36.73(36.09,37.38)	32.53(31.93,33.14)
35-49	56.21(55.33,57.09)	57.39(56.50,58.29)	56.21(55.33,57.10)
50-64	64.35(63.44,65.27)	62.78(61.90,63.68)	59.76(58.90,60.63)
65+	69.57(68.46,70.69)	68.79(67.71,69.89)	68.50(67.43,69.58)
Female	43.08(42.63,43.53)	42.71(42.26,43.16)	41.45(41.01,41.89)
Male	47.76(47.26,48.27)	47.52 (47.02,48.02)	44.80(44.32,45.28)
White	46.27(45.89,46.64)	45.72(45.35,46.09)	43.75(43.39,44.11)
Black	45.91(44.17,47.64)	47.70(45.95,49.45)	45.35(43.64,47.05)
Asian	29.84(28.60,31.09)	31.66(30.39,32.94)	30.42(29.17,31.66)
Other	48.22(46.47,49.97)	47.26(45.54,48.98)	45.88(44.19,47.58)
Unknown	23.81(21.39,26.24)	25.28(22.85,27.72)	20.78(18.57,22.99)
Hispanic	48.45(46.90,49.99)	48.62(47.09,50.16)	46.96(45.45,48.46)

Table 3. Prevalence of Chronic Conditions (cont.)

	2015	2016	2017
Obese			
All	23.11(22.87,23.35)	23.13(22.89,23.37)	22.34(22.10,22.57)
0-19	7.98(7.71,8.25)	8.09(7.82,8.37)	7.68(7.42,7.94)
20-34	17.50(17.06,17.95)	17.31(16.87,17.75)	15.64(15.22,16.06)
35-49	30.12(29.49,30.77)	31.05(30.40,31.71)	30.53(29.88,31.18)
50-64	35.13(34.46,35.81)	34.37(33.77,35.32)	32.97(32.33,33.61)
65+	34.77(33.99,35.57)	34.54(22.75,23.23)	34.90(34.14,35.68)
Female	23.08(22.75,23.41)	22.97(22.64,23.30)	22.46(22.14,22.78)
Male	23.21(22.86,23.56)	23.37 (23.02,23.72)	22.28(21.94,22.62)
White	23.75(23.48,24.02)	23.61(23.34,23.88)	22.81(22.55,23.08)
Black	24.44(23.17,25.72)	26.27(24.96,27.58)	25.45(24.16,26.74)
Asian	9.17(8.51,9.84)	10.06(9.37,10.76)	9.55(8.88,10.23)
Other	26.32(25.03,27.60)	26.38(25.11,27.66)	25.85(24.58,27.11)
Unknown	11.58(9.85,13.30)	11.81(10.15,13.48)	10.25(8.66,11.85)
Hispanic	25.72(24.60,26.84)	26.47(25.35,27.60)	25.40(24.30,26.50)
Current smoking			
All	8.93(8.78,9.08)	8.53(8.38,8.68)	7.70(7.56,7.84)
0-19	0.60(0.53,0.68)	0.55(0.48,0.63)	0.49(0.42,0.55)
20-34	13.25(12.87,13.64)	11.98(11.62,12.35)	9.97(9.63,10.30)
35-49	13.80(13.37,14.24)	13.60(13.17,14.05)	12.67(12.26,13.10)
50-64	12.30(11.91,12.70)	11.84(11.46,12.23)	10.95(10.58,11.32)
65+	6.17(5.84,6.51)	6.17(5.85,6.50)	6.01(5.70,6.34)
Female	7.13(6.95,7.32)	6.75(6.57,6.93)	6.24(6.07,6.41)
Male	10.80(10.56,11.04)	10.38 (10.15,10.62)	9.24(9.01,9.46)
White	9.17(9.00,9.33)	8.63(8.46,8.79)	7.85(7.70,8.01)
Black	11.37(10.56,12.17)	11.86(11.04,12.68)	10.18(9.42,10.94)
Asian	4.62(4.13,5.10)	4.82(4.33,5.31)	4.37(3.91,4.83)
Other	10.22(9.43,11.01)	10.07(9.29,10.86)	8.82(8.08,9.56)
Unknown	3.29(2.39,4.19)	3.31(2.46,4.16)	1.76(1.12,2.40)
Hispanic	7.87(7.28,8.47)	7.51(6.93,8.10)	6.65(6.10,7.20)

Table 3. Prevalence of Chronic Conditions (cont.)

[1] Diabetes defined using DHHS codes or HA1C>6.5%.
[2]Rate of asthma as indication for ED visit or hospitalization
[3]Rate in diabetics
Overall and race specific rates are standardized to the age- and sex- distribution of US2010 total population
Sex-specific rate are standardized to the age-distribution of the US 2010 population

Prevalence of depression (per 100) for Adolescents 12-17 in the Olmsted County, MN population (2015-2017)

Year	Female	Male	Total
2015	8.76	5.12	6.93
2016	9.42	5.26	7.34
2017	10.09	5.84	7.98

Prevalence of depression (per 100) for Adults 18+ in the Olmsted County, MN population (2015-2017)*
*Rates were standardized to the age-sex distribution of the 2010 US population

Year	Female	Male	Total
2015	20.30	11.52	16.04
2016	20.52	11.86	16.32
2017	21.07	12.15	16.74

The frequency of 20 Comorbidities in 2015, sorting by descending percentages.

[1] Diabetes is defined using DHHS codes or HA1C>6.5%.

[2] Diabetes is defined using DHHS codes

Comorbidity	N (%)
LIPID	28859(19.42%)
HTN	25295(17.02%)
DEPRES	19931(13.41%)
DIAB[1]	19303(12.99%)
DIAB[2]	19184(12.91%)
ARTH	18504(12.45%)
ARRYTH	12049(8.11%)
ASTHMA	9299(6.26%)
CANCER	9145(6.15%)
CAD	6407(4.31%)
SUBABS	5203(3.50%)
CKD	4747(3.19%)
CPOD	3999(2.69%)
OSTEOP	3731(2.51%)
STROKE	2360(1.59%)
CHF	2341(1.58%)
DEMALL	2241(1.51%)
SCHIZO	1104(0.74%)
HEPATS	846(0.57%)
AUTISM	279(0.19%)
HIV	101(0.07%)

Table 3. Prevalence of Chronic Conditions (cont.)

The frequency of 20 Comorbidities by age groups for 2015, sorting by descending percentages

Comorbidity	<20 N (%)	Comorbidity	20-34 N (%)	Comorbidity	35-49 N (%)	Comorbidity	50-64 N (%)	Comorbidity	>=65
ASTHMA	2640(7.11%)	DEPRES	5060(15.56%)	DEPRES	4895(17.86%)	LIPID	10865(37.08%)	LIPID	14041(63.14%)
DEPRES	1448(3.90%)	ASTHMA	1881(5.79%)	LIPID	3302(12.05%)	HTN	8339(28.46%)	HTN	13755(61.85%)
ARRYTH	304(0.82%)	SUBABS	1775(5.46%)	HTN	2616(9.55%)	DIAB	6576(22.44%)	ARTH	9758(43.88%)
SUBABS	251(0.68%)	ARRYTH	1055(3.25%)	DIAB	2394(8.73%)	ARTH	6453(22.02%)	DIABA	9220(41.46%)
COPD	221(0.60%)	CANCER	870(2.68%)	ARTH	1880(6.86%)	DEPRES	5062(17.28%)	CANCER	4820(21.67%)
AUTISM	222(0.60%)	DIAB	851(2.62%)	ASTHMA	1620(5.91%)	ARRYTH	2645(9.03%)	CAD	4724(21.24%)
CKD	160(0.43%)	LIPID	573(1.76%)	SUBABS	1357(4.95%)	CANCER	2407(8.21%)	ARRYTH	6728(20.25%)
DIAB	143(0.39%)	HTN	530(1.63%)	ARRYTH	1317(4.81%)	ASTHMA	1761(6.01%)	DEPRES	3466(15.59%)
DEMALL	112(0.30%)	ARTH	367(1.13%)	CANCER	968(3.53%)	CAD	1459(4.98%)	CKD	2991(13.45%)
CANCER	80(0.22%)	SCHIZO	226(0.70%)	CKD	417(1.52%)	SUBABS	1341(4.58%)	OSTEOP	2933(13.19%)
LIPID	78(0.21%)	SCHIZO	226(0.70%)	COPD	338(1.23%)	COPD	1075(3.67%)	COPD	2172(9.77%)
HTN	55(0.15%)	COPD	193(0.59%)	SCHIZO	224(0.82%)	CKD	987(3.37%)	CHF	1863(8.38%)
ARTH	46(0.12%)	CKD	192(0.59%)	HEPATS	220(0.80%)	OSTEOP	670(2.29%)	STROKE	1794(8.07%)
SCHIZO	25(0.07%)	DEMALL	139(0.43%)	CAD	204(0.74%)	STROKE	408(1.39%)	DEMALL	1544(6.94%)
STROKE	22(0.06%)	HEPATS	111(0.34%)	DEMALL	138(0.50%)	CHF	355(1.21%)	ASTHMA	1397(6.28%)
HEPATS	17(0.05%)	OSTEOP	40(0.12%)	STROKE	108(0.39%)	HEPATS	342(1.17%)	SUBABS	479(2.15%)
HIV	9(0.02%)	STROKE	28(0.09%)	CHF	99(0.36%)	DEMALL	308(1.05%)	SCHIZO	361(1.62%)
OSTEOP	4(0.01%)	CHF	21(0.06%)	OSTEOP	84(0.31%)	SCHIZO	268(0.91%)	HEPATS	156(0.70%)
CHF	3(0.01%)	CAD	19(0.06%)	HIV	41(0.15%)	HIV	33(0.11%)	HIV	5(0.02%)
CAD	1(0.00%)	HIV	13(0.04%)	AUTISM	5(0.02%)	AUTISM	4(0.01%)	AUTISM	0

APPENDIX M

Organizational Requirements

Non-Profit Hospitals

Effective for tax years beginning after March 23, 2013, a new federal law, as set forth by the Patient Protection and Affordable Care Act, requires hospitals that are tax exempt under 501(c)(3) of the Internal Revenue Code to conduct a community health needs assessment every three years in order to maintain their tax exempt status.

Public Health

A thorough and valid community health assessment is a customary practice and core function of public health, and also is a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota community health boards (CHBs) have been required to engage in a community health improvement process, beginning with a community health assessment. As part of Minnesota's Local Public Health Assessment and Planning process, every Minnesota CHB must submit its Ten Most Important Community Health Issues (based on the community health assessment) to the Minnesota Department of Health.

– MDH, Office of Performance Improvement

APPENDIX N

Further Indicator Definitions

Mental Health

Self-reported Mental Health Conditions

Olmsted County CHNA Survey participants were asked 'Have you ***ever*** been told by a doctor or other health professional that you had (1) diabetes, (2) prediabetes, (3) high blood pressure/hypertension, (4) overweight, (5) obesity, (6) heart problems, (7) stroke or stroke-related health issues, (8) high cholesterol or triglycerides, (9) cancer, (10) asthma, (11) respiratory allergies, (12) chronic lung disease, (13) depression, (14) anxiety or panic attacks, or (15) any other mental health issues. To determine ***any*** mental health conditions an 'or' statement was created. If an individual responded yes to any of the three conditions, they would meet the ***any*** mental health conditions definition.

Accessing or Delaying Mental Health Care and Reasons for Delaying Care

Olmsted County CHNA Survey participants were asked 'During the past 12 months, have you seen a counselor, therapist, psychologist, psychiatrist or other mental health provider about your own health?' Individuals who responded 'yes' were classified as seeing a mental health provider in the last year (12%). Individuals who responded 'no' were then asked 'Was there a time in the past 12 months that you needed mental health care but did not get it or delayed getting it?' Individuals who responded 'yes' were further classified as delaying mental healthcare (5%). These individuals who had delayed care were then asked 'Why did you not get or delay getting the mental health care you thought you needed?' Nine predetermined responses were provided as well as an 'other reason' where the participants could specify the reason.

Determination of overall barriers to receiving mental healthcare were assessed on ***all*** survey participants. They were asked 'Thinking of any family members, friends, coworkers or others to whom this may apply, what do you think are the most common reasons that people don't seek help for mental health problems?' Nine predetermined responses were provided as well as an 'other reason' where the participants could specify the reason.

United States Department of Agriculture Food Insecurity Definition

The United States Department of Agriculture (USDA) defines the food security status of households using a continuum extending from high food security to very low food security. This continuum is divided into four ranges, characterized as follows:

- **High food security** - Households had no problems, or anxiety about, consistently accessing adequate food.
- **Marginal food security** - Households had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced.
- **Low food security** - Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.
- **Very low food security** - At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

For more information, visit: usda.gov.

Healthy Homes Principles

Healthy Home Principle	CHNA Community Survey Question
Dry	Water from the outside leaking in from roof, windows, basement, etc.
	Water leaking from plumbing inside the home
Safe	Have a working smoke detector
	Have a working carbon monoxide detector
	Have to use a lot of extension cords because you don't have enough electrical cords
Well Ventilated	Have a working bathroom exhaust fan
	Have a working kitchen exhaust fan
Pest Free	Rodents
	Cockroaches
Contaminant Free	Mold that you can see
	Radon
Well Maintained	Extremely or uncomfortably cold inside the home
	Extremely or uncomfortably hot inside the home
	Need any structural repairs to your home

2019 Recommended Immunizations for Children from Birth Through 6 Years Old

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB	HepB			HepB						
RV			RV	RV	RV						
DTaP			DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV13			PCV13	PCV13	PCV13	PCV13					
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)*						Influenza (Yearly)*					
MMR						MMR					MMR
Varicella						Varicella					Varicella
HepA§						HepA§					

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Air Quality

*For this assessment, outdoor air quality, measured by air quality index (AQI), is the primary focus. The U.S. Environmental Protection Agency (EPA) developed a simple, uniform way to report daily outdoor air quality conditions known as the AQI. Minnesota AQI numbers are determined by hourly measurements of four pollutants: fine particles (PM2.5), ground-level ozone (O3), sulfur dioxide (SO2), and carbon monoxide (CO). The pollutant with the highest value determines the AQI for that hour. The pollutants that drive the AQI most often are PM2.5 and ozone.

In Olmsted County, there is one air monitoring station located in Rochester.

Minnesota Pollution Control Agency Air Quality Index	
Rating	**Definition**
Good 0-50	Current air is considered satisfactory and poses little or no health risk.
Moderate 51-100	Air quality is acceptable; however individuals who are very sensitive to air pollution may experience adverse health effects.
Unhealthy for Sensitive Groups 101-150	People with lung or heart disease, older adults, children, and people participating in activities that require heavy or extended exertion may experience adverse health effects.
Unhealthy 151-200	Everyone may begin to experience adverse health effects and members of sensitive groups may experience more serious health effects.

Safe Drinking Water Act (SDWA) Standards

The Safe Drinking Water Act (SDWA) is the federal law that protects public drinking water supplies throughout the nation. Under the SDWA, the Environmental Protection Agency sets standards for drinking water quality and with its partners implements various technical and financial programs to ensure drinking water safety.

For more information: epa.gov/sdwa.

We welcome your feedback!

Comments or questions regarding this report can be directed to:

Olmsted County Health, Housing & Human Services Administration

507-328-7500